Indiana University Health Riley Hospital for Children
Community Health Needs Assessment

2011-2012

1 Table of Contents

IU Health Community Health Needs Assessment Team Members

Robin Eggers, MBA
Director
Community Outreach and Engagement
Indiana University Health
reggers1@iuhealth.org

Stephanie Berry, MS
Manager, System Coordination
Community Outreach and Engagement
Indiana University Health
sberry@iuhealth.org

Sarah Moore, MPH, CHES
Project Manager, Community Benefit
Community Outreach and Engagement
Indiana University Health
sketterer@iuhealth.org

April Poteet
Community Outreach Associate,
Community Outreach and Engagement
Indiana University Health
apoteet@iuhealth.org

Caroline Hodgkins
Masters of Public Health Intern,
Community Outreach and Engagement
Indiana University Health
chodgkins@iuhealth.org

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) Riley Hospital for Children (IU Health Riley) in order to assess health needs in the county service areas served by the hospital. This assessment was initiated by IU Health Riley 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 Riley 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 represents IU Health Riley'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 Riley's existing foundation of healthcare services and providers.

1.2 Objectives

The 2011 IU Health Riley 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 Riley 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 Riley 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 Riley 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 Riley Hospital Community

- Service Area Counties: Marion, Johnson, Lake, Hendricks, Hamilton, Morgan, Madison, Delaware, St. Joseph, Tippecanoe, Allen, Elkhart, Bartholomew, Vanderburgh, Vigo, Hancock, Wayne, Monroe, Jackson, Shelby, and La Porte
- Service area population in 2010: 4,109,386
- 33% of the IU Health Riley total inpatient discharge population resides in Marion County; the other 67% is distributed fairly evenly across 89 other counties in the state of Indiana
- Of the 21 primary and secondary service area counties, all except Madison, Delaware, and Wayne are expected to increase in population by 2015
- The age 0-4 population is projected to increase by 2015 for more than half of the counties, while the 5-19 population is anticipated to decrease for more than half of counties
- Similar to poverty rates for children under the age of 18 for Indiana and the US, rates for all of the 21 counties except Vanderburgh and Monroe have increased from 2008 to 2009
- 57% of IU Health Riley community discharges were for patients with Medicaid, 35% were for patients with commercial insurance, 1% were for patients with Medicare, and 4% were for self-pay patients

IU Health Riley's community service area defined for purposes of the CHNA extends into 21 counties. Since 90 counties represent the entire discharge population for the hospital, data for the entire state has also been included. Social and economic factors may contribute to the poor lifestyle choices that are prevalent in the community, such as poor prenatal and infant care, poor diet and nutrition, 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 Riley Hospital community. It accounts for all of the PSA's total population, and 33% 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 Riley service area (14.1%), the state (6.6%), and the entire nation (10%)
- The 0- to 4-year-old population is projected to increase at a slightly higher rate for Marion County than the total IU Health Riley service area and the entire state; conversely, the 5- to 19-year-old population in Marion County is expected to decrease
- Approximately 7% of Marion County community discharges were ambulatory care sensitive conditions (ACSCs) in 2007, which was lower than the rate for all other service area counties except Hamilton
- Based on County Health Rankings, out of 92 counties, Marion County ranked 82nd in the state of Indiana for overall health outcomes, and 85th for overall health factors; for America's Health Rankings, Indiana was ranked as 38th overall among all other states
- Marion County compared unfavorably on 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, and post-neonatal infant mortality)
- Among the 10 ZIP code areas included within Marion County, the city of Indianapolis has the highest community health needs based on Community Need Index (CNI) assessment of economic and structural health indicators; the need was scored as high
- 160 Marion County community members responded to IU Health Riley'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 Riley Hospital. 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, and 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, ACSC discharges
- Availability of healthcare facilities and resources

Data sets for quantitative analyses included:

- Dignity Health (formerly Catholic Healthcare West)—Community Needs Index (CNI)
- Centers for Disease Control and Prevention (CDC)
- 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
- United Health Foundation—America's Health Rankings
- US Bureau of Labor Statistics
- US Census Bureau
- US Department of Commerce, Bureau of Economic Analysis

- US Health Resources and Services Administration
- Youth Risk Behavior Surveillance System (YRBSS)

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 Riley's ability to reach reasonable conclusions regarding community health needs. While IU Health Riley has worked to capture quantitative information on a wide variety of health conditions from a wide array of sources, IU Health Riley 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 Riley 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 Riley 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 Riley 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 Riley Hospital. IU Health Riley's entire discharge population extends into 90 of the 92 counties in Indiana; however, most of these counties account for less than 1% of the discharges. As a result, only the 21 counties that had 1% or more of the IU Health Riley total inpatient discharges have been included as part of the facility's total service area within this CHNA.

The PSA of IU Health Riley includes Marion County. The secondary service area (SSA) is comprised of 20 counties. Since 90 counties represent the entire discharge population, data for the entire state should also be considered. The community definition is consistent with the inpatient discharges for 2010, as illustrated in ***Table 1***.

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

Discharge Area	County	Discharges	Percent of Total
Primary Service Area	Marion	3066	33.0%
	Subtotal	***3066***	***33.0%***
Secondary Service Area	Johnson	348	3.7%
	Lake	318	3.4%
	Hendricks	315	3.4%
	Hamilton	280	3.0%
	Morgan	243	2.6%
	Madison	218	2.3%
	Delaware	205	2.2%
	St. Joseph	205	2.2%
	Tippecanoe	204	2.2%
	Allen	181	2.0%
	Elkhart	165	1.8%
	Bartholomew	159	1.7%
	Vanderburgh	150	1.6%
	Vigo	148	1.6%
	Hancock	145	1.6%
	Wayne	126	1.4%
	Monroe	122	1.3%
	Jackson	121	1.3%
	Shelby	108	1.2%
	La Porte	100	1.1%
	Subtotal	***3861***	***41.6%***
All Other Areas	***Subtotal***	***2354***	***25.4%***
Total Discharge Population		**9281**	**100.0%**

Source: IHA Database, 2010.

In 2010, the IU Health Riley PSA included 3066 discharges and its SSA included 3861 discharges. The community was defined based on the geographic origins of IU Health Riley inpatients. Of the hospital's inpatient discharges, approximately 33% originated from the PSA and 42% from the SSA.

5 SECONDARY DATA ASSESSMENT

5.1 Demographics

IU Health Riley Hospital is located in Marion County, a county 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 has 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 903,393 and the total population for surrounding counties is 3,205,993, as illustrated in ***Table 2*** below.

Table 2
Service Area Population, 2010

Service Area	County	Population	Percent of Total
Primary	Marion	903,393	22.0%
	Subtotal	***903,393***	***22.0%***
Secondary	Johnson	139,654	3.4%
	Lake	496,005	12.1%
	Hendricks	145,448	3.5%
	Hamilton	274,569	6.7%
	Morgan	68,894	1.7%
	Madison	131,636	3.2%
	Delaware	117,671	2.9%
	St. Joseph	266,931	6.5%
	Tippecanoe	172,780	4.2%
	Allen	355,329	8.6%
	Elkhart	197,559	4.8%
	Bartholomew	76,794	1.9%
	Vanderburgh	179,703	4.4%
	Vigo	107,848	2.6%
	Hancock	70,002	1.7%
	Wayne	68,917	1.7%
	Monroe	137,974	3.4%
	Jackson	42,376	1.0%
	Shelby	44,436	1.1%
	LaPorte	111,467	2.7%
	Subtotal	***3,205,993***	***78.0%***
Total Service Area		**4,109,386**	**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 more slowly than the average population across the total service area, which increased by approximately 8.46% 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 population is projected to increase 2.72% by 2015. Its population is expected to decline only for persons age 5-19 (-0.14%). Comparatively, this population group is expected to increase for the service area (1.33%) and the entire state of Indiana (0.10%) as illustrated in ***Table 3*** on the following page. Conversely, the age group of children age 0-4 is expected to grow the second most amongst all age groups in Marion County (3.93%), more than the service area (3.16%) and state of Indiana (2.20%).

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	Johnson	139,654	7.63%	3.69%	4.96%	11.87%	3.40%	7.53%	22.10%
	Lake	496,005	1.25%	2.72%	-2.68%	5.75%	-0.48%	-0.30%	11.44%
	Hendricks	145,448	13.42%	8.42%	11.34%	21.84%	8.85%	13.43%	29.39%
	Hamilton	274,569	15.98%	9.55%	12.84%	30.92%	8.36%	19.72%	39.65%
	Morgan	68,894	2.23%	-0.12%	-2.13%	9.44%	-4.01%	3.14%	17.66%
	Madison	131,636	-0.73%	-1.90%	-3.70%	3.01%	-3.32%	-2.71%	9.82%
	Delaware	117,671	-0.38%	-1.05%	-2.65%	-0.92%	-1.91%	-2.83%	9.80%
	St. Joseph	266,931	0.60%	3.66%	-2.98%	-1.53%	-1.46%	-0.07%	11.25%
	Tippecanoe	172,780	5.45%	-0.96%	7.11%	1.96%	3.51%	4.62%	19.79%
	Allen	355,329	3.49%	2.74%	0.66%	4.66%	1.27%	1.58%	17.67%
	Elkhart	197,559	3.75%	2.16%	2.44%	2.18%	-0.76%	3.59%	18.05%
	Bartholomew	76,794	3.13%	2.91%	-0.67%	6.35%	0.71%	1.42%	15.44%
	Vanderburgh	179,703	2.11%	0.15%	2.14%	-1.60%	1.51%	0.00%	10.05%
	Vigo	107,848	0.94%	0.86%	-2.67%	0.70%	0.58%	-0.87%	10.54%
	Hancock	70,002	8.91%	7.35%	6.02%	14.75%	4.17%	6.92%	26.49%
	Wayne	68,917	-1.17%	-1.67%	-1.49%	-4.97%	-4.84%	-1.93%	7.47%
	Monroe	137,974	4.96%	0.95%	3.79%	0.14%	6.24%	2.04%	21.56%
	Jackson	42,376	1.61%	2.89%	-3.39%	4.40%	-3.32%	2.07%	15.38%
	Shelby	44,436	1.00%	0.22%	-3.77%	-0.48%	-3.56%	1.80%	15.35%
	La Porte	111,467	0.58%	1.28%	-4.01%	-0.56%	-2.09%	-0.99%	15.01%
	Subtotal	***3,205,993***	***4.13%***	***2.92%***	***1.72%***	***3.98%***	***1.44%***	***3.24%***	***16.45%***
Total Service Area		**4,109,386**	**3.82%**	**3.16%**	**1.33%**	**3.73%**	**1.66%**	**2.79%**	**15.58%**
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 entire state of Indiana in the areas of manufacturing, healthcare and social assistance, retail trade, and accommodation and food services.

In Marion County, 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 to the state of Indiana, but had a slightly higher rate of unemployment than that for most surrounding counties and the entire US. ***Table 4*** on the following page summarizes unemployment rates in 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	Johnson	7.7%	7.5%	-0.2%
	Lake	9.8%	9.6%	-0.2%
	Hendricks	7.2%	7.0%	-0.2%
	Hamilton	6.4%	6.0%	-0.4%
	Morgan	9.1%	8.7%	-0.4%
	Madison	10.6%	10.1%	-0.5%
	Delaware	10.1%	9.8%	-0.3%
	St. Joseph	10.0%	9.6%	-0.4%
	Tippecanoe	7.8%	7.4%	-0.4%
	Allen	9.3%	8.6%	-0.7%
	Elkhart	12.2%	10.9%	-1.3%
	Bartholomew	8.0%	6.7%	-1.3%
	Vanderburgh	7.9%	7.5%	-0.4%
	Vigo	10.0%	10.0%	0.0%
	Hancock	8.2%	7.6%	-0.6%
	Wayne	11.4%	10.7%	-0.7%
	Monroe	6.7%	7.0%	0.3%
	Jackson	8.5%	7.7%	-0.8%
	Shelby	9.2%	8.7%	-0.5%
	La Porte	10.5%	10.0%	-0.5%
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%). In Indiana, the poverty rate for children under the age of 18 was even higher than that for the general population (19.9%).

For Marion County, a poverty rate of 28.4% was reported for children under the age of 18 in 2009, rising from 24.0% in 2008 (4.4%). Comparatively for the IU Health Riley service area, Hendricks County has the lowest poverty rate for children under the age of 18 at 6.5% and Vigo County has the highest poverty rate at 28.7% followed closely by Wayne and Marion at 28.4%. ***Table 5*** illustrates the poverty rates by year between 2007 and 2009.

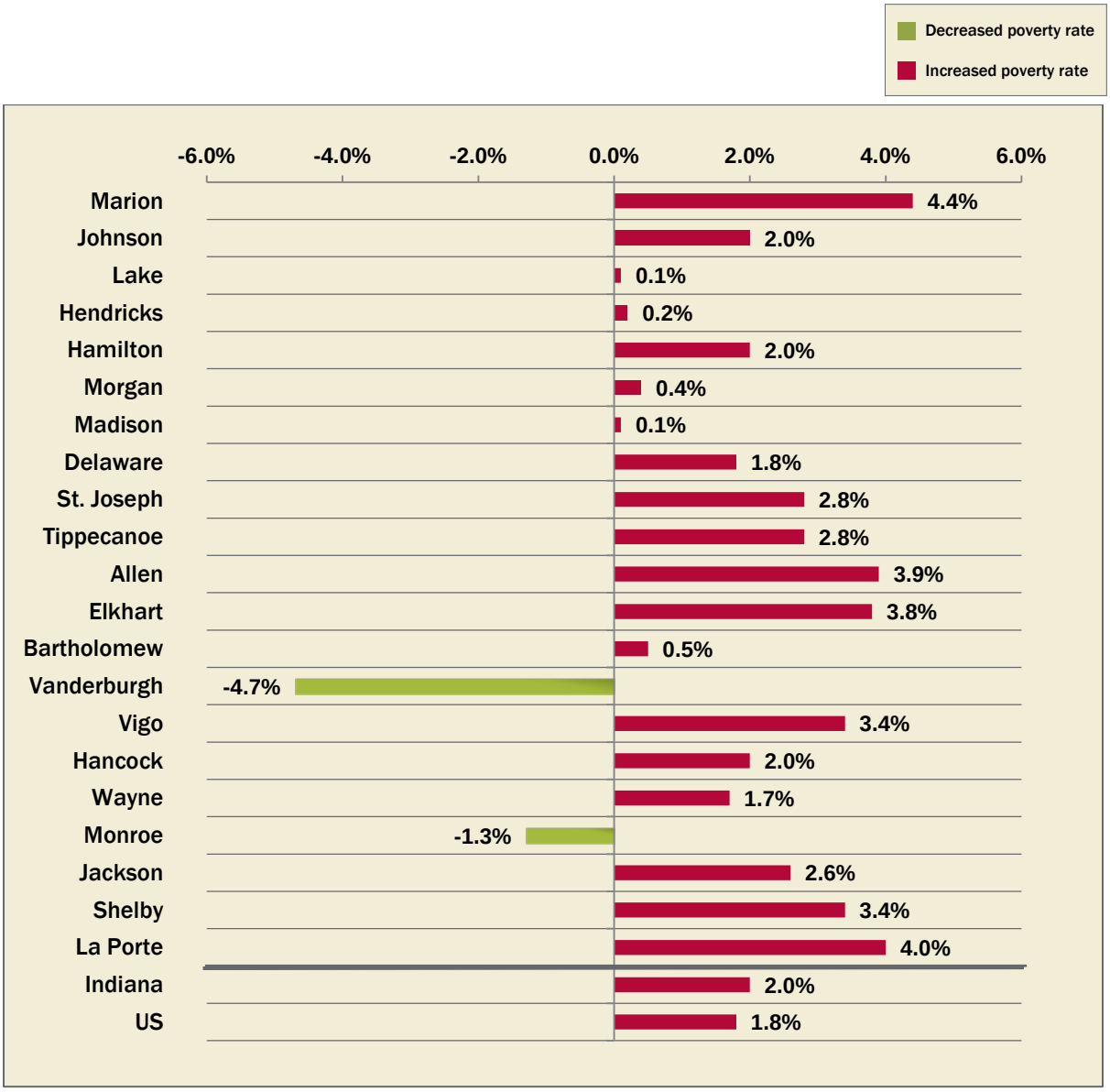
Table 5
Percentage of Children Under the Age of 18 in Poverty, 2007-2009

Service Area	County	2007	2008	2009	% Change from 2008-2009
Primary	Marion	22.8%	24.0%	28.4%	↑ 4.4%
Secondary	Johnson	9.4%	10.7%	12.7%	↑ 2.0%
	Lake	23.7%	24.7%	24.8%	↑ 0.1%
	Hendricks	5.4%	6.3%	6.5%	↑ 0.2%
	Hamilton	4.6%	5.0%	7.0%	↑ 2.0%
	Morgan	12.6%	14.6%	15.0%	↑ 0.4%
	Madison	22.6%	21.4%	21.5%	↑ 0.1%
	Delaware	21.9%	21.7%	23.5%	↑ 1.8%
	St. Joseph	20.1%	19.3%	22.1%	↑ 2.8%
	Tippecanoe	16.9%	16.2%	19.0%	↑ 2.8%
	Allen	15.9%	16.3%	20.2%	↑ 3.9%
	Elkhart	16.2%	18.0%	21.8%	↑ 3.8%
	Bartholomew	15.8%	15.1%	15.6%	↑ 0.5%
	Vanderburgh	20.0%	23.8%	19.1%	↓ -4.7%
	Vigo	22.9%	25.3%	28.7%	↑ 3.4%
	Hancock	6.3%	7.0%	9.0%	↑ 2.0%
	Wayne	23.2%	26.7%	28.4%	↑ 1.7%
	Monroe	17.9%	18.9%	17.6%	↓ -1.3%
	Jackson	17.5%	14.8%	17.4%	↑ 2.6%
	Shelby	13.8%	15.7%	19.1%	↑ 3.4%
	La Porte	21.2%	19.0%	23.0%	↑ 4.0%
Indiana		17.1%	17.9%	19.9%	↑ 2.0%
USA		18.0%	18.2%	20.0%	↑ 1.8%

Source: US Census Bureau, 2012.

Marion County had the highest poverty rate increase for children under the age of 19 (+4.4%) in the IU Health Riley service area between 2008 and 2009, followed by La Porte County (+4.0%). The only service area county poverty rates that decreased were those for Vanderburgh (-4.7%) and Monroe counties (-1.3%). 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 1***.

Figure 1
Percentage Change in Poverty Rates for Children Under the Age of 18 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 the US Census Bureau (2009), Marion County's per capita personal income was estimated to be $36,409, which is above the Indiana state average of $33,323, and the median household income was estimated to be 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 total 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.

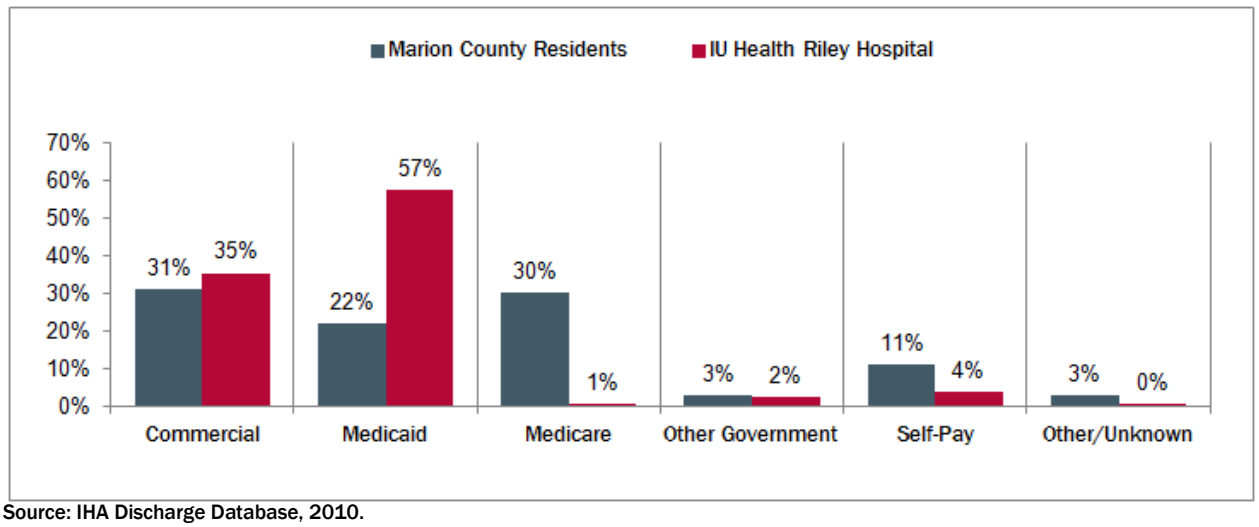
In Indiana, it is estimated that 14% of the total population are uninsured, 7% of whom are children. Of the Indiana residents who are insured, 16% residents are insured through Medicaid, 14% through Medicare, 52% through their employer, 3% through individual providers, and 1% through other public providers.

For Indiana's child population (ages 0-18), 53% are insured through employer programs, 36% through Medicaid, 3% through individual insurance, and 8% are uninsured. Comparatively, for the nation's child population, 50% are insured through employer programs, 34% through Medicaid, 4% through individual insurance, and 10% are uninsured.[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 Riley Hospital, it is estimated that 35% of discharged patients have commercial insurance, 57% are insured through Medicaid, 1% are insured through Medicare, 4% pay out-of-pocket (uninsured), and 2% have other government insurance (see ***Figure 2***).

Figure 2
Insurance Coverage
2009 Marion County and IU Health Riley 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 FY 2011 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 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

ACSCs 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 Riley Hospital 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	Johnson	78.0
	Lake	100.1
	Hendricks	76.4
	Hamilton	55.2
	Morgan	98.5
	Madison	89.9
	Delaware	77.4
	St. Joseph	61.0
	Tippecanoe	63.1
	Allen	60.2
	Elkhart	63.1
	Bartholomew	70.5
	Vanderburgh	64.5
	Vigo	97.8
	Hancock	70.9
	Wayne	98.1
	Monroe	46.4
	Jackson	77.3
	Shelby	110.2
	La Porte	81.3
	Subtotal	***77.0***
Total Service Area Average		**76.7**
Indiana		**85.9**
USA		**76.0**

Source: Dartmouth Atlas of Health Care, 2007.

5.4 State-Level Health Status and Access Indicators

5.4.1 America's Health Rankings

The United Health Foundation along with the American Public Health Association and Partnership for Prevention has created America's Health Rankings® to stimulate action by individuals, elected officials, medical professionals, public health professionals, employers, educators, and communities to improve the health of the population of the United States. The 23 measures that comprise America's Health Rankings are of two types—determinants and outcomes. Determinants represent those actions that can affect the future health of the population, whereas outcomes represent what has already occurred, either through death, disease, or missed days due to illness.

For further clarity, determinants are divided into four groups: Behaviors, Community and Environment, Public and Health Policies, and Clinical Care. These four groups of measures influence the health outcomes of the population in a state, and improving these inputs will improve outcomes over time. Most measures are actually a combination of activities in all four groups.

For a state to improve the health of its population, efforts must focus on changing the determinants of health. If a state is significantly better in its score for determinants than its score for outcomes, it will likely improve its overall health ranking in the future. Conversely, if a state is worse in its score for determinants than its score for outcomes, its overall health ranking will more likely decline over time.

Scores presented in ***Table 7*** on the following page indicates the weighted number of standard deviation units a state is above or below the national norm. Actual metrics for each health indicator are also presented for both Indiana and the state ranked number one in the nation, Vermont.

Table 7

Relative Health Status Indicators for the State of Indiana (Entire Population, Not Just Persons Under 18)

Key	
>75th percentile	
50th to 74th percentile	
25th to 49th percentile	
<25th percentile	

Indicator	2011 Indiana State Ranking	2011 Ranking Metrics	
		Indiana Compared to National Norm	#1 State (Vermont) Compared to National Norm
Health Outcomes	**34**	**-0.01**	**0.32**
Diabetes *(% of adult population)*	36	9.8	5.3
Poor mental health days *(in previous 30 days)*	34	3.7	2.3
Poor physical health days *(in previous 30 days)*	29	3.7	2.6
Geographic disparity	10	8.7	4.8
Infant mortality *(deaths per 1000 live births)*	31	7.3	4.7
Cardiovascular deaths *(per 100,000 population)*	38	291.0	197.2
Cancer deaths *(per 100,000 population)*	41	208.2	137.4
Premature death *(years lost per 100,000 population)*	33	7917	5481
Health Determinants	**41**	**-0.29**	**0.90**
Behaviors			
Smoking *(% of adult population)*	41	21.2	9.1
Binge drinking *(% of adult population)*	17	13.8	6.7
Obesity *(% of adult population)*	37	30.2	21.4
High school graduation *(% of incoming ninth graders)*	34	74.1	89.6
Community and environment			
Violent crime *(offenses per 100,000 population)*	23	315	122
Occupational fatalities *(per 100,000 working)*	28	4.7	2.5
Infectious disease *(cases per 100,000 population)*	21	7.8	2.3
Children in poverty *(% of persons under age 18)*	43	25.2	6.2
Air pollution *(micrograms of fine particles per cubic meter)*	49	13.1	5.2
Public and health policies			
Lack of health insurance *(% without insurance)*	21	13.6	5.0
Public health funding *(dollars per person)*	48	$42	$244
Immunization coverage *(% of children ages 19-35 months)*	34	89.4	96.0
Clinical care			
Early prenatal care *(% with visit during first trimester)*	40	67.4	N/A*
Primary care physicians *(number per 100,000 population)*	36	102.5	191.9
Preventable hospitalizations *(per 1000 Medicare enrolled)*	42	78.4	25.6
Overall State Ranking	**38**	**-0.29**	**1.20**

*Because states are using different versions of the birth certificate, a state-to-state direct comparison of this measure cannot be made.

5.4.2 Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults. YRBSS includes a national school-based survey conducted by the CDC, and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies, and tribal governments. Analysis of YRBSS data can identify health issues and trends, and provide state and nationwide comparisons.

The results of the 2011 YRBSS, which included a national school-based survey conducted by the CDC, 47 state surveys, six territory surveys, two tribal government surveys, and 22 local surveys conducted among students in grades 9-12 from October 2010-February 2012.

Indiana was rated worse than the US average for several indicators related to

- Unintentional injuries and violence (rarely or never wore a bicycle helmet and was bullied on school property)
- Tobacco use (ever tried cigarette smoking during their life and ever smoked at least one cigarette every day for 30 days)
- Dietary behaviors (did not drink 100% fruit juices, did not eat green salad, ate vegetables less than one time per day, ate vegetables less than two times per day, and ate vegetables less than three times per day)
- Physical activity (physically active for at least 60 minutes per day for fewer than 5 days, did not attend physical education classes any day during an average week, and did not attend physical education classes 5 days during an average week)

Table 8 on the next page summarizes the prevalence of various indicators in Indiana and the US; Indiana percentages are shaded red if they compare unfavorably to the US.

Table 8
Prevalence of YRBSS Indicators and Variation From the US in Indiana

Key	
Better than US average	
No difference from US average	
Worse than US average	

Indicator		Indiana 2011 Percentage
Unintentional Injuries and Violence	Rarely or never wore a bicycle helmet (for those who had ridden a bicycle during the 12 months before the survey)	93.3%
	Rarely or never wore a seat belt (when riding in a car driven by someone else)	8.6%
	Rode with a driver who had been drinking alcohol one or more times during the 30 days before the survey	21.7%
	Bullied on school property during the 12 months before the survey	25.0%
	Felt sad or hopeless (almost every day for 2 or more weeks in a row, during the 12 months before the survey)	29.1%
	Seriously considered attempting suicide (during the 12 months before the survey)	18.9%
	Made a plan about how they would attempt suicide (during the 12 months before the survey)	13.6%
	Ever been electronically bullied (including through e-mail, chat rooms, instant messaging, web sites, or texting) during the 12 months before the survey	18.7%
Tobacco Use	Ever tried cigarette smoking	49.5%
	Smoked a whole cigarette for the first time before the age of 13 years	11.1%
	Smoked more than 10 cigarettes per day (among students who currently smoked cigarettes during the 30 days before the survey)	7.7%
	Ever smoked at least one cigarette every day for 30 days during their life	13.8%
	Smoked cigarettes; smoked cigars, cigarillos, or little cigars; or used chewing tobacco, snuff, or dip on at least 1 day (during the 30 days before the survey)	24.5%
Alcohol and Other Drug Use	Drank alcohol for the first time before the age of 13 years	17.6%
	Ever had at least one drink of alcohol on at least 1 day during their life	70.4%
	Had at least one drink of alcohol, on at least 1 day (during the 30 days before the survey)	33.4%
	Had five or more drinks of alcohol in a row within a couple of hours on at least 1 day (during the 30 days before the survey)	19.8%
	Ever used marijuana one or more times during their life	37.2%
	Ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life	10.6%
	Ever took steroid pills or shots without a doctor's prescription one or more times during their life	3.4%
	Ever took prescription drugs one or more times without a doctor's prescription (eg, Oxycontin®, Percocet®, Vicodin®, codeine, Adderall®, Ritalin®, or Xanax®) during their life	21.4%
	Ever used a needle to inject any illegal drug into their body one or more times during their life	2.1%

Sexual Behaviors	Had sexual intercourse for the first time before the age of 13 years	5.2%
	Had sexual intercourse with four or more persons during their life	16.8%
Dietary Behaviors*	Did not drink 100% fruit juices	23.1%
	Drank soda two or more times per day (not counting diet soda)	19.2%
	Drank soda or pop three or more times per day (not counting diet soda)	10.7%
	Did not eat fruit	13.0%
	Did not eat green salad	41.1%
	Did not eat green salad, potatoes, or carrots	6.1%
	Did not eat any other vegetables (excluding green salad, potatoes, or carrots)	17.3%
	Ate vegetables less than one time per day	42.0%
	Ate vegetables less than two times per day	78.2%
	Ate vegetables less than three times per day	91.0%
	Overweight (students who were >= 85th percentile but < 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)	15.4%
	Obese (students who were >= 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)	14.7%
Physical Activity	Physically active for at least 60 minutes per day, for fewer than 5 days during the week before the survey	56.5%
	Physically active for at least 60 minutes per day, for fewer than 7 days during the week before the survey	75.8%
	Did not participate in at least 60 minutes of physical activity on any day during the week before the survey	15.9%
	Did not attend physical education classes on any day during an average week	65.1%
	Did not attend physical education classes for all 5 school days during an average week	80.3%
	Watched television 3 or more hours per day	27.0%
	Used computers for something that was not school work for 3 or more hours per day	29.0%
Asthma	Has ever been told by a doctor or nurse that they had asthma	23.7%

*All behaviors reported for the indicators within "Dietary Behaviors" were for those behaviors that did/did not occur during the 7 days before the survey.

Source: Youth Risk Behavior Surveillance System, 2011.

5.5 County Level Health Status and Access Indicators

5.5.1 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 fifty states. These assessments are based on 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 9a*** on the following page summarizes County Health Ranking assessments for Marion County 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 Marion County's ranking worsened or improved from rankings in 2011. For indicators for the other 20 counties in the IU Health Riley discharge area, please refer to the ***Appendix, Table 9b***.

Table 9a

Relative Health Status Indicators for Marion County (Entire Population, Not Just Persons Under 18)

Key	
>75th percentile	
50th to 74th percentile	
25th to 49th percentile	
<25th percentile	
Ranking worsened from 2011 to 2012	↓

Indicator	Marion County
Overall Health Outcomes	82 ↓
Mortality	81 ↓
Morbidity	75 ↓
Overall Health Factors	85
Health behaviors	70
Tobacco use	62 ↓
Diet and exercise	21
Alcohol use	26 ↓
Sexual activity	92
Clinical care	19 ↓
Access to care	18 ↓
Quality of care	40 ↓
Social and economic factors	91 ↓
Education	55
Employment	31 ↓
Income	92 ↓
Family and social support	92 ↓
Community safety	91
Physical environment	92 ↓
Environmental quality	92
Built environment	43 ↓

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.

In preventable health factors, Marion County ranked 85th in terms of overall health-related factors (determinants of health); individual scores are displayed in ***Table 9a*** to the left. 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 for Marion County include tobacco use, alcohol use, access to care, quality of care, employment, income, family and social support, and built environment.

5.5.2 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 10a*** below 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.

For indicators for the other 20 counties in the IU Health Riley discharge area, please refer to the ***Appendix, Table 10b***.

Table 10a
Favorable and Unfavorable Health Status Indicators for Marion County
(Entire Population, Not Just Persons Under 18)

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

Indicator	Marion
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	
Homicide	
Suicide	
Motor Vehicle Injuries	
Unintentional Injury	

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

5.6 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 3***). The CNI assessments illustrate correlations between high need/high scores and high hospital utilization in specific ZIP codes. ***Table 11*** summarizes the CNI for ZIP codes in Marion County.

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).

Figure 3
Community Need Index Rating Scale

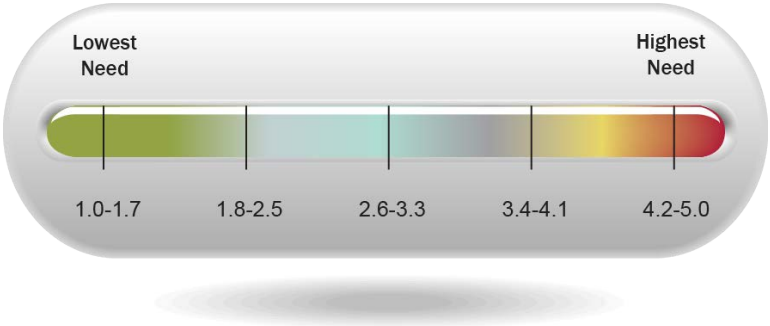
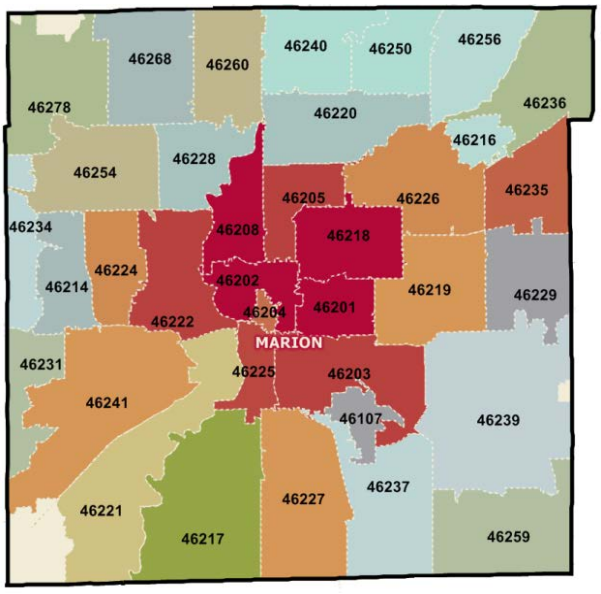


Table 11
CNI Scores for Marion County

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.

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 12a illustrates the areas that have been designated as MUAs or MUPs in Marion County. Marion County contained five areas designated as MUAs and four designated as MUPs.

For the areas designated as MUAs or MUPs for the other 20 counties included in this report for the IU Health Riley discharge community, please see the ***Appendix, Table 12b***. Of the 21 counties in the discharge area for IU Health Riley, only Hendricks, Hamilton, Morgan, Bartholomew, Hancock, and Shelby counties didn't have areas designated as MUAs or MUPs.

Table 12a
MUAs and MUPs in the IU Health Riley 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	—	

**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.

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/.

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 13a*** below lists the HPSAs in the IU Health Riley Hospital community PSA of Marion County. For the areas designated as HPSAs for the other 20 service area counties included in this report for the IU Health Riley discharge community, please see the ***Appendix, Table 13b***.

Table 13a
HPSAs in the IU Health Riley 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 Incorporated/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-alike)	Low-income population, Near North Side and Highland-Brookside	Low-income population, Near Northeast
			6 health centers: HealthNet Incorporated/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-alike)	6 health centers: HealthNet Incorporated/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-alike)

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 Riley 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. ***Tables 14-16*** list the other facilities and resources in the IU Health Riley community.

Table 14
Local Public Health Department Resources Within All IU Health Riley Hospital Service Area Counties

Service Area	County	Public Health Department
Primary	Marion	Marion County Public Health Department (Indianapolis, Indiana)
Secondary	Johnson	Johnson County Health Department (Franklin, Indiana)
	Lake	Lake County Health Department (Crown Point, Indiana)
	Hendricks	Hendricks County Health Department (Danville, Indiana)
	Hamilton	Hamilton County Health Department (Noblesville, Indiana)
	Morgan	Morgan County Health Department (Martinsville, Indiana)
	Madison	Madison County Health Department (Anderson, Indiana)
	Delaware	Delaware County Health Department (Muncie, Indiana)
	St. Joseph	St. Joseph County Health Department (South Bend, Indiana)
	Tippecanoe	Tippecanoe County Health Department (Lafayette, Indiana)
	Allen	Allen County Health Department (Ft. Wayne, Indiana)
	Elkhart	Elkhart County Health Department (Elkhart, Indiana)
	Bartholomew	Bartholomew County Health Department (Columbus, Indiana)
	Vanderburgh	Vanderburgh County Health Department (Evansville, Indiana)
	Vigo	Vigo County Health Department (Terre Haute, Indiana)
	Hancock	Hancock County Health Department (Greenfield, Indiana)
	Wayne	Wayne County Health Department (Richmond, Indiana)
	Monroe	Monroe County Health Department (Bloomington, Indiana)
	Jackson	Jackson County Health Department (Seymour, Indiana)
	Shelby	Shelby County Health Department (Shelbyville, Indiana)
	La Porte	La Porte County Health Department (La Porte, Indiana)

Table 15
FQHC Resources Within IU Health Riley Hospital Service Area Counties

Service Area	County	FQHC
Primary	Marion	Barrington Health Center (Indianapolis, Indiana)
		Barton Annex Clinic (Indianapolis, Indiana)
		Care Center (Indianapolis, Indiana)
		Care Center at the Towers (Indianapolis, Indiana)
		Citizens Health Center (Indianapolis, Indiana)
		Countyline Family Health Center (Indianapolis, Indiana)
		Dayspring Center (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	Johnson	Edinburgh Family Health Center (Edinburgh, Indiana)
		Trafalgar Family Health Center (Trafalgar, Indiana)
	Lake	Community HealthNet at Merrillville (Merrillville, Indiana)
		East Chicago Community Health Center (East Chicago, Indiana)
		Gary Community Health Center (Gary, Indiana)
		Healthy Lifestyles Community Health Center (East Chicago, Indiana)
		NorthShore Health Center at Merrillville Health Center (Merrillville, Indiana)
		NorthShore Lake Station Health Center (Lake Station, Indiana)
		NorthShore Regional Health Center (Merrillville, Indiana)
		Rivera Health Center (Lake Station, Indiana)
	Hendricks	N/A
	Hamilton	Hamilton County WIC Program (Noblesville, Indiana)

Table 15 (cont.)
FQHC Resources Within IU Health Riley Hospital Service Area Counties

Service Area	County	FQHC
Primary	Morgan	N/A
Secondary	Madison	Madison County Community Health Center (Anderson, Indiana)
		Northern Madison County Community Health Center (Elwood, Indiana)
		Open Door Family Planning Clinic (Anderson, Indiana)
	Delaware	Gateway Health Center (Muncie, Indiana)
		Meridian MD, North Tillotson (Muncie, Indiana)
		Open Door Family Planning Clinic (Muncie, Indiana)
		Open Door/BMH Health—Madison Street (Muncie, Indiana)
		Open Door/BMH Health—Walnut Street (Muncie, Indiana)
		Southway Urgent Care (Muncie, Indiana)
		Suzanne Gresham Center, Meridian Services (Muncie, Indiana)
	St. Joseph	HealthLinc (Mishawaka, Indiana)
		Indiana Health Center (South Bend, Indiana)
		Project Homecoming at YWCA Facility (South Bend, Indiana)
		Project Homecoming (South Bend, Indiana)
	Tippecanoe	Riggs Community Health Center (Lafayette, Indiana)
	Allen	Neighborhood Health Clinics (Ft. Wayne, Indiana)
		Park Center (Ft. Wayne, Indiana)
	Elkhart	Heart City Health Center (Elkhart, Indiana)
		Maple City Health Care Center (Goshen, Indiana)
	Bartholomew	Hope Family Health Center (Hope, Indiana)
	Vanderburgh	ECHO Community Health Care—Division Street Clinic (Evansville, Indiana)
		ECHO Community Health Care—Fourth Street Clinic (Evansville, Indiana)
		John Street-Woodson Homeless Health Clinic (Evansville, Indiana)
		ECHO Community Health Care—Main Campus Clinic (Evansville, Indiana)
		ECHO Family Practice Clinic (Evansville, Indiana)
	Vigo	N/A
	Hancock	N/A
	Wayne	N/A
	Monroe	N/A
	Jackson	Community Health Center of Jackson County (Seymour, Indiana)
	Shelby	N/A
	La Porte	HealthLink (Michigan City, Indiana)

Table 16
Hospital Resources Within IU Health Riley Hospital Service Area Counties

Service Area	County	Hospital
Primary	Marion	Community Hospital East
		Community Hospital North
		Fairbanks Hospital
		Franciscan St. Francis Health
		Indiana Orthopaedic Hospital, LLC
		Indiana Surgery Center
		Indiana University Health Methodist Hospital
		Indiana University Health University Hospital
		Kindred Hospital
		Peyton Manning Children's Hospital
		Rehabilitation Hospital of Indiana
		Richard L. Roudebush VA Medical Center
		Indiana University Health Riley Hospital for Children
		Select Specialty Hospital - Beech Grove
		St. Vincent Heart Hospital
		St. Vincent Hospital
		St. Vincent New Hope
		St. Vincent Seton Specialty Hospital
		St. Vincent Stress Center
		St. Vincent Women's Hospital
		The Indiana Heart Hospital
		Westview Hospital
		Wishard Memorial Hospital
Secondary	Johnson	BHC Valle Vista Hospital
		Community Hospital South
		Johnson Memorial Hospital
		Kindred Hospital - Indianapolis South
	Lake	Community Hospital (Munster)
		Franciscan Physicians Hospital
		Franciscan St. Anthony Health—Crown Point
		Franciscan St. Margaret Health—Dyer
		Franciscan St. Margaret Health—Hammond
		Hind General Hospital
		Methodist Hospitals—Northlake
		Methodist Hospitals—Southlake
		Regency Hospital of Northwest Indiana
		St. Catherine Hospital
		St. Mary Medical Center
		Triumph Hospital—Northwest Indiana
		Surgical Hospital of Munster

Table 16 (cont.)
Hospital Resources Within IU Health Riley Hospital Service Area Counties

Service Area	County	Hospital
Secondary	Hendricks	Hendricks Regional Health
		Indiana University Health West Hospital
	Hamilton	Indiana University Health North Hospital
		Riverview Hospital
		St. Vincent Carmel Hospital
	Morgan	Franciscan St. Francis Health—Mooresville
		Indiana University Health Morgan Hospital
	Madison	Community Hospital of Anderson and Madison County
		St. John's Health System
		St. Vincent Mercy Hospital
	Delaware	Indiana University Health Ball Memorial Hospital
	St. Joseph	Our Lady of Peace Hospital
		Memorial Hospital of South Bend
		RiverCrest Specialty Hospital
		St. Joseph Regional Medical Center
		Unity Medical and Surgical Hospital
	Tippecanoe	Franciscan St. Elizabeth Health East Hospital
		Franciscan St. Elizabeth Health Central Hospital
		Indiana University Health Arnett Hospital
		St. Vincent Seton Specialty Hospital
	Allen	Dupont Hospital
		Lutheran Hospital
		The Orthopaedic Hospital—Lutheran Health Network
		Parkview Regional Medical Center
		Parkview Hospital Randallia
		Parkview Heart Institute
		Parkview Women and Children's Hospital
		Parkview Ortho Hospital
		Rehabilitation Hospital of Ft. Wayne
		St. Joseph Hospital—Lutheran Health Network
		Select Specialty Hospital—Ft. Wayne
		Vibra Hospital of Ft. Wayne
		VA Northern Indiana Health Care System—Ft. Wayne Campus
	Elkhart	Elkhart General Healthcare System
		Indiana University Health Goshen Hospital
	Bartholomew	Columbus Regional Hospital

Table 16 (cont.)
Hospital Resources Within IU Health Riley Hospital Service Area Counties

Service Area	County	Hospital
	Vanderburgh	Deaconess Cross Pointe
		HealthSouth Deaconess Rehabilitation Hospital
		St. Mary's Medical Center
		Select Specialty Hospital—Evansville
	Vigo	Terre Haute Regional Hospital
		Union Hospital
	Hancock	Hancock Regional Hospital
	Wayne	Reid Hospital and Health Care Services
	Monroe	Bloomington Meadows Hospital
		Indiana University Health Bloomington Hospital
		Monroe Hospital
	Jackson	Schneck Medical Center
	Shelby	Major Hospital
	La Porte	Franciscan St. Anthony Health Center
		Indiana University Health La Porte Hospital

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 those data were 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, the 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 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 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 are 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-cost 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 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 Division of Maternal Child Health and Children's Special Health Care Needs Services of the Indiana State Department of Health (ISDH) Five-Year Needs Assessment for FY 2011 to 2015

ISDH's Five-Year Needs Assessment for FY 2011 to FY 2015 was a collaborative effort with Title V staff, professional, parent, and community partners. Other programs within ISDH and state government that work with Indiana's maternal and child health (MCH) and children with special health care needs (CSHCN) populations provided data and programmatic input. This needs assessment will provide guidance to Indiana's MCH and CSHCN programs for the next five years.

The framework was modeled after the steps recommended by the Maternal Child Health Bureau Guidance. Staff engaged stakeholders by sending out an early questionnaire seeking areas of concern from partners. Then staff also solicited input from stakeholders in the prioritization of needs process. Title V staff assessed needs of the MCH and CSHCN population groups using Title V indicators, performance measures and other quantitative and qualitative data described in the Methodology section.

Key conclusions for the state of Indiana were as follows:

- In 2006-2007, 96% students enrolled at reporting schools completed the state-required immunizations
- In 2008, 15.1% of children under the age of 5 who were utilizing WIC in Indiana had anemia (compared to 14.9% in the nation)
- Of the children tested in 2007, 0.98% were confirmed to have lead poisoning
- Between 2003-2006, unintentional motor vehicle accidents were the number one leading cause of injury-related death for persons ages 1-24 years
    - Unintentional drowning and unintentional fire/burn rounded out the top three causes of injury-related death for children ages 1-14 years

    - Homicide was the 13th leading cause of death for males and the 20th leading cause of death for females for Indiana residents of all ages, claiming an overall total of 1419 lives
- HIV/AIDS among the infant population rose from zero cases in 2006 and 2007 up to nine in 2008
- Sexually transmitted infections (STIs) are an issue for adolescents; in 2009, one out of every four cases of gonorrhea was in a person under 19 years of age, and one out of every three cases of chlamydia involved a youth under the age of 19
- Although child abuse and neglect has declined in Indiana, one area that may not be closely monitored is that of children under five; however, the capacity to ascertain and treat issues related to early childhood mental health in Indiana are extremely limited
- According to 2006 data, it appears that not only is the prevalence of children with special needs growing faster than the national average, but also that more of these children live at poverty levels than other states within Region V; however, these differences are not statistically significant
    - Although the majority of children with special needs are in a medical home, some find coordination of specialty care services problematic
- 99.4% of children born between 1997 to 2007 were screened for genetic disorders and 98% received newborn hearing screenings
- Issues impacting newborn and infant health include: low/very low birth weight, prematurity, and infant mortality
    - Infant mortality rates remain above the national average, with the Black rate more than twice as high as the rate for Whites
    - Infant deaths due to sudden infant death syndrome (SIDS) have declined in recent years; however, infant deaths due to sudden unexpected infant death (SUIDS) have not

The following were identified by the assessment as priority needs in the state of Indiana:

- Decrease the rate of suffocation deaths in infants
- Increase the percentage of women who initiate exclusive breastfeeding for three months
- Decrease the percentage of pregnant women on Medicaid who smoke
- Increase the percentage of Black women (15 through 44) with a live birth whose prenatal visits were adequate
- Decrease the percentage of children less than 72 months old with blood lead levels greater or equal to 10 micrograms per deciliter
- Decrease the percentage of births occurring within 18 months of a previous birth to the same mother
- Decrease the percentage of preterm births
- Decrease the percentage of high school students who are obese
- Decrease the percentage of high school students who become infected with an STI
- Increase the capacity for promoting social-emotional health in children up to age 5

6 PRIMARY DATA ASSESSMENT

IU Health's approach to gathering qualitative data for its CHNA consisted of a multicomponent approach to identify and verify community health needs for the IU Health Riley Hospital 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 all three of the Marion County hospitals (IU Health Methodist, University, and Riley) 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 Marion County community's health were invited to attend focus group sessions held at IU Health Methodist Hospital to discuss the needs for IU Health Methodist, University, and Riley Hospitals. Attendees who participated in the focus group are listed in ***Table 17*** below.

Table 17
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 IndyHub, 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, and 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 Riley Hospital Trauma*	Dr. Reed is representative of a perspective regarding community injury prevention and ER use. As Director of Trauma Services at IU Health Riley, 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 surrounding 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, Indy Parks*	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 all Marion County IU Health facility communities, including the IU Health Riley 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 Riley could be in meeting the local health needs. Community needs were found to be the same across all three of the IU Health facilities within Marion County (Methodist, University, and Riley).

6.1.3 Description of Prioritized Needs

The focus group identified the following five needs as priorities for the IU Health Riley PSA community of Marion County:

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-cost 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 who 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 workplaces.

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 who are taking patients, what insurance the providers accept, and 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 who have low access to healthcare resources. Customer care towards patients is also lacking, as doctors look for quantity of patients and not necessarily quality of care. 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, and this 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 21-40 years of age, and is a quiet issue that is often associated with a stigma. Job loss and health-related issues 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 Riley Hispital can directly affect, but by standing behind and supporting a ban effort, IU Health Riley 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 for free or at an affordable cost.

6.2 Community Survey Findings

IU Health also solicited responses from the general public regarding the health of the IU Health Riley community through an online survey. The survey consisted of approximately 15 closed- 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 e-mail 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% reported a household income of $22,351-$67,050, followed by 35% of remaining respondents who reported a household income lower than $22,350 (36%).

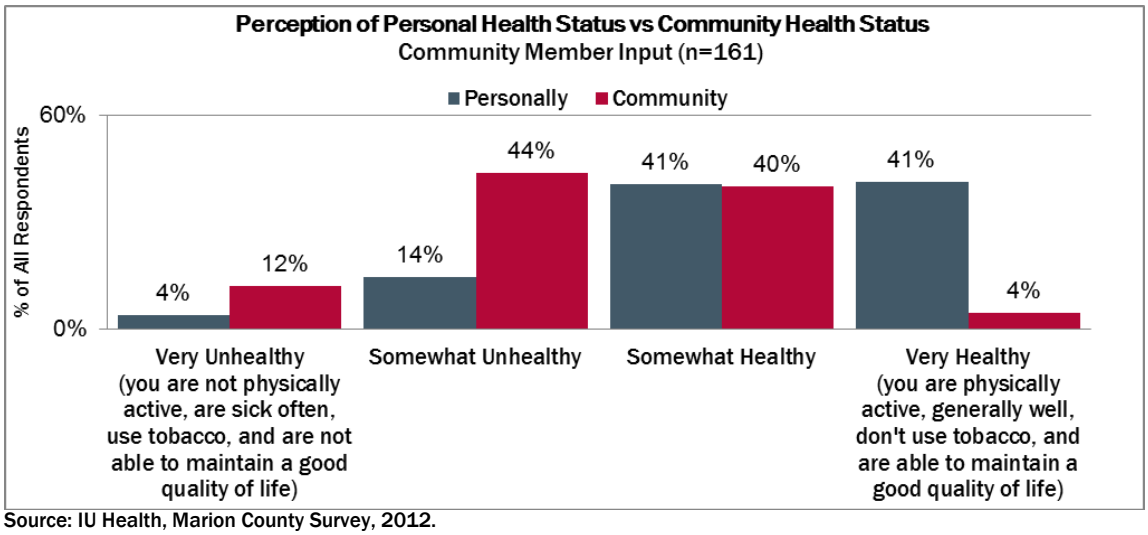
Survey respondents were also asked to report their insurance status. A majority of respondents had commercial/private insurance (87%), followed by a small percentage who reported having Medicare (9%), and Medicaid (2%).

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 demographics.

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 4
Web-Based Survey Responses



Source: IU Health, Marion County Survey, 2012.

Participant results are summarized in ***Figure 4*** 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."

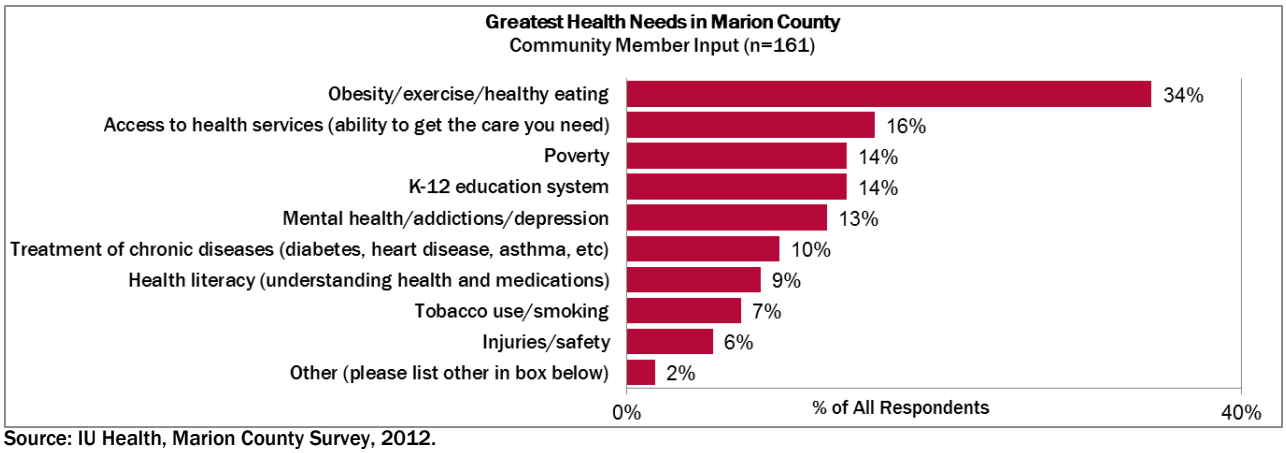
Health Issues

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

Figure 5
Web-Based Survey Responses

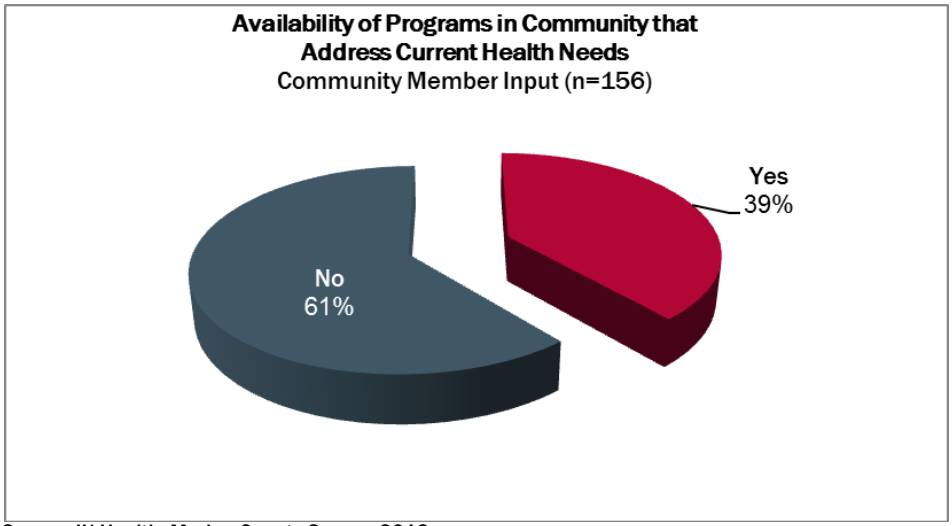


Source: IU Health, Marion County Survey, 2012.

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 6*** 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 6
Web-Based Survey Responses



Source: IU Health, Marion County Survey, 2012.

Those who reported that 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 Riley Hospital 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

7 APPENDIX

Table 9b
Relative Health Status Indicators for All IU Health Riley Hospital Service Area Counties
(Entire Population, Not Just Persons Under 18)

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

Indicator	Marion	Johnson	Lake	Hendricks	Hamilton	Morgan	Madison	Delaware	St. Joseph	Tippecanoe	Allen
Overall Health Outcomes	82 ↓	13 ↓	84	5	1	42 ↓	75	85 ↓	43	20 ↓	35
Mortality	81 ↓	12 ↓	80	5 ↓	1	34 ↓	63 ↓	76	39	15 ↓	28
Morbidity	75 ↓	16	77 ↓	10 ↓	2	56 ↓	82	85 ↓	49 ↓	27 ↓	50 ↓
Overall Health Factors	85	12 ↓	82	3 ↓	1	31 ↓	91 ↓	47 ↓	36	10	29
Health behaviors	70	28 ↓	79	19 ↓	1	36 ↓	92 ↓	62	31	5	48
Tobacco use	62 ↓	57 ↓	59 ↓	19 ↓	2	33 ↓	85 ↓	51 ↓	27	12	24
Diet and exercise	21	14 ↓	80	62 ↓	1	32 ↓	92 ↓	71	15	4	64
Alcohol use	26 ↓	23 ↓	44	19	10 ↓	76 ↓	40 ↓	16	50 ↓	38	20 ↓
Sexual activity	92	30	82	4 ↓	2	48	87 ↓	80 ↓	83 ↓	40 ↓	90
Clinical care	19 ↓	13 ↓	71	5	1	38	43 ↓	8	10	17	20
Access to care	18 ↓	9 ↓	37	6	2	36	47 ↓	17 ↓	12	27	29
Quality of care	40 ↓	36 ↓	85 ↓	5	1	43	42 ↓	8	14	16 ↓	23 ↓
Social and economic factors	91 ↓	9	80	3 ↓	1	31 ↓	85 ↓	65 ↓	72 ↓	23 ↓	35
Education	55	5	60 ↓	3 ↓	2 ↓	44	86 ↓	8	50 ↓	18 ↓	12
Employment	31 ↓	13 ↓	53 ↓	12 ↓	2	29 ↓	66 ↓	61 ↓	67 ↓	19	45 ↓
Income	92 ↓	15 ↓	75	2	1	28	85 ↓	83 ↓	67 ↓	44 ↓	42
Family and social support	92 ↓	37	88	7	2	48 ↓	84	73 ↓	70	27	59 ↓
Community safety	91	73 ↓	86	40 ↓	16 ↓	45 ↓	67	83 ↓	87	78 ↓	77
Physical environment	92 ↓	87	80 ↓	24 ↓	37 ↓	74 ↓	60 ↓	33 ↓	34 ↓	27 ↓	41 ↓
Environmental quality	92	88	83	12	84	63	59	12	15	1	70
Built environment	43 ↓	70 ↓	69 ↓	42 ↓	6 ↓	81 ↓	65 ↓	54 ↓	44 ↓	66 ↓	20 ↓

Source: County Health Rankings, 2012

Table 9b (cont.)
Relative Health Status Indicators for All IU Health Riley Hospital Service Area Counties
(Entire Population, Not Just Persons Under 18)

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

Indicator	Elkhart	Bartholomew	Vanderburgh	Vigo	Hancock	Wayne	Monroe	Jackson	Shelby	La Porte
Overall Health Outcomes	19	34	76	59 ↓	28 ↓	69	17 ↓	70	77	65 ↓
Mortality	*19*	*40*	*62*	*56*	*27*	*74* ↓	*11*	*70*	*78*	*72* ↓
Morbidity	*19* ↓	*33* ↓	*84*	*62*	*24* ↓	*63*	*21*	*68*	*72* ↓	*59* ↓
Overall Health Factors	67	21	27	61	4	81 ↓	5	46 ↓	57	70 ↓
Health behaviors	*15*	*35*	*40* ↓	*49*	*4*	*42* ↓	*2*	*64*	*82* ↓	*66* ↓
Tobacco use	*19*	*37*	*67*	*39* ↓	*17* ↓	*79*	*8*	*59* ↓	*65*	*64* ↓
Diet and exercise	*7*	*26*	*11* ↓	*66*	*3*	*9* ↓	*2*	*57*	*89* ↓	*34* ↓
Alcohol use	*11*	*31*	*28*	*48* ↓	*61* ↓	*2* ↓	*25* ↓	*30*	*42* ↓	*80* ↓
Sexual activity	*89*	*74*	*85*	*64* ↓	*18*	*86* ↓	*9*	*81*	*43*	*71*
Clinical care	*58* ↓	*14* ↓	*7* ↓	*18*	*4*	*68* ↓	*9*	*46* ↓	*69* ↓	*41*
Access to care	*87* ↓	*14*	*5* ↓	*8* ↓	*4*	*57* ↓	*26*	*38*	*55* ↓	*56* ↓
Quality of care	*18* ↓	*24* ↓	*20* ↓	*57*	*6*	*69* ↓	*2*	*52* ↓	*72* ↓	*30*
Social and economic factors	*86*	*29* ↓	*47*	*74*	*6* ↓	*87*	*10*	*37* ↓	*30*	*73*
Education	*72*	*32*	*11*	*42*	*9* ↓	*65*	*4*	*48* ↓	*41*	*56*
Employment	*90*	*23*	*14* ↓	*61* ↓	*19* ↓	*82* ↓	*3* ↓	*31*	*31*	*75* ↓
Income	*79* ↓	*56* ↓	*72*	*81*	*6* ↓	*90*	*28*	*33* ↓	*33*	*71* ↓
Family and social support	*67*	*38*	*87* ↓	*78*	*6* ↓	*86* ↓	*56*	*30* ↓	*41*	*74*
Community safety	*43*	*31*	*82*	*84*	*12*	*75* ↓	*81*	*79* ↓	*30*	*47*
Physical environment	*73* ↓	*43* ↓	*78* ↓	*61* ↓	*65* ↓	*16*	*48* ↓	*63* ↓	*57* ↓	*66* ↓
Environmental quality	*80*	*15*	*89*	*65*	*37*	*12*	*15*	*70*	*59*	*37*
Built environment	*60* ↓	*57* ↓	*26* ↓	*56* ↓	*75* ↓	*23*	*63*	*50*	*55* ↓	*76* ↓

Source: County Health Rankings, 2012

Table 10b

Favorable and Unfavorable Health Status Indicators for All IU Health Riley Hospital Service Area Counties

(Entire Population, Not Just Persons Under 18)

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

Indicator	Marion	Johnson	Lake	Hendricks	Hamilton	Morgan	Madison	Delaware	St. Joseph	Tippecanoe	Allen	Elkhart	Bartholomew	Vanderburgh	Vigo	Hancock	Wayne	Monroe	Jackson	Shelby	La Porte
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																					
Homicide																					
Suicide																					
Motor Vehicle Injuries																					
Unintentional Injury																					

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

Table 12b

MUAs and MUPs in the IU Health Riley 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	Johnson	61.5	Trafalgar Service Area (Blue River, Hensley, Nineveh, and Union townships)	—	
		59.9	Johnson Service Area, 1 CT	—	
	Lake	61.6	Lake Station Service Area, 3 CTs	—	
		46.4	City of Gary Service Area, 26 CTs		
		51.4	City of East Chicago Service Area, 10 CTs		
		51.0	Central Hammond Service Area, 5 CTs		
	Hendricks	—		—	
	Hamilton	—		—	
	Morgan	—		—	
	Madison	—		57.1	Low-income population, Anderson City Service Area - 10 CTs
		—		60.7	Low-income population, North Madison Service Area - 7 CTs
	Delaware	—		57.8	Low-income population, entire county
	St. Joseph	61.9	St. Joseph Service Area, 10 CTs	N/A	Low-income population - Mishawaka, 3 CTs
		58.2	St. Joseph Service Area, 1 CT	—	
	Tippecanoe	47.0	Tippecanoe Service Area	—	
	Allen	—		59.5	Low-income population, South Ft. Wayne Service Area, 17 CTs
	Elkhart	—		N/A	Low-income population, Elkhart Service Area, 8 CTs
				N/A	Low-income population, Goshen Service Area, 2 CTs
	Bartholomew	—		—	
	Vanderburgh	61.2	Vanderburgh Service Area, 14 CTs		
	Vigo	—		60.9	Low-income population, Vigo County
	Hancock	—		—	
	Wayne	—		55.5	Low-income population, Central Richmond, 6 CTs
	Monroe	—		64.6	Entire county*
	Jackson	—		N/A	Low-income population, entire county*
	Shelby	—		—	
	La Porte	—		71.4	La Porte County*

**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.

Table 13b
HPSAs in the IU Health Riley 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 Incorporated/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-alike)	Low-income population, Near North Side and Highland-Brookside	Low-income population, Near Northeast
			6 health centers: HealthNet Incorporated/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-alike)	6 health centers: HealthNet Incorporated/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-alike)
Secondary	Johnson	1 health center: Trafalgar Family Health Center	1 health center: Trafalgar Family Health Center	1 health center: Trafalgar Family Health Center
	Lake	2 health centers: East Chicago Community Health Center, Community HealthNet, Inc. (DBA Gary Community Health)	2 health centers: East Chicago Community Health Center, Community HealthNet, Inc. (DBA Gary Community Health)	2 health centers: East Chicago Community Health Center, Community HealthNet, Inc. (DBA Gary Community Health)
		10 CTs: low-income population, East Chicago Service Area	10 CTs: low-income population, East Chicago Service Area	29 CTs: Northwest Lake Service Area
		29 CTs: Gary	—	36 CTs: Gary
	Hendricks	Plainfield Correctional Facility	—	—
	Hamilton	—	—	—
	Morgan	—	—	—
	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

Table 13b (cont.)
HPSAs in the IU Health Riley Hospital Community

Service Area	County	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA
Secondary	Delaware	Entire county	Low-income population, entire county	Low-income population, Mental Health Catchment Area 6
		2 health centers: Open Door Health Services, Inc. and Meridian MD - North Tillotson (FQHC look-alike)	2 health centers: Open Door Health Services, Inc. and Meridian MD - North Tillotson (FQHC look-alike)	2 health centers: Open Door Health Services, Inc. and Meridian MD - North Tillotson (FQHC look-alike)
	St. Joseph	12 CTs - Southwest South Bend Service Area	Low-income population, entire county	Entire county
	Tippecanoe	2 health centers: Tippecanoe Community Health Center and Purdue University-Monon Community Health	Low-income population, entire county	Region 30 Mental Health, entire county
			2 health centers: Tippecanoe Community Health Center and Purdue University-Monon Community Health	2 health centers: Tippecanoe Community Health Center and Purdue University-Monon Community Health
	Allen	1 health center: Neighborhood Health Clinics, Inc.	1 health center: Neighborhood Health Clinics, Inc.	1 health center: Neighborhood Health Clinics, Inc.
		17 CTs - Ft. Wayne Inner City	19 CTs - Ft. Wayne Inner City	
	Elkhart	2 health centers: Heart City Health Center, Maple City Health Care Center (FQHC look-alike)	2 health centers: Heart City Health Center, Maple City Health Care Center (FQHC look-alike)	2 health centers: Heart City Health Center, Maple City Health Care Center (FQHC look-alike)
		10 CTs - low-income population, Elkhart Inner City	14 CTs - low-income population, Northwest Elkhart County	Catchment Area #19 - Elkhart County
	Bartholomew	—	—	—
	Vanderburgh	1 health center: Echo Community Health Care	1 health center: Echo Community Health Care	1 health center: Echo Community Health Care
		14 CTs - Homeless Evansville	Low-income population - Vanderburgh County	—
	Vigo	Federal Correctional Complex - Terre Haute	Federal Correctional Complex - Terre Haute	Federal Correctional Complex - Terre Haute
	Hancock	Low-income population, entire county	—	—
	Wayne	Low-income population - Wayne County	—	East Central Mental Health Catchment Area 8
	Monroe	Low-income population, entire county	—	—
	Jackson	—	—	—
	Shelby	—	—	—
	La Porte	Westville Correctional Facility	—	Westville Correctional Facility

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