COMMUNITY HEALTH NEEDS ASSESSMENT

2024

NCHS

River Bend
HOSPITAL

Table of Contents

EXECUTIVE SUMMARY

On behalf of River Bend Hospital and North Central Health Services, Inc. (NCHS), a community health needs assessment (CHNA) was conducted in 2024 to identify the significant health and social service needs, both met and unmet, within the surrounding community. The 2024 CHNA was conducted by North Central Health Services and River Bend Hospital for the approximate 340,000 residents of Benton, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren, and White Counties located in Indiana.

The chief objectives of the CHNA were to 1) identify significant health needs within the community to ultimately improve the health of the area's residents and 2) voluntarily satisfy the federal guidelines within the Patient Protection and Affordable Care Act (PPACA) of 2010. Data for this CHNA were collected from primary and secondary data sources to identify key findings and gaps that may exist between health needs and services provided within the communities served within the River Bend Hospital and NCHS service areas.

This CHNA pursued an extensive range of data collection and analysis methods to broadly identify health and social service needs in the service area as perceived by the general community, organizational stakeholders and service providers, and public health, social service, and business leaders. Particular attention was devoted to ensuring that the voices of those most disenfranchised in our communities were heard. Five methods of primary data collection were used, including 1) a review of existing data related to the health and well-being of those living in the service area, 2) a survey that collected data from stakeholders who are engaged in service delivery in the service area to assess their perceptions of the work of our organizations since the 2021 CHNA, and 3) focus groups that solicited input from approximately 221 individuals within the service area.

Highlighted are important findings identified through the CHNA process:

- Critical challenges to mental health are prevalent across the service area, particularly among the region's most disenfranchised communities.
- Our communities suffer from a shortage of mental health professionals, particularly qualified psychiatrists, psychologists, social workers, and primary mental health care providers. Increased fiscal and human resources to enhance access to such care providers remains a priority.
- Substance use and abuse are among the health-related issues that both community members and service providers perceive as priorities that need to be addressed.
- Across the issues of substance use, substance abuse, and mental health, multiple co-morbidities are present, including social factors such as poverty, homelessness, and food insecurity.
- Chronic illnesses present significant challenges to the health and well-being of those across our communities. Solutions to these will require comprehensive and collaborative approaches across multiple entities within our health and social service infrastructure.
- Social determinants of health influence the health outcomes and challenges to their prevention and treatment, requiring ongoing attention to the social, cultural, and economic factors that impact individuals and families throughout our communities.

The resulting 2024 CHNA provides a foundation for the development and evaluation of community-based health and social service programs, provides a roadmap for philanthropic efforts, demands collaborative and integrated approaches across the health-related entities in our region, and results in the availability of extensive and comprehensive data about our communities that service organizations can use to inform decisions about the programs and care most likely to be of benefit in our communities.

ORGANIZATIONAL BACKGROUND

North Central Health Services

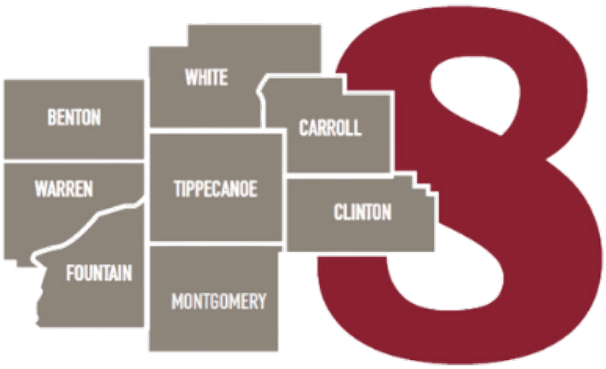
North Central Health Services (NCHS) was created in 1984 to serve as the parent company of a family of corporations, which included Lafayette Home Hospital, Home Hospital Foundation, and Service Frontiers Incorporated. Today, NCHS has a primary responsibility to operate River Bend Hospital, which is a nonprofit inpatient psychiatric hospital, licensed and certified by the Indiana FSSA Division of Mental Health and Addiction and accredited by the Joint Commission. NCHS is also a grantmaking organization providing grants to 501(c)(3) organizations serving the citizens of Benton, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren, and White Counties in Indiana for projects that relate to health and healthy communities.

River Bend Hospital

River Bend Hospital is a nonprofit inpatient psychiatric hospital licensed and certified by the Indiana FSSA Division of Mental Health and Addiction and accredited by the Joint Commission. Inpatient care is provided to adults by behavioral medicine specialists, including psychiatrists, psychologists, social workers, activity therapists, and nursing professionals. They are well supported by others in the health profession and together create a therapeutic environment designed for short-term intervention and mental health enhancement. River Bend Hospital accepts patients from throughout North Central Indiana. It works cooperatively with others in behavioral health organizations to create a competent, caring environment for improving and restoring the mental health of our citizens.

Service Area and Community of the Hospital

North Central Health Services and River Bend Hospital conducted the 2024 CHNA for the approximate 340,000 residents of Benton, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren, and White Counties in Indiana. This report provides a more detailed description of the population characteristics of the service area in section three (Review of Existing Health and Social Indicators).



2024 CHNA PROCESS AND METHODS

CHNA Overview

North Central Health Services and River Bend Hospital conducted a comprehensive community health needs assessment (CHNA) consistent with the requirements set forth in section 9007 of the Patient Protection and Affordable Care Act (PPACA) of 2010.

The CHNA requirements were effective starting taxable years beginning after March 23, 2012. On December 29, 2014, the Treasury Department and the IRS published the final regulations for section 501(r) located in 26 CFR parts 1, 53, and 602. The Hospital is licensed and certified by the Indiana FSSA Division of Mental Health and Addiction and accredited by the Joint Commission, and not licensed, registered, or recognized by the state of Indiana as a hospital facility. River Bend is a nonprofit psychiatric facility that provides adult inpatient care by behavioral medicine specialists including psychiatrists, psychologists, social workers, activity therapists, and nurse professionals. The organization is not required to comply with Internal Revenue Code 501(r) per the definition defined in section 501(r)(2)(A)(i) for Hospital facilities. The Indiana Administrative Code Section 16-18-2-179(b) specifically excludes from the definition of Hospital "institutions included to diagnose, care, and treat individuals with a mental illness." However, in the community's best interest, River Bend's management elected to conduct an assessment in good faith to support and improve the health of the community it serves.

The assessment was developed to identify the significant health needs in the community and gaps that may exist in services provided. It was also created to provide the community with information to assess essential mental health care, preventive care, and treatment services. This endeavor represents NCHS's and the Hospital's efforts to share information that can lead to improved mental health care and quality of care available to the community while reinforcing and augmenting the existing infrastructure of services and providers.

CHNA Activities and Methods

A comprehensive community health needs assessment was conducted beginning in 2023 and completed in 2024, the results of which are reflected in this report. Table 1 provides an overview of the overall process and specific methods related to each. Within each respective section of this report, additional details regarding methods, participants, and measures are provided.

Table 1. 2023-2024 Community Health Needs Assessment Methods

CHNA ACTIVITIES	DESCRIPTION OF ACTIVITIES
Identification of the Service Population	North Central Health Services and River Bend Hospital staff identified its community served through a review of patient-related data and other geographic boundaries related to the hospital's service area. They determined that the geographic boundaries of a eight-county service area were to be included in the service population.
Review of Existing Health Indicator Data	North Central Health Services and River Bend Hospital, in collaboration with public health researchers, conducted a review of existing data and indicators relevant to this assessment. Subsequent to this review of data, a summary of key data to be considered during the CHNA process was developed.
Stakeholder Survey	In addition to posting the 2021 CHNA on public websites and providing contact information should community members have feedback, North Central Health Services and River Bend Hospital sought to collect information directly from stakeholders in the service area. A survey collected feedback about the 2021 CHNA and how its priorities retained relevance for 2024.

Community Focus Group Discussions	Community focus group discussions were held in counties within the service area. The purpose of these focus groups were to a) discuss insights from the existing health indicator data summary, b) discuss the factors associated with ongoing health issues identified in that data, and c) to gather other local community input relevant to a comprehensive consideration of the health needs of those counties and the whole service area.
Additional Surveys	Two community partners collected supplemental survey data that was shared within the region. Franciscan Health conducted a survey among both community residents and professional health partners in Tippecanoe and Montgomery Counties. A group of Purdue University public health students collected data from students. Selected data are included in this CHNA. Data are also included from the 2024 Point in Time survey of individuals experiencing homelessness in the region.
Health Needs Prioritization Session	North Central Health Services and River Bend Hospital held a meeting of key stakeholders and organizational leadership to review data from all activities conducted for the CHNA. Subsequent to a formal presentation and discussion of the data, attendees in the meeting participated in a process to identify the top health needs that would inform the development of the implementation plan.
Review of Resources and Partners	Based upon the results of the CHNA activities, North Central Health Services and River Bend Hospital developed a list of local resources and partnerships that would be relevant to addressing the needs identified via the CHNA and the subsequent implementation plan.

2024 REVIEW OF EXISTING INDICATORS RELATED TO THE GEOGRAPHIC, POPULATION, HEALTH AND SOCIAL CHARACTERISTICS OF THE SERVICE AREA

Geographic Characteristics of the Service Area

NCHS and River Bend Hospital provide services to an eight-county service area encompassing Benton, Carroll, Clinton, Fountain, Montgomery, Tippecanoe, Warren, and White counties. All data summarized in this section of the report were derived from the U.S. Census Bureau (2024) and County Health Rankings and Roadmaps (2024).

The combined service area spans roughly 3,500 square miles of the north-central and west-central regions of the state, including urban and rural areas. Agricultural, industrial, and academic activities primarily support the economic base of the region. The population per square mile is considerably lower than the state's average population, and the majority of the population (49%) resides in Tippecanoe County. Table 2 provides a summary of key geographic and population characteristics of counties in the service area.

Table 2. Population and geographic characteristics of the service area.

Geographic Characteristics	Benton	Carroll	Clinton	Fountain	Montgomery	Tippecanoe	Warren	White
Land Area (square miles)	406.42	372.22	405.07	395.66	504.61	499.81	364.68	505.13
Total Population	8,719	20,555	32,843	16,574	38,273	188,717	8,461	24,598
Population Per Square Mile	21.5	55.2	81.1	41.9	75.8	377.6	23.2	48.7
Persons Per Household	2.6	2.3	2.7	2.3	2.5	2.5	2.4	2.3
% Rural	100.0%	94.6%	49.5%	100.0%	52.9%	15.7%	100.0%	61.4%

Demographic Characteristics of Service Area Population

The section below provides a summary of service area demographic characteristics. Data indicates that the service area is slightly older, less racially diverse, has fewer residents who have completed at least some college, and fewer families and children living in poverty compared to the rest of the state. The distribution of service area residents by gender, ethnicity, and employment status is similar to state averages. Table 3 presents the demographic data.

Age. The median age of service area residents is 44.67, with the majority being categorized as "older adults" between the ages of 45 and 64. The service area has slightly more adults over the age of 65 than the state.

Gender. Approximately half of the residents (49.3%) identify as female, and the distribution is similar to the state's overall population (50.3%).

Race and ethnicity. Ninety percent of residents in the service area identify their race as White, and 7.4% report their ethnicity as Hispanic or Latino origin. Tippecanoe County is the most racially and ethnically diverse county in the region. State-level data indicate that 77% of Indiana residents identify as White, and 7.9% identify as Hispanic or Latino, which suggests that the service area is slightly less racially diverse in comparison. In particular, the mean percentage of service area residents who identify their race as "Black Alone" (1.5%) is significantly lower than the rest of the state's population (9.9%).

Language. On average, slightly less than 1% of the area's residents report a lack of proficiency in English, which is similar to the state overall.

Education. Education rates indicate that approximately 90% of the area's residents hold a high school diploma, and approximately 60% have completed at least some college.

Table 3. Demographic characteristics of the service area by county.

Population Characteristics	Benton	Carroll	Clinton	Fountain	Montgomery	Tippecanoe	Warren	White	INDIANA
Total Population	8,719	20,555	32,843	16,574	38,273	188,717	8,461	24,598	6,833,037
Gender									
% Female	49.3%	48.8%	50.0%	49.9%	49.1%	48.6%	49.6%	49.7%	50.3%
% Male	50.7%	51.2%	50.0%	50.1%	50.9%	51.4%	50.4%	50.3%	49.7%
Age									
% Below 18 Years	24.2%	21.6%	26.1%	21.3%	22.6%	20.0%	21.9%	23.0%	23.0%
% > 65 Years	18.2%	20.7%	16.8%	20.4%	19.0%	12.5%	20.9%	21.6%	16.9%
Race and Ethnicity									
% Non-Hispanic White	90.5%	92.6%	79.8%	94.2%	90.9%	73.9%	95.0%	87.7%	77.0%
% Hispanic	6.3%	5.1%	17.8%	3.0%	5.5%	9.3%	2.5%	9.7%	7.9%
% Non-Hispanic Black	1.0%	0.8%	0.8%	0.6%	1.1%	6.1%	0.5%	0.6%	9.9%
% American Indian/Alaska Native	0.4%	0.5%	0.6%	0.4%	0.4%	0.4%	0.4%	0.7%	0.4%
% Asian	0.3%	0.3%	0.5%	0.5%	0.9%	8.3%	0.5%	0.7%	2.8%
% Native Hawaiian/ Pacific Islander	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%
Education									
% High School Completion	90%	90%	87%	89%	89%	92%	93%	90%	90%
% Some College	61%	58%	47%	59%	59%	72%	67%	61%	63%
Language									
% Not Proficient in English	1%	0%	3%	0%	1%	2%	0%	2%	1%

Poverty. Based on U.S. Census Data, the 2022 poverty rate across counties in the service area for total population ranged from a low of 9.4% in White County to a high of 19.2% in Tippecanoe County. For those under 18 years of age, poverty rates were consistently higher than for the total population, with a high of 16.3% in Fountain County and a low of 11.3% in Warren County. Most counties in the region were below the Indiana state average for total population poverty (with the exception of Tippecanoe), yet some counties (Fountain and Montgomery) exceeded the state average for poverty among those under the age of 18 years. Table 4 presents the poverty data.

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Table 4. Poverty rates across the service area by county, 2022.

Poverty	Benton	Carroll	Clinton	Fountain	Montgomery	Tippecanoe	Warren	White	INDIANA
% Population in Poverty	10.2%	10.2%	11.2%	12.3%	11.0%	19.2%	9.6%	9.4%	12.5%
% Children in Poverty (under 18 years)	14.5%	12.6%	14.5%	16.3%	15.5%	14.9%	11.3%	12.9%	15.4%

LEADING HEALTH INDICATORS

Data Related to Mortality

The data describing leading causes of mortality in the service area are drawn from the Indiana State Department of Health and CDC as reported through Indiana Indicators and the 2024 County Health Rankings. Table 5 summarizes data for selected leading causes of death classified by the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) death code.

An examination of data from the service area suggests that malignant neoplasms (cancers) and major cardiovascular diseases were the two primary causes of mortality between 2020-2023. These findings are consistent with national and state mortality data. The ten leading causes of death across the State of Indiana during the same timeframe were: (1) heart disease, (2) cancer, (3) chronic lower respiratory disease, (4) accidents, (5) stroke, (6) Alzheimer's disease, (7) diabetes, (8) kidney disease, (9) septicemia, and (10) suicide. Modifiable lifestyle factors such as diet, physical activity, and alcohol and tobacco use are known to contribute to risk for many of the leading causes of morbidity within the service area. They should be a focus of prevention and intervention efforts. Table 5 presents key mortality data for counties in the service area.

Table 5. Age-adjusted death rate per 100,000 population by cause and county, 2020-2023.

County	Malignant Neoplasms (Cancer)	Diabetes Mellitus	Alzheimers Disease	Major Cardiovascular Disease	Influenza and Pneumonia	Chronic Lower Respiratory Disease	Chronic Liver and Kidney Diseases	All other Diseases	Motor Vehicle Accidents	All Causes
Benton	166.6	0	0	237.3	0	0	0	107.4	0	**960.4**
Carroll	106.2	0	0	145.7	0	32.5	0	132.1	0	**683.7**
Clinton	208.2	39.2	27.4	153.4	0	62.3	0	201.1	0	**1079.5**
Fountain	200.5	0	0	262	0	86.5	37	146.3	0	**1018.9**
Montgomery	142.3	0	23.7	101.1	0	50.2	14.3	159.6	0	**909.6**
Tippecanoe	149.2	21.6	26.4	138.1	8.2	49.2	15.3	146.3	5.8	**765.7**
Warren	173.4	0	0	228.7	0	61.8	6.99	126.3	0	**987.1**
White	177.9	0	0	159.2	0	50.8	0	189.5	0	**985.5**

Data Related to Morbidity

Chronic Disease

This section of the report provides an overview of the service area's data related to selected chronic diseases, including asthma, diabetes, heart disease, high blood pressure, and high cholesterol.

Asthma prevalence. Adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or another health professional that they had asthma are a typical indicator of this chronic condition. This indicator is relevant because asthma is a prevalent problem in the U.S. and is often exacerbated by environmental conditions such as poor air quality. Asthma-related complications are identified as a reason for significant numbers of emergency room visits among both adults and children, with approximately 40 visits per 10,000 population for each group in 2021.

Diabetes prevalence. The percentage of adults aged 20 and older who a doctor has ever said that they have diabetes is a relevant indicator because diabetes is a prevalent problem in the U.S. and may indicate a lifestyle that places individuals at risk for premature morbidity as well as developing other health problems. The prevalence of diabetes was higher in six of the eight service area counties (above 10% of the population in 2023) when compared to state and national rates. However, it is important to note that Clinton County has the highest mortality rate from diabetes in the service area (39.2 per 100,000 population in 2022), with Tippecanoe being the only other county in the service area with elevated levels of death due to diabetes (21.6 per 100,000 population in 2022).

Heart disease (adult) prevalence. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is associated with high blood pressure, high cholesterol, and heart attacks. The prevalence of heart disease hospitalizations is highest in Benton, Fountain, and Montgomery counties. Heart disease is a leading cause of mortality and morbidity, and interventions to reduce rates in disproportionately affected counties are needed.

Infectious Disease

The subsequent section, and Tables 6 & 7, summarize data from the Indiana State Department of Health Epidemiology Resource Center's Annual Report of Infectious Diseases, 2018. Diseases are categorized in the following ways: (1) Vaccine Preventable (i.e., Mumps, Pertussis), (2) Vector Borne (i.e., Lyme Disease), (3) Viral Hepatitis (i.e., Hepatitis C), and (4) Enteric (i.e., Salmonellosis). The categorization of disease has implications for prevention efforts, and each will be discussed in the section on prevention. Sexually transmitted disease (STD) data are reported separately.

Table 6. Rates and Case Counts for Specific Infectious Diseases by County, 2018.

County	Mumps (Vaccine Preventable) cases per 100,000	Pertussis (Vaccine Preventable) cases per 100,000	Lyme Disease (Vector Borne) # of Cases	Hepatitis C (Chronic) cases per 100,000	Salmonellosis (Enteric) cases per 100,000
Benton	<5	< 5	0	69.3	< 5
Carroll	<5	< 5	0	114.3	< 5
Clinton	< 5	< 5	0	96.1	< 5
Fountain	< 5	< 5	0	73.4	30.6
Montgomery	< 5	< 5	2	140.8	< 5
Tippecanoe	<5	< 5	1	74.1	4.1
Warren	< 5	< 5	0	60.5	< 5
White	< 5	< 5	1	99.4	< 5
Indiana State	0.3	2.6	155	116.3	11.9

Sexual health indicators. The following section describes specific sexual health indicators in the service area. Data represent diagnosis or prevalence rates by 100,000 population unless otherwise specified. Chlamydia remains a significant issue across the service area, with overall sexually transmitted infections also being prevalent in most counties. Teen pregnancy and HIV are also issues in the region, but they are lower compared to larger metropolitan areas of the state.

Table 7. Sexual health indicators by county across service area, 2021

Sexual Health Indicators	Benton	Carroll	Clinton	Fountain	Montgomery	Tippecanoe	Warren	White
Total STI Per 100,000	309.8	234.8	432.5	493.1	459.8	539.9	247.8	361.0
Chlamydia Cases Per 100,000	309.8	234.8	435.5	435.5	493.1	536.7	236.0	369.2
HIV Prevalence	80.1	39.5	86.9	36.3	104.3	116.8	0.0	82.8
Teen Births (ages 15-19, per 1,000)	17.0	18.0	27.0	25.0	29.0	12.0	19.0	31.0

Health Indicators and Service Area County Health Rankings

The data presented in the health indicators section of the report summarizes population health outcomes, health factors and health behaviors, clinical care, and social, economic, and physical environment factors for the service area, Indiana State, and the top US performers (i.e., top 10th percentile). The data were drawn from county-level reports compiled by County Health Rankings and Roadmaps (2023), which utilizes a variety of original data sources and measures from 2021 and 2022. In 2024, County Health Rankings moved to a new model of calculating county-level rankings, which no longer provides a quantitative comparison but instead uses infographics. For that reason, the rankings from 2023 are presented in this section.

Health Rankings

County Health Rankings are based on a conceptual model of population health that includes both Health Outcomes (length and quality of life) and Health Factors (determinants of health) (see Figure 1). These Outcomes and Factors are broken down into components that are further broken down into subcomponents called Focus Areas.

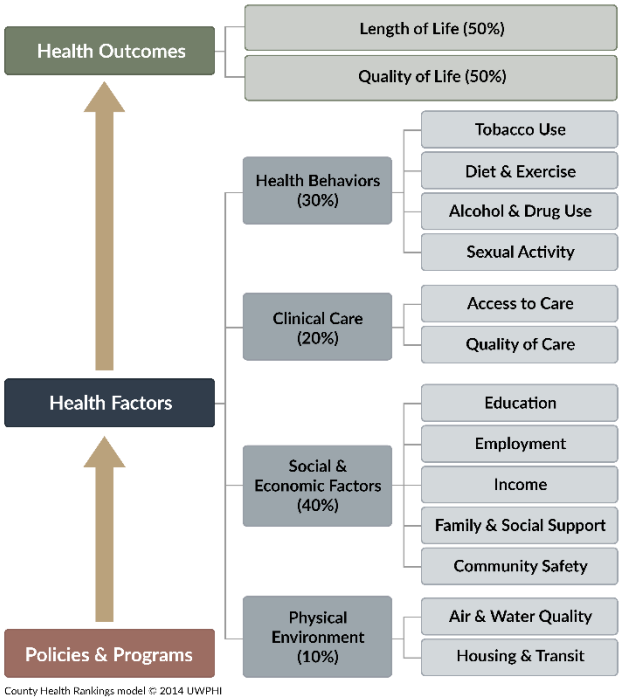


Figure 1. County Health Ranking Model – ranking system.

The County Health Ranking Model provides the foundation for the ranking process. Counties in each of the 50 states are ranked according to summaries of a variety of health measures, and those with high ranks, e.g., 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state, which allows for comparisons between counties.

This data will provide context to help communities understand the factors that contribute to population health outcomes. The health outcomes of any community are determined by multiple behavioral, social, economic, and environmental factors, as well as access to healthcare services. Collectively, the factors that contribute to health outcomes are referred to as the social determinants of health (SDOH). According to the US Centers of Disease Control and Prevention (CDC), the application of information gained from assessments of community-level SDOH can improve individual and population health outcomes as well as advance health equity (CDC, 2018).

It is important to recognize that each community has unique strengths and challenges. County-level data provides communities the opportunity to identify and capitalize on strengths that promote community health as well as

identify and address challenges that threaten community health outcomes. Therefore, if a county's overall health outcomes rank is better than the health factors rank, it suggests that the health outcomes rank may decline in the future if no action toward improvement is taken. If a county's health outcomes rank is worse than its health factors rank, the health outcomes rank may improve in the future with appropriate intervention.

The data and comparisons presented in this section of the report provide important information that can be used to identify areas of strength as well as challenges and, in doing so, provide opportunities for the development and implementation of strategies that support improved community health outcomes across the service area.

Service Area County Rankings

Rankings indicate significant variability among the eight counties in the service area, with Warren ranking 5th in the state for health outcomes and Fountain ranking 62nd (see Table 8). In terms of health factors, half of the counties in the service area were ranked within the top 50th percentile, and only one county (Fountain) ranked in the 75th percentile.

Table 8. Service area overall rankings by county, 2023.

County	Health Outcomes Rank	Health Factors Rank
Benton	53	51
Carroll	10	37
Clinton	57	56
Fountain	62	61
Montgomery	36	38
Tippecanoe	13	17
Warren	5	20
White	50	27

A variety of indicators, including length of life, quality of life, health behaviors, clinical care, social and economic factors, and physical environment, contribute to each county's ranking.

Table 9 below provides a summary of the rankings by county across the service area for these indicators.

Table 9. Indicator Areas for County Rankings, 2023.

County	Length of Life Rank	Quality of Life Rank	Health Behaviors Rank	Clinical Care Rank	Social/Economic Factors Rank	Physical Environment Rank
Benton	49	52	49	62	40	44
Carroll	4	16	51	46	24	54
Clinton	53	53	61	58	42	82
Fountain	70	47	56	82	45	83
Montgomery	27	42	62	22	36	24
Tippecanoe	8	25	12	20	28	32
Warren	17	4	25	51	13	11
White	61	33	37	27	31	7

Health Outcomes

Population health outcome rankings for the service area are formulated from composite scores calculated by measuring a variety of factors, including those that contribute to length and quality of life. While the service area did not exceed the benchmarks set by the top US performers, the summative data indicate that the service area's overall performance is above the state average for all indicators except the percentage of residents reporting poor/fair health. Table 10 summarizes this data for each of the counties in the service region.

Table 10. Summary of service area health outcomes, 2021.

Health Outcomes	Benton	Carroll	Clinton	Fountain	Montgomery	Tippecanoe	Warren	White
Premature Deaths	9,700	6,600	9,100	10,900	7,800	7,100	6,600	9,700
Quality of Life								
Poor or Fair Health	19%	16%	18%	19%	17%	16%	15%	16%
Poor Physical Health Days	4.2	3.8	3.9	4	3.8	3.7	3.7	3.7
Poor Mental Health Days	5.6	5.2	5.0	5.4	5.0	5.3	5.2	5.1
Low Birthweight	7%	7%	8%	8%	8%	8%	6%	8%

Health Outcome Strengths and Challenges for the Service Area

Strengths

- Premature death and age-adjusted premature mortality rates were lower in the service area when compared to the state average.
- The percentage of service area residents that gave birth to a low-birth-weight infant was lower than the state average.

Challenges

- The number of poor physical health days reported by service area residents was similar to the state average.
- The number of poor mental health days reported by residents in the service area was equal to the state average.
- The percentage of service area residents reporting fair to poor health was slightly higher than the state average.

Population Health Factors

Population health factor rankings for the service area were formulated using composite scores for a variety of factors, including (1) health behaviors, (2) clinical care, (3) social and economic factors, and (4) physical environment factors. A county-by-county comparison of combined population health factor rankings indicates that Tippecanoe ranked the best at 8th in the state. At the same time, Fountain performed the worst and was ranked 66th among the 92 Indiana counties. The individual factors accounted for in these ranking categories are presented separately below for health behaviors and clinical care factors.

Health Behaviors. Health behavior outcome rankings for the service area are formulated from composite scores that are calculated by measuring a variety of factors, including adult smoking, adult obesity, drug overdose mortality, excessive drinking, alcohol-impaired driving deaths, food insecurity, physical inactivity, access to opportunities to exercise, sexually transmitted infection rates, and teen birth rate. Table 11 presents these health behavior indicators for counties in the service region.

Table 11. Health behaviors indicators by county across service area, 2021.

Health Behaviors	Benton	Carroll	Clinton	Fountain	Montgomery	Tippecanoe	Warren	White
Adult Smoking	23%	19%	20%	21%	20%	17%	19%	19%
Physical Inactivity	30%	26%	29%	27%	26%	24%	25%	27%
Access to Exercise Opportunities	48%	62%	69%	52%	63%	81%	34%	44%
Adult Obesity	41%	40%	38%	38%	36%	33%	39%	38%
Food Environment Index (0-worst, 10-best)	8.1	9	8.8	8.1	8.2	6.6	8.5	8.8
Excessive Drinking	16%	17%	17%	16%	17%	19%	16%	16%
Alcohol-Impaired Driving Deaths	0%	43%	18%	10%	9%	17%	23%	3%

Adult smoking and obesity rates among service area residents were consistent with the state average rates for the same behaviors. The percentage of physically inactive adults (ranging from 24% to 30%) were similar in the service area when compared to the state average (25%). Further, only 56% of service area residents indicated that they had opportunities to exercise, which is well below the state average of 77%. Access to exercise opportunities was highest in Tippecanoe County, which is perhaps influenced by development associated with corporate and academic entities. Excessive drinking was reported by 17% of the service area residents, compared to 18.0% of Indiana residents. The percentage of alcohol-impaired driving deaths was slightly lower in the service area (15.4%) when compared to the state average (18%).

Health Behavior Strengths and Challenges for the Service Area

Strengths

- Excessive drinking rates were slightly lower in the service area when compared to state averages.
- Alcohol-impaired driving death rates were lower in the service area when compared to state averages.

Challenges

- Adult smoking rates in the service area are equivalent to state averages.
- Physical inactivity rates were higher among service area residents when compared to state averages.
- Access to exercise opportunities is lower in some of the service areas than the state average.
- Adult obesity rates are equivalent to state averages.
- The teen birth rate was higher in the service area when compared to larger metropolitan areas of the state.

Clinical Care

Clinical care rankings for the service area are formulated from composite scores that are calculated by measuring a variety of factors, including health care costs, percentage of uninsured children and adults, ratio of health care providers to the total population, preventable hospital stays, mammography screening, and flu vaccination rates. The summative data indicate that the service area's overall performance was similar to the state averages across most indicator areas. Table 12 summarizes these clinical care indicators.

Table 12. Summary of clinical care indicators, 2021.

Clinical Care Indicators	Benton	Carroll	Clinton	Fountain	Montgomery	Tippecanoe	Warren	White
% Uninsured	12%	9%	12%	8%	8%	9%	0.06	11%
Primary Care Physicians	4,360:1	10,220:1	6,610:1	4,110:1	3,460:1	1,430:1	n/a	2.740:1
Dentists	2,180:1	2,570:1	2,190:1	2,760:1	1,420:1	1,870:1	8,460:1	2,730:1
Mental Health Providers	2,180:1	1,280:1	2,050:1	1,100:1	850:1	550:1	N/A	2,050:1
Preventable Hospital Stays	2,998	2,809	2,393	3,500	2,420	2,535	2,691	1,194
Mammography Screening	51%	39%	44%	44%	50%	46%	39%	50%
Flu Vaccination	48%	49%	51%	42%	55%	57%	38%	53%

Clinical Care Strengths and Challenges for the Service Area

Strengths

- Preventable hospital stays are slightly lower than the state average.

Challenges

- The percentage of uninsured is equivalent to the state average.
- The ratio of healthcare providers to residents was significantly lower in the service area when compared to state averages. The low number of providers or lack of data makes comparisons difficult and indicates a weakened infrastructure in some areas.
- The percentage of service area residents that received mammography screening was lower in some counties in the service area when compared to the state average.

Mental Health and Substance Abuse

Mental health status and substance use/abuse are important determinants of community members' overall health and well-being. As such, indicators of mental health and substance use/abuse can provide information that helps communities identify areas of strength as well as challenges to overall population health outcomes.

Mental health and substance abuse indicators include (1) serious mental illness (SMI); (2) any mental illness (AMI); (3) suicidal ideation and attempts; (4) alcohol use, abuse, and dependence; (5) substance use, abuse, and dependence; (6) access and utilization of treatment services; and (7) the availability of alcohol, illicit drugs, and prescription drugs with the potential for abuse. Data drawn from these indicators can be applied to developing and implementing community-based interventions that improve population health outcomes.

This section of the report summarizes behavioral health indicators for the state and, when available, the service area. The data presented were drawn from the following sources: The Substance Abuse and Mental Health Services

Administration's (SAMSHA, 2020) Behavioral Health Barometer, Indiana 2020, the Indiana State Department of Health's (ISDH) Suicide in Indiana Report in 2022 (ISDH, 2023); and the SAMHSA Uniform Reporting Summary for Mental Health Outcomes (SAMHSA, 2022).

Mental Health. According to Healthy People 2020, the burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability (USDHHS, 2018). Mental health is essential to an individual's well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life. Mental health disorders have a serious impact on physical health. They are associated with the prevalence, progression, and outcome of some of today's most pressing chronic diseases, including diabetes, heart disease, and cancer. Early diagnosis and treatment can decrease the disease burden of mental health disorders as well as associated chronic diseases. Efforts to improve the nation's mental health are a top priority.

State-level data suggest that the percentage of Indiana adults over the age of 18 years who report past-year serious mental illness (SMI) and past-year serious thoughts of suicide is higher than the national average (SAMSHA, 2020). Between 2017 and 2019, a higher percentage of Indiana adults reported receiving treatment or counseling for any mental illness (AMI) in the past year when compared to the national average. Among adults served in Indiana's public mental health system in 2021-2022, 46.2% of those aged 18–20, 35.8% of those aged 21–64, and 5.7% of those aged 65 or older were employed. Of all individuals during 2021-2022, far more adults (86,207 persons) received treatment services through community-based programs when compared to state psychiatric hospitals (1,001), psychiatric inpatient treatment (687), and residential treatment centers (33).

In terms of perceived treatment outcomes, adults in Indiana reported slightly less improvement in social connectedness and functioning after treatment in the Public Mental Health System compared to the national averages for the same outcomes (SAMHSA, 2022).

Table 13. Summary of Indiana state-level and national-level mental health data for adults aged 18 years and above, varying years.

Indicator	Indiana %	National %	Report Year
Mental Health Challenges			
Past-year serious mental illness (SMI)	5.6	4.8	2022
Past-year serious thoughts of suicide	6	4.5	2023
Any mental illness (AMI) that received treatment/counseling in the past year	44.1	43.6	2022
Perceived Treatment Effectiveness			
Reporting improved functioning following treatment	71.4	74.2	2021-2022
Reporting improved social connectedness following treatment	73.8	75	2021-2022

Adolescent Mental Health. During 2016–2019, the annual average prevalence of past-year major depressive episode (MDE) in Indiana was 15.9% (or 83,000), similar to both the regional average (15.2%) and the national average (14.0%) (SAMHSA, 2020). Among youth aged 12–17 in Indiana during 2016–2019 with an MDE in the past year, an annual average of 48.7% (or 40,000) received depression care in the past year, similar to both the regional average (46.4%) and the national average (41.8%).The percentage of children and adolescents aged 17 years and younger living in Indiana who received treatment in the public health system during 2021-2022 that reported perceptions of improved functioning as a result of treatment was lower than the national average (65.5% versus 71.2%, respectively), with similar outcomes in terms of perceived social connectedness (84% versus 86.1%, respectively). (SAMHSA, 2022).

Poor Mental Health Days. Table 14 presents the average number of mentally unhealthy days per month reported on the BRFSS through 2021. The data indicate broad similarities across all counties in the service area and a high degree of consistency with the state average.

Table 14. Past 30-day poor mental health days, 2021.

County	Past 30 Days # Poor Mental Health Days
Benton	5.6
Carroll	5.2
Clinton	5.0
Fountain	5.4
Montgomery	5.0
Tippecanoe	5.3
Warren	5.2
White	5.1
Indiana State	5.2
Service Area	5.2

Frequent Mental Distress and Insufficient Sleep. Table 15 presents the percentage of service area residents who reported frequent mental distress and the percentage who reported insufficient sleep on the Behavioral Risk Factor Survey through 2021, as published in the County Health Rankings (2024). According to the US Centers for Disease Control and Prevention, insufficient sleep is linked to increased risk of anxiety, depression, obesity, heart disease, injury, and other serious conditions (CDC, 2024). All counties in the service area had similar rates of frequent mental distress and insufficient sleep when compared to the state average.

Table 15. Percentage of population reporting frequent mental distress and insufficient sleep by county, 2021.

County	Frequent Mental Distress (%)	Insufficient Sleep (%)
Benton	19	36
Carroll	17	38
Clinton	17	37
Fountain	18	34
Montgomery	17	35
Tippecanoe	16	32
Warren	17	35
White	17	35
Indiana State	17	36

Mental Health Providers. The availability of mental health care providers (e.g., psychiatrists, psychologists, clinical social workers, counselors) is an indicator of access to healthcare. The data suggests that the area's population is critically underserved. Improving access to mental healthcare has the potential to reduce poor population health outcomes and should be a top priority for the service area. Table 16 summarizes mental health provider ratio data by county. It is of importance to note however that in six of the eight counties, the ratio of mental health providers improved over the past two years, which is also the case for the average of the service area on the whole as well as for the state.

Table 16. Ratio of mental health care providers by county, 2023.

County	Ratio of Mental Health Providers (2023)	Ratio of Mental Health Providers (2021)
Benton	2,180:1	4,370:1
Carroll	1,280:1	1,350:1
Clinton	2,050:1	2,310:1
Fountain	1,100:1	1,360:1
Montgomery	850:1	940:1
Tippecanoe	550:1	680:1
Warren	n/a	n/a
White	2,050:1	2,410:1
Service Area Average	1,437:1	1,917:1
State of Indiana	500:1	1,012:1

Suicide. Suicide is considered a leading indicator of mental health and remains a significant public health concern. Suicide affects people of all ages, racial and ethnic backgrounds, and genders. Risk for suicide includes depression, other mental disorders, or substance abuse disorders; certain medical conditions; chronic pain; a prior suicide attempt; family history of a mental disorder or substance abuse; family history of suicide; family violence, including physical or sexual abuse; having guns or other firearms in the home; having recently been released from prison or jail; and being exposed to others' suicidal behavior, such as that of family members, peers, or celebrities. Reducing suicide rates is a goal of Healthy People 2020 and should be prioritized in communities with rates that exceed state and national averages.

An examination of service area suicide death rates for the year 2022 indicates that rates were highest in Tippecanoe County (11.13 per 100,000 population) (ISDH, 2023). Overall, the state of Indiana saw a decrease of 2.4% in the number of suicide rates from 2021-2022, a trend that is also observed in the service region.

Table 17. Suicide deaths (2022), by county.

County	# Suicides (Rate per 100,000)
Benton	1 (n/a)
Carroll	4 (n/a)
Clinton	6 (18.27)
Fountain	4 (n/a)
Montgomery	6 (15.68)
Tippecanoe	21 (11.13)
Warren	0 (0.0)
White	6 (24.39)

Substance Use and Abuse. Healthy People 2020 (USDHHS, 2018) reports that substance abuse is associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, and crime. Further, both social attitudes and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. Substance abuse contributes to a number of adverse health outcomes and public health problems, including cardiovascular conditions; pregnancy complications; teenage pregnancy; Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS; sexually transmitted diseases (STDs); domestic violence; child abuse; motor vehicle crashes; homicide; and suicide. Reducing the prevalence of substance abuse is among the nation's leading public health priorities.

There were 1,438 admissions for substance abuse treatment in 2021 across the service region, equivalent to approximately 6% of all admissions in Indiana. Montgomery and Tippecanoe County had the highest number of admissions in the service region. Across the region, the highest rates of admission are associated with marijuana or methamphetamine usage. This was true in the counties with the highest number of admissions, with Montgomery County reporting 66.4% of admissions related to methamphetamine use and 58.8% were related to marijuana use, and Tippecanoe reporting 44.8% of admissions for methamphetamine use and 37.5% being related to marijuana use. Table 18 summarizes the substance abuse treatment incidents for the service area in 2021 (Indiana University, 2023) based on data from the Indiana Family and Social Services Administration.

Table 18. Substance abuse total treatment admissions in 2021 by county.

County	Number of Admissions
Benton	43
Carroll	49
Clinton	111
Fountain	57
Montgomery	456
Tippecanoe	574
Warren	17
White	131
Indiana State	23,573

Drug Overdose Deaths. Table 19 presents a summary of unintentional drug overdose deaths for 2022 and the equivalent rate per 100,000 population (ISDH, 2023). Among the counties reporting data, Clinton surpassed the state rate, and Tippecanoe and Warren counties reported elevated rates in the service region, indicating the need for targeted intervention. The state overdose rate decreased 5.4% from 2021 to 2022, which equates to a 5.05% decrease in the number of overdose deaths.

Table 19. Number and rate of drug overdose deaths by county, 2022.

County	Count (Rate per 100,000)
Benton	0 (0.0)
Carroll	3 (n/a)
Clinton	15 (45.67)
Fountain	1 (n/a)
Montgomery	11 (28.74)
Tippecanoe	43 (22.79)
Warren	1 (n/a)
White	3 (n/a)
Indiana Total and Rate	2,240 (37.44)

Drug and Alcohol Availability

Availability serves as a marker of risk and should be considered when examining the rates of use and abuse. One mechanism for preventing substance use and abuse is limiting access in the community. The section below provides summative alcohol and drug availability data for the service area.

Alcohol Outlet Density. This indicator is defined as the number of alcohol sales outlets in relation to the total population for 2022 (Indiana University, 2023). Due to its size, Tippecanoe holds the most alcohol licenses across the service region, and the number of licenses and density increased in all counties in the service region from 2021 to 2022. Benton and White counties have the highest density per 10,000 population.

Table 20. Alcohol Outlet Density per 10,000 population, 2022

County	Alcohol Licenses	Alcohol Outlet Density per 10,000
Benton	30	34.5
Carroll	47	23.2
Clinton	88	26.7
Fountain	46	28.0
Montgomery	92	24.2
Tippecanoe	389	20.9
Warren	13	15.4
White	90	36.6

Opioid Prescription Dispensations. The Indiana State Department of Health's Division of Trauma and Injury Prevention collected opioid prescription dispensations for Indiana residents, as reported by Indiana University (2023). Dispensation data includes three opioid prescription categories: opioid analgesics, opioid antidiarrheals/antitussives, and opioid antagonists and treatment addiction medications. Data is reported by the county of residence of the patient who received the dispensation and may or may not be where the prescription was written or filled.

Three counties in the region during 2022 exceed the state rate per 1,000 for opioid dispensations (Clinton, Fountain, and Montgomery) (Indiana University, 2023). Because data were not adjusted for age or terminal illness, findings should be interpreted with caution. However, the risk of developing dependence associated with certain types of opioid medications is high even when used as prescribed. Therefore, education and monitoring may be warranted.

Table 21. Opioid prescriptions dispensed and rate per 1,000 population, 2022.

County	Number	Rate (per 1,000)
Benton	5,154	590
Carroll	11,642	576
Clinton	23,068	716
Fountain	12,858	779
Montgomery	28,512	743
Tippecanoe	85,183	434
Warren	4,987	609
White	14,581	603
Indiana State	4,756,225	704

Opioid-Related Emergency Room Visits. In many counties in the service region, opioid-related emergency room visits remain elevated when compared to the state rate for the population. In particular, consistent with the elevated rate of opioid prescription dispensations, Montgomery County had the highest rate of such visits in 2019, according to the Indiana State Department of Health's Division of Trauma and Injury, as reported by Indiana University (2023). Clinton County also exceeded the state's rate per 100,000 population. Table 22 provides an overview of this data by county.

Table 22. Non-fatal opioid visits to emergency room, 2023.

County	# Non-Fatal Opioid ER Visits	Rate per 100,000
Benton	0	0
Carroll	7	34.6
Clinton	25	77.2
Fountain	9	55.1
Montgomery	41	106.9
Tippecanoe	119	60.8
Warren	0	0
White	12	49.8
State of Indiana	5,064	75.2

Summary of Existing Indicator Data

While many health and social service providers are well informed on the major data that guides their delivery, implementation, and evaluation of community-based services, the purpose of an extensive review of data for the CHNA process is to provide a foundation for the consideration of newly collected data and to help guide the decision-making process that will influence the allocation of resources in future years.

While NCHS and River Bend Hospital serve a large and complex geographic region of Indiana, there are some apparent trends in the data that were used collectively with the other data gathered during the CHNA.

Mortality Indicators. Data suggest that cancers and cardiovascular diseases continue to be the top causes of mortality in the region, consistent with state and national trends. Deaths due to cardiovascular disease also remain of significant need for attention in the region. These and other mortality causes are largely related to modifiable lifestyle factors; those of priority for NCHS and River Bend Hospital include the use of substances and overall health maintenance through diet and physical activity.

Morbidity Indicators. The region continues to observe disproportionate rates of diabetes and heart disease in several counties within the service area. Most chronic diseases can be prevented through behavioral modifications such as maintaining a healthy diet, engaging in regular physical activity, avoiding excessive alcohol consumption, avoiding tobacco, and receiving regular health screenings. In addition to modifying individual behaviors, chronic disease prevention efforts can be supported within communities by providing community members with opportunities to make healthier choices.

Infectious Disease. The majority of the service area had low recorded incidence rates of preventable infectious diseases. Sexually transmitted infections are generally below state average levels except for Tippecanoe and Montgomery Counties, particularly chlamydia. Each county continues to have a stable prevalence of HIV infection. The data suggest that sexual health, as measured by disease incidence, is comparatively better in the service than in the state overall. The elevated rates in Tippecanoe County and Montgomery County indicate that intervention to reduce STD transmission is warranted.

Health Rankings. Rankings indicate significant variability among the eight counties in the service area, with Warren ranking 5th in the state for health outcomes and Fountain ranking 62nd (see Table 8). In terms of health factors, half of the counties in the service area were ranked within the top 50th percentile, and only one county (Fountain) ranked in the 75th percentile.

Health Outcomes. Population health outcome rankings for the service area are formulated from composite scores calculated by measuring a variety of factors, including those that contribute to length and quality of life. While the service area did not exceed the benchmarks set by the top US performers, the summative data indicate that the service area's overall performance is above the state average for all indicators except the percentage of residents reporting poor/fair health.

Health Behaviors. Health behavior data for the region considered various factors, including adult smoking, adult obesity, drug overdose mortality, excessive drinking, alcohol-impaired driving deaths, food insecurity, physical inactivity, access to opportunities to exercise, sexually transmitted infection rates, and teen birth rate. Adult smoking and obesity rates among service area residents were consistent with the state average rates for the same behaviors. The percentage of physically inactive adults (ranging from 24% to 30%) were similar in the service area when compared to the state average (25%). Further, only 56% of service area residents indicated that they had opportunities to exercise, which is well below the state average of 77%. Access to exercise opportunities was highest in Tippecanoe County, which is perhaps influenced by development associated with corporate and academic entities. Excessive drinking was reported by 17% of the service area residents, compared to 18.0% of Indiana residents. The percentage of alcohol-impaired driving deaths was slightly lower in the service area (15.4%) when compared to the state average (18%).

Clinical Care. The region's clinical care considerations included various factors, including health care costs, the percentage of uninsured children and adults, the ratio of health care providers to the total population, preventable hospital stays, and mammography screening. The summative data indicate that the service area's overall

performance is generally in line with state averages, although there is great variability in ratios related to provider availability.

Mental Health and Substance Abuse. There were slightly fewer poor mental health days reported in the service area when compared to the state average, but there is a great deal of consistency in poor mental health days across the region, with elevated levels in a few counties. All counties in the service area had similar percentage rates of frequent mental distress and insufficient sleep when compared to the state average, and there is consistency in these rates throughout the region. The region remains underserved with regard to mental health providers, with all counties below the state and national averages. Characteristics of suicide and suicide attempts, the use of specific substances, and treatment for substance abuse varied considerably across the counties in the region but remain at levels of concern and reinforce the need for the specific substance abuse and mental health services of NCHS and River Bend Hospital.

STAKEHOLDER SURVEY

North Central Health Services (NCHS) and River Bend Hospital conducted the previous CHNA in 2021. Since then, the document has been available to the public on the organizations' websites. At the beginning of the 2024 CHNA, no comments had been received based on those posted documents.

To ensure that those providing services in the region were allowed to provide feedback on the most recent CHNA and its relations to priorities in 2024, NCHS and River Bend

The hospital developed a survey to collect feedback about the 2021 CHNA and stakeholders perceived current priorities. The survey was distributed to a range of service-providing organizations in the eight-county area covered by this CHNA. The following is a description of the survey results.

Participants

A total of 15 completed surveys were received from individuals who had an affiliation with at least one key stakeholder organization in the Hospital's service area.

Participants were asked to indicate the extent to which they provided services in the eight-county area. As is the case in the broad service area, most organizations serve more than one county. Table 23 provides an overview of the extent to which participants in this review described themselves as being affiliated with an organization that provides services in eight counties.

Table 23. Counties Served by Organizations Represented by Participants (n = 15)

Counties Served	Number	Percent
Benton	3	20.0
Carroll	5	33.3
Clinton	5	33.3
Fountain	3	20.0
Montgomery	6	40.0
Tippecanoe	9	60.0
Warren	2	13.3
White	4	26.6

Engagement in CHNA Activities

Participants were asked to describe whether they had participated in any activities that they knew were related to the 2018, 2021, and 2024 CHNA activities of NCHS and River Bend Hospital. Of the participants, 46.6 (n = 7) participated in the 2018 CHNA, 66.6% (n = 10) participated in the 2021 CHNA, and 73.3% (n = 11) participated in some activities to date related to the current (2024) CHNA.

Perceptions of Commitment to 2021 Priorities

Participants were asked to provide their perception of the extent to which NCHS and River Bend Hospital had remained focused on the ten priorities it established during the 2021 CHNA. Table 24 provides a summary of participant responses.

Table 24. Perceptions of Hospital's Commitment to 2021 Priorities (n = 15)

2021 CHNA Priority Areas	% Perceived Prioritization by NHCS and River Bend Since 2021		
	With High Priority	With Medium Priority	With Low Priority
Improve overall mental health within the community	100	0	0
Increase access to mental health services	93.3	6.7	0
Increase community awareness of ACEs and their potential risk	46.7	53.3	0
Build resilience among youth and adults in our communities	86.7	13.3	0
Support substance use disorder prevention, treatment, and/or recovery initiatives	80.0	20.0	0
Reduce the incidence and complications of substance misuse	60.0	40.0	0
Support initiatives that improve overall health and well-being	80.0	20.0	0
Increase physical activity and reduce obesity	40.0	53.3	6.7
Increase the availability of healthy foods within the community	33.3	46.7	20.0
Support organizations that reduce disparities and improve the social determinants of health	53.3	46.7	0

Perceptions of the 2021 Priorities Importance in 2024

The 2021 CHNA resulted in the establishment of ten "priority needs." Participants in the survey were provided with each of those priorities and asked: "whether the need remains a priority in 2024 in the communities in which you live and work." Table 25 provides an overview of responses.

Table 25. Perceptions of 2024 Relevance for 2021 CHNA Priority Areas (n = 15)

2021 CHNA Priority Areas	% Perceived 2021 Priorities Remain Important in 2024		
	Remains High Priority	Remains Medium Priority	Remains Low Priority
Improve overall mental health within the community	86.7	13.3	0
Increase access to mental health services	86.7	13.3	0
Increase community awareness of ACEs and their potential risk	80.0	13.3	6.7
Build resilience among youth and adults in our communities	80.0	13.3	6.7
Support substance use disorder prevention, treatment, and/or recovery initiatives	80.0	20.0	0
Reduce the incidence and complications of substance misuse	73.3	26.7	0
Support initiatives that improve overall health and well-being	80.0	20.0	0
Increase physical activity and reduce obesity	40.0	53.3	6.7
Increase the availability of healthy foods within the community	40.0	53.3	6.7
Support organizations that reduce disparities and improve the social determinants of health	73.3	26.7	0

Qualitative Responses from Participants

Participants were also asked to provide any additional comments about their perceptions of NCHS' and River Bend Hospital's prioritization of issues identified in the 2021 CHNA and the extent to which they perceive those same issues to be important in their communities today.

Three participants provided responses about the organizations' emphasis on the 2021 priorities, which are provided verbatim below:

Comments Regarding Emphasis on 2021 Priorities
The grants that my organization received were tied to specific initiatives.
Essential support for the communities which are served. Without the supportive services at River Bend and the funds from NCHS, the mental health needs and youth support would be desperately challenged.
NCHS and River Bend are incredibly important for the community. The visibility of efforts such as "increase physical activity to reduce obesity" is not as apparent as the other mental health and substance abuse priorities.

Three participants provided additional comments about the extent to which they perceived the 2021 priorities to still be important in their communities during 2024, which are provided verbatim below:

Comments Regarding Issues as Priorities for 2024
It is hard for me to assess the mental portion of the questionnaire since I am not involved in that side.
Mental health services are stretched to the maximum levels and still the needs are not being met. Youth mental health is a much-needed focus which could and should be enhanced.
Diet and exercise are important tools to manage overall wellbeing -- would be curious about studies on addiction recovery and habits related to food and activity.

Participants were invited to share any other insights they had as NCHS and River Bend Hospital conducted their 2024 CHNA. Responses were received from four participants and are provided verbatim below:

Additional Insights about 2024 CHNA Priorities
Workforce shortage for all tiers of mental health providers
Housing is a huge concern for our community.
Caregiver support. Those acting in a caregiving capacity experience mental health challenges, higher rates of metabolic conditions, tobacco and other substance dependence, food and housing insecurity, and secondary trauma at rate greater than the general population. This has significant long-term effects on the state of the present and future workforce. Organizations in our community that employ caregivers (including nurses and direct support professionals) are faced with higher and higher insurance costs for this important sector of our workforce given the longitudinal health outcomes these risk factors portend.
Our schools continue to be the first place the community looks for help when it comes to their needs. Often, asking the school for help is feared because the school may report to DCS and the family could be separated. NCHS could help fund an initiative for supporting an initiative to improve the climate and culture of our schools. Our schools are a central part of our community, and we want all families in our communities to feel welcome, safe, and supported.

Lastly, participants were asked "as you think about how your organizational needs might have changed over the past few years and other issues, are there unique needs your organization might have to help you be better prepared to partner for service delivery in the areas of mental health, substance abuse, and chronic disease?" Responses were received from nine participants, which are provided verbatim below:

Comments about Needs in Substance Abuse, Mental Health, and Chronic Disease
Continued funding for initiatives is desperately needed.
Our organization has been greatly helped by NCHS and we should be good for the next several years.
More access to mental health providers. More mentoring programs to reach youth.
I think we need to reestablish better team coordination.
Yes in the area of mental health. Increase awareness in the community as related to all 3.
Our needs will be focused on capital projects and increased programming needs such as technology and software to meet individuals where they are.
More focus needs to be on prevention than treatment. Treatment needs to be focused on barrier reduction.
Funds for professional development or the implementation of studies related to cross-sector partnerships.
Over the last few years, the increase in support for Mental Health in our organization has drastically increased. We do not have enough local community mental health to meet the needs of our children. We do not have enough humans who are trained to support the mental health needs of our children in our schools (counselors, social workers, etc.) Also, the supports we do have are not equitable at this time due to the types of insurances they take, socio-economic status of families, etc.

Summary of Stakeholder Survey

Data from stakeholders indicate the perception that the organizations have remained committed to addressing the priorities established in 2021, with stronger perceptions of those commitments in areas related to mental health, substance abuse, and social determinants than for areas related to chronic disease, obesity, and health eating. Data were similar when participants were asked whether the priorities established in 2021 remain important to their communities in 2024. Stakeholders' perceptions also endorsed the notion of the need for continued collaboration and development of a continuum of care across partners in the region, given the interdependent nature of factors that contribute to mental health, substance abuse, and other chronic conditions.

2024 COMMUNITY FEEDBACK DISCUSSIONS

To provide for additional opportunities for community members to provide valuable insights into the decisions made during the 2024 CHNA process, North Central Health Services (NCHS) and River Bend Hospital, in collaboration with partner organizations and hospitals, held a series of focus group discussions with representatives of community organizations. Additionally, in some counties (Tippecanoe, Clinton, Carroll, and White), a community survey was made available to individuals who were unable to participate in one of the community meetings.

The collection of this community feedback provided opportunities to gather community members, providers of local health and social services, and other stakeholders to review information, have open conversations about local health needs, and offer suggestions for priority health topics that should be considered as NCHS and River Bend Hospital make decisions about their priorities and subsequent implementation plan. This section of the CHNA provides an overview of the focus group discussions and the recommendations emerging from those discussions.

Meetings and Participants

A total of 14 community discussion meetings were held. Those discussions were held in five counties in the hospital's service area, including Benton County, Carroll County, Clinton County, Tippecanoe County, and White County. A total of 221 community members participated in the community discussions. Additionally, each meeting included facilitators from the hospitals and other organizations convening the meetings. The community survey for those unable to participate in live discussions included representatives of four counties (Carroll, Clinton, Tippecanoe, and White). A list of the organizational representatives who participated in these meetings is included as Appendix A.

Methods

To conduct the community discussions, the facilitators applied a great deal of consistency in both the approach, process, and types of information shared with the community members. The process for the focus group discussions included the following activities:

- Introductions
- A description of the purpose of the discussion and ground rules
- A presentation of existing indicators related to health issues within the county. An open discussion of the data by participants, including opportunities to clarify any data points and to discuss county-specific factors related to the health and well-being of the communities in the county. The discussion also was open to other issues happening in the county that were specific to the organizations represented.
- Each group was presented with a preliminary list of potential priority issues based on a review of existing indicators.
- An expansion of the list of health needs derived from the data presented in order to ensure the inclusion of health needs and other issues perceived as important by the community members.
- A voting process that sought to provide insight into the relative priority of each of the health issues from the perception of community members.

Prioritization Process

Meeting participants were asked to finalize the expanded list of prominent health needs following the presentation of the preliminary list of topics and the addition of issues important to participants. Once the list was confirmed, participants were provided a link via QR code to open on a smart device. The meeting's corresponding Microsoft Form would open with the first page of questions being demographic questions, followed by the opportunity to choose their top 5 priority health needs for their community. There was also an opportunity to provide open feedback via an open-text question at the end.

Those unable to participate in the group meetings were provided the same opportunity to complete the prioritization survey.

County-Level Outcomes

Below is a list, by county, of the prioritized issues. In counties where more than one meeting was held,

Benton County (1 meeting)

- **Top Priority Health Needs:** Access to Mental Health Services, Access to Primary Care

Clinton County (3 meetings)

- **Meeting 1 Top Priority Health Needs:** Mental Health, Drug and Substance Use, Sex Education, Teen Pregnancy, Access to Healthcare
- **Meeting 2 Top Priority Health Needs:** Mental Health, Drug and Substance Use, Childcare, Transportation, Housing Insecurity, Access to Healthcare, Maternal/Infant Health and Child Wellbeing
- **Meeting 3 Top Priority Health Needs:** Mental Health, Transportation, Access to Healthcare, Homelessness, Youth Prevention Programs, Drug/Substance Use, Sexually Transmitted Infections.

Carroll County (2 meetings)

- **Meeting 1 Top Priority Health Needs:** Mental Health, Access to Healthcare, Aging Population & Needs of Seniors, Maternal/Infant Health, Smoking/Tobacco Use, Sexually Transmitted Infections.
- **Meeting 2 Top Priority Health Needs:** Access to Healthcare, Mental Health, Aging Population, Drug and Substance Use, Social Determinants of Health, Excessive Drinking.

Tippecanoe County (6 meetings)

- **Meeting 1 Top Priority Health Needs:** Mental Health, Drug and Substance Use, Food Insecurity, Affordable Housing, Access to Healthcare.
- **Meeting 2 Top Priority Health Needs:** Affordable Housing, Mental Health, Drug and Substance Use, Food Insecurity, Housing Insecurity, Access to Justice Re-entry.
- **Meeting 3 Top Priority Health Needs:** Food Insecurity, Safe Affordable Housing, Mental Health, Drug and Substance Use, Youth Mental Health, Transportation, Social Determinants of Health.
- **Meeting 4 Top Priority Health Needs:** Drug and Substance Use, Housing, Mental Health, Access to Healthcare, Social Determinants of Health, Aging Populations.
- **Meeting 5 Top Priority Health Needs:** Sufficient Funding, Housing, Mental Health, Access to Early Care/Education, Aging Population and Needs of Seniors.
- **Meeting 6 Top Priority Health Needs:** Mental Health, Racism, High School Graduation.

White County (3 meetings; one combined with Carroll County)

- **Meeting 1 Top Priority Health Needs:** Access to Healthcare, Mental Health, Aging Population, Drug and Substance Use, Quality Childcare.
- **Meeting 2 Top Priority Health Needs:** Mental Health, Access to Healthcare, Aging Population, Drug and Substance Use, Maternal and Infant Health.
- **Meeting 3 Top Priority Health Needs** (combined with Carroll County): Access to Healthcare, Mental Health, Aging Population, Drug and Substance Use, Social Determinants of Health, Excessive Drinking.

Service Area Overall Outcomes

Table 26 below provides an overview of the top 10 issues that were prioritized across the counties. The number of votes for each priority represents the number of total participants who ranked a particular issue within their perceived top five issues. These data also include prioritization votes received from individuals who participate in the surveys from those unable to participate in a live discussion session.

Table 26. Priority issues endorsed by community members across the service area.

Final Priority Issues	# Endorsing as Top Five Priority
Mental Health	151
Drug and Substance Abuse (including youth, street drugs, opioids and alcohol)	100
Access to Healthcare	94
Affordable Housing	49
Food Insecurity and Healthy Eating	38
Aging Populations and Needs of Seniors	37
Transportation	35
Housing Insecurity	32
Childcare	29
Maternal/Infant Health and Child Well-Being	26
Social Determinants of Health	14
Access to Sufficient Funding	12
Homelessness	12
Youth Prevention Programs	10
Sexually Transmitted Infections	9

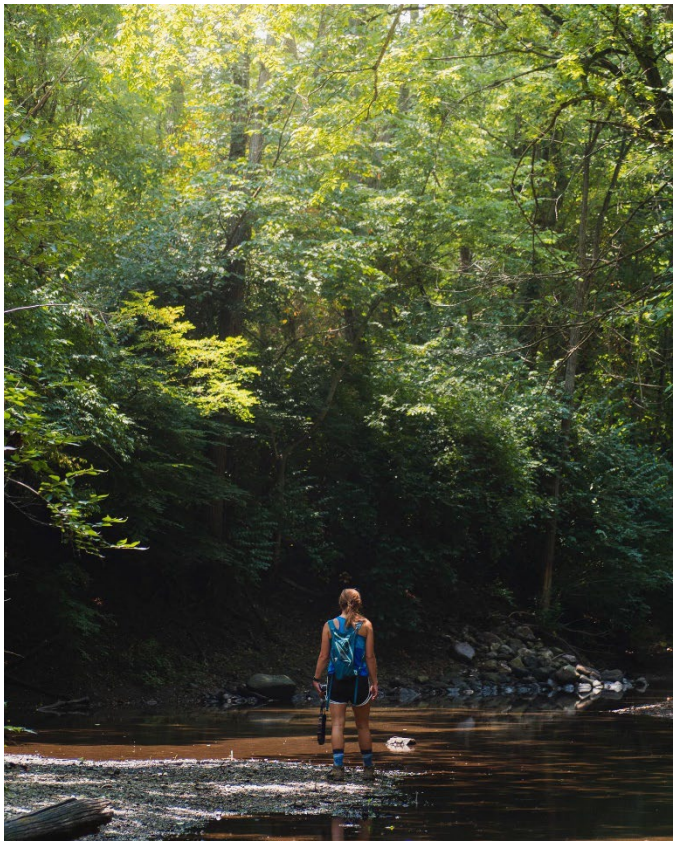
2024 Additional Survey Data

As components of a coordinated approach to the 2024 CHNA process by NCHS, River Bend Hospital, and multiple other hospitals and community partners, three entities collected additional survey data, which is presented here as a supplement to the data shared in this CHNA document.

Survey 1: Franciscan Health conducted a survey among both community residents and other community health professionals in their broader Lafayette service area and Montgomery County. A total of 575 community members participated in these surveys and health professionals from 15 service organizations.

Survey 2: A group of public health students at Purdue University collected data from 187 students to provide additional data about young adults who study in Tippecanoe County but who often depend on both campus and community-based health resources to support their needs.

Survey 3: Results from The Point in Time (PIT) Count, a count of sheltered and unsheltered people experiencing homelessness on a single night. Data for the eight counties in the service area are provided.



This section shares selected data from these three surveys related to the emerging priorities in this CHNA.

Survey 1, Franciscan Health

The survey included questions related to the emerging priorities in this CHNA document. In particular, data were collected from both community residents and health partners in Tippecanoe and Montgomery Counties related to perceived health priorities, mental health, and community-based service needs. A total of 301 community members participated from Tippecanoe County and 274 community members participated from Montgomery County. Across both counties, participants were largely female (> 70% in each county), identified their race as White/Caucasian (67.7% in Tippecanoe and 93.1% in Montgomery), and the vast majority of participants had some form of public or private insurance (> 91% across both counties). Montgomery County participants represented all age groups, but the largest proportion were between the ages of 30-59 years (74.4%) while Tippecanoe County participants were slightly more evenly spread among the age groups, with 70% being between the ages of 30-74 years.

Community health partners represented a total of 15 partner agencies in these areas.

Priority health issues. The tables below summarize data on community residents' perceptions of specific health needs and community health partners' perceptions of the ability of those with such needs to manage them effectively.

Table 27. Community members' perceptions related to health issues of others.

How concerned are you about the number of people you know that have these health issues?	Community Members (By County)			
	Tippecanoe		Montgomery	
	Concerned	Very Concerned	Concerned	Very Concerned
Diabetes	32.3%	29.3%	26.77%	19.70%
Heart Conditions	32.3%	30.2%	29.59%	22.47%
Mental Health Disorders	28.4%	36.0%	26.87%	43.66%
Cancer	24.8%	27.6%	29.34%	33.98%
Substance Abuse	19.9%	25.5%	21.67%	34.98%
COPD/Emphysema	15.9%	10.5%	19.01%	11.41%
Asthma	13.1%	11.3%	21.59%	10.98%

Table 28. Health partner's perceptions of affected individuals' management of health issues.

How concerned are you about the ability of those you serve with these conditions to manage their condition with clinical care and appropriate lifestyle modifications?	Community Members (By County)			
	Tippecanoe		Montgomery	
	Concerned	Very Concerned	Concerned	Very Concerned
Diabetes	30.00%	35.00%	41.67%	12.50%
Heart Conditions	30.00%	30.00%	37.50%	12.50%
COPD/Emphysema	25.00%	30.00%	16.67%	20.83%
Cancer	25.00%	35.00%	41.67%	12.50%
Asthma	25.00%	25.00%	9.09%	13.64%
Mental Health Disorders	30.00%	65.00%	25.00%	45.83%
Substance Abuse	25.00%	60.00%	25.00%	50.00%

Mental health. Community residents were asked to respond to questions about mental health, stress, and coping strategies. These data are presented in the tables below.

Table 29. Community members' concerns about the mental health status of others.

Think about those you know and their mental health. Which of these are you most concerned about?	Community Members (By County)	
	Tippecanoe	Montgomery
General Stress	59.5%	64.55%
Mild to Moderate Depression or Anxiety	45.7%	66.42%
Severe Depression or Anxiety	33.9%	39.93%
Substance Abuse Disorder	28.4%	21.27%
Thoughts of suicide	26.0%	31.34%
Diagnosed conditions such as personality disorders, schizophrenia, and bi-polar	17.7%	20.15%

Table 30. Community members' reported sources of stress.

What are the primary sources of stress in your life?	Community Members (By County)	
	Tippecanoe	Montgomery
Work or school related	47.30%	58.89%
Relationships or family issues	47.97%	38.52%
Financial	44.59%	44.07%
Health related	31.76%	24.44%
Caregiving	18.58%	13.33%
Parenting	19.26%	30.00%
Other	7.09%	12.22%

Table 31. Community members' reported coping strategies.

What self-care activities or coping strategies would you participate in?	Community Members (By County)	
	Tippecanoe	Montgomery
Exercise or physical activities	50.84%	69.14%
Mindfulness or meditation, including with a phone app	28.09%	33.09%
Creative projects, like art or writing	29.10%	32.34%
Spending time in nature	50.84%	60.59%
Joining social groups	33.44%	23.05%
Talking to friends or family	48.49%	63.20%
Spiritual or religious practices	38.46%	40.89%
Something else	5.02%	7.81%
I'm not interested	5.69%	5.58%

Community Service Needs. Community health professionals were asked to respond to questions about the need for community-based services. The data are presented in the tables below.

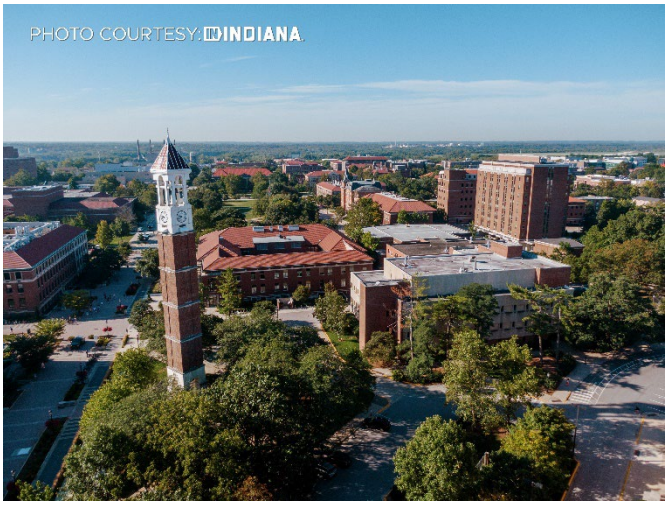
Table 32. Health partner perceptions of community service needs.

What types of community-based services would be most beneficial to those you serve?	Health Partners (By County)	
	Tippecanoe	Montgomery
Mental wellness and stress management interventions	88.89%	86.96%
Healthy food via food pantries or other food assistance programs	66.67%	73.91%
Basic health screenings such as blood pressure, glucose, and cholesterol	61.11%	69.57%
Immunization clinics	33.33%	47.83%
Parenting classes	33.33%	39.13%
Free physical activity	33.33%	69.57%
Condition or disease-specific education	22.22%	52.17%
None of these.	0.00%	4.35%

Table 33. Health partner perceptions of missing service needs.

What type of community-based services do you feel are missing in your community?	Health Partners (By County)	
	Tippecanoe	Montgomery
Housing assistance, including utilities	61.11%	61.90%
Assistance with caregiving (elder or child)	50.00%	47.62%
Health insurance assistance	50.00%	52.38%
Legal services	38.89%	28.57%
Dental services	33.33%	28.57%
Eye exams, glasses	27.78%	23.81%
Youth education or parenting programs	22.22%	52.38%
Exercise programs or nutrition education	22.22%	47.62%
Assistance with aging or disabilities	22.22%	42.86%
Food resources	16.67%	52.38%
Employment related	11.11%	33.33%
Other	27.78%	19.05%
None of these	5.56%	0.00%

Survey 2, Purdue University Students



This section presents data from this survey that are most closely related to the emerging issues in this CHNA.

Perceived health status. When asked about their perceived health status, 63.9% of students reported that they perceive their health to be good or extremely good.

Participation in health screenings. The majority of student participants (56.8%) reported that they participate regularly in an annual health screening, and 25.3% reported that they only seek screening or care when they perceive themselves to have a health challenge.

Access to health services. The vast majority of students, 88.8%, reported that they were aware of their access to campus health services, yet only 47.5% reported that they take advantage of such services. Most students, 72%, reported that they do utilize community-based health services.

Mental health challenges. Students were asked to report how often they felt anxious or depressed. While 6.2% reported never experiencing these challenges, 42.1% reported “sometimes,” 25.1% reported feeling this way “about half the time” 19.5% “most of the time” and 6.9% reported “always.”

Mental health service access. The vast majority, 87.4%, were aware that there are mental health services available to them on campus, yet only 12.9% reported having used such services and of those who had used them, 72.2% reported finding them to be helpful. When asked about using community-based mental health services, 22.8% reported having used them.

Substance Use. Students were asked about the extent to which they had used specific substances. Over half, 55.6%, reported a history of alcohol use, 11.8% reported illicit drug use, 9.0% reported tobacco use, and 4.2% reported using all three substances. Of students who reported some substance use, 91.2% described the frequency of their use as “sometimes.”

Access to substance-related services. Less than half, 46.5%, were aware of campus resources for substance-related care, and only 7.4% reported having used such services. Very few, 2.6%, reported having used community-based substance-related services.

Survey 3, Homeless Point in Time (PIT) Count, Region 4.

Total Region Data. For the eight-county service region, data indicated a total of 192 households experiencing homelessness, with 139 being sheltered and 53 being unsheltered. Those households accounted for a total of 219 individuals. Of these, 23 were children under the age of 18 and the remainder being adults. Of the adults, 78% were between the ages of 25-64.

Selected County Data. Within the service region, homeless households were reported in each county with the exception of Warren. Tippecanoe County had the highest numbers of households (n = 151) and total persons (n = 161). Of the other counties with the highest homelessness counts, Montgomery County reported 14 households with 19 persons, Fountain County reported 12 households with 20 persons, and Clinton County had 7 households with 7 persons.

Special Population and Health Data. The PIT also includes data related to specific health issues among those experiencing homelessness. In the service region, a total of 99 homeless adults were facing a serious mental health issue, with the vast majority of those being in Tippecanoe County, which accounted for 84% (n = 83) of those individuals. A total of 51 homeless adults had a substance abuse disorder, with 80% (n = 41) of those being in Tippecanoe County.

PRIORITIZATION PROCESS AND RECOMMENDED PRIORITIES

During a meeting of the North Central Health Services Corporate Board and the North Central Health Services Grant Board on November 21, 2024, a comprehensive presentation of the CHNA methods and results was delivered. Additionally, prior to the presentation of the CHNA specifically, the organizations provided these Boards with an overview of progress and outcomes resulting from the 2021 CHNA and Implementation Plan. A copy of the CHNA presentation slides is provided as Appendix C.

Based on the 2024 CHNA results, four priority areas were recommended for consideration. Two of these priority areas were identified as "Major Focal Area Priorities" to drive the activities of River Bend Hospital and North Central Health Services. The other two priority areas were recommended as "Priorities for Coordination and Collaboration" in that while activities in these areas may be components of the organizations' primary activities, they represent broad social, structural, and health issues that are best attended through in coordinated and collaborative activities with other partner agencies throughout the region. Table 34 provides an overview of the recommended priorities and the extent to which they shared consistency as priorities across the data types that were considered during the CHNA process.

Table 34. Priority areas with consistency across CHNA methods.

Priority Health Issues	Existing Indicators	Stakeholder Survey	Community Feedback	Additional Survey Data
Major Focal Area Priorities				
Mental Health	X	X	X	X
Substance Use and Abuse	X	X	X	X
Priorities for Coordination and Collaboration				
Social Determinants of Health	X	X	X	X
Overall Health & Well-Being	X	X	X	X

Subsequent to a discussion of the CHNA process and findings, the Boards unanimously accepted the recommendation of these priority areas.

Implementation Plan Insights Session

To provide insights into the development of the 2025-2027 North Central Health Services Implementation Plan, members of the Boards participated in a facilitated session to provide recommendations for priority activities within each of the four priority areas. Within each priority area, Board members individually developed recommendations for activities and methods of service delivery. Each participant's recommendations were posted on flipcharts. For each priority area, recommendations

were grouped within emergent thematic areas by staff. Subsequent to thematic grouping, Board members and staff participated in a conversation to further elucidate the recommended areas and the collective insights gained during this session were used during the development of the Implementation Plan.

APPENDIX A CHNA Partners

Individuals from a wide variety of organizations and communities participated in the interview process, community meetings and surveys. Participants included representatives from the following organizations:

- 1 Love Harm Reduction
- Alliance Bank
- Bank of Wolcott
- Bauer Family Resources
- Big Brothers/Big Sisters
- CareSource
- Carroll County Health Department
- Carroll/White County REMC
- Child Care Resource Network
- City Connects
- City of Monticello
- Clinton County Health Department
- Clinton County WIC
- Community Health Network
- Community members
- Food Finders Food Bank
- Franciscan Health
- Frontier School Corporation
- Grace Recovery
- Healthy Communities of Clinton County
- Heartford House
- Home with Hope
- Homestead
- Hospitalist-PACE
- Indiana Youth Institute
- INWell
- Indiana Professional Management Group (IPMG)
- IU Health Arnett
- IU Health Frankfort
- IU Health Plans
- IU Health White Memorial Hospital
- Jordan Manufacturing
- Junior Achievement
- Koppelmann Real Estate
- Lafayette Police Department
- Lafayette Transitional Housing Center, Inc (LTHC Homeless Services)
- Lafayette Urban Ministries (LUM)
- Lafayette Adult Resource Academy (LARA)
- Learning Network of Clinton County
- Life Point Health
- Lighthouse Recovery Home
- LightStream
- Mental Health America Wabash Valley Region
- Meridian Health Services
- Monticello Fire Department
- Monticello Parks Department
- Monticello Public Library
- Mount Hope Lifeline
- NAMI West Central Indiana
- North Central Health Services
- North Central Nursing Clinic
- North White School Corporation
- Nurse Family Partnership – Goodwill
- Oxford House
- People in recovery
- Purdue - graduate and PhD students
- Phoenix Paramedic Solutions
- Paul's Plan Ministries (PPM)
- Pregnancy Resource Center
- Purdue Center for Rural and Migrant Health
- Purdue Extension
- Purdue Extension of White County
- Purdue Nursing
- Purdue Office of Engagement
- Purdue Pharmacy Health TAP
- Purdue University
- Purdue University Public Health Professor
- Recovery Café Lafayette
- Riggs Community Health Center
- Right Steps

- Scouting America
- SURF/Lions Club
- Sycamore Springs
- Terra Drive Systems
- Tippecanoe County Commissioner's Office
- Tippecanoe County Health Department
- Tippecanoe County Prosecutor's Office
- Tippecanoe County Representative
- Tippecanoe County School Corporation
- Tippecanoe County Sheriff's Office
- Tippecanoe Senior Services
- Town of Brookston
- Town of Monon
- Trinity Hope Center
- Tippecanoe Resilience and Recovery Network prevention subcommittee
- United Healthcare
- United Way for Clinton County
- United Way of Greater Lafayette
- Upper Room Youth Center
- Valley Oaks
- Wabash Center
- WeCare Recovery
- West Lafayette Police Department
- White County Area Planning
- White County Commissioner
- White County Council on Aging
- White County Economic Development
- White County Health Department
- White County United Way/United Council on Opioids
- Willowstone Family Services
- Youth from local schools in Clinton County
- YWCA Greater Lafayette

APPENDIX B CHNA PRIORITIZATION SESSION ATTENDEES

Representatives of NCHS and River Bend Hospital participated in a meeting on November 21, 2024, to review data collected for the CHNA. A list of attendees is included below.

CORPORATE BOARD

- DAVID MCGAUGHEY, CHAIR
- ALYSA CHRISTMAS ROLLOCK, SECRETARY
- RICK DAVIS
- DAVID LASATER
- STEPHANIE LONG, PRESIDENT & CEO

GRANTS BOARD

- BRENDA CLAPPER, CHAIR
- TONY ALBRECHT
- LINDA BOWMAN
- COURTNEY HENCHON
- SHANNON MIDDLETON
- DAVID ROLLOCK
- PAULINE SHEN
- PEYTON STOVALL

NCHS STAFF

- JAMIE SEGO, CFO
- MICHELLE KREINBROOK, COMMUNITY BENEFIT AND OUTREACH DIRECTOR

NCHS BOARD COMMITTEE MEMBER

- GARY LEHMAN (NORTH CENTRAL HEALTH SERVICES -INVESTMENT COMMITTEE)

GUESTS

- JEROME ADAMS, MD - EXECUTIVE DIRECTOR OF THE CENTER FOR COMMUNITY HEALTH ENHANCEMENT AND LEARNING (HEAL)
- MICHAEL REECE, PhD, PRINCIPAL CONSULTANT
- AYODEJI I. OGUNLEYE, MD (RIVER BEND HOSPITAL CHIEF OF PSYCHIATRY)
- EMMA RAKOWSKI, PURDUE NURSING STUDENT
- ABBY MCCAIN, PURDUE NURSING STUDENT

APPENDIX C CHNA PRIORITIZATION PRESENTATION

Representatives of NCHS and River Bend Hospital participated in a meeting to review data collected for the CHNA. A copy of the slides used during the presentation of data is below.

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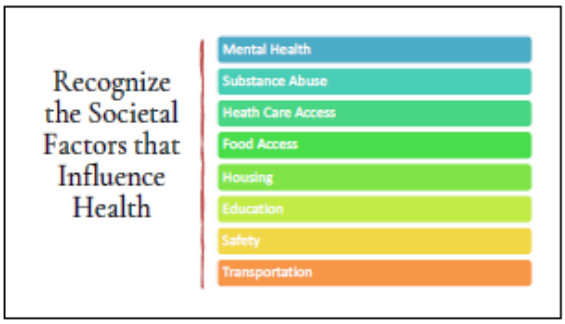

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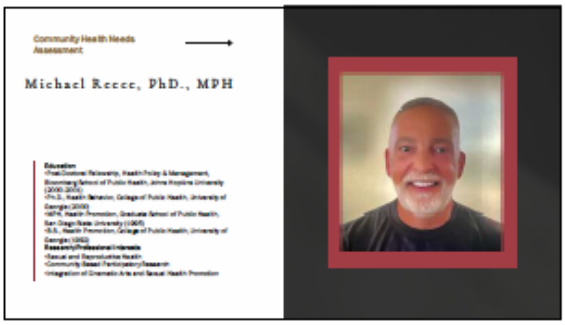

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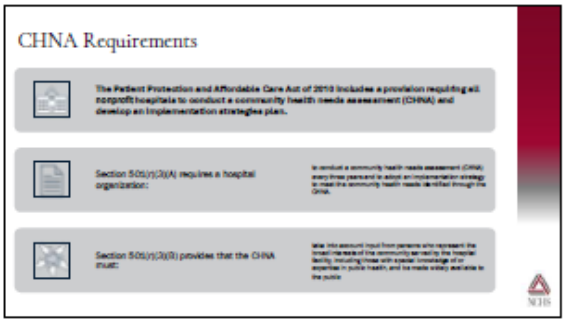

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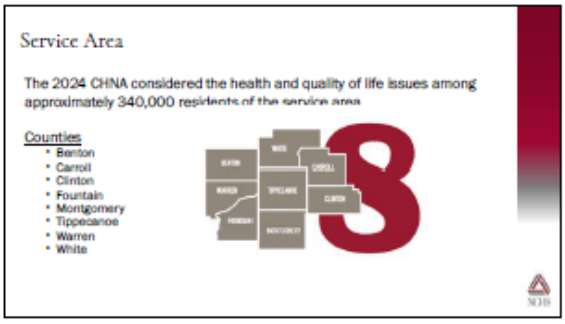

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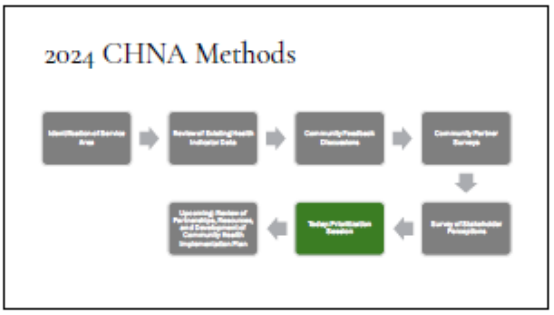

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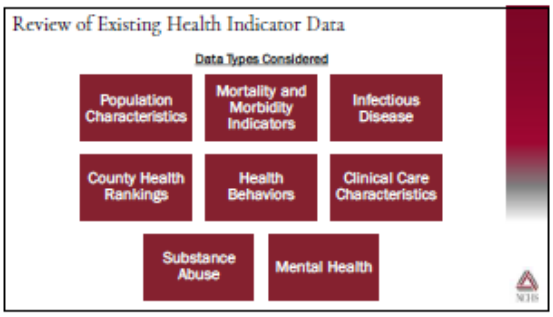

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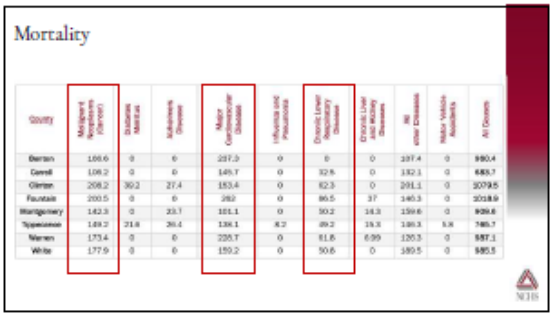

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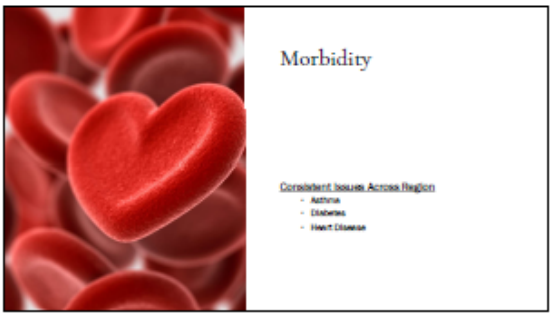

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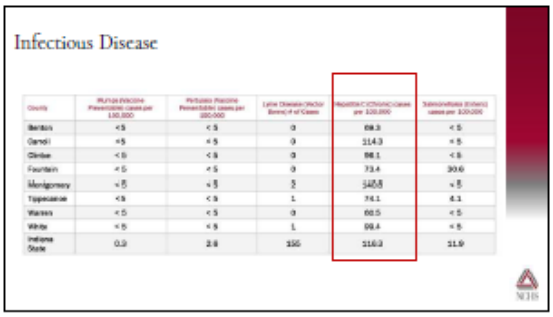

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Sexual Health Indicators

Sexual Health Indicators	Benton	Carroll	Clinton	Fountain	Montgomery	Tippecanoe	Warren	White
Total STI Per 100,000	330.8	234.8	432.5	485.1	466.8	538.0	247.6	381.0
Chlamydia Cases Per 100,000	330.8	234.8	425.5	425.8	493.1	536.7	236.0	362.2
HIV Prevalence	86.1	36.5	86.9	36.3	134.3	119.6	0.0	82.8
Teen Births (ages 15-19, per 1,000)	17.0	18.0	27.0	25.8	28.0	12.8	10.0	31.8

40

Health Rankings by County

County	Health Outcomes Rank	Health Factors Rank
Benton	53	51
Carroll	10	37
Clinton	57	56
Fountain	62	61
Montgomery	36	38
Tippecanoe	13	17
Warren	5	20
White	50	27

41

Health Behaviors

Health Behaviors	Benton	Carroll	Clinton	Fountain	Montgomery	Tippecanoe	Warren	White
Adult Smoking	23%	18%	20%	21%	20%	17%	15%	19%
Physical Inactivity	30%	28%	29%	27%	28%	24%	25%	27%
Access to Exercise Opportunities	46%	62%	60%	52%	63%	81%	34%	44%
Adult Obesity	41%	40%	38%	38%	39%	33%	33%	38%
Food Environment Index (0-worst, 10-best)	8.1	9	8.8	8.1	8.2	8.6	8.5	8.8
Excessive Drinking	16%	17%	17%	16%	17%	19%	16%	16%
Alcohol-Impaired Driving Deaths	9%	43%	18%	10%	9%	17%	23%	3%

42

Health Outcomes

Health Outcomes	Benton	Carroll	Clinton	Fountain	Montgomery	Tippecanoe	Warren	White
Premature Deaths	9,700	6,600	9,100	10,900	7,800	7,100	6,600	9,700
Quality of Life								
Poor or Fair Health	19%	16%	18%	19%	17%	16%	15%	16%
Poor Physical Health Days	4.2	3.8	3.9	4	3.8	3.7	3.7	3.7
Poor Mental Health Days	5.6	5.2	5.0	5.4	5.0	5.3	5.2	5.1
Low Birthweight	7%	7%	8%	8%	8%	8%	6%	8%

43

Clinical Care Indicators

Clinical Care Indicators	Benton	Carroll	Clinton	Fountain	Montgomery	Tippecanoe	Warren	White
% Uninsured	12%	9%	12%	8%	8%	9%	0.06	11%
Primary Care Physicians	4,360:1	10,220:1	6,010:1	4,110:1	3,460:1	1,430:1	n/a	2,740:1
Dentists	3,180:1	9,570:1	3,160:1	3,760:1	1,430:1	1,670:1	8,460:1	3,730:1
Mental Health Providers	2,180:1	1,280:1	2,050:1	1,100:1	850:1	550:1	N/A	2,050:1
Preventable Hospital Stays	2,998	2,809	2,393	3,000	2,420	2,538	2,691	3,184
Mammography Screening	51%	39%	44%	44%	50%	40%	39%	50%
Flu Vaccination	46%	49%	53%	42%	56%	57%	38%	53%

44

Mental Health: Poor Mental Health Days

County	Past 30 Days # Poor Mental Health Days
Benton	5.6
Carroll	5.2
Clinton	5.0
Fountain	5.4
Montgomery	5.0
Tippecanoe	5.3
Warren	5.2
White	5.1
Indiana State	5.2
Service Area	5.2

45

Mental Health

Indicator	Indiana %	National %	Report Year
Mental Health Challenges			
Past year serious mental illness (SMI)	5.6	4.8	2022
Past year serious thoughts of suicide	6	4.5	2023
Any mental illness (AMI) that received treatment/counseling in the past year	44.1	43.6	2022
Perceived Treatment Effectiveness			
Reporting improved functioning following treatment	71.4	74.2	2021-2022
Reporting improved social connectedness following treatment	73.6	75	2021-2022

46

Mental Health: Provider Ratios

County	Ratio of Mental Health Providers (2023)	Ratio of Mental Health Providers (2021)
Benton	2,180:1	4,370:1
Carroll	1,280:1	1,350:1
Clinton	2,050:1	2,310:1
Fountain	1,100:1	1,380:1
Montgomery	850:1	940:1
Tippecanoe	550:1	680:1
Warren	n/a	n/a
White	2,050:1	2,410:1
Service Area Average	1,437:1	1,917:1
State of Indiana	500:1	1,012:1

47

Substance Abuse: Treatment Admissions (2021)

County	Number of Admissions
Benton	43
Carroll	49
Clinton	111
Fountain	57
Montgomery	456
Tippecanoe	574
Warren	17
White	131
Indiana State	23,573

48

Substance Abuse: Opioid Prescriptions (2022)

County	Number	Rate (per 1,000)
Benton	5,154	550
Carroll	11,642	576
Clinton	23,068	716
Fountain	12,858	779
Montgomery	28,512	743
Tippecanoe	85,183	434
Warren	4,987	609
White	14,581	603
Indiana State	4,756,225	704

49

Substance Abuse: Non-Fatal ER Visits (Opioids, 2023)

County	# Non-Fatal Opioid ER Visits	Rate per 100,000
Benton	0	0
Carroll	7	34.6
Clinton	25	77.2
Fountain	9	55.1
Montgomery	41	106.9
Tippecanoe	119	60.8
Warren	0	0
White	12	46.8
State of Indiana	5,064	75.2

50

Existing Indicator Summary

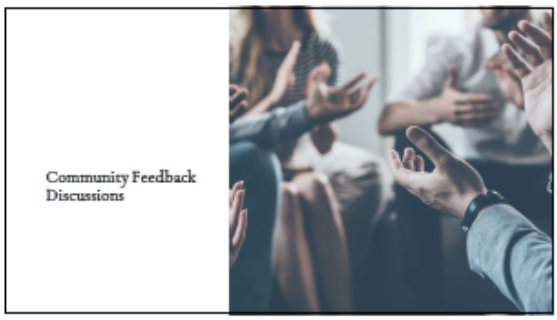
Morbidity and Mortality Issues
Cancer, Cardiovascular Disease, Diabetes

Behaviors
Smoking, Physical Inactivity, Food Insecurity

Mental Health
Poor Mental Health Days, Frequent Mental Distress, Health Provider Shortages

Substance Abuse
Excessive Drinking, Alcohol-Vehicle Deaths, Opioid Availability

51



52

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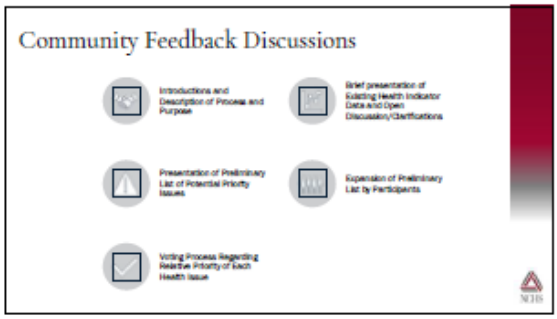

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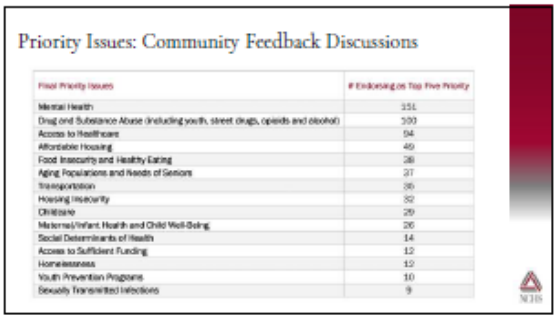

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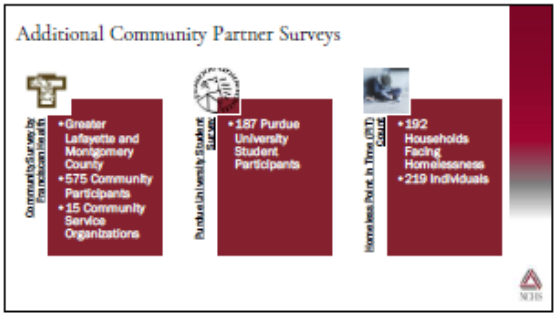
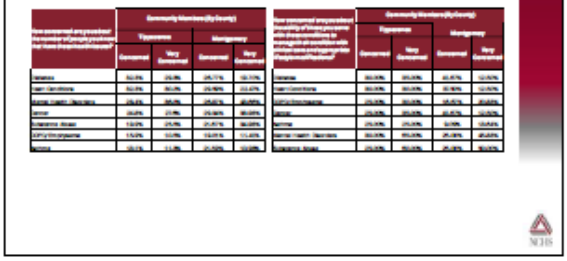


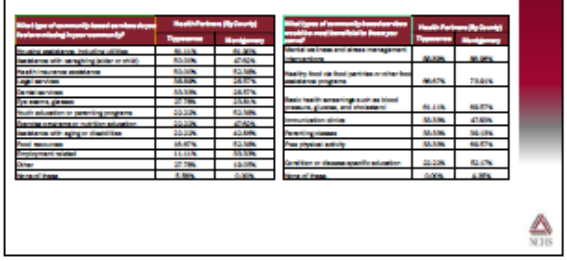
57

Community Survey by Franciscan Health
Priority Health Issues



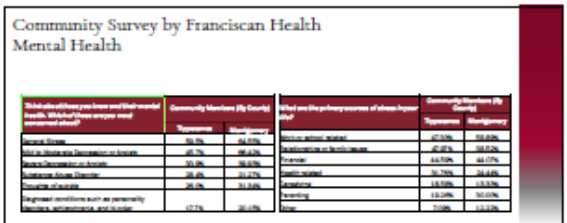
58

Community Survey by Franciscan Health
Community Service Needs



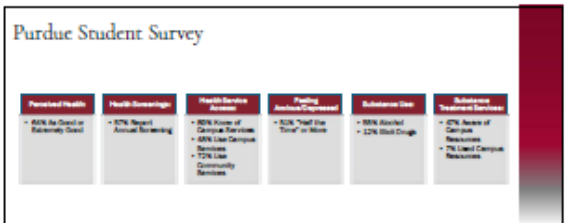
59

Community Survey by Franciscan Health
Mental Health



60

Purdue Student Survey



61

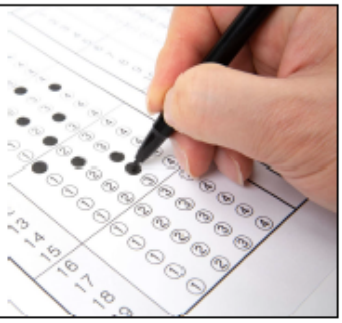
Homeless Point In Time Count

Across Service Region (Homelessness in All Counties Except Warren County):

- 192 Households Experiencing Homelessness
- 139 Sheltered
- 53 Unsheltered
- Total - 219 Individuals (23 Under 18)
  - Tippecanoe County:
    - 151 Households (161 Individuals)
  - Serious Mental Health Issue:
    - 99 Individuals (84% of these are in Tippecanoe County)
  - Substance Abuse Disorder:
    - 51 Adults (80% of these are in Tippecanoe County)

62

Stakeholder Survey



63

Stakeholder Survey

Recommended to Include Feedback from Organizational Stakeholders

2024: Responses from 15 NCHS/River Bend Hospital Stakeholders

64

Stakeholder Survey

2021 CHNA Priority Areas	% Perceived Prioritization by NHCS and River Bend Since 2021		
	With High Priority	With Medium Priority	With Low Priority
Improve overall mental health within the community	100	0	0
Increase access to mental health services	93.3	6.7	0
Increase community awareness of ACEs and their potential risk	46.7	53.3	0
Build resilience among youth and adults in our communities	86.7	13.3	0
Support substance use disorder prevention, treatment, and/or recovery initiatives	80.0	20.0	0
Reduce the incidence and complications of substance misuse	60.0	40.0	0
Support initiatives that improve overall health and well-being	80.0	20.0	0
Increase physical activity and reduce obesity	40.0	53.3	6.7
Increase the availability of healthy foods within the community	33.3	46.7	20.0
Support organizations that reduce disparities and improve the social determinants of health	53.3	46.7	0

65

Stakeholder Survey

2021 CHNA Priority Areas	% Perceived 2021 Priorities Remain Important in 2024		
	Remains High Priority	Remains Medium Priority	Remains Low Priority
Improve overall mental health within the community	86.7	13.3	0
Increase access to mental health services	86.7	13.3	0
Increase community awareness of ACEs and their potential risk	80.0	13.3	6.7
Build resilience among youth and adults in our communities	80.0	13.3	6.7
Support substance use disorder prevention, treatment, and/or recovery initiatives	80.0	20.0	0
Reduce the incidence and complications of substance misuse	73.3	26.7	0
Support initiatives that improve overall health and well-being	80.0	20.0	0
Increase physical activity and reduce obesity	40.0	53.3	6.7
Increase the availability of healthy foods within the community	40.0	53.3	6.7
Support organizations that reduce disparities and improve the social determinants of health	73.3	26.7	0

66

Stakeholder Survey: Qualitative Feedback

- Stressed importance of your funding initiatives to their ability to provide care and services.
- Emphasized need for continued focus on mental health services, particularly addressing needs for more providers.
- Highlighted importance of prevention (mental health and substance abuse) and opportunities to engage youth and young adults.
- Encouraged continued efforts to coordinate and collaborate across the diverse service provider communities.

67

CHNA Summary

68

Summary

- Comprehensive CHNA With Range of Data Sources
- Complies with IRS Requirements
- Data Suggest Consistency in Major Issues Across Region
- Data Consistent with Community Member Concerns
- Community Members Highlight Importance of Partnerships Across Areas of Expertise and Focus
- Consideration of NCHS/River Bend Mission
- Identified Priorities To Pursue Bold and Participatory Approaches to Health Improvement

69

Summary

- Critical challenges in area of mental health, particularly among disenfranchised communities.
- Shortage of mental health providers.
- Substance use and abuse remain of concern. Requires attention to the co-morbidities of homelessness, poverty, and food insecurity.
- Chronic illness concerns are prevalent and require engaged and participatory approaches to improve outcomes.
- Ecological approaches attendant to the social determinants of health across our partnerships is essential.

70

71

Recommended Priority Health Issues

Priority Health Issues	Existing Indicators	Stakeholder Survey	Community Feedback	Additional Survey Data
Major Focal Area Priorities				
Mental Health	X	X	X	X
Substance Use and Abuse	X	X	X	X
Priorities for Coordination and Collaboration				
Social Determinants of Health	X	X	X	X
Overall Health & Well-Being	X	X	X	X

72