MONTGOMERY COUNTY
HEALTH DEPARTMENT

COMMUNITY HEALTH PROFILE
2020-2024

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INTRODUCTION

VISION

Improve health and quality of life by empowering long term positive lifestyle change.

PURPOSE

The purpose of a Community Health Needs Assessment (CHNA) is to evaluate the current health, well-being, and needs of a local community. Community Health Assessments help form a snapshot of a community, which allows for the construction of a broader Community Health Profile. Community Health Profiles use a variety of sources, including demographic data, county health trends, and surveying of local populations to identify priority areas where improvements can be made. Addressing health concerns within the community will allow for improved health equity, ensuring more people have the opportunity to reach their full health potential.

Local partners, including the Montgomery County Wellness Coalition, involved in the Community Health Profile, will use the profiles data to implement a Community Health Improvement Plan (CHIP). This plan is aimed at improving any or all of the following: awareness and education of specific health conditions and lifestyle choices, availability of adequate health services, sustaining an environment that supports healthy living.

ACKNOWLEDGEMENTS/ EXECUTIVE SUMMARY

The Montgomery County Health Department and IUPUI Fairbanks School of Public Health conducted the 2019 Community Health Needs Assessment in partnership with the Montgomery County Wellness Coalition and their partners. The Montgomery County Wellness Coalition would like to thank the following organizations for their dedicated and invaluable contributions to the Community Health Profile:

Montgomery County Drug Court, Montgomery County Council, Montgomery County Health Department, Montgomery County Community Foundation, Montgomery County Free Clinic, Wabash College Global Health Initiative, Wabash College Democracy & Public Discourse, IUPUI Fairbanks School of Public Health, North Montgomery School Corporation, Southmont School Corporation, Crawfordsville Community School Corporation, Crawfordsville Park & Recreation, Pam's Promise, City of Crawfordsville, Integrative Wellness, Montgomery County Youth Service Bureau, Montgomery County Council on Aging, Montgomery County Purdue Extension, Crawfordsville Police Department, Montgomery County Sheriff's Office, *Pastor Kelly Nelson of MontCares*, Crawfordsville Fire Department, Crawfordsville Chamber of Commerce, Franciscan Health Crawfordsville, Valley Professionals Health Crawfordsville, Crawfordsville District Public Library, Pace Dairy of Indiana
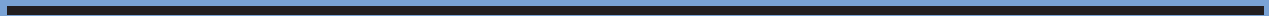
METHODOLOGY

Process

The Montgomery County Community Health Needs Assessment Advisory Committee utilized a modified version of NACCHOs Mobilizing Action through Partnerships and Planning (MAPP) process. This allowed the Community Health Assessment Survey to be released in June 2019 to the residents of Montgomery County. This profile served as the first of its kind. The CHA provides the results of the survey data and its relationship to state and national data. The purpose of the profile is to provide a cumulative report of the data collected through the community health needs assessment survey. This report provides a snapshot and established baseline measurements for future health improvement needs.

Limitations

Limitations to the 2019 survey are 1) small sample size: only 484 respondents filled out the survey, approximately 1% of the county population. Only 80% of them completed the survey. 2) No diversity in the survey population. Most of the 484 participants are female, aged 40 to 64, white, married, have a household income of 100K to 149K, full-time job, and education higher than some high school. Most participants are middle-class, and lastly, the populations in lower socioeconomic statuses were not covered. To address the limitations mentioned above, secondary data was used, and focus group meetings were held to gather detailed information from the specific populations with lower health outcomes or greater need to access resources.

The Community Health Profile addendum provides comparative data analysis that helps show how disparities and general characteristics of our community may impact our health outcomes. This addendum was to include data collected through a health needs survey conducted in mid-2018. The survey was conducted by a hospital consortium for multi-county needs representation. After review of the available data, our team concluded that the data was not detailed enough to adequately represent the needs of Montgomery County when compared to the 2015 survey. Our intent to include zip code level data will not be properly addressed until a better method to collect data is established in future assessments.

County Health Rankings can change positively or negatively from year to year. This fluctuation can be due to a change in a local measure at the county level. Ranks can also be influenced by updates to data sources and methodologies for individual measures. Individual rankings can also change due to the improved or worsened rankings of counties above or below us. For example, if all things remained the same for Montgomery County but a county below us in the ranking saw significant improvements in a measure, it could boost them ahead of us in the ranking profile. For more information, you can visit www.countyhealthrankings.org

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METHODOLOGY

Data Sources

PRIMARY DATA:

2019 MONTGOMERY COUNTY COMMUNITY HEALTH ASSESSMENT SURVEY

The 2019 Montgomery County Community Health Assessment Survey was a 37-question survey consisting of 259 multiple-choice items. This survey was developed by Dr. Stone's team of the Indiana University Fairbanks School of Public Health and the Montgomery County Health Department. The survey was divided into five sections:

1 questions gathering demographic information, such as age, gender, marital status, race, income, education, employment, and township.

2 questions regarding perceived health status and healthcare access, such as self-rated overall health and stress level, insurance coverage, personal healthcare provider, utilization of different health-related services, alcohol consumption, and tobacco/nicotine-based products.

3 options related to perceived community health needs, in which the participants were asked to identify the five greatest need for people who live in Montgomery County.

4 choices concerning social services utilization, in which different programs or services were listed for the participants to identify as important for the community.

5 questions about preventative health services, participants' preventative health care behaviors, participation in community events, attitudes towards substance abuse, and recognition of different programs offered in the county.

SECONDARY DATA:

2010 CENSUS

COUNTY HEALTH RANKINGS

YRBSS (YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM)

BRFFS (BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM)

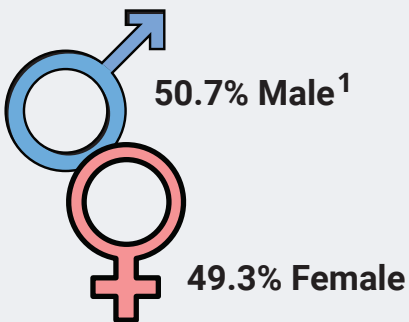**SUBSTANCE ABUSE IN INDIANA - 2016 DRUG FACT SHEETS**

DEMOGRAPHICS

Montgomery County, Indiana is a rural community located on the west-central side of Indiana. The county is made up of thirteen townships, ten towns, and the county seat, Crawfordsville. As of 2019, the population is estimated to be 38,346 with Crawfordsville making up just under half of the population, making approximately 52% living in a rural setting. Montgomery County is rich in history, is home to a Stellar(1) community, and filled with agricultural and industrial.[1]

Age & Sex

Montgomery County's population median age is 37.9 with young and older adults making up the majority of the population. The community's older population is continuing to grow (17.9%) and is slightly more than Indiana (15.8%).

County Population by Age[1]

Age Group	Population
0 to 4	2,250
5 to 17	6,533
18 to 24	3,529
25 to 44	8,792
45 to 64	10,368
65+	6,874

50.7% Male[1]

49.3% Female

The majority of residents are white, **96.2%.** Hispanic or Latino represents the largest ethnic group at approximately **5%**. Approximately **3%** of the residents are foreign-born. For persons aged, 5 and older the percent of speaking a language other than English is approximately **4.6%** of the population with 1% not being proficient in English.

Race & Ethnicity[1]

96.2% White residents

5% Hispanic or Latino residents

3% Foreign-born residents

4.6% Ages 5+ speaking language other than English

DEMOGRAPHICS

Education

The majority of residents have a high school degree. Ranking slightly higher than the state percentage at 88.6%. Although the county high school graduation rate is high, the continuing education percentage is much lower.

High School Graduates [1]	89.5%
Bachelor's Degree + [1]	18.0%

Income & Poverty

Persons in Poverty [1]	10.8%
Median Household Income [1]	$53,610

The owner occupied housing rate is 70.9% in Montgomery County.

DEMOGRAPHICS

Housing and Living Arrangements

2.47

PERSONS RESIDE PER HOUSEHOLD

Montgomery County[1]
- Homeowner: $1004
- Renter: $670

Indiana
- Homeowner: $1109
- Renter: $782

The median value of owner-occupied housing units was $118,400 compared to Indiana's median value of $130,200.

Total population in the civilian labor force aged 16+[1]

64.7%
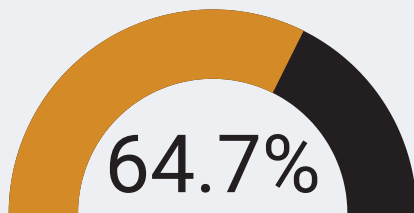
Females in the civilian labor force aged 16+[1]

57.6%
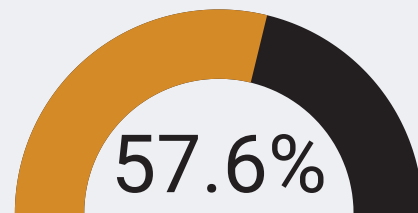
9.8% PERSONS WITHOUT HEALTH INSURANCE, UNDER 65 YEARS[1]

7.0% PERCENT OF CHILDREN WITHOUT INSURANCE[1]

10.3% PERSONS WITH A DISABILITY UNDER 65 YEARS[1]

COUNTY HEALTH RANKINGS

The County Health Rankings and Roadmaps program was established by the Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute. The goals of the program are to:

1. Build awareness of the multiple factors that influence health.
2. Provide a reliable, sustainable source of local data and evidence to communities to help them identify opportunities to improve their health.
3. Engage and activate local leaders from many sectors in creating sustainable community change.
4. Connect and empower community leaders working to improve health.

The health rankings are assessed by two main components: health factors and health outcomes.

Health factors are the element that can influence people's health; they are factors that can be changed or removed to improve people's overall health. The factors are not limited to clinical care access and quality or health behaviors such as substance abuse, diet, and exercise, but also included social-economic factors and physical environment factors. These health factors can be affected by programs and policies issued at the local, state, and national levels.

Health outcomes represent the overall well-being of a community and its population. They are influenced by health facts, and often evaluate the length of life, such as premature death and life expectancy, as well as the quality of life.

HEALTH FACTORS	HEALTH OUTCOMES
18 OUT OF 92 COUNTIES	**37 OUT OF 92 COUNTIES**

Least Healthy ———|———|———|——[ ]— Healthiest
0%   25%   50%   75%   100%

Least Healthy ———|———|——[ ]—|— Healthiest
0%   25%   50%   75%   100%

The above rankings indicate that based on *health factors* Montgomery County is ranked among the healthiest counties in Indiana and based on *health outcomes* we are in the middle range for being the healthiest.

https://www.countyhealthrankings.org/app/indiana/2019/rankings/montgomery/county/factors/overall/snapshot

COUNTY HEALTH RANKINGS

POLICIES & PROGRAMS

↓

HEALTH FACTORS

↓

HEALTH OUTCOMES

Health Behaviors (30%)
- Tobacco Use
- Diet & Exercise
- Alcohol & Drug Use
- Sexual Activity

Clinical Care (20%)
- Access to Care
- Quality of Care

Social & Economic Factors (40%)
- Education
- Employment
- Income
- Family & Social Support
- Community Safety

Physical Environment (10%)
- Air & Water Quality
- Housing & Transit

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

COMMUNITY INPUT

COMMUNITY SURVEY SUMMARY

The 2019 Montgomery County Health Needs Assessment Survey was developed by the Montgomery County Health Department along with the Indiana University at Fairbank School of Public Health. 484 residents of the county participated in the survey from July to September 2019. Following are tables summarizing the demographics of the participants.

COMMUNITY INPUT

(Data Collection and Results)

Demographic Category		Percent
Gender	Female	78.6%
	Male	20.4%
	Transgender	0.9%
	Not specified	0.2%
Age	18-24 years old	3.4%
	25-40 years old	31.9%
	41-64 years old	44.2%
	65-84 years old	16.3%
	85+ years old	4.2%
Race or Ethnicity	Asian/Pacific Islander	0.2%
	Black/African American	0.6%
	Hispanic	2.0%
	White/Caucasian	96.6%
	More than one race	1.1%
	Not specified	1.5%

COMMUNITY INPUT

(Data Collection and Results)

Demographic Category		Percent
Marital Status	Married	70.3%
	Divorced	9.9%
	Widowed	6.7%
	Separated	0.8%
	Never Married	6.5%
	A member of an unmarried couple	5.1%
	Not specified	0.6%
Highest Level of Education	Less than high school	0.6%
	High school diploma or GED	20.6%
	Some college but not degree	19.5%
	Associate's Degree	12.31%
	Bachelor's Degree	21.7%
	Graduate's Degree	17.6%
	Technical or Vocational School Diploma	7.2%
	Other	0.2%
	Not specified	0.2%

COMMUNITY INPUT
(Data Collection and Results)

Demographic Category		Percent
Employment Status	Full Time	62.4%
	Part Time	8.2%
	Retired	17.7%
	Homemaker	6.5%
	Unemployed looking for work	1.9%
	Unemployed not looking for work	1.1%
	Student	0.9%
	Not Specified	1.3%
Household Income	Less than $10,000	3.6%
	$10,000 - 19,999	4.5%
	$20,000 - 29,999	6.8%
	$30,000 - 39,999	6.8%
	$40,000 - 49,999	7.5%
	$50,000 - 59,999	8.3%
	$60,000 - 69,999	6.0%
	$70,000 - 79,999	6.8%
	$80,000 - 89,999	8.3%
	$90,000 - 99,999	8.7%
	$100,000 - 149,999	20.4%
	$150,000 or higher	6.0%
	Not Specified	6.4%

Community Participation by Montgomery County Townships

Coal Creek 2.6%	**Madison** 2.6%	**Sugar Creek** 2.0%
Wayne 5.7%	**Union** 53.5%	**Franklin** 4.5%
Ripley 3.4%		**Walnut** 4.0%
Brown 4.0%	**Scott** 1.4%	**Clark** 2.3%
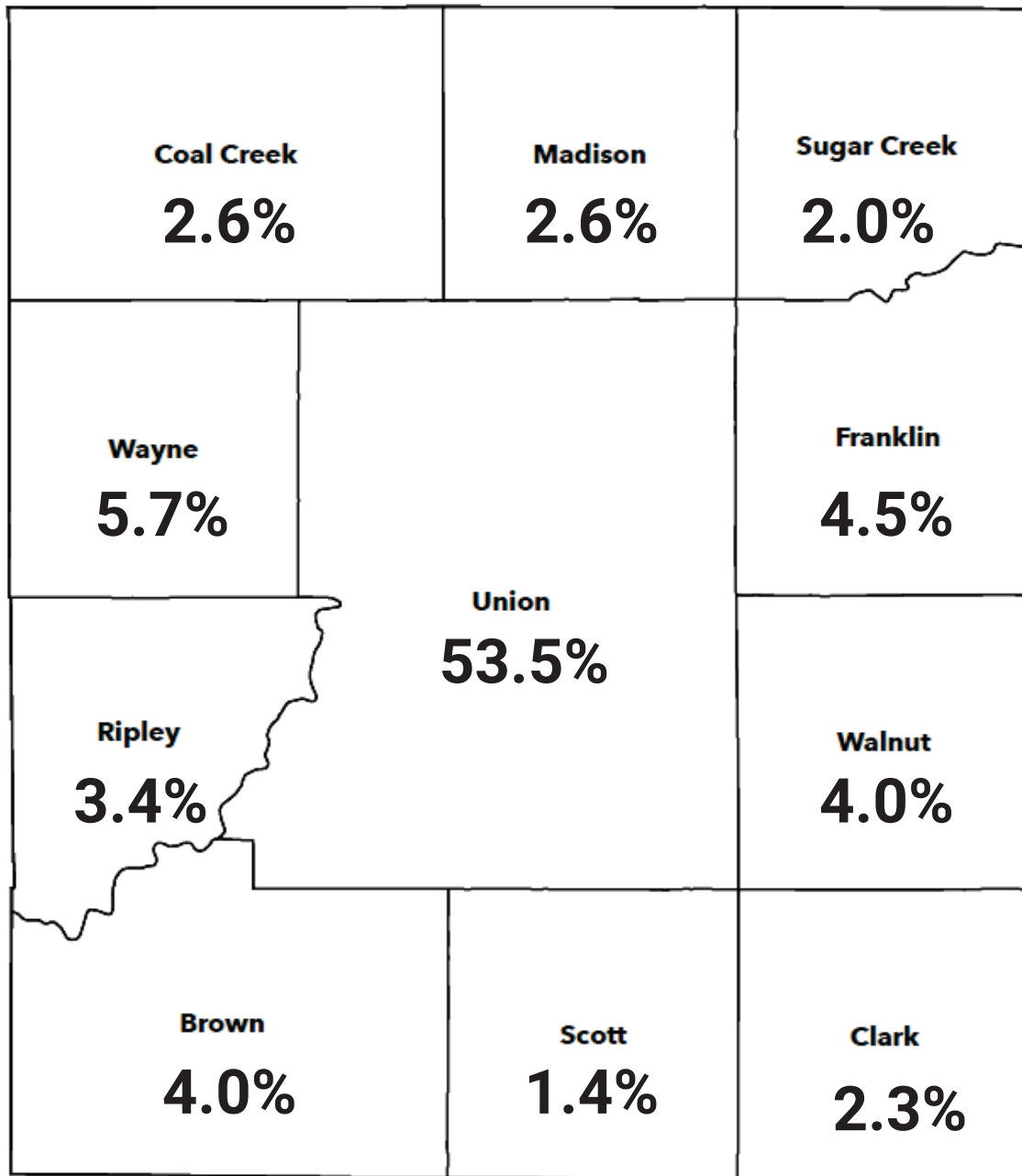
Residency percentage of survey respondents among townships: **Not Specified: 14.2%**

COMMUNITY INPUT

(Data Collection and Results)

PERCEIVED HEALTH STATUS

The use of self-rated health as a measure is important because it compares health status benefits from its comprehensive, inclusive, and non-specific nature. Additionally, as a result of an analysis of the connection between mortality and the assessment of self-rated health found that people with "poor" self-rated health had a twofold higher mortality risk than persons with "excellent" self-rated health.

2019 CHNA Q18: In general, would you say that your overall health is:

33.20%

35.10%

12.90%

3.50%

15.40%

■ Very Good ■ Fair ■ Poor ■ Excellent ■ Good

According to the survey, 18.9% of the participants reported poor or fair health.

County Health Rankings - Poor or Fair Health Percentage[2]

Montgomery County	Indiana	U.S.
17% (Error Margin: 17-18%)	18% (Range in IN: 10-21%)	16%

The "Poor or Fair Health Estimates" are age-adjusted. This is because age is a non-modifiable risk factor, and as age increases, the likelihood of poor health outcomes also increases. The report has an age-adjusted rate to compare counties with differing age structures fairly.
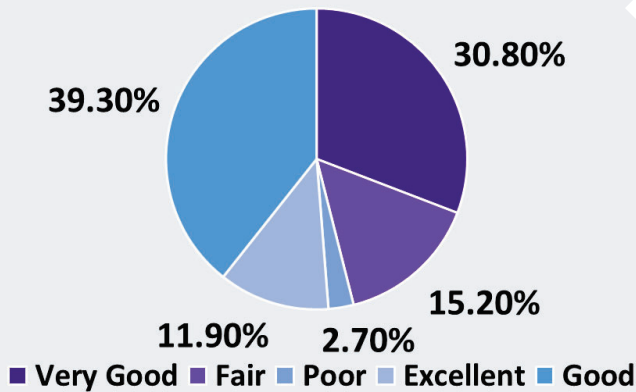
COMMUNITY INPUT

(Data Collection and Results)

2019 CHNA Survey Q19: In general, would you say that your overall quality of life in Montgomery County is:

39.30%
30.80%
15.20%
11.90% 2.70%

■ Very Good ■ Fair ■ Poor ■ Excellent ■ Good

When asking the participants to rate their overall quality of life in Montgomery County, 11.9% think the quality of life in MC as "excellent" health; 30.8% rate the quality of life in MC as "very good"; and 39.3% describe the quality of life in MC as "good."

When asking the participants to rate their level of stress in the past month, 17.4% rated their stress level as "7 out of 10", and 15.9% rated their stress level as "8 out 10". Only 3.8% rated themselves having little to no stress (1 out of 10).
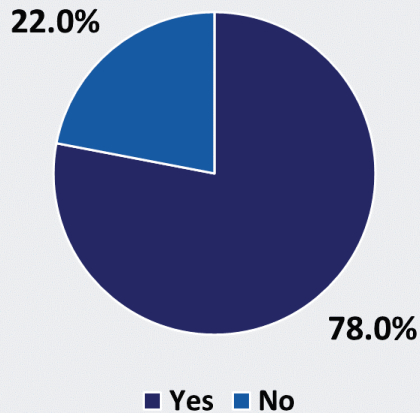
2019 CHNA Survey Q20: From 1 to 10, how would you rate your average level of stress during the past month?

Rating	Percentage
1	3.8%
2	7.2%
3	9.7%
4	7.8%
5	13.1%
6	12.7%
7	17.4%
8	15.9%
9	4.9%
10	7.4%
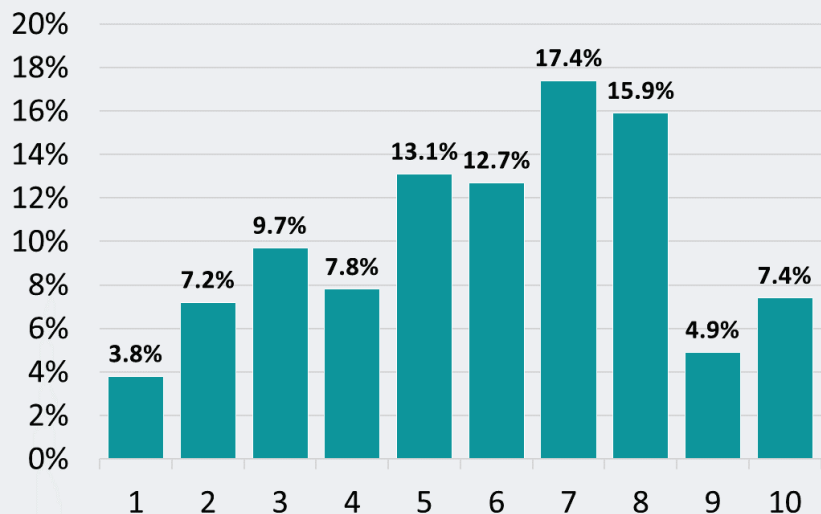
Health Indicators

Diet and Exercise

2019 CHNA Survey Q31-9: Preventative Health Services - Chose healthy food or strived for a balanced diet:

22.0%

78.0%

■ Yes ■ No

2019 CHNA Survey Q31-12: Preventative Health Services - Ate 3-5 fruits and vegetables a day:

49.3%

50.7%

■ Yes ■ No
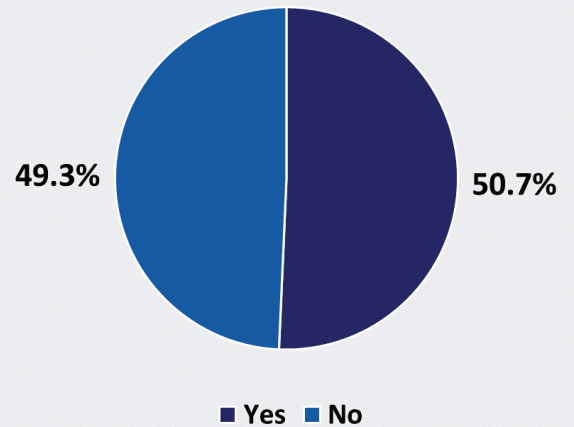
According to the survey, 77.0% of the participants indicated that they aim to achieve a balanced diet. 50.0% of the participants stated that they ate 3-5 fruits and vegetables a day.

County Health Rankings - Food Environment Index [3]

Montgomery County	Indiana	U.S.
8.0	7.1 (Range in IN: 6.4-8.9)	7.7

*2015 & 2016 data. Food environment index is calculated by the factors, including limited access to healthy foods and food insecurity, that contribute to a healthy food environment, 0 (worst) to 10 (best).

Health Indicators

According to the 2017 national Youth Risk Behavior Survey, among U.S. high school students: [4]
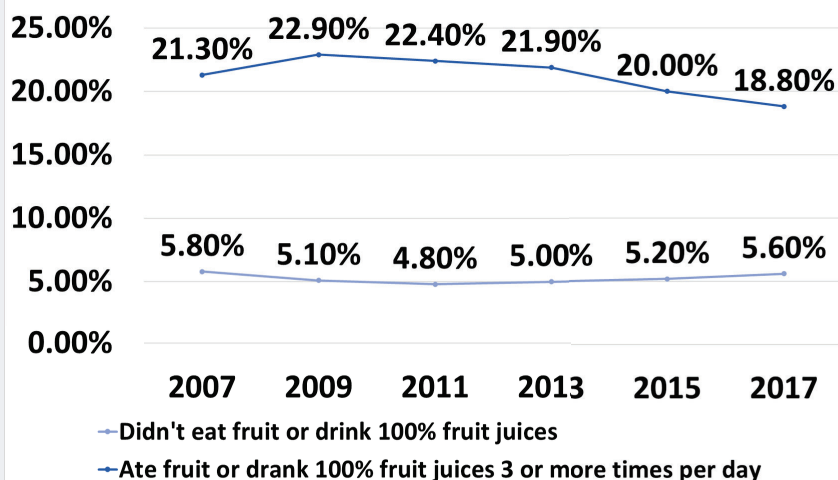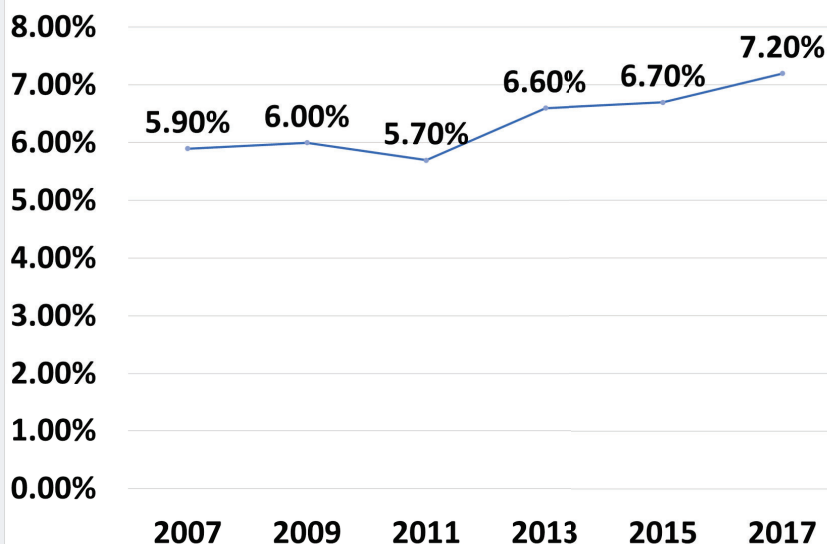
- 5.6% did not eat fruit or drink 100% fruit juices during the 7 days before the survey.
- 7.2% did not eat vegetables during the 7 days before the survey.
- 7.1% drank a can, bottle, or glass of soda or pop three or more times per day during the 7 days before the survey.
- 26.7% did not drink milk during the 7 days before the survey.
- 14.1% did not eat breakfast during the 7 days before the survey.

Data collected on consumption of fruit, 100% fruit juices, and vegetables is gathered from the 7 days leading up to the survey. The percentage who ate fruit or drank 100% fruit juice has been steadily declining since 2009. Similarly, the percent who **did not** eat vegetables has been steadily increasing since 2011.

Consumption of Fruit & 100% Fruit Juices - YRBS[5]

Year	Didn't eat fruit or drink 100% fruit juices	Ate fruit or drank 100% fruit juices 3 or more times per day
2007	5.80%	21.30%
2009	5.10%	22.90%
2011	4.80%	22.40%
2013	5.00%	21.90%
2015	5.20%	20.00%
2017	5.60%	18.80%

Did Not Eat Vegetables - YRBS[5]

Year	Percent
2007	5.90%
2009	6.00%
2011	5.70%
2013	6.60%
2015	6.70%
2017	7.20%

Health Indicators

Food Insecurity

2019 CHNA Survey Q29-1: Is food availability a priority issue in Montgomery County?

39.5%

60.5%

■ Yes ■ No
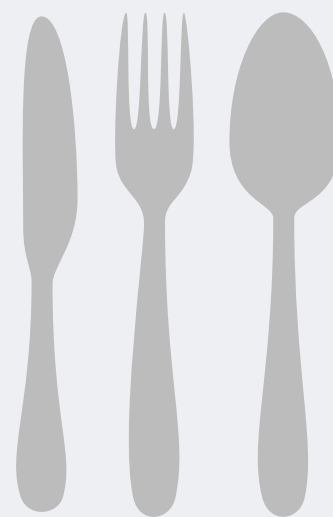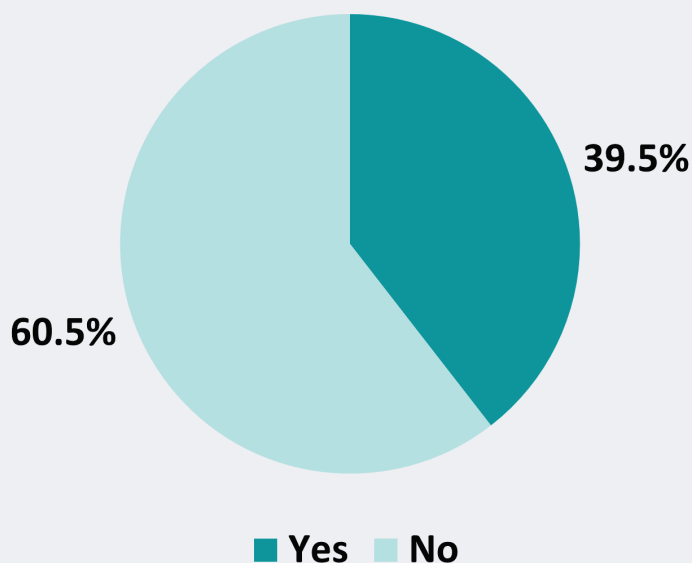
Feeding America Research (Map the Meal Gap) - Overall Food Insecurity Rate [6]

Montgomery County	Indiana	U.S.
10.7%	13.3%	12.5%

Feeding America Research (Map the Meal Gap) - Child Food Insecurity Rate [6]

Montgomery County	Indiana	U.S.
15.6%	17.4%	17.0%

Health Indicators

Physical Activity

According to the survey, 51.9% of the participants indicated exercise 3-5 times a week regularly.
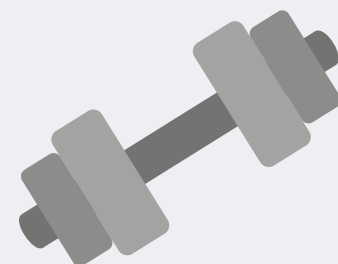
2019 CHNA Survey Q31-8: Preventative Health Services - Exercised or physically active on a regular basis (3-5 times a week):

49.3%   50.7%

■ Yes ■ No
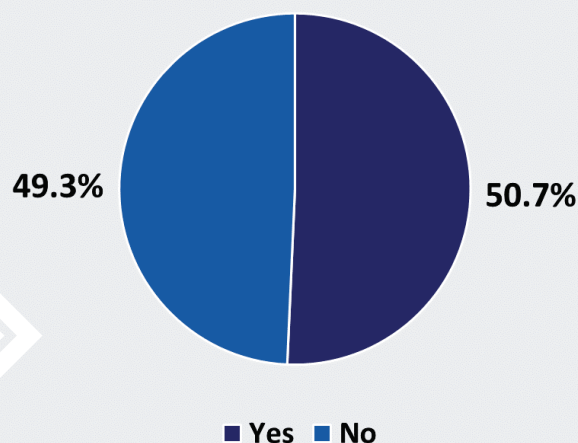
County Health Rankings - Physical Inactivity Percentage[7]

Montgomery County	Indiana	U.S.
26% (Error Margin: 21-31%)	25% (Range in IN: 14%-35%)	22%

*2015 data. Physical inactivity is based on responses to the Behavioral Risk Factor Surveillance Survey and is the percentage of adults ages 20 and over reporting no leisure-time physical activity in the past month.

County Health Rankings - Access to Exercise Opportunities[8]

Montgomery County	Indiana	U.S.
64%	25% (Range in IN: 23%-93%)	84%

*2010 & 2018 data. Access to exercise opportunities measures the percentage of individuals in a county with adequate access (within a close distance) to a location for physical activity

Health Indicators

Physical Activity

According to the 2017 national YRBS, among U.S. high school students:[9]

- 15.4% were not physically active for a total of at least 60 minutes on at least 1 day during the 7 days before the survey.
- 48.3% did not go to physical education (PE) classes on 1 or more days in an average week when they were in school.
- 45.7% did not play on at least one sports team counting any teams run by their school or community groups during the 12 months before the survey.

2007-2017 saw no changes in the following:[10]

- Youth who were not physically active for a total of at least 60 minutes on at least 1 day
- Youth who were physically active for a total of at least 60 minutes per day on 5 or more days
- Youth who were physically active for a total of at least 60 minutes per day on all 7 days

Screen Time (YRBS)[9]

Year	Watching TV 3 or more hours per day	Video games or computer 3 or more hours a day
2007	35.40%	24.90%
2009	32.80%	24.90%
2011	32.40%	31.40%
2013	32.50%	41.30%
2015	24.70%	41.70%
2017	20.70%	43.00%

— Watching TV 3 or more hours per day

— Video games or computer 3 or more hours a day
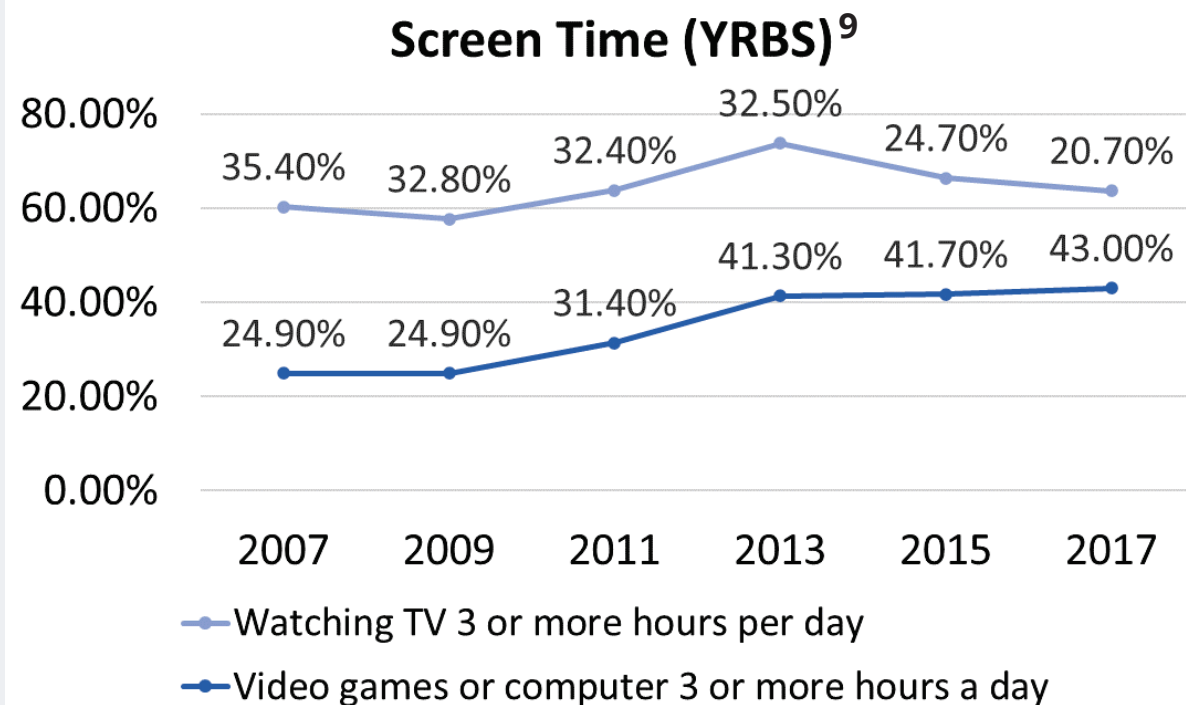
Health Indicators

Obesity

County Health Rankings - Adult Obesity Percentage [11]

Montgomery County	Indiana	U.S.
27% (Error Margin: 22-33%)	33% (Range in IN: 25-39%)	29%

*2015 data. Adult obesity is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.

According to the 2017 YRBS, among U.S. high school students in the nation:[12]

14.8%
Had Obesity

15.6%
Were Overweight

YRBS Overweight and Obesity[13]

20.00%

15.6%   15.6%   15.2%   16.6%   16.0%   15.6%

15.00%

12.8%   11.8%   13.0%   13.7%   13.9%   14.8%

10.00%

5.00%

0.00%

2007   2009   2011   2013   2015   2017

— Population Overweight   — Population with Obesity
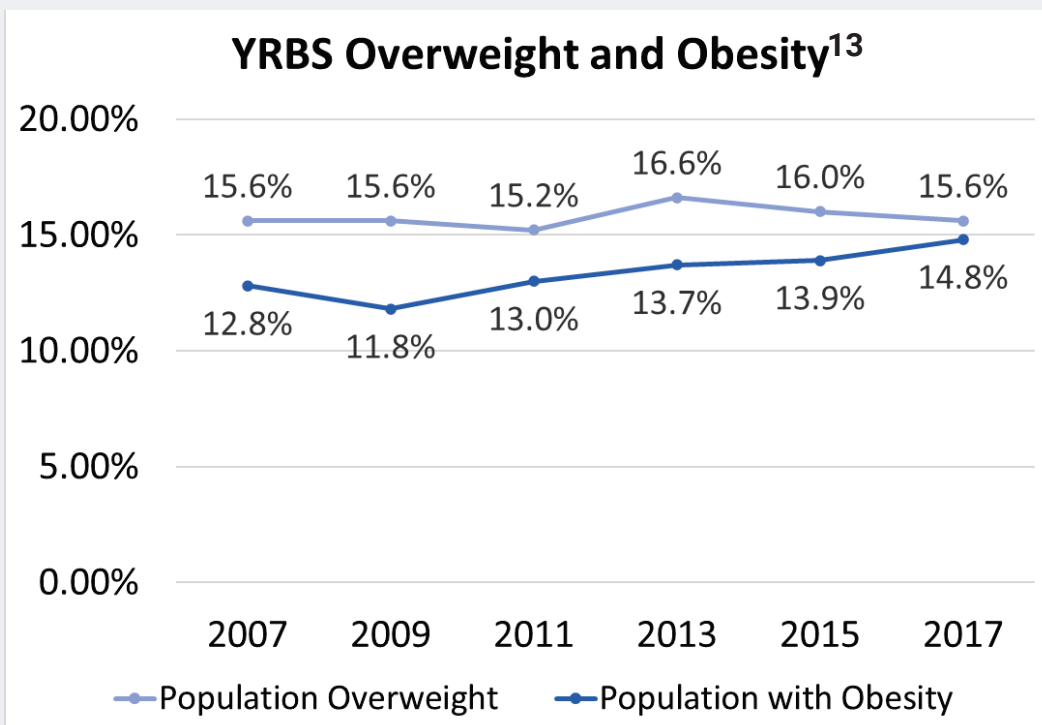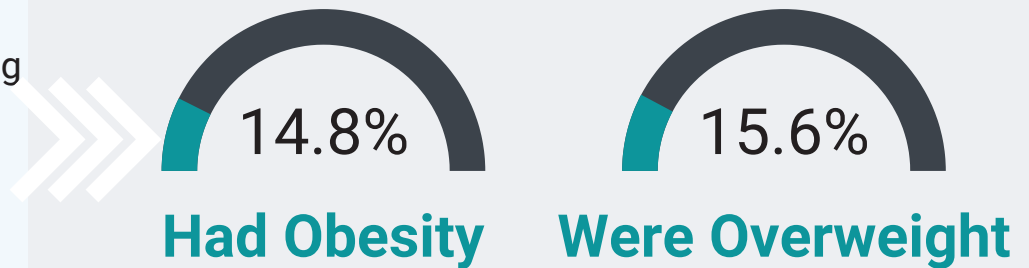
Health Indicators

Tobacco/Nicotine

2019 CHNA Survey Q24: Nicotine Products Using Situation

17.4% 7.0%

2.5%

14.2%

58.9%

- ■ Tried a few times regularly
- ■ Never used
- ■ Use daily
- ■ Use occasionally
- ■ Don't use now, but previously did
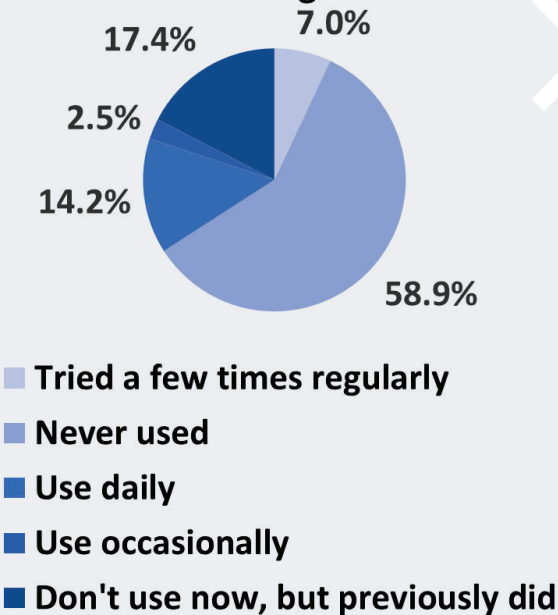
More than half of the participants (58.9%) stated that they never used tobacco- or nicotine- based products before, including cigarettes, e-cigarettes, Juul, vaporizers, pipe tobacco, chewing tobacco, and snus. 16.7% of the participants indicated some type of current tobacco- or nicotine-based products usage.

Compared to the County Health Rankings (20%), the percent of adult smokers is much higher in the survey (34.1%), because 17.4% who stated previously smoked but now quit were included in adult smokers, since it is very likely that they smoked more than 100 cigarettes in their lifetime. 64.7% of the survey participants were age 41 and older. Since the smoking cessation education and programs were only established or gained attention in the recent couple decades, it is very likely that this older group of population smoked in their younger years but now quiet, hence this answer had a high response rate. Only 16.7% are current smokers.

County Health Rankings - Adult Smoking Percentage[14]

Montgomery County	Indiana	U.S.
20% (Error Margin: 19-21%)	21% (range in IN: 13%-24%)	17%

*2016 data. Adult Smoking is the percentage of the adult population in a county who both report that they currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime.
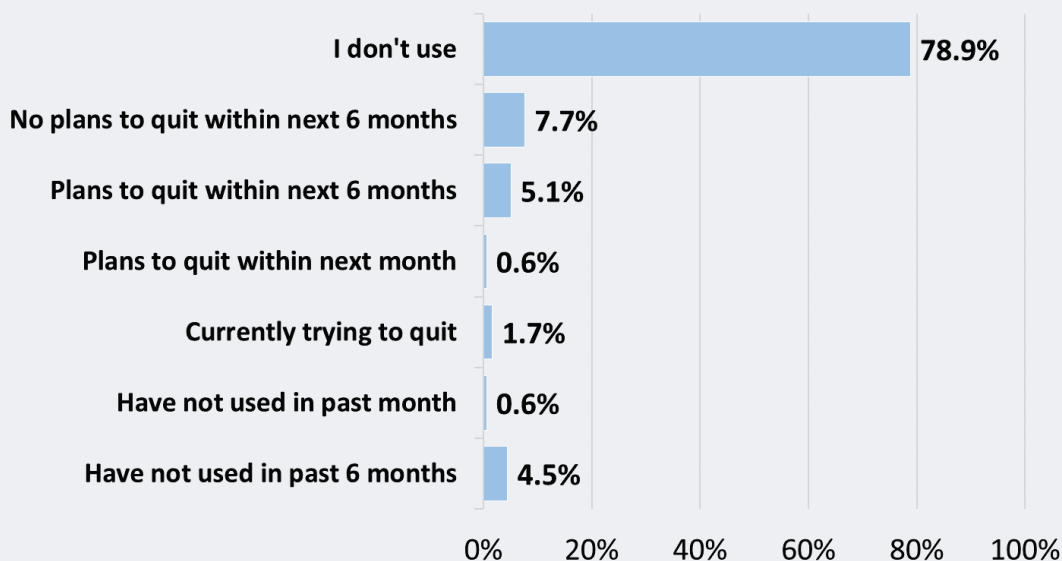
When asking about the participants' intention to quit using tobacco/nicotine-based products, 7.7% current users indicated that they do not plan to quit within the next 6 months. Most respondents (78.9%) indicated that they are not tobacco/nicotine-based products users. 4.5% indicated that are in the quitting process and have not been using in the past 6 months.

Health Indicators

Tobacco/Nicotine

2019 CHNA Survey Q25: Which of the following best describes your use of tobacco/nicotine-based products?

Response	Percent
I don't use	78.9%
No plans to quit within next 6 months	7.7%
Plans to quit within next 6 months	5.1%
Plans to quit within next month	0.6%
Currently trying to quit	1.7%
Have not used in past month	0.6%
Have not used in past 6 months	4.5%

According to 2017 YRBS, among high school students:[15]

Cigarette Use
- 28.9% have tried cigarette smoking
- 8.8% currently smoked cigarettes on at least 1 day during the 30 days before the survey
- 2.6% currently frequently smoked cigarettes on at least 20 days before the survey
- 2% currently smoked cigarettes daily on all 30 days before the survey

Smokeless Tobacco & Cigar Use
- 5.5% currently used smokeless tobacco (e.g., chewing tobacco, snuff, dip, or dissolvable tobacco products) at least 1 day during the 30 days before the survey
- 8% currently smoked cigars, cigarillos, or little cigars on at least 1 day during the 30 days before the survey

Electronic Vapor Use
- 42.2% have tried an electronic vapor product
- 13.2% currently used an electronic vapor product on at least 1 day during the 30 days before the survey

Any Tobacco Use
- 19.5% currently smoked cigarettes or cigars or used smokeless tobacco or an electronic vapor product on at least 1 day during the 30 days before the survey

Health Indicators

Tobacco/Nicotine

Youth Consumption in Indiana - 2016[18]

- Among 12 to 17-year-olds in Indiana, 9.1% reported current use of a tobacco product, and 6.7% indicated that they currently smoke cigarettes.
- 2.9% of middle school students and 12.0% of high school students in Indiana smoked cigarettes in the past month.
- The use of e-cigarettes is on the rise. Past-month prevalence increased significantly from 2012 to 2014 for students in middle school (from 1.3% to 5.2%) and high school (from 3.9% to 15.6%).
- White high school students had significantly higher smoking rates than black students (12.1% and 7.1%, respectively).

Ever tried cigarette smoking (YRBS)[16]
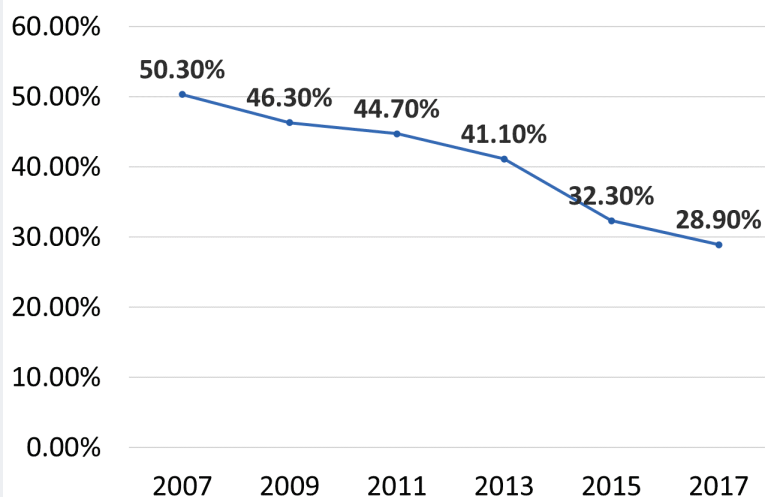
Current frequent cigarette use (YRBS)[16]
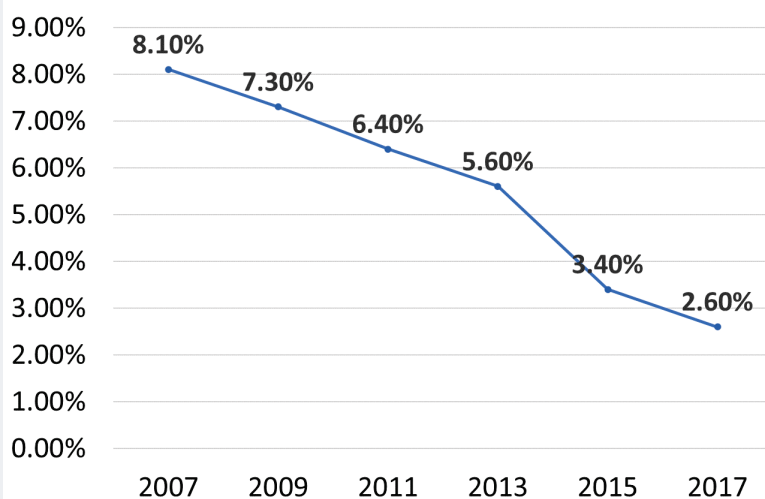
36.9% OF INDIANA YOUTH HAVE TRIED CIGARETTE SMOKING[17]

Health Indicators

Alcohol

2019 CHNA Survey Q26: Alcohol Consumption Frequency

26.2%   26.9%

7.7%

11.7%   4.3%

11.7%   11.1%

- ■ Never
- ■ Daily
- ■ 2-3 times a week
- ■ Once a week
- ■ 2-3 times a month
- ■ Once a month
- ■ Less than once a month
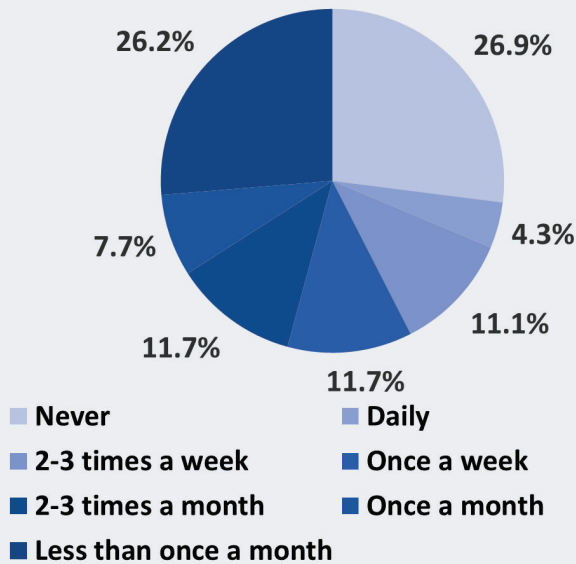
When asking for alcohol consumption frequency, most participants answered that they rarely drink or do not drink at all. 26.2% stated having a drink less than once a month, and 26.9% stated never drank before. 4.3% stated having a drink every day.

County Health Rankings - Excessive Drinking Percentage[19]

Montgomery County	Indiana	U.S.
18% (Error Margin: 17-19%)	19% (Range in IN: 15-21%)	18%

*2016 data. Excessive Drinking measures the percentage of a county's adult population that reports binge or heavy drinking in the past 30 days.

Alcohol-Impaired Driving Deaths[21]

→ Montgomery County: 13%

→ Indiana: 21%

Health Indicators

Alcohol

- According to the survey, only 1.4% of the female participants stated they typically consume 5 or more drinks in one session, however, 9.4% of the male participants stated having 5 or more drinks in one session.
- 4.3% of the survey participants indicated that they once drove under the influence of alcohol or drugs

2019 CHNA Survey Q27: Alcohol Consumption Amount

30.1%
32.6%
3.0%
3.4%
7.7%
22.8%

■ 1 drink   ■ 2 drinks   ■ 3 drinks
■ 4 drinks   ■ 5 drinks   ■ Don't drink
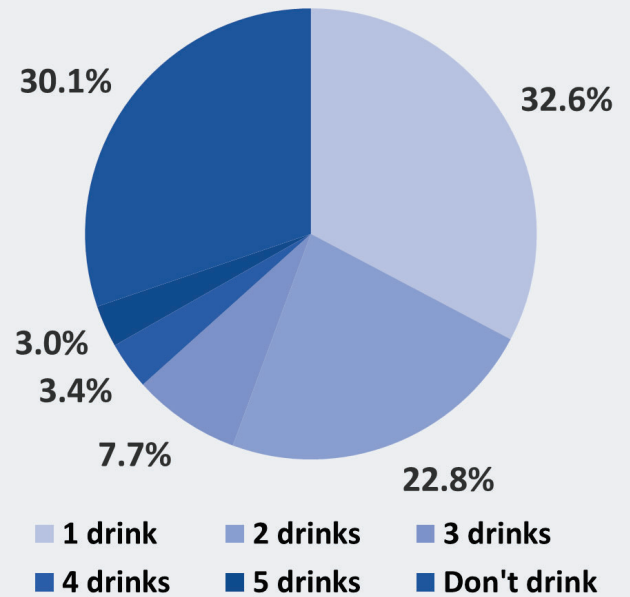
BRFSS 2012[20] - In the past 30 days have you driven after drinking too much?

	Indiana	U.S.
Yes	1.6%	1.8%
No	98.40%	98.20%

■ Yes   ■ No
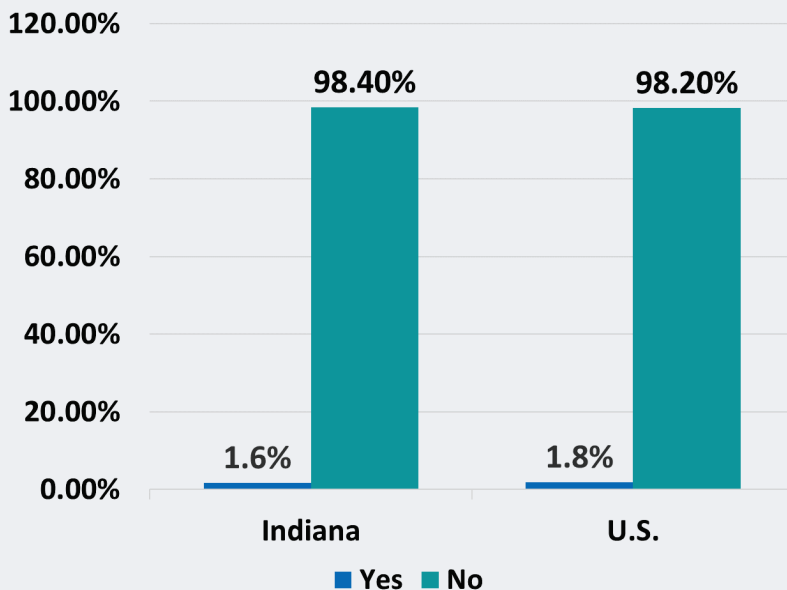
2019 CHNA Survey Q33-10: Any of the following apply - Drive under the influence of alcohol or drugs?

4.3%
95.7%

■ Yes   ■ No

Health Indicators

Alcohol

Alcohol Consumption Among U.S. High School Students - YRBS[22]

	2007	2009	2011	2013	2015	2017
Ever drank alcohol (at least once)	75.00%	72.50%	70.80%	66.20%	63.20%	60.40%
Drank alcohol before age 13 (more than a few sips)	44.70%	41.80%	38.70%	34.90%	32.80%	29.80%
Current alcohol use (1 drink on at least 1 day during 30 days prior to survey)	23.80%	21.10%	20.50%	18.60%	17.20%	15.50%

—Ever drank alcohol (at least once)

—Drank alcohol before age 13 (more than a few sips)

—Current alcohol use (1 drink on at least 1 day during 30 days prior to

Youth Consumption - Underage Drinking in [23]Indiana - 2016

- Among Hoosiers 12 to 20 years old, **21.0%** reported current alcohol use.
- **30.5%** of Indiana high school students (grades 9 through 12) used alcohol in the past month, and **17.4%** engaged in binge drinking.
- **10.6%** of Indiana youth ages 12 to 17 drank alcohol in the past month.

Health Indicators

Substance Use

Do any of the following apply?

- Smoked marijuana — 8.5%
- Used methamphetamines — 3.1%
- Used heroin — 1.7%
- Taken opioid or narcotic not prescribed to you — 3.1%

0% 2% 4% 6% 8% 10%

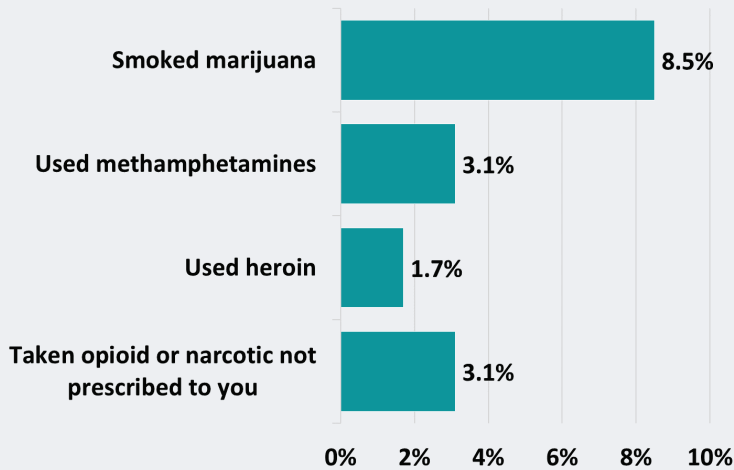When asking the usage of other narcotic substances, 8.5% of participants stated they had smoked marijuana before, 3.1% had used methamphetamines, 3.1% had taken non-prescribed opioids or narcotics, and 1.7% had used heroin.

Figure 2: The U.S. and Indiana opioid prescribing rate per 100 persons.
Source: CDC and IQVIA Xponent 2006-2007.

Indiana: 94.3, 99.7, 103.3, 105.6, 107.1, 106.7, 110.5, 106.3, 96.7, 89.1, 83.9, 74.2

U.S.: 72.4, 75.9, 78.2, 79.5, 81.2, 80.9, 81.3, 78.1, 75.6, 70.6, 66.5, 58.7

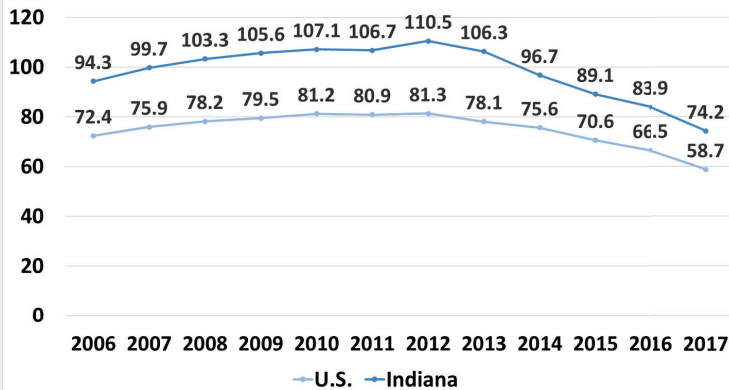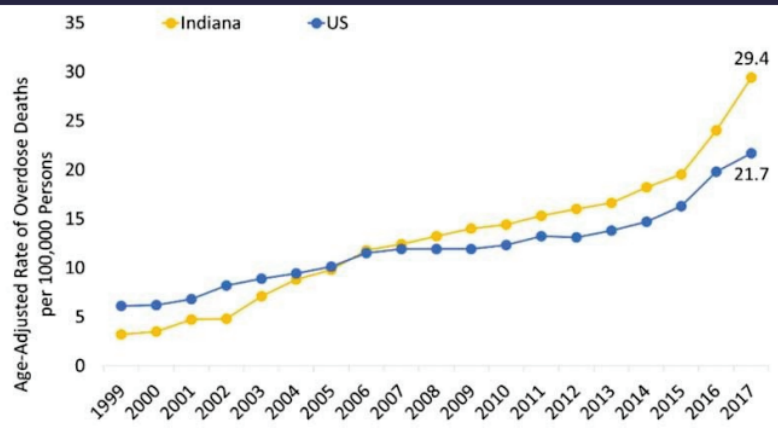2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017

—U.S. —Indiana

Figure 1. Drug overdose deaths, rate per 100,000 persons, in the U.S. and Indiana. Source: CDC WONDER.[24]

Indiana   US

Age-Adjusted Rate of Overdose Deaths per 100,000 Persons

29.4

21.7

1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017

Health Indicators

According to the 2007-2017 national YRBS, among U.S. high school students:

YRBS - Marijuana Use[25]

	2007	2009	2011	2013	2015	2017
Ever used marijuana	38.10%	36.80%	39.90%	40.70%	38.60%	35.60%
Current marijuana use	19.70%	20.80%	23.10%	23.40%	21.70%	19.80%

YRBS - Other Drug Use[25]

	2007	2009	2011	2013	2015	2017
Ever used cocaine	7.20%	6.40%	6.80%	5.50%	5.20%	4.80%
Ever used hallucinogenic drugs	7.80%	8.00%	8.70%	7.10%	6.40%	6.60%

Marijuana and Cocaine use in youth populations have both dropped during the years 2013-2017. While hallucinogenic drugs appeared to be doing the same, it increased from 6.4% of the youth population having tried it in 2015 to 6.6.% in 2017.
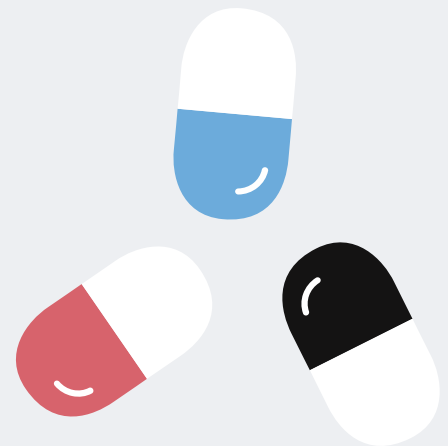
Health Indicators

Mental Health

When asking questions related to mental health, 29.8% of the participants answered that they felt depressed, lonely or isolated. 8.5% contemplated committing suicide, and 2.3% attempted suicide.

2019 CHNA Survey Q33-3-5: Percent that said "Yes" to the following scenarios:

Bar chart values:
- Felt depressed, lonely or isolated: 29.8%
- Contemplated suicide: 8.5%
- Attempted suicide: 2.3%
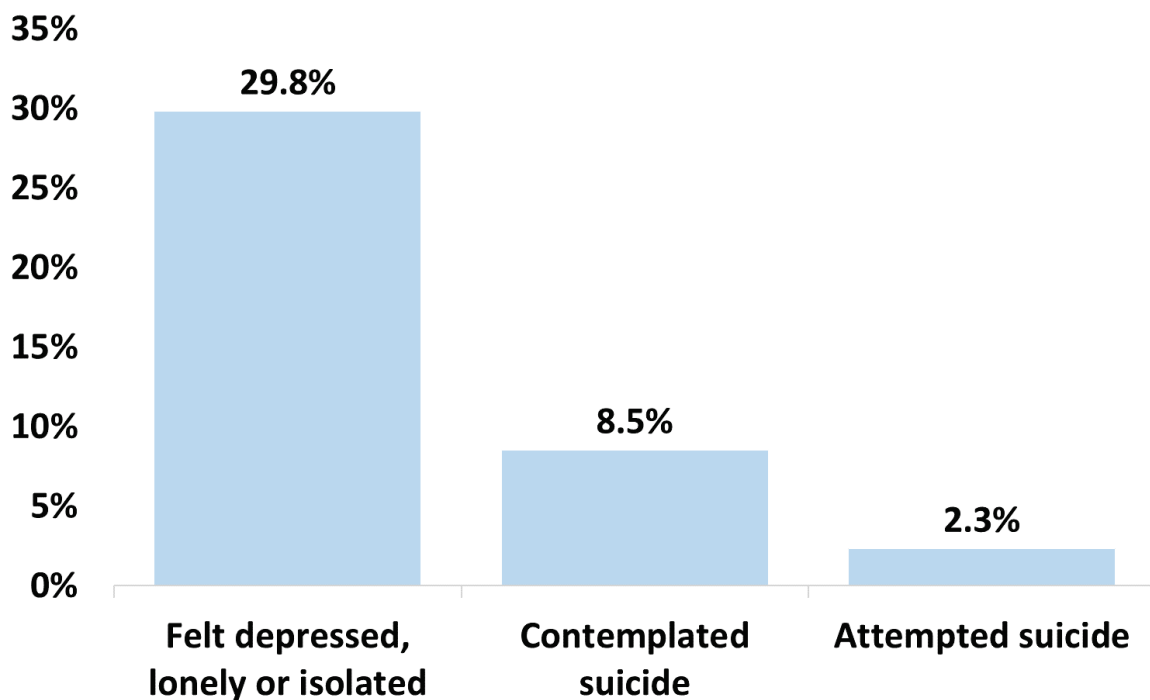
County Health Rankings - Poor Mental Health Days[27]

Montgomery County	Indiana	U.S.
3.9 days (Error Margin: 3.7-4.2)	4.3 days (Range in IN: 3.0-4.8%)	3.8 days

*2016 data. Poor mental health days measures the average number of mentally unhealthy days reported in past 30 days.

Health Indicators

Mental Health

According to the survey, 38.1% of the participants stated that they took actions to reduce stress.
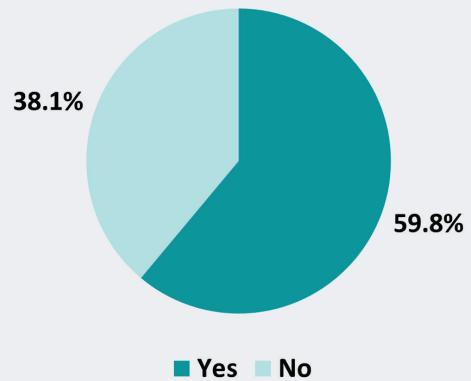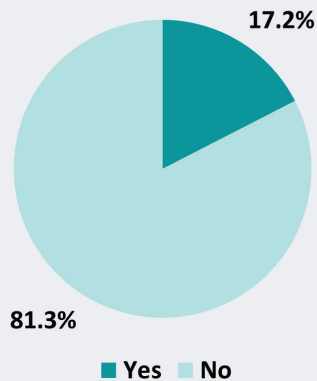
2019 CHNA Survey Q31-14: Preventative Health Services - Take steps to reduce stress:

38.1%

59.8%

■ Yes ■ No

2019 CHNA Survey Q23: Within the past 12 months, what best describes your use of health-related services? (Mental health care)

17.2%

81.3%

■ Yes ■ No

According to the survey, 17.4% of the participants stated that they had screenings for anxiety, depression, or some other mental health concern in the last year.

2019 CHNA Survey Q23: Within the past 12 months, what best describes your use of health-related services? (Screening for anxiety, depression, or some other mental health concern)

17.4%

80.5%

■ Yes ■ No
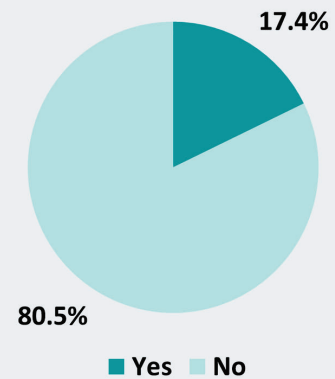
According to the survey, 17.4 % of the participants stated that they had screening for anxiety, depression, or some other mental health concern in the last year.

County Health Rankings - Mental Health Providers [28]

Montgomery County	Indiana	U.S.
1,010:1	670:1 (Range in IN: 14,130:1-210:1)	3.8 days
*2018 data. Ratio of population to mental health providers		

Health Indicators

According to the 2007-2017 national YRBS, among U.S. high school students: [29]

YRBS: SERIOUSLY CONSIDERED ATTEMPTING SUICIDE[29]

20.00%
15.00%
10.00%
5.00%
0.00%

14.50% 13.80% 15.80% 17.00% 17.70% 17.20%
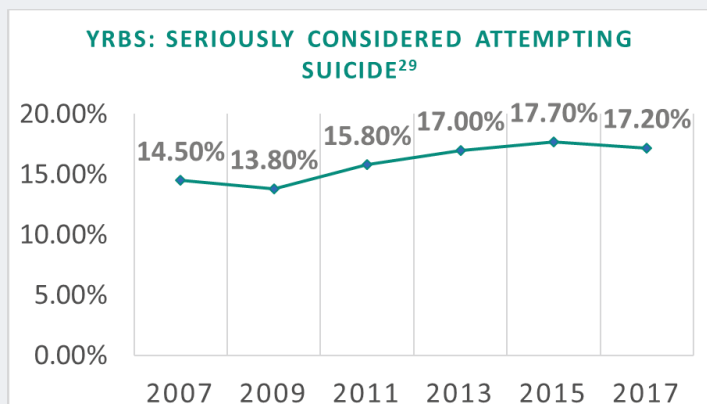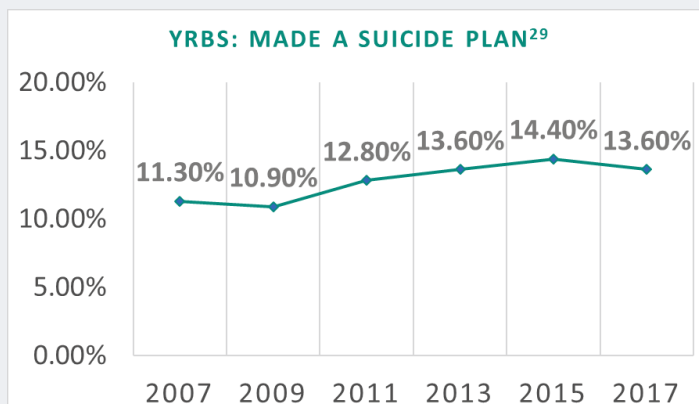
2007 2009 2011 2013 2015 2017

*during the 12 months before the survey

YRBS: MADE A SUICIDE PLAN[29]

20.00%
15.00%
10.00%
5.00%
0.00%

11.30% 10.90% 12.80% 13.60% 14.40% 13.60%

2007 2009 2011 2013 2015 2017

*during the 12 months before the survey

YRBS: ATTEMPTED SUICIDE[29]

10.00%
8.00%
6.00%
4.00%
2.00%
0.00%

6.90% 6.30% 7.80% 8.00% 8.60% 7.40%

2007 2009 2011 2013 2015 2017
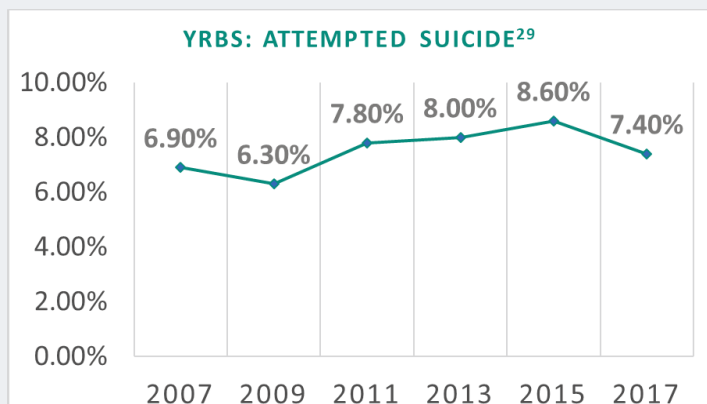
*1 or more times during 12 months before survey

YRBS: MADE A SUICIDE ATTEMPT THAT HAD TO BE TREATED BY A DOCTOR OR NURSE[29]

3.00%
2.50%
2.00%
1.50%
1.00%
0.50%
0.00%

2.00% 1.90% 2.40% 2.70% 2.80% 2.40%

2007 2009 2011 2013 2015 2017
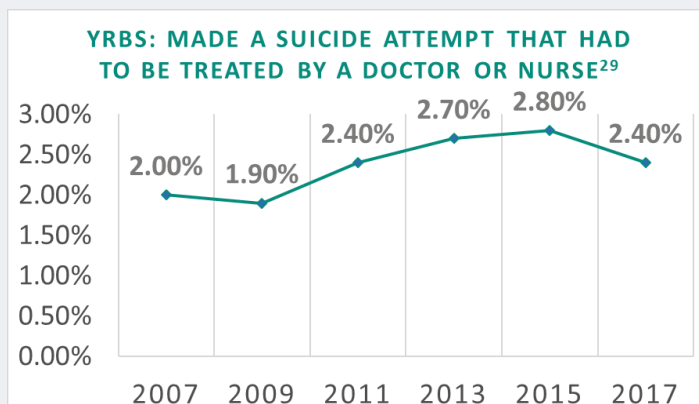
*during the 12 months before the survey

Suicide attempts among youth in Indiana, 2011-2015 [30]

▶ 29.3% of high school students reported feeling sad or hopeless almost every day for two weeks or more in a row, resulting in changes in behavior during the past 12 months.

▶ 9.9% of Indiana high school students reported that they attempted suicide in the previous 12 months

▶ Among students who attempted suicide during the 12 months before the survey, 34.2% asked for help from someone before their suicide attempt, such as a doctor, counselor, or hotline.

▶ 19.8% of Hoosiers in grades 9–12 seriously considered attempting suicide during the past 12 months

Health Indicators

Sexual Health

When asking questions related to sexual health, 22.9% of the participants answered that they had sexual health discussion within their households. 7.9% of the participants indicated that they used protection against STDs with a new sexual partner.

2019 CHNA Survey Q33-1: Discussed sexual health within household:

22.9%

77.1%

■ Yes ■ No
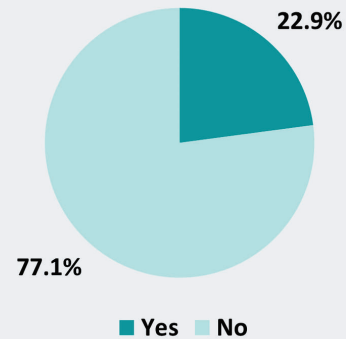
2019 CHNA Survey Q33-2: Used protection against STDs with a new sexual partner:

22.9%

77.1%

■ Yes ■ No
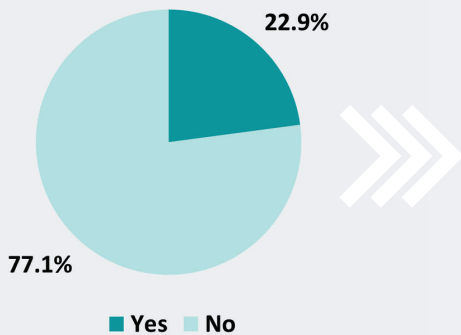
* 92% of the participants answered that they do not used protection against STDs with a new sexual partner. This high percentage of answer might be contributed to the demographic of the participant. 44.2% of the participants were 41-64 years old, and 70.3% were married. Instead of not using protection, it is likely that most of the participants do not have new sexual partners.

County Health Rankings - Sexually Transmitted Infection Rate [31]

Montgomery County	Indiana	U.S.
408.1/100,000 population	466.0/100,000 population(Range in IN: 69.6-1,045.2)	497.3/100,000 population

*2016 data. Sexually transmitted infection rate measures the number of newly diagnosed chlamydia cases per 100,000 population of a county

County Health Rankings - Teen Birth Rates [32]

Montgomery County	Indiana	U.S.
39/1,000 population (error margin: 25- 43)	28/1,000 population (Range in IN: 7-49)	25/1,000 population

*2011-2017 data. Teen births rate is the number of births to females ages 15-19 per 1,000 females in 2011-2017 in a county.

Health Indicators

Sexual Health

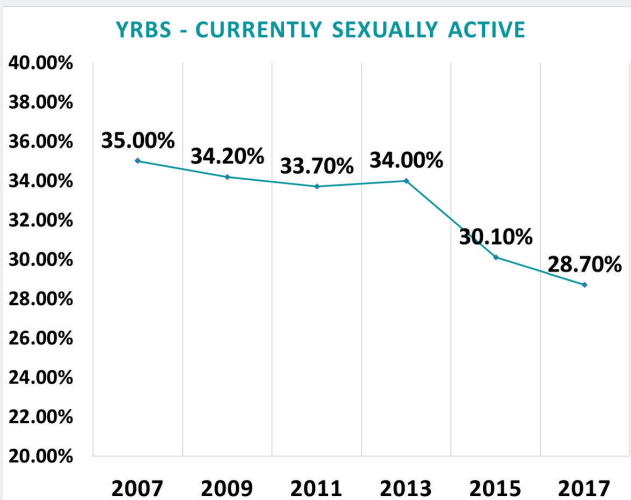**According to the 2017 national YRBS, among U.S. high school students:** [33]
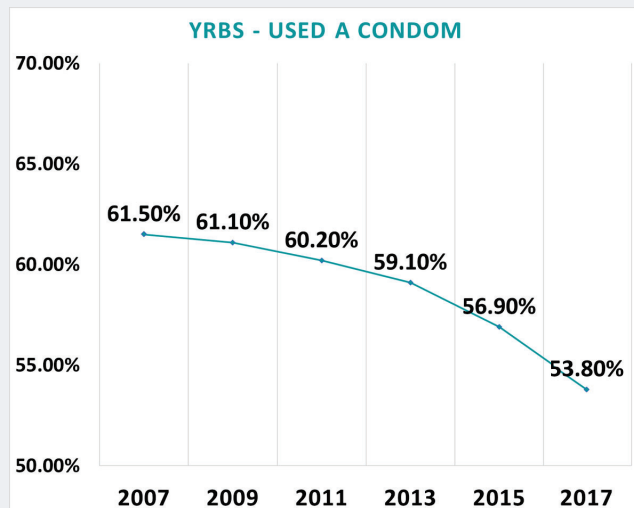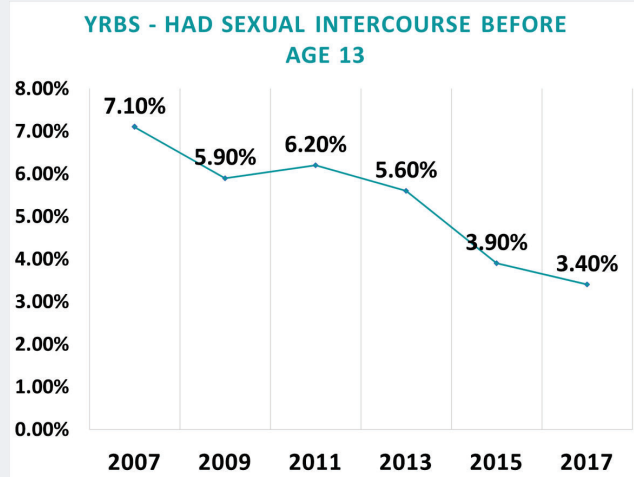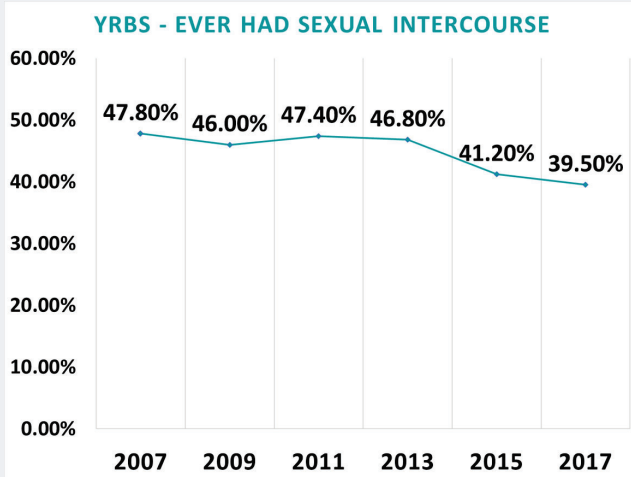
YRBS - EVER HAD SEXUAL INTERCOURSE

	2007	2009	2011	2013	2015	2017
%	47.80%	46.00%	47.40%	46.80%	41.20%	39.50%

YRBS - HAD SEXUAL INTERCOURSE BEFORE AGE 13

	2007	2009	2011	2013	2015	2017
%	7.10%	5.90%	6.20%	5.60%	3.90%	3.40%

YRBS - CURRENTLY SEXUALLY ACTIVE

	2007	2009	2011	2013	2015	2017
%	35.00%	34.20%	33.70%	34.00%	30.10%	28.70%

*had sexual intercourse with at least one person during the 3 months before the survey

YRBS - USED A CONDOM

	2007	2009	2011	2013	2015	2017
%	61.50%	61.10%	60.20%	59.10%	56.90%	53.80%

*during last sexual intercourse, among students who were currently sexually active

Sexual Risk Behaviors:

- 28.7% were currently sexually active
- 46.2% did not use a condom during last sexual intercourse
- 70.6% did not use birth control pills, an IUD or implant, or a shot, patch, or birth control ring to prevent pregnancy before last sexual intercourse

Alcohol & Other Drug Use:

- 18.8% drank alcohol or used drugs before last sexual intercourse
- 1.5% ever injected any illegal drug

Health Indicators

Sexual Health

According to the 2015 Youth Risk Behaviors Survey Results in Indiana High schools: [34]

13.4%
FEMALES
6.4%
MALES

Percentage of students who were ever physically forced to have sexual intercourse (when they did not want to)

41.7%
FEMALES
41.6%
MALES

Percentage of students who ever had sexual intercourse

Percentage of students who were currently sexually active (sexual intercourse with at least one person during the 3 months before the survey)
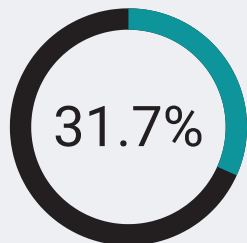
31.7%

Percentage of students who used a condom (during last sexual intercourse among students who were currently sexually active)
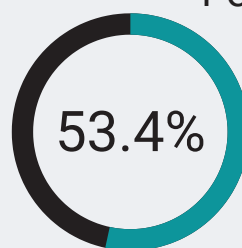
53.4%

Sexual Risk Behaviors:

- 41.7% ever had sexual intercourse.
- 17.4% drank alcohol or used drugs before last sexual intercourse.
- 15.5% did not use any method to prevent pregnancy during last sexual intercourse.

Health Indicators

Prenatal and Child Care

2019 CHNA Survey Q23: Within the past 12 months, what best describes your use of health-related services? (Care related to family planning)
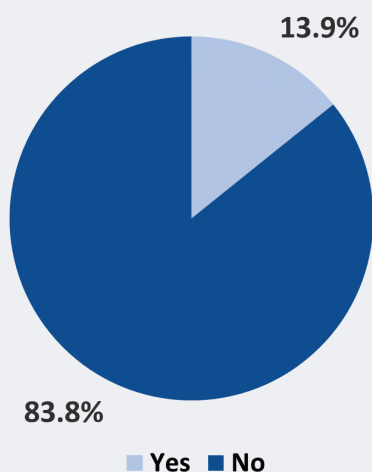
13.9%

83.8%

■ Yes ■ No

2019 CHNA Survey Q23: Within the past 12 months, what best describes your use of health-related services? (Prenatal or well-baby care)

7.0%

90.9%

■ Yes ■ No
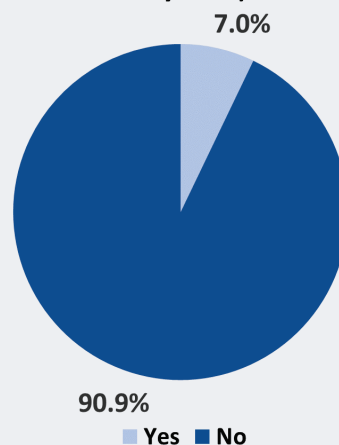
Only 13.9% and 7.0% of the participants stated that they used family planning service and prenatal care. This data is most likely be attributed to that 64.7% of the participants are age 40 and older.

In Indiana in 2016, [35]

- 73.8% of live births were to women receiving early prenatal care, 20.2% were to women beginning care in the second trimester, and 6.0% were to women receiving late or no prenatal care.
- About 1 in 17 infants (6.0% of live births) were born to a woman receiving late or no prenatal care in Indiana.
- 78.5% of live births were to women receiving adequate/adequate plus prenatal care, 5.7% were to women receiving intermediate care, and 15.8% were to women receiving inadequate care.
- About 1 in 6 infants (15.8% of live births) were born to a woman receiving inadequate prenatal care in Indiana.

Teen Birth Rates per 1,000 females in Indiana[36]

28   26   23.6   22.8   21.8

2014   2015   2016   2017   2018
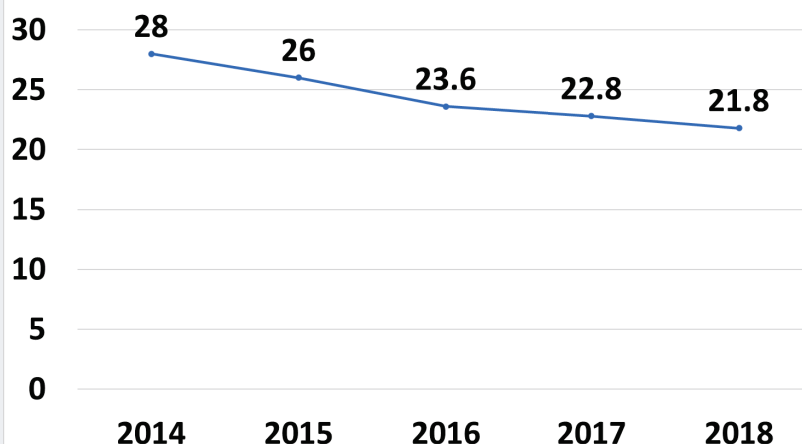
Health Indicators

Mortality [37]

2017 Cause of Death	Montgomery County Count	Montgomery County Rate*	Indiana Count	Indiana Rate*	U.S. Rate*
Heart Disease	120	229.29	14,445	183.2	165.0
Cancer	81	158.86	13,462	170.0	152.5
Chronic Lower Respiratory Disease	46	88.60	4,375	55.2	40.9
Accidents (Unintentional)	26	65.8	3,978	58.7	49.4
Stroke	17	33.05	3,150	40.2	37.6
Alzheimer's Disease	15	27.59	2,771	35.3	31.0
Diabetes	13	24.97	2,096	26.6	21.5
Kidney Disease	9	16.05	1,440	18.5	13.0
Suicide	5	13.85	1,092	16.3	14.0
Drug Overdose	13	38.5	1,852	29.4	21.7

*Age-adjusted death rates (per 100,000 U.S. standard population)

119 INJURY-RELATED DEATHS IN MONTGOMERY COUNTY

OVERALL COUNTY VALUE: **62** (ERROR MARGIN: 51-73) [38]

Health Indicators

Clinical Care

Access to Care: Preventative Care and Service

2019 CHNA Survey Q23: Within the past 12 months, what best describes your use of health-related services?

Service	Percentage
Filled a prescription	84.60%
Dental care	79.10%
Care from a doctor	78.90%
Routine physical exam	77.50%
Acute care (infection, or injury)	58.70%
Care outside of Montomery County	53.4%
Immunizations other preventative care	52.7%
Care at urgent center	38.7%
Chronic disease care (diabetes, or disability)	20.8%
Care at a VA hospital	3.2%
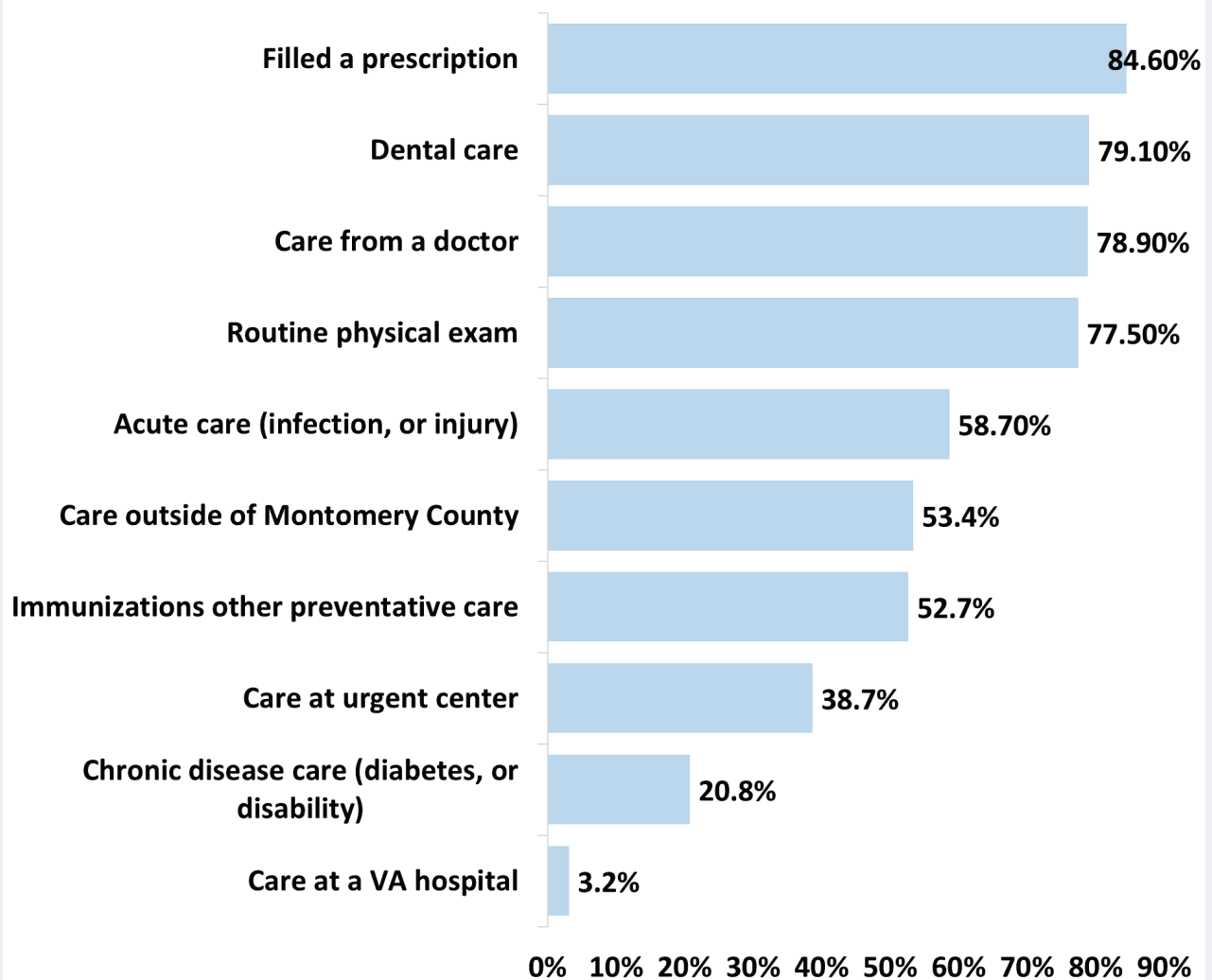
Health Indicators

2019 CHNA Survey Q31-1-7: Preventative health care services in the past 12 months:

Category	Percentage
Had teeth cleaned	77.9%
Had flu shot	63.8%
Had blood pressure checked	90.4%
Had cholesterol checked	68.20%
Had skin cancer checkup	30.00%
Had blood glucose test	58.90%
Had routine checkup	83.60%
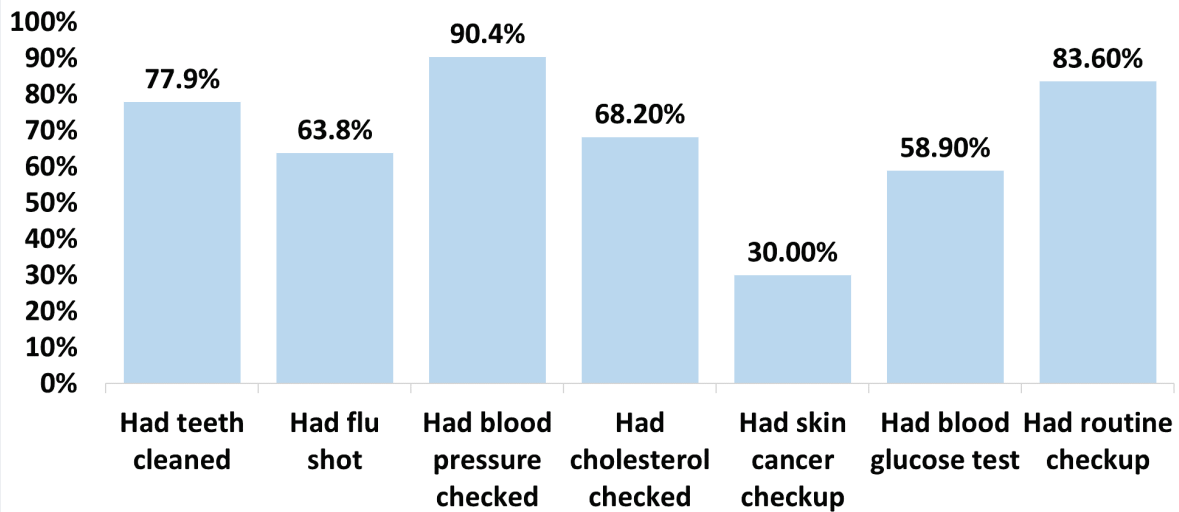
According to the survey, the most common preventative care and service that participants had in the last year were blood pressure checkup (90.4%), routine physical exam (83.6%), and teeth cleaned (77.9%). More than half of the participants had cholesterol checkup (68.2%) a flu shot (63.8%). Only 30.0% of the participants had a skin cancer checkup.

County Health Rankings - Flu Vaccinations Percentage[39]

Montgomery County	Indiana	U.S.
53%	57% (Range in IN: 25- 60%)	45%

*2016 data. Flu vaccinations is the percentage of fee-for-service Medicare enrollees who received a flu vaccination during the year

County Health Rankings - Dentist to Patient Ratio[40]

Montgomery County	Indiana	U.S.
2,720:1	1,810:1 (Range in IN: 12,370:1-1,140:1)	1,460:1

* 2017 data. Ratio of population to dentists.

Health Indicators

Primary Care Physicians in Montgomery County [41]
Montgomery County is getting worse for this measure.
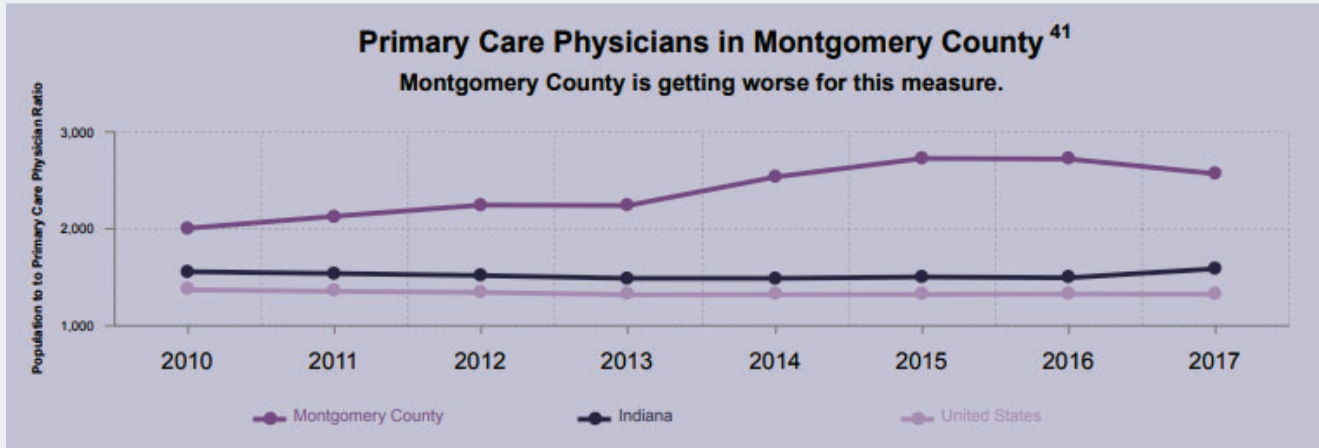
2019 CHNA Survey Q22: Have someone that you think of as your personal doctor or personal healthcare provider?

10.3%

89.5%

■ Yes ■ No
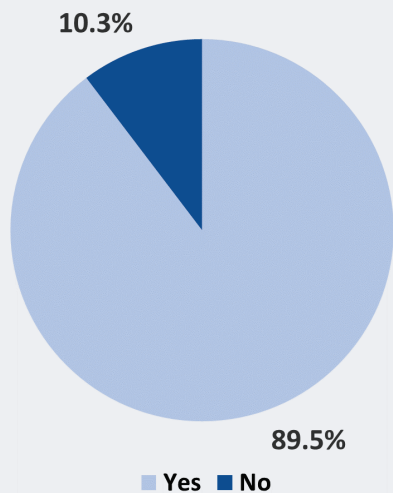
According to the survey, 89.5% of the participants indicated that they have a personal doctor or a personal healthcare provider.

County Health Rankings - Primary Care Physicians [41]

Montgomery County	Indiana	U.S.
2,720:1	1,500:1 (Range in IN: 28,850:1-480:1)	1,330:1
*2016 data. Ratio of population to primary care physicians.		

Health Indicators

Health Insurance

According to the survey, 92.4% of the participants indicated that they have health insurance, including private, employer-sponsored, public like Medicare or Medicaid, to help with healthcare costs.

2019 CHNA Survey Q21: Have insurance coverage that helps with your healthcare costs?

6.8%

92.4%

■ Yes ■ No
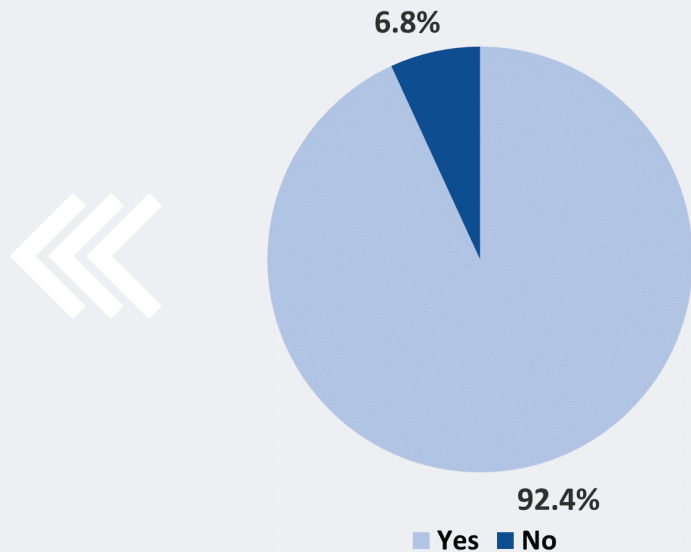
9.5% OF PERSONS UNDER THE AGE OF 65 LIVING IN MONTGOMERY CONTY DO NOT HAVE HEALTH INSURANCE [42]

County Health Rankings - Uninsured Percentage [43]

Montgomery County	Indiana	U.S.
11% (Error Margin: 9-12%)	9% (Range in IN: 5- 22%)	10%
*2016 data. Uninsured indicates the percentage of the population under age 65 without health insurance coverage.		

Health Indicators

Health Insurance

2019 CHNA Survey Q31-15-19: Reproductive Health Care and Services in the Past 12 Months
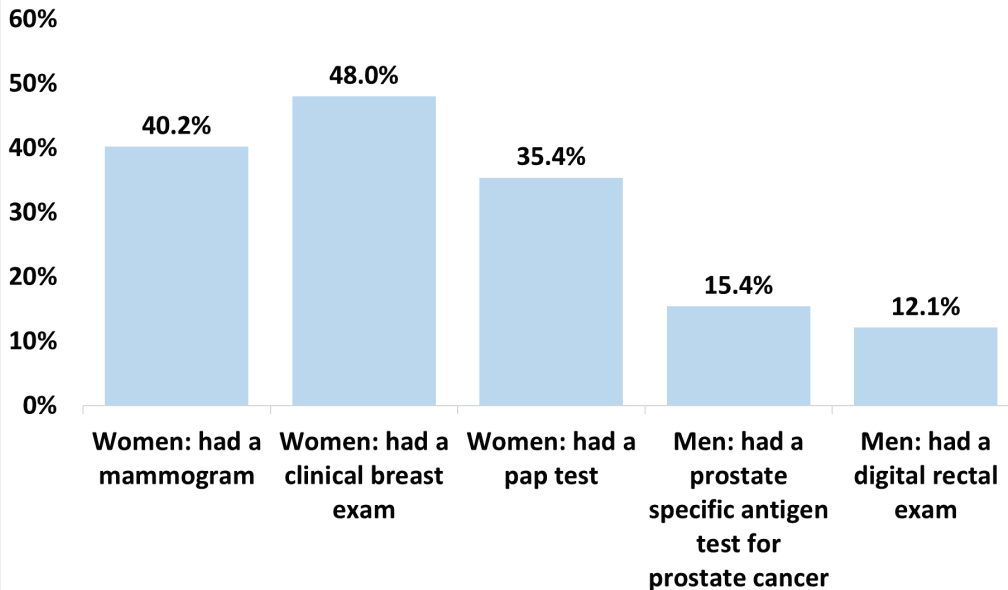
According to the survey, the most common reproductive health care taken by female participants were clinical breast exam (48.0%), followed by mammogram (40.2%) and pap test (35.4%). 15.4% of the male participants had a prostate cancer checkup and 12.1% had digital a rectal exam. More than twice as women than men had reproductive preventative health care in the last year.

County Health Rankings - Mammography Screening Percentage[44]

Montgomery County	Indiana	U.S.
11% (Error Margin: 9-12%)	9% (Range in IN: 5- 22%)	10%

*2016 data. Uninsured indicates the percentage of the population under age 65 without health insurance coverage.

Quality of Care

County Health Rankings - Mammography Screening Percentage[45]

Montgomery County	Indiana	U.S.
11% (Error Margin: 9-12%)	9% (Range in IN: 5- 22%)	10%

*2016 data. Mammography screening is the percentage of female fee-for-service (FFS) Medicare enrollees, ages 65-74, that receive an annual mammogram.

Social Determinants of Health

▶ **Economic Stability**

▶ **Education**

▶ **Social and Community Context**

▶ **Neighborhood and Built Environment**

▶ **Health and Health Care**

Social Determinants of Health

Economic Stability

2019 CHNA Survey Q10: Employment Status:

- 0.9% Student
- 62.4% Full time
- 8.2% Part time
- 17.7% Retired
- 6.5% Homemaker
- 3.0% Unemployed

Legend:
- ■ Student
- ■ Full time
- ■ Part time
- ■ Retired
- ■ Homemaker
- ■ Unemployed
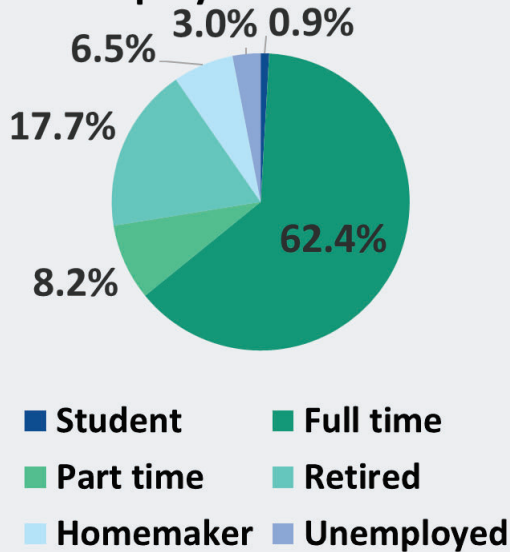
Employment - According to the Survey, most participants have a full-time job (62.4%), followed retired population (17.7%). 3.0% or the participants are unemployed.

County Health Rankings - Unemployment Percentage[46]

Montgomery County	Indiana	U.S.
3.0%	3.5% (Range in IN: 2.5-5.4%)	4.4%
*2017 data. Unemployment indicates the county's civilian labor force, age 16 and older, that is unemployed but seeking work.		

Social Determinants of Health

Poverty

According to the survey, most participants have household income between $100,000 - 149,999 (20.4%)

2019 CHNA Survey: Household Income
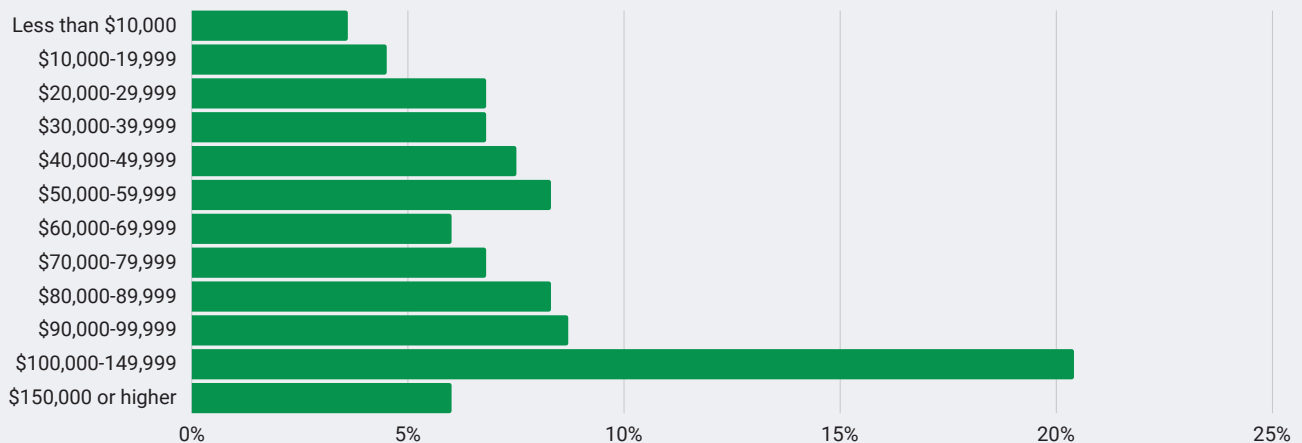
County Health Rankings - Income Inequality Ratio [47]

Montgomery County	Indiana	U.S.
3.7	4.4 (Range in IN: 3.2-6.3)	4.9

*2013-2017 data. Income Inequality is the ratio of household income at the 80th percentile to that at the 20th percentile.

STATS.INDIANA & CENSUS.GOV - POVERTY RATE [48]

Montgomery County	Indiana	U.S.
3.7	4.4 (Range in IN: 3.2-6.3)	4.9

*2017 data. Poverty Rate is the percentage of people in poverty in the past 12 months.

County Health Rankings - Children in Poverty Percentage [49]

Montgomery County	Indiana	U.S.
3.7	4.4 (Range in IN: 3.2-6.3)	4.9

*2017 data. Children in poverty indicates the percentage of children under age 18 living in poverty.

Social Determinants of Health

Education

According to the survey, 78.3% of all the participants indicated that they have some post-secondary education.

2019 CHNA Survey Q13: Which of the following best describes the highest level of education that has been completed by you?

7.2%
12.3%
19.5%
21.7%
20.6%
0.6%
0.2% 17.6%

- ■ Associate's degree
- ■ Bachelor's degree
- ■ Graduate or professional degree or beyond
- ■ Other
- ■ Some high school
- ■ High school diploma or GED
- ■ Some college
- ■ Technical school diploma or certificate
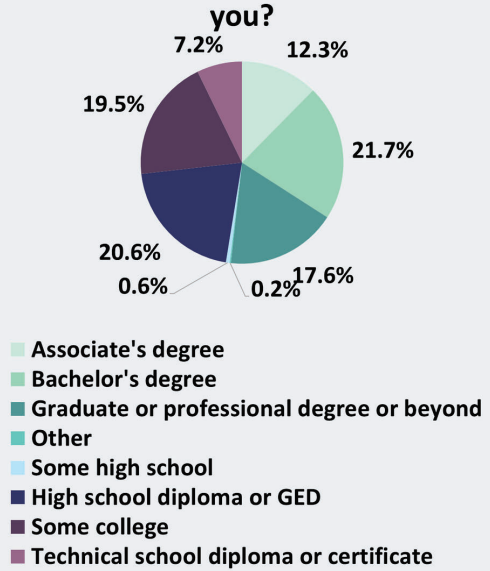
2019 CHNA Survey: Level of Education (Age 25-44)

6.2%
15.4%
21.0%
28.2%
16.4%
1.5%
11.3%

- ■ Associate's degree
- ■ Bachelor's degree
- ■ Graduate or professional degree or beyond
- ■ Some high school
- ■ High school diploma or GED
- ■ Some college
- ■ Technical school diploma or certificate
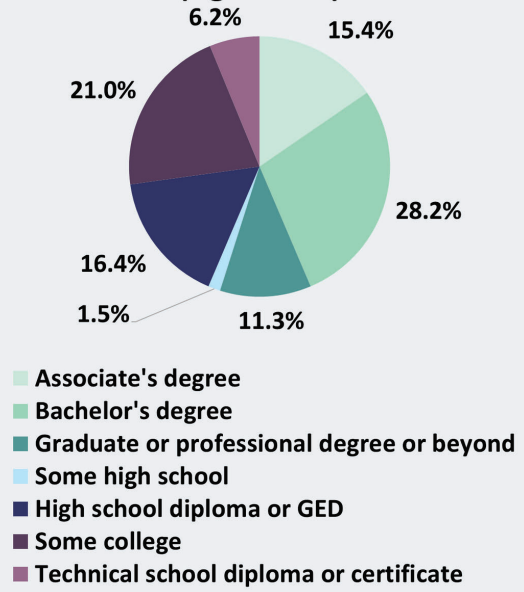
It is necessary to note the survey was not a preferable sample size of the county. In fact, Census data from the county shows that only 18.1% of the population has a Bachelor's degree or higher (percent of persons age 25 years+, 2014-2018). [50]

County Health Rankings - Some College Percentage [51]

Montgomery County	Indiana	U.S.
56% (Error Margin: 51-61%)	62% (Range in IN: 29-87%)	65%

*2013-2017 data. Some college is the percentage of the population ages 25-44 with some post-secondary education, such as enrollment in vocational/technical schools, junior colleges, or four-year colleges. It includes individuals who pursued education following high school but did not receive a degree as well as those who attained degrees.

Social Determinants of Health

Detailed Census Table Results - Indiana vs. Montgomery County

2017: ACS 5-Year Estimates Data Profiles

Demographic and Housing Estimates

> https://data.census.gov/cedsci/table?
> q=&d=ACS%205Year%20Estimates%20Data%20Profiles&table=
> DP05&tid=ACSDP5Y2017.DP05&g=0400000US18_0500000US1
> 8107&lastDisplayedRow=25

Social Characteristics

> https://data.census.gov/cedsci/table?q=&d=ACS%205-
> Year%20Estimates%20Data%20Profiles&table=DP02&tid=ACSD
> P5Y2017.DP02&y=2017&g=0400000US18_0500000US18107&l
> astDisplayedRow=25

Economic Characteristics

> https://data.census.gov/cedsci/table?q=&d=ACS%205-
> Year%20Estimates%20Data%20Profiles&table=DP03&tid=ACSD
> P5Y2017.DP03&g=0400000US18_0500000US18107&lastDispla
> yedRow=99

Social Determinants of Health

Social and Community Context
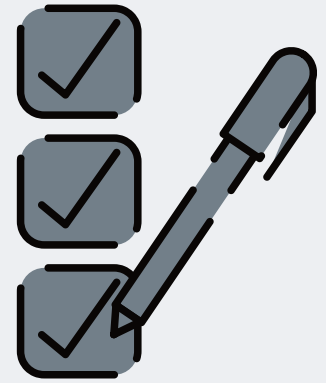
2019 CHNA Survey Q34: Participation in the following community events frequency:

	Frequently	Seldom	Never
Vote	74.80%	9.50%	8.90%
Attend community meetings	20.00%	29.10%	40.90%
Attend musicals/plays/concerts	35.10%	40.50%	15.90%
Attend sporting events	37.60%	31.40%	21.30%
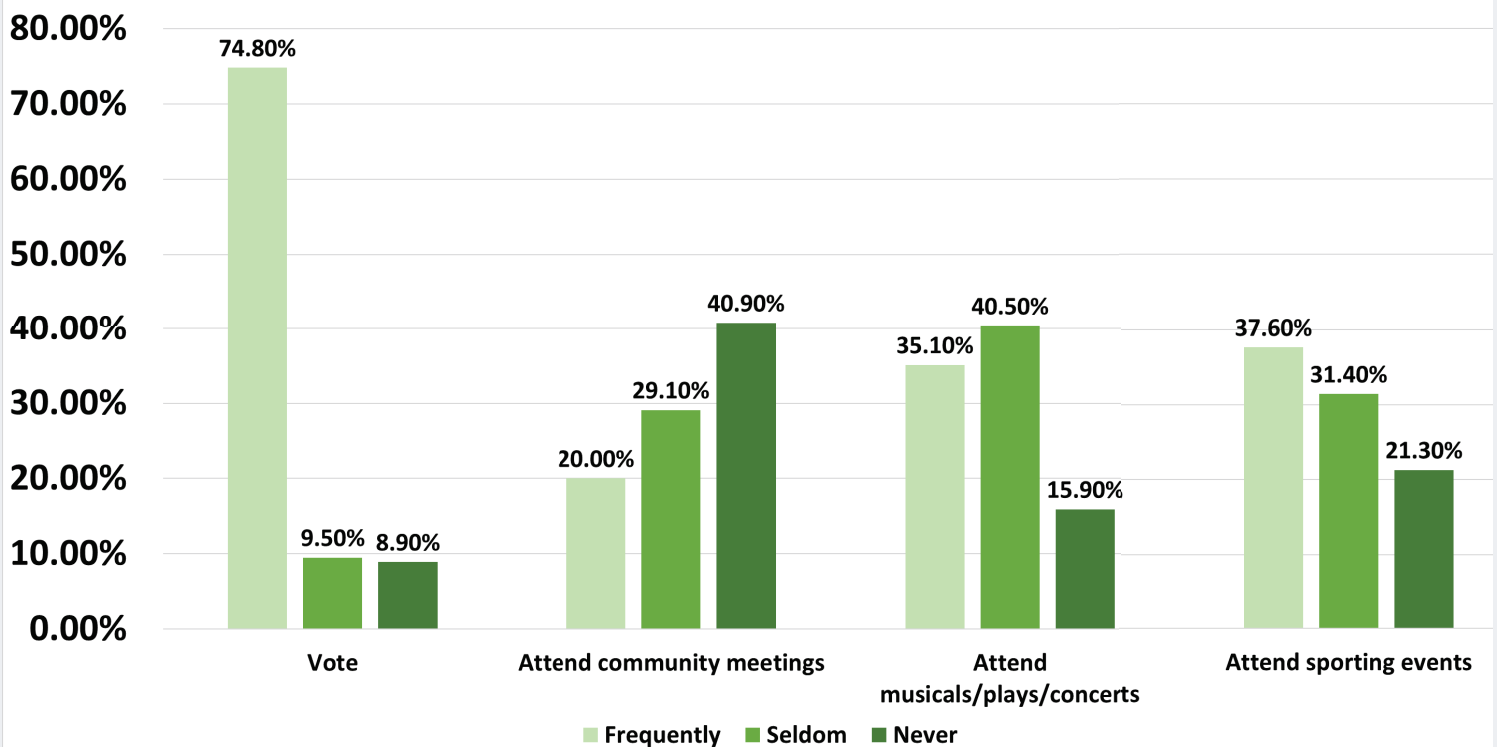
Social Determinants of Health

Social Cohesion

2019 CHNA Survey Q31-11: Preventative Health Services (Socialize with friends outside of work)

17.5%

80.3%

■ Yes ■ No
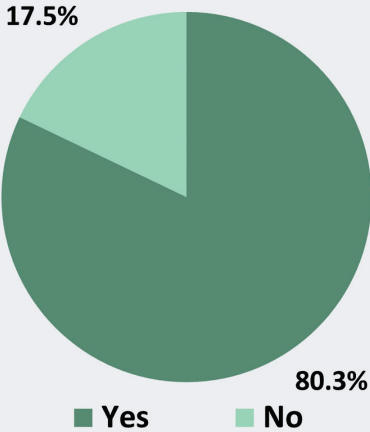
2019 CHNA Survey Q34: Participation in community events (Have access to spiritual resources)

22.3%

53.9%

14.1%

■ Never ■ Seldom
■ Frequently
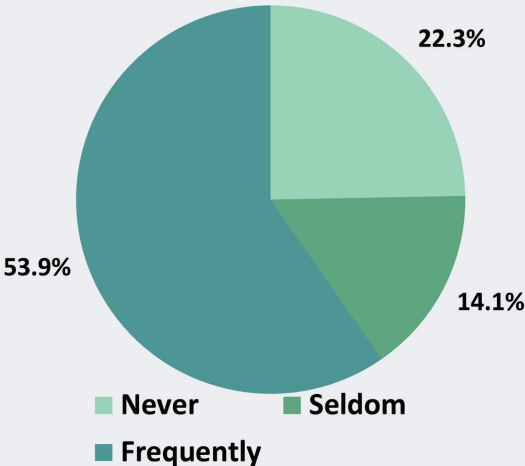
According to the survey, 80.3% of the participants indicated that they socialized with friend outside of work. 53.9% of the participants indicated that they frequently have access to spiritual resources.

County Health Rankings - Social Associations Rate [52]

Montgomery County	Indiana	U.S.
13.1	12.3 (Range in IN: 7.6-23.7)	9.3

*2016 data. Social associations measure the number of membership associations per 10,000 population

Social Determinants of Health

Discrimination

2019 CHNA Survey: Participants' attitude towards substance dependence and recovery:

Category	Percentage
Drug & alcohol addiction are treatable diseases	77.60%
I would be willing to hire someone who has completed treatment for alcohol or drug addiction	73.50%
I would be supportive of deferral to drug treatment instead of an arrest for drug possession	66.30%
If I were receiving assistance for alcohol or drug addiction, I would keep it a secret	56.30%
I would feel comfortable having a transitional living house in my neighborhood for people who have completed alcohol or drug treatment	53.40%

77.6% agreed that drug addiction is a treatable disease. 73.5% would hire users who have completed recovery programs. 66.3% would support deferral to drug treatment instead of an arrest for drug possession. Participants' agreement towards stigmatizing statement, such as treatment for addiction is not effective and addiction is a personal weakness, significantly decreased compared to those non-discriminatory statements.

2019 CHNA Survey: Participants' attitude towards substance dependence and recovery:

Category	Percentage
Treatment for alcohol and drug addiction is generally not effective	35.50%
Addiction to alcohol and drugs is a personal weakness	33.80%
People who have alcohol or drug addiction could get better on their own if they want to	29.80%
If someone close to me admitted that they have an alcohol or drug addiction, it would likely weaken our relationship	18.60%
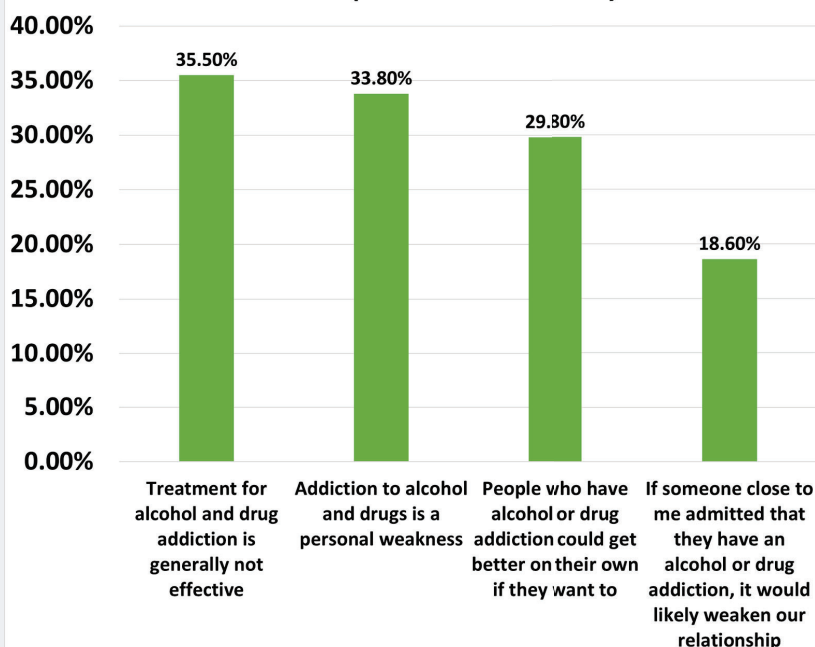
It is almost unanimously agreed (more than 90%) among the participants that drug addiction is very common, and this problem can affect anyone. Most people agree with non-discriminatory statements about addiction.

Social Determinants of Health

Discrimination
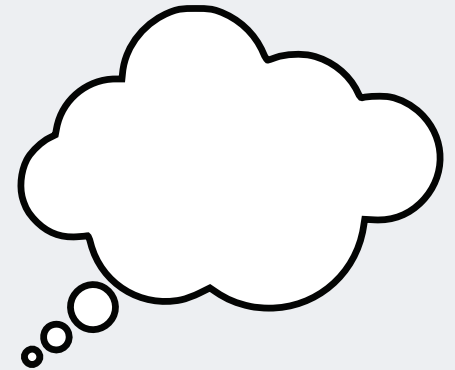
2019 CHNA VS. 2017 CASS (Community Attitudes and Awareness Survey)

A bar chart comparing 2019 CHNA and 2017 CASS across three statements:

- **Drug and alcohol addiction are treatable diseases**: 2019 CHNA 77.60%, 2017 CASS 69.70%
- **I would be willing too hire someone who has completed treatment for alcohol and drug addiction**: 2019 CHNA 73.50%, 2017 CASS 87.50%
- **I would feel comfortable having a transitional living house in my neighborhood for people who have completed alcohol and drug treatment**: 2019 CHNA 53.00%, 2017 CASS 42.40%

Legend: 2019 CHNA, 2017 CASS

Compared to the 2017 community attitude and awareness survey, less people agree with these stigmatizing statements in 2019. People have become more understanding and supportive to drug users.

2019 CHNA VS. 2017 CASS

A bar chart comparing 2019 CHNA and 2017 CASS across three statements:

- **Treatment for alcohol and drug addiction is generally not effective**: 2019 CHNA 35.50%, 2017 CASS 42.20%
- **Addiction to alcohol and drugs is a personal weakness**: 2019 CHNA 33.80%, 2017 CASS 42.70%
- **People who have alcohol or drug addiction could get better on their own if they want to**: 2019 CHNA 29.80%, 2017 CASS 36.50%

Legend: 2019 CHNA, 2017 CASS
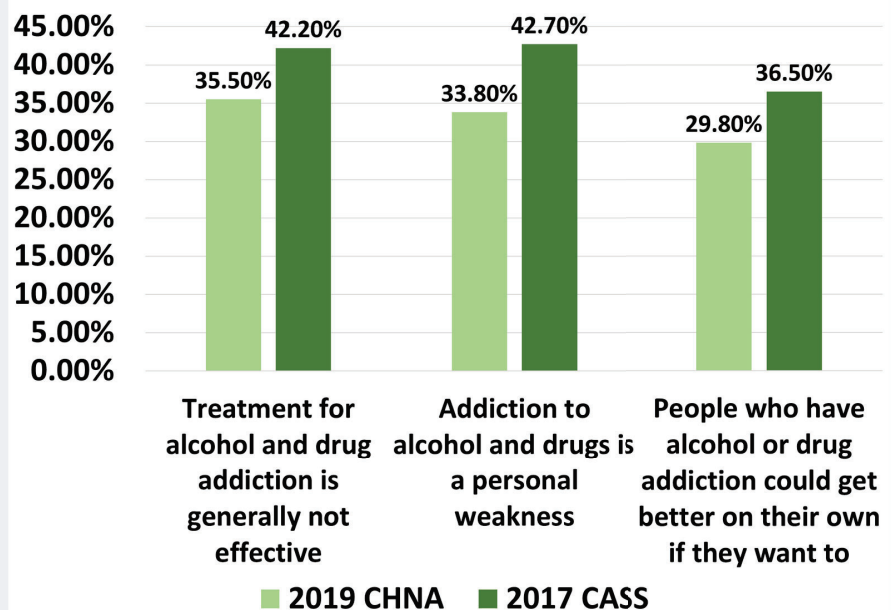
Social Determinants of Health

Discrimination

2019 CHNA Q36: Participants Who Believed the Following Statement Have Great Impact On Getting Treatment For Alcohol/Substance Users

Percentage	Category
65.50%	The expense of treatment for alcohol or drug addiction
55.60%	Concerns about losing a job or being discriminated against at work
50.80%	Fear of losing friends or family

(Y-axis: 0.00%, 10.00%, 20.00%, 30.00%, 40.00%, 50.00%, 60.00%, 70.00%)

When asking peoples' opinion on the reasons that have a great impact on getting treatment for substance users, the top three answers are the cost of treatment, concerns about losing a job, and fear of losing friends or family members

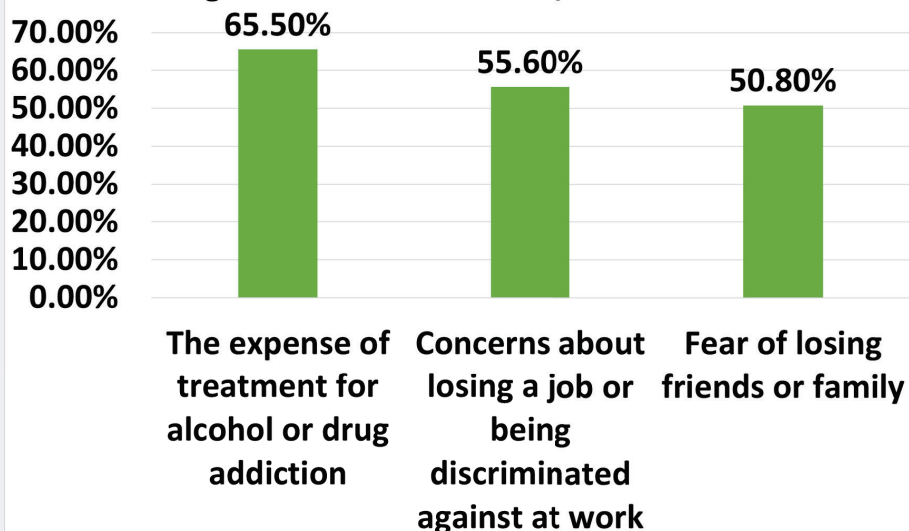**2019 CHNA Q36: Participants Who Believed the Following Statement Have Great Impact On Getting Treatment For Alcohol/Substance Users (continued)**

Percentage	Category
50.50%	A feeling of shame at having a drug or alcohol addiction
47.70%	The feeling that it's too late to overcome alcohol or drug addiction
41.40%	Negative stereotypes of people with addiction to alcohol or drugs
40.50%	Difficulty with finding or accessing information and help

(Y-axis: 0.00%, 10.00%, 20.00%, 30.00%, 40.00%, 50.00%, 60.00%)
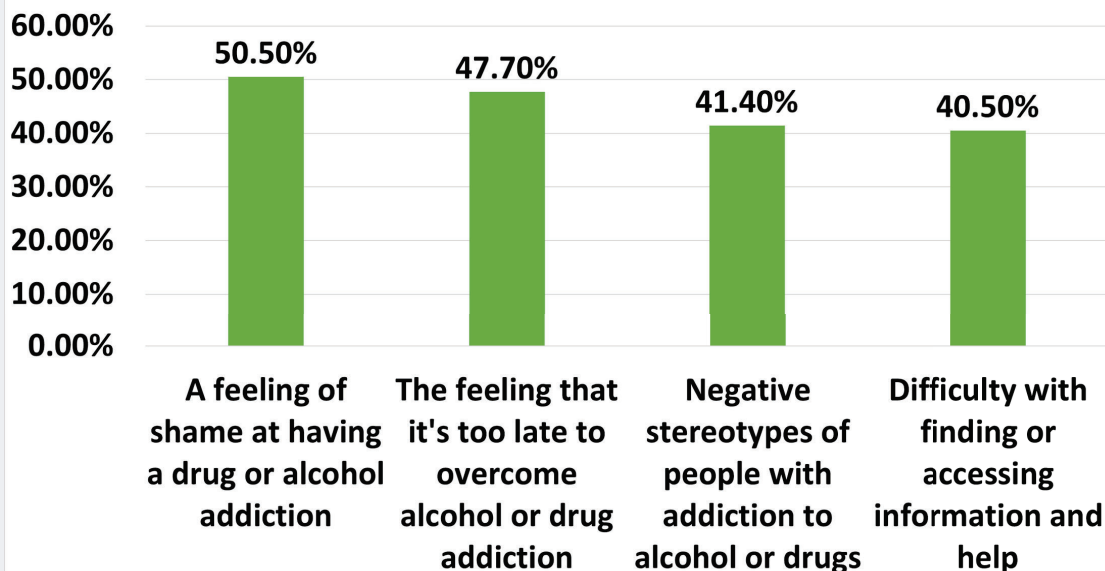
Social Determinants of Health

Neighborhood and Built Environment

2019 CHNA Survey Q34: Participation in community events (Visit the farmer's market):

Access to Food - According to the survey, 39.1% of the participants indicated that they seldom visit the farmer's market.

26.0%

26.2%

39.1%

■ Never ■ Seldom ■ Frequently
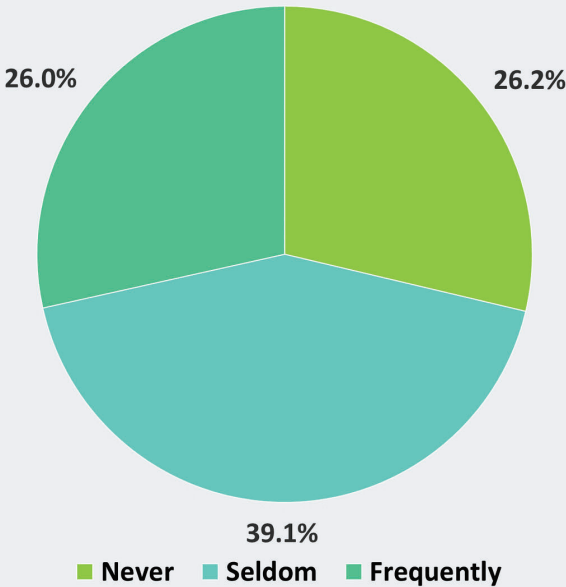
Modes of Work Transportation in 2019 [53]

Drove Alone	82.00%
Carpooled	11.00%
Walked	3.10%
Public Transit	0.57%

0.00% 20.00% 40.00% 60.00% 80.00% 100.00%
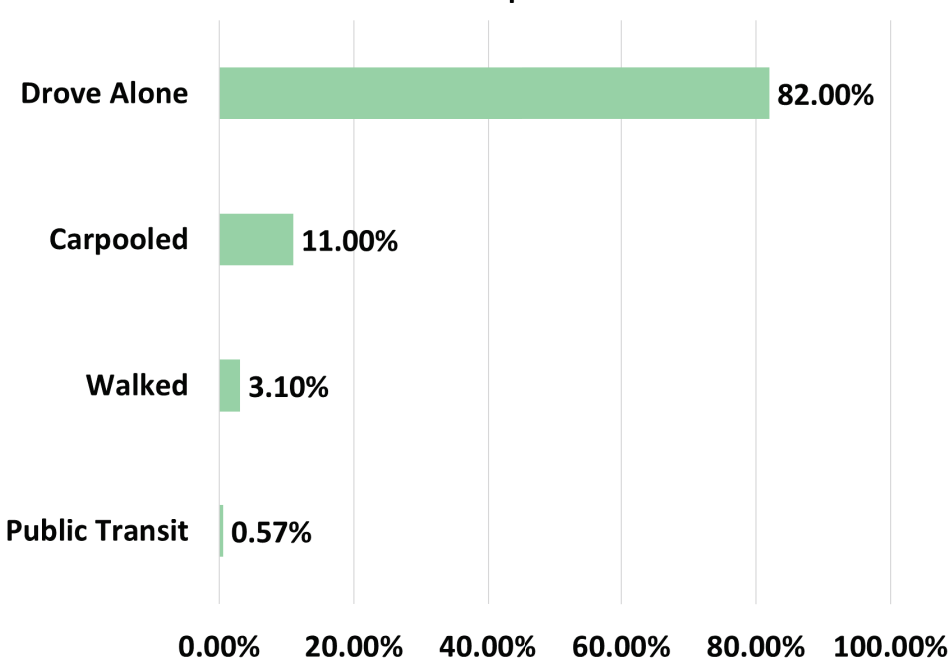
In 2019 the most common modes of transportation to work included driving alone (82.0%), carpooling (11.0%), walking (3.10%), and public transportation (0.57%). Other recorded modes of transportation included taxis, motorcycles, and bicycles. 3.00% of the community worked from home and did not commute.

Social Determinants of Health

Quality of the Outdoor Community
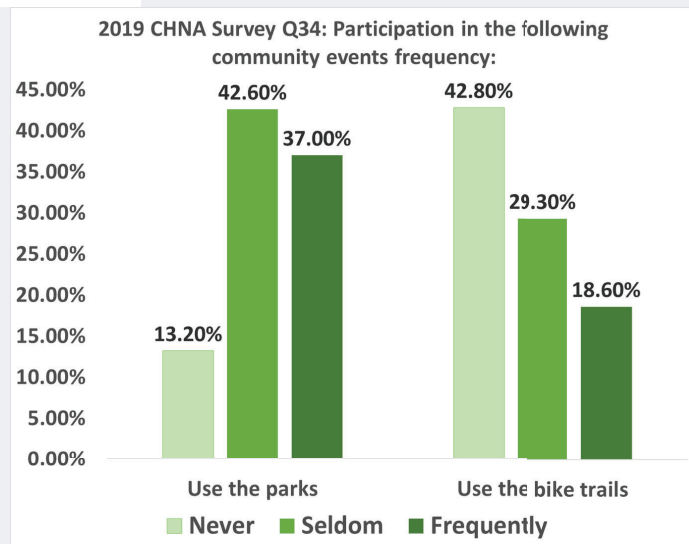
According to the survey, 42.6% of the participants indicated that they seldom use the parks. 42.8% of the participants indicated that they never use the bike trails.

2019 CHNA Survey Q34: Participation in the following community events frequency:

	Use the parks			Use the bike trails		
Never	13.20%			42.80%		
Seldom		42.60%			29.30%	
Frequently			37.00%			18.60%

Legend: Never, Seldom, Frequently

County Health Rankings - Air Pollution-particulate Matter [54]

Montgomery County	Indiana	U.S.
13.1 μg/m^3	11.8 μg/m^3 (Range in IN 10.4-14.3 μg/m^3)	8.6 μg/m^3

County Health Rankings - Severe Housing Problems Percentage [55]

Montgomery County	Indiana	U.S.
11% (Error Margin: 9-13%)	14% (Range in IN 7-22%)	18%

County Health Rankings - Violent Crimes Rate [56]

Montgomery County	Indiana	U.S.
837	385 (Range in IN 16-1,251)	386

Health Disparity by Race/Ethnicity

Table 1: Cancer Deaths (Number of deaths due to all cancer causes per 100,000 population)		
	Indiana	United States
American Indian/Alaska Native	63.4	125.2
Asian/Pacific Islander	96.6	116.4
Black/African American	228.9	215.4
Hispanic/Latino	109.6	131.9
White	201.0	190.5

Table 2: Cardiovascular Deaths (number of deaths due to all cardiovascular diseases including heart disease and stroke per 100,000 population)[58]		
	Indiana	United States
American Indian/Alaska Native	60.8	179.4
Asian/Pacific Islander	131.1	150.2
Black/African American	340.6	331.6
Hispanic/Latino	138.9	131.9
White	279.6	257.1

Table 3: Drug Deaths (Number of deaths due to drug injury; unintentional, suicide, homicide or undetermined, per 100,000 population)[59] [59]		
	Indiana	United States
Black/African American	228.9	215.4
Hispanic/Latino	109.6	131.9
White	201.0	190.5

Health Disparity by Race/Ethnicity

Table 4: Injury Deaths (Number of deaths due to injury per 100,000 population)[60]		
	Indiana	United States
Asian/Pacific Islander	23.7	27.2
Black/African American	95.3	72.9
Hispanic/Latino	44.3	45.2
White	78.8	73.3

Table 5: Suicide (Number of deaths due to intentional self-harm per 100,000)[61]		
	Indiana	United States
Black/African American	8.3	6.6
Hispanic/Latino	8.0	7.0
White	17.8	16.4

Table 6: Diabetes (Percentage of adults who reported being told by a health professional that they have diabetes)[62]		
	Indiana	United States
Black/African American	14.2%	14.9%
Hispanic/Latino	10.5%	11.23%
White	12.7%	10.7%
Multiracial	14.3%	11.2%

Table 7: Heart Attack (Percentage of adults who reported being told by a health professional that they just had a heart attack)[63]		
	Indiana	United States
Black/African American	5.6%	4.0%
White	5.8%	5.0%

Health Disparity by Race/Ethnicity

Table 8: Heart Disease (Percentage of adults who reported being told by a health professional that they have angina or coronary heart disease)[63]

	Indiana	United States
Black/African American	4.2%	3.8%
White	5.4%	5.0%

Table 9: Stroke (Percentage of adults who reported being told by a health professional that they had a stroke)[64]

	Indiana	United States
Black/African American	5.8%	4.8%
White	4.1%	3.5%

Table 10: High Cholesterol (Percentage of adults who reported having their cholesterol checked and were told by a health professional that it was high)[65]

	Indiana	United States
American Indian/Alaska Native	34.1%	33.6%
Asian/Pacific Islander	20.0%	26.9%
Black/African American	28.5%	30.8%
Hispanic/Latino	25.8%	28.4%
White	35.8%	35.8%
Multiracial	25.2%	29.8%

Table 11: Chlamydia (Number of new cases of chlamydia per 100,000 population)[66]

	Indiana	United States
American Indian/Alaska Native	176.6	776.1
Asian/Pacific Islander	134.2	125.0
Black/African American	1887.3	1163.6
Hispanic/Latino	514.5	394.0
White	290.9	211.5

Health Disparity by Race/Ethnicity

Table 12: Disparity in Health Status (Percentage of adults who reported that their health is very good or excellent)[67]		
	Indiana	United States
American Indian/Alaska Native	21.2%	37.3%
Asian/Pacific Islander	51.7%	52.7%
Black/African American	40.4%	43.5%
Hispanic/Latino	39.0%	37.9%
White	49.7%	53.5%
Multiracial	32.8%	47.1%
Other Race	33.8%	46.9%

Table 13: Frequent Mental Distress (Percentage of adults who reported their mental health was not good 14 or more days in the past 30 days)[68]		
	Indiana	United States
American Indian/Alaska Native	34.7%	18.5%
Black/African American	15.5%	14.0%
Hispanic/Latino	12.8%	12.0%
White	14.2%	12.8%
Multiracial	36.0%	19.8%

Table 14: Frequent Physical Distress (Percentages of adults who reported their physical health was not good 14 or more days in the past 30 days)[69]		
	Indiana	United States
Black/African American	13.0%	13.3%
Hispanic/Latino	9.7%	12.5%
White	13.1%	12.6%
Multiracial	24.7%	16.3%

Self-Ratings

Comparative Analysis of Overall Health Rating

Self-rating Overall Health:

1 = 'poor'

2 = 'fair'

3 = 'good'

4 = 'very good'

5 = 'excellent'

Self-Ratings

Overall Health vs. Age Groups

Age Group	Number of Entries	Self-rating Overall Health
18-24	15	3.53
25-40	151	3.32
40-64	208	3.43
65-85	77	3.48
85+	20	2.70

1 = 'poor'
2 = 'fair'
3 = 'good'
4 = 'very good'
5 = 'excellent'

Self-Ratings

Overall Health vs. Income

Household Income Level	Number of Entries	Self-rating Overall Health
$150,000 or higher	28	3.86
$100,000-149,999	96	3.60
$90,000-99,999	41	3.54
$80,000-89,999	39	3.28
$70,000-79,999	32	3.81
$60,000-69,999	28	3.04
$50,000-59,999	39	3.28
$40,000-49,999	35	3.43
$30,000-39,999	32	2.91
$20,000-29,999	32	3.00
$10,000-19,999	21	2.52
Less than $10,000	17	2.88

1 = 'poor'
2 = 'fair'
3 = 'good'
4 = 'very good'
5 = 'excellent'

Self-Ratings

Overall Health vs. ZIP Code
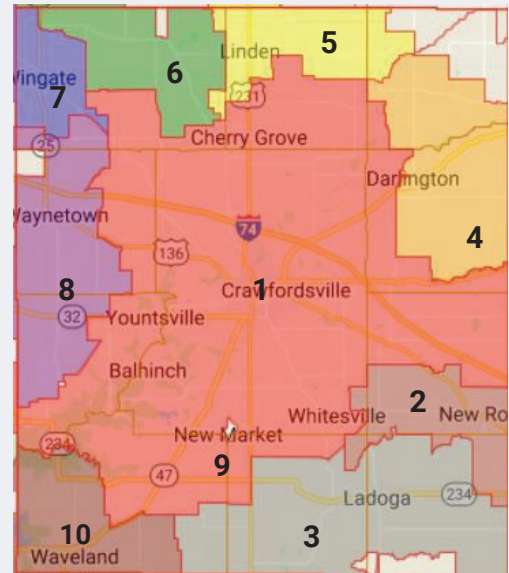
Number on Map	ZIP Code	Number of Entries	Self-rating Overall Health
1	47933	327	3.36
1	47934	6	3.17
2	47968	10	3.70
3	47954	33	3.61
4	47940	15	3.40
5	47955	10	4.50
6	47967	7	2.86
7	47994	3	3.33
8	47990	30	3.27
9	47965	7	3.57
10	47989	9	3.22

1 = 'poor'
2 = 'fair'
3 = 'good'
4 = 'very good'
5 = 'excellent'

Self-Ratings

Overall Health vs. Employment Status

Employment Status	Number of Entries	Self-rating Overall Health
Student	4	3.75
Unemployed not looking for work	5	3.60
Full Time	289	3.50
Part Time	38	3.37
Retired	82	3.12
Unemployed looking for work	9	3.11
Homemaker	30	2.87

1 = 'poor'
2 = 'fair'
3 = 'good'
4 = 'very good'
5 = 'excellent'

Self-Ratings

Overall Health vs. Education Level

Education Level	Number of Entries	Self-rating Stress Level
Some high school	3	8.00
Technical or vocational school diploma	34	6.85
Associate's Degree	58	6.50
Bachelor's Degree	102	5.87
Some college	92	5.83
High school diploma or GED	95	5.64
Graduate or professional degree beyond	83	5.27

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Comparative Analysis of Self-rating Stress Level

1 = 'poor'
2 = 'fair'
3 = 'good'
4 = 'very good'
5 = 'excellent'

Self-Ratings

Stress Level vs. Age Groups

Age Group	Number of Entries	Self-rating Overall Health
18-24	15	3.53
25-40	151	3.32
40-64	208	3.43
65-85	77	3.48
85+	20	2.70

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2 = 'fair'
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4 = 'very good'
5 = 'excellent'

Self-Ratings

Stress Level vs. Income

Household Income Level	Number of Entries	Self-rating Stress Level
$150,000 or higher	28	5.39
$100,000-149,999	96	5.95
$90,000-99,999	41	5.95
$80,000-89,999	39	6.31
$70,000-79,999	32	5.78
$60,000-69,999	28	5.21
$50,000-59,999	39	6.10
$40,000-49,999	35	5.43
$30,000-39,999	32	6.31
$20,000-29,999	32	5.95
$10,000-19,999	21	5.85
Less than $10,000	17	7.53

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Self-Ratings

Stress Level vs. Employment Status

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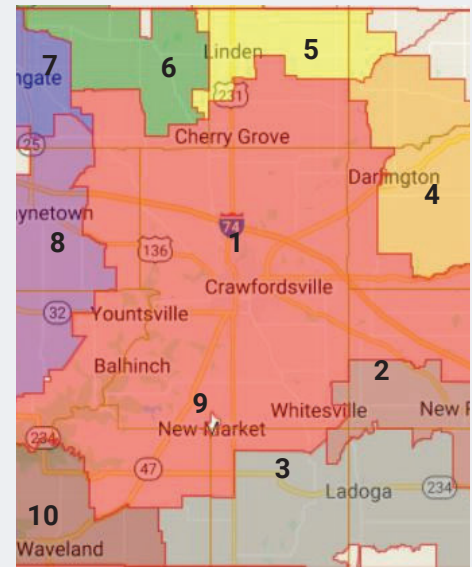
Self-Ratings

Stress Level vs. Education Level

Education Level	Number of Entries	Self-rating Stress Level
Some high school	3	8.00
Technical or vocational school diploma	34	6.85
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High school diploma or GED	95	5.64
Graduate or professional degree beyond	83	5.27

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5 = 'excellent'

Self-Ratings

Stress Level vs. ZIP Code

Number on Map	ZIP Code	Number of Entries	Self-rating Stress Level
1	47933	325	5.69
1	47934	6	6.50
2	47968	10	5.90
3	47954	33	6.39
4	47940	15	5.93
5	47955	10	7.20
6	47967	7	5.86
7	47994	3	6.00
8	47990	30	6.23
9	47965	7	5.00
10	47989	9	7.56

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Community Health Needs Deliberation Public Report

Background

In 2019 the Montgomery County Health Department (MCDH) released the Community Health Needs Assessment (CHNA) Survey to all of the Montgomery County community. The purpose of the survey was to assess the health experiences of residents and to understand the most pressing health needs in Montgomery County. Up to this point, the survey has been one of the primary sources for the Community Health Needs Assessment. After the survey, the MCHD partnered with the Wabash Democracy and Public Discourse (WDPD) initiative to assess the gathered data, identify the top ten health issues facing the County, and gather feedback from residents of Montgomery County on the community health issues. Not only did the partnership provide more exact data, but also it provided more data about the community. The turn out for the CHNA Survey had been low (494 participants), the MCHD wanted more data about their community in order to best protect the community.

During the first phase of the project, the WDPD engaged members of the MCHD Advisory Committee to prioritize six out of the ten top health issues facing Montgomery County by using the data collected by the CHNA survey. The second phase of the project consisted of two public meetings with community members. The first meeting, held in November 2019, was an open community conversation held at the Crawfordsville District Public Library. The second meeting, held in February 2020, was a small conversation held at a local free clinic. During these public meetings, community members discussed and ranked the six issues selected by the MCHD Advisory Committee during Phase One. This helped to identify the top three most pressing health issues facing the County.

The overall goal of these conversations was to offer both the MCHD Advisory Board and the Montgomery County community an opportunity to share their views on which health issues are most pressing for the MCHD to prioritize moving forward. In order to produce this report, the WDPD analyzed information collected from facilitator table notes, note-taker easel pads, participant post-event survey data, and audio recordings from the conversations held. Their report was not meant to serve as a complete representation of public opinion within Montgomery County since the data is limited to those who attended the events; however, it does provide additional insight into the public health needs of Montgomery County.

Community Health Needs Deliberation Public Report

Subject Matter

The CHNA survey contained five sections. The data collected from survey respondents (n=494) was analyzed and themed to generate ten categories of health issues in Montgomery County, Indiana.

Survey Sections

1. **Demographic Data, Perceived Health Status**
2. **Perceived Healthcare Access**
3. **Perceived Community Health Needs**
4. **Utilization of Social Services**
5. **Preventative Health Services**

Top 10 Health Issue Themes:

1. **Substance and Alcohol Abuse**
2. **Obesity**
3. **Child Abuse & Neglect**
4. **Mental Health/Suicide**
5. **Food Insecurity**
6. **Poverty**
7. **Aging and Other Adult Needs**
8. **Chronic and Communicable Disease**
9. **Access to Transportation**
10. **Tobacco Use**

Community Health Needs Deliberation Public Report

Phase 1: MCHD Advisory Committee Deliberation Results
(AT CRAWFORDSVILLE PUBLIC LIBRARY)

All participants provided their top three issues, the scores were tailed based on the following point system:

- 1st place ranking = 6 points/ranking
- 2nd place ranking = 5 points/ranking
- 3rd place ranking = 4 points/ranking

Results

Substance Abuse (42 pts)
Child Abuse/Neglect (20 pts)
Mental Health/Suicide (19 pts)
Poverty (15 pts)
Chronic and Communicable Disease (12 pts)
Transportation (6 pts)
Food Insecurity (6 pts)
Obesity (0 pts)
Aging and Other Adult Needs (0 pts)
Tobacco Use (0 pts)

Community Health Needs Deliberation Public Report

Phase 2: Montgomery County Community Meeting Results

(AT CRAWFORDSVILLE PUBLIC LIBRARY)

All participants provided their top six issues, the scores were tailed based on the following point system:

- 1st place ranking = 6 points/ranking
- 2nd place ranking = 5 points/ranking
- 3rd place ranking = 4 points/ranking
- 4th place ranking = 3 points/ranking
- 5th place ranking = 2 points/ranking
- 6th place ranking = 1 point/ranking

Table 1 Results:
Substance Abuse (20 pts)
Mental Health & Suicide (18 pts)
Food Insecurity & Transportation (10 pts)
Child Abuse & Neglect (5 pts)
Poverty (4 pts)
Chronic & Communicable Disease (0 pts)

Table 1 Comments: Table 1 viewed Substance Abuse and Mental Health and Suicide as foundational to other issues on the list, making both critical problems to address. In regards to Food Insecurity and Transportation, they noted that food is essential, and there is a lack of communication and community knowledge about where to go for assistance.

Table 2 Results:
Substance Abuse (18 pts)
Mental Health & Suicide (17 pts)
Poverty (17 pts)
Food Insecurity & Transportation (14 pts)
Child Abuse & Neglect (5 pts)
Chronic & Communicable Disease (4 pts)

Table 2 Comments: Table 2 found Substance Abuse, Mental Health and Suicide, and Poverty as foundational and interconnected issues. Substance Abuse was identified as a contributor to poverty because employers will not hire drug users, and Mental Health issues were noted as a critical contributor to Substance Abuse.

Community Health Needs Deliberation Public Report

Data Results

Both tables identified Substance Abuse and Mental Health and Suicide as the top three issues, the conversations have been summarized and divided topically, rather than by table.

Substance Abuse

Substance abuse was highlighted as an important issue because of the impact it has on people's work lives. Table 2 mentioned that employers find it challenging to hire people with addictions. Both tables noted that prioritizing substance abuse would address multiple other issues at once, including poverty, because people would be spending less money on drugs.

Both tables identified the Health Department, law enforcement, employers, educators, churches, drug courts, addiction programs, and the local paramedicine program as stakeholders in addressing the issue. One table felt these entities should train employers on how to handle any employees who may have a history with substance abuse, increase awareness of current substance abuse programs, and assist in the creation of rehabilitation facilities in the County. The other table shared that all stakeholders needed to increase the amount of funding they allocate towards rehabilitation centers to reduce waitlists for the programs. More generally, both tables supported educating the community about available substance abuse treatment programs.

Mental Health and Suicide

Mental health and suicide were highly prioritized because they were perceived as being highly connected to other issues. Both tables shared concerns about the way mental health affects a person's decision-making skills, which could present a safety issue to that individual as well as the community. They discussed how mental health can impact an individual's employment and the ability to support their family. One table noted that insurance companies, in particular, do not always cover forms of mental health treatment, which makes treatment difficult.

Both tables also noted a need for new programs focusing on addressing mental health, mentioning both pre-existing and hypothetical versions. For example, one table wanted to expand a project started at North Montgomery High School, while others suggested addressing mental health in prisons and jails.

Lastly, participants believed that local health professionals need to be at the forefront of addressing this issue movement. Participants at both tables suggested a range of organizations and employers could be of help, but that Montgomery County's hospitals were needed to address this issue. Other entities mentioned in this section included the National Association for Mental Illness and Cummins Mental Health.

Community Health Needs Deliberation Public Report

Data Results

(continued)

Food Insecurity and Transportation & Poverty

Though Food Insecurity and Transportation was selected at one table and Poverty at another, both tables noted how their issue was an indicator of the other. For example, Table One explained that a struggling food pantry might indicate an impoverished community because food pantries are often self-funded. Whereas Table Two saw Poverty as being tied to food insecurity and transportation because impoverished families often reside in food deserts, which lead to unbalanced or undernourished diets.

Both tables noted that their issues required local organizational and governmental intervention. Table One specified that FISH and AREA FOUR (Agency on Aging) would be needed to better address Food Insecurity and Transportation issues in the community. In the same light, Table Two highlighted the need for input from the Health Department as well as local social programs to address Poverty in Montgomery County.

Lastly, both tables felt a lack of awareness and education within the community about their respective issue. Table One suggested increasing outreach to volunteers and prompting local organizations to try new communication strategies to reach members of Montgomery County. In contrast, Table Two felt that the community could best address Poverty by increasing education in schools and creating money management programs for those who may not have access to such tools.

Community Health Needs Deliberation Public Report

Community Deliberation at the Montgomery County Free Clinic

All participants provided their top three issues, the scores were tailed based on the following point system:

- 1st place ranking = 6 points/ranking
- 2nd place ranking = 5 points/ranking
- 3rd place ranking = 4 points/ranking

Results

Substance Abuse (42 pts)
Child Abuse/Neglect (28 pts)
Poverty (17 pts)
Mental Health & Suicide (13 pts)
Food Insecurity & Transportation (5 pts)
Chronic and Communicable Disease (0 pts)

Data Results

The group unanimously voted Substance Abuse the top health priority. They saw Substance Abuse as an overarching issue intricately connected with many the other health issues. Further, the group felt factors like:

1. The ease of getting addicted.
2. Stigma and reluctance to talk about the problem.
3. A lack of resources aided in the prevalence of Substance Abuse in Montgomery County.

They also felt that people dealing with mental health issues might turn to substance use and abuse to cope through self-medication.

When thinking of the best way to begin addressing Substance Abuse, participants advocated for more 1) transitional housing that helps connect people to employment and 2) social services that can help with rehabilitation. One participant noted that the animal shelter in town is always in need of assistance and that caring for animals may provide a sort of therapy while helping the community and giving that individual pseudo-work experience. They also felt 1) there needed to be a shift in providing treatment rather than punishment to people arrested for illegal substance use and 2) that the area should implement recreational activities that encourage socialization without substance use (no alcohol or drugs on-premises).

Community Health Needs Deliberation Public Report

Child Abuse and Neglect

Child Abuse and Neglect were the second top priority. The group highlighted the generational aspects of abuse and the consequences of untreated trauma. More specifically, they referenced how people disciplined their children by yelling or spanking. The group felt that it would be difficult to discipline a child in such a way when the parents themselves struggle to control their emotions. They also noted that child abuse and neglect are not always intentional, meaning a parent is not trying to be negligent. Instead, they felt a parent's abilities to care for kids properly were constrained by 1) mental health issues or 2) socioeconomic circumstances. One participant noted that parents nowadays are gone more and busier because they are working full time or multiple jobs. Because of that strain, the participant sympathized with parents who struggle to get a nutritious dinner on the table, let alone help with homework and connect with their child. Another participant shared that parents may lack the knowledge, tools, or resources to care for their children properly. Altogether, the group agreed the County is a "child care desert," and people often can't find a safe place for their children to stay while they work.

Many of the actions the group identified to address Child Abuse and Neglect were rooted in community action. They suggested 1) creating a parent mentoring program that pairs parents of young children with parents of older children to develop a support network and pass on the knowledge and experience they've gained. 2) They felt past and current programs by community organizations, like Project Swaddleor "Mentoring Moms," needed more support. 3) On a business and government level, they pushed for Montgomery County to address the childcare desert issue and assess how transportation contributes to it.

Poverty

Poverty was the third top priority because the group felt the number of students on free or reduced lunch in Montgomery County demonstrated an immense need. They noted that many of the programs they see are a "band-aid" to fixing this issue and that the County needs to address the root cause(s) of poverty to be impactful. When brainstorming what the root causes might be, they discussed 1) the cost of living, upward mobility and employment opportunities in the area, and 2) a lack of financial knowledge.

One participant noted that they work with a large majority of the impoverished population in the area and the vast majority are working but still struggle to make ends meet. Participants suggested 1) students preparing to graduate should be encouraged to look at all of their options post-graduation and 2) be more informed about student loans and debt. They wanted educators and parents to support kids attending a trade school and pursuing a vocation rather than pushing all students to attend a college or university. They stressed that meaningful work does not require a college degree. For those already in the workforce, participants liked the idea of 1) creating opportunities for people to learn different or new skills to strengthen their resumes and 2) offering budgeting and financial planning classes. Finally, the group wanted employers to provide scholarships for vocational training or college degrees in exchange for a promissory post-graduation work contract to keep talent local. They also thought employers explore providing transportation to employees to connect the local workforce better to their company.

Community Health Needs Deliberation Public Report

Data & Study Source for the Community Health Needs Deliberation Public Report:

Montgomery County Health Department Community Health Needs Deliberation Public Report

By Arthur Equihua, Noah Compton, Robert Gossett, Minh Vo, Christian Redmond, Hayley Blonsley, M.A., & Sara A. Mehltretter Drury, Ph.D.

(APRIL 2020)

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Potential Focus Group Populations

Hispanic and African Americans are potential populations for focus group participants. These two groups are the second and third largest ethnic groups following the white population in Montgomery County; however, they are underrepresented in the survey. According to us.census.org, the Hispanic and African American population in Montgomery County is estimated to be 5% and 1.1% respectively. In the survey, the Hispanic and African American populations only contribute 2% and 0.6% of the participants. Also, Hispanic and African American populations have significant health disparity compared to the white population. For example, according to the 2018 CDC Behavioral Risk Factor Surveillance System, in Indiana, 39.0% of the Hispanic and 40.4% of the African American population reported that their health is very good or excellent. However, the same statistics rise to 49.7% for the white population. Hispanic and African American populations have a lower health outcomes and hence need to be included in the focus group meetings.

According to the survey, these groups have the lowest self-rated overall health, including people aged 85+, people with lower household income (income between $10,000-$19,999 and less than $10,000), homemakers, and people living in the zip code area of 47967. These groups have the highest self-rated stress level, including the population aged 25-40, individuals with household income less than $10,000, unemployed workers looking for jobs, low education levels (some high school), and people living in the zip code area of 47989.

The health status of physical activity in Montgomery County is worse than the state and the U.S. numbers. The focus group population can be participants who answered that they do not exercise regularly so that health professionals can understand the reasons behind individuals' physical inactivity and if they have adequate access to exercise opportunities. The health status of mental health in Montgomery County is also lower compared to the state and the U.S. The focus group population can be people in the community with mental health issues so that health practitioners can understand their needs.

Additional potential focus group meeting participants can be people who engage in risky health behaviors, such as smoking, excess drinking, and using illicit substances. Besides substance abuse and mental health, food insecurity is also identified as one of the top priority issues by the community. People who need stable food sources should also be considered—for example, those to utilize food stamps or food pantries.

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