

Community Health Needs Assessment

November 12, 2018



<https://iuhealth.org/in-the-community>



West Hospital

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EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted to identify significant community health needs and to inform development of an Implementation Strategy that addresses them.

Indiana University Health West Hospital (IU Health West Hospital or “the hospital”) is privileged to provide the highest level of care and service to the residents of Hendricks County, Indiana, and beyond. The team is proud that the commitment to service extends beyond the hospital walls.

The hospital is part of Indiana University Health (IU Health), the largest and most comprehensive health system in the state of Indiana. IU Health, in partnership with Indiana University School of Medicine, one of the nation’s leading medical schools, gives patients access to leading-edge medicine and treatment options that are available first, and often only, at IU Health. Additional information about IU Health is available at: <https://iuhealth.org/>.

Each IU Health hospital is dedicated to the community it serves. Each hospital conducts a CHNA to understand current community health needs and to inform strategies designed to improve community health, including initiatives designed to address social determinants of health. The CHNAs are conducted using widely accepted methodologies to identify the significant needs of a specific community. The assessments also are conducted to comply with federal laws and regulatory requirements that apply to tax-exempt hospitals.

IU Health invites community members to review the Community Health Needs Assessments and provide comments to communitybenefit@iuhealth.org.

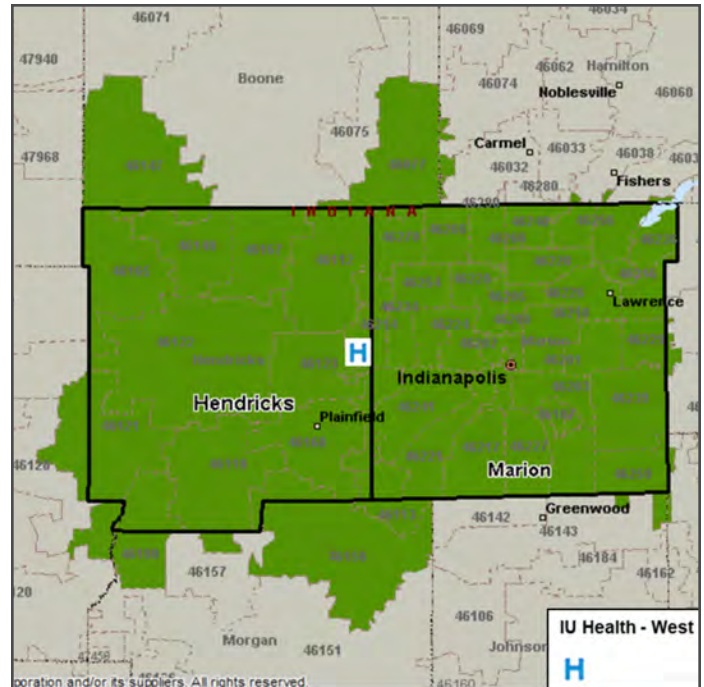
For copies of each IU Health CHNA report and also for associated implementation strategies, visit: <https://iuhealth.org/in-the-community>. Updated implementation strategies for each IU Health hospital are scheduled to be published by May 15, 2019.

Community Definition

For purposes of this CHNA, IU Health West Hospital’s community is defined as Hendricks and Marion Counties, Indiana. These two counties accounted for 87.8 percent of the hospital’s inpatient cases in 2016. The total population of this community in 2015 was 1,096,117.

The following map portrays this community. The map shows

county and ZIP code boundaries. Specific ZIP codes are included in analyses if any portion of the ZIP code overlaps with one or more counties.



Source: Microsoft MapPoint and IU Health, 2018

Significant Community Health Needs

Identifying *significant* community health needs is an important element of CHNAs. Several data sources were assessed to identify those needs, including:

- Secondary data¹ including demographics, health status, and access to care indicators,
- Findings from other community health assessments of areas served by the hospital,
- Input obtained from individuals who participated in one or more community meetings,
- Input obtained from one or more key stakeholders who were interviewed, and
- A community survey conducted in collaboration with other Indiana health systems.

Based on the assessment of the above data sources, the following community health needs (listed in alphabetical order) have been identified as significant in the community served by IU Health West Hospital. References are made below to exhibits and findings presented in this report.

¹ “Secondary data” refers to data published by others, for example the U.S. Census and the Indiana State Department of Health.

Access to Health Care Services

- Hendricks County has an under-supply of primary care, dental, and mental health providers compared to both Indiana and national rates (**Exhibit 24**).
- Medically Underserved Areas and Medically Underserved Populations are both prevalent in Marion County (**Exhibit 36**).
- Health Professional Shortage Areas (HPSAs) are present in the community (**Exhibit 37**).
- Above average rates of ambulatory care sensitive conditions (ACSCs) indicate potential access problems in the community (**Exhibit 33**).

Drug and Substance Abuse (Including Opioids and Alcohol)

- The opioid crises, other forms of drug and substance abuse, and alcohol use and abuse, were identified by community members as particularly significant (**Community Survey, Interviews**).
- Hendricks County ranked in the bottom quartile of Indiana counties for both binge drinking and driving deaths with alcohol involvement (**Exhibit 23**).
- Drug and substance abuse also has been identified as a top concern in Marion County and across the region in other assessments, including Indiana's State Health Improvement Plan (**Other Assessments**).

Food Insecurity

- Food environment index scores for Hendricks County and Marion County were problematic when compared to peers (**Exhibits 24, 25**).
- Food deserts are located throughout the community, particularly in Marion County (**Exhibit 35**).
- Individuals providing input identified food insecurity and access to healthy foods as issues throughout the community (**Community Survey, Community Meetings, Interviews**).

Mental Health

- Mental health status and access to mental health care were identified by many community members as a significant issue in the community (**Community Meetings, Interviews, Community Survey**).
- Hendricks County has an under-supply of mental health providers compared to Indiana and peer counties (**Exhibits 24, 25**).
- Both Hendricks and Marion counties compared unfavorably to peers in average number of mentally unhealthy days (**Exhibit 25**).
- Mortality rate for intentional self-harm (suicide) is higher in Hendricks County than the Indiana rate (**Exhibit 26**).
- Mental Health Care Health Professional Shortage Areas (HPSAs) are present in both Hendricks and Marion counties (**Exhibit 37**).

- Other health assessments conducted in the community identified mental health status as an issue in the community (**Other Assessments**).

Obesity and Diabetes

- Individuals providing input identified obesity and diabetes as top concerns (**Community Meetings, Community Survey, Interviews**).
- Both Hendricks and Marion counties compare unfavorably to peers in adult obesity rates (**Exhibits 24, 25**).
- Other assessments identified obesity as significant issues across the region (**Other Assessments**).
- Physical inactivity and a lack of access to exercise opportunities are contributing factors. Additionally, both Hendricks and Marion County compare unfavorably to Indiana and peer counties for physical inactivity and access to exercise opportunities (**Exhibits 24, 25, Community Meetings, Interviews**).

Smoking and Tobacco Usage

- Hendricks and Marion counties compare unfavorably to peers in adult smoking rates (**Exhibits 24, 25**).
- Rates of lung cancer incidence and mortality are higher for Marion County than Indiana averages (**Exhibits 27, 28**).
- Individuals providing input identified smoking and tobacco use as issues throughout the community (**Community Survey, Community Meetings, Interviews**).
- Other health assessments conducted in the community identified smoking and tobacco use as issues in the community (**Other Assessments**).

Social Determinants of Health

- Marion County's poverty rate is above the Indiana average, and poverty rates are higher for Black and Hispanic (or Latino) residents in Hendricks and Marion counties (**Exhibits 17, 18**).
- Access to affordable housing was identified as a significant issue in the community (**Exhibit 24, Community Meetings, Interviews**).
- Violent crime rates in Marion County are well above Indiana-wide averages (**Exhibits 22, 24, 26**) and were identified as a top concern by community survey respondents (**Exhibit 5**) and during community meetings and interviews (**Community Meetings, Interviews**).

DATA AND ANALYSIS

Definition of Community Assessed

The community assessed by IU Health West Hospital was defined by the geographic origins of the hospital's discharges. In 2016 this geographic area was identified as Hendricks and Marion Counties, Indiana.

Residents from these two counties accounted for 87.8 percent of the hospital's 2016 inpatient discharges. (Exhibit 1).

Exhibit 1: IU Health West Hospital Inpatient Discharges by County, 2016

County	Percent of Inpatients (2016)
Hendricks County	36.1%
Marion County	51.6%
Total Community	87.8%

Source: Analysis of Indiana University Health Discharge Data, 2016

The estimated, total population of these counties in 2015 was 1,096,117 persons (Exhibit 2).

Exhibit 2: Community Population, 2015

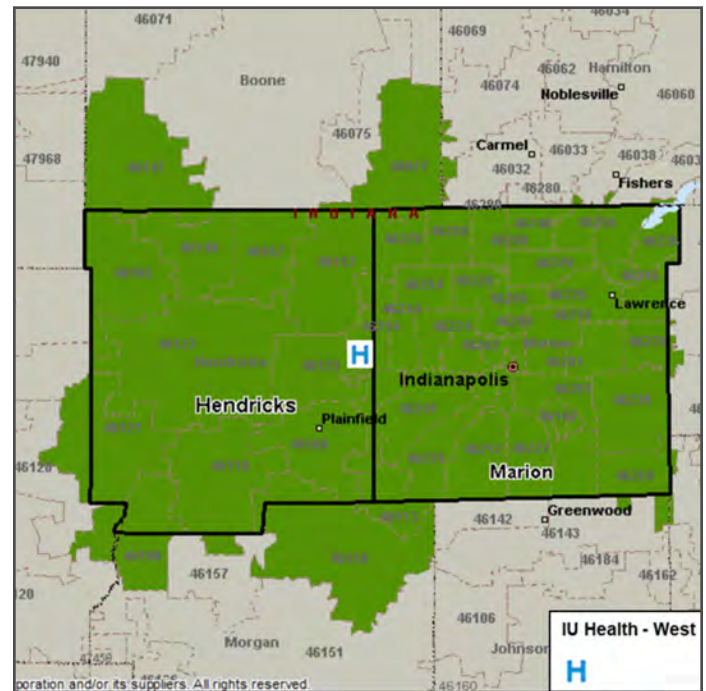
County	Estimated Population 2015	Percent of Total Community Population
Hendricks County	158,059	14.4%
Marion County	938,058	85.6%
Total Community	1,096,117	100.0%

Source: State of Indiana by the Indiana Business Research Center, March 2018

The hospital is located in Hendricks County (City of Avon, Indiana, ZIP code 46123).

Exhibit 3 portrays the community. The map shows county and ZIP code boundaries. Specific ZIP codes are included in the assessment if any portion of the ZIP code overlaps with one or more counties.

Exhibit 3: IU Health West Hospital Community



Source: Microsoft MapPoint and IU Health, 2018

Secondary Data Summary

The following section summarizes findings from the secondary data analysis. See Appendix B for more detailed information.

Demographics

Population characteristics and trends directly influence community health needs. The total population in the IU Health West Hospital community is expected to grow 3.5 percent from 2015 to 2020. Between 2016 and 2021, all of the 50 ZIP codes in the IU Health West Hospital community are projected to gain population. The populations in nine of IU Health West Hospital's community ZIP codes (including the hospital's home ZIP code, 47032 and others nearby) are expected to grow by more than five percent. Two of the IU Health West Hospital community ZIP codes are expected to grow more than 10 percent.

The number of persons aged 65 years and older is projected to grow at a much faster rate (17.6 percent). This should contribute to growing need for health services, since older individuals typically need and use more services than younger persons.

Economic Indicators

Many health needs have been associated with poverty. At 5.1 percent, Hendricks County's poverty rate has been below both the Indiana and U.S. average. Marion County at 20.5 percent is above both the Indiana and the U.S. average. Poverty rates for Asian and Hispanic (Latino) populations in Hendricks County are 14.2 and 14.3 percent respectively. This is more than double the poverty rate of White and Black populations in Hendricks County. Low income census tracts are prevalent in the western part of IU Health West Hospital's community and throughout Marion County.

Unemployment rates in Hendricks County have been consistently below both the Indiana and U.S. averages. Rates for Marion County have improved and are consistent with Indiana averages. Crime rates in the City of Brownsburg have been consistently below Indiana averages. Crime rates in the City of Plainfield have been below Indiana averages except for property crime, larceny, and motor vehicle theft; however, Indianapolis crime rates have been significantly higher than the Indiana averages for all crime.

The percentage of people uninsured has declined in recent years due to two primary factors:

- In recent years, unemployment rates have decreased significantly. Many receive health insurance coverage through their (or a family member's) employer.
- In 2010, the Patient Protection and Affordable Care Act (PPACA) was enacted, and Indiana was among the states that expanded Medicaid eligibility.

Local Health Status and Access Indicators

Indiana has 92 counties. In the 2018 County Health Rankings for overall health outcomes, Hendricks County ranked 2nd, and Marion County ranked 75th.

Hendricks County had eight out of 42 indicators ranked in the bottom half of Indiana counties. Of those, seven were in the bottom quartile, including: excessive drinking, alcohol-impaired driving deaths, social associations, physical environment, air pollution, driving alone to work, and long commute – driving alone.

In Marion County, 29 indicators ranked in the bottom half. Of those, 25 were in the bottom quartile, including: health outcomes, health behaviors, length of life, quality of life, social and economic factors, physical environment, and other related indicators.

In the 2018 Community Health Status Indicators (which compares community health indicators for each county with those for peers across the United States), the following indicators appear to be most problematic for the IU Health West Hospital community:

- Percent who smoke
- Percent who are obese
- Percent with access to exercise opportunities

- Violent crime rate
- Average Daily PM2.5 (the average daily density of fine particulate matter in micrograms per cubic meter, a measure of air quality and pollution)
- Percent who drive alone to work

According to the Centers for Disease Control and Prevention (CDC), mortality rates for hypertensive heart disease with or without renal disease, all other external causes, and sudden infant death syndrome (SIDS) were all significantly high compared to the Indiana average for Hendricks County. Mortality rates were significantly higher for assault (homicide), atherosclerosis, and pregnancy, childbirth and the puerperium in Marion County were significantly higher than the Indiana averages.

Rates of communicable disease in Hendricks County were lower than the than Indiana averages. Rates of all communicable diseases including HIV/AIDS, chlamydia, gonorrhea, and primary and secondary syphilis were significantly higher than the Indiana average for Marion County.

Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) include thirteen health conditions (also referred to as Preventative Quality Indicators, or "PQIs") "for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."² Among these conditions are: angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

The ACSC rates for diabetes short-term complications, perforated appendix, hypertension, heart failure, low birth weight, uncontrolled diabetes, asthma in younger adults, and lower-extremity amputation among patients with diabetes in the IU Health West Hospital community exceeded the Indiana average.

Community Need Index

Dignity Health, a California-based hospital system, developed and published a *Community Need Index™* (CNI) that measures barriers to health care access. The index is based on five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White
- The percentage of the population without a high school diploma
- The percentage of uninsured and unemployed residents
- The percentage of the population renting houses

² Agency for Healthcare Research and Quality (AHRQ) *Prevention Quality Indicators*.

A CNI score is calculated for each ZIP code. Scores range from “Lowest Need” (1.0-1.7) to “Highest Need” (4.2-5.0).

The weighted average CNI score for Hendricks County was 1.8 – lower than the national median of 3.0 and the weighted average of Marion County was 3.8 – higher than the national median average of 3.0. Fourteen ZIP codes in Marion County scored in the “highest need” category.

Food Deserts

The U.S. Department of Agriculture’s Economic Research Service identifies census tracts that are considered “food deserts” because they include lower-income persons without supermarkets or large grocery stores nearby.

Several census tracts within the IU Health West Hospital community have been designated as food deserts, particularly in Marion County.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an “Index of Medical Underservice (Index).” The Index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. Areas with a score of 62 or less are considered “medically underserved.”

Areas throughout Marion County have been designated as medically underserved.

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present.

Areas throughout IU Health West Hospital’s community have been designated as Primary Care, Dental Care, and Mental Health HPSAs.

Relevant Findings of Other CHNAs

This CHNA also has considered the findings of other recent, available assessments conducted by other hospital facilities, local health departments (LHDs), and the State of Indiana. These other assessments consistently have identified the following needs as significant for the community served by IU Health West Hospital.

- Access to basic/primary health care
- Mental/behavioral health
- Nutrition/access to healthy food
- Drug/substance abuse
- Obesity
- Poverty
- Tobacco use/Smoking
- Transportation
- Diabetes
- Environmental improvement/financial hardship
- Environment
- Physical inactivity/lack of exercise
- Violence/crime

Significant Indicators

Exhibit 4 presents many of the indicators discussed in the above secondary data summary. An indicator is considered significant if it varies materially from a benchmark level (e.g., an average for Indiana or the United States). For example, the percent of Marion County children in poverty was 28 percent. A comparable statistic for Indiana as a whole was 20 percent. For the IU Health West Hospital community, children in poverty thus is considered significant. The last column of Exhibit 4 identifies where more information regarding the data sources can be found.

The benchmarks include Indiana averages, national averages, and in some cases averages for “peer counties” from across the United States. In the Community Health Status Indicators data source, peer counties are defined as being similar in terms of population density, household incomes, and related characteristics.

Exhibit 4: Significant Indicators

Indicator	Area	Value	Benchmark	Exhibit
65+ Population change, 2015-2020	Hendricks County	25.8%	3.5% - Total Community Population	12
Population without a high school diploma	Marion County	14.4%	11.9% - Indiana	16
Poverty rate, 2012-2016	Marion County	20.5%	15.0% - Indiana	17
Poverty rate, Black, 2012-2016	Marion County	28.7%	20.5% - Marion County Total	18
Poverty rate, Hispanic, 2012-2016	Marion County	37.6%	20.5% - Marion County Total	18
Percent of children in poverty	Marion County	28.0%	20.0% - U.S.	24
Violent Crime per 100,000	Indianapolis	1,374	407 - Indiana	22
High school graduation rate	Marion County	72.1%	83.0% - U.S.	24
Social associations rate	Hendricks County	8.9	12.3 - Indiana	24
Overall Community Needs Index	Marion County	3.8	3.0 - U.S. Median	34
Mental health providers per capita	Hendricks County	1,164	470 - U.S.	24
Primary care providers per capita	Hendricks County	1,798	1,320 - U.S.	24
Percent of adults current smokers	Marion County	21.4%	17.0% - U.S.	24
Percent of adults with BMI of 30 or more	Marion County	32.7%	28.0% - U.S.	24
Percent with access to exercise opportunities	Hendricks County	67.3%	81.6% - Peer counties	25
Food environment index (higher is better)	Marion County	6.6	7.7 - U.S.	24
Admissions for diabetes short-term complications (ACSC) per 100,000	Hospital Community	71.9	59.0 - Indiana	33
Admissions for hypertension (ACSC) per 100,000	Hospital Community	91.7	63.3 - Indiana	33
% of live births with low birthweight	Marion County	9.1%	8.0% - Indiana	24
Teen birth rate (15-19)	Marion County	41	27 - U.S.	24
Admissions for low birth weight births (ACSC) per 100,000	Hospital Community	7,740	6,174 - Indiana	33
Infant mortality rate (per 1,000 live births)	Marion County	8.6	7.2 - Indiana	30
Particulate matter (PM 2.5) rate	Marion County	12.3	8.7 - U.S.	24
Percent of workers with a long commute who drive alone	Hendricks County	41.4	30.5 - Indiana	24
Mortality rate (cancer)	Marion County	182.0	172.5 - Indiana	26
Mortality rate (homicide)	Marion County	18.7	7.6 - Indiana	26
Mortality rate (suicide)	Hendricks County	18.5	15.4 - Indiana	26
Chlamydia incidence per 100,000	Marion County	1,046	465 - Indiana	29
HIV/AIDS incidence per 100,000	Marion County	557	188 - Indiana	29

Source: Verité Analysis

Primary Data Summary

Primary data were gathered in three different methodologies for this assessment: Community Meetings, Key Stakeholder Interviews, and a Community Survey.

Community meetings were held in Hendricks County and in Marion County.

Community Meetings – Hendricks County

On July 24, 2018, a meeting of community representatives was held at the IU Health West Hospital in Avon, which is part of Hendricks County. The meeting was attended by 15 community members invited by IU Health because they represent important community organizations and sectors such as: local health departments, police/fire departments,

non-profit organizations, business community, health care providers, local policymakers, faith-based organizations, and schools. Through this meeting, IU Health sought a breadth of perspectives on the community's health based. The specific organizations represented at the meeting are listed below.

Organizations Represented at Community Meeting

- American Lung Association
- Avon Community School Corporation
- Avon Washington Township Fire Department
- Franciscan Alliance
- HOPE Healthcare Services
- Hendricks County Health Department
- Hendricks County Senior Services
- Hendricks County Substance Abuse Task Force

- Hendricks County Tobacco Coalition
- Hendricks Regional Health
- IU Health West Hospital
- Kids Count
- Mental Health American Hendricks County
- Susie's Place

The meeting was requested by IU Health to obtain community input into the community's health needs. The session began with a presentation that discussed the goals and status of the CHNA process and the purpose of the community meeting. Then, secondary data were presented, along with a summary of the most "unfavorable" community health indicators. For Hendricks County those indicators were (in alphabetical order):

- Access to healthy food
- Air pollution
- Crime (violent crime)
- Excessive drinking
- Mental health and supply of mental health providers
- Obesity and lack of physical activity

Participants then were asked to discuss whether the identified, unfavorable indicators accurately identified the most significant community health issues and were encouraged to add issues that they believed were significant. Several issues were added, such as: tobacco use, low income housing, access to affordable healthcare, adverse childhood events, and aging population. Air pollution was removed from the list, and the excessive drinking line item was amended to include substance abuse.

During the meeting, a range of other topics was discussed, including:

- Poverty rate numbers and relationship to 'ALICE' data
- Immigrants in the community and representation in data
- Western part of Hendricks County where food deserts are a bigger issue that didn't seem to come through in secondary data
- Social associations data compared to abundance of churches and civic clubs in Hendricks County
- Mental health services issues facing the sheriff's department/jail population
- Low numbers of providers compared to the population and low number of providers who have spots available for Medicaid patients
- Vaping
- Trauma in childhood as a leading indicator of many of the adult issues discussed
- Challenge of finding affordable housing

After discussing the needs identified through secondary data and adding others to the list, each participant was asked to identify "three" that are most significant. From this process, the group identified the following needs as most significant in Hendricks County:

Hendricks County Community Meeting Significant Needs
1. Mental health and supply of mental health providers
2. Access to affordable healthcare
3. Adverse childhood events
4. Tobacco use
5. Tied: Access to healthy food, excessive drinking & substance abuse, and aging population

Community Meetings – Marion County

Between May 7 and 9, 2018, three meetings of community representatives were held in Indianapolis, the county seat of Marion County. In total, the meetings were attended by 42 community members invited by IU Health because they represent important community organizations and sectors such as: local health departments, police/fire departments, non-profit organizations, local business, health care providers, mayors/local policymakers, faith-based organizations, parks and recreation departments, and schools.

Through these meetings, IU Health sought a breadth of perspectives on the community's health needs. The specific organizations represented at the meetings are listed below.

Organizations Represented at Community Meetings

- Adult and Child Health
- All Senior Citizens Connect
- Central Indiana Council on Aging (CICOA)
- City of Indianapolis
- Coburn Place
- Community Health Network
- Gennesaret Free Clinics
- Gleaners Food Bank
- Health by Design
- IU Health Methodist Hospital
- IU Health University Hospital
- Indiana Youth Institute
- Indianapolis Fire Department
- Indianapolis Metropolitan Police Department
- Indy Hunger Network
- Indianapolis Parks and Recreation
- Irvington Development Organization
- Jump IN for Healthy Kids
- Lawrence Community Gardens
- Marion County Public Health Department
- New Beginnings Church
- Paramount Schools of Excellence
- Progress House
- Purdue Extension
- The Polis Center
- University of Indianapolis

The meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of the community meetings. Then, secondary data were presented, along with a summary of the most unfavorable

community health indicators. For Marion County, those indicators were (in alphabetical order):

- Air pollution
- Communicable diseases and STDs
- Crime
- Mental health and supply of mental health providers
- Obesity and lack of physical activity
- Poverty and high 'Community Need Index'
- Smoking and tobacco use

Meeting participants then were asked to discuss whether the identified, unfavorable indicators accurately identified the most significant community health issues and were encouraged to add issues that they believed were significant. Several issues were added by each group, such as:

Group 1	Group 2	Group 3
High school graduation rates	Built environment	Access to primary care
Homelessness	Changed access to healthy food to food insecurity	Built environment
Needs of the growing senior community	Substance abuse	Dental care
Substance abuse		Disparities in access to basic, affordable needs
		Education
		Education on communicable diseases
		Nutrition and cooking education
		Teen pregnancy

During the meetings, a range of other topics was discussed, including:

- Ability to address topics such as crime, poverty, and air pollution
- Aging population
- Teen pregnancy
- Water
- Parks
- Funding
- Walkability
- Social determinants of health
- Disparities
- Collaboration with community organizations
- Government affairs department
- Individuals with disabilities and their health needs
- Effects on children of opioid abuse

After discussing the needs identified through secondary data and adding others to the list, participants in each meeting were asked through a voting process to identify "three to five" they consider to be most significant. From

this process, each of the groups identified the following needs as most significant for Marion County:

Group 1	Group 2	Group 3
1. Substance abuse	1. Food insecurity	1. Access to healthy food
2. Mental health and supply of mental health providers	2. (Tie) Obesity and lack of physical activity	2. (Tie) Disparities in access to basic, affordable needs
3. (Tie) Crime	2. (Tie) Poverty and high 'community need index'	2. (Tie) Obesity and lack of physical activity
3. (Tie) Poverty and high 'community need index'	4. Mental health and supply of mental health providers	4. Poverty and high 'community need index'
5. (Tie) Needs of growing senior community	5. Substance abuse	5. Mental health and supply of mental health providers
5. (Tie) Public health funding		

Food insecurity, substance abuse, mental health, social determinants of health, and obesity were frequently identified through the community meeting process for Marion County.

Key Stakeholder Interviews

Interviews were also conducted with representatives of the Hendricks County Health Department and the Marion County Public Health Department. The interviews were conducted to assure that appropriate and additional input was received from governmental public health officials. The results of the community meetings were discussed and insights were sought regarding significant community health needs, why such needs are present, and how they can be addressed. The interviews were guided by a structured protocol.

The interviews were guided by a structured protocol that focused on opinions regarding significant community health needs, describing why such needs are present, and seeking ideas for how to address them.

Interviews – Hendricks County

- The interviewee confirmed that the needs identified by the community meeting participants were significant. These needs were:
 - Mental health and supply of mental health providers
 - Access to affordable healthcare
 - Adverse childhood events
- There is a lack of mental and behavioral health providers, including psychiatrists, substance abuse specialists, inpatient care, and others. It is often difficult to locate resources for those with substance abuse issues or suicidal ideations.
- In general, there is an undersupply of providers in the

county, and more programs may be needed to incentivize providers to practice locally.

- Access to affordable care is an issue, especially with a recent closure of a facility that provided services for lower-income residents. Low income populations and those that do not receive healthcare benefits through their employers are disproportionately affected.
- The need for affordable primary care also generates a need for more preventive health care and screenings, as many residents do not go to a provider unless an emergency situation occurs.
- Substance abuse and drug addiction is a major concern, particularly around opioids. Availability of opioids is high and the cost of these drugs has decreased, leading to increased usage. Additionally, pill abuse is also rising as it is often easy to get a prescription for an opioid.
- Pain management treatment in general is difficult to access in the county.
- Obesity and physical inactivity are concerns in the community. Certain areas of the county do not live close to stores selling healthy foods, so often go to fast food instead. Additionally, sidewalks and other healthy-living infrastructure are in short supply.
- Obesity is also leading to chronic issues as the population ages, including bad knees, bad backs, diabetes, hypertension, and other conditions.
- Housing is a concern in the community, particularly affordable housing for low income residents. Current rental units can be unclean, and environmental health issues are common.
- More resources are needed for public health programming, as there are fewer low income clinics, staffing issues exist, and programs are not as widely disseminated as possible.

Interviews – Marion County

- The interviewees confirmed that the needs identified by the community meeting participants were significant. These needs were:
 - Access to healthy food (food insecurity) and its relation to obesity
 - Poverty
 - Mental health
 - Disparities in access to basic needs (housing, transportation, etc.)
 - Substance abuse
- Poverty has increased significantly since 2005, from one out of every five households to one out of every three with children in poverty. This increased poverty level has created a large issue with food insecurity.
- While unemployment rates are low, wages are an issue for many in the community. The minimum wage is not a living wage and many people who have low paying jobs still struggle with food insecurity and other issues.
- Mental health status and access to mental health care is a significant issue, with a particular focus on the lack of providers, and issues surrounding suicide among children. Since many providers receive little in reimbursement

from insurance for mental health treatment, finding providers and hospitals with a focus on mental health is difficult.

- There is a need for navigators that could help residents find needed services and sign up for state insurance plans.
- Substance abuse is a significant issue, as evidenced by drug overdose deaths. Additionally, while there were 500 ambulance trips for drug overdoses in 2013, this number is over 2,000 in recent years.
- Communicable disease linked to substance abuse is also an issue, as rates of hepatitis C and HIV have increased in part due to intravenous drug use.
- Despite great progress and policy around the issue, smoking is still an issue that many are no longer paying attention to because of a misbelief that the issue is solved. The recent rise of e-cigarettes also may contribute to increased smoking due to attracting teenagers.
- Transportation is a barrier to care. While the city has options, the bus system is inefficient and can take a long time.
- Cancer is also an issue, with large disparities in incidence rates among different demographic groups. In particular the incidence rates of lung, colon, and prostate cancers are significant needs in the community.
- The interviewees also identified several other significant issues in the community, including:
 - Dental care and access to dental care providers
 - Violence and homicide
 - Infant mortality, especially with the disparities present among different racial groups
 - Childhood obesity
 - Chronic diseases, particularly diabetes

Community Survey

To inform the CHNA, a community survey was conducted by the Indiana Hospital Collaborative.³

Across Indiana, 9,161 completed questionnaires were received by all participating hospitals in the Indiana Hospital Collaborative, for an overall response rate of 11.6 percent; 5,030 questionnaires were received from the 17 Indiana counties served by one or more IU Health hospitals. For IU Health West Hospital, surveys were received from 620 community households. According to the responses, these households included 1,148 adults.

Exhibit 5 portrays the community health needs considered most significant by survey respondents from IU Health West Hospital's community.

³ For more information on the survey methodology, see Appendix A.

Exhibit 5: Community Survey – Significant Health Needs

Community Health Need	IU Health West Hospital Number of Responses	IU Health West Hospital Percent of Respondents
Obesity	301	48.6%
Substance use or abuse	297	48.0%
Chronic diseases, like diabetes, cancer, and heart disease	291	46.9%
Mental health	247	39.8%
Aging and older adult needs	222	35.8%
Assault, violent crime, and domestic violence	220	35.5%
Poverty	187	30.2%
Food access, affordability, and safety	168	27.2%
Alcohol use or abuse	139	22.4%
Tobacco use	135	21.8%
Child neglect and abuse	113	18.3%
Homelessness	109	17.6%
Environmental issues	102	16.4%
Injuries and accidents	97	15.7%
Disability needs	68	10.9%
Sexual violence, assault, rape, or human trafficking	68	11.0%
Reproductive health and family planning	62	9.9%
Dental care	53	8.5%
Suicide	42	6.7%
Infant mortality	27	4.4%
Infectious diseases, like HIV, STDs, and hepatitis	23	3.6%

Source: Community Survey

The community survey indicates that obesity, substance use and abuse, chronic diseases, and mental health represent top concerns in the community served by IU Health West Hospital.

Exhibit 6 arrays survey responses regarding health factors across demographic and socioeconomic characteristics. The exhibit includes findings from surveys returned by adults living in the 17 counties served by IU Health.

Exhibit 7 summarizes survey responses regarding health behaviors across demographic and socioeconomic characteristics. As frequently found in community health data, physical and mental health status (and tobacco use) tends to be worse for lower-income individuals and for those without a high school diploma. Opioid misuse also appears to be more prevalent in these populations.

Exhibit 6: Community Survey – Health Factors

Measure	Total	Female	Male	White	Black	Asian	Hispanic	\$0 – \$25k	\$25 – \$75k	\$75k+	No High School Diploma
Total Number of Responses	8,885	5,694	3,137	8,487	133	111	148	1,480	3,659	3,328	329
Fair or Poor Health	16.6%	16.4%	16.8%	16.6%	33.1%	6.3%	18.2%	39.4%	16.7%	5.9%	39.2%
Physical Health – Fair or Poor	42.6%	42.8%	42.5%	42.7%	27.1%	60.4%	46.6%	17.4%	36.8%	60.8%	18.8%
Mental Health – Fair or Poor	8.2%	8.6%	7.5%	8.2%	18.0%	4.5%	5.4%	22.2%	8.0%	2.4%	20.4%

Exhibit 6: Community Survey – Health Factors (continued)

Measure	Total	Female	Male	White	Black	Asian	Hispanic	\$0 – \$25k	\$25 – \$75k	\$75k+	No High School Diploma
Social Well-being – Fair or Poor	61.2%	61.5%	61.2%	61.1%	52.6%	79.3%	62.2%	33.9%	57.8%	77.7%	37.4%
Are not satisfied with life	12.8%	12.3%	13.9%	12.6%	15.0%	23.4%	10.1%	19.0%	12.1%	11.2%	14.6%
Without Health Insurance	4.2%	4.2%	4.0%	4.1%	7.5%	0.9%	10.1%	6.6%	5.3%	2.1%	7.9%
Without Primary Care Physician	11.0%	10.5%	11.9%	10.9%	10.5%	20.7%	23.0%	11.2%	11.0%	12.0%	15.8%

Exhibit 7: Community Survey – Health Behaviors

Measure	Total	Female	Male	White	Black	Asian	Hispanic	\$0 – \$25k	\$25 – \$75k	\$75k+	No High School Diploma
Total Number of Responses	8,885	5,694	3,137	8,487	133	111	148	1,480	3,659	3,328	329
Smoked cigarettes or used other tobacco	9.9%	8.8%	12.0%	9.9%	8.3%	1.8%	9.5%	17.9%	11.3%	5.6%	20.4%
Physically active on regular basis	52.9%	50.3%	57.9%	52.8%	45.1%	54.1%	52.7%	37.3%	51.0%	62.3%	37.7%
Ate a healthy balanced diet	57.5%	57.9%	57.0%	57.6%	41.4%	62.2%	59.5%	42.2%	54.7%	67.6%	34.0%
Got plenty of sleep	56.2%	55.5%	57.8%	56.8%	39.1%	36.9%	46.6%	46.8%	57.1%	59.7%	43.2%
Took an opioid or narcotic that was prescribed to me	8.3%	8.9%	7.4%	8.4%	7.5%	0.0%	2.7%	15.3%	9.0%	5.0%	12.8%
Took an opioid or narcotic that was not prescribed to me	0.6%	0.6%	0.4%	0.5%	0.0%	0.9%	0.0%	1.2%	0.5%	0.4%	0.0%
Took a medication for anxiety, depression, or other mental health challenge that was prescribed to me	18.2%	22.9%	9.6%	18.4%	15.8%	4.5%	10.8%	26.4%	17.4%	16.0%	19.8%
Had blood pressure checked	48.0%	46.4%	50.9%	48.3%	38.3%	32.4%	31.8%	53.7%	52.1%	40.8%	52.0%
Drank alcohol to the point of intoxication	6.1%	4.8%	8.5%	6.1%	7.5%	1.8%	12.2%	2.9%	5.5%	8.9%	1.8%

Exhibit 7: Community Survey – Health Behaviors (continued)

Measure	Total	Female	Male	White	Black	Asian	Hispanic	\$0 – \$25k	\$25 – \$75k	\$75k+	No High School Diploma
Drove while under the influence of alcohol or drugs	1.0%	0.7%	1.6%	1.1%	0.0%	0.0%	0.7%	1.0%	1.1%	1.1%	0.3%
Took steps to reduce level of stress	27.9%	32.2%	20.2%	27.8%	33.8%	25.2%	27.7%	24.1%	24.1%	34.5%	20.4%

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities and resources available in the community served by IU Health West Hospital that are available to address community health needs.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics provide primary care, mental health, and dental services for lower-income populations. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act.

There currently are 91 FQHC sites operating in the IU Health West Hospital community (Exhibit 8).

Exhibit 8: Federally Qualified Health Centers (Marion County), 2018

Facility
Adult and Child Health #1 (Indianapolis)
Adult and Child Health #2 (Indianapolis)
Allison Elementary School (Indianapolis)
Arlington Community High School Based Clinic – IPS (Indianapolis)
Aspire Indiana Health – Willowbrook (Indianapolis)
Avondale Meadows Academy School-Based Health Center (Indianapolis)
Barrington Health Center (Indianapolis)
Care Center at the Tower (Indianapolis)
Charles W. Fairbanks IPS School 105 (Indianapolis)
Dayspring Center (Indianapolis)

Enlace Academy (Indianapolis)
Eskenazi Health Center 1650 College Avenue (Indianapolis)
Eskenazi Health Center Barton Annex (Indianapolis)
Eskenazi Health Center Blackburn (Indianapolis)
Eskenazi Health Center Cottage Corner (Indianapolis)
Eskenazi Health Center Forest Manor (Indianapolis)
Eskenazi Health Center Grassy Creek (Indianapolis)
Eskenazi Health Center North Arlington (Indianapolis)
Eskenazi Health Center Pecar (Indianapolis)
Eskenazi Health Center Primary Care (Indianapolis)
Eskenazi Health Center Westside (Indianapolis)
Farrington Middle School (Indianapolis)
Fisher Elementary School (Indianapolis)
Gambold Middle School (Indianapolis)
George Washington Community School (Indianapolis)
Global Preparatory Academy – Charter School (Indianapolis)
Harshman Middle School (Indianapolis)
HealthNet Administration (Indianapolis)
Holy Family Shelter (Indianapolis)
Homeless Initiative Program (HIP) (Indianapolis)
Indiana Health Centers, Inc. (Indianapolis)
Indiana Math and Science Academy North (Indianapolis)
Indiana Math and Science Academy West (Indianapolis)
Interfaith Hospitality Network (Indianapolis)
IPS School 27 – Center for Inquiry (Indianapolis)
IPS School 34 – Eleanor Skillen (Indianapolis)
IPS School 43 – James Whitcomb Riley (Indianapolis)
IPS School 79 – Carl Wilde (Indianapolis)
IPS School 88 – Anna Brochhausen (Indianapolis)
James Russel Lowell IPS School 51 (Indianapolis)
Jane Pauley Community Health Center Administrative Offices (Indianapolis)
Jane Pauley Community Health Center at 16th Street (Indianapolis)
Jane Pauley Community Health Center at Arlington (Indianapolis)
Jane Pauley Community Health Center at Brook Park (Indianapolis)
Jane Pauley Community Health Center at Gallahue (Indianapolis)

Exhibit 8: Federally Qualified Health Centers (Marion County), 2018 (continued)

Jane Pauley Community Health Center at Howe (Indianapolis)
Jane Pauley Community Health Center at Madison Avenue (Indianapolis)
Jane Pauley Community Health Center at Post (Indianapolis)
Jane Pauley Community Health Center at Shadeland (Indianapolis)
Jane Pauley Community Health Center Dental Clinic (Indianapolis)
Julian Center Shelter (Indianapolis)
Kindezi Academy – Charter School (Indianapolis)
KIPP School Based Health Center (Indianapolis)
Martindale Brightwood Health Center (Indianapolis)
Meridian Health Services - Suite 102A (Indianapolis)
Newby Elementary School (Indianapolis)
Northeast Health Center (Indianapolis)
Northwest Health Center (Indianapolis)
Peoples Health Center (Indianapolis)
Phalem Academy (Indianapolis)
Ralph Waldo Emerson IPS School 58 (Indianapolis)
Raphael Health Center (Indianapolis)
Salvation Army Family Shelter Clinic (for women and children) (Indianapolis)
Salvation Army Harbor Light (Indianapolis)
Shalom 56th Street – New Access Point (Indianapolis)
Shalom Health Care Center, Inc. (Indianapolis)
Shalom Primary Care Center (Indianapolis)
Shortridge High School (Indianapolis)
Southeast Health Center (Indianapolis)
Southwest Health Center (Indianapolis)
Stephen Foster School #67 (Indianapolis)
Tech Teen Clinic (Indianapolis)
Thomas D. Gregg School 15 (Indianapolis)
Tindley Accelerated Academy – Charter School (Indianapolis)
Tindley Collegiate Academy (female) – Charter School (Indianapolis)
Tindley Genesis Academy – Charter School (Indianapolis)
Tindley Preparatory Academy (male) – Charter School (Indianapolis)
Tindley Renaissance Academy – Charter School (Indianapolis)
Tindley Summit Academy – Charter School (Indianapolis)
Vision Academy at Riverside School-Based Health Center (Indianapolis)
Washington Irving School 14 (Indianapolis)
West Health Center (Indianapolis)
Wheeler Elementary School (Indianapolis)
Wheeler Shelter for Women and Children (Indianapolis)
William McKinley School 39 (Indianapolis)
Windrose Health Network – Countyline (Indianapolis)
Windrose Health Network – Epler Parke (Indianapolis)

Source: HRSA, 2018

Hospitals

Twenty-four hospitals (including IU Health West Hospital) are located in the community (Exhibit 9).

Exhibit 9: Hospitals, 2018

County	Facility
Hendricks	Hendricks Regional Health (Danville)
Hendricks	IU Health West Hospital (Avon)
Hendricks	St Vincent Neighborhood Hospital (Avon)
Marion	Assurance Health Psychiatric Hospital (Indianapolis)
Marion	Community Health Network Rehabilitation Hospital (Indianapolis)
Marion	Community Hospital East (Indianapolis)
Marion	Community Hospital North (Indianapolis)
Marion	Community Hospital South (Indianapolis)
Marion	Eskenazi Health (Indianapolis)
Marion	Fairbanks (Indianapolis)
Marion	Franciscan Health Indianapolis (Indianapolis)
Marion	Indiana University Health Methodist Hospital (Indianapolis)
Marion	Indiana University Health University Hospital (Indianapolis)
Marion	Kindred Hospital Indianapolis (Indianapolis)
Marion	Kindred Hospital Indianapolis North (Indianapolis)
Marion	Larue D Carter Memorial Hospital (Indianapolis)
Marion	Midland House Inc. (Indianapolis)
Marion	Neuropsychiatric Hospital of Indianapolis, LLC (Indianapolis)
Marion	Options Behavioral Health System (Indianapolis)
Marion	Orthoindy Hospital (Indianapolis)
Marion	Riley Hospital for Children at IU Health (Indianapolis)
Marion	Rehabilitation Hospital of Indiana Inc. (Indianapolis)
Marion	St Vincent Hospital (Indianapolis)
Marion	St Vincent Hospital & Health Services (Indianapolis)

Source: Indiana State Department of Health, 2018

Local Health Departments (LHDs)

Exhibit 10 presents information on local health departments (LHDs) that provide services in the IU Health West Hospital community.

Exhibit 10: Local Health Departments, 2018

County	Public Health Department
Hendricks	Hendricks County Health Department (Danville)
Marion	Marion County Public Health Department (Indianapolis)

Source: Indiana State Department of Health, 2018

Other Community Resources

A wide range of agencies, coalitions, and organizations that provide health and social services, is available in the region served by IU Health West Hospital. Indiana 211 Partnership, Inc. is a nonprofit 501(c)3 organization that provides the Indiana 2-1-1 information and referral service. By calling 2-1-1 or (866) 211-9966 (available 24/7), individuals receive referrals to service providers 24 hours a day. Individuals also can search for services using the organization's website, <https://www.in211.org/>.

The other organizations accessible through the Indiana 211 Partnership provide the following types of services and resources.

- Housing and utilities
- Food, clothing, and household items
- Summer food programs
- Health care and disability services
- Health insurance and expense assistance
- Mental health and counseling
- Substance abuse and other addiction treatment
- Support groups
- Tax preparation assistance
- Legal, consumer, and financial management services
- Transportation
- Employment and income support
- Family support and parenting
- Holiday assistance
- Disaster services
- Government and community services
- Education, recreation, and the arts
- Donations and volunteering opportunities

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.⁴ In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and,
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community's health needs.

Methodology

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The focus on **who** is most vulnerable and **where** they live is important to identifying groups experiencing health inequities and disparities. Understanding **why** these issues are present is challenging, but is important to designing effective community health improvement initiatives. The question of **how** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on “all of the relevant facts

⁴ Internal Revenue Code, Section 501(r).

and circumstances,” including the “geographic location” served by the hospital facility, “target populations served” (e.g., children, women, or the aged), and/or the hospital facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).⁵

This assessment was conducted by Verité Healthcare Consulting, LLC, in collaboration with IU Health. See Appendix E for consultant qualifications.

Data from multiple sources were gathered and assessed, including secondary data⁶ published by others and primary data obtained through community input. See Appendix B for an assessment of secondary data. Input from the community was received through key informant interviews, community meetings, and a community survey.

The informants participating in the community input process represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. See Appendix C.

Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

Certain community health needs were determined to be “significant” if they were identified as problematic in at least two of the following five data sources:

- Secondary data⁷ including demographics, health status, and access to care indicators,
- Findings from other community health assessments of areas served by the hospital,
- Input obtained from individuals who participated in one or more community meetings,
- Input obtained from individuals who were interviewed, and
- A community survey conducted in collaboration with other Indiana health systems.

Collaborating Organizations

For this assessment, IU Health West Hospital collaborated with all IU Health hospitals and also with other Indiana health systems on the community survey.

⁵ 501(r) Final Rule, 2014.

⁶ “Secondary data” refers to data published by others, for example the U.S. Census and the Indiana State Department of Health. “Primary data” refers to data observed or collected from first-hand experience, for example by conducting interviews.

⁷ “Secondary data” refers to data published by others, for example the U.S. Census and the Indiana Department of Health.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Indiana University Health. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community’s health needs conducted by other organizations (e.g., local health departments) were reviewed as well.

Input from persons representing the broad interests of the community was taken into account through key informant interviews. Interviewees included: individuals with special knowledge of or expertise in public health; local public health departments; agencies with current data or information about the health and social needs of the community; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Community Survey Methodology

To inform the CHNA, a community survey was conducted. The survey was sponsored by a collaborative of Indiana hospital systems, under contract with the University of Evansville and the Indiana University School of Public Health-Bloomington. Researchers from Indiana University and University of Evansville contracted with the Center for Survey Research at Indiana University to administer the survey.

The survey was conducted in two phases, with Phase 1 conducted as a paper survey mailed to an address-based sample, and Phase 2 administered by some of the hospitals to a convenience sample they selected. IU Health participated in Phase 1.

A questionnaire was developed, with input provided by the Indiana hospital systems, and included a number of questions about general health status, access and utilization of services, personal behaviors, social determinants of health, and also respondent demographic information (e.g., ZIP code, income level, employment status, race and ethnicity, household size, gender, and age). The survey was mailed to approximately 82,000 households, and the “field period” was April 2, 2018 through June 29, 2018). The process included two mailings to each address; a post care mailing also took place to encourage responses.

Overall, 9,161 completed questionnaires were received by all participating hospitals in the Indiana Hospital Collaborative, for an overall response rate of 11.6 percent; 5,030 questionnaires were received from the 17 Indiana counties served by one or more IU Health hospitals. A dataset was created from the IU Health survey responses, and the responses were adjusted for two factors:

- The number of adults in each household (i.e., a survey

from a household with two adults received a base weight of “2” and a survey from a household with one adult received a base weight of “1”).

- A post-stratification adjustment designed to make the results more representative of the population in each community (i.e., female and older adults were overrepresented among survey respondents when compared to census data, and the adjustment made corrections).

For the IU Health West Hospital community, surveys were received from 620 community households. According to the responses, these households included 1,614 adults.

Information Gaps

This CHNA relies on multiple data sources and community input gathered between February 2018 and August 2018. A number of data limitations should be recognized when interpreting results. For example, some data (e.g., County Health Rankings, Community Health Status Indicators, mortality data, and others) exist only at a county-wide level of detail. Those data sources do not allow assessing health needs at a more granular level of detail, such as by ZIP code or census tract.

Secondary data upon which this assessment relies measure community health in prior years and may not reflect current conditions. The impacts of recent public policy developments, changes in the economy, and other community developments are not yet reflected in those data sets.

The findings of this CHNA may differ from those of others that assessed this community. Differences in data sources, geographic areas assessed (e.g., hospital service areas versus counties or cities), interview questions, and prioritization processes can contribute to differences in findings.

APPENDIX B – SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the IU Health West Hospital community. IU Health West Hospital’s community is comprised of Hendricks and Marion Counties, Indiana.

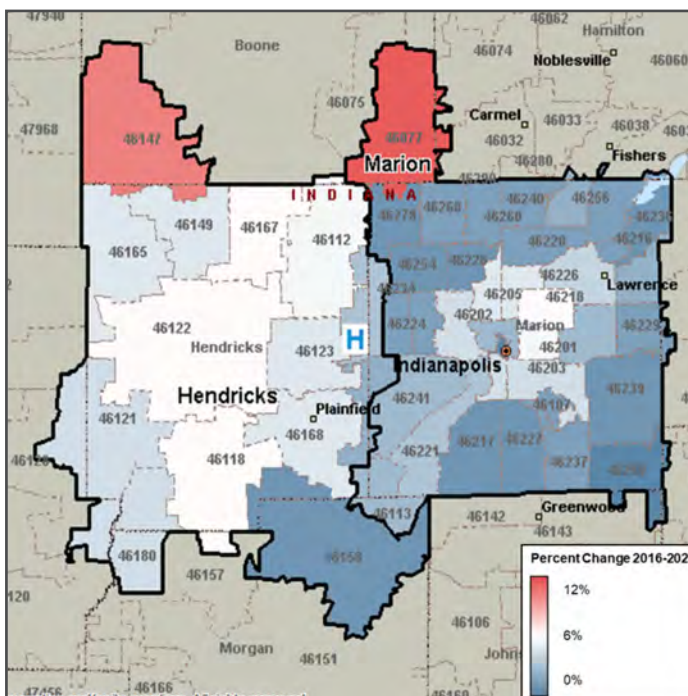
Demographics

Exhibit 11A: Percent Change in Community Population by County, 2015-2020

County	Estimated Population 2015	Estimated Population 2020	Percent Change 2015-2020
Hendricks County	158,059	170,323	7.8%
Marion County	938,058	963,732	2.7%
Total Community	1,096,117	1,124,055	3.5%
Indiana Total	6,612,768	6,738,573	1.9%

Source: State of Indiana by the Indiana Business Research Center, March 2018

Exhibit 11B: Percent Change in Community Population by ZIP Code, 2016-2021



Healthcare Advisory Board, 2017

Description

Exhibit 11A shows the total population for each county in 2015 and projections to 2020. Exhibit 11B maps the

percent change in population by ZIP code between 2016 and 2021 for each ZIP code in the community.

Observations

- Increases in population are projected for both Hendricks and Marion Counties between 2015 and 2020.

Exhibit 12: Percent Change in Population by Age/Sex Cohort, 2015-2020

Age/Sex Cohort	Estimated Population 2015	Projected Population 2020	Percent Change 2015-2020
Hendricks County	158,059	170,323	7.8%
0-17	39,995	40,619	1.7%
Male, 18-44	28,734	30,887	7.5%
Female, 18-44	27,420	29,213	6.5%
45-64	41,868	44,341	5.9%
65+	20,082	25,263	25.8%
Marion County	938,058	963,732	2.7%
0-17	232,778	239,764	3.0%
Male, 18-44	178,692	180,450	1.0%
Female, 18-44	188,637	191,660	1.6%
45-64	229,879	226,369	-1.5%
65+	108,072	125,489	16.1%
Total Community	1,096,117	1,134,055	3.5%
0-17	272,733	280,383	2.8%
Male, 18-44	207,426	211,337	1.9%
Female, 18-44	216,057	220,873	2.2%
45-64	271,747	270,710	-0.4%
65+	128,154	150,752	17.6%
Indiana State	6,612,768	6,738,573	1.9%
0-17	1,578,079	1,571,356	-0.4%
Male, 18-44	1,178,486	1,187,607	0.8%
Female, 18-44	1,160,314	1,169,877	0.8%
45-64	1,729,765	1,695,267	-2.0%
65+	966,124	1,114,466	15.4%

Source: State of Indiana by the Indiana Business Research Center, March 2018

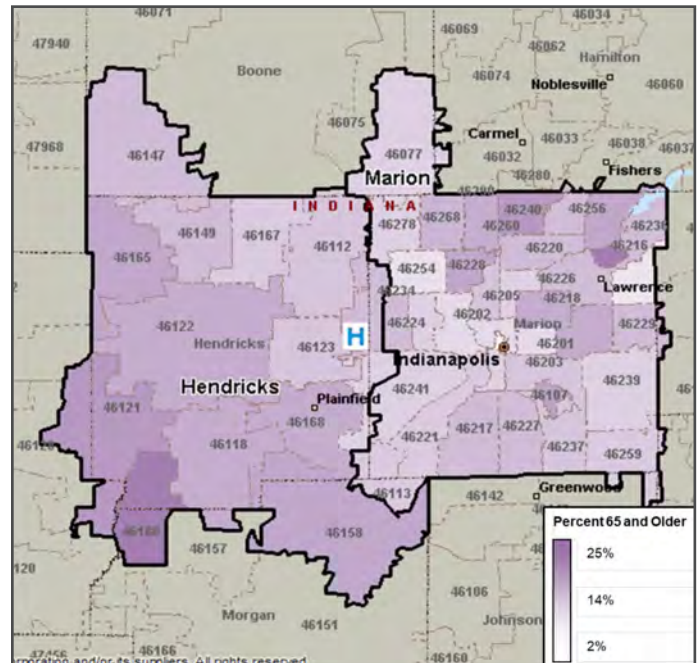
Description

Exhibit 12 shows the community's population for certain age and sex cohorts in 2015, with projections to 2020.

Observations

- The number of persons aged 65 years and older is projected to increase by 17.6 percent between 2015 and 2020. This growth rate exceeds that projected for that of Indiana as a whole (15.4 percent).
- The growth of older populations is likely to lead to growing need for health services, since on an overall per-capita basis, older individuals typically need and use more services than younger persons.

Exhibit 13: Percent of Population Aged 65+ by ZIP Code, 2015



Source: U.S. Census ACS 2016 5-year estimates and Microsoft MapPoint

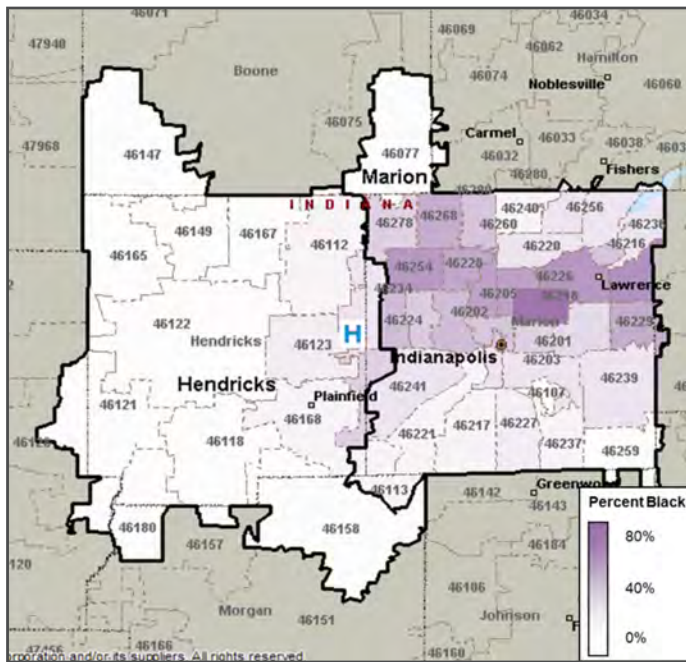
Description

Exhibit 13 portrays the percent of the population 65 years of age and older in the community by ZIP code.

Observations

- In Hendricks County, 13 of the 14 ZIP codes have a population aged 65 and older of 10 percent and higher
- 23 of Marion County's 36 ZIP codes are expected to see growth of population age 65 and older of 10 percent and higher.
- In Marion County, 23 of the 36 ZIP codes have a population aged 65 and older of 10 percent and higher.

Exhibit 14: Percent of Population – Black, 2015



Source: U.S. Census ACS 2016 5-year estimates and Microsoft MapPoint

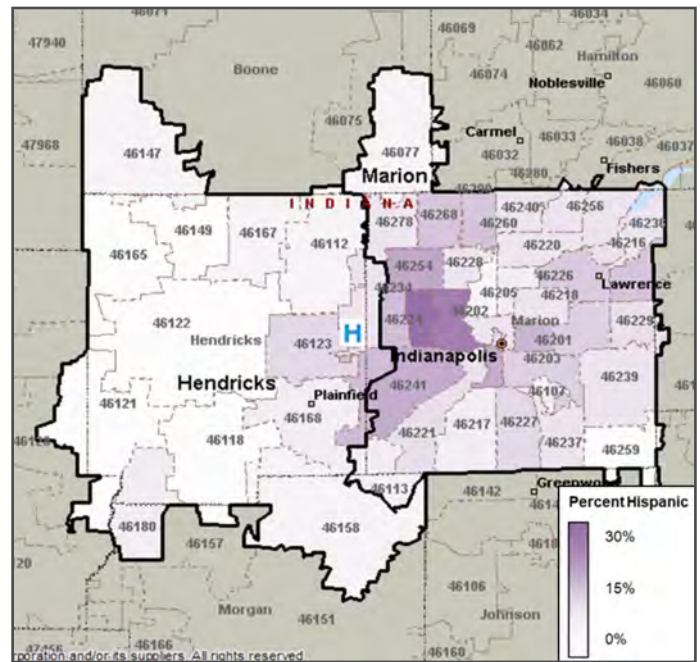
Description

Exhibit 14 portrays locations where the percentages of the population that are Black were highest in 2015.

Observations

- Hendricks County had four ZIP codes that had over five percent of the population that were Black in 2015 (46123, 46168, 46231, and 46234).
- In 2015, the percent of residents in Marion County that were Black was over 20 in 20 of the county’s 37 ZIP codes.

Exhibit 15: Percent of Population – Hispanic (or Latino), 2015



Source: U.S. Census ACS 2016 5-year estimates and Microsoft MapPoint

Description

Exhibit 15 portrays locations in the community where the percentages of the population that are Hispanic (or Latino) were highest in 2015. The diversity of the community is important to recognize given the presence of health disparities and barriers to health care access experienced by different racial and ethnic groups.

Observations

- The percentage of residents that are Hispanic (or Latino) was highest in Marion ZIP codes 46224 (29.9 percent), 46222 (26.5 percent), and 46254 (17.7 percent).

Exhibit 16: Other Socioeconomic Indicators, 2012-2016

Measure	Hendricks County	Marion County	Indiana	United States
Population 25+ without High School Diploma	6.5%	14.4%	11.9%	13.0%
Population with a Disability	11.1%	13.7%	13.6%	12.5%
Population Linguistically Isolated	2.1%	6.0%	3.2%	8.5%

Source: U.S. Census, ACS 5-Year Estimates, 2017

Description

Exhibit 16 portrays the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated, by county.

Observations

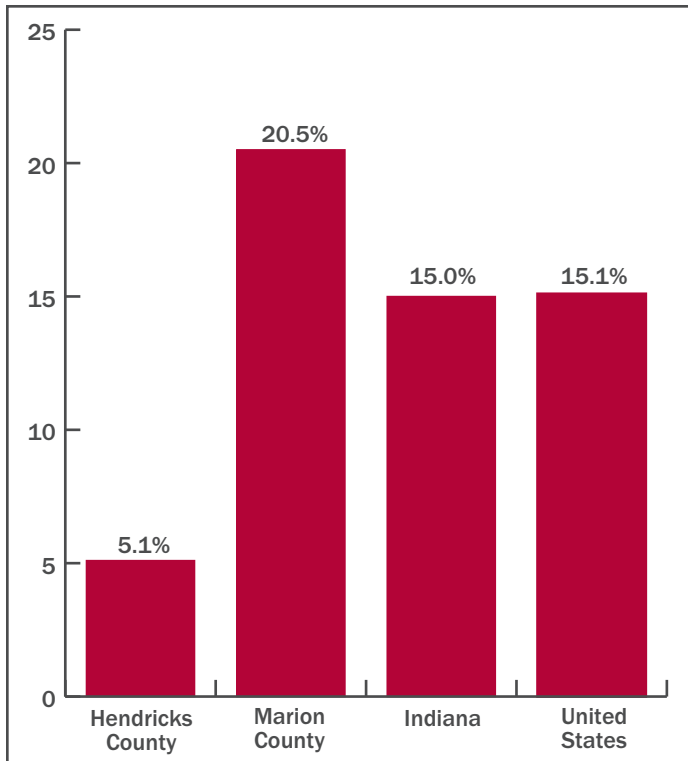
- Marion County had a higher percentage of residents aged 25 and older without a high school diploma than the Indiana average.
- Marion County had a higher percentage of residents with a disability than the Indiana average.
- Compared to Indiana, Marion County had a higher proportion of the population that is linguistically isolated. Linguistic isolation is defined as residents who speak a language other than English and speak English less than “very well.”

Economic Indicators

The following economic indicators with implications for health were assessed: (1) people in poverty; (2) unemployment rate; (3) insurance status; and (4) crime rates.

People in Poverty

Exhibit 17: Percent of People in Poverty, 2012-2016



Source: U.S. Census, ACS 5-Year Estimates, 2017

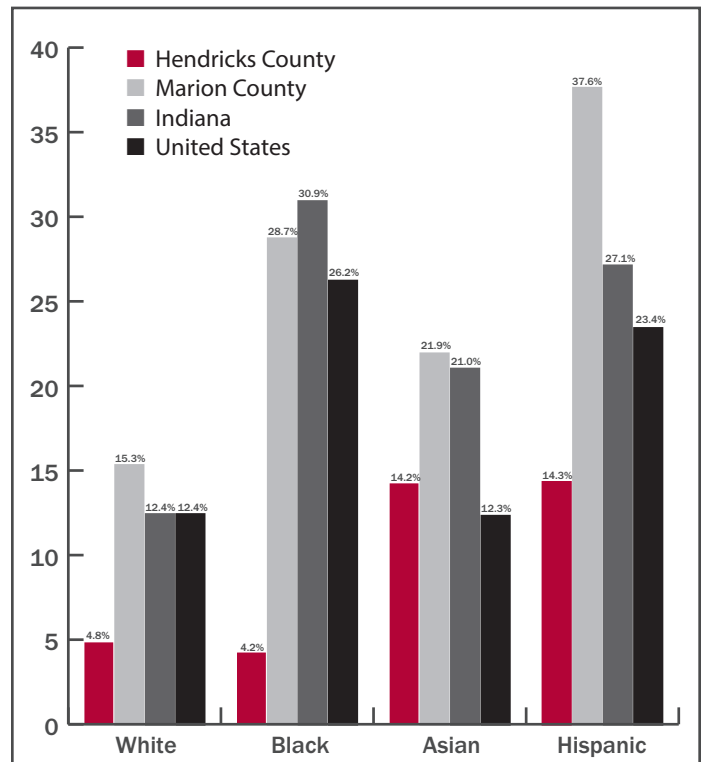
Description

Exhibit 17 portrays poverty rates by county.

Observations

- The poverty rate in Hendricks County was well below Indiana and national averages from 2012-2016.
- The poverty rate in Marion County is above both Indiana and U.S. averages from 2012-2016.

Exhibit 18: Poverty Rates by Race and Ethnicity, 2012-2016



Source: U.S. Census, ACS 5-Year Estimates, 2017

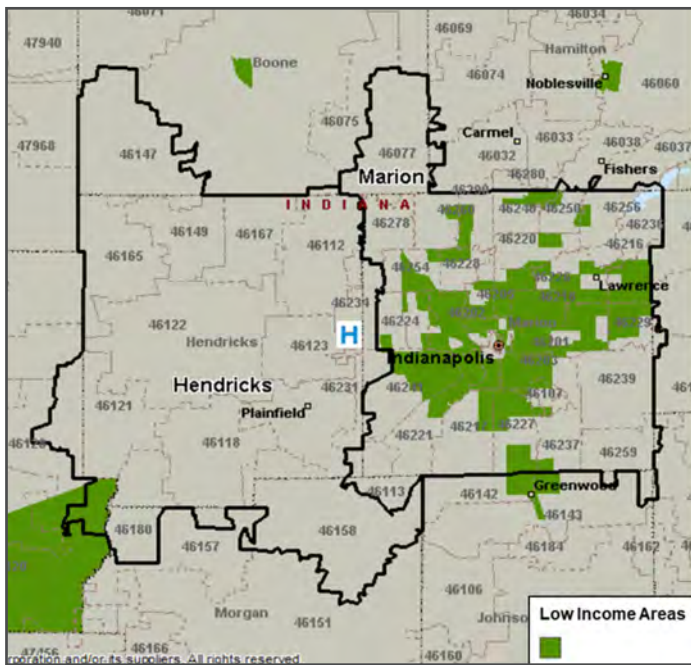
Description

Exhibit 18 portrays poverty rates by race and ethnicity.

Observations

- Poverty rates in Hendricks County have been lower than both the Indiana and national averages for all population cohorts. However, poverty rates for Asian and Hispanic residents are nearly 10 percent greater than the rate for White residents.
- Approximately one-quarter of Black and more than one-third of Hispanic (or Latino) residents in Marion County lived in poverty

Exhibit 19: Low Income Census Tracts, 2017



Source: US Department of Agriculture Economic Research Service, ESRI, 2017

Description

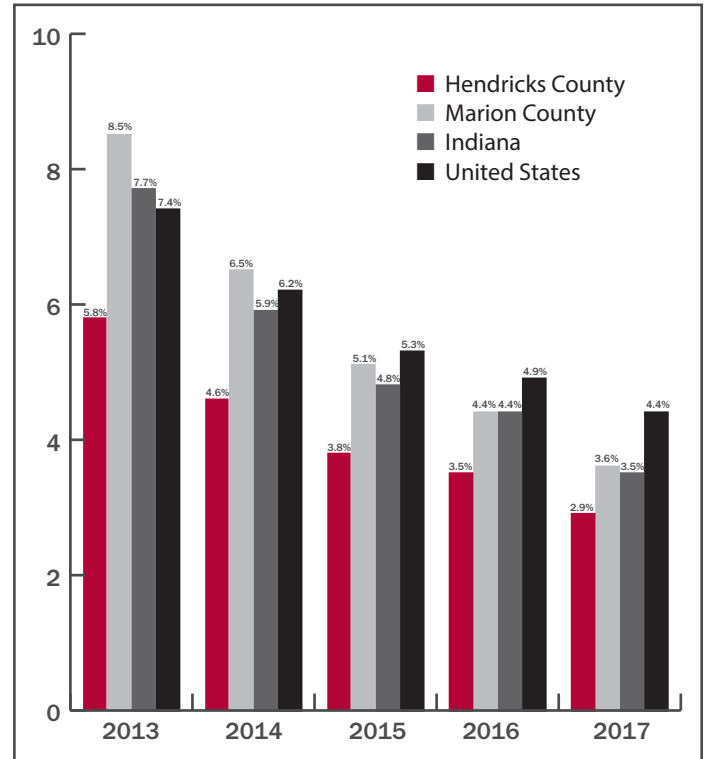
Exhibit 19 portrays the location of federally-designated low income census tracts.

Observations

- Low income census tracts are prevalent throughout Marion County and in the southwestern portion of Hendricks County.

Unemployment

Exhibit 20: Unemployment Rates, 2013-2017



Source: Bureau of Labor Statistics, 2018

Description

Exhibit 20 shows unemployment rates for 2013 through 2017 for Hendricks and Marion Counties, with Indiana and national rates for comparison.

Observations

- Between 2013 and 2017, unemployment rates at the local, state, and national levels declined.
- In recent years, rates in Hendricks County have been below Indiana and U.S. averages.
- Marion County's unemployment rates have been at or below Indiana and national averages.

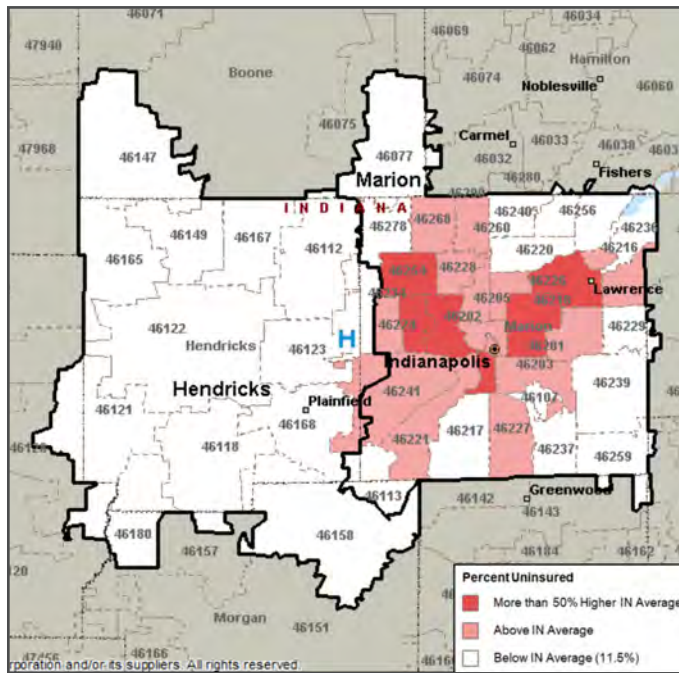
Insurance Status

Exhibit 21A: Percent of the Population without Health Insurance, 2015-2020

County	Population	Population Uninsured	Percent Uninsured
Hendricks County	153,217	11,481	7.5%
Marion County	922,012	127,787	13.9%
Total Community	1,075,229	139,268	13.0%
Indiana	6,490,256	747,942	11.5%
United States	313,576,137	36,700,246	11.7%

Source: U.S. Census, ACS 5-Year Estimates, 2017

Exhibit 21B: Percent of the Population without Health Insurance, 2015-2020



Source: U.S. Census, ACS 5-Year Estimates, 2017

Description

Exhibit 21A presents the estimated percent of people uninsured by county in 2015, with a projection to 2020. Exhibit 21B maps the 2015 uninsured rates by ZIP code.

Observations

- In 2015, the uninsured rates were 50 percent or more higher than the Indiana rate in Marion ZIP codes 46201, 46218, 46222, 46224, 46225, 46226, and 46254.
- Subsequent to the ACA's passage, a June 2012 Supreme Court ruling provided states with discretion regarding whether or not to expand Medicaid eligibility. Indiana was one of the states that expanded Medicaid. Across the United States, uninsured rates have fallen most in states that decided to expand Medicaid.⁸

⁸ See: <http://hrms.urban.org/briefs/Increase-in-Medicaid-under-the-ACA-reduces-uninsurance.html>

Crime

Exhibit 22: Crime Rates by Type and Jurisdiction, Per 100,000, 2016

Indicator	City of Brownsburg (Hendricks)	City of Plainfield (Hendricks)	City of Indianapolis (Marion)	Indiana
Violent crime	113.1	285.3	1,374.4	407.4
Murder	3.9	3.2	17.1	6.7
Rape (revised definition)	-	9.6	79.0	38.0
Rape (legacy definition)	-	-	-	28.1
Robbery	15.6	51.3	458.9	111.2
Aggravated assault	93.6	221.2	819.4	251.5
Property crime	1,352.9	2,939.3	4,794.8	2,606.5
Burglary	140.4	259.6	1,178.4	517.4
Larceny - theft	1,130.7	2,420.0	3,039.8	1,865.5
Motorvehicle theft	81.9	259.6	576.7	223.5

Source: Federal Bureau of Investigation, 2017

Description

Exhibit 22 provides crime statistics.

Observations

- Crime rates for the City of Brownsburg were well below Indiana averages.
- Crime rates for the City of Plainfield were below state averages except for property crime, larceny - theft, and motorvehicle theft.
- Crime rates for the City of Indianapolis in Marion County were significantly above the Indiana average for all types of crime.

Local Health Status and Access Indicators

This section assesses health status and access indicators for the IU Health West Hospital community. Data sources include: (1) County Health Rankings, (2) the Indiana State Department of Health, and (3) the CDC's Behavioral Risk Factor Surveillance System.

Throughout this section, data and cells are highlighted if indicators are unfavorable – because they exceed benchmarks (e.g., Indiana, peer group, or U.S. averages). Where confidence interval data are available, cells are highlighted only if variances are unfavorable and statistically significant.

County Health Rankings

Exhibit 23: County Health Rankings, 2015 and 2018

Measure	Hendricks County 2015	Hendricks County 2018	Marion County 2015	Marion County 2018
Health Outcomes	2	2	74	75
Health Factors	4	3	89	92
Length of Life	2	2	69	77
Premature death	2	2	69	77
Quality of Life	9	2	74	79
Poor or fair health	6	3	49	69
Poor physical health days	4	2	36	32
Poor mental health days	8	2	48	61
Low birthweight	27	10	85	89
Health Behaviors	9	3	86	91
Adult smoking	9	2	47	76
Adult obesity	50	34	40	46
Food environment index	9	11	92	89
Physical inactivity	40	6	19	23
Access to exercise opportunities	16	41	4	4
Excessive drinking	41	69	46	85
Alcohol-impaired driving deaths	50	75	55	40
Sexually transmitted infections	27	45	92	92
Teen births	3	3	88	82
Clinical Care	6	5	32	24
Uninsured	3	5	86	87
Primary care physicians	26	27	12	11
Dentists	24	26	2	1
Mental health providers	31	31	2	3
Preventable hospital stays	20	7	28	22
Diabetes monitoring	37	29	61	73
Mammography screening	12	10	44	42
Social & Economic Factors	2	2	92	92
High school graduation	7	7	90	92
Some college	4	4	19	20
Unemployment	4	6	54	48
Children in poverty	2	2	88	91
Income inequality	3	4	85	88
Children in single-parent households	9	8	92	92
Social associations	88	86	66	65
Violent crime	N/A	39	71	69
Injury deaths	3	3	51	67

Exhibit 23: County Health Rankings, 2015 and 2018 (continued)

Measure	Hendricks County 2015	Hendricks County 2018	Marion County 2015	Marion County 2018
Physical Environment	89	89	68	90
Air pollution	64	84	57	91
Severe housing problems	13	12	87	90
Driving alone to work	89	89	25	24
Long commute – driving alone	78	72	32	27

Source: County Health Rankings, 2018

Description

Exhibit 23 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of “health factors” and “health outcomes.” Indicators and composites are grouped into the following categories: health behaviors, clinical care,⁹ social and economic factors, and physical environment.¹⁰ *County Health Rankings* is updated annually. *County Health Rankings 2018* relies on data from 2006 to 2017, with most data from 2011 to 2016.

The exhibit presents 2015 and 2018 rankings for each available indicator category. Rankings indicate how the county ranked among all 92 counties in the Indiana, with 1 indicating the highest (most favorable) ranking and 92 the lowest (least favorable).

Light grey shading indicates rankings in the bottom half of Indiana counties; dark grey shading indicates rankings in bottom quartile of Indiana counties.

Observations

- In 2018, Hendricks County ranked number two of all Indiana counties for overall health outcomes. However, for eight of the 42 indicators assessed, the county ranked in the bottom half of Indiana counties. Of those, seven were in the bottom quartile, including: excessive drinking, alcohol-impaired driving deaths, social associations, physical environment, air pollution, driving alone to work, and long commute – driving alone.
- In Marion County, 29 indicators ranked in the bottom half of Indiana counties. Of those, 25 were in the bottom quartile, including: health outcomes, health behaviors, length of life, quality of life, social and economic factors, physical environment, and other related indicators.

⁹ A composite measure of Access to Care, which includes the percent of the population without health insurance and ratio of population to primary care physicians, and of Quality of Care, which includes the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

¹⁰ A composite measure that examines Environmental Quality, which includes the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which includes access to healthy food and recreational facilities and the percent of restaurants that are fast food.

Exhibit 24: County Health Rankings Data Compared to Indiana and U.S. Averages, 2018

Indicator Category	Indicator	Hendricks County	Marion County	Indiana	U.S.
Health Outcomes					
Length of life	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,155	9,216	7,794	6,700
Quality of life	Percentage of adults reporting fair or poor health (age-adjusted)	12.5	17.7	17.7	16.0
Quality of life	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.1	3.8	3.9	3.7
Quality of life	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.4	4.1	4.3	3.8
Quality of life	Percentage of live births with low birthweight (< 2500 grams)	6.5	9.1	8.0	8.0
Health Factors					
Health Behaviors					
Adult smoking	Percentage of adults who are current smokers	16.3	21.4	21.1	17.0
Adult obesity	Percentage of adults that report a BMI of 30 or more	31.8	32.7	32.0	28.0
Food environment index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.6	6.6	7.0	7.7
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity	23.3	26.5	26.8	23.0
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity	67.3	87.2	76.6	83.0
Excessive drinking	Percentage of adults reporting binge or heavy drinking	18.2	19.2	18.6	18.0
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement	30.9	19.6	22.4	29.0
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population	239.7	949.3	437.9	478.8
Teen births	Number of births per 1,000 female population ages 15-19	13.9	41.4	30.5	27.0
Clinical Care					
Uninsured	Percentage of population under age 65 without health insurance	7.6	13.7	11.3	11.0
Primary care physicians	Ratio of population to primary care physicians	1,798:1	1,245:1	1,505:1	1,320:1
Dentists	Ratio of population to dentists	2,086:1	1,179:1	1,852:1	1,480:1
Mental health providers	Ratio of population to mental health providers	1,164:1	402:1	701:1	470:1
Preventable hospital stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	40.4	49.3	56.8	49.0
Diabetes monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	87.6	82.8	84.7	85.0
Mammography screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	67.9	61.5	62.1	63.0
Social and Economic Environment					
High school graduation	Percentage of ninth-grade cohort that graduates in four years	96.7	72.1	87.2	83.0
Some college	Percentage of adults ages 25-44 with some post-secondary education	75.2	62.3	62.0	65.0
Unemployment	Percentage of population ages 16 and older unemployed but seeking work	3.5	4.4	4.4	4.9
Children in poverty	Percentage of children under age 18 in poverty	6.7	28.0	19.1	20.0

Exhibit 24: County Health Rankings Data Compared to Indiana and U.S. Averages, 2018 (continued)

Indicator Category	Indicator	Hendricks Count	Marion County	Indiana	U.S.
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	3.4	4.8	4.4	5.0
Children in single-parent households	Percentage of children that live in a household headed by single parent	21.1	47.3	33.7	34.0
Social associations	Number of membership associations per 10,000 population	8.9	11.6	12.3	9.3
Violent crime	Number of reported violent crime offenses per 100,000 population	168.9	1,196.7	356.2	380.0
Injury deaths	Number of deaths due to injury per 100,000 population	45.6	83.3	69.9	65.0
Physical Environment					
Air pollution – particulate matter ¹	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11.5	12.3	11.1	8.7
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	9.5	19.0	14.0	19.0
Driving alone to work	Percentage of the workforce that drives alone to work	88.0	82.1	83.0	76.0
Long commute – driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	41.4	28.5	30.5	35.0

Source: County Health Rankings, 2018

Description

Exhibit 24 provides data for each underlying indicator of the composite categories in the County Health Rankings.¹¹ The exhibit also includes Indiana and national averages. Light grey shading highlights indicators found to be worse than the Indiana average; dark grey shading highlights indicators more than 50 percent worse than the Indiana average.

Observations

- The following indicators (presented alphabetically) compared particularly unfavorably across both counties in the community:
 - Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
 - Number of membership associations per 10,000 population

¹¹ County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

Community Health Status Indicators

Exhibit 25: Community Health Status Indicators, 2018

Indicator	Hendricks County	Marion County
Years of Potential Life Lost Rate		
% Fair/Poor Health		
Physically Unhealthy Days		
Mentally Unhealthy Days		
% Low Birth Weight		
% Smokers		
% Obese		
Food Environment Index		
% Physically Inactive		
% With Access to Exercise Opportunities		
% Excessive Drinking		
% Driving Deaths Alcohol-Impaired		
Chlamydia Rate		
Teen Birth Rate		
% Uninsured		
Primary Care Physicians Rate		
Dentist Rate		
Mental Health Professionals Rate		
Preventable Hosp. Rate		
% Receiving HbA1c Screening		
% Mammography Screening		
High School Graduation Rate		
% Some College		
% Unemployed		
% Children in Poverty		
Income Ratio		
% Single-Parent Households		
Social Association Rate		
Violent Crime Rate		
Injury Death Rate		
Average Daily PM2.5		
% Severe Housing Problems		
% Drive Alone to Work		
% Long Commute – Drives Alone		

Source: County Health Rankings and Verité Analysis, 2018.

Description

County Health Rankings has organized community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's *Community Health Status Indicators Project* (CHSI), County Health Rankings also publishes lists of "peer counties," so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer

counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

This *Community Health Status Indicators* analysis formerly was available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs.

Exhibit 25 compares Hendricks and Marion Counties to their respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties.

Observations

- The CHSI data indicate that Hendricks and Marion Counties rank unfavorably in the percent who smoke, percent who are obese, percent with access to exercise opportunities, violent crime rate, average Daily PM2.5 (the average daily density of fine particulate matter in micrograms per cubic meter, a measure of air quality and pollution), and percent who drive alone to work.

Indiana State Department of Health

Exhibit 26: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2016

Indicator	Hendricks County	Marion County	Indiana
Major cardiovascular diseases	185.2	232.5	237.4
Diseases of heart	138.7	177.7	180.6
Cancer	164.3	182.0	172.5
All other diseases	161.9	196.2	171.3
Ischemic heart diseases	75.4	98.6	102.2
Other diseases of heart	45.3	64.0	68.3
Chronic lower respiratory diseases	45.5	61.7	54.6
All other and unspecified accidents and adverse effects	19.3	51.1	40.1
Cerebrovascular diseases (stroke)	36.4	39.4	39.5
Alzheimer's disease	25.6	32.5	34.9
Diabetes mellitus	22.8	27.0	26.0
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	12.4	22.8	18.4
Intentional self-harm (suicide)	18.5	15.2	15.4
Influenza and pneumonia	15.3	13.0	12.6
Motor vehicle accidents	9.4	12.5	12.4
Chronic liver disease and cirrhosis	8.4	13.5	11.2

Exhibit 26: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2016 (continued)

Indicator	Hendricks County	Marion County	Indiana
Hypertensive heart disease with or without renal disease	18.0	15.1	10.2
Essential hypertension and hypertensive renal disease	3.1	7.5	10.0
Assault (homicide)	2.5	18.7	7.6
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)	1.3	4.9	6.2
Other diseases of circulatory system	7.0	5.9	6.2
Certain conditions originating in the perinatal period	1.5	6.8	4.9
Congenital malformations, deformations and chromosomal abnormalities	3.8	4.1	3.9
All other external causes	10.2	1.9	2.6
Atherosclerosis	0.0	2.0	1.1
Pregnancy, childbirth and the puerperium	0.7	1.3	0.8
Sudden infant death syndrome (SIDS)	1.5	0.2	0.7
Peptic ulcer	0.7	0.7	0.5

Source: Indiana State Department of Health, 2017

Description

Exhibit 26 provides age-adjusted mortality rates for selected causes of death in 2016. Light grey shading highlights indicators worse than the Indiana average; dark grey shading highlights any indicators more than 50 percent worse than the Indiana average.

Observations

- Selected causes of death for Hendricks County exceeded the state average for intentional self-harm (suicide), influenza and pneumonia, other diseases of the circulatory system, and peptic ulcer.
- Hypertensive heart disease, all other external causes, and sudden infant death syndrome (SIDS) represented selected cause of death rates for Hendricks County that were 50 percent worse than the Indiana average.
- Selected causes of death for Marion County exceeded the state average for cancer, all other diseases, chronic lower respiratory diseases, all other and unspecified accidents and adverse effects, diabetes mellitus, nephritis, influenza and pneumonia, motor vehicle accidents, chronic liver disease and cirrhosis, hypertensive heart disease, conditions originating in the perinatal period, congenital malformations, and peptic ulcer.

- Assault (homicide), atherosclerosis, and pregnancy, childbirth and the puerperium represented selected cause of death rates for Marion County that were 50 percent worse than the Indiana average.

Exhibit 27: Age-Adjusted Cancer Mortality Rates per 100,000 Population, 2016

Indicator	Hendricks County	Marion County	Indiana
All Cancers	164.3	182.0	172.5
Stomach	3.1	2.9	2.7
Colon, rectum and anus	17.0	13.5	14.9
Pancreas	12.1	13.0	11.9
Trachea, bronchus and lung	45.7	53.8	49.2
Breast	13.1	11.9	11.6
Cervix uteri, corpus uteri and ovary	4.7	8.9	8.2
Prostate	6.3	10.0	7.6
Urinary tract	9.3	8.0	8.8
Non-Hodgkin's lymphoma	6.4	6.6	6.4
Leukemia	6.9	7.5	6.7
Other forms of cancer	39.7	46.0	44.6

Source: Indiana State Department of Health, 2017

Description

Exhibit 27 provides age-adjusted mortality rates for selected forms of cancer in 2016. Light grey shading highlights indicators worse than the Indiana average; dark grey shading highlights indicators more than 50 percent worse than the Indiana average.

Observations

- Cancer mortality rates in Hendricks County for stomach, colon, pancreas, breast, urinary tract, non-Hodgkin's lymphoma, and leukemia exceeded the state averages.
- Cancer mortality in Marion County for all cancers except colon and urinary tract exceeded the Indiana averages in 2016.

Exhibit 28: Age-Adjusted Cancer Incidence Rates per 100,000 Population, 2010-2014

Indicator	Hendricks County	Marion County	Indiana
All cancers	454.1	447.9	445.2
Breast	129.6	128.1	120.1
Prostate	117.4	86.9	95.7
Lung and bronchus	67.8	80.1	72.8
Colon and rectum	36.0	39.4	43.2
Uterus	30.0	27.3	27.0
Bladder	21.1	16.2	21.0
Non-Hodgkin lymphoma	21.3	20.4	19.0
Melanoma of the skin	19.1	14.4	18.1
Kidney and renal pelvis	15.8	16.6	17.8
Childhood (Ages <15)	21.2	16.5	16.1
Leukemia	12.7	12.3	13.2
Pancreas	12.3	12.4	12.7
Thyroid	12.7	11.3	11.8
Oral cavity and pharynx	14.9	13.1	11.7
Ovary	11.6	10.2	11.1
Cervix	6.6	7.4	7.6
Brain and ONS	7.2	6.3	6.9
Liver and bile duct	5.8	9.7	6.5
Stomach	6.3	6.5	5.7
Esophagus	4.8	5.3	5.4

Source: Centers for Disease Control and Prevention, 2014.

Description

Exhibit 28 presents age-adjusted cancer incidence rates in the community. Light grey shading highlights indicators worse than Indiana averages.

Observations

- In Hendricks County, all cancers, breast, prostate, uterus, bladder, non-Hodgkin's lymphoma, melanoma, childhood cancer, thyroid, oral cavity and pharynx, ovary, brain, and stomach cancers were higher than state averages.
- In Marion County, overall cancer incidence rates were above the Indiana average. Among these cancers: breast, lung and bronchus, uterus, non-Hodgkin lymphoma, childhood cancer, oral and pharynx, liver and stomach cancers exceeded the Indiana averages.

Exhibit 29: Communicable Disease Incidence Rates per 100,000 Population, 2016

Indicator	Hendricks County	Marion County	Indiana
HIV/AIDS*	108.0	557.0	188.0
Chlamydia	267.0	1,046.3	465.0
Gonorrhea	63.3	429.6	142.5
Primary and Secondary Syphilis	4.0	15.2	5.0

*Note: Data from 2014

Source: Indiana State Department of Health, 2016.

Description

Exhibit 29 presents incidence rates for various communicable diseases. Light grey shading highlights indicators worse than Indiana averages; dark grey shading highlights indicators more than 50 percent worse than Indiana averages, if any.

Observations

- Hendricks County had lower communicable disease rates than the Indiana averages in 2016.
- Marion County had rates that were more than 50 percent worse than Indiana averages for all communicable diseases in 2016.

Exhibit 30: Maternal and Child Health Indicators, 2011-2015

Indicator	Hendricks County	Marion County	Indiana
Infant Mortality Rate (per 1,000 Live Births)	5.6	8.6	7.2
Low Birthweight Percent	6.4%	9.1%	8.0%
Preterm Births Percent	9.7%	10.7%	9.7%
Early Prenatal Care Percent	78.9%	64.3%	68.1%
Smoked During Pregnancy Percent	8.7%	12.9%	15.6%
Unmarried Mothers Percent	24.4%	54.5%	43.2%
Breastfeeding Percent	83.3%	75.7%	77.4%
Mother on Medicaid Percent	21.1%	57.9%	44.3%
Teen Birth Rate (15-17)	5.1	19.3	13.6
Teen Birth Rate (15-19)	13.8	41.5	30.4

Source: Indiana State Department of Health, 2016

Description

Exhibit 30 presents various maternal and infant health indicators. Light grey shading highlights indicators worse than Indiana averages.

Observations

- In Hendricks County, all Maternal and Child Health Indicators were below the Indiana averages in 2016.
- In Marion County, all Maternal and Child Health Indicators are above the Indiana averages except percentage of mothers that smoked during pregnancy in 2016.

Exhibit 31A: Behavioral Risk Factor Surveillance System, Indiana Data by Race/Ethnicity, 2016

Indicator	White	Black	Hispanic	Indiana
Current Smokers	21.0%	23.0%	17.8%	21.1%
Adults without Health Care Coverage	10.8%	17.1%	39.4%	13.6%
Obese (based on BMI)	32.1%	42.1%	26.8%	32.5%
Diabetes	11.4%	16.2%	8.8%	11.5%
Angina or Coronary Heart Disease	5.1%	4.2%	2.2%	4.9%
No Physical Activity in Past Month	26.3%	27.5%	32.9%	26.8%
Asthma	9.8%	15.9%	6.3%	10.2%

Source: Behavioral Risk Factor Surveillance System, 2016

Exhibit 31B: Behavioral Risk Factor Surveillance System, Income, 2016

Indicator	<\$15,000	\$15-\$24,999	\$25-\$49,999	\$50-\$74,999	≥\$75,000	No High School Diploma	Indiana
Current Smokers	38.5%	30.0%	25.3%	16.6%	10.3%	38.1%	21.1%
Adults without Health Care Coverage	23.7%	25.3%	16.3%	7.6%	3.6%	33.1%	13.6%
Obese (based on BMI)	36.5%	35.3%	34.1%	34.6%	28.7%	34.0%	32.5%
Diabetes	18.7%	17.4%	11.9%	9.3%	6.5%	15.4%	11.5%
Angina or Coronary Heart Disease	8.3%	6.5%	5.1%	3.0%	3.0%	6.3%	4.9%
No Physical Activity in Past Month	42.5%	38.0%	28.6%	20.8%	13.7%	41.2%	26.8%
Asthma	20.4%	12.6%	9.5%	7.5%	7.1%	15.6%	10.2%

Source: Behavioral Risk Factor Surveillance System, 2016

Description

The Centers for Disease Control and Prevention’s (CDC) Behavioral Risk Factor Surveillance System (BRFSS) gathers data through a telephone survey regarding health risk behaviors, healthcare access, and preventive health measures. Data are collected for the entire United States. Analysis of BRFSS data can identify localized health issues, trends, and health disparities, and can enable county, state, or nation-wide comparisons.

Exhibits 31A and 31B depict BRFSS data for the state of Indiana by race/ethnicity, income level, and for those without a high school diploma. Light grey shading highlights indicators worse than the Indiana average;

dark grey shading highlights indicators more than 50 percent worse than the Indiana average.

Observations

- The BRFSS data indicate that on all but one measure presented, risk factors were higher for Black residents of Indiana than for Whites (and for lower-income residents than for those with higher incomes). Hispanic (or Latino) residents have experienced higher uninsured and physical inactivity rates.
- BRFSS indicators for residents without a high school diploma were worse than average for all indicators presented.

Ambulatory Care Sensitive Conditions

Exhibit 32: PQI (ACSC) Rates per 100,000, 2017

County	Diabetes Short-Term Complications	Perforated Appendix	Diabetes Long-Term Complications	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	Hypertension	Heart Failure	Low Birth Weight
Hendricks County	23.8	821.4	56.9	313.2	31.4	245.3	6,216.9
Marion County	80.2	695.2	108.4	728.0	102.1	508.0	7,904.1
West Community	71.9	707.1	100.8	661.4	91.7	469.4	7,740.2
Indiana	59.0	632.7	110.2	664.1	63.3	434.8	6,174.2
United States	68.9	351.4	101.6	480.9	49.2	321.6	N/A

Source: IU Health, 2018 – Note: Rates are not age-sex adjusted

Exhibit 32: PQI (ACSC) Rates per 100,000, 2017 (continued)

County	Dehydration	Community-Acquired Pneumonia	Urinary Tract Infection	Uncontrolled Diabetes	Asthma in Younger Adults	Lower-Extremity Amputation Among Patients with Diabetes
Hendricks County	61.1	119.7	78.1	17.0	17.1	31.8
Marion County	111.3	133.6	131.2	46.1	41.9	89.5
West Community	104.0	131.5	123.4	41.8	38.8	82.2
Indiana	138.5	184.5	148.2	40.6	32.0	82.4
United States	130.1	249.7	155.6	13.2	41.1	17.2

Source: IU Health, 2018 – Note: Rates are not age-sex adjusted

Description

Exhibit 32 provides 2017 ACSC (PQI) rates (per 100,000 persons) for ZIP codes in the IU Health West Hospital community – with comparisons to Indiana and U.S. averages. Light grey shading highlights indicators worse than Indiana averages; dark grey shading highlights indicators more than 50 percent worse than Indiana averages.

ACSCs are health “conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”¹² As such, rates of hospitalization for these conditions can “provide insight into the quality of the health care system outside of the hospital,” including the accessibility and utilization of primary care, preventive care and health education. Among these conditions are: angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension,

congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

Observations

- For the IU Health West Hospital community, the rates of admissions for ACSC exceeded Indiana averages for seven of thirteen conditions: diabetes short-term complications, perforated appendix, hypertension, heart failure, low birth weight, uncontrolled diabetes, asthma in younger adults, and lower extremity amputation among patients with diabetes.

¹² Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.

Exhibit 33: Ratio of ACSC Rates for IU Health West Hospital Community and Indiana, 2017

Indicator	West Community	Indiana	Ratio: West/Indiana
Hypertension	91.7	63.3	1.4
Low Birth Weight	7,740.2	6,174.2	1.3
Diabetes Short-Term Complications	71.9	59.0	1.2
Asthma in Younger Adults	38.8	32.0	1.2
Perforated Appendix	707.1	632.7	1.1
Heart Failure	469.4	434.8	1.1
Uncontrolled Diabetes	41.8	40.6	1.0
Lower-Extremity Amputation Among Patients with Diabetes	82.2	82.4	1.0
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	661.4	664.1	1.0
Diabetes Long-Term Complications	100.8	110.2	0.9
Urinary Tract Infection	123.4	148.2	0.8
Dehydration	104.0	138.5	0.8
Community-Acquired Pneumonia	131.5	184.5	0.7

Source: IU Health, 2018 – Note: Rates are not age-sex adjusted

Description

Exhibit 33 provides the ratio of ACSC (PQI) rates in the IU Health West Hospital community compared to Indiana averages. Conditions where the ratios are highest (meaning that the PQI rates in the community are the most above average) are presented first.

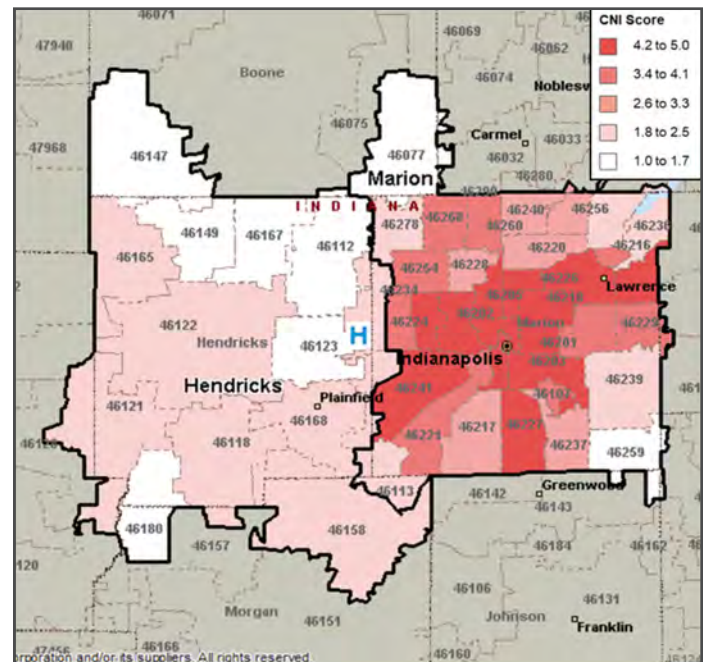
Observations

- In the community, ACSC rates for hypertension were 40 percent higher than the Indiana average and low birth weight rates were 30 percent higher.

Community Need Index™ and Food Deserts

Dignity Health Community Need Index

Exhibit 34: Community Need Index, 2017



Source: Microsoft MapPoint and Dignity Health, 2017

Description

Exhibit 34 presents the Community Need Index™ (CNI) score for each ZIP code in the community. Higher scores (e.g., 4.2 to 5.0) indicate higher levels of community need.

Dignity Health, a California-based hospital system, developed and published the CNI as a way to assess barriers to health care access. The index, available for every ZIP code in the United States, is derived from five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

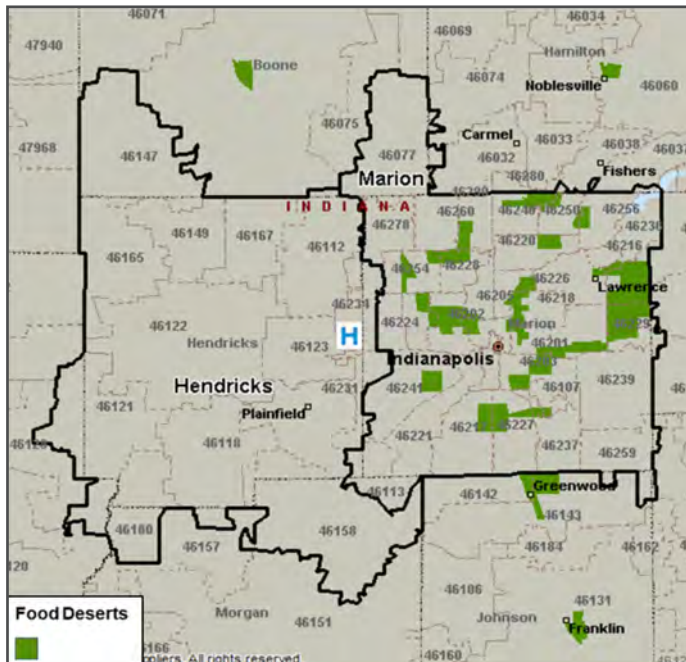
CNI scores are grouped into “Lowest Need” (1.0-1.7) to “Highest Need” (4.2-5.0) categories

Observations

- Hendricks County scored a 1.8 on the CNI scale and Marion County scored a 3.8.
- The Marion County overall score (3.8) indicates higher than average need exists in the county.
- Fourteen ZIP codes in Marion County scored in the “highest need” category.

Food Deserts

Exhibit 35: Food Deserts, 2017



Source: Microsoft MapPoint and U.S. Department of Agriculture, 2017

Description

Exhibit 35 shows the location of “food deserts” in the community.

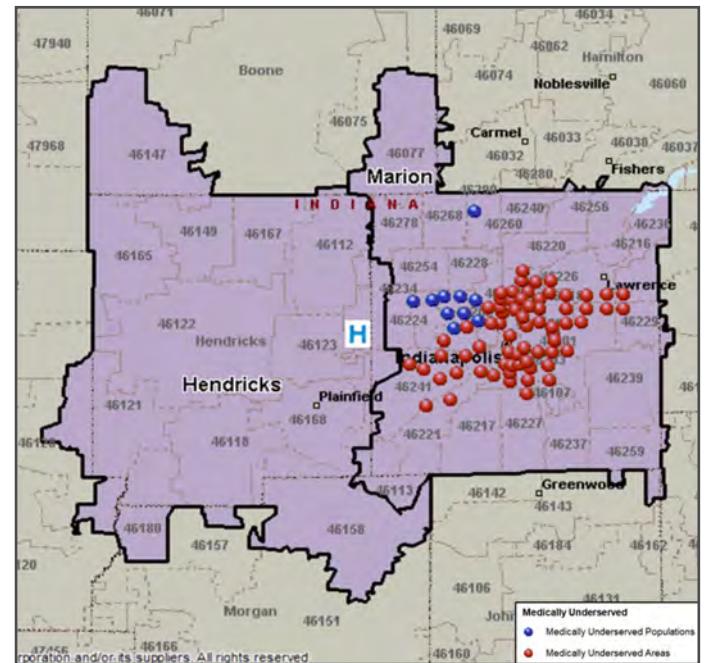
The U.S. Department of Agriculture’s Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations

- Several census tracts in the IU Health West Hospital community have been designated as food deserts, particularly throughout Marion County.

Medically Underserved Areas and Populations

Exhibit 36: Medically Underserved Areas and Populations, 2017



Source: Microsoft MapPoint and HRSA, 2017

Description

Exhibit 36 illustrates the location of Medically Underserved Areas (MUAs) in the community.

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an “Index of Medical Underservice.” The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.¹³ Areas with a score of 62 or less are considered “medically underserved.”

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If 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.”¹⁴

¹³ Health Resources and Services Administration.

See <http://www.hrsa.gov/shortage/mua/index.html>

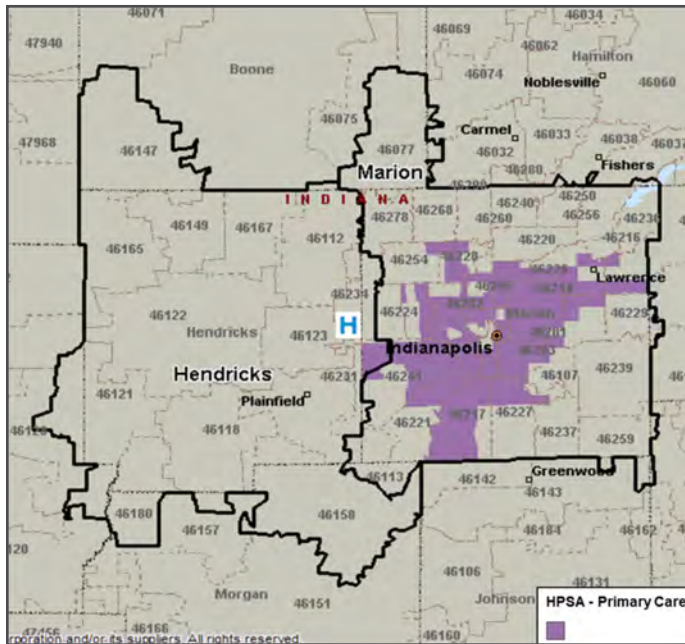
¹⁴ *Ibid.*

Observations

- Census tracts within Marion County have been designated as Medically Underserved Areas and Populations.
- No locations in Hendricks County have been designated as medically underserved.

Health Professional Shortage Areas (HPSA)

Exhibit 37A: Primary Care Health Professional Shortage Areas, 2018



Source: Health Resources and Services Administration, 2018

Description

Exhibit 37A lists the locations of federally-designated primary care HPSA areas.

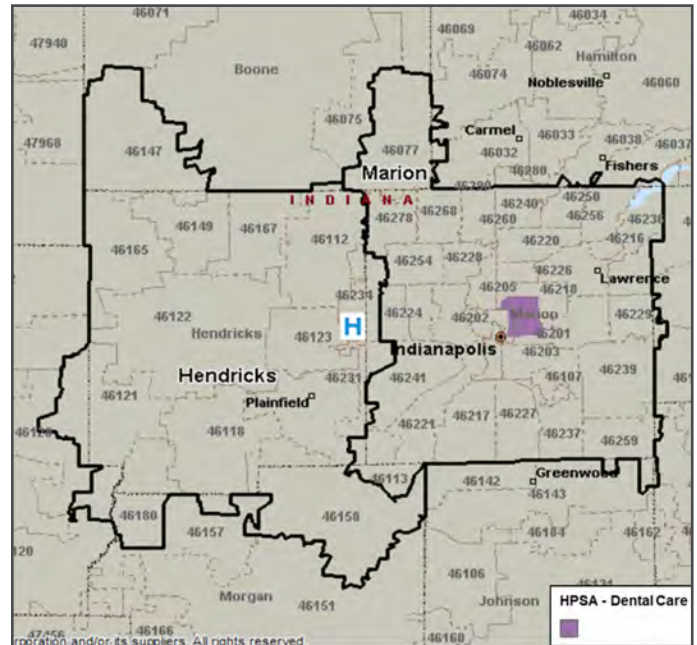
A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services. 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.”¹⁵

¹⁵ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). Health Professional Shortage Area Designation Criteria. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

Observations

- Primary Care HPSAs are prevalent throughout the community, particularly in Marion County.

Exhibit 37B: Dental Care Health Professional Shortage Areas, 2018



Source: Health Resources and Services Administration, 2018

Description

Exhibit 37B shows the locations of federally-designated dental care HPSA areas.

Observations

- Several census tracts in Marion County have been designated as Dental Care HPSAs.

Exhibit 37C: Mental Care Health Professional Shortage Areas, 2018

County	HPSA Name	HPSA Type Description
Hendricks	Mental Health Catchment Area 7	HPSA Geographic High Needs
Hendricks	CF-Plainfield Correctional Facility	Correctional Facility
Hendricks	Reception Diagnostic Center	Correctional Facility
Marion	Adult and Child Mental Health Center, Inc.	Federally Qualified Health Center Look A Like
Marion	Health and Hospital Corporation of Marion County	Comprehensive Health Center
Marion	Healthnet Inc.	Comprehensive Health Center
Marion	Indiana Health Centers	Comprehensive Health Center
Marion	Indiana Women's Prison	Correctional Facility
Marion	Jane Pauley Community Health Center	Comprehensive Health Center
Marion	Raphael Health Center	Comprehensive Health Center
Marion	Shalom Health Care Center, Inc.	Comprehensive Health Center

Source: Health Resources and Services Administration, 2018

Description

Exhibit 37C lists the locations of federally-designated mental health care HPSA areas.

Observations

- Hendricks County has been designated as a Mental Health Care HPSA as a part of Mental Health Catchment Area 7.
- Several health facilities throughout Hendricks and Marion counties have also been designated as Mental Health Care HPSAs.

Findings of Other Community Health Needs Assessments

Indiana State Health Assessment and Improvement Plan

A State Health Assessment and Improvement Plan (SHA) was published recently by the Indiana State Department of Health.¹⁶ The SHA was conducted in collaboration with over 100 partner organizations, key informants, and health experts to identify and address Indiana's greatest health challenges.

The Indiana Health Improvement Partnership (IHIP), met three times during 2017 and early 2018 to develop key components of the SHA including values, forces of change analysis, and assessment of strengths, weaknesses, opportunities, and threats. The process involved five steps:

1. Conducting a community health status assessment;
2. Assessing and analyzing prior assessments;
3. Reviewing other agency and coalition plans;
4. Interviewing key informants and gathering qualitative data; and
5. Identifying health needs.

State Health Assessment. The SHA had the following conclusions regarding state health needs:

- After reviewing assessments from local health assessments around the state, ten needs were most often prioritized:
 - Access to care
 - Mental and behavioral health
 - Obesity
 - Substance abuse disorders
 - Nutrition and physical activity
 - Diabetes
 - Tobacco use
 - Heart disease
 - Cancer
 - Maternal and infant health
- The initial prioritization of health needs by the IHIP steering committee focused on the following areas:
 - Social determinants of health and health equity
 - Improving public health infrastructure (funding and culture/equality of public health practices)
 - Improving health and reducing health disparities, particularly in the areas of chronic disease, birth outcomes and infant mortality, reduced injury and death due to opioid exposure, and improved access to mental health services
- When asked about barriers to achieving optimal health in their communities, key informants indicated that low staffing levels, low funding levels, not being able to break cultural barriers, increases in drug use, poverty and apathy, lack of free clinics, unaffordable healthcare

¹⁶ Available at: <https://www.in.gov/isdh/18888.htm>

and medications, lack of available affordable housing, provider billing, and limited local resources as major limitations.

- Social determinants of health were recognized as a key component to achieving optimal health in Indiana, with a recognition to improve population health, “the public health system must expand to include non-traditional partners such as transportation, workforce development, and housing.”
- Income inequality was identified as a social determinant of health need, with the top 20 percent of households in Indiana having an income 13.5 times higher than the bottom 20 percent.
- Indiana residents report different health status based on their location in the state, largely due to access to affordable healthcare. Mid-sized population areas report the lowest number of poor or fair health days, while rural areas report the highest.
- Indiana introduced expanded insurance options for lower income residents through the Healthy Indiana Plan (HIP) 2.0 in 2015. Over 1.4 million residents are enrolled in Medicaid in the state, with more than 20,000 of these enrollees being pregnant women.
- Language barriers and cultural competency of services were identified as major obstacles to receiving healthcare and social services in Indiana.
- Heart disease, cancer, and stroke were identified as the top causes of mortality in Indiana, and identified as significant needs in the community.
- Indiana was the tenth most obese state in the nation, with over two-thirds of adults being overweight and almost a third being obese. Obesity disproportionately affects low-income, rural, and African American populations.
- Poor nutrition contributed to four of the top ten causes of death in Indiana: cardiovascular disease, stroke, diabetes, and cancer.
- Over 21 percent of Indiana adults were current smokers, the tenth highest rate in the nation and contributing to five of the top ten leading causes of death (cardiovascular disease, stroke, diabetes, chronic lower respiratory disease, and cancer). Smoking rates are disproportionately high for low income adults, those with a high school education or less, and those identifying as LGBT.
- Infant mortality has been an Indiana health priority since 2014. The national rate of infant deaths is 5.9 deaths per 1,000 live births. In Indiana, this rate was 7.5 in 2016. Additionally, Healthy People 2020 established a goal of 6.0 deaths by 2020.
- Drug overdose and opioid-related deaths increased by 500 percent between 1999 and 2016. More than 1,500 residents died of drug overdoses in 2016, with 785 of these overdoses being from opioids. This increase in opioid-related deaths represents a 1,725 percent increase since 1999.

State Health Improvement Plan. After the finalization of the state health assessment, the Indiana State Health Improvement Plan (ISHIP) was drafted to address the final

priorities. These priorities were:

- Improve birth outcomes and reduce infant mortality
- Address the opioid epidemic
- Reduce rates of chronic disease
- Improve the public health infrastructure

Exhibit 38: Significant Needs Identified in Other CHNAs

Prioritized Need	Frequency
Access to basic/primary health care	5
Mental/behavioral health	5
Nutrition/access to healthy food	4
Drug/substance abuse	3
Obesity	3
Poverty	3
Tobacco use/smoking	3
Transportation	3
Diabetes	2
Economic improvement/financial hardship	2
Environment	2
Physical inactivity/lack of exercise	2
Violence/crime	2
Child safety	1
Chronic disease management	1
Cultural/language barriers	1
Culturally appropriate care and access	1
Education	1
Health education	1
Housing issues/homelessness	1
Infant mortality (disparities)	1
Preventive care (immunizations, screenings, etc.)	1
Promoting self sufficiency	1
Public safety	1
Recreational and youth programs	1
Social environment	1
Unemployment	1

Source: Analysis of Other CHNA Reports by Verité, 2018

Description

Several other needs assessments conducted by hospital facilities were reviewed. Significant needs identified by these facilities are presented in Exhibit 38. The reviewed assessments include the following:

- Community Health Network CHNA 2015
- Franciscan St. Francis Health - Indianapolis CHNA 2015
- Franciscan St. Francis Health - Mooresville CHNA 2015
- Hendricks County Community Health Assessment 2016
- Hendricks Regional Health CHNA 2013
- Marion County Public Health Department CHNA 2014
- St. Vincent Indianapolis Hospital CHNA 2016

Observations

- The following indicators most often were identified as significant in other hospital CHNAs that assessed IU Health West Hospital's community:
 - Access to basic and primary health care
 - Mental/behavioral health
 - Nutrition/access to healthy food
 - Drug/substance abuse
 - Obesity
 - Poverty
 - Tobacco use/smoking
 - Transportation
 - Diabetes
 - Economic improvement/financial hardship
 - Environment
 - Physical inactivity/lack of exercise
 - Violence/crime

- Indiana Youth Institute
- Indianapolis Fire Department
- Indianapolis Metropolitan Police Department
- Indianapolis Parks and Recreation
- Indy Hunger Network
- Irvington Development Organization
- IU Health West Hospital
- Jump IN for Healthy Kids
- Kids Count
- Lawrence Community Gardens
- Marion County Public Health Department
- Mental Health American Hendricks County
- New Beginnings Church
- Paramount Schools of Excellence
- Progress House
- Purdue Extension
- Susie's Place
- The Polis Center
- University of Indianapolis

APPENDIX C – INTERVIEWEES AND COMMUNITY MEETING PARTICIPANTS

Individuals from a wide variety of organizations and communities participated in the interview process and/or community meetings (**Exhibit 39**).

Exhibit 39: Interviewee and Community Meeting Participant Organizational Affiliations

- Adult and Child Health
- All Senior Citizens Connect
- American Lung Association
- Avon Community School Corporation
- Avon Washington Township Fire Department
- Central Indiana Council on Aging (CICOA)
- City of Indianapolis
- Coburn Place
- Community Health Network
- Franciscan Alliance
- Gennesaret Free Clinics
- Gleaners Food Bank
- HOPE Healthcare Services
- Health by Design
- Hendricks County Health Department
- Hendricks County Senior Services
- Hendricks County Substance Abuse Task Force
- Hendricks County Tobacco Coalition
- Hendricks Regional Health
- IU Health Methodist Hospital
- IU Health University Hospital

APPENDIX D – IMPACT OF ACTIONS TAKEN SINCE THE PREVIOUS CHNA

This appendix discusses the impact of community health improvement actions taken by IU Health West Hospital to address significant community health needs since its last CHNA report was conducted. The impacts (both expected and achieved) of each community health program are described below.

Access & Utilizing Healthcare

- **Hope Health Center.** IU Health West Hospital partnered with Hope Health Center to increase and improve the community's access to and utilization of affordable primary health services, with a focus on transitioning patients without insurance who use the emergency department for primary care needs to Hope Health Center. This was in an effort to reduce the overuse of the emergency department, and in turn, provide patients with the appropriate level of care needed that would also reduce costs. IU Health West Hospital designated staff time and provided \$105,000 to this initiative.
- **Free Community Health Screenings.** IU Health West Hospital provided health screenings at Prime Time Expo, an annual senior health fair held at the Hendricks County Fairgrounds, and quarterly at the Plainfield Recreation & Aquatic Center. IU Health West Hospital invested \$35,000 and numerous clinician hours to support this project.

Mental/Behavioral Health

- **Violent Relationships.** In an effort to increase awareness of violent relationships and to prevent dating violence among teens, IU Health West Hospital partnered with Sheltering Wings' school, church, and teen outreach program. This program offered pre-and post-test scoring teens on violent behaviors recognition. With over 5,500 teens tested and averaging a 66% increase in test scores, IU Health West Hospital believes this program is making a positive impact in the community's youth. IU Health West Hospital dedicated staff time and \$72,000 towards this program.

Substance Abuse

- **Drug Drop-Off Box.** IU Health West Hospital has installed a secure drug drop-off box accessible to the community 24/7 for prescription and over-the-counter drug disposal.

Tobacco Cessation

- **Baby and Me Tobacco Free.** IU Health West Hospital supports the "Baby and Me Tobacco Free" program in Hendricks County. The program was created to address smoking during pregnancy as a key driver for maternal and fetal health. There have been 32 active participants in the "Baby & Me Tobacco Free" program in Hendricks County. IU Health West Hospital has dedicated staff time to organize the program and has provided materials for participants.
- **Smoke Free Workplaces.** IU Health West Hospital supports the Hendricks County Tobacco Coalition's efforts to initiate a smoking ordinance in Brownsburg. An ordinance was introduced and has been approved.

Physical Activity & Nutrition

- **Farmers Market Outreach.** IU Health West Hospital supports local farmers' markets and advocates for WIC/SNAP/IU Health Fresh Bucks programming at all affiliated markets. One of IU Health West Hospital's goals is to increase WIC/SNAP utilization, while promoting the IU Health Fresh Bucks program. IU Health West Hospital invested in the Double Up Bucks program, which allows SNAP recipients to double the value of their vouchers to spend on fresh produce at farmers' markets. IU Health West Hospital dedicated staff time to organize the initiative, provide materials, and \$2,500 per year to IU Health Bucks and \$4,000 per year to local farmers markets.

- **Trail System Utilization.** IU Health West Hospital, in an effort to expand existing trails and increase their utilization, provided \$15,000 of financial support for the local B&O Trail, which sees an estimated 20,000 local residents annually. In addition, IU Health West Hospital organized the Dragstrip Dash Express, an annual 5k and 10k run/walk that attracts 200 participants per year and serves as a fundraiser for the B&O Trail. IU Health West Hospital utilized staff time to organize and execute the event.
- **Access to Fitness Facilities.** IU Health West Hospital supported the Plainfield Parks & Recreation's "Beneficent Fund," which provides access to fitness facilities for low-income individuals and families. IU Health West Hospital provided \$30,000 per year to Plainfield Parks & Rec, and of that, \$7,000 was allocated to the Beneficent Fund annually.

APPENDIX E – CONSULTANT QUALIFICATIONS

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Alexandria, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 60 needs assessments for hospitals, health systems, and community partnerships nationally since 2010.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in community benefit and Community Health Needs Assessments.



West Hospital