



2025-2027 COMMUNITY HEALTH ASSESSMENT & COMMUNITY HEALTH IMPROVEMENT PLAN

*Putnam County Health Department
Putnam County, Indiana*

PUBLISHED DECEMBER 2025



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Putnam County Health Department

2025 Community Health Assessment & Community Health Improvement Plan
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Putnam County Health Department

County/Counties Served

- Putnam County, Indiana

Joint or Individual Plan

- Individual plan by Putnam County Health Department

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Coalition/Entity completing assessment/plan on behalf of the Health Department

- Our Research Partner: DataGen, Inc.
- Alfred Campanella, President, DataGen, Inc. | acampanella@datagen.info | 518-431-7646
- Putnam County Health Department contracted with DataGen, Inc. to compile the 2025 CHA reporting and guide the development of the Community Health Improvement Plan. Incorporated in 2004, DataGen, Inc., is a New York corporation and a wholly owned subsidiary of the Healthcare Association of New York State (HANYS), a non-profit 501(c) 6 membership organization, representing nearly all hospitals in New York for 100 years. DataGen employs 35 full-time individuals who are highly educated in the fields of public health, public policy, epidemiology, computer science, statistics, mathematics, and other technical fields. DataGen is a national company, with 50% of its business conducted outside of New York, including, for example, long-standing, continuous relationships with hospital associations in 48 U.S. states, 10 multi-state health care systems, and numerous hospital associations. Their work with community health needs assessments dates back 12 years. Learn more about their work at <https://datagen.info/>.





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Dear Residents and Partners of Putnam County,

It is my privilege to share the 2025 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) for Putnam County. This report represents the work of many community members and partners who came together under the banner of Health First Putnam County — united by our shared mission to invest in the health and well-being of our community.

Over the past several months, the Putnam County Health Department, in collaboration with DataGen, Inc. and local partners, listened to residents, reviewed data, and gathered input from across the county. Through this effort, we identified the areas where our collective action can make the greatest impact — mental health and suicide prevention, injury prevention, chronic disease and obesity, maternal and child health, and access to care.

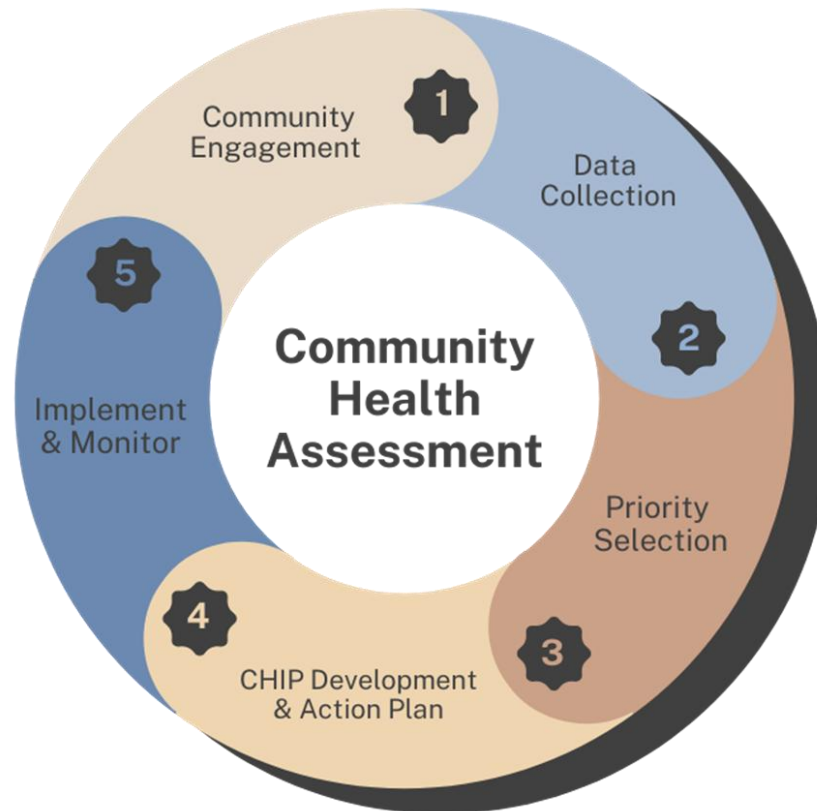
The Putnam County Health Department remains committed to leading this work with the same purpose that guides everything we do: to prevent, promote, and protect. But real progress happens when all of us — residents, leaders, and organizations — lend our voices, creativity, and ideas to the effort.

Together, we can write the next chapter of this story — one that reflects the resilience, compassion, and determination that make Putnam County such a special place to call home.

With gratitude,

Adam Amos, MD, FAAFP
Public Health Officer

Our Approach to the Community Health Assessment Process



The MAPP framework shown on this page represents more than a process—it is the foundation of how Putnam County listens, learns, and acts to protect the health of every resident. We begin by bringing people together with a shared purpose, imagining a healthier future, and deeply examining the conditions that shape our lives. Through many interconnected assessments, we uncover our strengths, understand our challenges, and recognize the forces guiding our community forward. From this understanding emerge our strategic priorities—rooted in data, shaped by lived experience, and strengthened through partnership. This cycle then moves into collective action and continuous improvement, ensuring that our work is not a moment in time, but an ongoing commitment to a healthier Putnam County.



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EXECUTIVE SUMMARY

This Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) reflect the prevailing health and social support needs expressed by Putnam County residents and professionals who offer health and social care services to those residents. Over the course of seven months, Putnam County Health Department leaders met with hospital and community-based organization representatives to examine primary and secondary data. It was a deliberative process that considered current programs and interventions outlined in the previous 2022 report, the new data findings, as well as sensitivity to the resources available to the County Health Department and its partners.

Throughout the process, the Mobilizing for Action through Planning and Partnerships ([MAPP](#))ⁱ tool was used. This is a widely recognized planning framework used in public health to ensure representation and fairness for all populations. It provides a structure to ensure all sectors and community voices are heard. This CHA includes the hallmarks of this tool, an assessment of the public's needs and desires, an assessment of what community-based organization leaders think are the prevailing health needs and desires, and an assessment of the community context that examines historical events, cultural beliefs, and other factors that may have or continue to contribute to current health status.

As a result, the Health Department selected priorities that address mental health, prevention of falls, obesity and physical inactivity, which are both leading indicators for chronic diseases, maternal and child health issues, and access to care.

Putnam County Health Department, the Putnam County Health First Coalition, and its other partners are committed to working together to develop a Community Health Improvement Plan (CHIP) with reasonable and evidence-based interventions that will help solve some of the pressing disease conditions and social determinant of health concerns that residents of Putnam County face. These include programs to reduce the rate of suicide, addressing gaps in prenatal care, enhancing childhood vaccination rates, strategies to address obesity and physical inactivity, as well as interventions to tackle the pervasive challenges posed by transportation inadequacy and internet access. In collaboration with its partners, Putnam County Health Department aims to be part of the collective County-wide efforts to move the needle on the health issues uncovered by this assessment.



Progress on these activities will be tracked via key performance indicators (KPI) that align with Indiana Department of Health county-level dashboards and scorecards and by referencing two national benchmark datasets.

The Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) serves as a roadmap for advancing the health and well-being of Putnam County residents. Developed through collaboration and data-driven analysis, it reflects the Health Department's ongoing commitment to understanding community needs, setting priorities, and fostering positive change. While it also fulfills a component of the Department's application for initial accreditation from the Public Health Accreditation Board (PHAB), its greater purpose is to guide meaningful, sustainable progress toward a healthier, more resilient community.



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COMMUNITY HEALTH ASSESSMENT

Putnam County, Indiana



COMMUNITY DESCRIPTION

Putnam County, Indiana, is a rural community in west-central Indiana, nestled between Indianapolis and Terre Haute. Home to just under 37,000 residents, the county covers about 480 square miles of farmland, forests, and small towns. Greencastle, the county seat, serves as the cultural and educational center of the area.

The community is home to DePauw University, a nationally respected liberal arts college founded in 1837, and a campus of Ivy Tech Community College, which supports workforce development and continuing education. Together, these institutions add to the county's vitality, offering opportunities for learning, arts, and community engagement.

Putnam County is known for its natural beauty and outdoor recreation. With scenic parks, trails, waterfalls, and lakes—including DePauw Nature Park, Cagles Mill Lake, and the National Road Heritage Trail—residents and visitors alike enjoy hiking, fishing, and boating throughout the year. The county's natural assets also serve as important spaces for physical activity, family connection, and mental well-being.

While agriculture remains an important part of local life, Putnam County's economy has grown to include education, healthcare, manufacturing, and small business. For many long-time residents, the former IBM plant in Greencastle remains an important part of local history, symbolizing both the challenges and resilience of the community. Since IBM's closure in 1987, the county has adapted, developing a more diverse and blue-collar workforce that reflects a strong spirit of hard work and innovation.

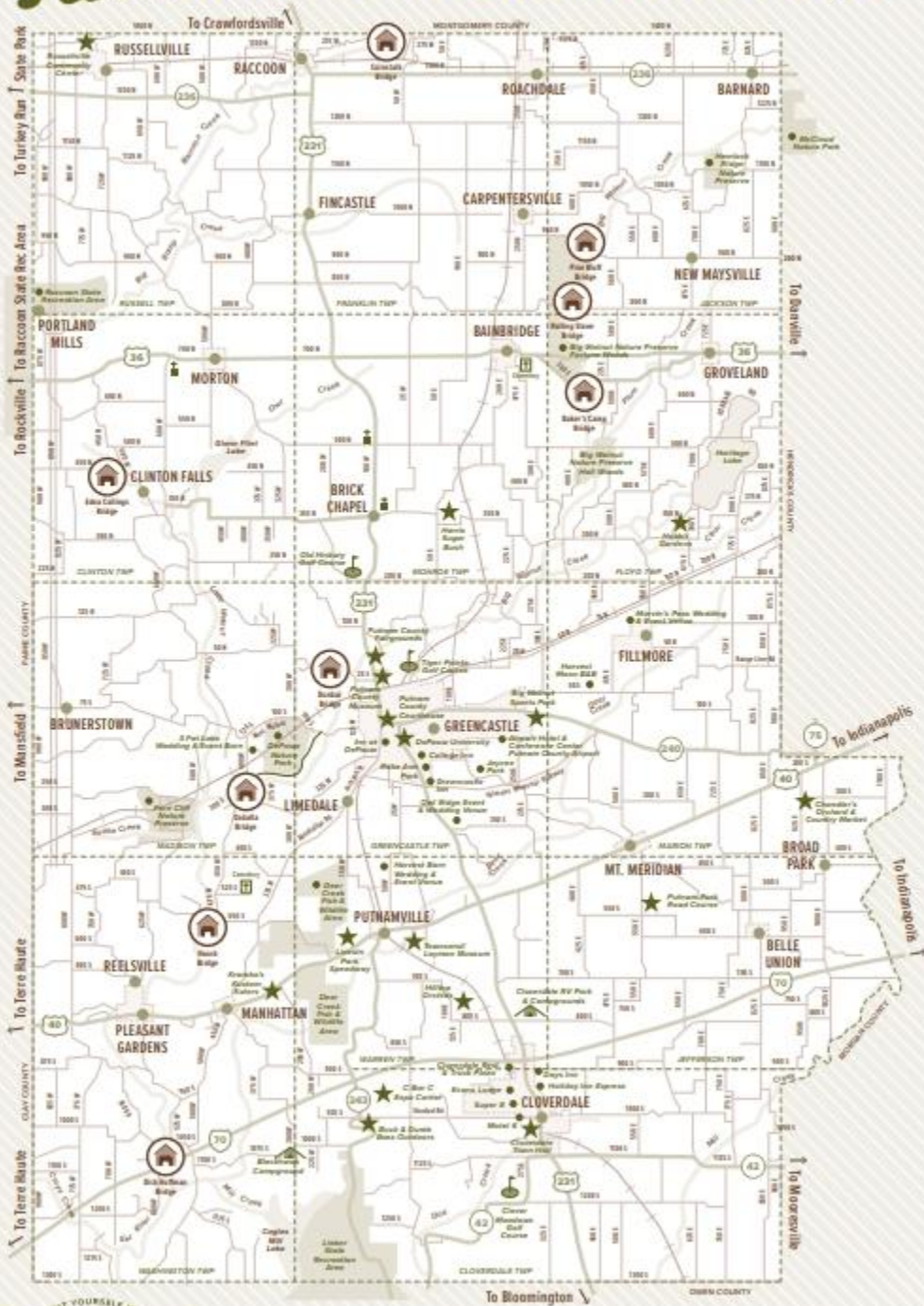


Today, local industries—such as cement production, automotive manufacturing, and environmental services—continue to play a major role in employment and economic growth. At the same time, they highlight the importance of maintaining a strong focus on environmental and public health, ensuring that economic progress goes hand-in-hand with community well-being.

Putnam County experiences a variety of weather events throughout the year, from heavy rains and flooding to winter storms and the occasional tornado. These events can pose challenges to transportation, infrastructure, and residents' day-to-day lives, but they also showcase the community's preparedness and neighborly spirit. Residents take pride in looking out for one another, especially in times of hardship or recovery.

Above all, Putnam County is defined by its people—resilient, connected, and proud of where they live. It's a place where neighbors know each other, where history meets progress, and where community well-being remains at the heart of a healthy future.

Put yourself in Putnam County!



PUT YOURSELF IN
Putnam
COUNTY

800.829.4639 / 765.653.8743 / GoPutnam.com

Putnam County Convention & Visitors Bureau / 12 W. Washington St., Greencastle, IN 46135

Demographics: Looking at the county, the following sociodemographic factors were revealed:

Putnam County Population by Age Group

| Age Group | Geography | Percent of Population |
|-------------|---------------|-----------------------|
| 65 or Older | Putnam County | 17.9% |
| | Indiana State | 17.2% |
| | US Overall | 17.7% |
| 18 to 64 | Putnam County | 62.5% |
| | Indiana State | 59.7% |
| | US Overall | 60.6% |
| Under 18 | Putnam County | 19.7% |
| | Indiana State | 23.1% |
| | US Overall | 21.8% |

2025 County Health Rankings

Putnam County Population by Race and Ethnicity

| Geography | White | Black | Asian | American Indian or Alaskan Native | Hispanic |
|---------------|-------|-------|-------|-----------------------------------|----------|
| Putnam County | 90.9% | 3.6% | 1.3% | .4% | 2.4% |
| Indiana State | 76.0% | 10.0% | 2.9% | .5% | 8.8% |
| US Overall | 58.4% | 12.6% | 6.4% | 1.3% | 19.5% |

2025 County Health Rankings

Putnam County Population by Gender

| | Indiana State | Putnam County |
|--------|---------------|---------------|
| Male | 49.7% | 51.6% |
| Female | 50.3% | 48.4% |

2023: AMERICAN COMMUNITY SURVEY (ACS) 5-Year Estimates

Putnam County Population with a Disability

| | Indiana State | Putnam County |
|-------------------|---------------|---------------|
| With a Disability | 13.5% | 17.8% |

2023: AMERICAN COMMUNITY SURVEY (ACS) 5-Year Estimates

Putnam County Median Annual Income

| | Indiana State | Putnam County |
|----------------------|---------------|---------------|
| Median Annual Income | \$71,972.75 | \$73,137.00 |

2023: AMERICAN COMMUNITY SURVEY (ACS) 5-Year Estimates

Putnam County Homeownership Rate

| | Indiana State | Putnam County |
|----------------------|---------------|---------------|
| H homeownership Rate | 70.6% | 73.6% |

2023: AMERICAN COMMUNITY SURVEY (ACS) 5-Year Estimates

Putnam County Non-English-Speaking Percentage

| | Indiana State | Putnam County |
|--|---------------|---------------|
| Language Other Than English Spoken at Home | 10.4% | 10.4% |

2023: AMERICAN COMMUNITY SURVEY (ACS) 5-Year Estimates

Putnam County Poverty Rate

| | Indiana State | Putnam County |
|--------------|---------------|---------------|
| Poverty Rate | 12.3% | 10.8% |

2023: AMERICAN COMMUNITY SURVEY (ACS) 5-Year Estimates

Putnam County Vehicle Ownership in Household

| | Indiana State | Putnam County |
|--------------------------------|---------------|---------------|
| No vehicle available | 4.3% | 6.0% |
| 1 or more vehicle(s) available | 31.9% | 29.2% |

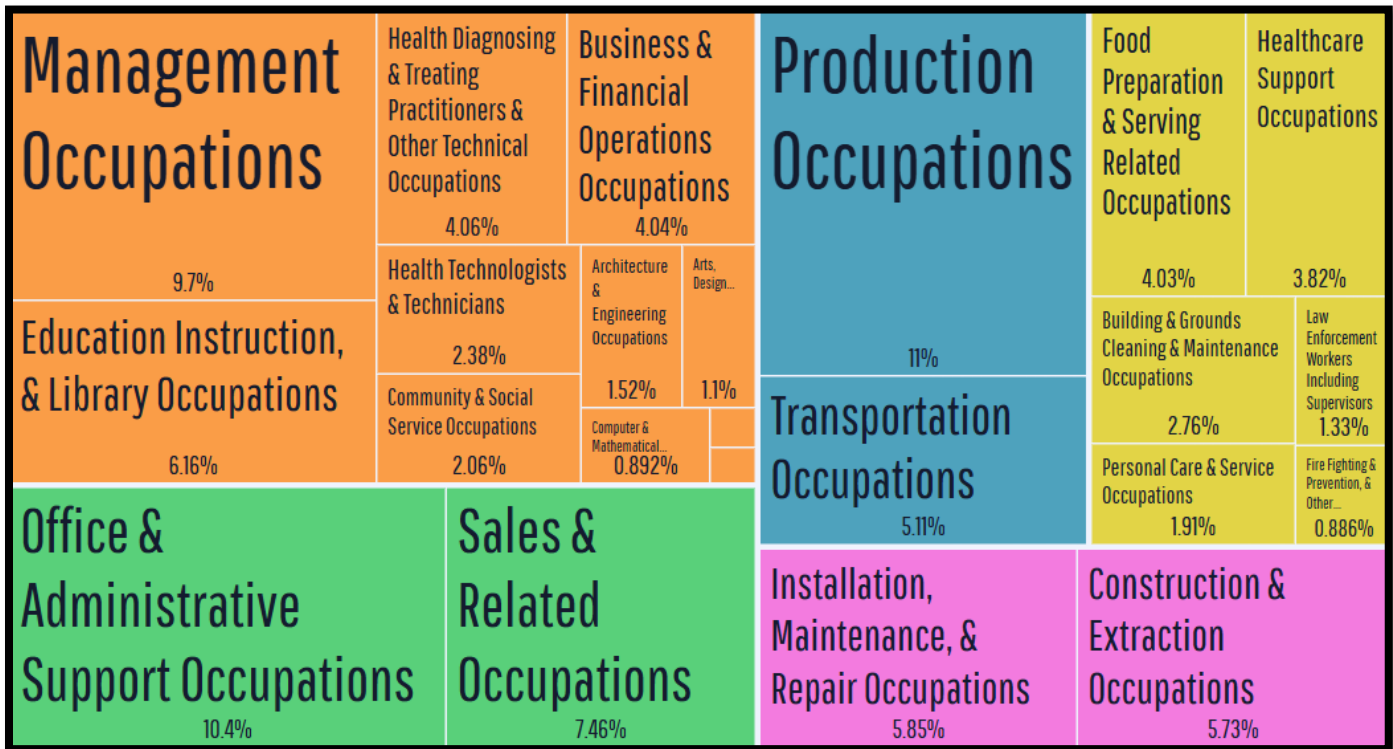
2023: AMERICAN COMMUNITY SURVEY (ACS) 5-Year Estimates

Putnam County Broadband Access

| Geography | 2021 | 2022 | 2023 | 2024 | 2025 |
|---------------|-------|-------|-------|-------|-------|
| Putnam County | 78.7% | 83.1% | 83.9% | 84.9% | 86.1% |
| Indiana State | 80.2% | 83.2% | 85.3% | 86.8% | 88.3% |

County Health Rankings

Putnam County Employment



2023: AMERICAN COMMUNITY SURVEY (ACS) 5-Year Estimates

Putnam County Employment by Industry



2023: AMERICAN COMMUNITY SURVEY (ACS) 5-Year Estimates



HEALTH STATUS DESCRIPTION

Based on both secondary and primary data, residents of Putnam County continue to face significant mental health challenges—most notably, suicide rates that remain higher than state and national averages. This concern, also identified in the 2022 Community Health Needs Assessment, persists as a critical issue.

Physical health concerns mirror these findings. High rates of adult obesity, combined with prevalent unhealthy lifestyle behaviors such as binge drinking, smoking, and physical inactivity, contribute to both physical and mental health conditions. Obesity—recognized as a chronic disease—was elevated in the previous assessment and continues to exceed state and national rates. In fact, weight management and obesity remain among the top concerns expressed by community members in public survey responses.

The county's aging population also faces substantial health risks. Older adults, particularly those aged 85 and above, experience higher rates of emergency department visits, hospitalizations, and deaths compared to younger senior age groups. Implementing fall prevention strategies earlier—beginning with adults in their 60s and 70s—could help mitigate these unfavorable outcomes among the oldest residents.

Finally, a disparity exists between perceptions of health among service providers and the general public. Leaders of community-based organizations and social service agencies commonly rate their clients' health as fair or poor, while most residents describe their own and their families' health as good. Still, nearly one-third of respondents believe that the overall health of their community will decline over the next five years.



DATA SOURCES, DATA COLLECTION METHODS, & COMMUNITY ENGAGEMENT

Putnam County Health Department took a comprehensive approach to assessing the needs of its communities and expended extensive effort to obtain a diverse representation of the communities served. Primary research employed stakeholder interviews and surveys. This was supplemented by analysis of multiple secondary data sources, some providing information down to the zip code and census tract level. A convenience sampling method was used to reach survey participants, and a purposeful sampling method was used for key informant interviewee selection.ⁱ Such methods are often used in qualitative research studies when time and financial constraints exist. Interviewees involved in the Stakeholder Interviews were selected for their in-depth knowledge and specific insights about the residents and communities served in Putnam County.

The Health Department led the community health assessment effort in collaboration with local hospitals and community-based organizations that formed its Putnam County Health First Coalition. Additionally, Putnam County Health Department contracted with DataGen, a healthcare analytics company, with expertise in the CHA process, to facilitate data gathering and analysis.

A data discovery meeting with partners was held on September 5, 2025. Putnam County Health Department representatives, in consultation with community-based organization leaders and hospital partners, selected the following priorities collaboratively:

Priority 1: Mental Health & Suicide Prevention

Priority 2: Trauma & Injury Prevention

Priority 3: Chronic Disease Prevention & Management

Priority 4: Maternal & Child Health

Priority 5: Access to Care

Priority Selection Criteria

To identify the final health priorities for the 2025–2027 Community Health Assessment and Community Health Improvement Plan, the Putnam County Health Department and the Putnam County Health First Coalition applied the following criteria:

- **Magnitude of the Issue** – The size of the population affected and the severity of health outcomes.
- **Trend Direction** – Whether indicators were worsening, improving, or consistently above state/national benchmarks.
- **Disparity Impact** – Whether the burden disproportionately affected specific groups, including older adults, low-income households, or rural ZIP codes.
- **Community Voice & Readiness** – Alignment with concerns raised in the public survey, stakeholder interviews, and partner feedback.
- **Feasibility & Resource Availability** – The ability of county partners to implement evidence-based interventions using current or anticipated resources under Health First Indiana.
- **Alignment with State Priorities** – Consistency with Indiana Department of Health priorities, SB4 core service requirements, and local hospital Community Health Needs Assessments.

These criteria ensured the selected priorities were data-driven, feasible, equitable, and responsive to community needs.

Community Partner Survey

The DataGen team developed a survey in collaboration with Putnam County Health Department to assess the needs of the community. These surveys were administered to community-based organizations/partners to take the pulse on how they interpret health and community issues prevalent in the populations each serves. The survey includes seven main questions, with sub-questions, open-ended questions, and a demographics section. The survey was offered in English and Spanish. Online and paper versions of the survey were made available to survey takers.

- The survey was hosted by SurveyMonkey (Momentive Inc., San Mateo, California)
- Data was collected based on the zip codes, town, and county where respondents worked
- The survey was open from April 22nd, 2025 through June 30st, 2025
- Data was downloaded from SurveyMonkey on July 7th, 2025
- Data compiled by DataGen®, Inc.
- Open-ended responses were assigned concise categories using ATLAS.ti Web

There were **28 total responses**. Each of these responses comes from community-based organizations/partners who represent hundreds of people in the communities they serve within Putnam County.

Community Health Experience Survey

The DataGen team worked in collaboration with Putnam County Health Department to develop and administer the public survey. It assessed the needs of the community; barriers faced and gathered insights about important community health issues.

There are 26 main questions, including open-ended questions and a demographics section. The survey was offered in English and Spanish. Online and paper versions of the survey were made available to survey takers.

- The survey was hosted by SurveyMonkey (Momentive Inc., San Mateo, California)
- Data was collected based on the zip codes, town, and county where respondents reside
- The survey was open from April 22nd, 2025 through July 31st, 2025
- Data was downloaded from SurveyMonkey on August 4th, 2025
- Data compiled by DataGen®, Inc.
- Open-ended responses were assigned concise categories using ATLAS.ti Web

There were **631 total responses**.

The respondents were all Putnam County residents and community members.

Survey Distribution

Putnam County Health Department leveraged collaborations with local stakeholders and community partners as well as various other dissemination methods such as in-person events, websites, email, and social media platforms.

Specifically, the Health Department disseminated the survey both internally and externally through:

- Organic distribution methods, as well as paid promotion through local papers, radio, geographically targeted streaming services and social media, and mailing to community members
- Use of QR Codes on flyers at events and physician offices; digitally on TV screens throughout the Health Department;
- External website;
- Internal distribution to Health Department staff
- Social media channels; and
- Email to 100+ business leaders asking them to distribute the survey to their staff.

Stakeholder Interviews

Putnam County Health Department and DataGen further engaged key community-based organization leaders to discuss their communities' health needs through virtual interviews.

The Health Department provided DataGen with a curated list of 133 potential community-based stakeholders from a variety of sectors for interviews. From May 15th – June 30th, 2025, DataGen conducted 9 interviews with 14 individual informants. These 14 represent those who agreed to participate in an interview.

All interviews were conducted virtually, recorded, and transcribed via Zoom. Transcripts were validated by DataGen to ensure colloquial accuracy to prepare them for qualitative analysis via ATLAS.ti. DataGen's qualitative analysis of the interview transcripts is employed in grounded theory.ⁱⁱ Grounded theory is a research method wherein data is collected first and then analyzed to develop theories rather than beginning with a hypothesis. For this reason, it is a very organic approach to research, especially when seeking to uncover health needs, concerns, and barriers. All transcripts were analyzed using ATLAS.ti web-based qualitative analysis software. Three (3) coders analyzed the transcripts to ensure inter-coder reliability.

Collection of Secondary Data Sources

500+ metrics were reviewed for potential inclusion in this report from the following sources:

| Data Source | Description | Time Period |
|---|---|----------------------------------|
| American Community Survey 5-Year Estimates | A comprehensive dataset collected by the U.S. Census Bureau that provides annual, detailed information on the nation's social, economic, housing, and demographic characteristics | Report Release Year 2024 |
| CDC Places | Provides health and health-related measures at the local level, such as counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTAs). It is an interactive, free resource that uses model-based estimates from the Behavioral Risk Factor Surveillance System (BRFSS) and U.S. Census Bureau data to provide a granular view of health for communities across the United States | Report Release Year 2024 |
| County Health Rankings | Provides a snapshot of nearly every county's health, measuring both health outcomes (length and quality of life) and health factors (such as socioeconomic conditions, physical environment, and health behaviors). This data is used to rank counties within their states, identify trends, and provide actionable information for communities to improve health. The data helps illustrate how factors like income, education, housing, and access to healthy food and healthcare influence how long and how well people live | Report Release Years 2021 - 2025 |
| Medicare Fee-for-Service Standard Analytic File Limited Data Sets | Data compiled using the methodology created by CMS to report on Chronic Conditions prior to 2025 | Calendar Years 2020 - 2023 |
| Socially Determined | Measures utilized in this analysis are derived from 17 independent data sources with release dates ranging from 2018 to 2024 used in Socially Determined's analytic models | Report Release Year 2024 |
| NORC: Rural Health Mapping Tool | Provides county-level data on a variety of health and socioeconomic factors for rural and urban areas, including mortality, health conditions, healthcare access, and social determinants of health | Report Release Year 2024 |
| Social Vulnerability Index | Metrics used to identify communities that may need support during emergencies. It synthesizes data from the U.S. Census, which includes 15 variables categorized into four themes: socioeconomic status, household composition and disability, minority status and language, and housing type and transportation | Report Release Year 2022 |

The measures obtained were at county level, zip code level, and census-tract level.

The categories below were used to organize the data:

- **Demographics:** Characteristics that describe the population (i.e., number of residents, age, race, etc.);
- **Behaviors:** Comprised of both healthy and unhealthy behaviors that the population partake in (i.e., smoking, physical activity, substance use, etc.);
- **Outcomes:** Rates and percentages of certain conditions, quality of life, and the safety of population (i.e., heart failure rates, diabetes, low birth rate, etc.);
- **Utilization:** Access to care, screenings, services, and preventative measures that a population is using (i.e., vaccinations, mammograms, access to and use of care providers, etc.); and
- **Social Determinants of Health:** Non-Medical factors influencing a population's health and well-being of life (i.e., housing, transportation, digital access, etc.).

A note on data presentation: Data is sometimes represented as a rate per 100,000 population primarily for standardization and ease of comparison across different geographic areas or time periods with varying population sizes. This method makes the data more meaningful and easier to interpret, especially for rare events or in public health contexts. The main reason data is represented as a rate per 100,000 is to ‘level the playing field’ when comparing areas with large differences in population. Raw counts can be misleading; a large number of cases in a huge city might indicate a lower risk than a smaller number of cases in a tiny town. A standardized rate allows for an ‘apples to apples’ comparison of the underlying risk or frequency of an event.

A note on data limitations: While the 2025 Community Health Assessment incorporates extensive quantitative and qualitative data, several limitations should be noted:

- **Sampling Limitations** – Public survey participation was based on convenience sampling, which may under-represent residents without internet access, transportation, or stable housing.
- **Small-Area Data Suppression** – Certain indicators at the ZIP code or census-tract level were suppressed due to small population counts, limiting analysis for rare events or small communities.
- **Timing of Data Availability** – Some data sources (e.g., BRFSS-modeled estimates, ACS 5-year estimates) reflect conditions several years prior to publication.
- **Under-Reporting** – Mental health concerns, substance use, and social determinants such as food insecurity may be under-reported due to stigma or self-report bias.
- **Partner Data Systems** – Community-based organizations vary in the depth and format of data collected, which may limit precision in interpreting service usage patterns.

These limitations are typical in rural community assessments and do not affect the overall validity of identified priorities. Findings were triangulated across multiple data sources to ensure reliability.

Relevant Health Indicators, Health Challenges and Associated Risk Factors, and Health Disparities

The selected graphs and tables that follow depict trends, comparisons, and other helpful insights which paint a picture of the health and social care needs present in Putnam County. Secondary data results are followed by primary data results.

Data Interpretation Summary

- Obesity is a persistent problem for the population in Putnam County. It continues to be higher than that of the state and the nation with nearly 40 percent of the county’s adult population obese.
- Despite the beauty of the rural community and access to nature, parks and hiking trails, Putnam County residents have a lower percentage of exercise access than residents of the state, nation, and neighboring Hendricks County, according to County Health Rankings. The recent opening of a YMCA in the community may partially solve this access problem.
- In terms of overall physical activity for health, there is a higher percentage of physical inactivity in Putnam County compared to the nation and Hendricks County, but the rate is better than the state percentage. Perhaps feeding into this statistic is the fact that a handful of communities experience higher mobile **disability** than the state, nation, and their neighboring cities. Mobile disability is defined as having serious difficulty walking or climbing stairs.
- Deaths from unintentional falls in Indiana have steadily increased over time. This is an issue that bears addressing. The county’s 65+ population is higher than that of the state and the nation. Although this group does experience ED visits and hospitalizations due to falls, the 85+ age group is experiencing ED visits, hospitalizations and deaths related to falls at a significantly higher rate than the 65 - 74 and 75 – 84 age groups. Those 85 and older die from fall-related injuries at a rate of 245.8 per 100,000 compared to 19.5 and 70.6 respectively for the other age groups. Injury and death from fall are preventable. Further, a **disparity** exists between women and men when it comes to ED visits and hospitalization, with hospitalization alone double the rate for women compared to men.

- Depression, anxiety, and mental distress experienced by residents in the county is elevated and paints a picture of overall poor mental health. This is especially true for suicide with the rate above the state and the nation. Some possible factors contributing to this rate, as indicated by the data, are higher rates of depression, insufficient sleep reported by residents in the county, and social isolation. Insufficient sleep and the other aforementioned factors can be **associated** with suicidal ideation and behaviors. Several communities in the county reveal a higher level of social connected **risk**. Additionally, both smoking and binge drinking rates are higher in the county compared to the state and the nation. This could indicate residents are self-medicating, in an attempt to ease their mental distress by engaging in these negative lifestyle behaviors.
- Healthy mothers, babies, and children are always important markers for the **health status** of a community. Pregnant moms in Putnam County present with a higher smoking rate, which is almost two percentage points higher than the Indiana state rate. Smoking during pregnancy is known to affect cognitive development, damage developing lungs, and even lead to sudden infant death syndrome. Pre-term birth and low birth weight can also be seen in mothers who smoke during pregnancy.ⁱⁱⁱ
- Although the data indicate that Putnam County has less access to healthcare providers than the state and national rate, perhaps the first **challenge** is transportation access. The county lacks adequate public transportation infrastructure, and rideshare services are scant, affecting timely access to care. Stakeholder interviewees said the top three themes pertaining to barriers were transportation, lack of providers, and access to care.
- Data indicates that less-than-optimal phone service and broadband **access** exist in Putnam County. The county fares worse than the state and its neighbor Hendricks County for both measures. This has ramifications for telehealth services and electronically delivered health education. Stakeholder interviewees commented about the many resources that already exist in the county – green spaces, vaccination programs, wellness education – and that awareness campaigns about these existing programs and campaigns to raise awareness about the benefits of healthy eating and exercise would benefit the community. Much of this education can be delivered electronically, but adequate and affordable broadband must exist.

The secondary and primary data analyses that follow provide a more in-depth picture of what is described in the data interpretation summary. The selected charts and tables that follow illustrate the most prevailing health issues faced by those in Putnam County, along with social determinant of health factors that often present as hindrances to access, and other associated risk factors that affect health, access, and care.

Secondary Data

The following list of measures below presents a broad view of the issues affecting the county as these have changed over the course of five years. These measures were selected for inclusion as the most recent scores for Putnam County are equal to or worse than that of Indiana State. For measures including race or ethnicity, only the race or ethnicity shown performed equal to or worse than that of Indiana State.

| Measure Name | Geography | RY 2021 | RY 2022 | RY 2023 | RY 2024 | RY 2025 |
|--|----------------------|--------------|--------------|--------------|--------------|--------------|
| Binge Drinking-Percentage | Putnam County | 19.38 | 18.66 | 17.73 | 17.69 | 19.20 |
| | Indiana State | 18.00 | 17.99 | 18.05 | 17.00 | 18.44 |
| | Nation | 19.26 | 19.30 | 18.90 | 17.55 | 19.91 |
| Smoking-Percentage | Putnam County | 23.30 | 21.90 | 21.80 | 20.20 | 18.80 |
| | Indiana State | 22.24 | 20.18 | 20.41 | 18.59 | 18.06 |
| | Nation | 17.51 | 16.56 | 16.19 | 15.43 | 14.50 |
| Suicide (White)-Rate (per 100,000) | Putnam County | 21.61 | 23.13 | 23.13 | 24.29 | 23.95 |
| | Indiana State | 17.14 | 17.20 | 17.19 | 17.54 | 17.50 |
| | Nation | 17.41 | 17.36 | 17.34 | 17.54 | 17.55 |
| Suicide-Rate (per 100,000) | Putnam County | 20.89 | 21.74 | 21.74 | 22.62 | 21.75 |
| | Indiana State | 15.36 | 15.48 | 15.48 | 15.67 | 15.69 |
| | Nation | 13.92 | 13.96 | 13.95 | 14.09 | 14.16 |
| Obesity-Percentage | Putnam County | 30.70 | 34.40 | 38.60 | 36.20 | 39.40 |
| | Indiana State | 33.80 | 35.33 | 37.37 | 37.44 | 38.37 |
| | Nation | 29.74 | 32.19 | 32.53 | 33.39 | 33.86 |
| Frequent Physical Distress-Percentage | Putnam County | 12.83 | 13.30 | 10.70 | 11.60 | 12.90 |
| | Indiana State | 12.85 | 13.31 | 10.61 | 11.29 | 12.86 |
| | Nation | 12.44 | 12.41 | 9.84 | 10.83 | 12.44 |
| Life Expectancy (White)-Years | Putnam County | 77.97 | 77.39 | 77.39 | 75.96 | 75.26 |
| | Indiana State | 77.23 | 76.69 | 76.70 | 75.83 | 75.33 |
| | Nation | 79.18 | 78.74 | 78.74 | 77.92 | 77.47 |
| Life Expectancy-Years | Putnam County | 78.18 | 77.72 | 77.72 | 76.44 | 75.83 |
| | Indiana State | 77.21 | 76.62 | 76.62 | 75.76 | 75.23 |
| | Nation | 79.33 | 78.67 | 78.67 | 77.74 | 77.25 |

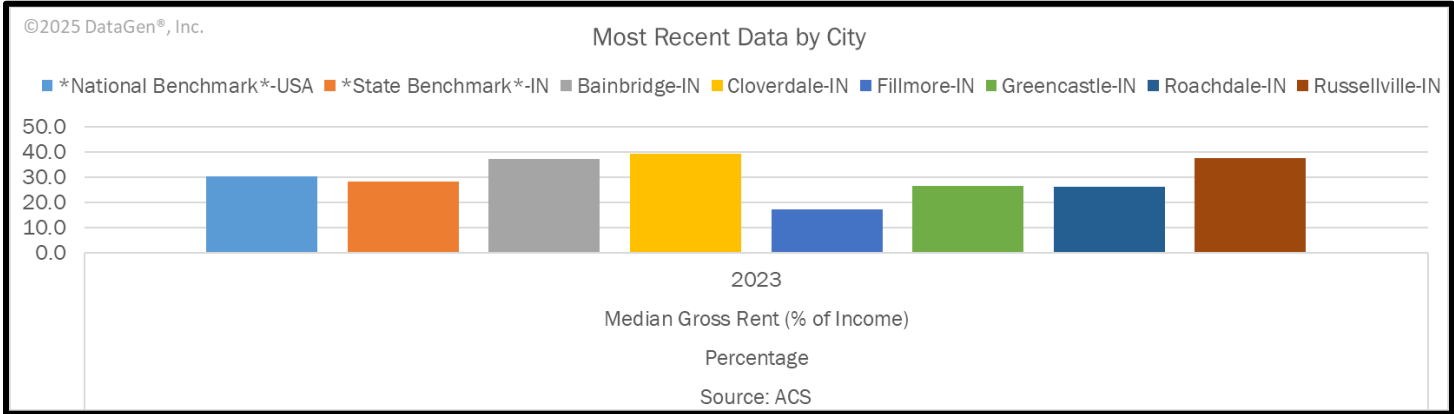
| Measure Name | Geography | RY 2021 | RY 2022 | RY 2023 | RY 2024 | RY 2025 |
|--|---------------|---------|---------|---------|---------|---------|
| Mortality (White)-Rate (per 100,000) | Putnam County | 361.99 | 393.88 | 393.88 | 450.39 | 483.60 |
| | Indiana State | 399.47 | 416.31 | 416.08 | 448.20 | 469.00 |
| | Nation | 340.71 | 353.66 | 353.54 | 381.08 | 397.52 |
| Poor Mental Health-Percentage | Putnam County | 15.32 | 15.90 | 16.10 | 17.00 | 18.60 |
| | Indiana State | 15.08 | 15.50 | 15.84 | 16.64 | 18.22 |
| | Nation | 13.74 | 14.33 | 14.85 | 15.90 | 17.35 |
| Car Crash Death (White)-Rate (per 100,000) | Putnam County | 16.02 | 16.87 | 16.87 | 16.64 | 17.50 |
| | Indiana State | 12.57 | 12.72 | 12.71 | 13.08 | 13.34 |
| | Nation | 11.43 | 11.54 | 11.52 | 11.99 | 12.21 |
| Car Crash Death-Rate (per 100,000) | Putnam County | 15.20 | 15.58 | 15.58 | 15.24 | 16.02 |
| | Indiana State | 12.21 | 12.43 | 12.41 | 12.88 | 13.16 |
| | Nation | 11.33 | 11.57 | 11.54 | 12.01 | 12.31 |
| Firearm Deaths (White)-Rate (per 100,000) | Putnam County | 11.51 | 16.13 | 16.13 | 17.50 | 18.14 |
| | Indiana State | 12.46 | 12.89 | 12.89 | 13.59 | 13.87 |
| | Nation | 11.75 | 11.95 | 11.93 | 12.34 | 12.55 |
| Broadband Access-Percentage | Putnam County | 78.67 | 83.11 | 83.88 | 84.86 | 86.10 |
| | Indiana State | 80.22 | 83.23 | 85.26 | 86.76 | 88.33 |
| | Nation | 82.79 | 85.38 | 87.08 | 88.43 | 89.79 |
| Some College-Percentage | Putnam County | 50.17 | 50.25 | 48.66 | 56.38 | 55.96 |
| | Indiana State | 62.59 | 62.78 | 62.95 | 62.88 | 62.83 |
| | Nation | 65.71 | 66.47 | 66.78 | 67.11 | 67.33 |
| Exercise Access-Percentage | Putnam County | 59.21 | 50.59 | 63.18 | 62.49 | 62.43 |
| | Indiana State | 75.55 | 68.84 | 76.80 | 76.54 | 76.28 |
| | Nation | 84.44 | 80.29 | 84.23 | 84.07 | 84.35 |
| Food Environment-Index | Putnam County | 8.20 | 8.10 | 8.30 | 8.40 | 8.30 |
| | Indiana State | 7.69 | 7.60 | 7.51 | 7.77 | 7.65 |
| | Nation | 7.97 | 8.03 | 7.86 | 8.05 | 8.04 |

| Measure Name | Geography | RY 2021 | RY 2022 | RY 2023 | RY 2024 | RY 2025 |
|---|---------------|-----------|-----------|-----------|-----------|-----------|
| Median Income (Black)-Dollars | Putnam County | 50,214.00 | | 23,770.00 | 23,432.00 | 26,166.00 |
| | Indiana State | 39,384.97 | 42,457.70 | 45,413.64 | 49,013.52 | 52,213.32 |
| | Nation | 47,841.24 | 50,003.32 | 53,198.00 | 58,241.05 | 61,362.96 |
| Disconnected Youth-Percentage | Putnam County | | | | 8.13 | 8.87 |
| | Indiana State | 6.99 | 6.60 | 6.72 | 6.50 | 6.19 |
| | Nation | 6.71 | 6.88 | 6.95 | 7.06 | 6.93 |
| Insufficient Sleep-Percentage | Putnam County | 38.25 | 38.25 | 34.30 | 34.30 | 40.00 |
| | Indiana State | 37.19 | 37.18 | 34.89 | 34.88 | 37.96 |
| | Nation | 36.69 | 36.68 | 34.06 | 34.06 | 36.95 |
| Racial Segregation - Black/White-Index of dissimilarity | Putnam County | 71.15 | 86.69 | 73.13 | 67.06 | 64.72 |
| | Indiana State | 54.18 | 56.37 | 55.23 | 55.90 | 55.31 |
| | Nation | 51.09 | 53.89 | 54.07 | 54.01 | 54.26 |
| Drive Alone-Percentage | Putnam County | 81.05 | 80.60 | 78.83 | 79.51 | 78.59 |
| | Indiana State | 82.58 | 81.23 | 80.06 | 78.73 | 77.39 |
| | Nation | 76.62 | 75.26 | 73.66 | 72.12 | 70.66 |
| Long Commute-Percentage | Putnam County | 37.40 | 38.50 | 40.80 | 42.40 | 42.10 |
| | Indiana State | 31.50 | 31.80 | 32.00 | 32.17 | 32.22 |
| | Nation | 37.21 | 37.34 | 37.31 | 37.26 | 37.25 |
| Dentists-Rate (per 1,000) | Putnam County | 0.43 | 0.43 | 0.46 | 0.46 | 0.46 |
| | Indiana State | 0.57 | 0.58 | 0.59 | 0.60 | 0.60 |
| | Nation | 0.71 | 0.72 | 0.73 | 0.74 | 0.73 |
| Flu Vaccination (White)-Percentage | Putnam County | 48.00 | 50.00 | 53.00 | 47.00 | 48.00 |
| | Indiana State | 53.25 | 53.85 | 56.16 | 51.20 | 52.76 |
| | Nation | 50.19 | 50.07 | 53.00 | 48.40 | 49.71 |
| Flu Vaccination-Percentage | Putnam County | 48.00 | 50.00 | 53.00 | 47.00 | 48.00 |
| | Indiana State | 51.98 | 52.48 | 54.90 | 50.17 | 51.72 |
| | Nation | 47.88 | 47.77 | 50.59 | 46.28 | 47.59 |
| Mental Health Providers-Rate (per 1,000) | Putnam County | 0.80 | 0.85 | 0.97 | 1.02 | 1.04 |
| | Indiana State | 1.69 | 1.80 | 1.89 | 2.00 | 2.11 |
| | Nation | 2.62 | 2.83 | 2.96 | 3.14 | 3.33 |

| Measure Name | Geography | RY 2021 | RY 2022 | RY 2023 | RY 2024 | RY 2025 |
|--|----------------------|--------------|--------------|--------------|--------------|--------------|
| Other Primary Care Providers-Rate (per 1,000) | Putnam County | 0.67 | 0.69 | 0.70 | 0.72 | 0.83 |
| | Indiana State | 1.01 | 1.10 | 1.20 | 1.30 | 1.38 |
| | Nation | 1.06 | 1.15 | 1.23 | 1.31 | 1.40 |
| Primary Care Physicians-Rate (per 1,000) | Putnam County | 0.32 | 0.32 | 0.32 | 0.32 | 0.32 |
| | Indiana State | 0.67 | 0.67 | 0.67 | 0.66 | 0.66 |
| | Nation | 0.76 | 0.77 | 0.77 | 0.75 | 0.75 |
| Mammogram (White)-Percentage | Putnam County | 41.00 | 41.00 | 36.00 | 41.00 | 45.00 |
| | Indiana State | 43.14 | 44.60 | 39.93 | 45.38 | 47.28 |
| | Nation | 42.77 | 43.86 | 38.10 | 43.85 | 44.95 |
| Mammogram-Percentage | Putnam County | 41.00 | 41.00 | 36.00 | 41.00 | 45.00 |
| | Indiana State | 42.72 | 44.14 | 39.26 | 44.88 | 46.63 |
| | Nation | 41.36 | 42.38 | 36.49 | 42.29 | 43.34 |

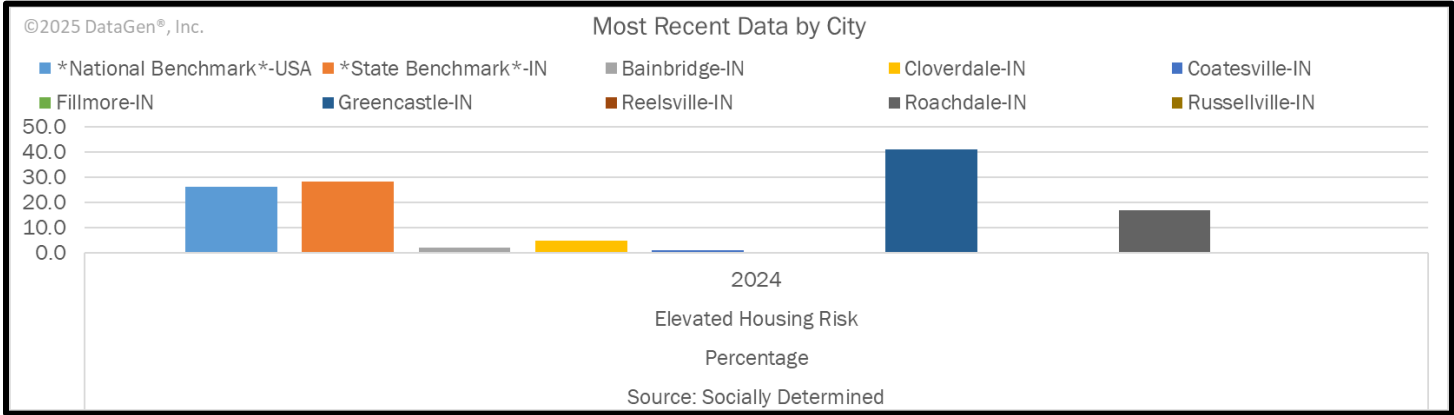
The selected charts and graphs that follow provide a more detailed representation of issues affecting the community that Putnam County has chosen to address.

Graphic 1: Report Year 2023 Percentage Median Gross Rent (% of Income)



Graphic 1 reveals that the median gross rent percentage of income exceeds the state and national benchmarks in Bainbridge, Cloverdale, and Russellville.

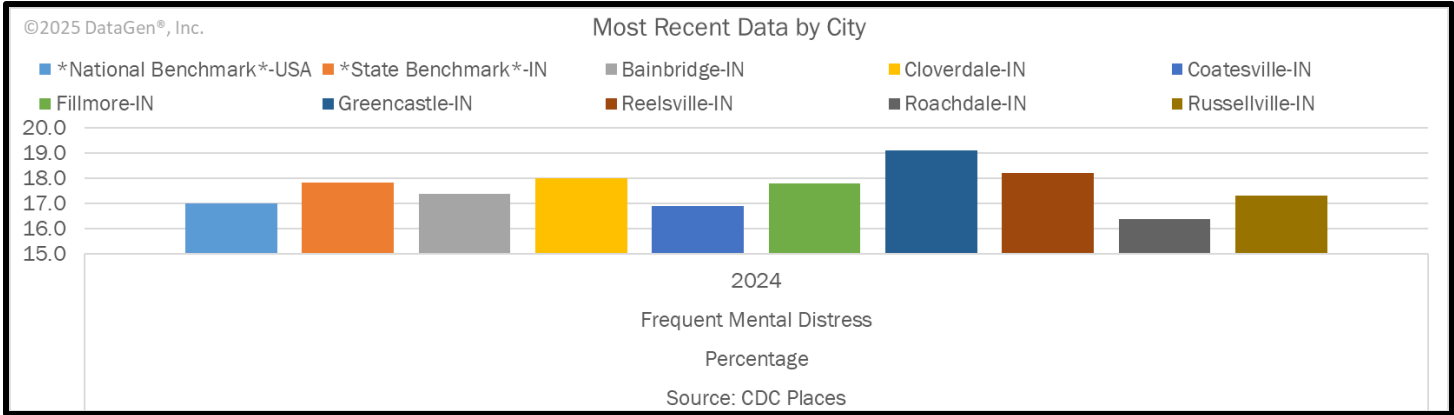
Graphic 2: Report Year 2024 Percentage Elevated Housing Risk



Graphic 2 demonstrates that residents of Greencastle have a much higher elevated housing risk than the state, nation, and their neighboring cities. Housing is a health-related social need that heavily impacts health outcomes.^{iv}

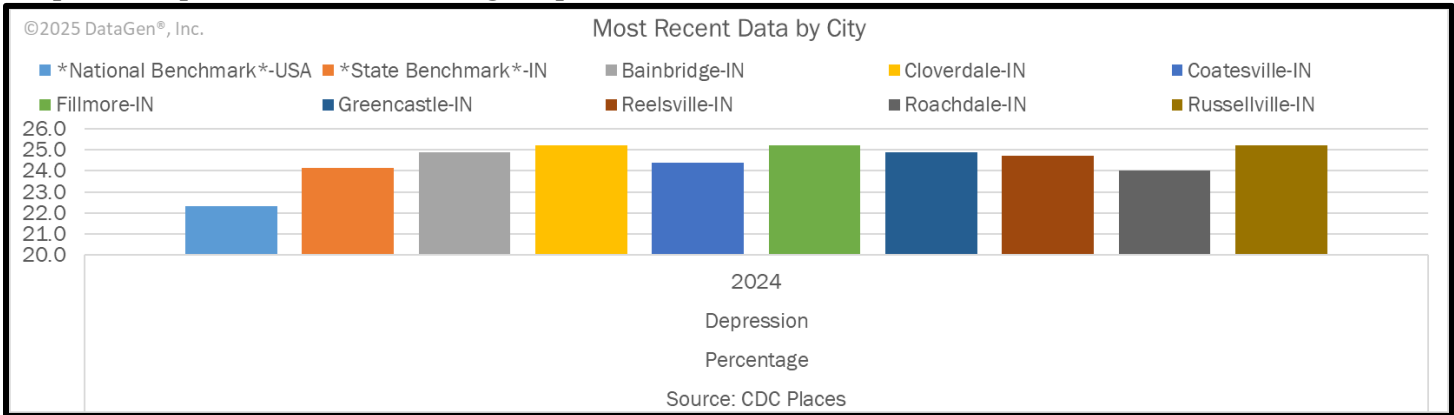
Graphics 3 through 8 paint a picture of Putnam County’s mental health.

Graphic 3: Report Year 2024 Percentage Frequent Mental Distress



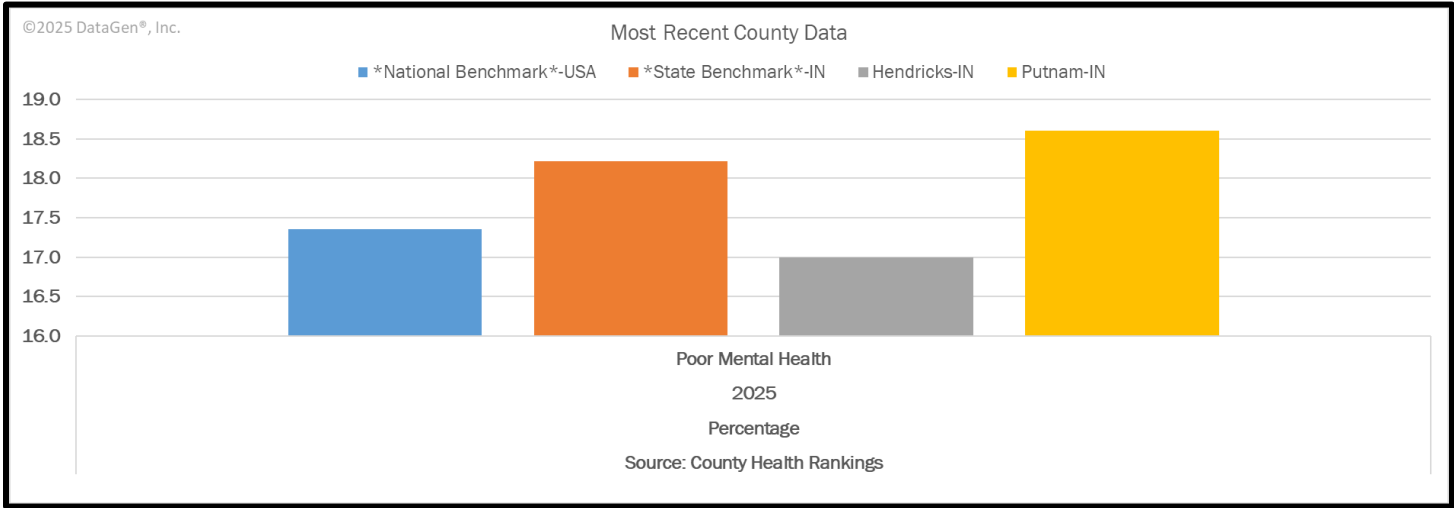
Graphic 3 shows the percentages of Cloverdale, Greencastle, and Reelsville residents that experience frequent mental distress are higher than those of the state and nation.

Graphic 4: Report Year 2024 Percentage Depression



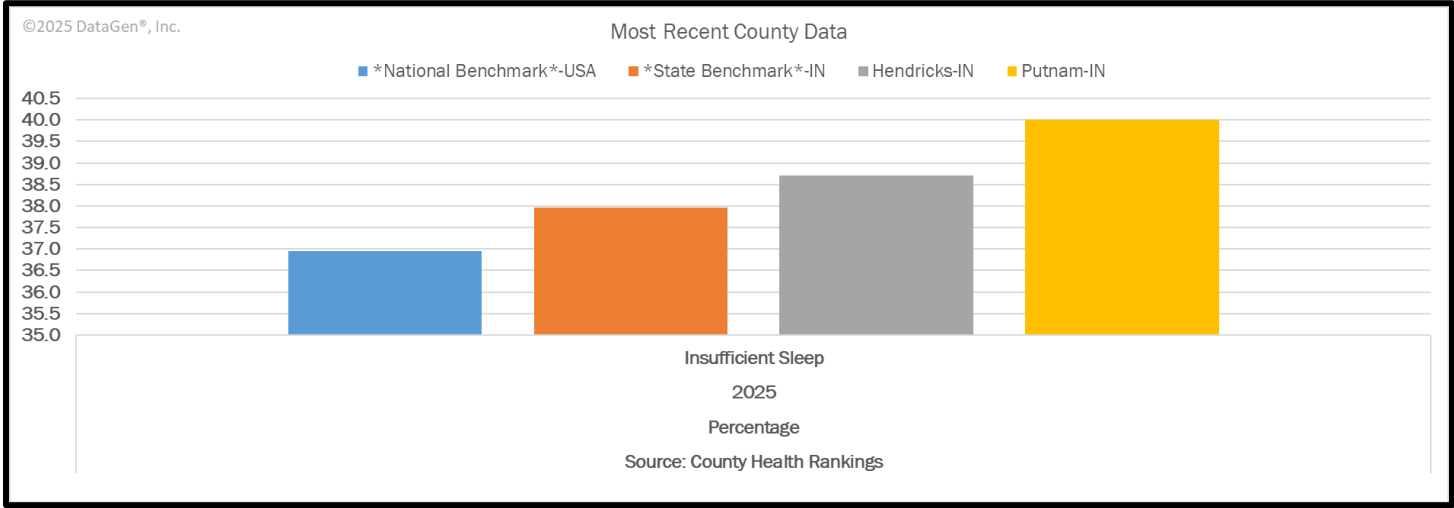
Graphic 4 reveals areas of Putnam County – except for Roachdale – experience higher percentages of depression than the rest of the state.

Graphic 5: Report Year 2025 Percentage Poor Mental Health



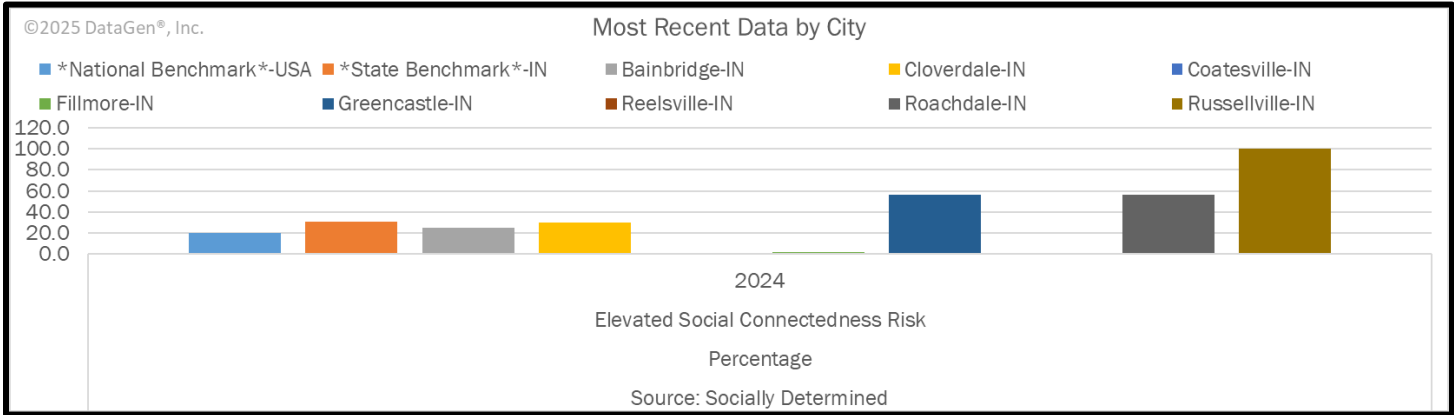
Graphic 5 shows how Putnam County experiences poorer mental health than the nation, state, and neighboring Hendricks County.

Graphic 6: Report Year 2025 Percentage Insufficient Sleep



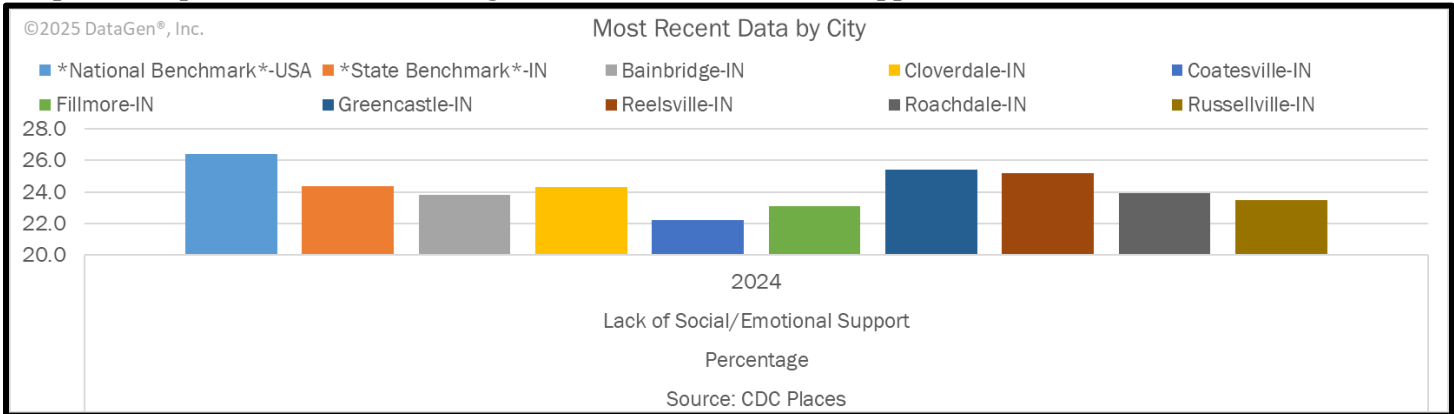
Graphic 6 shows that a higher percentage of Putnam County residents experience insufficient sleep than residents of the state, nation, and neighboring Hendricks County.

Graphic 7: Report Year 2024 Percentage Elevated Social Connectedness Risk



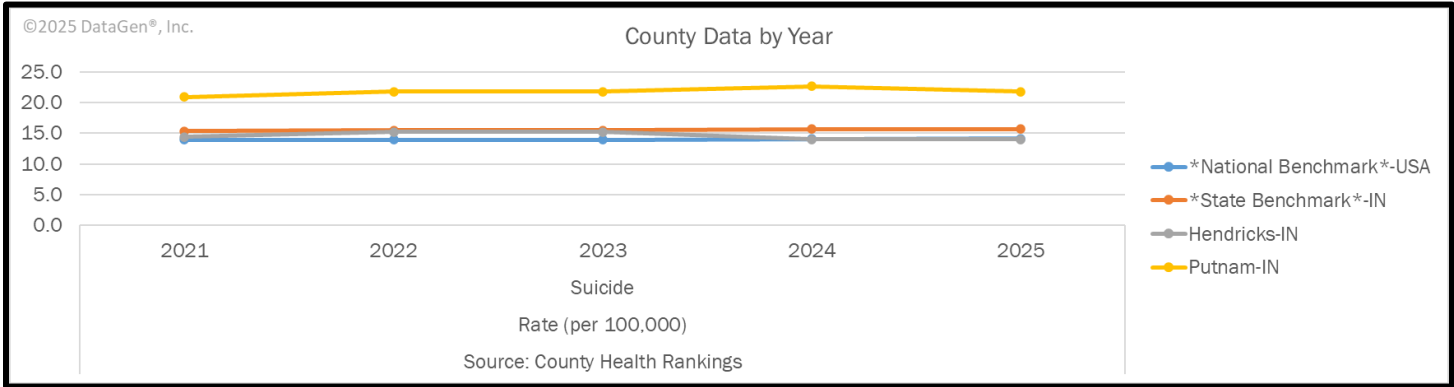
Graphic 7 shows that residents of Greencastle, Roachdale, and Russellville experience a higher level of social connectedness risk than the state, nation, and many of their neighboring cities. Social connectedness is known to impact mental and physical health outcomes.^v

Graphic 8: Report Year 2024 Percentage Lack of Social/Emotional Support



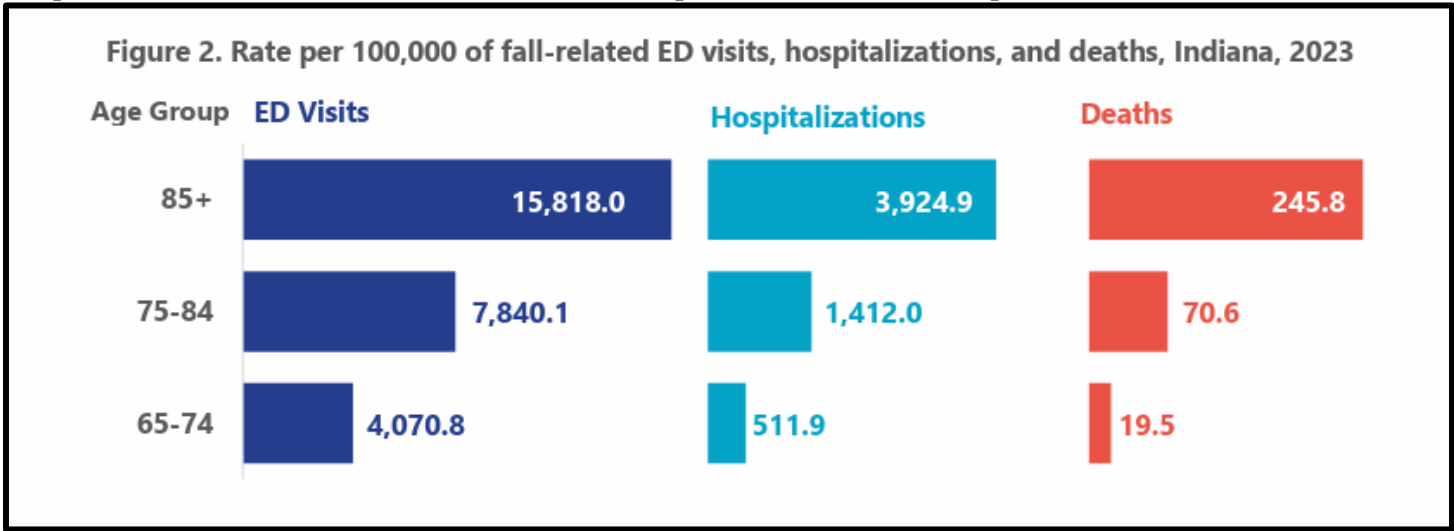
Graphic 8 reveals Cloverdale, Greencastle, Reelsville have the same or greater lack of social/emotional support than the state.

Graphic 9: Report Years 2021-2025 Suicide Rate (per 100,000)



Graphic 9 shows that the suicide rate in Putnam County is higher than that of the state and nation. As Putnam County Health Department reviews resident death certificates, leadership can confirm that 51% of the certificates for all deaths by suicide from 2020-2025 indicated contributing factors outside the immediate cause of death that included mental illness, depression, or substance use in some capacity. Studies show that in some cases, people attempt suicide to escape intolerable frequent mental distress.^{vi} Insufficient sleep is also closely associated with suicidal ideation and behaviors, among other negative health outcomes.^{vii}

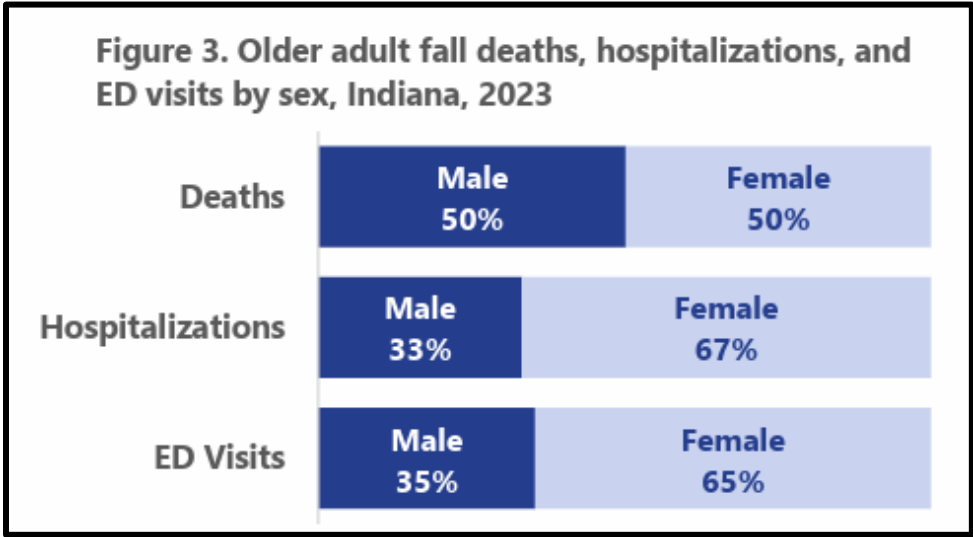
Graphic 10: 2023 Indiana Fall-Related ED Visits, Hospitalizations, and Deaths per 100,000



Indiana Department of Health

Graphic 10 shows that the 85+ aged residents of Indiana experience a higher rate of ED visits, hospitalizations, and deaths than those aged 75-84 and 65-74. Falls are the leading cause of injury for adults ages 65 years and older.^{viii}

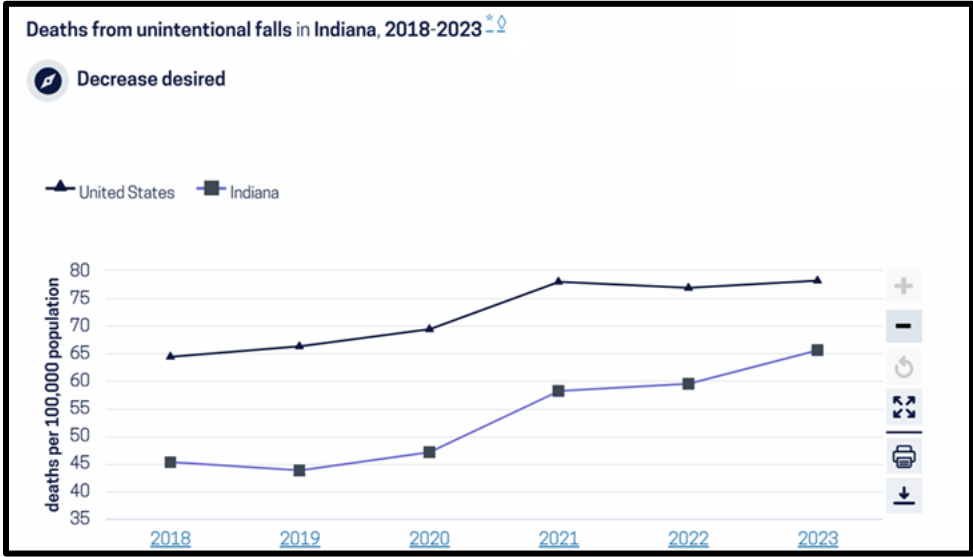
Graphic 11: 2023 Indiana Older Adult Fall Deaths, Hospitalizations, and ED Visits by Sex



Indiana Department of Health

Graphic 11 shows that the majority of Indiana residents who experience fall hospitalizations and ED visits are female. This is a noted disparity. Males and females in Indiana experience fall deaths equally.

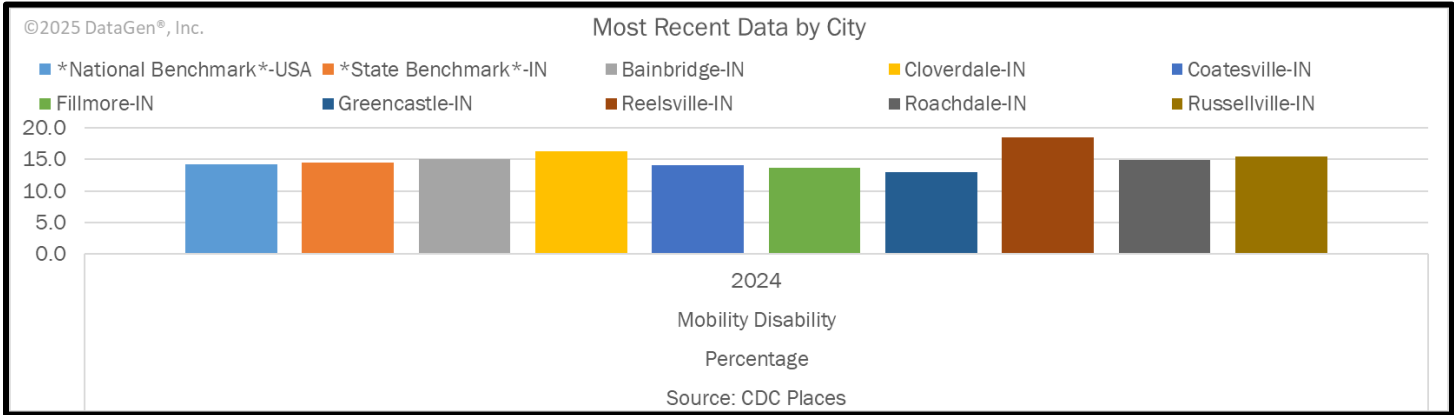
Graphic 12: 2018-2023 Deaths from Unintentional Falls in Indiana



Data Sources: Population Estimates, Census; National Vital Statistics System - Mortality (NVSS-M), CDC/NCHS

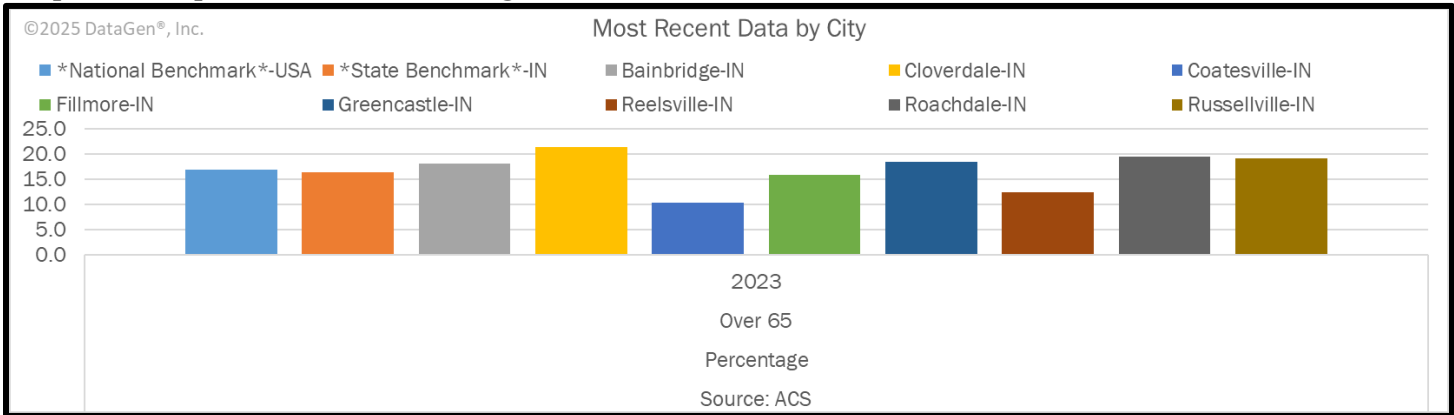
Graphic 12 shows that deaths from unintentional falls in Indiana have steadily increased over time.

Graphic 13: Report Year 2024 Percentage Mobility Disability



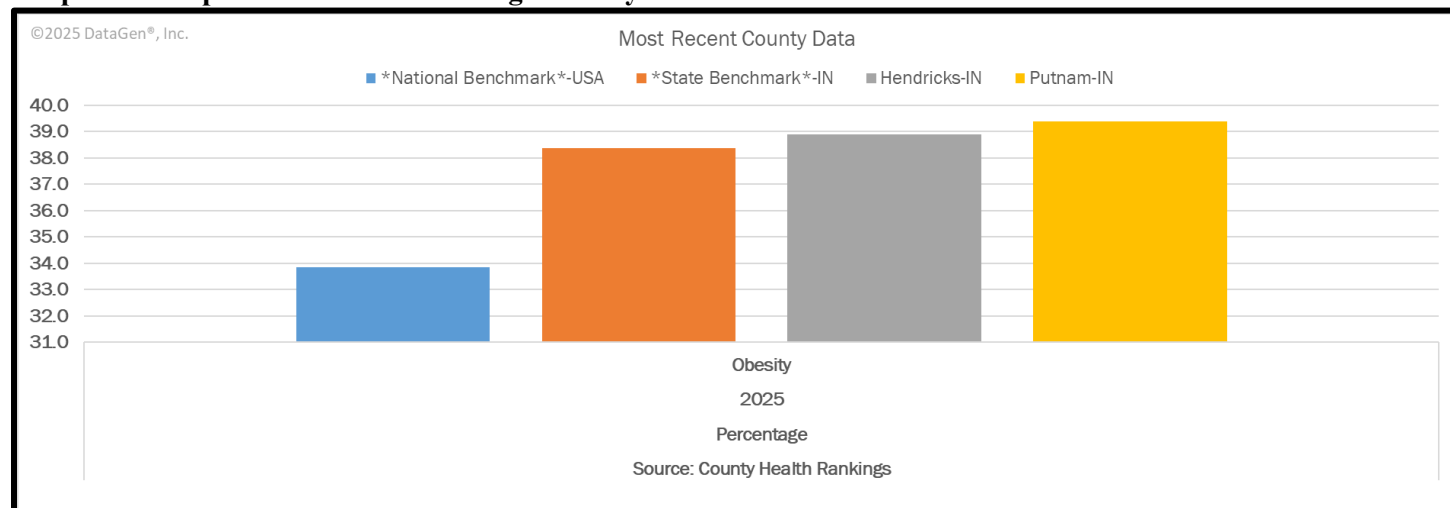
Graphic 13 shows A higher percentage of Bainbridge, Cloverdale, Reelsville, and Russellville residents experience mobile disability than the state, nation, and their neighboring cities. Mobile disability is defined as having serious difficulty walking or climbing stairs.

Graphic 14: Report Year 2023 Percentage Over 65



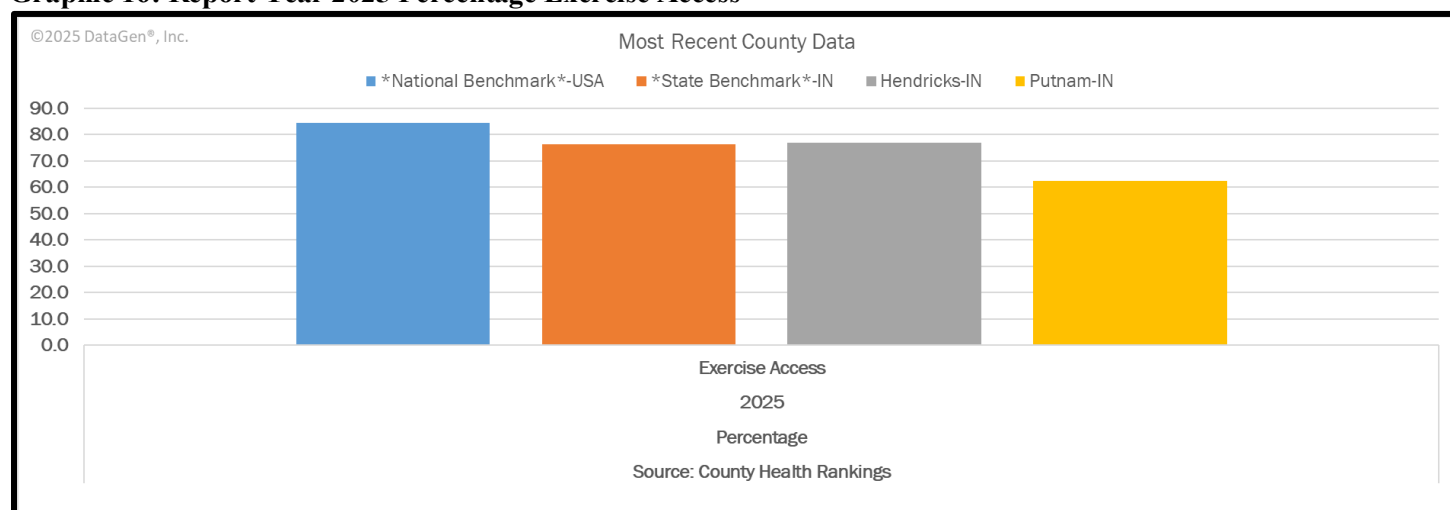
Graphic 14 reveals areas of Putnam County with higher concentrations of 65+ residents. This data informs the Health Department about where to promote fall prevention and other efforts aimed at the 65+ population.

Graphic 15: Report Year 2025 Percentage Obesity



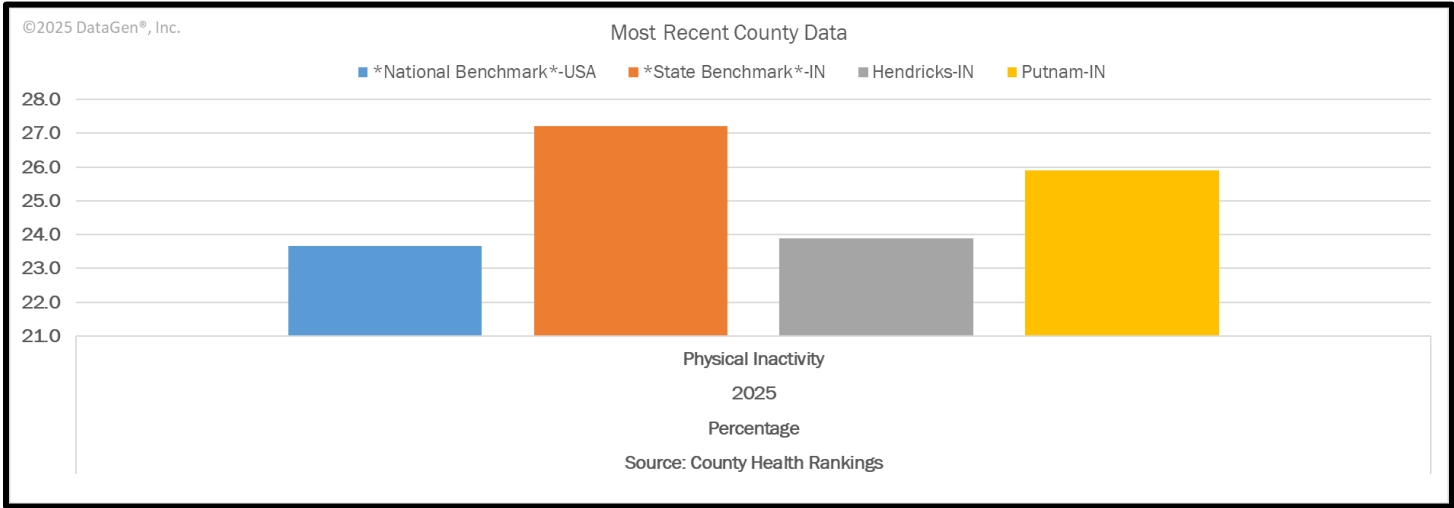
Graphic 15 shows that Putnam County residents are more obese than residents of the state, nation, and neighboring Hendricks County. Chronic diseases are more prevalent in obese individuals than non-obese individuals, and obesity has many negative effects on general health.^{ix}

Graphic 16: Report Year 2025 Percentage Exercise Access



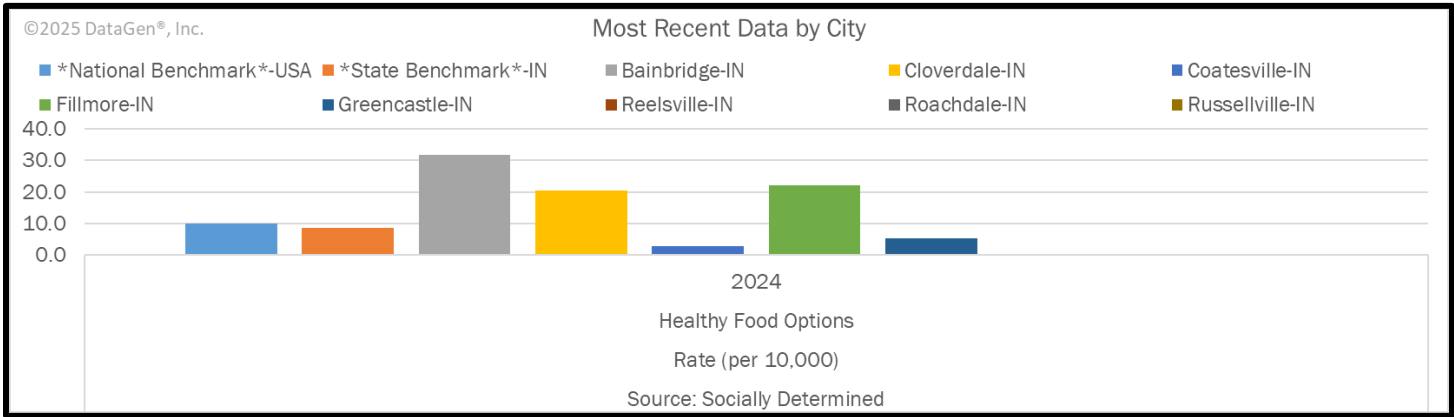
Graphic 16 illustrates that residents of Putnam County have a lower percentage of exercise access than residents of the state, nation, and neighboring Hendricks County.

Graphic 17: Report Year 2025 Percentage Physical Inactivity



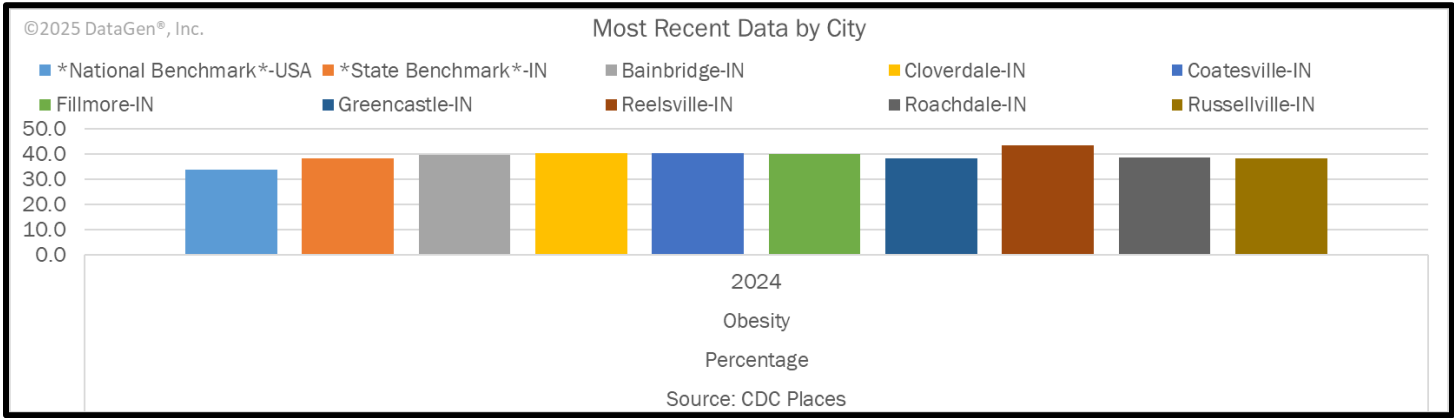
Graphic 17 presents a higher percentage of physical inactivity in Putnam County compared to the nation and Hendricks County but the rate is better than the state percentage.

Graphic 18: Report Year 2024 Health Food Options Rate (per 100,000)



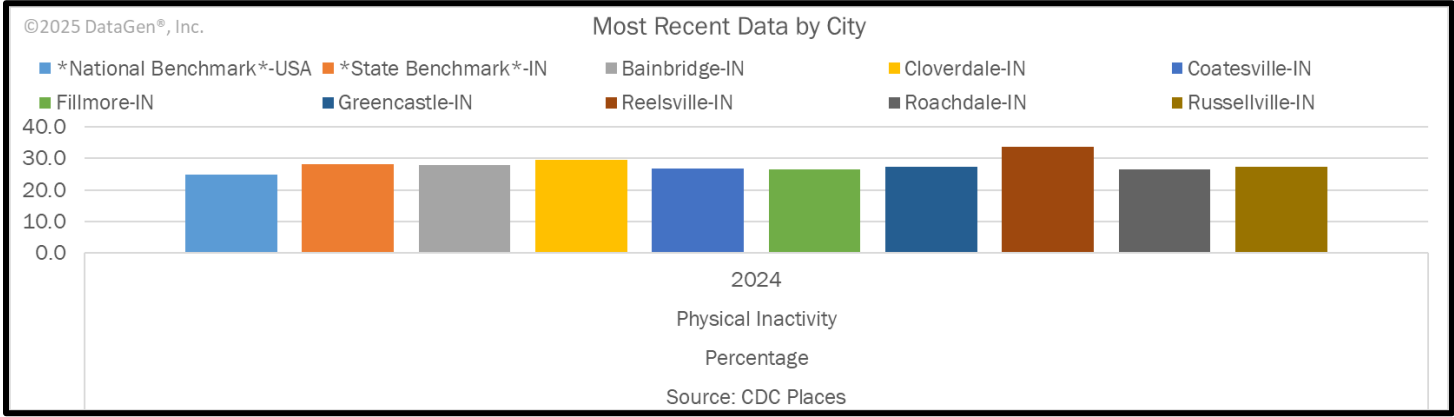
Graphic 18 illustrates that the communities of Bainbridge, Cloverdale, and Filmore have healthier food options compared to Greencastle and Coatesville, and three communities do not have enough healthy food options to even appear for this measure.

Graphic 19: Report Year 2024 Percentage Obesity



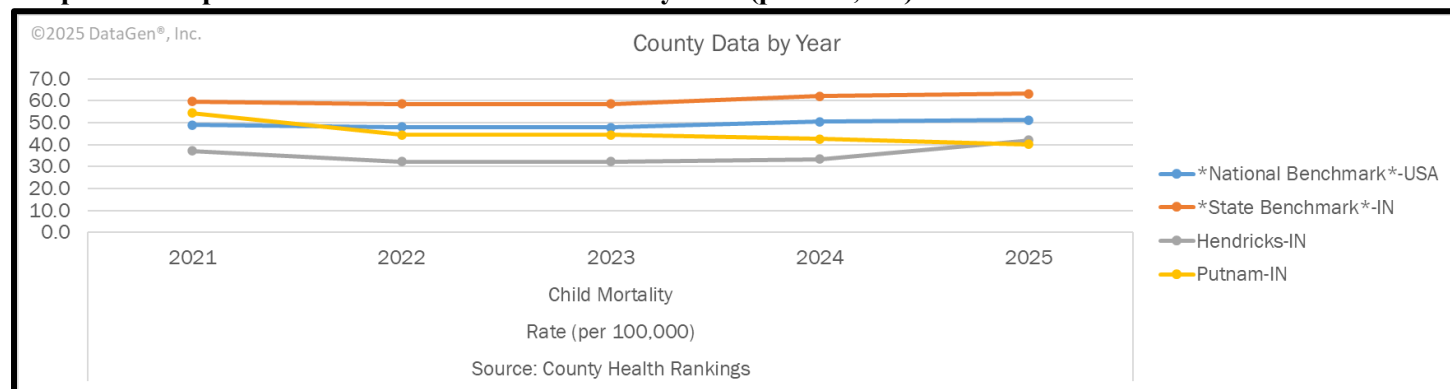
Graphic 19 indicates how widespread obesity is among communities in Putnam County, with the highest being Reelsville at nearly 40%.

Graphic 20: Report Year 2024 Percentage Physical Inactivity



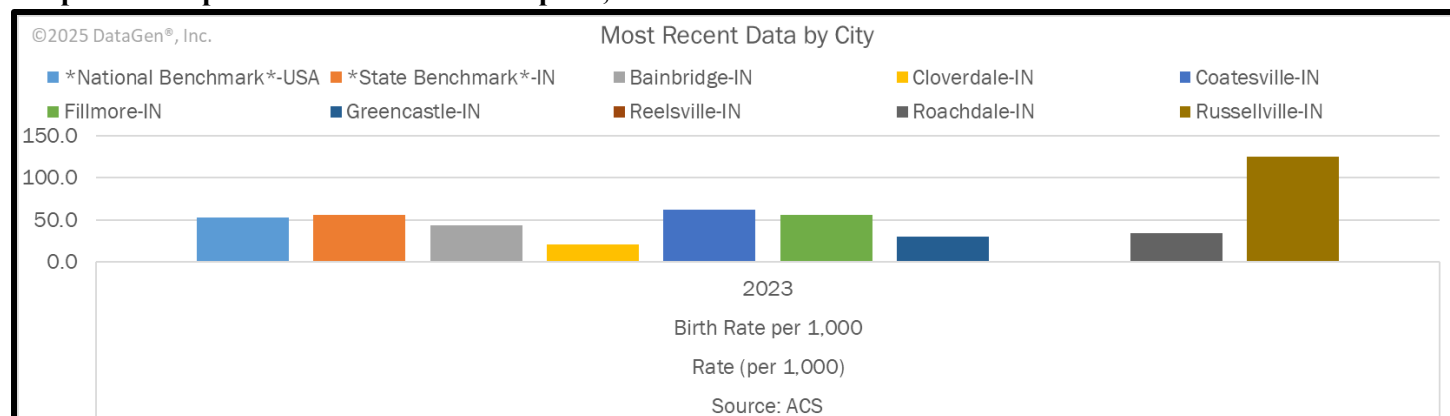
Graphic 20 presents another data point of the degree of physical inactivity experienced by residents in communities in Putnam County. Reelsville stands out at about 34% of the population not getting physical activity.

Graphic 21: Report Years 2021-2025 Child Mortality Rate (per 100,000)



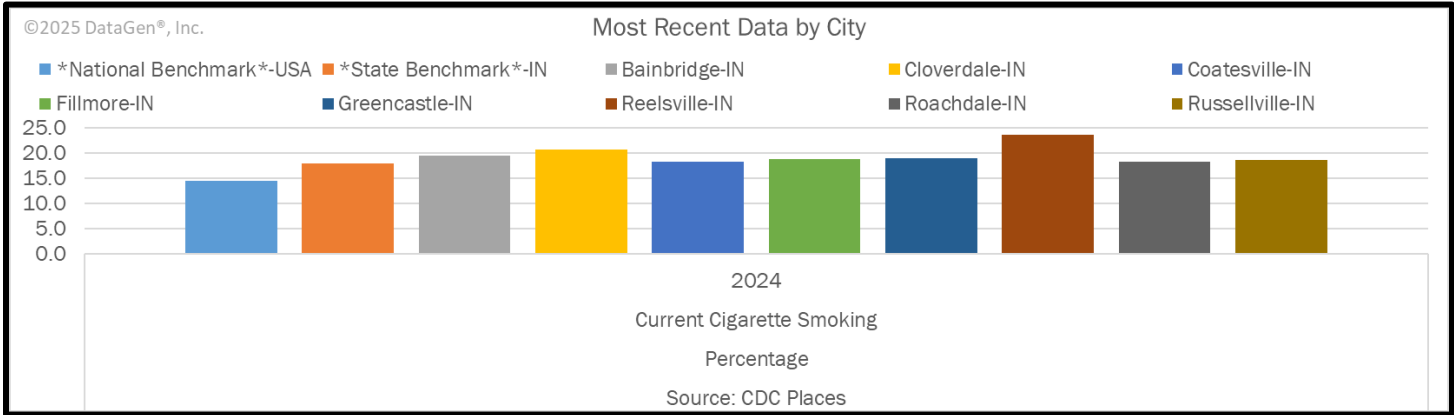
Graphic 21 shows Putnam County is experiencing a lower rate of child mortality, a trend that has been improving. According to the [Indiana Department of Health, Division of Vital Records & Office of Data Analytics \(2019-2023\)](#), based on county of residence; the Putnam County rate for Infant Mortality is 4.52 per 1,000 live births, where the Indiana Statewide rate is 6.7 per 1,000. Live births.

Graphic 22: Report Year 2023 Birth Rate per 1,000



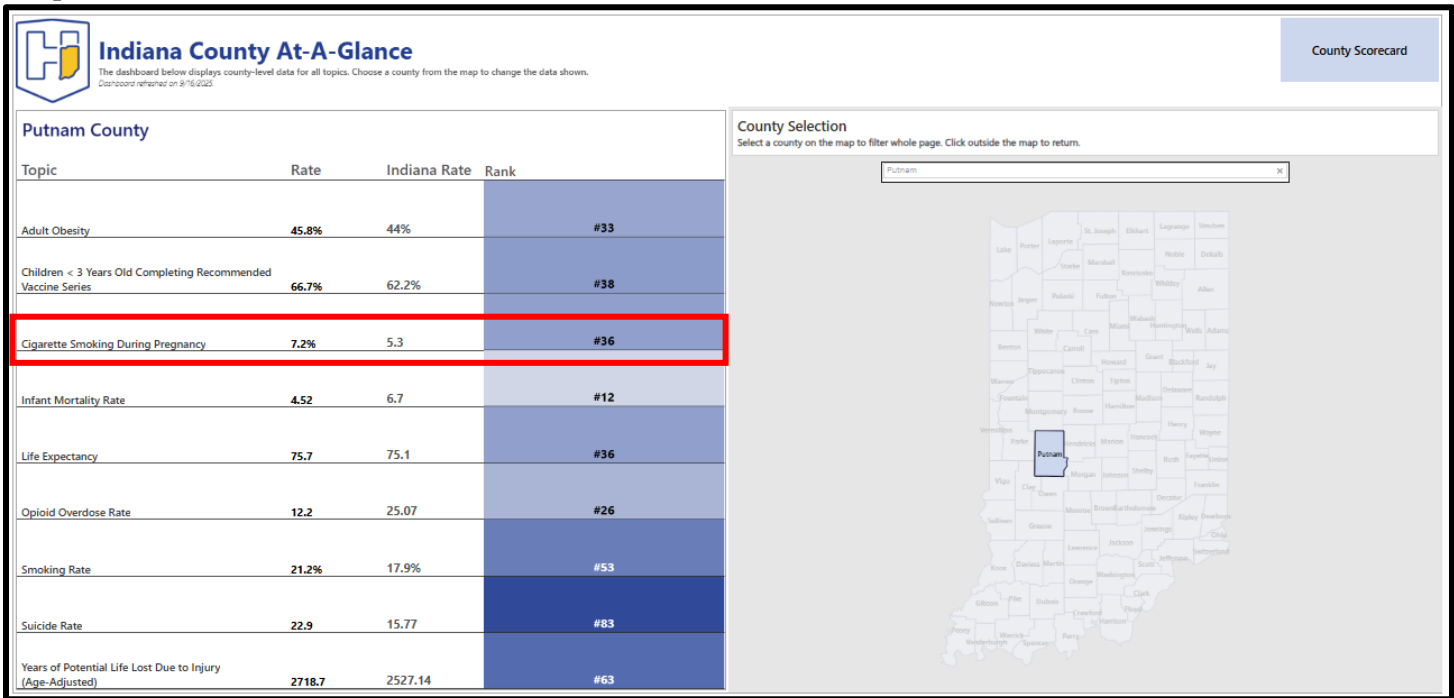
Graphic 22 shows three communities in the county with a birth rate exceeding the national and state benchmarks. These communities may benefit from safe sleep interventions to ensure infant mortality is kept in check.

Graphic 23: Report Year 2024 Percentage Current Cigarette Smoking



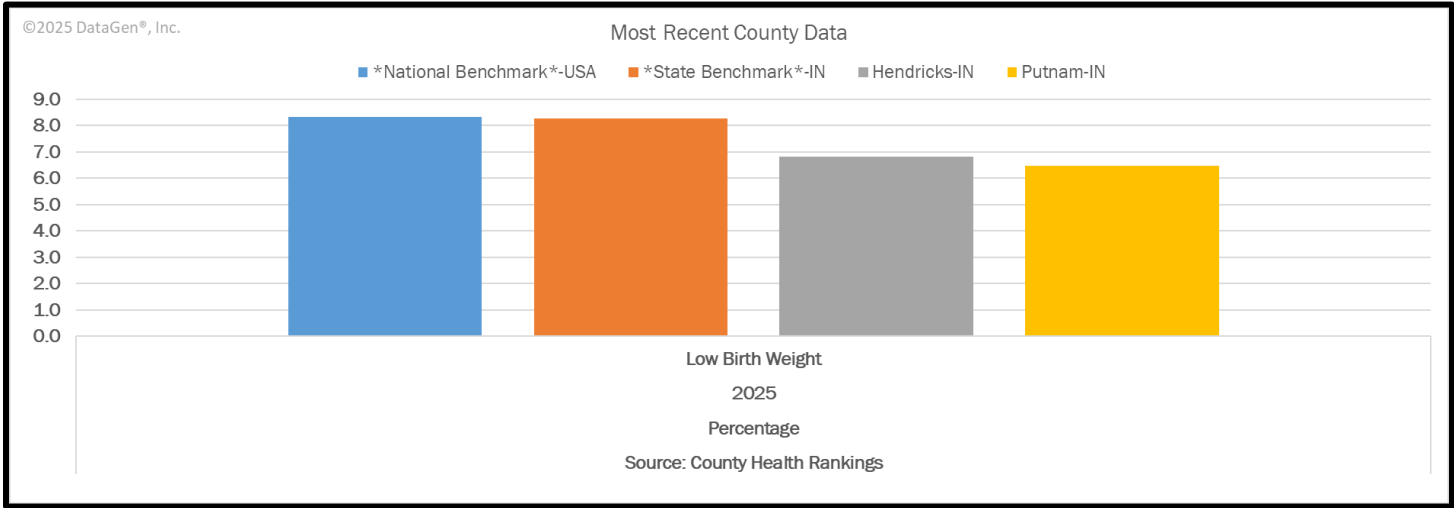
Graphic 23 shows that in all communities in Putnam County the percentage of cigarette smoking is higher than the nation and near the state benchmark in three communities. Tobacco use is highly correlated with cardiovascular and pulmonary diseases, reproductive issues, and low birth weight babies, as well as many cancers.^{x xixii}

Graphic 24



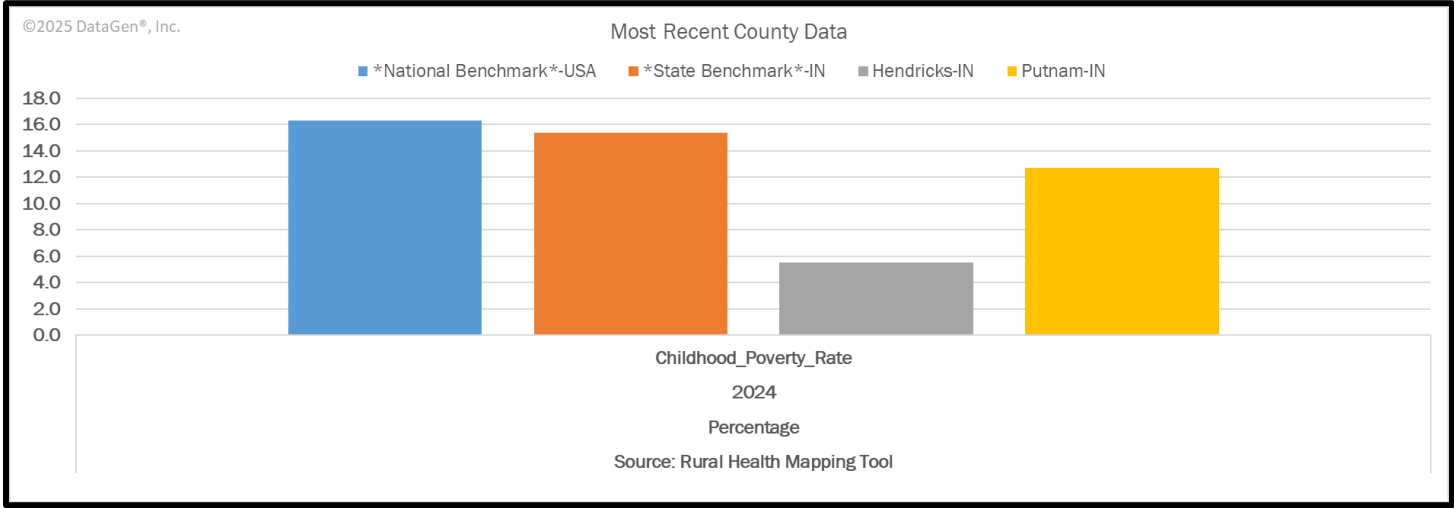
Graphic 24 shows that Putnam County ranks number 36 in the State with a rate of 7.2% when it comes to Cigarette Smoking During Pregnancy.

Graphic 25: Report Year 2025 Percentage Low Birth Weight



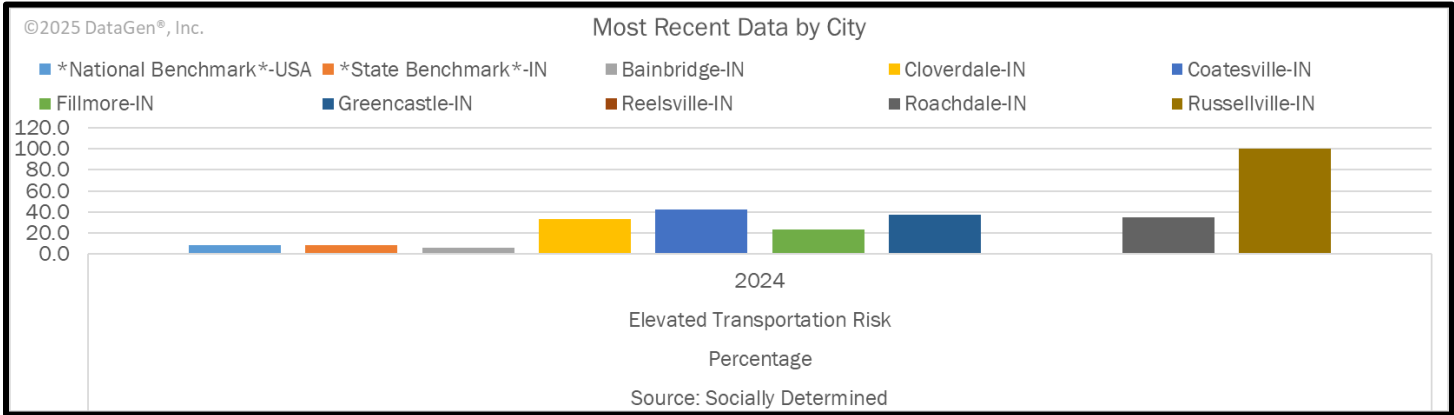
Graphic 25 indicates that Putnam County and its neighbor Hendricks County have populations experiencing fewer low-birth rate babies than the state or the nation, but there is room for improvement to ensure healthy infants and children.

Graphic 26: Report Year 2024 Percentage Childhood Poverty Rate

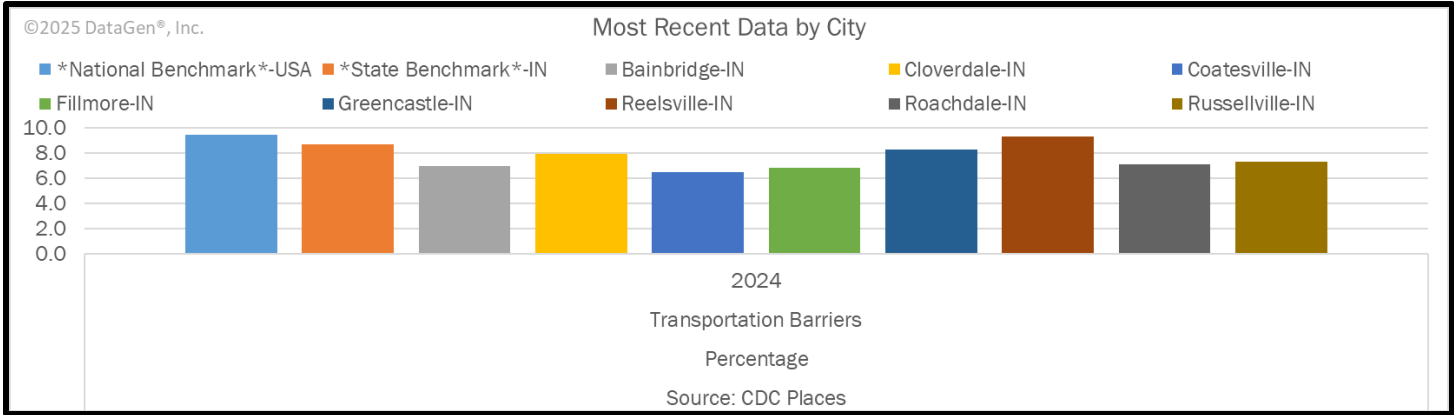


Graphic 26 shows that childhood poverty in Putnam County is not as high as that of the state and nation. Childhood poverty correlates with poor academic performance and intellectual/emotional development delays, and nutritional deficits.^{xiii}

Graphic 27: Report Year 2024 Percentage Elevated Transportation Risk

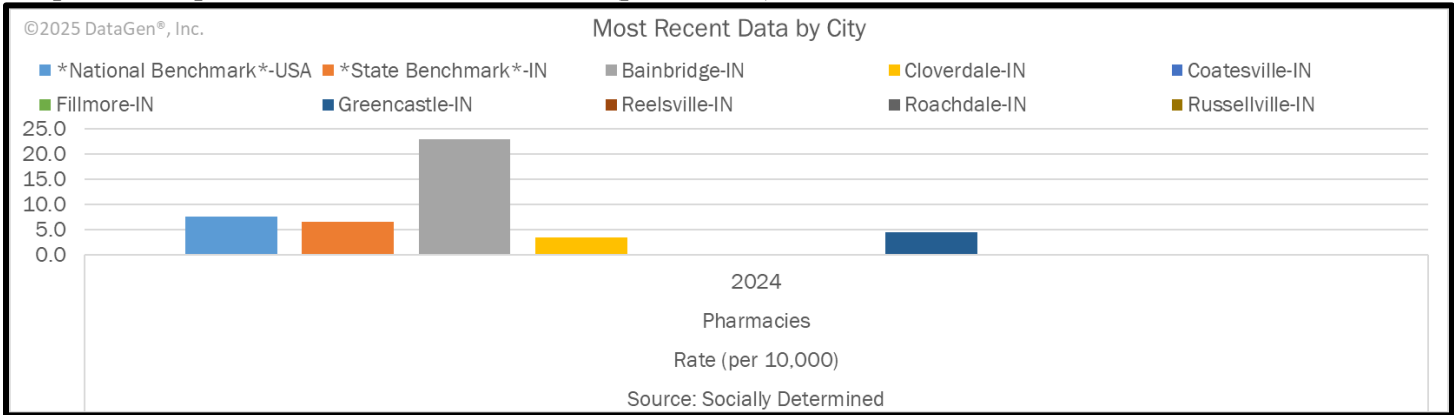


Graphic 28: Report Year 2024 Percentage Transportation Barriers



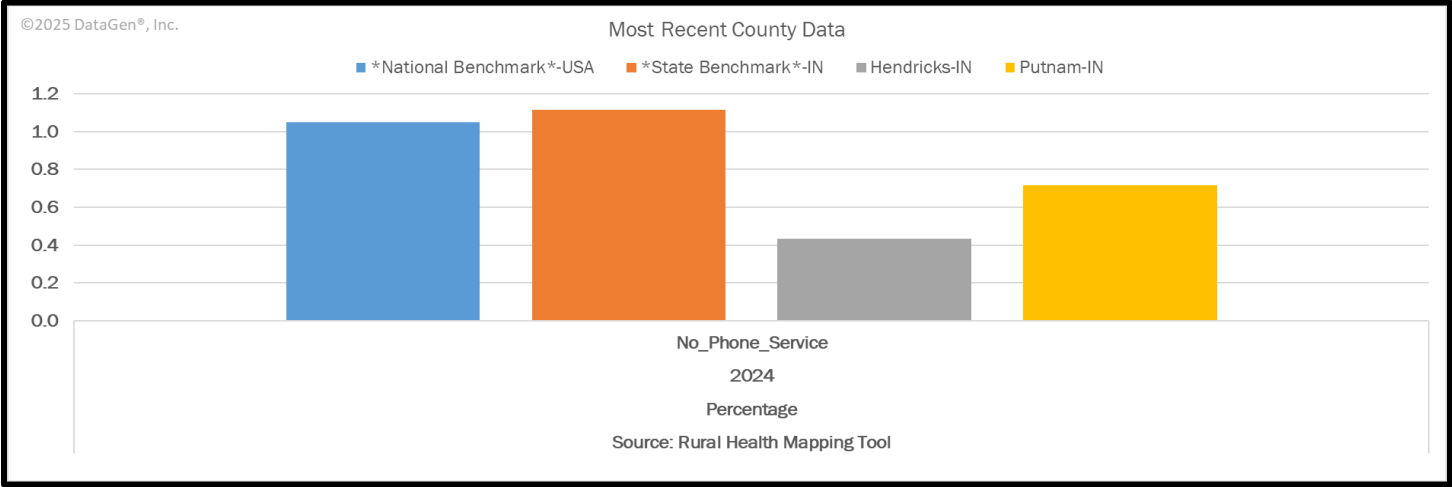
Graphics 27 and 28 confirm that as a rural community, Putnam County residents are at an elevated transportation risk and face transportation barriers, particularly in Reelsville. The county lacks adequate public transportation infrastructure, and rideshare services are scant, affecting timely access to care.

Graphic 29: Report Year 2024 Pharmacies Rate (per 100,000)

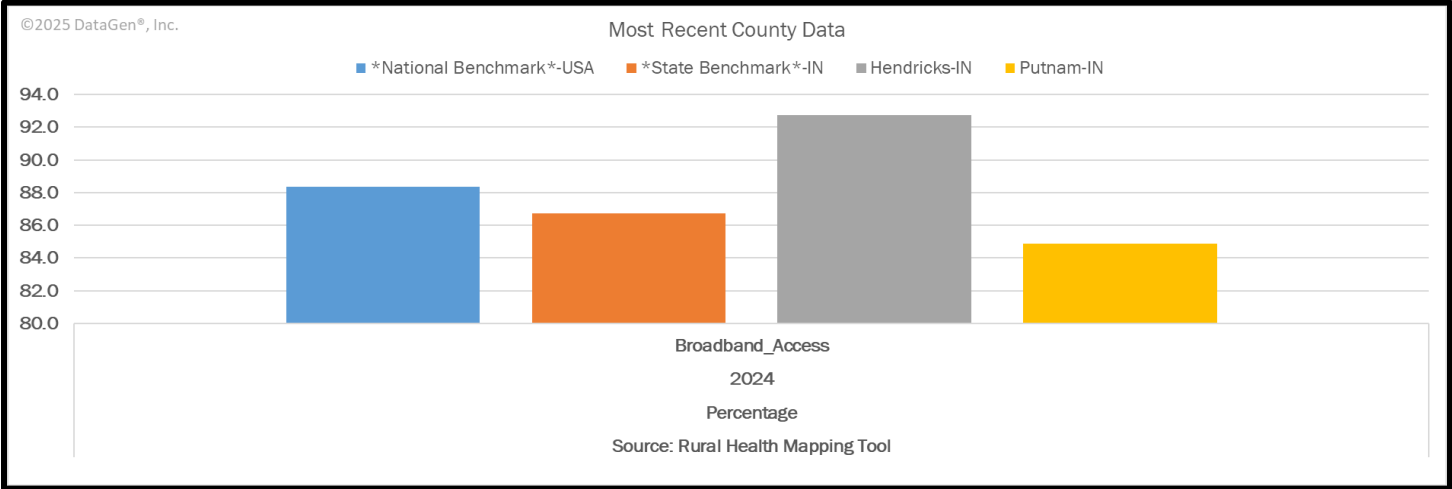


Graphic 29 confirms that most of Putnam County would be considered a pharmacy desert. This barrier affects access.

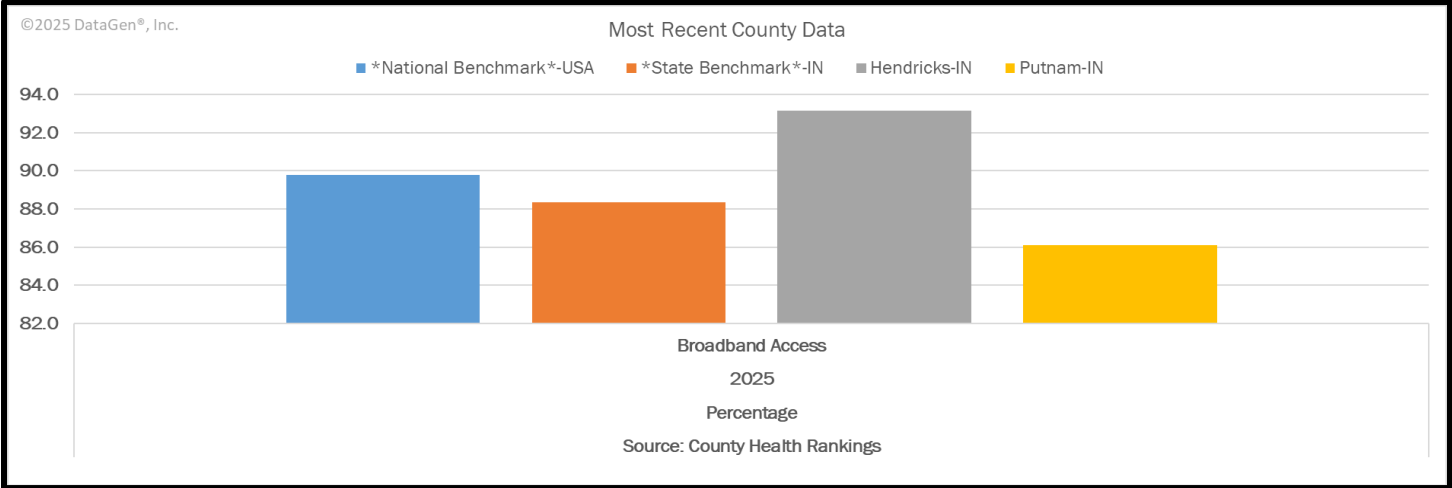
Graphic 30: Report Year 2024 Percentage No Phone Service



Graphic 31: Report Year 2024 Percentage Broadband Access



Graphic 32: Report Year 2025 Percentage Broadband Access



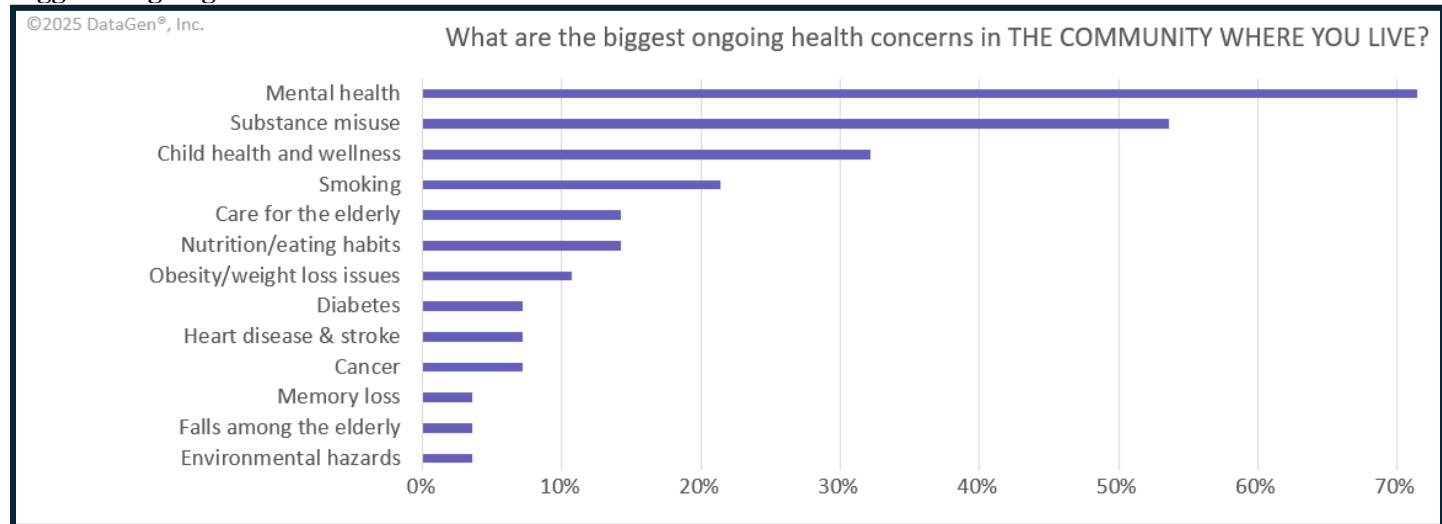
Graphic 30, 31 and 32 depict the less-than-optimal phone service and broadband access that exists in Putnam County. Putnam County fares worse than the state and its neighbor Hendricks County for both measures. This has ramifications for telehealth services and electronically delivered health education.

Primary Data Results

Community Partner Survey Highlights

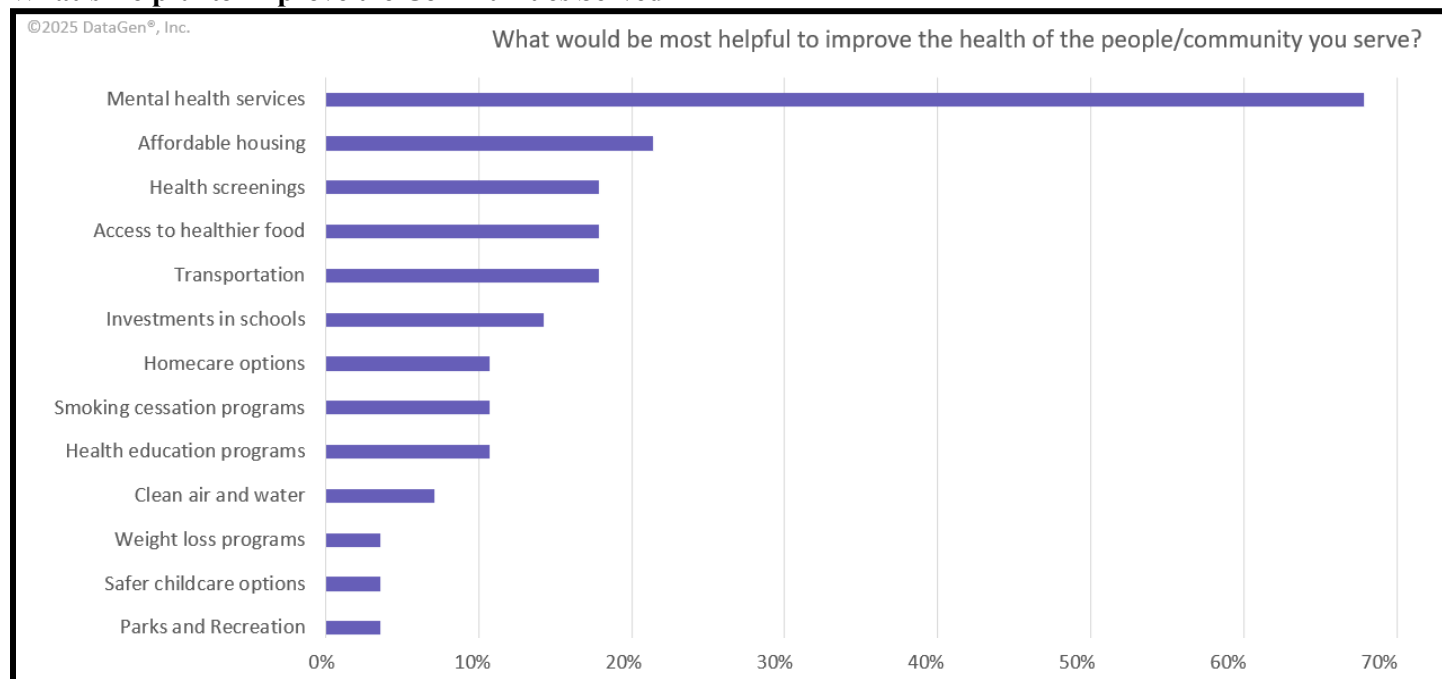
Based on CBOs who indicated that they served Putnam County in some capacity.

Biggest Ongoing Health Concerns



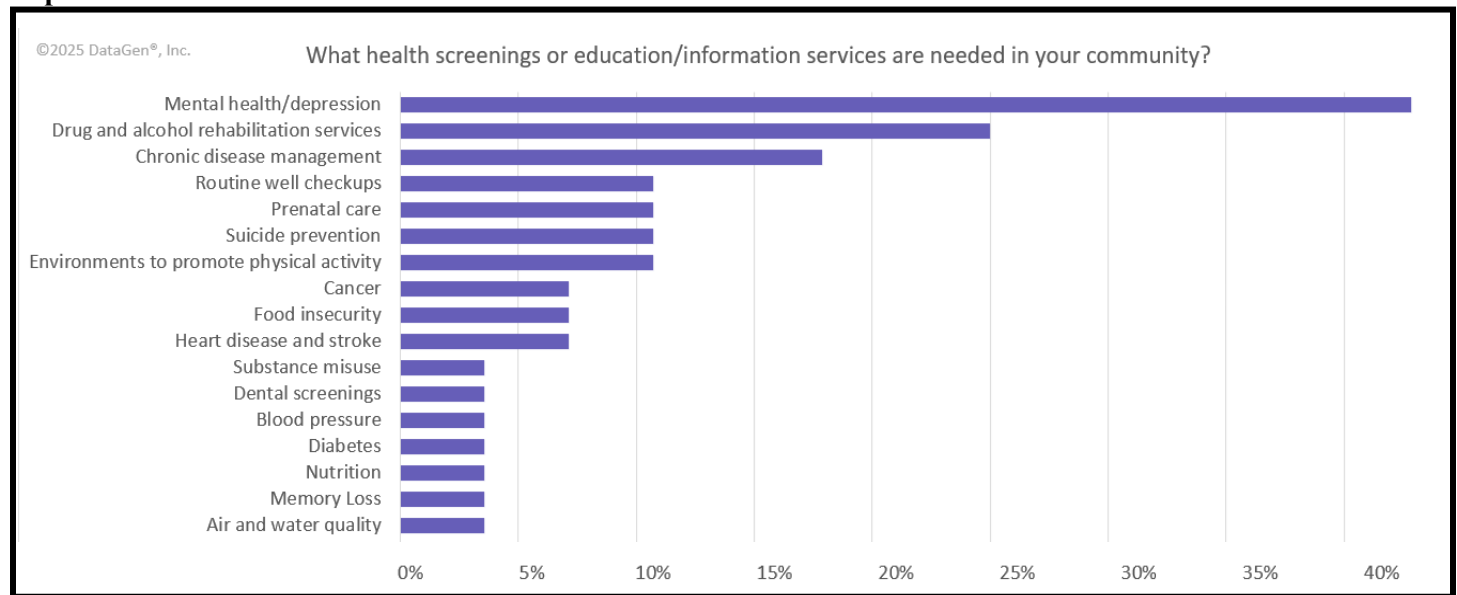
Respondents believe the top three biggest health concerns for the communities they serve are; Mental Health (71.4%), Substance misuse (53.6%), and Child health & wellness (32.1%). Although substance misuse does not stand out in the secondary data analyses, CBO partners see it as a concern. This finding could point to the high binge drinking rate, indicating alcohol is the drug of choice.

What's Helpful to Improve the Communities Served



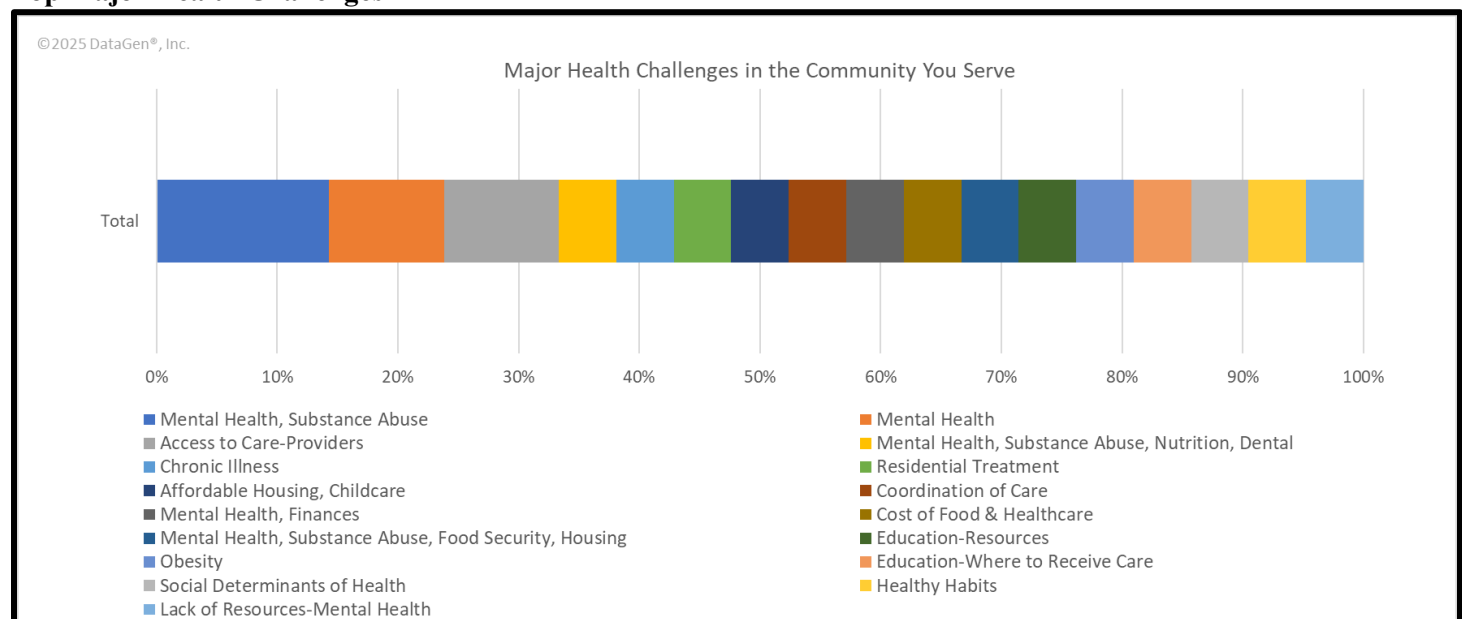
Respondents believe the top three ways to improve the health of the communities they serve are: Mental health services (67.9%), Affordable housing (21.4%), Health screenings, Access to healthier food, and Transportation (17.9%).

Top Resources Needed



Respondents believe the top three resources needed for the communities they serve are related to: Mental health/depression (42.9%), Drug & alcohol rehabilitation (25.0%), and Chronic disease management (17.9%).

Top Major Health Challenges

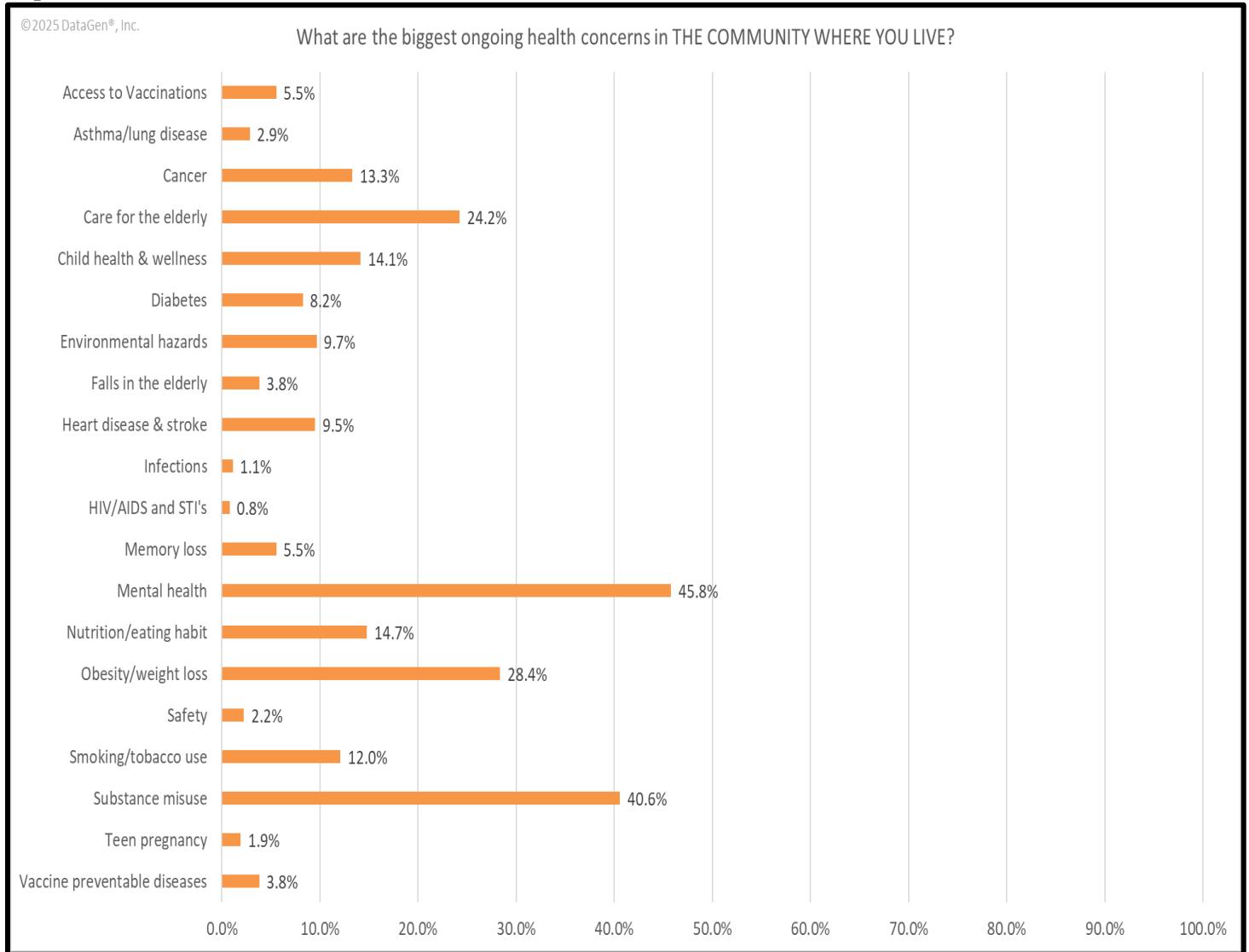


The top three major health challenges, accounting for 33% of responses for communities served are: Mental Health, Substance Abuse, Mental Health, and Access to Care-Providers. This was an open-ended question, and qualitative results were assigned categories using ATLAS.ti.

Community Health Experience Survey Highlights

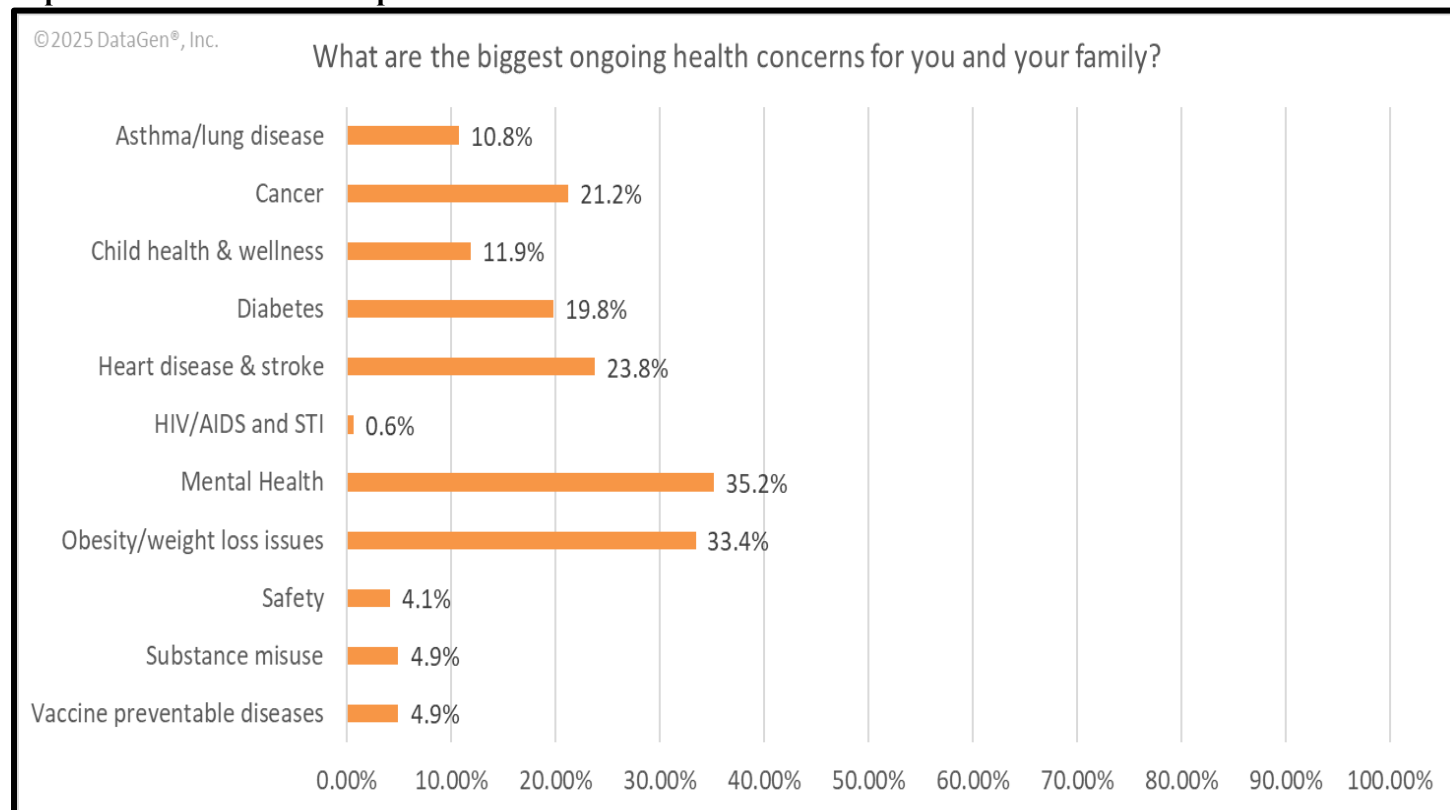
Based on responses from individuals in Putnam County. This survey is often referred to as the Public Survey.

Top Health Concerns



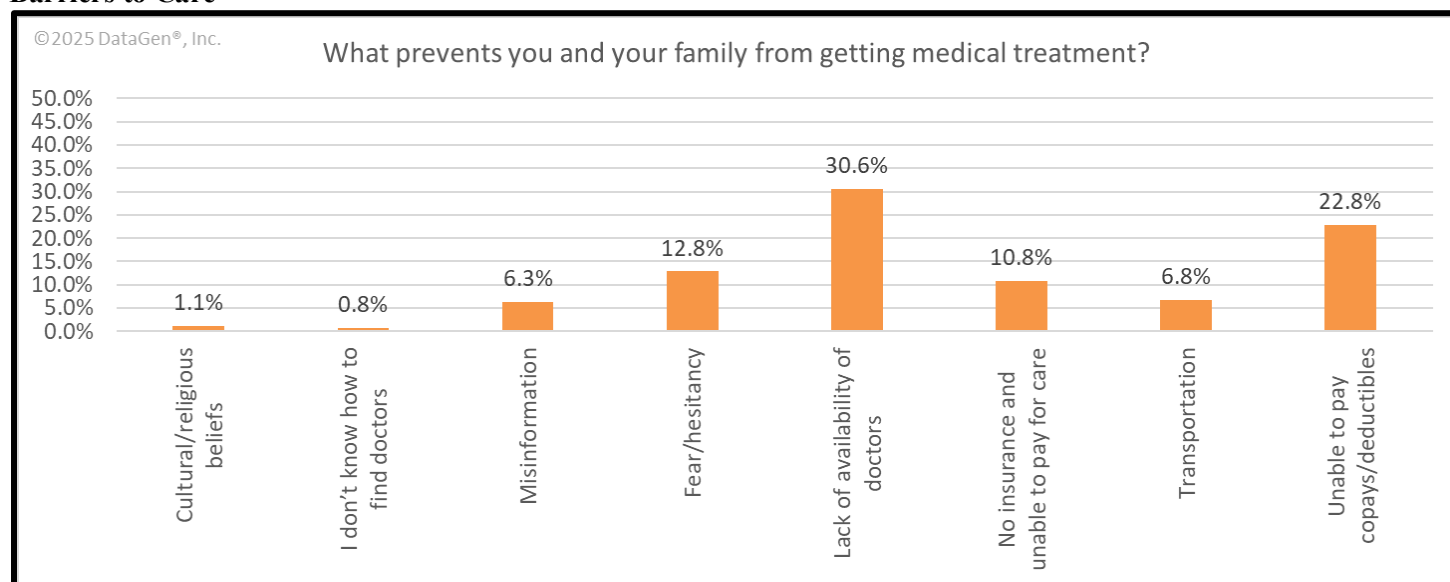
The top three biggest ongoing health concerns in the community are: Mental Health (45.8%), Substance Misuse (40.6%), and Obesity/Weight loss (28.4%).

Top Health Concerns for Respondents and Their Families



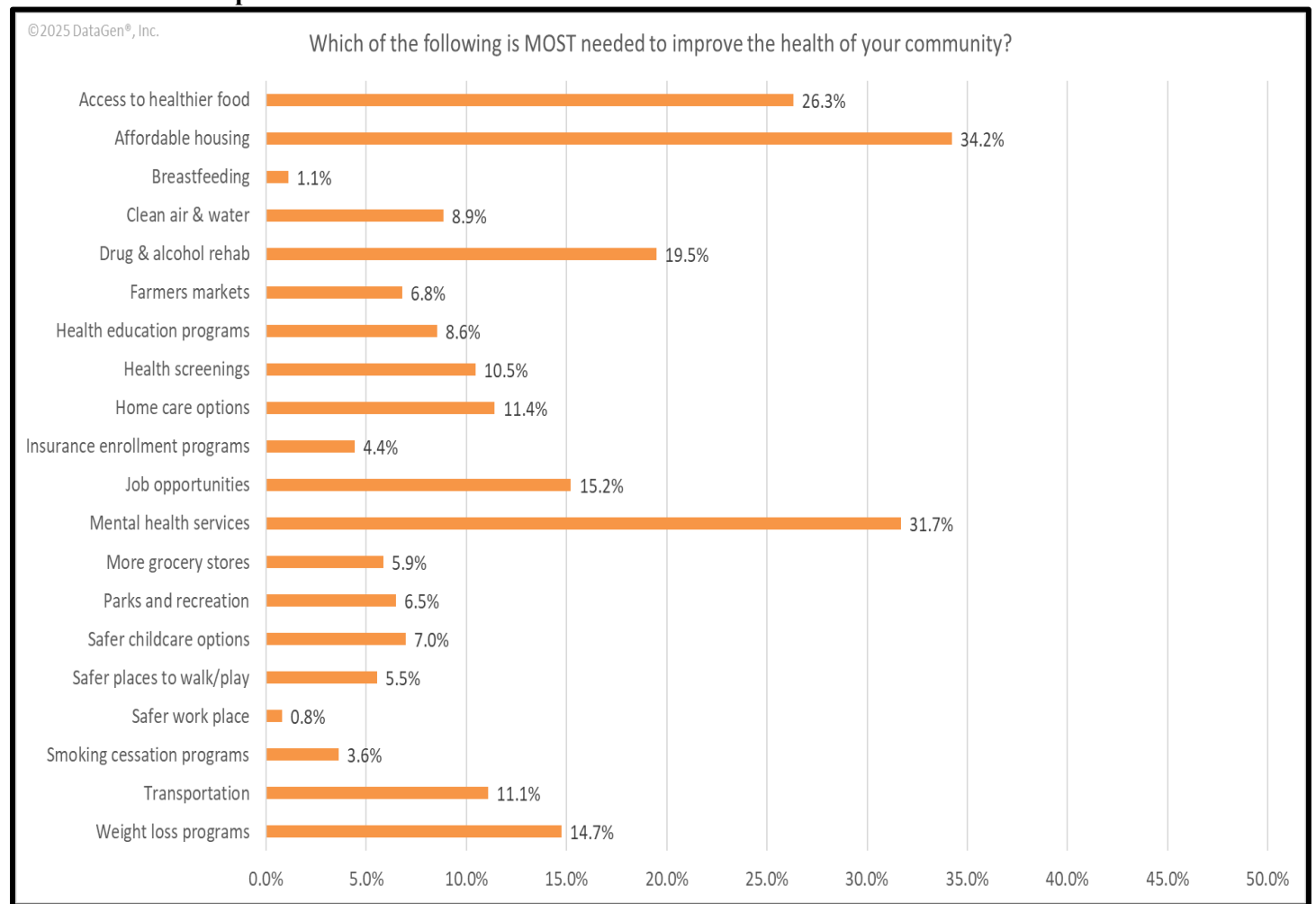
The top three biggest ongoing health concerns for themselves & their family are: Mental Health (35.2%), Obesity/Weight loss (33.4%), and Heart Disease and Stroke (23.8%).

Barriers to Care



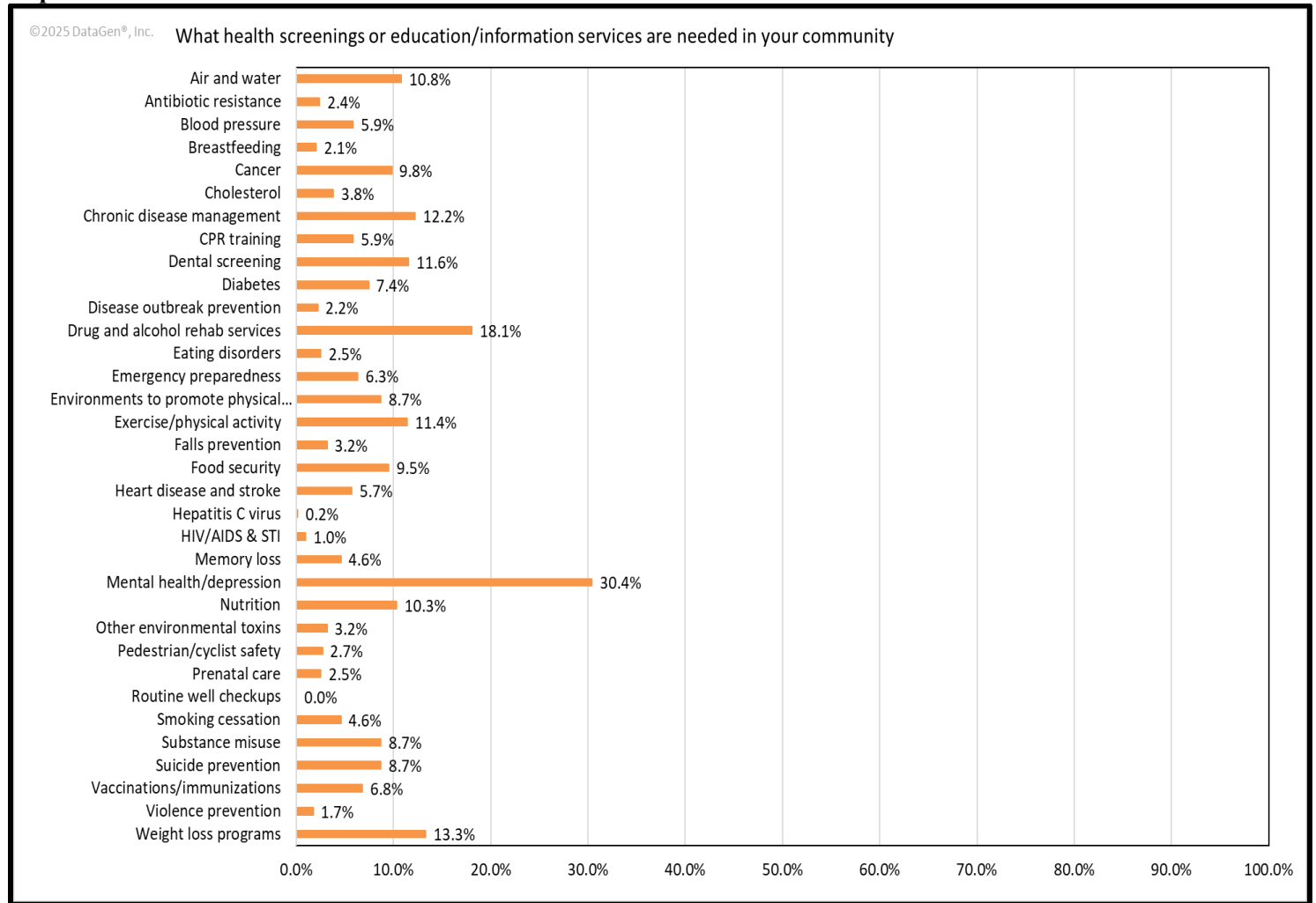
When asked what prevents individuals from getting medical treatment, the responses were: Lack of availability of doctors (30.6%), Unable to pay copays/deductibles (22.8%), and Fear/hesitancy (12.8%).

Most Needed for Improvement



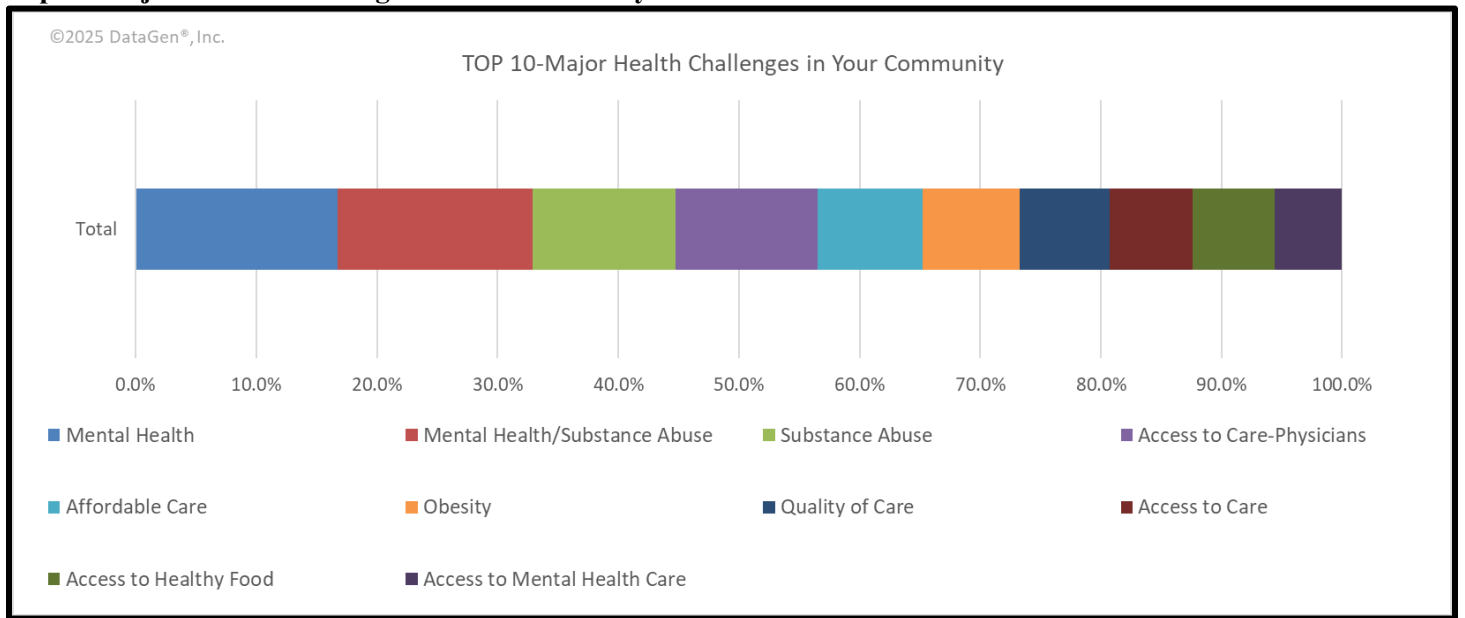
When asked what is most needed to improve the health of your community, the results were: Affordable Housing (34.3%), Mental Health Services (31.7%), and Access to Healthier Food (26.3%). The Affordable Housing result does not correlate with what the secondary data show, suggesting that although there is not a housing crisis, community members are feeling the impact of basic expenses such as the cost of housing.

Top Resources Needed



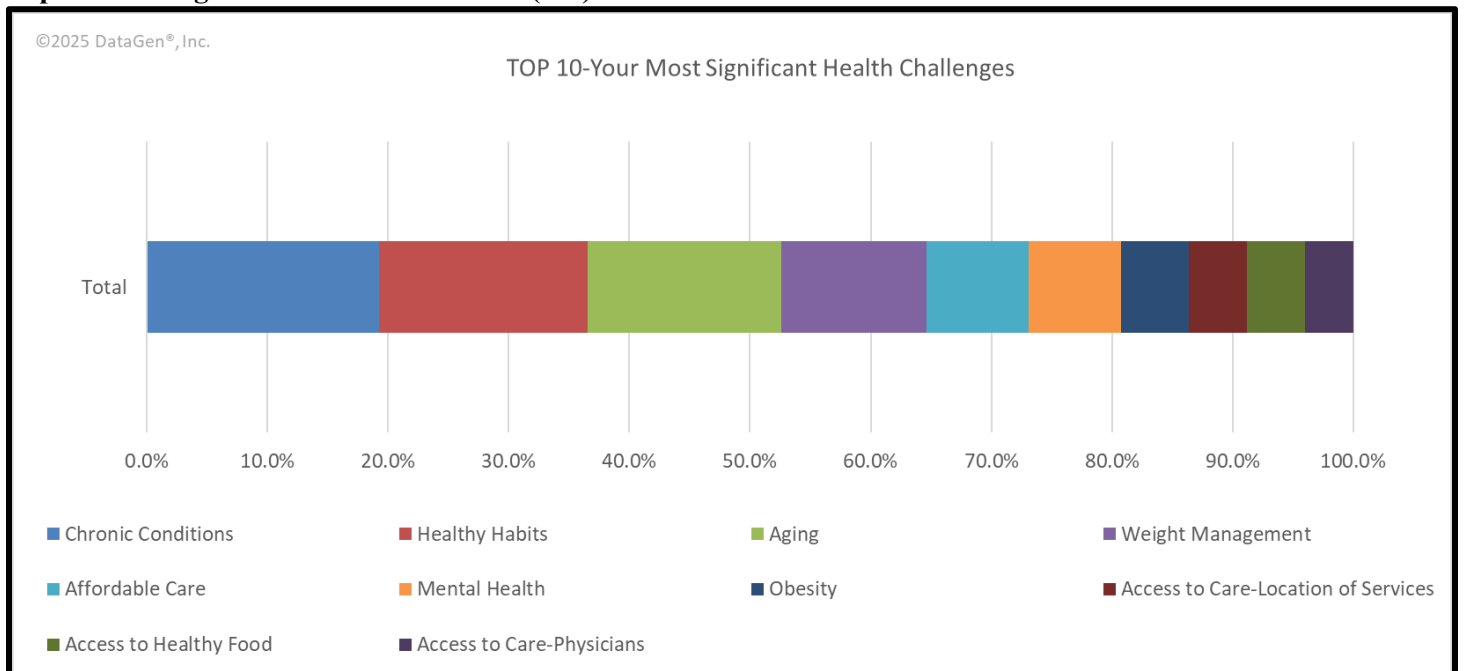
The top three health screenings or education/information services needed in the community are: Mental Health/Depression (30.4%), Drug & Alcohol Rehab Services (18.1%), and Weight Loss Programs (13.3%). Community members indicate a need for more screening and education for depression. Mental health is a theme throughout all the data.

Top 10 Major Health Challenges in the Community



This was an open-ended question, and the qualitative responses were categorized using ATLAS.ti. Mental health rises to the top.

Top 10 Most Significant Health Problems (self)

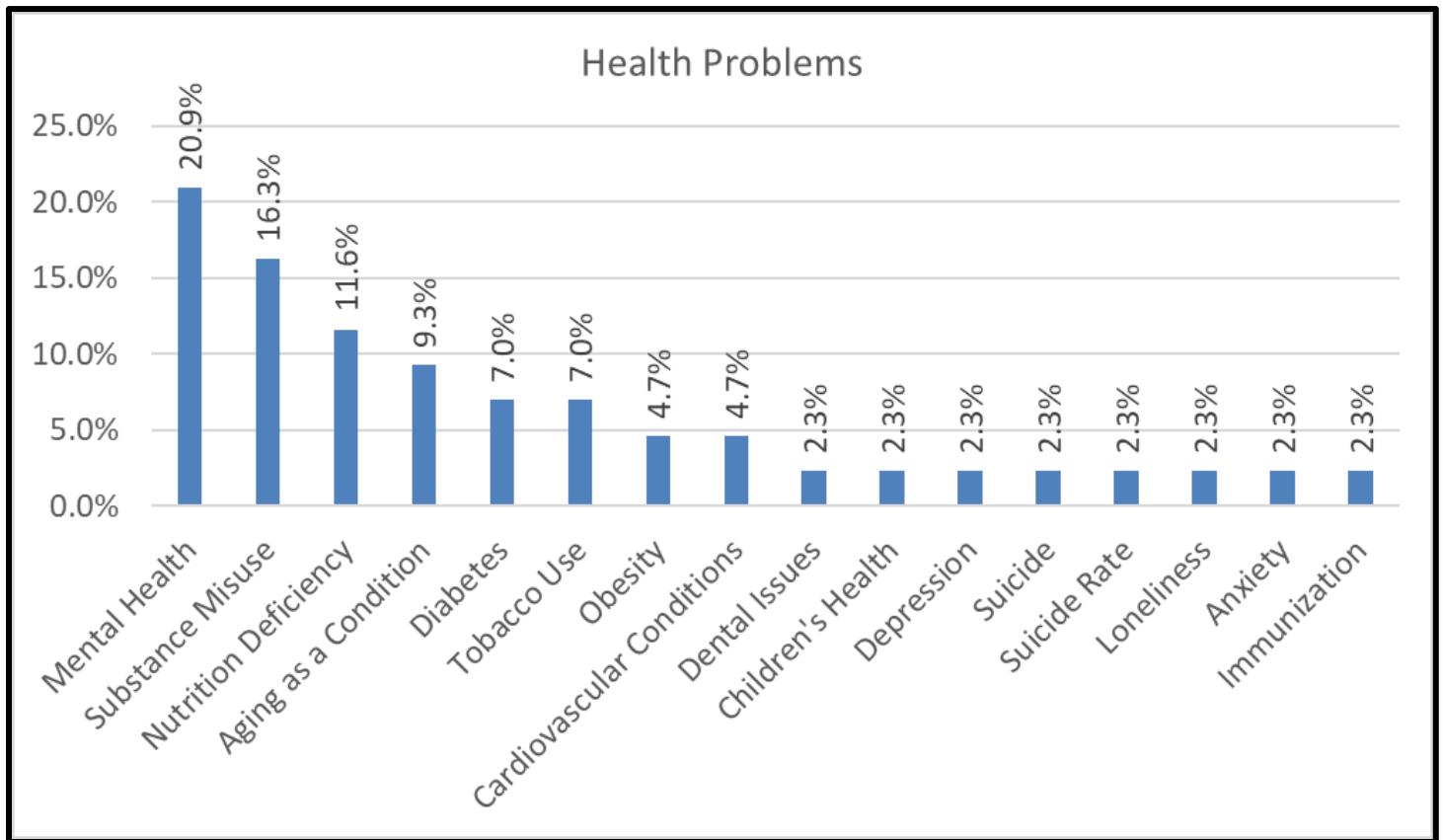


This was an open-ended question, and the qualitative responses were categorized using ATLAS.ti. Chronic conditions is a widely interpreted category and can refer to both physical and mental conditions that are chronic.

Stakeholder Interviews Highlights

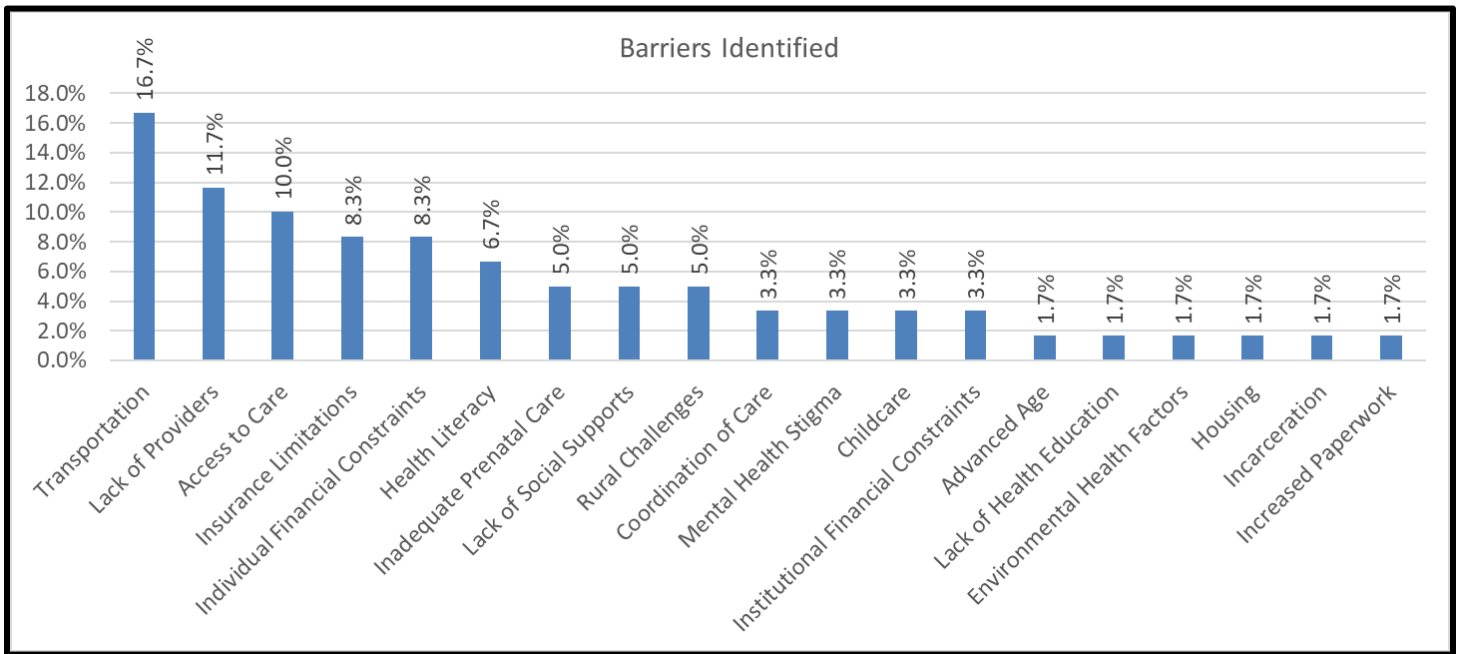
Based on community-based organization leaders and other community representatives.

Health Problems



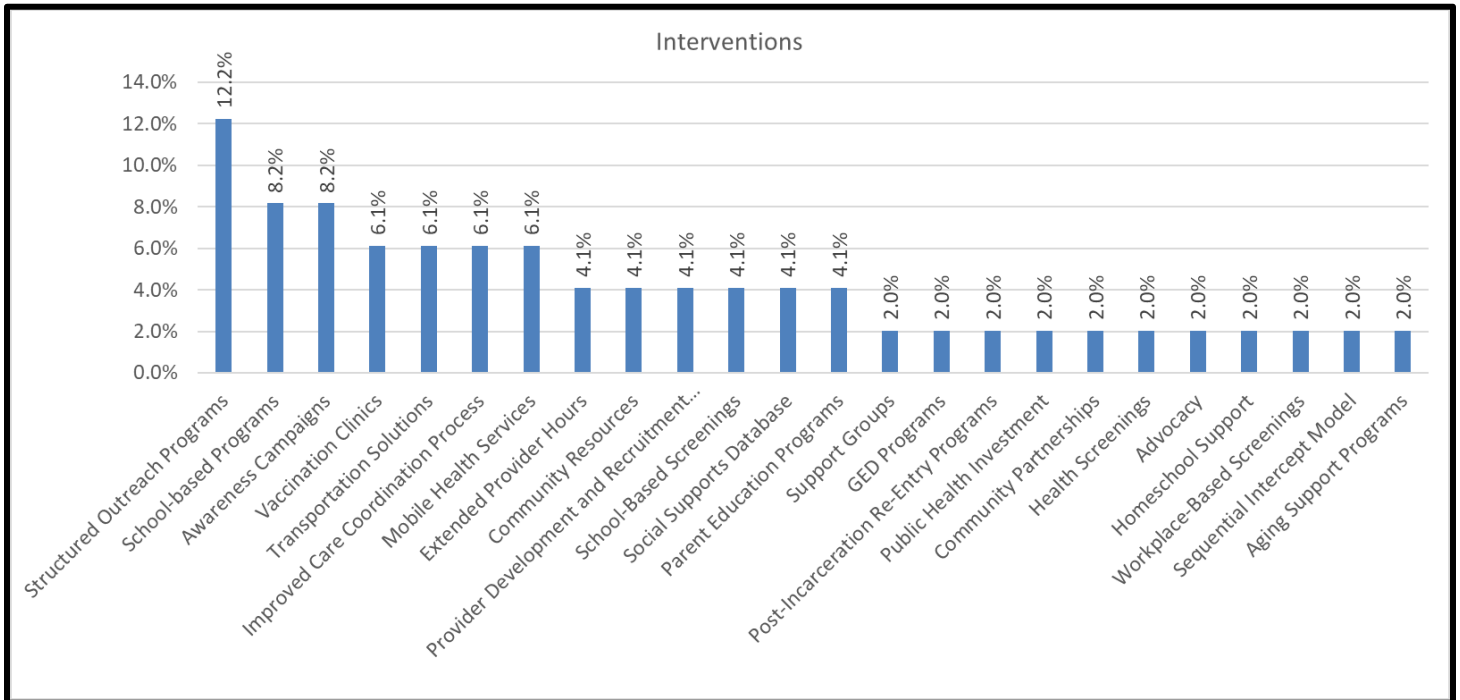
Mental health, and substance misuse are in the top spots.

Barriers Identified



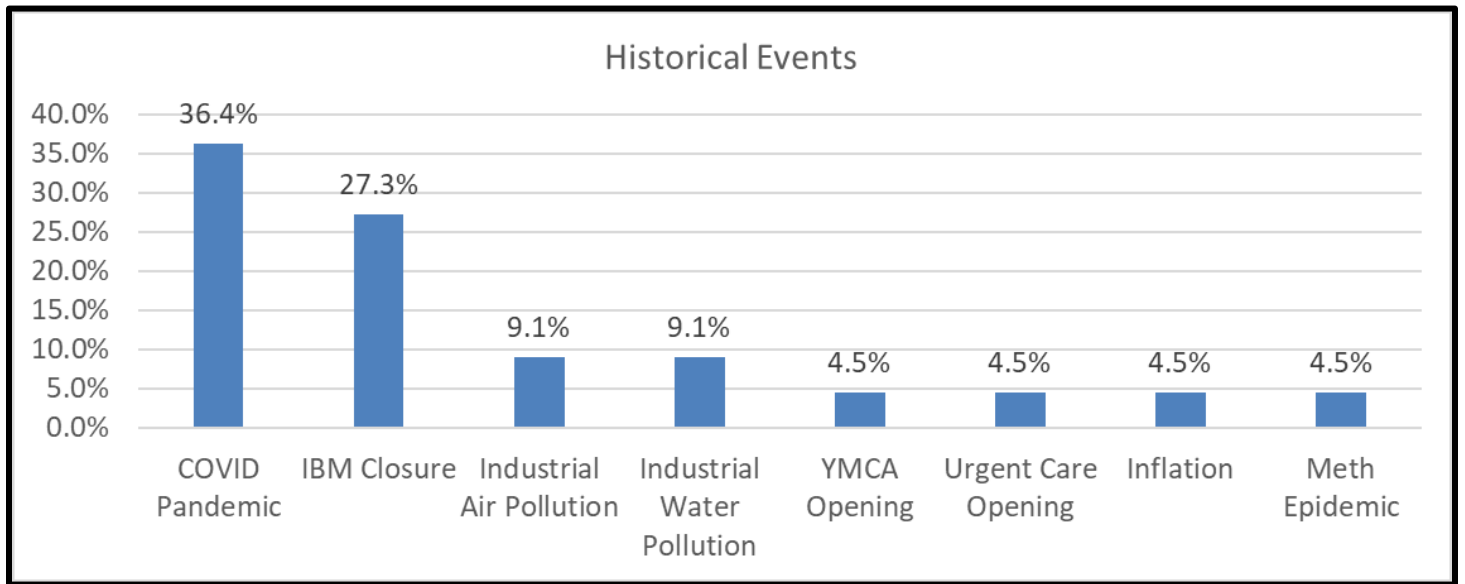
Transportation is an ongoing barrier for the county, as is a lack of access to providers.

Interventions



Interviewees referenced a variety of educational programs, delivered both in person and online, that would improve the communities' health. Structured programs refer to evidence-based programs, such as Healthy Steps in Motion or Fit and Strong for falls prevention^{xiv} and programs for weight management, such as the Diabetes Prevention Program^{xv}, among others.

Historical Events



When questioned about events in Putnam County’s history that continue to affect the health of residents’ today, COVID-19 was the top theme among interviewee responses, followed by the IBM closure, industrial pollution incidents, and several other themes.

Relevant Quotes from Stakeholder Interviews

Priority 1: Mental Health & Suicide Prevention

“So, I think the main issue that we face in the jail is addiction. It's substance abuse disorders and mental health. Those are the two, I mean, I would say that those, 95% of the individuals housed in this facility or more suffer from one or both of those major issues.”

“I am a resident of Putnam County, and so, I would say, generally, our biggest issue is drug abuse and drug use. Mental health is a major issue, not in the previous not only in the previous role, but also here on campus as well...”

“Well, looking at our annual data, it looked like we still have an issue with suicide. So, suicide prevention from the data that we have available would be one thing mental health needs for the community. You know, the bullying at school might be another issue in terms of the kids.”

“What my wife sees is mental health issues. That's been a growing situation, you know, both for the general population as well as in schools. Some of our school districts have relationships where they've got mental health professionals that come into the schools to help with that situation.”

“The children that we have, it's usually because of something their parents have done. I'm going to refer mainly to the parents. And normally, it's either a drug issue which we kind of combine with the mental health issue. As we say, poverty isn't a reason for abusing your children or having any problems. So it's not poverty we're dealing with. We're dealing with mainly mental health issues.”

“Yeah, I think it's probably behavioral health, mental health issues, suicide rate, substance abuse, all of that kind of wrapped into behavioral health. There are many subheadings to that, but if we were looking at one broad category - the mental health issues, the suicide rate being almost twice what the national and state averages are. Substance abuse disorder, alcohol disorder, tobacco use all of those kind of go under that behavioral health heading, and that's probably still at the top.”

“The second thing is substance abuse. I would say a high percentage of our people, they either vape or smoke. They're addicted to something, whether it's, you know, illegal or not illegal. They struggle.”

“Mental health is obviously right up there. And that covers such a variety of issues.”

“Mental health can affect everybody, and certainly we see a lot of seniors like Sally said, that utilize the pantries where they can shop as a gathering and social time. That's super important to them.”

“I think a lot of people have misconceptions about mental health. I think there's a lot of reduction in stigma that is happening, but it's still there. I feel like people are starting to open up for that conversation.”

“I would say the large majority is depression, loneliness, anxiety. I think those would be the largest. And we have data to back that up. I always suggest our mental health screenings.”

Priority 2: Trauma & Injury Prevention

“So anyhow, that's an issue for elderly people. Especially, lots of times, all of their friends are old. Their spouses are old. Helping somebody to go to the bathroom. If someone falls on the other frail person, that breaks hips. There's just a lot of need.”

“There's a lot of domestic violence.”

Priority 3: Chronic Disease Prevention & Management

“We've had issues with smoking, diabetes, overweight folks.”

“But I think you know, we're not unlike any other rural community. We have some food deserts around the county. People don't eat well, and things of that nature.”

“So, there are some additional health concerns, but those usually stem from a life of hard living, if you would. So related that substance use, you know, heart conditions, diabetes.”

“In the southern part of Putnam County, we struggle with nutrition wellness and education. We have a lot of elderly, and we have a lot of ‘less to do.’ They're not affluent. So, they make bad choices and decisions when they pick up food. So, you could really tell at times, because of what they take if you have a lot of easy things to make microwavable-- things from maybe Dollar General-- they take that more than they do the vegetables and the fruit, and so forth.”

“We're often asked for more heart-healthy items on our menu, and diabetes-friendly items to be available.”

Priority 4: Maternal & Child Health

“And I would be interested in the immunization rates of kids starting kindergarten. I think you have that data, probably; we've had it year after year. And I'm wondering if that's declining because of the pandemic and the whole anti-vax movement. But so that's a concern of mine. Immunization rates, especially with the measles epidemic that is hitting Indiana as well. Indiana is one of the states that has measles cases.”

“All through my career at the clinic, this was the biggest thing, and when they did Medicaid expansion it was such a relief for so many families, you know, women could get prenatal care, the babies could go to the doctor, you know it was just a wonderful thing. And now my concern is that we're going to go backwards because they did pass that in the State legislature.”

Priority 5: Access to Care

“Transportation is always a problem, but people are pretty savvy when they need to find a way to get someplace. They get there.”

“We see a lot of people that maybe could, if they might be on Medicaid, they could take their kids to the dentist, but they don't... We have a lot of the kids we serve with really, really bad teeth. I mean, we have to have them sedated to have their 10 fillings fixed and the family had been on Medicaid.”

“The access is a huge one. Lack of providers, but then also transportation and the ability to get to a provider are probably the two largest. And then, yeah, there's basically no public transit. There's a rural transit that really no one knows about or knows how to use. The availability of it is minimal. Here on campus, we have a large international community who those students do not have transportation. And so, they're really bound by friends and family, not really family, because they're not local, but friends. And this network that they have to create on campus, to move around. And so, access to transportation, access to resources, those are huge barriers for our campus, but then also in the county in general.”

“Transportation is a barrier in rural communities, I mean, it's just generally across the board.”

“Transportation. In some of the counties and areas that I serve, there may be a physician, but they are no longer accepting new patients, or they just don't have the ability to travel to seek further out medical assistance, or they just don't have the transportation for it.



COMMUNITY ASSETS & RESOURCES

There is an extensive network of community-based health and social support agencies and organizations throughout Putnam County. The Putnam County Health First Coalition, led by Putnam County Health Department, includes the following organizations:

- B&C Home Services
- Banner Graphic
- Beyond Homeless, Inc
- Cloverdale Community Schools
- Cummins Behavioral Health Systems, Inc.
- DePauw University
- Greencastle Community School Corporation
- Gobin Church
- Greencastle Fire Department
- Hendricks Regional Health
- Indiana Department of Health
- Indiana Health Information Exchange
- Indiana University School of Medicine
- Ivy Tech Community College
- LNS Psychological Services, LLC
- Mental Health America of West Central Indiana
- North Putnam Community Schools
- Purdue Extension Nutrition Education Program
- Putnam County Board of Health
- Putnam County Community Foundation
- Putnam County Commissioners
- Putnam County Council
- Putnam County EMS
- Putnam County Hospice and Palliative Care Association
- Putnam County Hospital
- Putnam County Jail
- Putnam County Sheriff's Office
- Roachdale Police Department / Fire Department / PMH
- South Putnam School Corporation
- Vantage Point Consulting
- West Central Solid Waste District
- YMCA



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COMMUNITY HEALTH IMPROVEMENT PLAN

Putnam County, Indiana



MAJOR COMMUNITY HEALTH NEEDS & PRIORITIES

To work toward community health, Putnam County Health Department commits to ensuring its resources and activities build upon existing priorities and collaborative activities, while ensuring responsiveness to emergent needs, determination of priorities selected by the leadership of Putnam County Health Department and its Putnam County Health First Coalition members included review of existing commitments, new research findings, and community feedback. The activities of Putnam County Health Department are one star in a constellation of county-wide efforts by community-based organizations, healthcare institutions, and others to collectively help improve the state of Putnam County's health.

The overarching themes that emerged from the data and conversations among collaborators related to Mental Health and Substance Misuse, Access to Care and Adequate Number of Healthcare Providers, Chronic Disease/Obesity, Transportation Barriers, Falls Prevention, Broadband Access Barriers, and Maternal/Child Health.

Priority 1: Mental Health & Suicide Prevention

KPI 1.0 – Reduce the age-adjusted rate of suicide deaths from 27.0 per 100,000 (2019-2023) to 20.2 per 100,000 by 2030 (2026-2030).

- Core Services: Trauma & Injury Prevention, Fatality Review
- Data Source: IDOH Vital Records, rate is available via the IDOH Division of Trauma and Injury Prevention Reports

Priority 2: Trauma & Injury Prevention

KPI 2.0 – Reduce the number of non-fatal ED visits due to unintentional fall by 10%, from 1,257 (2022) to 1,131 in 2030.

- Core Service: Trauma & Injury Prevention
- Data Source: Hospital discharge administrative claims data as provided by the Indiana Hospital Association (released annually by IDOH), count is available via the IDOH Division of Trauma and Injury Prevention Reports

Priority 3: Chronic Disease Prevention & Management

KPI 3.0 – Decrease the prevalence of physical inactivity among adults aged 18 years and older in Putnam County from 25.9% (2022) to 21% by 2030.

- Core Service: Chronic Disease Prevention
- Data Source: CDC PLACES (which applies statistical methods to data from the Behavioral Risk Factor Surveillance System (BRFSS) and the American Community Survey (ACS) to generate county estimates)

KPI 3.1 – Reduce the Putnam County obesity rate of 45.8% by 2%.

- Core Service: Chronic Disease Prevention
- Data Source: Progress will be tracked on the Indiana Department of Health County Scorecard Dashboard (Source: Indiana Network for Patient Care (INPC), Indiana Health Information Exchange and Regenstreif Institute)

Priority 4: Maternal & Child Health

KPI 4.0 – Increase the percentage of women receiving early prenatal care from 85.7% (2023) to 90% by 2027.

- Core Services: Maternal and Child Health, Access and Linkage to Clinical Care
- Data Source: IDOH Vital Records, rate is publicly available via the IDOH Birth Outcomes Dashboard

KPI 4.1 – Increase the rate of Putnam County children <3 years old completing their recommended vaccines of 66.7% to 70%.

- Core Services: Maternal and Child Health
- Data Source: Progress will be tracked on the Indiana Department of Health County Scorecard Dashboard (Source: Indiana Department of Health Division Immunization Division).

KPI 4.2 – Reduce the Putnam County infant mortality rate from 4.52 per 1,000 live births to 4 per 1,000 live births.

- Core Services: Maternal and Child Health
- Data Source: Progress will be tracked on the Indiana Department of Health County Scorecard Dashboard (Source: Indiana Department of Health Division of Vital Records & Office of Data and Analytics).

KPI 4.3 – Reduce the Putnam County smoking rate during pregnancy from 7% to 6%.

- Core Services: Maternal and Child Health
- Data Source: Progress will be tracked on the Indiana Department of Health County Scorecard Dashboard (Source: Indiana Natality Data).

Priority 5: Access to Care

KPI 5.0 – Increase access to essential health and social services through local partnerships that address barriers such as preventive care, chronic disease management, mental health support, and family well-being. Projected partners 10 by 2027.

- Core Services: Linkage to Clinical Care
- Data Source: Progress will be reviewed annually through Putnam County Health Department data.

KPI 5.1 – Increase the percentage of Putnam County residents' Broadband Access from 86.1% to 88.3%, the IN state benchmark.

- Core Services: Linkage to Clinical Care
- Data Source: Progress to be tracked by County Health Rankings.

KPI 5.2 – For the eight zip codes that comprise Putnam County (Bainbridge, Cloverdale, Fillmore, Coatesville, Greencastle, Reelsville, Roachdale, Russellville), reduce the percentage of residents experiencing Transportation Barriers from their current levels ranging 6.5% to 9.3%, to 6.5% or lower. 6.5% is the lowest rate among all the zip codes in Putnam County in Coatesville (46121).

- Core Services: Linkage to Clinical Care
- Data Source: Progress to be tracked by CDC Places.



PRIORITY SELECTION & COMMUNITY ENGAGEMENT PROCESS

The Putnam County Health First Coalition held its kickoff meeting on April 22, 2025, marking the start of the 2025 Community Health Assessment (CHA) process. A follow-up meeting, led by Putnam County Health Department leadership, took place on September 5, 2025. During this session, coalition members—representing local healthcare providers, schools, social service agencies, and several other community organizations—reviewed quantitative and qualitative data findings presented by DataGen. Following the meeting, county leadership, hospital representatives, and other organizational partners continued to examine and interpret the data throughout September and October. This collaborative review process guided the identification and final selection of Putnam County’s health priorities for the next three years.

Community Engagement

In addition to formal coalition meetings, community perspectives were gathered through:

- **Stakeholder discussions** with local service agencies and health partners.
- **Informal feedback** collected through public forums, coalition partner outreach, and local program participation.
- **Data integration** combining community input with county-level health metrics to ensure priorities reflect both lived experiences and measurable need.

This engagement process ensured that the selected priorities were data-driven yet grounded in local experience and considerations.

Board Review and Public Transparency

The 2025 Community Health Assessment (CHA) was conducted in alignment with Indiana Senate Bill 4 (Public Health Commission P.L. 164-2023). This legislation restructured Indiana’s public health system, launching the Health First Indiana initiative and expanding funding for local public health departments to address core service gaps.

This legislation provides local health departments with expanded funding to deliver core public health services that address gaps in care. As part of this effort, Putnam County Health Department began conducting a Community Health Assessment (CHA) to better understand local health needs, existing community strengths, and areas where additional support could strengthen well-being. While not required by law, completing a CHA and developing a corresponding Community Health Improvement Plan (CHIP) helps Putnam County Health Department identify and align with state-determined public health metrics and qualify for continued and enhanced funding opportunities under the Health First Indiana initiative.

Hospitals within each county serve as key partners in the CHA process, supporting alignment between local and statewide health priorities and meeting federal IRS 501(r) requirements for not-for-profit hospitals.

The 2025 CHA report and CHIP were presented to the Putnam County Board of Health on November 13, 2025. Following the presentation to the Board, the CHA report was made available to the public via the Putnam County Health Department website at putnamcountyhealth.in.gov.



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GOALS, STRATEGIES, & ACTION PLAN

Putnam County, Indiana

Priority 1

MENTAL HEALTH & SUICIDE PREVENTION



| Objective/KPI | Intervention | Family of Measures | Timeframe | Implementation Partners, Roles, and Resources |
|--|--|---|-----------|--|
| KPI 1.0 – Reduce the age-adjusted rate of suicide deaths from 27.0 per 100,000 (2019-2023) to 20.2 per 100,000 by 2030 (2026-2030). | Promote calling or texting 988 through social media, digital marketing campaigns, and other utilized marketing strategies. | Data on reach of promotion strategy (e.g., number of views, number of website visits, source of website visits, etc.) | 2025-2027 | The Health Department sits on Fatality Review Committees. Other partners are community-based organizations, hospitals, and others to co-promote campaign materials |

Priority 2

TRAUMA & INJURY PREVENTION



| Objective | Intervention | Family of Measures | Timeframe | Implementation Partners, Roles, and Resources |
|---|--|--|-----------|---|
| KPI 2.0 – Reduce the number of non-fatal ED visits due to unintentional fall by 10%, from 1,257 (2022) to 1,131 in 2030. | Printed educational materials and/or workshops (Stepping On, Tai Chi for Balance, etc.) about making your home safer to reduce falls | Number of materials distributed, number of workshops held, number of attendees | 2025-2027 | Community-based organizations and partners to co-promote offerings and possibly provide venue for in-person workshops |

Priority 3

CHRONIC DISEASE PREVENTION & MANAGEMENT



| Objective | Intervention | Family of Measures | Timeframe | Implementation Partners, Roles, and Resources |
|---|--|--|-----------|---|
| KPI 3.0 – Decrease the prevalence of physical inactivity among adults aged 18 years and older in Putnam County from 25.9% (2022) to 21% by 2030. | Establish relationship with new YMCA to deliver joint programming or discount for low-income populations | Relationship progress; number of community members to attend joint programming or take advantage of discount program | 2025-2027 | Local YMCA, media, and community-based organizations to co-promote partnership and offerings to community |
| | Community events to promote physical activity | Number of events, number of attendees | 2025-2027 | Partnering with Putnam County Convention and Visitors Bureau, which oversees People Pathways. Trails will be used for community fitness activities. Media and community stakeholders to co-promote. |
| KPI 3.1 – Reduce the Putnam County obesity rate of 45.8% by 2%. | Weight management educational materials or program | Number of materials distributed, number of workshops held, number of attendees | 2025-2027 | Partner with hospitals and other relevant community-based organizations to secure physician educators for materials/programs. |

Priority 4

MATERNAL & CHILD HEALTH



| Objective | Intervention | Family of Measures | Timeframe | Implementation Partners, Roles, and Resources |
|--|---|--|-----------|---|
| KPI 4.0 – Increase the percentage of women receiving early prenatal care from 85.7% (2023) to 90% by 2027. | Establishment of a Maternal and Child Health Task Force to collectively discuss and address relevant issues in Putnam County | Relationship progress, number of task force members, number of meetings | 2025-2027 | Relevant community-based organizations and stakeholders who work in maternal/child health, hospitals |
| KPI 4.1 – Increase the rate of Putnam County children <3 years old completing their recommended vaccines of 66.7% to 70%. | Campaign to promote Putnam County Health Department's existing vaccination services for children; Increased vaccination clinic events delivered by the Health Department | Data on reach of promotion strategy (e.g., number of views, number of website visits, source of website visits, etc.); number of clinics and childhood vaccinations administered | 2025-2027 | Relevant community-based organizations and stakeholders who work with children to co-promote vaccination offerings to parents; could partner with the YMCA or with schools for special clinics |
| KPI 4.2 – Reduce the Putnam County infant mortality rate from 4.52 per 1,000 live births to 4 per 1,000 live births. | New mom education program about relevant topics like preventive factors (smoking cessation), safe sleep, how to access prenatal and postpartum care | Number of materials distributed, number of workshops held, number of attendees | 2025-2027 | Relevant community-based organizations and stakeholders to co-promote this program to their clients who are new mothers |
| KPI 4.3 – Reduce the Putnam County smoking rate during pregnancy from 7% to 6%. | Implement a targeted tobacco-free program aimed at supporting pregnant women in quitting smoking. This will include how to access cessation counseling, nicotine replacement options and tobacco use screening with referrals to prenatal care. | Expecting mom education about tobacco cessation, number of referrals to prenatal care providers, Indiana Tobacco Quitline, and WIC. | 2025-2027 | Relevant community-based organizations and stakeholders to co-promote programs and share educational resources; healthcare providers to conduct screenings, provide cessation counseling, and make referrals, and state and regional partners to support outreach, training, and access to cessation resources. |

Priority 5
ACCESS TO CARE



| Objective | Intervention | Family of Measures | Timeframe | Implementation Partners, Roles, and Resources |
|--|---|--|-----------|---|
| KPI 5.0 – Increase access to essential health and social services through local partnerships that address barriers such as preventive care, chronic disease management, mental health support, and family well-being. Projected partners 10 by 2027. | Develop and strengthen partnerships with local community organizations to expand access. | Family of measures - Number of families referred to partner services. Percent of referred families successfully connected to services. | 2025-2027 | Community action programs, mental health providers, local hospitals, and clinics. |
| KPI 5.1 – Increase the percentage of Putnam County residents' Broadband Access from 86.1% to 88.3%, the IN state benchmark. | Broadband discount program for low-income residents of Putnam County | Relationship progress with broadband providers; number of program enrollees | 2025-2027 | Relevant community-based organizations and stakeholders, broadband providers |
| KPI 5.2 – For the eight zip codes that comprise Putnam County (Bainbridge, Cloverdale, Fillmore, Coatesville, Greencastle, Reelsville, Roachdale, Russellville), reduce the percentage of residents experiencing Transportation Barriers from their current levels ranging 6.5% to 9.3%, to 6.5% or lower. 6.5% is the lowest rate among all the zip codes in Putnam County in Coatesville (46121). | Credits or discounts for medical transportation for low-income residents of Putnam County | Relationship progress with transportation providers; number of program enrollees | 2025-2027 | Relevant community-based organizations and stakeholders, local transportation agencies, Uber/Lyft |

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- ⁱ Tyrer S, Heyman B. Sampling in epidemiological research: issues, hazards and pitfalls. *BJPsych Bulletin*. 2016;40(2):57-60. doi:10.1192/pb.bp.114.050203
- ⁱⁱ Chun Tie Y, Birks M, Francis K. Grounded theory research: A design framework for novice researchers. *SAGE Open Med*. 2019 Jan 2;7:2050312118822927.doi: 10.1177/2050312118822927. PMID: 30637106; PMCID: PMC6318722.
- ⁱⁱⁱ <https://www.cdc.gov/tobacco/campaign/tips/diseases/pregnancy.html>
- ^{iv} <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/quality-housing>
- ^v <https://pmc.ncbi.nlm.nih.gov/articles/PMC11403199/>
- ^{vi} <https://pmc.ncbi.nlm.nih.gov/articles/PMC2889009/>
- ^{vii} <https://pmc.ncbi.nlm.nih.gov/articles/PMC2656315/>
- ^{viii} <https://www.cdc.gov/falls/data-research/index.html>
- ^{ix} <https://pmc.ncbi.nlm.nih.gov/articles/PMC8594821/>
- ^x <https://www.cdc.gov/tobacco/about/cigarettes-and-cardiovascular-disease.html>
- ^{xi} <https://www.lung.org/research/sotc/by-the-numbers/10-worst-diseases-smoking-causes>
- ^{xii} <https://www.ncbi.nlm.nih.gov/books/NBK606465/>
- ^{xiii} <https://www.childtrends.org/publications/poverty-matters-childrens-well-being-policy>
- ^{xiv} <https://www.ncoa.org/article/evidence-based-falls-prevention-programs/>
- ^{xv} <https://www.cdc.gov/diabetes-prevention/index.html>



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