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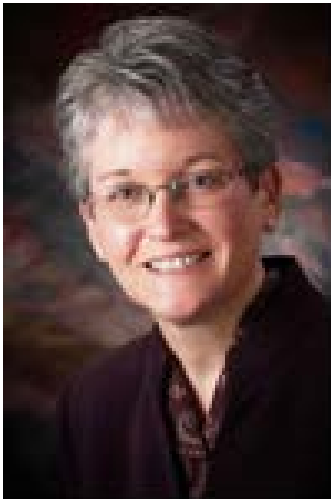
INSIGHTS & INNOVATIONS

CULTURE OF HEALTH



Action Area 3: Creating Healthier, More Equitable Communities

Part I of II



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Learning Objectives

Participants will be able to identify and address the built environment, social, and economic conditions that affect health.

Part I of II

CME Learner Information

Learning Objectives

At the conclusion of this program, participants should be able to identify and address the

- built environment, social, and economic conditions that affect health.

Accreditation Statement

Indiana University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation Statement

Indiana University School of Medicine designates this live activity for a maximum of 1.00 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Faculty Disclosure Statement

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CME Learner Information - *Continued*

Disclosure Summary

The following planning committee and those in a position to control the content of this activity have disclosed no relevant financial relationships:

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CME credit will be awarded and certificates emailed within 3 weeks. The course evaluation will be sent immediately following the activity. For questions and concerns, please contact IU School of Medicine, Division of Continuing Medical Education at 317-274-0104 or cme@iu.edu

Please note: CME credit will not be awarded for viewing the recording of this live activity.

CEU Information

The Indiana Society of Public Health Educators (InSOPHE) has approved this session for 1.0 CEUs. If you are a member of InSOPHE and wish to receive credit for this webinar, please email Tiffany King at president.elect@insophe.org to receive the CEU evaluation.

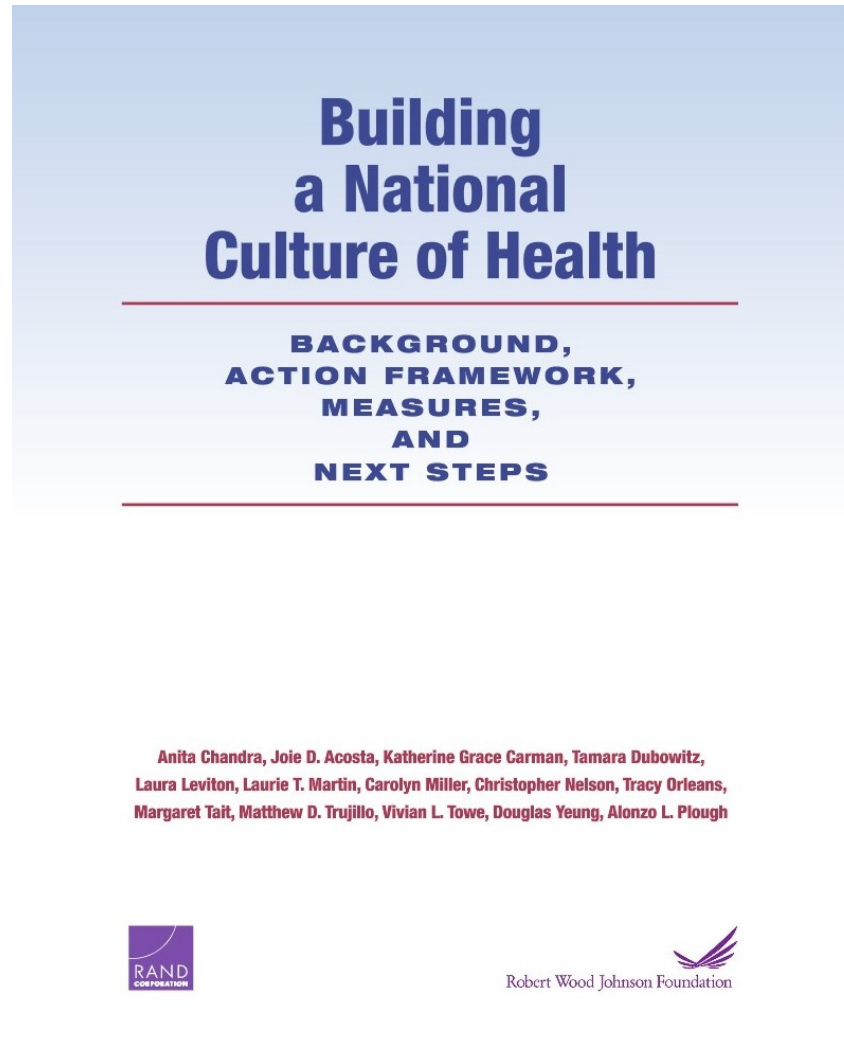
CEUs can only be issued from the live webinar.



Building a Culture of Health in Indiana

**Action Area 3: Creating Healthier, More Equitable
Communities (Part I of II)**

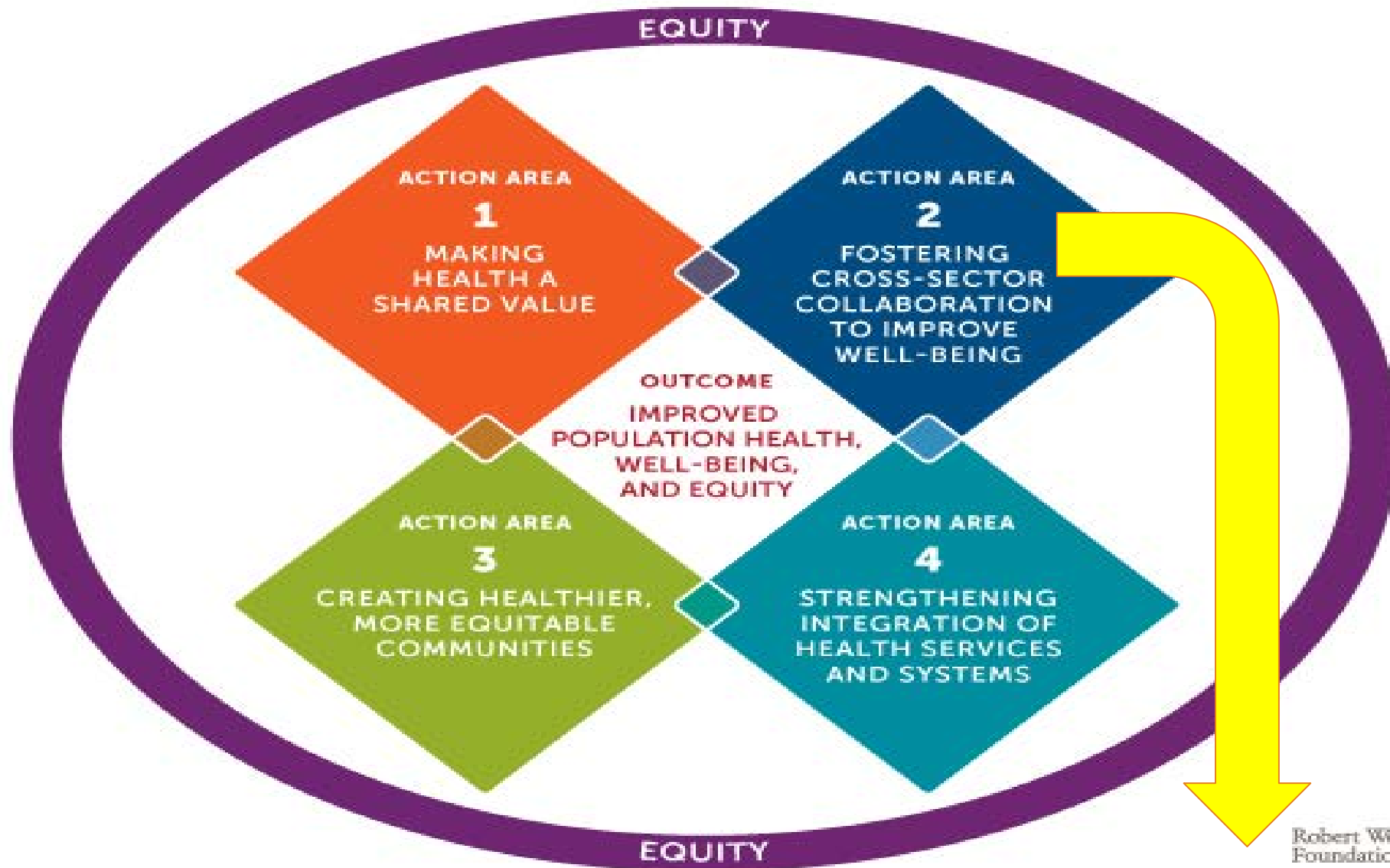
Evidence Base for Building a Culture of Health



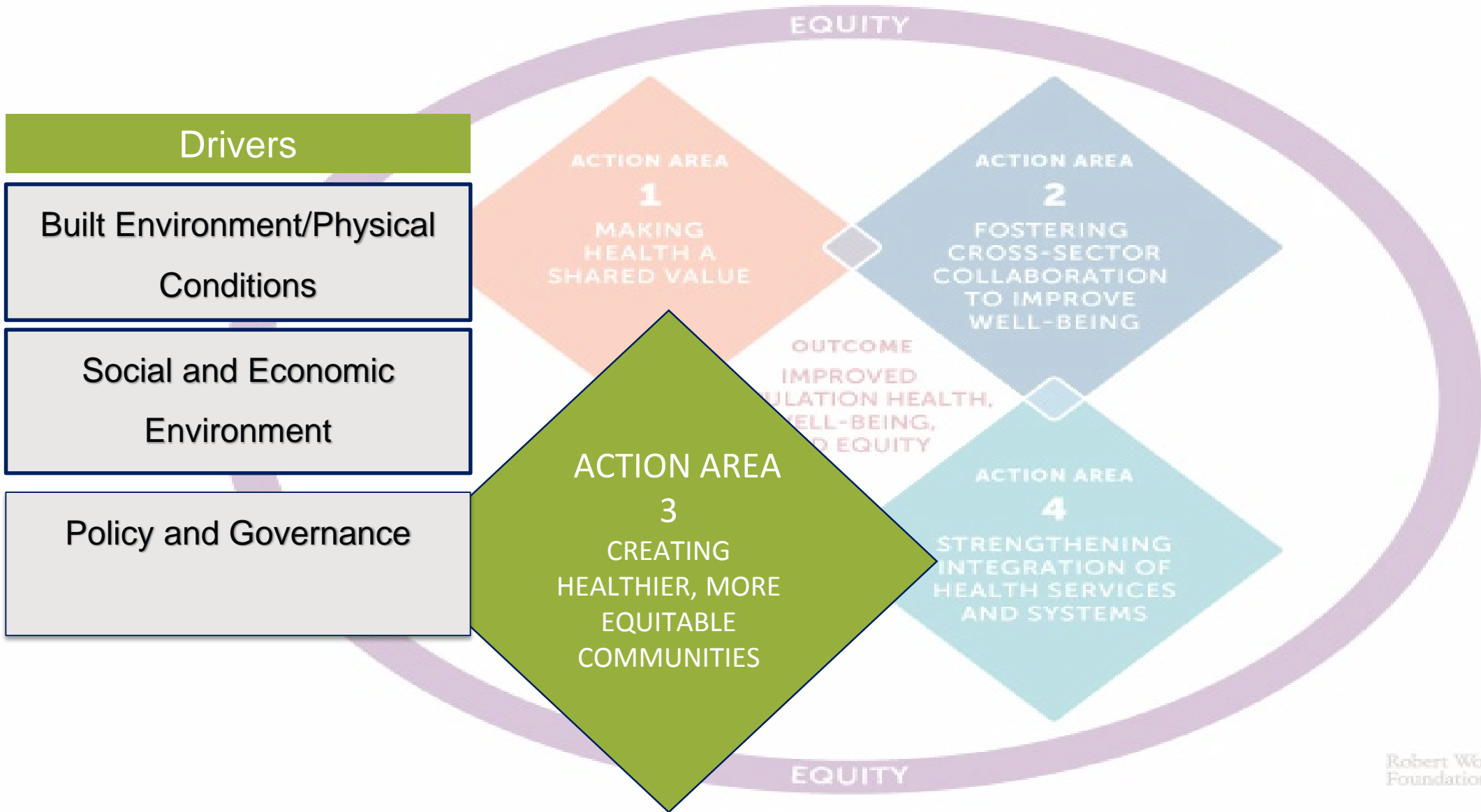
Source: Chandra, A., Acosta, J., Carman, K., Dubowitz, T., Leviton, L., Martin, L., Miller, C., Nelson, C., Orleans, T., Tait, M., Vivian, T., Douglas, T., Plough, A. (2016). Building a National Culture of Health: Background, Action Framework, Measures, and Next Steps. Retrieved from the RAND Corporation on June 10, 2016

http://www.rand.org/content/dam/rand/pubs/research_reports/RR1100/RR1199/RAND_RR1199.pdf

CULTURE OF HEALTH ACTION FRAMEWORK



CULTURE OF HEALTH ACTION FRAMEWORK



Creating Healthier More Equitable Communities

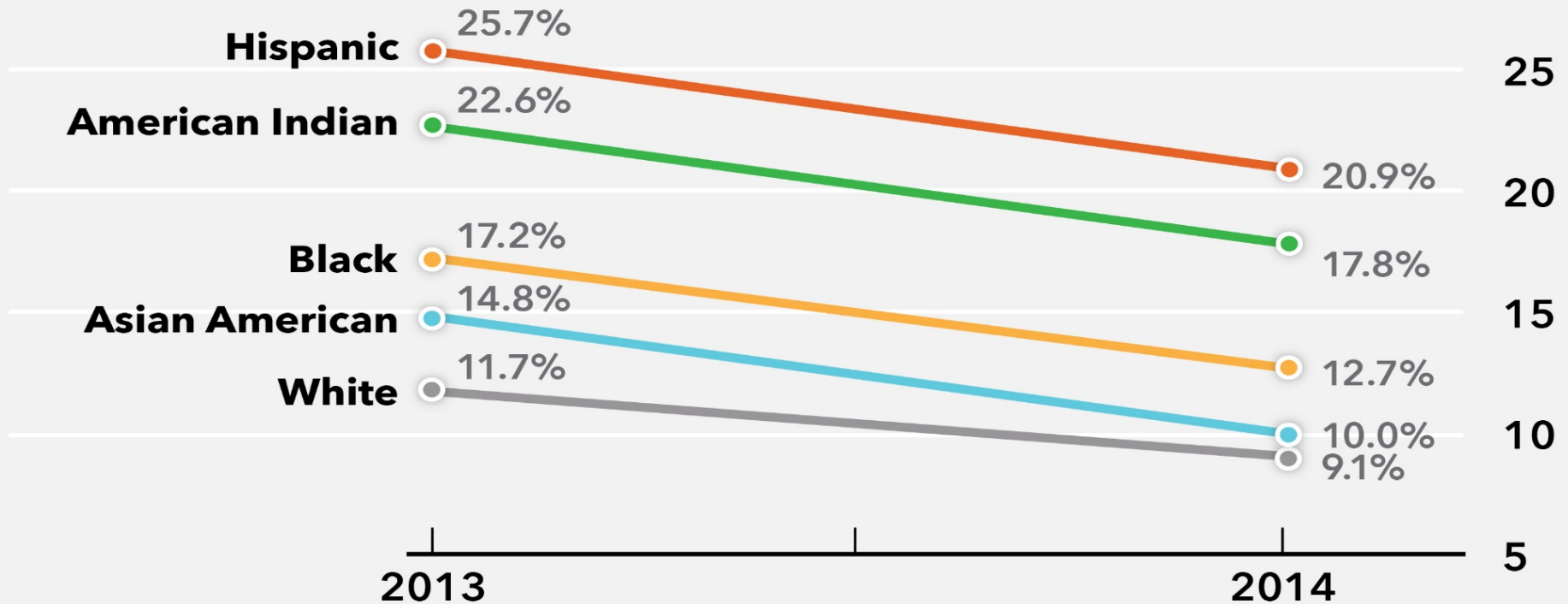
Healthy People 2020 defined a **health disparity** as: “. . . a particular type of health difference that is closely linked with economic, social, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Source: HealthyPeople.gov. Disparities [cited 2016 July 25]. Available from: URL: <http://www.healthypeople.gov/2020/about/disparities>

Example

Figure A. Percent of People Uninsured by Race, 2013 and 2014

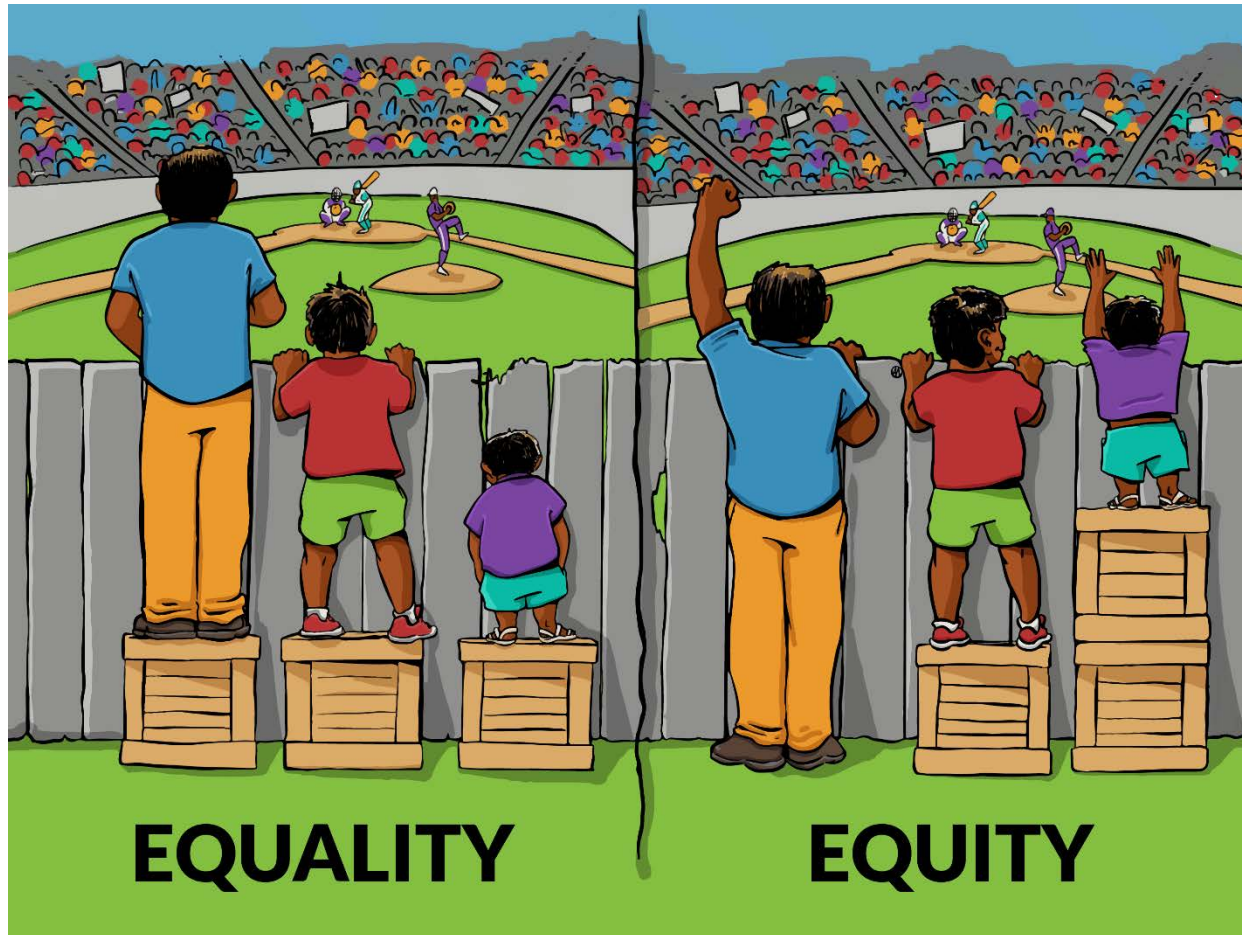
(Under 65 years old)



Note: All racial categories are single race and non-Hispanic except for "American Indian" which includes biracials, multiracials, and Hispanics.

Source: Current Population Survey, Annual Social and Economic Supplement, 2014 and 2015.

Creating Healthier More Equitable Communities



Health Equity is “striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health based on social conditions.”

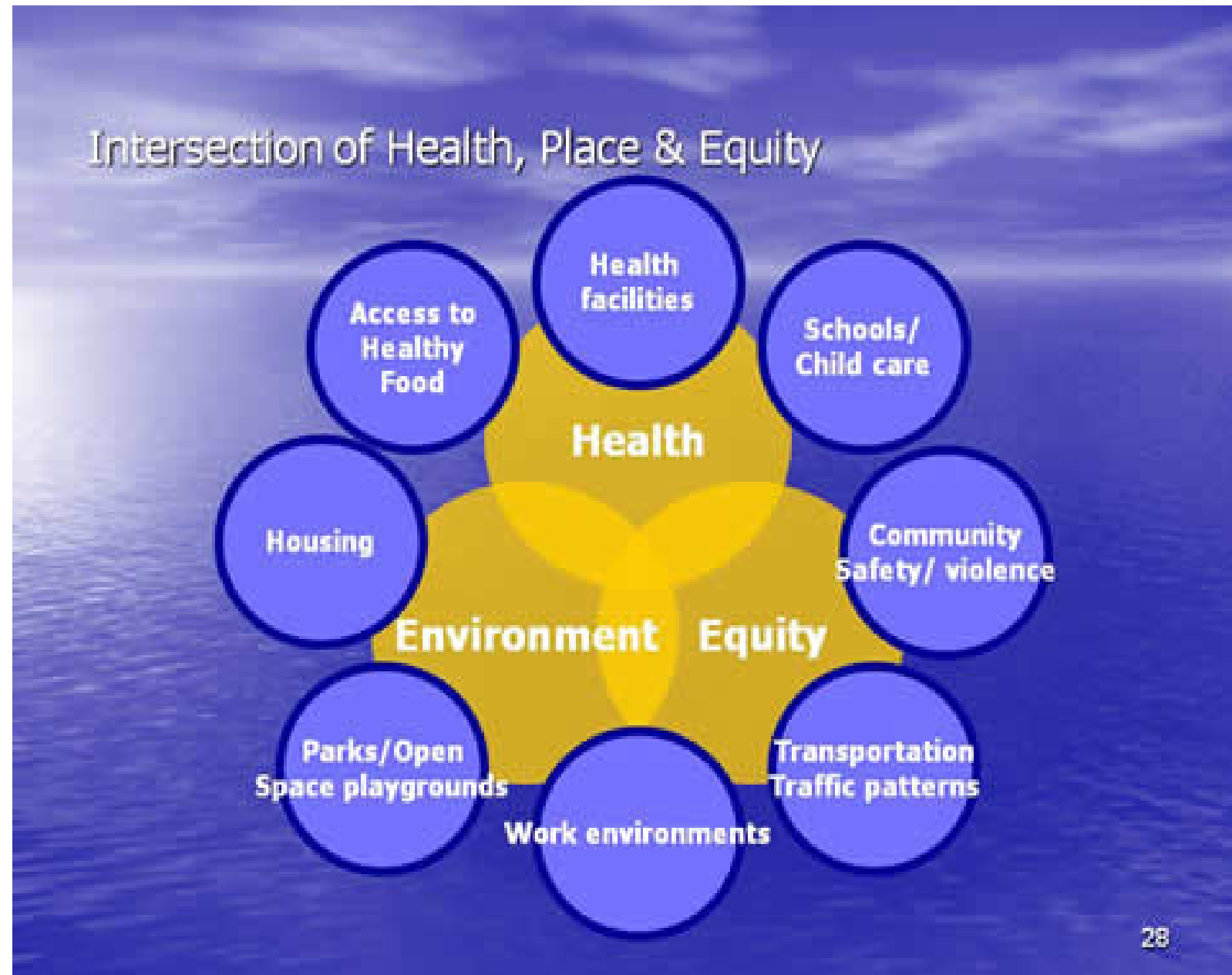
Source: Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, 129 (Suppl 2), 5-8.

Does place matter?

Yes. It does!

“The opportunity to move from a neighborhood with a high level of poverty to one with a low level of poverty was associated...with reductions in...extreme obesity and diabetes.”

New England Journal of Medicine, 2011



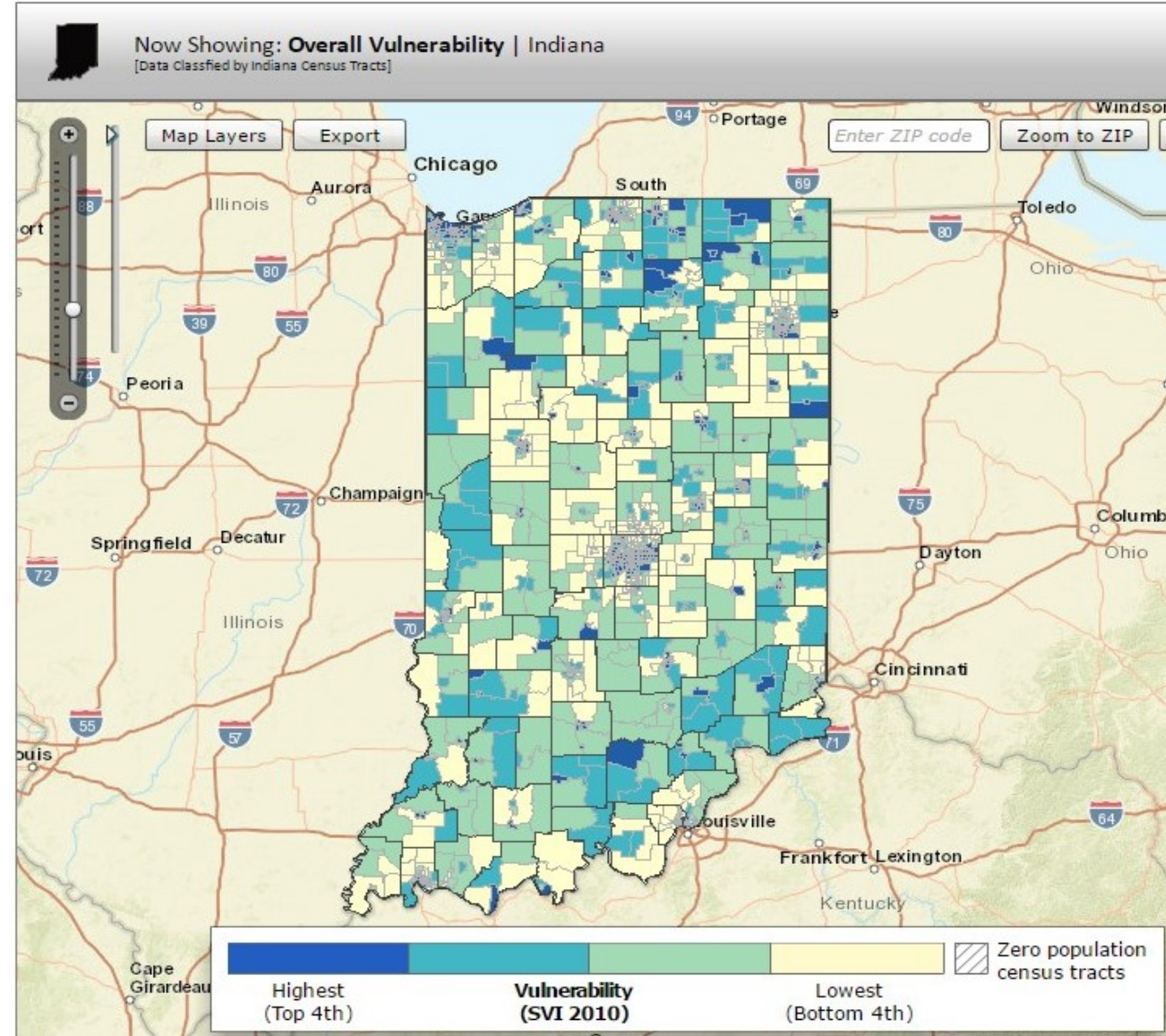
Factors Influencing Built Environment and Physical Conditions

Level	Factors
Individual	<ul style="list-style-type: none">• Preference for health options or location• Attitudes toward the physical environment (e.g., pride in place, use of services)
Organization/community	<ul style="list-style-type: none">• Investment in community design and planning• Advocacy for policies that support healthier options• Availability of options for employers or constituents
Decision environment/policies	<ul style="list-style-type: none">• Incentive programs for more “health-promoting” developments or practices• Regulations or guidelines for environments that are health-promoting



Social Vulnerability Index (SVI) Mapping Dashboard

SVI Year: SVI 2010
Theme: Overall Vulnerability
State: Indiana



Factors Influencing Social and Economic Environment

Level	Factors
Individual	<ul style="list-style-type: none">• Participation in social and health-promoting activities, employment training programs, or economic development programs
Organization/community	<ul style="list-style-type: none">• Supportive wellness policies• Availability of social options that promote health/avoid health risk
Decision environment/policies	<ul style="list-style-type: none">• Policies that reduce health risk behaviors (e.g., anti-smoking legislation)• Job training, other employment policies• Earned income tax credit policies

Creating Healthier and More Equitable Communities

PART 1

Objectives:

1. The built environmental conditions that affect health
2. The social and economic factors that affect health

Jackson County



Jackson County is a dynamic Southern Indiana community concerned about the health and welfare of all its residents.

Today's agenda

1. Jackson County data profile and overview of the community collaborative
2. Factors to health in Jackson County, Indiana as determined from a community health assessment
3. Chronic disease profile
4. Economic, social and environmental impacts
5. Data use over 10 years
6. Process for developing the community health improvement plan
7. Preview of part 2 presentation



Jackson County, Indiana

2015 COMMUNITY HEALTH ASSESSMENT

Jackson County Health Department

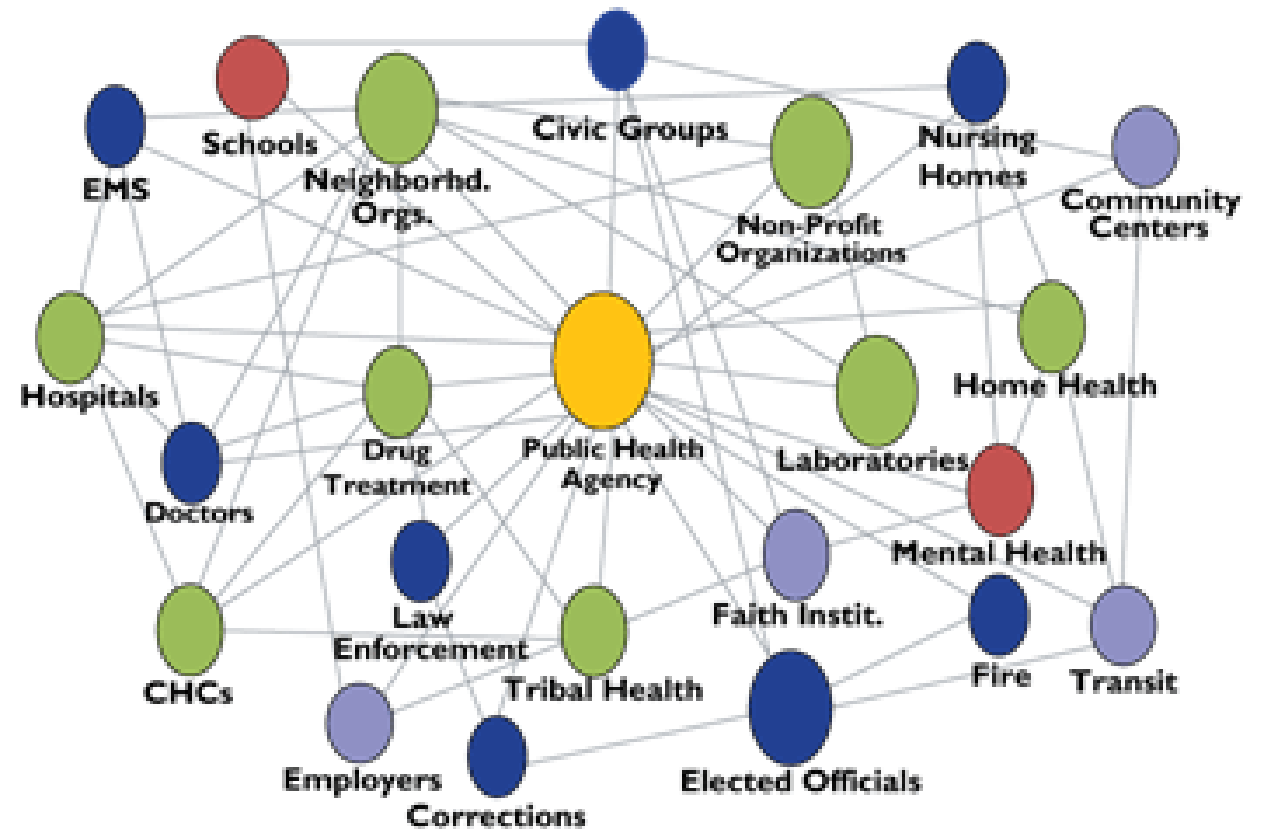
Goals of a Community Health Assessment

- Document indicators of health specific for Jackson County
- Identify community strengths
- Identify populations with unmet health needs
- Identify topics of concern
- Foster a collaborative process to mobilize residents of Jackson County to address these chronic and emerging issues

This will allow Jackson County residents to sharpen their focus on health by prioritizing concerns, making evidence-based decisions for resource allocation and services, and broadening the awareness of public health.

The Public Health System

The mission of Jackson County Health Department is to protect public health and the environment in which we live, recognizing that the practice of public health is vital to all individuals and collective well-being. We will achieve the best achievable scope and quality of health services for the citizens of Jackson County via provisions of services, education and the explanation of health care regulations. We will strive to achieve satisfactory compliance with state and local laws.



Centers for Disease Control and Prevention. 2014, October, 31. cdc.gov: National Public Health Performance Standards (NPHPS). Retrieved from <http://www.cdc.gov/nphsp/essentialservices.html>

Community Partners

Schneck Medical Center and Foundation

School Systems

Jackson County Health Department

Child Care Network

Indiana Health Center

Mental Health Providers

Industry

Domestic Violence

Law Enforcement

Wellness Clinics

Urgent Cares

WIC

IU School of Public Health

Positive Link: HIV testing

Family Drug

Clarity: Pregnancy Care Center

ESF8

Jackson County



Leading Health Indicators

The U.S. Department of Health and Human Services published the 2020 Leading Health Indicators. They are organized under these 12 topics:

- Access to Health Services
- Clinical Preventative Services
- Environmental Quality
- Injury and Violence
- Maternal, Infant, and Child Health
- Mental Health
- Nutrition, Physical Activity, and Obesity
- Oral Health
- Reproductive and Sexual Health
- Social Determinants
- Substance Abuse
- Tobacco

Jackson County



Clinical Health Indicators

- Access to Health Services
- Clinical Preventative Services
- Maternal, Infant, and Child Health
- Nutrition, Physical Activity, and Obesity
- Oral Health
- Reproductive and Sexual Health

Prioritized findings of information gathered/Define community needs

Findings from the community survey and focus groups indicate that residents of Jackson County are most concerned about these topics:

1. Mental Health and Addiction
2. Access to healthcare
3. Cancer Care
4. Obesity
5. Heart Disease
6. Health and Wellness Education
7. Teen Pregnancy

Jackson County



Demographics

Demographics are the identifying factors of a group of people and may include age, race, ethnicity, income, and marital status.

Identifying demographic information can help researchers understand population needs and predict future growth and change.

Note: For questions regarding race and ethnicity reporting the reader is referred to the U.S. Census Bureau.

Largest Cities and Towns

Name	Population in 2013	Percent of County
Seymour	18,866	43.4%
Brownstown	2,992	6.9%
Crothersville	1,605	3.7%
Medora	691	1.6%

Stats.Indiana.edu (2014). Retrieved from:
http://www.stats.indiana.edu/profiles/profiles.asp?scope_choice=a&county_changer=18071&button1=Get+Profile&id=2&page_path=Area+Profiles&path_id=11&panel_number=1

Jackson County Population and Land (2013)

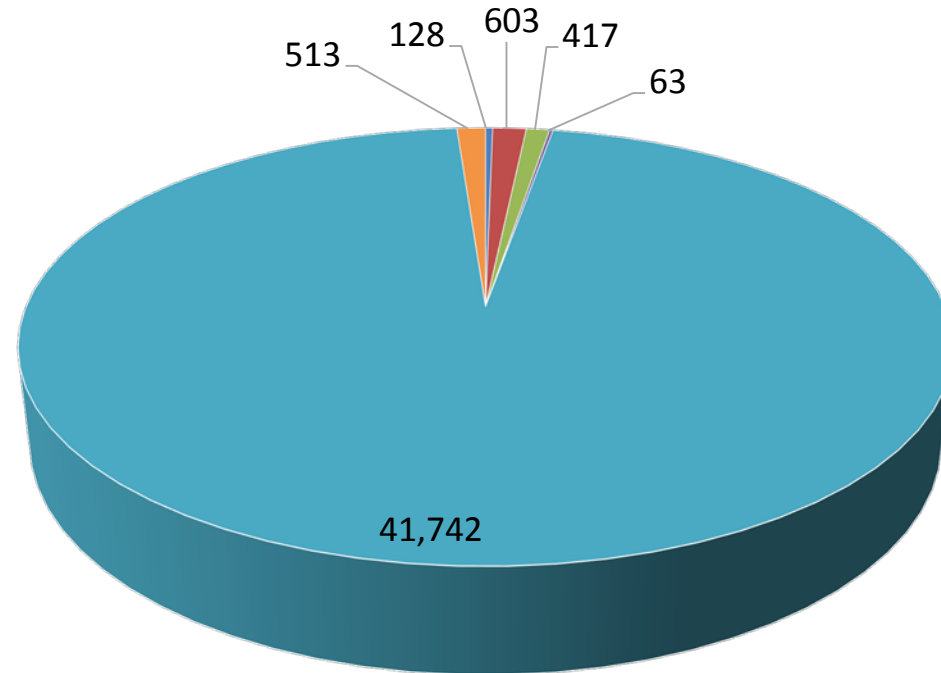
	Jackson	Indiana
Total population	43,466	6,570,902
Percent population change (2010 to 2013)	2.6%	1.3%
Total households	16,713	2,481,793
Persons per household	2.52	2.55

Stats America (2014). US counties in profile. Retrieved from: http://www.statsamerica.org/profiles/us_profile_frame.h

Census Data, 2013 estimates

	Jackson County	Indiana
Housing Units	18,313	2,809,477
Homeownership rates	73.0%	70.0%
Housing units in multi-unit structures	12.5%	18.5%
Median value of owner occupied housing units	\$117,100	\$122,800
Median selected monthly owners cost – with a mortgage (2009-2013)	\$1,015	\$1,134
Median gross rent (2009-2013)	\$686	\$730
Per capita money income in past 12 months	\$22,568	\$24,635
Median household income	\$46,501	\$48,248
Persons below poverty level	13.0%	15.4%

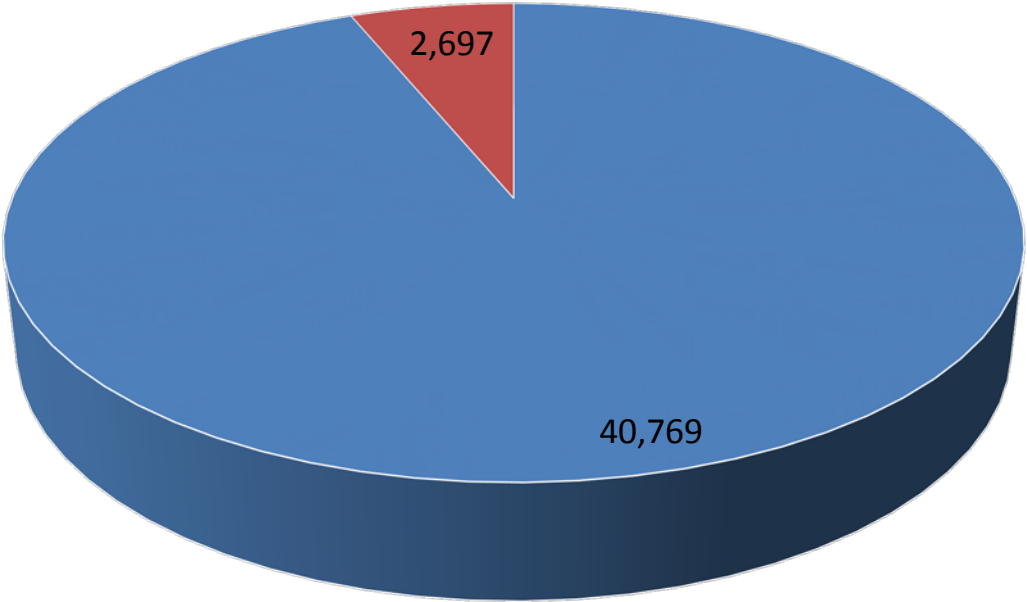
Population Distribution in Jackson County, 2013 Estimate, Total Numbers



- American Ind. or Alaskan Native Alone (128)
- Asian Alone (603)
- Black Alone (417)
- Native Hawaiian and Other Pac. Isl. Alone (63)
- White Alone (41,742)
- Two or More Race Groups (513)

Stats.Indiana.edu (2014). US Census Bureau. Retrieved from:
http://www.stats.indiana.edu/uspr/a/us_profile_frame.html

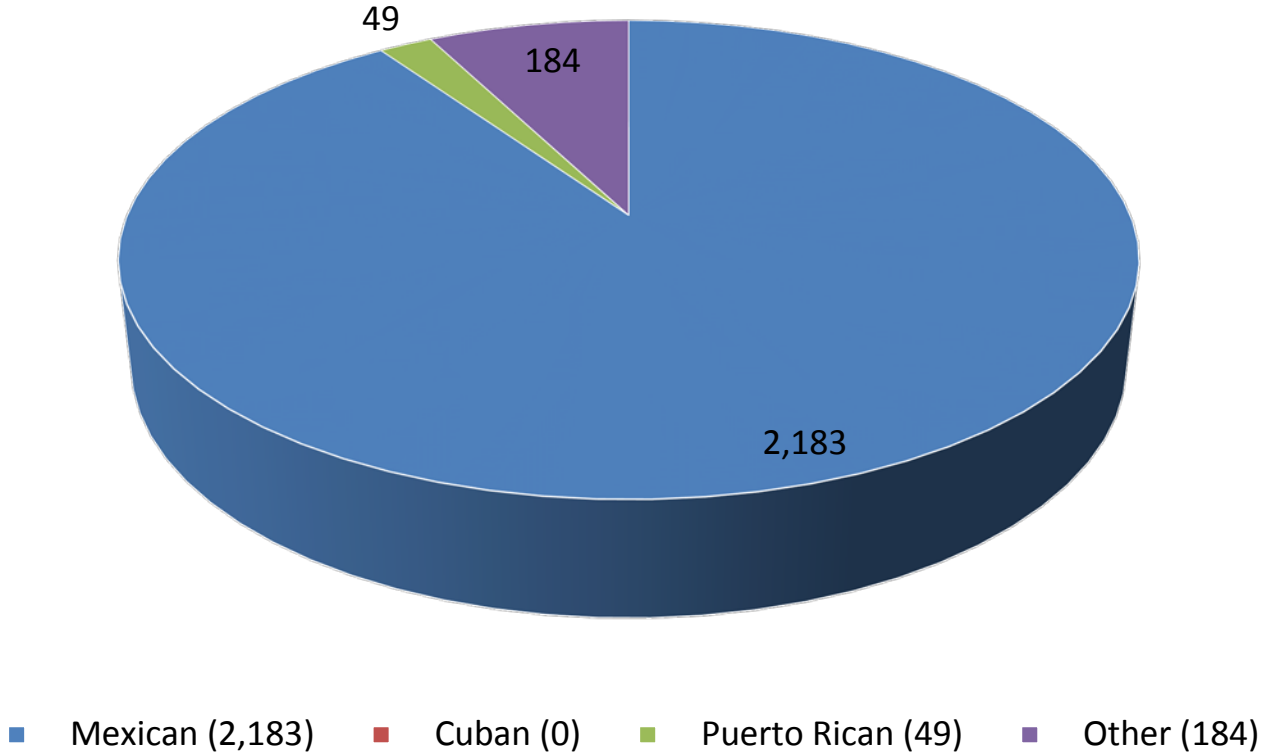
Non-Hispanic and Hispanic Populations, 2013 Estimate, Total Numbers



■ Non-Hispanic or Latino (40,769) ■ Hispanic or Latino (2,697)

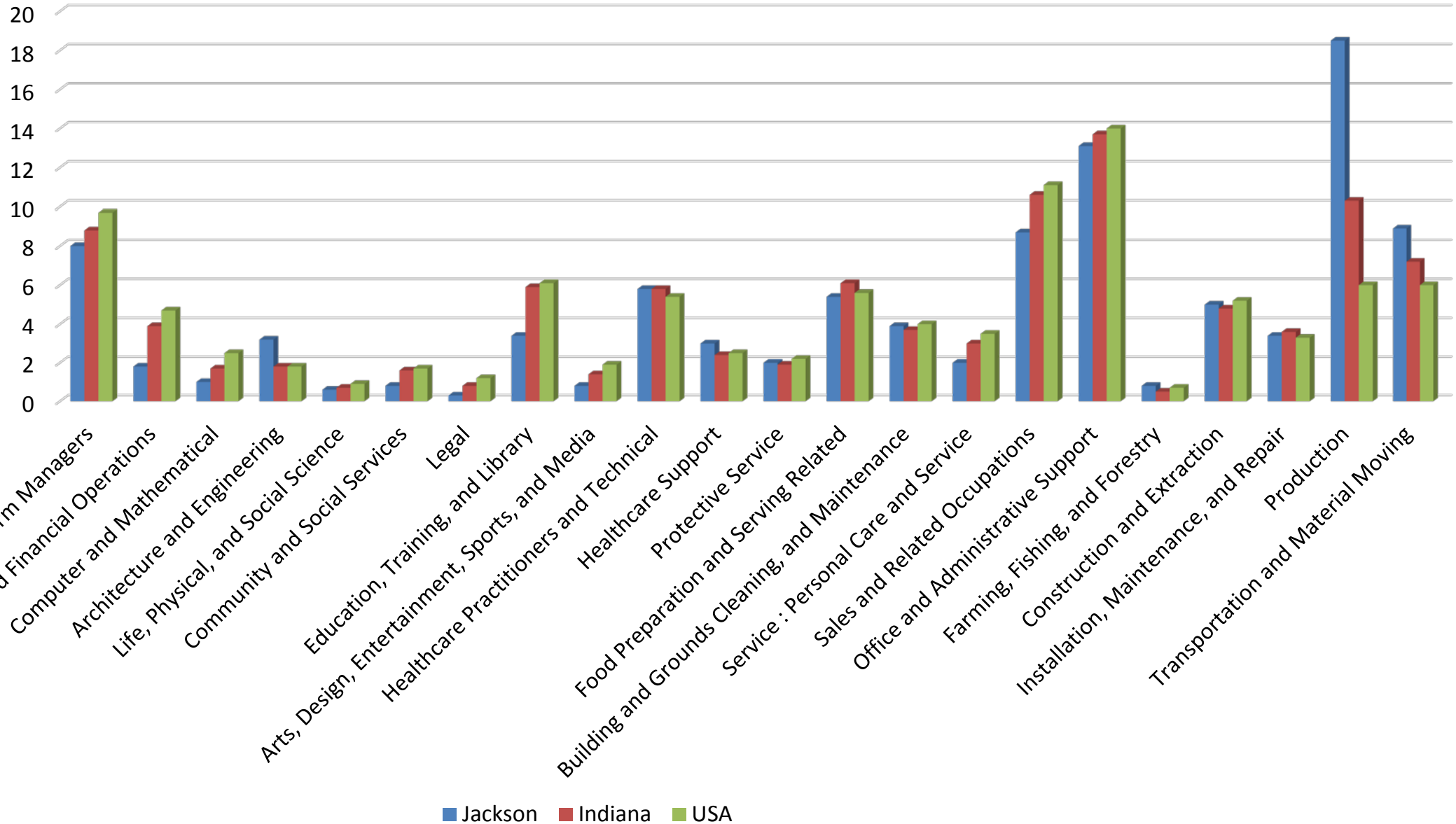
Stats.Indiana.edu (2014). US Census Bureau. Retrieved from: http://www.stats.indiana.edu/uspr/a/us_profile_frame.html

Hispanic Population, 2012 Estimate, Total Numbers

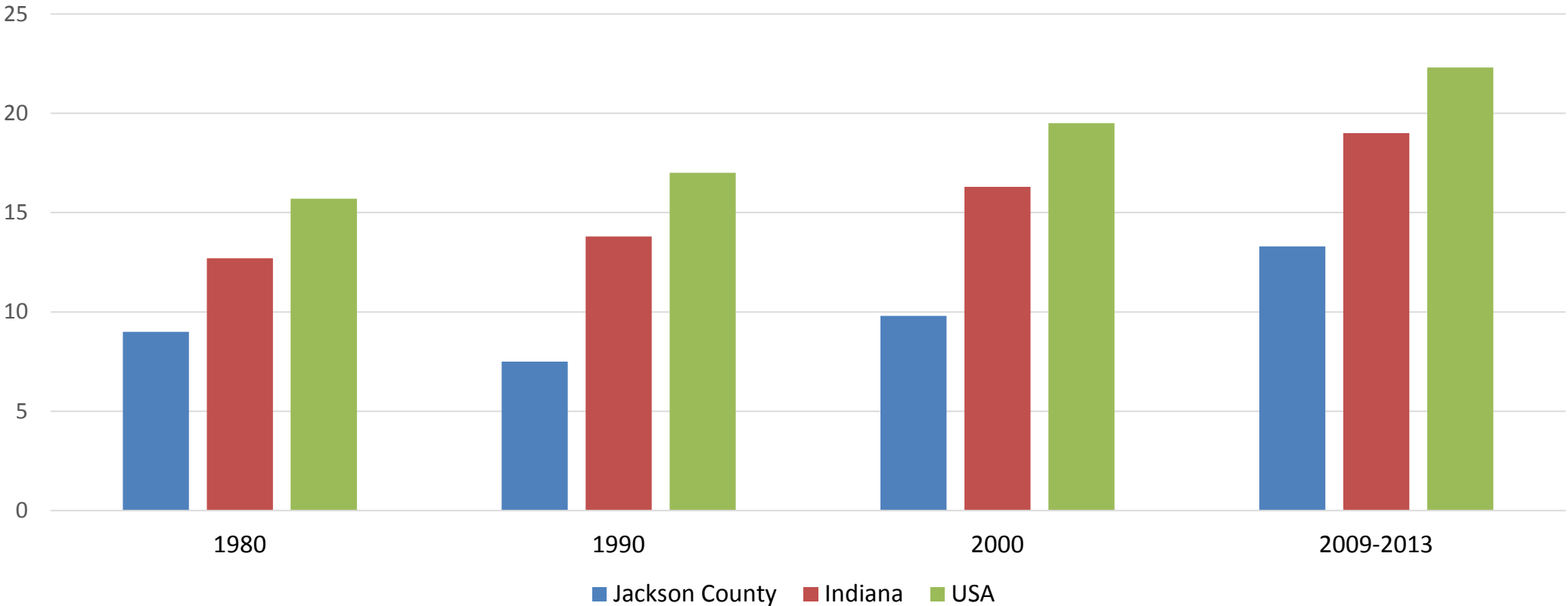


Stats.Indiana.edu (2014). US Census Bureau. Retrieved from: http://www.stats.indiana.edu/uspr/a/us_profile_frame.html

Estimated Employed Population, Age 16+, 2014 Estimate

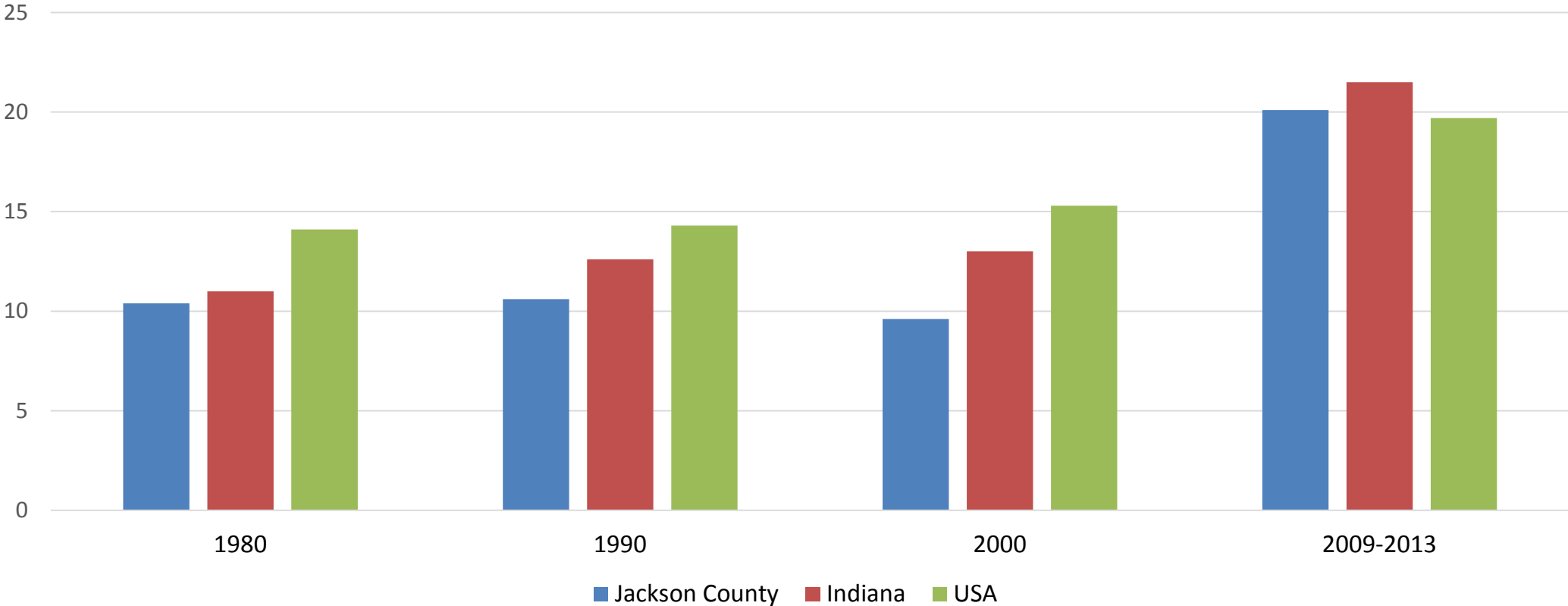


Percent of Population Age 18-34 with Bachelor's Degree or Higher (2009-2013)



US Census Bureau (2014). Young Adults Then and Now.
Retrieved from <http://www.census.gov/censusexplorer/censusexplorer-youngadults.html>

Percent of Population Age 18-34 Living in Poverty (2009-2013)

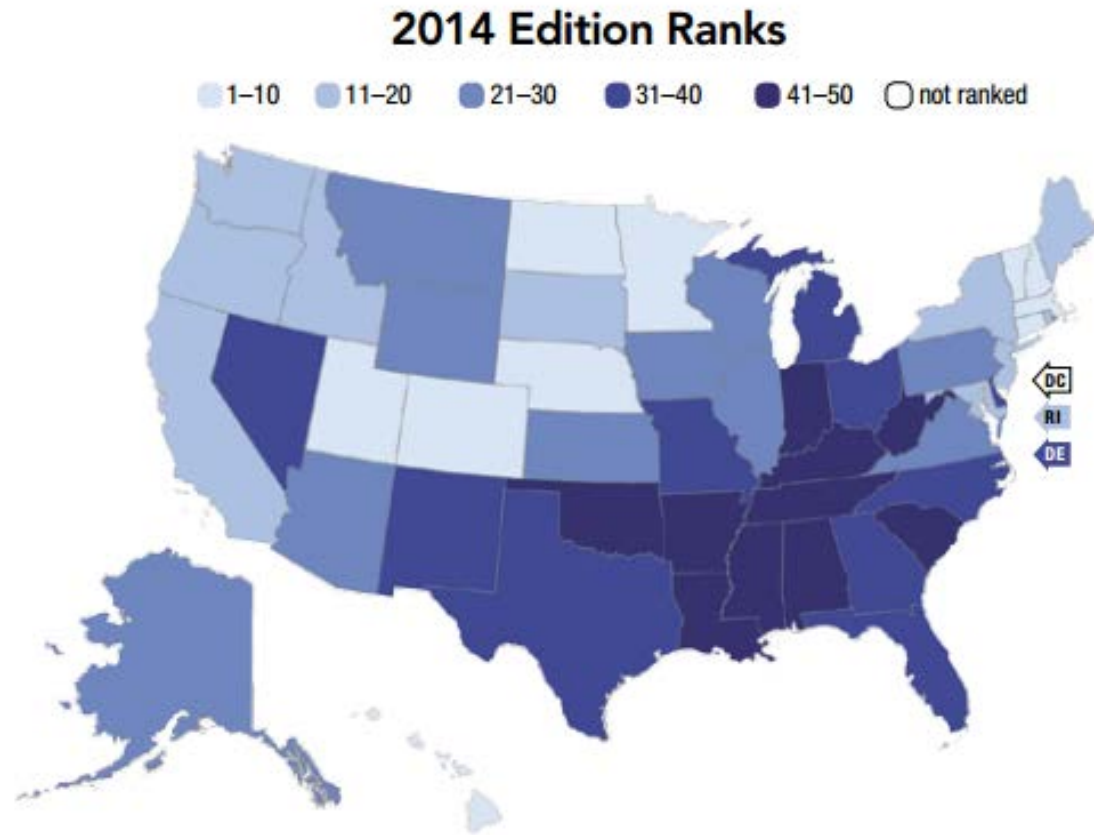


US Census Bureau (2014). Young Adults Then and Now.
Retrieved from <http://www.census.gov/censusexplorer/censusexplorer-youngadults.html>

Indiana Health Indicators

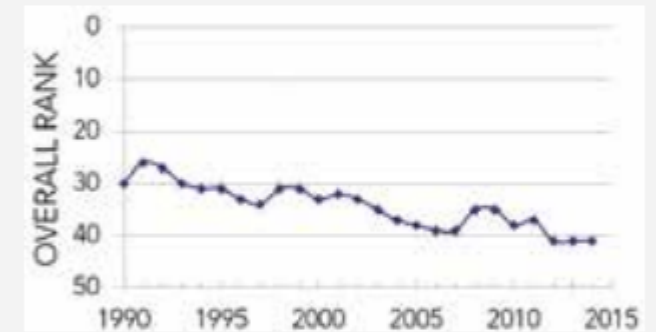
STATEWIDE

2014 State Health Rankings



Overall Rank: 41

Change: no change
Determinants Rank: 39
Outcomes Rank: 41






Strengths:



- Low incidence of infectious disease
- Low percentage of children in poverty
- High immunization coverage among teens






Challenges:

- High prevalence of obesity
- High prevalence of physical inactivity
- High levels of air pollution

Health Indicators Ranking (2014), Indiana as a Whole

Indicator	Rank (1: most favorable; 50: least favorable)
Air Pollution	48 
Binge Drinking	16
Cancer Deaths	42 
Cardiovascular Deaths	39
Children in Poverty	13
Chlamydia	29
Cholesterol Check	31
Dental Visits, Annual	34
Dentists, Number of Practicing	42 
Diabetes	39
Disparity in Health Status	13
Drug Deaths	35
Fruits Consumed	33
Heart Attack	39

Indicator	Rank (1: most favorable; 50: least favorable)
Heart Disease	28
High Blood Pressure	33
High Cholesterol	37
High Health Status	38
High School Graduation	27
Immunizations, Adolescents	7 
Immunizations, Children	33
Income Disparity	16
Infant Mortality	39
Insufficient Sleep	31
Lack of Health Insurance	28
Low Birth Weight	21
Obesity	42 
Occupational Fatalities	34
Personal Income, Per Capita	39

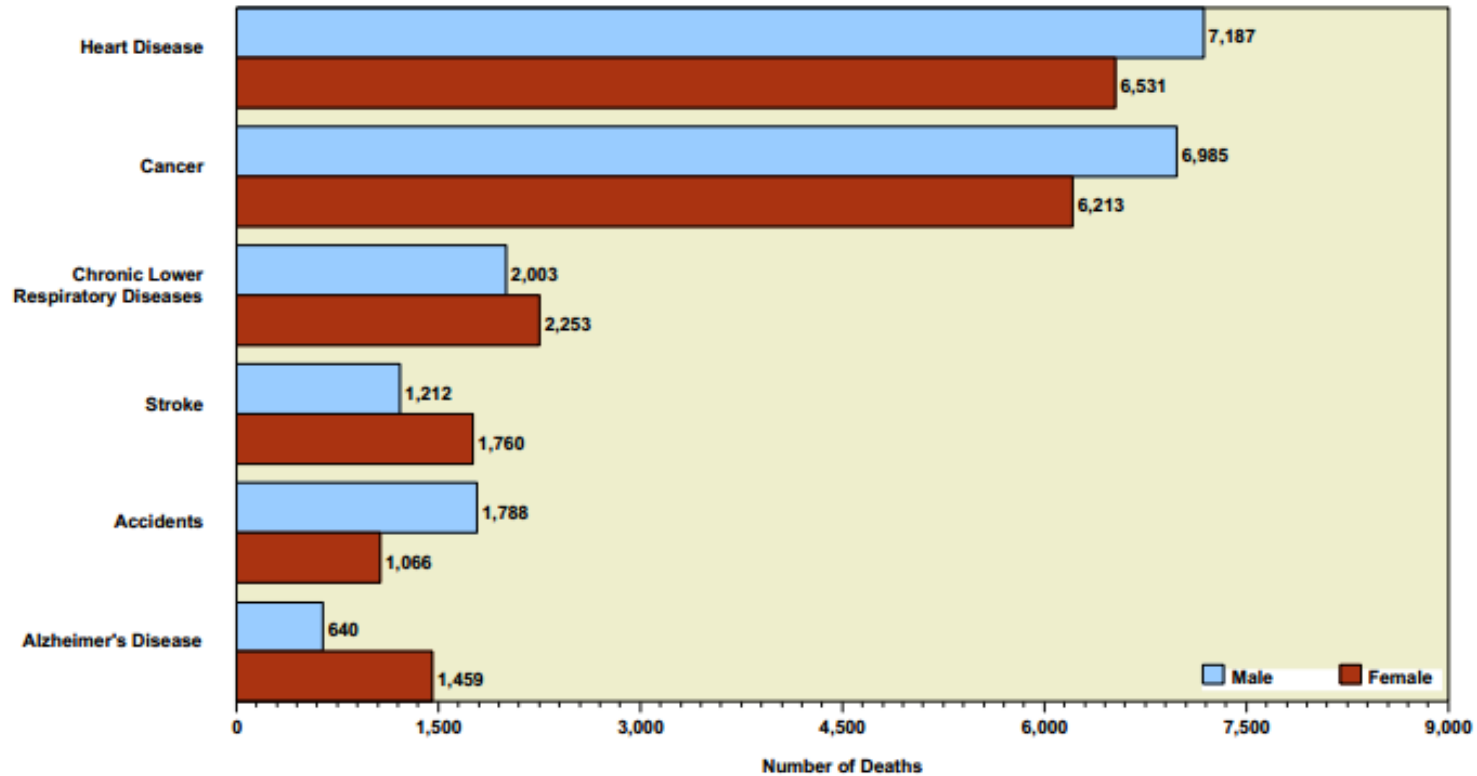
Indicator	Rank (1: most favorable; 50: least favorable)
Pertussis	17
Physical Activity	43 
Physical Inactivity	43 
Poor Mental Health Days	40 
Poor Physical Health Days	30
Premature Death	39
Preterm Birth	20
Preventable Hospitalizations	41 
Primary Care Physicians	37
Public Health Funding	47 
Salmonella	14
Smoking	39
Stroke	32
Suicide	26

Indicator	Rank (1: most favorable; 50: least favorable)
Teen Birth Rate	32
Underemployment Rank	25
Vegetables	38
Violent Crime	26

Figure 1

Leading Causes of Death

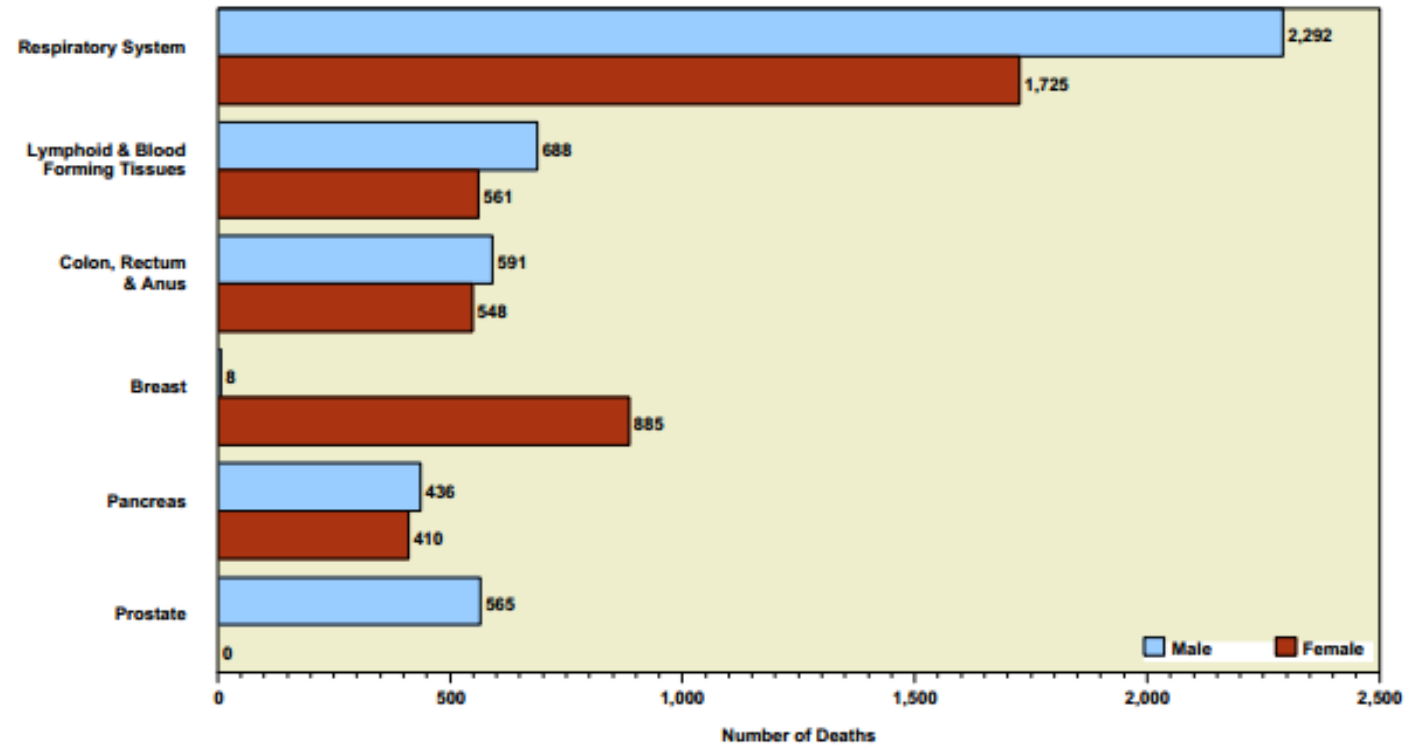
Total Population, by Sex: Indiana Residents, 2013



This figure was run on February 5, 2015.

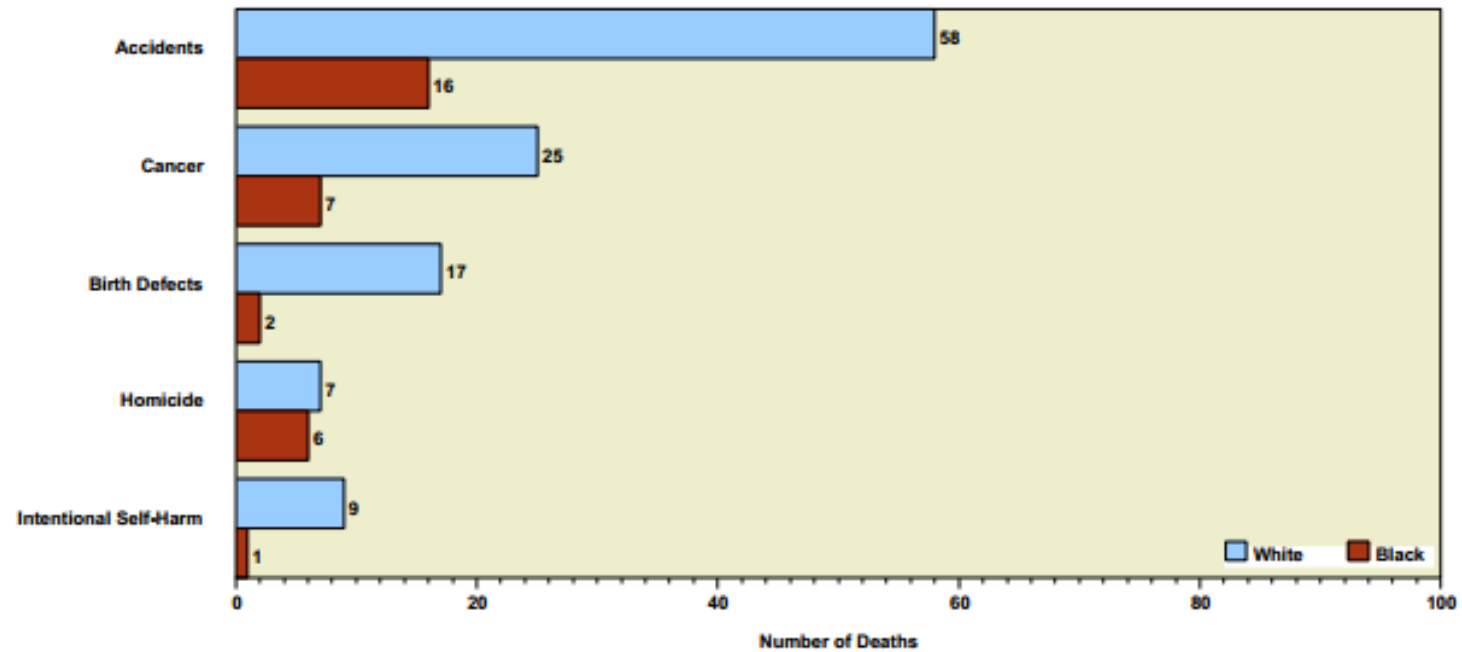
Figure 4

Deaths by Leading Cancer Sites Total Population, by Sex: Indiana Residents, 2013



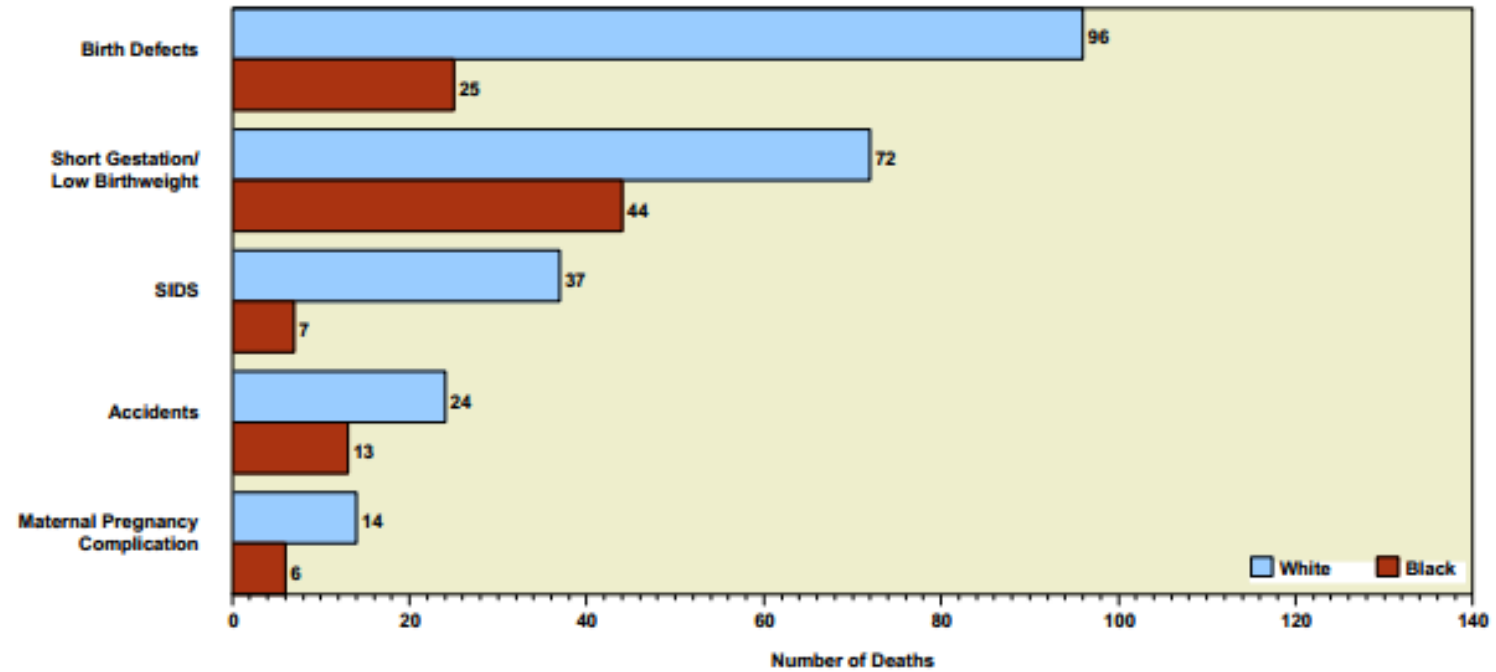
This figure was run on February 5, 2015.

Leading Causes of Death Ages 1-14, by Race: Indiana Residents, 2013



This figure was run on February 5, 2015.

Leading Causes of Death Under Age 1, by Race: Indiana Residents, 2013

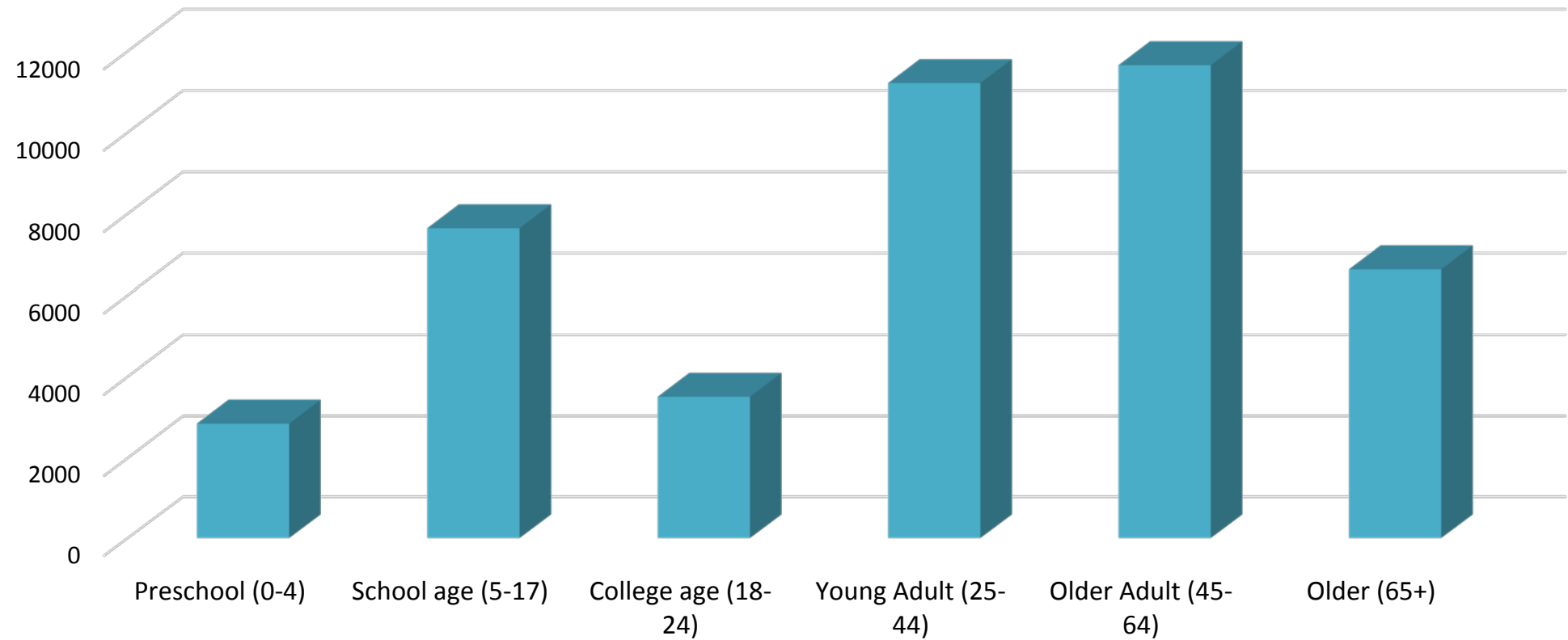


This figure was run on February 5, 2015.

Demographic Shifts

PLANNING FOR THE FUTURE

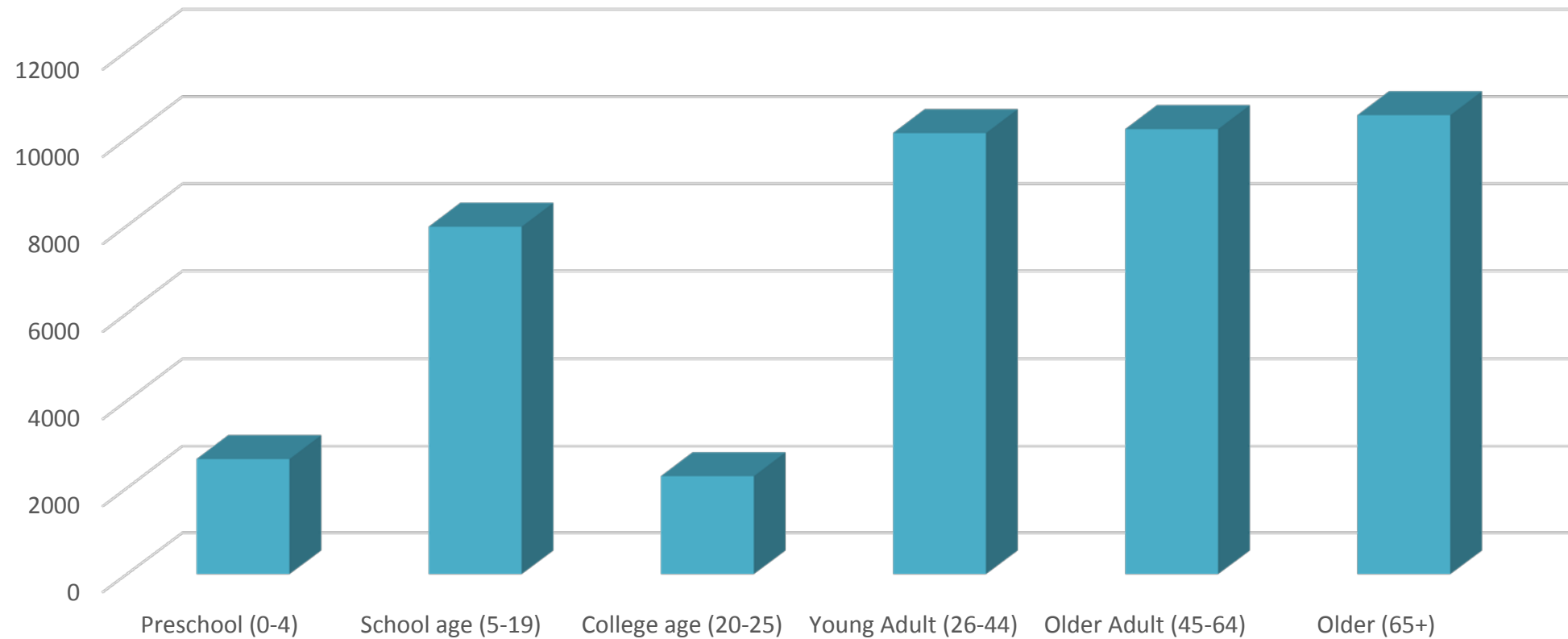
Age Distribution, 2013 Estimate



Median Age: 39.0 (Indiana median age: 37.4)

Stats.Indiana.edu (2014). US Census Bureau. Retrieved from: http://www.stats.indiana.edu/uspr/a/us_profile_frame.html

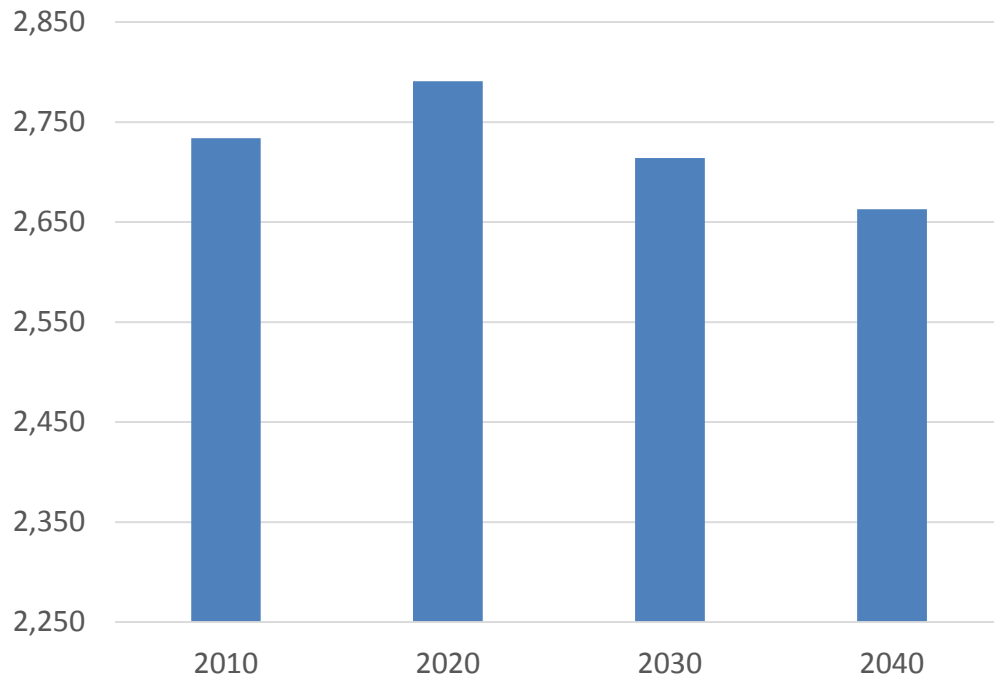
Age Distribution, 2040 Estimate



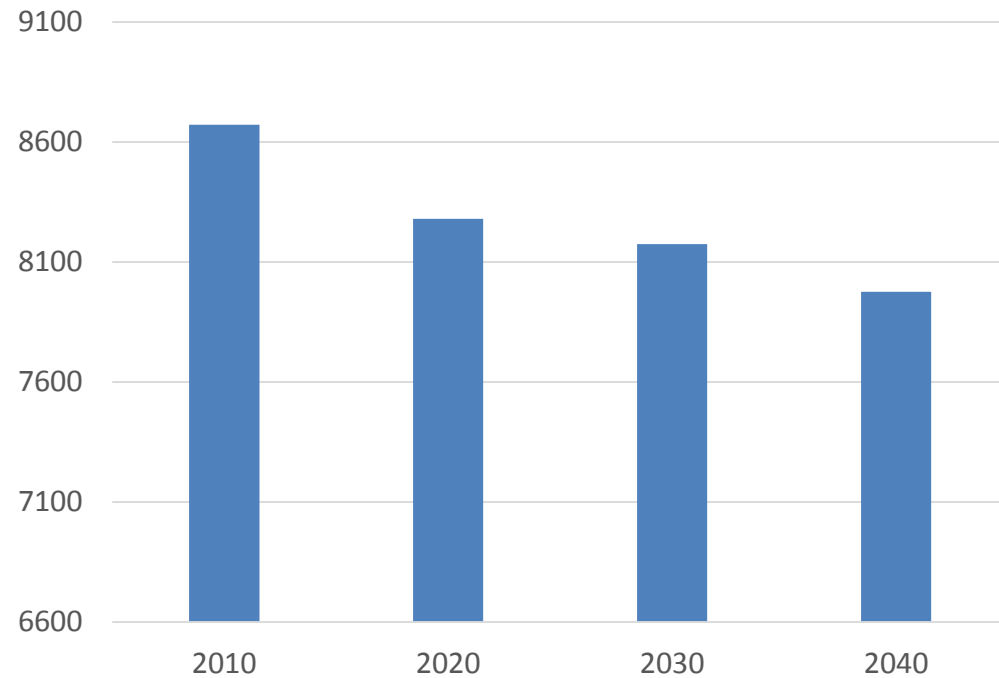
Stats Indiana (2014). Indiana Population Projections. Retrieved from: http://www.stats.indiana.edu/pop_proj/

Population Projections, Trends in Age Groups

AGE 0-4

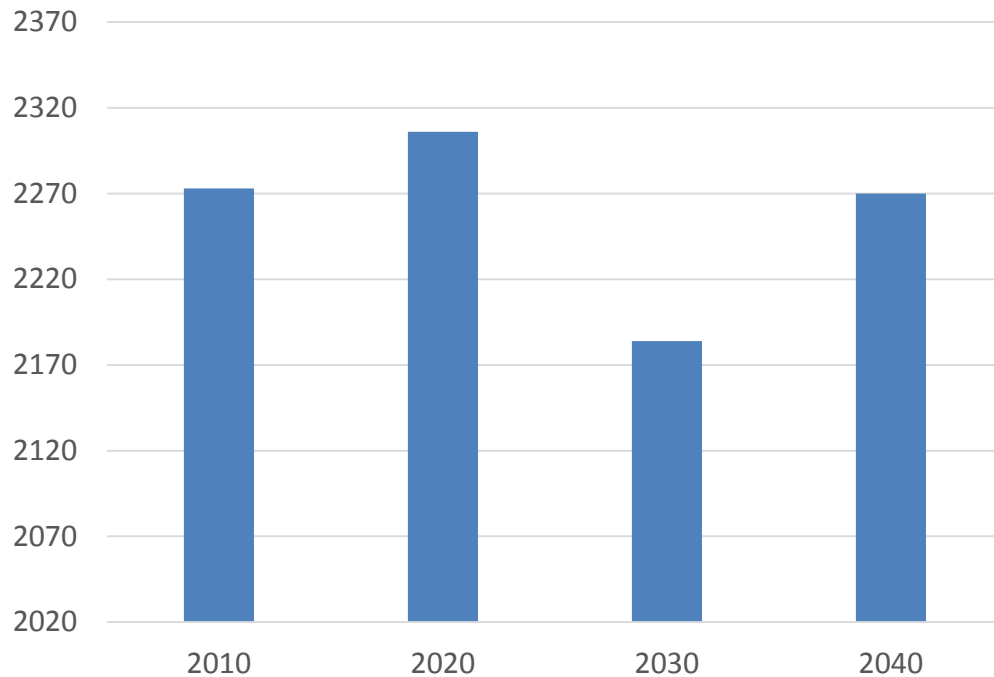


AGE 5-19

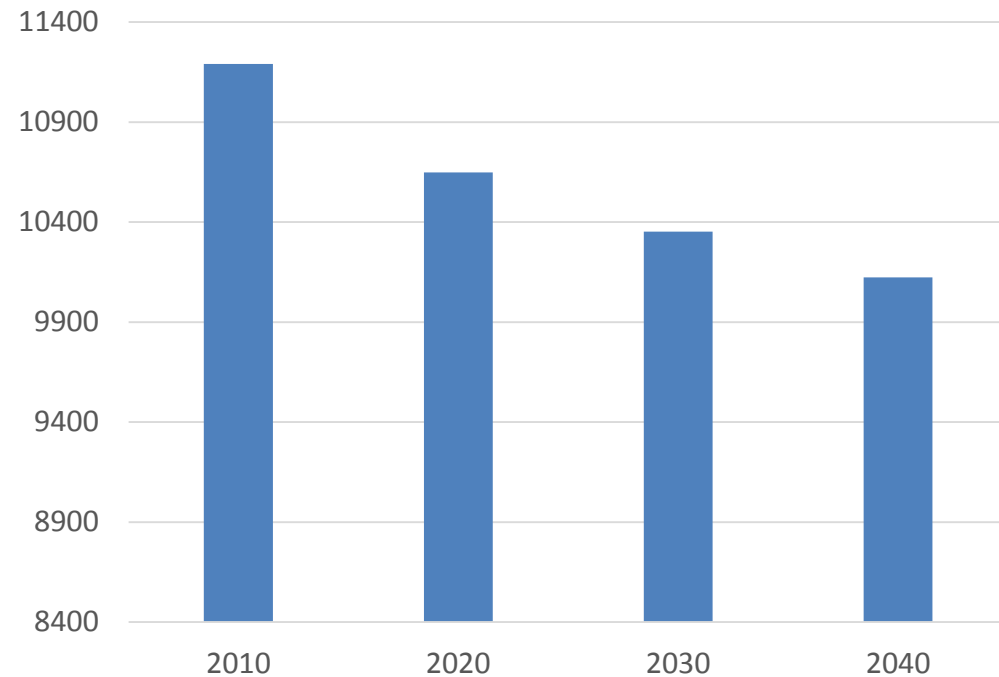


Population Projections, Trends in Age Groups

COLLEGE AGE: 20-24

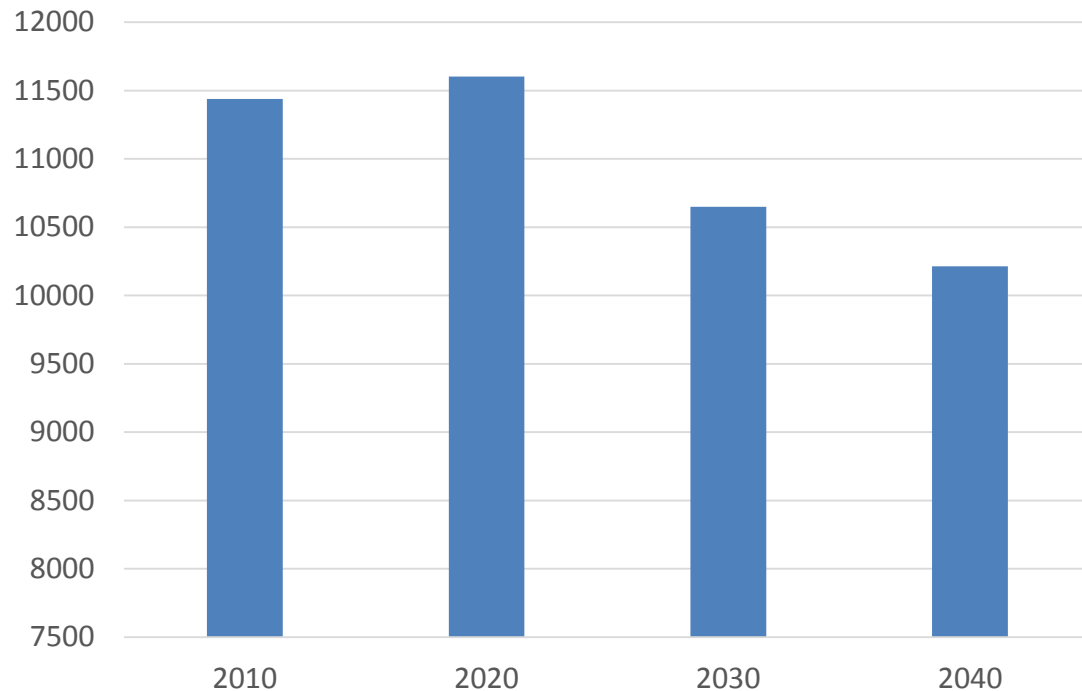


YOUNG ADULT: 25-44

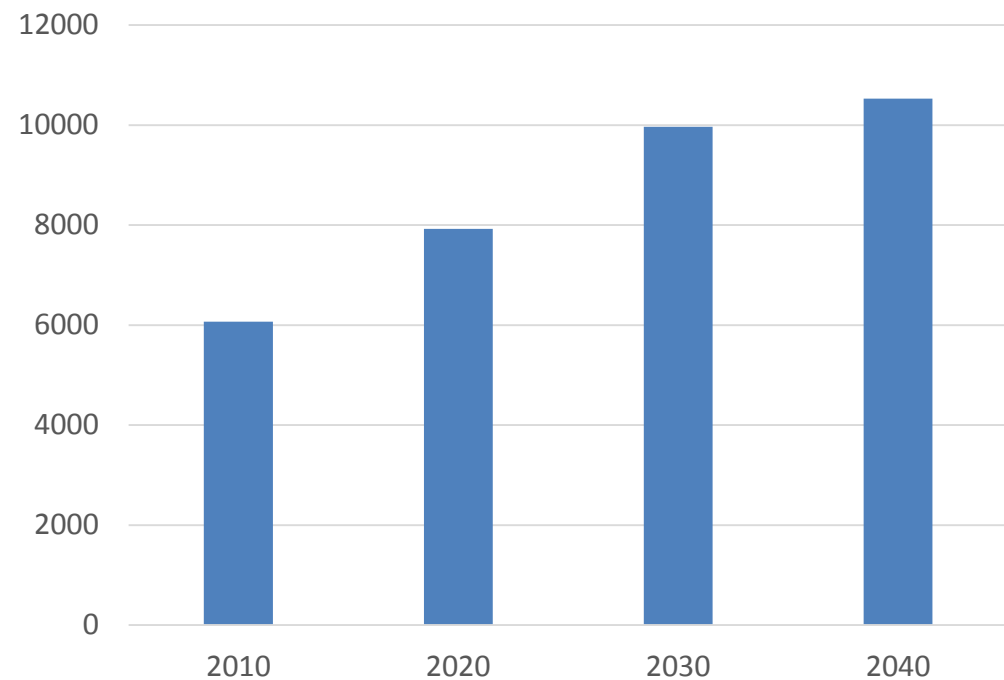


Population Projections, Trends in Age Groups

OLDER ADULTS: 45-64



SENIORS 65+



Protective Factors

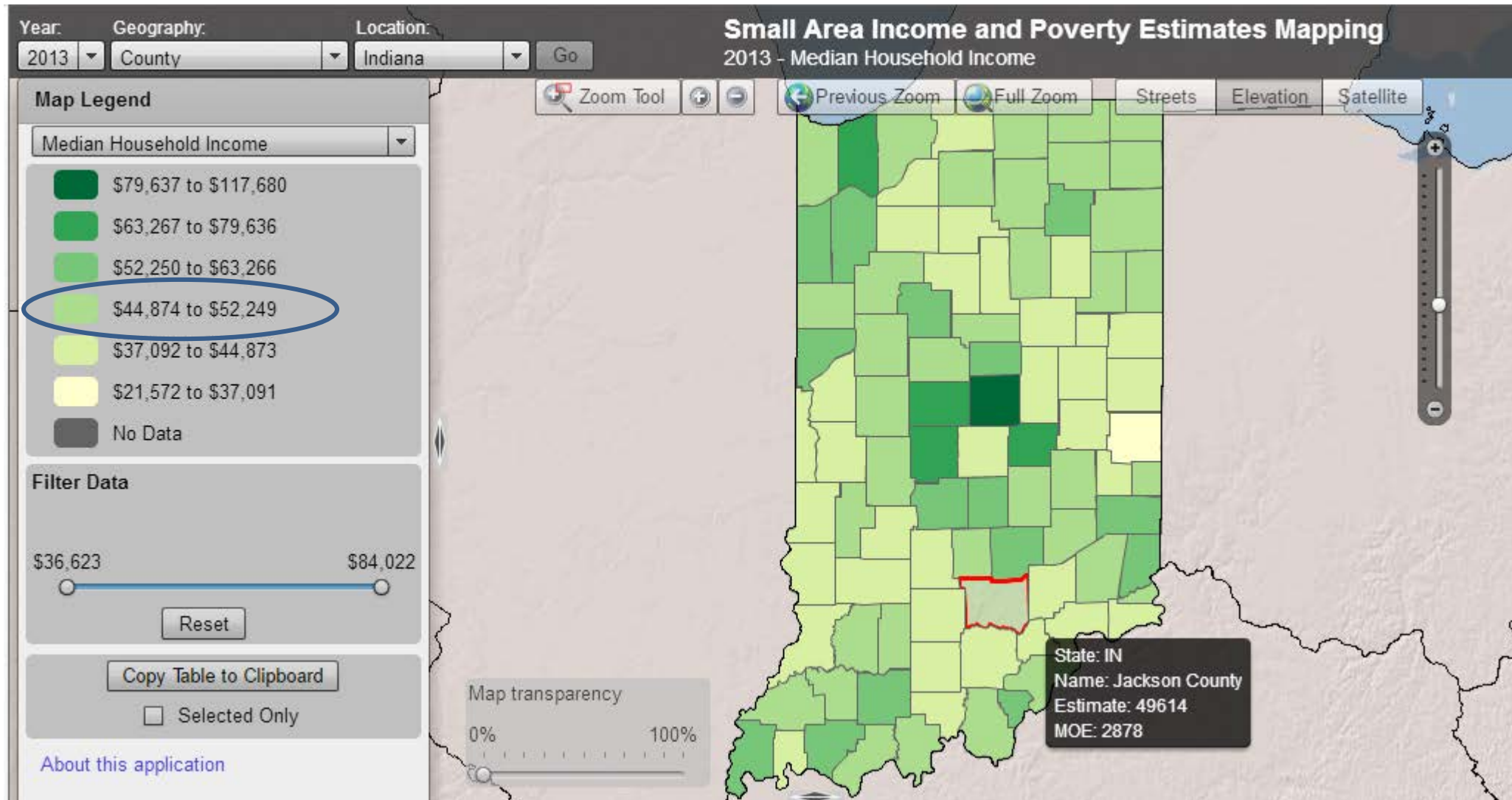
	Jackson County	Indiana
Churches	40	7,048
Youth Serving Agencies	5	843
Public Schools	14	1,855
Non-Public Schools	11	869
All Schools	25	2,724
Main Library	2	238
Branch Library	2	197

IPRC (2015). Protective factors by county. Retrieved from:
http://www.drugs.indiana.edu/main/GIS_table.php?page_group=41&tablename=Table4.1&cp_num=10&county=36

Economic Data

A SOCIAL DETERMINANT OF HEALTH

Median Household Income Comparison (2013)



Unemployment Data, 2013

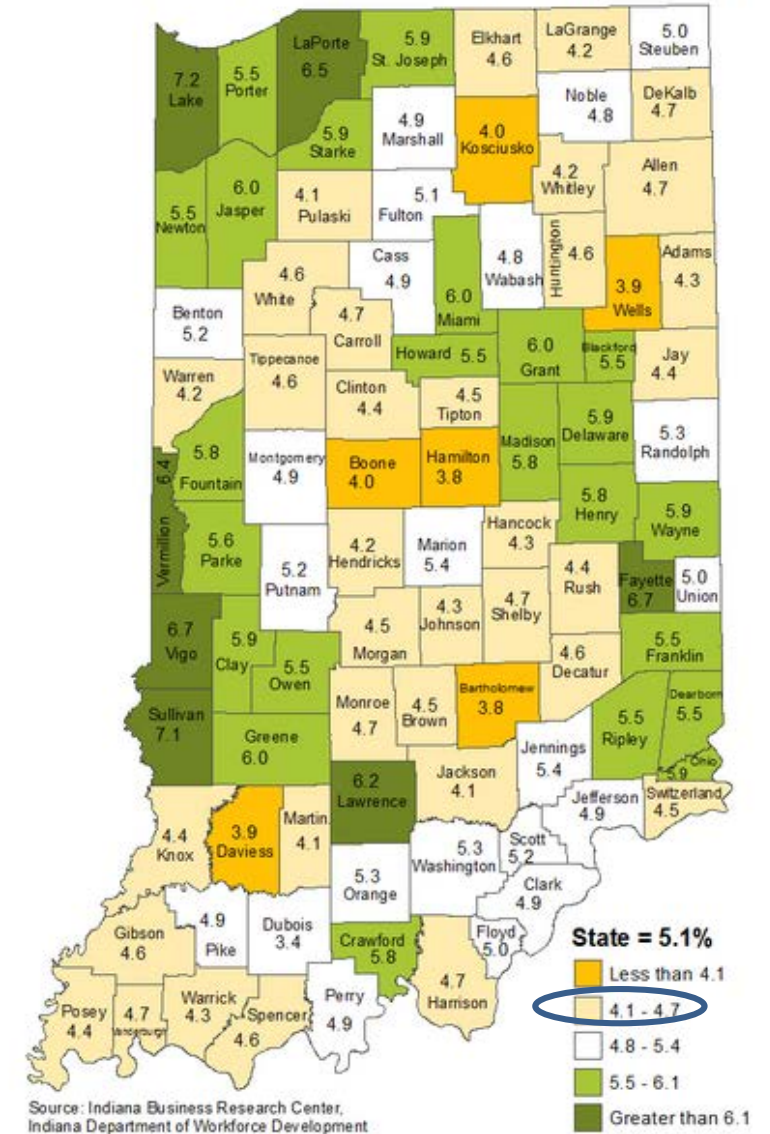
Labor Force, 2013	Number	Rank	Percent	Indiana
Total resident Labor Force	21,465	34	0.7%	3,179,935
Employed	20,142	32	0.7%	2,940,897
Unemployed	1,323	40	0.6%	239,038
Annual Unemployment Rate	6.2	81	82.7%	7.5
August 2014 Unemployment Rate	4.5	77	81.8%	5.5

Stats.Indiana.edu (2014)

Source: [STATS Indiana](http://www.stats.indiana.edu), using data from the Indiana Department of Workforce Development. Retrieved from: http://www.stats.indiana.edu/profiles/profiles.asp?scope_choice=a&county_changer=18071

Unemployment Rate Comparison

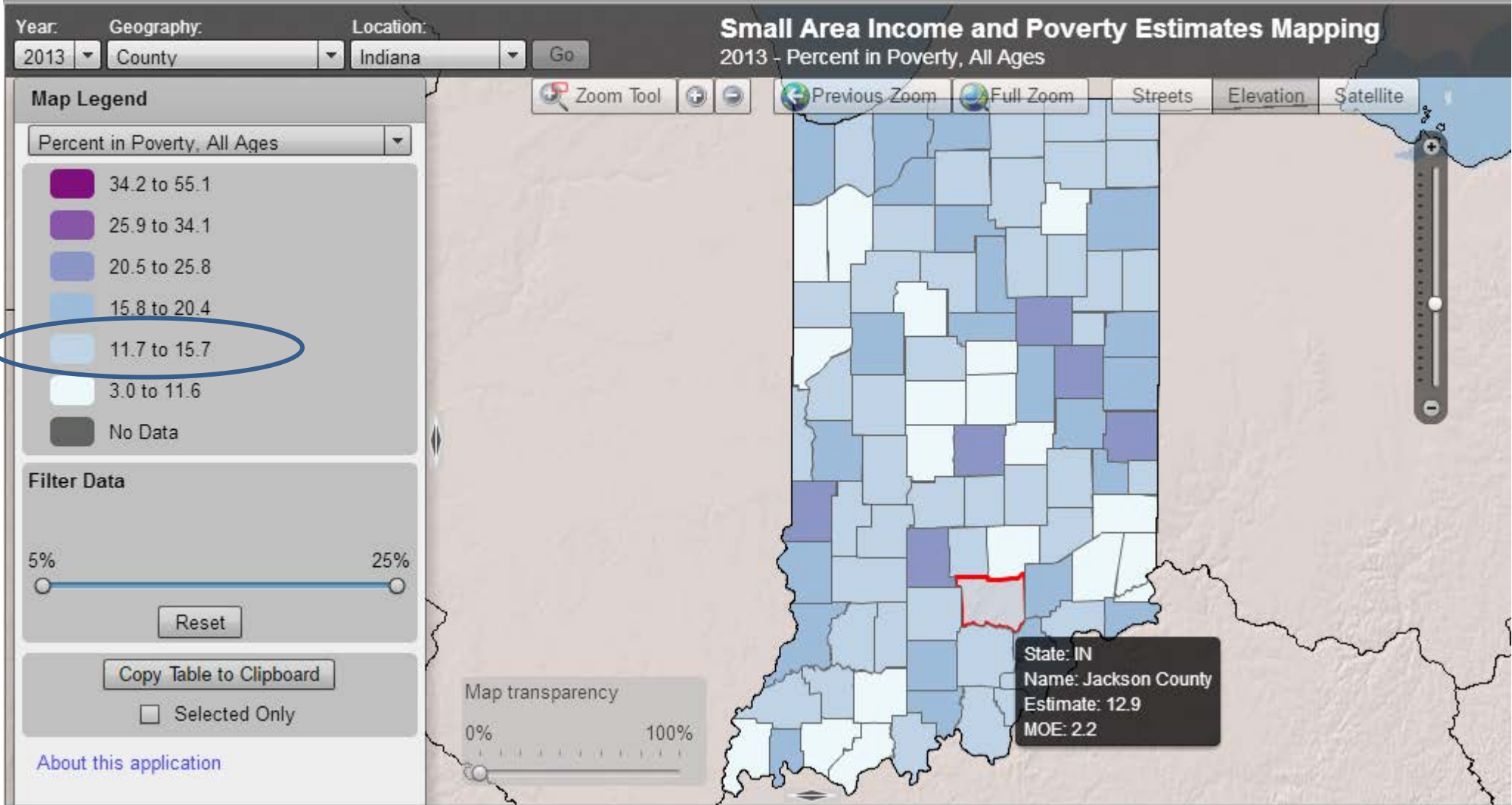
September 2014 Unemployment Rates



Stats.Indiana (2014). Retrieved from:
http://www.stats.indiana.edu/maptools/maps/thematic/laus/laus_09_2014.png

Small Area Income and Poverty Estimates Mapping (2013), Percent in Poverty, All Ages

Jackson County Estimate: 12.9%



US Census Bureau (2014). Small Area Income and Poverty Estimates. Retrieved from: https://www.census.gov/did/www/saie/data/interactive/#view=Mapping&utilBtn=&yLB=0&stLB=15&cLB=0&dLB=0&gLB=1&usSts_cbSelected=false&usTot_cbSelected=true&stateTot_cbSelected=true&pLB=0&multiYearSelected=false&multiYearAlertFlag=false&prStateFlag=false&invalidSDYearsFlag=false

Poverty Rates in Jackson County, 2012

	Total poverty Rate	Poverty Rate under 18	Poverty Rate: Children 5-17 (living in families)
2010	12.7	18.9	17.6
2012	12.7	18.1	17.0
2013	12.9	17.8	16.5

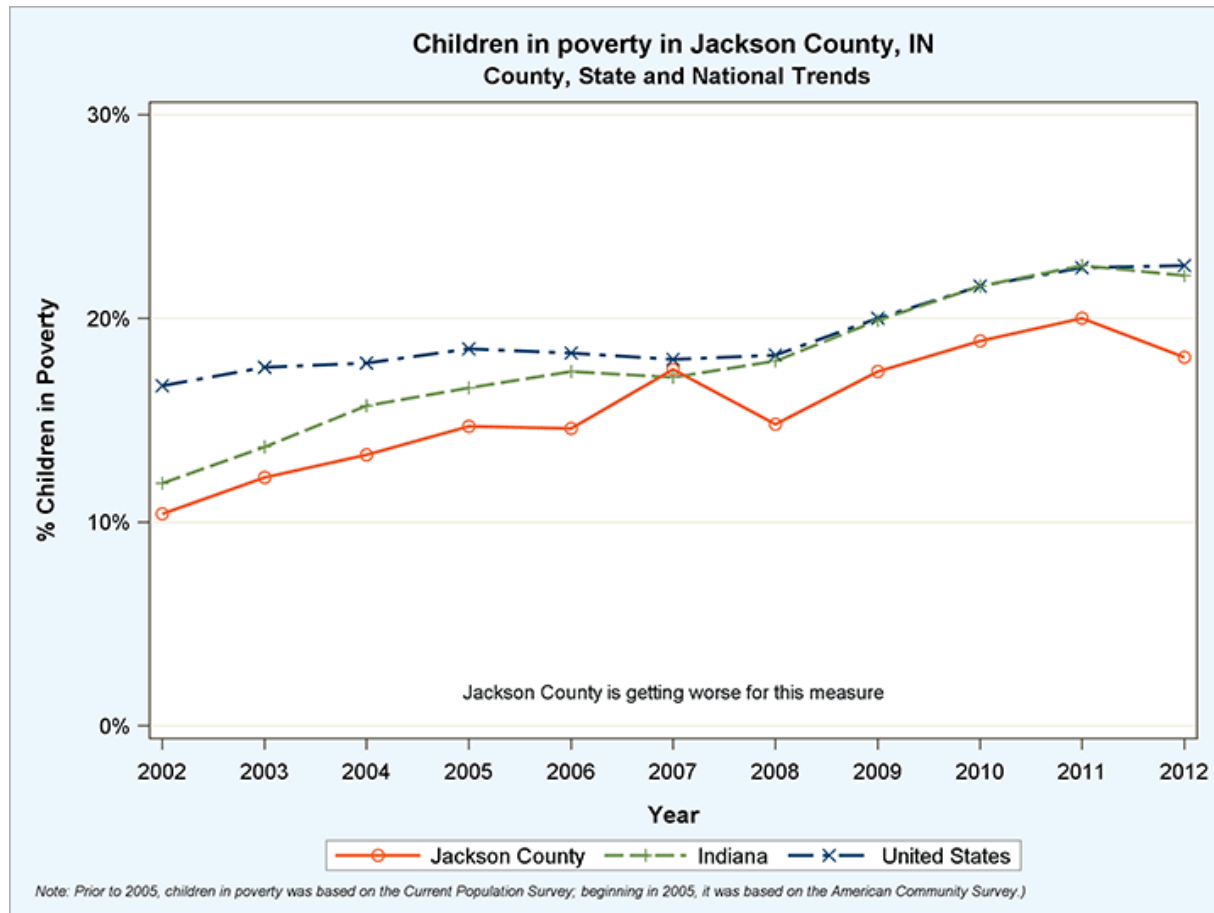
1

In 2014 and for a household consisting of 4 people, poverty is identified as a yearly income below \$23,850. 2

1. Business Research Center (2014). Data from US Census Bureau. Retrieved from: <http://www.statsamerica.org/innovation/anydata/index.asp?T1>

2. US Department of Health and Human Services (2014). 2014 Poverty Guidelines. Retrieved from: <http://aspe.hhs.gov/poverty/14poverty.cfm>

Children Living in Poverty, trend



County Health Rankings & Roadmaps (2014). Retrieved from: <http://www.countyhealthrankings.org/app/indiana/2014/rankings/jackson/county/outcomes/overall/snapshot>

Community Need Index by Zip Code, 2013 (Dignity Health)

Scale: 1 (lowest) to 5 (highest)

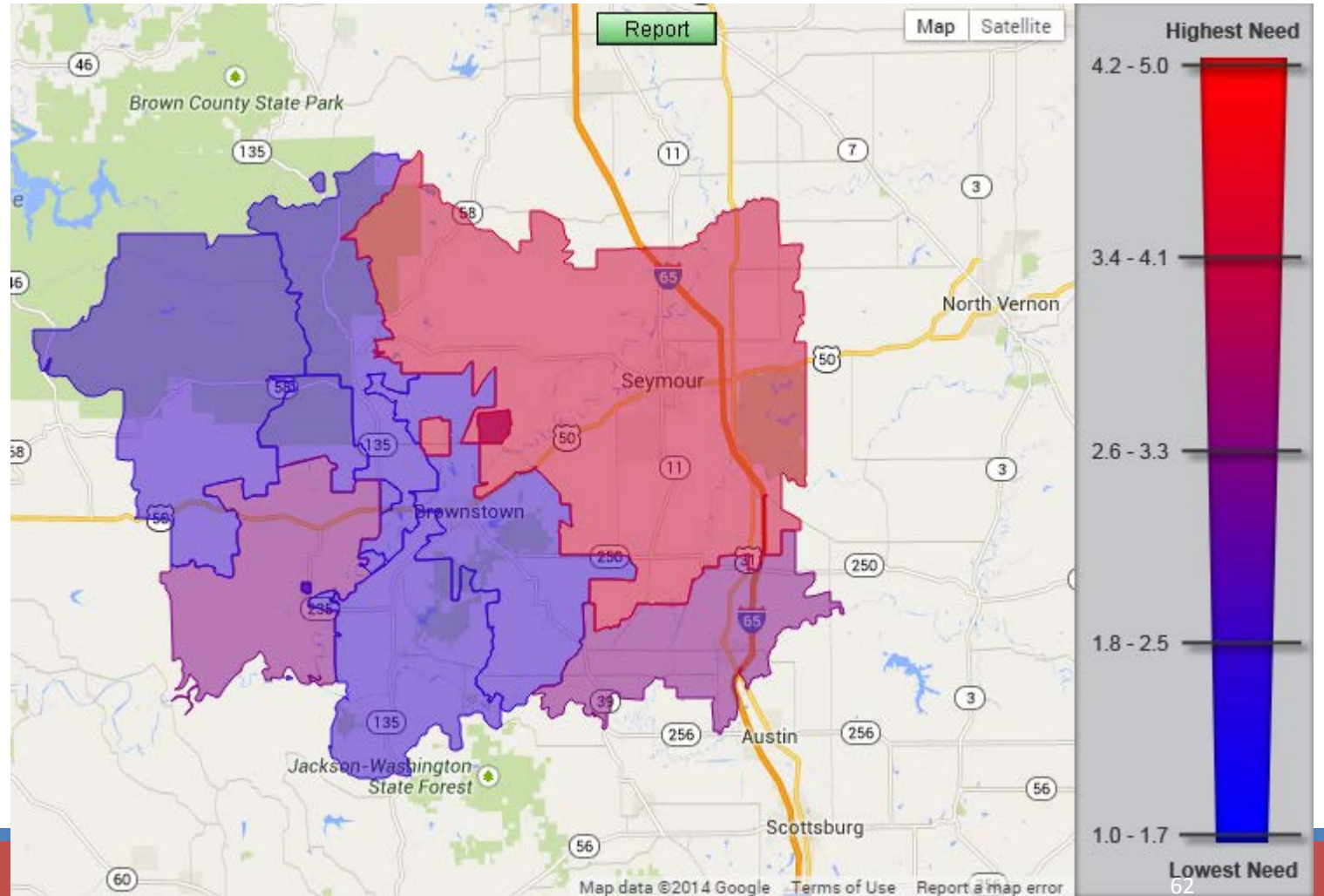
Seymour: 3.4

Brownstown: 2.4

Crothersville: 3

Medora: 3.2

*Based on socio-economic data such as elderly population living in poverty, percent of population uninsured, unemployment rate, etc.



Social Factors affecting health

Violence and Injury

Alcohol Misuse

Tobacco Use

Domestic Violence

Drug Abuse

Jackson County

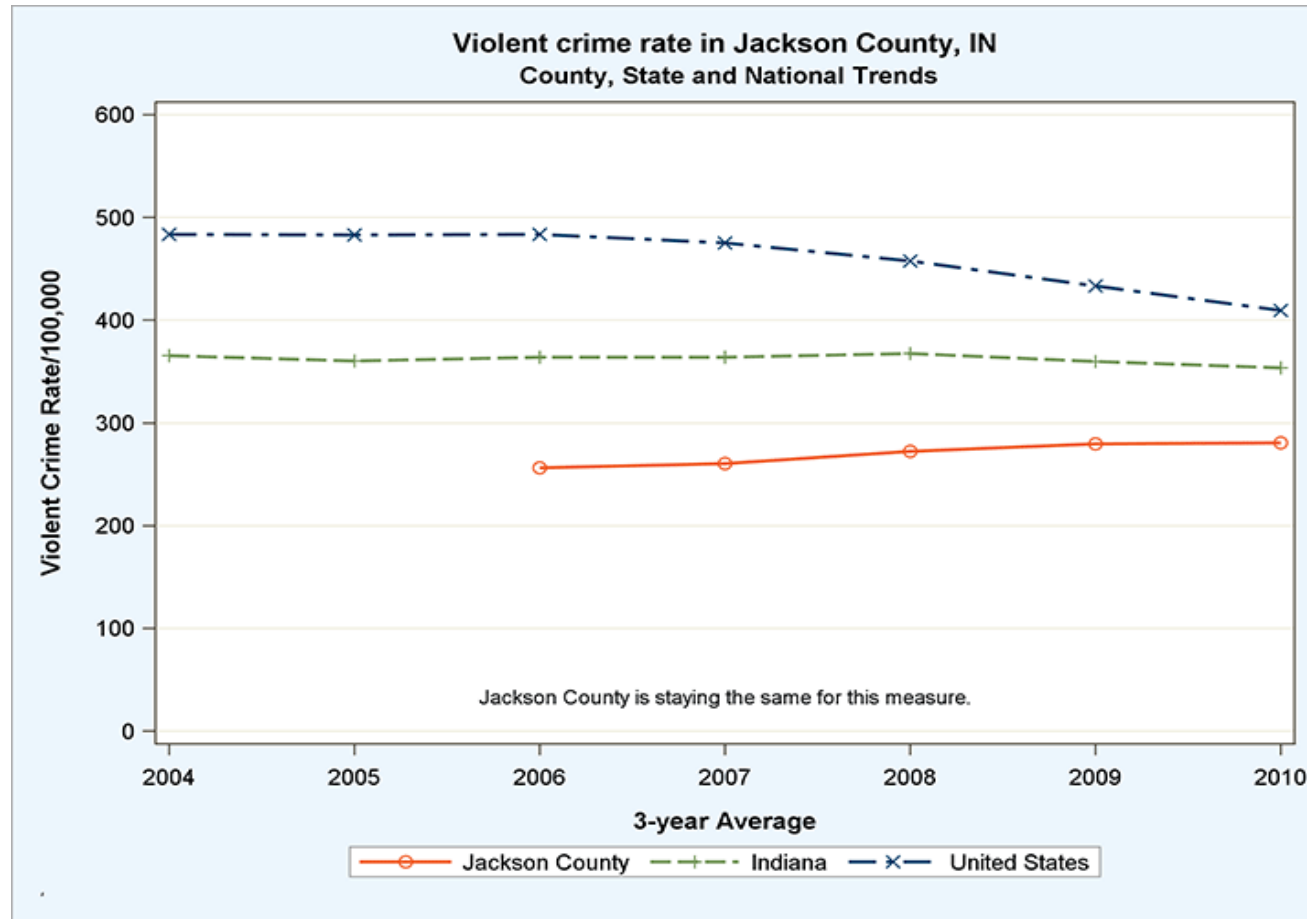


Violence and Injuries

“Motor vehicle crashes, homicide, domestic and school violence, child abuse and neglect, suicide, and unintentional drug overdoses are important public health concerns in the United States. In addition to their immediate health impact, the effects of injuries and violence extend well beyond the injured person or victim of violence, affecting family members, friends, coworkers, employers, and communities. Witnessing or being a victim of violence is linked to lifelong negative physical, emotional, and social consequences.

“Both unintentional injuries and those caused by acts of violence are among the top 15 killers of Americans of all ages. Injuries are the leading cause of death for Americans age 1 to 44, and a leading cause of disability for all ages, regardless of sex, race and ethnicity, or socioeconomic status. Each year, more than 29 million people suffer an injury severe enough that emergency department treatment is needed. More than 180,000 people each year die from these injuries, with approximately 51,000 of these deaths resulting from a violent event. Many intentional and unintentional injuries are preventable.”

Violent Crime Rate Trend



Child Abuse and Neglect Rate (per 1000)

2009	2010	2011	2012	2013
22.2	22.9	18.6	20.2	19.5

Kidscount (2014). Retrieved from <http://datacenter.kidscount.org/data/tables/1130-child-abuse-and-neglect-rate-per-1000-children-under-age-18?loc=16&loct=5#detailed/5/2327/false/36,868,867,133,38/any/2467>

Data Source: Indiana Department of Child Services

Domestic Violence

	2010	2011	2012	2013	2014 (January to September 30)
Families served	181	162	153	99	54
Adults served in shelter	10	13	6	9	12
Children served in shelter	17	12	4	15	7
Total nights spent in shelter	508	362	176	497	270
Presentations to the community regarding domestic violence prevention (schools and community)	41	37	53	87	108
Total number of people in attendance	884	1008	1087	1683	1866

Turning Point (2014). *Annual Report to the Community*. Seymour, Indiana: Charlotte Moss.

Jackson County



Substance Abuse and Tobacco Use

“Although progress has been made in substantially lowering rates of substance abuse in the United States, the use of mind- and behavior-altering substances continues to take a major toll on the health of individuals, families, and communities nationwide. In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem.” ¹

“Tobacco use is the single most preventable cause of disease, disability, and death in the United States, yet more deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.” ^{1, 2} ²

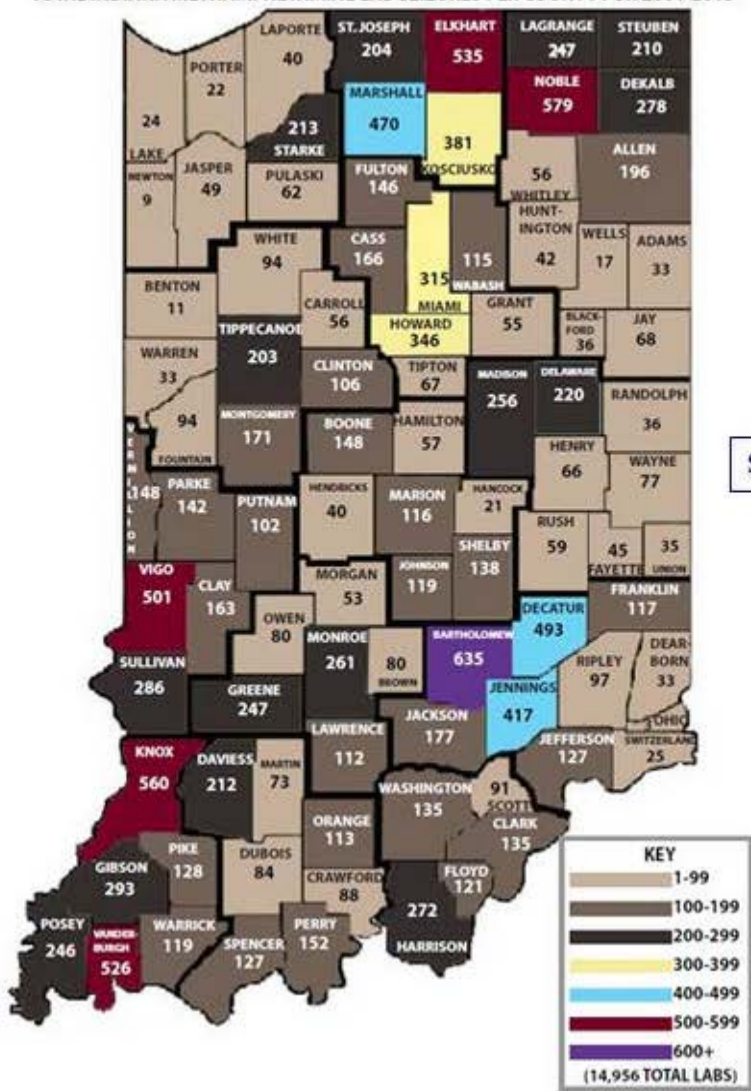
1. Office of Disease Prevention and Health Management (2014). Substance Abuse. Retrieved from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Substance-Abuse>
2. Office of Disease Prevention and Health Management (2014). Tobacco. Retrieved from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Tobacco>

6.5 Map: Meth Lab Busts

TOTAL INDIANA METHAMPHETAMINE LAB SEIZURES PER COUNTY FOR 2001-2013

2001-2013

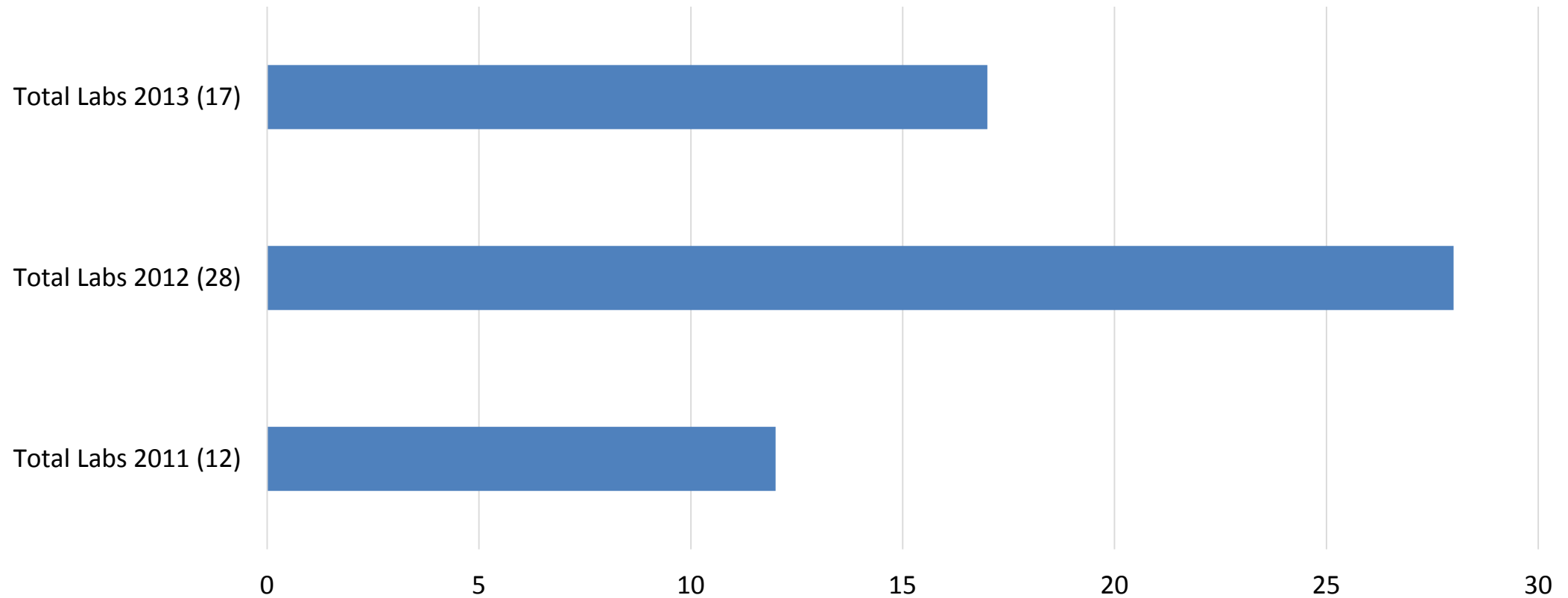
Jackson County: 177



Source: IN State Police, 2014



Meth Lab Seizures in Jackson County, 2011-2013



Alcohol Misuse

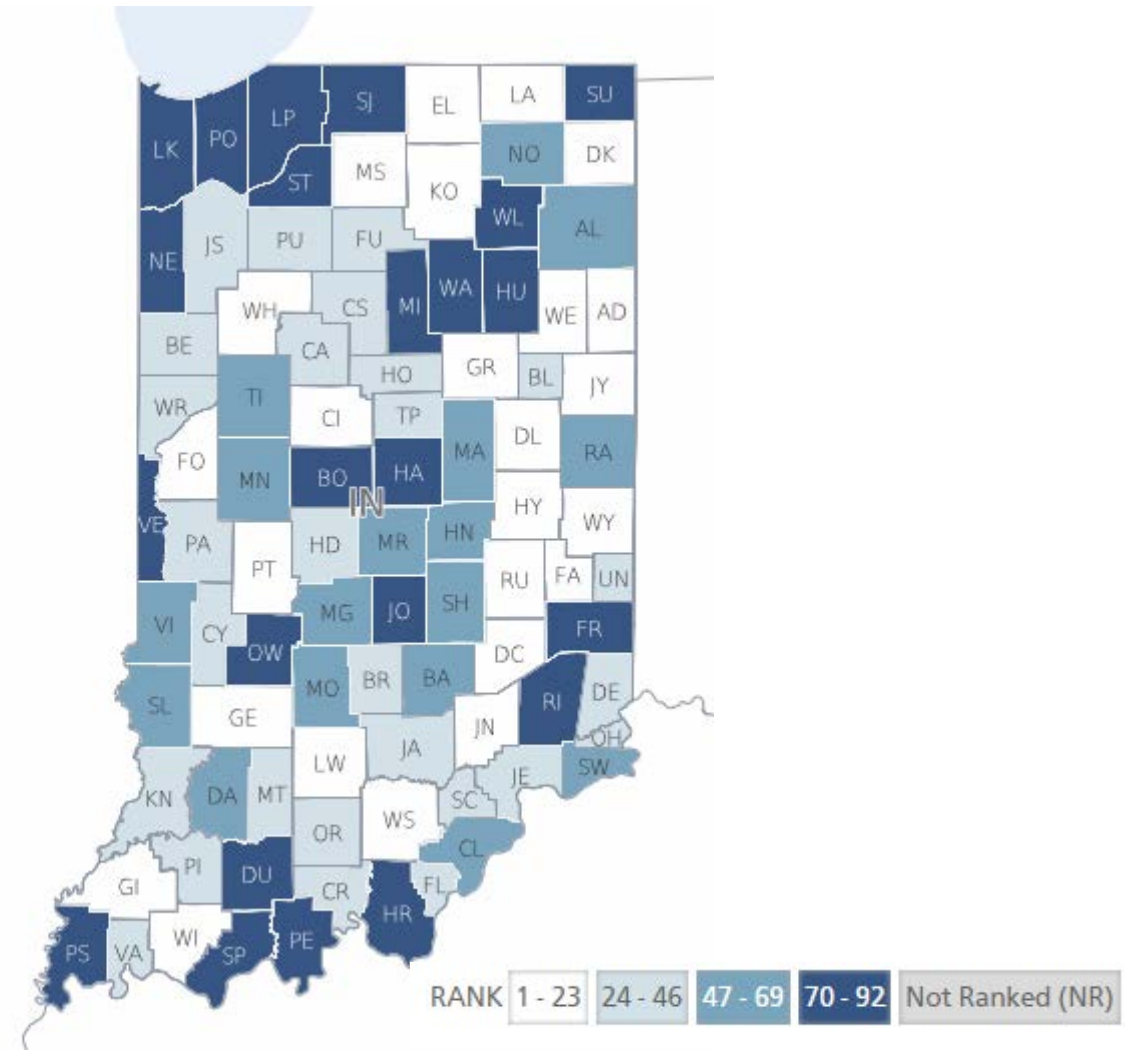
Excessive Drinking: County Comparisons

Binge plus heavy drinking

Jackson County: **15%**

“Excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.” (County Health Rankings)

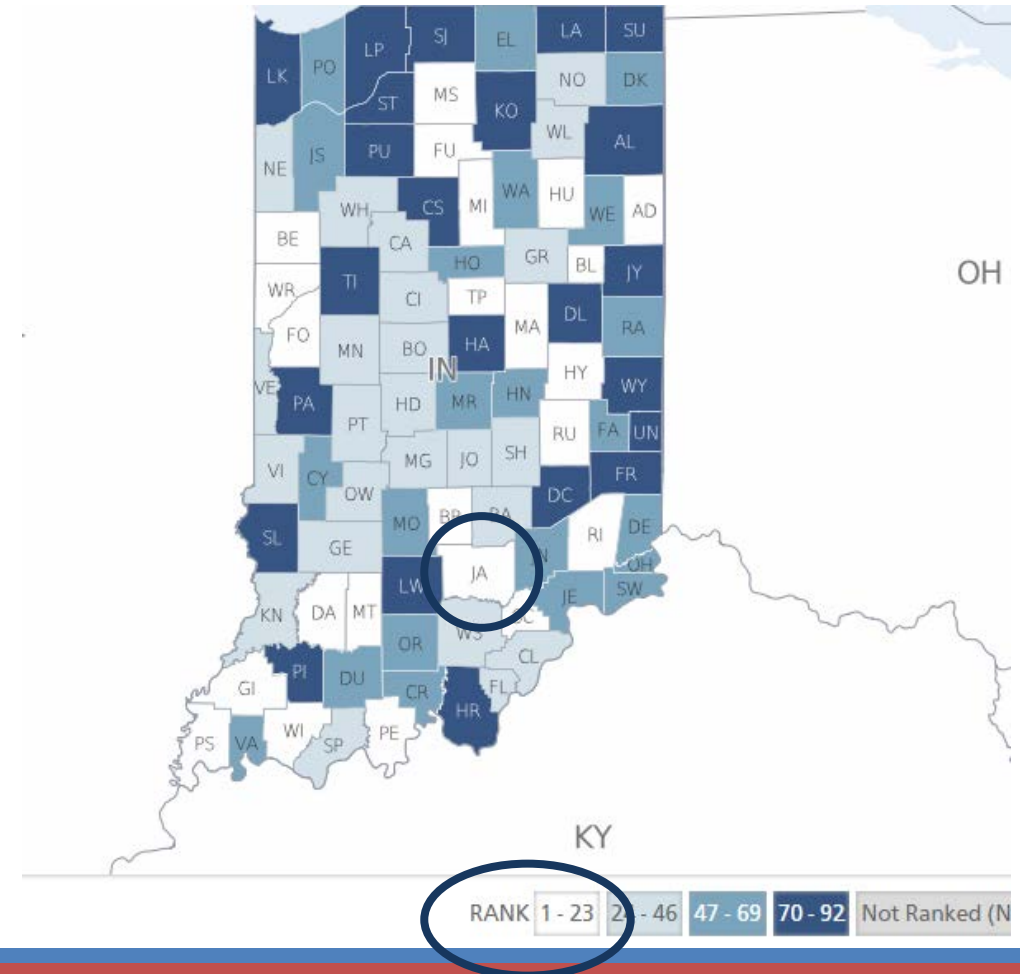
LHI: Adult engaging in binge drinking in past 30 days



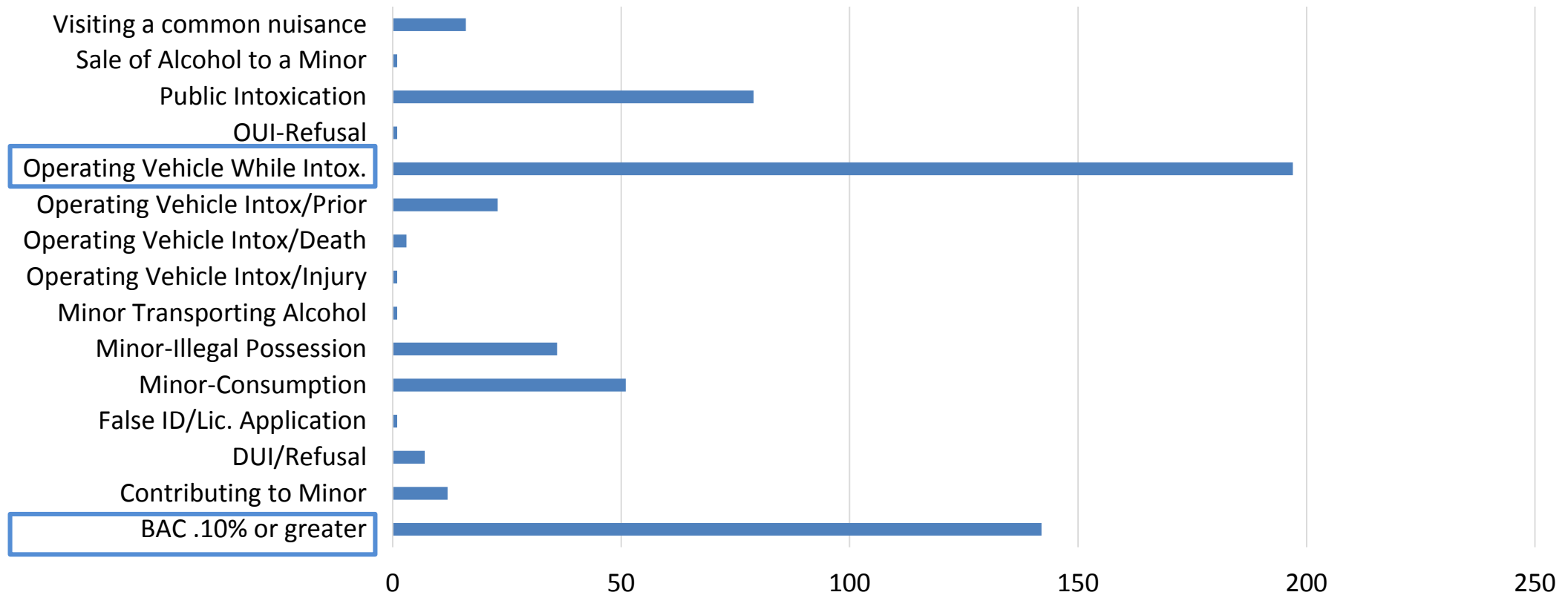
County Health Rankings and Roadmaps (2014). Retrieved from <http://www.countyhealthrankings.org/app/indiana/2014/rankings/jackson/county/outcomes/overall/snapshot>

Alcohol-Impaired Driving Deaths

Proportion of driving deaths in Jackson County with alcohol involvement: **13%**

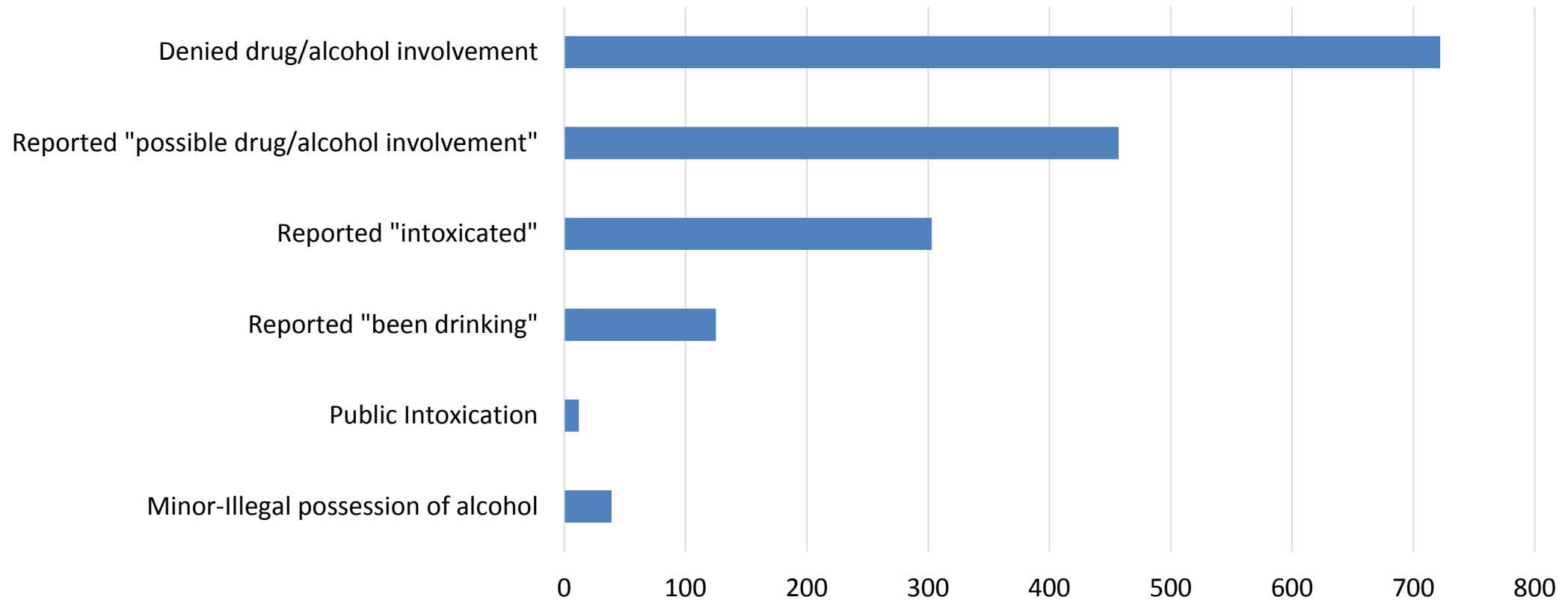


Jackson County Sherriff's Department, 2013 Reporting



Indiana Criminal Justice Institute (2014). Comprehensive Community Plan: Jackson County.
Retrieved from: http://www.in.gov/cji/files/G_Jackson_CCP.pdf

Seymour Police Department, 2013 Reporting



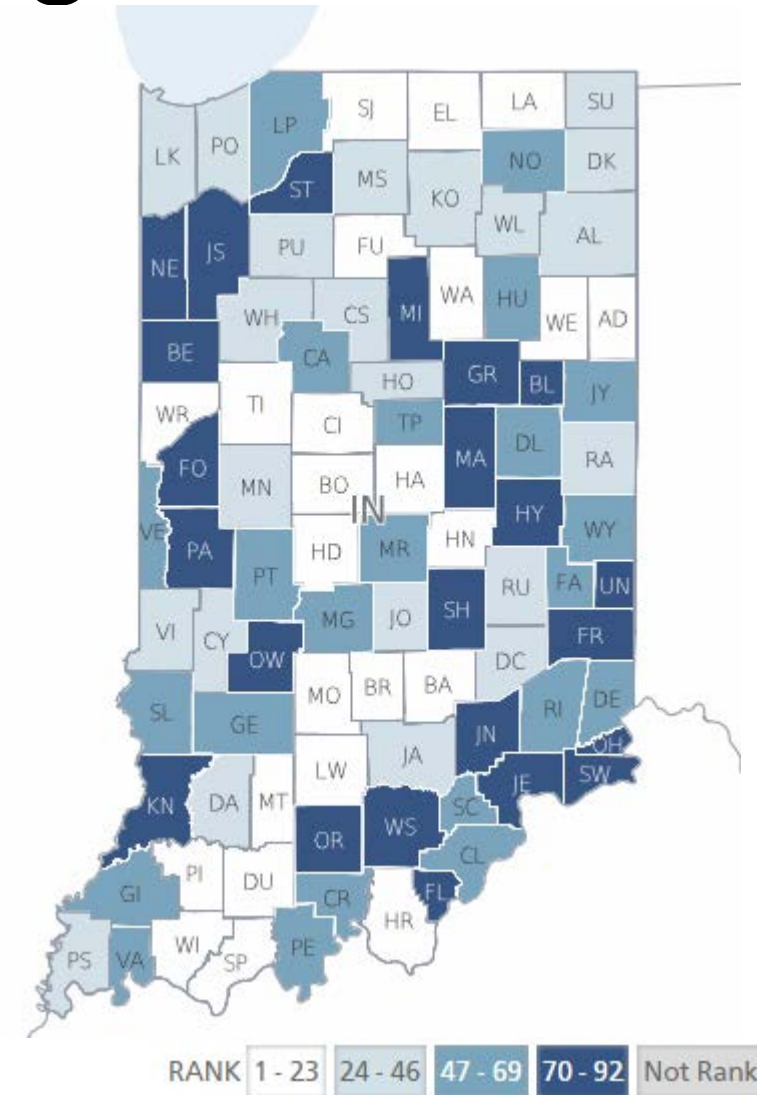
Indiana Criminal Justice Institute (2014). Comprehensive Community Plan: Jackson County.
Retrieved from: http://www.in.gov/cji/files/G_Jackson_CCP.pdf

Tobacco Use

LHI: Adults who are current cigarette smokers

	Percent (year)
Jackson County	23% (2006-2012)
Indiana	25.6% (2013)
United States	27.8% (2013)

1
2
2



1. County Health Rankings and Roadmaps (2014). Retrieved from <http://www.countyhealthrankings.org/app/indiana/2014/rankings/jackson/county/outcomes/overall/snapshot>
2. Indiana State Department of Health (2013). Chronic Disease in Indiana: Shaping the future. Retrieved from: <http://www.in.gov/isdh/files/cdnewsletter3OPA.pdf>

Access to Care

HEALTH INDICATOR IMPACTS

Population to Provider Ratio

Provider Type	Ratio	Indiana Ratio	Year of data
Primary Care Physicians	1,873:1	1,518:1	2012
Dentist	1,739:1	1,973:1	2013
Mental Health Care Providers	1,358:1	750:1	2014

County Health Rankings and Roadmaps (2015). Retrieved from <http://www.countyhealthrankings.org/app/indiana/2015/rankings/jackson/county/outcomes/overall/snapshot>

Number of Uninsured, 2011

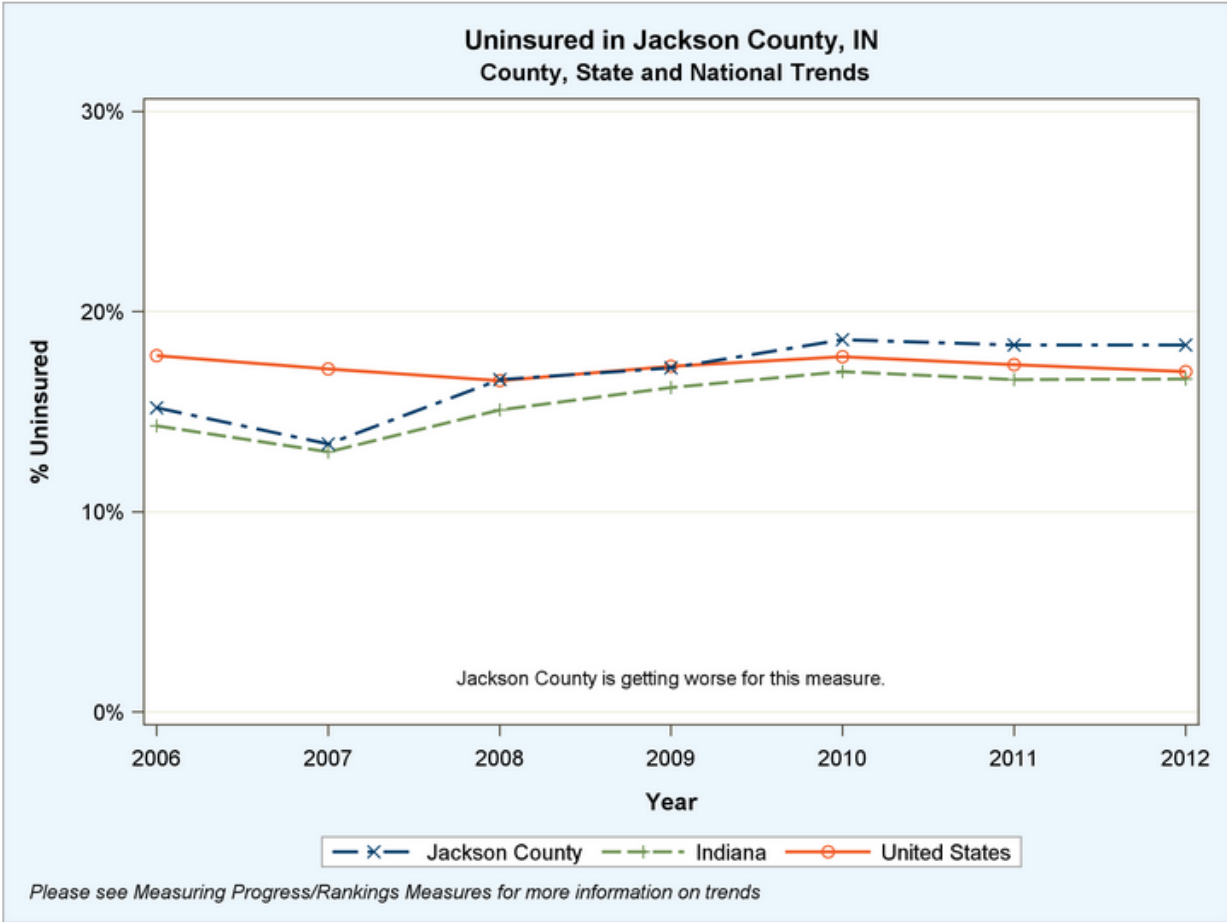
*The Affordable Care Act began mandating insurance in 2014

	Jackson County	Indiana
Number of Uninsured	6,693	911,674
Percent Uninsured	18.3	16.6

LHI: Persons with Medical Insurance

IPRC (2014). Data Source: Small Area Health Insurance Estimates, 2011 Primary Source: County Health Rankings, 2014. Retrieved from: http://www.drugs.indiana.edu/main/GIS_table.php?page_group=72&tablenum=Table7.29&cp_num=10&county=36

Uninsured, percent change over time



Childhood Immunization, 19 months – 35 months

Selected Series	% of Patients up-to-date, by 19 months of age, Jackson County , 2014	% of Patients up-to-date, by 19 months of age, United States, 2013
All	43%	---
DTaP4	50%	83%
Polio3	75%	93%
MMR1	76%	91%
HIB3	82%	81%
HepB3	74%	90%
Var1	73%	90%
PCV4	72%	82%

LHI: Children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis b, varicella, PCV

1. Indiana State Department of Health (2014). Immunization Division. Retrieved from CHIRP records by ISDH
2. CDC (2014, May). Immunization. Retrieved from: <http://www.cdc.gov/nchs/fastats/immunize.htm>

Adolescent Vaccination

Selected Antigens	% of patients up-do-date as of 12/29/2014
Meng1, Tdap1, Var2	78%
Tdap 1	82%
Var2	82%
Meng1	83%

HPV Immunization Rates, as of 12/29/2014

Doses received by patients as of 12/29/2014	% of patients
1 or more	24%
Only 1	7%
Only 2	6%
3 or more	11%

1

*3 doses are recommended for the HPV series 2

1. Indiana State Department of Health (2014). Immunization Division. Retrieved from CHIRP records by ISDH.
2. CDC (2015). HPV Vaccine questions and answers. Retrieved from: <http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm>

Percent of Adolescents Receiving HPV By Age Group, as of 12/29/2014

Percent of Adolescents	13-14	15-16	17-18
Receiving at least 1	22.0	23.4	26.5
Receiving 3 doses	8.2	11.3	13.1

Indiana State Department of Health (2014). Immunization Division. Retrieved from CHIRP records by ISDH.

LHI: Adults who received a colorectal cancer screening based on the current guidelines

Jackson County	Unknown
Indiana	Unknown
USA	65%

1

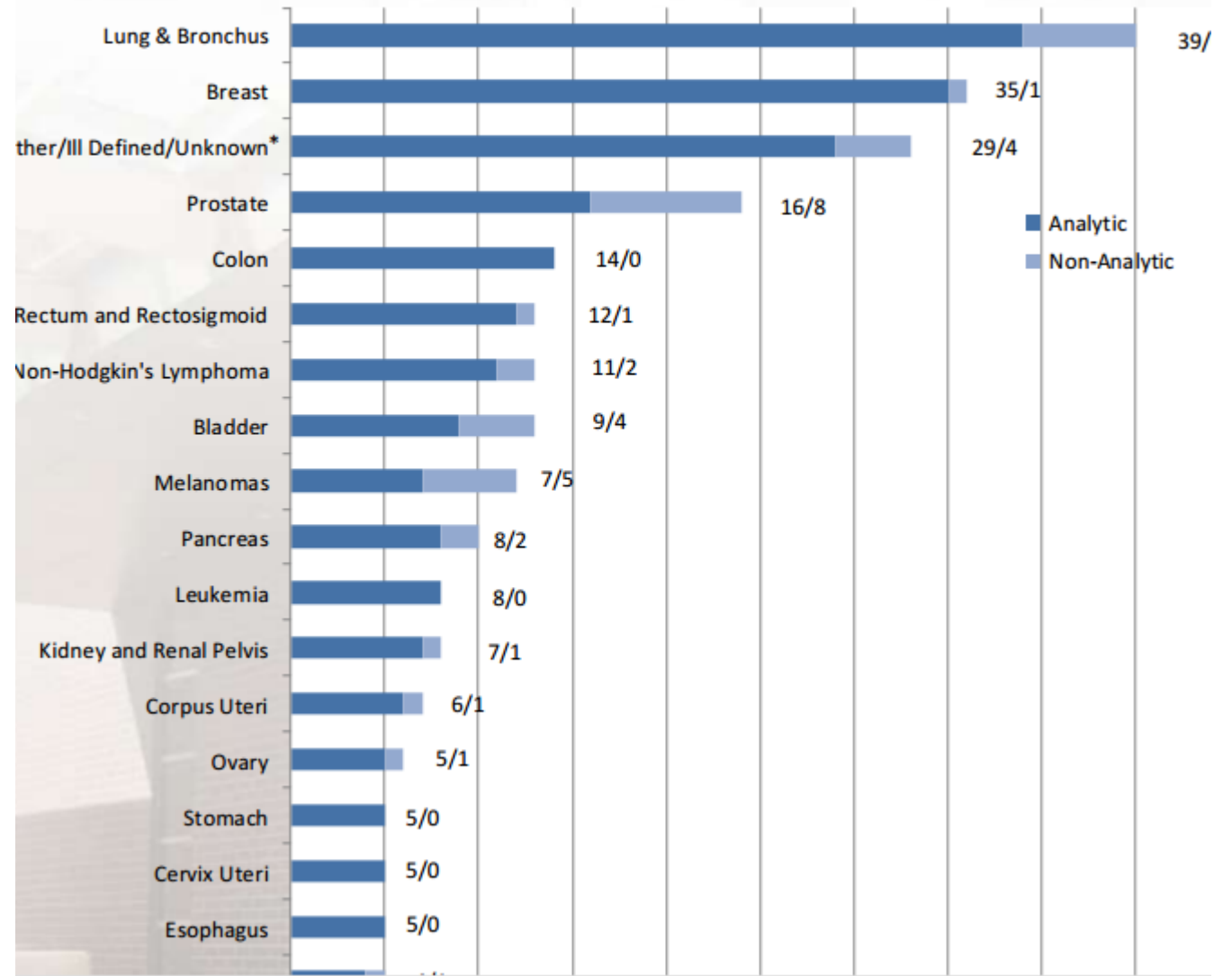
Schneck Medical Center is initiating an outreach effort to increase this screening.

1. CDC (2015). Colorectal cancer tests save lives: Many adults are not being tested. Retrieved from: <http://www.cdc.gov/vitalsigns/colorectalcancerscreening/infographic.html>

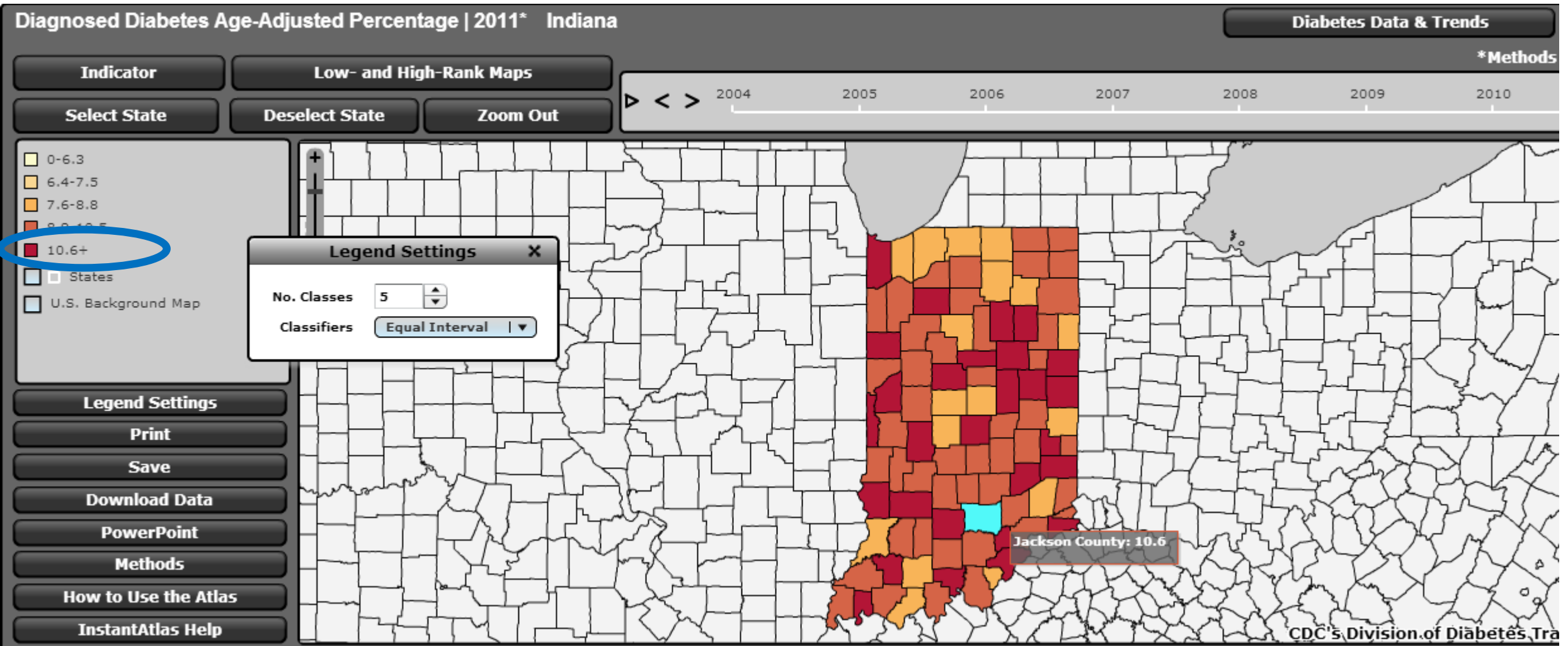
Disease and Death

Schneck Medical Center 2014 Cancer Program Report

2013 Frequency by Primary Site
273 Total: Analytic 236, Non-Analytic 37



Diabetes: Jackson County Age-Adjusted Percentage: 10.6%



CDC (2014). Diagnosed diabetes age-adjusted percentage. Retrieved from <http://www.cdc.gov/diabetes/atlas/countydata/atlas.html?filter=filter4,Indiana&indicator=i3>

Asthma (2012), Age-Adjusted Rates per 10,000

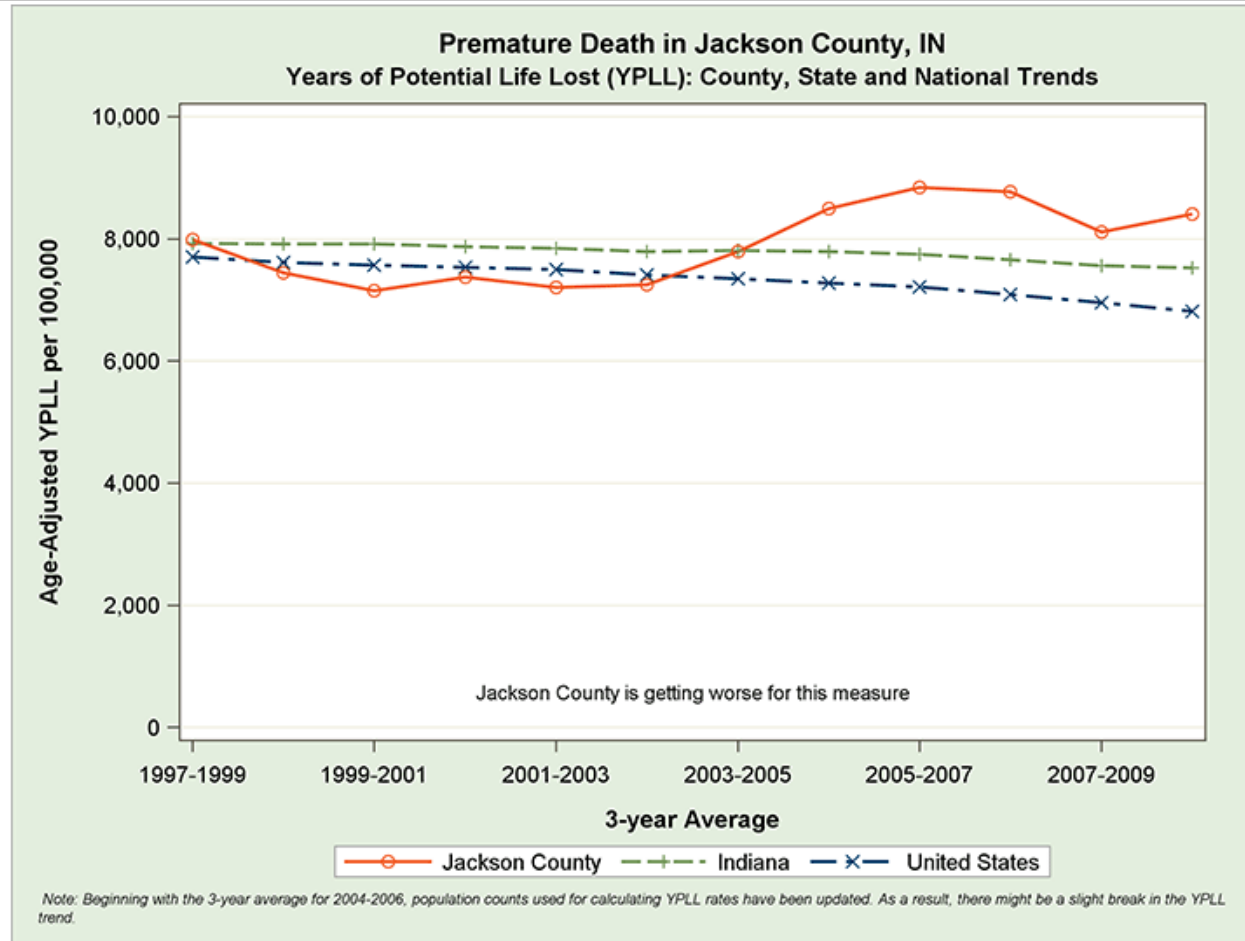
	Jackson County	Indiana
Asthma Emergency Department Visits	53.9	48.8
Asthma Hospitalizations	5.5	11.6

Indiana State Department of Health (2014). 2012 Indiana county age-adjusted emergency department and hospitalization rates. Retrieved from [http://www.state.in.us/isdh/files/2012_Overall_Age_Adjusted_ED_and_Hospitalization_Rates_Final_Nov_2013\(1\).pdf](http://www.state.in.us/isdh/files/2012_Overall_Age_Adjusted_ED_and_Hospitalization_Rates_Final_Nov_2013(1).pdf)

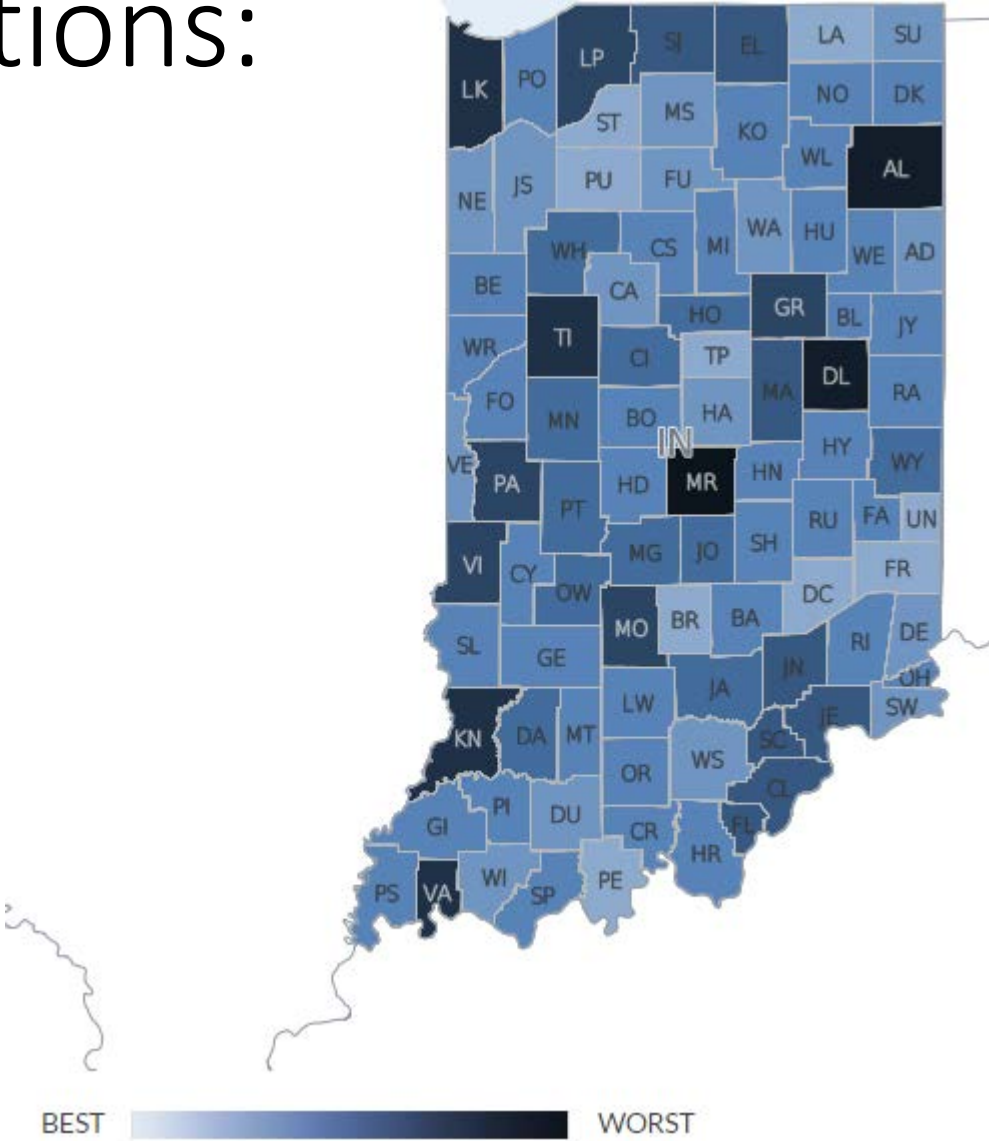
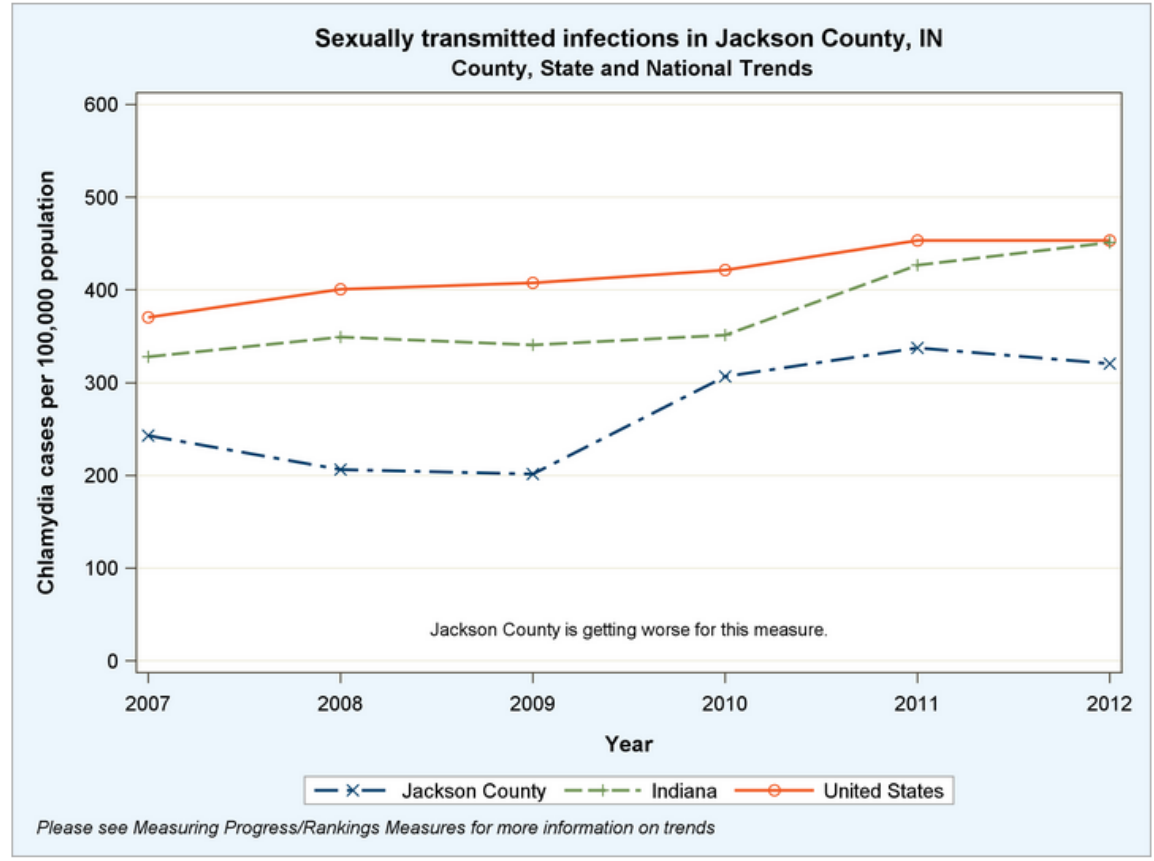
Top 10 Causes of Death (2013)

Cause	Count
Cancer	100
Heart Disease/ Myocardial Infarction	73
Respiratory/ Pulmonary	41
Alzheimer's/ Senile Dementia	27
Pneumonia	23
Renal Failure	20
CVA/ Cerebral Hemorrhage	19
Stillborn	13
Accident	11
Sepsis	11

Premature Death in Jackson County



Sexually Transmitted Infections: Chlamydia



Sexually Transmitted Infections, 2012, Rate

	Jackson County	Indiana
Gonorrhea	16.5	113.2
Chlamydia	325.7	455.1
Syphilis	Not reported	3.5

Mental Health

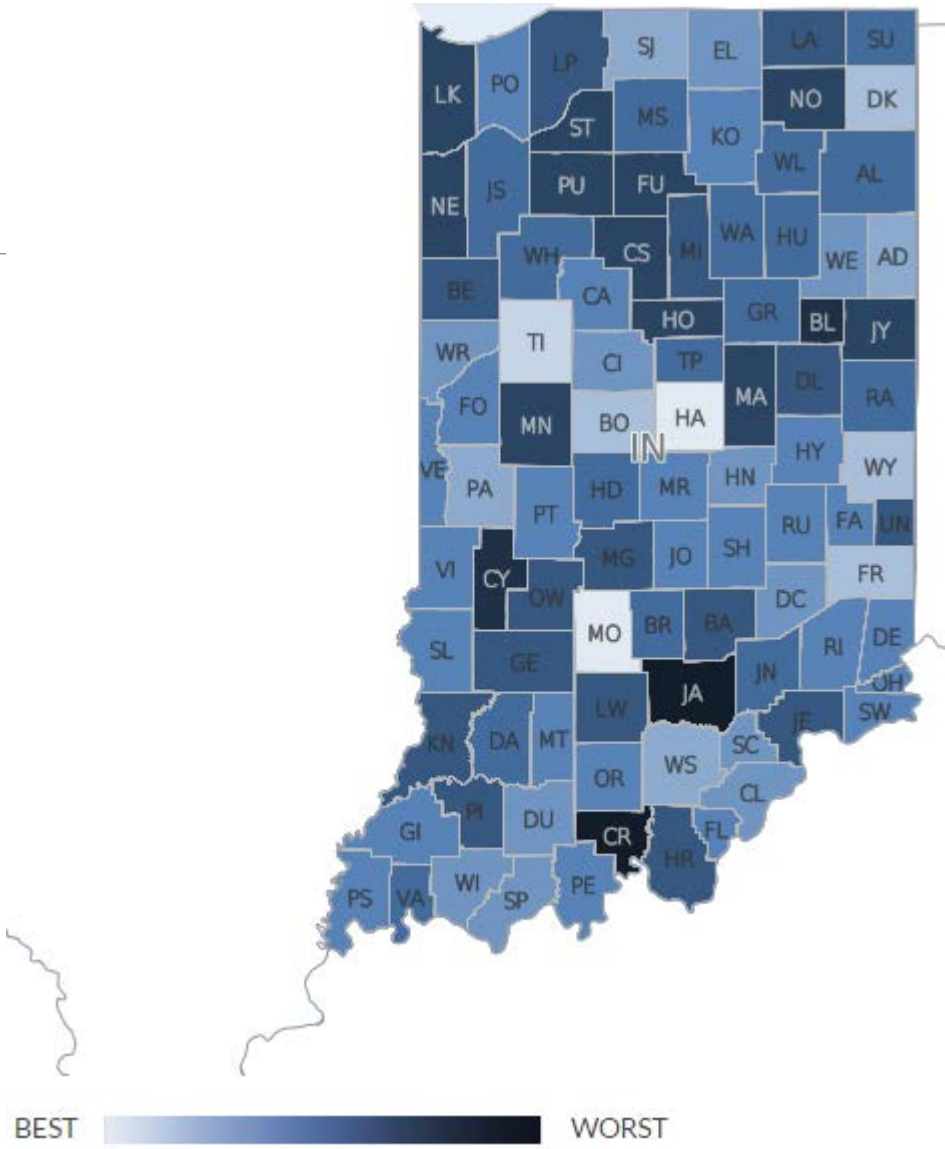
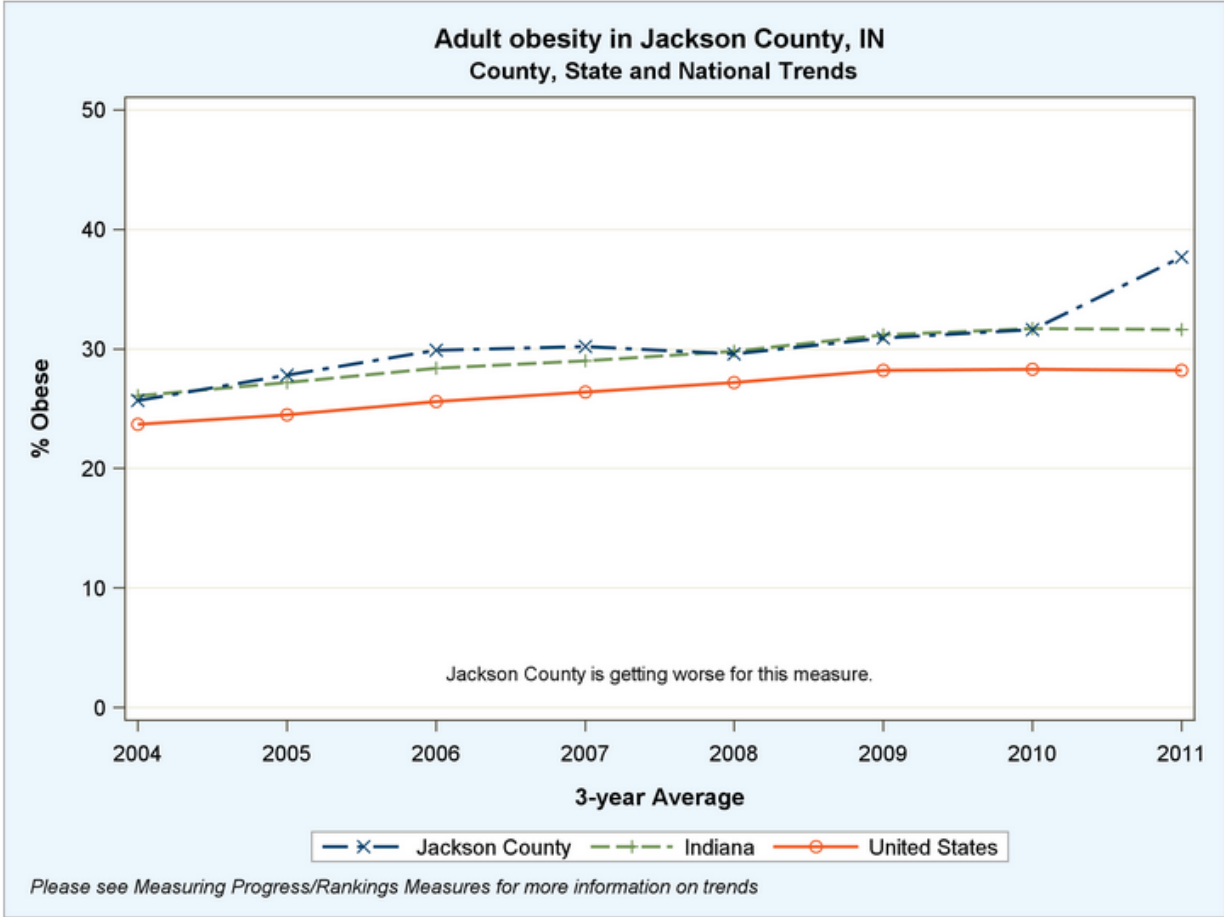
Mentally Unhealthy Days Per Month in Jackson County	Mentally Unhealthy Days Per Month in Indiana
4.1 (change -0.5 from 2013)	3.7 (change 0.1 from 2013)

County Health Rankings and Roadmaps (2014). Retrieved from <http://www.countyhealthrankings.org/app/indiana/2014/rankings/jackson/county/outcomes/overall/snapshot>

LHI: Suicide

Year	Count
2010	5
2011	6
2012	6
2013	4
2014	9

Obesity



LHI: Adults who are obese

	Percent (year of data)	
Jackson County	38% (County Health Rankings, 2015); 44.7% (CDC, 2012)	1, 2
Indiana	31.8% (2013)	3
United States	34.9% (2012)	4

1. County Health Rankings and Roadmaps (2015). Retrieved from <http://www.countyhealthrankings.org/app/indiana/2015/rankings/jackson/county/outcomes/overall/snapshot>
2. CDC (2012). Overweight and obesity. Retrieved from: <http://www.cdc.gov/obesity/highobesitycounties/highobesityareas.html>
3. Trust for America's Health and the Robert Wood Johnson Foundation (2015). The state of obesity: The state of obesity in Indiana. Retrieved from: <http://stateofobesity.org/states/in/>
4. Trust for America's Health and the Robert Wood Johnson Foundation (2015). The state of obesity: Obesity rates and trend overviews. Retrieved from: <http://stateofobesity.org/obesity-rates-trends-overview/>

Jackson County Collaborative Actions

1. Response to crisis

- HIV/HCV crisis
- Ebola and infectious disease
- Drugs in the community- Call to action committee; now the JC Safety Coalition
- Obesity
- NAS pilot

2. Collaborations

- Access to care- Indiana Health Center
- Testing sites for HIV/HCV and ED point of entry
- Naloxone program- SMC and law enforcement
- Mental Health- SMC and IHC
- Exercise and diet plans for the county
- Transitional Housing for men
- Increased housing in the community
- Health and Wellness education
- Increased healthcare access in industrial plants
- IHC and SMC pregnancy care and delivery

Collaborative Actions

Schneck Medical Center and County Ambulance Access

Health Department and Do One Thing campaign

Ready, Set, Dig! Growing Readers Garden workshop

SBIRT in the Schneck Medical Center ED

Rock and Ready event for back to school supplies– United Way

Grief Sharing community groups

Girls INC. and Boys and Girls Club

Next Steps

SOLUTIONS THAT WORK

RESULTS AND DATA



Source: theconversation.com



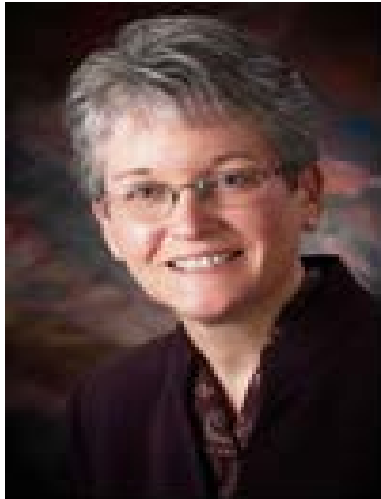
Source: seattlechildrens.org



Source: theasianparent.com

Questions, Comments?

Presenters:



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Schneck Medical Center
Vice President
Nursing Services
and
Chief Nursing
Officer



Tammy Dye, MSN, FACHE
Schneck Medical Center
Vice President of Clinical
Services and
Chief Quality Officer



Lin Montgomery, MLD
Jackson County Health Department
Public Health Educator-
Coordinator

Resources

Title	Description	Link
Robert Wood Johnson's Culture of Health	Building a culture of health	https://www.cultureofhealth.org/
Data Set Directory of Social Determinants of Health at the Local Level	Identify data sources for the social environment to identify social vulnerability	http://www.cdc.gov/dhdsp/docs/data_set_directory.pdf
Social Vulnerability Index	U.S.. Census data to determine the relative social vulnerability of every census tract.	http://svi.cdc.gov/
Indiana Indicators	Indiana community data	http://indianaindicators.org/
Collective Impact Forum	A structured way to create and sustain social change.	https://collectiveimpactforum.org/what-collective-impact
Centers for Disease Control and Prevention – Public Health Policy	Policy resources to support health	http://www.cdc.gov/stltpublichealth/policy/



New Insights & Innovation Series

Be sure to join us on the last Friday of each month throughout 2016.

Future topics will include:

- Creating Healthier More Equitable Communities, Part II
- Strengthening Integration of Health Services and Systems
- Improving Population Health, Wellbeing, and Equity

Registration is required prior to the event

<https://events.r20.constantcontact.com/register/eventReg?oeidk=a07eckmkm236cb12141&oseq=&c=&ch=>



Partner Announcement

Pathways to Health: The Indiana Summit on Disability and Health

Registration is open! Go to <http://go.iu.edu/1gfg>

(There is no cost but registration is required due to limited seats.)

The Indiana Summit on Disability and Health is scheduled for **August 5, 2016** at Fort Benjamin Harrison, Garrison Conference Center, in Indianapolis.

Come and Learn about Health Equity, Health Disparities and Health Promotion for People with Disabilities from National Experts
Please join the Indiana Institute on Disability and Community and the Indiana State Department of Health in welcoming two experts on health and disability issues. Find out what is going on nationally, and what Indiana might learn from other states.

Need more information?

Contact Matt Norris at the Indiana Institute on Disability and Community.

Indiana Disability & Health website: <https://www.iidc.indiana.edu/pages/indiana-disability-and-health>



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Phyllis Jones,
MD, MPH,
PhD**, American
Public Health
Association's
Executive Board
President



**Kerry Ann
McGeary,
MA, PhD**,
Robert Wood
Johnson
Foundation

CERTIFICATE *of* COMPLETION

THIS ACKNOWLEDGES THAT

HAS SUCCESSFULLY COMPLETED THE

CULTURE OF HEALTH FRAMEWORK
ACTION AREA 3: CREATING HEALTHIER, MORE
EQUITABLE COMMUNITIES, PART I OF II

JULY 29
2016

x

Joan Duwve MD, MPH

Joan Duwve, M.D. MPH
Associate Dean for Public Health
Practice



**RICHARD M. FAIRBANKS
SCHOOL OF PUBLIC HEALTH**

INDIANA UNIVERSITY
Indianapolis

Thank you!

Evaluation: <http://survey.constantcontact.com/survey/a07eczz50d2ir3sbgwz/start>



**For more information about INsights &
INnovations, please contact:**

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