Indiana University Health Methodist Hospital
Community Health Needs Assessment

2011-2012

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1 INTRODUCTION

1.1 Purpose

This report provides an overview of findings from a community health needs assessment (CHNA) conducted on behalf of Indiana University Health (IU Health) Methodist Hospital (IU Health Methodist) in order to assess health needs in the county service areas served by the hospital. This assessment was initiated by IU Health Methodist to identify the community's most important health issues, both overall and by county, in order to develop an effective implementation strategy to address such needs. It was also designed to identify key services where better integration of public health and healthcare can help overcome barriers to patient access, quality, and cost-effectiveness. The hospital also assessed community health needs to respond to the regulatory requirements of the Patient Protection and Affordable Care Act of 2010 (PPACA), which requires that each tax-exempt hospital facility conduct an independent CHNA.

IU Health Methodist completed this assessment in order to set out the community needs and determine where to focus community outreach resources. The assessment will be the basis for creating an implementation strategy to focus on those needs. This report ultimately represents IU Health Methodist's efforts to share knowledge that can lead to improved health and the quality of care available to their community residents while building upon and reinforcing IU Health Methodist's existing foundation of healthcare services and providers.

1.2 Objectives

The 2011 IU Health Methodist CHNA has four main objectives:

1. Develop a comprehensive profile of health status, quality of care, and care management indicators overall and by county for those residing within the IU Health Methodist service area, specifically within the primary service area (PSA) of Marion County, Indiana.
2. Identify the priority health needs (public health and healthcare) within the IU Health Methodist PSA.
3. Serve as a foundation for developing subsequent detailed recommendations on implementation strategies that can be utilized by healthcare providers, communities, and policy makers in order to improve the health status of the IU Health Methodist community.
4. Supply public access to the CHNA results in order to inform the community and provide assistance to those invested in the transformation to the community's healthcare network.

2 EXECUTIVE SUMMARY

2.1 Overall IU Health Methodist Community

- Service Area Counties: Marion, Hendricks, Johnson, Morgan, Hamilton, Madison, Hancock, Shelby, and Boone
- Service area population in 2010: 1,834,672
- 75% of the IU Health Methodist inpatient discharge population resides in Marion (66%), Hendricks (4%), Johnson (3%), and Morgan (2%) counties
- Of the eight service area counties, all except Madison are expected to increase in population by 2015
- The 65+ population is projected to increase substantially by 2015 for all counties, and the 20-24-year-old college-age population is anticipated to increase for all counties except Shelby
- Similar to poverty rates for Indiana and the US, rates for all counties except Hendricks and Morgan have increased from 2008 to 2009
- 29% of community discharges were for patients with Medicaid, 25% were for patients with Medicare, and 17% were for uninsured/self-pay patients

IU Health Methodist's entire community service area extends into nine counties: Marion, Hendricks, Johnson, Morgan, Hamilton, Madison, Hancock, Shelby, and Boone. Poor social and economic factors may contribute to the poor lifestyle choices that are prevalent in the community, such as substance abuse, poor diet, and lack of physical activity.

Top Community Health Needs

The needs listed below specify the health issues identified by the assessment as priority needs across the entire community served by the hospital. These problems affect most of the community service area counties, but particularly apply to the PSA of Marion County.

Obesity

Access to healthcare

Mental health

Prenatal care

Tobacco use

2.2 Primary Service Area

Marion County comprises the majority of the IU Health Methodist community. It accounts for most of the PSA's total population, and 66% of the inpatient discharge population of the total community service area.

Marion County has higher rates of unemployment than both the state of Indiana and the national average. The median household income of Marion County is also below the state and national averages. The county is adversely affected by a combination of chronic health conditions, unsafe neighborhoods, low educational attainment, increasing poverty rates, and the low availability of higher paying jobs.

Other characteristics of Marion County are as follows:

- Marion County has seen a 5% increase in population since 2000, a rate lower than the average rate for the entire IU Health Methodist service area (14.1%), the state of Indiana (6.6%), and the entire nation (10%)
- The senior population (65+) is projected to increase at a lower rate for Marion County as the total IU Health Methodist service area and the entire state
- Approximately 7% of Marion County community discharges were ambulatory care sensitive conditions (ACSC) in 2007, which was lower than the rate for all other service area counties except Hamilton
- Based on County Health Rankings, Marion County ranked 82nd out of 92 counties in the state of Indiana for overall health outcomes, and 85th out of 92 counties for overall health factors
- Marion County compared unfavorably for many Community Health Status Indicators, and this was especially so for factors related to prenatal and infant care (eg, low birth weight, very low birth weight, premature births, births to women under 18, births to unmarried women, no care in the first trimester, infant mortality, neonatal infant mortality, post-neonatal infant mortality) and chronic/morbid health conditions (eg, cancer and stroke)
- Among the 10 ZIP code areas included within Marion County, the city of Indianapolis has the highest community health needs based on CNI assessment of economic and structural health indicators; the need was scored as high
- 160 Marion County community members responded to IU Health Methodist's CHNA survey, and 56% rated their community as "Somewhat Unhealthy" or "Very Unhealthy"

3 STUDY METHODS

3.1 Analytic Methods

In order to provide an appropriate overarching view of the community's health needs, conducting a local health needs assessment requires the collection of both quantitative and qualitative data about the population's health and the factors that affect it. For this CHNA, quantitative analyses assessed the health needs of the population through data abstraction and analysis, and qualitative analyses were conducted through structured interviews and conversations with community leaders in areas served by IU Health Methodist. The qualitative community orientation portion of the analysis was critically important to include in this assessment's methodology, as it provides an assessment of health needs from the view of the community rather than from the perspective of the health providers within the community.

3.2 Data Sources

CHNAs seek to identify priority health status and access issues for particular geographic areas and populations. Accordingly, the following topics and data are assessed:

- Demographics, eg, population, age, sex, race
- Economic indicators, eg, poverty and unemployment rates, and impact of state budget changes
- Health status indicators, eg, causes of death, physical activity, chronic conditions, and preventive behaviors
- Health access indicators, eg, insurance coverage, ambulatory care sensitive condition (ACSC) discharges
- Availability of healthcare facilities and resources

Data sets for quantitative analyses included:

- Dignity Health (formerly Catholic Healthcare West)—Community Needs Index
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Community Health Status Indicators Project
- Dartmouth Atlas of Health Care
- Indiana Department of Workforce Development
- Indiana Hospital Association Database
- Kaiser Family Foundation
- National Research Corporation—Ticker
- Robert Wood Johnson Foundation—County Health Rankings
- STATS Indiana data—Indiana Business Research Center, IU Kelley School of Business
- Thomson Reuters Market Planner Plus and Market Expert
- US Bureau of Labor Statistics
- US Census Bureau
- US Department of Commerce, Bureau of Economic Analysis

- US Health Resources and Services Administration

While quantitative data can provide insights into an area, these data need to be supplemented with qualitative information to develop a full picture of a community's heath and health needs. For this CHNA, qualitative data were gathered through surveys of members of the public, and a focus group with health leaders and public health experts.

3.3 Information Gaps

To the best of our knowledge, no information gaps have affected IU Health Methodist's ability to reach reasonable conclusions regarding community health needs. While IU Health Methodist has worked to capture quantitative information on a wide variety of health conditions from a wide array of sources, IU Health Methodist realizes that it is not possible to capture every health need in the community and there will be gaps in the data captured.

To attempt to close the information gap qualitatively, IU Health Methodist conducted community conversations and community input surveys. However, it should be noted that there are limitations to these methods. If an organization from a specific group was not present during the focus group conversations with community leaders, such as seniors or injury prevention groups, then that need could potentially be underrepresented during the conversation.

3.4 Collaborating Organizations

The IU Health system collaborated with other organizations and agencies in conducting this needs assessment for the IU Health Methodist community. These collaborating organizations are as follows:

Challenge Foundation Academy

CICOA Aging and In-Home Solutions

DWA Healthcare Communications Group

HealthNet

Indiana State Department of Health

Indiana University School of Public Health

IndyHub

IU Health Methodist Hospital

IUPUI School of Physical Education and Tourism

Indy Parks and Recreation

Marion County Health Department

United Way of Central Indiana

Verité Healthcare Consulting, LLC

4 DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by IU Health Methodist. The PSA of IU Health Methodist includes Marion County. The secondary service area (SSA) is comprised of eight contiguous counties. The community definition is consistent with the inpatient discharges for 2010, as illustrated in ***Table 1*** and ***Figure 1*** below.

Table 1
IU Health Methodist Hospital Inpatient Discharges by County and Service Area, 2010

Discharge Area	County	Discharges	Percent of Total
Primary Service Area	Marion	20,887	65.7%
	Subtotal	***20,887***	***65.7%***
Secondary Service Area	Hendricks	1222	3.8%
	Johnson	891	2.8%
	Morgan	727	2.3%
	Hamilton	595	1.9%
	Madison	452	1.4%
	Hancock	342	1.1%
	Shelby	238	0.7%
	Boone	224	0.7%
	Subtotal	***4691***	***14.7%***
All Other Areas	***Subtotal***	***6233***	***19.6%***
Total Discharge Population		**31,811**	**100.0%**

Source: IHA Database, 2010.

In 2010, the IU Health Methodist PSA included 20,887 discharges and its SSA, 4691 discharges. The community was defined based on the geographic origins of IU Health Methodist inpatients. Of the hospital's inpatient discharges, approximately 75% originated from the PSA and 20% from the SSA (***Table 1***).

Figure 1
Counties in the IU Health Methodist Service Area Community, 2010

5 SECONDARY DATA ASSESSMENT

5.1 Demographics

IU Health Methodist Hospital is located in Hamilton County, a county located in central Indiana. Marion County includes ZIP codes within the towns of Indianapolis, Lawrence, Clermont, and Plainfield. Based on the most recent Census Bureau (2010) statistics, Marion County's population is 903,393 persons with approximately 52% being female and 48% male. The county's population estimates by race are 59.6% White, 27.0% Black, 9.6% Hispanic or Latino, 2.1% Asian, 0.5% American Indian or Alaska Native, and 2.5% persons reporting two or more races.

Marion County has relatively moderate levels of educational attainment. A high school degree is the level of education 30% had achieved in 2010, and the percentage of those with a high school degree increased slightly from 2000 to 2010 (29.6% to 30.1%). An additional 20% of Marion County residents had some college, but no degree. As of 2010, 24% of the population had an associate's or bachelor's degree, and 9% hold a graduate or professional degree.

Within the entire service area, the total population for the PSA is 1,257,389 and the total population for surrounding counties is 577,283, as illustrated in ***Table 2*** below.

Table 2
Service Area Population, 2010

Service Area	County	Population	Percent of Total
Primary	Marion	903,393	49%
	Subtotal	***903,393***	***49%***
Secondary	Hendricks	145,448	7.9%
	Johnson	139,654	7.6%
	Morgan	68,894	3.8%
	Hamilton	274,569	15.0%
	Madison	131,636	7.2%
	Hancock	70,002	3.8%
	Shelby	44,436	2.4%
	Boone	56,640	3.1%
	Subtotal	***931,279***	***51%***
Total Service Area		**1,834,672**	**100.0%**

Source: US Census Bureau, 2012.

Population growth can help to explain changes in community characteristics related to health status, and thus it plays a major role in determining the specific services that a community needs. The Marion County population has increased 5% since 2000, when the population was estimated to be 860,440 persons. Comparatively, Marion County's population has increased slower than the average population across the total service area, which increased by approximately 14% from 2000 to 2010. Indiana's total 2010 population estimate of 6,483,802 was up by 6.6% from 2000, and population growth was up by 10% for the entire nation.

Marion County's total population is projected to increase 2.72% by 2015. Its population is expected to decline only for children/youth aged 5-19 (-0.14%).

At almost 12%, the 65+ population is expected to grow the fastest among all Marion County age cohorts between 2010 and 2015. In general, an older population can produce increased demand for healthcare services and a potential increase in the prevalence of certain chronic conditions. The rate of population growth in Marion County for persons 65+ is expected to increase more slowly than both the combined IU Health Methodist service area (18.4%) and the state of Indiana (15.4%), as illustrated in ***Table 3*** below.

Table 3
Projected 2010-2015 Service Area Population Change

Service Area	County	Overall		Projected 2010-2015 Change by Age Cohort					
		2010 Total Population	Projected 2010-2015 Change	0-4	5-19	20-24	25-44	45-64	65+
Primary	Marion	903,393	2.72%	3.93%	-0.14%	2.83%	2.35%	1.13%	11.95%
	Subtotal	***903,393***	***2.72%***	***3.93%***	***-0.14%***	***2.83%***	***2.35%***	***1.13%***	***11.95%***
Secondary	Hendricks	145,448	13.42%	8.42%	11.34%	21.84%	8.85%	13.43%	29.39%
	Johnson	139,654	7.63%	3.69%	4.96%	11.87%	3.40%	7.53%	22.10%
	Morgan	68,894	2.23%	-0.12%	-2.13%	9.44%	-4.01%	3.14%	17.66%
	Hamilton	274,569	15.98%	9.55%	12.84%	30.92%	8.36%	19.72%	39.65%
	Madison	131,636	-0.73%	-1.90%	-3.70%	3.01%	-3.32%	-2.71%	9.82%
	Hancock	70,002	8.91%	7.35%	6.02%	14.75%	4.17%	6.92%	26.49%
	Shelby	44,436	1.00%	0.22%	-3.77%	-0.48%	-3.56%	1.80%	15.35%
	Boone	56,640	8.79%	5.96%	6.75%	15.80%	2.49%	11.14%	19.93%
	Subtotal	***931,279***	***9.27%***	***5.67%***	***6.71%***	***15.64%***	***4.20%***	***9.94%***	***24.19%***
Total Service Area		**1,834,672**	**6.04%**	**4.78%**	**3.50%**	**7.90%**	**3.26%**	**5.76%**	**18.41%**
Indiana		**6,483,802**	**3.00%**	**2.20%**	**0.10%**	**3.10%**	**0.30%**	**2.00%**	**15.40%**

Source: Indiana Business Research Center, IU Kelley School of Business, 2012 (based on US Census data for 2010).

5.2 Economic Indicators

The following topics were assessed to examine various economic indicators with implications for health: (i) Employment, (ii) Household Income and People in Poverty, (iii) Indiana State Budget; and (iv) Uninsurance.

5.2.1 Employment

Between 2010 and 2011, the share of jobs was greatest in the areas of healthcare and social assistance, manufacturing, retail trade, accommodation and food services, administrative support for waste management and remediation services, professional, scientific, and technical services,

transportation and warehousing, and wholesale trade. Marion County has a diverse group of major employers reported by the Indiana Department of Workforce Development, including: Eli Lilly International Corporation/Eli Lilly and Company, St. Vincent Hospital, Indiana University-Purdue University Indianapolis, Indiana University Health System, Indiana University School of Medicine, St. Francis Hospital & Health Center, and Allison Advanced Development Company (LibertyWorks).

Marion County reported a relatively similar unemployment rate than the rate for the state of Indiana, but had a slightly higher rate of unemployment than that for most surrounding counties and the entire US. ***Table 4*** summarizes unemployment rates at December 2010 and December 2011.

Table 4
Unemployment Rates, December 2010 and December 2011

Service Area	County	December 2010	December 2011	% Change from 2010-2011
Primary	Marion	9.2%	9.1%	-0.1%
Secondary	Hendricks	7.2%	7.0%	-0.2%
	Johnson	7.7%	7.5%	-0.2%
	Morgan	9.1%	8.7%	-0.4%
	Hamilton	6.4%	6.0%	-0.4%
	Madison	10.6%	10.1%	-0.5%
	Hancock	8.2%	7.6%	-0.6%
	Shelby	9.2%	8.7%	-0.5%
	Boone	7.1%	7.5%	0.4%
Indiana		9.3%	8.9%	-0.4%
USA		9.4%	8.5%	-0.9%

Source: US Bureau of Labor Statistics, 2012.

5.2.2 Household Income and People in Poverty

Areas with higher poverty rates tend to have poorer access to healthcare, lower rates of preventive care, higher rates of preventable hospital admissions, and poorer health outcomes in general. According to the US Census, in 2009, the national poverty rate was at 14.3%, increasing from 13.2% in 2008. In Indiana, 14.4% of the state population lived in poverty, which was a 1.9% increase from the 2008 poverty rate (12.9%).

For Marion County, a poverty rate of 19.7% was reported in 2009, rising from 16.5% in 2008 (3.2%). Comparatively for Indiana, Hendricks County has the lowest poverty rate at 5.1% and Monroe County has the highest poverty rate at 21.9%. ***Table 5*** illustrates the poverty rates by year between 2007 and 2009.

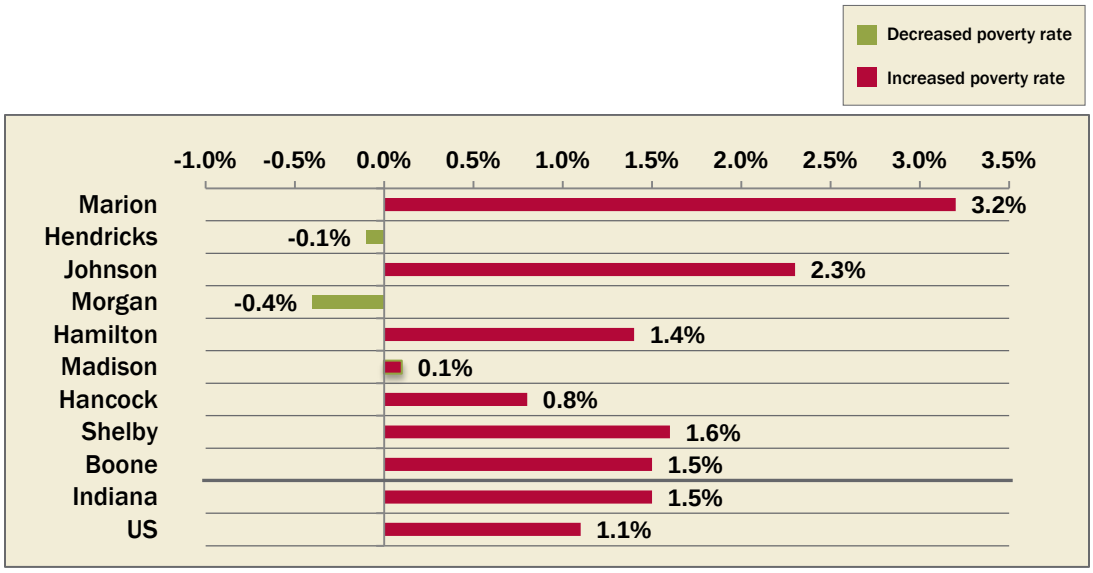
Table 5
Percentage of People in Poverty, 2007-2009

Service Area	County	2007	2008	2009	% Change from 2008-2009
Primary	Marion	15.6%	16.5%	19.7%	3.2%
Secondary	Hendricks	5.0%	5.2%	5.1%	-0.1%
	Johnson	7.0%	7.4%	9.7%	2.3%
	Morgan	8.7%	10.6%	10.2%	-0.4%
	Hamilton	3.9%	4.2%	5.6%	1.4%
	Madison	13.6%	14.6%	14.7%	0.1%
	Hancock	4.8%	5.7%	6.5%	0.8%
	Shelby	9.8%	10.8%	12.4%	1.6%
	Boone	6.6%	6.4%	7.9%	1.5%
Indiana		12.3%	12.9%	14.4%	1.9%
USA		13.0%	13.2%	14.3%	1.1%

Source: US Census Bureau, 2012.

Marion County had the highest poverty rate increase (+3.2%) in the IU Health Methodist service area between 2008 and 2009, followed by Johnson County (+2.3%). The only service area county poverty rates that decreased were those for Morgan (-0.4%) and Hendricks counties (-0.1%). Comparisons of each service area county's poverty rates, as well as those for the state of Indiana and the entire US, are displayed in ***Figure 2*** below.

Figure 2
Percentage Change in Poverty Rates between 2008 and 2009



Source: US Census Bureau, 2012.

Income level is an additional economic factor that has also been associated with the health status of a population. Based on US Census Bureau (2009) data, Marion County's per capita personal income was estimated to be $36,409, which is above the Indiana state average of $33,323; and a median household income around $41,201, which is below the Indiana state average of $45,427. However, Marion County's per capita personal income and median household income were both below the US national average of per capita income of $38,846 and median household income of $50,221.

5.2.3 Insurance Coverage

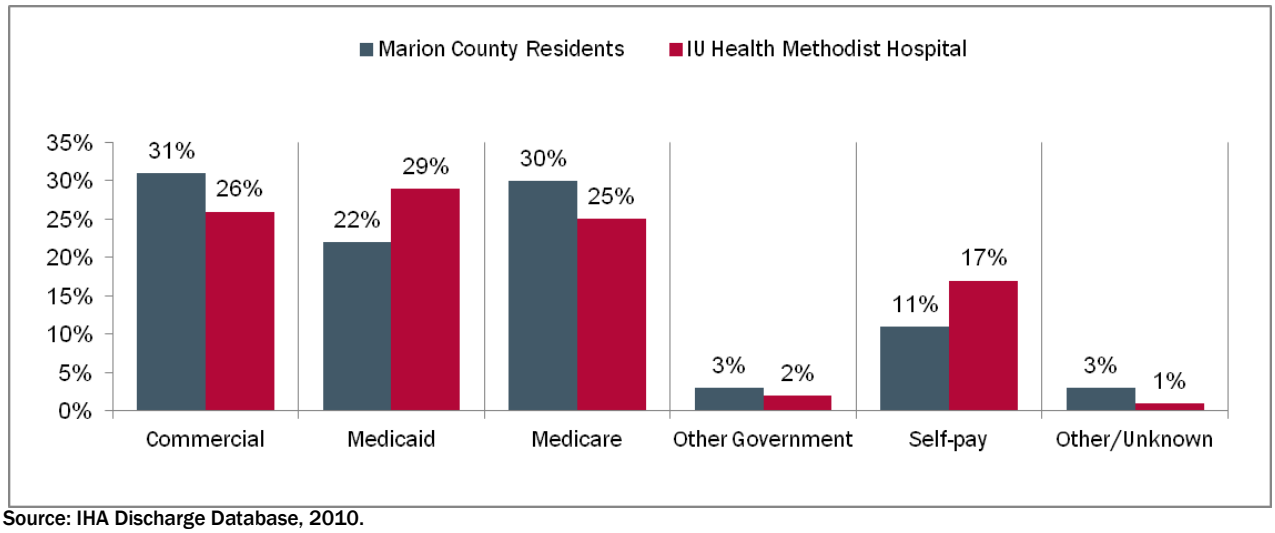
National statistics on health insurance indicate that 16% of the United States population is uninsured. Of the US population that is insured, 49% are insured through an employer, 5% through individual providers, 16% through Medicaid, 12% through Medicare, and 1% through other public providers.

In Indiana, it is estimated that 14% of the population are uninsured, 7% of which are children. Of the Indiana residents who are insured, 16% residents are insured through Medicaid, 14% through Medicare, 52% through their employer, 3% through individual providers, and 1% through other public providers. [1]

Based on inpatient discharge data from the Indiana Hospital Association (IHA), 31% of Marion County residents have commercial insurance, 22% are insured through Medicaid, 30% are insured through Medicare, 11% pay out-of-pocket (uninsured) and 6% have other government insurance or are unknown.

At IU Health Methodist Hospital, it is estimated that 26% of discharged patients have commercial insurance, 29% are insured through Medicaid, 25% are insured through Medicare, 17% pay out-of-pocket (uninsured), and 3% have other government insurance or are unknown (see ***Figure 3***).

Figure 3
Insurance Coverage
2009 Marion County and IU Health Methodist Hospital Inpatient Discharges



Source: IHA Discharge Database, 2010.

1. Kaiser State Health Facts 2009-2010, Kaiser Family Foundation. http://www.statehealthfacts.org.

5.2.4 Indiana State Budget

The recent recession has had major implications not only for employment, but also for state budget resources devoted to health, public health, and social services. Outlined below are findings from the fiscal year (FY) 2010-2011 health service expenditures and achievements, as well as pertinent changes related to healthcare within the FY 2012-2013 biennium budget.

Fiscal Year 2010-2011 Health Services

- In FY 2010, Health and Welfare accounted for 38.9%, or $10.2 billion, of expenses
  - The change in expenses from FY 2009 was a decrease of $19.1 million, or 0.2%
  - Some of the major expenses were Medicaid assistance ($6.0 billion), the US Department of Health and Human Services Fund ($1.4 billion), and the federal food stamp program, $1.5 billion

- The Medicaid Assistance Fund received $4.5 billion in federal revenue in FY 2011, as compared to $4.0 billion in FY 2010
  - The Fund distributed $6.0 billion in Medicaid assistance during the year, which is an increase of $598.3 million over FY 2010
  - The total change in the fund's balance was an increase of $114.4 million from FY 2010 to FY 2011

- The US Department of Health and Human Services Fund is a new fund created during the 2011 fiscal year with the implementation of the new statewide accounting system to account for federal grants that are used to carry out health and human services programs
  - The fund received $1.2 billion in federal grant revenues and expended $1.4 billion
  - The change in fund balance from FY 2010 to FY 2011 was an increase of $134.9 million

- The Children's Health Insurance Plan (CHIP) spent $138.1 million in FY 2011
  - At the end of FY 2011, CHIP was serving 83,494 clients, an increase of 4.7% compared to the average number of clients served by CHIP in FY 2010

- From 2005 to 2011, the Department of Child Services (DCS) has increased the total number of filled Family Case Manager (FCM) positions in Indiana by 838, from 792 to 1630

- In January 2010, DCS established the Indiana Child Abuse and Neglect Hotline to serve as the central reporting center for all allegations of child abuse or neglect in Indiana; the Hotline is staffed with 62 FCMs, also known as Intake Specialists, who are specially trained to take reports of abuse and neglect

Fiscal Year 2012-2013 Budget

- Pension obligations are fully met and the Medicaid forecast is fully funded; this 2012-2013 budget increases funding in key areas such as K-12 education, student financial aid, Medicaid, and pensions
- The budget does not include any appropriations for the implementation of the Patient Protection Affordable Care Act (PPACA); however, it is projected that costs will begin to be incurred during this biennium, with General Fund appropriations needed in the FY 2014-2015 biennium budget

- The budget removes statutory restrictions that prevented the Family and Social Services Administration (FSSA) from reducing staffing levels at either the Evansville State Hospital or the Evansville Psychiatric Children's Center, regardless of the number or type of patients being treated at each facility

- The budget eliminates the Indiana Tobacco Prevention and Cessation (ITPC) Board, and transferred its responsibilities to the Indiana State Department of Health (ISDH) on July 1, 2011; the ISDH totals include annual appropriations of $8.1 million from the Tobacco Master Settlement Fund for tobacco prevention and cessation efforts

- The ISDH budget saw a 16.6% decrease in general fund appropriations for the FY 2012-2013 biennium budget

- The budget appropriates $48.8 million annually for The Community and Home Options to Institutional Care for the Elderly and Disabled (C.H.O.I.C.E.) In-Home Services, one of very few programs to not be reduced compared to FY 2011 appropriation levels

- FY 2012 HHS divisional and program budgets that have been reduced as compared to FY 2011 appropriation levels include:
    - Division of Aging Administration (-33%)
    - Tobacco Use Prevention & Cessation Program (-25%)
    - Community Health Centers (-25%)
    - Department of Child Services (-24%)
    - Residential Care Assistance Program for the elderly, blind, disabled (-22%)
    - Child Psychiatric Services Fund (-17%)
    - Minority Health Initiative (-15%)
    - Prenatal Substance Abuse & Prevention (-15%)
    - Office of Women's Health (-15%)
    - Children With Special Healthcare Needs (-15%)
    - Cancer Education & Diagnosis—Breast (-15%)
    - Cancer Education & Diagnosis—Prostate (-15%)
    - Disability and Rehabilitation Services (-11%)

5.3 Discharges for Ambulatory Care Sensitive Conditions

Ambulatory care sensitive conditions (ACSC) are health issues that, in theory, do not require hospitalizations if adequate ambulatory (primary) care resources are available and accessed. Methodologies for quantifying ACSC discharges have been well-tested for more than a decade. Disproportionately large numbers of ACSC discharges indicate potential problems with the availability or accessibility of ambulatory care services. ***Table 6*** illustrates the estimated percentage of 2007 ACSC discharges per Medicare enrollee for the IU Health Methodist PSA, the SSA, and the overall service area.

Table 6
Percentage of ACSC Discharges Per Medicare Enrollee in 2007

Service Area	County	ACSC Discharges Per 1000
Primary	Marion	69.9
	Subtotal	***69.9***
Secondary	Hendricks	76.4
	Johnson	78.0
	Morgan	98.5
	Hamilton	55.2
	Madison	89.9
	Hancock	70.9
	Shelby	110.2
	Boone	84.6
	Subtotal	***83.0***
Total Service Area Average		**81.5**
Indiana		**85.9**
USA		**76.0**

Source: Dartmouth Atlas of Health Care, 2007.

5.4 County Level Health Status and Access Indicators

5.4.1 County Health Rankings

The Robert Wood Johnson Foundation, along with the University of Wisconsin Population Health Institute, created County Health Rankings to assess the relative health of county residents within each state for all 50 states. These assessments are based on health measures of health outcomes, specifically length and quality of life indicators, and health factors, including indicators related to health behaviors, clinical care, economic status, and the physical environment.

Based on the 92 counties in the state of Indiana, counties may be ranked from 1 to 92, where 1 represents the highest ranking and 92 represents the lowest. ***Table 7*** summarizes County Health Ranking assessments for Marion and surrounding counties in Indiana; rankings for counties were converted into quartiles to indicate how each county ranks versus others in the state. The table also illustrates whether a county's ranking worsened or improved from rankings in 2011.

Table 7

Relative Health Status Indicators for Marion County and Surrounding Counties

Key	
>75th Percentile	
50th to 74th Percentile	
25th to 49th Percentile	
<25th Percentile	
Ranking Worsened Between 2011 and 2012	⬇

Indicator	Marion	Hendricks	Johnson	Morgan	Hamilton	Madison	Hancock	Shelby	Boone	Average Ranking for Service Area
Overall Health Outcomes	82 ⬇	5	13 ⬇	42 ⬇	1	75	28 ⬇	77	2	36 ⬇
Mortality	81 ⬇	5 ⬇	12 ⬇	34 ⬇	1	63 ⬇	27	78	2	34 ⬇
Morbidity	75 ⬇	10 ⬇	16	56 ⬇	2	82	24 ⬇	72 ⬇	5	38 ⬇
Overall Health Factors	85	3 ⬇	12 ⬇	31 ⬇	1	91 ⬇	4	57	2	32 ⬇
Health behaviors	70	19 ⬇	28 ⬇	36 ⬇	1	92 ⬇	4	82 ⬇	12	38 ⬇
Tobacco use	62 ⬇	19 ⬇	57 ⬇	33 ⬇	2	85 ⬇	17 ⬇	65	10 ⬇	39 ⬇
Diet and exercise	21	62 ⬇	14 ⬇	32 ⬇	1	92 ⬇	3	89 ⬇	36	39
Alcohol use	26 ⬇	19	23 ⬇	76 ⬇	10 ⬇	40 ⬇	61 ⬇	42 ⬇	54 ⬇	39 ⬇
Sexual activity	92	4 ⬇	30	48	2	87 ⬇	18	43	6	37
Clinical care	19 ⬇	5	13 ⬇	38	1	43 ⬇	4	69 ⬇	2	22 ⬇
Access to care	18 ⬇	6	9 ⬇	36	2	47 ⬇	4	55 ⬇	1	20 ⬇
Quality of care	40 ⬇	5	36 ⬇	43	1	42 ⬇	6	72 ⬇	13	29
Social and economic factors	91 ⬇	3 ⬇	9	31 ⬇	1	85 ⬇	6 ⬇	30	2	29 ⬇
Education	55	3 ⬇	5	44	2 ⬇	86 ⬇	9 ⬇	41	1	27
Employment	31 ⬇	12 ⬇	13 ⬇	29 ⬇	2	66 ⬇	19 ⬇	31	10 ⬇	24 ⬇
Income	92 ⬇	2	15 ⬇	28	1	85 ⬇	6 ⬇	33	3	29 ⬇
Family and social support	92 ⬇	7	37	48 ⬇	2	84	6 ⬇	41	8 ⬇	36
Community safety	91	40 ⬇	73 ⬇	45 ⬇	16 ⬇	67	12	30	17	43 ⬇
Physical environment	92 ⬇	24 ⬇	87	74 ⬇	37 ⬇	60 ⬇	65 ⬇	57 ⬇	55 ⬇	61 ⬇
Environmental quality	92	12	88	63	84	59	37	59	79	64
Built environment	43 ⬇	42 ⬇	70 ⬇	81 ⬇	6 ⬇	65 ⬇	75 ⬇	55 ⬇	22 ⬇	51 ⬇

Source: County Health Rankings, 2012.

Marion County fell within the bottom 25th percentile for overall health outcomes (length and quality of life), ranking 82nd in the state, which is the lowest-ranking for health outcomes among the seven counties in the IU Health Methodist service area. In contrast, other counties in the service area ranked in the 75th percentile (Hendricks, Johnson, Hamilton, and Boone).

In preventable health factors, Marion County ranked 85th in terms of overall health related factors (determinants of health); individual scores are displayed in ***Table 7*** above. A little under half of Marion County's rankings fell within the top 50% of Indiana counties; however, five factors are ranked in the bottom 25%, and several indicator rankings decreased from 2011 to 2012. For Marion County, almost all of the specific indicators that ranked within the bottom 25% of Indiana counties have the worst rankings in the state, and include sexual activity (92nd), income (92nd),

family and social support (92nd), environmental quality (92nd), and community safety (91st). In addition to the above, other indicators ranked in the bottom half of Indiana counties include tobacco use (62nd) and education (55th). Specific indicator rankings that fell between 2011 and 2012 include tobacco use, alcohol use, access to care, quality of care, employment, income, family and social support, and built environment.

Marion County ranked higher than the overall service area for several indicators, but especially for those of diet and exercise (difference of 18), alcohol use (difference of 13), and built environment (difference of 8).

Across all IU Health Methodist service area counties, environmental quality and built environment indicators were ranked most consistently in the bottom quarter or bottom half of Indiana counties.

5.4.2 Community Health Status Indicators

The Community Health Status Indicators (CHSI) Project of the US Department of Health and Human Services compares many health status and access indicators to both the median rates in the US and to rates in "peer counties" across the US. Counties are considered "peers" if they share common characteristics such as population size, poverty rate, average age, and population density.

Marion County has 38 designated "peer" counties in 22 states, including Hamilton, Montgomery, and Summit counties in Ohio, and Jefferson County in Kentucky. ***Table 8*** highlights the analysis of CHSI health status indicators with highlighting in cells that compare favorably or unfavorably both to the US as a whole and to peer counties. Indicators are found to be unfavorable for a county when its rates are higher than those of the entire nation and designated peer counties, and are considered favorable when the rates for the county are lower than those of the US or peer counties.

Marion County compared unfavorably to US and peer county benchmarks for many health conditions, including colon cancer, lung cancer, and stroke. Several indicators related to birth and infant care were unfavorable for Marion County, including low birth weight, very low birth weight, premature births, births to women under the age of 18, births to unmarried women, no care in first trimester, infant mortality, white non-Hispanic infant mortality, Hispanic infant mortality, neonatal infant mortality, and post-neonatal infant mortality. Violent injury indicators related to suicide and homicide were also unfavorable for Marion County; however, motor vehicle injury and unintentional injury indicators were rated as favorable. Other favorable indicators (where rates and percentages for the indicators in Marion County are lower than those for the entire nation or for peer counties) include coronary heart disease and births to women age 40-54.

The indicators comparing unfavorably to US and peer counties across seven of the eight of the counties within the IU Health Methodist Health service area include lung cancer and suicide.

Table 8
Favorable and Unfavorable Health Status Indicators, Marion and Surrounding Counties

Key	
Favorable health status indicator	
Neither favorable nor unfavorable indicator	
Unfavorable health status indicator	

Indicator	Marion	Hendricks	Johnson	Morgan	Hamilton	Madison	Hancock	Shelby	Boone
Low Birth Weight									
Very Low Birth Weight									
Premature Births									
Births to Women Under 18									
Births to Women Age 40-54									
Births to Unmarried Women									
No Care in First Trimester									
Infant Mortality									
White Non-Hispanic Infant Mortality									
Black Non-Hispanic Infant Mortality									
Hispanic Infant Mortality									
Neonatal Infant Mortality									
Post-Neonatal Infant Mortality									
Breast Cancer (Female)									
Colon Cancer									
Lung Cancer									
Coronary Heart Disease									
Stroke									
Homicide									
Suicide									
Motor Vehicle Injuries									
Unintentional Injury									

Source: Community Health Status Indicators Project, Department of Health and Human Services, 2009.

5.5 ZIP Code-Level Health Access Indicators

The Community Need Index (CNI) was created in 2005 by Dignity Health (formerly Catholic Healthcare West) in collaboration with Thomson Reuters. CNI identifies the severity of health disparities related to housing, English as a second language (ESL), and education level for ZIP codes in the United States. In addition to health indicators, CNI includes economic and structural indicators in its assessment of the overall health of a community. Scores are assigned on a scale of one to five with one indicating the least amount of community need and five indicating the most (see ***Figure 4***). The CNI assessments illustrate correlations between high need/high scores and high hospital utilization in specific ZIP codes. ***Table 9*** summarizes the CNI for ZIP codes in Marion County.

Figure 4
Community Need Index Rating Scale

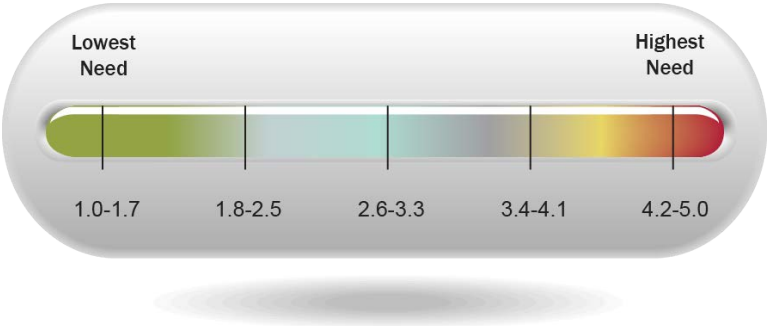
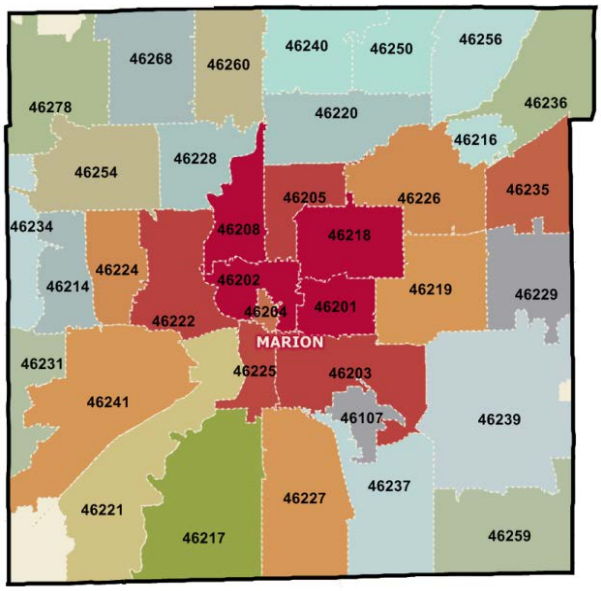


Table 9
CNI Scores for Marion County

PSA County	City	ZIP Code	Rank	ZIP Code	Rank
Marion	Indianapolis	46201	5.0	46254	3.4
		46202	5.0	46260	3.4
		46208	5.0	46107	3.2
		46218	5.0	46229	3.2
		46225	4.8	46268	3.2
		46203	4.6	46214	3.0
		46205	4.6	46220	2.8
		46222	4.6	46228	2.8
		46235	4.4	46240	2.6
		46204	4.2	46250	2.6
		46224	4.0	46256	2.4
		46226	4.0	46237	2.2
		46219	3.8	46239	2.0
		46227	3.8	46278	1.6
		46241	3.8	46217	1.2
		46221	3.6	46259	1.0
	Lawrence	46216	2.4		
		46236	1.6		
	Clermont	46234	2.2		
	Plainfield	46231	1.8		



*Note that ZIP code 46231 (Plainfield) is within a city that is primarily outside of Marion County, but is included above since a large portion of this ZIP code area extends into Marion County.

Source: Community Need Index, 2011.

Within Marion County, CNI scores indicate needs are greatest in 12 ZIP codes within the city of Indianapolis (46201, 46202, 46208, 46218, 46225, 46203, 46205, 46222, 46235, 46204, 46224, and 46226).

5.6 Regional Chronic Conditions and Preventive Behaviors

The National Research Corporation, one of the largest online healthcare surveys in the United States, measures health needs throughout the country. Its Ticker program provides a wide array of data that measure needs in communities, most notably its Chronic Conditions and Preventive Health Behaviors surveys. These surveys provide estimates of chronic conditions and related behaviors within a population of interest.

These estimates are based on a monthly internet survey of over 270,000 individuals across the country. For this CHNA, Ticker data utilized represent the "Indianapolis Regional Market." These Ticker data identified the following top ten chronic conditions:

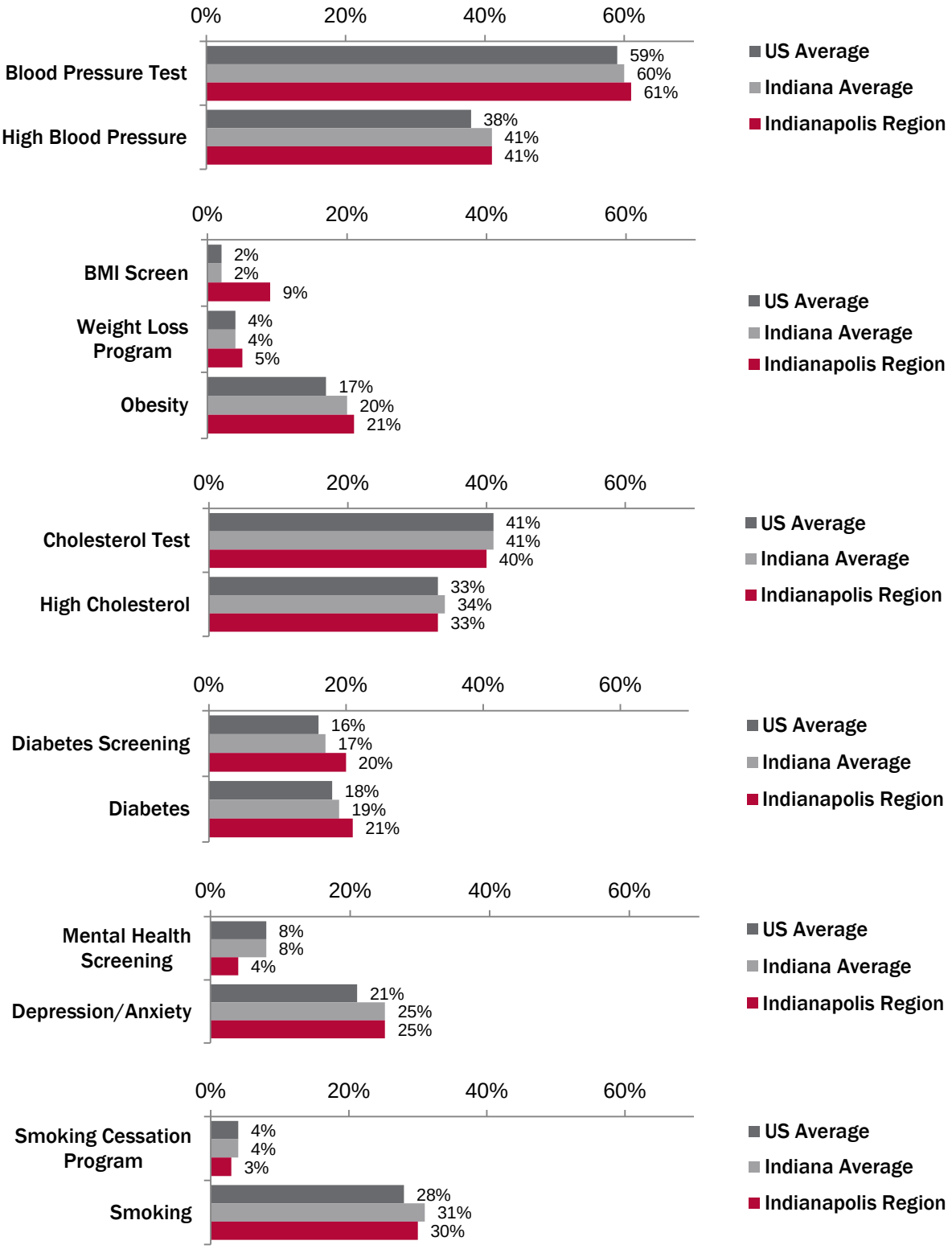
- High blood pressure
- High cholesterol
- Smoking
- Allergies—other
- Arthritis
- Depression/anxiety disorder
- Obesity/weight problems
- Diabetes
- Allergies—hay fever
- Asthma

Most chronic conditions and corresponding preventive behaviors of interest have been compared to the Indiana and US averages. These comparisons indicate that the Indianapolis Region experiences relatively similar percentages of high blood pressure, obesity, high cholesterol, diabetes, depression/anxiety, and smoking as the state and nation.

The charts in ***Figure 5*** below illustrate the chronic conditions and preventive behaviors for the Indiana University Health "Indianapolis Regional Market", Indiana, and the entire nation.

Figure 5

Chronic Conditions and Preventive Behaviors in the Indiana University Health "Indianapolis Regional Market"



Source: Ticker, National Research Corporation, 2012.

5.7 Medically Underserved Areas and Populations

The Health Resources and Service Administration (HRSA) has calculated an Index of Medical Underservice (IMU) score for communities across the US. The IMU score calculation includes the ratio of primary medical care physicians per 1000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population older than 64. IMU scores range from zero to 100, where 100 represents the least underserved and zero represents the most underserved.

Any area or population receiving an IMU score of 62.0 or below qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving an MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care.

When a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the State where the requested population resides."[2]

Table 10 illustrates the areas that have been designated as MUAs or MUPs in the IU Health Methodist community.

2. Guidelines for Medically Underserved Area and Population Designation. US Department of Health and Human Services, Health Resources and Services Administration. http://bhpr.hrsa.gov/shortage/.

Table 10
MUAs and MUPs in the IU Health Methodist Hospital Community

Key	
—	County does not contain an MUP or MUA designation

Service Area	County	Medically Underserved Areas		Medically Underserved Populations	
		IMU Score	Detail	IMU Score	Detail
Primary	Marion	59.3	Marion Service Area - 17 census tracts (CTs)	N/A	Low-income population, North Arlington Service Area - 6 CTs*
		55.7	Marion Service Area - 12 CTs	N/A	Low-income population, Grassy Creek Service Area - 6 CTs*
		51.8	Marion Service Area - 14 CTs	N/A	Low-income population, Forest Manor Service Area - 4 CTs*
		57.3	Marion Service Area - 19 CTs	61.6	Low-income population, Indianapolis Northwest Side - 11 CTs
		53.4	Marion Service Area - 3 CTs	—	
Secondary	Hendricks	—		—	
	Johnson	61.5	Trafalgar Service area (Blue River, Hensley, Nineveh, and Union townships)	—	
		59.9	Johnson Service area, 1 CT	—	
	Morgan	—		—	
	Hamilton	—		—	
	Madison	—		57.1	Low-income population, Anderson City Service Area - 10 CTs
		—		60.7	Low-income population, North Madison Service Area - 7 CTs
	Hancock	—		—	
	Shelby	—		—	
	Boone	—		—	

**Indicates a Government MUP, which is a designation made at the request of a State Governor based on documented, unusual local conditions and barriers to accessing personal health services.*

Source: Health Resources and Services Administration, US Department of Health and Human Services, 2012.

Marion and Johnson counties contained areas designated as MUAs. Marion and Madison counties had service areas designated as MUPs.

5.8 Health Professional Shortage Areas

An area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary care, dental care, or mental healthcare professionals is found to be present. HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility." ***Table 11*** below lists the HPSAs in the IU Health Methodist community.

Table 11
HPSAs in the IU Health Methodist Hospital Community

Key	
—	County does not contain HPSA designation for category

Service Area	County	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA
Primary	Marion	6 health centers: Healthnet Incoporated/Barrington, Indiana Health Center, Health and Hospital Corporation of Marion County, Shalom Health Center, Inc., and Raphael Health Center, Jane Pauley Community Health Center (FQHC Look-a-Like)	Low-income population, Near North Side and Highland-Brookside	Low-income population, Near Northeast
			6 health centers: Healthnet Incoporated/Barrington, Indiana Health Center, Health and Hospital Corporation of Marion County, Shalom Health Center, Inc., and Raphael Health Center, Jane Pauley Community Health Center (FQHC Look-a-Like)	6 health centers: Healthnet Incoporated/Barrington, Indiana Health Center, Health and Hospital Corporation of Marion County, Shalom Health Center, Inc., and Raphael Health Center, Jane Pauley Community Health Center (FQHC Look-a-Like)
Secondary	Hendricks	Plainfield Correctional Facility	—	—
	Johnson	1 health center: Trafalgar Family Health Center	1 health center: Trafalgar Family Health Center	1 health center: Trafalgar Family Health Center
	Morgan	—	—	—
	Hamilton	—	—	—
	Madison	Low-income population, entire county	1 health center: Madison County Community Health Center	2 health centers: Pendleton Correctional Facility and Madison County Community Health Center
		1 health center: Madison County Community Health Center	—	Pendleton Correctional Facility
	Hancock	Low-income population, entire county	—	—
	Shelby	—	—	—
	Boone	—	—	—

Source: Health Resources and Services Administration, US Department of Health and Human Services, 2011.

5.9 Description of Other Facilities and Resources Within the Community

The IU Health Methodist community contains a variety of resources that are available to meet the health needs identified through this CHNA. These resources include facilities designated as FQHCs, hospitals, public health departments, and other organizations. ***Table 12*** below lists the other facilities and resources in the IU Health Methodist community.

Table 12
Resources in Marion and Surrounding Counties

Service Area	County	Public Health Department
Primary	Marion	Marion County Public Health Department (Indianapolis, Indiana)
Secondary	Hendricks	Hendricks County Health Department (Danville, Indiana)
	Johnson	Johnson County Health Department (Franklin, Indiana)
	Morgan	Morgan County Health Department (Martinsville, Indiana)
	Hamilton	Hamilton County Health Department (Noblesville, Indiana)
	Madison	Madison County Health Department (Anderson, Indiana)
	Hancock	Hancock County Health Department (Greenfield, Indiana)
	Shelby	Shelby County Health Department (Shelbyville, Indiana)
	Boone	Boone County Health Department (Lebanon, Indiana)

Service Area	County	FQHC	
Primary	Marion	Barrington Health Center (Indianapolis, Indiana)	Citizens Health Center (Indianapolis, Indiana)
		Barton Annex Clinic (Indianapolis, Indiana)	Countyline Family Health Center (Indianapolis, Indiana)
		Care Center (Indianapolis, Indiana)	Dayspring Center (Indianapolis, Indiana)
		Care Center at the Towers (Indianapolis, Indiana)	Eastside Health Center (Indianapolis, Indiana)
		Harbor Light (Indianapolis, Indiana)	Heartfelt Health Alliance (Indianapolis, Indiana)
		Holy Family Shelter (Indianapolis, Indiana)	Horizon House (Indianapolis, Indiana)
		Interfaith Hospitality Network (Indianapolis, Indiana)	Jane Pauley Community Health Center (Indianapolis, Indiana)
		Martindale/Brightwood Community (Indianapolis, Indiana)	Pathway to Recovery (Indianapolis, Indiana)
		Peoples Health Center (Indianapolis, Indiana)	Raphael Health Center (Indianapolis, Indiana)
		Salvation Army Family Services (Indianapolis, Indiana)	Shalom Primary Care Center (Indianapolis, Indiana)
		Southeast Health Center (Indianapolis, Indiana)	Southwest Health Center (Indianapolis, Indiana)
		Southwest OB Annex (Indianapolis, Indiana)	The New Southwest Health Center (Indianapolis, Indiana)
		Wheeler Mission (Indianapolis, Indiana)	
Secondary	Hendricks	N/A	
	Johnson	Edinburgh Family Health Center (Edinburgh, Indiana)	Trafalgar Family Health Center (Trafalger, Indiana)
	Morgan	N/A	
	Hamilton	Hamilton County WIC Program (Noblesville, Indiana)	
	Madison	Madison County Community Health Center (Anderson, Indiana)	Northern Madison County Community Health Center (Elwood, Indiana)
		Open Door Family Planning Clinic (Anderson, Indiana)	
	Hancock	N/A	
	Shelby	N/A	
	Boone	N/A	

Table 12 (cont.)
Resources in Marion and Surrounding Counties

Service Area	County	Hospital	
Primary	Marion	Community Hospital East	Riley Hospital for Children
		Community Hospital North	Select Specialty Hospital - Beech Grove
		Fairbanks Hospital	St. Vincent Heart Hospital
		Franciscan St. Francis Health	St. Vincent Hospital
		Indiana Orthopaedic Hospital, LLC	St. Vincent New Hope
		Indiana Surgery Center	St. Vincent Seton Specialty Hospital
		IU Health Methodist Hospital	St. Vincent Stress Center
		IU Health University Hospital	St. Vincent Women's Hospital
		Kindred Hospital	The Indiana Heart Hospital
		Peyton Manning Children's Hospital	Westview Hospital
		Rehabilitation Hospital of Indiana	Wishard Memorial Hospital
		Richard L. Roudebush VA Medical Center	
Secondary	Hendricks	Hendricks Regional Health	IU Health West Hospital
	Johnson	BHC Valle Vista Hospital	Johnson Memorial Hospital
		Community Hospital South	Kindred Hospital - Indianapolis South
	Morgan	Franciscan St. Francis Health—Mooresville	IU Health Morgan Hospital
	Hamilton	IU Health North Hospital	St. Vincent Carmel Hospital
		Riverview Hospital	
	Madison	Community Hospital Of Anderson and Madison County	Saint John's Health System
		St. Vincent Mercy Hospital	
	Hancock	Hancock Regional Hospital	
	Shelby	Major Hospital	
	Boone	Witham Health Services	

Sources: Health Resources and Services Administration, US Department of Health and Human Services, 2011; Indiana State Department of Health, Health Care Regulatory Services, 2011

5.10 Review of Other Assessments of Health Needs

5.10.1 2011 Community Action of Greater Indianapolis (CAGI) Community Needs Assessment

Community Action Agencies (CAAs) across the state assess the needs of their communities every three years. This is done through the analysis of state and county level data (ie, Census Bureau and Bureau of Labor Statistics data), client data as reported to (Community Services Block Grant (CSBG) Results Oriented Management Accountability (ROMA) system, and surveying a sampling of both CAA clients and stakeholders (community partners). In Indiana there are 23 CAAs that serve all 92 counties of Indiana and comprise the Community Action Network. Marion, Boone, Hamilton, and Hendricks counties are all served by CAGI.

The purpose of the needs assessment is to provide a complete body of information regarding the specific area to determine if needs are being met and what gaps remain in the community between programs/services and continuing community needs

The client survey was randomly sent in September 2010 to those who had received services from CAGI in 2009. There were 13,772 surveys returned statewide, of which 444 were from CAGI clients. Clients who received the survey were asked what their community needs were and what the barriers were to clients having those needs met.

- The number of clients who were homeowners increased 30% since 2007 and the number of clients who were renters increased 21% during this same time period
    - These numbers might be reflective of the significant increase in population growth seen in Boone, Hamilton, and Hendricks Counties since 2000
- The following were identified by CAGI's client survey respondents as top community needs:
    - Affordable housing
    - Assistance to pay their electric/gas bills
    - Health insurance coverage
    - Assistance to pay their rent or mortgage
    - Assistance to pay their water bills
- The following were identified by CAGI's client survey respondents as barriers to having their needs met:
    - Cost was a barrier for child care, health insurance, and transportation (price of gas)
    - The cost of utilities was a barrier to housing
    - Physical disability was a barrier to work

5.10.2 Marion County Health Department Community Health Assessment

The Marion County Community Health Assessment describes the health status of the Marion County population, as compared to the populations of other major United States cities, Indiana, and the nation. It also examines trends and patterns in the health of the county over the past few years. The data come from various sources, including birth and death certificates, hospital discharge records, the United States Census, and local, state, or national surveys.

The report presents statistics for the years 2001 through 2005. Statistics from 2006 are presented if that data was available at the time of analysis. Statistics from earlier than 2001 are sometimes presented to illustrate trends over longer periods of time.

Key conclusions were:

- Marion County's mortality rates for heart disease and stroke, two top causes of death, decreased and were lower than national rates in 2005
- Marion County's 2005 age-adjusted mortality rate from accidents was 40% lower than the national rate, and 29% higher than the Healthy People 2010 Objective
- As in other urban areas, the incidence of new cases of syphilis in Marion County continues to exceed national rates
- One quarter of Marion county residents smoke
    - Smoking is especially common among males, particularly white males (33% of whom smoke), and persons who have not completed high school
    - In 2003, with data comparing 44 of the largest US cities, Indianapolis had the third highest rate of smoking during pregnancy, with one out of six pregnant women (18%) smoking
- Deaths from accidents, suicides, and homicides accounted for 18 percent of the years of potential life lost in 2005, second only to cancer in causing premature death
- Marion County had a high prevalence of chlamydia and gonorrhea, having the 10th and 7th highest rates, respectively, among the 43 largest US cities reporting rates in 2005
- Marion County death rate for heart disease declined by 23% between 2000 and 2005
- Death rates for all cancers, including breast and prostate cancer fell in Marion County between 2000 and 2005, while rates of death from lung cancer and colorectal cancer increased
    - In 2004, Indianapolis had one of the lowest breast cancer mortality rates of any large city in the United States
- The 2004 and 2005 stroke death rates for Marion County (45 deaths per 100,000 persons) have met and surpassed the Healthy People 2010 Objective of 12-7 of 50 deaths per 100,000 persons
- In the Indianapolis metropolitan statistical area (MSA), the FBI's Uniform Crime Reports estimated 122 murders occurred in 2005, for an MSA rate of 7.5 homicides per 100,000 persons
    - The majority of these cases occurred within the Indianapolis city limits

5.10.3 United Way of Central Indiana (UWCI) Community Assessment 2008

This United Way of Central Indiana (UWCI) Community Assessment is intended to serve as a regional resource for policy development, community impact priority setting, and funding decisions by UWCI's Board of Directors, volunteers, and other funders of health and human services. The primary focus of the assessment is UWCI's service area of Boone, Hamilton, Hancock, Hendricks, Marion, and Morgan counties. Some data is also included for the Central Indiana counties of Johnson and Shelby.

Key conclusions were:

- About 25% of the increase in population in the metropolitan area between 2000 and 2006 is the result of immigration
- New or reconfigured industries employing highly skilled workers at good wages and a strong service sector employing large numbers of unskilled workers at relatively low wages will form the basis of metropolitan Indianapolis' future economy

- All Central Indiana counties are experiencing an increase in the percentage of students qualifying for the free and reduced lunch programs at school, a widely used indicator for the extent of poverty in a community
- Faced with rising health insurance premiums, employers have adapted by purchasing less comprehensive policies for their employees, implementing health savings account programs, and/or shifting more of the costs to their employees; approximately 137,589 individuals (8.5% of all insured individuals) in Central Indiana experience a financial barrier to healthcare access despite having health insurance coverage
- Nationally, Medicaid covers 12% of the US population, and Indiana enrolls 16% of its population
    - Marion County has a substantially higher proportion of its population enrolled in Medicaid programs (18.5%) than other counties
    - The percentage enrolled in Medicaid across the entire eight-county service area is approximately 13%, and Morgan County enrolls 12% of its population
- In Indiana, smoking during pregnancy is most prevalent among white women ages 18-19 (30.7%) and 20-24 (27.7%); of the counties served by the UWCI, Hamilton County had the lowest percentage of mothers who smoked during pregnancy across all years studied (6.9% on average), while Morgan County had the highest (25%) on average
- Although transportation for older adults in many of the counties surrounding Marion (particularly Hendricks, Hancock, and Morgan counties) has improved, it is still not adequate
- Focus group participants in Boone, Morgan, and Hancock Counties mentioned the growing number of Hispanic residents; this could indicate an increased need for English as a Second Language (ESL) as well as basic skills training
- Morgan County focus group participants mentioned that crime involving youth and adult misuse of prescription drugs, including amphetamines, is an emergent issue

5.10.4 Mental Health and Substance Abuse Needs Assessment for Marion County

The mission of the Center for Health Policy is to collaborate with state and local government and public and private healthcare organizations in policy and program development, program evaluation, and applied research on critical health policy-related issues. Faculty and staff aspire to serve as a bridge between academic health researchers and government, healthcare organizations, and community leaders. The Center for Health Policy has established working partnerships through a variety of projects with government and foundation support.

Key conclusions were:

- More than 165,000 people in Marion County experience a mental disorder in any given year
- It is estimated that almost 25,000 children in Marion County suffer from a mental disorder
- In Indiana, nearly 13% of the adult population experienced serious psychological distress and almost 9% had at least one depressive episode
- US rates were slightly, but statistically significant, lower than Indiana rates
- Over 34,000 residents with a serious mental illness were from Marion County; of those, almost 21,000 were eligible for Hoosier Assurance Plan (HAP) funding
- Based on 2007 findings, the total percentage of students in Indiana who had feelings of sadness or hopelessness was 28%
- 297 deaths were attributed to mental and behavioral disorders in Marion County in 2006
- 114 deaths from suicide occurred in Marion County (mortality rate was also 13.0 per 100,000 population)

- Based on prevalence rates, over 63,000 residents in Marion County suffered from chronic addiction and of these almost 20,000 were eligible for HAP funding
- Use of alcohol and methamphetamines were significantly lower in Marion County compared to the entire state
- Marijuana use was higher in Marion County from 2003 through 2005, but then started to decline significantly and is now below the state's percentage
- Cocaine as well as heroin use continued to be higher in Marion County than Indiana overall
- By the end of 2008, a total of 3779 residents were living in Marion County with HIV disease; of these, 253 of had been infected as a result of being an injection drug user
- In 2008, there were 28,493 vehicle collisions in Marion County; 1170 crashes involved
- alcohol use, 35 of which were deadly
- The rate for alcohol-related collisions in Marion County was 1.3 per 1000 population vs the rate for all of Indiana (1.5 per 1000 population)

5.10.5 Health Impact Assessment for Proposed Marion County Transportation Expansion

The metropolitan city of Indianapolis is not coherently transport oriented. The city suffers from disconnected neighborhoods, employment fragmented from employees, and declining health. However, city planners have recently made connectivity and community cohesion through transport a priority, as evidenced by the expansion of the Monon Trail, the Cultural Trail, and a new project to enhance the bikeability of the downtown area. The connection between health and transportation has a growing evidence base in the literature assessed, and the "epidemic of sedentary behavior in the developed world" has a profound effect. The Indy Connect Transportation Initiative is a 25-year comprehensive plan to combat further urban inequalities from a socio-ecological model which includes multiple determinants of health. This report was a summary of findings from three groups that prepared a report on physical activity, obesity, and diabetes.

Key conclusions were:

- 82% of Marion County residents drive alone to work in a car, truck, or van; 10% carpool; only 2% use public transportation
- In the Indianapolis Metropolitan area, over 24% reported no leisure time physical activity in 2007
- Lower income groups were most likely to walk in their neighborhood every day; however, they were least likely to walk for exercise
- Obese individuals were half as likely to walk every day as normal/underweight residents, (12% vs 23%)
- The majority of county residents had access to a safe convenient and affordable place to exercise (84-89%)
- 26% of Hoosiers are physically inactive in the Indianapolis metropolitan area
- Literature reviewed for the assessment projects that less time in the car leads to more time spent on physical activity
- In 2005, among the adults in Marion County, 35% were overweight (Indiana: 35%; US: 37%) and 26% were obese (Indiana: 27%; US: 24%)
    - Black non-Latino adults had higher rates than any other race/ethnic group; this was particularly true for black women
- 89% of ZIP codes in Marion County have access to healthy food
- 10% of adults in Marion County had diabetes in 2008, a 60% increase from 2000
- The total cost of diabetes for people in Marion County (Congressional District 7) was estimated at $375 million in 2006
- The death rate due to diabetes 2008 was 15.1 per 100,000

6 PRIMARY DATA ASSESSMENT

IU Health's approach to gathering qualitative data for its CHNA consisted of a multi-component approach to identify and verify community health needs for the IU Health Methodist service area. This included the following components:

1. Hosting multiple one and a half to two-hour community conversation focus groups with public health officials and community leaders in attendance to discuss the healthcare needs of the service area and what role IU Health Methodist could play in addressing the identified needs.
2. Surveying the community at large through the hospital's website, with special emphasis to garner input from low income, uninsured, or minority groups.

6.1 Focus Group Findings

6.1.1 Identification of Persons Providing Input

Local leaders with a stake in the community's health were invited to attend a focus group session held at IU Health Methodist Hospital. Attendees who participated in the focus group are listed in ***Table 14*** below.

Table 14
Focus Group Participants

Name	Title, Affiliation	Expertise
Cynthia Stone	*Associate Professor, IU School of Public Health*	As an associate professor of Public Health, Ms. Stone understands the issues and obstacles involved in public health and ways to improve it.
Orion Bell	*President & CEO, CICOA Aging and In-Home Solutions*	Mr. Bell is representative of a community perspective on senior health. As President of CICOA, he works to provide access to various services for seniors within the community.
Paul Pfaff	*Director, IU Health Enrollment Center*	Mr. Pfaff is representative of a community perspective regarding underinsured/uninsured populations and access to care . As Director of the IU Health Enrollment Center, he works to provide information and services to uninsured and underinsured populations.
Molly Chavers	*Executive Director, IndyHub*	Ms. Chavers is representative of a community perspective regarding education. As Executive Director of Indy Hub, she has a passion for improving educational opportunities to young adults within the community.
Chuck Bradenburg	*Director of Special Projects and Grants, United Way*	Mr. Bradenburg is representative of a community perspective regarding healthy living. As a Director at United Way, he works for an organization that believes in helping people learn more, earn more, and lead safe and healthy lives, as well as creates programs to assist in those goals, especially for the underserved populations.
Stacey Chappell	*Health Promotion Coordinator, HealthNet*	As a health promotion coordinator, Ms. Chappell has a great understanding surrounding health issues and needs in the community, especially for the low-income/underserved populations.
Dr. Lawrence Reed	*Director, IU Health Methodist Trauma*	Dr. Reed is representative of a perspective regarding community injury prevention and ER use. As director of Trauma Services at IU Health Methodist, he has great knowledge surrounding ER admissions, the misuse of the ER, and the underserved population.

Katie Jones	*Director, Violence Prevention Program, Indiana State Department of Health*	Ms. Jones is representative of a community perspective regarding injury prevention. As director of a violence prevention program, she has extensive knowledge surrounding potential causes of violent injuries, as well as how to prevent them.
Morgan McGill	*Director, Office of Women's Health*	Ms. McGill is representative of minority populations, especially underserved women. As Director of the Office of Women's Health within the Indiana State Department of Health, she has extensive knowledge regarding the health of women, the issues surrounding it, and ways to improve it.
Dr. Jay Gladden	*Dean, IUPUI School of Physical Education and Tourism Management*	Dr. Gladden is representative of a community perspective toward obesity prevention and promoting physical activity. As Dean of the IUPUI Physical Education program, he has extensive knowledge in healthcare issues particularly surround obesity prevention.
Mary McKee	*Director, Public Health Practice, Marion County Public Health Department (MCPHD)*	As director of the MCPHD, Ms. McKee has direct knowledge of public health needs in Marion County, including low income and underserved populations.
Joenne Pope	*Manager, After School and Summer Programs, IndyParks*	Ms. Pope is representative of a community perspective regarding children's health. As manager of after-school programs, she is knowledgeable of issues and factors that surround children's health outcomes and physical activity.
Jenny Boyts	*Community Coordinator, Challenge Foundation Academy*	Ms. Boyts is representative of a community perspective regarding children's health and education. As community coordinator, she is knowledgeable in children's health and well-being within the community.
Charlie Schlegal	*Principal, Challenge Foundation Academy*	Mr. Schlegal is representative of a community perspective regarding children's health and education. As a principal, he is knowledgeable of children's health and well-being within the community.

6.1.2 Prioritization Process and Criteria

To obtain a more complete picture of the factors that play into the Marion County community's health, input from local health leaders was gathered through two separate focus group sessions. Each live group session lasted two hours and was held at IU Health Methodist Hospital. IU Health facilitators mailed letters and made follow-up telephone calls inviting public health officials and community leaders to attend the focus group discussion, paying special attention to including organizations that represent the interest of low-income, minority, and uninsured individuals. The goal of soliciting these leaders' feedback was to gather insights into the quantitative data that may not be easily identified from the secondary statistical data alone.

Upon arrival to the focus group, participants were asked to list their believed five prioritized health needs for the IU Health Methodist community. These responses were collected and aggregated into a comprehensive list of identified needs to be further discussed later in the session and ranked for severity of need within the community. IU Health facilitators then provided participants with a presentation featuring the mission of IU Health, current outreach priorities, and local health data, including demographics, insurance information, poverty rates, county health rankings, causes of death, physical activity, chronic conditions, preventive behaviors, and community needs index.

Upon completion of the data presentation, IU Health facilitated a discussion on the comprehensive list of identified needs from earlier in the session. The objective of this method was intended to

inspire candid discussions prior to a second identification of five prioritized health needs by each participant. The votes on the five prioritized health needs were tallied and final input from the group was encouraged during this process in order to validate the previously identified needs. Following additional discussion, participants were also asked to address what they thought the role of IU Health Methodist could be in meeting the local health needs.

6.1.3 Description of Prioritized Needs

The focus group identified the following five needs as priorities for IU Health Methodist:

1. Obesity.
2. Access to healthcare.
3. Mental health.
4. Prenatal care.
5. Tobacco use.

These prioritized needs are discussed in more detail below.

1. Obesity was the number one need of Marion County, as identified by focus group participants. Community leaders discussed the need for more physical activity and nutrition programs within Marion County. Participants also believed that priority needed to be placed on providing access to healthy food options. It was acknowledged within both sessions that obesity encompasses many other comorbid conditions, such as diabetes, heart disease, cancer, high blood pressure/cholesterol, etc. Community leaders believe that if there was an increase in the access to healthy foods, especially within the areas designated as "food deserts", this would be most beneficial to addressing this health issue. The groups also suggested increased support (both financially and promotionally) for nutrition and physical activity programs.

The group learned about Indy Urban Acres, a produce-distribution program for community "food deserts", and they were pleased with this concept and suggested more farms be developed. Community leaders mentioned that food banks are not appropriate for people with chronic conditions, as they normally do not have healthy options available at these resources. Assisting with this issue could be a great benefit for those individuals with higher health risks. Lastly, both sessions agreed that IU Health should work to collaborate with Indianapolis Public Schools (IPS) in order to better address youth nutrition. The students are more often than not on the free/reduced lunch program, which means that the meals they are receiving are their main meals and the options are often not healthy enough. The group also agreed that some type of healthy weight initiative should be implemented for each school and could serve as a best practice for other school systems in the area.

The group also learned about IU Health's current physical activity programs, eg, Riley Health Club and Committed to Kids Health, and would like to see more of these programs. Participants suggested that Marion County has a great asset within IUPUI and the students there could be used more routinely within the local public schools to help conduct physical activity and nutrition programs. The concept of the 'tumble bus' was additionally discussed. Overall, the group believed physical activity should be brought to the community within a variety of settings such as the workplace, neighborhoods, schools, community areas, etc. This would help to bring access to those that may not be able to take part in programs due to issues related to transportation and affordability. CICOA Aging and In-Home Solutions focus group participants also mentioned the idea of implementing personal trainers in senior centers within the community. This program could be expanded to assisted-living centers, and would allow for the elderly population to gain access to

initiatives that promote increased physical activity as well. Community leaders would also like to see IU Health promote the concept of "walking meetings" and make it a standard for healthy work places.

2. Access to healthcare was the second greatest need of the community, as agreed upon by all focus group participants. Community leaders saw healthcare navigation as a large issue. It is difficult, even for educated individuals, to find a primary care provider (PCP), and more than likely this is increasingly difficult for those who are less educated. The system is not set up appropriately to allow straightforward navigation of available PCPs that are taking patients, what insurance the providers accept, where exactly offices and clinics are located, etc. Leaders also expressed the belief that PCPs should to take a defined number of uninsured patients each year in order to help with those that have low access to healthcare resources. Customer care towards patients is also lacking, as doctors look for quantity of patients and not necessarily quality. Community leaders believed that IU Health could leverage some type of program that would increase the amount of available PCPs and fill the void of primary care coverage for low-access individuals. Fellowships and grants were discussed as additional ideas to provide incentives that would bring more PCPs into the area.

Community leaders also mentioned they would like to see programs in place for the 'working poor'. For this group, some of them do not qualify for the Healthy Indiana Plan (HIP) or other government insurance plans, but are still unable to pay for healthcare, leaving them completely uninsured. Community leaders believe that more work could be done within the school system as well. For example, school-based clinics could also expand services in order to see families and community members on a regular basis.

The lack of mass transit options in the community was discussed as an additional access issue contributing to the struggle of getting patients to their healthcare appointments. Not all places have a bus system, and even that may not be affordable to some low-income community residents. Some patients may also be unable to walk to the bus stop for health reasons and the wait for the bus, especially in the cold, is not something many are willing to do in order to access care.

3. Mental health was a community issue that was said to primarily affect those residents of 21–40 years of age, and is a quiet issue that is often associated with a stigma. Job loss and health-related issue play into mental health problems, leaving behind a community population of unemployed individuals without optimal medical care. Mental health conditions are also experienced by the educated professional population as well, most commonly in forms such as depression and anxiety. Currently, funding for mental health is focused on short-term results and not long-term outcomes, even though mental health is generally a long-term/lifelong issue. Community leaders believed there were not enough providers or screenings in this area of health services and more needs to be done to educate and reduce the mental health stigma within the community.

4. Prenatal care and education was the fourth greatest identified need in the community. Infant mortality within Marion County is still high and there are not enough programs or funding in place to help with the cycle of young, uneducated, low-income mothers having children. In particular, these mothers experience stress of life more heavily and do not have the resources to properly care for both themselves and their children. It was suggested that more 'navigators' be put into place to help with this population, as well as to oversee the increased promotion of prenatal education within the schools, hospitals, and overall community.

5. Tobacco use is believed to not be an issue IU Health Methodist can directly affect, but by standing behind and supporting a ban effort, IU Health Methodist may be able to have an impact within the community. Community leaders also agreed that there needs to be increased education on the health threats associated with tobacco use within schools, employee wellness programs, and hospitals. Participants gave examples of many instances when they have driven or walked by a hospital and saw doctors and nurses standing outside smoking. This sends a bad message to patients and the community about how smoking cessation is essential to living in a healthy way. There are also not enough tobacco cessation programs currently in place within the community, and there is limited funding for those programs that do exist. Currently, Wishard and HealthNet are the only places that offer smoking cessation programs at an affordable or free cost.

6.2 Community Survey Findings

IU Health also solicited responses from the general public regarding the health of the IU Health Methodist community through an online survey. The survey consisted of approximately 15 close- and open-ended questions that assessed the community members' feedback regarding healthcare issues and barriers to access.

A link was made available on the hospital's website via an electronic survey tool from January 2012 through June 2012. A paper version was distributed to local community centers, health clinics, community health fairs and events, as well as within some hospital patient waiting areas. Additionally, an estimated 25,000 surveys were e-mailed, direct-mailed, or sent via newsletter. In addition to disseminating directly to the general public of the community, the survey was also sent via email to participants in the needs assessment focus groups to provide an opportunity for these community leaders to pass onto their local community members.

Respondent Demographics

161 respondents participated in the survey. All of the respondents were from the PSA (Marion County). The survey sample was 79% Caucasian (White), followed by Black or African American (18%), and was fairly evenly distributed across age ranges, with approximately half of respondents being 40 years of age or less, followed by 51-59 (21%), 41-50 (16%), and 60+ (14%) years of age.

The educational attainment of the sample was fairly high, with a majority of respondents (87%) indicating that they had completed either a college undergraduate (50%) or graduate degree (37%). The remaining respondents had completed a high school degree/GED (15%).

Reported household income of the sample was evenly distributed across income ranges defined in the survey. A third of respondents (31%) reported a household income of $67,051+; another 34 percent reported a household income of $22,351-$67.050, followed by 35% of remaining respondents reported a household income lower than $22,350 (36%).

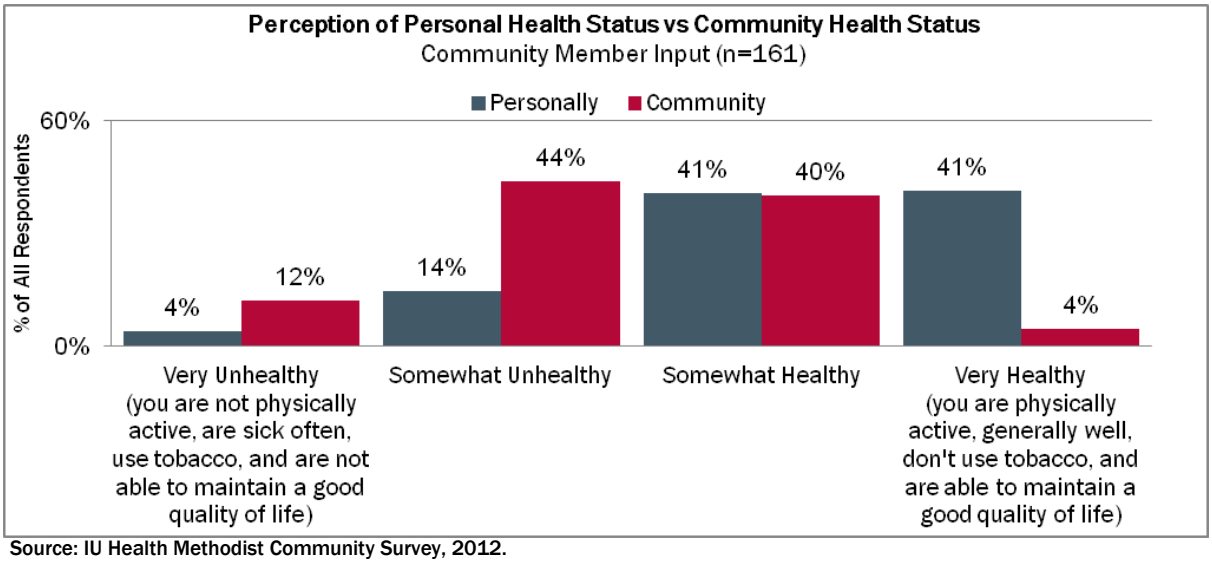
Survey respondents were also asked to report their insurance status. A majority of respondents had commercial/private insurance (87%), followed by a small percentage reported having Medicare (9%), and Medicaid (2%).

Given the reported demographics above, care should be taken in interpreting the survey results, as the high educational attainment and household income of the survey sample is not completely representative of the Marion County community population's demographic.

Perceptions of Personal and Community Health

Survey respondents were asked to assess both how healthy they thought they were personally, as well as how healthy they thought their overall community was. Four response options were presented, ranging from "Very Healthy (you/community members are physically active, generally well, don't use tobacco, and are able to maintain a good quality of life)" to "Very Unhealthy (you/community members are not physically active, are sick often, use tobacco, and are not able to maintain a good quality of life)."

Figure 6
Web-Based Survey Responses



Source: IU Health Methodist Community Survey, 2012.

Participant results are summarized in ***Figure 6*** above. The majority of participants rated themselves as either "Somewhat Healthy" (41%) or "Very Healthy" (41%). Conversely, when asked to rate their overall community on the same scale, most participants rated their community's health as "Somewhat Unhealthy" (44%), as opposed to only 14% rating themselves as "Somewhat Unhealthy".

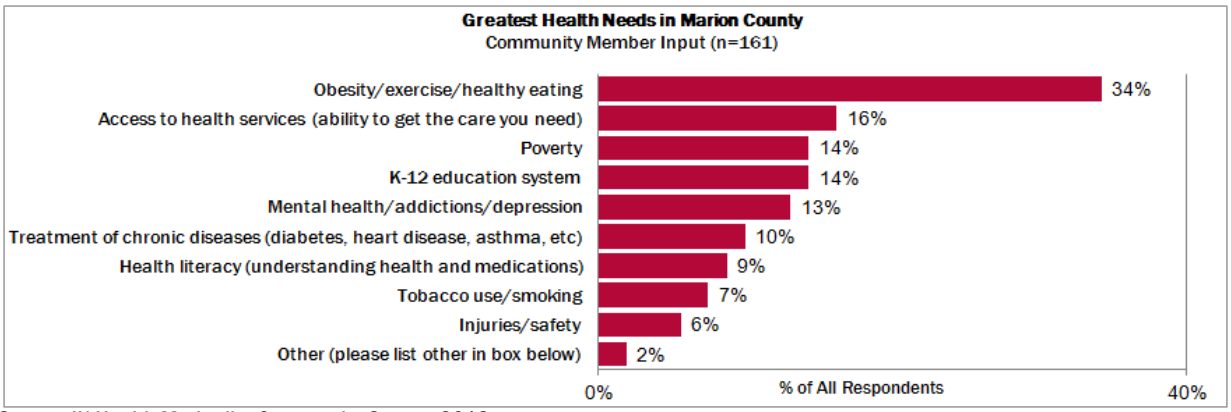
Health Issues

When asked to rate the top health issues in their community on a scale of one to five, the five issues rated most often by respondents as the top need in their community included:

1. Mental Health/addictions/depression.
2. Health literacy.
3. Treatment of chronic diseases.
4. Poverty.
5. K-12 education system.

Figure 7 below illustrates the health issues identified most frequently by respondents as the number one health need in the community.

Figure 7
Web-Based Survey Responses

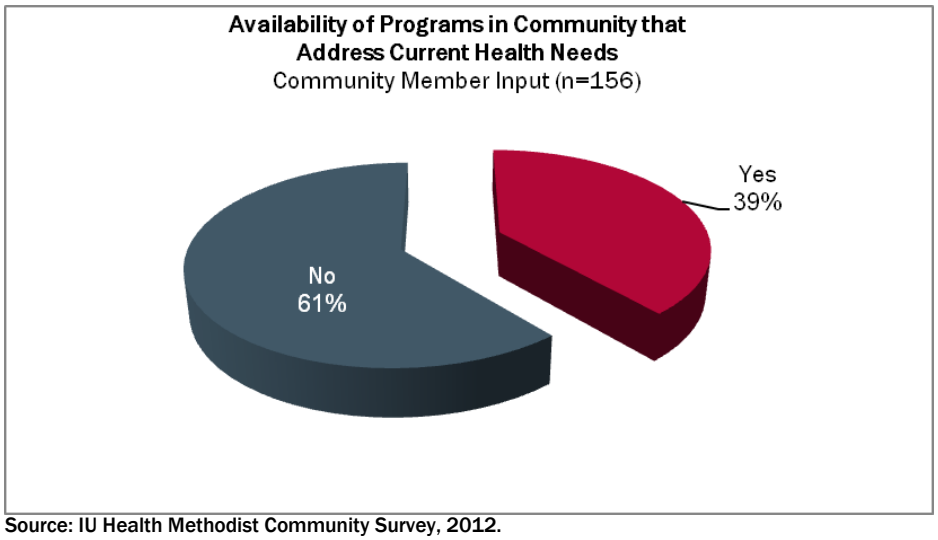


Source: IU Health Methodist Community Survey, 2012.

Community Health Needs

A majority of respondents indicated that their community did not maintain enough programs to help with the identified key community health issues. ***Figure 8*** below illustrates a detailed view of this feedback with regard to the question "*With the five needs you picked above, do you think there are enough programs in your community to help with these needs?*"

Figure 8
Web-Based Survey Responses



Source: IU Health Methodist Community Survey, 2012.

Those that reported they did not feel like their community had adequate programs available to address current health needs listed the following needs as those they feel the IU Health Methodist community should consider focusing on the most:

- Improve the community's access to education, counseling and treatment for mental health and addictions
- Provide programs that increase health literacy through patient health education with a focus on healthy eating, nutrition, and diet geared toward an overall goal of reducing high obesity rates
- Provide more affordable healthcare services/outreach programs to those at the poverty level
- Programs to reduce smoking rates through public education