



Community Health Network




2021 Community Health Needs Assessment

HOWARD REGION

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A MESSAGE FROM COMMUNITY'S LEADERSHIP

Community Health Network was brought to life by the community in the 1950s, through a door-to-door fundraising campaign with the goal of bringing much-needed healthcare services closer to the community. That powerful connection to the needs of the community is why we are named “Community.”

We fulfill our primary mission through the delivery of healthcare services, and we also pay close attention to the broad needs of our neighbors and the neighborhoods we serve. Every three years, we conduct a Community Health Needs Assessment to help us understand those needs and how we can address them.

As the pages of this report explain in great detail, we identified ongoing opportunities to improve the health of newborns and children, as well as their mothers. We gathered information about the mental health challenges facing our neighbors, and the difficulty some of them have finding help.

We tracked the challenges of obesity and the chronic diseases that are associated with it, and learned how many of our local citizens struggle to achieve the levels of physical activity needed to be healthier. We gained new insights into substance abuse disorders and how they impact our communities. We learned more about how the COVID-19 pandemic has affected the people we serve.

We also gathered valuable data about social determinants of health—those social and economic factors that aren't directly related to health care but have a powerful impact on health and well-being. Poverty, food insecurity and the lack of affordable housing and health insurance all play a role. And we intentionally focused on disparities linked to systemic racism, which exacerbate all of these challenges.

This Community Health Needs Assessment outlines the challenges facing the communities we serve. And we're committed to finding solutions. Our plans to address these needs through the next three years are outlined in a companion report known as our Implementation Strategy.

We're grateful for your support of Community Health Network. Together, we can serve the needs of our communities, and truly enhance health and well-being!



Bryan Mills
President & CEO
Community Health Network

Executive Summary

INTRODUCTION

This Community Health Needs Assessment (“CHNA”) was conducted by Community Howard Regional Health (“CHRH” or “the hospital”) to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Community Howard Regional Health is a full-service hospital in Kokomo, Indiana. The hospital campus offers primary and specialty inpatient and outpatient services, which include a heart program, behavioral health, oncology, orthopedics, pediatrics, emergency care, surgery, wound care, obstetrics and gynecology. Additional information about CHRH is available at:

<https://www.ecommunity.com/locations/community-howard-regional-health>.

CHRH is part of Community Health Network, an integrated health delivery system based in Indianapolis. As a non-profit health system with more than 200 sites of care and affiliates throughout Central Indiana, Community Health Network’s full continuum of care integrates hundreds of physicians, eight specialty and acute care hospitals, surgery centers, home care services, Community MedCheck locations, behavioral health, and employer health services. Additional information is available at:

<https://www.ecommunity.com/about>.

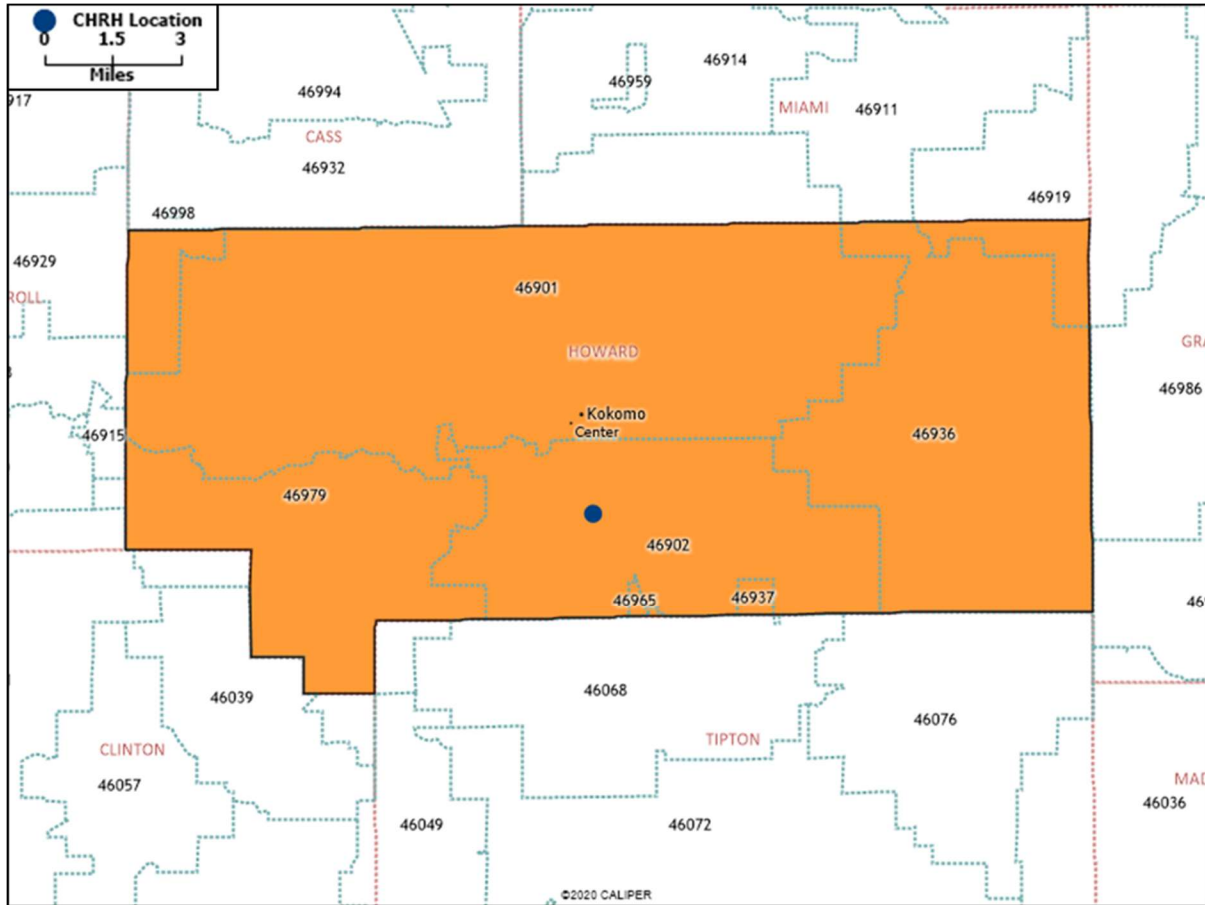
This CHNA has been conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessment also is designed to comply with federal and state laws and regulations.

COMMUNITY ASSESSED

For purposes of this CHNA, CHRH’s community was defined as Howard County, Indiana. The community was defined by considering the geographic origins of the hospital’s inpatient discharges and emergency room visits in quarter four of calendar year 2020. Howard County accounted for approximately 72 percent of the hospital’s inpatient discharges and 80 percent of its emergency department visits.

The total population of Howard County in 2019 was 82,331.

The map below portrays the community served by CHRH and the hospital's location.



Source: Caliper Maptitude, 2021.

SIGNIFICANT COMMUNITY HEALTH NEEDS

Certain community health needs were determined to be “significant” if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community’s health; (2) recent community health assessments developed by the state of Indiana and local organizations; and (3) input from community stakeholders and staff who participated in community meetings, interviews, and surveys.

As determined by analyses of quantitative and qualitative data, racial and ethnic health disparities emerged as a primary, cross-cutting health issue in the community served by Community Howard Regional Health. These disparities were observed within each of the following significant community health needs:

- COVID-19 Pandemic
- Maternal, Infant, and Child Health

- Mental Health Status and Access to Mental Health Services
- Obesity, Physical Inactivity, and Associated Chronic Disease
- Social Determinants of Health, including:
 - Poverty
 - Employment Opportunities
 - Food Insecurity
 - Transportation
- Smoking and Tobacco Use
- Substance Use Disorders and Overdoses

SIGNIFICANT COMMUNITY HEALTH NEEDS: DISCUSSION

COVID-19 Pandemic

The COVID-19 pandemic represents a public health emergency for Indiana and the United States. In addition to contributing to severe illness and death, the pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues.

The Centers for Disease Control and Prevention's (CDC) work related to COVID-19 has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. Populations most at risk include older adults, people with certain underlying conditions, pregnant women, and members of racial and ethnic minority groups. According to the CDC, "long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age." Men also are more likely to die from COVID-19 than women. Based on that work, many at-risk people live in Howard County.

Compared to Indiana and the United States, Howard County has experienced above average incidence and mortality rates for COVID-19. Vaccination rates have been lower and vaccine hesitancy rates have been higher than state and national averages.

Community members providing input into this CHNA indicated that the pandemic has highlighted problems associated with racial and ethnic health inequities. Elderly and child populations also were disproportionately affected, particularly for preventive health measures and mental health status. The COVID-19 pandemic also highlighted the need for public health infrastructure and staffing, as well as the need for residents to have an established medical home for care and information.

In 2020 and due to the pandemic, the number of people unemployed in Howard County, Indiana, and the United States increased substantially. This rise in unemployment has affected access to employer-based health insurance and to health services, and has increased housing and food insecurity.

Maternal, Infant, and Child Health

Maternal, infant, and child health-related needs have been identified significant. Howard County compares unfavorably for several infant and maternal health indicators, including infant mortality, very low birthweight infants, and breastfeeding. The proportion of mothers who smoked during pregnancy has been significantly above the Indiana average.

Child health and wellbeing also is problematic in Howard County. The county has comparatively high numbers of children in poverty and in single-parent households. The rate of teen births is significantly higher than state and national averages. Per-capita emergency room visits due to asthma for children aged 5-17 have been nearly double the state average.

Maternal, infant, and child racial and ethnic health disparities are present across Indiana. Indicators that measure access to prenatal care, the number of preterm births, and the number of infant deaths are more problematic for Black and Hispanic (or Latino) populations than for White populations.

Community meeting participants identified maternal and infant health among the most significant needs in Howard County, and discussed issues with child development and wellbeing. The State Health Improvement Plan also identified the need to improve (and reduce racial and ethnic disparities for) birth outcomes across Indiana.

Mental Health Status and Access to Mental Health Services

Mental health status of residents is a significant concern in Howard County. The county compares unfavorably to peer county and national averages for the prevalence of mentally unhealthy days. When asked to identify significant community health needs in Howard County, more community members identified mental health status, suicide, and access to mental health services than any other need. Participants discussed worsening mental health conditions, exacerbated by the COVID-19 pandemic.

Interviewees stated that access to mental health care is difficult due to an inadequate number of providers, health insurance and cost barriers, and an aging provider base. In comparison to peer county and national averages, Howard County has a lower per-capita supply of mental health providers.

The State Health Improvement Plan prioritized improved access to mental health services as a need across Indiana.

Obesity, Physical Inactivity, and Chronic Disease

Obesity and contributing factors (including physical inactivity and improper nutrition) and associated chronic diseases (such as heart disease) are significant concerns in Howard County. Compared to peer

county, state, and national averages, Howard County ranks poorly for rates of obesity, physical inactivity, and access to exercise opportunities.

Mortality rates in Howard County for major cardiovascular disease, heart disease, and ischemic heart disease have been above the state average. Across Indiana, mortality and incidence rates for related chronic diseases – including heart disease and diabetes – have been significantly higher for Black populations.

Interviewees cited increasing rates of obesity as a concern, attributing the prevalence of unhealthy food as a primary contributor. Unhealthy food was thought to be less expensive, and grocery stores are limited in several areas of the county. Food deserts are found in Kokomo, and the county has a comparatively low food environment index.

The need to reduce the rate of chronic disease also was identified in the State Health Improvement Plan.

Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life outcomes and risks. People living in low-income households generally are less healthy than those living in more prosperous areas. Howard County's poverty rate is above state and national averages. Low-income census tracts are present throughout Kokomo and proximate to the hospital.

Poverty rates for Black and Hispanic (or Latino) residents are comparatively high. The county ranks in the bottom quartile of Indiana for income inequality. Howard County also compares unfavorably for children in poverty.

Interviewees indicated that poverty, income disparities, and the impact of Social Determinants of Health were all significant concerns, and long been present throughout Howard County. Community meeting participants linked poverty to issues surrounding access to care and health. Community meeting participants and interviewees identified racial and ethnic disparities in poverty rates and health as significant concerns.

Community health indices show that ZIP codes and census tracts throughout Howard County, particularly near Kokomo, rank poorly for community need and vulnerability. These areas are also where the proportions of residents that are Black and Hispanic (or Latino) are highest.

In recent years, unemployment rates in Howard County have been significantly above Indiana averages. The county ranked in the bottom quartile of Indiana counties in 2020. Rates rose significantly in 2020 due to the COVID-19 pandemic. This negatively affected access to employer-based health insurance, increased housing and food insecurity, and worsened access to health services. Interviewees stated that work opportunities that allow one to support a family on a single income are challenging to find, worsened due to the prevalence of single-parent households

Consistent access to affordable, healthy food is important to health outcomes. In the 2020 County Health Rankings, Howard County ranked 76th out of 92 Indiana counties for food environment index, indicating that problems with food accessibility are present. Howard County's food environment index also is below average when compared to peer counties and the United States. Food deserts are found in the county, particularly in Kokomo. Interviewees also identified access to healthy food as a significant need that contributes to obesity.

Transportation also is a significant need. Census tracts throughout Kokomo ranked in the top quartile for transportation vulnerability. Interviewees cited transportation as a significant barrier to health. Few public transportation options exist, particularly outside of Kokomo, and routes often do not connect residents to needed services like grocery stores.

The State Health Improvement Plan identified addressing Social Determinants of Health as a priority and clearly linked SDOH-related issues to unfavorable health outcomes and inequities.

Smoking and Tobacco Use

Smoking and tobacco use, including use of e-cigarettes, is a significant community health need in Howard County. In the 2020 County Health Rankings, the county ranked 70th out of 92 Indiana counties for the rate of adult smoking. On average, more Howard County adults smoke than those living in peer counties and the United States. Mortality rates for chronic lower respiratory diseases and lung and bronchus cancer have been higher in Howard County than in the state.

The percentage of mothers who smoked during pregnancy also has been well above the Indiana average. Emergency room visits due to asthma for children aged 5 to 17 are nearly double the statewide rate, potentially linked to smoking within households.

Community meeting participants identified smoking and tobacco use among the most significant needs in Howard County.

Substance Use Disorders and Overdoses

Substance Use Disorders, including overuse of opioids and alcohol, have been identified as significant and growing community health needs.

Between 2015 and 2019, drug overdose and poisoning deaths increased in Howard County and Indiana. In 2019, the rate of drug deaths in Howard County (37.6) significantly exceeded the Indiana rate (26.6).

Howard County's mortality rate due to alcohol-related causes is almost triple the Indiana average. The county compared unfavorably to peer county, Indiana, and United States averages for alcohol-impaired driving deaths.

Interviewees identified substance use disorders as a significant need. Stakeholders indicated that substance use disorders are becoming more prevalent as people are self-medicating for untreated mental health conditions, with the misuse of opioids and alcohol both common.

The Indiana State Health Improvement Plan also prioritized the need to reduce injury and death due to opioid usage.

Data and Analysis

COMMUNITY DEFINITION

This section identifies the community that was assessed by Community Howard Regional Health (CHRH). The community was defined by considering the geographic origins of the hospital's discharges and emergency room visits in quarter four of calendar year 2020.

CHRH's community was defined Howard County, Indiana. The ZIP codes within Howard County accounted for approximately 72 percent of the hospital's 2020 inpatient volumes and 80 percent of its emergency room visits (**Exhibit 1**).

Exhibit 1: CHRH Discharges and Emergency Room Visits, 2020

ZIP Code	County	Inpatient Discharges	Percent Discharges	ER Visits	Percent ER Visits
46902	Howard	1,504	35.9%	10,157	40.9%
46901	Howard	1,248	29.8%	8,022	32.3%
46936	Howard	169	4.0%	973	3.9%
46979	Howard	95	2.3%	671	2.7%
46937	Howard	10	0.2%	43	0.2%
46965	Howard	7	0.2%	42	0.2%
From Community		3,033	72.4%	19,908	80.2%
Other Areas		1,154	27.6%	4,913	19.8%
Hospital Total		4,187	100.0%	24,821	100.0%

Source: Analysis of Community Health Network's utilization data, 2021.

The total population of Howard County in 2019 was approximately 82,000 persons (**Exhibit 2**).

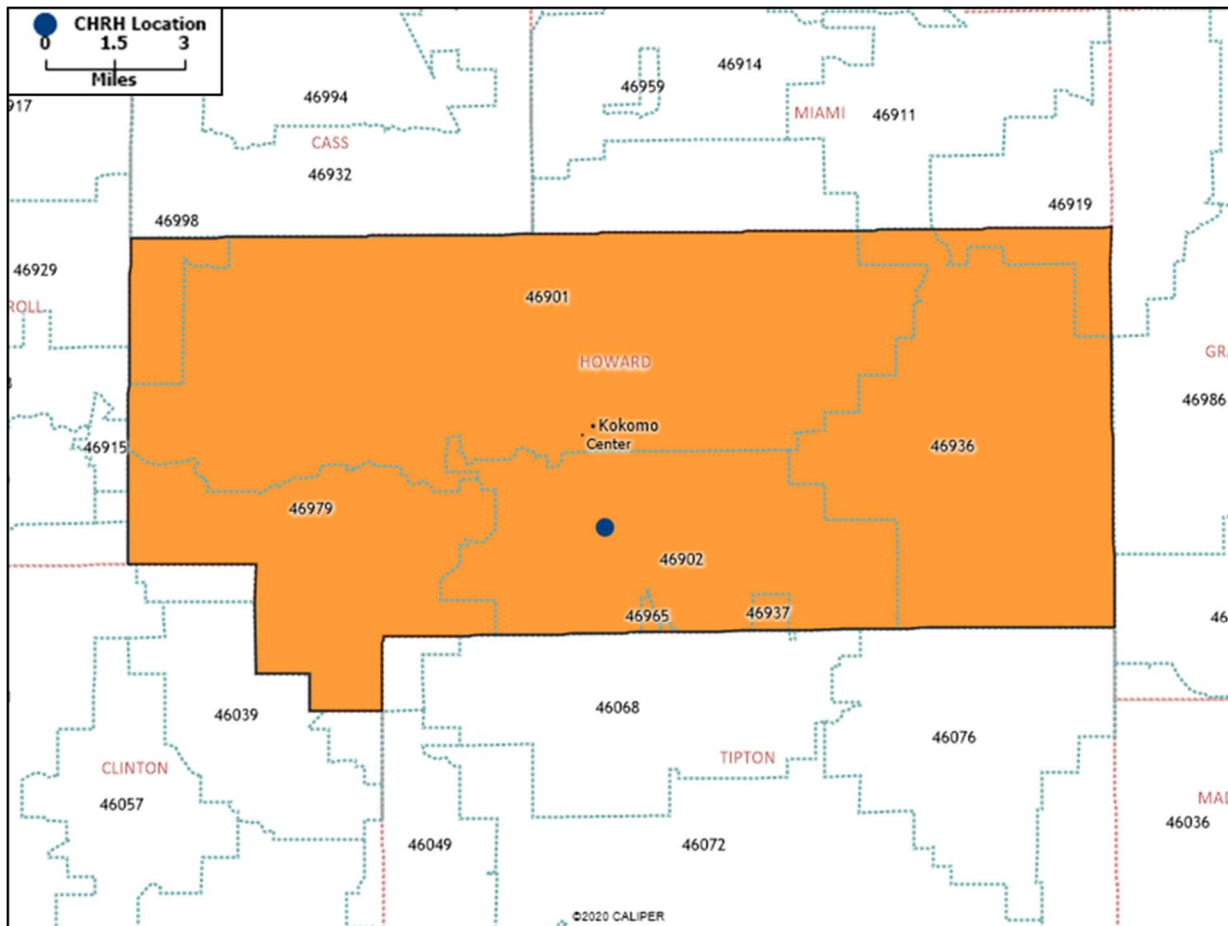
Exhibit 2: Community Population by County, 2019

County	Total Population 2019	Percent of Total Population
Howard	82,331	100.0%
Community Total	82,331	100.0%

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

The hospital is located in Kokomo, IN (ZIP Code 46902). **Exhibit 3** portrays CHRH’s community and ZIP code boundaries within Howard County.

Exhibit 3: Community Howard Regional Health



Source: Caliper Maptitude, 2021.

SECONDARY DATA SUMMARY

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

Demographics

Demographic characteristics and trends directly influence community health needs. The total population in Howard County is expected to decrease marginally by 0.1 percent between 2019 and 2025, or approximately 70 people. While the total community is expected to slightly decrease, the population age 65 years and older is expected to increase by 15.8 percent over the same time period. This change should contribute to greater demand for health services, as older individuals typically need and use more services than younger persons. ZIP code 46936 had the highest proportion of population aged 65 and older above at 23 percent.

Howard County has variation in demographic characteristics across community ZIP codes. Across the county, 7.2 percent of residents were Black. ZIP codes 46901 (8.7 percent) and 46902 (7.7 percent) had the highest proportions of Black residents, and no other ZIP codes had a proportion greater than one percent. The percent of the population that was Hispanic (or Latino) was 3.3 percent in the county, with ZIP codes 46901 (3.6 percent) and 46902 (3.4 percent) having the highest proportions.

A lower proportion of Howard County adults were without a high school diploma than in Indiana and the United States overall. A higher proportion of the population was disabled compared to state and national averages. Compared to the United States and Indiana, proportionately fewer people in Howard County are linguistically isolated.

Socioeconomic Indicators

People living in low-income households generally are less healthy than those living in more prosperous areas. In 2015-2019, approximately 14.9 percent of Howard County residents lived in poverty – above Indiana and United States averages of 13.4 percent. Low-income census tracts can be found in Howard County, particularly in and near Kokomo. These areas correlate to ZIP codes categorized as “higher need” by the Dignity Health/CommonSpirit Community Need Index™.

Poverty rates for Black (32 percent) and for Hispanic (or Latino) residents (22 percent) are substantially higher than rates for White residents (13 percent) in Howard County. Poverty rates for Black and Hispanic (or Latino) populations are approximately double the rates of White populations in Howard County, Indiana, and the United States.

Between 2016 and early 2020, unemployment rates in Howard County, Indiana, and the United States fell or remained stable. However, due to the COVID-19 pandemic, unemployment rose substantially in 2020 in all areas. The rise in unemployment contributed to numerous health-related factors, such as access to employer-based health insurance, housing and food insecurity, and access to health services. From 2016 through 2020, unemployment rates in Howard County were above Indiana averages.

The proportion of the population that did not have health insurance was lower in Howard County than in Indiana and the United States. However, unemployment related to COVID-19 likely resulted in an increase in uninsured community members and a corresponding reduction in access to health services.

Compared to Indiana averages, crime rates in Kokomo are significantly higher, while rates in Howard County as a whole are below state averages.

Across Howard County, the percent of households that spent more than 30 percent of income on housing, a measure of housing burdened, was below the Indiana and national averages. The rates of households experiencing housing burden were highest in ZIP codes 46901 (24.3 percent) and 46902 (22.4 percent). These same areas correlate to areas in the bottom quartile nationally for social vulnerability, including for socioeconomic, household composition and disability, and housing type and transportation vulnerability.

Other Local Health Status and Access Indicators

In the *2020 County Health Rankings*, Howard County ranked 81st for health outcomes and 77th for health factors, both in the bottom quartile of 92 Indiana counties. Howard County ranked in the bottom 50th percentile among Indiana counties for 26 of the 41 indicators assessed. Of those, 16 were in the bottom quartile, including for smoking, food environment index, teen births, high school graduation, unemployment, income inequality, and injury deaths. Howard County rates of years of potential life lost and teen births are significantly above the state and national rates.

Community Health Status Indicators (“CHSI”) compares indicators for each county with those for peer counties across the United States. Each county is compared to 30 to 35 of its peers, which are selected based on socioeconomic characteristics such as population size, population density, percent elderly, per-capita income, and poverty rates. Among peer counties, Howard County ranks in the bottom quartile for eight of the 34 indicators assessed, including years of potential life lost, smoking, physical inactivity and access to exercise opportunities, teen births, high school graduation, injury deaths, and air pollution.

This assessment was conducted throughout 2021 during the ongoing COVID-19 pandemic. Based on data available, Howard County had a higher rate of COVID-19 cases and deaths compared to rates in Indiana and the United States. The county also had a lower proportion of the population vaccinated against COVID-19, and a higher percentage of adults hesitant about receiving the vaccine.

Sources of other secondary data assessed include the Indiana Department of Health, the Centers for Disease Control and Prevention, America’s Health Rankings, the Health Resources and Services Administration, and the United States Department of Agriculture. Based on an assessment of available secondary data, the indicators presented in **Exhibit 4** appear to be most significant in Howard County.

An indicator is considered *significant* if it was found to vary materially from a benchmark statistic (e.g., an average value for Indiana, for peer counties, or for the United States). For example, 35.1 percent of Howard County’s adults are obese; the average for the United States is 29.0 percent. The last column of the exhibit identifies where more information regarding the data sources can be found in this report.

Exhibit 4: Significant Indicators

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
65+ Population change, 2019-2025	Howard County	15.8%	1.4%	Howard County, Total	8
Percent disabled, 2015-2019	Howard County	17.4%	13.7%	Indiana	12
Poverty rate, 2015-2019	Howard County	14.9%	13.4%	Indiana	13
Poverty rate, Black, 2015-2019	Howard County	31.9%	13.2%	Howard County, White	14
Poverty rate, Hispanic (or Latino), 2015-2019	Howard County	21.7%	13.2%	Howard County, White	14
High school graduation percent	Howard County	75.1%	83.8%	Indiana	28
Unemployment rate, 2020	Howard County	10.9%	7.1%	Indiana	16
Violent crime per 100,000	Howard County	431.3	385.1	Indiana	28
Average number mentally unhealthy days	Howard County	4.6	4.0	United States	28
Ratio of population to mental health providers	Howard County	535:1	400:1	United States	28
Years of potential life lost before age 75 per 100,000 population	Howard County	10,930	6,900	United States	28
Percent adults obese	Howard County	35.1%	29.0%	United States	28
Percent physically inactive	Howard County	20.9%	23.0%	United States	28
Percent with access to exercise opportunities	Howard County	68.6%	77.4%	Peer counties	29
Major cardiovascular disease mortality per 100,000	Howard County	287.6	237.5	Indiana	31
Ratio of population to primary care physicians	Howard County	1,584:1	1,330:1	United States	28
Preventable hospital stays for ACSC conditions per 100,000 Medicare enrollees	Howard County	4,767	4,535	United States	28
Injury deaths per 100,000	Howard County	100.0	70.0	United States	28
Motor vehicle accident mortality per 100,000	Howard County	22.6	12.6	Indiana	31
Percent driving deaths with alcohol involvement	Howard County	35.2%	19.7%	Indiana	28
Alcohol-related mortality per 100,000	Howard County	27.1	10.4	Indiana	31
Drug poisoning mortality per 100,000	Howard County	37.6	26.6	Indiana	34
Cancer mortality per 100,000	Howard County	187.1	155.6	United States	32
Percent adults who smoke	Howard County	21.2%	18.5%	Peer counties	29
Chronic lower respiratory diseases mortality per 100,000	Howard County	68.3	56.1	Indiana	31
Mothers smoked during pregnancy	Howard County	19.3%	11.8%	Indiana	36
ER visits due to asthma (age 5-17, per 10,000)	Howard County	84.6	49.7	Indiana	36
Infant mortality per 1,000 births	Howard County	7.7	7.2	Indiana	36
Teen births per 1,000 females ages 15-19	Howard County	37.0	23.0	United States	28
COVID-19 mortality per 100,000 population	Howard County	338.7	207.5	United States	30
COVID-19 vaccination among adults	Howard County	52.4%	59.1%	Indiana	30

Source: Verité Analysis.

Indiana data were also assessed across racial and ethnic cohorts to identify potential disparities in mortality, health conditions, and Social Determinants of Health.

Black populations had particularly high mortality rates for numerous causes, including diabetes, high blood pressure, and heart disease, and compared unfavorably for rates of low birthweight births, preventable hospitalizations, severe housing problems, teen births, children in poverty, and chlamydia.

Hispanic or Latino populations compared unfavorably for a variety of indicators, including chronic liver disease mortality, avoiding healthcare due to cost, children in poverty, crowded housing, high school graduation, non-medical drug use, and severe housing problems.

White populations compared unfavorably for mortality due to chronic lower respiratory disease, Alzheimer’s disease, and suicide, as well as incidence rates of arthritis, cancer, depression, and high cholesterol.

These and other differences indicate the presence of racial and ethnic health inequities and disparities throughout Indiana and in Howard County.

Food Deserts

The U.S. Department of Agriculture’s Economic Research Service identifies census tracts that are considered “food deserts” because they include lower-income persons without supermarkets or large grocery stores nearby. Food deserts are found in central Howard County, concentrated in Kokomo and areas proximate to the hospital.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration based on an “Index of Medical Underservice.” Census tracts in Howard County have been designated as Medically Underserved Areas, concentrated in central Howard County throughout Kokomo.

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is present. The low-income population of Howard County has been designated a Dental Care HPSA.

CDC COVID-19 Prevalence and Mortality Findings

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic represents a public health emergency for Indiana and the United States. The pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues.

Part of the CDC’s work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. Based on that work, many at-risk people live Howard County. Populations most at risk include:

- Older adults;
- People with certain underlying medical conditions, including cancer, chronic kidney disease, COPD, obesity, serious heart conditions, diabetes, sickle cell disease, asthma, hypertension, immunocompromised state, and liver disease;

- People who are obese and who smoke;
- Pregnant women; and,
- Black, Hispanic (or Latino), and American Indian or Alaska Native persons.

According to the CDC, “long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age.”

Findings of Other CHNAs

In 2018, the Indiana State Department of Health published State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The Department of Health staff produced the SHA with support from partners from Indiana, available epidemiological data, and key informant interviews. From this process, below are key issues identified for Indiana.

- Social Determinants of Health and health equity - “conditions in the environment that affect a broad range of health and quality of life outcomes;”
- Improving public health infrastructure (funding and culture/quality of public health practice); and
- Improving health and reducing health disparities, specifically chronic disease, birth outcomes/infant mortality, reduced injury, and death due to opioid exposure, and improved access to mental health services.

PRIMARY DATA SUMMARY

Primary data were gathered through an online community meeting and a key stakeholder interview. One community meeting relevant to CHRH was conducted. Interviews were conducted by phone or online video conferences, and meetings were conducted by online video conferences.

See **Appendix C** for information regarding those who participated in the community input process.

Community Meetings

A community meeting was held in July 2021 to receive input from stakeholders regarding the health needs in Howard County. This meeting was conducted in collaboration with Ascension St. Vincent's Indiana, an Indiana health system with locations in Howard County.

Forty-nine (49) stakeholders were asked to participate in the Howard County community meeting. These individuals represented organizations such as local health departments, non-profit organizations, faith-based organizations, health care providers, and local policymakers.

The meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of the community meeting. Next, secondary data were presented, along with a summary of the most unfavorable community health indicators from this data. Each group was then asked questions about the preliminary list, including their reactions, additions to the proposed needs, thoughts regarding the causes of the needs, impacts of the COVID-19 pandemic, and others.

After discussing the needs identified through secondary data and adding others to the list, participants were asked through an online survey process to identify “three to five” they consider the most significant. From this process, participants identified the following needs as most significant for Howard County:

- Mental health, suicide, and access to mental health services;
- COVID-19 pandemic and its effects;
- Limitations for social services and health programs, including funding, wait times, and strict eligibility requirements;
- Racial and ethnic health disparities;
- Smoking and tobacco use; and
- Maternal and infant health.

Preliminary needs identified include several topics, including the COVID-19 pandemic, accidents and injuries, food insecurity and access, maternal and infant health needs, elderly needs, physical inactivity, smoking and tobacco use, Social Determinants of Health (including poverty and educational achievement), substance use disorders, alcohol use, and teen births.

In addition to these topics, participants focused discussion around mental health conditions and access to mental health resources, food deserts and barriers to accessing healthy foods, transportation barriers, child development and wellbeing, housing availability and affordability, houseless populations and vulnerability, and limitations to social services and health programs (including lack of funding, long wait times, and strict eligibility requirements).

Key Stakeholder Interviews

An additional interview was conducted with a representative of a local public health department to obtain subject-matter expertise into the health needs in Howard County.

Questions focused first on identifying and discussing health issues in the community before the COVID-19 pandemic began. Interviews then focused on the pandemic's impacts and on what has been learned about the community's health given those impacts. Stakeholders also were asked to describe the types of initiatives, programs, and investments that should be implemented to address the community's health issues and to be better prepared for future risks.

Stakeholders most frequently identified the following issues as significant before the COVID-19 pandemic began:

- Poverty, income disparities, and the impact of Social Determinants of Health are all significant concerns in Howard County, and have long been a major barrier to achieving optimal health.
- Racial and ethnic disparities in Social Determinants of Health are also significant.
- Employment and work opportunities that allow one to support a family on a single income can also be challenging to find. This problem is exacerbated due to the prevalence of single-parent households.
- Access to mental health services can be challenging for many residents, even for those with adequate health insurance. There is a lack of mental health providers in Howard County, and current providers are aging.
- Substance use disorder is a significant issue as people self-medicate for mental health concerns, with abuse of opioids and alcohol common.
- Health insurance barriers and navigating Medicaid regulations are challenging, as many are uninsured due to non-compliance with regulations.
- Many residents do not have adequate access to affordable, healthy food. Unhealthy food is typically less expensive, and grocery stores are limited in several areas of the county.
- Transportation barriers exist, as public transportation options typically do not service all parts of the county or connect residents to needed resources such as grocery stores. Elderly residents are disproportionately affected by transportation issues.

- A more robust public health network is needed, including proper funding and collaboration in local communities across industries and entities. Social service providers often work in silos, and a more collaborative approach to care is necessary.

Interviewees were also asked to discuss the impacts of the COVID-19 pandemic. The following impacts were discussed:

- Elderly populations were disproportionately affected by the pandemic, including illness, isolation, and additional barriers (such as significant transportation issues).
- Child immunizations were impacted, as many families did not pursue preventive health and public health departments contracted services.
- Mental health worsened, including among children. Suicide and overdose deaths increased dramatically.
- Governmental response to the COVID-19 pandemic was partially due to a lack of public health infrastructure and funding. Staffing challenges throughout the pandemic highlight this weakness.
- The need for an established medical home, particularly a primary care provider, was highlighted by the pandemic, as residents need a trusted place to feel safe for health issues.

Other Facilities and Resources in the Community

This section identifies other facilities, clinics, and resources available in Howard County that are available to address community health needs.

HOSPITALS

Exhibit 5 presents information on hospital facilities located in Howard County.

Exhibit 5: Hospitals Located in Community, 2021

Hospital	Address	City	ZIP Code	County
Ascension St Vincent Kokomo	1907 W Sycamore St	Kokomo	46904	Howard
Community Howard Regional Health	3500 S Lafountain St	Kokomo	46902	Howard
Community Howard Specialty Hospital	829 N Dixon Rd	Kokomo	46901	Howard

Source: Indiana Department of Health, 2021.

FEDERALLY QUALIFIED HEALTH CENTERS

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently is one FQHC site operating in the community (**Exhibit 6**).

Exhibit 6: Federally Qualified Health Centers Located in Community, 2021

Name	Address	City	ZIP Code	County
IHC at Kokomo & Howard County WIC	3118 S Lafountain St	Kokomo	46902	Howard

Source: HRSA, 2021.

According to data published by HRSA, FQHCs in the CHRH community served four (4) percent of uninsured persons and 31 percent of Medicaid recipients. Nationally, FQHCs served 22 percent of uninsured patients and 19 percent of the nation’s Medicaid recipients.¹

¹ See: <http://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/chartbook-2020-final/> and <https://www.udsmapper.org/>.

OTHER COMMUNITY RESOURCES

Many social services and resources are available throughout Indiana to assist residents. The State of Indiana Family and Social Services Administration maintains the IN211 database, a free service that connects Hoosiers with help and answers from thousands of health and human service agencies and resources. 211 services are available 24/7 and maintain information of resources for the following categories:

- Children and family
- Education and employment
- Food and clothing
- Health care
- Housing and utility assistance
- Mental health and addiction
- Tax assistance

Additional information about these resources and participating providers can be found at: <https://in211.communityos.org/>.

Appendix

Appendix A – Objectives and Methodology

REGULATORY REQUIREMENTS

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.² In conducting a CHNA, each tax-exempt hospital facility must:

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

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

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

² Internal Revenue Code, Section 501(r).

METHODOLOGY

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

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

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

Federal regulations allow hospital facilities to define the community they serve based on “all of the relevant facts and circumstances,” including the “geographic location” served by the hospital facility, “target populations served” (e.g., children, women, or the aged), and/or the hospital facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).³ Accordingly, the community definition considered the geographic origins of the hospital’s patients and also the hospital’s mission, target populations, principal functions, and strategies.

Data from multiple sources were gathered and assessed, including secondary data⁴ published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews and online community meetings. Stakeholders and community meeting participants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. See Appendix C. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

Certain community health needs were determined to be “significant” if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community’s health, (2) recent assessments developed by the state and local organizations, and (3) input from community stakeholders who participated in the community meeting, interview process, and staff surveys.

³ 501(r) Final Rule, 2014.

⁴ “Secondary data” refers to data published by others, for example the U.S. Census and the Indiana Department of Health. “Primary data” refers to data observed or collected from first-hand experience, for example by conducting interviews.

In addition, data were gathered to evaluate the impact of various services and programs identified in Community Health Network's previous CHNA process. See Appendix E.

Collaborating Organizations

For this community health assessment, Community Howard Regional Health collaborated with the following Community Health Network hospitals: Community Fairbanks Recovery Center, Community Hospital Anderson, Community Hospital East, Community Hospital North, and Community Hospital South. These facilities collaborated through gathering and assessing secondary data together, conducting community meetings and key stakeholder interviews, and relying on shared methodologies, report formats, and staff to manage the CHNA process.

Community Health Network also collaborated with other Indiana health systems to collect primary data through online community meetings and key stakeholder interviews. These health systems include Ascension St. Vincent's Indiana, IU Health, and Riverview Health.

Data Sources

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

Input from persons representing the broad interests of the community was taken into account through a key informant interview (1 participant) and community meetings (49 participants). Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; representatives of faith-based organizations; representatives of local universities and schools; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Community Health Network posts CHNA reports and Implementation Plans online at <https://www.ecommunity.com/community-benefit/archived-reports>.

Consultant Qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 100 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in community benefit, 501(r) compliance, and Community Health Needs Assessments.

Appendix B – Secondary Data Assessment

This section presents an assessment of secondary data regarding health needs in the Community Howard Regional Health (CHRH) community. The CHRH community is defined as Howard County, Ind.

DEMOGRAPHICS

Exhibit 7: Change in Community Population by County, 2019 to 2025

County	Total Population 2019	Projected Population 2025	Percent Change 2019 - 2025
Howard	82,331	82,262	-0.1%
Community Total	82,331	82,262	-0.1%

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

DESCRIPTION

Exhibit 7 portrays the estimated population by county in 2019 and projected to 2025.

OBSERVATIONS

- Between 2019 and 2025, the population of Howard County is expected to decrease slightly by 0.1 percent, or approximately 70 persons.

Exhibit 8: Change in Community Population by Age Cohort, 2019 to 2025

Age Cohort	Total Population 2019	Projected Population 2025	Percent Change 2019 - 2025
Age 0 - 19	20,361	19,602	-3.9%
Age 20 - 44	23,986	22,282	-7.6%
Age 45 - 64	22,294	23,017	3.1%
Age 65 and Older	15,690	18,626	15.8%
Community Total	82,331	83,527	1.4%

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

*Note: Difference in projected total population from Exhibit 7 due to age projection methodology differing than total population methodology.

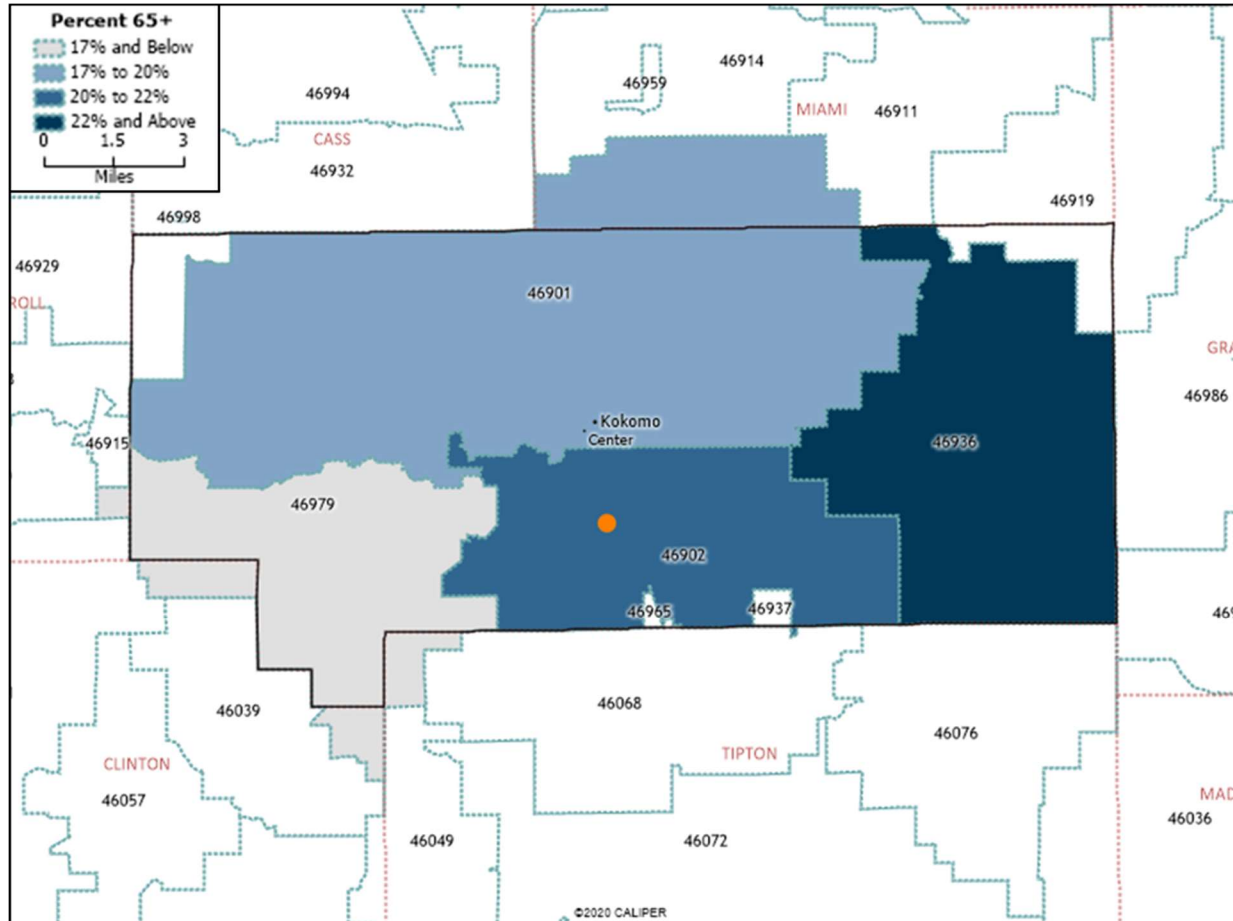
DESCRIPTION

Exhibit 8 shows Howard County's population for certain age cohorts in 2019, with projections to 2025.

OBSERVATIONS

- While the total population is expected to increase by 1.4 percent, the population aged 65 and older is expected to increase by 15.8 percent during the time period.
- The growth of older populations is likely to lead to greater demand for health services, since older individuals typically need and use more services than younger persons.

Exhibit 9: Percent of Population – Aged 65+, 2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

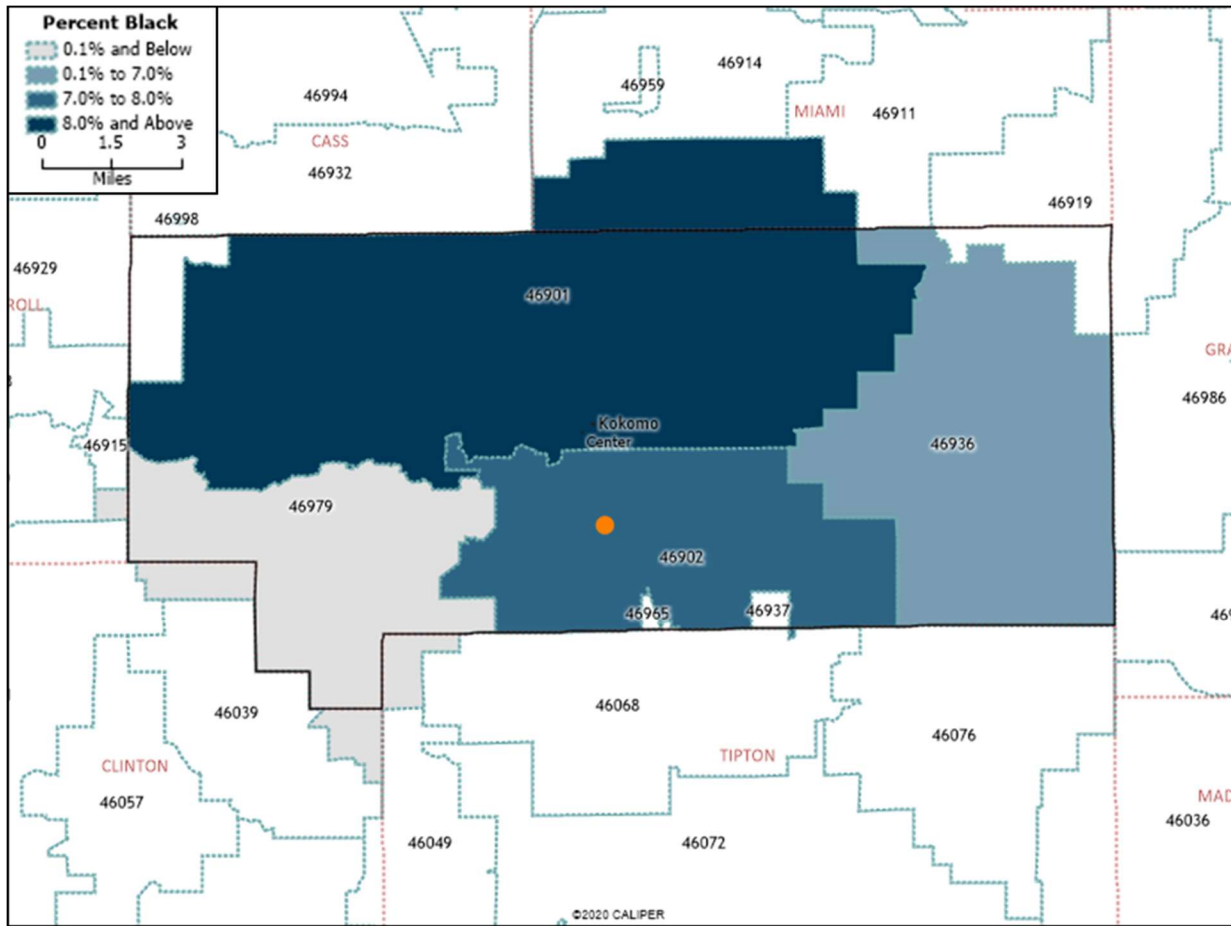
DESCRIPTION

Exhibit 9 portrays the percent of the population 65 years of age and older by ZIP code.

OBSERVATIONS

- ZIP code 46936 had the highest proportion of population aged 65 and older at 23 percent.

Exhibit 10: Percent of Population – Black, 2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

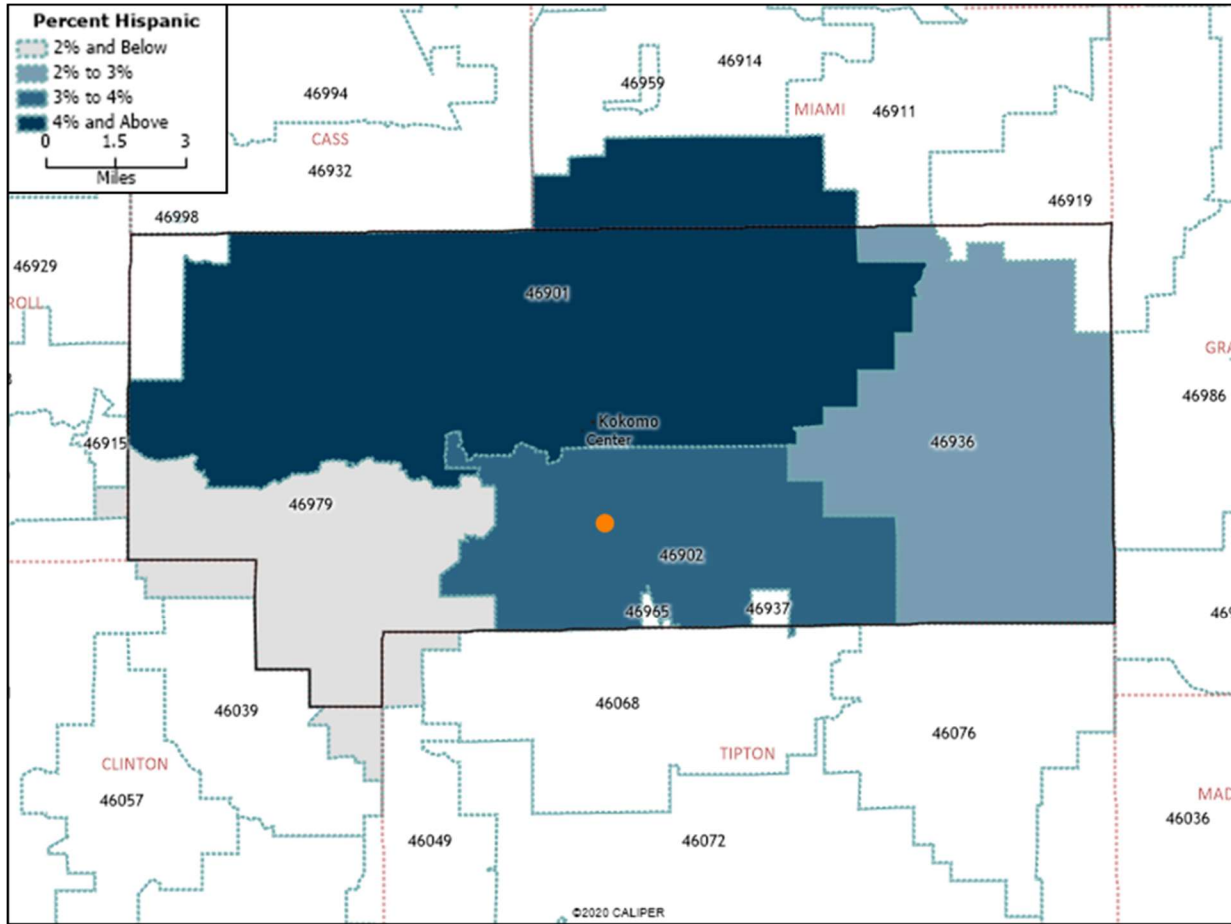
DESCRIPTION

Exhibit 10 portrays the percent of the population – Black by ZIP code.

OBSERVATIONS

- ZIP codes 46901 (8.7 percent) and 46902 (7.7 percent) had the highest proportions of Black residents.
- ZIP codes 46936 and 46979 both had a proportion of Black residents below 1.0 percent.
- For all community ZIP codes, the proportion of Black residents is 7.2 percent.

Exhibit 11: Percent of Population – Hispanic (or Latino), 2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

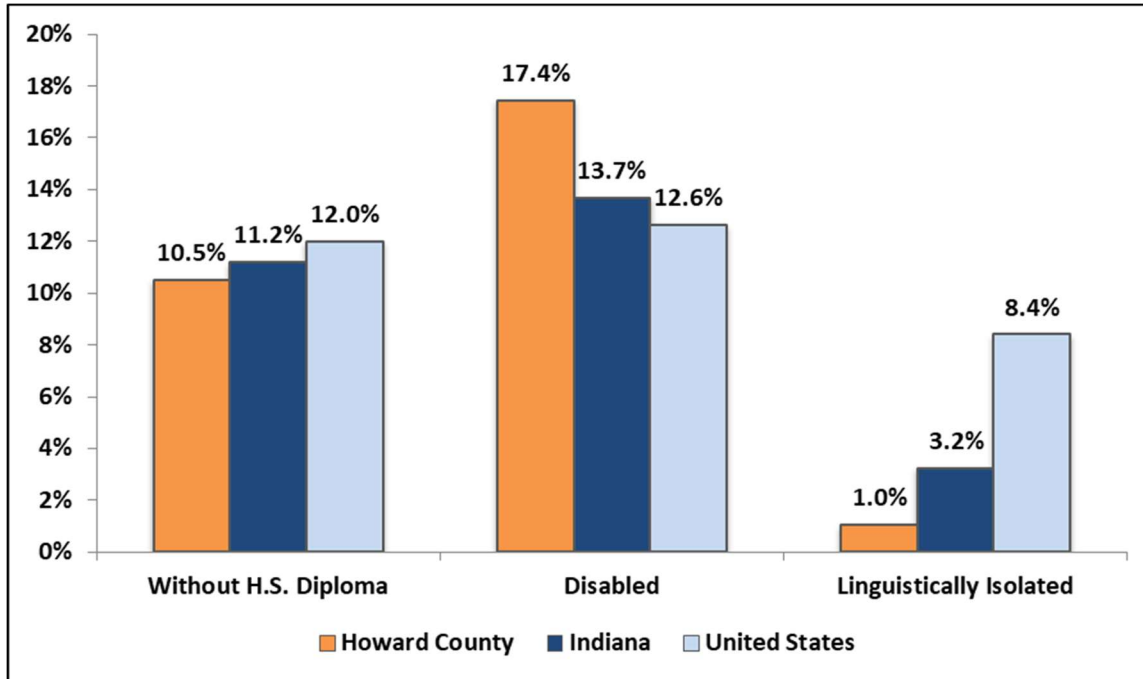
DESCRIPTION

Exhibit 11 portrays the percent of the population – Hispanic (or Latino) by ZIP code.

OBSERVATIONS

- ZIP codes 46901 (3.6 percent) and 46902 (3.4 percent) had the highest proportions of Hispanic (or Latino) residents.
- For all community ZIP codes, the proportion of Hispanic residents is 3.3percent.

Exhibit 12: Selected Socioeconomic Indicators, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

DESCRIPTION

Exhibit 12 portrays the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated in Howard County, Indiana, and the United States. Linguistic isolation is defined as residents who speak a language other than English and speak English less than “very well.”

OBSERVATIONS

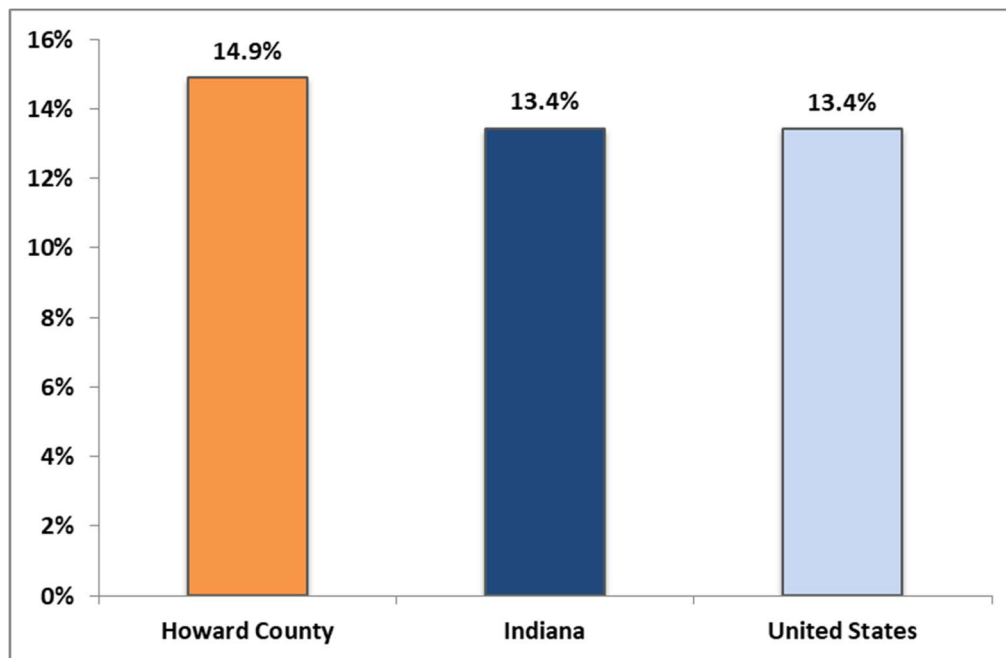
- In 2015-2019, a lower percentage of Howard County residents aged 25 and older were without a high school diploma than residents of Indiana.
- Proportionately more people were disabled in Howard County than in Indiana and the United States.
- Compared to the United States, proportionately fewer people in Howard County and Indiana are linguistically isolated.

SOCIOECONOMIC INDICATORS

This section includes indicators for poverty, unemployment, health insurance status, crime, housing affordability, and “social vulnerability.” All have been associated with health status.

People in Poverty

Exhibit 13: Percent of People in Poverty, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

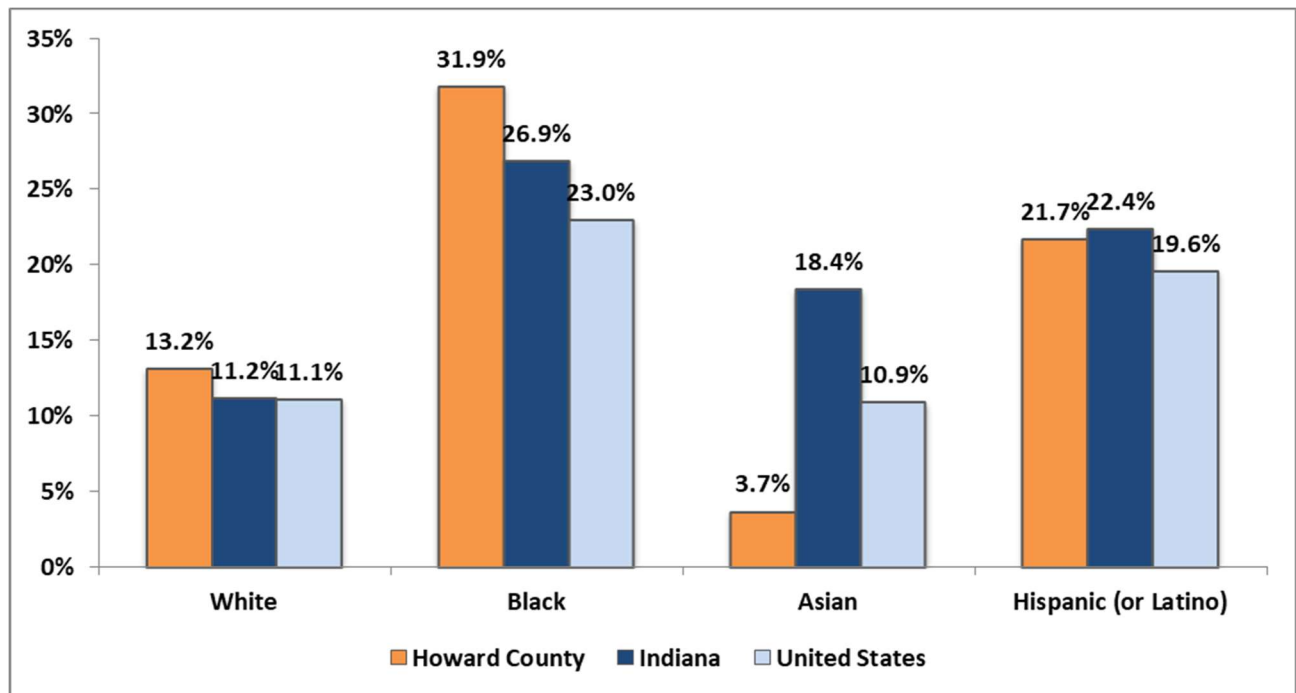
DESCRIPTION

Exhibit 13 portrays poverty rates in Howard County, Indiana, and the United States.

OBSERVATIONS

- In 2015-2019, the overall poverty rate in Howard County was above Indiana and United States averages.

Exhibit 14: Poverty Rates by Race and Ethnicity, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

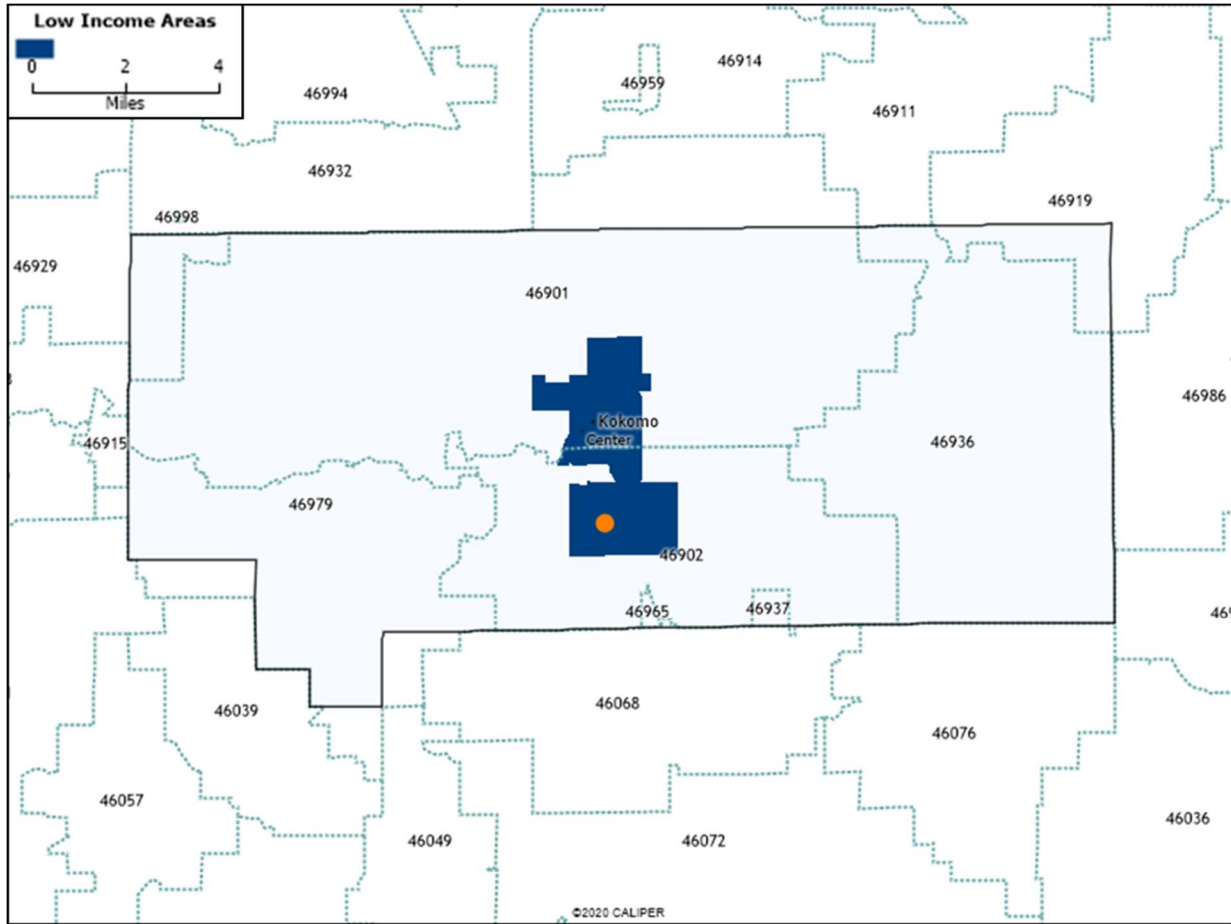
DESCRIPTION

Exhibit 14 portrays poverty rates by race and ethnicity.

OBSERVATIONS

- In Howard County, poverty rates for Black and Hispanic (or Latino) populations were significantly above the average for White populations.
- Compared to United States averages, proportionately more White, Black, and Hispanic (or Latino) residents were in poverty.

Exhibit 15: Low Income Census Tracts, 2019



Source: US Department of Agriculture Economic Research Service, ESRI, 2021.

DESCRIPTION

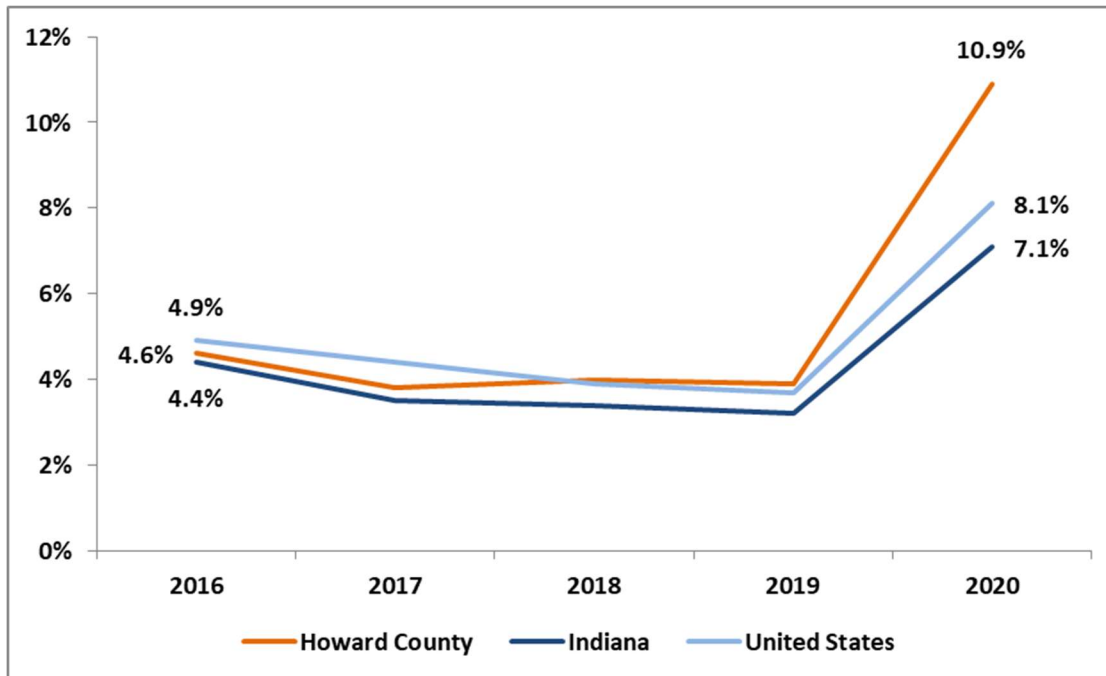
Exhibit 15 portrays the location of federally designated low-income census tracts.

OBSERVATIONS

- In 2019, low-income census tracts were present in Howard County, particularly in areas in the center of the county in and near Kokomo.

Unemployment

Exhibit 16: Annual Unemployment Rates, 2016 to 2020



Source: Bureau of Labor Statistics, 2021.

DESCRIPTION

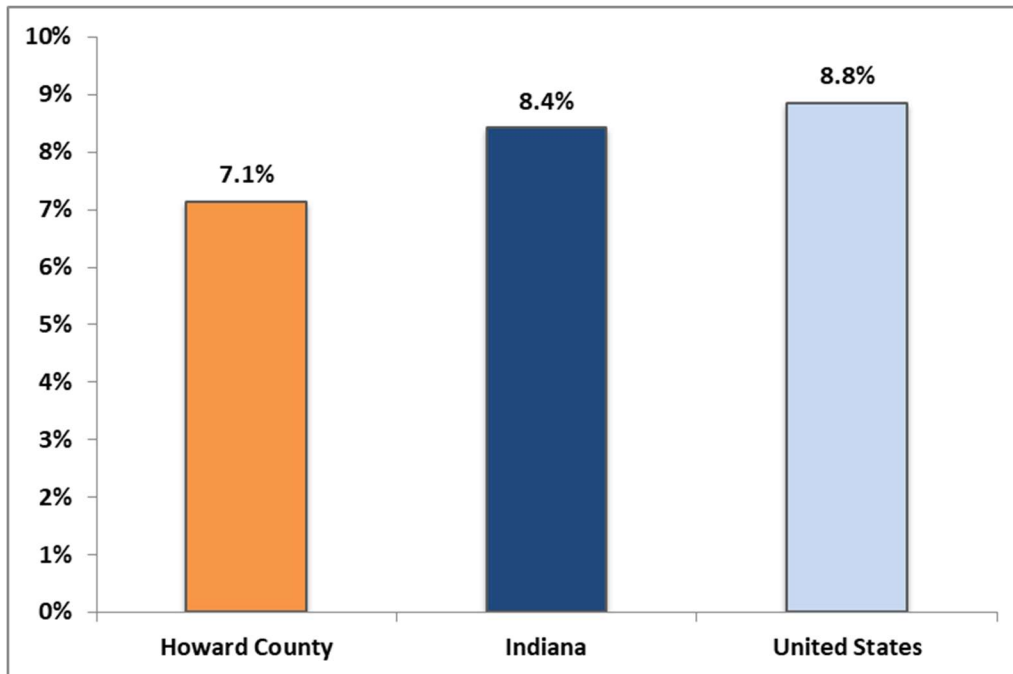
Exhibit 16 shows annual unemployment rates compared to Indiana and the United States for 2016 through 2020.

OBSERVATIONS

- Unemployment rates declined or remained stable from 2016 through 2019. Due to the COVID-19 pandemic, unemployment rates rose substantially in 2020.
- In 2020, the unemployment rate in Howard County was above the Indiana and United States averages. From 2016 through 2020, the Howard County rate was above the state rate.
- The rise in unemployment contributed to numerous health-related factors, such as access to employer-based health insurance, housing and food insecurity, and access to health services.

Health Insurance Status

Exhibit 17: Percent of Population without Health Insurance, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

DESCRIPTION

Exhibit 17 presents the estimated percent of population without health insurance.

OBSERVATIONS

- Howard County has had a lower percentage of the population without health insurance than Indiana and the United States.
- Recent spikes in unemployment likely are leading to more uninsured community members.

Crime Rates

Exhibit 18: Crime Rates by Type, Per 100,000, 2019

Crime Type	City of Kokomo	Howard County	Indiana
Violent Crime	677.7	68.0	370.8
Murder and Non-Negligent Manslaughter	8.6	-	5.6
Rape	43.2	3.6	36.8
Robbery	83.0	4.9	79.2
Aggravated Assault	542.8	59.5	249.3
Property Crime	2,581.0	153.0	1,971.0
Burglary	539.4	35.2	323.7
Larceny - Theft	1,868.8	104.5	1,443.4
Motor Vehicle Theft	172.9	13.4	203.8

Source: Federal Bureau of Investigation, 2020.

DESCRIPTION

Exhibit 18 provides crime statistics and rates per 100,000 for the City of Kokomo, Howard County, and Indiana. Light grey shading indicates rates above the Indiana average; dark grey shading indicates rates more than 50 percent above the average.

OBSERVATIONS

- Rates in Kokomo were significantly above state rates for all crime types except motor vehicle theft, with particularly high rates of violent crime, murder, aggravated assault, and burglary.

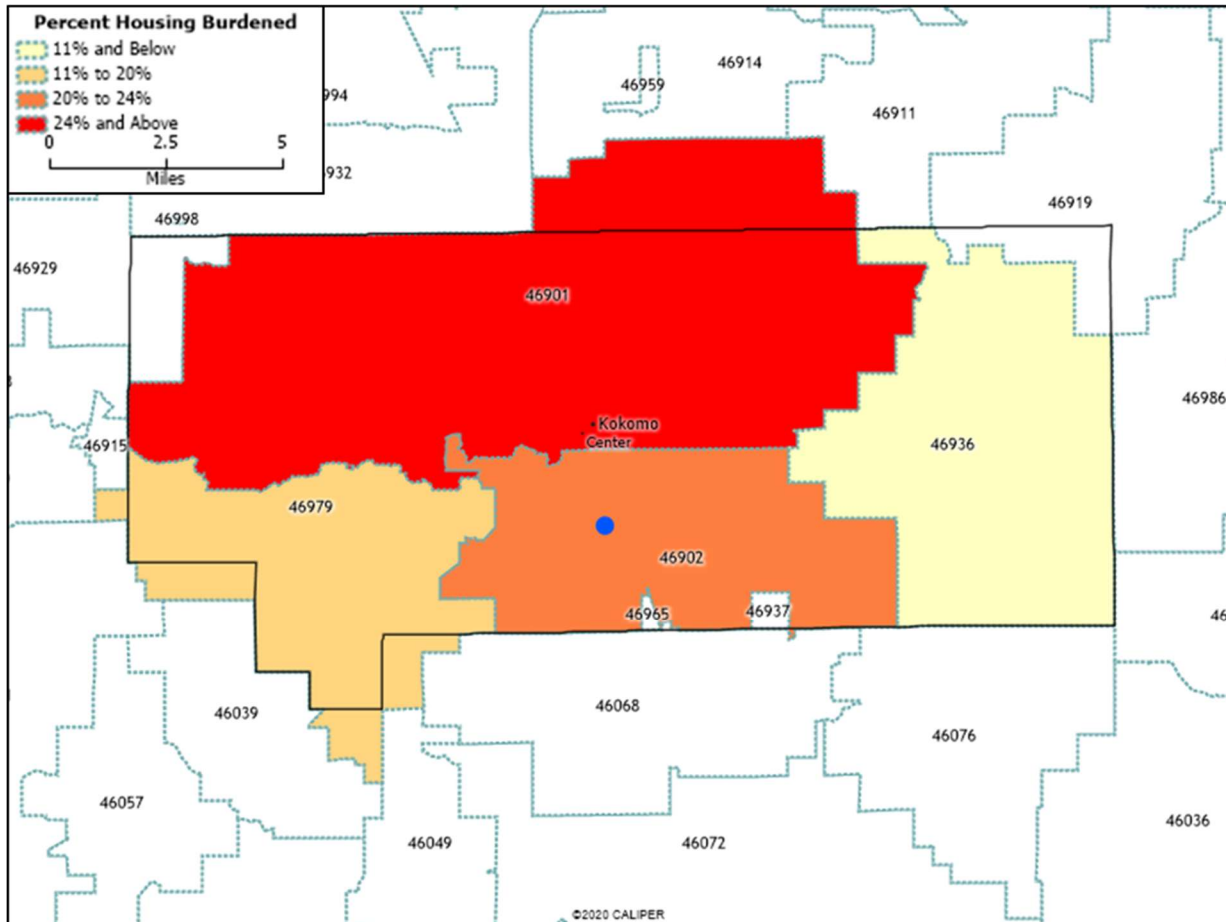
Housing Affordability

Exhibit 19: Percent of Households – Housing Burdened, 2015-2019

Area	Occupied Housing Units	Excessive Housing Costs (30%+ of Income)	Percent Housing Burdened
Howard County	34,701	7,667	22.1%
Indiana	2,570,419	626,325	24.4%
United States	120,756,048	37,249,895	30.8%

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

Exhibit 20: Map of Percent of Housing Burdened Households, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

DESCRIPTION

The U.S. Department of Health and Human Services (“HHS”) identifies “housing burdened” as those spending more than 30 percent of income on housing and as a contributor to poor health outcomes.⁵ Exhibits 19 and 20 portray the percent of household spending on housing in the community.

OBSERVATIONS

As stated by the Federal Reserve, “households that have little income left after paying rent may not be able to afford other necessities, such as food, clothes, health care, and transportation.”⁶

- In Howard County, 22 percent of households have been designated as “housing burdened,” a level below both the Indiana and United States averages.
- The percentage of occupied households cost burdened was highest in ZIP codes 46901 (24.3 percent) and 46902 (22.4 percent). However, percentages in these two ZIP codes are below state and national averages.
- Housing insecurity became more problematic due to the COVID-19 pandemic.

⁵ <https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>

⁶ *Ibid.*

Dignity Health Community Need Index™

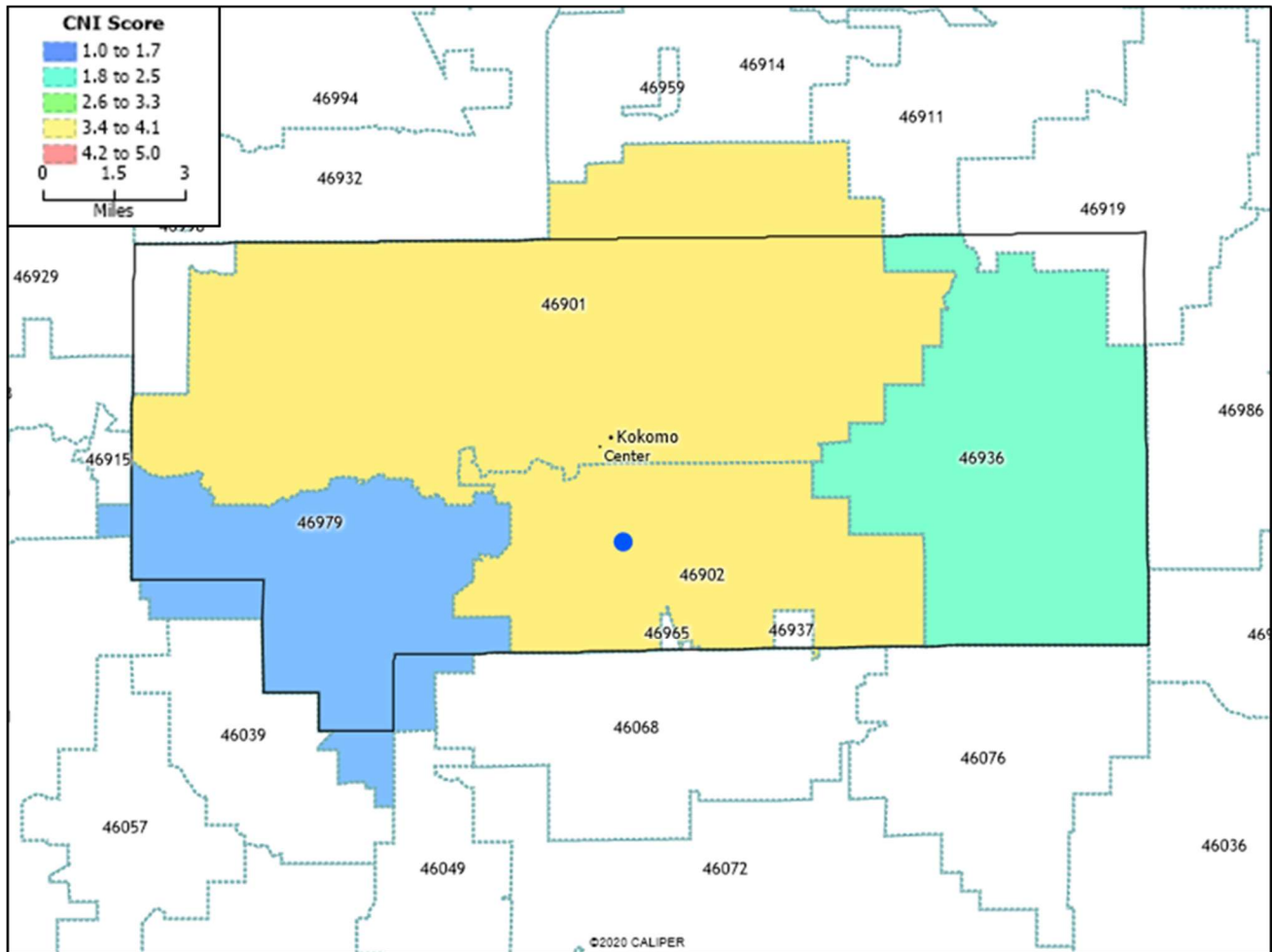
Exhibit 21: Weighted Average Community Need Index™ Score by County, 2021

Area	CNI Score
Howard County	3.4
United States	3.0

Source: CommonSpirit Health, 2021.

Note: CNI scores weighted by the number of people living within each area.

Exhibit 22: Community Need Index, 2021



Source: CommonSpirit Health, 2021, and Caliper Maptitude.

DESCRIPTION

Exhibits 21 and 22 present *Community Need Index™* (CNI) scores. Higher scores (e.g., 4.2 to 5.0) indicate the highest levels of community need. The index is calibrated such that 3.0 represents a U.S.-wide median score.

CommonSpirit Health (formerly Dignity Health) developed the CNI as a way to assess barriers to health care access. The index, available for every ZIP code in the United States, consists of five social and economic indicators:

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

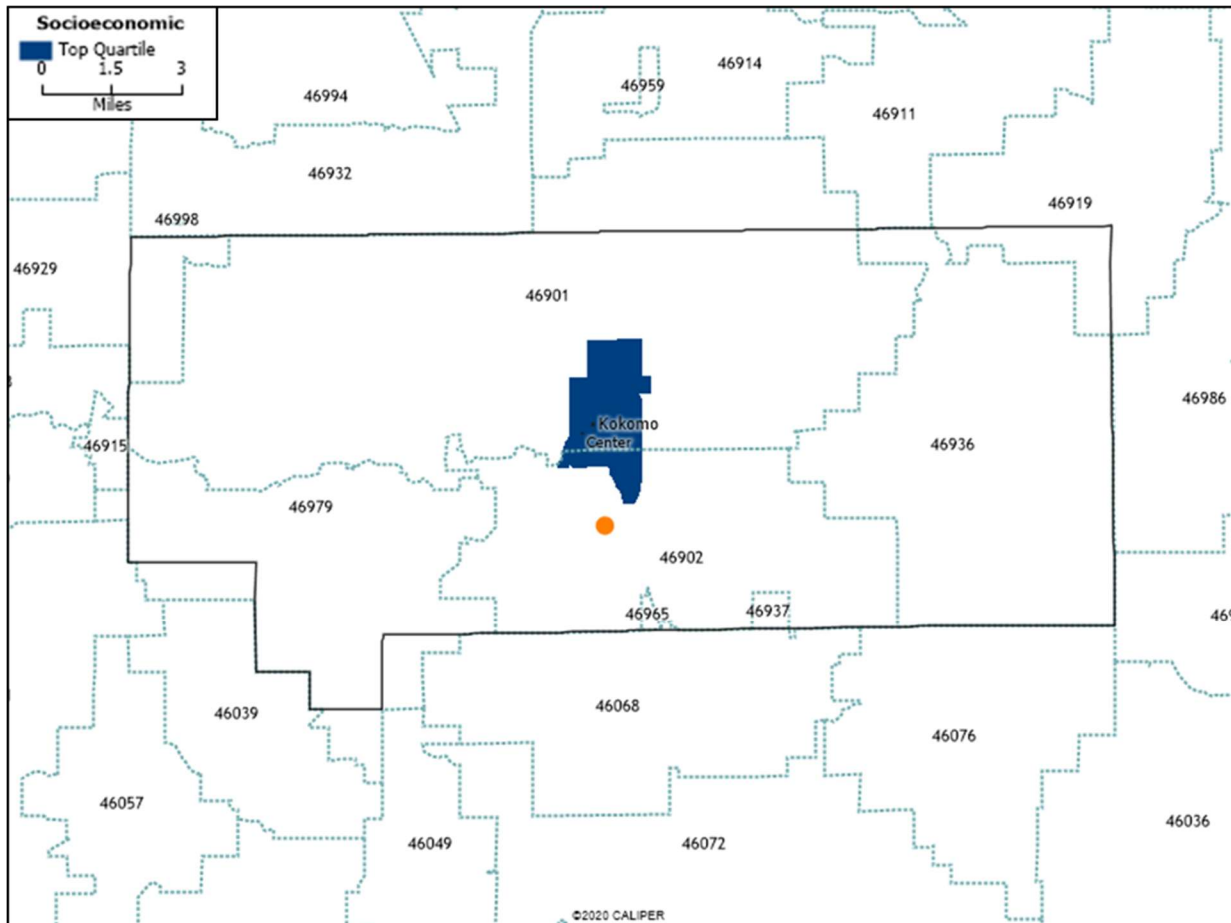
CNI scores are grouped into “Lowest Need” (1.0-1.7) to “Highest Need” (4.2-5.0) categories.

OBSERVATIONS

- At 3.4, the weighted average CNI score for Howard County is higher than the U.S. median.
- ZIP code 46901 received a score of 3.8, the highest in the county.

Centers for Disease Control and Prevention Social Vulnerability Index (SVI)

Exhibit 23: Socioeconomic Index – Top Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude.

DESCRIPTION

Exhibits 23 through 26 are maps that show the Centers for Disease Control and Prevention's *Social Vulnerability Index (SVI)* scores for census tracts throughout the community. Highlighted census tracts are in the top quartile nationally for different indicators on which the SVI is based.

The SVI is based on 15 variables derived from U.S. census data. Variables are grouped into four themes, including:

- Socioeconomic status;
- Household composition;
- Race, Ethnicity, and Language; and

- Housing and transportation.

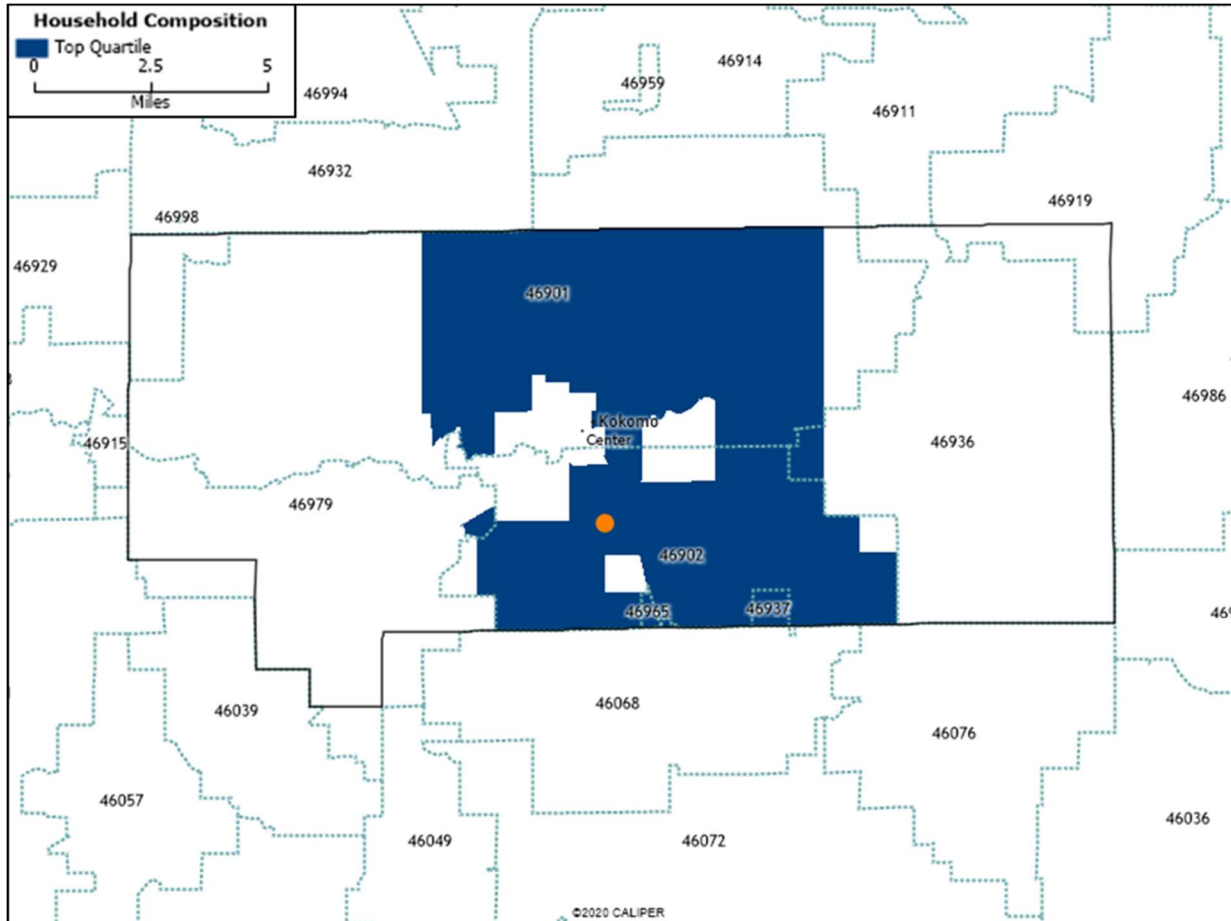
Exhibits 23 through 26 highlight SVI scores for each of these themes.

Exhibit 23 identifies census tracts in the top quartile nationally for socioeconomic vulnerability.

OBSERVATIONS

- Census tracts with the highest levels of socioeconomic vulnerability are located in central Howard County, in Kokomo.

Exhibit 24: Household Composition and Disability Index – Top Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude.

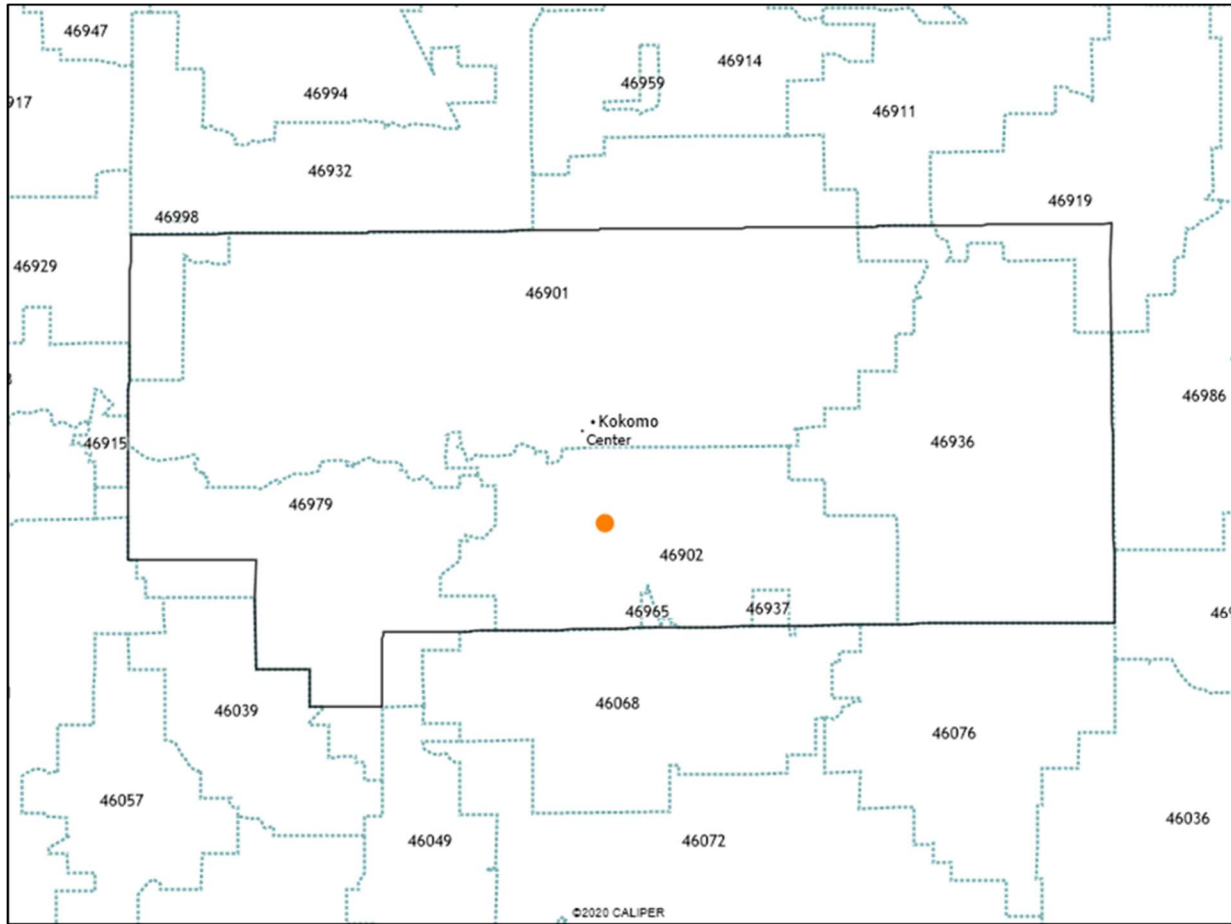
DESCRIPTION

Exhibit 24 identifies census tracts in the top quartile nationally for household composition and disability vulnerability.

OBSERVATIONS

- Census tracts throughout central Howard County are in the top quartile for household composition and disability vulnerability, including in areas proximate to the hospital.

Exhibit 25: Minority Status and Language Index – Top Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

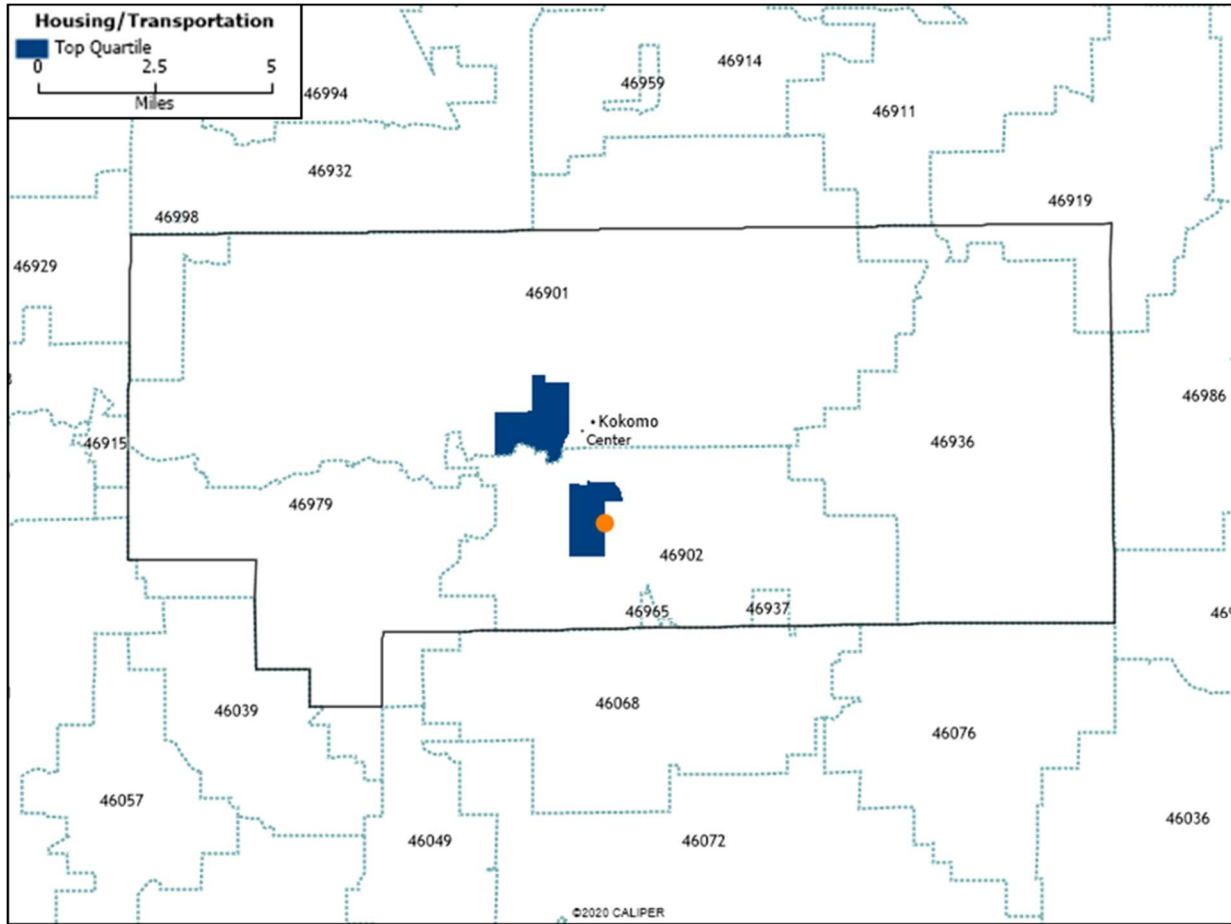
DESCRIPTION

Exhibit 25 identifies census tracts in the top quartile nationally for minority status and language vulnerability.

OBSERVATIONS

- No census tracts in Howard County are in the top quartile for minority status and language vulnerability.

Exhibit 26: Housing Type and Transportation Index – Top Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

DESCRIPTION

Exhibit 26 identifies census tracts in the top quartile nationally for housing type and transportation vulnerability.

OBSERVATIONS

- Census tracts located in central Howard County are in the top quartile for housing and transportation vulnerability, including in areas proximate to the hospital.

OTHER HEALTH STATUS AND ACCESS INDICATORS

County Health Rankings

Exhibit 27: County Health Rankings, 2020

Measure	Howard County
Health Outcomes	81
Health Factors	77
Length of Life	85
Quality of Life	61
Poor or fair health	48
Poor physical health days	39
Poor mental health days	61
Low birthweight	69
Health Behaviors	78
Adult smoking	70
Adult obesity	56
Food environment index	76
Physical inactivity	68
Access to exercise opportunities	37
Excessive drinking	1
Alcohol-impaired driving deaths	88
Sexually transmitted infections	79
Teen births	78
Clinical Care	16
Uninsured	24
Primary care physicians	20
Dentists	2
Mental health providers	11
Preventable hospital stays	44
Mammography screening	29
Flu Vaccinations	53
Social & Economic Factors	86
High school graduation	92
Some college	29
Unemployment	81
Children in poverty	62
Income inequality	84
Children in single-parent households	81
Social associations	12
Violent crime	60
Injury deaths	80
Physical Environment	82
Air pollution - particulate matter	38
Severe housing problems	56
Driving alone to work	46
Long commute - driving alone	6

Source: County Health Rankings, 2020.

DESCRIPTION

Exhibit 27 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of “health factors” and “health outcomes.” The health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,⁷ social and economic factors, and physical environment.⁸ *County Health Rankings* is updated annually. *County Health Rankings 2020* relies on data from 2012 to 2018. Most data are from 2015 to 2019.

The exhibit presents 2020 rankings for each available indicator category. Rankings indicate how the county ranked in relation to all 92 counties in Indiana. The lowest numbers indicate the most favorable rankings. Light grey shading indicates rankings in the bottom half of Indiana’s counties; dark grey shading indicates rankings in bottom quartile.

OBSERVATIONS

- In 2020, Howard County ranked in the bottom 50th percentile among Indiana counties for 26 of the 41 indicators assessed. Of those, 16 were in the bottom quartile, including:
 - Health outcomes;
 - Health factors;
 - Length of life;
 - Health behaviors;
 - Smoking;
 - Food environment index;
 - Alcohol-impaired driving deaths;
 - Sexually transmitted infections;
 - Teen births;
 - Social and economic factors;
 - High school graduation;
 - Unemployment;
 - Income inequality;
 - Children in single-parent households;
 - Injury deaths; and
 - Physical environment.

⁷A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

⁸A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food.

Exhibit 28: County Health Rankings Data Compared to State and U.S. Averages, 2020

Indicator Category	Data	Howard County	Indiana	United States
Health Outcomes				
Length of Life	Years of potential life lost before age 75 per 100,000 population	10,930	8,306	6,900
Quality of Life	Percent of adults reporting fair or poor health	18.3%	19.8%	17.0%
	Average number of physically unhealthy days reported in past 30 days	4.0	4.2	3.8
	Average number of mentally unhealthy days reported in past 30 days	4.6	4.7	4.0
	Percent of live births with low birthweight (<2500 grams)	8.2%	8.0%	8.0%
Health Factors				
Health Behaviors				
Adult Smoking	Percent of adults that report smoking \geq 100 cigarettes and currently smoking	21.2%	21.8%	17.0%
Adult Obesity	Percent of adults that report a BMI \geq 30	35.1%	33.4%	29.0%
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.3	7.1	7.6
Physical Inactivity	Percent of adults aged 20 and over reporting no leisure-time physical activity	30.9%	26.7%	23.0%
Access to Exercise Opportunities	Percent of population with adequate access to locations for physical activity	68.6%	75.2%	84.0%
Excessive Drinking	Binge plus heavy drinking	14.4%	17.6%	19.0%
Alcohol-Impaired Driving Deaths	Percent of driving deaths with alcohol involvement	35.2%	19.7%	28.0%
STDs	Chlamydia rate per 100,000 population	492.9	514.2	524.6
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	37.0	26.5	23.0
Clinical Care				
Uninsured	Percent of population under age 65 without health insurance	8.3%	9.6%	10.0%
Primary Care Physicians	Ratio of population to primary care physicians	1,584:1	1,511:1	1,330:1
Dentists	Ratio of population to dentists	1,160:1	1,777:1	1,450:1
Mental Health Providers	Ratio of population to mental health providers	535:1	623:1	400:1
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,767	5,006	4,535
Mammography Screening	Percent of female Medicare enrollees, ages 67-69, that receive mammography screening	43.0%	42.0%	42.0%
Flu Vaccinations	Percent of Medicare enrollees who receive an influenza vaccination	47.0%	49.0%	46.0%

Source: County Health Rankings, 2020.

Exhibit 28: County Health Rankings Data Compared to State and U.S. Averages, 2020 (continued)

Indicator Category	Data	Howard County	Indiana	United States
Health Factors				
Social & Economic Factors				
High School Graduation	Percent of ninth-grade cohort that graduates in four years	75.1%	83.8%	85.0%
Some College	Percent of adults aged 25-44 years with some post-secondary education	60.2%	62.7%	66.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	4.1%	3.4%	3.9%
Children in Poverty	Percent of children under age 18 in poverty	19.3%	17.5%	18.0%
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.6	4.4	4.9
Children in Single-Parent Households	Percent of children that live in a household headed by single parent	37.5%	33.9%	33.0%
Social Associations	Number of associations per 10,000 population	16.4	12.3	9.3
Violent Crime	Number of reported violent crime offenses per 100,000 population	431.3	385.1	386.0
Injury Deaths	Injury mortality per 100,000	100.0	77.1	70.0
Physical Environment				
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	11.6	11.8	8.6
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	11.7%	13.2%	18.0%
Driving Alone to Work	Percent of the workforce that drives alone to work	83.9%	83.0%	76.0%
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	18.9%	31.1%	36.0%

Source: County Health Rankings, 2020.

DESCRIPTION

Exhibit 28 provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.⁹ Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors are worse in the county than in the United States. However, for several indicators, lower values are more problematic, including:

- Food environment index;
- Percent with access to exercise opportunities;
- Percent receiving mammography screening;
- Percent receiving flu vaccination;
- High school graduation rate;
- Percent with some college; and
- Social associations rate.

OBSERVATIONS

- Indiana-wide and Howard County indicators are worse than U.S. averages for all health outcome indicators.
- The following indicators compared particularly unfavorably in Howard County:
 - Years of potential life lost; and
 - Teen births.

⁹ County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

Community Health Status Indicators

Exhibit 29: Community Health Status Indicators, 2020

(Light Grey Shading Denotes Bottom Half of Peer Counties; Dark Grey Denotes Bottom Quartile)

Category	Indicator	Howard County	Peer Counties
Length of Life	Years of Potential Life Lost Rate	10,929.9	8,969.3
Quality of Life	% Fair/Poor Health	18.3%	17.8%
	Physically Unhealthy Days	4.0	4.1
	Mentally Unhealthy Days	4.6	4.4
	% Births - Low Birth Weight	8.2%	8.6%
Health Behaviors	% Smokers	21.2%	18.5%
	% Obese (BMI >30)	35.1%	34.4%
	Food Environment Index	7.3	7.3
	% Physically Inactive	30.9%	27.0%
	% With Access to Exercise Opportunities	68.6%	77.4%
	% Excessive Drinking	14.4%	17.9%
	% Driving Deaths Alcohol-Impaired	35.2%	28.8%
	Chlamydia (per 100,000 population)	492.9	549.2
Clinical Care	Teen Births (per 1,000 females ages 15-19)	37.0	29.9
	% Uninsured	8.3%	7.9%
	Per capita supply of primary care physicians	63.1	74.2
	Per capita supply of dentists	86.2	64.3
	Per capita supply of mental health providers	187.0	244.1
	Preventable Hospitalizations (per 100,000 Medicare Enrollees)	4,767.0	5,082.3
	% Mammography Screening (Medicare enrollees, ages 67-69)	43.0%	44.7%
	% Flu Vaccination (Medicare enrollees)	47.0%	49.0%
Social & Economic Factors	% High School Graduation	75.1%	86.2%
	% Some College	60.2%	62.3%
	% Unemployed	4.1%	4.3%
	% Children in Poverty	19.3%	21.4%
	Income Ratio	4.6	4.6
	% Children in Single-Parent Households	37.5%	38.0%
	Social Association (per 10,000 population)	16.4	12.6
	Violent Crime (per 100,000 population)	431.3	391.1
Physical Environment	Injury Deaths (per 100,000 population)	100.0	84.3
	Average Daily PM2.5	11.6	10.3
	% Severe Housing Problems	11.7%	14.4%
	% Drive Alone to Work	83.9%	82.9%
	% Long Commute - Drives Alone	18.9%	22.7%

Source: County Health Rankings and Verité Analysis, 2019.

DESCRIPTION

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

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

Exhibit 29 compares Howard County to its respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties. Underlying statistics also are provided.

See **Appendix D** for a list of Howard County's peer counties.

OBSERVATIONS

- Howard County ranks in the bottom quartile of peer counties for eight of the 34 indicators:
 - Years or potential life lost;
 - Smoking;
 - Physical inactivity;
 - Access to exercise opportunities;
 - Teen births;
 - High school graduation;
 - Injury deaths; and
 - Air pollution.

COVID-19 Incidence and Mortality

Exhibit 30: COVID-19 Incidence, Mortality, and Vaccination (As of October 6, 2021)

Indicator	Howard County	Indiana	United States
Total Confirmed Cases	14,293	974,169	43,332,327
Confirmed Cases (per 100,000 Population)	17,353	14,557	13,281
Total Deaths	279	15,342	676,871
Deaths (per 100,000 Population)	338.7	229.3	207.5
Percent of Adults Fully Vaccinated	52.4%	59.1%	63.1%
Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	13.7%	11.9%	10.0%

Source: Sparkmap, 2021.

DESCRIPTION

Exhibit 30 presents data regarding COVID-19 incidence and mortality. Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators 50 percent or worse than the national average.

OBSERVATIONS

- The rate of COVID-19 mortality per 100,000 in Howard County is significantly above the Indiana and U.S. averages. The incidence rate also is above the state and national averages.
- The percent of adults fully vaccinated and the percent hesitant about receiving the vaccine in Howard County are both unfavorable compared to state and national averages.

Mortality Rates

Exhibit 31: Causes of Death (Age-Adjusted, Per 100,000), 2019

Indicator	Howard County	Indiana
Major Cardiovascular Disease	287.6	237.5
Diseases of Heart	232.0	178.7
Malignant Neoplasms (Cancer)	187.1	163.3
Ischemic Heart Disease	135.2	93.1
Accidents (Unintentional Injuries)	73.9	56.1
Chronic Lower Respiratory Diseases	68.3	56.1
Cerebrovascular Disease (Stroke)	39.8	41.5
Alzheimers Disease	32.9	31.7
Drug Poisoning	37.6	26.6
Accidental Poisoning And Exposure To Noxious Substances	36.7	25.4
Diabetes Mellitus	24.4	25.0
Nephritis, Nephrotic Syndrome and Nephrosis (Kidney Disease)	18.8	17.1
Septicemia	16.9	14.3
Intentional Self-Harm (Suicide)	13.3	14.1
Motor Vehicle Accidents	22.6	12.6
Alcohol Related Causes	27.1	10.4
Assault (Homicide)	0.0	7.2

Source: Indiana Department of Health, 2020.

DESCRIPTION

Exhibit 31 provides age-adjusted mortality rates from 2019 for a variety of causes in Howard County and Indiana. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

OBSERVATIONS

- The rate of mortality for motor vehicle accidents and alcohol-related causes are significantly above state averages in Howard County.
- The county's mortality rates also are above average due to cardiovascular and heart disease, cancer, accidents, chronic lower respiratory diseases, Alzheimer's disease, drug poisoning, accidental poisoning, kidney disease, and septicemia.

Exhibit 32: Cancer Mortality Rates, Age-Adjusted per 100,000 Population, 2014-2018

Measure	Howard County	Indiana	United States
All Cancers	187.1	173.0	155.6
Lung and Bronchus	53.2	48.8	38.5
Breast	21.6	20.8	20.1
Prostate	17.3	19.5	19.0
Colon and Rectum	17.4	15.1	13.7
Pancreas	12.9	11.6	11.0
Leukemias	6.8	6.9	6.3
Ovary	6.6	6.9	6.7
Non-Hodgkin Lymphoma	5.1	6.1	5.4
Liver and Intrahepatic Bile Duct	6.2	6.0	6.6
Corpus and Uterus, NOS	7.2	5.1	4.9
Esophagus	5.5	4.9	3.9
Brain and Other Nervous System	5.1	4.6	4.4
Urinary Bladder	4.1	4.6	4.3
Kidney and Renal Pelvis	3.5	4.3	3.6
Myeloma	3.4	3.4	3.2
Oral Cavity and Pharynx	2.9	2.5	2.5

Source: Centers for Disease Control and Prevention, 2019.

DESCRIPTION

Exhibit 32 provides age-adjusted mortality rates for selected forms of cancer in 2014-2018. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

OBSERVATIONS

- Howard County's overall cancer mortality rate was above the state and national averages.
- Howard County also compared unfavorably to Indiana averages in cancer mortality for lung and bronchus, breast, colon and rectum, pancreas, liver and intrahepatic bile duct, corpus and uterus, esophagus, brain and other nervous system, and oral cavity and pharynx.

Exhibit 33: Cancer Incidence Rates, Age-Adjusted per 100,000 Population, 2013-2017

Indicator	Howard County	Indiana	United States
All Cancer Types	481.4	459.3	448.7
Breast	133.0	122.9	125.9
Prostate	95.9	94.2	104.5
Lung & Bronchus	75.3	72.2	58.3
Colon & Rectum	43.9	42.6	38.4
Uterus (Corpus & Uterus)	28.6	28.2	27.0
Bladder	21.2	21.7	20.0
Melanoma of the Skin	23.9	21.7	22.3
Kidney & Renal Pelvis	21.3	19.0	16.8
Non-Hodgkin Lymphoma	19.3	18.6	19.3
Childhood (Ages <20)	16.5	17.6	18.9
Leukemia	13.2	13.7	14.2
Pancreas	14.3	13.3	12.9
Oral Cavity & Pharynx	14.4	12.7	11.8
Thyroid	15.1	12.5	14.3
Ovary	9.5	10.4	10.9
Cervix	12.1	8.2	7.6
Liver & Bile Duct	7.8	7.2	8.4
Brain & ONS	6.0	6.5	6.5
Stomach	3.1	5.9	6.5
Esophagus	5.3	5.5	4.5

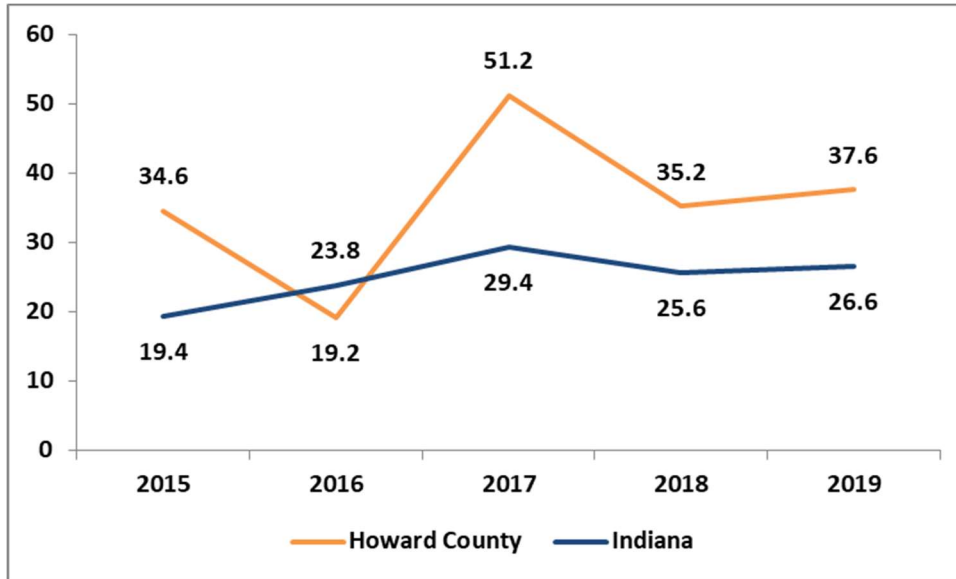
Source: Centers for Disease Control and Prevention and National Cancer Institute, 2019.

DESCRIPTION

Exhibit 33 provides age-adjusted incidence rates for selected forms of cancer in 2013-2017. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

OBSERVATIONS

- Howard County's overall cancer incidence rate was above the state and national averages.
- Howard County also compared unfavorably to Indiana averages for most types of cancer, including breast, prostate, and lung and bronchus.

Exhibit 34: Drug Poisoning Mortality per 100,000, 2015 through 2019

Source: Indiana Department of Health, 2020.

DESCRIPTION

Exhibit 34 provides age-adjusted mortality rates for drug poisoning for 2015 through 2019 for Howard County and Indiana.

OBSERVATIONS

- Between 2015 and 2019, drug overdose and poisoning deaths increased in Howard County and Indiana.
- Mortality rates in Howard County have been higher than Indiana rates for each year between 2015 and 2019, except 2016.

Communicable Diseases

Exhibit 35: Communicable Disease Incidence Rates per 100,000 Population, 2018-2019

Indicator	Howard County	Indiana
HIV and AIDS	157.8	189.9
Newly Diagnosed - HIV and AIDS	4.1	8.2
Chlamydia	470.1	526.3
Gonorrhea	139.3	177.1
Primary and Secondary Syphilis	-	5.0

Source: Indiana Department of Health, 2020.

DESCRIPTION

Exhibit 35 presents incidence rates for certain communicable diseases in Howard County and Indiana. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

OBSERVATIONS

- Rates for all communicable disease indicators were lower in Howard County than the Indiana averages.

Maternal and Child Health

Exhibit 36: Maternal and Child Health Indicators, 2018-2019

Indicator	Howard County	Indiana
Infant Mortality Rate (per 1,000 births)	7.7	7.2
Preterm Births	9.1%	10.1%
Low Birthweight Infants	7.7%	8.2%
Very Low Birthweight Infants	1.6%	1.3%
Mothers Receiving Prenatal Care (First Trimester)	71.2%	68.9%
Mothers Breastfeeding	71.5%	82.0%
Mothers Smoking during Pregnancy	19.3%	11.8%
Births to Unmarried Mothers	50.4%	44.5%
Mothers on Medicaid Percent	45.7%	38.5%
Child Immunization Percent	72.0%	67.0%
ER Visits due to Asthma (Aged 5-17, per 10,000)	84.6	49.7

Source: Indiana Department of Health, 2020.

DESCRIPTION

Exhibit 36 compares various maternal and child health indicators for Howard County with Indiana averages. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

OBSERVATIONS

- The rates of mothers who smoked during pregnancy and ER visits due to asthma for children aged 5 to 17 in Howard County were significantly above statewide averages.
- Howard County compared unfavorably to Indiana averages for several other indicators, including infant mortality, very low birthweight infants, and breastfeeding.

Indiana Data by Race and Ethnicity

Exhibit 37: Maternal and Child Health Indicators by Race/Ethnicity, 2013-2019

Indicator	Indiana		
	Black	Hispanic (or Latino)	White
Prenatal Care Started in First Trimester	58.0%	59.5%	77.7%
Tobacco Used During Pregnancy	8.7%	3.3%	14.9%
Preterm Births	13.6%	9.7%	9.5%
Infant Mortality Rate (2013-2019)	13.7	7.4	6.0

Source: Indiana Department of Health, 2020.

*Note: Data not available for Howard County.

DESCRIPTION

Exhibit 37 provides maternal and infant health indicators, by race and ethnicity, for Indiana.

OBSERVATIONS

- In Indiana, infant mortality rates for Black and Hispanic (or Latino) populations are higher than rates for White populations. Black and Hispanic (or Latino) populations also compare unfavorably for prenatal care starting in the first trimester and preterm births. White populations compare unfavorably for tobacco use during pregnancy.

Exhibit 38: Causes of Death by Race/Ethnicity per 100,000, Indiana, 2017-2019

Indicator	Black	Hispanic (or Latino)	White	Indiana Total
Heart Disease	216.5	92.1	181.8	178.8
Cancer (Malignant Neoplasms)	183.6	91.5	168.8	163.4
Chronic Lower Respiratory Disease (CLRD)	45.4	14.1	58.5	56.1
Accidents / Unintentional Injuries	60.5	34.0	59.3	56.0
Stroke / Cerebrovascular Disease	51.5	29.2	39.8	41.4
Alzheimer's Disease	29.5	16.1	34.2	31.6
Diabetes	48.4	24.1	24.5	25.0
Kidney Disease (Nephritis, Nephrosis)	34.1	16.4	16.6	17.1
Septicemia	21.6	11.9	14.9	14.3
Suicide	8.7	7.0	17.3	14.2
Chronic Liver Disease / Cirrhosis	8.9	12.9	12.5	12.0
Influenza / Pneumonia	11.9	6.7	13.4	11.6
High Blood Pressure / Related Kidney Disease	18.5	5.6	9.6	10.4
Parkinson's Disease	4.7	N/A	10.0	9.9
Homicide	36.8	6.6	3.4	7.2
Pneumonitis (Lung Inflammation)	6.1	N/A	6.3	6.0
Nutritional Deficiencies	3.9	3.9	3.4	4.3
Neoplasms (Abnormal Growth)	3.4	N/A	4.2	4.1
Birth Defects	4.5	2.9	3.7	4.0
Condition Originating Around Time of Birth	8.9	4.3	3.6	3.6

Source: Indiana Department of Health, 2020.

DESCRIPTION

Exhibit 38 provides mortality rates from 2017-2019 for a variety of causes by race and ethnicity for the state of Indiana. Light grey shading highlights indicators found to be worse than the overall state average; dark grey shading highlights indicators more than 50 percent worse.

OBSERVATIONS

- Black populations had particularly high mortality rates for a variety of causes, including diabetes, kidney disease, septicemia, high blood pressure, homicide, and conditions originating in the time of birth. Black populations also had higher rates of mortality for heart disease, cancer, accidents, stroke, and others.
- Hispanic or Latino populations compared unfavorably for mortality due to chronic liver disease and conditions originating in the time of birth.
- White populations compared unfavorably for mortality due to chronic lower respiratory disease, Alzheimer's disease, suicide, Parkinson's disease, and influenza/pneumonia.

Exhibit 39: America's Health Rankings, Underlying Data by Race/Ethnicity, 2020

Indicator	Black	Hispanic (or Latino)	White	Indiana
Arthritis	22.0%	8.8%	28.9%	27.0%
Asthma	12.7%	5.1%	9.8%	9.8%
Avoided Care Due to Cost	13.3%	23.7%	11.2%	12.6%
Cancer	3.6%	N/A	7.9%	7.2%
Cardiovascular Diseases	11.2%	3.8%	10.1%	9.9%
Children in Poverty	37.8%	27.2%	13.7%	18.0%
Chlamydia Rate	1,864.1	559.5	279.4	523.9
Chronic Kidney Disease	4.1%	N/A	3.3%	3.4%
Chronic Obstructive Pulmonary Disease	6.5%	N/A	9.5%	8.7%
Colorectal Cancer Screening	70.0%	42.2%	69.2%	68.2%
Crowded Housing	1.5%	4.7%	1.2%	1.5%
Dedicated Health Care Provider	78.4%	54.3%	80.0%	77.9%
Dental Visit	55.6%	60.8%	65.6%	64.4%
Depression	14.6%	11.1%	22.8%	21.0%
Diabetes	17.9%	9.0%	12.1%	12.4%
Drug Deaths (1-year) Rate	27.0	7.3	27.3	24.9
Education - Less Than High School	12.3%	30.1%	8.7%	10.4%
Excessive Drinking	17.5%	20.9%	16.3%	16.5%
Exercise	21.7%	16.7%	21.1%	21.1%
Flu Vaccination	33.3%	35.7%	44.0%	42.1%
Frequent Mental Distress	13.3%	8.2%	14.5%	14.3%
Frequent Physical Distress	13.4%	12.8%	13.7%	13.8%
Fruit and Vegetable Consumption	8.1%	6.6%	9.1%	9.1%
High Blood Pressure	44.5%	20.5%	35.1%	34.8%
High Cholesterol	30.9%	25.9%	34.9%	33.8%
High Health Status	40.4%	35.5%	49.1%	47.3%
High School Graduation	79.4%	84.3%	90.0%	88.1%
High-speed Internet	79.0%	85.2%	87.2%	86.4%
Insufficient Sleep	47.4%	37.8%	35.4%	36.9%
Low Birthweight	13.7%	7.1%	7.1%	8.1%
Multiple Chronic Conditions	10.6%	5.2%	12.2%	11.7%
Non-medical Drug Use	12.2%	16.7%	10.1%	10.8%
Obesity	36.7%	46.2%	34.9%	35.3%
Per Capita Income	21,824	18,721	33,653	30,988
Physical Inactivity	33.9%	38.0%	30.3%	30.9%
Preventable Hospitalizations	7,542	5,186	4,626	4,810
Severe Housing Problems	24.5%	22.1%	10.9%	12.9%
Smoking	19.6%	13.8%	19.5%	19.2%
Suicide Rate	8.6	6.9	18.2	16.3
Teen Births Rate	37.5	31.5	18.4	21.8
Unemployment	8.7%	4.7%	3.7%	4.3%
Voter Participation (Midterm)	47.2%	36.5%	50.1%	49.3%
Voter Participation (Presidential)	51.6%	46.0%	58.9%	58.3%

Source: America's Health Rankings, 2020.

DESCRIPTION

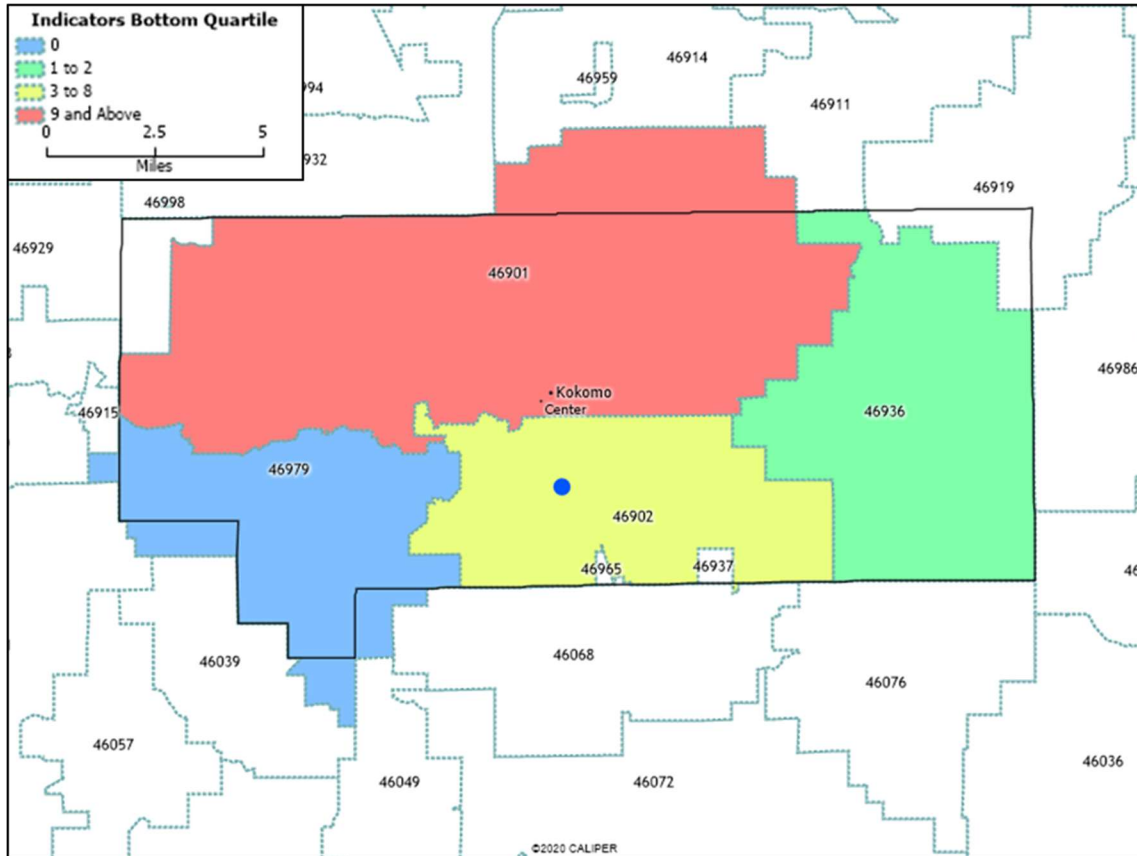
Exhibit 39 presents Indiana data from America's Health Rankings for racial and ethnic cohorts, with Indiana overall for comparison. America's Health Rankings provides an analysis of national health on a state-by-state basis by evaluating a historical and comprehensive set of health, environmental and socioeconomic data to determine national health benchmarks and state rankings. Light grey shading highlights indicators found to be worse than the overall state average; dark grey shading highlights indicators more than 50 percent worse.

OBSERVATIONS

- Black populations compared worse than state averages for many indicators, with particularly unfavorable rates of children in poverty, chlamydia, low birthweight births, preventable hospitalizations, severe housing problems, teen births, and unemployment.
- Hispanic populations compared worse for a variety of indicators, with significantly unfavorable rates for avoiding healthcare due to cost, children in poverty, crowded housing, high school diploma, non-medical drug use, and severe housing problems.
- White populations compared unfavorably for several indicators, including arthritis, cancer, COPD, depression, mental distress, high cholesterol, and suicide.

Centers for Disease Control and Prevention PLACES

Exhibit 40: BRSS Indicators in Bottom Quartile Nationally, 2017-2018



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude.

DESCRIPTION

Exhibit 40 presents CDC PLACES data. PLACES, a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation, provides model-based population-level analysis and community estimates to all counties, places (incorporated and census designated places), census tracts, and ZIP Code Tabulation Areas (ZCTAs) across the United States.

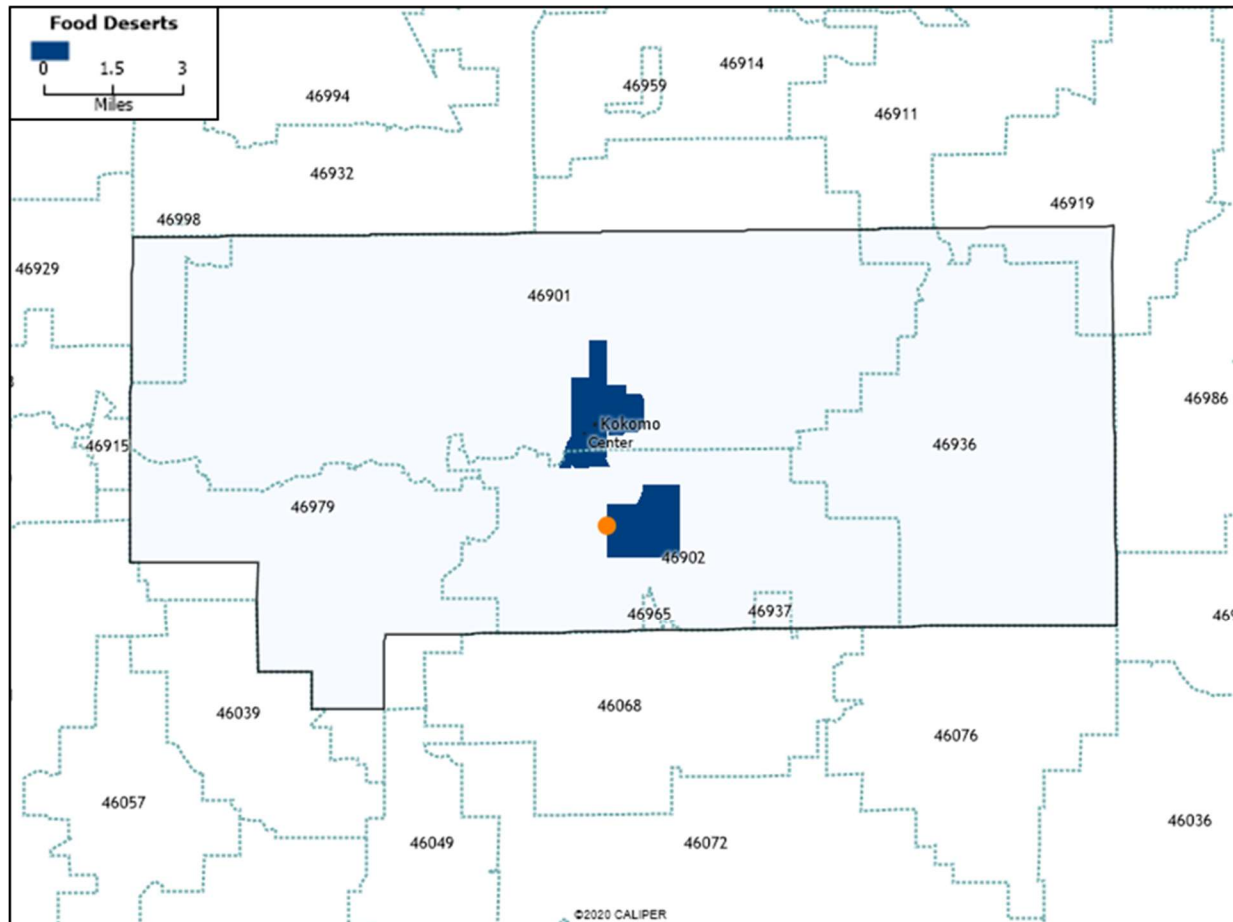
Exhibit 40 identifies how many BRSS indicators are in the bottom quartile nationally by ZIP code out of 28 indicators.

OBSERVATIONS

- Kokomo ZIP code 46901 had the most BRSS indicators in the bottom quartile nationally with 9 indicators. No other ZIP code had more than 3 indicators in the bottom quartile.
- ZIP codes with the worst health outcomes corresponding to those with low-income census tracts (**Exhibit 15**) and high Community Need Index scores (**Exhibit 22**).

Food Deserts

Exhibit 41: Locations of Food Deserts, 2019



Source: Caliper Maptitude and U.S. Department of Agriculture, 2021.

DESCRIPTION

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

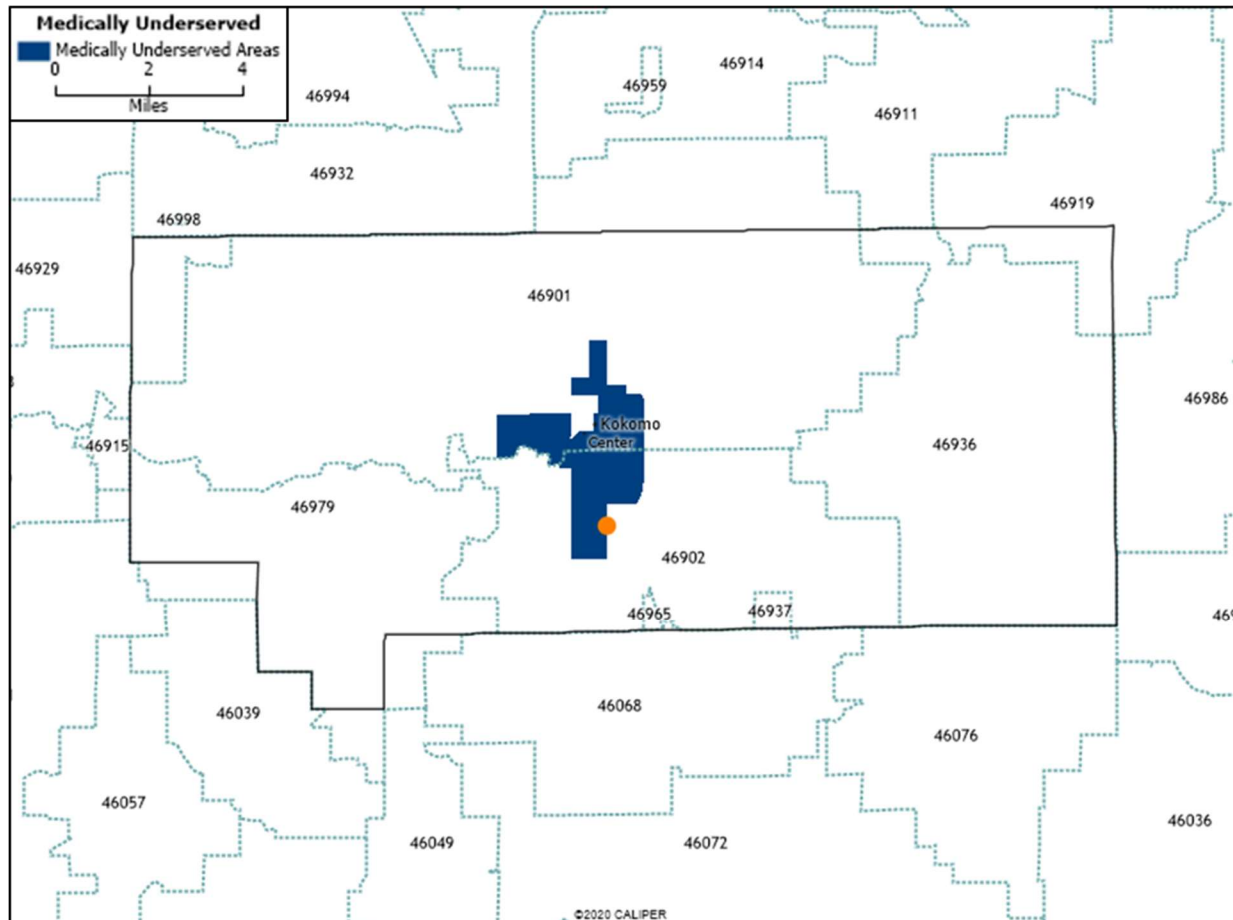
Exhibit 41 identifies where food deserts are present in the community.

OBSERVATIONS

- There are several food deserts in Howard County, particularly in Kokomo and areas near the hospital.

Medically Underserved Areas and Populations

Exhibit 42: Medically Underserved Areas and Populations, 2021



Source: Caliper Maptitude and Health Resources and Services Administration, 2019.

DESCRIPTION

Medically Underserved Areas and Populations (MUA/Ps) are designated by HRSA based on an “Index of Medical Underservice.” The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.¹⁰ Areas with a score of 62 or less are considered “medically underserved.”

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not

¹⁰ Health Resources and Services Administration. See <http://www.hrsa.gov/shortage/mua/index.html>

qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides.”¹¹

Exhibit 42 identifies Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs).

OBSERVATIONS

- Census tracts in Howard County have been designated as Medically Underserved Areas, particularly in Kokomo and proximate to the hospital.

¹¹*bid.*

Health Professional Shortage Areas

Exhibit 43: Primary Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	County
Indiana Health Centers Incorporated	Federally Qualified Health Center	Howard County

Source: Health Resources and Services Administration, 2021.

DESCRIPTION

Exhibits 43 through 45 identify the locations of federally designated primary care, dental care, and mental health care Health Professional Shortage Areas (HPSAs).

A geographic area can be designated a HPSA if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision, and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”¹²

Exhibit 43 provides a list of federally designated primary care HPSAs.

OBSERVATIONS

- One health center was designated as a Primary Care HPSA in Howard County.

¹² U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

Exhibit 44: Dental Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	County
Low Income - Howard County	Low Income Population HPSA	Howard County
Indiana Health Centers Incorporated	Federally Qualified Health Center	Howard County

Source: Health Resources and Services Administration, 2021.

DESCRIPTION

Exhibit 44 provides a list of federally designated dental care HPSAs.

OBSERVATIONS

- The low-income population of Howard County was designated as a Dental Care HPSA.
- One health center was also designated as a Dental Care HPSA in Howard County.

Exhibit 45: Mental Health Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	County
Indiana Health Centers Incorporated	Federally Qualified Health Center	Howard County

Source: Health Resources and Services Administration, 2021.

DESCRIPTION

Exhibit 45 provides a list of federally designated mental health HPSAs.

OBSERVATIONS

- One health center was designated as a Mental Health Care HPSA in Howard County.

FINDINGS OF OTHER ASSESSMENTS

CDC COVID-19 Prevalence and Mortality Findings

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues. Part of the CDC's work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. To date, the CDC's work has yielded the outlined below.

Underlying medical conditions may contribute. People with certain underlying medical conditions are at increased risk for severe illness and outcomes from COVID-19, including the following:¹³

- Cancer;
- Chronic kidney disease;
- Chronic obstructive pulmonary disease (COPD);
- Immunocompromised state from organ transplant;
- Obesity;
- Serious heart conditions, including heart failure, coronary artery disease, or cardiomyopathies;
- Sickle cell disease; and
- Type 2 diabetes mellitus.

Based on what is known at this time, people with other conditions might be at an increased risk for severe illness and outcomes from COVID-19, including:¹⁴

- Asthma (moderate-to-severe);
- Cerebrovascular disease (affects blood vessels and blood supply to the brain);
- Cystic fibrosis;
- Hypertension or high blood pressure;
- Immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines;
- Neurologic conditions, such as dementia;
- Liver disease;

¹³ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

¹⁴ Ibid.

- Pregnancy;
- Pulmonary fibrosis (having damaged or scarred lung tissues);
- Smoking;
- Thalassemia (a type of blood disorder); and
- Type 1 diabetes mellitus.

Older adults are at-risk. Older adults and the elderly are disproportionately at risk of severe illness and death from COVID-19. Risks increase with age, and those aged 85 and older are at the highest risk. At present time, eight out of 10 COVID-19 deaths have been in adults aged 65 or older.¹⁵

Men are at-risk. Data thus far indicate that men are more likely to die from COVID-19 than women. While the reasons for this disparity are unclear, a variety of biological factors, behavioral influences, and psychosocial elements may contribute.¹⁶

Racial and ethnic minorities are at-risk. According to the CDC, “Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age.” Evidence points to higher rates of hospitalization or death among racial and ethnic minority groups, including non-Hispanic Black persons, Hispanics and Latinos, and American Indians or Alaska Natives.¹⁷

- Non-Hispanic American Indian or Alaska Native persons - incidence rate is approximately five times greater than non-Hispanic White persons.
- Non-Hispanic Black persons - incidence rate is approximately five times greater than non-Hispanic White persons.
- Hispanic or Latino persons - incidence rate is approximately four times greater than non-Hispanic White persons.

In explaining these differences of COVID-19 incidence rates, the CDC states: “Health differences between racial and ethnic groups result from inequities in living, working, health, and social conditions that have persisted across generations.”¹⁸

Indiana State Health Assessment and Improvement Plan – 2018-2021

In 2017, the Indiana Department of Health (formerly the Indiana State Department of Health) began the process of revising the State Health Assessment and State Health Improvement Plan in collaboration with over 100 partner organizations, key informants, and subject matter experts.

¹⁵ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

¹⁶ https://www.cdc.gov/pcd/issues/2020/20_0247.htm

¹⁷ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

¹⁸ *Ibid.*

The 2018 Indiana State Health Assessment (SHA) provides an overview of the health and social wellbeing of Hoosiers and the issues impacting the public health system. This assessment provides the foundation for the Indiana State Health Improvement Plan (SHIP), which identified the following priority health issues for the State of Indiana:

- Social Determinants of Health and health equity
 - “Conditions in the environment that affect a broad range of health and quality of life outcomes”
- Improving public health infrastructure
 - Funding and culture/quality of public health practice
- Improving health outcomes and reducing health disparities
 - Reduce rates of chronic disease
 - Address the opioid epidemic (reduced injury and death due to opioid exposure)
 - Improve birth outcomes and reduce infant mortality
 - Improved access to mental health services

Appendix C – Community Input Participants

Exhibit 46: Interviewee Organizational Affiliations

Organization or Affiliation
Howard County Health Department

Exhibit 47: Community Meeting Invitees

Organization	
Ascension St. Vincent Kokomo	Indiana University Kokomo
Bona Vista Programs	Ivy Tech Community College
Carver Community Center	Kokomo High School
Center Township, Office of the Trustee	Kokomo Housing Authority
Chrysler	Kokomo Police Department
City of Kokomo	Kokomo Rescue Mission
Community Howard Foundation Board	Kokomo Schools Food Services
Coordinated Assistance Ministries	Kokomo Urban Outreach
Eastern Howard School Corporation	Kokomo YMCA
Family Services Association of Howard County	Mental Health America of North Central Indiana
Gilead House	Minority Health Alliance
Greater Kokomo Economic Development Alliance (GKEDA)	Northwestern School Corporation
Howard County Office of Veterans and Military Families	Project Access Howard County
Howard County Health Department	Purdue Extension
Howard County Sheriffs Department	Samaritan Caregivers
Howard County Tobacco Free Coalition	Taylor Community School Corporation
Howard County, Office of the Commissioner	Turning Point Systems of Care
Indiana Department of Child Services	United Way of Howard County
Indiana Health Centers, Inc.	Western School Corporation

Appendix D – CHSI Peer Counties

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control and Prevention’s *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of “peer counties,” so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates. **Exhibit 48** lists peer counties for Howard County, IN.

Exhibit 48: CHSI Peer Counties

Howard County, Indiana	
Houston County, Alabama	Berrien County, Michigan
Morgan County, Alabama	Calhoun County, Michigan
Tuscaloosa County, Alabama	Jackson County, Michigan
Garland County, Arkansas	Muskegon County, Michigan
Pueblo County, Colorado	Saginaw County, Michigan
Kankakee County, Illinois	Broome County, New York
Macon County, Illinois	Chemung County, New York
Sangamon County, Illinois	Allen County, Ohio
Delaware County, Indiana	Clark County, Ohio
Howard County, Indiana	Richland County, Ohio
Vigo County, Indiana	Linn County, Oregon
Black Hawk County, Iowa	Madison County, Tennessee
Shawnee County, Kansas	Grayson County, Texas
Daviess County, Kentucky	Cowlitz County, Washington
Calcasieu Parish, Louisiana	Kanawha County, West Virginia
Androscoggin County, Maine	Wood County, West Virginia
Penobscot County, Maine	Racine County, Wisconsin
Bay County, Michigan	Rock County, Wisconsin

Appendix E – Impact Evaluation

This appendix highlights Community Howard Regional Health’s initiatives and impact in addressing the significant health needs identified in the 2018 Community Health Needs Assessment.

MENTAL HEALTH AND SUBSTANCE ABUSE

- **Have Hope:** With an aspirational goal of achieving a zero percent suicide incident rate among Community Behavioral Health patients by 2024, Community Health Network’s Zero Suicide initiative aims to save Community patient lives specifically through early intervention and prevention, the construction of a robust crisis network, and the utilization of innovative mental health diagnostics and treatment protocols. The strategy brings crisis, telemedicine and intensive care coordination services to the patients of more than 600 primary care physicians and 7 emergency departments located throughout Central Indiana, representing both Community facilities and partner organizations where Community provides behavioral health services.
- **School Based Services:** As part of the effort to combat suicide among youth, Community Health Network provides mental health and substance abuse services to students in more than 150 schools including schools in Howard and Clinton counties.
- **Taking the Fight Against Drug Addiction to a New Level:** The Comprehensive Addiction Recovery Center was created by Community Health Network and Eskenazi Health and funded by a \$500,000 grant from the state of Indiana. The two behavioral health providers are working together to coordinate a comprehensive addiction recovery network. The network coordinates care for Hoosiers battling drug addiction and partners with local providers to offer the full spectrum of substance use care including assessments, inpatient, outpatient and medication-assisted treatment, peer support services, recovery residences, job training and workforce readiness services, and family support services.
- **Expansion of Behavioral Health Services:** Community Howard Regional Health took steps to expand access to behavioral health services in 2019 by opening an outpatient clinic in Tipton, Indiana. During the current Implementation Strategy period services at the Tipton clinic continued to expand, now including offerings of individual, family, and group therapy. In addition, the clinic offers medical management and substance use treatment as well as case management for youth, adults and families.
- **QPR:** Indiana has the highest measure of youth suicide ideation in the nation and ranks second for youth suicide attempts. Community Health Network has invested significant resources into suicide prevention. For example, Community Health Network provides QPR Gatekeeper certificate training at no cost to community residents, schools, faith-based organizations and businesses. This suicide prevention training is evidence-based and enabled by the QPR Institute (QPR stands for Question, Persuade, Refer). The curriculum includes 90 to 120 minutes of training and prepares attendees for tragedy prevention

through providing hope and engagement by applying the QPR techniques. Community Health Network has help to train over 75 community members annually.

- Behavioral Health Academy:** Community Health Network collaborated with the Indiana University School of Social Work (IUSSW) and the University of Indianapolis Phylis Lan Lin Department of Social Work (UIndy) to launch an innovative behavioral health talent pathway. Stakeholders from Community Behavioral Health, IUSSW, and UIndy completed an 18-month process to build the Behavioral Health Academy™, a talent pipeline expecting to yield 25 – 30 licensed clinical social workers (LCSW) annually who are eligible to become dually licensed as licensed clinical addiction counselors (LCACs) and are specially trained in treating substance use disorders. The Behavioral Health Academy creates significant benefits for Community Behavioral Health, students, and IUSSW and UIndy as education partners. As an employer, Community Health Network has a steady supply of high-caliber talent trained in Community Behavioral Health specific behavioral health practices, resulting in decreased orientation costs and time to productivity for new hires. The students participating in the Behavioral Health Academy receive specialized training in evidence-based practices, an opportunity to interview for employment upon graduation, and a financial incentive to defray the cost of their education. By filling the workforce gap, additional opportunities will be available to address the critical need for substance use disorder treatment services. Thirty students are selected for the program annually. Recognizing the success and importance of the Academy, the State of Indiana entered into contract with Community Health Network to expand the Behavioral Health Academy to include two additional behavioral health providers outside of Central Indiana. Parkview Health and Oaklawn Psychiatric Center were selected to work with Community Health Network and Indiana University School of Social Work for the 2021/22 Academy year expansion. Since the inception in 2020, 57 students have graduated from the program.
- CHOICE:** Community Howard Regional Health is proud to offer the CHOICE (Change, Hope, Overcome, Inspire, Compassion, Educate) program to pregnant women struggling with substance use disorders. This program is designed to help each patient get into a treatment program that works for her and to support her on the path to recovery. Resources available to patients include medical care, medications, therapy, and community-based assistance options. All aspects of treatment are offered in a non-judgmental and compassionate environment, from the medical office to the labor and delivery unit.
- Drug Take Back:** One front in the battle against the misuse of drugs is keeping expired and unneeded medications out of the wrong hands. That’s the aim of Community’s drug take-back events. These programs accept unneeded medications from the home and help to prevent accidental poisoning of young children or pets. In addition, the epidemic of prescription drug abuse has created concerns about identity theft, caused when personal information is stolen from prescription bottles. In Howard County, a pair of drug take-back events organized by Community Howard Regional Health each year collected 4,689 pounds of medication from 2019 to 2021.
- Peer Recovery:** In 2019 Community Howard Behavioral Health Services formed a partnership with Turning Point System of Care to provide additional support for

Community's patients seeking treatment for substance abuse. Through the peer recovery program, a peer recovery coach from Turning Point is partnered with a Community patient, providing the benefits of having peer support from someone who recovered from substance abuse disorder. In addition to encouragement and accountability, the peer recovery coaches also act as a safety net and help the patients overcome obstacles in their path to recovery, such as providing transportation for appointments. Through the program patients linked to peers have been found to have higher levels of engagement and compliance with therapy and medication-assisted treatment. Community's behavioral health team and Turning Point collaborate weekly to discuss mutual patients and their engagement. This program expanded in 2021 through a grant pursued and received by Community to fully embed peer recovery coaches from Turning Point in to Community's behavioral health team, allowing even greater collaboration and support for Community's patients.

ACCESS TO HEALTH SERVICES

- **Project Access partnership:** Community Howard Regional Health has a longstanding partnership with Project Access to help provide access to care for uninsured or underinsured patients. Through the arrangement, clients with Project Access that are underinsured or uninsured are referred to Community's providers for low-cost medical care. While a small copay is collected based on upon the patient's income level, Community waives all fees from the provider to ensure the patient is able to receive care while they are waiting for enrollment in coverage by HIP or Marketplace insurance. The arrangement ensures that no-to-low income residents across the Howard County area have access to affordable care, as well as support in acquiring medical coverage.
- **WellFund:** The WellFund exists to help patients navigate healthcare coverage options, including initial enrollment and ongoing maintenance of coverage. Patients have direct access to WellFund Patient Advocates during pre-service, admission and post-discharge for questions and determining which plan best meets their needs. During the current Implementation Strategy time period, WellFund Patient Advocates assisted 51,005 individuals, including those throughout Howard County, with enrollment assistance. The WellFund Patient Advocates are available to meet with patients in person or over the phone to help with enrollment in one of the below programs, Medicaid, Medicare, Marketplace, Social Security and Disability.
- **Mobile health screenings:** With support from the Community Howard Regional Health Foundation, the Community CareMobile outreach service brings care and assistance to the places they're needed most, year-round—everything from screenings and free flu shots to a cool and comfortable place for breastfeeding moms to care for their infants during a hot summer fair. From 2019 to 2021, the Community CareMobile offered screenings to more than 1,000 people at events across Howard County and various departments from the hospital offered health information to tens of thousands of others. During the height of the pandemic, the CareMobile was used to host mobile COVID-19 testing sites in underserved

areas of Howard County and the hospital also used it in 2021 to offer mobile COVID-19 vaccine clinics to vulnerable populations.

- **Community Paramedicine:** Community Howard Regional Health’s Community Paramedicine program was launched in 2018 to provide additional, free at-home support and education to patients discharged from the hospital with certain chronic health concerns. The program connects Community Howard paramedics with patients discharged from the hospital with chronic pulmonary or heart diseases at their homes, with the goal of positively impacting the patient’s transition from the hospital to home. Along with greater peace of mind, patients will become empowered to make choices leading to better health outcomes and reduced visits to the emergency department or readmission into a hospital. All patients discharged from Community Howard receive a phone call within 24 hours after discharge to check on the status of their health and to answer questions. Those who need more in-depth follow-up will now be visited by a paramedic three days after their discharge. In the home, the paramedic will provide education, identify barriers to improved health, assess the home for safety issues and make referrals to community resources as needed
- **Developing healthcare providers:** Community Howard Regional Health has helped to build the pipeline of future caregivers in partnership with Indiana University Kokomo. The hospital supported a much-needed family nurse practitioner track, donating \$500,000 over a five-year period beginning in 2016 to help fund this initiative. The availability of the family nurse practitioner track is necessary to meet the care needs of the region, filling a shortfall of primary care providers resulting from an increase in an aging population and those with access to health insurance. Students are offered practicum experiences in the area, and the nursing school believes graduates are thus more likely to stay and practice in the area. In 2019 Community Howard Regional Health also partnered with Ivy Tech to help fund the Kokomo school’s new Health Professions Center. The Community Howard Regional Health Student Commons in the Health Professions Center is part of a transformation of the Kokomo Campus of Ivy Tech Community College. With the new Health Professions Center students in Ivy Tech’s various nursing and health professions programs now benefit from state-of-the-art facilities as they prepare for careers in the local health care industry. Supporting the educational experience helps bring more healthcare professionals to the area, to better serve the ever-growing need for services and enhance health and well-being.
- **Community Connections:** Community Connections is a program to help community members find free and reduced-cost social services. It's a free search tool to connect seekers with social services offered by verified social care organizations and non-profits. The search tool uses zip codes to best be able to find resources in close proximity of the user’s home. The tool has up-to-date information about location and eligibility for local food pantries, transportation services, health care, housing and other social service programs. Since the launch of Community Connections in Q3 2020, over 3,240 users have conducted 11,396 searches using the platform.
- **School-based sports medicine care:** Athletic trainers with Community help protect student athletes at six local districts in the Howard County and surrounding area. Through a partnership at no cost to the schools, the athletic trainers provide support for student

athletes, from treatments to concussion education, Community’s trainers help keep students healthy on and off the field. Community Howard also provides free sports physicals to student athletes each year.

TOBACCO

- **Alliance for a Healthier Indiana:** The Alliance’s goals are to continue educating the public and lawmakers, grow grassroots engagement around the state, increase local support, raise awareness of Indiana’s poor health rankings and share ideas about ways everyone can work together to improve Hoosier health. In 2020, America’s Health Rankings moved Indiana to 41st out of the 50 states in tobacco use. Due to the high prevalence of tobacco use among Hoosiers, tobacco cessation became the first focus of the Alliance for a Healthier Indiana along with a coalition of more than 200 leading Indiana organizations, called Raise It for Health. The advocacy efforts aimed to persuade state legislators to increase the cigarette tax because research shows doing so is very effective in encouraging smokers to quit and preventing young people from starting smoking. In 2019, US Sen. Todd Young (IN) co-introduced a congressional bill – the Tobacco to 21 Act. The Alliance supported this bill and was invited to join a press conference being held by Sen. Young at Carmel High School to discuss the Act. The bill was passed in late 2019 and went into effect on July 1, 2020 effectively raising the legal sale age from 18 to 21 for all tobacco products.
- **Smoking cessation:** Community Howard Regional Health supports and promotes smoking cessation efforts in Howard County through the offering of Quit Smart smoking classes, as well as education advocacy in partnership with the Howard County Tobacco Coalition. Through Quit Smart, Community Howard offers free cessation classes to the public, reaching 26 people in the current Implementation Strategy time period. Community Howard is also a member of the Howard County Tobacco Coalition and works mutually with the coalition on the shared mission to “promote healthy families and empower vulnerable individuals and families through education, prevention, and crisis intervention programs.”

SOCIAL DETERMINANTS OF HEALTH

- **Serve360:** Each year, thousands of Community caregivers volunteer through Serve360° opportunities. The name of Community's volunteer initiative reflects the organization's way of completing the circle, collectively giving back to the people and neighborhoods that gave birth to Community. Projects range from staffing food pantries to painting homes to working in community gardens. During the current Implementation Strategy time period, 15,448 hours of volunteer service was provided by Community Health Network caregivers, including 1,955 hours at Community Howard Regional Health.
- **Buddy Bags:** Community Howard Regional Health is helping to curb food insecurity for local families through financial support of the United Way of Howard and Tipton County's Buddy Bag program. The program provides approximately 700 students in food insecure families a bag of grocery staples each Friday to ensure they and their family have resources to make it through the weekend. Community Howard provided \$20,000 in financial support during the current Implementation Strategy period. Community Howard's employees also volunteer to help pack and distribute the food.