4C HEALTH

CARE. COMPASSION. COLLABORATION. COMPETENCY.

Community Health Needs Assessment (CHNA)

2023

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Message from the CEO
Dear Community Stakeholders,

Many thanks to the community-based organizations, partnering organizations, patients, and governing board members for their participation in 4C Health's 2023 Community Needs Assessment.

As I reflect on the journey 4C Health has taken over the last three years, I am truly amazed at the lives we have touched, the enhancements we have made in the delivery of high-quality care, and the impact our services have had on health and wellbeing for our Hoosier neighbors. As we begin to plan for the future and identify manners in which to grow our footprint and the neighbors we serve, I am eager to continue our growth to provide healthcare that is integrated, accessible, affordable, and available to all our residents.

4C Health is honored and proud to recruit and retain phenomenal staff from top to bottom, team members who are invested in the mission and long-term vision of 4C Health. During 2023, 4C Health transitioned to a 4-day workweek, highlighting our goal focused on the health and wellbeing of our team members so they can be at their best to support our patients. Additionally, our team has been investing in opening new service sites and expanding access to service programming, all with a vision of creating accessible and affordable access to behavioral health, integrated behavioral and primary care, substance use disorder services and more.

In 2022, 4C Health began working with Burrows Consulting to capture feedback, collect data, and analyze results for our 2023 Community Needs Assessment. This Needs Assessment reflects the identification and prioritization of health services needs and socio-environmental issues from the perspective of key stakeholders, along with an analysis of significant indices reflecting the health, wellness, and quality of life of community members across Indiana. 4C Health will take this assessment to ensure access to quality care, implementing strategies in partnership with our stakeholders, evaluating progress along the way.

I remain extremely humbled and honored to have the opportunity to work for our Board of Directors and lead our organization to be a leading provider of integrated behavioral health and primary care in rural Indiana that not only addresses health and wellbeing, but the social drivers of health that impacts physical and mental health. I am incredibly proud of the work we do and the impact in the communities we serve.

Dr. Carrie Cadwell, PsyD
President/Chief Executive Officer

Overview

4C Health began as Four County Comprehensive Mental Health Center in 1975. We have served as the designated Community Mental Health Center for Cass, Miami, Fulton, and Pulaski counties since that time. In the early 1980s, inpatient psychiatric services were added to the continuum of behavioral health services the center offered. Starting in 2015, we began a growth journey to meet the needs of additional surrounding rural communities. This growth included providing services to Howard, Tipton, White, Carroll, Clinton, Marshall, Wabash, Grant counties and beyond. This geographic growth along with expansion in our behavioral health and crisis care service offerings, and addition of integrated primary care efforts led to a rebranding effort in 2022 to 4C Health. Our new name reflects appreciation for our history that is rooted in “4” North Central Indiana counties, aligns with our focus on whole person health, and exemplifies our values, our “4Cs”. Care that is Compassionate, Collaborative, and Competent.

Needs Assessment

4C Health conducts a community health needs assessment every three years, or earlier if deemed necessary by the Board of Directors. To conduct the needs assessment, 4C Health engages an outside consultant and utilizes both primary and secondary data sources. 4C Health uses the results of the needs assessment to assess unmet needs for health services within the service area. The results of the needs assessment are used with the purpose of informing and improving the delivery of health care services. Based on factors associated with access to care and health care utilization, significant causes of morbidity and mortality, and other unique health care needs, the 4C Health Board of Directors evaluates current delivery of service and makes changes as appropriate to meet service area needs.

4C HEALTH

CARE COMPASSION COLLABORATION COMPETENCY

Values

CARE first for clients, colleagues, community, and self. Coordination, shared decision-making, and patient safety are the context for high quality care.

Show COMPASSION toward clients and colleagues. Be present, value others, and provide hope.

Be COLLABORATIVE – work hard and work together. Give your best effort and be intentionally inclusive.

Demonstrate COMPETENCE and always be willing to learn. Care interventions and decisions are ethical, data-supported, and evidence-based.

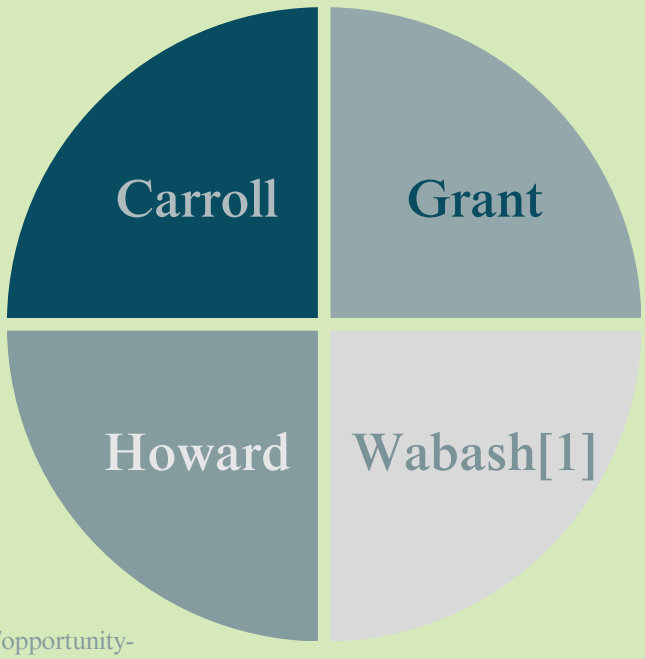
Service Area

The service area, the location where 75% of 4C Health patients reside, includes 12 Indiana counties. 4C Health performed a zip code analysis to determine where patients reside to determine the service area. The Board of Directors utilized the data from the zip code analysis to determine the service area based on the residence of at least 75% of current patients. 4C Health will continue to annually perform a zip code analysis to review and ensure that at least 75% of current patients reside within the service area.

Cass County	*Miami County*	*Fulton County*	*Pulaski County*
Howard County	*Tipton County*	*White County*	*Carroll County*
Clinton County	*Marshall County*	*Wabash County*	*Grant County*

Opportunity Zone

The Internal Revenue Service (IRS) defined Qualified Opportunity Zones (QOZ) as economically distressed communities where new investments, under certain conditions, may be eligible for preferential tax treatments. The following service area counties are in an Opportunity Zone:



1 https://www.in.gov/gov/governors-office/opportunity-zones/

4C Health Services and Locations

Table 1 depicts 4C Health sites, services, and locations. 4C Health has evaluated the needs surrounding each site, and services and hours are based on local community needs. 4C Health offers extended hours including early mornings, weekends, and evenings to meet patient needs. 4C Health has a Crisis Help Line in place for 24/7 care via phone call or text message. Services across sites include crisis/walk in services, inpatient psychiatric care, crisis stabilization (including an inpatient unit), urgent care, general psychiatric services, pharmacy and medication management services, integrated care, therapy, community-based, addiction recovery, adult intensive and school-based services.

Table 1: Current 4C Health Sites and Addresses

Site	Address
Acute Care Unit/Crisis Stabilization Unit/Psychiatric Urgent Care	1015 Michigan Ave.Logansport, IN 46947
Cass County	800 Fulton St.Logansport, IN 46947
Fulton County	401 E. 8th StreetRochester, IN 46975
Miami County	1000 N. Broadway Suite APeru, IN 46970
Pulaski County	613 Terrace DriveWinamac, IN 46996
Howard County	1948 West BoulevardKokomo, IN 46902
Tipton County	1060 S. Main Street Suite 2Tipton, IN 46072
Carroll County	901 Prince William RoadDelphi, IN 46923

Geography

4C Health is located across 12 counties in North Central Indiana. The counties in the north are physically very flat to rolling terrain. Farmland is abundant throughout. In the more centralized counties gently rolling hills and shallow valleys make up the landscape. Howard County is more flat in nature. Forests are present throughout with many lakes and waterway. The most notable include:

- Wabash River
- Eel River
- Yellow River
- Tippecanoe River
- Lake of the Woods
- Lake Maxinkuckee
- Koontz Lake
- Lake Manitou
- Mississinewa Lake
- Mississinewa River
- Wildcat Creek
- Lake Shafer
- Lake Freeman

Key cities include county seats- Logansport, Rochester, Peru, Kokomo, Winamac, Wabash, Delphi, Marion, Tipton, Monticello, Frankfort, and Plymouth. Pulaski County, in Winamac Town Park has a large suspension bridge over the Tippecanoe River which is a popular local attraction. It was dedicated in 1923 in honor of soldiers and sailors from the Civil War. In Fulton County the Rochester Downtown Historic District is on the National Register of Historic Places and a popular attraction especially for those interested in historical architecture. In Kokomo Indiana there is a Burial and Monument for Chief Ma-Ko-Ko-Mo or Chief Kokomo, from whom the city is named. White County is a popular tourist destination as it is home to Indiana Beach, an amusement park located on Lake Shafer. Centennial Park is a popular park in Marshall County that hosts Indiana's 3rd largest festival, Marshall County Blueberry Festival every Labor Day weekend.

Social Determinants of Health (SDOH)

Social determinants of health (SDOH) contribute to wide health disparities and inequities in populations. The Office of Disease Prevention and Health Promotion at the U.S. Department of Health and Human Services has launched the initiative Healthy People 2030 to address the five critical areas, pictured below[2]. Healthy People 2030 defines SDOH as, "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Healthy People Stakeholders include all state and local governments, community health clinics, and individuals and families.

According to Office of Disease Prevention and Health Promotion, SDOH have a major impact on people's overall health, well-being, and quality of life. Examples include the following:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills[3]

2 https://health.gov/healthypeople/priority-areas/social-determinants-health

3 U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2030: Social

Health Equity and Health Disparities

In alignment with Healthy People 2030, 4C Health focuses on reducing health disparities for patients and Indiana communities. Health disparities are defined as differences in health or the critical determinants of health such as safe housing, discrimination, resources, and education that negatively affect marginalized populations. To address health disparity, health inequalities, or unavailable differences in health status and mortality rates across different populations, must be taken into consideration and factored into all actions. To achieve health equity, everyone needs to have a fair opportunity to be as healthy as possible. Removing and reducing barriers and challenges such as access to good jobs and pay, quality education, safe environments and poverty help promote health equity and reduce inequity. Cultural competence is a key in addressing health disparities for many races and ethnicities, and 4C Health strives to identify and address the needs of the populations it serves in all its locations.

Social Vulnerability Index

The degree to which a community exhibits social conditions such as high poverty, low percentage of vehicle access, or crowded households impacts the community's ability to prevent human suffering and financial loss in the event of disaster.[4] According to the Centers for Disease Control and Prevention, these factors all describe a community's social vulnerability. The Social Vulnerability Index is a measure that analyzes the degree of social vulnerability of counties and neighborhoods utilizing census data, and a higher score indicates higher vulnerability. Indiana's state average for Social Vulnerability is 0.47.[5] Four of the counties within the defined service areas for 4C Health have Social Vulnerability Index Scores that surpass the State rate of 0.46 while Grant County surpasses both the State (0.46) and U.S. (0.58) rates at 0.73.[6]

Table 2: Social Vulnerability Index Score (SVI)

Report Area	SVI Score
Carroll County	0.09
Cass County	0.56
Clinton County	0.52
Fulton County	0.39
Grant County	0.73
Howard County	0.38
Marshall County	0.54
Miami County	0.44
Pulaski County	0.31
Tipton County	0.04
Wabash County	0.29
White County	0.30
Indiana	0.46
United States	0.58

4 Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC-Grasp. 2020.
5 Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC-Grasp. 2020 Source geography: Tract.
6 Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC-Grasp. 2020 Source geography: Tract.

Transportation

Table 3: Households with No Motor Vehicle[7]		
Report Area	Households with No Motor Vehicle	Local Transportation/Public Transportation
Carroll County	3.31%	Greater Lafayette Public Trans
Cass County	4.85%	Cass County Transit
Clinton County	6.12%	Clinton County Public Transit
Fulton County	5.36%	Fulton County Transportation, Greyhound Bus Lines
Grant County	7.49%	Marion City Bus Transportation
Howard County	5.56%	City Line Trolley, Spirit of Kokomo, Howard County Connect
Marshall County	6.13%	South Bend Public Transportation Company, Skypoint Transit, LLC
Miami County	5.81%	Miami County YMCA Transit, (Life Cycle-Bicycles)
Pulaski County	5.66%	Arrowhead Country Public Transportation System
Tipton County	1.14%	Encore Express
Wabash County	4.90%	Wabash Public Transit
White County	2.64%	White County Public Transit
Indiana	6.26%	Not Applicable
United States	8.45%	Not Applicable

7 U.S. Census Bureau, American Community Survey. 2016-2020. Source geography: Tract.

Transportation

Transportation barriers exist throughout the service areas but vary by county, as depicted in the table. Grant County has the highest number of households lacking a vehicle surpassing the State rate (6.26%) at 7.49%.[8] Many of the smaller counties face additional barriers as the transportation available may need to be scheduled days in advance or only available to the elderly or those with disabilities.

Impact of lack of transportation on access to primary care, health care utilization, and health status: Individuals without readily available transportation are more likely to experience difficulties accessing health care, especially low-income working families and senior citizens. With some families within the service area lacking personal vehicles, there are significant transportation challenges. Low-income families that can afford a vehicle must use it to commute to and from work, limiting the availability of a vehicle. For patients that must share a vehicle, transportation is often a barrier that prevents them from keeping scheduled clinic appointments.

The limited public transportation in certain service areas constrains job opportunities, impedes access to health care, and adds to the feeling of disconnection and marginalization between neighborhoods, while hindering economic investment in the service area.

4C Health is continuously looking for ways to alleviate transportation barriers within the communities it serves. 4C Health provides transportation for any MRO program client when needed and when consistent with achievement of treatment plan goals. 4C Health is also exploring transportation agreements and providing transportation directly through gas vouchers and UberHealth services. As an identified barrier by various focus groups, 4C Health will continue working on new and innovative ways to assist patients with limited or no transportation access.

8 US. Census Bureau. American Community Survey. 2017-21. Source geography: Tract

Language Barriers

Table 4: Limited English Proficiency[9]

Report Area	Population 5+ with Limited English Proficiency
Carroll County	1.00%
Cass County	8.00%
Clinton County	7.00%
Fulton County	3.00%
Grant County	1.00%
Howard County	1.00%
Marshall County	4.00%
Miami County	1.00%
Pulaski County	1.00%
Tipton County	0.00%
Wabash County	0.00%
White County	3.00%
Indiana	3.18%
United States	8.25%

9 U.S. Census Bureau, American Community Survey. 2016-2020. Source geography: Tract.

Language Barriers

As shown in the table above, language barriers exist within the service area and there are high percentages of the population age five and above with limited English proficiency surpassing the State rate (3.18%) in Cass County (8.00%), Clinton County (7.00%), and Marshall County (4.00%).[10] This identifies the percentage of the service area population that speak a language other than English at home and/or speak English less than very well.[11] These numbers are even higher in certain counties that have large immigrant populations. For example, Cass County has a large Hispanic immigrant population, which was identified and noted during a focus group. This population may need English-language assistance.[12] Poor English language skills, combined with low educational attainment, often results in inadequate health literacy, which is defined by the U.S. Department of Health and Human Services as having problems obtaining, processing, and understanding the basic health information and services needed to make appropriate health decisions.

Impact of limited language ability and poor health literacy on access to primary care, health care utilization, and health status: Limited language proficiency and lower educational attainment, such as that seen in the service area population, contribute to health disparities and negatively impact access to care and utilization of services. The inability to communicate well or to understand more complex health issues hampers access to health care, employment, transportation, social services, and education.

The complexity of the health care system can be overwhelming for people at all levels of education; imagine the added challenge of trying to navigate the system with extremely limited language and literacy skills. According to the U.S. Department of Health and Human Services (HHS), people with inadequate health literacy are often unsure, confused, hesitant, and even ashamed or fearful of accessing the health care system. Those with poor health literacy are more likely to experience poor health and high health care costs, are less likely to be engaged in their care, and have a harder time managing chronic diseases. The HHS National Action Plan to Improve Health Literacy documents the importance of understanding health literacy. It considers health literacy a key element of the person-centered process that is essential to the delivery of cost-effective, safe, and high-quality health services, such as those provided by 4C Health. With its years of experience in the service area, 4C Health knows and understands its patient population and employs staff that speak fluent Spanish and can provide and explain services to those requiring translation assistance.

10 U.S. Census Bureau. American Community Survey, 2016-20. Source geography: Tract.
11 U.S. Census Bureau. American Community Survey, 2016-20. Source geography: Tract.
12 U.S. Census Bureau. American Community Survey, Language Spoken at Home 2014-4018. http://www.census.gov.

Food Insecurity

Food insecurity is defined as the household-level economic and social condition of limited or uncertain access to adequate food. Food insecurity exists within the service areas. The state of Indiana has a food insecure population estimated at 730,480.[13] Given this data is from 2021, it is possible that it is now higher due to the harmful economic long-term consequences caused by the COVID-19 pandemic. The population receiving SNAP benefits in the service area also surpasses State (9.6%) rate at 9.8%. The Supplemental Nutrition Assistance Program, or SNAP, is a federal program which provides nutrition benefits to low-income individuals and families to purchase food at stores.[14]

According to Feeding America, food insecurity among Black and Hispanic populations is often significantly higher than it is amongst Non-Hispanic White populations in more than 9 out of every 10 counties across the country.[15] In many counties across the country this ranges as high as 58%.[16] As many of 4C Health's patients fall into these racial and ethnic groups, food insecurity is of particular concern for its patient population.

Table 5: Food Insecurity[17]

Report Area	*Population 5+ with Limited English Proficiency*
Carroll County	1.00%
Cass County	8.00%
Clinton County	7.00%
Fulton County	3.00%
Grant County	1.00%
Howard County	1.00%
Marshall County	4.00%
Miami County	1.00%
Pulaski County	1.00%
Tipton County	0.00%
Wabash County	0.00%
White County	3.00%
Indiana	3.18%
United States	8.25%

13 Feeding America. Map the Meal Gap study. Indiana. 2021.
14 U.S. Census Bureau. Small Area Income and Poverty Estimates. 2020. Source geography: County
15 Feeding American. Food Insecurity Report Briefs. Map the Meal Gap 2023. May 2023.
16 Feeding American. Food Insecurity Report Briefs. Map the Meal Gap 2023. May 2023.

Food Insecurity

Impact of food insecurity on access to primary care, health care utilization, and health status:
Food insecurity has a harmful impact on both physical and mental health. Adults facing food insecurity may suffer from micronutrient deficiencies, obesity, poor sleep, low physical activity, depression, hypertension, lower overall health status, greater mental distress, lower cognitive function, and overall poor mental health. Children face increased developmental risk, lower physical function, lower psychosocial function, lower mental development, hyperactivity, aggression and anxiety, mood and behavioral disorders, lack of concentration, depression, and thoughts of suicide, among other issues with their overall health.[18] 4C Health serves unique patient populations that are greatly impacted by food insecurity challenges as some patients lack sufficient homes and access to healthy foods. With high rates of food insecurity within the service area, many residents have negative physical and mental health outcomes. 4C Health is continuously working to build relationships with local partners to provide patients with enabling services and information to assist them in overcoming food insecurity (food banks, soup kitchens, shelters and religious organizations providing meals). 4C Health also refers qualifying patients to WIC, which assist mothers, infants, and children in achieving food security.

18 Gunderson, Craig & Ziliak, James P. Food Insecurity and Health Outcomes. Health Affairs. November 2015.

Housing Insecurity

Much of the population within the service area face housing cost burdens and/or live in substandard housing as depicted in the table below. Grant County is plagued by housing insecurity, surpassing the State rate for substandard housing, and coming just below the State rate for housing cost burden.

Table 6: Housing Cost Burden and Substandard Housing[19]

Service Area	Housing Cost Burden (30%)	Substandard Housing
Carroll County	16.21%	16.37%
Cass County	18.09%	19.64%
Clinton County	20.93%	22.52%
Fulton County	18.71%	19.33%
Grant County	23.16%	24.20%
Howard County	19.85%	19.14%
Marshall County	21.05%	23.37%
Miami County	20.46%	20.22%
Pulaski County	21.59%	21.61%
Tipton County	14.93%	13.03%
Wabash County	18.03%	18.89%
White County	20.18%	21.32%
Indiana	23.71%	24.10%
United States	30.34%	31.49%

For the purpose of this measure, substandard housing is defined as housing units having at least one of the following conditions:

- Housing unit lacks complete kitchen facilities;
- Housing unit lacks complete plumbing facilities;
- Household is severely overcrowded (more than 1.01 persons per room); and
- Household is cost burdened (monthly housing costs exceed 30% of monthly income)[20]

19 U.S. Census Bureau, American Community Survey. 2017-2021. Source geography: Tract.
20 U.S. Census Bureau. American Community Survey. 2014-2018. Geography Tract.

Housing Insecurity

Residents living in housing facilities that lack a complete kitchen may be more likely to eat fast foods and processed foods that don't require cooking. They may be more likely to have a poor diet which can lead to a higher risk of cardiovascular disease, diabetes, and obesity which are issues currently identified within the service area. According to a study published in Social Science Research, children growing up in an overcrowded home environment face a multitude of issues. It can negatively impact their physical and behavioral health leading to increased likelihood of illness and low educational achievement.[21]

Impact of housing insecurity and overcrowding on access to primary care, health care utilization, and health status: Substandard living conditions such as is seen in the service area population, contribute to health disparities and negatively impact access to care and utilization of services. Those living in an overcrowded environment may also be more prone to mental health conditions and depression due to stress, lack of privacy, and frequent arguments. Lack of complete kitchen or plumbing facilities may contribute to poor hygiene and nutrition, leading to chronic disease and poor overall health.

21 Department of Health and Human Services. Solari, C.D. & Mare, R.D. Housing Crowding Effects on Children's Wellbeing.

Persons Experiencing Homelessness

According to the National Alliance to End Homelessness, in the State of Indiana there are 5,258 people experiencing homelessness on any given night, or 8 per 10,000 people in the general population.[22]

Indiana University Public Policy Institute and the Coalition for Homelessness Intervention and Prevention collaborate to perform an annual Point in Time (PIT) count in Marion County, Indiana every year. Although not part of the service area, findings are still important to the State of Indiana as a whole. During the 2022 PIT Count, there was a 9% decrease with 1,716 individuals experiencing homelessness. The Black population was found during this count to be disproportionately high, accounting for 56% of the area's homeless population. This was determined to be a 54% increase from 2021. Another alarming finding from this count was that homelessness among young people since the beginning of the COVID-19 pandemic has continued to increase.

Homelessness is a particular concern for the vulnerable LQBTQI+ community. In 2020, the number of adult transgender individuals experiencing homelessness increased by 88%, and since 2016 those experiencing unsheltered homelessness increased by 113%. In the lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual (LGBTQI+) community, finding a place to call home can be challenging. Data on transgender individuals experiencing homelessness is limited. Fear of maltreatment is a leading cause for why help is not often sought after.

The homeless population has unique health care needs related to the homeless experience. According to reports by the Substance Abuse and Mental Health Services Administration, about 35% of people experiencing homelessness have chronic substance abuse issues, more than 80% have had lifelong alcohol and/or drug abuse problems, nearly 30% have mental health conditions, and about 50% have co-occurring substance abuse and mental health issues. The National Healthcare for the Homeless Council notes that people who are unsheltered experience illnesses at rates three to six times higher than those in stable housing, and their life expectancy is 30 years shorter than the general population. In addition, homeless populations in the service area will likely have higher rates of tuberculosis, HIV/AIDS, diabetes, hypertension, frostbite, respiratory infections, and skin ulcers. They are also at higher risk of trauma due to physical violence. Providers also typically encounter higher rates of poor nutrition, dental care, and personal hygiene among those experiencing homelessness, further compounding the unique and complex health care needs of this population.

Impact of homelessness on access to primary care, healthcare utilization, and health status: Being uninsured – a constant for those who are experiencing homelessness – is a consistent predictor of the inability to access health care, which contributes to and exacerbates the unique health care needs of this special population. Because many private providers choose not to treat this population, 4C Health helps meet the gap in services by providing an urgently needed source of care for all who need it. 4C Health understands this population and listened during focus groups and interviews about concerns regarding the needs of this population to better serve them in the future.

22 National Alliance to End Homelessness. Indiana. 2018.

Occupation, Unemployment, and Health Insurance

There are high rates of unemployment within the service area with 6 of the counties surpassing and one county matching the State rate of 2.60%.[23] The rate of uninsured is also high within the service area with 9 of the 12 counties surpassing the State rate of 7.97% and 6 of the counties surpassing the U.S. rate of 8.77%.[24]

Table 7: Unemployment and Rate of Uninsured[25]

Service Area	Unemployment	Uninsured
Carroll County	2.40%	10.14%
Cass County	2.90%	8.57%
Clinton County	2.20%	10.40%
Fulton County	2.60%	10.26%
Grant County	2.80%	7.34%
Howard County	4.40%	6.69%
Marshall County	2.80%	11.84%
Miami County	3.30%	9.28%
Pulaski County	2.30%	8.28%
Tipton County	2.70%	9.16%
Wabash County	2.50%	7.65%
White County	2.20%	8.09%
Indiana	2.60%	7.97%
United States	3.10%	8.77%

23 U.S. Department of Labor. Bureau of Labor Statistics. April 2023. Source geography: County.
24 U.S. Census Bureau. American Community Survey. 2017-2021. Source geography: Tract.
25 U.S. Census Bureau, American Community Survey. 2017-2021. Source geography: Tract.

Occupation, Unemployment, and Health Insurance

The recent COVID-19 pandemic may contribute to the unemployment rate within the service area. During this pandemic, many local employers were forced to close or reduce workforce for a time, which has and continues to negatively impact the unemployment rate and rate of uninsured. Many businesses are still facing negative consequences as many residents are out of work or with their normal income reduced. It is likely the pandemic will continue to have a negative effect on job loss, insurance rates, and poverty in the coming year and possibly beyond.
The 4 largest industries within the service area include the following:

- Health Care & Social Assistance
- Educational Services
- Retail Trade
- Manufacturing

Given the largest industries, many of the jobs within the service area would be considered blue collar offering limited to no benefits. Many individuals may work multiple part-time jobs and may not be offered health insurance. This may contribute to the high rate of uninsured within the service area.

Impact of unemployment on access to primary health care, health care utilization and health status:
The lack of employment has long been linked to increased mortality. A recent report from the Henry J. Kaiser Family Foundation further found a strong link between unemployment and poor health outcomes, especially poor mental health outcomes (*The Relationship Between Work and Health: Findings from a Literature Review, August 2018*). Examples of negative health outcomes associated with unemployment include increases in depression, symptoms of distress, and low self-esteem, with a more limited body of research suggesting an association with poorer physical health, including increases in cardiovascular risk factors such as serum cholesterol, hypertension, and respiratory infections. Consequently, those with poor mental health are less employable and often miss work due to poor mental health days or are late due to poor sleep patterns, and in some cases anxiety.[26] It is more likely that those facing unemployment also lack health insurance coverage, creating a barrier to care. Those that are uninsured often forgo primary health care services due to their inability to pay for services. They often ignore chronic health issues, further deteriorating their health and causing new emergent health conditions. 4C Health eliminates this barrier to care, providing care to all patients regardless of their ability to pay for services. A sliding fee scale is offered to those who qualify, based on family size and income, so that patients are only required to pay a nominal fee. During conducted focus groups, 4C Health evaluated the current sliding fee scale by asking community members their thoughts on the current scale and whether it is affordable for patients. 4C Health evaluates the scale regularly and thought this was especially important to pose questions regarding the current scale to residents given recent inflation rates.

26 The Health Foundation. Unemployment and mental health: Why both require action for our COVID-19 recovery. 16 April 2021.

Educational Attainment

Educational attainment within the service area is low, depicted in the following table.

Table 8: Educational Attainment[27]

Indicator	Service Area Total	Indiana	U.S.
Preschool Enrollment	41.75%	39.83%	45.93%
High School Graduation Rate*	91.7%	91.7%	81.9%
Population with No High School Diploma	11.86%	10.20%	11.1%
Population with High School Only	40.07%	33.00%	26.50%
Population with Some College	20.69%	19.90%	20.00%
Population with a Bachelor's Degree	11.82%	17.70%	20.60%
Population with Graduate or Professional Degree	6.32%	10.10%	13.10%

27 U.S. Census Bureau, American Community Survey. 2017-2021. Source geography: County & Tract; U.S. Department of Education, EDFacts. Additional data analysis by CARES. 2019-2020. Source geography: School District.

Educational Attainment

The population with no high school diploma surpasses both the State and U.S. rates, and the population with high school only (40.07%) is significantly higher than the State rate of 33% and the U.S. rate of 26.5%. Higher education also lags State and U.S. rates in the service area with only 11.82% of the population holding a bachelor's degree and even fewer with a Graduate or professional degree (6.32%). Reading proficiency by the fourth grade is a predictor of poor educational achievement: according to a study by the Annie E. Casey Foundation (Early Warning! Why Reading by the End of Third Grade Matters, January 2010), children who enter fourth grade without reading proficiently are four times more likely to leave school without a diploma than proficient readers. The study also quantified and reinforced the correlations between poverty, poor reading ability, and the failure to graduate. Although we do not have the specific percentage for fourth grade reading for the service area, we know the State of Indiana had 33% of students at or above NAEP (The National Assessment of Educational Progress) for reading in 2022.[28] This percentage is not significantly higher than other states, and still signifies that a majority (67%) of students in the state are not reading proficiently at a fourth-grade level. With the disruption to the education system caused by the COVID-19 pandemic, it is likely that local reading proficiency is still suffering due to the impact of school closures, virtual learning, parents pulling their children from school, and missed school due to sickness and quarantine during the pandemic. Time will tell the overall negative impact of the pandemic on education; however, we know that it has impacted students within the service area and all over the country. Impact of education on access to primary health care, health care utilization and health status: As a social determinant of health, education impacts health status and contributes to health disparities and inequalities. The combination of poverty and lower educational attainment in 4C Health's service area presents significant barriers to health care access and often results in poorer health outcomes amongst the impoverished and housing insecure target population. Lack of education creates barriers to health insurance coverage and employment creating barriers to health access. 4C Health strives to reduce health disparities, using cultural competence and by understanding the needs and patterns of their target population.

28 The Nation's Report Card. NAEP Report Card: Reading. Indiana 2022. https://www.nationsreportcard.gov/ reading/states/achievement/?grade=4

Income Level & Poverty

Income is a socioeconomic factor that predetermines an individual's access to housing, healthcare, health insurance and healthy foods, impacting the health and wellbeing of the individual and their family. The per capita income in the service area is low at $28,150 compared to the State at $32,536 and the U.S. at $37,637. This is not surprising given the housing cost data presented earlier in this assessment as well as the poverty data presented below.

Table 9: Poverty[29]

Service Area	Percent Population ≤100% FPL *	Percent Children ≤100% FPL	Children Eligible for Free/Reduced Price Lunch	Area Deprivation Index
Carroll County	6.47%	9.62%	46.30%	72
Cass County	13.25%	16.19%	52.00%	82
Clinton County	10.63%	14.87%	53.30%	76
Fulton County	14.22%	20.61%	50.20%	77
Grant County	18.82%	28.41%	55.00%	74
Howard County	11.63%	16.72%	49.70%	74
Marshall County	11.43%	13.54%	46.00%	67
Miami County	15.62%	27.45%	49.40%	67
Pulaski County	11.47%	12.46%	46.40%	78
Tipton County	10.62%	14.83%	39.30%	69
Wabash County	12.37%	17.61%	45.10%	75
White County	8.64%%	10.84%	54.00%	73
Indiana	12.50%	16.79%	44.40%	63
United States	12.63%	17.05%	51.70%	46

29 U.S. Census Bureau, American Community Survey 2017-21; U.S. Census Bureau, Small Area and Income and Poverty Estimates, 2015; U.S. Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File 2016; National Center for Education Statistics, Common Core of Data 2018-19; University of Wisconsin-Madison School of Medicine and Public Health. Neighborhood Atlas. 2020. Source geography: Black Group.

Income Level & Poverty

There are high levels of low income and impoverished populations, including children, in the service area. Poverty levels within the service area are significantly higher than both state and U.S. rates with the service area rates averaging to 12.78% overall.[30] Certain counties are even higher with Grant County coming in at nearly 19% and Miami County at 15.62%. The percentage of children at or below 100% FPL is astounding at over 18% and higher than 28% in Grant County. The area deprivation index is very high in the service area with the total report location coming to 73, which is significantly higher than Indiana at 63 and the U.S. at 46. This reveals the deprivation and need of the disadvantaged service area, showing a population greatly in need of the services 4C Health provides.

Poverty levels are even higher in certain populations within the service area. The table below compares the poverty rates by selected races and ethnicities for each county and the service area overall. Comparatively, the Black population (33.73%) had poverty rates that were significantly higher than their White counterparts (11.68%). In Pulaski County the poverty rate for the Black population is astounding at 100% and is also exceptionally high in Clinton County at over 73%. The Hispanic population (19.93%) also had higher poverty rates than their non-Hispanic (12.24%) counterparts.

30 U.S. Census Bureau, American Community Survey. 2016-2020. Source geography: Tract.

Income Level & Poverty

Table 10: Poverty Rates by Race/Ethnicity[31]

Service Area	*White*	*Black*	*Hispanic*	*Not Hispanic or Latino*
Service Area Total	11.68%%	33.73%%	19.93%	12.24%
Carroll County	6.46%	8.11%	11.87%	6.21%
Cass County	12.11%	52.02%	16.81%	12.55%
Clinton County	10.76%	73.29%	14.01%	9.95%
Fulton County	13.11%	28.24%	18.54%	13.96%
Grant County	15.49%	42.76%	38.20%	17.86%
Howard County	10.15%	27.87%	25.16%	11.11%
Marshall County	11.21%	50.00%	22.67%	10.10%
Miami County	15.65%	22.75%	11.98%	15.74%
Pulaski County	10.82%	100.00%	4.42%	11.71%
Tipton County	10.04%	2.78%	28.13%	10.07%
Wabash County	12.32%	28.78%	23.03%	12.12%
White County	7.44%	0.00%	13.87%	8.13%

Impact of Poverty on access to primary healthcare, health care utilization and health status:

Growing up poor in Indiana has far-reaching consequences. According to Christopher Jencks and Susan E. Mayer in *The Social Consequences of Growing Up in a Poor Neighborhood*, children imitate the behavior and lifestyle of their parents and peers, so if children grow up in poverty, they will often continue the cycle by mimicking those around them. This means children growing up in poverty are less likely to go to college and obtain a good job. Putting them at high risk of becoming uninsured, living in poor housing conditions that promote poor hygiene, practicing poor nutrition, and ultimately having poor overall health outcomes.

31U.S. Census Bureau. American Community Survey. 2017-2021. Source geography: tract.

Transient Population

According to the U.S. Census Bureau, between 2010 and 2020 the service area had a negative population change overall of -2.07%.[32] Only three counties in the service area showed growth. These include Carroll County (0.75%), White (0.18%), and Howard County (1.09%). Despite the decline in population, transience exists throughout the service area as people move to the service area seeking education, job opportunities, and through recreational activities.
Transience can make it difficult to provide follow-up care for patients that may be passing through the area. 4C Health's registration staff are trained and prepared to serve transient populations within the various service area counties. Staff are trained to obtain as much contact information as possible from patients and receive training on follow-up care for patients that are difficult to reach.

Impact of transience on access to primary healthcare, health care utilization and health status:
Transient populations may not receive primary health care on a regular basis negatively impacting their health status. Their transient nature also affects employment status and health insurance status, making it difficult for them to obtain care. 4C Health's presence in the service area gives them the unique experience of serving a transient population and their staff is trained to gather patient information to assist in tracking patients that move frequently (phone numbers, email addresses, emergency contacts). 4C Health accepts uninsured patients and offers a sliding fee scale discount for patients that qualify based on family size and income, making it easier and affordable for these patients to receive quality, affordable healthcare.

32 U.S. Census Bureau. Decennial Census. 2020. Source geography: Tract.

Morbidity and Mortality

Significant causes of morbidity and mortality in the service area, as well as health disparities, are outlined in the tables below. High rates of cancer incidence, hypertension, stroke, and heart disease are prevalent within the service area. The rate of both teen births and infant mortality are alarming, and low birth weight babies are prevalent within the service area. The rate of obesity is high along with smoking rates, and much of the population reports poor or fair health. Unfortunately, these findings are not surprising given many of them are outlined in the Indiana Governor's Public Health Report, 2022, as common among Hoosiers.

Morbidity and Mortality

Table 11: Most Significant Causes of Morbidity and Mortality[33]			
Health Indicator	Service Area Total	Indiana	U.S.
Population with diagnosed diabetes	9.50%	9.80%	9.00%
Infant mortality per 1,000 births**	Data Unavailable	7	6.5
Lung cancer incidence per 100,000 population	73.0	69.2	59.2
Lung disease—Mortality per 100,000	62.2	55.3	39.1
Cancer incidence rate—per 100,000	468.0	456.8	449.4
Cancer – Mortality per 100,000***	176.9	166.8	149.4
COVID-19 Mortality per 100,000	531.22	386.15	337.86
COVID-19 confirmed cases per 100,000	32,544.61	30,650.65	31,100.91
Heart Disease – Mortality per 100,000	112.5	98.1	91.5
Medicare Population with Coronary Heart Disease or Angina	28.70%	28.30%	26.80%
Medicare Population with Hypertension	62.10%	59.6%	57.20%
Stroke – Mortality per 100,000****	42.0	40.2	37.6
Population with HIV/AIDS—per 100,000 population	101.1	206.4	372.8
Suicide—Mortality per 100,000 population	18.9	15.4	13.8
Mortality - Drug overdose per 100,000 population*****	31.7	30.5	24.0
Motor Vehicle Crash—Mortality per 100,000 population	18.1	12.6	11.5
Unintentional Injury—Mortality per 100,000 population	64.5	57.7	50.4
Chlamydia Infections—Rate per 100,000 population	371.6	495.7	481.3
Violent Crimes—Annual Rate per 100,000 population	235.3	391.4	416.0

33 Data Sources: Robert Wood Johnson Foundation, 2017 County Health Rankings: Indiana; Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System, 2006-10, 2006-12, and 2011-12; Centers for Disease Control and Prevention (CDC), Vaccination Coverage Among Children Aged 19-35 months-United States, 2017. Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2014; State Cancer Profiles 2010-14; CDC WONDER database 2010-14; US Department of Health & Human Services, Health Indicators Warehouse 2006-12; Centers for Medicare and Medicare Services, 2015; and University of Wisconsin Population Health Institute, County Health Rankings 2011-13; 2017 County Health Rankings: Indiana; Centers for Disease Control and Prevention (CDC), State Cancer Profiles. Incidence Rates Table, Incidence Rate Report for Indiana by County. 2013-2017. Federal Bureau of Investigation. FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research.2014-16. Source geography: County; Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. 2020. Source geography: County.

Morbidity and Mortality

Table 12: Health Disparities[34]			
Health Indicator	Service Area Total	Indiana	U.S.
Percentage of Adults Reporting Excessive Drinking	17.64%	18.39%	19.00%
Percentage of Adults Binge Drinking in the past 30 days	16.70%	16.82%	16.70%
Adults 18+ who report having poor or fair health	18.00%	16.32%	14.50%
Adult Obesity, BMI greater than 30.0	30.60%	31.60%	29.00%
Adults 20+ with no leisure time physical activity	26.40%	25.70%	22.00%
Diabetes Management: Diabetic Medicare patients with hA1c test in past year	88.34%	88.53%	87.53%
Low birth weight	8.10%	8.10%	8.20%
Teen Births per 1,000 females ages 15-19	27.1	23.1	19.3
Asthma Prevalence – Medicare Population	5.00%	4.90%	5.00%
Adults who smoke	21.00%	19.69%	14.30%
Mammograms – Medicare population	34.00%	32.00%	33.00%
Premature death – Years of life lost	9,742	8,595	7,296

Effect on access to primary healthcare, health care utilization and health status: **The significant causes of morbidity and mortality and health disparities outlined above provide a clearer picture of the gaps in services that 4C Health is helping to fill. The high rates of smoking, drug overdose, suicide, obesity, and drug overdose are alarming. It reveals populations high in mental distress, poverty, and health disparities. The teen birth rate is high, and heart disease, hypertension, stroke and cancer are prevalent. These statistics paint a picture of a population in great need of the accessible, affordable, and high-quality health care that 4C Health provides.**

34 Robert Wood Johnson Foundation, 2017 County Health Rankings: Indiana; Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System, 2020, 2016-2020, and 2017-19; Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2014; State Cancer Profiles 2014-18; CDC WONDER database 2018-2020; US Department of Health & Human Services, Health Indicators Warehouse 2012-18; Centers for Medicare and Medicare Services, 2015; and University of Wisconsin Population Health Institute, County Health Rankings 2017-21; 2020 County Health Rankings: Indiana.

Morbidity and Mortality

Through fulfilling these health care gaps and addressing disparities, 4C Health is working to provide a more efficient and effective health care system. As outlined in the 2022 report released by the Indiana Governor's Public Health Commission, these health disparities and significant causes of morbidity and mortality cost the State of Indiana billions every year.

- Obesity and diabetes account for more than $8.4 billion in productivity losses among employed individuals in Indiana.[35]
- Chronic diseases, such as heart disease, cancer, lung disease, stroke, diabetes, and kidney disease, are among the leading causes of death and disability in Indiana with total direct and indirect costs of $75.5 billion per year.[36]
- Smoking results in nearly $3 billion in annual health care costs for Indiana, including $590 million in Medicaid costs alone.[37]

By working to improve access to primary health care services throughout its service area, 4C Health is working to improve the health of Hoosiers and reduce unnecessary health costs and inefficiencies supporting the Governor's health initiatives and goals.

35 Lewin Group on behalf of the Indiana Hospital Association. (2019). The Economic Impact of Health Promotion in Indiana. (page 19) Accessed at https://www.ihaconnect.org/Documents/Economic_Impact_of_Health_Promotion_in_IN_Final%20Report.Pdf

36 Milkin Institute (2018), The Costs of Chronic Disease in the U.S. 2018. (table 5). https://milkeninstitute.org/sites/default/files/reports-pdf/ChronicDiseases-HighRes-FINAL.pdf

38 Multiple primary sources cited in Table 4 of the Smoking-Caused Monetary Costs in Indiana at Campaign for Tobacco-free Kids https://www.tobaccofreekids.org/problem/toll-us/indiana

Race/Ethnicity

Table 13 depicts the race and ethnicity of the service area population. Some of these populations are growing, as discussed in focus groups, such as the Asian Creole population as well as the Hispanic population.

Table 13: Comparative Race and Ethnicity of Service Area Population[38]

Race/Ethnicity	Service Area Total	Indiana	U.S.
White	89.26%	81.22%	68.17%
Black	3.49%	9.41%	12.55%
Asian	0.82%	2.42%	5.07%
Native American/ Alaska Native	0.24%	0.17%	0.83%
Native Hawaiian or Other Pacific Islanders	0.02%	0.03%	0.19%
Hispanic	6.96%	7.32%	18.44%
More than One Race	2.49%	2.96%	3.89%

Impact of ethnicity on access to primary healthcare, health care utilization and health status:
If the trend continues, the increase in certain segments of minority populations in the service area may indicate the need for a better understanding of cultural/ethnic factors that impact health care access and utilization for Black, Hispanic, Asian, and Native American/Alaska Native populations. Studies show that minority patients are more likely to refuse recommended services, adhere poorly to treatment regimens, and delay seeking care (Rubens J. Pamies, *Health Disparities Briefing Report*, December 2010, p. 19). Based on past experiences, minority patients may have a general mistrust of health care providers and the medical establishment, making them unwilling to seek timely treatment. Studies are finding that racial identity has an enormous impact on health care preferences and utilization patterns (A.M. Chaitoff, T. Wickizer, I. White, "Racial Identity and Health Care Preferences," *Journal of Health Disparities Research and Practice,* Volume 8, Issue 4, Fall 2015, pp. 30-50), further supporting the importance of cultural competency and diversity in providers, staff, and other health care workers. 4C Health is sensitive to these issues and makes every effort to meet the needs of its patients in all aspects of health care.

38 U.S. Census Bureau, American Community Survey, 2017-21, 5-year estimates. U.S. Census Bureau, Decennial Census. 2010-2020. Source geography: Tract.

Culture and Beliefs

Culture and beliefs play key roles in an individual's ability and inclination to access and utilize health services. The culturally bound beliefs, values, and preferences a person learns and assimilates influence how a person communicates with providers as well as the level of trust placed in health care providers.

Although there is currently a small Asian population in the service area, this population is growing, as discussed in focus groups and specifically, the Asian Creole population. Given this information one can anticipate that several related cultural attitudes will impact health care access and utilization. According to the Asian Health Coalition, there are many misperceptions about Asians and their health. "We're always battling the model minority myth that Asians are smart and educated and have no health problems," says Dr. Karen Kim, executive director of the Coalition. Such misperceptions and stereotypes about Asian populations hinder the delivery of culturally competent care.

According to the Bureau of Primary Health Care Uniform Data System, most people of Asian descent served at FQHCs are low-income with limited English proficiency. When compared with the average FQHC patient, patients of Asian descent are more likely to be diagnosed with tuberculosis, asthma, hepatitis B, hepatitis C, and abnormal breast and cervical exam findings. Asian Americans also face higher rates of liver and stomach cancer, diabetes, and lactose intolerance (75% or more of Chinese, Japanese, and Koreans are lactose intolerant). Asian women also have a high risk of osteoporosis due to their lower bone mass and density, smaller body frames, and lower consumption of dairy products. As a group, Asians are also much less likely to seek out cancer screening than any other racial or ethnic group.

Approximately 3.49% of the service area population is Black.[39] As noted in a report published in Academic Medicine in February 2007 ("Cultural Competence and the African American Experience with Health Care: The Case for Specific Content in Cross-Cultural Education," pp. 176-183), the Black/African American experience with medical care in the U.S. has historically been one of mistrust and poor treatment. African American history in the U.S. includes a protracted period of slavery, post-Emancipation discrimination and persecution in many areas, and an extended period of socioeconomic disadvantages. Health care during these periods was often unavailable to Blacks or was of deficient quality. Hospital ward segregation, the Tuskegee syphilis study, and the cumulative effect of other highly publicized negative clinical and research experiences, such as that of Henrietta Lacks and her family, has fostered distrust of healthcare providers and the health care system by the African American community. Many Blacks yet today, regardless of socioeconomic status, carry a lingering mistrust because of this legacy of mistreatment and lack of informed consent.

39 U.S. Census Bureau. American Community Survey 2013-2017. http://www.census.gov.

Culture and Beliefs

This mistrust may account for some of the health disparities faced by the Black population. The Black population face higher death rates than all other racial and ethnic groups for many types of cancer. Also, despite having similar rates of breast cancer, Black women are more likely than White women to die of Breast Cancer.[40] Black women also have higher rates of cervical cancer and the highest mortality rates.[41] Black men are twice as likely as White men to die of prostate cancer, and additionally have the highest prostate cancer mortality among all racial groups.[42]

The Hispanic population is growing within the service area and is currently just under 7%.[43] As Indiana's only Migrant Health Center, 4C Health serves many in this population. According to Hispanics and the Future of America (National Research Council (U.S.) Panel on Hispanics in the United States; Tienda M, Mitchell F, editors. Washington (DC): National Academies Press; 2006.), specific features of the Hispanic population that affect their access to health care include degree of acculturation, language, and immigration status. More than two-fifths of Hispanics in the United States are foreign-born, and many are recent immigrants who retain their cultural beliefs and behaviors regarding health and health care. Most foreign-born Hispanics primarily speak Spanish, and less than one-fourth speak English very well. According to the CDC, culture is central to the health habits of Hispanic/Latino populations. Due to language, cultural, and insurance barriers Hispanics/Latinos often face health disparities. Hispanic women have higher rates of cervical cancer than their White counterparts.[44] Hispanics are also around 50% more likely to die from diabetes or liver disease than the White population according to the CDC.

These four characteristics have been consistently identified as influencing health habits and should be reflected in communication:

1. A reliance on traditional healing systems is common not only because it is culturally approved, but also because of lower costs involved. Modern medical care is unaffordable for many.
2. Collectivist values or group orientation permeates Hispanic life, and individuals often look to one another for opinions. A collectivist orientation may serve as a valuable asset in health promotion.
3. An emphasis should be placed on cultural diversity within the Hispanic population when conducting health assessment and promotion. Subgroups of the Hispanic population, such as Mexicans, Puerto Ricans, and Cubans, differ in their lifestyles, health beliefs, and health practices.
4. Many recent immigrants are less educated than their U.S. counterparts. The acculturation struggle is a source of stress, leading to interpersonal conflicts, family breakdowns, and health problems.[45]

40 National Cancer Institute. Cancer Disparities. March 28, 2022. https://www.cancer.gov/about-cancer/understanding/disparities
41 National Cancer Institute. Cancer Disparities. March 28, 2022. https://www.cancer.gov/about-cancer/understanding/disparities
42 National Cancer Institute. Cancer Disparities. March 28, 2022. https://www.cancer.gov/about-cancer/understanding/disparities
43 U.S. Census Bureau. American Community Survey 2017-2021. http://www.census.gov.
44 National Cancer Institute. Cancer Disparities. March 28, 2022. https://www.cancer.gov/about-cancer/understanding/disparities
45 CDC. Building Our Understanding: Culture Insights Communicating with Hispanic/Latinos.http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/hispanic_latinos_insight.pdf

Culture and Beliefs

Impact of culture and beliefs on access to primary care, health care utilization, and health status: Given the diversity of populations in the service area, there are several ways that culture and belief impact health care access and utilization among these groups and cultures. The characteristics and beliefs associated with Black, Asian, and Hispanic cultures directly affect the ability and likelihood of accessing health care and adhering to prescribed treatments. The jobs available to individuals who lack language proficiency and educational achievement are unlikely to provide health insurance. Furthermore, given the recent political climate regarding immigration and related legislation in some areas, undocumented individuals may be more reluctant than ever to seek necessary health care. The impact of cultural attitudes and beliefs must be taken into consideration when reaching out to and treating these populations. 4C Health not only employs a culturally diverse team, but also understands the impact of cultural attitudes and beliefs in healthcare and is prepared to deliver these services to all cultures within the service area.

Child and Adolescent Health

4C Health is committed to improving child and adolescent health within the local communities it serves. The recently released Indiana Governor's Public Health Commission report reported on child and adolescent health in Indiana outlined significant opportunities for improvement. Since 2019, Indiana has ranked 29th in the nation for child well-being. According to the report, the leading cause of death among Indiana children is accidents, and the second leading cause of death for ages 10-14 is suicide. Suicide is the third-leading cause of death for those 15-19.[46] Suicide rates in 4C Health's service area is exceptionally high at 18.9 compared to Indiana at 15.4 and the U.S. at 13.8, making this a particular concern.[47] The rate is even higher in some counties including Clinton (23.2) and White (21.5) signaling the need for accessible behavioral health services such as provided by 4C Health.

To improve childhood health across Indiana, the Commission feels that public health integration into schools can play a vital role. 4C Health is exploring opportunities to form stronger partnerships with local school systems, as well as explore the possibility of school-based clinics and/or the utilization of mobile units at schools in the future.

46 Indiana Governor's Public Health Commission. Report to the Governor in fulfillment of Executive Order 21-2. Indiana Department of Public Health.
47 Centers for Disease Control and Prevention. CDC National Vital Statistic System. Accessed via CDC Wonder. 2016-2020. Source geography: County.

Disability

Approximately 13.71% of adults in Indiana and 12.69% of adults in the U.S. have some type of disability.[48] Within the service area disability rates are even higher, surpassing State and U.S. rates at 15.94%. [49]

The table below highlights differences in care received by those with disabilities vs. those without disabilities.

Table 14: Impact of Disability on Health Status and Health Care Access[50]

Indicator	People with Disabilities	People Without Disabilities
Women mammogram in past 2 years	73.5%	80.4%
Women current with cervical cancer screening	77.9%	84.2%
Dental visit in past year	53.6%	68.3%
Adults who smoke	24.4%	11.7%

Impact of disability on access to primary care, health care utilization, and health status: According to a study in the April 2015 American Journal of Public Health (*Persons With Disabilities as an Unrecognized Health Disparity Population*), there are statistically significant differences between people with disabilities and those without disabilities as related to health care access, health behaviors, health status, and social determinants of health in the U.S. There is also evidence that those suffering with disabilities have an increased likelihood of substance use and misuse.[51] The challenges of living with a disability negatively impact the ability to access and utilize healthcare, as well as the person's health outcomes. With higher rates of people living with disabilities in the service area, there will continue to be a greater need for healthcare and supportive services from this group.

48 Centers for Disease Control and Prevention. Disability and U.S. Health State Profile https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/
49 U.S. Census Bureau. American Community Survey. 2017-2021. Source geography: Tract.
50 Centers for Disease Control and Prevention. BRFSS 2020. https://dhds.cdc.gov/
51 Sharon Reif, Katherine J. Karriker-Jaffe, Anne Valentine, Deidre Patterson, Amy A. Mericle, Rachel Sayko Adams, Thomas K. Greenfield,
Substance use and misuse patterns and disability status in the 2020 US National Alcohol Survey: A contributing role for chronic pain, Disability and Health Journal, Volume 15, Issue 2, Supplement, 2022. ISSN 1936-6574, https://doi.org/10.1016/j.dhjo.2022.101290.

Behavioral Health and Substance Use Disorders

Community surveys, other local healthcare organization's CHNAS, and focus group meetings indicated a high level of concern and need surrounding behavioral healthcare and substance use disorder and the need for more behavioral health care services and substance use disorder services. The Indiana Behavioral Health Commission released a final report in September 2022 examining Indiana's behavioral healthcare system and outlining recommendations to improve the system. The Commission found that Indiana's Behavioral Health System infrastructure is grossly underfunded and in need of reforms to improve and enhance behavioral healthcare.

During conducted focus meetings behavioral health was discussed as a large and growing need across 4C Health's service area. Many in the target population need services and have difficulty getting into behavioral health and/or substance use providers in a timely manner. This can be for several reasons including but not limited to lack of providers, insurance (or lack of insurance), long wait times, as well as others. Unfortunately, this is not an uncommon occurrence as the Indiana Behavioral Health Commission noted in their September 2022 report that one in five adults in Indiana experience a mental health condition every year, but only 40% of these receive services. When using suicide rates as an indicator of poor mental health the service area surpasses State and U.S. rates, at an alarming age, adjusted death rate of 18.9 per 100,000 population.[52] The suicide rates are inextricably linked to both the mental health status and growing substance use disorder. According to a June 2020 study, 41% of adults were reporting anxiety and/or depressive disorder symptoms and 13% started or increased substance use to cope with stress and emotions related to COVID-19.[53]

This link rings true in the service area where drug overdose is also high, as an indicator of SUD, with overdose rates surpassing both State (30.5) and U.S. (24.0) rates at 31.7 age adjusted deaths per 100,000 population.[54]

Impact of behavioral health and substance use disorders on access to primary care, health care utilization, and health status: The behavioral health ad SUD crisis have been exacerbated by the COVID-19 pandemic. Behavioral health greatly impacts physical health and integration is necessary to ensure that primary care and behavioral health is coordinated to achieve optimal health status for patients. Those with untreated behavioral health and SUD may not seek primary health care due to their conditions, stigma or even fear. 4C Health understands the importance of integration and is continually looking for ways to better meet the behavioral and SUD needs of patients in the service area to improve overall health status.

52 Centers for Disease Control and Prevention. CDC-National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County.
53 https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_w
54 Centers for Disease Control and Prevention. CDC-National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County.

Sexual Orientation and Gender Identity

Using an analysis of 2019 Gallup data by the Williams Institute, the Movement Advancement Project (MAP) estimates that 4.5% of Indiana residents identify as LGBTQI+ and 34% of LQBTQI+ adults are raising children.[55] If one applies these findings for Indiana (4.5% of the population identified as gay or lesbian) to the population in the service area, one can estimate that over 19,000 people in the service area potentially identify as LGBTQI+. This is relevant because, as outlined below, LGBTQI+ populations – and aging LGBTQI+ populations in particular – disproportionately experience poor access to and utilization of health care.

Impact of sexual orientation and gender identity on access to primary care, health care utilization, and health status: Studies show that LGBTQI+ Americans experience more barriers to health care than heterosexual Americans, and that lesbian and bisexual women receive preventive cancer screening tests less frequently than their heterosexual counterparts. According to a review of existing literature published by The Williams Institute, barriers are especially present for LGBTQI+ adults over the age of 50.[56] The Institute found that LGBTQI+ older adults face barriers to receiving formal health care and social support that heterosexual adults do not. Several studies report LGBTQI+ older adults avoid or delay healthcare or conceal their sexual and gender identity from health providers and social service professionals due to fear of discrimination. LGBTQI+ older adults have worse mental and physical health compared to heterosexual older adults, with higher risks of mental health issues and disability, as well as higher rates of disease and physical limitations than their heterosexual counterparts. They also face higher risk for poor physical health and depressive symptoms, many of which are associated with trauma due to victimization and stigma. Studies also find that LGBTQI+ older adults have a higher prevalence of engaging in risky health behavior, such as smoking, excessive alcohol consumption, and risky sexual behavior, but they also have higher rates of HIV testing than non-LGBTQI+ seniors. The Williams Institute report cites LGBTQI+ older adults as a growing U.S. population are likely in need of more frequent healthcare and social support. 4C Health understands and is prepared to serve this at-risk population.

55 Movement Advancement Project. https://www.lgbtmap.org/equality-maps/lgbt_populations

56 Choi, S.K. & Meyer, I.H. (2016). LGBT Aging: A Review of Research Findings, Needs, and Policy Implications

Physical Environment and Occupational Factors

The environment in the service area may contribute to the high rates of obesity, hypertension, diabetes, and heart disease. Within the service area, access to recreation and fitness facilities is low at 4.44 establishments per 100,000 population compared to both the State (10.36) and U.S. (11.94).[57] This likely contributes to the high percentage of adults reporting that they do not participate in physical activity, which is over 26%.[58] Given this information, it is not surprising that obesity, diabetes, stroke, hypertension and cardiovascular disease are significant medical concerns among the service area population, as referenced in previous sections. Unintentional injuries (accidents) are high (64.5), surpassing both State (57.7) and U.S. (50.4) mortality.[59] Manufacturing is a major industry within the service area and may contribute to the high number of unintentional injuries reported.

Impact of physical environment and occupational factors on access to primary care, health care utilization, and health status: Those living and coping with occupational and environmental factors that negatively impact their health need affordable access to primary care. They need accessible clinic hours that are either before or after their work schedule, and in areas accessible to public transportation. They need access to providers who understand their unique needs and can assist them in both managing chronic conditions and addressing current health needs such as sickness or injuries.

57 U.S. Census Bureau. County Business Patterns. Additional Analysis by Cares. 2019. Source geography: County.
58 Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County.
59 Centers for Disease Control and Prevention. CDC, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County

Human Trafficking

In 2021, 123 human trafficking cases with 176 victims were reported in Indiana, with 467 signals.[60] Since 2007 the Indiana National Human Trafficking Hotline has received 3,480 signals and 1,017 cases with 2,344 identified victims.[61] In 2020, there were two new human trafficking criminal cases and four human trafficking convictions, according to the 2020 Indiana State Report, Federal Human Trafficking Report.[62] These numbers may in fact be low, as many human trafficking victims are never identified due to fear, isolation, and guilt.

Impact of human trafficking on access to primary care, health care utilization, and health status:
Human trafficking is a form of modern slavery that occurs in every state. Human trafficking is a public health concern that affects individuals, families, and communities including the service area. It affects both physical and mental health. According to the American Public Health Association, the health system plays an important role in identifying and treating victims of human trafficking. Often health care professionals are the first professionals to have contact with trafficked victims. A study published in the Health and Human Rights Journal found that close to 50% of trafficked individuals saw a healthcare professional during their exploitation.[63] 4C Health provides vital services to a high-risk population and is in the unique position to identify and assist human trafficking victims within the service area.

60 Indiana National Human Trafficking Hotline. 2021 statistics.
61 Indiana National Human Trafficking Hotline. 2020 statistics.
62 Human Trafficking Institute. 2020 Federal Human Trafficking Report. Indiana State Summary, 2020.
63 Schwarz, Corinne; Unruh, Erik; Chonin, Katie & et. all. Human Trafficking Identification and Service Provision in the Medical and Social Service Sectors. Health and Human Rights Journal. June 2018 .

Intimate Partner Violence

According to the CDC, intimate partner violence (IPV) describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse. It can occur among heterosexual or same-sex couples and does not require sexual intimacy. Data regarding IPV rates in the service area is not available currently; however, domestic violence shelters are present within the service area.

I*mpact of intimate partner violence on access to primary care, health care utilization, and health status:* IPV can occur among heterosexual or same sex couples and does not require sexual intimacy. Data from CDC's National Intimate Partner and Sexual Violence Surveys indicates that 1 in 4 women and 1 in 10 men have experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and reported some form of IPV-related event. Often, IPV occurs in adolescence and is called teen dating violence. Around 11 million women and 5 million men who reported IPV said they first experienced these forms of violence prior to the age of 18.[64] In a technical package developed by the CDC, Preventing Intimate Partner Violence Across the Lifespan, the CDC describes that brief women-focused interventions delivered in primary care settings by non-physician health care workers were successful at reducing IPV and improving physical and emotional health.[65] 4C Health services play a vital role at reducing IPV within its service area counties.

64 CDC. National Center for Injury Prevention and Control, Division of Violence Prevention. Preventing Intimate Partner Violence. 2020.
65 CDC. National Center for Injury Prevention and Control, Division of Violence Prevention. Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices.

COVID-19

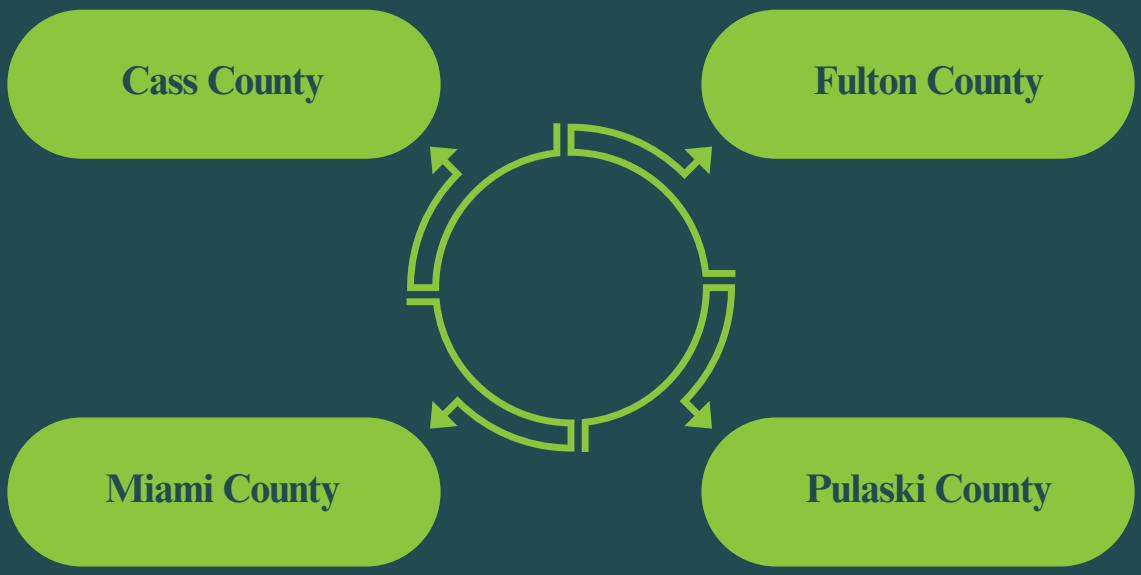
The service area has felt the negative consequences of the COVID-19 pandemic. Confirmed cases per 100,000 population surpass both State (30,650.65) and U.S. (31,100.91) rates at 32,544.61 as of March 10, 2023.[66] The death rate per 100,000 population surpasses both State (386.15) and U.S. (337.86) rates at 531.22.[67] This unfortunately is not surprising given the hesitancy rates of those within the service area to receive the COVID-19 vaccine.[68] Only 55.33% of the service area adults fully vaccinated falling behind the State rate (66.24%) and well under the U.S. rate of 73.75%.[69]

Impact of COVID-19 on access to primary care, health care utilization, and health status: With continued hesitancy to receive the COVID-19 vaccination, high mortality rates, and low vaccination rates, the service area needs health providers such as 4C Health to provide needed services and build a relationship with the community to ease hesitancy about COVID-19 vaccination through patient and community outreach and patient education. 4C Health has a strong presence in the community and understands their patient base. 4C Health can build relationships and trust with patients, which allows them to educate and build rapport that decreases and eliminates distrust surrounding the COVID-19 vaccine.

66 John Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022. Source geography: County.
67 Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2021. Source geography: County.
68 Centers for Disease Control and Prevention and the National Center for Health Statistics. CDC-GRASP. 2022.
69 Centers for Disease Control and Prevention and the National Center for Health Statistics. CDC-GRASP. 2022. Source geography: County.

Focus Group Findings

To gain community insight and input, 4C Health conducted four focus groups in the respective counties:



Each focus group was made up of individuals with various backgrounds and experience and asked ten pre-selected questions.

Cass County Focus Group: The Cass County Focus Group occurred September 13, 2023, and included ten participants. The group discussed the unique challenges of the service area having both rural and urban characteristics and being very diverse.

Fulton County Focus Group: The Fulton County Focus Group occurred September 13, 2023, and included six participants. Lack of transportation and the accessibility of substances were discussed at length along with the need for more resources and collaboration.

Miami County Focus Group: The Miami County Focus Group occurred September 15, 2023, and included three participants. Lack of transportation and high drug use among adolescents was discussed along with long wait times for needed behavioral health services.

Pulaski County Focus Group: The Pulaski County Focus Group occurred September 15, 2023, and included four participants. The group discussed the lack of services in the area including intrapartum delivery, primary care, and in-person behavioral health services. Challenges in the area include generational poverty and substance use and overall lack of available healthcare services.

Question 1: How would you describe the current state of healthcare services in the area?

Cass County: The Cass County focus group believes that there is disconnect between local healthcare services, causing confusion. They also noted provider difficulties and provider shortages, especially in mental health.

The focus group also noted that the county is unique because it has both urban and rural characteristics and is the most diverse county in the State of Indiana. There is a large need for increased interpretation and translation services as many different languages and dialects are spoken in the area. Many residents do not have primary care providers which creates increased traffic in the emergency room at the local hospital. Unfortunately, many residents seem to be using the emergency room for primary care issues and need to be educated on the importance of having a primary care physician and utilizing the emergency room only for immediate and urgent needs. Unfortunately, many of the area primary care providers have full panels and are not accepting new patients. Recruiting is a continuous issue as many do not wish to work in the rural areas.

Mental health is a struggle in the community and resources are low, so it takes patients weeks to get in. Mental health and primary care are not connected in the local community, and improving continuity of care is a real need. Initial point of contacts for mental health care services would be helpful so that law enforcement, primary care providers, and others know who to contact when mental health services are needed.

Fulton County: 4C Health's relationship with Rochester Schools is invaluable; however, despite this relationship large mental health deserts in the schools exist. Employees are faced with touchy situations, and it is difficult to find immediate support for long-term concerns.

There is a concern surrounding the lack of ambulance services in Akron. The County is working to reestablish the service; however, this is a large concern for both the local schools and large businesses such as Pike Lumber where manual labor is a large part of the workforce. If accidents or emergencies occur this is a gap and concern that no local ambulance service is available.

Miami County: The community is very underserved. Lutheran hospital is the main primary care facility and Parkview is opening some primary care offices. There is a large need for integrated care and primary care. Specialized care is also a large concern, with people traveling long distances to find this.

Pulaski County: The community is underserved. There are no delivery services so expectant mothers must travel. Within the schools there are currently no clinics available for students so parents must take students to the emergency room. Vision services are also needed as many students need vision exams.

A crisis team is also needed, especially for older youth. There is a suicide team, but a crisis team is needed. Stabilization of home situations is needed, and this team could assist with that.

There are gaps in behavioral healthcare. 4C Health has a great partnership in schools, however, if students are not Medicaid eligible, families do not have equal access to services. Waitlists for those needing support services are very long prohibiting access.

Question 2: What are the biggest challenges you face in terms of accessing healthcare services in your community?

Cass County: Transportation is a large challenge and a problem for many community members. The diversity and different cultures within the county are also a challenge as different cultures have different expectations of the healthcare system. Many new immigrants that are moving into the area don't understand primary care and how to access it. An example of this is the Haitian population that does not have an expectation of seeing a doctor for primary care and need educated about how and when to access primary care services. Translation is also an issue and organizations have a difficult time keeping translators. With the Tyson plant in Logansport, it is impossible to keep up with translation services as many different dialects and languages are spoken.

Another barrier is the stigma in many cultures regarding mental health services. The Burmese, Creole, and Haitian communities face large barriers due to the stigma surrounding mental health. These populations also have a low health literacy which creates barriers and is challenging.

Fulton County: Language barriers present challenges as there is a large Latino population in Akron. Rochester Schools has seen an increase in the Latino population in recent years. Transportation is also a challenge. Fulton County also lost its medical clinic recently, which further compounds this issue as community members need to travel further for medical care.

A large challenge for the criminal justice system is substance use disorder (SUD). There is a need for outpatient SUD services and programming and a need for more staff. A more intensive SUD program for the community and court system is needed. Services are often not readily available when clients are ready to seek out services. Long wait times prohibit access when needed.

Miami County: Public transportation is an issue with the local YMCA currently serving as the local transportation system. Miami County is about an hour from anywhere further compounding lack of transportation services. There are long wait times for specialized care. There is also a lack of willingness of the youth population to access healthcare services.

Pulaski County: SUD services currently have long wait times. These services need to be available in a timely manner especially for those coming out of the criminal justice system. Commercial insurance is a hurdle as well as SUD is often not covered. Those needing to see a psychiatrist must travel to Logansport because those services are not available within the service area. There is also a lack of therapists and locally many of these services are only available virtually. Transportation is a barrier. People cannot make it to appointments and are consistently rescheduling.

Question 3: How do you perceive the availability and quality of mental health services in rural communities? Are there specific gaps or areas that need improvement?

Cass County: The group agreed there are not enough available mental health services and even those that are available are not accessible due to long wait times. More providers are needed as well as easier pathways to access services. So many different cultures in the service area are dealing with trauma and they are not seeking support and do not understand how to do so. Even if someone in need is ready to access behavioral health services it can be months before they can get an appointment and by then they may change their mind.

The courts work with people and connect them; however, the wait time is so long they cannot get the help they need in time. Before they can even get an appointment and services, issues often compound and new charges occur when it could have potentially been addressed with behavioral health care. There is a large need for inpatient treatment that is not currently available. Youth do not have accessible resources and there is a large need for mental health services for this population in the service area.

The criminal justice system needs more trauma-informed practices. This needs to be from the beginning of a person's contact with the criminal justice system through probation. The programming needs to be consistent as well.

Fulton County: Services are often not available locally for specific mental health needs. People must travel to Fort Wayne or even to another state if they need more intensive or specific services. Although services are in place follow-through is often lacking. Care needs to be better integrated and easier to navigate for patients.

Miami County: Continued care is needed. Patients often don't have insurance or transportation causing barriers to healthcare services.

Pulaski County: The 4C Health therapist available in the local elementary school is wonderful and community members would love to see this service expanded. Schools are also growing relationship with law enforcement officers, which keeps schools and families in the loop. Schools are becoming more aware when students have domestic and substance use issues in the home. This helps educators be more mindful of a student's situation and when they may need additional resources.

Turnover is an issue amongst providers and impacts quality of care. Families are also looking for a quick fix for issues and requesting pills instead of considering nutrition, sleep, and stability in the home. This impacts mental health and pills should not necessarily be the first option and be used in conjunction with therapy, nutrition, and sleep.

Question 4: What are the key factors contributing to addiction issues in rural areas, and what steps do you think should be taken to combat this problem?

Cass County: Self-medicating is contributing to substance use in the service area. More MAT providers are needed, as community members are currently traveling to Marion County to get treatment. More prevention and support resources are also needed. A Recovery Café would be helpful. The criminal justice system is overrun with substance use, signaling that prevention needs to start early. Many individuals cannot self-regulate and support themselves during stress. Instead of focusing on physical activity and nutritional changes they often choose a quick fix using a drug of choice. There is also a good deal of Methamphetamine within the community. It is very common, and children grow up with it, so it is normalized within the community. There are many overdoses and deaths, and we need to see addiction as a lifelong issue. Community members need more access to peer support and resources.

Fulton County: Drugs are easily accessible within the community. Kids have a lack of supervision at home or too often there are accessible drugs in the home. Kids fall into cycles and there is rampant generational SUD and poverty. Kids do not know it is wrong or there is a different way to cope because this is their normal life. Even though recovery groups are available, people fall back into their own habits when they are exposed to the same friends and families that use drugs. Access makes long-term recovery difficult.

Miami County: Generational SUD is present. Adolescents grow up in a home with SUD and repeat the cycle. Kids also get stuck in the system without support. Peer Recovery and Recovery Cafes are needed, and there are very few recovery resources.

Pulaski County: Poverty and lack of area employment contribute to substance use in the area. Generational SUD is also an issue. Many adolescents are using Methamphetamine because they have been around it their entire life and their family members use it. More preventative education programs are needed such as DARE.

Question 5: How can healthcare providers and community organizations better collaborate to address the healthcare need of rural communities?

Cass County: Funding and support was agreed upon by the group to be the main answer to this. Unless there is funding and someone to lead and support collaboration this is not going to happen. The criminal justice system also needs leadership and assistance as they are not behavioral health professionals. They need something to follow a client from jail to the community, offering them support and resources. With the current limited resources and gaps people are being lost in a broken system.

Fulton County: Indiana lacks programming and healthcare providers and community organizations need to engage legislators. Transportation also needs addressed as people in recovery can't make it to their jobs from group homes. 4C Health and local schools need to continue partnerships and working together.

Miami County: Healthcare is very competitive within the service area which has prohibited collaboration. Non-healthcare organizations have advisory councils to discuss need which has not occurred lately. Having these conversations and discussions could be beneficial to addressing issues and collaborating.

Pulaski County: The Department of Child Services has client and team member meetings and would like healthcare providers to be engaged to discuss clients and integrated care. The focus group was mentioned and appreciated. It was suggested more focus groups could occur involving probation and community foundations.

Questions 6: Are there specific resources or support systems that you feel are lacking in your rural community to address health-related issues? What specific improvements would you like to see?

Cass County: If everyone is working in silos change will not occur. Support is needed and funding is needed to better connect and support collaboration of healthcare providers and the criminal justice system. Resources must be shared, and care must be integrated so change can occur and so that patients can be better supported.

Fulton County: Haven House, and a program North of Fort Wayne that offers faith-based programming for those needing support were both mentioned. It was also mentioned that there are pockets of resources locally that need to be brought together (for example Fulton County Hope). Collective efforts need to occur, and local Champions are needed to work on funding and legislation.

Miami County: There is a lack of education surrounding food insecurity and on how to manage finances. There are food pantries available, however, people receive money from work and then are not taught how to budget it and use it to purchase food. Mental health resources for school-aged children are scarce. Resources are needed when children at school are in the middle of a mental health crisis and are possibly even suicidal. Transportation is a large issue, and negatively impacts community members.

Pulaski County: A mental health facility offering Psychiatry would be helpful. More case workers to get clients appointments and keep care organized is also needed. The community is lacking recovery resources including peer support.

Question 7: How does [food insecurity, access to care, mental health, etc.] impact the overall health and well-being of individuals in rural areas, and what are the specific challenges you observe?

Cass County: The Emmaus Mission is a top leader in food insecurity, and the community appreciates the organization's effort to offset food insecurity in the area. The organization has quadrupled its efforts since COVID-19.

Fulton County: State funding and legislature support are missing. More providers and resources are needed locally. The community also needs volunteers to come alongside people who are trying to make changes. Local churches could get involved and take a proactive stance.

Miami County: Lack of transportation is the largest issue impacting the health and well-being of individuals in the area. Daily Dialysis patients were discussed and how they cannot receive needed health services if they do not have support and transportation as many of them cannot drive themselves or do not have vehicles.

Pulaski County: There is a lack of housing in the area and many families with kids live in cars and campers. Many individuals couch surf and go from house to house. There are housing issues in the community and landlords are not necessarily keeping houses up to code.

Food pantries are struggling to keep up with demand. The schools do offer a backpack program offering families with food, but this could be expanded. New immigrant populations are increasing translation needs within local schools. Transportation is also a need and there are not enough drivers available.

Question 8: What initiatives or strategies do you think would be most effective in addressing [food insecurity, access to care, mental health, etc.] in rural communities?

Cass County: Question remained unasked due to time constraints.
Fulton County: Many kids in the community are provided backpacks and meals over the weekend. Food insecurity is an issue that the community has tried to address for years. Food insecurity has increased and the free and reduced lunch population in schools continues to rise. A local food pantry in Fulton was closed for a while due to funding. This may continue unless funding and support grows.
Miami County: Question remained unasked as it was answered in previous questions.
Pulaski County: Question remained unasked as it was answered in previous questions.

Question 9: Are there any successful programs or initiatives from other rural communities that you think could be replicated or adapted to benefit your own community?

Cass County: Question remained unasked due to time constraints.
Fulton County: None were mentioned.
Miami County: YMCA and local food pantries are successful. Market rate housing that recently opened will help community members, but it will fill up fast.
Pulaski County: None were discussed but grant funding through collaboration was mentioned.

Question 10: In your opinion, what should be the top priorities for 4C Health in terms of improving health outcomes and overall well-being?

Cass County: 4C Health could hire more therapists and counselors while working on turnover. More multilingual service providers and immigrant providers are needed to relate to the service area population. More school services for adolescents are also needed.

4C Health could also instill more in the community and offer more support to existing organizations. 4C Health could support community-based organizations and assist them through funding sources. The community wants continuity of care, and we all must work together to achieve this.

Fulton County: Lack of consistency in staffing was a past issue but does seem to be getting better. Staffing is needed for intensive programs for those with behavioral health and SUD needs. More translation services are needed if 4C Health could assist with this.

Miami County: 4C Health should recruit quality counselors and mental health professionals to the area. Many of the people previously hired were very young and only four years older than some high school students. The care provided wasn't the quality the school system would like to see. Local schools would like to partner more and receive more resources from 4C Health. There is high drug use and vaping within the schools and the school systems are looking for alternatives to expulsion. Schools are open to classes on prevention and other alternatives. Parental education is also needed.

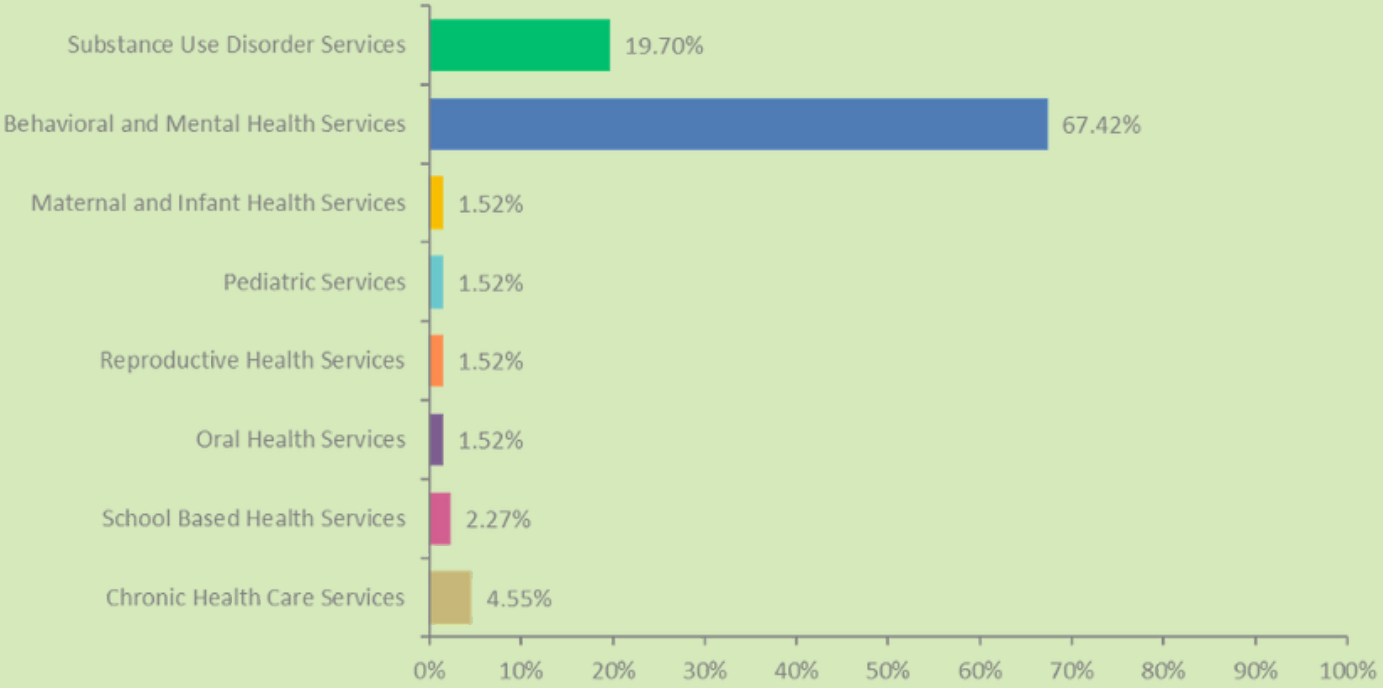
4C Health could be involved in the United Way senior exposition and have more conversations and community coalitions. 4C Health could provide more education on access as that is a large need. Many do not know how to register with Medicaid or how to access health services.

Pulaski County: 4C Health can be more present within the community. The community would like an in-person presence because it helps people feel more connected than virtual services. Offering MAT services would help community need. 4C Health could assist with healthcare literacy and assist patients in completing and understanding forms.

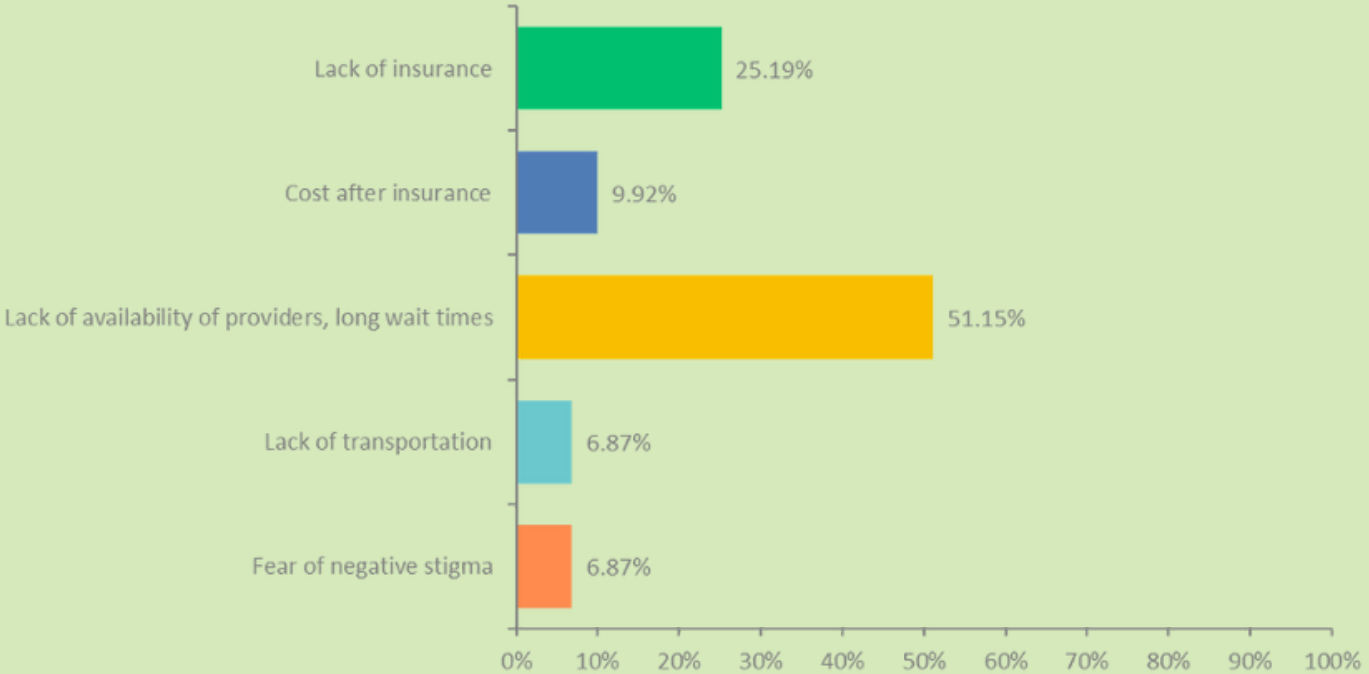
Appendix A

A community-wide survey was sent through the SurveyMonkey platform to gain additional insights from those who were unable to attend the focus group. A summary of response for each question in outlined below.

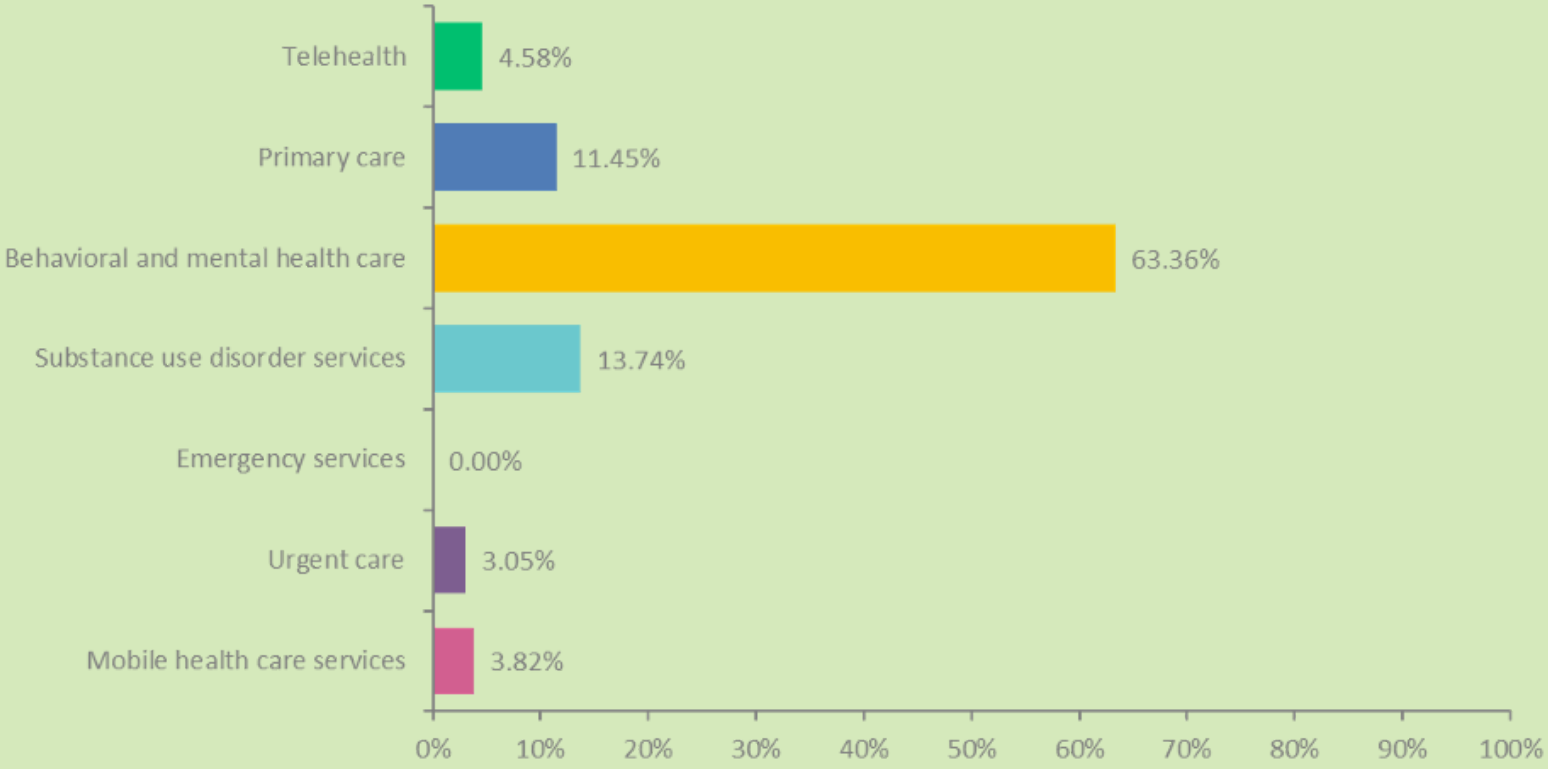
Question 1: What is the top community health need?



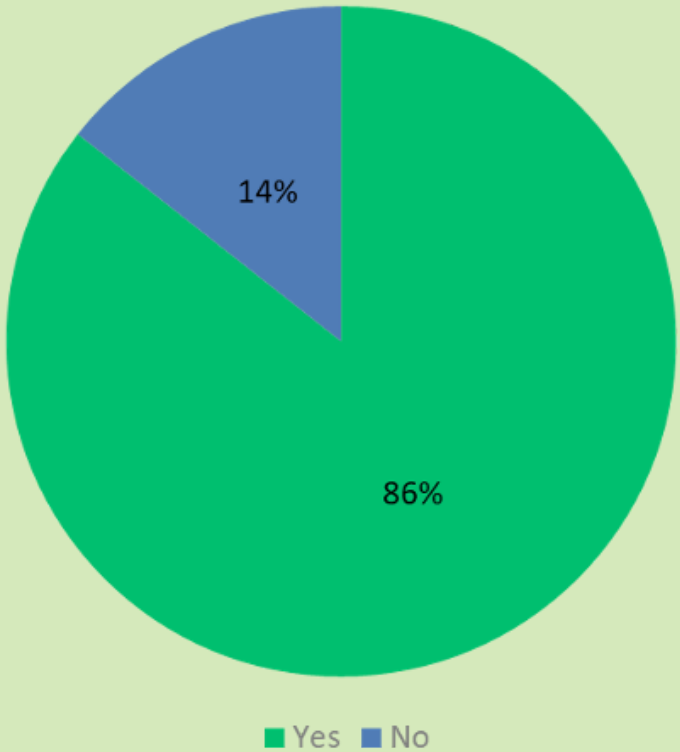
Question 2: What is the largest barrier to community members receiving health services?



Question 3: What types of healthcare services are most needed?

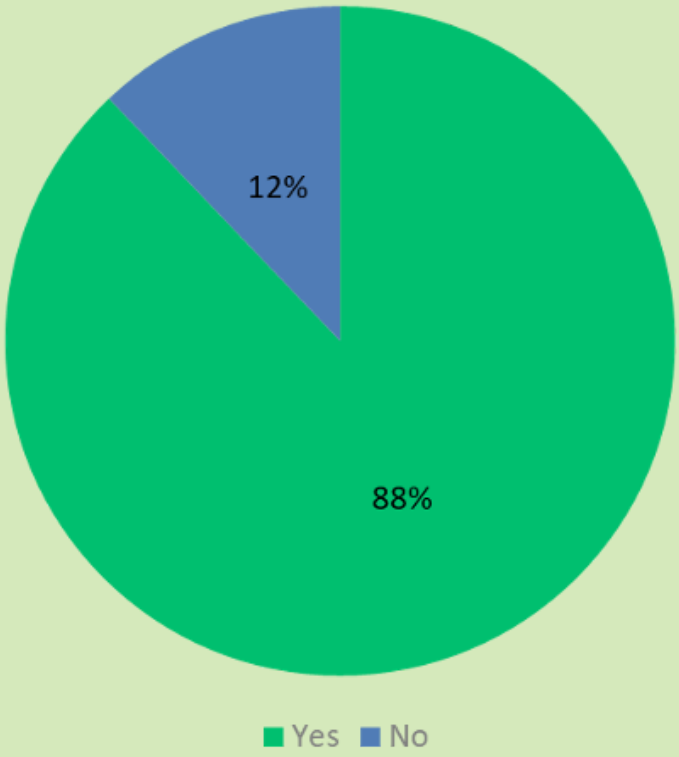


Question 4: Have you seen your primary health care provider in the past 12 months?

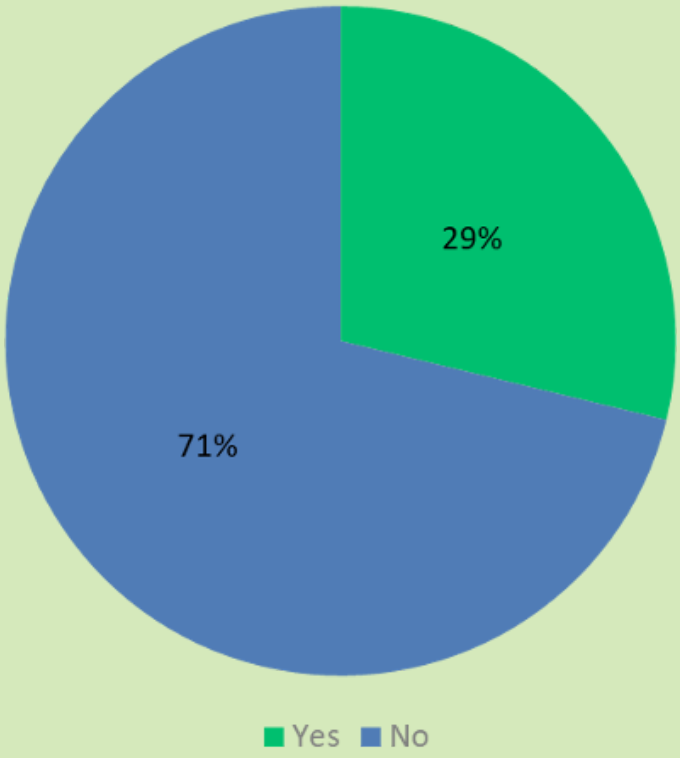


Question 5: Why or why not?

Question 6: In the past 12 months were you able to access primary care services when needed?

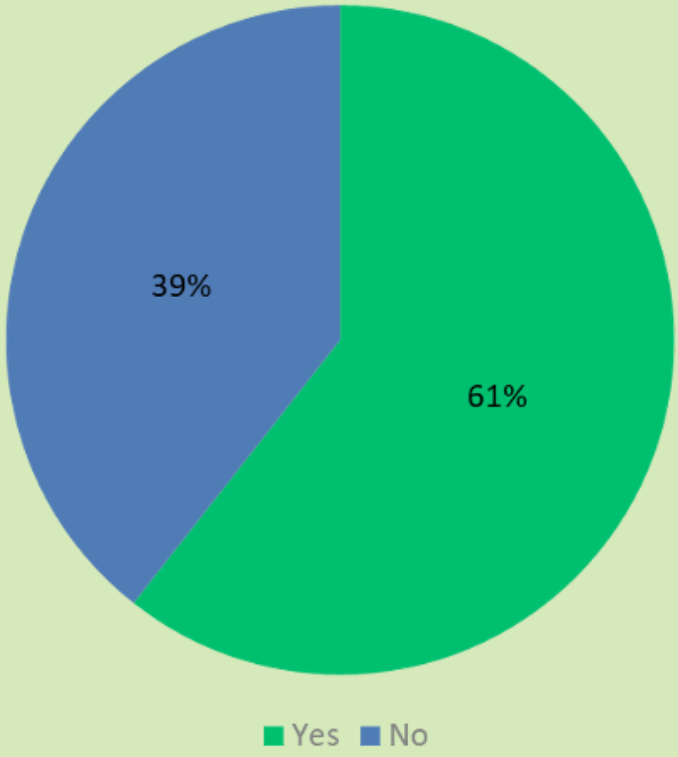


Question 7: In the last year, was there a time when you needed medical care but were not able to get it?

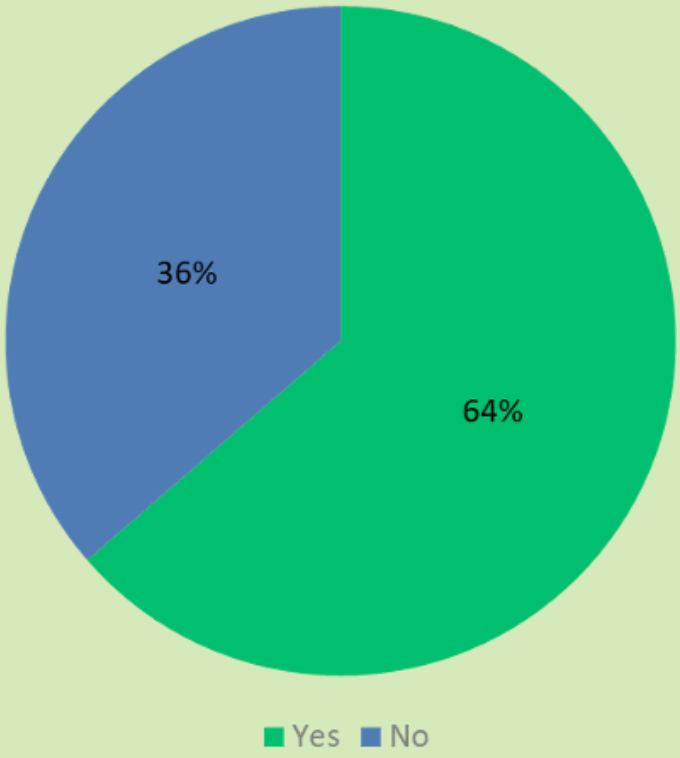


Question 8: Why or why not?

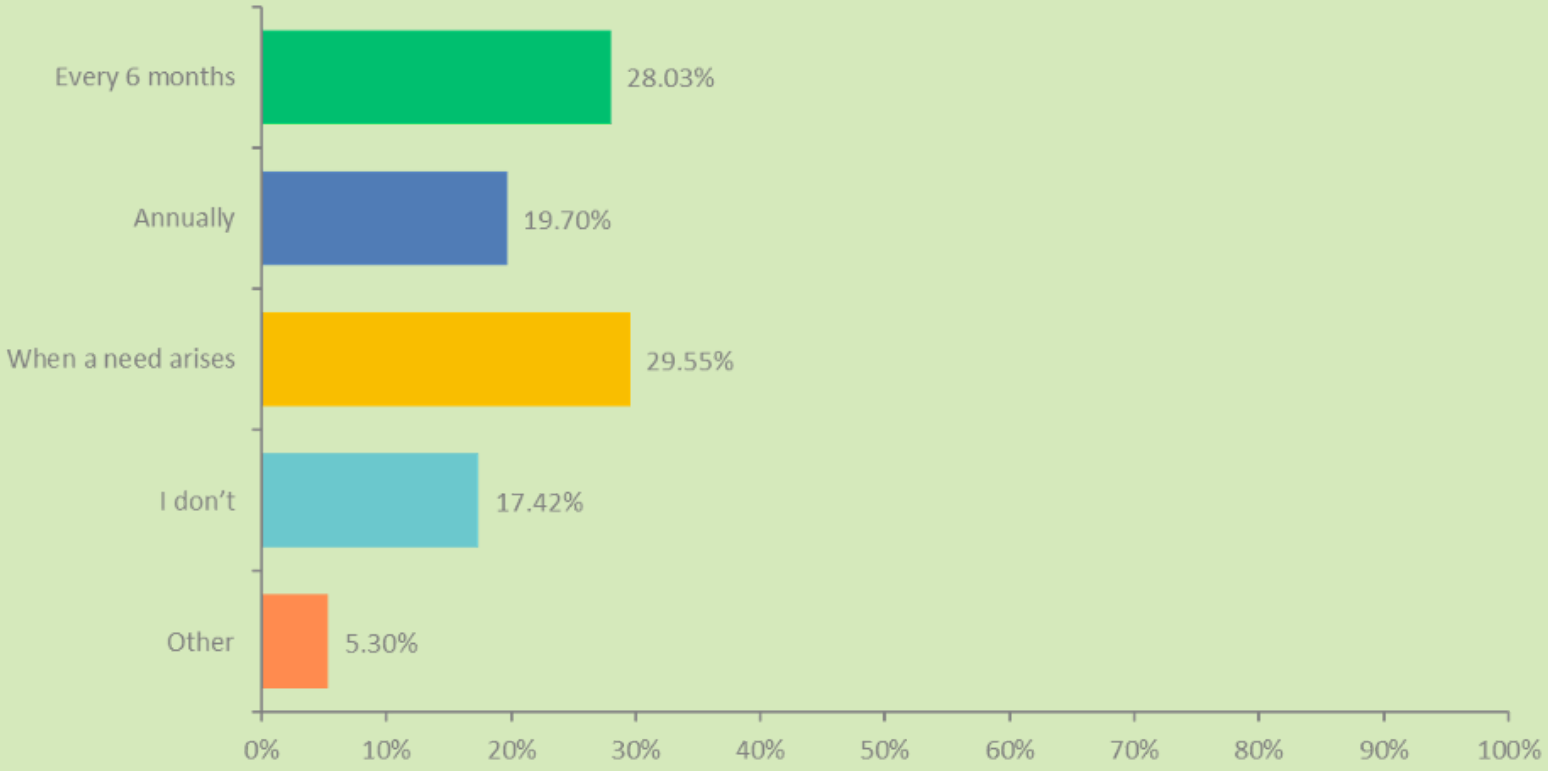
Question 9: Do you regularly receive preventative healthcare (pap, mammogram, colonoscopy, etc...)



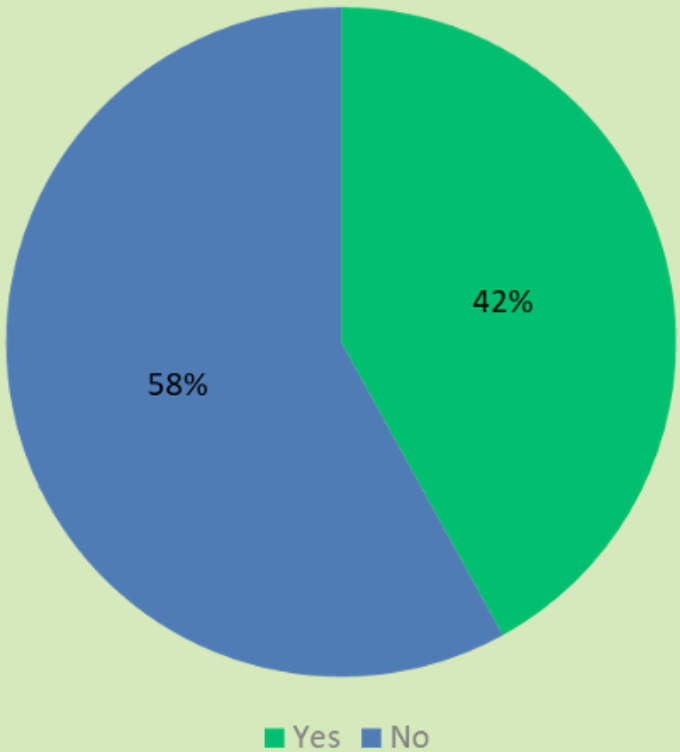
Question 10: In the past 12 months have you seen a dentist?



Question 11: How often do you receive dental care?

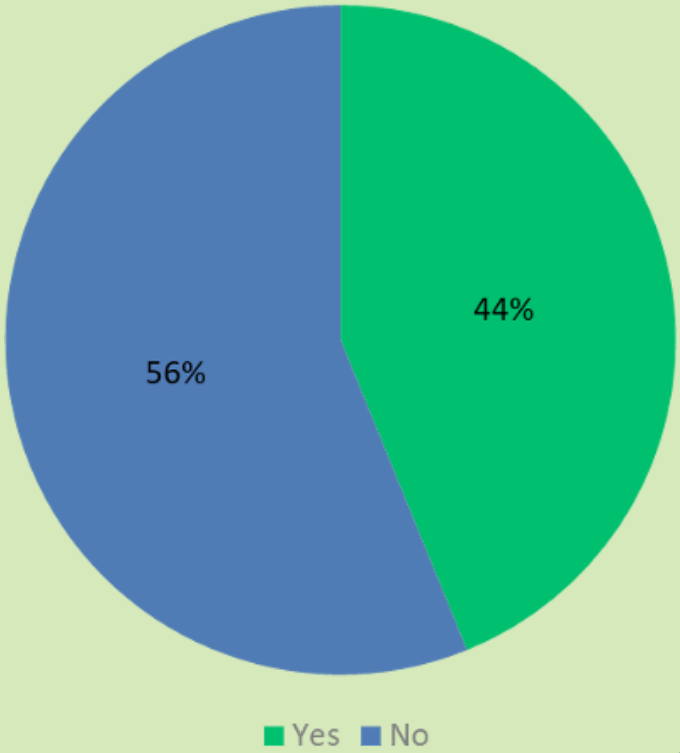


Question 12: Has there ever been a time you needed dental care but couldn't receive it?

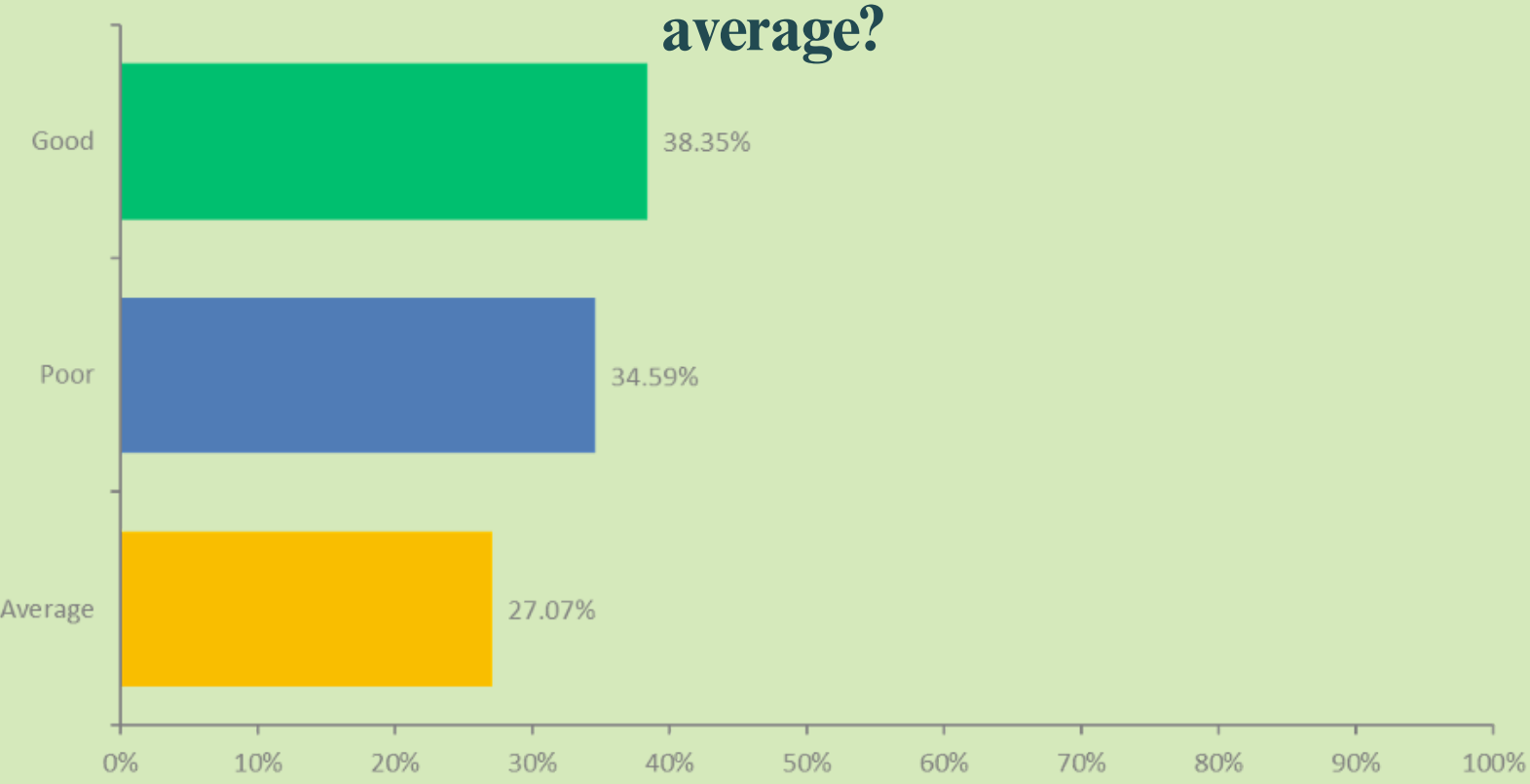


Question 13: Why or why not?

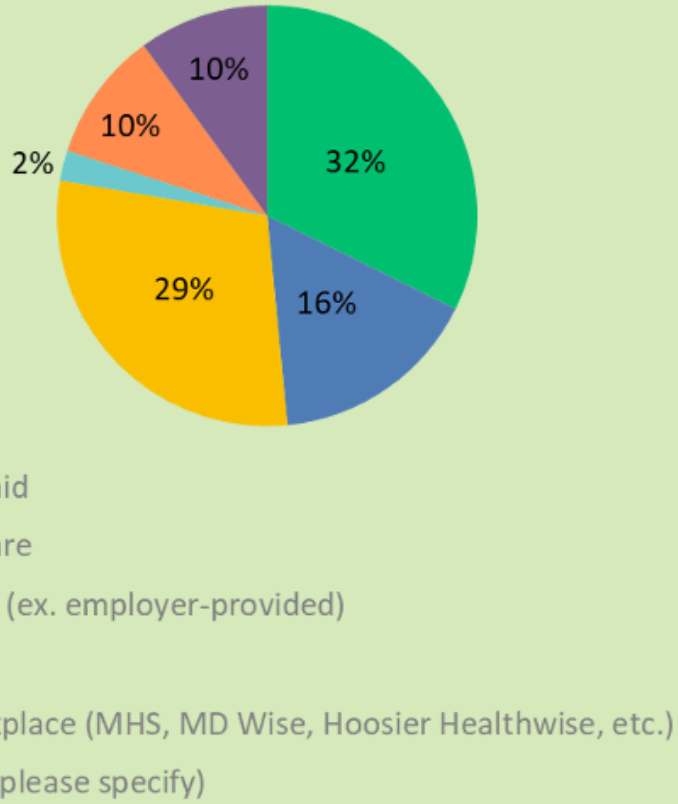
Question 14: In the last year, was there a time you needed mental health counseling but could not get it?



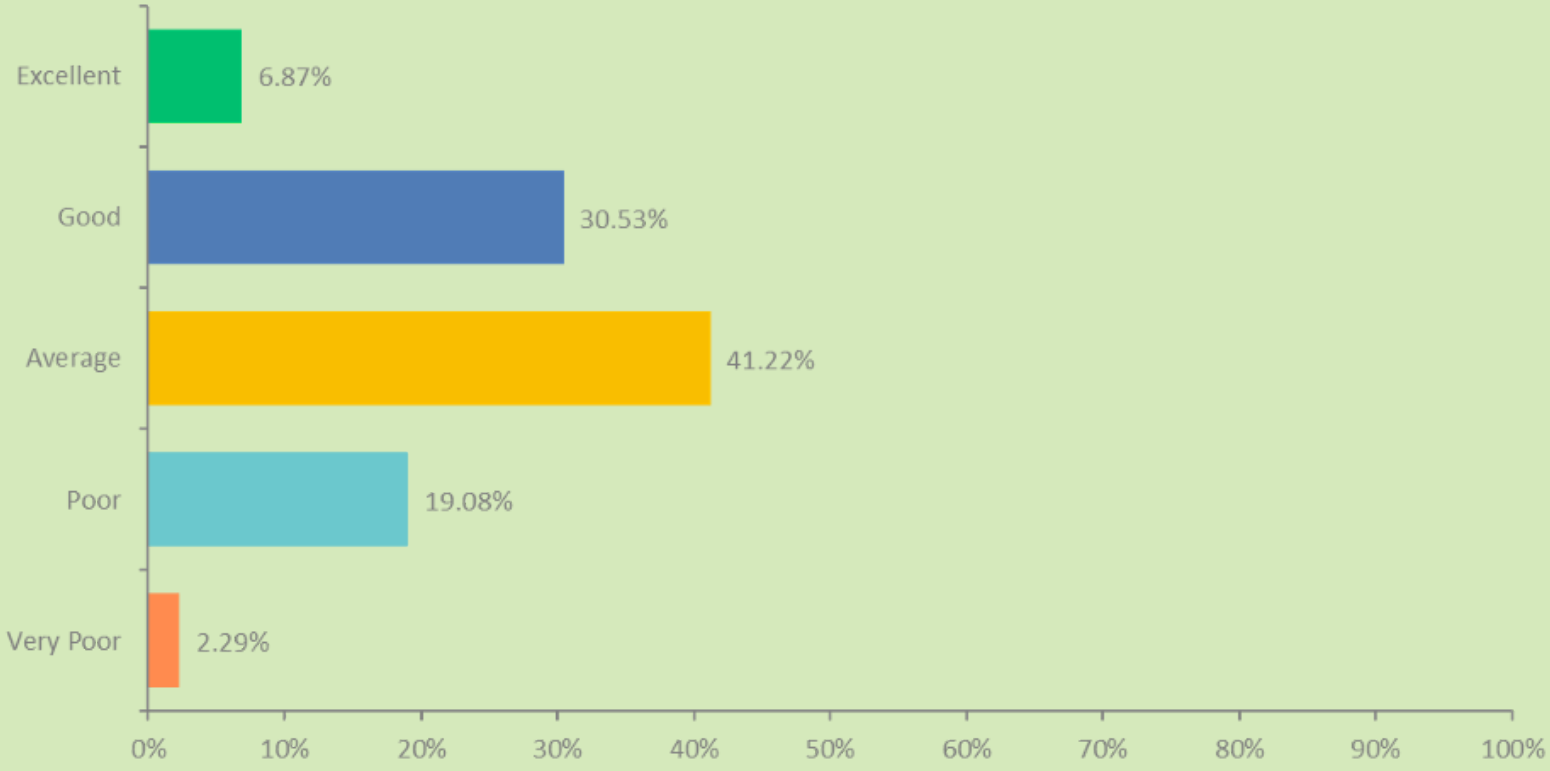
Question 16: Overall, your mental health is good, poor, or average?



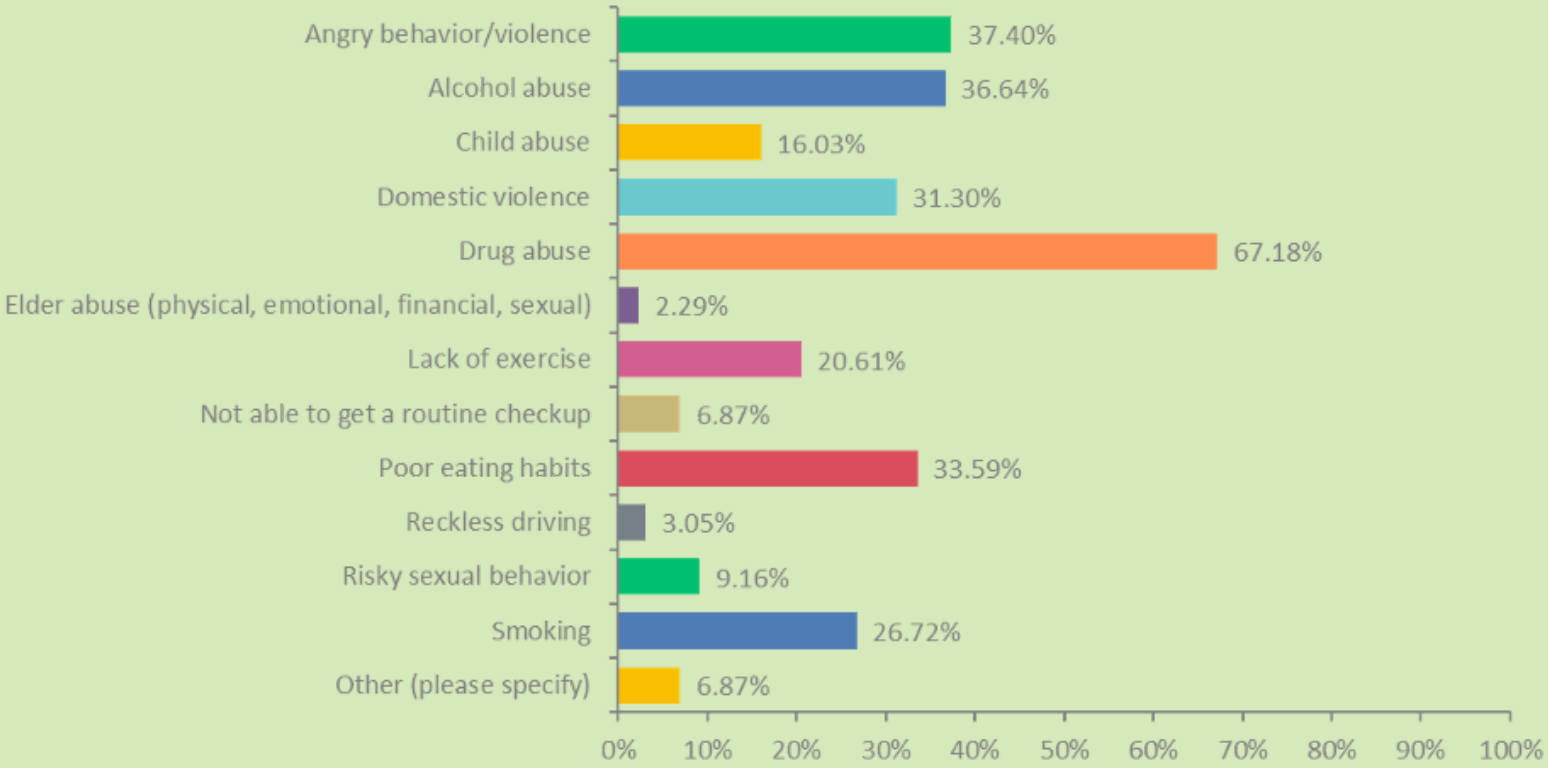
Question 17: What type of insurance do you have? (None if no coverage.)



Question 18: How would you rate your health?



Question 19: Please identify the three most important unhealthy behaviors in your community. Pick 3 only.



Question 20: When you get sick, where do you go?