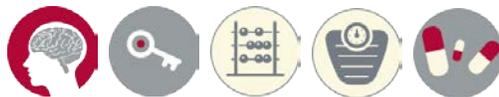




**Indiana University Health West Hospital
Community Health Needs Assessment**

2011-2012



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1 INTRODUCTION

1.1 Purpose

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

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

1.2 Objectives

The 2011 IU Health West CHNA has four main objectives:

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

2 EXECUTIVE SUMMARY

2.1 Overall IU Health West Community

- Service Area Counties: Marion, Hendricks, Putnam, Morgan, Johnson, Boone, and Montgomery
- Service area population in 2010: 1,390,116
- Approximately 75% of the IU Health West inpatient discharge population resides in Marion (65%) and Hendricks (11%) counties
- All seven service area counties are expected to increase in population by 2015
- The 65+ population is projected to increase substantially by 2015 for all counties; and all other age groups are expected to increase for the majority of counties
- Similar to poverty rates for Indiana and the US, rates for all service area counties except Hendricks and Morgan have increased from 2008 to 2009
- 12% of community discharges were for patients with Medicaid, 31% were for patients with Medicare, and 8% were for uninsured/self-pay patients

IU Health West's entire community service area extends into seven economically diverse counties: Marion, Hendricks, Putnam, Morgan, Johnson, Boone, and Montgomery. Poor social and economic factors within the majority of the community discharge population may contribute to the poor lifestyle choices that are prevalent in the overall community, such as poor prenatal and infant care, substance abuse, poor diet, and lack of physical activity.

Top Community Health Needs

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



Mental health



Access to healthcare



Early childhood development and education



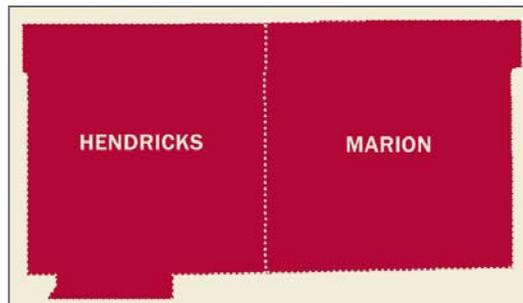
Obesity



Chronic disease management

2.2 Primary Service Area

Marion and Hendricks counties comprise the majority of the IU Health West community. They account for all of the primary service area's (PSA) total population, and 90% of the inpatient discharge population of the total community service area.



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

Other characteristics of Marion and Hendricks counties are as follows:

- Both Marion and Hendricks counties have seen an increase in population (5% and 40%) since 2000. Comparatively, increased rates were also seen for the entire IU Health West service area (14.2%), the state of Indiana (6.6%), and the entire nation (10%)
- The senior population (65+) is projected to increase at a lower rate for Marion County than for the total IU Health West service area or the state; however, the rate for Hendricks County is expected to increase almost two times faster than the rates expected for both the total service area and Indiana
- Approximately 7% of the PSA community discharges were ambulatory care sensitive conditions (ACSC) in 2007, which was lower than the rates across the rest of the community service area
- Based on County Health Rankings, Marion County and Hendricks County ranked 82nd and 5th (respectively) out of 92 counties in the state of Indiana for overall health outcomes, and 85th and 3rd out of 92 counties for overall health factors
- Marion County compared unfavorably for many Community Health Status Indicators, and this was especially so for factors related to prenatal and infant care and chronic/morbid health conditions; whereas Hendricks County compared unfavorably only for colon and lung cancer
- Among the 32 ZIP code areas included within Marion County, the city of Indianapolis has the highest community health needs based on an assessment of economic and structural health indicators; the need was scored as moderately high; whereas Hendricks County had no ZIP code areas with a high or even moderate need
- IU Health CHNA surveys for Marion and Hendricks counties had 344 community members respond, and 47% rated their community as "Somewhat Unhealthy" or "Very Unhealthy"

3 STUDY METHODS

3.1 Analytic Methods

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

3.2 Data Sources

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

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

Data sets for quantitative analyses included:

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

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

3.3 Information Gaps

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

To attempt to close the information gap qualitatively, IU Health West conducted community conversations and community input surveys. However, it should be noted that there are limitations to these methods. If an organization from a specific group was not present during the focus group conversations with community leaders, such as seniors or injury prevention groups, then that need could potentially be underrepresented during the conversation. Furthermore, due to the relatively high income and educational attainment of the community survey respondents, extrapolation of these results to the entire community population is limited.

3.4 Collaborating Organizations

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

Avon Community School Corporation	IU Health North Hospital
Avon Town Council	IUPUI School of Physical Education and Tourism
Challenge Foundation Academy	Indiana University School of Public Health
CICOA Aging and In-Home Solutions	IndyHub
DWA Healthcare Communications Group	Indy Parks and Recreation
HealthNet	Marion County Health Department
Hendricks County ICON	Susie's Place
Hendricks County Senior Center	The Business Leader
Indiana State Department of Health	United Way of Central Indiana
IU Health Methodist Hospital	Verité Healthcare Consulting, LLC

4 DEFINITION OF COMMUNITY ASSESSED

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

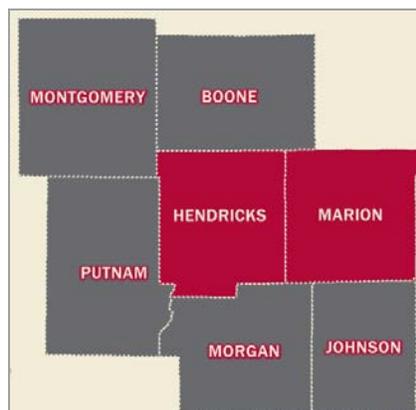
Table 1
IU Health West Inpatient Discharges by County and Service Area, 2010

Discharge Area	County	Discharges	Percent of Total
Primary Service Area	Marion	4589	55.7%
	Hendricks	2793	33.9%
	Subtotal	7382	89.6%
Secondary Service Area	Morgan	315	3.8%
	Putnam	127	1.5%
	Johnson	60	0.7%
	Boone	53	0.6%
	Montgomery	52	0.6%
	Subtotal	607	7.4%
All Other Areas	Subtotal	254	3.1%
Total Discharge Population		8243	100.0%

Source: IHA Database, 2010.

In 2010, the IU Health West PSA included 7382 discharges and its SSA, 607 discharges. The community was defined based on the geographic origins of IU Health West inpatients. Of the hospital's inpatient discharges, approximately 90% originated from the PSA and 7% from the SSA (*Table 1*).

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



5 SECONDARY DATA ASSESSMENT

5.1 Demographics

IU Health West Hospital is located in Hendricks County, a county located in central Indiana. Hendricks County includes ZIP codes within the towns of Brownsburg, Clayton, Coatesville, Amo, Danville, Avon, Lizton, North Salem, Pittsboro, Plainfield, and Stilesville. Based on the most recent Census Bureau (2010) statistics, Hendricks County’s population is 145,448 persons with approximately 50% being female and 50% male. The county’s population estimates by race are 90.7% White, 5.3% Black, 3.1% Hispanic or Latino, 2.2% Asian, 0.3% American Indian or Alaska Native, and 1.4% persons reporting two or more races.

Marion County includes ZIP codes within the towns of Indianapolis, Lawrence, Clermont, and Plainfield. Based on the most recent Census Bureau (2010) statistics, Marion County’s population is 903,393 persons with approximately 52% being female and 48% male. The county’s population estimates by race are 67.8% White, 27.0% Black, 9.6% Hispanic or Latino, 2.1% Asian, 0.5% American Indian or Alaska Native, and 2.5% persons reporting two or more races.

Marion and Hendricks counties have relatively moderate to high levels of educational attainment. A high school degree is the level of education 30% of Marion County and 32% of Hendricks County residents had achieved in 2010. An additional 20% of Marion County and 21% of Hendricks County residents had some college, but no degree. As of 2010, 24% of the Marion County population and 31% of the Hendricks County population had an associate’s or bachelor’s degree, and 9% and 10% respectively holding a graduate or professional degree.

Within the entire service area, the total population for the PSA is 1,048,841 and the total population for surrounding counties is 341,275, as illustrated in *Table 2* below.

Table 2
Service Area Population, 2010

Service Area	County	Population	Percent of Total
Primary	Marion	903,393	65.0%
	Hendricks	145,448	10.5%
	Subtotal	1,048,841	75.4%
Secondary	Morgan	68,894	5.0%
	Putnam	37,963	2.7%
	Johnson	139,654	10.0%
	Boone	56,640	4.1%
	Montgomery	38,124	2.7%
	Subtotal	341,275	24.6%
Total Service Area		1,390,116	100.0%

Source: US Census Bureau, 2012.

Population growth can help to explain changes in community characteristics related to health status, and thus it plays a major role in determining the specific services that a community needs. The Marion County population has increased 5% since 2000, when the population was estimated to be 860,440 persons. The Hendricks County population has increased 40% from 104,051 in the same time period. Comparatively, Marion County's population has increased slower while Hendricks County's population has increased faster than the average population across the total service area, which increased by approximately 10% from 2000 to 2010. Indiana's total 2010 population estimate of 6,483,802 was up by 6.6% from 2000, and population growth was up by 10% for the entire nation.

Marion County's total population is projected to increase 2.72% by 2015, while Hendricks County's total population is expected to increase at a much faster rate of 13.42% during the same time frame. Marion County's population for children/youth aged 5-19 is the only age cohort expected to decline. Conversely, the population of this group is projected to increase by 2015 for both the combined IU Health West service area (1.70%) and the state of Indiana (2.20%).

At almost 12% for Marion County and just over 29% for Hendricks County, the 65+ population is expected to grow the fastest among all age cohorts between 2010 and 2015. In general, an older population can produce increased demand for healthcare services and a potential increase in the prevalence of certain chronic conditions. The rate of population growth in Marion County for persons 65+ is expected to increase more slowly than both the combined IU Health West service area (15.60%) and the state of Indiana (15.40%), while Hendricks County's growth rate for this group is expected to increase almost twice as rapidly, as illustrated in **Table 3** below.

Table 3
Projected 2010-2015 Service Area Population Change

Service Area	County	Overall		Projected 2010-2015 Change by Age Cohort					
		2010 Total Population	Projected 2010-2015 Change	0-4	5-19	20-24	25-44	45-64	65+
Primary	Marion	903,393	↑ 2.72%	3.93%	-0.14%	2.83%	2.35%	1.13%	11.95%
	Hendricks	145,448	↑ 13.42%	8.42%	11.34%	21.84%	8.85%	13.43%	29.39%
	Subtotal	1,048,841	↑ 4.20%	4.52%	1.60%	4.58%	3.23%	2.94%	14.38%
Secondary	Morgan	68,894	↑ 2.23%	-0.12%	-2.13%	9.44%	-4.01%	3.14%	17.66%
	Putnam	37,963	↑ 1.40%	0.41%	-3.53%	1.02%	-3.26%	3.17%	14.48%
	Johnson	139,654	↑ 7.63%	3.69%	4.96%	11.87%	3.40%	7.53%	22.10%
	Boone	56,640	↑ 8.79%	5.96%	6.75%	15.80%	2.49%	11.14%	19.93%
	Montgomery	38,124	↑ 0.67%	-4.81%	-4.61%	3.12%	-1.99%	0.89%	12.62%
	Subtotal	341,275	↑ 5.26%	2.13%	1.97%	8.93%	0.53%	5.98%	18.69%
Total Service Area		1,390,116	↑ 4.46%	3.99%	1.70%	5.48%	2.63%	3.75%	15.60%
Indiana		6,483,802	↑ 3.00%	2.20%	0.10%	3.10%	0.30%	2.00%	15.40%

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

5.2 Economic Indicators

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

5.2.1 Employment

Marion County

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

In 2011, Marion County reported a relatively similar unemployment rate to the rate for the state of Indiana, but had a slightly higher rate of unemployment than that for most surrounding counties and the entire US.

Hendricks County

Between 2010 and 2011, the share of jobs was greatest in the areas of retail trade, transportation and warehousing, accommodation and food services, administrative support for waste management and remediation services, healthcare and social assistance, wholesale trade, manufacturing, and construction. Hendricks County has a diverse group of major employers reported by the Indiana Department of Workforce Development, including: Duke Energy Indiana Incorporated, Q-Edge Corporation, Home Good Distribution Center, O'Reilly Auto Parts, IU Health West Hospital, Plainfield Correctional Facility, Wal-Mart Supercenter, Ryder, and Meijer.

Hendricks County reported the lowest unemployment rate in 2011 among the rates of all surrounding counties, and the rate was also below those for both the state of Indiana and the nation.

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

Table 4
Unemployment Rates, December 2010 and December 2011

Service Area	County	December 2010	December 2011	% Change from 2010-2011
Primary	Marion	9.2%	9.1%	↓ -0.1%
	Hendricks	7.2%	7.0%	↓ -0.2%
Secondary	Morgan	9.1%	8.7%	↓ -0.4%
	Putnam	10.0%	9.7%	↓ -0.3%
	Johnson	7.7%	7.5%	↓ -0.2%
	Boone	7.1%	7.5%	↑ 0.4%
	Montgomery	8.7%	8.4%	↓ -0.3%
Indiana		9.3%	8.9%	↓ -0.4%
USA		9.4%	8.5%	↓ -0.9%

Source: US Bureau of Labor Statistics, 2012.

5.2.2 Household Income and People in Poverty

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

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

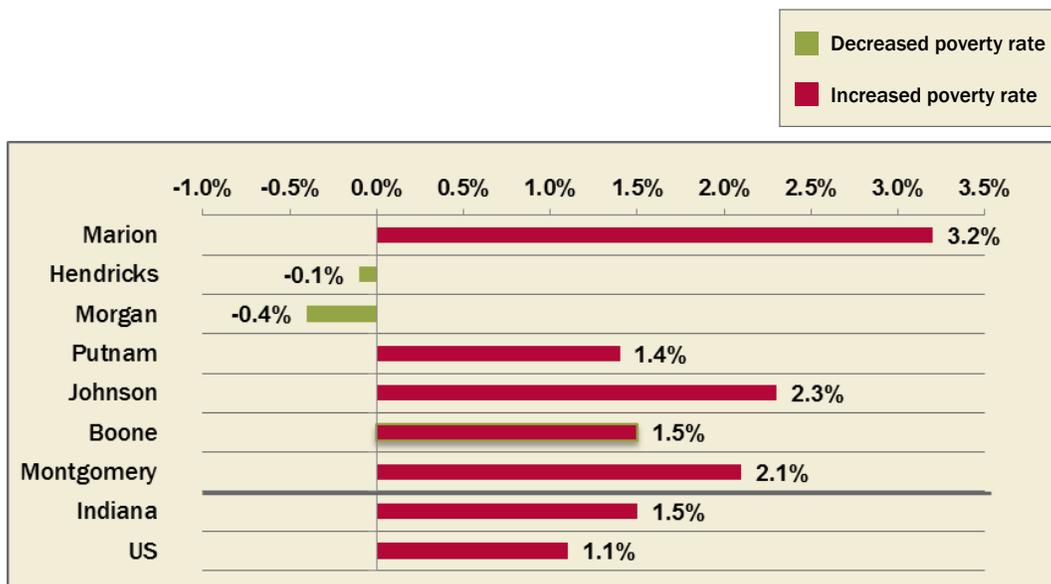
Table 5
Percentage of People in Poverty, 2007-2009

Service Area	County	2007	2008	2009	% Change from 2008-2009
Primary	Marion	15.6%	16.5%	19.7%	↑ 3.2%
	Hendricks	5.0%	5.2%	5.1%	↓ -0.1%
Secondary	Morgan	8.7%	10.6%	10.2%	↓ -0.4%
	Putnam	11.5%	11.7%	13.1%	↑ 1.4%
	Johnson	7.0%	7.4%	9.7%	↑ 2.3%
	Boone	6.6%	6.4%	7.9%	↑ 1.5%
	Montgomery	10.4%	11.5%	13.6%	↑ 2.1%
Indiana		12.3%	12.9%	14.4%	↑ 1.9%
USA		13.0%	13.2%	14.3%	↑ 1.1%

Source: US Census Bureau, 2012.

Marion County had the highest poverty rate increase (+3.2%) in the IU Health West service area between 2008 and 2009, followed by Johnson (+2.3%) and Montgomery (+2.1%). The only primary service area county poverty rates that decreased were those for Hendricks (-0.1%) and Morgan (-0.4%) counties. Comparisons of each service area county's poverty rates, as well as those for the state of Indiana and the entire US, are displayed in *Figure 2* below.

Figure 2
Percentage Change in Poverty Rates between 2008 and 2009



Source: US Census Bureau, 2012.

Income level is an additional economic factor that has been associated with the health status of a population. Based on the US Census Bureau (2009), Marion and Hendricks counties' per capita personal income (\$36,409 and \$34,034) are above the Indiana state average of \$33,323. While Marion County's median household income of \$41,201 is below the Indiana state average of \$45,427, Hendricks County's is well above it at \$67,011. Marion County's per capita personal income and median household income were both also below the US national averages of per capita income of \$38,846 and median household income of \$50,221; however, Hendricks County exceeded the US national average for median household income.

5.2.3 Insurance Coverage

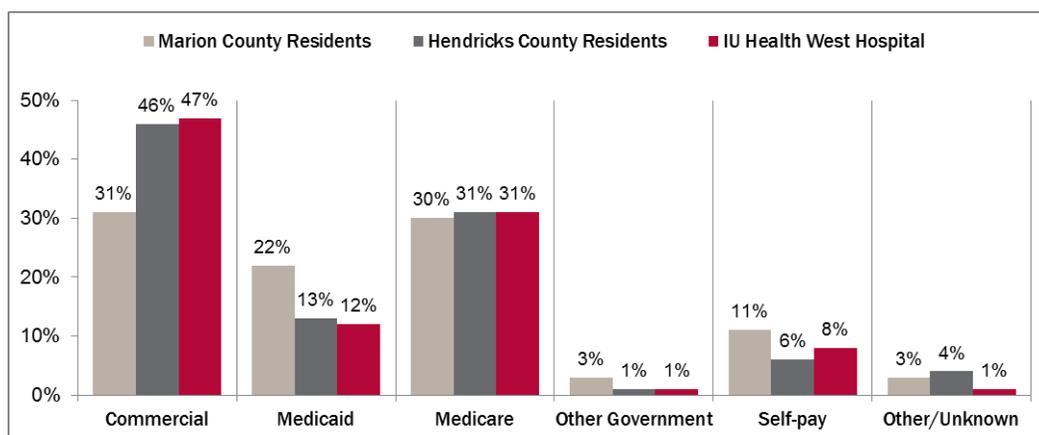
National statistics on health insurance indicate that 16% of the United States population is uninsured. Of the US population that is insured, 49% are insured through an employer, 5% through individual providers, 16% through Medicaid, 12% through Medicare, and 1% through other public providers.

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

Based on inpatient discharge data from the Indiana Hospital Association (IHA), 31% of Marion County and 46% of Hendricks County residents have commercial insurance, 22% of Marion County and 13% of Hendricks County residents are insured through Medicaid, 30% of Marion County and 31% of Hendricks County residents are insured through Medicare, 11% of Marion County and 6% of Hendricks County residents pay out-of-pocket (uninsured), and 6% of Marion County and 5% of Hendricks County residents have other government insurance or are unknown.

At IU Health West Hospital, it is estimated that 47% of discharged patients have commercial insurance, 12% are insured through Medicaid, 31% are insured through Medicare, 8% pay out-of-pocket (uninsured), and 2% have other government insurance or are unknown (see **Figure 3**).

Figure 3
Insurance Coverage
2009 Marion and Hendricks Counties and IU Health West Hospital Inpatient Discharges



Source: IHA Discharge Database, 2010.

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

5.2.4 Indiana State Budget

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

Fiscal Year 2010-2011 Health Services

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

Fiscal Year 2012-2013 Budget

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

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

5.3 Discharges for Ambulatory Care Sensitive Conditions

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

Table 6
Percentage of ACSC Discharges Per Medicare Enrollee in 2007

Service Area	County	ACSC Discharges Per 1000
Primary	Marion	69.9
	Hendricks	76.4
	Subtotal	73.2
Secondary	Morgan	98.5
	Putnam	83.5
	Johnson	78.0
	Boone	84.6
	Montgomery	84.1
	Subtotal	85.7
Total Service Area Average		82.1
Indiana		85.9
USA		76.0

Source: Dartmouth Atlas of Health Care, 2007.

5.4 County Level Health Status and Access Indicators

5.4.1 County Health Rankings

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

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

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

Key								
>75th Percentile								
50th to 74th Percentile								
25th to 49th Percentile								
<25th Percentile								
Ranking Worsened Between 2011 and 2012	↓							
Indicator	Marion	Hendricks	Morgan	Putnam	Johnson	Boone	Montgomery	Average Ranking for Service Area
Overall Health Outcomes	82 ↓	5	42 ↓	7	13 ↓	2	52	30 ↓
<i>Mortality</i>	81 ↓	5 ↓	34 ↓	10	12 ↓	2	55	28
<i>Morbidity</i>	75 ↓	10 ↓	56 ↓	8	16	5	48 ↓	31 ↓
Overall Health Factors	85	3 ↓	31 ↓	38 ↓	12 ↓	2	37	34 ↓
<i>Health behaviors</i>	70	19 ↓	36 ↓	26 ↓	28 ↓	12	68	37 ↓
<i>Tobacco use</i>	62 ↓	19 ↓	33 ↓	21	57 ↓	10 ↓	69	38 ↓
<i>Diet and exercise</i>	21	62 ↓	32 ↓	54 ↓	14 ↓	36	56 ↓	37 ↓
<i>Alcohol use</i>	26 ↓	19	76 ↓	15 ↓	23 ↓	54 ↓	63	32 ↓
<i>Sexual activity</i>	92	4 ↓	48	29	30	6	77	41
<i>Clinical care</i>	19 ↓	5	38	65 ↓	13 ↓	2	25	24 ↓
<i>Access to care</i>	18 ↓	6	36	58 ↓	9 ↓	1	28	25 ↓
<i>Quality of care</i>	40 ↓	5	43	63 ↓	36 ↓	13	37	37 ↓
<i>Social and economic factors</i>	91 ↓	3 ↓	31 ↓	46 ↓	9	2	39 ↓	32 ↓
<i>Education</i>	55	3 ↓	44	66 ↓	5	1	20	35
<i>Employment</i>	31 ↓	12 ↓	29 ↓	57 ↓	13 ↓	10 ↓	31	28 ↓
<i>Income</i>	92 ↓	2	28	27	15 ↓	3	62 ↓	33 ↓
<i>Family and social support</i>	92 ↓	7	48 ↓	19 ↓	37	8 ↓	46	41 ↓
<i>Community safety</i>	91	40 ↓	45 ↓	36	73 ↓	17	70 ↓	57 ↓
<i>Physical environment</i>	92 ↓	24 ↓	74 ↓	86	87	55 ↓	25	63 ↓
<i>Environmental quality</i>	92	12	63	39	88	79	15	59
<i>Built environment</i>	43 ↓	42 ↓	81 ↓	88	70 ↓	22 ↓	40	65 ↓

Source: County Health Rankings, 2012.

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

Marion County

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

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

Marion County ranked higher than the overall service area for several indicators, but especially for those of built environment (difference of 22) and diet and exercise (difference of 16).

Hendricks County

Hendricks County fell within the top 75th percentile for overall health outcomes (length and quality of life), ranking 5th in the state. Comparatively, three other service area counties also ranked in the top 25% of Indiana rankings for overall health outcomes, which included Boone (2nd), Putnam (7th), and Johnson (13th) counties.

In preventable health factors, Hendricks County ranked 3rd in terms of overall health related factors (determinants of health). All but three of Hendricks County's indicator rankings were ranked in the top 25% of counties in the state; however, diet and exercise was ranked in the bottom half of Indiana counties and a few indicator rankings decreased from 2011 to 2012. For Hendricks County, the specific indicators ranked in the top 25% of Indiana counties were income (2nd), education (3rd), sexual activity (4th), quality of care (5th), access to care (6th), family and social support (7th), employment (12th), environmental quality (12th), tobacco use (19th), and alcohol use (19th).

Specific indicator rankings that fell between 2011 and 2012 include tobacco use, diet and exercise, sexual activity, education, employment, community safety, and built environment. Hendricks County ranked higher than the overall service area for several indicators, but especially for those of environmental quality (difference of 47), sexual activity (difference of 37), family and social support (difference of 34), education (difference of 32), quality of care (difference of 32), and income (difference of 31).

5.4.2 Community Health Status Indicators

The Community Health Status Indicators (CHSI) Project of the US Department of Health and Human Services compares many health status and access indicators to both the median rates in the US and to rates in "peer counties" across the US. Counties are considered "peers" if they share common characteristics such as population size, poverty rate, average age, and population density. *Table 8* below highlights the analysis of CHSI health status indicators with highlighting in cells that compare favorably or unfavorably both to the US as a whole and to peer counties. Indicators are found to be unfavorable for a county when its rates are higher than those of the entire nation and designated peer counties, and are considered favorable when the rates for the county are lower than those of the US or peer counties.

The health indicators comparing unfavorably to US and peer counties for both PSA counties of Marion and Hendricks were indicators for colon and lung cancer. In addition to these indicators,

for counties across the entire IU Health West Health service area, unfavorable indicators for over half of these counties include suicide, coronary heart disease, stroke, infant mortality, neonatal infant mortality, and post-neonatal infant mortality.

Marion County

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

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

Hendricks County

Hendricks County has 25 designated “peer” counties in 13 states, including Hancock and Morgan counties in Indiana, Delaware and Geauga counties in Ohio, and Boone and Bullitt counties in Kentucky.

Hendricks County compared unfavorably to US and peer county benchmarks for only two health conditions: colon cancer and lung cancer. Several indicators related to birth and infant care were favorable for Hendricks County, including low birth weight, very low birth weight, births to women under the age of 18, births to women age 40-54, births to unmarried women, no care in the first trimester, infant mortality, white non-Hispanic infant mortality, and post-neonatal infant mortality. Favorable indicators for chronic health conditions included breast cancer (female) and stroke. Other violent injury indicators related to suicide, motor vehicle injury and unintentional injury indicators were also favorable.

Table 8

Favorable and Unfavorable Health Status Indicators, Marion, Hendricks, and Surrounding Counties

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

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

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

5.5 ZIP Code-Level Health Access Indicators

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

Figure 4
Community Need Index Rating Scale

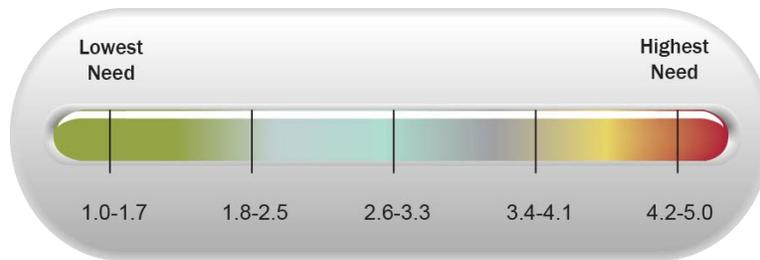
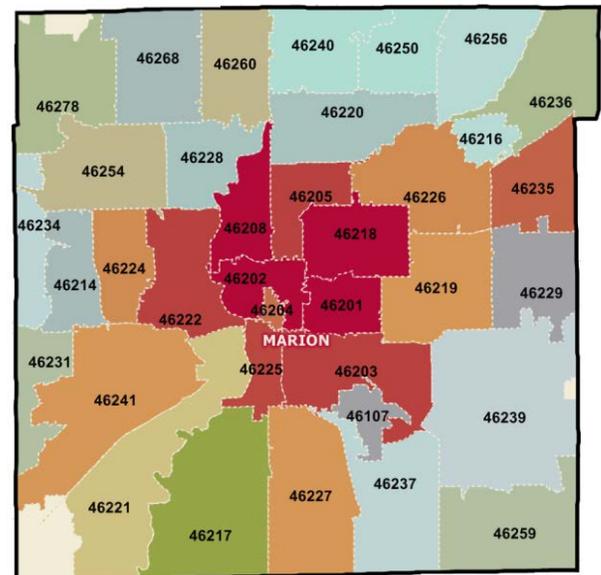


Table 9
CNI Scores for Marion County

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

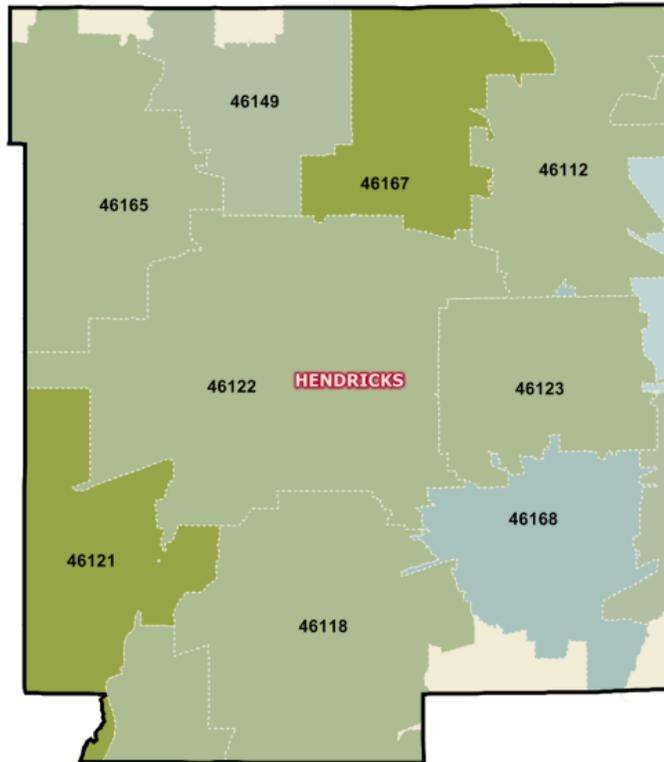


*Note that ZIP code 46231 (Plainfield) is within a city that is primarily outside of Marion County, but is included above since a large portion of this ZIP code area extends into Marion County.

Source: Community Need Index, 2011.

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

Table 10
CNI Scores for Hendricks County



PSA County	City	ZIP Code	Rank
Hendricks	Plainfield	46168	2.8
	Lizton	46149	1.8
	Brownsburg	46112	1.6
	Clayton	46118	1.6
	Danville	46122	1.6
	Avon	46123	1.6
	North Salem	46165	1.6
	Stilesville	46180	1.6
	Coatesville	46121	1.4
	Pittsboro	46167	1.2

Source: Community Need Index, 2011.

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

5.6 Regional Chronic Conditions and Preventive Behaviors

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

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

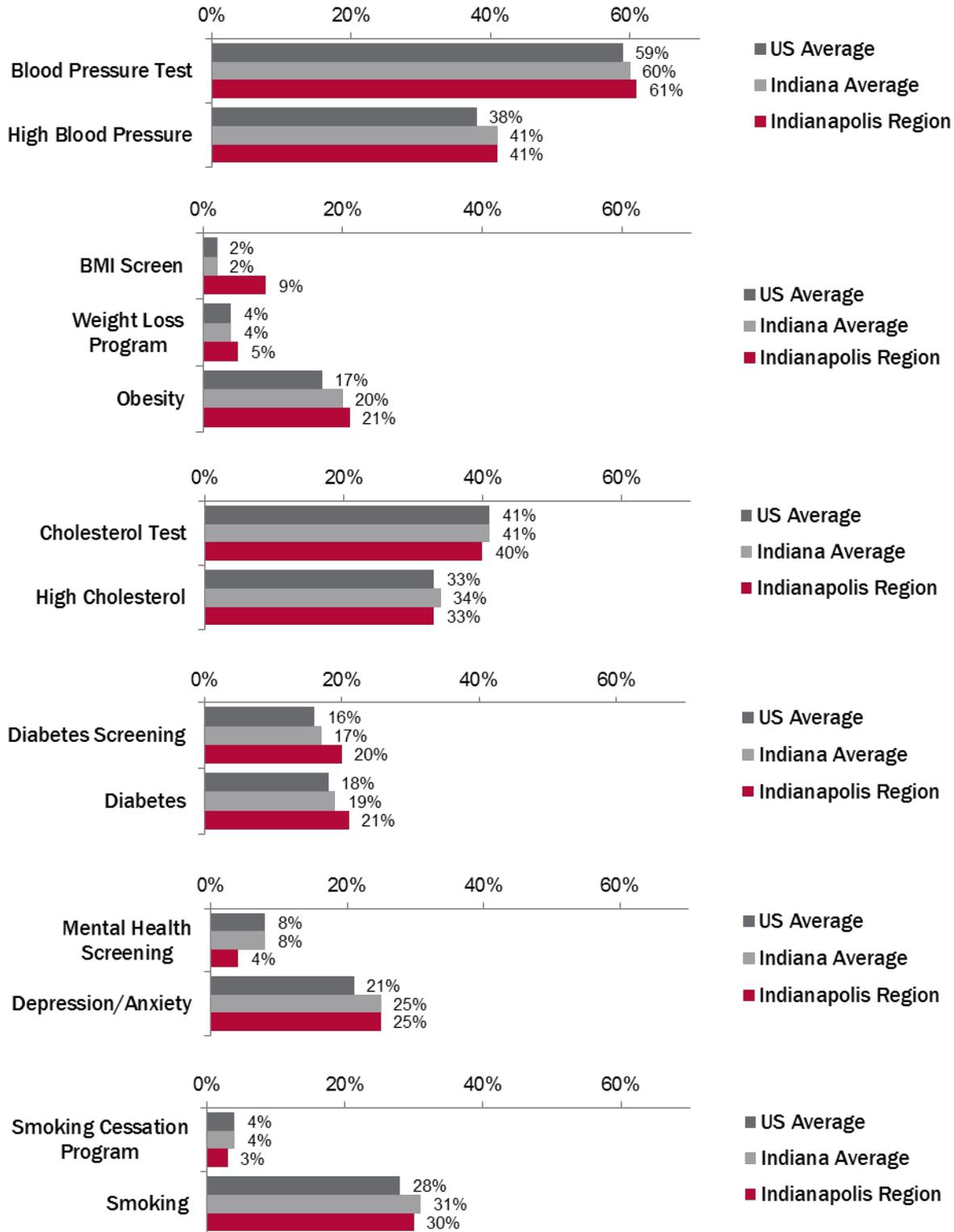
- High blood pressure
- High cholesterol
- Smoking
- Allergies—other
- Arthritis
- Depression/anxiety disorder
- Obesity/weight problems
- Diabetes
- Allergies—hay fever
- Asthma

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

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

Figure 5

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



Source: Ticker, National Research Corporation, 2012.

5.7 Medically Underserved Areas and Populations

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

Any area or population receiving an IMU score of 62.0 or below qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving an MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the State where the requested population resides.”² **Table 11** below illustrates the areas that have been designated as MUAs or MUPs in the IU Health West community.

Table 11
MUAs and MUPs in the IU Health West Hospital Community

Key					
—		County does not contain an MUP or MUA designation			
Service Area	County	Medically Underserved Areas		Medically Underserved Populations	
		IMU Score	Detail	IMU Score	Detail
Primary	Marion	59.3	Marion Service Area - 17 census tracts (CTs)	N/A	Low-income population, North Arlington Service Area - 6 CTs*
		55.7	Marion Service Area - 12 CTs	N/A	Low-income population, Grassy Creek Service Area - 6 CTs*
		51.8	Marion Service Area - 12 CTs	N/A	Low-income population, Forest Manor Service Area - 4 CTs*
		57.3	Marion Service Area - 19 CTs	61.6	Low-income population, Indianapolis Northwest Side - 11 CTs
		53.4	Marion Service Area - 3 CTs	—	—
	Hendricks	—	—	—	—
Secondary	Morgan	—	—	—	—
	Putnam	—	—	—	—
	Johnson	61.5	Trafalgar Service area - 5 MCDs (Blue River, Hensley, Nineveh, and Union townships)	—	—
		59.9	Johnson Service area - 1 CT	—	—
	Boone	—	—	—	—
	Montgomery	—	—	58.8	Low-income population, Crawfordsville Service Area - 3 CTs

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

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

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

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

5.8 Health Professional Shortage Areas

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

Table 12
HPSAs in the IU Health West Hospital Community

Key				
—		County does not contain HPSA designation for category		
Service Area	County	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA
Primary	Marion	6 health centers: Healthnet Incorporated/Barrington, Indiana Health Center, Health and Hospital Corporation of Marion County, Shalom Health Care Center, Inc., and Raphael Health Center, Jane Pauley Community Health Center (FQHC Look-a-Like)	Low-income population, Near North Side (Indianapolis) and Highland- 6 health centers: Healthnet Incorporated/Barrington, Indiana Health Center, Health and Hospital Corporation of Marion County, Shalom Health Center, Inc., and Raphael Health Center, Jane Pauley Community Health Center (FQHC Look-a-Like)	Low-income population, Near Northeast (Indianapolis) 6 health centers: Healthnet Incorporated/Barrington, Indiana Health Center, Health and Hospital Corporation of Marion County, Shalom Health Center, Inc., and Raphael Health Center, Jane Pauley Community Health Center (FQHC Look-a-Like)
	Hendricks	Plainfield Correctional Facility	—	—
Secondary	Morgan	—	—	—
	Putnam	Putnamville Correctional Facility	—	Putnamville Correctional Facility
		Low-income population, entire county		
	Johnson	1 health center: Trafalgar Family Health Center	1 health center: Trafalgar Family Health Center	1 health center: Trafalgar Family Health Center
	Boone	—	—	—
Montgomery	Low-income population, Crawfordsville Service Area	—	Region 30 Mental Health, Milan	

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

5.9 Description of Other Facilities and Resources Within the Community

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

Table 13
Resources in Marion, Hendricks, and Surrounding Counties

Service Area	County	Public Health Department
Primary	Marion	Marion County Public Health Department (Indianapolis, Indiana)
	Hendricks	Hendricks County Health Department (Danville, Indiana)
Secondary	Morgan	Morgan County Health Department (Martinsville, Indiana)
	Putnam	Putnam County Health Department (Greencastle, Indiana)
	Johnson	Johnson County Health Department (Franklin, Indiana)
	Boone	Boone County Health Department (Lebanon, Indiana)
	Montgomery	Montgomery County Health Department (Crawfordsville, Indiana)

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

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

Service Area	County	Hospital	
Primary	Marion	Community Hospital East	Riley Hospital for Children
		Community Hospital North	Select Specialty Hospital - Beech Grove
		Fairbanks Hospital	St. Vincent Heart Hospital
		Franciscan St. Francis Health	St. Vincent Hospital
		Indiana Orthopaedic Hospital, LLC	St. Vincent New Hope
		Indiana Surgery Center	St. Vincent Seton Specialty Hospital
		IU Health Methodist Hospital	St. Vincent Stress Center
		IU Health University Hospital	St. Vincent Women's Hospital
		Kindred Hospital	The Indiana Heart Hospital
		Peyton Manning Children's Hospital	Westview Hospital
		Rehabilitation Hospital of Indiana	Wishard Memorial Hospital
		Richard L. Roudebush VA Medical Center	
	Hendricks	Hendricks Regional Health	IU Health West Hospital
Secondary	Morgan	Franciscan St. Francis Health - Mooresville	IU Health Morgan Hospital
	Putnam	Putnam County Hospital	
	Johnson	BHC Valle Vista Hospital	Johnson Memorial Hospital
		Community Hospital South	Kindred Hospital - Indianapolis South
	Boone	Witham Health Services	
	Montgomery	N/A	

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

5.10 Review of Other Assessments of Health Needs

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

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

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

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

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

5.10.2 Marion County Health Department Community Health Assessment

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

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

Key conclusions were:

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

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

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

Key conclusions were:

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

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

5.10.4 Mental Health and Substance Abuse Needs Assessment for Marion County

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

Key conclusions were:

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

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

5.10.5 Health Impact Assessment for Proposed Marion County Transportation Expansion

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

Key conclusions were:

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

5.10.6 Hendricks County 2011 Community Health Assessment

The 2011 Hendricks County Community Health Assessment was prepared by the Hendricks County Health Department, in collaboration with the Hendricks County Health Partnership, in order to provide an understanding of the current health status in this community, along with general strengths, assets, and potential resources to address any identified needs. Efforts to complete the assessment began in early 2010, and was conducted utilizing both primary and secondary methods of data collection. A 34-question survey utilizing a convenience sample in the community was implemented from July 2010 through January 2011, and resulted in 839 respondents. A focus group of community health leaders involved in the Hendricks County Health Partnership was also conducted to gain additional community insight. Publicly available health indicator data such as Prevention Quality Indicators (PQIs) were then paired with survey and focus group results to produce an integrated analysis of the community's current health needs.

Key conclusions were:

- Populations by race have increased drastically from 2000 to 2010 for all races except for White, with the black population growing the most rapidly (511%)
- There are six public school corporations in Hendricks County, and the graduation rate average in 2010 was 92%
- Issues that survey respondents identified most frequently as health priorities for Hendricks County include affordability of health services, availability or cost of healthy food choices, distracted driving, availability of positive youth activities, and safe drinking water
- Focus group participants identified three main health priorities for Hendricks County, which included obesity, tobacco, and affordable medical care
- Demands for community programs such as Women, Infants, and Children (WIC) and senior provided transportation programs continue to grow; however, funding to keep up with the demands are stagnant or decreasing, producing hardship on these programs
- Prenatal care in the first trimester has declined within the county over the last five years, from 88% receiving prenatal care in 2004 to 78% in 2008
- Obesity continues to increase in Hendricks County, and many survey respondents who reported being diagnosed as overweight or obese also reported having high blood pressure and high cholesterol
- The top two reasons preventing overweight/obese survey respondents from getting enough exercise were "not enough time to exercise" (31%) and "too tired to exercise" (26%)
- While 58.6% of survey respondents use sidewalks or walking paths in the community, almost 25.5% identified that there were no paths close to where they live
- The top two reasons preventing overweight/obese survey respondents from eating adequate fruits and vegetables were lack of time for preparation (32.8%) and cost (18.8%)
- Of survey respondents diagnosed with diabetes, only 11.3% of them engaged in exercise activities lasting at least 30 minutes, 4-7 days a week
- Nearly 16% of survey respondents reported using tobacco products, however only 3.8% of smokers reported having tried a smoking cessation program within the last year
- 69% of respondents reported that they were less likely to frequent public places that allow smoking; currently, Avon and Plainfield are the only two towns in the county that have some type of smoke-free ordinance in place
- Of those survey respondents diagnosed with depression, anxiety, or some other mental health disorder, 48% also suffer from diabetes, 19% suffer from heart disease, and 35% have asthma

6 PRIMARY DATA ASSESSMENT

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

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

6.1 Focus Group Findings

6.1.1 Identification of Persons Providing Input

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

Table 14
Focus Group Participants

Name	Title, Affiliation	Expertise
Emily Perry	<i>Executive Director, Susie's Place</i>	Ms. Perry is a representative of children’s health and safety. As Director of Susie’s Place, she works for an organization that advocates for children’s health, safety, and well-being, and is familiar with the issues and barriers involved.
Heather Prochrow	<i>CSM, Kingsway Care Center</i>	Ms. Prochrow is a representative of access to healthcare. As a CSM for Kingsway Center, a clinic for the underserved, she has a great understanding surrounding health issues and needs in the low income and underserved population.
Beth Ann Leach	<i>Executive Director, Hendrick's County Senior Center</i>	Ms. Leach is a representative for senior health. As Executive Director at the Senior Center, she works to provide access to various services for seniors within the community.
Rick Myers	<i>Owner, Times-Leader Publications, LLC</i>	Mr. Myers is a representative of healthy living. As a business leader in Hendricks County, he is knowledgeable in the community’s needs and resources available to address those needs as well as current community issues.
Maryanne McMahon	<i>Director, Elementary and Intermediate Education</i>	Ms. McMahon is a representative of children’s health and education. As a Director of Avon Schools, she is familiar with children’s health issues and needs.
Susie Friend	<i>Hendricks County Area Director, United Way</i>	Ms. Friend is a representative of healthy living. As an employee of United Way, she works for an organization that believes in helping people learn more, earn more, and lead safe and healthy lives, as well as creates programs to assist in those goals, especially for the underserved populations.
Mike Rogers	<i>President, Avon Town Council</i>	Mr. Rogers is a representative of healthy living. As town council President, he is knowledgeable in the community’s needs and resources available to address those needs.

Cathy Stoll	<i>Director, Marketing and Public Relations, IU Health West Hospital</i>	
Jill Robertson	<i>Hospital and Health Care Professional, Sheltering Wings</i>	Ms. Robertson is a representative of injury prevention. As an employee of Sheltering Wing, she works for an organization that serves as a shelter for abused women and is knowledgeable in the areas of domestic violence in the community.

6.1.2 Prioritization Process and Criteria

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

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

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

6.1.3 Description of Prioritized Needs

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

1. Mental health.
2. Access to healthcare.
3. Early childhood development and education.
4. Obesity.
5. Chronic disease management.

These prioritized needs are discussed in more detail below.



1. Mental health was the greatest need identified by community leaders in both focus group sessions for the IU Health West community. There is currently a lack of providers and specialists trained to handle mental health crisis issues. If one were to experience a mental health issue or crisis, there is nowhere to go except the emergency room (ER), and even the ER is not well-

equipped to handle those situations. Leaders believe a mental health facility is greatly needed within the community. Hendricks Regional Hospital closed their mental health center due to cost, and Sheltering Wings has an onsite psychologist, but there is often a two-week wait. Leaders believe there are many individuals currently in jail that just need mental health support and management instead of jail time. Leaders also believe that family support groups are also needed to assist with mental health issues. Behavioral health programs were also discussed as a mental health need, especially for youth and adolescents within the community.



2. Access to healthcare was a need also discussed as a high priority within both focus group sessions. Overall, there are not enough providers or specialists in the community. In addition, many providers do not take Medicaid or offer discounted services to low-income individuals. Dialysis services are a specific growing need in the community, and currently this service in particular is very limited in terms of provider access. Transportation to medical appointments is also an issue, especially for seniors. Many individuals find it difficult to arrange transportation to obtain medical care. Affordability is another major concern in the community, as there is limited access to discounted clinics or free services for the uninsured. Dental services were also discussed as a need due to lack of providers and affordability. Lastly, leaders believed that some type of resource to help individuals navigate the healthcare system and resource would also be very beneficial to improving the community's overall access to healthcare.



3. Early childhood development was agreed upon by focus group participants as the third greatest need in their community. Leaders expressed seeing great merit in equipping new mothers, especially with early childhood development resources. Upon birth, a birth packet with an array of resources could be made available to the parents. Early childhood is an important and vital time for babies, and nutrition and parenting behavior are major contributing factors to a healthy child. Parents currently are unsure of many things when it comes to babies and first-time parenting, so they often do not know where to turn for assistance. This lack of knowledge and resources could lead to poor nutrition, the child not reaching important developmental milestones and falling behind, or even physical factors such as abuse. Equipping parents with resources could lead to more healthy and educationally-prepared children.



4. Obesity was the fourth greatest need in the community identified, primarily in the form of access to healthy foods and recreation. Hendricks County has an array of walking trails including Avon, Plainfield, and the B&O trail. However, the current utilization of these trails is low. Leaders also believed that there should be better access to affordable healthy food within the community and within the school systems. Like many communities, the schools still serve limited nutritious food in the cafeteria. They also believe that restaurants need to better advertise their nutritional facts where people can see them when ordering food. An identified barrier to childhood obesity prevention is that schools also have been cutting back on their health education and physical education classes, therefore limiting children's recreation while at school. Lastly, community leaders believed there should be a policy against using TANF (Temporary Assistance for Needy Families) benefits on fast food purchases to try to discourage the consumption of poor foods by the low-income populations in the area.



5. Chronic disease management was briefly discussed in both groups, but community leader agreed it is the fifth greatest need in the community. Focus group participants believed in particular that heart disease, cholesterol, and blood pressure were the predominant conditions to focus more resources onto. It was suggested that IU Health could potentially play a role in the form of disease management and screenings.

6.2 Community Survey Findings

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

A link was made available on the hospital's website via an electronic survey tool from December 2011 through May 2012. A paper version was distributed to local community centers, health clinics, community health fairs and events, as well as within some hospital patient waiting areas. Additionally, an estimated 25,000 surveys were e-mailed, direct-mailed, or sent via newsletter. In addition to disseminating directly to the general public of the community, the survey was also sent via email to participants in the needs assessment focus groups to provide an opportunity for these community leaders to pass onto their local community members.

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

Respondent Demographics

344 respondents participated in the Hendricks and Marion County web-based surveys. Almost all survey respondents were from the PSA, with 47% reporting they reside in Marion County and 53% residing in Hendricks County. Only one respondent resided within Bartholomew County. The survey sample was 86% Caucasian (White), followed by Black or African American (11%), and with approximately half of respondents 40 years of age or less (47%), followed by those aged 41-50 (28%), 51-59 (16%), and 60+ (9%).

The educational attainment of the sample was fairly high with a majority of respondents (72%) indicating they had completed either a college undergraduate (54%) or graduate degree (18%). The remaining respondents had earned a high school degree/GED (15%) or vocational/technical degree (15%).

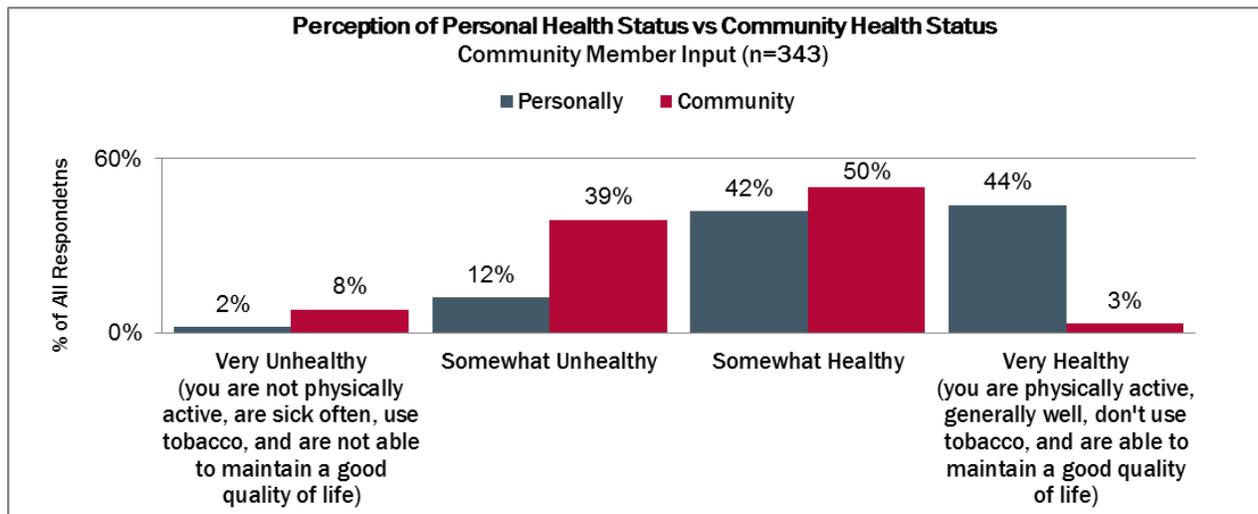
Reported household income of the sample was also relatively high, which is consistent with the high median household income reported for Hendricks County by the US Census Bureau (2009). Nearly half (48%) of all survey respondents reported a household income of \$67,051+, and another 18% reported a household income of \$44,701-\$67,050. Additionally, 18% reported a household income of \$22,351-\$44,700, 7.8% reported a range of \$11,176-\$22,350, and the remaining respondents (9%) indicated a household income lower than \$11,175.

Survey respondents were also asked to report their insurance status. A majority of respondents had commercial/private insurance (94.8%) followed by a small percentage that reported having Medicare (2.2%) or Medicaid (0.4%). Approximately 1% of respondents indicated they were uninsured or self-pay.

Perceptions of Personal and Community Health

Survey respondents were asked to assess both how healthy they thought they were personally, as well as how healthy they thought their overall community was. Four response options were presented, ranging from “Very Healthy (you/community members are physically active, generally well, don’t use tobacco, and are able to maintain a good quality of life)” to “Very Unhealthy (you/community members are not physically active, are sick often, use tobacco, and are not able to maintain a good quality of life).” Participant results are summarized in **Figure 6** below.

Figure 6
Web-Based Survey Responses



Source: IU Health West Community Survey, 2012.

The majority of participants rated themselves as either “Somewhat Healthy” (42%) or “Very Healthy” (44%). Conversely, when asked to rate their overall community on the same scale, more participants rated their community’s health as “Somewhat Unhealthy” (39%), than they rated themselves (12%). The majority of respondents rated their community’s health as “Somewhat Healthy” (50%); however, 8% rated their community’s health as “Very Unhealthy” versus only 3% rating it as “Very Healthy”.

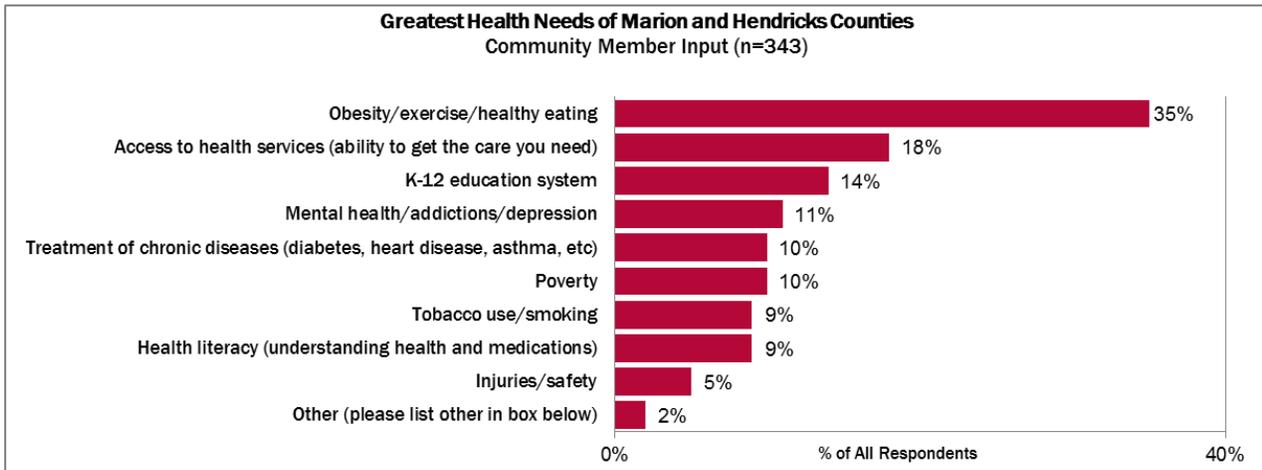
Health Issues

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

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

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

Figure 7
Web-Based Survey Responses

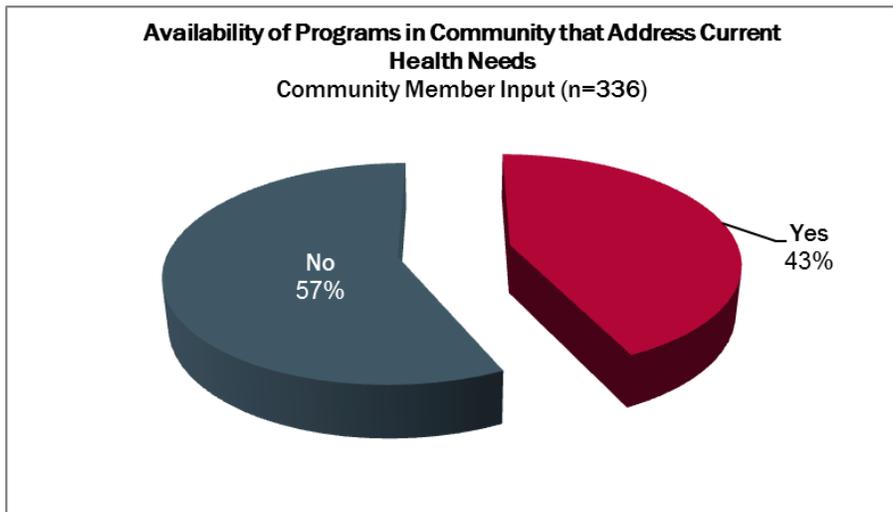


Source: IU Health West Community Survey, 2012.

Community Health Needs

A majority of respondents (57%) indicated that their community did not maintain enough programs to help with the identified key community health issues. **Figure 8** below illustrates a detailed view of this feedback with regard to the question “*With the five needs you picked above, do you think there are enough programs in your community to help with these needs?*”

Figure 8
Web-Based Survey Responses



Source: IU Health West Community Survey, 2012.

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

- Available resources that address the growing need for mental health treatment specifically in the areas of addiction and depression
- Programs to increase health literacy through patient health education, with a focus on healthy eating, nutrition and diet, and an overall goal of reducing high obesity rates;
- Programs to reduce smoking rates through public education
- Ways to provide more affordable healthcare services/outreach programs to those at the poverty level