



**Indiana University Health Saxony Hospital  
Community Health Needs Assessment**

**2011-2012**



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# 1 INTRODUCTION

## 1.1 Purpose

This report provides an overview of findings from a community health needs assessment (CHNA) conducted on behalf of Indiana University Health (IU Health) Saxony Hospital (IU Health Saxony) in order to assess health needs in the county service areas served by the hospital. This assessment was initiated by IU Health Saxony 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 has 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.

Since it recently opened on December 1, 2011, discharge data will not be available for IU Health Saxony until October, 2012. As a result, the community service area defined for the purposes of this report is based upon discharge data from the nearby IU Health North Hospital, which shares a similar geographic area.

IU Health Saxony completed this assessment in order to set out the community needs and determine where to focus community outreach resources. The assessment will be the basis for creating an implementation strategy to focus on those needs. This report ultimately represents IU Health Saxony'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 Saxony's existing foundation of healthcare services and providers.

## 1.2 Objectives

The 2011 IU Health Saxony 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 Saxony service area, specifically within the primary service area (PSA) of Marion and Hamilton counties in Indiana.
2. Identify the priority health needs (public health and healthcare) within the IU Health Saxony 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 Saxony 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 Saxony Hospital Community

- Service Area Counties: Marion, Hamilton, Boone, Hendricks, Hancock, Madison, and Tipton
- Service area population in 2010: 1,597,624
- 78% of the IU Health North inpatient discharge population resides in Marion (35%), Hamilton (32%), Boone (6%), and Hendricks (5%) counties (IU Health Saxony inpatient discharge population data was not available at the time of this report)
- Of the seven service area counties, all except Madison and Tipton are expected to increase in population by 2015
- The 65+ population is projected to increase substantially by 2015 for all counties, and all other age groups are expected to increase for the majority of counties
- Similar to poverty rates for Indiana and the US, rates for all seven counties except Hendricks have increased from 2008 to 2009
- 8% of community discharges were for patients with Medicaid, 15% were for patients with Medicare, and 4% were for uninsured/self-pay patients

IU Health Saxony's entire community service area extends into seven economically diverse counties: Marion, Hamilton, Boone, Hendricks, Hancock, Madison, and Tipton. Poor social and economic factors within the majority of the community discharge population may contribute to the poor lifestyle choices that are prevalent in the overall community, such as alcohol use, poor diet, and lack of physical activity.

#### Top Community Health Needs

The needs listed below specify the health issues identified by the assessment as priority needs across the entire community served by the hospital. These problems affect most of the community service area counties, but particularly apply to the county with the highest discharge percentage within the primary service area of Marion and Hamilton counties.



**Access to healthcare**



**Preventive healthcare and wellness**



**Health education and literacy**



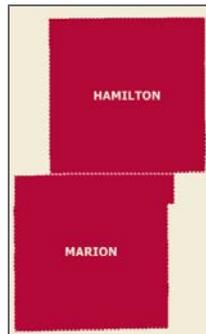
**Obesity**



**Family planning and women's health**

## 2.2 Primary Service Area

Since it recently opened on December 1, 2011, discharge data will not be available for IU Health Saxony Hospital until October, 2012. As a result, the community service area defined for this report is based upon discharge data from nearby IU Health North Hospital which shares the same geographic area. Marion and Hamilton counties comprise the majority of the IU Health Saxony community. They account for all of the primary service area's (PSA) total population, and 67% of the inpatient discharge population of the total community service area.



The two counties making up the PSA are economically very different from each other. Marion County has similar rates of unemployment to the state of Indiana and the nation; however, Hamilton County has a lower rate than both. The median household income of Marion County is below the Indiana state average and the national average; whereas, it is above the state and national averages for Hamilton County. Both counties are adversely affected by a combination of poor indicators of environmental quality and an increasing aging population, and Marion County is additionally impacted by chronic health conditions, low educational attainment, and the low availability of higher paying jobs.

Other characteristics of Marion and Hamilton counties are as follows:

- Both Marion and Hamilton counties have seen an increase in population (5% and 50%, respectively) since 2000, similarly to the increased rates also seen for the entire IU Health Saxony service area (14.2%), the state of Indiana (6.6%), and the entire nation
- The senior population (65+) is projected to increase at a lower rate for Marion County than for the total IU Health Saxony service area and the entire state; however, the rate for Hamilton County is expected to increase almost two times faster than the rates expected for both the total service area and Indiana
- Approximately 7% of Marion County and 6% of Hamilton community discharges were ambulatory care sensitive conditions (ACSC) in 2007, which was lower than the rate for all other service area counties
- Based on County Health Rankings, Marion County and Hamilton County ranked 82nd and 1st (respectively) out of 92 counties in the state of Indiana for overall health outcomes, and 85th and 1st out of 92 counties for overall health factors
- Marion County compared unfavorably for many Community Health Status Indicators, and this was especially so for factors related to prenatal and infant care and chronic/morbid health conditions; whereas Hamilton County compared unfavorably only for black non-Hispanic infant mortality
- Among the 32 ZIP code areas included within Marion County, the city of Indianapolis has the highest community health needs based on an assessment of economic and structural health indicators, and the need was scored as high; Hamilton County had no areas with a high or even moderate need
- IU Health CHNA surveys for Marion and Hendricks counties had 252 community members respond, and 43% 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 Saxony 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, race
- Economic indicators, eg, poverty and unemployment rates, and impact of state budget changes
- Health status indicators, eg, causes of death, physical activity, chronic conditions, and preventive behaviors
- Health access indicators, eg, insurance coverage, ambulatory care sensitive condition (ACSC) discharges
- Availability of healthcare facilities and resources

Data sets for quantitative analyses included:

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

While quantitative data can provide insights into an area, these data need to be supplemented with qualitative information to develop a full picture of a community's health 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 Saxony's ability to reach reasonable conclusions regarding community health needs. While IU Health Saxony has worked to capture quantitative information on a wide variety of health conditions from a wide array of sources, IU Health Saxony 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 Saxony 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. Furthermore, due to the relatively high income and educational attainment of the community survey respondents, extrapolation of these results to the entire community population is limited.

### **3.4 Collaborating Organizations**

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

Carmel Chamber of Commerce	Indy Parks and Recreation
Challenge Foundation Academy	IU Health Methodist Hospital
CICOA Aging and In-Home Solutions	IU Health North Hospital
City of Carmel Fire Department	IU Health Saxony Hospital
DWA Healthcare Communications Group	IUPUI School of Physical Education and Tourism
Hamilton County Health Department	KinderCare
Hamilton County Parks and Recreation	Marion County Health Department
HealthNet	Trinity Free Clinic
Indiana State Department of Health	United Way of Central Indiana
Indiana University School of Public Health	Verité Healthcare Consulting, LLC
IndyHub	

## 4 DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by IU Health Saxony Hospital. The primary service area (PSA) of IU Health Saxony includes Marion and Hamilton counties. The secondary service area (SSA) is comprised of five contiguous counties. The community definition is consistent with the inpatient discharges for 2010, as illustrated in **Table 1** and **Figure 1** below. The discharge data included in **Table 1** is from IU Health North Hospital since discharge data for IU Health Saxony was not available at the time of this report.

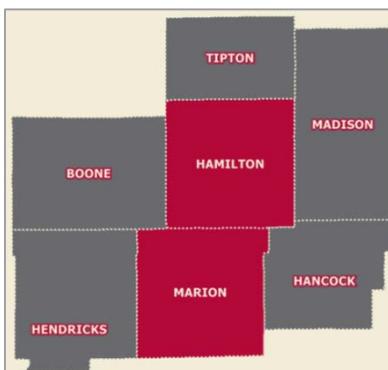
**Table 1**  
IU Health North Hospital Inpatient Discharges by County and Service Area, 2010

Discharge Area	County	Discharges	Percent of Total
Primary Service Area	Marion	3693	35.4%
	Hamilton	3295	31.6%
	<b>Subtotal</b>	<b>6988</b>	<b>67.1%</b>
Secondary Service Area	Boone	656	6.3%
	Hendricks	472	4.5%
	Hancock	217	2.1%
	Madison	195	1.9%
	Tipton	191	1.8%
	<b>Subtotal</b>	<b>1731</b>	<b>16.6%</b>
All Other Areas	<b>Subtotal</b>	<b>1701</b>	<b>16.3%</b>
<b>Total Discharge Population</b>		<b>10,420</b>	<b>100.0%</b>

Source: IHA Database, 2010.

Based on 2010 IHA data for IU Health North Hospital discharges, the IU Health Saxony PSA included 6988 discharges and its SSA, 1731 discharges. The community was defined based on the geographic origins of IU Health Saxony inpatients. Of the hospital's inpatient discharges, approximately 67% originated from the PSA and 17% from the SSA (**Table 1**).

**Figure 1**  
Counties in the IU Health Saxony Hospital Service Area Community, 2010



## 5 SECONDARY DATA ASSESSMENT

### 5.1 Demographics

IU Health Saxony Hospital is located in Hamilton County, a county located in central Indiana. Hamilton County includes ZIP codes within the towns of Arcadia, Atlanta, Carmel, Cicero, Fishers, Noblesville, Sheridan, and Westfield. Based on the most recent Census Bureau (2010) statistics, Hamilton County’s population is 274,569 persons with approximately 51% being female and 49% male. The county’s population estimates by race are 86.1% White, 3.8% Black, 3.6% Hispanic or Latino, 5.0% Asian, 0.2% American Indian or Alaska Native, and 1.6% persons reporting two or more races.

Marion County includes 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 and Hamilton counties have relatively moderate to high levels of educational attainment. A high school degree is the level of education 30% of Marion County and 17% of Hamilton County residents had achieved in 2010. An additional 20% of Marion County and 18% of Hamilton County residents had some college, but no degree. As of 2010, 24% of the Marion County population and 42% of the Hamilton County population has an associate’s or bachelor’s degree, and 9% and 18% respectively holding a graduate or professional degree.

Within the entire service area, the total population for the PSA is 1,177,962 and the total population for surrounding counties is 419,662, as illustrated in *Table 2* below.

**Table 2**  
Service Area Population, 2010

Service Area	County	Population	Percent of Total
Primary	Marion	903,393	56.5%
	Hamilton	274,569	17.2%
	<b>Subtotal</b>	<b>1,177,962</b>	<b>73.7%</b>
Secondary	Boone	56,640	3.5%
	Hendricks	145,448	9.1%
	Hancock	70,002	4.4%
	Madison	131,636	8.2%
	Tipton	15,936	1.0%
	<b>Subtotal</b>	<b>419,662</b>	<b>26%</b>
<b>Total Service Area</b>		<b>1,597,624</b>	<b>100.0%</b>

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. The Hamilton County population has increased 50% from 182,763 in the same time period. Comparatively, Marion County's population has increased more slowly, while Hamilton County's population has increased more quickly than the average population across the total service area, which increased by approximately 14% from 2000 to 2010. Indiana's total 2010 population estimate of 6,483,802 was up by 6.6% from 2000, and population growth was up by 10% for the entire nation.

Marion County's total population is projected to increase 2.72% by 2015, while Hamilton County's total population is expected to increase 15.98%. Hamilton County's population is not expected to decline for any population age group, and youth aged 5-19 (-0.14%) is the only population group expected to slightly decline for Marion County.

At almost 12% for Marion County and 40% for Hamilton County, the 65+ population is expected to grow the fastest among all age cohorts between 2010 and 2015. In general, an older population can produce increased demand for healthcare services and a potential increase in the prevalence of certain chronic conditions. The rate of population growth in Marion County for persons 65+ is expected to increase more slowly than both the combined IU Health Saxony Hospital service area (18.15%) and the state of Indiana (15.40%), whereas Hamilton County is expected to increase more rapidly than both as illustrated in *Table 3* below.

**Table 3**  
Projected 2010-2015 Service Area Population Change

Service Area	County	Overall		Projected 2010-2015 Change by Age Cohort					
		2010 Total Population	Projected 2010-2015 Change	0-4	5-19	20-24	25-44	45-64	65+
Primary	Marion	903,393	↑ 2.72%	3.93%	-0.14%	2.83%	2.35%	1.13%	11.95%
	Hamilton	274,569	↑ 15.98%	9.55%	12.84%	30.92%	8.36%	19.72%	39.65%
	<b>Subtotal</b>	<b>1,177,962</b>	<b>↑ 5.81%</b>	<b>5.28%</b>	<b>3.31%</b>	<b>6.46%</b>	<b>3.78%</b>	<b>5.59%</b>	<b>17.43%</b>
Secondary	Boone	56,640	↑ 8.79%	5.96%	6.75%	15.80%	2.49%	11.14%	19.93%
	Hendricks	145,448	↑ 13.42%	8.42%	11.34%	21.84%	8.85%	13.43%	29.39%
	Hancock	70,002	↑ 8.91%	7.35%	6.02%	14.75%	4.17%	6.92%	26.49%
	Madison	131,636	↓ -0.73%	-1.90%	-3.70%	3.01%	-3.32%	-2.71%	9.82%
	Tipton	15,936	↓ -1.39%	5.11%	-7.48%	-5.02%	-9.93%	-1.19%	16.00%
	<b>Subtotal</b>	<b>419,662</b>	<b>↑ 7.04%</b>	<b>4.75%</b>	<b>4.80%</b>	<b>11.99%</b>	<b>2.96%</b>	<b>6.39%</b>	<b>19.75%</b>
<b>Total Service Area</b>		<b>1,597,624</b>	<b>↑ 6.13%</b>	<b>5.16%</b>	<b>3.71%</b>	<b>7.65%</b>	<b>3.58%</b>	<b>5.81%</b>	<b>18.15%</b>
<b>Indiana</b>		<b>6,483,802</b>	<b>↑ 3.00%</b>	<b>2.20%</b>	<b>0.10%</b>	<b>3.10%</b>	<b>0.30%</b>	<b>2.00%</b>	<b>15.40%</b>

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

#### Marion County

Between 2010 and 2011, the share of jobs was greatest in the areas of healthcare and social assistance, manufacturing, retail trade, accommodation and food services, administrative support for waste management and remediation services, professional, scientific, and technical services, transportation and warehousing, and wholesale trade. Marion County has a diverse group of major employers reported by the Indiana Department of Workforce Development, including: Eli Lilly International Corporation/Eli Lilly and Company, St. Vincent Hospital, Indiana University-Purdue University Indianapolis, Indiana University Health System, Indiana University School of Medicine, St. Francis Hospital & Health Center, and Allison Advanced Development Company (LibertyWorks).

Marion County reported a relatively similar unemployment rate than the rate for the state of Indiana, but had a slightly higher rate of unemployment than that for most surrounding counties and the entire US.

#### Hamilton County

Between 2010 and 2011, the share of jobs was greatest in the areas of healthcare and social assistance, retail trade, finance and insurance, administrative and support services, accommodation and food services, professional, scientific, and technical services, wholesale trade, and construction. Hamilton County has a diverse group of major employers reported by the Indiana Department of Workforce Development, including: UPS Store, Bankers Conseco Life Insurance Company, CNO Financial Group, Washington National Insurance, Beneficial Standard Life Insurance, Sallie Mae Loan Services and Data Center, WYNDHAM Exchange and Rentals, Bankers National Life, and Indiana Mills and Manufacturing Incorporated.

Hamilton County reported a relatively lower unemployment rate than the rates of most surrounding counties, state of Indiana, and national average rates.

**Table 4** summarizes unemployment rates at December 2010 and December 2011.

**Table 4**  
Unemployment Rates, December 2010 and December 2011

Service Area	County	December 2010	December 2011	% Change from 2010-2011
Primary	Marion	9.2%	9.1%	↓ -0.1%
	Hamilton	6.4%	6.0%	↓ -0.4%
Secondary	Boone	7.1%	7.5%	↑ 0.4%
	Hendricks	7.2%	7.0%	↓ -0.2%
	Hancock	8.2%	7.6%	↓ -0.6%
	Madison	10.6%	10.1%	↓ -0.5%
	Tipton	10.6%	11.1%	↑ 0.5%
<b>Indiana</b>		9.3%	8.9%	↓ -0.4%
<b>USA</b>		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%). **Table 5** below illustrates the poverty rates by year between 2007 and 2009.

**Table 5**  
Percentage of People in Poverty, 2007-2009

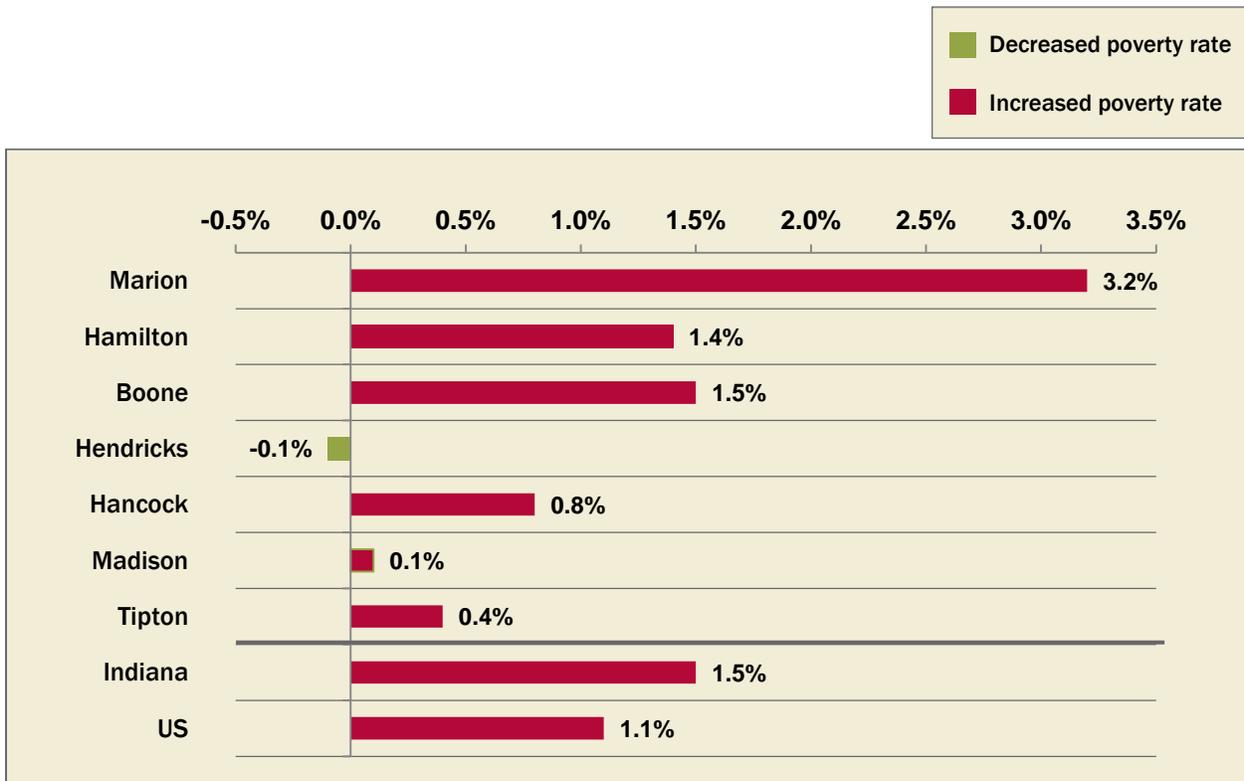
Service Area	County	2007	2008	2009	% Change from 2008-2009
Primary	Marion	15.6%	16.5%	19.7%	↑ 3.2%
	Hamilton	3.9%	4.2%	5.6%	↑ 1.4%
Secondary	Boone	6.6%	6.4%	7.9%	↑ 1.5%
	Hendricks	5.0%	5.2%	5.1%	↓ -0.1%
	Hancock	4.8%	5.7%	6.5%	↑ 0.8%
	Madison	13.6%	14.6%	14.7%	↑ 0.1%
	Tipton	7.9%	8.7%	9.1%	↑ 0.4%
<b>Indiana</b>		12.3%	12.9%	14.4%	↑ 1.9%
<b>USA</b>		13.0%	13.2%	14.3%	↑ 1.1%

Source: US Census Bureau, 2012.

For Marion County, a poverty rate of 19.7% was reported in 2009, rising from 16.5% in 2008 (3.2%). Hamilton County has the second lowest poverty rate at 5.6%. Comparatively for Indiana, Hendricks County has the lowest poverty rate at 5.1% and Monroe County has the highest poverty rate at 21.9%.

Marion County had the highest poverty rate increase (+3.2%) in the IU Health Saxony Hospital service area between 2008 and 2009, followed by Boone (+1.5%) and Hamilton (+1.4%). The only primary service area county poverty rate that slightly decreased was that for Hendricks County (-0.1%). Comparisons of each service area county's poverty rates, as well as those for the state of Indiana and the entire US are displayed in *Figure 2* below.

**Figure 2**  
Percentage Change in Poverty Rates between 2008 and 2009



Source: US Census Bureau, 2012.

Income level is an additional economic factor that has also been associated with the health status of a population. Based on the US Census Bureau (2009), Marion and Hamilton counties' per capita personal income (\$36,409 and \$47,541) are above the Indiana state average of \$33,323. While Marion County's median household income of \$41,201 is below the Indiana state average of \$45,427, Hamilton County's is well above it at \$76,878. 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; however, Hamilton County exceeded the US national average for both categories.

**5.2.3 Insurance Coverage**

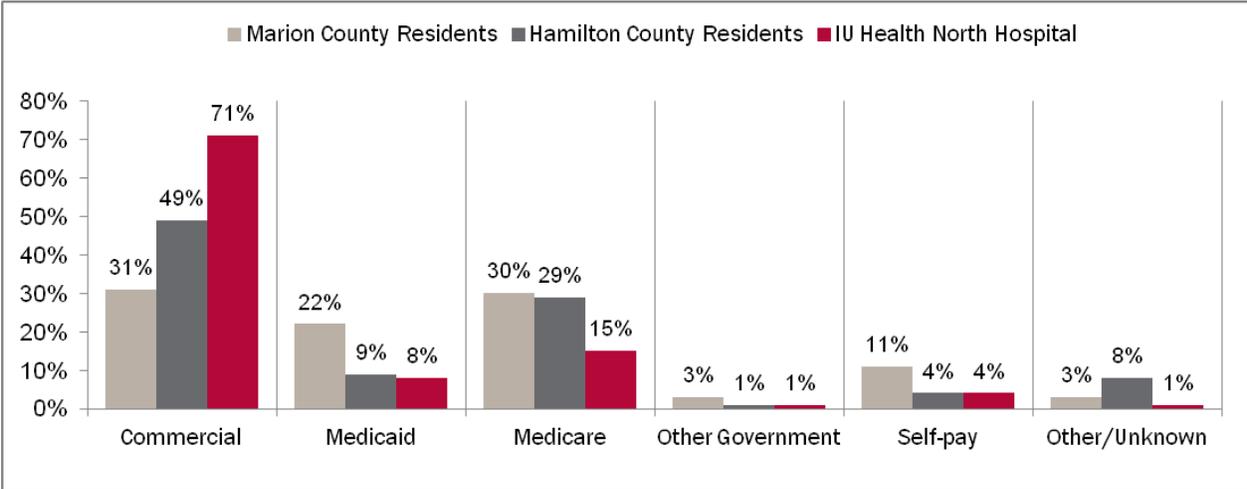
National statistics on health insurance indicate that 16% of the United States population is uninsured. Of the US population that is insured, 49% are insured through an employer, 5% through individual providers, 16% through Medicaid, 12% through Medicare, and 1% through other public providers.

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

Based on inpatient discharge data from the Indiana Hospital Association (IHA), 31% of Marion County and 49% of Hamilton County residents have commercial insurance, 22% of Marion County and 9% of Hamilton County are insured through Medicaid, 30% of Marion County and 29% of Hamilton County are insured through Medicare, 11% of Marion County and 4% of Hamilton County pay out-of-pocket (uninsured) and 6% of Marion County and 9% of Hamilton County have other government insurance or are unknown.

Information on insurance coverage for patients discharged from IU Health Saxony Hospital is not yet available. At IU Health North Hospital, it is estimated that 71% of discharged patients have commercial insurance, 8% are insured through Medicaid, 15% are insured through Medicare, 4% pay out-of-pocket (uninsured), and 2% have other government insurance or are unknown (see *Figure 3*).

**Figure 3**  
Insurance Coverage  
2009 Marion County, Hamilton County, and IU Health North Hospital Inpatient Discharges



Source: IHA Discharge Database, 2010.

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

## **5.2.4 Indiana State Budget**

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

### **Fiscal Year 2010-2011 Health Services**

- In FY 2010, Health and Welfare accounted for 38.9%, or \$10.2 billion, of expenses
  - The change in expenses from FY 2009 was a decrease of \$19.1 million, or 0.2%
  - Some of the major expenses were Medicaid assistance (\$6.0 billion), the US Department of Health and Human Services Fund (\$1.4 billion), and the federal food stamp program, \$1.5 billion
- The Medicaid Assistance Fund received \$4.5 billion in federal revenue in FY 2011, as compared to \$4.0 billion in FY 2010
  - The Fund distributed \$6.0 billion in Medicaid assistance during the year, which is an increase of \$598.3 million over FY 2010
  - The total change in the fund's balance was an increase of \$114.4 million from FY 2010 to FY 2011
- The US Department of Health and Human Services Fund is a new fund created during the 2011 fiscal year with the implementation of the new statewide accounting system to account for federal grants that are used to carry out health and human services programs
  - The fund received \$1.2 billion in federal grant revenues and expended \$1.4 billion
  - The change in fund balance from FY 2010 to FY 2011 was an increase of \$134.9 million
- The Children's Health Insurance Plan (CHIP) spent \$138.1 million in FY 2011
  - At the end of FY 2011, CHIP was serving 83,494 clients, an increase of 4.7% compared to the average number of clients served by CHIP in FY 2010
- From 2005 to 2011, the Department of Child Services (DCS) has increased the total number of filled Family Case Manager (FCM) positions in Indiana by 838, from 792 to 1630
- In January 2010, DCS established the Indiana Child Abuse and Neglect Hotline to serve as the central reporting center for all allegations of child abuse or neglect in Indiana; the Hotline is staffed with 62 FCMs, also known as Intake Specialists, who are specially trained to take reports of abuse and neglect

### **Fiscal Year 2012-2013 Budget**

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

- The budget removes statutory restrictions that prevented the Family and Social Services Administration (FSSA) from reducing staffing levels at either the Evansville State Hospital or the Evansville Psychiatric Children’s Center, regardless of the number or type of patients being treated at each facility
- The budget eliminates the Indiana Tobacco Prevention and Cessation (ITPC) Board, and transferred its responsibilities to the Indiana State Department of Health (ISDH) on July 1, 2011; the ISDH totals include annual appropriations of \$8.1 million from the Tobacco Master Settlement Fund for tobacco prevention and cessation efforts
- The ISDH budget saw a 16.6% decrease in general fund appropriations for the FY 2012-2013 biennium budget
- The budget appropriates \$48.8 million annually for The Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) In-Home Services, one of very few programs to not be reduced compared to FY 2011 appropriation levels
- FY 2012 HHS divisional and program budgets that have been reduced as compared to FY 2011 appropriation levels include:
  - Division of Aging Administration (-33%)
  - Tobacco Use Prevention & Cessation Program (-25%)
  - Community Health Centers (-25%)
  - Department of Child Services (-24%)
  - Residential Care Assistance Program for the elderly, blind, disabled (-22%)
  - Child Psychiatric Services Fund (-17%)
  - Minority Health Initiative (-15%)
  - Prenatal Substance Abuse & Prevention (-15%)
  - Office of Women’s Health (-15%)
  - Children With Special Healthcare Needs (-15%)
  - Cancer Education & Diagnosis—Breast (-15%)
  - Cancer Education & Diagnosis—Prostate (-15%)
  - Disability and Rehabilitation Services (-11%)

### 5.3 Discharges for Ambulatory Care Sensitive Conditions

Ambulatory care sensitive conditions (ACSC) are health issues that, in theory, do not require hospitalizations if adequate ambulatory (primary) care resources are available and accessed. Methodologies for quantifying ACSC discharges have been well-tested for more than a decade. Disproportionately large numbers of ACSC discharges indicate potential problems with the availability or accessibility of ambulatory care services. *Table 6* illustrates the estimated percentage of 2007 ACSC discharges per Medicare enrollee for the IU Health Saxony 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
	Hamilton	55.2
	<b>Subtotal</b>	<b>62.5</b>
Secondary	Boone	84.6
	Hendricks	76.4
	Hancock	70.9
	Madison	89.9
	Tipton	98.0
	<b>Subtotal</b>	<b>83.9</b>
<b>Total Service Area Average</b>		<b>77.8</b>
<b>Indiana</b>		<b>85.9</b>
<b>USA</b>		<b>76.0</b>

Source: Dartmouth Atlas of Health Care, 2007.

### 5.4 County Level Health Status and Access Indicators

#### 5.4.1 County Health Rankings

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

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

**Table 7**  
Relative Health Status Indicators for Marion, Hamilton, and Surrounding Counties

Key									
>75th Percentile									
50th to 74th Percentile									
25th to 49th Percentile									
<25th Percentile									
Ranking Worsened Between 2011 and 2012	↓								
Indicator	Marion	Hamilton	Boone	Hendricks	Hancock	Madison	Tipton	Average Ranking for Service Area	
<b>Overall Health Outcomes</b>	82 ↓	1	2	5	28 ↓	75	33 ↓	32 ↓	
<i>Mortality</i>	81 ↓	1	2	5 ↓	27	63 ↓	54 ↓	33 ↓	
<i>Morbidity</i>	75 ↓	2	5	10 ↓	24 ↓	82	14 ↓	30 ↓	
<b>Overall Health Factors</b>	85	1	2	3 ↓	4	91 ↓	13 ↓	28 ↓	
<i>Health behaviors</i>	70	1	12	19 ↓	4	92 ↓	3	29	
<i>Tobacco use</i>	62 ↓	2	10 ↓	19 ↓	17 ↓	85 ↓	1	28 ↓	
<i>Diet and exercise</i>	21	1	36	62 ↓	3	92 ↓	42 ↓	37	
<i>Alcohol use</i>	26 ↓	10 ↓	54 ↓	19	61 ↓	40 ↓	4	31 ↓	
<i>Sexual activity</i>	92	2	6	4 ↓	18	87 ↓	28 ↓	34	
<i>Clinical care</i>	19 ↓	1	2	5	4	43 ↓	35	16	
<i>Access to care</i>	18 ↓	2	1	6	4	47 ↓	11	13	
<i>Quality of care</i>	40 ↓	1	13	5	6	42 ↓	75	26	
<b>Social and economic factors</b>	91 ↓	1	2	3 ↓	6 ↓	85 ↓	22	30 ↓	
<i>Education</i>	55	2 ↓	1	3 ↓	9 ↓	86 ↓	33 ↓	27 ↓	
<i>Employment</i>	31 ↓	2	10 ↓	12 ↓	19 ↓	66 ↓	65	29 ↓	
<i>Income</i>	92 ↓	1	3	2	6 ↓	85 ↓	13 ↓	29 ↓	
<i>Family and social support</i>	92 ↓	2	8 ↓	7	6 ↓	84	14 ↓	30 ↓	
<i>Community safety</i>	91	16 ↓	17	40 ↓	12	67	24	38	
<b>Physical environment</b>	92 ↓	37 ↓	55 ↓	24 ↓	65 ↓	60 ↓	83 ↓	59 ↓	
<i>Environmental quality</i>	92	84	79	12	37	59	15	54	
<i>Built environment</i>	43 ↓	6 ↓	22 ↓	42 ↓	75 ↓	65 ↓	90 ↓	49 ↓	

Source: County Health Rankings, 2012.

Across all IU Health Saxony service area counties, environmental quality and built environment indicators were ranked most consistently in the bottom quarter or bottom half of Indiana counties. The indicators comparing unfavorable to US and peer counties across half of the counties within the IU Health Saxony service area include neonatal infant mortality, lung cancer, stroke, and suicide.

## **Marion County**

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

In preventable health factors, Marion County ranked 85th in terms of overall health related factors (determinants of health); individual scores are displayed in *Table 7* above. A little under half of Marion County's rankings fell within the top 50% of Indiana counties; however, five factors are ranked in the bottom 25%, and several indicator rankings decreased from 2011 to 2012. For Marion County, almost all of the specific indicators that ranked within the bottom 25% of Indiana counties have the worst rankings in the state, and include sexual activity (92nd), income (92nd), family and social support (92nd), environmental quality (92nd), and community safety (91st). In addition to the above, other indicators ranked in the bottom half of Indiana counties include tobacco use (62nd) and education (55th). Specific indicator rankings that fell between 2011 and 2012 include tobacco use, alcohol use, access to care, quality of care, employment, income, family and social support, and built environment.

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

Among the other counties in the overall service area, Marion County ranked the lowest on factors related to sexual activity, income, family and social support, community safety, and environmental quality.

## **Hamilton County**

Hamilton County fell within the 75th percentile for overall health outcomes (length and quality of life), ranking first in the state among all Indiana counties. In contrast, a couple other counties in the service area ranked in the 25th percentile (Marion and Madison).

In preventable health factors, Hamilton County ranked first in terms of overall health related factors (determinants of health); individual scores are displayed in *Table 7* above. Well over half of Hamilton County's indicator rankings were first or second in the state; however, environmental quality was ranked in the bottom 25% at 85th, and a couple indicator rankings decreased from 2011 to 2012. Specific indicator rankings that fell between 2011 and 2012 include alcohol use, education, community safety, and built environment.

For Hamilton County, the specific indicators ranked in the top 25% of Indiana counties were tobacco use (2), diet and exercise (1), alcohol use (10), sexual activity (2), access to care (2), quality of care (1), education (2), employment (2), income (1), family and social support (2), community safety (16), and built environment (6).

The county ranked higher than the overall service area for several indicators, but especially for those of built environment (difference of 45), diet and exercise (difference of 36), sexual activity (difference of 32), income (difference of 28), family and social support (difference of 28), employment (difference of 27), tobacco use (difference of 26), quality of care (difference of 25), education (difference of 25).

### **5.4.2 Community Health Status Indicators**

The Community Health Status Indicators (CHSI) Project of the US Department of Health and Human Services compares many health status and access indicators to both the median rates in the US and to rates in “peer counties” across the US. Counties are considered “peers” if they share common characteristics such as population size, poverty rate, average age, and population density. **Table 8** 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**

Marion County has 38 designated “peer” counties in 22 states, including Hamilton, Montgomery, and Summit counties in Ohio, and Jefferson County in Kentucky.

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 favorable (where rates and percentages for the indicators in Marion County are lower than those for the entire nation or for peer counties). Other favorable indicators for Marion County include coronary heart disease and births to women age 40-54.

#### **Hamilton County**

Hamilton County has 56 designated “peer” counties in 24 states, including Elkhart, Johnson, and Porter counties in Indiana, Clermont, Fairfield, Medina, and Wayne counties in Ohio, and McHenry and Tazewell counties in Illinois.

Hamilton County compared unfavorably to US and peer county benchmarks for only one health condition: black non-Hispanic infant mortality. Several indicators related to birth and infant care were favorable for Hamilton County (where rates and percentages for the indicators in Hamilton County are lower than those for the entire nation or for peer counties), including low birth weight, very low birth weight, births to women under the age of 18, births to unmarried women, no care in the first trimester, infant mortality, and post-neonatal infant mortality. Favorable indicators include those for chronic health conditions such as breast cancer (female), colon cancer, lung cancer, coronary heart disease, and stroke. Other indicators related to homicide, suicide, motor vehicle injury, and unintentional injury indicators were also favorable.

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

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

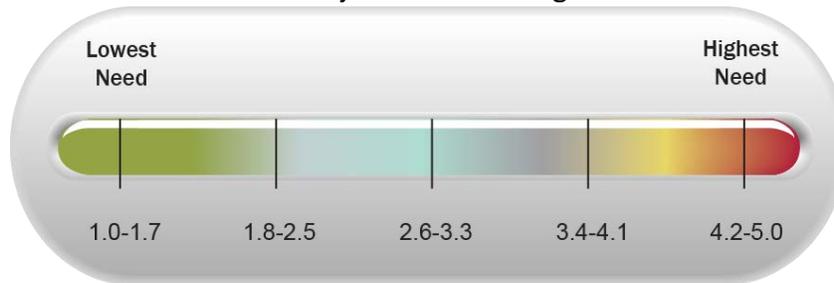
Indicator	Marion	Hamilton	Boone	Hendricks	Hancock	Madison	Tipton
Low Birth Weight							
Very Low Birth Weight							
Premature Births							
Births to Women Under 18							
Births to Women Age 40-54							
Births to Unmarried Women							
No Care in First Trimester							
Infant Mortality							
White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

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

## 5.5 ZIP Code-Level Health Access Indicators

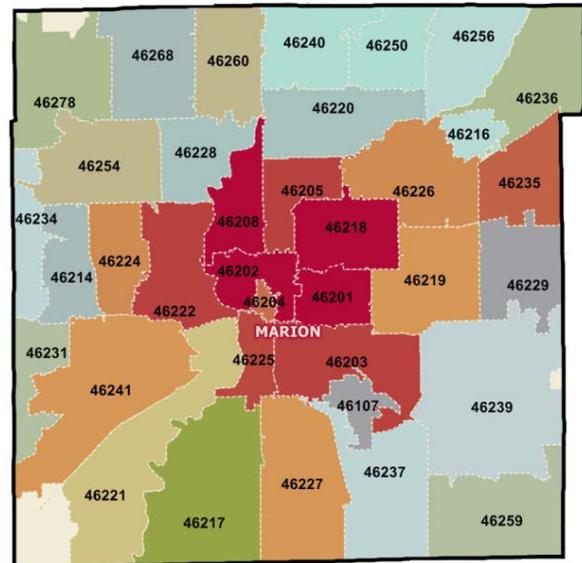
The Community Need Index (CNI) was created in 2005 by Catholic Healthcare West (now Dignity Health) in collaboration with Thomson Reuters. CNI identifies the severity of health disparities related to housing, English as a second language (ESL), and education level for ZIP codes in the United States. In addition to health indicators, CNI includes economic and structural indicators in its assessment of the overall health of a community. Scores are assigned on a scale of one to five with one indicating the least amount of community need and five indicating the most (see *Figure 4*). The CNI assessments illustrate correlations between high need/high scores and high hospital utilization in specific ZIP codes. *Tables 9-10* summarize the CNI for ZIP codes in Marion and Hamilton counties.

**Figure 4**  
Community Need Index Rating Scale



**Table 9**  
CNI Scores for Marion County

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

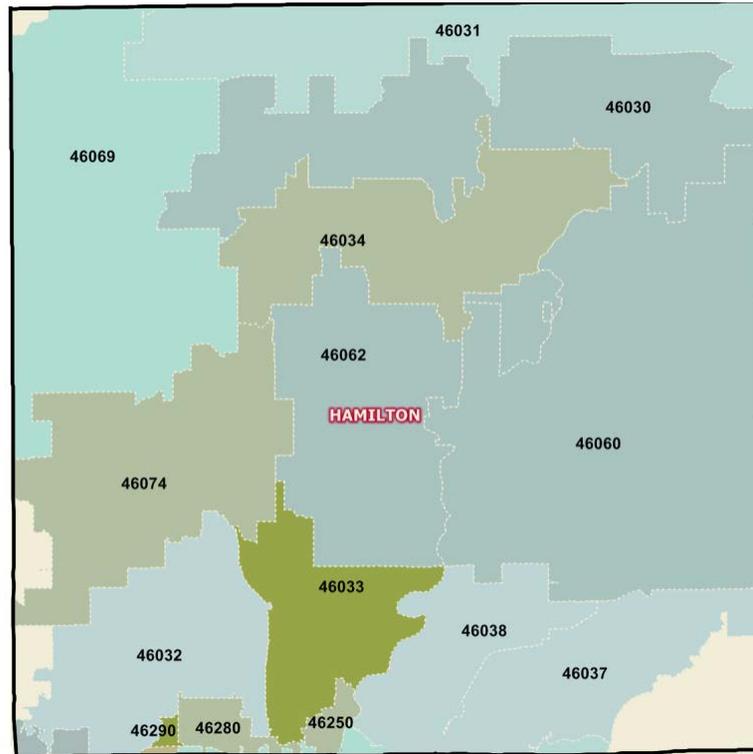


\*Note that ZIP code 46231 (Plainfield) is within a city that is primarily outside of Marion County, but is included above since a large portion of this ZIP code area extends into Marion County.

Source: Community Need Index, 2011.

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

**Table 10**  
CNI Scores for Hamilton County



PSA County	City	ZIP Code	Rank
Hamilton	Arcadia	46030	2.8
	Noblesville	46060	2.8
		46062	2.8
	Sheridan	46069	2.6
	Atlanta	46031	2.4
	Fishers	46037	2.2
		46038	2.2
	Carmel	46032	2.2
		46033	1.4
	Cicero	46034	1.8
	Westfield	46074	1.8
	Indianapolis*	46250	2.6
		46280	1.8
46290		1.4	

\*Note that ZIP codes 46250, 46280, and 46290 (Indianapolis) are within a city that is primarily outside of Hamilton County, but are included above since a portion of these ZIP code areas extend into Hamilton County.

Source: Community Need Index, 2011.

Community needs are very low in all ZIP codes in Hamilton County.

## 5.6 Regional Chronic Conditions and Preventive Behaviors

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

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

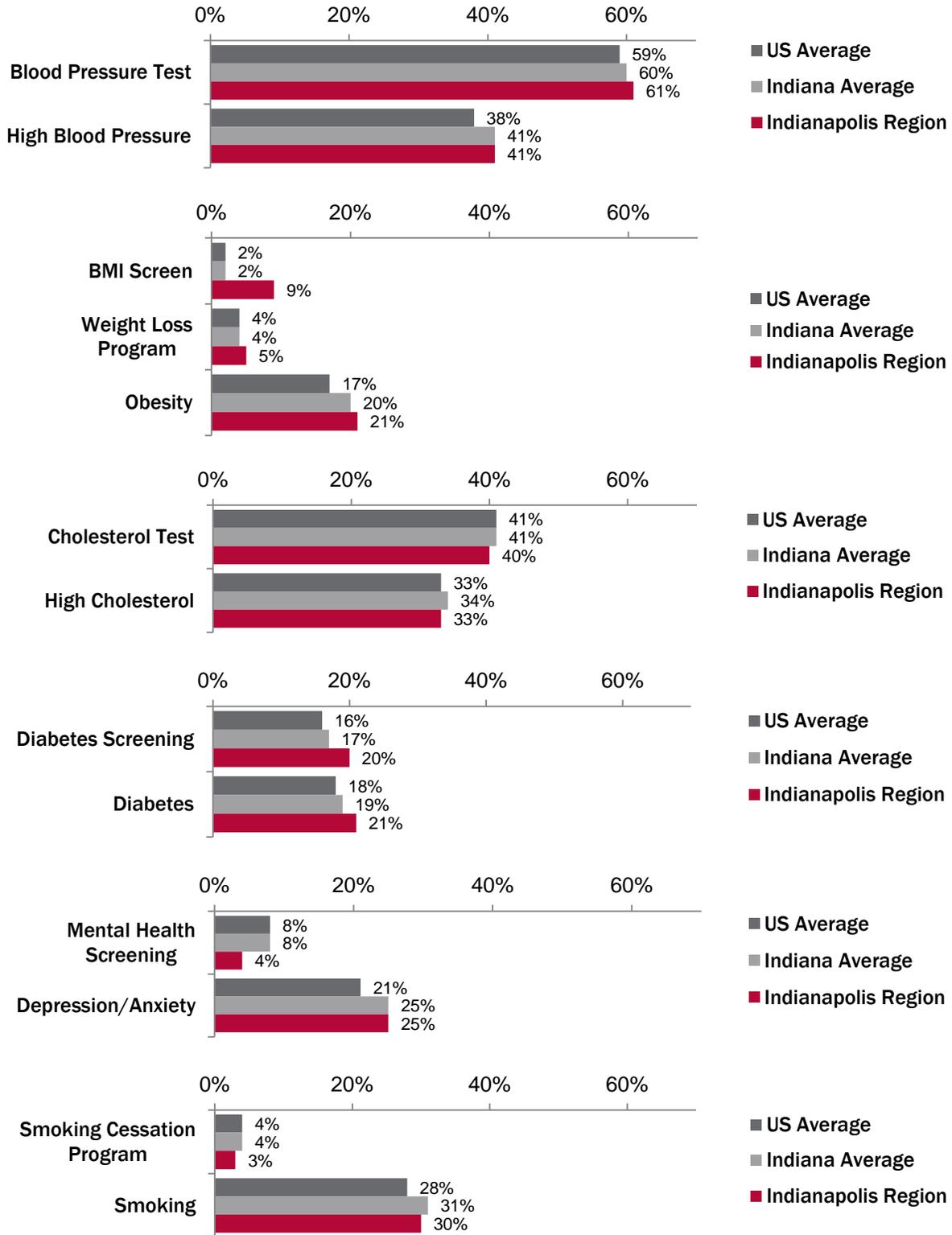
- High blood pressure
- High cholesterol
- Smoking
- Allergies—other
- Arthritis
- Depression/anxiety disorder
- Obesity/weight problems
- Diabetes
- Allergies—hay fever
- Asthma

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

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

**Figure 5**

**Chronic Conditions and Preventive Behaviors in the Indiana University Health “Indianapolis Regional Market”**



Source: Ticker, National Research Corporation, 2012.

## 5.7 Medically Underserved Areas and Populations

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

Any area or population receiving an IMU score of 62.0 or below qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving an MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions that 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.”<sup>2</sup> **Table 11** below illustrates the areas that have been designated as MUAs or MUPs in the IU Health Saxony Hospital community.

**Table 11**  
MUAs and MUPs in the IU Health Saxony 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	—	—
	Hamilton	—	—	—	—
Secondary	Boone	—	—	—	—
	Hendricks	—	—	—	—
	Hancock	—	—	—	—
	Madison	—	—	57.1	Low-income population, Anderson City Service Area - 10 CTs
		—	—	60.7	Low-income population, North Madison Service Area - 7 CTs
	Tipton	—	—	—	—

\*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/>.

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

### 5.8 Health Professional Shortage Areas

An area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary care, dental care, or mental healthcare professionals is found to be present. HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.” *Table 12* below lists the HPSAs in the IU Health Saxony Hospital community.

**Table 12**  
HPSAs in the IU Health Saxony 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-a-Like)	Low-income population, Near North Side and Highland- 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-a-Like)	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-a-Like)
	Hamilton	—	—	—
Secondary	Boone	—	—	—
	Hendricks	Plainfield Correctional Facility	—	—
	Hancock	Low-income population, entire county	—	—
	Madison	Low-income population, entire county	1 health center: Madison County Community Health Center	2 health centers: Pendleton Correctional Facility and Madison County Community
		1 health center: Madison County Community Health Center	—	Pendleton Correctional Facility
Tipton	—	—	—	

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 Saxony Hospital community contains a variety of resources that are available to meet the health needs identified through this CHNA. These resources include facilities designated as FQHCs, hospitals, public health departments, and other organizations. **Table 13** below lists the other facilities and resources in the IU Health Saxony community.

**Table 13**  
Resources in Marion, Hamilton, and Surrounding Counties

Service Area	County	Public Health Department
Primary	Marion	Marion County Public Health Department (Indianapolis, Indiana)
	Hamilton	Hamilton County Health Department (Noblesville, Indiana)
Secondary	Boone	Boone County Health Department (Lebanon, Indiana)
	Hendricks	Hendricks County Health Department (Danville, Indiana)
	Hancock	Hancock County Health Department (Greenfield, Indiana)
	Madison	Madison County Health Department (Anderson, Indiana)
	Tipton	Tipton County Health Department (Tipton, Indiana)

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

**Table 13 (cont.)**  
**Resources in Marion, Hamilton, and Surrounding Counties**

Service Area	County	Hospital	
<b>Primary</b>	Marion	Community Hospital East	Riley Hospital for Children
		Community Hospital North	Select Specialty Hospital - Beech Grove
		Fairbanks Hospital	St. Vincent Heart Hospital
		Franciscan St. Francis Health	St. Vincent Hospital
		Indiana Orthopaedic Hospital, LLC	St. Vincent New Hope
		Indiana Surgery Center	St. Vincent Seton Specialty Hospital
		IU Health Methodist Hospital	St. Vincent Stress Center
		IU Health University Hospital	St. Vincent Women's Hospital
		Kindred Hospital	The Indiana Heart Hospital
		Peyton Manning Children's Hospital	Westview Hospital
		Rehabilitation Hospital of Indiana	Wishard Memorial Hospital
	Richard L. Roudebush VA Medical Center		
	Hamilton	IU Health North Hospital	St. Vincent Carmel Hospital
		Riverview Hospital	
Boone	Witham Health Services		
Hendricks	Hendricks Regional Health	IU Health West Hospital	
<b>Secondary</b>	Hancock	Hancock Regional Hospital	
	Madison	Community Hospital Of Anderson and Madison County	St. John's Health System
		St. Vincent Mercy Hospital	
	Tipton	IU Health Tipton 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 that data was available at the time of analysis. Statistics from earlier than 2001 are sometimes presented to illustrate trends over longer periods of time.

Key conclusions were:

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

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

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

Key conclusions were:

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

- All Central Indiana counties are experiencing an increase in the percentage of students qualifying for the free and reduced lunch programs at school, a widely used indicator for the extent of poverty in a community
- Faced with rising health insurance premiums, employers have adapted by purchasing less comprehensive policies for their employees, implementing health savings account programs, and/or shifting more of the costs to their employees; approximately 137,589 individuals (8.5% of all insured individuals) in Central Indiana experience a financial barrier to healthcare access despite having health insurance coverage
- Nationally, Medicaid covers 12% of the US population, and Indiana enrolls 16% of its population
  - Marion County has a substantially higher proportion of its population enrolled in Medicaid programs (18.5%) than other counties
  - The percentage enrolled in Medicaid across the entire eight-county service area is approximately 13%; 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 programs as well as basic skills training
- Morgan County focus group participants mentioned that crime involving youth and adult misuse of prescription drugs, including amphetamines, is an emergent issue

#### ***5.10.4 Mental Health and Substance Abuse Needs Assessment for Marion County***

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

Key conclusions were:

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

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

### ***5.10.5 Health Impact Assessment for Proposed Marion County Transportation Expansion***

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

Key conclusions were:

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

## 6 PRIMARY DATA ASSESSMENT

IU Health Saxony Hospital opened on December 1, 2011, therefore data presented in the following pages was drawn from primary research data gathered from Marion and Hamilton County assessment efforts completed for IU Health North Hospital.

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

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

### 6.1 Focus Group Findings

#### 6.1.1 Identification of Persons Providing Input

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

**Table 14**  
Focus Group Participants

Name	Title, Affiliation	Expertise
Mo Merhoff	<i>President, Carmel Chamber of Commerce</i>	Mr. Merhoff is representative of a community perspective toward healthy living. As President of the Chamber of Commerce, he lobbies for policies affecting the health and well-being of the community.
Mark Hulett	<i>EMS Division Chief, City of Carmel Fire Department</i>	Mr. Hulett is representative of a community perspective regarding public health and safety. As the Carmel Fire Department's EMS Division Chief, he has great knowledge concerning public safety needs and resources.
Joan Isaac	<i>Hamilton County Area Director, United Way of Central Indiana</i>	Ms. Issac is representative of a community perspective toward healthy living. As Director of the Hamilton County area United Way, she works for an organization that believes in helping people learn more, earn more, and lead safe and healthy lives, as well as creates programs to assist in those goals, especially for the underserved populations.
Maggie Charnoski	<i>Executive Director, Trinity Free Clinic</i>	Ms. Charnoski is a Public Health Expert. As Executive Director at Trinity Free Clinic, she understands the issues and obstacles involved in public health, needs, and access to healthcare, as well as ways to improve access.
Al Patterson	<i>Department Director, Hamilton County Parks and Recreation</i>	Mr. Patterson is representative of a community perspective toward healthy living. As Director of the Hamilton County Parks and Recreation Department, he is familiar with obesity prevention and the programs in place to help address this issue.
Don Nicholls	<i>Resource Development Specialist, Hamilton County Parks and Recreation</i>	Mr. Nicholls is representative of a community perspective toward healthy living. As the Resource Development Specialist for the Hamilton County Parks and Recreation Department, he is familiar with obesity prevention and programs in place to help address this issue.

**Table 14 (Cont.)**  
Focus Group Participants

<b>Name</b>	<b>Title, Affiliation</b>	<b>Expertise</b>
Pam Lowe	<i>Director, Women's Services and Social Services, IU Health North Hospital</i>	Ms. Lowe is representative of a community perspective toward healthy living. As Director of Women's Services and Social Services for the IU Health North Hospital, she understand the needs in healthcare and ways to address them.
Joy Davis	<i>Senior Marketing Coordinator, IU Health North Hospital</i>	Ms. Davis is representative of a community perspective toward healthy living. As Marketing Coordinator for the IU Health North Hospital, she understand the needs in healthcare and ways to address them.
Barry McNulty	<i>Administrator, Hamilton County Health Department</i>	Mr. McNulty is a Public Health Expert. As an administrator for the Hamilton County Health Department, he understands the issues and obstacles involved in public health and ways to improve them.
Janice VanMetre	<i>Director of Nursing, Hamilton County Health Department</i>	Ms. VanMetre is a Public Health Expert. As a Director of Nursing at the Hamilton County Health Department, Ms. VanMetre understands the issues and obstacles involved in public health and ways to improve them.
Shannon Saul	<i>Executive Director, KinderCare Learning Centers</i>	Ms. Faul is representative of a community perspective regarding children's health. As a child-care provider at KinderCare, Ms. Faul is familiar with children's health issues and needs.
Terry Krohn	<i>Manager, KinderCare Learning Centers</i>	Mr. Krohn is representative of a community perspective regarding children's health. As a child-care provider in the community, he is familiar with children's health issues and needs.

**6.1.2 Prioritization Process and Criteria**

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

Upon arrival to the focus group, participants were asked to list their believed five prioritized health needs for the IU Health North 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 its 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 North could be in meeting the local health needs.

### **6.1.3 Description of Prioritized Needs**

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

1. Access to healthcare.
2. Preventive healthcare and wellness.
3. Health education and literacy.
4. Obesity.
5. Family planning and women's health.

These prioritized needs are discussed in more detail below.



**1. Access to healthcare** was generally agreed to be the most prominent concern among focus group participants, because without access, individuals are left with very few options. One leader remarked that a main concern regarding access to healthcare is that the system is generally hard to navigate. Leaders also discussed how even though Hamilton County is projected to be the healthiest county in Indiana, there are many areas, especially in the Northern part of the county, that are secluded and often forgotten (eg, Sheridan and Arcadia). Leaders also explained that while Hamilton County may be better off than many other counties in the state, Indiana is still one of the unhealthiest states in the country, leaving much room for improvement. Specifically, in terms of access to healthcare, leaders discussed the need for more primary care physicians, specialty care for the under- and uninsured, affordable medical testing, transportation, and bridging healthcare needs and services. Wraparound services was an area that all leaders believed is also lacking when it comes to healthcare access. Additionally, transportation for older adults, especially in the more rural areas is a huge issue—oftentimes completely limiting access for these individuals. Lastly, there was much talk regarding healthcare in Hamilton County and many other places being treated too much as a business, while not enough focus was given to the patients in terms of access to appropriate care.



**2. Preventive healthcare and wellness** was the second largest need that emerged after many discussions on current happenings in Hamilton County, such as the increased rate of cardiac arrests in young people in the past years. Without access to healthcare and health prevention, the leaders decided it would be hard to even begin to address other concerns. Health accountability was also concentrated on in terms of trying to make individuals in the community accountable for their health and preventing diseases such as smoking-related conditions and obesity. In terms of children, many concerns were addressed around the fact that children are at the ages of three to five before school screenings even start. Children need to have hearing and speech screenings early, and parents need to know what to look for in their children during the appropriate periods of childhood development. KinderCare representatives talked extensively around childhood development and the need for promotion of parental knowledge in order to prevent setbacks.



**3. Health education and literacy** was a need tied closely to health prevention, and was mentioned as the third largest concern. Most leaders were specifically concerned with affordable and accessible health education. One leader brought up the example of a newly diagnosed patient with a condition such as diabetes, who will need readily available and accurate education on their condition. Currently, it is difficult for patients to find accurate information that is readily available and comprehensible to them. Education for parents on their children's health was another concern. KinderCare representatives discussed educational opportunities available to parents, but that they

are often too far away or too expensive for the parents to be able to take sufficient advantage of. Such as with health prevention, leaders discussed in detail how they believe the concept of health accountability ties into the promotion of health education. Many believed that individuals need to be properly educated in order to respect their own health.



**4. Obesity** may be rated the lowest in Hamilton County compared to the rest of Indiana but it is still a huge concern for the county. Indiana has one of the highest rates in the US; therefore, there is still room for improvement throughout the state. Leaders did address exemplary farmer's markets and trails as positive means for obesity prevention. Participants also agreed that while their schools still offer unhealthy food options, they are attempting to make better decisions for children by removing vending machines, sodas, etc from the schools. One leader mentioned that they are concerned about the lack of physical education in schools. Middle school physical education is only incorporated three times a week and many believe that this is counterproductive to preventing obesity in the community's youth. For example, the children are required to run a mile; however, they are not trained to do so and some are not in the best shape to successfully accomplish such demands. Leaders thought that it could be harmful to require physical activities of that nature when it is not a routine and practiced pursuit within the course, but purely a one-time task for fulfilling course measurement standards. While Hamilton County does have some resources, officials believed that there is a gap in this area, which IU Health North could easily play a role in closing.



**5. Family planning and women's health** needs in the community were part of a conversation that was initiated by leaders that stated the lack of Planned Parenthood-type clinics or services anywhere within Hamilton County. Trinity Clinic has some services; however, they are limited in terms of family planning, counseling, and birth control for religious reasons. Solace Breast Center is a great resource for screenings, but it was believed that their services are limited as well. One leader even mentioned that many times women go to Marion County in order to receive reproductive care, and that Hamilton County has many girls and women in the community who need those types of services readily available to them. While reproductive healthcare is needed throughout Hamilton County, someone suggested that it is even more of a need within the rural areas of the community. Another participant recommended that there needs to be more HIV and AIDS prevention in the form of education. Therefore, it seems that family planning and women's health services need not only actual resources, but also more preventive care programs and education as well.

## 6.2 Community Survey Findings

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

A link was made available on the hospital's website via an electronic survey tool from December 2011 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 being disseminated directly to the general public of the community, the survey was also sent via email to participants in the needs assessment focus groups to provide an opportunity for these community leaders to pass onto their local community members.

Due to the high percentage of IU Health North inpatient discharges for both Hamilton and Marion counties, the data collected from the IU Health Methodist survey for Marion County have also been consolidated and incorporated into the Hamilton County analysis for IU Health West in order to ensure a comprehensive view of patient perceptions across both of these primary service area counties.

### ***Respondent Demographics***

252 respondents participated in the IU Health North and Marion County web-based surveys. A majority of respondents were from the PSA (Marion County, 65%), followed by 36% from Hamilton County. The survey sample was approximately 85% Caucasian (White), followed by Black or African American (12%), and was fairly evenly distributed across age ranges, with nearly half of respondents being 40 years of age or less, followed by 41-50 (18%), 51-59 (20%), and 60+ (14%) years of age.

The educational attainment of the sample was fairly high with a majority of respondents (88%) indicating they had completed either a college undergraduate (56%) or graduate degree (32%). The remaining respondents had completed a high school degree/GED (12%), some high school (1%), or vocational/technical school (1%).

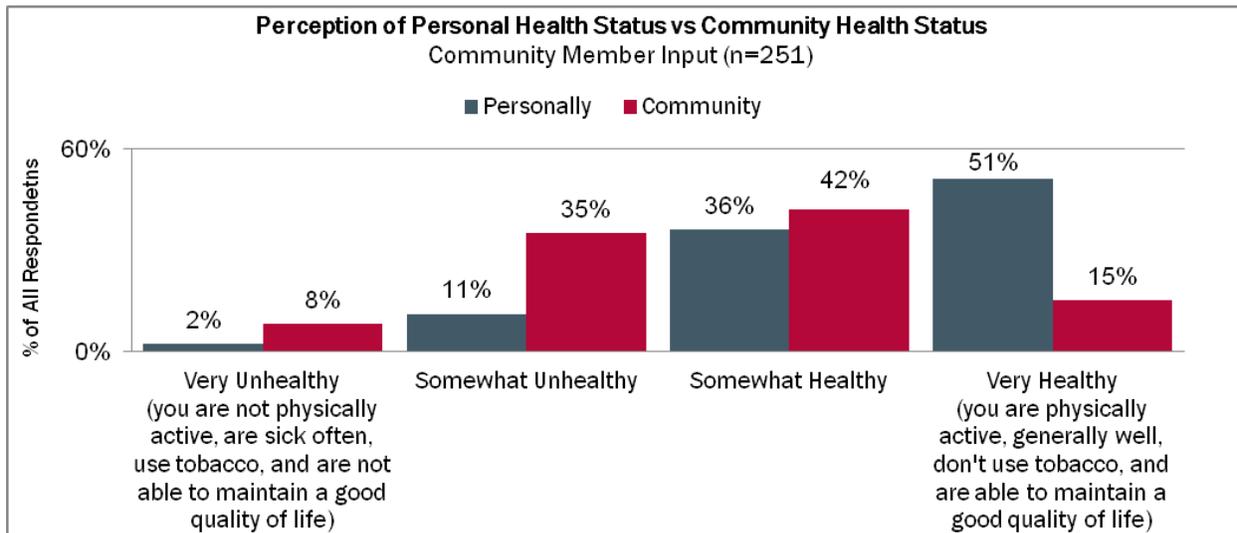
Reported household income of the sample was distributed fairly even across income ranges defined in the survey. 43% of all respondents reported a household income of \$67,051+; another 17% reported a household income of \$44,701-\$67,050, 15% reported \$22,351-\$44,700, and the remaining respondents (24%) indicated a household income lower than \$22,350.

Survey respondents were also asked to report their insurance status. A majority of respondents had commercial/private insurance (91%), followed by a small percentage that reported having Medicare (6%) or Medicaid (1%).

### ***Perceptions of Personal and Community Health***

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

**Figure 6**  
Web-Based Survey Responses



Source: IU Health Marion and Hamilton Community Surveys, 2012.

Participant results are summarized in **Figure 6** above. The majority of participants rated themselves as either “Somewhat Healthy” (36%) or “Very Healthy” (51%). Conversely, when asked to rate their overall community on the same scale, more participants rated their community’s health as “Somewhat Unhealthy” (35%); they rated themselves (11%). The majority of respondents rated their community’s health as “Somewhat Healthy” (42%); however, nearly 43% rated their community’s health as “Somewhat Unhealthy” or “Very Unhealthy”.

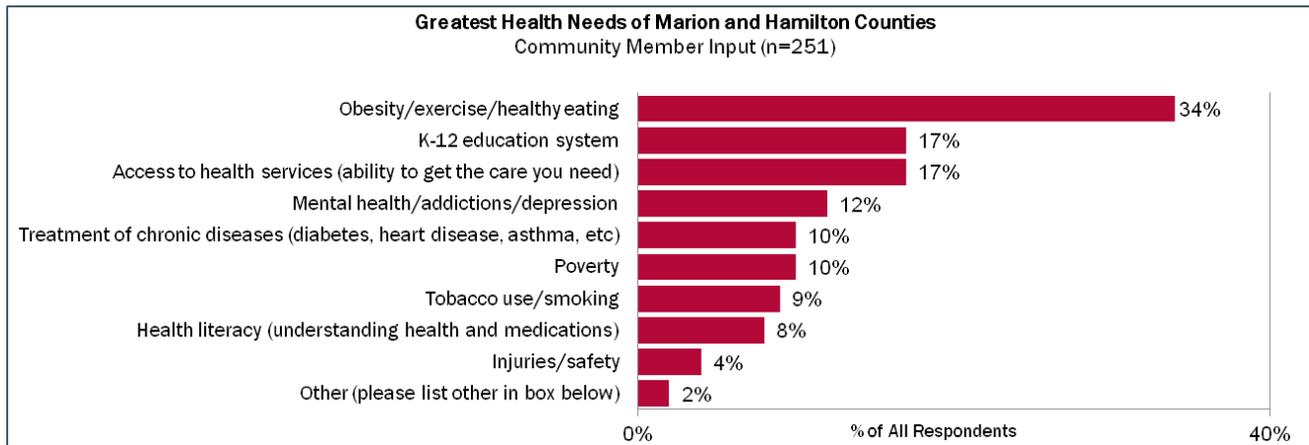
### **Health Issues**

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. Obesity/exercise/healthy eating.
2. K-12 education system.
3. Access to health services (ability to get the care you need).
4. Mental health/addictions/depression.
5. Treatment of chronic diseases.

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

**Figure 7**  
Web-Based Survey Responses

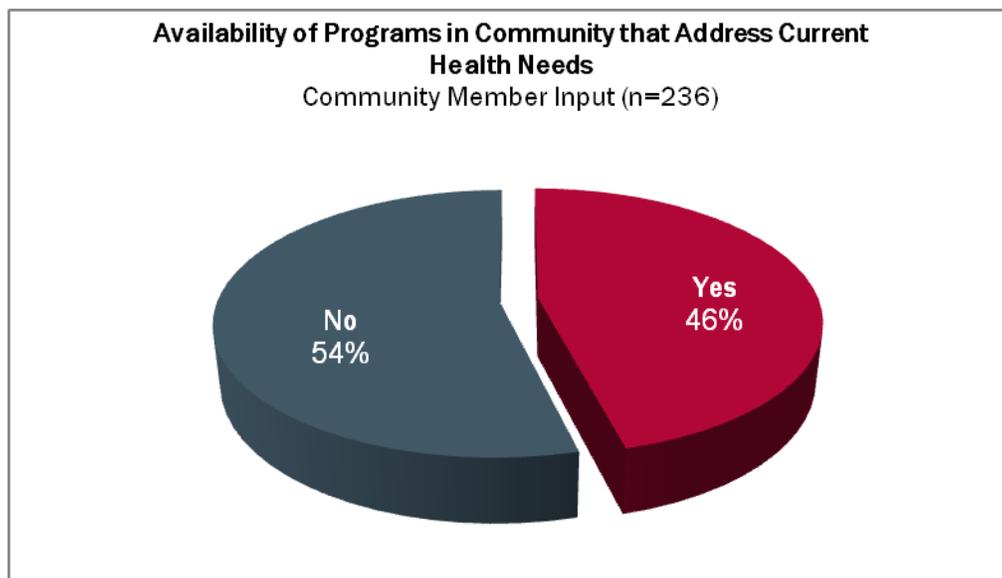


Source: IU Health Marion and Hamilton Community Surveys, 2012.

### ***Community Health Needs***

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

**Figure 8**  
Web-based Survey Responses



Source: IU Health Marion and Hamilton Community Surveys, 2012.

Those that reported they did not feel like their community had adequate programs available to address current health needs (54%) listed the following needs as those they feel the IU Health North community should consider focusing on the most:

- **Begin with kids in the K-12 education system and develop programs that enhance their understanding of the benefits of proper diet and exercise**
- **Provide programs that increase health literacy through patient health education with a focus on nutrition, and the importance of regular check-ups that include health screenings**
- **Provide more affordable healthcare services/outreach programs to those at the poverty level**