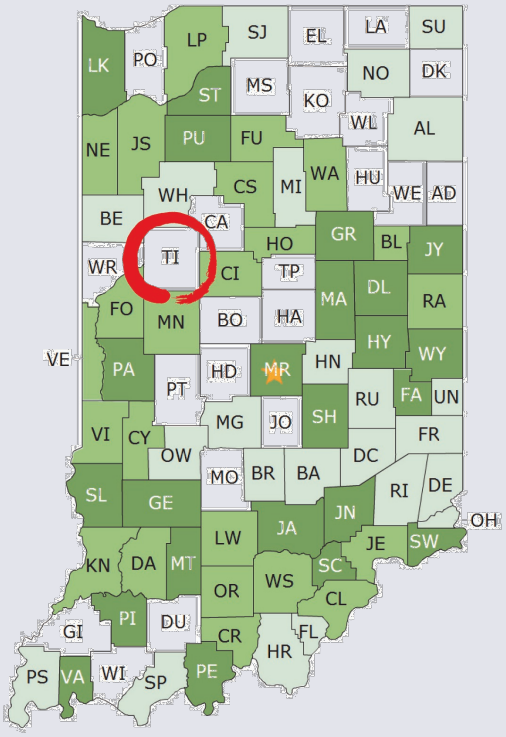

Community Health Needs Assessment

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December 2011

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Indiana Map on front title page from http://www.countyhealthrankings.org/indiana

PREFACE

Introduction

Community Health Needs Assessments (CHNA) are a tool used to help communities determine their capacity and use of resources by residents.

There are many different assessment tools, but each one is unique to its community, which is why there is not a gold standard. Urban centers of populations have very different resources than rural agricultural towns. Large differences are also seen in culture and location, ie. West Coast vs. East Coast. A community may have been founded by a particular immigrant nationality and the community services, including the health services will have evolved to serve the people.

Community Health Needs Assessments have attracted national attention because of recent health care legislation. Non profit hospitals are now required to perform community assessments to help them determine community benefit and plan for the future. State and Local Health Departments are also using Community Health Needs Assessments as a step in National Accreditation.

Assessments should be done in collaboration with other organizations in the community in order to represent the most people. Focus groups are not the same as community assessments, but can be one piece of an assessment.

An assessment is only as good as the data collection allows it to be. In order to derive statistical significance and truly represent the resident population large numbers of respondents need to participate.

This community health assessment is the first of its kind in Tippecanoe County. While it may reference secondary data from public sources, the primary data collection was performed by Pauline Shen, of the Tippecanoe County Health Department with local Health Coalition (HAT) members.

This effort was sponsored by:

- **Franciscan Alliance, St. Elizabeth Hospital**
- **Tippecanoe County Health Department**
- **Riggs Community Health Center**
- **Unity Healthcare**

The local health coalition is a group within the Chamber of Commerce. The Chamber was instrumental in the media campaign which launched the assessment.

PREFACE

Executive Summary

Background information for Tippecanoe Community is in the Appendix. This secondary data is available to all counties in the nation. It has become a new gold standard for counties to compare themselves within their state and also with counties that have the same demographics. This report contains primary data collected specifically for the Tippecanoe Community Health Needs Assessment.

The report is divided into four main sections which address:

- Community Issues
- Community Services
- Health Issues
- Health Related Services

Among Community Issues the two largest problems are:

Drug Abuse
Unemployment

Among Community Services the services listed Very Important are:

Affordable Healthcare
Accessible Healthcare
Childcare
Job training & Employ Services

Among Health Issues the largest problems are:

Overweight/Obesity
Physical Inactivity
Substance Abuse (Alcohol & Drug)
Chronic Disease
Tobacco Use

Among Health Services those listed as Very Important are:

Affordable Medication
Affordable Healthcare
Affordable Dental Care
School Nutrition & Education
Affordable Eye Care
Access to Mental Healthcare
Indoor/Outdoor Smoke Free Policy
Weight Control Education

Most common Chronic Disease Indicators of the Tippecanoe Community adult population are:

High Cholesterol
Hypertension
Depression
Anxiety
Smoking
Heart problems
Diabetes

There are many different vehicles used for effective communication of Community and Health News to the public. The top methods are:

Television
Internet
Newspaper
Health Professionals

Communication vehicles are greatly influenced by Race/Ethnic, Income, and Age.

PREFACE

Methodology

In order to represent as diverse a population as possible there were multiple ways to respond to the health assessment. It was available in many different formats:

- Online
- Paper
- Smart phone

And available in Spanish

- Online
- Paper

And in many different locations.

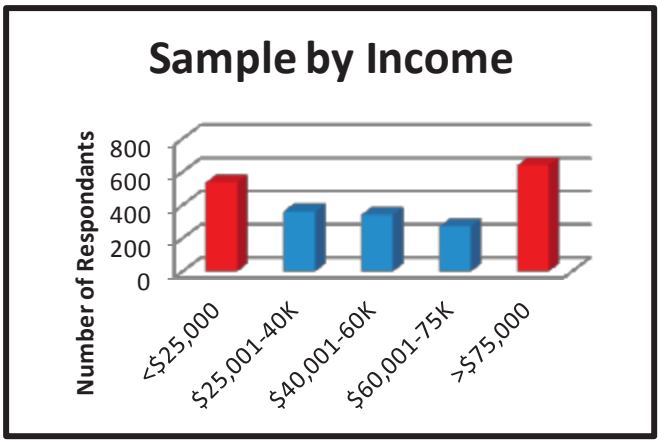
The assessment was launched on June 1, 2011 with a press conference that included Mayors from W. Lafayette and Lafayette and a County Commissioner. Local news and radio slots were also done. The local Journal & Courier carried several articles through the summer updating the public about the progress.

Paper copies (5000) were mailed to residences randomly though out the community. Paper copies were distributed by Health Coalition members and others to as many locations as possible. Schools and business were contacted to ask if they would send the online link to their employees.

There is a high Hispanic population in our community; Spanish Mass at St. Boniface was used as a venue for the survey. Using that same method African American churches were contacted for the African American population.

Gathering data from the low socio economic population was of the upmost importance because this population is rarely sampled and often has the heaviest use of the community services. Therefore food pantries, mobile food pantries, Homeless Shelters, Salvation Army, Transitional Housing and other locations had readily available paper surveys.

An interesting phenomenon to note about the sample is the two largest groups are the extremes, **rich** and **poor**. Nationwide this effect, known as income disparity has been noted and it appears in our community sample .



PREFACE

Demographics

The sample size of the assessment is ~2300. There is not a specific sample size for the survey because a different number of respondents chose to answer each question. Roughly half of the surveys were entered online and half returned on paper.

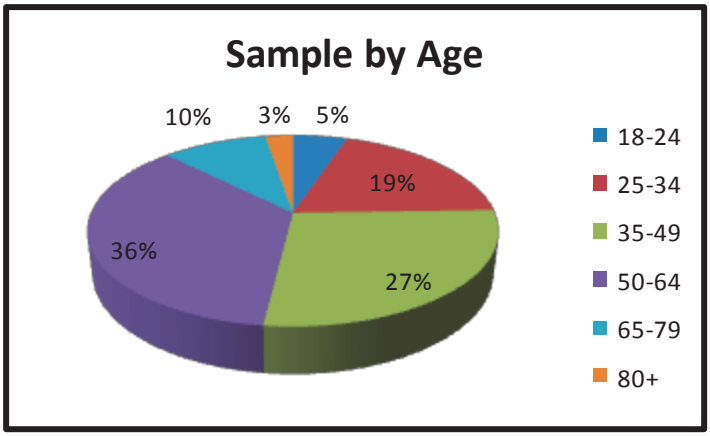
The importance of a large sample size which is representative of the adult population in Tippecanoe County cannot be emphasized enough. This sample is large enough that comparisons between race, age, income, and gender have a **95% Confidence Interval**, meaning the results in this report are almost certainly a representation of the true population in our community.

Breakdown of the sample:

- 65% live within city limits
- 35% live rurally

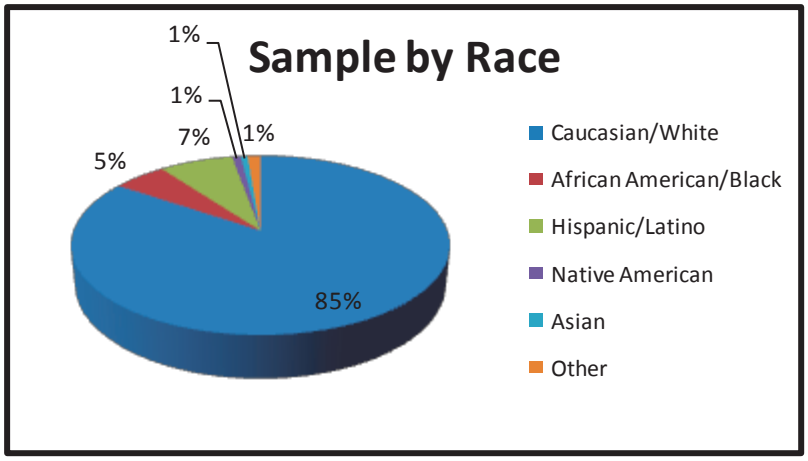
- 61% are married
- 15% are single
- 11% are divorced
- 6% are widowed
- 1% are separated
- 6% are living together with someone

- 28% are male
- 72% are female



The sample is a close approximation of the adult population in Tippecanoe. University enrollment represents a large younger population who are not permanent residents and therefore not included in this survey . The 80+ residents could have been better represented.

Representation of the minority population in the community is very important. To this end the African American and Hispanic audience is well represented in our sample. The Asian population was not well represented.



PREFACE

Demographics

More females responded in every category for community issues and services, health issues and health services. This is not uncommon with surveys. However the effect of having more females than males is remedied by a large sample size of each gender and selecting other criteria by gender. Therefore the data is also separated based on:

- **Age**
- **Gender**
- **Race/Ethnicity**
- **Income**

This allows specific audiences to be targeted for improvement, intervention, and education.

There were 57 possible entries for the first four questions and females always had more respondents than males except for bike and walking trails.

Other questions about the population were focused on transportation, having a family physician, phone in home residence, and internet access.

When asked about transportation for needed services:

- 92% replied Yes
- 5% replied No
- 3% replied Unsure

When asked about phone service in their home, either land line or cell:

- 96% replied Yes
- 4% replied No

When asked about internet access in their home:

- 81% replied Yes
- 19% replied No

When asked about a family physician for family care:

- 81% replied Yes
- 17% replied No
- 1.5% replied Unsure

Have a family physician:

- 83% of women
- 76% of men

Have a family physician:

- 63% of household income <$25,000

The percentage increases to

- 90% of household income >$75,000

Have a family physician:

- 54% of 18-24 years

Steadily increases with age to

- 94% of 65-79 years
- 97% of 80+ years

Have a family physician:

- 84.7% of Caucasian/White
- 53.7% of Hispanics
- 63.8% of African Americans

KEY FINDINGS

Community Issues

There were 13 community issues listed in which respondents could check as a large, medium, small, or no problem. The two most often cited large problems by over 50% were:

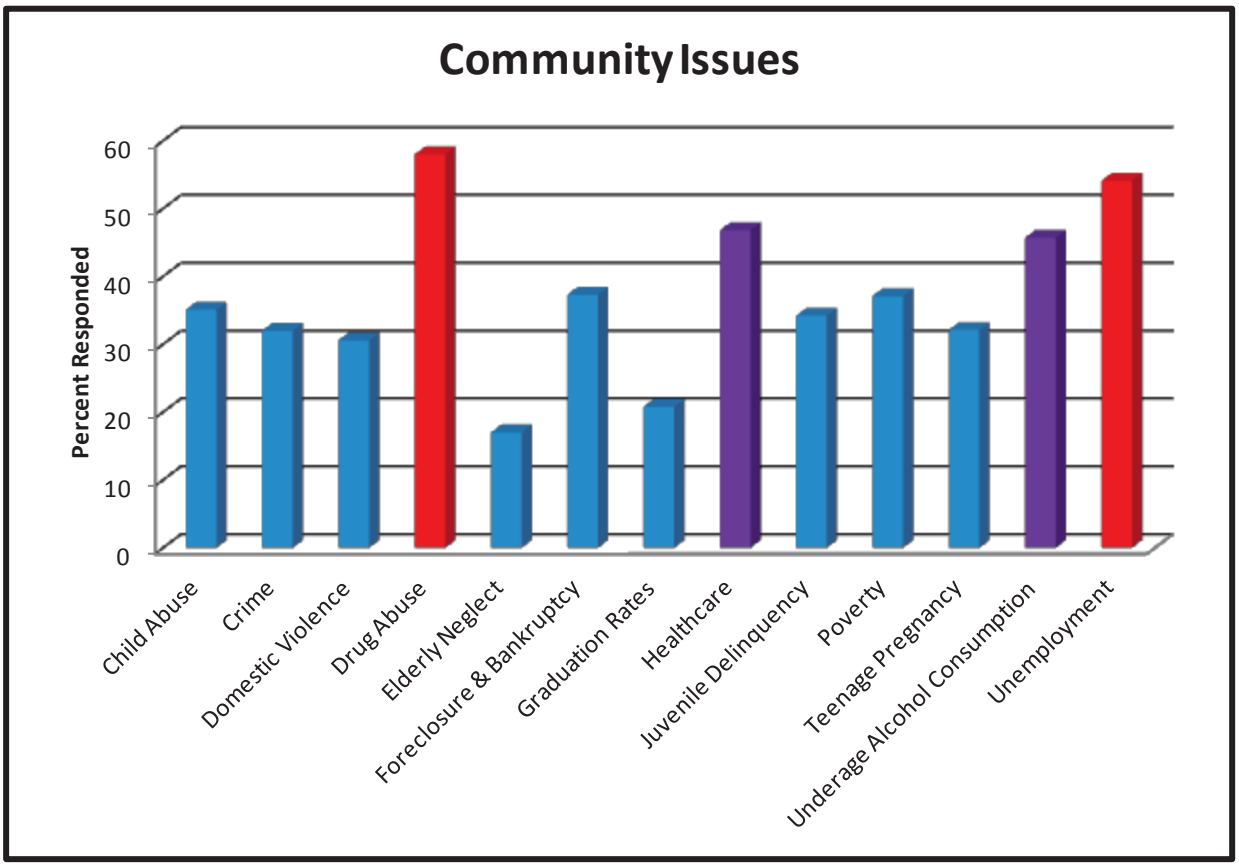
- **Drug Abuse**
- **Unemployment**

This was true regardless of race. It was also true regardless of gender, income level or age. More Hispanic (73%) and African Americans (69%) were likely to chose Drug Abuse as a large problem vs. 58% of Caucasians.

Unemployment was cited as the next largest problem in the community with 54% indicating unemployment was a large problem. Hispanic and African Americans were more likely to see this as a large problem than Caucasians.

The next large problems most often cited were:

- **Healthcare**
- **Underage Alcohol Consumption**



Community Issues Personal

Each respondent was asked about the four main topic areas,

- community issues
- community services
- health issues,
- health services

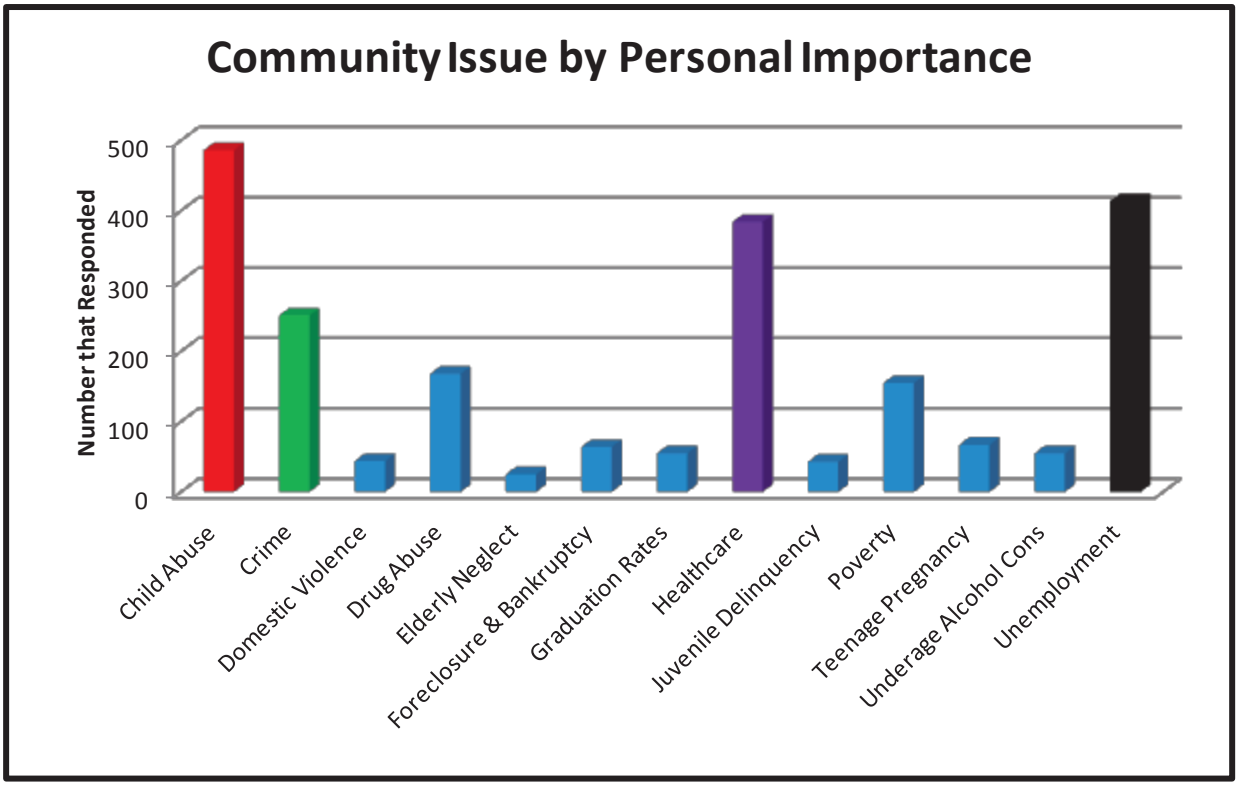
Whether they thought the issue/service was a community issue and then asked to rank the three most important **personal** issues/services to them.

The top four personal needs were:

- Child Abuse
- Unemployment
- Healthcare
- Crime

Unemployment and Healthcare remain on the list as second and third, but Child Abuse is the #1 personal issue and Crime the fourth.

Child Abuse was recognized as an important issue by 35% of all respondents. It appears to be a personal issue to over 450 respondents.



Community Services

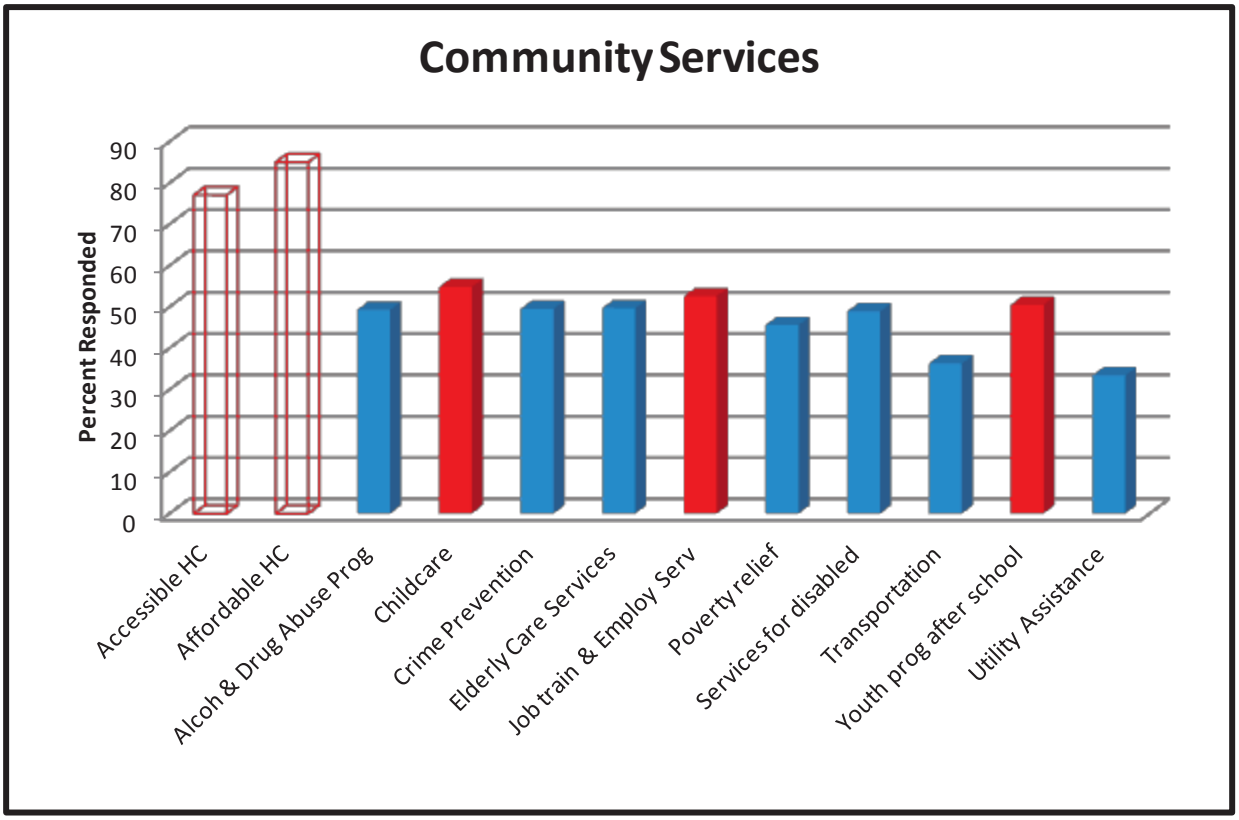
Of the 12 community services, the five most important services chosen by over 50% of all respondents were:

- **Affordable Healthcare**
- **Accessible Healthcare**
- **Childcare**
- **Job Training & Employment Services**
- **Youth Programs after school**

Affordable and Accessible Healthcare are the top two concerns, however they are complex problems and therefore outlined in red. Childcare and Job Training & Employment Services are community services that may be improved more easily than the national issues of affordable and accessible healthcare.

Youth programs after school could be a private venture or a recommendation to the public school system.

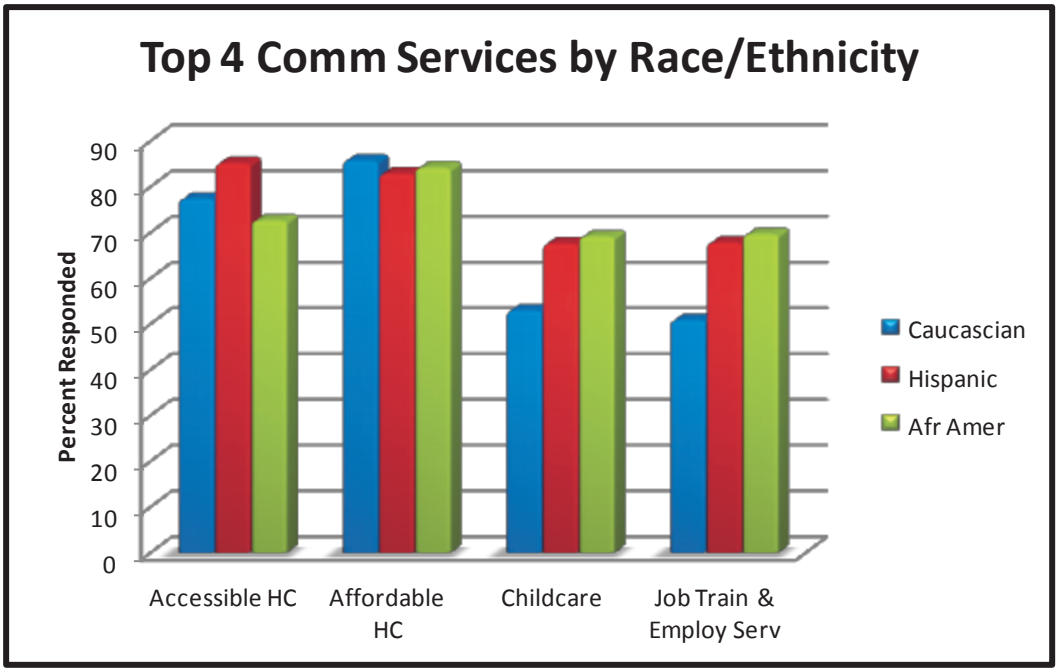
Affordable and accessible healthcare is not affected by income or age. In other words significant numbers of young and old, poor and affluent people are very concerned about accessible and affordable healthcare.

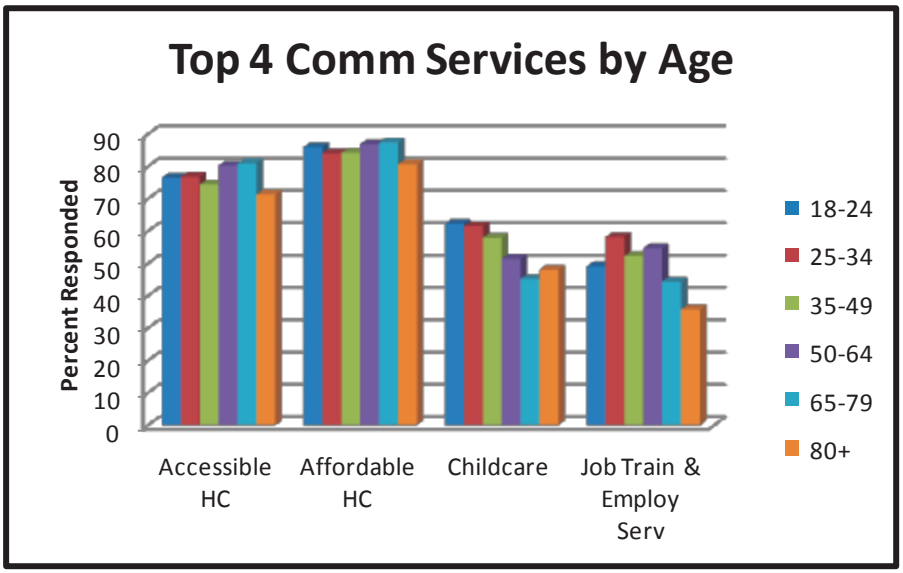


Community Services

Only the top four community services are shown below. Over 50% of all races/ethnic considered them very important.

- Healthcare is important regardless of Race/Ethnic or Age.
- Many more Hispanics and African Americans (68% & 69%), consider Childcare to be an important community service than Caucasians (53%). This was similar with Job Training and Employment Services.





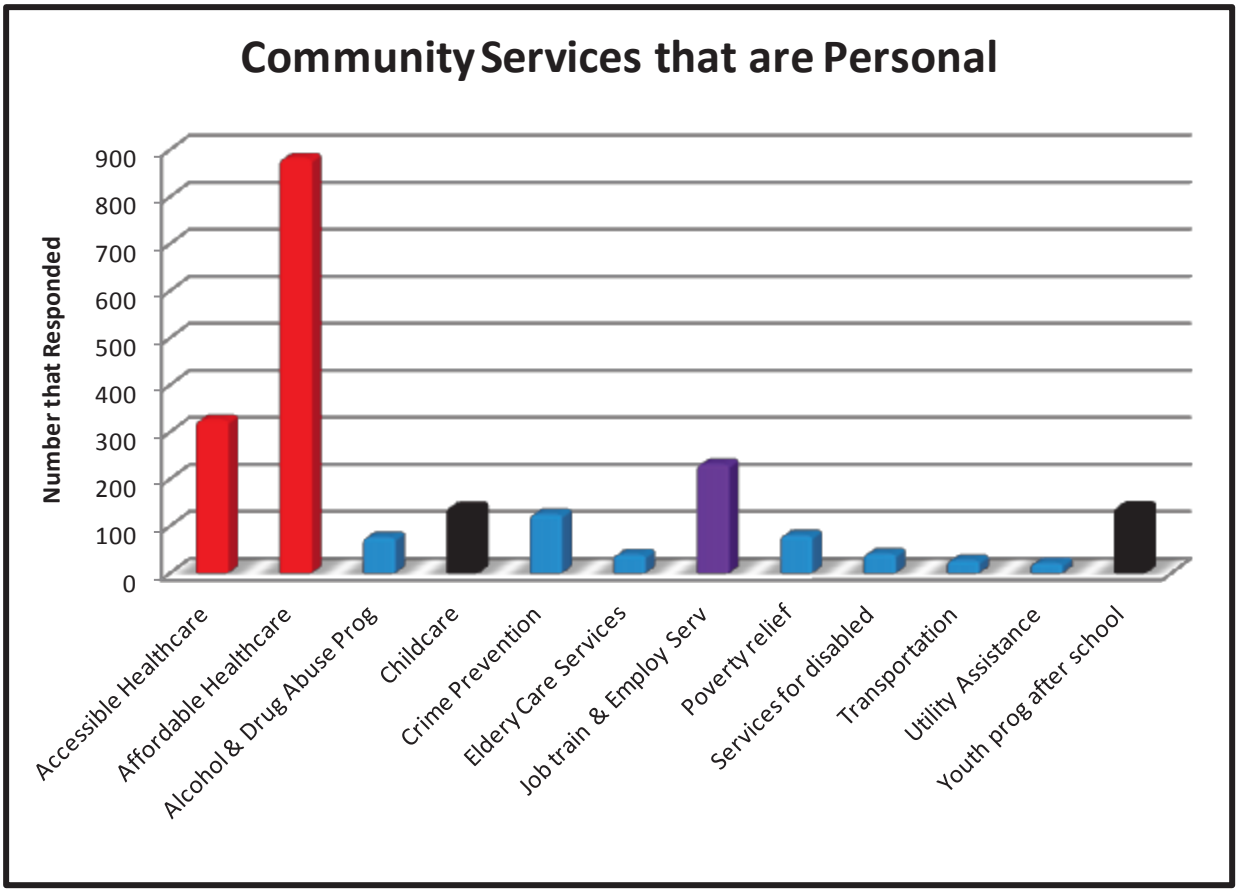
Even beyond child bearing age older adults, at least 40% consider Childcare a very important community service.

Community Services Personal

When respondents were asked to rank community services by personal importance the top 5 services were:

- Affordable Healthcare
- Accessible Healthcare
- Job Training and Employment Services
- Childcare (tie)
- Youth programs after school (tie)

Affordable Healthcare was checked by over 800 respondents and Accessible Healthcare by 325. These two complex services dwarf the other services which are local and more easy to improve. Unfortunately when compared to the other choices these two large services probably affected the response to this question. The other three services where there is a personal need are: Job Training and Employment Services, Youth Programs after School and Childcare.



KEY FINDINGS

Health Issues

There were 13 Health issues and the top five were:

- **Overweight/Obesity**
- **Lack of Physical Activity**
- **Substance Abuse**
- **Tobacco Use**
- **Chronic Disease (heart, diabetes)**

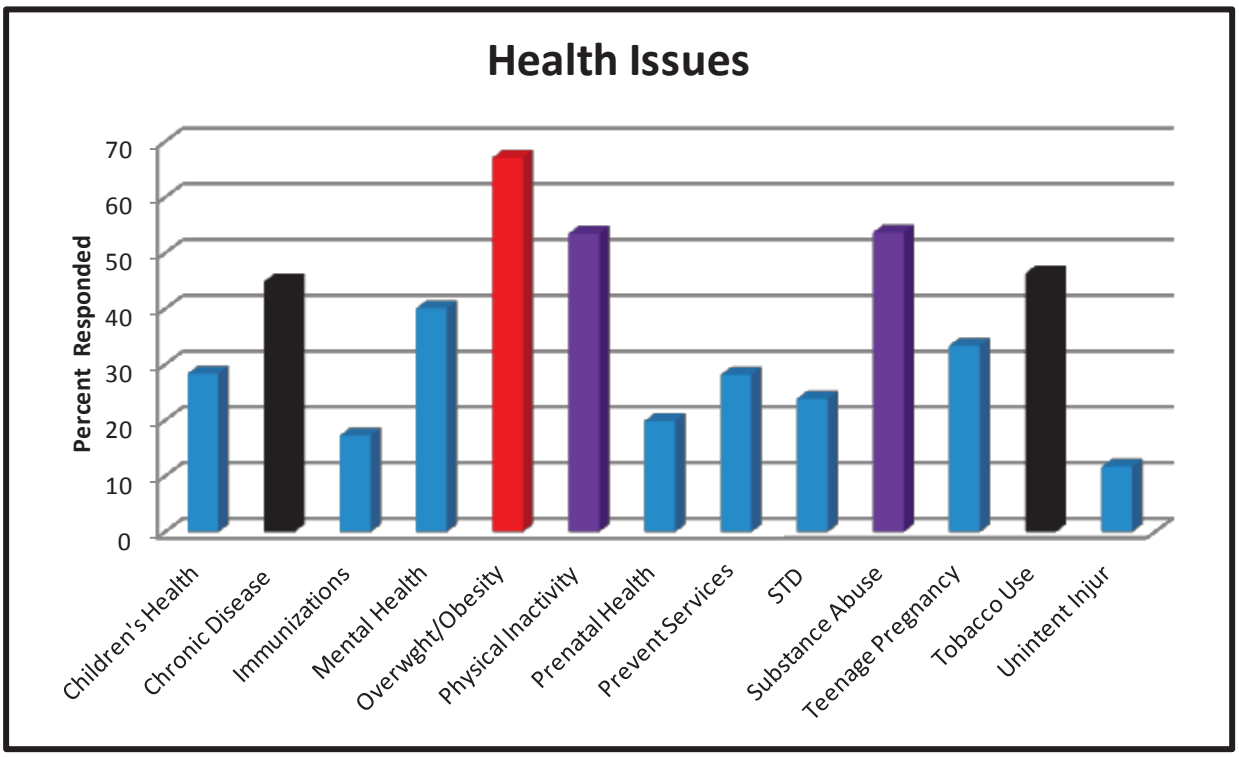
Over 67% of all respondents felt Overweight/Obesity was the most important issue. Over 50% felt Lack of Physical Activity and Substance Abuse were important health issues. Over 40% of all respondents felt Tobacco Use, and Chronic Disease were important health issues in the community.

Substance Abuse was not furthered defined and might mean a variety of different substances, ie. prescription drug, alcohol, methamphetamine, or illegal drugs.

Overweight and Obesity was the highest health issue for the community which is closely linked if not somewhat caused by Lack of Physical Activity, the second most important health issue.

Mental health, at 40% is ranked high as a health issue.

More females responded to each health issue than males except in unintentional injuries, which males had more responses.



Health Issues

Health Issues by Race/Ethnic were very different. Among Caucasians the top three were:

- **Overweight/Obesity**
- **Lack of Physical Activity**
- **Substance Abuse**

These are the only three that 50% or more of the Caucasian population chose.

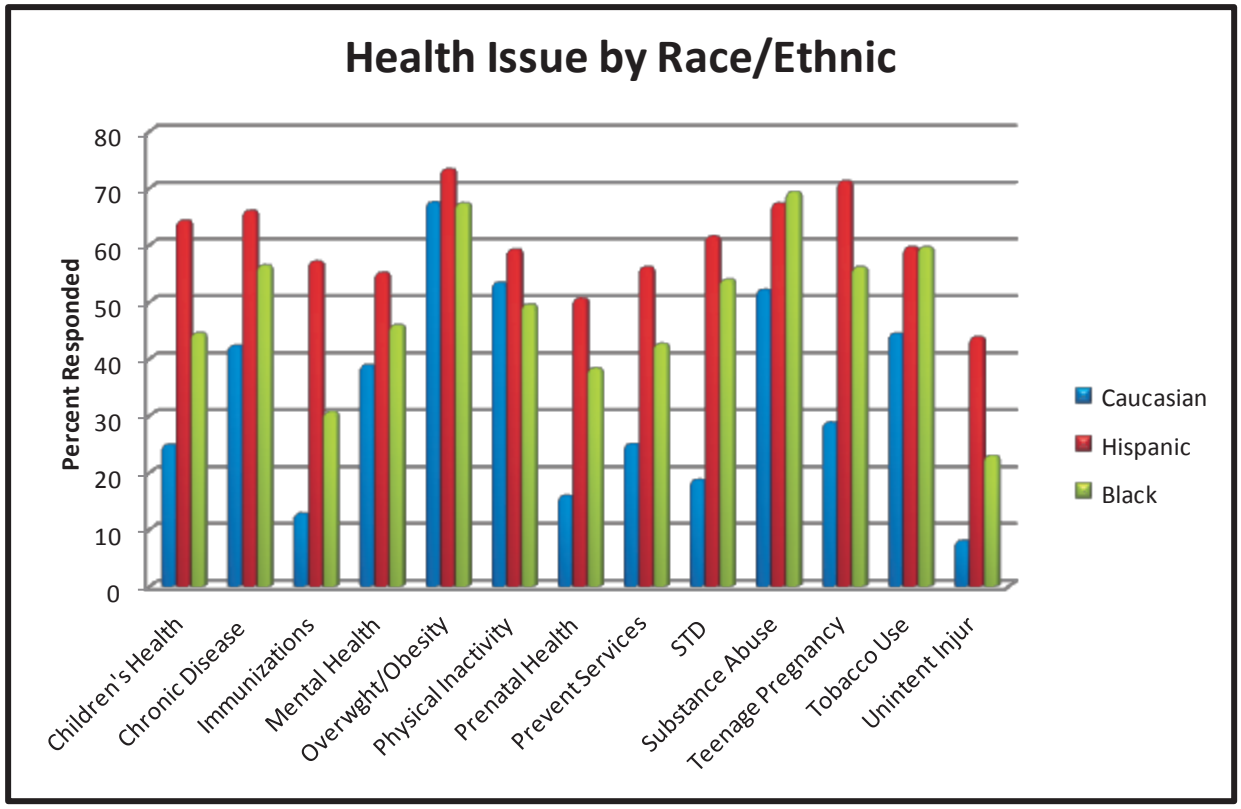
Among the Hispanic population the top three were:

- **Overweight/Obesity**
- **Teenage Pregnancy**
- **Substance Abuse**

Among the African American population the top three were:

- **Substance Abuse**
- **Overweight/Obesity**
- **Tobacco Use**

In planning education/interventions the focus can be specific to a population which may result in better outcomes.

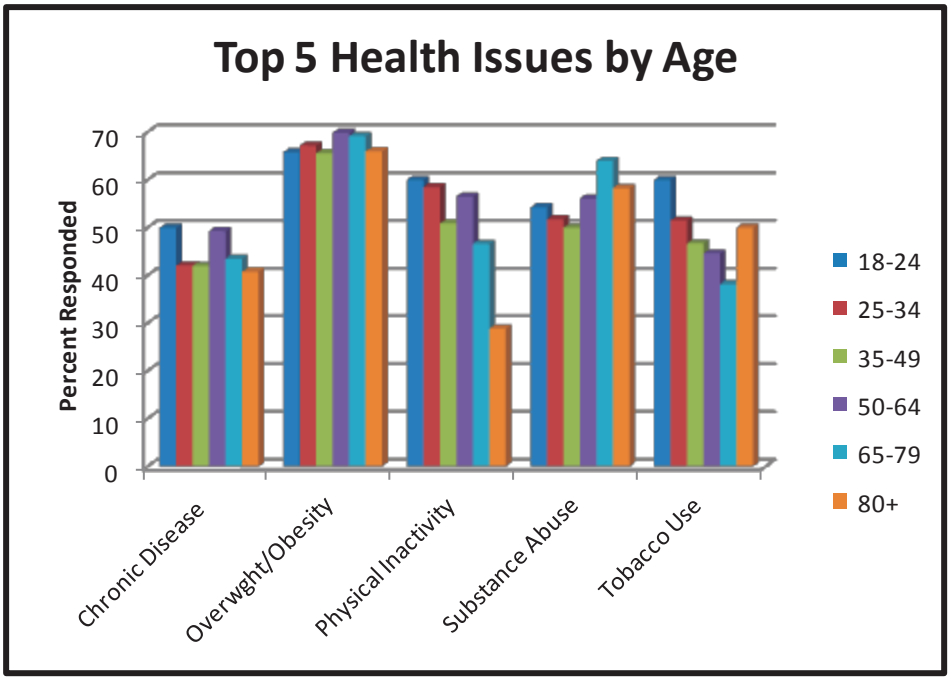


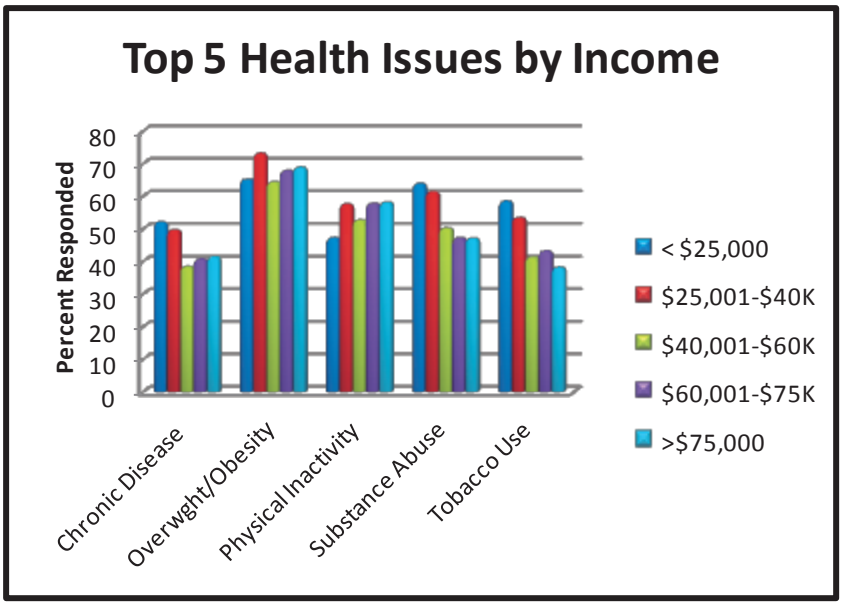
KEY FINDINGS

Health Issues

Looking at Health Issues by Age note these non intuitive observations:

- **Chronic Disease is a concern among the young, even higher than the elderly**
- **Substance Abuse is an issue with the retired and elderly, more than the young**
- **Tobacco Use is an important health issue among the youngest and oldest**





Overweight & Obesity cuts across all income levels

Three issues are more prevalent among the poor:
Chronic Disease
Substance Abuse
Tobacco Use

Health Issues Personal

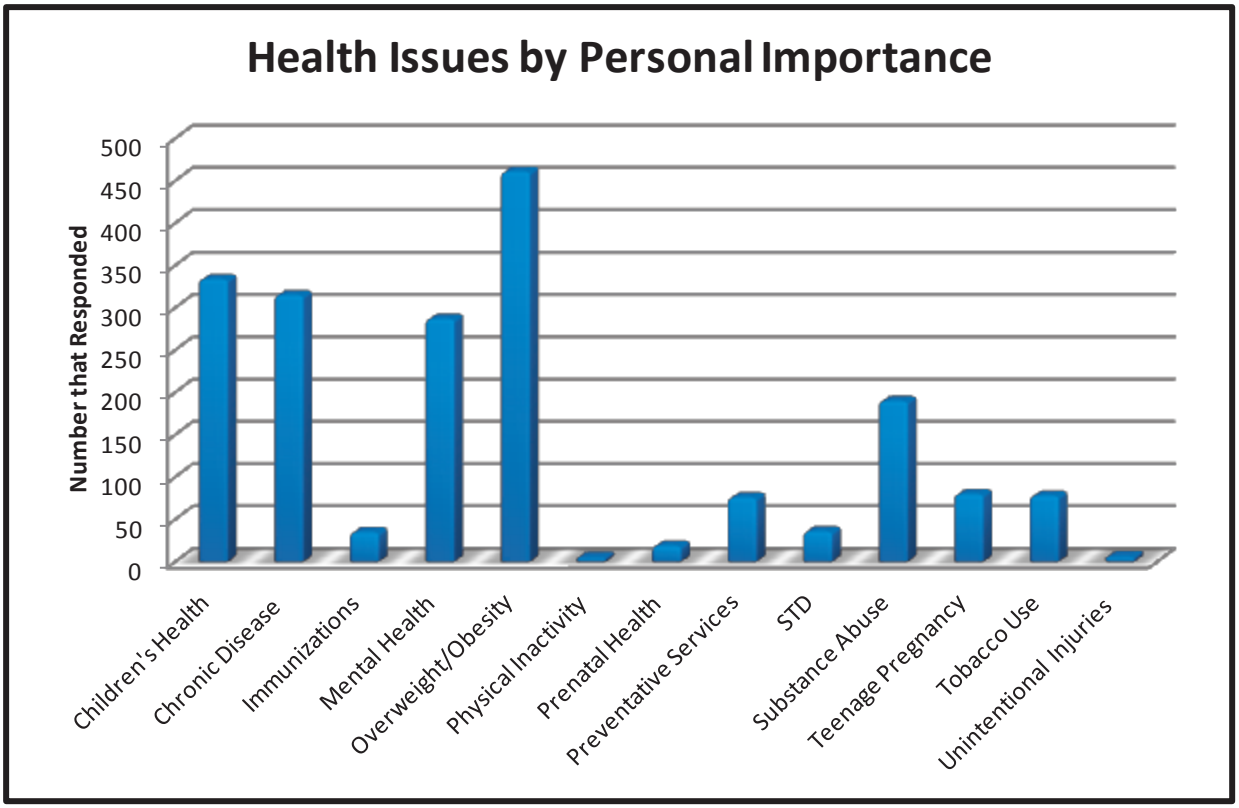
Respondents had a different opinion personally than what they believed were Health issues in the community. Compare the top five **personal** health issues to the community's overall health issues

- Overweight/Obesity
- Children's Health
- Chronic Disease
- Mental Health
- Substance Abuse

- Overweight/Obesity
- Lack of Physical Activity
- Substance Abuse
- Tobacco Use
- Chronic Disease

Two new health issues surface with personal experience, Mental Health and Children's Health. These are two areas in which the local community may be able to improve.

Another observation is while Overweight/Obesity continues to appear as the most important health issue personally, Lack of Physical Activity disappears all together. The link between Physical Activity and Overweight/Obesity needs to be brought to the attention of the public. (Education) Intense media attention is focused on proper nutrition. Overweight/Obesity is a multi faceted problem of nutrition and physical activity.



Health Services

There were 20 Health-Related Services that could be rated from Very Important to Not Important. Over 70% of all respondents ranked the following as the top two:

Affordable Medication
Affordable Healthcare

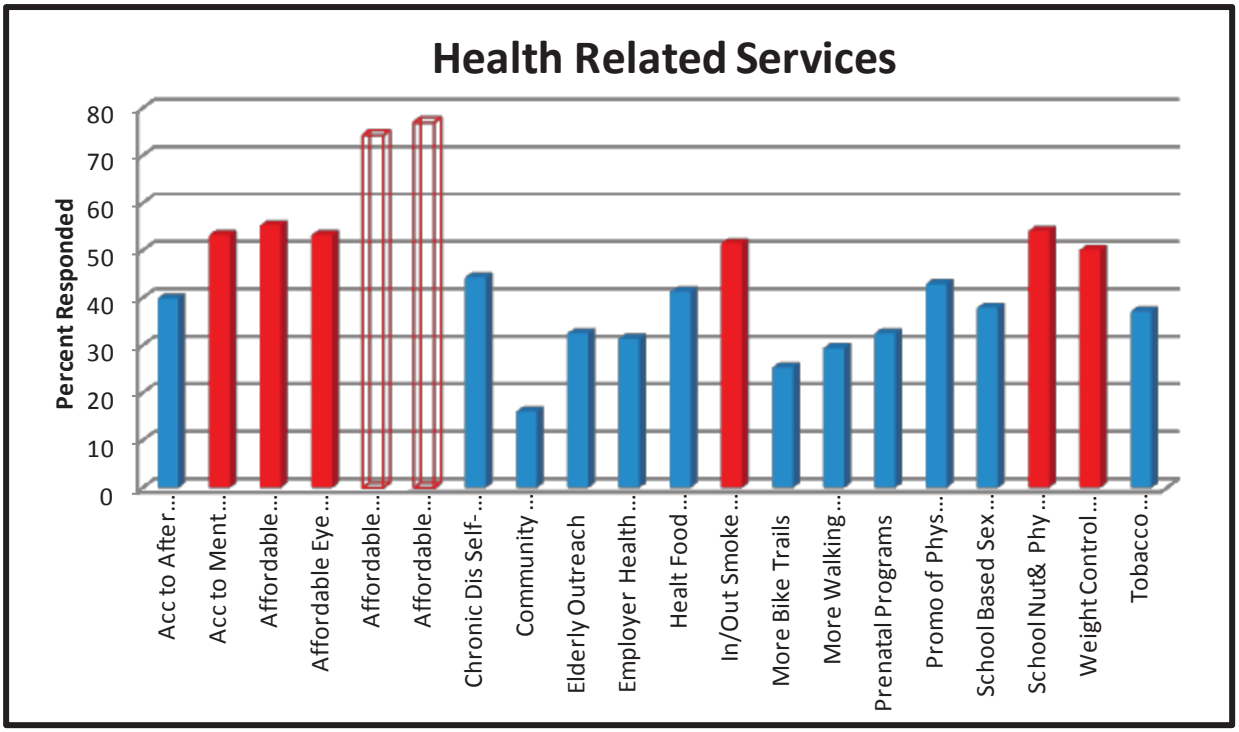
These were outlined in red because they are complex issues unlikely to be solved by simple intervention.

Other related services ranked important by over 50% of all respondents were:

Affordable Dental Care
School Nutrition & Physical Education
Affordable Eye Care (tie)
Access to Mental Health Care (tie)
In/Out Smoke Free Policy
Weight Control Education

There is a relationship between Health Issues and Health Related Services. The top health issue is Overweight and there appears to be a demand for Weight Control Education. Respondents even recognize our children as overweight since 50% believe more/better Nutrition and Physical Education should be offered at school.

With at least 50% of the population ranking In/Out Smoke Free Policy as an important issue perhaps further local legislation can be approved to make the entire county Smoke Free.



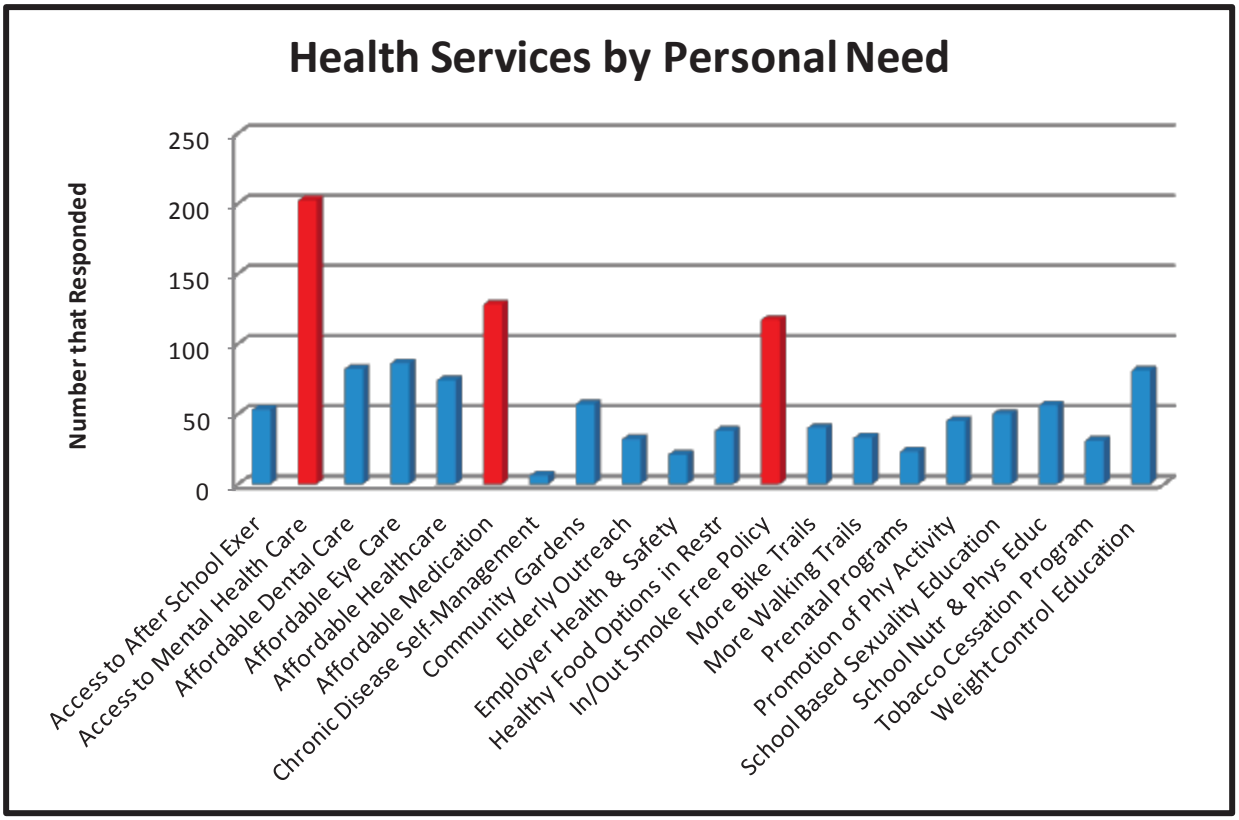
Health Services Personal

There were some major differences between respondents opinion of Health Services for the community which were:

Affordable Medication
Affordable Healthcare
Affordable Dental Care
School Nutrition and Physical Education
Affordable Eye Care
Access to Mental Healthcare
In/Out Smoke Free Policy
Weight Control

The three highest Health Services with a **Personal** Need were:

Access to Mental Healthcare
Affordable Medication
In/Out Smoke Free Policy



KEY FINDINGS

Chronic Health Indicators

There were 13 Chronic Disease indicators. The top 2 conditions affect more than one in three adults in our community.

- **High cholesterol**
- **High Blood Pressure**

The next most common conditions affect one in five and one in four in the community

- **Depression**
- **Anxiety**

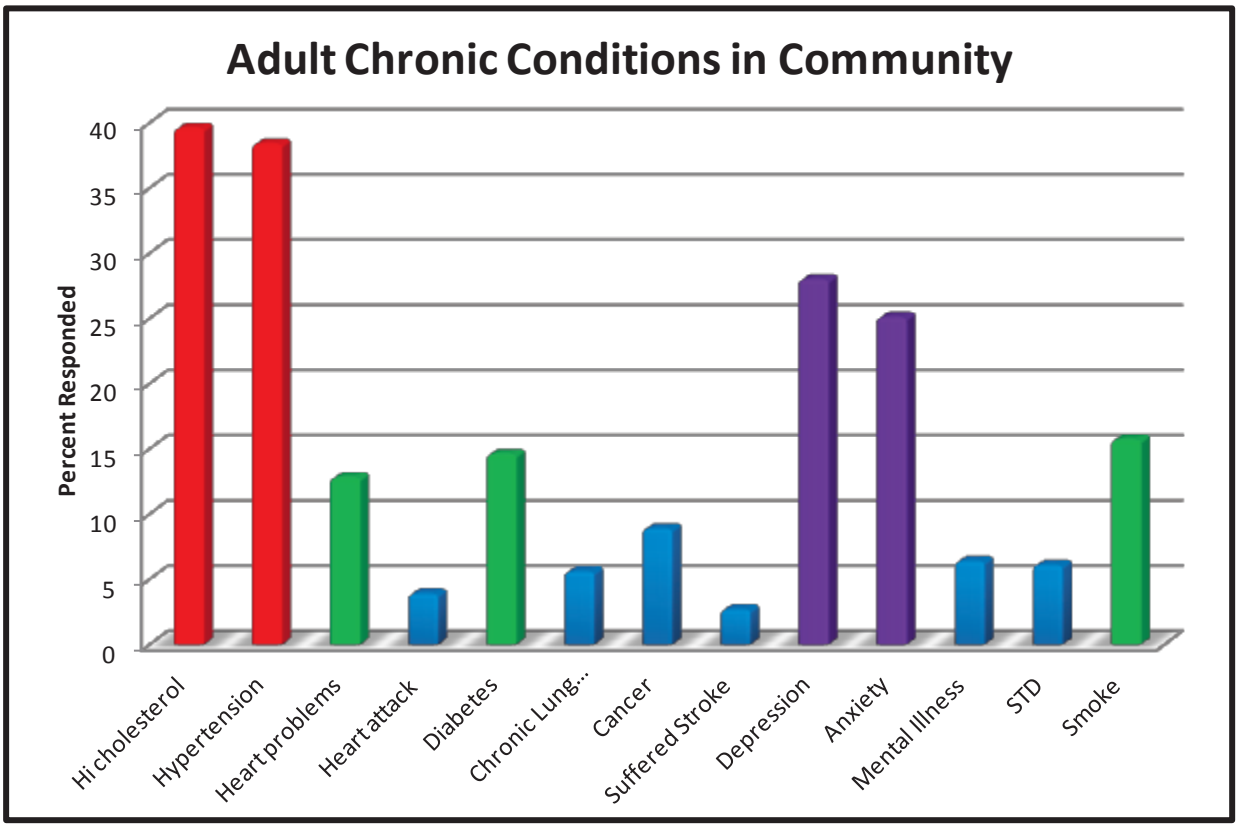
Three more conditions are of concern

- **Smoking**
- **Diabetes**
- **Heart Problems**

Females have a higher prevalence than males in the following conditions:

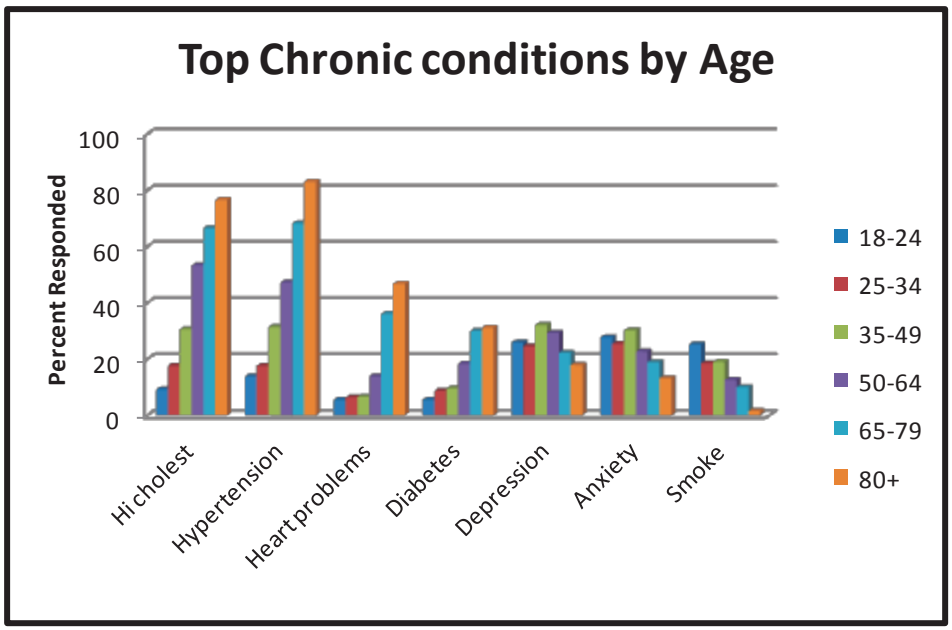
- Depression
- Anxiety
- Other Mental Illness
- Cancer
- Sexually Transmitted Diseases
- Chronic Lung Disease

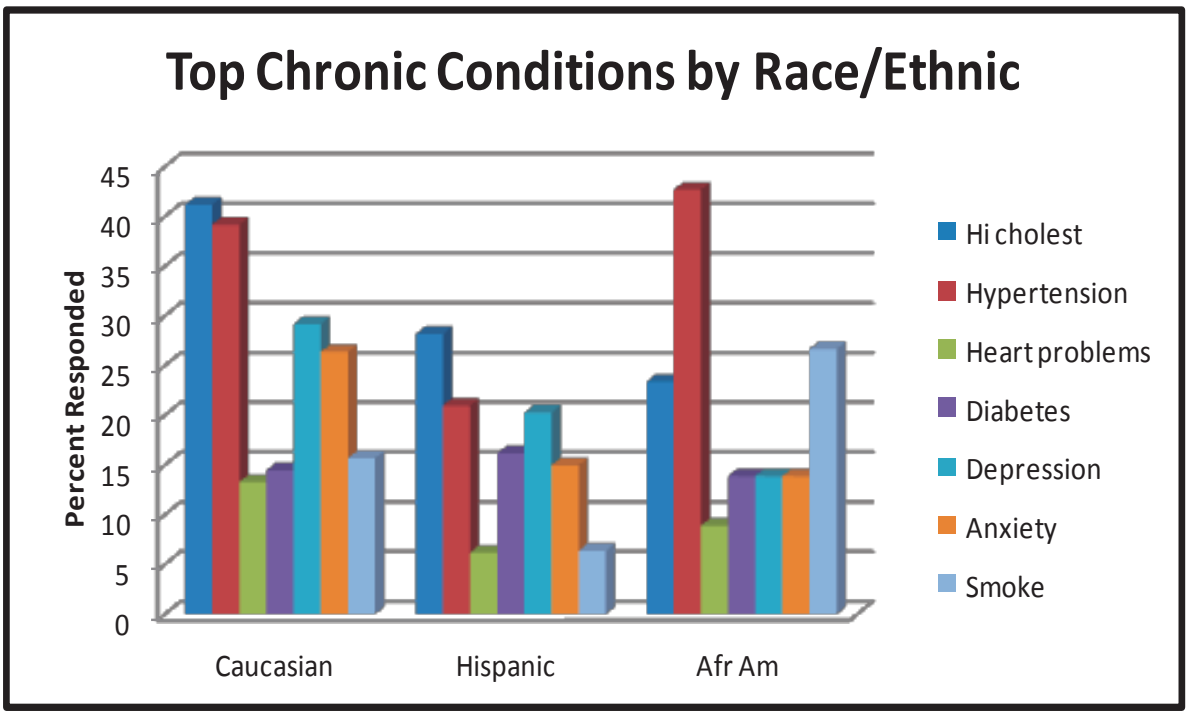
Low socio economic status plays a role with chronic disease. Higher rates of prevalence were found in all but High Cholesterol, Cancer, and Sexually Transmitted Diseases (STD).



Top Chronic Conditions

The Top Chronic conditions increase as age increases with diseases which are cumulative, such as High cholesterol, Hypertension, Heart problems and Diabetes. Depression and Anxiety peak in midlife. Smoking decreases with age.

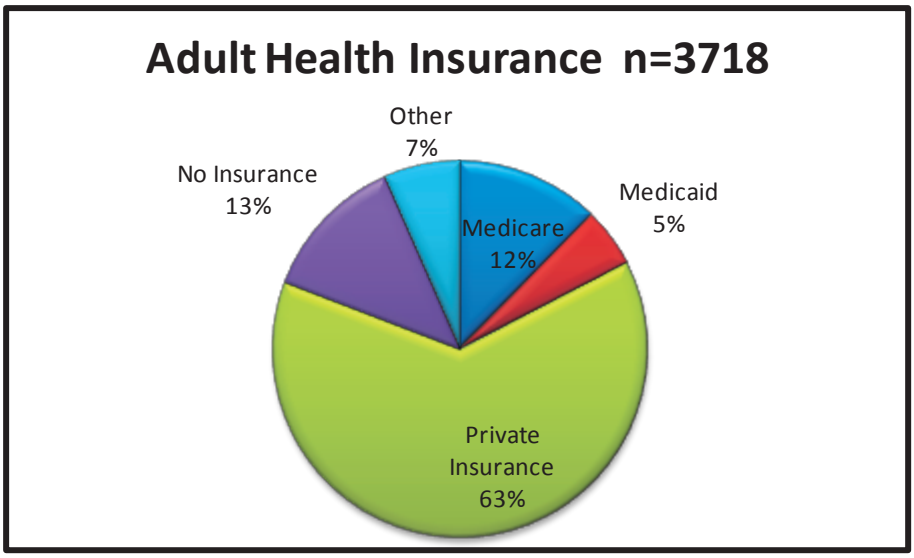




Caucasians have a higher prevalence of the top chronic conditions than the minority population, with the exception of Diabetes and Smoking. Nationwide Diabetes is high among Hispanics and our community is not an exception. African Americans have a higher prevalence of Hypertension and Smoking than Caucasians and Hispanics.

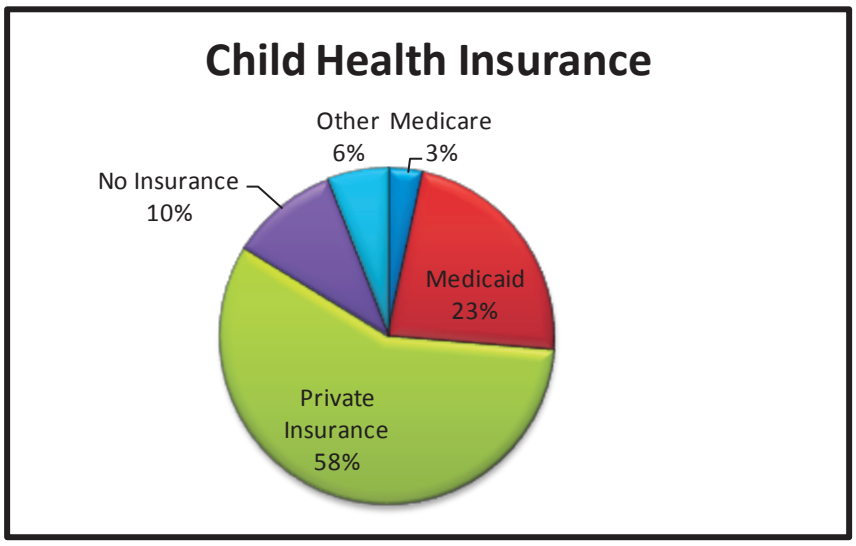
Health Insurance

The survey asked about the Health Insurance of those in your household. The question was three fold asking about the respondent, their spouse/partner and the children in the household. Respondents and spouses/partners are all adults therefore these two groups were combined. The sample size was quite large =3718.



In both the Adult and Child Health Insurance the Other category was 7%. A write in was not possible and the choice of 'other' is unknown. The possibility of military/ veteran insurance might exist.

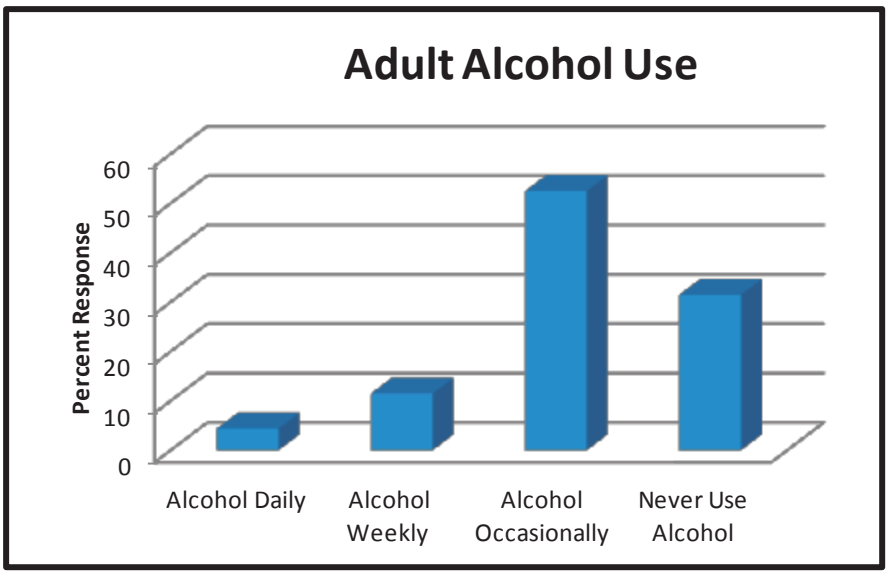
Among children the uninsured is a little lower, but this might be because of the safety net of Indiana insurance. Close to one quarter of the children are on Medicaid.



Alcohol Consumption

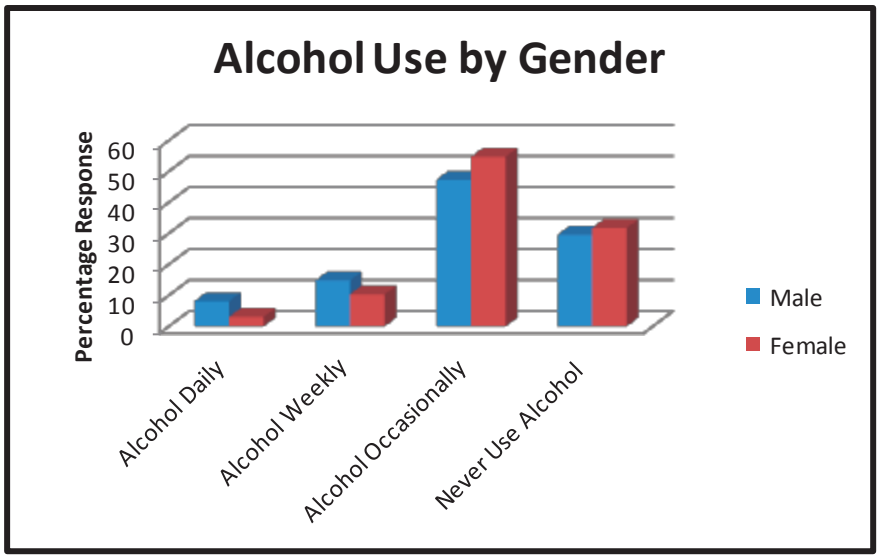
Respondents were asked how often they drank alcohol. There were four choices, Daily, Weekly, Occasionally, Never. Our community followed the national trends. Caution should be applied here as Caucasians as the majority in this country influence the trends, but there are more than subtle differences within races and ethnic groups.

The CDC reports alcohol consumption has decreased over time. In general men drink more than women and women are more likely to totally abstain. The difference between social drinking and binge drinking (5 or more drinks in one setting) is a fine line.



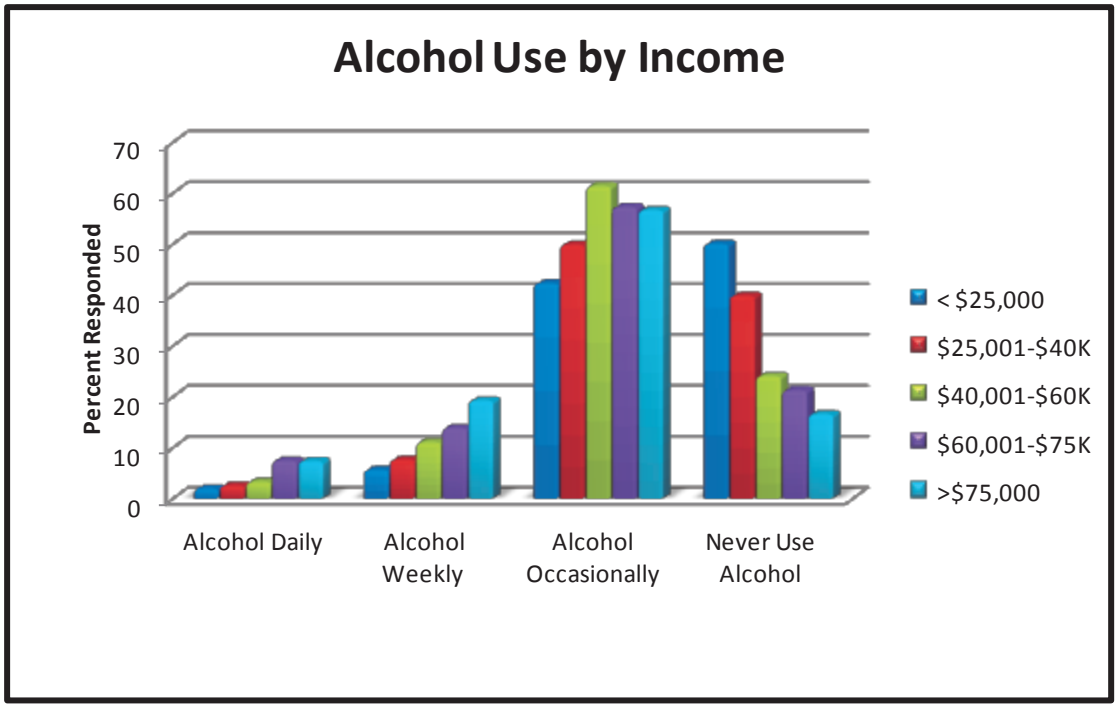
Over 80% of the respondents (n=2248) reported they drink alcohol occasionally or never use alcohol.

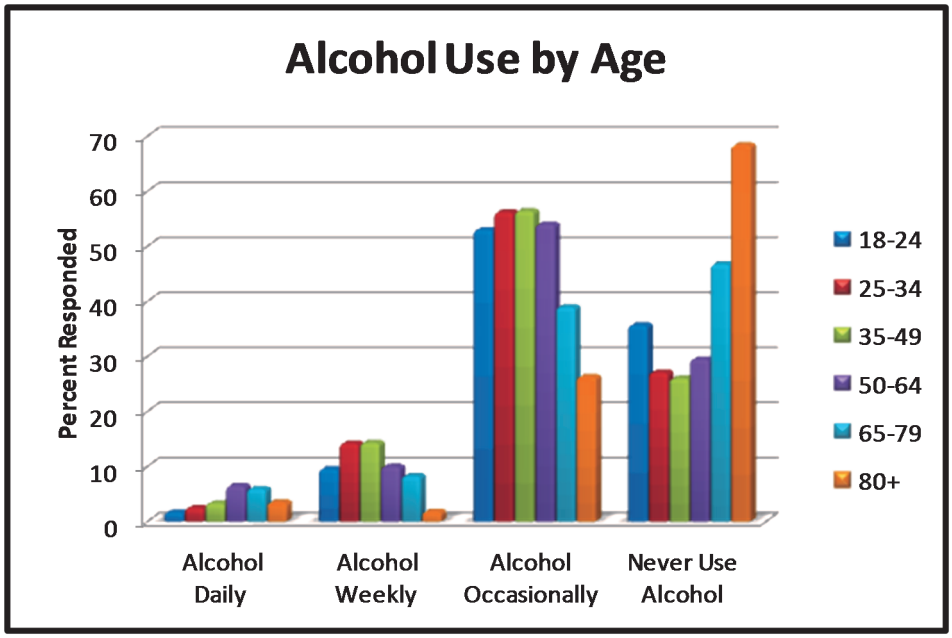
Men drink on a daily basis and weekly more than women, but in social drinking women had a higher prevalence than men, 54.8% vs. 47.4%. They are also more likely to abstain.



Alcohol Consumption

The CDC reports Abstention in the United States is inversely associated with social status. The lower the social class, the higher the abstention. Our survey concurred with this.





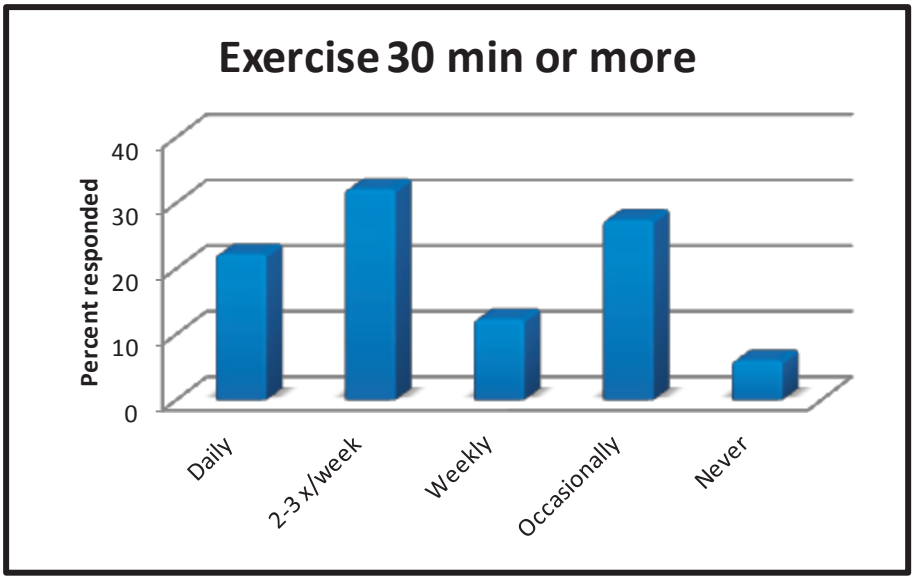
The survey showed older adults use less alcohol in almost all categories. Those over 80 are most likely to be abstainers.

Our 18-24 year old sample population is not a representation of the college population.

Exercise

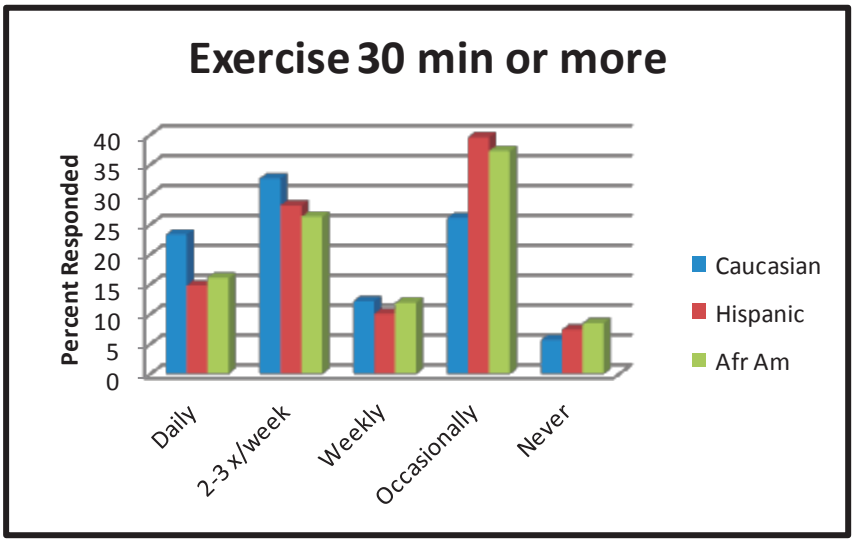
National reports show only 18% of the adult population meet the weekly recommendations for cardiovascular and muscle-strengthening activity. Maybe one of six is meeting this guideline nationally.

Current guidelines require 150 minutes of moderate-intensity physical activity or 75 minutes of vigorous activity per week. And in addition twice weekly muscle strengthening exercises.



Those that exercise daily, 22% probably meet the CDC requirements. Those that exercise 2-3x/ week, 32% may meet the CDC requirements. Clearly those that exercise weekly, occasionally and never (total = 46%) do not meet the CDC requirements.

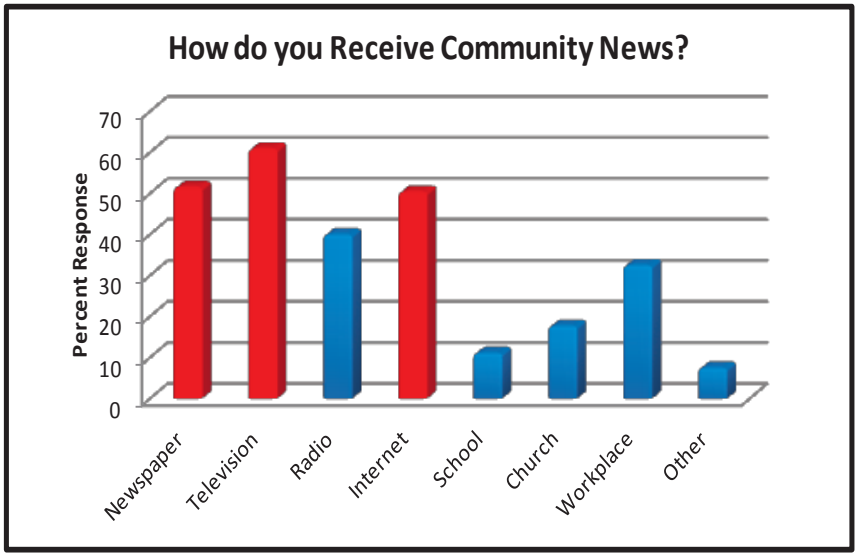
Men exercise significantly more than women on a daily basis, 28% to 20%. This maybe because their livelihood depends on physical labor. Women exercise more or equally in all the other categories.



Caucasians appear to exercise more than the minority population in this community. However on an occasional basis the minority population does exercise. Is there an access barrier? Not enough personal time?

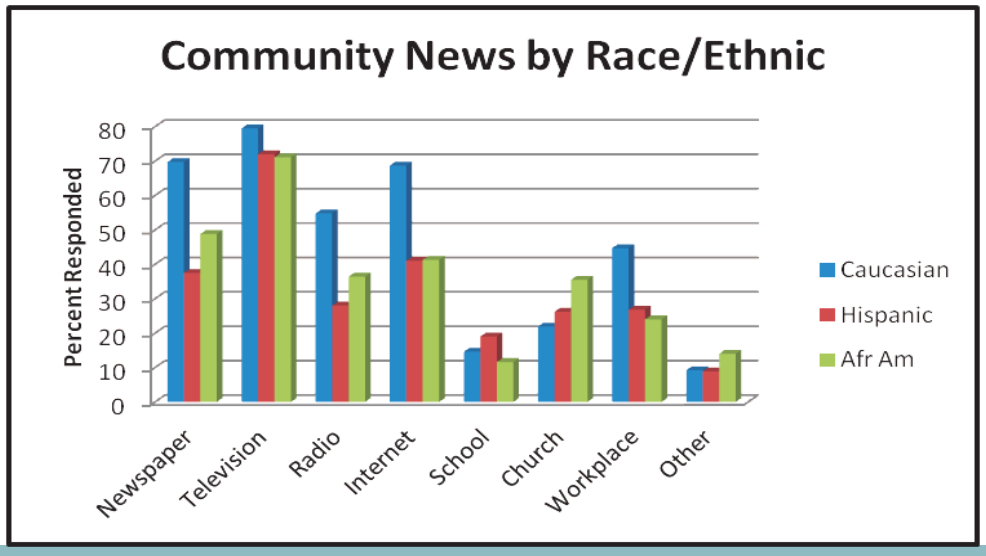
Communication Vehicles for Community News

Respondents receive information in very different ways. Understanding **how** the audience gathers current news is vital in making sure the lines of communication are open and reach their intended audience.



By far the most used vehicle for community news is the television, 61% responded to this choice. The newspaper was a vehicle for 51% of respondents and the Internet for 50% of respondents.

In addition to the top three communication vehicles the radio and workplace are sources of community news. Race/Ethnic, Age, and Income heavily influence how audiences gather information. The graph below shows how one's culture can affect their source of communication.



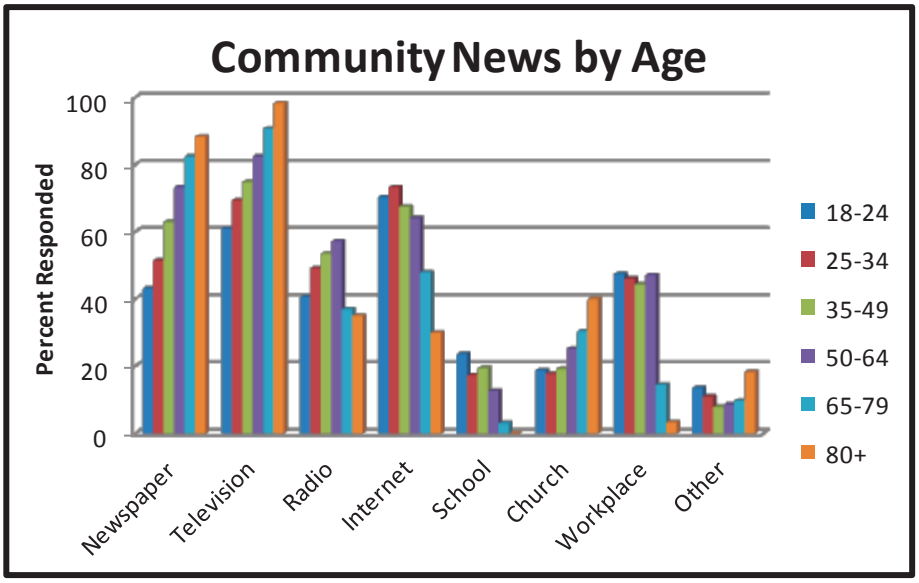
With the television Race/Ethnic is still close to the majority or Caucasian population. However gathering community news from the Newspaper, Internet, Radio and Workplace drops off sharply for minorities. This disparity might be explained by a language or access barrier.

Communication Vehicles

For the very young (18-24) the Internet trumps the Television as a communication method. Both the Television and Newspaper show more respondents use them as a vehicle as they age. This is the opposite of the Internet that drops off with age as does the radio. For older respondents the church is a good place for community news.

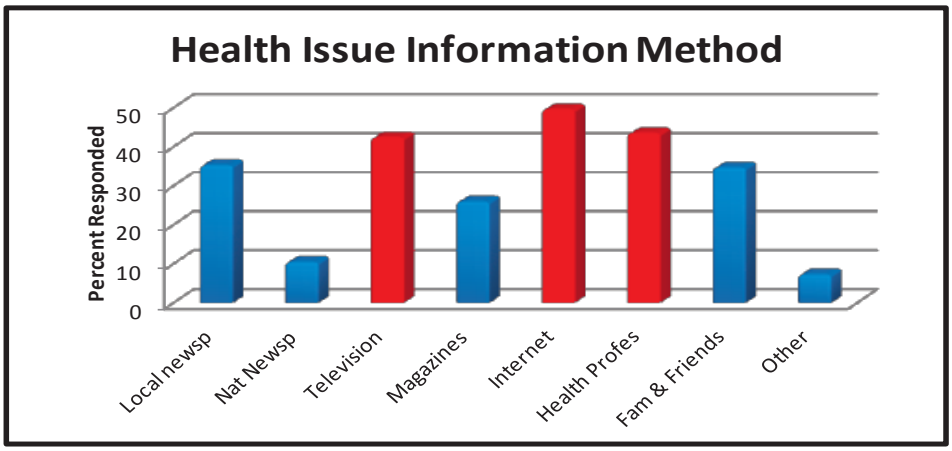
Hearing and keeping up with technology are probably the reasons the Radio and Internet drop off as a communication vehicle as people age.

The workplace remains a vital source of community information through the working years, with over 40% of respondents.



Vehicles for Health Issues

Health information is available in different forms and people chose different sources for their information. When asked how a respondent finds health information the Internet was the first choice at 50%, Health Professional at 44%, Television at 43%. Women use the Internet, Health Professionals, and Family & Friends more than men, but their use of the local newspaper and television is equal to men.

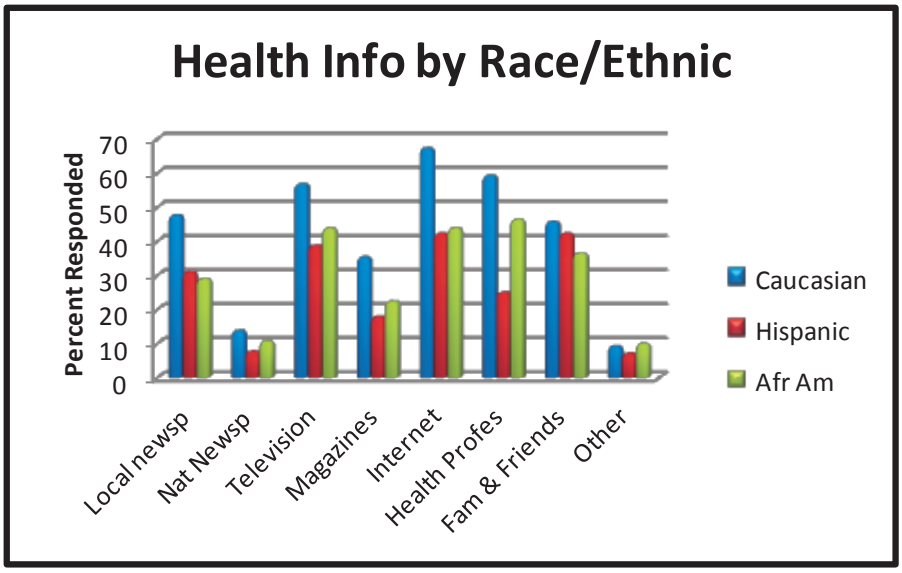


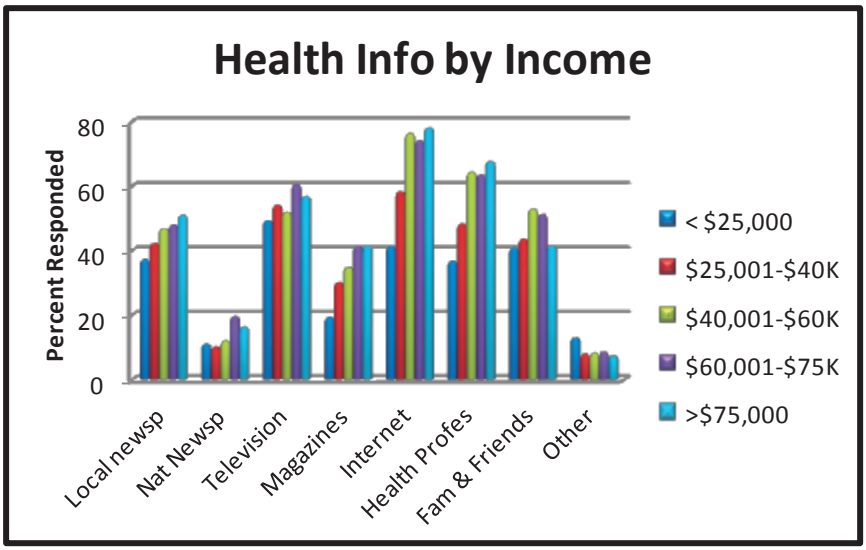
Communication Vehicles for Health Issues

There is a strong disparity between minorities and the majority of the population and how they gather health information. African Americans utilize Health Professionals as the most common communication vehicle of health information at 43%. This is a surprise in contrast to the distrust African Americans are supposed to harbor against the healthcare system due to events such as Tuskegee.

Over 67% of the White majority uses the Internet as their primary health communication vehicle. Hispanic and African American 42% and 44% respectively. The Television and Local Newspaper are used, but at a much lower rate for minorities.

Family and Friends or word of mouth is a strong communication vehicle for Health Information for all people regardless of Race/Ethnic.





Income affects health communication greatly. Those with less income cannot use/access the internet or health professionals, probably a cost barrier.

The television would be the best method of health communication overall for all income levels.

IN SUMMARY

Limitations

The first limitation of any survey is the make up of the sample. An enormous amount of labor went into representation of the low socio economic and minority population in Tippecanoe County. However, the numbers were small. They were sufficient for statistics, but would be improved by larger numbers of Hispanics and African Americans. (Hispanics =~168 and African American =~121.) The Asian population was too small to be significant.

This survey asked for people's perception of issues and services. Their responses may reflect reality or not. When perception does not equal the facts, there is the opportunity for education.

The assessment also asked, 'what are the most important issues/services to you?'. This could and probably was interpreted in two different ways. For those that do not truly have a need but feel strongly about a topic and those that really do have a need for a particular service. There were much fewer responses to the second half of the question than the first in all four areas. The sample size of the personal need for Health Services was half the size of personal opinion of Community Issues. (~1000 compared to 2000) In future surveys this question would be reworded or left out.

This survey was distributed only in Tippecanoe County. The health resources of our county are used by a substantial number of residents outside of the county and they did not participate in the survey. In terms of what our hospitals and health centers are providing for outside county residents these results do not reflect the entire client base.

Hindsight is always more valuable, but with this sample size it would have been beneficial to ask about regular healthcare and the use of the Riggs Community Health Center. A question about hunger would also have been appropriate.

Acknowledgements

Many individuals participated in this effort, the first Community Health Needs Assessment for Tippecanoe County. Special thanks to Christina Jones, Bea Figueroa and Patricia Denton. Special thanks to Robert Wild for0 design.

APPENDIX

County Ranking

Secondary data available on Tippecanoe County and all counties in the nation is available at ***www.countyhealthranking.org.*** This annually updated site establishes a benchmark using Health Outcomes and Health Factors. Tippecanoe is shown on the next page. This is a good starting point and benchmark.

Tippecanoe ranks 17th of 92 in Health Outcomes

Tippecanoe ranks 13th of 92 in Health Factors

Health factors are a predictor of Health Outcomes. With Factors at 13 and Outcomes at 17 there is room for improvement.

The front cover of this report shows the Health Outcomes for all counties in Indiana. The lighter the color of the county the better. There are four different colors or quartiles. Tippecanoe is in the top quartile compared to other Indiana counties.

Monroe County is often used as a good comparison to Tippecanoe County as it has a demographic similar to Tippecanoe.

Monroe ranks 16th of 92 in Health Outcomes

Monroe ranks 7th of 92 in Health Factors

County Health Rankings
Mobilizing Action Toward Community Health

Tippecanoe, Indiana

	TIPPECANOE COUNTY	ERROR MARGIN	NATIONAL BENCHMARK*	INDIANA	RANK (OF 92)
HEALTH OUTCOMES					**17**
Mortality					14
Premature death — Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,496	6,035-6,957	5,564	7,781	
Morbidity					21
Poor or fair health — Percent of adults reporting fair or poor health (age-adjusted)	16%	13-19%	10%	16%	
Poor physical health days — Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.1	2.6-3.6	2.6	3.6	
Poor mental health days — Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.7	3.0-4.3	2.3	3.6	
Low birthweight — Percent of live births with low birthweight (< 2500 grams)	6.9%	6.5-7.3%	6.0%	8.0%	
HEALTH FACTORS					**13**
Health Behaviors					7
Adult smoking — Percent of adults that report smoking >= 100 cigarettes and currently smoking	21%	18-24%	15%	25%	
Adult obesity — Percent of adults that report a BMI >= 30	29%	24-33%	25%	30%	
Excessive drinking — Binge plus heavy drinking	20%	16-24%	8%	16%	
Motor vehicle crash death rate — Motor vehicle crash deaths per 100,000 population	10	8-12	12	16	
Sexually transmitted infections — Chlamydia rate per 100,000 population	329		83	349	
Teen birth rate — Teen birth rate per 1,000 female population, ages 15-19	24	23-25	22	45	
Clinical Care					68
Uninsured adults — Percent of population under age 65 without health insurance	24%	19-28%	13%	15%	
Primary care physicians — Ratio of population to primary care physicians	944:1		631:1	889:1	
Preventable hospital stays — Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	60	57-63	52	77	
Diabetic screening — Percent of diabetic Medicare enrollees that receive HbA1c screening	84%	76-93%	89%	81%	
Mammography screening — Percent of female Medicare enrollees that receive mammography screening	66%	57-75%	74%	61%	
Social & Economic Factors					17
High school graduation — Percent of ninth grade cohort that graduates in 4 years	80%		92%	74%	
Some college — Percent of adults aged 25-44 years with some post-secondary education	66%		68%	57%	
Unemployment — Percent of population age 16+ unemployed but seeking work	8.9%		5.3%	10.1%	
Children in poverty — Percent of children under age 18 in poverty	16%	13-20%	11%	18%	
Inadequate social support — Percent of adults without social/emotional support	15%	12-19%	14%	20%	
Children in single-parent households — Percent of children that live in household headed by single parent	30%		20%	31%	
Homicide rate — Deaths due to homicide per 100,000 population (age-adusted)	3	2-4	1	6	
Physical Environment					15
Air pollution-particulate matter days — Annual number of unhealthy air quality days due to fine particulate matter	0		0	2	
Air pollution-ozone days — Annual number of unhealthy air quality days due to ozone	0		0	3	
Access to healthy foods — Healthy food outlets include grocery stores and produce stands/farmers' markets	60%		92%	58%	
Access to recreational facilities — Rate of recreational facilities per 100,000 population	9		17	10	

* 90th percentile, i.e., only 10% are better
Note: Blank values reflect unreliable or missing data

Source URL: http://www.countyhealthrankings.org/indiana/tippecanoe