

## **Introductory Page**

Witham Health Services gathered information and assistance with its Community Health Needs Assessment during 2021 and posted the report in May 2022. The 2021 Community Health Needs Assessment (2021 CHNA) can be located on the Hospital website's "Home Page" under "About Us – Learn More".

A Community Health Needs Assessment (CHNA) is a systematic, data driven approach to determining the health status, behaviors and needs of residents of a community.

Witham Health Services, in cooperation with other community organizations, conducted a report for the Boone County area in the fall of 2021. The purpose of this assessment is to identify major health problems, gaps in services and other factors which may contribute to less than optimal health status for residents of our community. The CHNA includes an appraisal of the community's issues, but it is much more than a health assessment alone. The CHNA emphasizes the community's health assets, that is, the people and the resources already available in the community. With this method, members of the community and decision-makers can see where the community is now (health status) and what the primary concerns of the community are (the issues).

Providing the safest, highest quality, cost-effective care possible to our patients is our primary mission at Witham Health Services. But we also believe our responsibility reaches beyond the patients who pass through our doors and understand that healthier communities are empowered communities. That is why Witham initiated conversations with a non-biased third party, Professional Research Consultants, Inc. (PRC) to conduct this assessment. PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments.

From the time we first opened our doors, we've always allocated a significant amount of our income to meeting the needs of the community. With the goal of a healthier community in mind, this report identifies opportunities to continue our commitment to the health of our community.

### **Executive Summary**

Witham Health Services conducts a Community Health Needs Assessment to evaluate the health of the community, identify high priority health needs and develop strategies to address the health needs of the community. While the 2021 Community Health Needs Assessment was coordinated by Witham, the data collected was from a collaborative result of several community residents, representatives and organizations, including physicians, the Boone County Health Department, the Boone County Community Clinic, mental health organizations, non-profit leaders, educational institutions, the pastoral community and other community leaders.

### **Definition of Community Served**

The Boone County study area is defined as each residential ZIP code comprising the county, including 46052, 46071, 46075, 46077 and 46147. This community definition was determined because a majority of Witham's patients originate from this area.

### **Demographics of the Community**

Boone County has a population of 73,052 (2021). It is predominantly non-Hispanic white at 96.6% (2020). Our population that is age 65 and older is 14.2% (2020). Median household income is well above the state average at \$84,137 (2019); however 6.9% of our population remains below the poverty level. *Data collected from Indiana's Public Data Utility at www.stats.indiana.edu.* 



## 2021 – Community Health Needs Assessment Information for the "2021 Community Health Needs Assessment" (referred herein as "2021 CHNA").

1.501(r)-3(b)(1)(ii)	Assess the health needs of that community:
Health Needs	Identify significant health needs of the community, prioritize those health needs, and identify resources potentially available to address those health needs. The 2021 CHNA report includes a "Summary of Findings" on page 15-16 which list eleven (11) areas of opportunity or significant health needs in the community, but does not prioritize them. A written plan has been adopted by the governing body prioritizing the needs and identifies which ones will be addressed and which will not be addressed by the hospital. Page 167-169 of the 2021 CHNA report does provide resources available to help address the significant needs identified.
1.501(r)-3(b)(1)(iii)	In assessing the health needs of the community, solicit and take input received from persons who represent the broad interest of the community, including those with special knowledge of or expertise in public health:
	All of the following sources were solicited for input: public health department; medically underserved, low-income, and minority populations or those that represent the members of this group. There were no written comments on most recently conducted 2018 CHNA and implementation strategy.
Time Period	<ul> <li>The 2021 CHNA data time periods were as follows:</li> <li>Online Open Link surveys were conducted from August 13 – October 31, 2021.</li> <li>Telephone surveys were solicited from September 23 – October 14, 2021.</li> <li>Key informants were surveyed online from September 29 – October 27, 2021.</li> </ul>
Written Comments	No comments were received from the public regarding the 2018 Community Health Needs Assessment.
1.501(r)-3(b)(1)(iv)	Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the hospital facility: The report must be written and adopted (approved) by an authorized body of the hospital facility. The report must include: a definition of community served; description of process and methods used to conduct the CHNA; describe solicitation of input; description of prioritized significant health needs and process and criteria to identify the needs as significant; resources potentially available to address the needs; and evaluation of impact of any actions taken since the immediately preceding CHNA.
CHNA Adoption	The 2021 CHNA reports were presented to the governing body in April 2022. The governing body approved the 2021 CHNA and Implementation Strategy at the April 27, 2022 Board of Trustees meeting.



ioritization ocess	<ul> <li>There are 17 health issues included in the community health needs assessment with 11 areas of opportunity determined.</li> <li>Community stakeholders were asked to rate the degree to which these health issues are a problem in their community. (pg. 30)</li> <li>The areas of opportunity included in the implementation strategy were determined by input and benchmark data provided by:</li> <li>2021 Community Health Needs Assessment provided by Professional Research Consultants (PRC)</li> <li>Key Informant Rankings of the 17 health issues (Page 30, 2021 CHNA Report)</li> <li>Hospital Administration and Board of Trustees</li> </ul>								
	2021 17 Health Issues (listed alphabetically) 11 Areas of Opportunity (Bold and have *)	2021 Area of Opportunity Ranking	2021 Online Key Informant Ranking	Addressing	Not Addressing				
	Access to Health Care Services *	11	17		Not addressing in the 2021-2024 Implementation Strategy Plan, #17 out of 17. Witham monitors this through patient satisfaction scores.				
	Cancer *	7	10		Not addressing in the 2021-2024 Implementation Strategy plan, #10 out of 17.				
	Coronavirus Disease/COVID-19	-	6		Not addressing in the 2021-2024 Implementation Strategy plan, #6 out of 17.				
	<b>Dementia/Alzheimer's Disease *</b> (Potentially Disabling Conditions)	6	9		Not addressing in the 2021-2024 Implementation Strategy plan, #9 out of 17.				
	Diabetes *	4	4	See Implementation Strategy					



### Witham Health Services 2021 Community Health Needs Assessment and Implementation Strategy

Prioritization	Disability & Chronic Pain	-	8		Not addressing in the 2021-2024 Implementation Strategy plan, #8 out of 17.
<b>Process</b> (continued)	Heart Disease and Stroke *	5	7	See Implementation Strategy	
. ,	Infant Health & Family Planning	-	13		Not addressing in the 2021-2024 Implementation Strategy plan, #13 out of 17.
	Injury & Violence *	10	15		Not addressing in the 2021-2024 Implementation Strategy plan, #15 out of 17. Other Boone County agencies address this.
	Kidney Disease	-	16		Not addressing in the 2021-2024 Implementation Strategy plan, #16 out of 17.
	Mental Health *	1	1	See Implementation Strategy	
	Nutrition, Physical Activity & Weight *	3	3	See Implementation Strategy	
	Oral Health *	8	11		Not addressing in the 2021-2024 Implementation Strategy plan, #11 out of 17. Dentist in the community are more equipped to address this need.
	Respiratory Diseases *	9	12		Not addressing in the 2021-2024 Implementation Strategy plan, #12 out of 17.
	Sexual Health	-	14		Not addressing in the 2021-2024 Implementation Strategy plan, #14 out of 17.
	Substance Abuse*	2	2	See Implementation Strategy Plan	
	Tobacco Use	-	5		Not addressing in the 2021-2024 Implementation Strategy plan, #5 out of 17. Other Boone County agencies address this.



<ul> <li>Actions taken from the 2018 CHNA include the following:</li> <li>Access to Health Services: Appointment Availability, Ongoing Source of Medical Care, Routine Medicalies</li> <li>i. Witham physician practices offer an appointment on patient's first call Acute patients same day Non-acute patients within 3 days</li> <li>ii. Refer to Witham Convenient Care when needed appointment type not available within the iii. Expanded appointment availability by increasing the number of primary care providers iv. Expanded Specialty appointment availability in Clinton County</li> <li>v. Expanded women's health services by adding new breast surgeon</li> <li>vi. Expanded urology availability by adding in-house urologist</li> <li>viii. Expanded spine services with added appointment and treatment options</li> <li>Cancer Deaths: Lung Cancer, Prostate Cancer, Female Breast Cancer</li> <li>i. Provided cancer support education, classes and support groups to the community progrative. Increased awareness of importance of screening mammograms which are covered at no</li> <li>ii. Provided \$49 screening mammograms</li> <li>v. Sent reminders (electronic or regular mail) for routine mammograms &amp; colonoscopies vi. Promoted the Indiana QUIT line</li> </ul>								
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Demenua including Alzheimer's Disease								
	nagement and available recourses							
i. Provided/promoted education to the community and caregivers regarding Alzheimer's m	nagement and available resources							
ii. Provided Alzheimer Support Group classes to the community								
Diabetes: Prevalence of Borderline/Pre-Diabetes								
<ul> <li>Offered community diabetic education classes</li> <li>Educated community on the diabetic services offered at Witham Health Services</li> </ul>								



2018 - 2021iii.MD's referred pre-diabetic pts for education regarding prediabetes management and prevention	
Actions iv. Provided Rapid A1-C Screenings in office	
(Continued) v. Added additional diabetes provider	
Heart Disease Deaths and Stroke Deaths	
i. Provided state of the art medical intervention to save lives of acute cardiac distress	
ii. Provided \$49 Heart Scans	
iii. Provided Cath lab services	
iv. Added an Interventional Witham Cardiologist	
v. Added an additional Witham Cardiologist Nurse Practitioner	
vi. Continued to receive Cardiology Services through St. Vincent Medical Group	
vii. Provided Blood Pressure screenings at community outreach programs	
viii. Provided Educational materials	
Mental Health – Symptoms of Chronic Depression and Suicide Deaths	
i. Provided Depression Screenings at Senior Expo - <i>limited due to Covid-19 pandemic</i>	
ii. Provided follow-up to those reporting depression symptoms on Health Risk Assessment	
iii. Hired an additional Witham Psychiatrist	
iv. Continued partnership with Integrative Wellness (mental health in the ED program, pediatric therapist)	
v. Partnered with community mental health organizations to improve identification and treatment of mental health issues that lead to suicide	
vi. Provided the required depression screening PHQ9 for any patient on pain medication (Do No Harm Law)	
vii. Provided depression management & education to community residents	
viii. Community interactions - limited due to Covid-19 pandemic	
Nutrition, Physical Activity and Weight	
Obesity Adults	
i. Provided education regarding obesity	
ii. Promoted active lifestyles by offering Silver Sneakers, Rock Steady Boxing and Tai Chi for Health to community	
iii. Provided community health and wellness programs such as Cooking for Wellness	



2018 - 2021	• Child	hood Obesity: Meeting Physical Activity Guidelines, Year-Round Recreational Opportunities for Youth, and Children's Screen Time
Actions	i.	Physicians have parents and child complete physical activity questionnaire
(Continued)	ii.	Provided Fitness Grams to area schools with results and recommendations to families, composite results to schools, education provided regularly to schools about good nutrition and fitness – limited due to Covid-19 pandemic
	iii.	Educated the community at events throughout the year about childhood obesity, Play 60, and limiting screen time – limited due to Covid-19 pandemic
	iv.	Promoted physical activities with sponsorships and promotional items given: Jump ropes, chalk, playing cards, balls, Frisbees – limited due to Covid-19
		pandemic
	V.	Promoted 5K and relays in the community to encourage physical activity – <i>limited due to Covid-19 pandemic</i>
	vi.	Partnered with YMCA to promote activities
	vii.	Supported Healthy Coalition programs
	Diffic	culty Accessing Fresh Produce
	i.	Promoted Farmer's Markets located in our community
	ii.	Promoted "Farm to Table" opportunities for purchasing fresh produce, vegetables and meats
	Substance A	buse: Drug Induced Deaths, Seeking Help for Alcohol/Drug issues, Illicit Drug Use in Past Month
	i.	Shared availability of local resources to the public at community events
	ii.	Expanded counseling services to improve access to needed services
	iii.	Expanded psychiatry services
	iv.	Partnered with local mental health agencies
	v.	Cooperated with law enforcement in provision of NARCAN for overdose persons.
	vi.	Continued to educate physicians, staff and community on the "Do no harm" law
	vii.	Provided Pain Clinics- Addiction Therapy, Interventional Pain management
	viii.	Provided Sub Oxone clinic
	ix.	Supported Boone County Substance Abuse Task Force
	х.	Continued medical management for substance abuse to include physician champion and other providers
	xi.	Continued to support collaborative approach with local agencies in regarding opioid rehab clinic(s).
	xii.	Supported education programs – limited due to Covid-19 pandemic
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2018 - 2021	Tobacco Line, Current Smoker, Augrenous of Indiana Quit Line
2018 - 2021	Tobacco Use; Current Smoker, Awareness of Indiana Quit Line
Actions	i. Educated the community on dangers of smoking
(Continued)	ii. Educated the community on Quit Line
	iii. At Doctor visits:
	Patient smoking status noted in medical chart
	<ul> <li>Patient is educated about harm of smoking</li> </ul>
	Referral made to Indiana Quit Line with patient consent
	iv. Physicians questioned parents about smokers in the house and initiated referrals
	v. Educated physicians on vaping and in turn they educated patients
	vi. "Baby and Me" Tobacco Free program - none in Boone County at this time but in surrounding counties



#### Implementation Strategy

Below is the action plan to provide specific actions, planned resources, anticipated impact and planned collaboration to address the 5 top needs identified in the 2021 Community Health Needs Assessment (CHNA). The plan was reviewed and adopted by the governing body at the April 27, 2022 Witham Health Services Board of Trustees Meeting.

Helpful definitions: Age adjusted death rate = deaths per 100,000 population. The common convention is to adjust the data to common baseline age distribution.

2021 #1 of 17 A	pondents to report fereas 2018 #2 of 20 a	reas 2015 #4 of 14 are	as	uicide deaths and increase number of mental health	providers in Boone Cou	nty.
<ul> <li>Area of Opportunity: Symptoms of Chronic Depression</li> <li>Boone County reports 28.5% display symptoms of Chronic Depression (2+ Years) as compared to US rate of 30.3%.</li> <li>There is a 1.4% decrease of Boone County persons reporting symptoms of chronic depression from 2018 rate of 29.9%.</li> <li>No Healthy People 2030 benchmark.</li> </ul>						
Overall Goal:	Short Term (1-3 years)	Long Term (4-7 years)	Healthy People 2030	Implementation Strategy	Hospital Resources/ Community Partners	Evaluation Method
Respondents will report decreased depression symptoms.	Boone County to report ≤ 28.5% (2021 rate) as displaying symptoms of chronic depression (2+ Years).	Boone County to maintain report of < 28.5% as displaying symptoms of chronic depression.	None	Offer Depression Screenings at Senior Expo and refer to InWell or appropriate providers. HRA follow-up to those reporting depression symptoms (Continued) (Continued from page 10)	<ul> <li>Witham Providers</li> <li>Witham Wellness</li> <li>Aspire (Continued)</li> <li>(Cont. from page 10)</li> </ul>	CHNA 2024

<ul> <li>Boone Count the IN rate of Boone Count 15.8.</li> <li>Indiana, US a to 2021. IN(1)</li> </ul>	ortunity: Suicide Deat y has an age adjusted death r f 15.5 and the US rate of 14.0 y has a 2.5 increase in age ad nd Healthy Populations have 아0.8), US (个1.0) and Healthy People 2030 benchmark is 12	rate of 18.3 which is gre justed suicide deaths fr all reported increased r Populations (个2.6).	om 2018 rate of	Require depression screening PHQ9 for any patient on pain medication (Do No Harm Law). Depression screening for those 12 years and older to take place in all Witham primary care and specialty appointments at least 1 time each year. Provide depression management & education to Boone County residents. Partner with mental health organizations to improve		Boone County Mental Health InWell Boone County Health Department Riggs Health Boone County Boone County	CHNA 2024
Overall Goal:	Short Term (1-3 years)	Long Term (4-7 years)	Healthy People 2030	identification and treatment of mental health issues such as depression & anxiety. Partner with mental health organizations to improve identification and treatment of mental health issues that may lead to suicide.	-	Mentoring Sylvia's Child Advocacy & Lifeline Program Cummins Behavioral	
Decrease suicide deaths in Boone County.	Boone County to report age adjusted death rate for suicide to ≤ 15.5 which is the current IN rate.	Boone County to report age adjusted death rate of 14.0 which is the current US rate.	12.8	Support QPR Training (Question, Persuade, and Refer) education programs available to school age children. Partner with InWell for grant opportunities for mental health programs. Develop a process to determine number of patients who are diagnosed with depression. -Track % of patients diagnosed with depression who receive intervention.	- •	Cummins Behavioral Health The Cabin School Resource Officers Purdue Extension Krames	



<ul> <li>Area of Opportunity: Diagnosed Depression</li> <li>Percent of Boone County that reported depression diagnosis is 25.6% which is higher than the IN rate of 21.0% and US rate of 20.6%.</li> <li>2.5% increase of persons reporting depression diagnosis from 2018 rate of 23.1%.</li> <li>No Healthy People 2030 benchmark.</li> </ul>				
Overall Goal:	Short Term (1-3 years)	Long Term (4-7 years)	Healthy People 2030	
Respondents will report decreased depression symptoms.	Boone County to report ≤ 21.0% (IN rate) with depression diagnosis.	Boone County to maintain report of depression diagnosis < 21%.	None	



<ul> <li>Boone Count which is lowe 100,000 pop</li> <li>Boone Count IN (55 less) a</li> </ul>	ortunity: Mental Hea ty reports 113.5 mental healt er than IN rate of 168.5 providulation. ty's reported rate of mental h nd the US (148.1 less) providu People 2030 benchmark.	h providers per 100,000 ders and US rate of 261. lealth providers is lower	population 6 providers per than both the	(Continued from page 11)	(Cont. from page 11)	
Overall Goal:	Short Term (1-3 years)	Long Term (4-7 years)	Healthy People 2030			
Increase number of mental health providers for Boone County.	Boone County to report more than 113.5 mental health providers per 100,000 population.	Boone County to report number of mental health providers similar to IN number of mental health providers per 100,000 population.	None			



In 2021 #2 of 17 Area of Opp Boone Count which is lowe	decrease illicit drug use a AreasIn 2018 #1 of 20 a ortunity: Unintention ortunity: Unintention orta is 23.8 for than Indiana rate of 24.4 b	Areas In 2015 #1 of al drug-related de for unintentional drug re ut higher than US rate o	14 Areas eaths elated deaths f 18.8.			
<ul> <li>Boone County reports an increase of 4.7 unintentional drug related deaths over 2018 rate of 19.1 and 2015 rate of 14.4.</li> <li>No Healthy People 2030 benchmark.</li> </ul>						
Overall Goal:	Short Term (1-3 years)	Long Term (4-7 years)	Healthy People 2030	Implementation Strategy	Hospital Resources/ Community Partners	Evaluation Method
Fewer drug related deaths.	Boone County to report age adjusted death rate as ≤ 21.8.	Boone County to report rate ≤ US death rate of 18.8.	None	Continue to share the availability of local resources to the public. Expand counseling services to improve access to needed services. Continue Mental Health in ED program. Cooperate with law enforcement in provision of NARCAN for overdose persons. (Continued)	<ul> <li>Physicians/Providers</li> <li>Schools and School Resource Officers</li> <li>Law Enforcement</li> <li>Mental Health Agencies serving Boone County</li> <li>(Continued)</li> </ul>	CHNA 2024

<ul> <li>Boone Count</li> <li>Despite rank</li> <li>2021 and #1</li> <li>Rate \$\u0.2%\$</li> <li>rate of 2.0%</li> </ul>	<ul> <li>ea of Opportunity: Illicit Drug Use in Past Month</li> <li>Boone County's reported rate for use of illicit drugs in past month is 3.2%.</li> <li>Despite rankings below HP2030, Key Informants ranked #2 area of opportunity in 2021 and #1 in 2018.</li> <li>Rate ↓0.2% from 2018 report of 3.4%. However rate is 1.2% worse than US rate of 2.0%</li> <li>The Healthy People 2030 benchmark is 12.0 % use of illicit drugs.</li> </ul>			<ul> <li>(Continued from page 14)</li> <li>Continue to educate physicians, staff and community on the "Do no harm" law.</li> <li>Continue to provide Pain Clinics- Addiction Therapy, Interventional Pain management.</li> <li>Continue to provide Sub Oxone clinic.</li> <li>Support Boone County Substance Abuse Task Force to create</li> </ul>	<ul> <li>(Cont. from page 14)</li> <li>Boone County EMS</li> <li>Witham Toxicology</li> <li>Indiana State Medical Association</li> <li>Boone County Substance Abuse</li> </ul>	CHNA 2024
Overall Goal:	Short Term (1-3 years)	Long Term (4-7 years)	Healthy People 2030	and implement plan to improve scope of local services. Support needed medical management for substance abuse. Support transitional programs.	<ul> <li>Task Force</li> <li>Boone County Health Department</li> <li>Boone County</li> </ul>	
Decrease Illicit drug use.	Boone County to report rate of illicit drug use in past month to be < 3.2%.(current rate).	Boone County to report rate of illicit drug use in past month to be ≤ 2.0% (US rate).	12.0% use of illicit drugs	Explore collaborative approach with local agencies in development of opioid rehab clinic(s). Partner with law enforcement and community agencies to educate public on impact of drinking Educate public on addictive behaviors. Support DARE, Teen Challenge and other substance abuse education programs available to school age children.	<ul> <li>Boone County Mentoring</li> <li>Witham Physicians</li> <li>Quick Response Team</li> </ul>	



### Nutrition, Physical Activity, & Weight

Objective: To decrease the % of overweight adults in Boone County and increase number of fruit and vegetable servings consumed daily.

To increase the number of respondents that report the community provides enough recreation for youth year round and meets physical activity guidelines.

In 2021 #3 of 17 Areas In 2018 #4 of 20 Areas In 2015 #3 of 14 Areas

<ul> <li>Boone Count rate of 69.19</li> <li>Boone Count 69.3 %. India the same time</li> </ul>	rtunity: Overweight (Adu ty's reported overweight rate %, and higher than the US rate ty has a 2.9% decrease in over ana overweight rate has 个1.9 ne period. Healthy People 2030 benchma	is 66.4% which is lower of 61.0%. rweight adults from 201 % and US overweight ra	.8 rate of ite has ↓6.8% in			
Overall Goal:	Short Term (1-3 years)	Long Term (4-7 years)	Healthy People 2030	Implementation Strategy	Hospital Resources/ Community Partners	Evaluation Method
Decrease % of overweight adults in Boone County.	Boone County to decrease % of overweight adults to <66.4% (current rate).	Boone County to have < 61% adults considered overweight (US rate).	None	Education regarding harm of obesity. Promote healthy lifestyles through outreach opportunities. Promote active lifestyles by offering Silver Sneakers to community. (Continued)	<ul> <li>Physicians/Providers /Educators</li> <li>Witham Wellness Center</li> <li>Local Parks (Continued)</li> </ul>	CHNA 2024

<ul> <li>Boone Count guidelines w 21.4%, but w</li> <li>Boone Count individuals m 45.0%.</li> </ul>	rtunity: Meeting Physical and the providents reported a rat which is better than Indiana rat porse than HP2030 rate of 28. and the physical activity go People 2030 benchmark is 28	e of 23.7% meeting phy e of 21.1%, better than 4%. 7% as compared to 201 uidelines. The 2015 rep	sical activity US rate of 8 rate of 23.8%	<ul> <li>(Continued from page 16)</li> <li>Promote active lifestyle by offering Rock Steady Boxing.</li> <li>Promote active lifestyles by offering Tai Chi for Health.</li> <li>Offer healthy cooking classes to the community.</li> <li>Offer Witham Walkers program.</li> <li>Promote active lifestyles by supporting community 5K &amp; relays.</li> </ul>	<ul> <li>(Cont. from page 16)</li> <li>Local Libraries</li> <li>Purdue Extension</li> <li>Healthy Coalition</li> <li>Witham Family YMCA</li> <li>Local Health and Fitness Events</li> </ul>	CHNA 2024
Overall Goal:	Short Term (1-3 years)	Long Term (4-7 years)	Healthy People 2030	Physicians have parents complete physical activity questionnaire for themselves and child for early awareness. Provide Fitness Grams to area schools to help educate children so as they become adults they will be more physically active.	<ul> <li>Area based fitness activity centers</li> <li>Caring Center</li> <li>Meals on Wheels</li> <li>Krames</li> <li>Lobergen Western</li> </ul>	
Increase number of respondents that report meeting physical activity guidelines.	Boone County to report ≥ 23.7% meeting physical activity guidelines which is current rate.	Boone County to report % meeting physical activity guidelines to meet or exceed HP 2030 benchmark of 28.4%.	28.4%	Educate the community at events throughout the year about importance of being active and limiting screen time. Promote physical activities with sponsorships and promotional items given: Jump ropes, chalk, playing cards, balls, Frisbees. Promote 5K and relays in the community to encourage physical activity. Partner with YMCA to promote activities. Support Healthy Coalition programs. Offer free group exercise classes. Provide safe free access walking trail around pond at Witham.	<ul> <li>Lebanon, Western Boone, Zionsville &amp; Traders Point Schools</li> <li>Boone County Boys and Girls Club</li> <li>Boone County 4-H</li> <li>Boone Co. Mentoring</li> <li>Pearson Automotive Tennis</li> <li>Friends of Boone County Trails</li> <li>Heart of Lebanon</li> </ul>	



<ul> <li>Area of Opportunity: Eat 5+ Servings of Fruit &amp; Vegetables per Day</li> <li>Boone County has a reported rate of 27.2% that eat 5+ fruits and vegetable servings per day. This is ↓ 2.5% from 2018 rate of 29.7% and lower than the US rate of 32.7%.</li> <li>Boone County has reported a decrease in those reporting eating 5+ fruit &amp; vegetable servings per day.</li> <li>There is no Healthy People 2030 benchmark.</li> </ul>			vegetable er than the US	(Continued from page 17) Support organizations in Boone County that promote nutrition and education programs if possible. Support and help promote the local Farmer's Markets that gives access to buying fresh produce when possible. Support and help promote "Farm to Table" opportunities for purchasing fresh fruit & vegetables when possible.	<ul> <li>(Cont. from page 17)</li> <li>Local farmers markets – gardens</li> <li>Boone County Health Department</li> <li>Shalom House</li> <li>WIC</li> </ul>
Overall Goal:	Short Term (1-3 years)	Long Term (4-7 years)	Healthy People 2030	Educate families on choosing fresh fruit and vegetables instead of processed foods (allocation of food dollars) and what food resources are available.	<ul> <li>Love Inc.</li> <li>Boone County Food Pantry Coalition</li> <li>Boone County</li> </ul>
Increase daily consumption of fruit & vegetable servings.	Boone County to report a rate ≥ 27.2% (current rate) for those that eat 5+ servings of fruit and vegetables per day.	Boone County to report a rate of ≥ 32.7% which is the US rate.	None	Partner with Purdue Extension for education programs Offer healthy options in the Witham Café and Pavilion Perk.	Resource Guide

Withan	H E A L T H SERVICES			2021 Comm	Witham Health nunity Health Needs Asso and Implementation	essment
In 2021 #4 of 17 Are Area of Opportur	nity: Borderline / pre-	Areas In 2015 #5	of 14 Areas			
<ul> <li>Boone County re</li> </ul>	is an 11.4% rate of pre-di ports a 个 2.8% of pre-dia Healthy People 2030 ben Short Term	betes from the 2018 ra		Implementation Strategy	Hospital Resources/	Evaluation
Decrease % of	(1-3 years) Boone County to report a rate of	(4-7 years) Boone County to maintain a rate of	People 2030 None	Refer pre-diabetic patients for education/programs regarding	Community Partners     Witham Wellness	Method CHNA 2024
patients diagnosed with borderline pre-diabetes.	< 11.4% for pre-diabetes.	adults reporting pre-diabetes to ≤ 9.7% rate for US.		prediabetes management and prevention.Continue Rapid A1-C Screenings in office.Provide education on pre-diabetes, signs and symptoms.Provide education on how to prevent pre-diabetes.Provide education on how to reverse pre-diabetes.	<ul> <li>InWell</li> <li>Physicians/Providers</li> <li>Dieticians and Nurse Educators</li> <li>Witham Family YMCA</li> <li>Community Events</li> </ul>	2024

		-	2021 Comn	Witham Health nunity Health Needs Ass and Implementation	essment
as an age adjusted death 1 30.9 and 27.3 higher than 1 0 rate of 127.4.	rate of 190.7 which is 9. The US rate of 163.4 and	-			
Short Term (1-3 years)	Long Term (4-7 years)	Healthy People 2030	Implementation Strategy	Hospital Resources/ Community Partners	Evaluation Method
Boone County to report an age adjusted death rate of ≤ 180.9 which is current IN rate.	Boone County to report decreased age adjusted death rate to ≤ the current US reported rate of 163.4.	127.4	Provide medical intervention to save lives of acute cardiac distress Provide cath lab services Provide education to community on heart disease and stroke Provide heart scans Improve medical management by increasing heart and stroke related programs.	<ul> <li>Physicians/Providers</li> <li>Riggs Health Boone County</li> <li>St. Vincent medical Group Cardiology</li> <li>American Heart Association</li> </ul>	CHNA 2024
	and Stroke crease death rate from eas In 2018 #6 of 20 nity: Heart Disease De as an age adjusted death r 30.9 and 27.3 higher than t 0 rate of 127.4. ople 2030 benchmark is 12 Short Term (1-3 years) Boone County to report an age adjusted death rate of ≤ 180.9 which is	and Strokecrease death rate from heart disease in Bodcrease death rate from heart disease in BodceasIn 2018 #6 of 20 AreasIn 2018 #6 of 20 AreasIn 2015 #7 ofnity: Heart Disease Deathsas an age adjusted death rate of 190.7 which is 9.30.9 and 27.3 higher than the US rate of 163.4 and0 rate of 127.4.ople 2030 benchmark is 127.4.Short Term (1-3 years)Long Term (4-7 years)Boone County to report an age adjusted death rate of $\leq 180.9$ which is current IN rate.Boone County to reported rate of US reported rate of	and Strokecrease death rate from heart disease in Boone County.eas In 2018 #6 of 20 Areas In 2015 #7 of 14 Areasinity: Heart Disease Deathsas an age adjusted death rate of 190.7 which is 9.8 higher than80.9 and 27.3 higher than the US rate of 163.4 and 63.3 higherO rate of 127.4.D rate of 127.4.Short Term (1-3 years)Long Term (4-7 years)Healthy People 2030Boone County to report an age adjusted death rate of $\leq 180.9$ which is current IN rate.Boone County to reported rate of US reported rate of US reported rate of	Short Term (1-3 years)       Long Term (4-7 years)       Healthy People 2030       Healthy People 2030       Implementation Strategy         Boone County to report an age adjusted death rate of 151.4 and 63.3 higher Drate of 127.4.       Boone County to report decreased ag adjusted death rate of 163.4 and 63.3 higher Drate of 127.4.       Provide medical intervention to save lives of acute cardiac distress         Provide medical intervention to save lives of acute cardiac distress       Provide education to community on heart disease and stroke Provide heart scans	M HEALTH       2021 Community Health Needs Ass and Implementation         and Stroke       Trease death rate from heart disease in Boone County.         rease in 2018 #6 of 20 Areas in 2015 #7 of 14 Areas       In 2018 #6 of 20 Areas in 2015 #7 of 14 Areas         nity: Heart Disease Deaths       as an age adjusted death rate of 190.7 which is 9.8 higher than 10.09 and 27.3 higher than the US rate of 163.4 and 63.3 higher       Areas in 2015 #7 of 14 Areas         notae of 127.4.       pole 2030 benchmark is 127.4.       Healthy       Healthy         Boone County to report an age adjusted death rate of aguited death rate of aguited death rate of sloued death rate of 163.4.       127.4       Provide medical intervention to save lives of acute cardiac distress <ul> <li>Provide cath lab services</li> <li>Provide education to community on heart disease and stroke</li> <li>Provide education to community on heart disease and stroke</li> <li>Provide education to community on heart disease and stroke</li> <li>Provide education to community on heart disease and stroke</li> <li>Provide education to community on heart disease and stroke</li> <li>Provide education to community on heart disease and stroke</li> <li>St. Vincent medical Group Cardiology</li> <li>American Heart Association</li> </ul>



<ul><li>Boone County re (HPB).</li><li>Boone County ha</li></ul>	Boone County has a $\uparrow$ 2.0% from 2018 rate of 32.7% being told they have HBP.			(Continued from page 20) Provide cardiac rehab services. Provide adult fitness program in rehab department. Monitor blood pressure.	<ul> <li>(Cont. from page 20)</li> <li>Purdue Extension</li> <li>Community Fitness Centers/ Organizations</li> </ul>	
Overall Goal:	Short Term (1-3 years)	Long Term (4-7 years)	Healthy People 2030			
Decrease the percentage of people that have been told they have HBP.	Boone County to decrease percent of HBP patients to < 34.7% having been told they have HBP.	Boone County to report ≤ 27.7% (HP2030 target) of HBP patients.	27.7%			



### Witham Health Services 2021 Community Health Needs Assessment and Implementation Strategy

Of the 34.7% rep This is higher (be Boone County ha	nity: % Taking Action porting HPB, 92.4% have t etter) than the US benchm has improved 个 2.1% for t or Healthy People 2030 b	taken action to control H nark of 84.2%. hose taking measures to	HBP.
Overall Goal:	Short Term (1-3 years)	Long Term (4-7 years)	Healthy People 2030
Increase percentage of people that have taken action to control HBP.	Boone County to report ≥ 92.4% (current Boone County benchmark) of HBP respondents taking action to control HBP.	Boone County to report > 92.4% of HBP population taking action to control HBP.	None

<ul> <li>Boone County had of 40.3 but higher</li> <li>Boone County re ↓15.6 from 2019</li> <li>IN reports an ↑ c</li> <li>US reports an ↑</li> </ul>	er than US rate of 37.2 and ports a $\downarrow$ of 11.1 in adjust	sted death rate from 48.1 reported rates.		(Continued from page 21) (C	Cont. from page 21)
rall Goal:	Short Term (1-3 years)	Long Term (4-7 years)	Healthy People 2030		
Decrease stroke death rate in Boone County.	Boone County to report an adjusted death rate of ≤ 37.7 which is current rate.	Boone County to report an adjusted death rate that is ≤37.2 which is current US rate.	33.4		



Witham Health Services 2021 Community Health Needs Assessment and Implementation Strategy

### Adoption of Implementation Strategy

On April 27, 2022, the Board of Trustees of Witham Health Services met to discuss this plan for addressing the community health priorities identified through our Community Health Needs Assessment. Upon review, the Board of Trustees approved this implementation Strategy and the related budget items to undertake the measures to meet the health needs of the community.

**Board of Trustees Signatures** 

John Brand

C. Archibald Hawkins

PRESENT AT NEETING-4/27/22

Jack Jones

Margaret McFrye

TINMO

<sup>(/</sup> Nancy Morton

NOT PRESENT AT MEETING - 4/27/22

**Beverly Newhart**