Franciscan
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Community Health Needs Assessment

Franciscan St. Francis Health-Indianapolis

Summer 2015

Community Health Needs Assessment

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Executive Summary

The Community Health Needs Assessment (CHNA) is designed to provide an understanding of the current health status and needs of the residents in the communities served by Franciscan St. Francis Health-Indianapolis (FSFH-Indianapolis). This report meets the current Internal Revenue Service's requirement for tax-exempt hospitals, which is based on the Patient Protection and Affordable Care Act of 2010. More importantly, this document assists FSFH-Indianapolis in providing essential services to those most in need. Based on the findings in this report, FSFH-Indianapolis will develop a three year strategic plan on meeting community health needs as capacity and resources allow.

This report focuses on Marion and Johnson Counties, which is the geographical location of a majority of FSFH-Indianapolis' patients. Also, it focuses on the south side of Marion County and Northern Johnson County. In many ways, these two counties are drastically different. Marion County's socio-economic ranking is 92, out of 92 counties, whereas Johnson County ranks seventh. As the most populated county in Indiana and home to Indianapolis, Marion County is quite diverse in all demographic traits.

Marion County overall is ranked as the 89th county in terms of good health. Clinical care is readily available for those with insurance and the ability to pay co-pays, as 16 hospitals are located within the county including an academic medical health care center, a Veteran's Administration hospital, and specialty hospitals. The public hospital has the highest market share. However, poverty levels and crime run high; the built environment is lacking; unemployment is high; and almost half of those aged 0-17 have Medicaid. Throughout the county, suicide, substance abuse, mental health issues, obesity, and cardiovascular diseases are the most frequently reported health issues in primary and secondary data.

In Marion County, two special populations in the southern portion must be recognized. First, over 14,000 Burmese refugees live in 46227 and less than five miles from FSFH-Indianapolis. Based on collected data, there are several pressing health issues for this community. Difficulty securing full-time employment leads to high poverty, lower access to health care, and food insecurity. Cultural differences provide language barriers, lack of understanding of child care expectations, and difficulty understanding the US health system. In this fairly young population, substance abuse (primarily alcohol), domestic violence, and mental health issues are quite common, yet many Burmese Americans will not discuss these issues.

Second, the Near East Side neighborhood has recently become a federally designated Promise Zone. Because of the placement of our parish nurse program, the southern end of this neighborhood, within the zip code 46201, is also important. This neighborhood has a large transient Hispanic population. The area has a very high rate of poverty, poor housing, lack of access to nutritious food, and public safety challenges. Residents of this area have particularly high rates of alcoholism, diabetes, substance abuse, depression, and suicide across all ages.

Johnson County fairs much better, with most social determinants ranking in the top 15 of counties in Indiana, with the exception of food insecurity. The built environment is lacking and physical activity is a bit low, possibly contributing to high rates of child obesity, diabetes, and cardiovascular diseases. In addition, substance abuse, primarily alcohol, is prevalent. Smoking rates are slightly below the state average, but respiratory and lung conditions are higher than average. Suicide and substance abuse were frequently mentioned as a top concern in the survey and key informant interviews.

Because Indiana is a home rule state, data by zip code is difficult to obtain. Through available data and a focus group, several commonalities of Southern Marion and Northern Johnson counties were discovered. Breathing issues, such as COPD and asthma, are higher due to the type of manufacturing in this area. Obesity, diabetes, a trend towards e-

cigarettes, substance abuse (primarily heroine), and transportation difficulties are common. Lack of community engagement, family wellness programs, mental health providers, and health literacy complicate the whole health of residents.

Census Data: Social Determinants of Health

Johnson County and Marion County vs. Indiana: Social Determinants of Health			
Characteristic	Johnson County	Marion County	Indiana
Veteran Population	9.50%	8.30%	9.30%
Race/Ethnicity: Caucasian Origin	93.60%	66.70%	98.60%
Over 18 Population	73.80%	75.01%	74.10%
High School Graduation Rates	91.00%	84.80%	86.00%
Employment: Educational Services/Health	21.30%	22.20%	23.20%
Employment: Construction or Manufacturing	21.50%	16.40%	24.20%
Unemployment	7.00%	9.08%	6.20%
Children Not Insured	6.00%	8.90%	8.50%
Adults Not Insured	11.10%	23.50%	16.10%
Poverty	8.10%	20.40%	15.40%

Franciscan St. Francis Health-Indianapolis

A trusted leader in providing faith-based, integrated health care, FSFH-Indianapolis is a full-service, acute-care medical center. Founded in 1914, Franciscan St. Francis Health – Indianapolis provides nationally recognized heart, vascular, cancer and orthopedic care. The hospital is Indianapolis' only Distinguished Hospital three years running by Healthgrades and has been ranked Top 5% in the nation for overall clinical excellence and patient care for the third consecutive year. FSFH-Indianapolis was ranked by U.S. News & World Report as being fifth overall in Indiana and high-performing in gastroenterology and gastroenterology surgery, geriatrics, gynecology, nephrology, neurology and neurosurgery and pulmonology.

FSFH-Indianapolis is a member of the Mishawaka, Indiana-based Franciscan Alliance, one of the largest Catholic health care systems in the Midwest with 14 growing hospitals, approximately 20,000 employees and a number of nationally recognized Centers of Health Care Excellence.

FSFH-Indianapolis is located in southern Marion County, 8111 South Emerson Ave, Indianapolis, IN. The President and CEO is Dr. James Callaghan, who succeeded Robert J. Brody on July 1, 2015. This hospital is one of three Franciscan Alliance hospitals in Central Indiana that work collaboratively. The Central Indiana Region statistics include:

Licensed Bed Capacity	**416—Indianapolis 98—Mooresville 6—Carmel**
Average Annual Inpatient Admissions	21,000
Annual Outpatient Visits	1,546,913
Annual Emergency Department Visits	101,822
Annual Surgical Procedures	23,460
Births (Indianapolis and Mooresville)	2,491
Employees	4,007
Volunteers	572
Total Physicians (includes Franciscan Physician Network and Affiliated Doctors)	1,339
Average length of patient stay	4.5 days
Franciscan Visiting Nurse Service Employees	300
Franciscan Immediate Care Centers Physicians	25

FSFH-Indianapolis services include:

- Acupuncture
- Bariatrics
- Behavioral Health
- Blood & Marrow Transplantation
- Cancer Care
- Clinical Trials
- Colon and Rectal Surgery
- da Vinci® Robotic Surgery
- Diabetes Care

- Dietitians
- Electrophysiology Lab
- Emergency Medicine
- Employee Assistance Program
- Endoscopy Surgery Center
- Family Doctor
- Gynecologic Oncology
- Heart & Vascular
- HLA-Vascular Biology Lab
- Home Health Care
- Hospice
- Hospitalists
- Imaging
- Immediate Care Center
- Incontinence Care
- Infusion Services
- Intensive Care Unit
- Joint & Spine Care
- Laboratory Services
- Lymphedema Services
- Mammography
- Massage Therapy
- Neurodiagnostics
- Neurology
- Neurosurgery
- Nuclear Medicine
- OBGYN
- Observation Unit
- Occupational Health
- Orthopedics
- Outpatient Services
- Pain Management
- Palliative Medicine
- Parish Nursing
- Pathology
- Pediatrics
- Plastic Surgery
- Primary Care Physicians
- Pulmonary Medicine
- Registered Dietitians
- Rehabilitation Services
- Respiratory Care
- Rheumatology
- Robotic Surgery
- Senior Services
- Sleep Disorders
- Sports Medicine
- Stroke Care
- Surgical Services
- Travel Medicine
- Urgent Care
- Weight Loss/Bariatrics
- Women's Health/OBGYN
- Wound Care

The FSFH-Indianapolis mission is To Continue Christ's Ministry in our Franciscan Tradition. Values include:

Respect for Life
The gift of life is so valued that each person is cared for with such joy, respect, dignity, fairness and compassion that he or she is consciously aware of being loved.

Fidelity to Our Mission
Loyalty to and pride in the health care facility are exemplified by members of the health care family through their joy and respect in empathetically ministering to patients, visitors and co-workers.

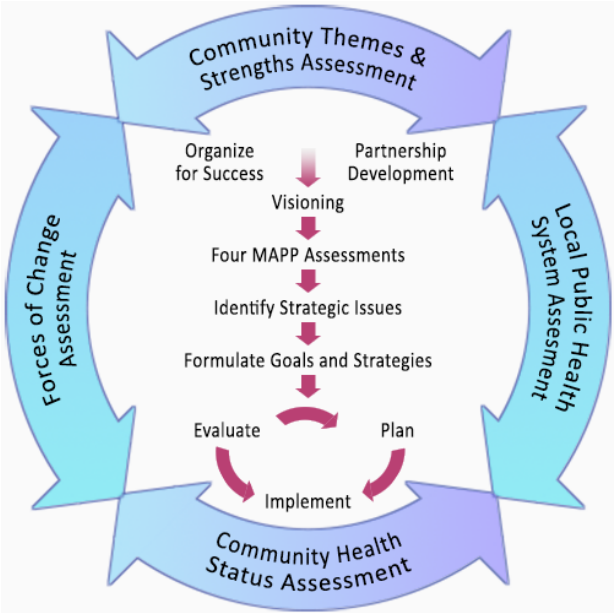
Compassionate Concern
In openness and concern for the welfare of the patients, especially the aged, the poor and the disabled, the staff works with select associations and organizations to provide a continuum of care commensurate with the individual's needs.

Joyful Service
The witness of Franciscan presence throughout the institution encompasses, but is not limited to, joyful availability, compassionate, respectful care and dynamic stewardship in the service of the Church.

Christian Stewardship
Christian stewardship is evidenced by just and fair allocation of human, spiritual, physical and financial resources in a manner respectful of the individual, responsive to the needs of society, and consistent with Church teachings.

Approach and Methodology

FSFH partnered with Community Health Network, IU Health, and St. Vincent Health to complete this assessment. These are the largest health systems in Indiana and the partnership allowed for better data collection, reduced burden on residents to complete surveys, and a platform to combine efforts on various community health needs throughout the state. Readers will find that CHNA's from these systems are aligned, though

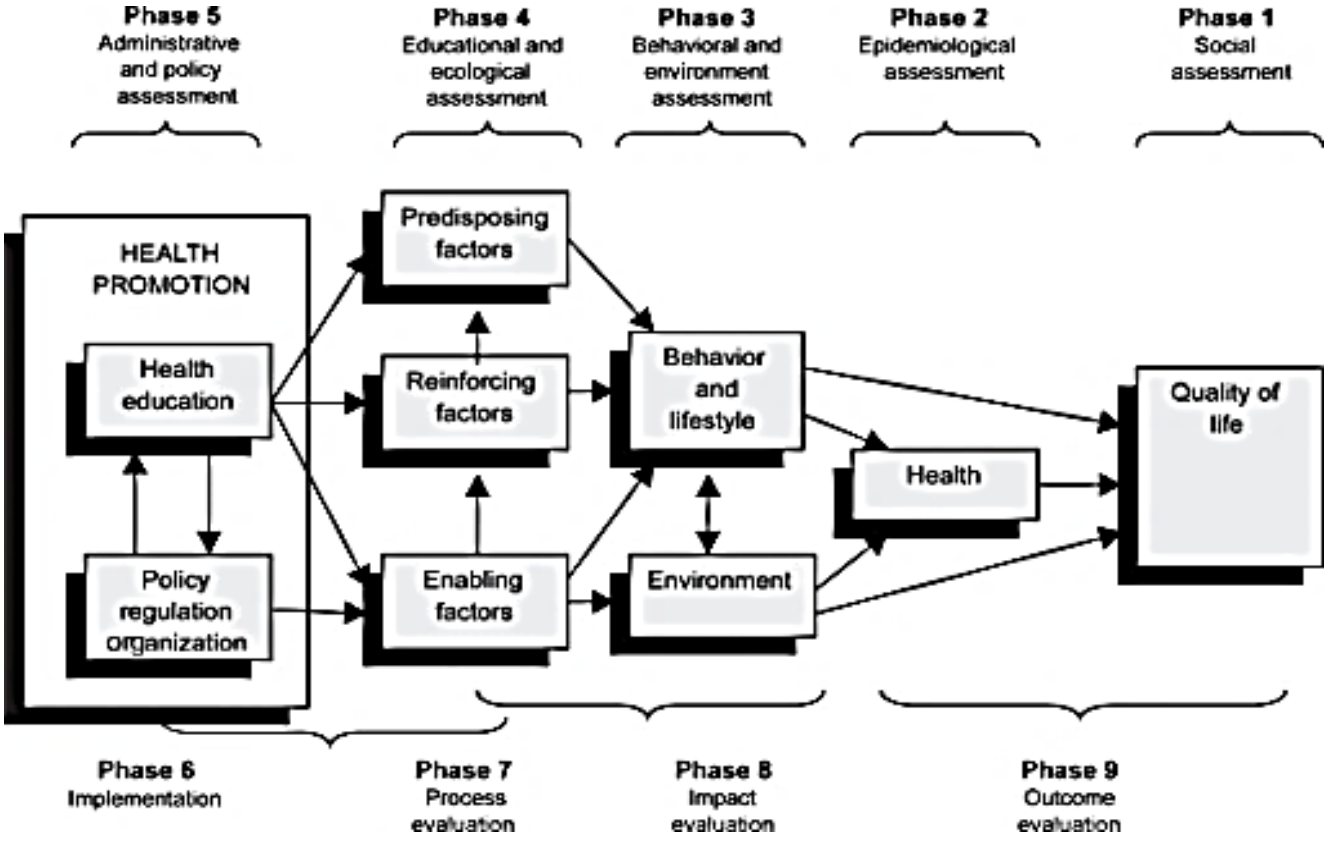


each may have particular areas of emphasis depending on specific population served and geographic location of hospitals.

Because Indiana operates as a home rule state, each county has a different public health infrastructure and resources in addition to the variations based on urban/rural status, population, and economic mix. Data on zip code or census track is highly lacking; therefore, the design was built on a county basis. Eleven counties of 28 included in the assessment are home to more than one of the health systems in the partnership. In these counties, a county 'captain' was elected to coordinate the CHNA process on behalf of the partnership. In the remaining counties where only one health system was represented, the health system in the county used the collaborative materials and resources, but completed the work independently.

The Mobilizing for Action through Planning and Partnership (MAPP) model, developed by the National Association of County and City Health Officials (NACCHO), guided the assessment process in Hendricks and Morgan Counties, as both county health departments are working on accreditation through the Public Health Accreditation Board (PHAB). The MAPP model includes several components for community assessment. FSFH-Indianapolis participated in all of the assessment activities that were in process during the period of the hospital partnership's time frame. Marion County is seeking accreditation, but had already completed their community health assessment prior to the collaborative's time frame.

Indiana does not require PHAB accreditation by county health departments and a vast majority of health departments are not seeking accreditation. In remaining counties identified in this assessment, the PRECEDE-PROCEDE method was utilized. This assessment reflects Phases 1 through 5.



Community benefit professionals from each system worked together on data collected in three ways:

1. Community Health Survey: A core of 20 mandatory questions based on perception of community and personal needs was created. In addition, professionals assigned to each county worked with established community health collaboratives, local hospitals, and the local health department to develop voluntary

questions specific to the county. This resulted in a survey with 20 to 29 questions, dependent on the respondent's county of residents.

The survey was distributed electronically and on paper. The goal was to attain a sample size with a 95% confidence level and + or – 5% margin of error. In most counties, the sample size met this goal; however, particular emphasis on vulnerable populations means the survey results are not a true representation of the entire county population; but skewed to represent the most in need.

In addition to the quantitative data, free text responses were coded and calculated to provide further clarification of the quantitative data.

2. Focus Groups: Because focus groups are facilitated based on the conversation of the participants, the partnership determined outcomes to be achieved during the two-hour sessions. Most focus groups included 15-60 community leaders from governmental public health, health care, social service agencies, related non-profits, civic organizations, and grassroots/neighborhood organizations. In larger focus groups, sub-groups were utilized to give all participants a voice. Each focus group determined the top four to six health needs in the community; potential resources or partners; and some actions/interventions that might work best.

3. Secondary Data Collection: With the assistance of public health undergraduate and graduate students, data on health and wellness issues was collected. Sources include County Health Rankings, Census Bureau Data, various reports from the Indiana State Department of Health, and other national reports. Indiana Indicators, Community Commons, and Healthy Communities Institute data management systems also contributed to the secondary data used. Sources of the secondary data are identified throughout this report.

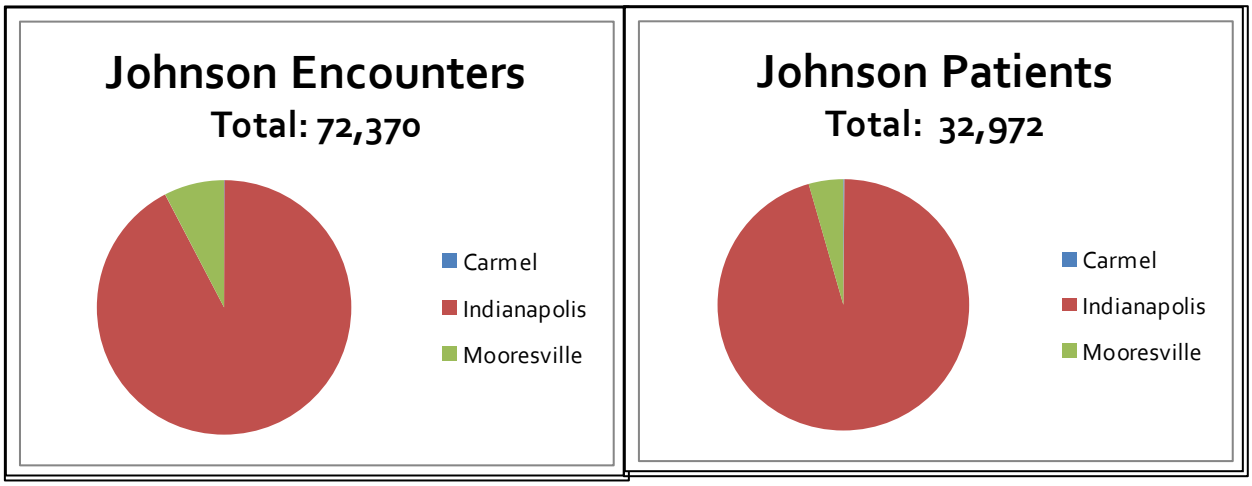
In advance of the focus groups, a focus group for state-wide organizations was held. Leaders from organizations that serve the entire state gathered to discuss trends and growing concerns by preparedness district and by age of the population. The results were used as a probe in the remaining focus groups and as areas for further study in secondary data.

A focus group of high school students convened by the Indiana Chapter of Health Occupation Student Association during their annual conference also offered some insight, as we did not promote the survey to high school students. This focus group yielded some interesting insights from the teen perspective.

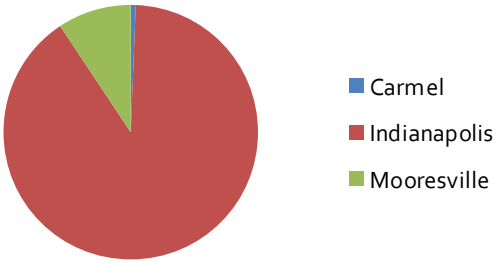
Results from both of the focus groups are indicated in this report and in the Summary of Findings section.

Communities We Serve

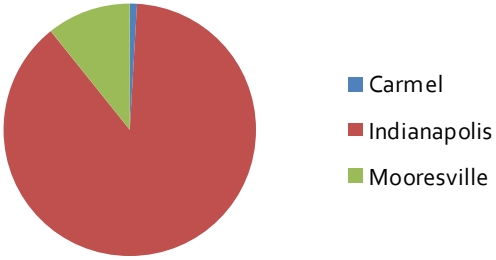
The three Central Indiana Franciscan Alliance hospitals serve a majority of geographic area in the center of the state, which is locally recognized as Marion County (Indianapolis) and the suburbs/donut counties of Boone, Hamilton, Hendricks, Morgan, Johnson, Shelby, and Hancock. The charts below show the highest patient use counties for this facility:



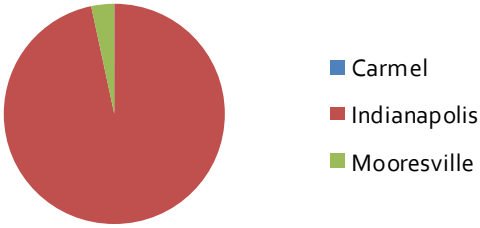
Marion Encounters
Total: 189,219



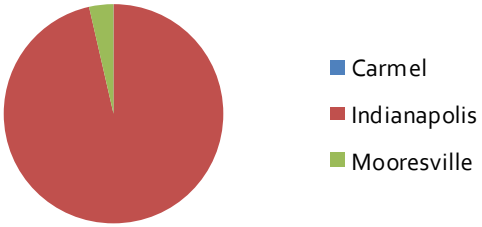
Marion Patients
Total: 90,313



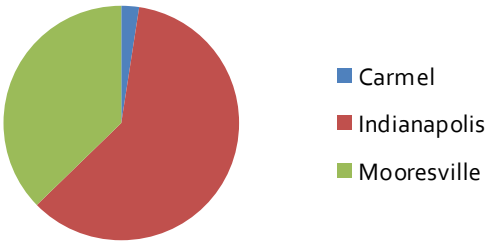
Shelby Encounters
Total: 8,996



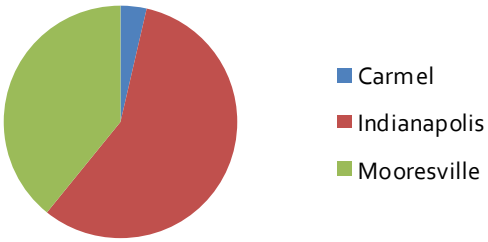
Shelby Patients
Total: 4,500



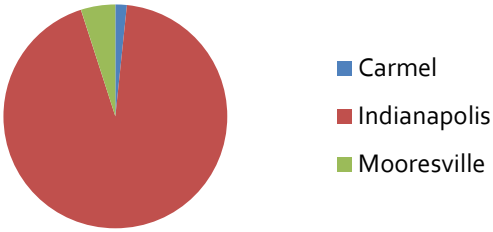
Other Encounters
Total: 30,107



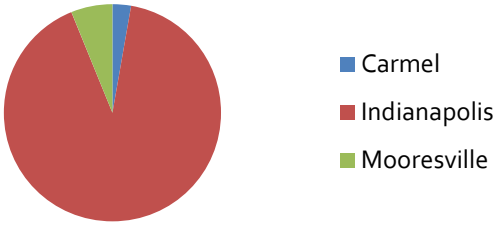
Other Patients
Total: 15,406



Hancock Encounters
Total: 2,842

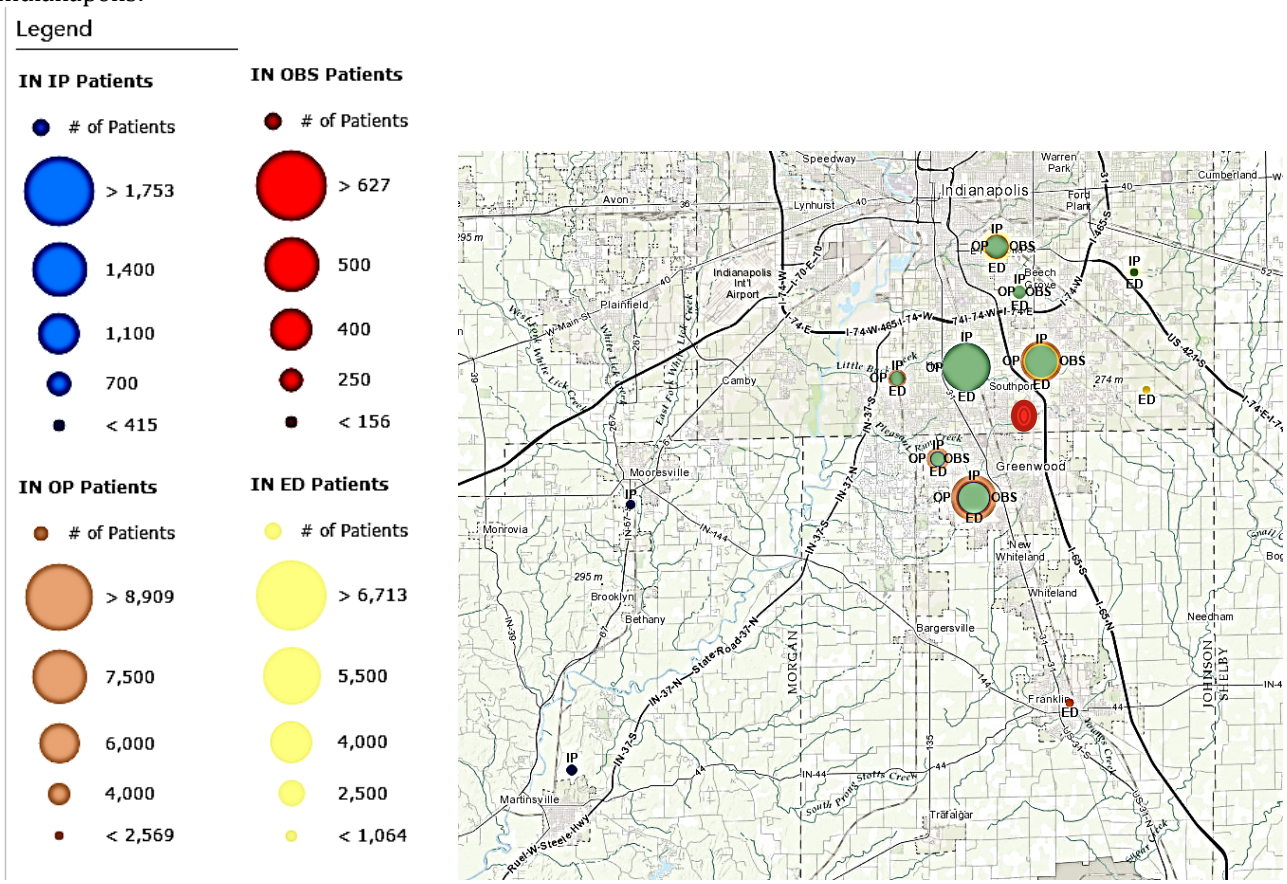


Hancock Patients
Total: 1,411



A review of patient zip codes was also completed. The map below show the five zip codes in which the majority of each location's patients reside by type of service. The data reflected in the map shows the center of the zip code. The circles of colors not identified in the legend occur because of the overlay of inpatient, outpatient, and emergency department patient numbers. In many cases, the number of patients using the services from that zip code is proportionately equal. Note the identification of the type of service to identify the differences. The red oval represents the location of the hospital campus.

Indianapolis:



IP=Inpatient **OP=Outpatient** **OBS=Obstetrics** **ED=Emergency Department Patients**

Indianapolis—Marion and Johnson Counties

A majority of this hospital's population comes from Southern Marion and Northern Johnson counties. While a county line divides the population, the Northern Johnson county residents consider themselves 'south-siders' and a suburb of Indianapolis. Shopping, services, employment, and other daily habits blend these two geographic areas together.

In 2014, FSFH-Indianapolis had 9.3% of the market share in Marion County, or the fifth largest share. However, in zip codes in the southern portion of the county, FSFH-Indianapolis has the largest market share at 27.7% followed by Sidney and Lois Eskanazi Hospital (16.9%), Indiana University Health Methodist (15.7%), and Community Hospital South (10.7%). FSFH is also has the largest market share in Johnson County at 28.3%. Community Hospital South (22.9%) and Johnson Memorial Hospital (9.5%) follow FSFH.

Special Populations

Burmese American Refugees

Approximately 14,000 refugees from Burma have become a growing part of the Indianapolis community in recent years. Based on information from various sources, and by observing the growing patterns of migration and relocation,

the Burmese American Community Institute projects the population of Burmese refugees in Indianapolis will reach 20,000 to 30,000 in the next few years – approximately 1.7% of the Indianapolis metro population.

Burmese refugees are the victims of systematic rights deprivation by the successive military dictatorship in their home country of Burma. They left their country due to fear of persecution based on race, religion, nationality, and membership of a particular social group or political opinion (the UN Convention: 1951). Burmese refugees in Indianapolis are mainly the Chin and the Karen ethnic groups, the former being about 71% and the rest Karen and others. The Chin population is primarily Christians, persecuted for their religious beliefs and their opposition to their government.

A vast majority of Burmese Americans live within 10 miles of the Indianapolis hospital and are an economically disadvantaged segment of the population. Because FSFH-Indianapolis employs a Burmese Medical Advocate/Registered Nurse (RN) to assist patients, FSFH-Indianapolis is the preferred healthcare provider. Patient data clearly indicates that the Burmese American community needs more health-related support, as many members use the Emergency Department (ED) for non-threatening conditions such as diarrhea/constipation, fever, ear infections, and rashes. In addition, many women do not seek prenatal care, do not breastfeed, and lack sufficient education and training on proper infant care.

The healthcare needs of the Burmese are basic and revolve around a lack of health knowledge – from prenatal care, to infant care, to a standard dosage requirement for a child's fever. In Burma, they do not have Primary Care Physicians. They visit doctors when there is a problem. This is why they frequent the Emergency Department here rather than a family physician.

From September, 2013 through August, 2014, 9% of the total emergency department patients were Burmese. FSFH-Indianapolis has hired an additional fulltime Burmese Case Coordinator to assist From June 2013 through December 2014, the following were the most common conditions seen in the Emergency Department:

Type	Number
Fever	125
Urinary-Related	75
Vomiting/Diarrhea	73
General Abdominal Pain	40
Pneumonia	36

Because of the relatively recent arrival of the Burmese Americans, secondary data for the primary zip code in which a majority of the population live (46227) is not an adequate expression of this populations' demographics, incident rates, or risk potential.

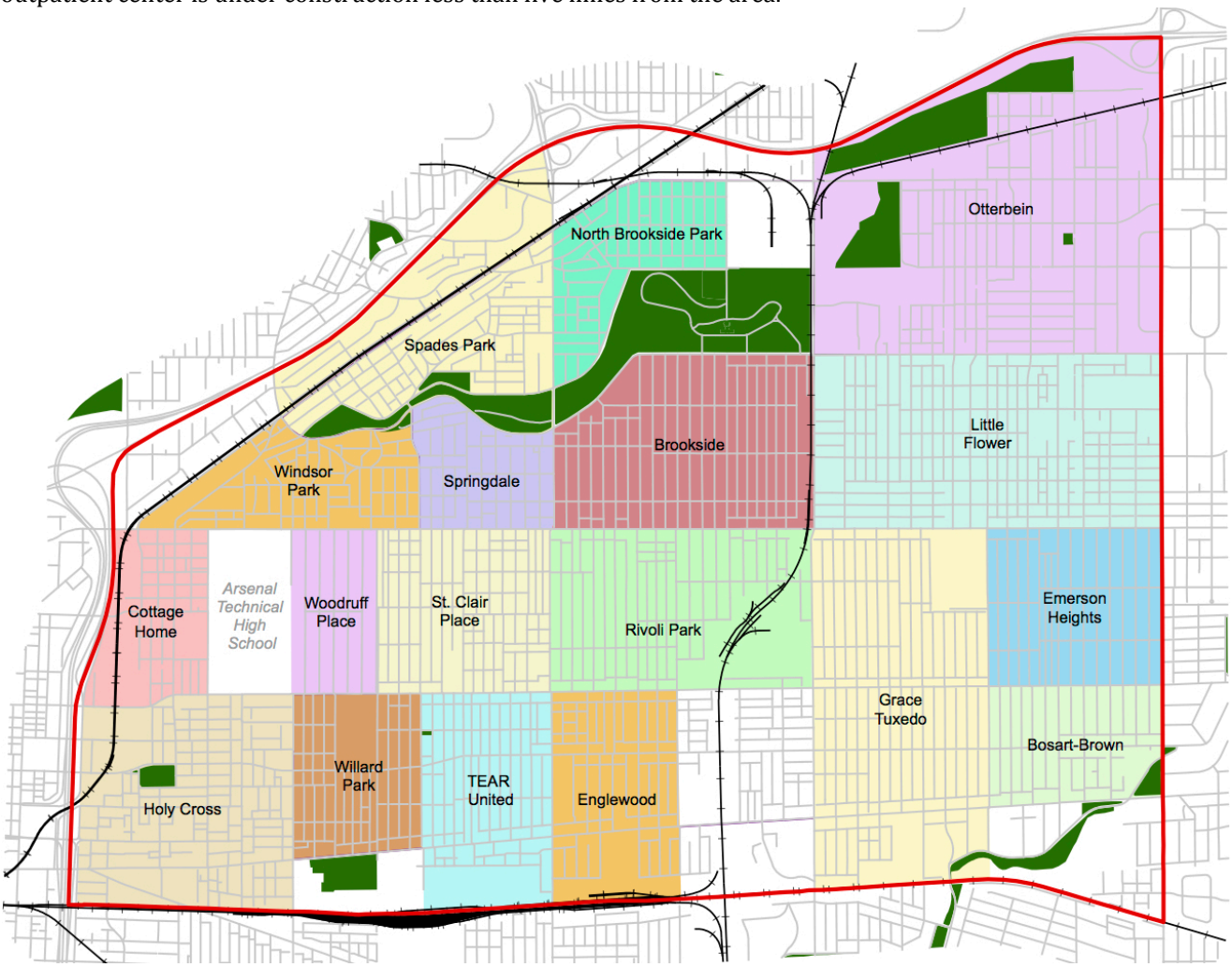
On February 24, 2015, a focus group including Burmese Americans and professionals that work with the Burmese American population was held. Five needs were identified, with potential priority actions:

Priority Area	Includes (number of votes)	Possible Actions	Other
Language and Cultural Barriers	Hiring bilinguals (5) CLAS standards implemented (5) Translated materials (1) More potions on automated systems (1) Culturally competent providers (3) Medicaid providing reimbursement for interpreters (if a clinic bills to Medicaid, they are required to provide interpretation but more providers don't (12) Provide language training on DVDS so refugees can play at home (2) Training to be medically qualified interpreter (9)	Advocate for legislative initiatives for CLAS Relay consequences of not meeting Title 6 Educate- professionals, legislators, penalties for not providing interpreters Provide more translated materials Provide cultural training to professionals Provide education to Burmese Refugees on health issues, including the US Health System	Work with the Civil Rights Commission
Mental Health Providers	Culturally appropriate assessment tools (10) Therapists trained on how to use interpreters for sessions Identify community leaders and provide training(3) Groups for immigrants to talk about difficulties acclimating to new culture and can bring up mental health issues (Burmese culture has a difficulty discussing mental health issues) (7) The development of cultural acceptable programs and support groups(3) Use the same tool to screen for mental)PHQ9, GAD7, SHR15) (1) Identifying culturally trained providers- language appropriate (2)	Compile solid data Develop a standardized tool	State, local and regional conference to discuss development of assessment tool. Network with providers Development of culturally sensitive support systems Work with resettlement agencies, local health department, state for policy development, mental health service providers, community leaders
Education	Better access to translated written material to support inpatient education More hand son trainings provided with language interpretation (translated materials limits those who cannot read in their own Education provided by the healthcare professions (build trust) Emphasis on cultural education (7) Education pieces	Overall healthcare presenting information system through a series of: workshops, newsletters, mentors	Work with: Faith Communites- churches, BACI UINDY St. Francis, Library, YMCA, Community South
Child Safety	Informal gatherings with law enforcement and other service providers (5) Education- child safety laws, school enrollment requirements (12) Supervision(3) More programs offering car seat training with interpretation Anti-bullying education in schools Home based childcare provider- state licensed (3)	Educate parents on child safety, US parenting standards	
Access to Healthcare	Provide written and verbal training on hwo to contact PCP by telephone- many Burmese clients do not know how to do this (11) Need to simply automated systems at participating PCPs Timely Manner (3) Educate- different options (2) Educate Refugees- networking and sharing information among providers (2) Educate by calling provider directly Having someone who helps call to choose health plan and PCP and PCP office (4) Enroll into appropriate health plan (6) Provide diabetes prevention education (1) Insurance 101, options, how to use, how to apply (3)	Provide written and verbal training on how to call PCP and other doctors Insurance 101: how to access, apply and how to use Education seminars with interpreters including open enrollment periodically so new refugees can participate Educate where to go when they have questions Train PCP offices to specially educate on how to call	Work with: Hospitals/providers (MDWISE, St. Francis, Community, Anthem) Chin Center can provide space for seminars Simply the traditional Medicaid system for calling a cab for this population Medical providers can educate how to call

Near Eastside Indianapolis

Just outside the heart of downtown Indianapolis, 20 different neighborhoods with 40,000 residents form a community area, the Near Eastside Indy. In June 2005, through a NESCO initiative, the Near Eastside Collaborative Taskforce formed to address critical quality-of-life issues on the Near Eastside. The Taskforce was the driving force behind the selection of the Near Eastside as a demonstration neighborhood for the Great Indy Neighborhoods Initiative and its designation as a redevelopment area with a housing tax increment financing district (HoTIF) by the City of Indianapolis. The Taskforce has facilitated the implementation of community building and quality-of-life planning activities as the steering body for both the Great Indy Neighborhoods Initiatives and the City of Indianapolis Redevelopment Area and HoTIF. This has included monthly meetings, hiring a community builder and facilitator, performing a community asset mapping, securing three early action grants to outreach to neighbors, completing over 100 appreciative interviews with neighbors, hosting a record-breaking (400 attendees) community-wide visioning event, supporting the work of eight action teams to write the plan, hosting a design workshop focused on East Washington Street, and reviewing and editing the final plan (Nesco, 2015). This neighborhood recently became a federal promise zone.

The FSFH-Indianapolis Parish Nurse program has a strong presence in the southern portion of this district, specifically Holy Cross, Willard Park, TEAR United, and Englewood neighborhoods. In addition, a new physician and outpatient center is under construction less than five miles from the area.



The neighborhoods in 46201 have the following characteristics:

Indicator	
Demographics	
Under the age of 5	8.90%
65 years and older	7.50%
Median age (years)	33.5
Number of veterans (2009-2013)	1,843
Median household income	$26,391
People with private health insurance	10,710
People with public health insurance	14,619
People with no health insurance	8,028
Diabetes	
Age-adjusted ER rate due to diabetes (10,000)	67.60
Age-adjusted ER rate due to long-term complications of diabetes (10,000)	21.60
Age-adjusted ER rate due to short-term complications of diabetes (10,000)	1.9
Age-adjusted ER rate due to uncontrolled diabetes (10,000)	4.5
Heart Disease & Stroke	
Age-adjusted ER rate due to heart failure (10,000)	9.8
Age-adjusted hospitalization rate due to heart failure (10,000)	48.7
Respiratory Diseases	
Age-adjusted ER rate due to adult asthma (10,000)	124.1
Age-adjusted ER rate due to asthma (10,000)	136
Age-adjusted ER rate due to COPD (10,000)	78.7
Age-adjusted ER rate due to pediatric asthma (10,000)	170
Substance Abuse	
Age-adjusted ER rate due to alcohol abuse (10,000)	123.5
Age-adjusted hospitalization rate due to alcohol abuse (10,000)	15.4
Immunizations & Infectious Diseases	
Age-adjusted ER rate due to bacterial pneumonia (10,000)	54.1
Age-adjusted ER rate due to Hepatitis (10,000)	2.5

The color coding represents the status of good (green) to poor (red), as based on the Healthy People 2020 baselines. On February 25, 2015 a focus group was held in the Englewood neighborhood. All attendees either live or work in the FSFH-Indianapolis community and in the zip code 46201. An initial brainstorm on priority areas of need included:

- Neglect/abuse of children
- Language barriers
- Addiction/drug use
- Nutrition
- Diabetes
- Cardiovascular disease
- Asthma
- Winter safety
- Affordable childcare/education
- Housing instability
- Graduation rates
- Fear is larger than health concerns
- Public safety
- Poverty and lack of insurance
- Food insecurity/access
- Homelessness
- Depression/mental health
- Knowledge of health laws and system
- Proper documentation
- Access to healthcare
- Lack of understanding of health

Social determinants by zip code provide an understanding of the special population significance within Johnson County:

Occurrence	46106 Bargersville	46131 Franklin	46142 Greenwood	46143 Greenwood	46181 Trafalger	46184 Whiteland	Johnson County
Single Parent Households	17.6	33.4	24.2	23	19.9	18.2	25.2
Median Household Income	74,663	51,799	68,116	63,265	59,861	64,045	61,231
Households with Cash Public Assistance Income	0	2.2	1.2	1.5	0.4	0.6	1.4
Renters Spending 30% +of Household Income on Rent	63.8	52.2	44.9	48.1	39.7	46.7	49.1
Foreclosure Risk	2.8	15.8	13.1	26.6	4.5	11.2	N/A
Children Living Below Poverty Level	10.6	17.8	11.6	15.3	14	4.9	14.3
Young Children Living Below Poverty Level	17.2	13.9	21.6	23.1	6.3	6	18.2
Families Living Below Poverty Level	9.8	9.2	6.1	8.9	6.5	3.7	8.1

On February 25, 2015 a focus group was held in the Englewood neighborhood. All attendees either live or work in the FSFH-Indianapolis community and in the zip code 46201. Participants determined these five issues were most important and determined some potential interventions:

Near East Side Focus Group		
Top Priorities Overall for the Area		
DCS-Children	Public Safety	Graduation Rates
Language Barriers	Senior Peer-to-Peer Education	Fear-Health Issue
Addiction/Drug Use	Money/Insurance	Housing Instability
Nutrition	Food Insecurity/Access	Lack of Understanding Health
Diabetes	Homelessness	Affordable Childcare/Ed.
Cardio	Depression/Mental Health	Access to Healthcare
Asthma	Knowledge of Health Laws and System	Winter Safety
Proper Documentation		
Top 5 Priorities of the Group Discussion		
Diabetes		
Prevention and/or Reduction of Health Issues Through Fitness, Nutrition, and Education		
(Who can help?-Chase Near Eastside Legacy Center)		
Pogue's Run Grocery-Healthy food		Gennesaret Free Clinic
Garden on the Go		Salvation Army
CICOA-free to age 60+		Pogue's Run Trail
YMPC-Pre Diabetes (DPP)		Parish Nurses-Health Fair
People's Health Care		Healthy By Design
Neighborhood Fellowship Church/IUPUI Health Clinic		
Addiction/Drug Use		
Tobacco		
Alcohol		
Self-Medication		
Synthetic Marijuana		
Heroin, Cocaine (Crack)		
Housing and Jobs		
(Who can help?-Church and School Programs, Police Departments, Neighborhood Outreach, Probation/Intervention Programs)		
Nutrition		
Access-farmers markets, community gardens, daycares, and afternoon programs		
Education-school wellness, food demonstrations, and cooking classes		
Improved Behavior Chance		
Growing Places in Indy: Pogue's Grocery Store, MC Purdue Coop		
Urban farms program, Master gardeners, IND Hunger Network		
Purdue Extension: Nutrition education programs and Master Food volunteers		
IU Health's Garden to Go (Mobile Truck)		
Marion County Health Department		
Top 10 (YMCA lead)		

Depression/Mental health
3 Priority Actions: A. Information and access to mental health resources B. Connect persons in the criminal Justice system with resources C. Peer-to-peer support groups Resources: adult and child shelters, Horizon House, Bonner Center, ECDC, Partners in Housing, and "Continuum of Care" Who can help? -ECDC and churches
Access to Health Care
Who can help? Mission clinics-free to homeless, Samaritan Clinic, and Raphael Clinic Churches and organizations: Bonner Center, Immigrant Welcome Center, Legacy Center, People's Health, IMPD, and Gennesaret Clinic 3 Priority Actions A. Advertise health fairs to the public (TV, radio, Facebook, church bulletin, etc.) B. Provide transportation C. Provide translation Resources A. Bus passes B. Gas vouchers C. Volunteer drivers D. Volunteer interpreters

Summary of Findings

Statewide Focus Group

As a learning session, members from the Indiana Chapter of Health Occupation Student Association were invited to learn more about public health, community health, and health resources during the April 2015 annual conference. As part of the session, participants identified top needs in their communities by emergency preparedness district.

Region 5 students determined the following:

Largest Issues

- Education
- Environment
- Public Safety

Possible Interventions

- More discussion and education about health issues
- Fix minor problems before problems get bigger (water contamination, infrastructure, built environment)
- More police coverage

The complete findings are in the Appendix.

In addition to local focus groups, two statewide focus groups were held with the purpose of finding themes and trends not showing in the most recent data available. Discussions related to specific regions in Indiana were divided by Indiana's emergency preparedness districts. See appendix for a state map with preparedness districts indicated.

Organizations that have constituents, members, or chapters that represent the entire state were invited. A list of attendees is available in the Appendix. Through onsite data analysis and small group discussions, the following priorities were determined in Region 5, which represents Central Indiana and the FSFH-Indianapolis community. A complete list of regional findings is in the Appendix. Top issues are identified in bold typeface.

Poverty	**Elderly nutritional issues cause chronic disease**	**Design services based on culture**	**Lack of resources**	**Mental health**
Obesity	Chronic infections	Breast cancer	Low immunization rates	Early childhood education

Maternal health/infant mortality	Safety	Violence	Elderly memory care	Overdose deaths
Access to healthcare	Transportation	Empowering communities to take change		

The following were determined to be the largest needs, by age group. A complete list is available in the appendix.

0-8 Years of Age	9-18 Years of Age	19-34 Years of Age	35-54 Years of Age	55+ Years of Age
Tobacco-second hand smoke	Substance abuse/drugs	Obesity	Support of family/caregiving	Increased dementia
Maternal-infant health	Safe driving	Built Environment	Financial issues	Family caregiving
Immunizations	Pregnancy	Worksite access/support of physical activity	Obesity/diabetes	Abuse/neglect
Nutrition	Mental Health	Gaps in employment, college, home	Behavioral health	Shortage of providers
Physical Activity	Obesity	Financial issues	Underemployment	Financial issues

Follow up comments on these results are in the Appendix.

Local Focus Group

Southside Focus Group (Southern Marion/Northern Johnson) June 25, 2015: 9am-11am ESSC Greenwood, Indiana What are the issues in this area?	
Teen Suicide	Lack of Access to Mentors
Transportation	Job Training-Availability and Quality
Substance Abuse (Heroin)	Walkability/Connectivity
Chronic Pain	Teacher-Parent-Student Education
Crime	Homeless Shelters
Lack of Outdoor Activities	Domestic Violence Shelters and Services
Knowledge of Resources	Tobacco Use
Mental Health (Decline in Mental Health in Teens)	Family Friendly Work Places
Seniors-Medication Costs-Substance Abuse/Decline in Mental Health	Lack of Health Insurance and Health Literacy
Infant Mortality	Injury Prevention
Physical Education Priority in Schools	Prenatal Care
Navigation of the Health Care System	**Lack of Community Centers/Community Engagement**
Data/Public Health Infrastructure	Caregiver Education
Access to Healthy Food	Affordable Childcare
Access to Behavioral Health Services-Disconnect with Doctors	Docs-Prevention
Obesity	Holistic Practices
Professional Knowledge of Resources	Vision
Religious Communities-Connection	Lack of Knowledge about Providers
Senior Housing+low-income	Non-Compliance
Family Wellness: Early Childhood/Youth Education and Social Media	Appropriate Use of Healthcare
STI's	Disease Education and Management
Financial Literacy	Dental Care
International-locate-services	**Poverty**

Follow up comments on these results are in the Appendix.

County Findings

On May 15th, 2015, a community focus group meeting was held to gain additional insight to top health needs in Marion County, Indiana. Key community leaders were asked to attend the focus group and participate in a discussion which was held at Saint Paul Episcopal Church from 10am-12pm. A total of 20 leaders participated in the meeting. In

attendance were representatives from Clinical Translational Sciences Institute, Life's Touch Home Health, Repucare Incorporated, Indianapolis Housing, St. Vincent Health, Franciscan St. Francis Health, Anthem, Indiana University Health, Martindale Brightwood Community Development Corporation, Immigrant Welcome Center, Community Alliance of the Far Eastside, All Senior Citizens Connect, Mapleton-Fall Creek Development Corporation, Marion County Health Department, and Phalen Leadership Academies.

Through small group exercises and feedback with the entire group, the following community priorities were identified and ranked:
1) Communication/Resources
2) Education
3) Transportation
4) Poverty
5) Built Environment

Several attempts were made to hold a focus group in Johnson County. For various reasons, these attempts yielded a lack of participants. To supplement the primary and secondary data, key informant interviews were conducted and Johnson Memorial Hospital's CHNA were reviewed.

Key Informant Interview Findings

These individuals were identified for interviews because of their involvement in and knowledge of the Partnership for a Healthier Johnson County. This initiative is a multi-faceted approach to improving the lifestyle of Johnson County residents through behavioral health changes and evidence-based programs. By contacting individuals with knowledge of this initiative, the facilitator of Johnson County hoped to gain useful insight from individuals in the county for the CHNA.

The following community issues were identified through the interviews. Issues in bold were identified by multiple informants.

Education Reform and Funding	**Childhood Obesity**	**Mental Health**	**Risk Factors for Diabetes, cardiovascular issues**	**Food Quality/Insecurity**
Water Quality	Access to Medical Care	Homelessness	Poverty	Job Skills
Obesity	Tobacco Use	Teen pregnancy	Built Environment	

The health concerns of the key informant interviews aligned well with the survey results from the Community Health Needs Assessment conducted in 2014 by Johnson Memorial Hospital[6]. The survey's top 5 health problems were diabetes, high blood pressure, heart disease, smoking, and drugs[6]. The main difference between the results of the key informant interviews and those of the survey was the presence of mental health as a health concern.

Social Determinants of Health

Johnson County ranks eighth out of the 92 counties in Indiana in terms of health factors (health behaviors, clinical care, social and economic, and environmental factors), and it ranks 10th in terms of health outcomes-how long people live and how healthy people feel when they are alive. There is one hospital in Johnson County, Johnson Memorial Hospital. There is an adequate amount of physicians in the county. The ratio of patients to a physician in Johnson County is 1164:1, which is well below the state average of 1518:1. Yet, there is an extreme shortage of mental health care providers. The ratio of patients to a mental health provider in Johnson County is 1399:1, which is extremely high compared to the state average of 750:1 (County Health Rankings, 2013). Other social determinants include:

Johnson County vs. Indiana Narrative				
Characteristic	Johnson County Total	Percentage	Indiana Total	Percentage
Population	141,796		6,080,485	
Median Household Income	61,231		48,248	
Veteran Population	9,895	9.50%	455,105	9.30%
Race/Ethnicity: Caucasian Origin	132,712	93.60%	5,320,022	98.60%
Over 18 Population	104,664	73.80%	4,506,089	74.10%
Homeowners: Occupied Units	37,935		1,736,481	
High School Graduation Rates		91.00%		86.00%
Employment: Educational Services/Health	14,563	21.30%	688,595	23.20%
Employment: Construction or Manufacturing	14,695	21.50%	715,913	24.20%
Unemployment		7.00%		6.20%
Children Not Insured	2,242	6.00%	13,593	8.50%
Adults Not Insured	1,327	11.10%	450,951	16.10%
Poverty		8.10%		15.40%

Black boxes indicate that data is not available.

Poverty can be displayed through the amount of students receiving free or reduced lunch within the school system as well as the types of industries that employ the majority of the population. In Johnson County, 26.5% of the students receive free lunch, and 17.5% receive reduced (fee) lunch (Census, 2015). In Johnson County, 4.19% of rural households and 7.29% of urban households are below the 100% poverty level (Community Commons, 2012). The top five industries that employ residents are within these sectors (Census, 2015):

1. Educational Services, and healthcare and social assistance: 21.3% of the total working population
2. Manufacturing: 15.3% of the total working population
3. Retail Trade: 12.7% of the total working population
4. Professional, scientific, and management, and administrative and waste management services: 8.9% of the total working population
5. Arts, entertainment, and recreation, and accommodation and food services: 7.9% of the total working population

According to ScienceCB's analysis (Johnson Memorial Hospital CHNA, 2013), Johnson's health care priorities fall into two categories: health risk behaviors and health outcomes. Health risk behaviors include sedentary lifestyle, poor nutrition, tobacco use, and lack of early (1st trimester) prenatal care. Health outcomes include chronic overweight, diabetes, cardiovascular disease, pulmonary disease, low birth weight, and infant mortality.

Johnson Memorial Hospital (CHNA, 2013) discovered that there are several "hot spots" within the county "[p]ointing to specific community health and wellness issues worthy of greater emphasis in determining the overall state of Johnson County." Examples include:

- 20% of pregnant women smoked or continued to smoke during their prenatal term.
- Infant immunization rate of 42% compared to the state average of 49%.
- A county-wide rate of diabetes that was above optimal levels with an elevated rate of diabetes-related hospitalizations in Franklin.
- Chronic high blood pressure in the zip codes running along Johnson County's southern border.

- Chronically high cholesterol in Nineveh, Edinburgh, and Greenwood.
- Elevated death rate due to coronary heart disease.
- Marion County ranks 89th out of the 92 counties in Indiana in terms of health factors (health behaviors, clinical care, social and economic, and environmental factors), and it ranks 74th in terms of health outcomes- how long people live and how healthy people feel when they are alive. There are three health centers in the 46201 area, but there is not a hospital. The ratio of patients to a physician in Marion County is 1254:1, which is well below the state average of 1518:1. The ratio of patients to a mental health provider Marion County is 436:1, which is extremely low compared to the state average of 750:1 (County Health Rankings, 2013). Other social determinants within the south side of Marion County, specifically the 46201 area code, include:

Marion County (46201) vs. Indiana Narrative				
Characteristic	Marion County (46201) Total	Percentage	Indiana Total	Percentage
Population	30,962		6,080,485	
Median Household Income	26,391		48,248	
Veteran Population	1,843	6.55%	455,105	9.30%
Race/Ethnicity: Caucasian Origin	19,392	62.60%	5,320,022	98.60%
Homeowners: Occupied Units	5,627		1,736,481	
Employment: Educational Services/Health		9.20%	688,595	23.20%
Employment: Construction or Manufacturing		13.20%	715,913	24.20%
Unemployment		18.30%		6.20%
Poverty		40.30%		15.40%

Black boxes indicate that data is not available.

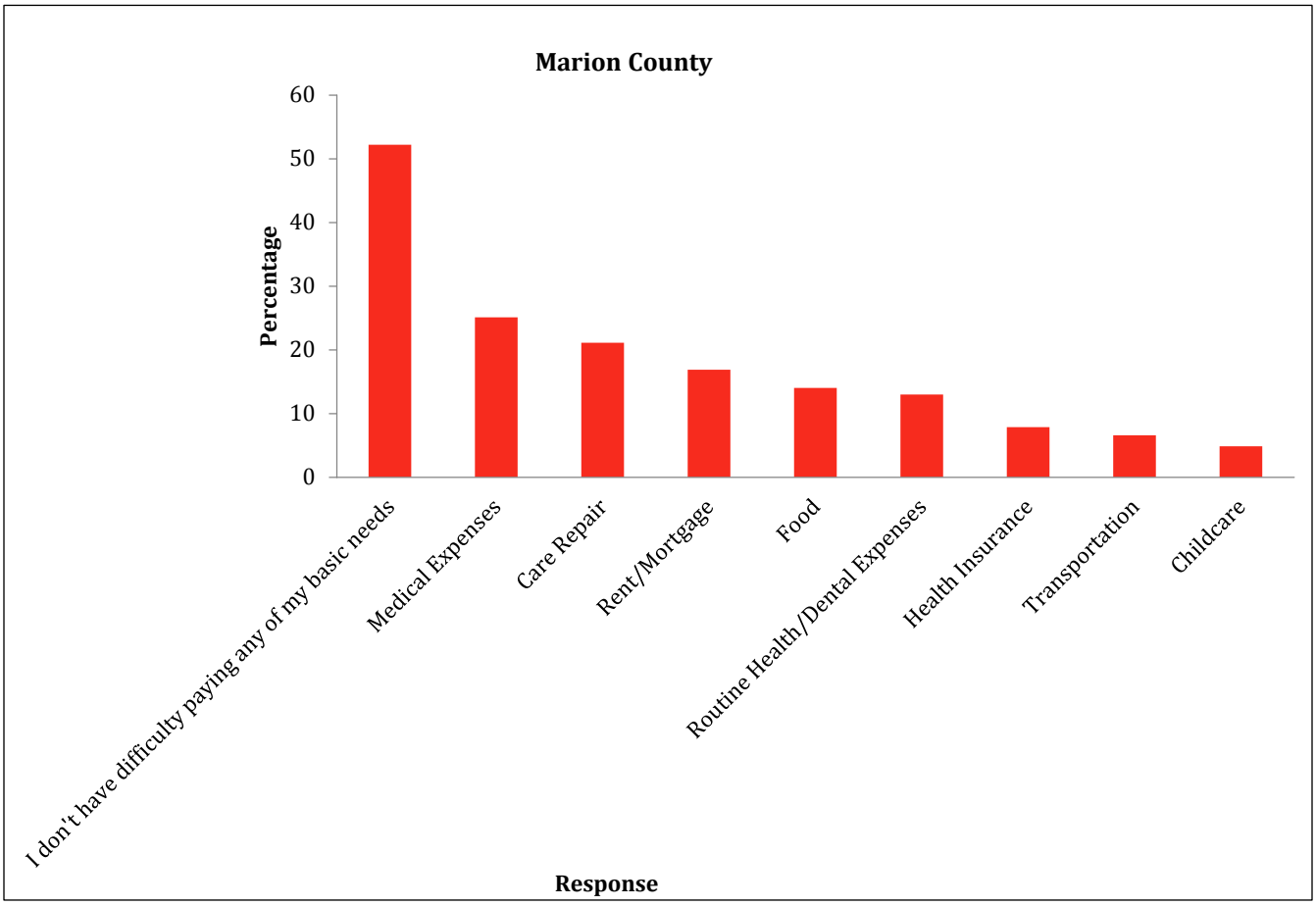
Poverty can be displayed through the amount of students receiving free or reduced lunch within the school system as well as the types of industries that employ the majority of the population. In Marion County, 56.0% of the students receive free lunch, and 7.9% receive reduced (fee) lunch (Census, 2015). Rural and urban households below the 100% poverty level are at 17.54% (Community Commons, 2012). The top five industries that employ residents are within these sectors (Census, 2015):

1. Educational Services, and healthcare and social assistance: 22.2% of the total working population
2. Retail Trade: 12.3% of the total working population
3. Professional, scientific, and management, and administrative and waste management services: 11.2% of the total working population
4. Manufacturing: 11.1% of the total working population
5. Arts, entertainment, and recreation, and accommodation and food services: 10.6% of the total working population

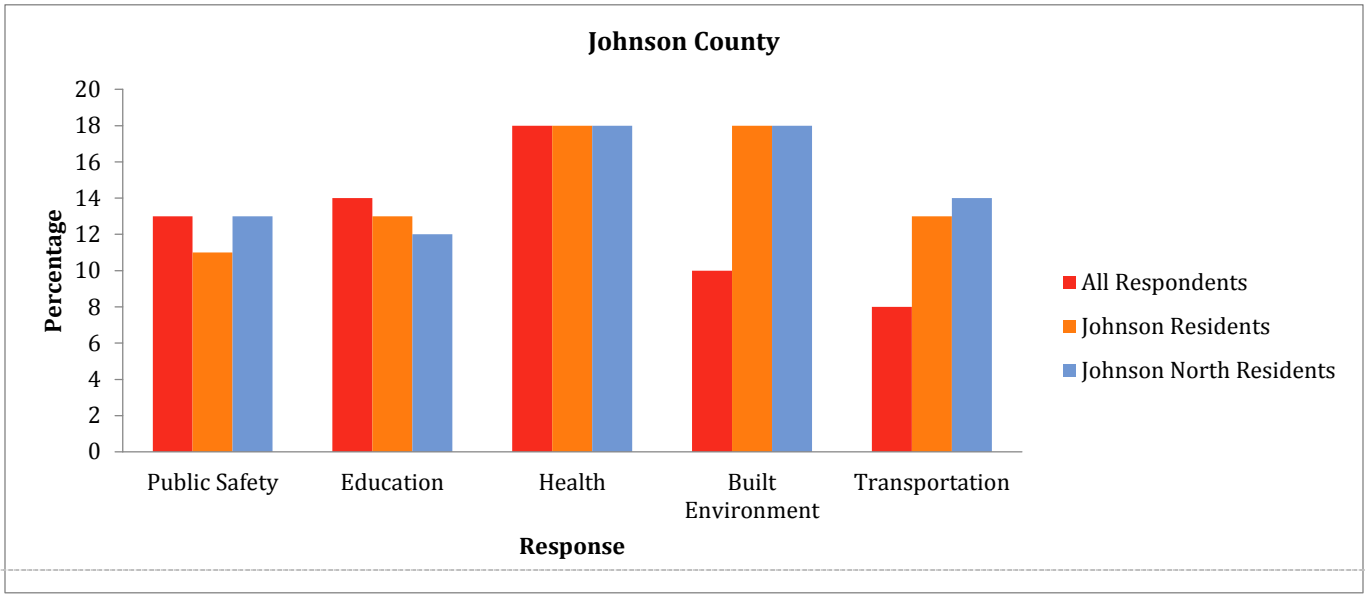
Medicare and Medicaid recipient percentages help depict the significance that poverty plays in the residents' lifestyles. Special population disparities are significant and diverse among Johnson and Marion counties.

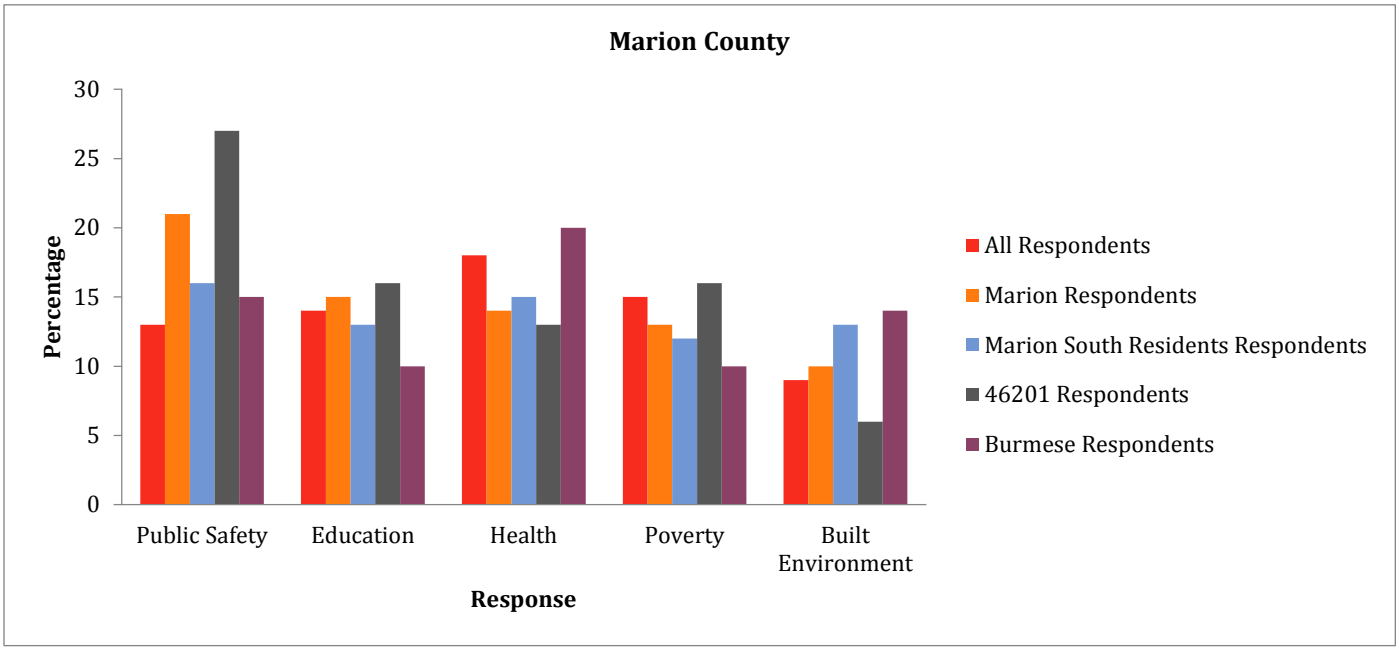
Insurance and Demographic	Johnson	Marion
Insured, Medicaid/Means Tested	21.49%	25.55%
Insured, Medicaid, Ages 0-17	22.85%	45.06%
Insured, Medicaid, Ages 18-64	6.33%	12.96%
Insured, Medicaid, Age 65+	9.53%	14.24%
Insured, Medicare	15.55%	15.57%
Community Commons, 2015		

The survey questions, specific to Marion County, revealed what residents regularly have difficulty paying:



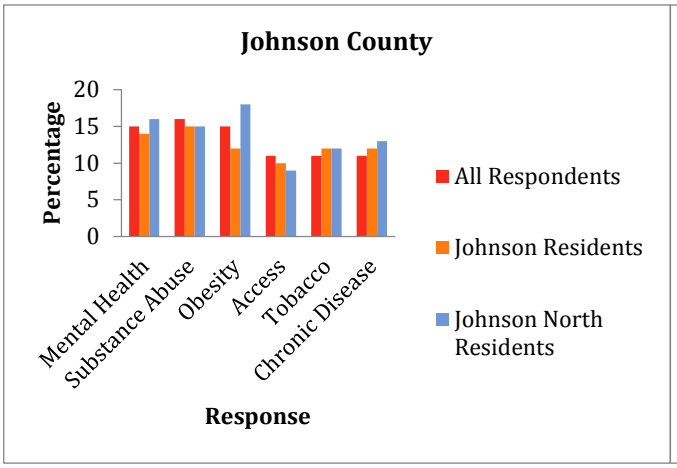
In the survey, all respondents were asked to select the top three social issues in their community. In Marion County and the Marion South sub-group, transportation related concerns were the top issue identified in the "comments" section of this survey question.

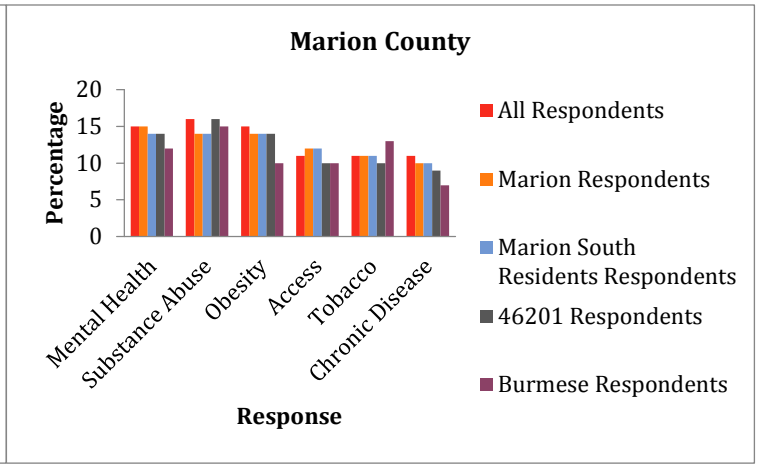




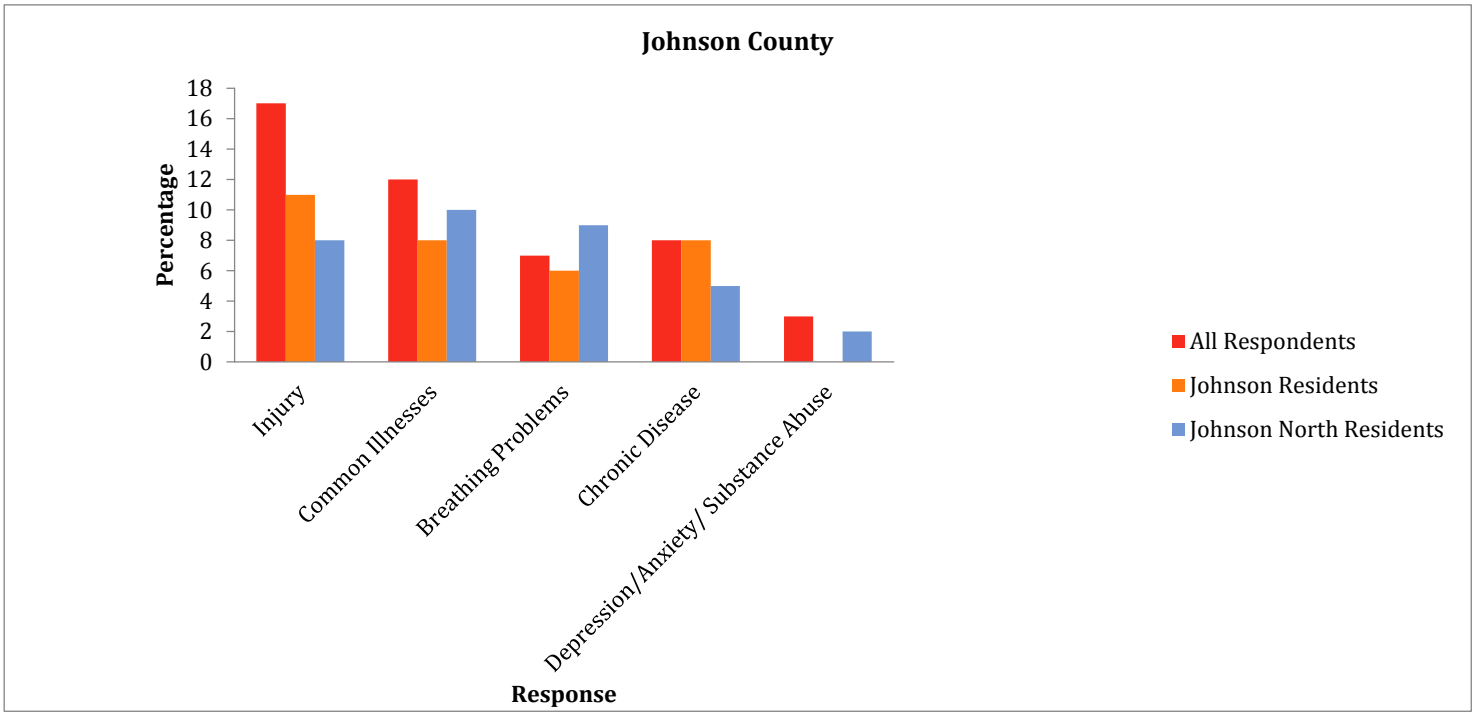
General Health

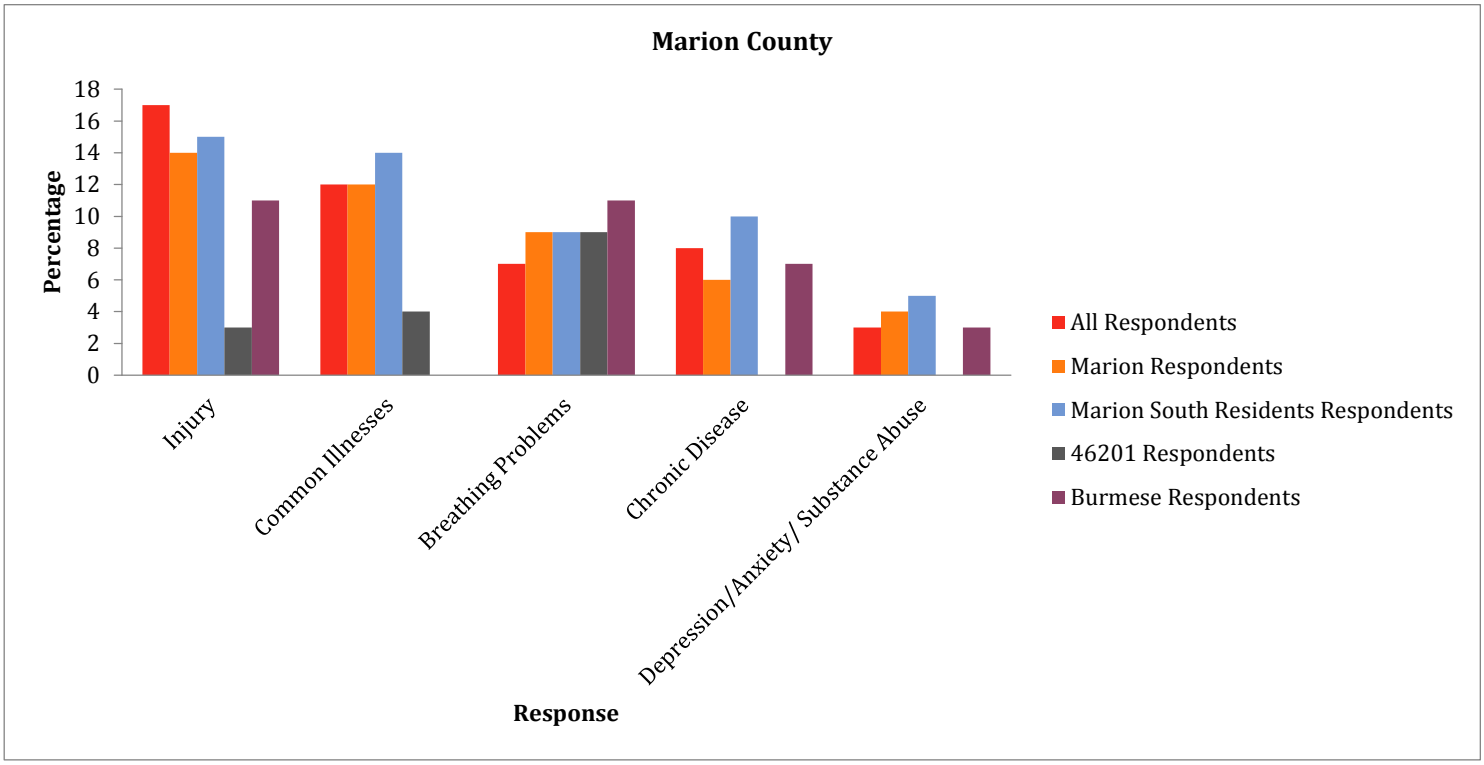
Behavioral health and access to health care are tied for the most frequently used comment by respondents in Marion County and the Marion South sub-group. In the Johnson North sub group, access and shortage of providers received almost 31% of comments.





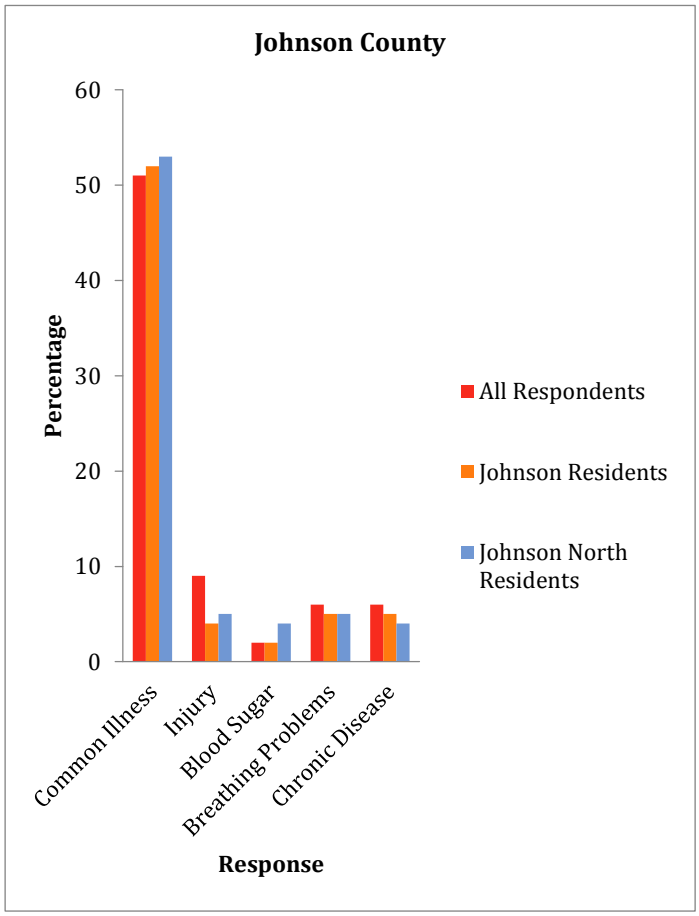
All respondents were asked: "In the past 12 months, have you or anyone in your household visited the Emergency Room for any of the following?" Over 17% of comments identified heart-related issues and chest pain as the reason for using the emergency department from respondents in Marion County and the Marion South sub group.

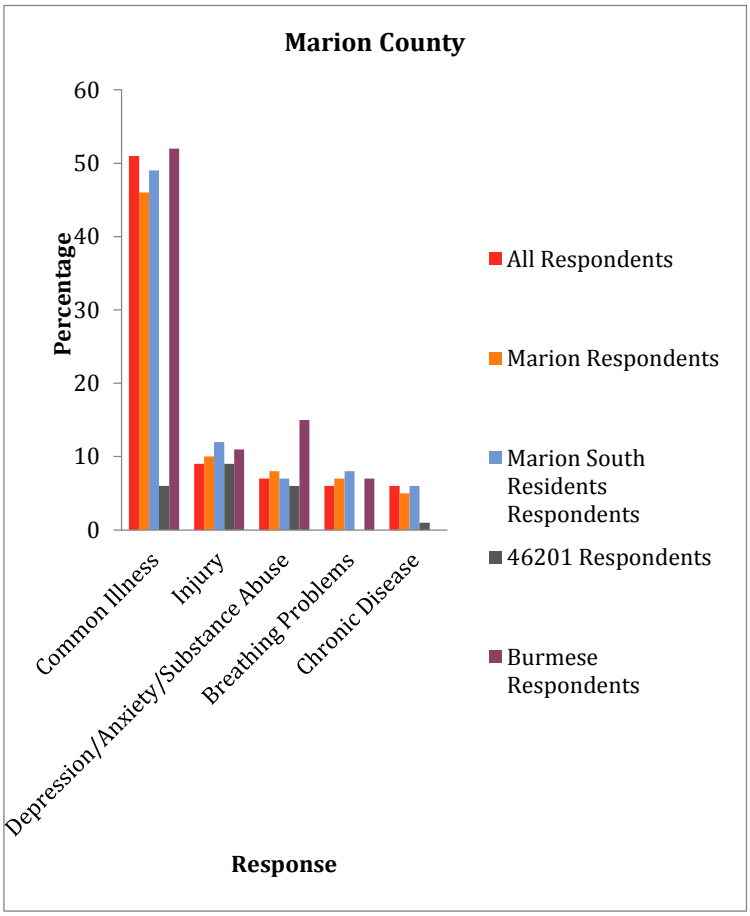




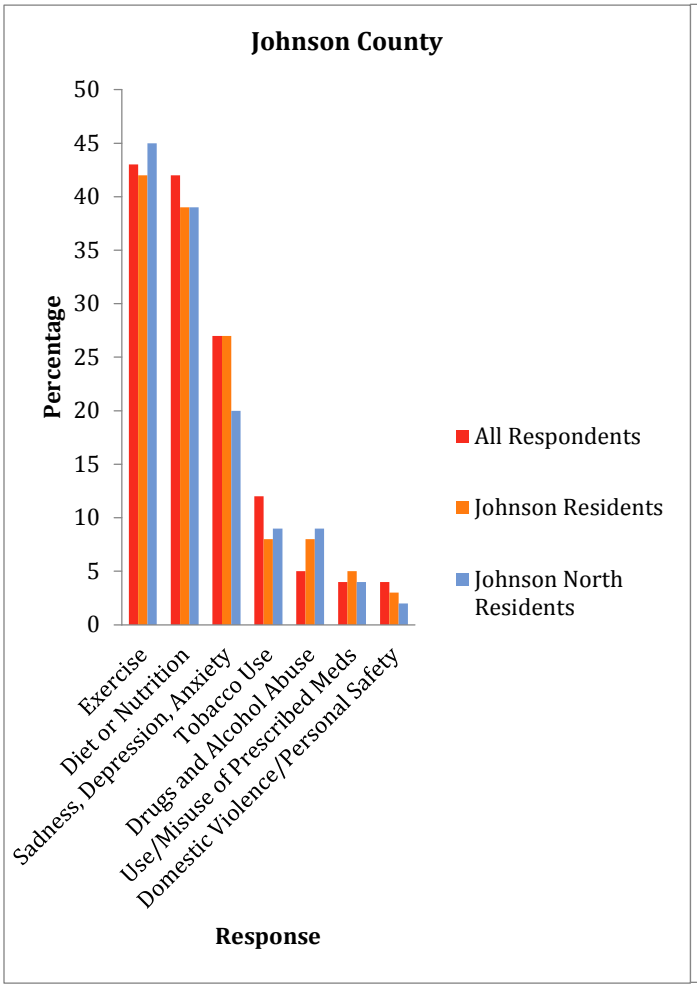
Overall, 63% of respondents stated that they did not visit the Emergency Room. In Johnson County, 68% of respondents did not visit the Emergency Room and 72% of Johnson County North respondents did not visit the Emergency Room. In Marion County, 64% of respondents did not visit the Emergency Room, specifically 60% of Marion County South, 61% of the respondents in the 46201 zip code, and 67% of the Burmese respondents.

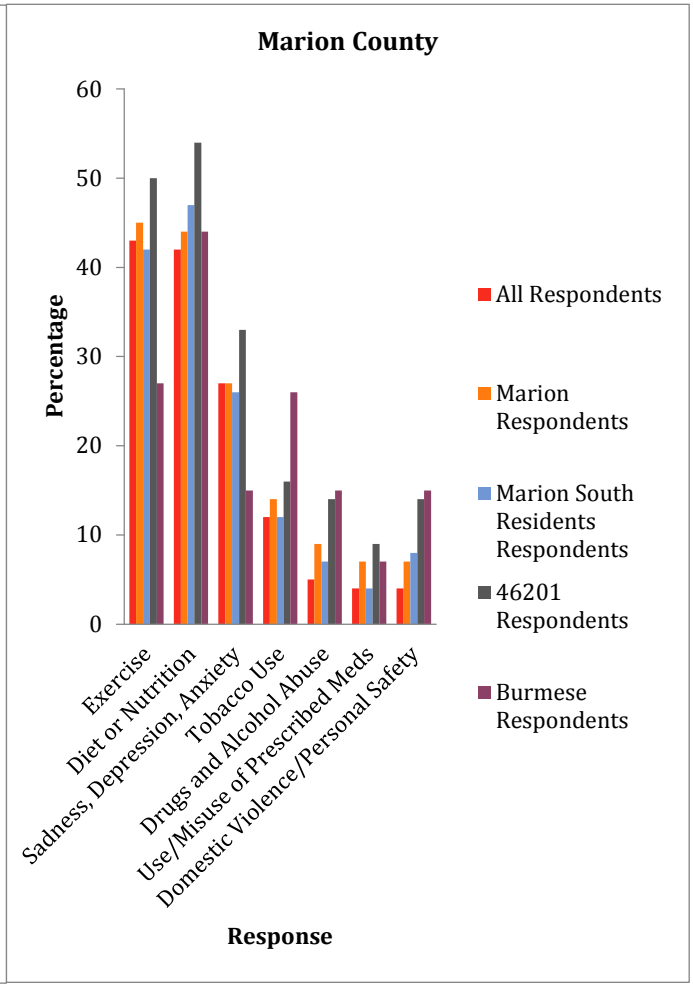
Respondents were asked: "In the past 12 months, have you or anyone in your household missed school/work due to the following?" Respondents in Marion County and the Marion South sub-group; surgery recovery, complications, and follow up were identified in over 17% of comments as the reason for missing work or school. Chronic conditions were also identified as a concern by 14% of those who commented.





Overall, 36% of the respondents did not miss school or work. In Johnson County, 39% of the respondents did not miss and 40% of Johnson County North respondents did not miss school or work. In Marion County, 40% of respondents did not miss school or work, specifically 38% of Marion County South respondents, 31% of respondents in the 46201 zip code, and 30% of the Burmese respondents.



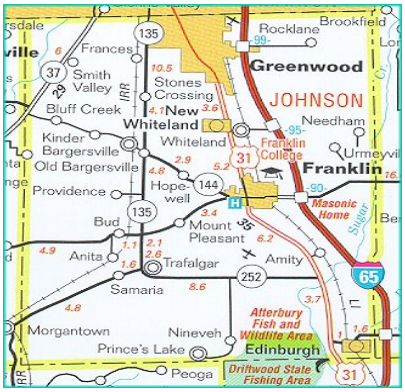


Respondents were also asked to select which topics their doctor had discussed with them. 37.5% of comments from those in Marion County relayed that the respondent's doctor does not talk about any of these issues. 15% commented that they had a poor opinion of the doctor and/or the need to find a doctor that will discuss these issues. 50% of those in the Marion South sub group commented on the lack of discussion initiated by their physician.

Overall Physical Health

Physical health is based on physical activity, air and water quality, and access to recreational parks and centers. Johnson County residents report their amount of poor physical health days are about the same as the state average of 3.6 (INdicators, 2013).

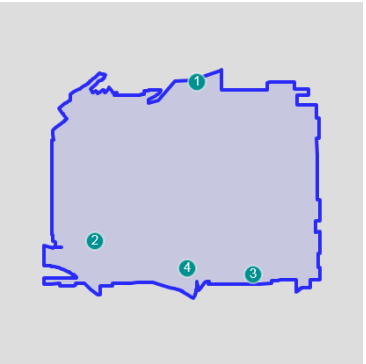
These issues may be linked to available parks and recreation because there are few options within Johnson County. There are six fitness centers and two parks: Independence Park and Johnson County Park. Issues may be linked to crime rates; last year, Johnson County had 230.3 per 100,000 reported crimes, whereas the state average is 329.4 per 100,000.



Air and water quality affect physical health as well. Although the air quality has a high rating of 95/100, the water quality is below the national average of 55/100. The water quality of Johnson County was measured in 2014 as a 27/100, which is based off of the EPA's measurement that uses 15 indicators such as toxic discharges, sediments, pollutants, and turbidity (Best Places, 2014).

Air and Water Quality Linked to Health Disparities: Johnson County, Indiana	
Recognized Carcinogens Released into the Air	6482 lbs.
Air Quality Index	2
Drinking Water Violations	0
Physical Environment Ranking	47
Age-Adjusted ER Rate due to Urinary Tract Infection	100.0 per 10,000
Age-Adjusted Hospitalization Rate due to Urinary Tract Infection	18.1 per 10,000
Age-Adjusted ER Rate due to Dehydration	14.1 per 10,000
Age-Adjusted Hospitalization Rate due to Dehydration	5.1 per 10,000
Asthma: Medicare Population	4.20%
Age-Adjusted ER Rate due to Asthma	37.6 per 10,000
Age-Adjusted Hospitalization Rate due to Asthma	7.1 per 10,000
Age-Adjusted ER Rate due to Pediatric Asthma	49.9 per 10,000
Age-Adjusted Hospitalization Rate due to Pediatric Asthma	8.7 per 10,000
Age-Adjusted ER Rate due to Adult Asthma	33.3 per 10,000
Age-Adjusted Hospitalization Rate due to Adult Asthma	6.5 per 10,000
Age-Adjusted ER Rate due to COPD	28.0 per 10,000
Age-Adjusted Hospitalization Rate due to COPD	23.6 per 10,000
HCI, 2015	

Although there are four parks within the 46201 zip code, they do not adequately serve the population because they are located along the border of the zip code area. The parks are numerically represented in the picture on the right: 1. Brookside Park; 2. Willard Park; 3. Christian Park; and 4. Clayton and LaSalle Park.



Air and water quality affect physical health as well. Although the air quality has a high rating of 74/100, the water quality is below the national average of 55/100. The water quality of Marion County (46201 zip code) was measured in 2014 as a 1/100, which is based off of the EPA's measurement that uses 15 indicators such as toxic discharges, sediments, pollutants, and turbidity (Best Places, 2014).

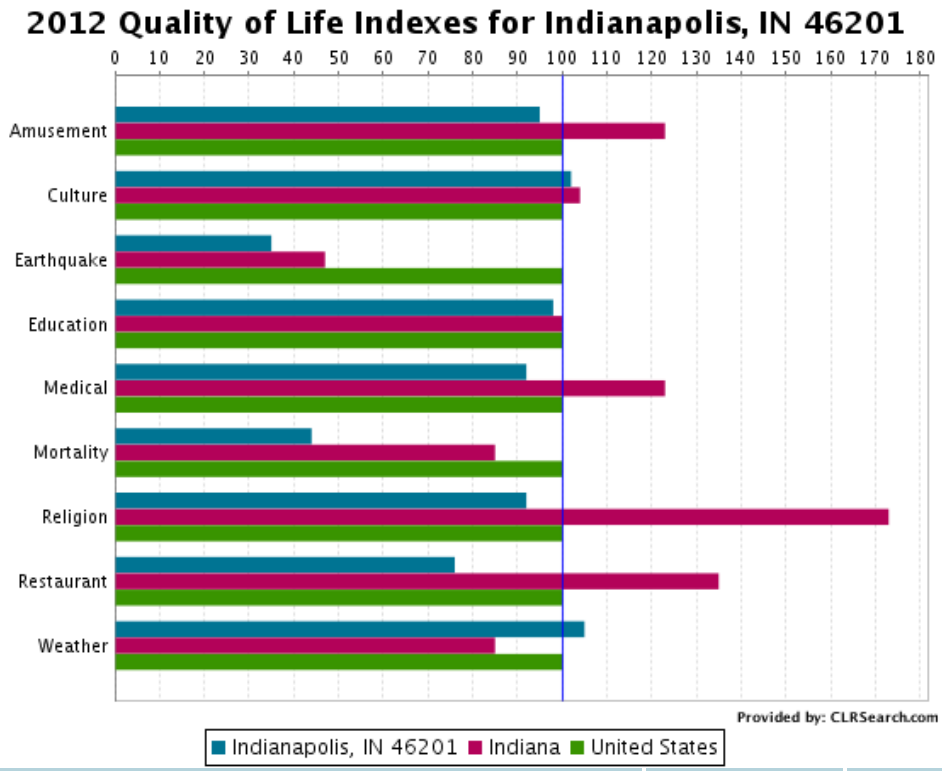
Air and Water Quality Linked to Health Disparities: Marion County, Indiana	
Recognized Carcinogens Released into the Air	57444 lbs.
Air Quality Index	5
Drinking Water Violations	0
Physical Environment Ranking	68
Age-Adjusted ER Rate due to Urinary Tract Infection	128.8 per 10,000
Age-Adjusted Hospitalization Rate due to Urinary Tract Infection	21.0 per 10,000
Age-Adjusted ER Rate due to Dehydration	13.7 per 10,000
Age-Adjusted Hospitalization Rate due to Dehydration	5.9 per 10,000
Asthma: Medicare Population	5.00%
Age-Adjusted ER Rate due to Asthma	78.9 per 10,000
Age-Adjusted Hospitalization Rate due to Asthma	19.2 per 10,000
Age-Adjusted ER Rate due to Pediatric Asthma	127.2 per 10,000
Age-Adjusted Hospitalization Rate due to Pediatric Asthma	31.9 per 10,000
Age-Adjusted ER Rate due to Adult Asthma	62.1 per 10,000
Age-Adjusted Hospitalization Rate due to Adult Asthma	19.2 per 10,000
Age-Adjusted ER Rate due to COPD	34.0 per 10,000
Age-Adjusted Hospitalization Rate due to COPD	34.7 per 10,000
HCI, 2015	

Overall Mental Health

Mental health is a combination of all factors, especially social and emotional support and drug and alcohol-related behaviors. The Johnson County's poor (or fair) health is at 14%, which is lower than the state's average of 16% and average 3.2 mentally unhealthy days per month. According to County Health Rankings and Roadmaps (2015), Johnson County's rankings for other factors are:

Johnson County State Rankings (Out of 92 Counties)	
Characteristic	Rank
Health Outcomes	10
Health Factors	8
Clinical Care	8
Health Behaviors	33
Physical Environment	50
Socioeconomic Factors	7
Quality of Life	17

Quality of life variables depict how this area code is lacking in several aspects:



2012 Quality of Life Indexes	Indianapolis, IN 46201	Indiana	United States
Quality of Life Index	55	59	100
Amusement Index	95	123	100
Culture Index	102	104	100
Earthquake Index	35	47	100
Education Index	98	100	100
Medical Index	92	123	100
Mortality Index (All Causes)	44	85	100
Religion Index	92	173	100
Restaurant Index	76	135	100
Weather Index	105	85	100

The data for Indianapolis, IN 46201 may also contain data for the following areas: Indianapolis

Quality of Life Index: Based on the results of a study group, this index is calculated based on what variables affect individuals as they search for a new home, how much they would enjoy living in a place and the impact of each selected variable. For example, the crime index affects the total quality of life index negatively and the amusement index affects it positively.

Positive Variables Weighted for Quality of Life Index: Amusement, Culture, Education, Medical, Religion, Restaurants and Weather

Negative Variables Weighted for Quality of Life Index: Crime, Earthquake and Mortality
Index score: (100 = National Average) for an area is compared to the national average of 100. A score of 200 indicates twice the national average, while 50 indicates half the national average. *(CLR Search, 2012)*

The Marion County's poor (or fair) health is at 17.3%, which is higher than the state's average of 16% and average 3.8 mentally unhealthy days per month. According to County Health Rankings and Roadmaps (2015), Marion County's rankings for other factors are:

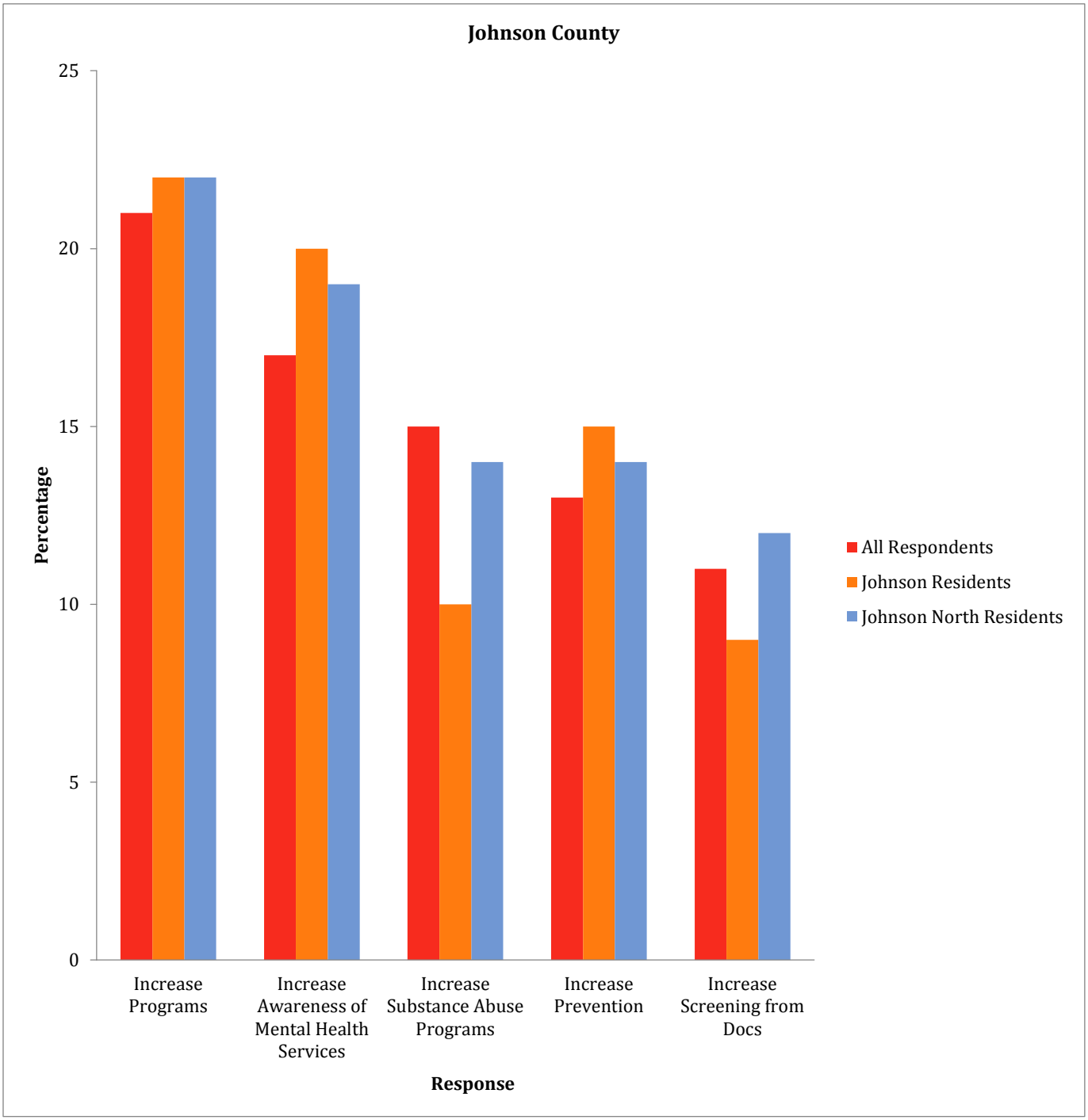
Marion County's State Rankings (Out of 92 Counties)	
Characteristic	Rank
Health Outcomes	74
Health Factors	89
Clinical Care	32
Health Behaviors	86
Physical Environment	68
Socioeconomic Factors	92
Quality of Life	74

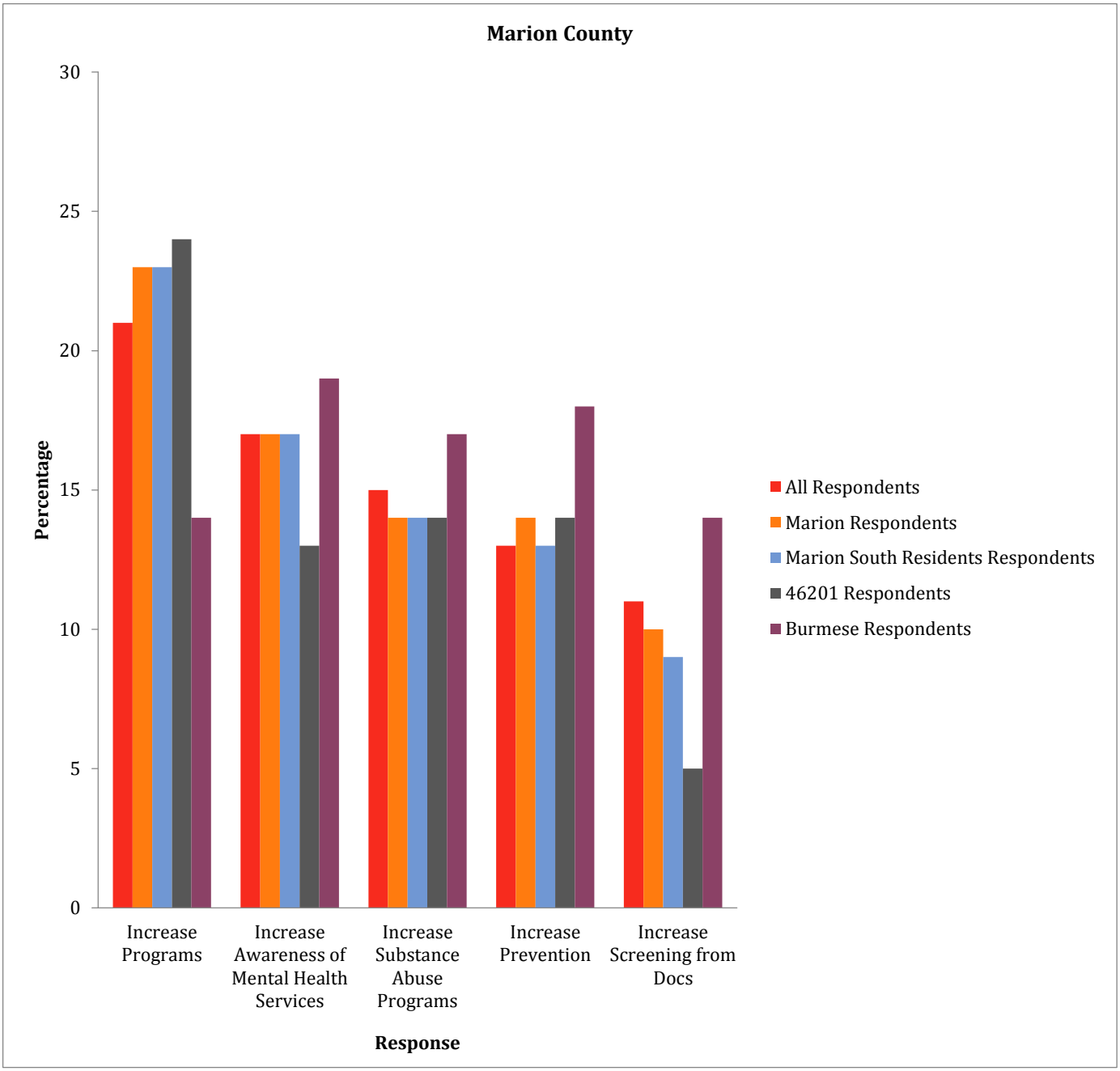
A lack of social and emotional support can be the cause of several health disparities. In Johnson County, 18.9% of the population lack this support, and In Marion County, 23.1% of the population lack this support (INdicators, 2013). Factors that can be attributed to this statistic are listed below:

Indicator	Johnson County	Marion County
Binge or Heavy Drinkers	18.90%	15.70%
Alcohol-Related Arrests per 100,000	1090	1476
Drug-Related Arrests per 100,000	7270	10470
Drug Poisoning Deaths per 100,000	12	14
Idle Teen Rate per 100	7.7	12.0
**County Health Rankings and Roadmaps, 2015; Kids Count, 2015*		

Suicide rates are an adequate expression of the mental health disparities within Indiana and counties independently. Suicide is one of the most preventable causes of death, but it still has a major impact in the state of Indiana. In Johnson County, suicide is still a contributing factor to causes of death and Emergency Room visits/hospitalizations. Between 2006 and 2010, there were 63 suicides in Johnson County. Between 2007 and 2011, there were 578 self-inflicted injury Emergency Room visits and 220 hospitalizations due to attempted suicide. The age-adjusted death rate due to suicide during this time was 9.5 (Suicide in Indiana, 2013). In Marion County, between 2007 and 2011, there were 4,515 self-inflicted injury Emergency Room visits and 2,193 hospitalizations due to attempted suicide. The age-adjusted death rate due to suicide during this time was 13.6 (Suicide in Indiana, 2013). With the survey data and the statistical analysis of suicide and drug and alcohol abuse, it is apparent that mental wellness needs to be address in Johnson County and Marion County.

In the survey, all respondents were asked to select the top three ways to improve mental health in their community. Affordability and access to services were indicated as a top concern in the 'comments' field from those in Marion County and the Marion South sub-group.




Marion County
30
25
20
15
10
5
0
Percentage
Increase Programs
Increase Awareness of Mental Health Services
Increase Substance Abuse Programs
Increase Prevention
Increase Screening from Docs
Response
All Respondents
Marion Respondents
Marion South Residents Respondents
46201 Respondents
Burmese Respondents

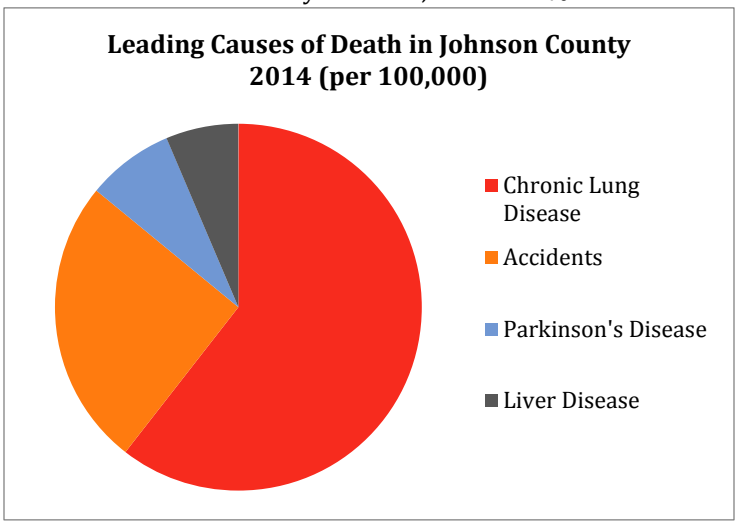
Chronic Disease, Mortality, Morbidity

Leading Causes of Death

According to the Indiana State Department of Health (2012), "Chronic diseases and injuries have a considerable impact on morbidity (health) and mortality (death) in Indiana and across the country. In 2010, almost 50% of Indiana adults reported having a history of heart disease, stroke, cancer, chronic lower respiratory disease (like asthma), diabetes, or arthritis."

According to the CDC (2014), Johnson County was ranked within four of the top fifteen leading causes of death in the United States last year. In order, here are the causes and rates per 100,000:

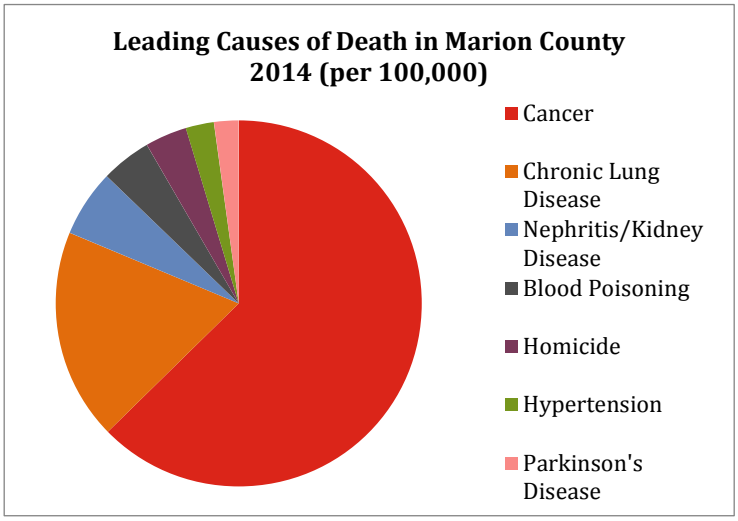
- Chronic Lung Disease: 71.0
- Accidents: 29.8
- Parkinson's Disease: 9.0
- Liver Disease: 7.5



The most recent leading cause of death data shows that major cardiovascular disease and cancer are responsible for 68% of all deaths in the county: cardiovascular-40% and cancer-28%. Findings lead to three priorities that are directly linked to the leading causes of death: obesity, chronic overweight, and tobacco use (Johnson Memorial Hospital CHNA, 2013).

According to the CDC (2014), Marion County was ranked within eight of the top fifteen leading causes of death in the United States last year. In order, here are the causes and rates per 100,000:

- Cancer: 213.5
- Chronic Lung Disease: 63.5
- Nephritis/Kidney Disease: 20.1
- Blood Poisoning: 15.1
- Homicide: 12.6
- Hypertension: 8.5
- Parkinson's Disease: 7.4



Another avoidable cause of death (or injury) is domestic abuse. "During the period July 1, 2012 to June 30, 2013, there were 58 domestic violence homicides in Indiana" (Indiana Coalition against Domestic Violence, 2014). There were eight homicides in Marion County and zero in Johnson County. In Marion County, 4527 victims received residential services and 5849 victims received non-residential services. In Johnson County, 26 victims received residential services and 275 victims received non-residential services. Throughout Indiana, 11,719 victims received residential services and 30,488 victims received non-residential services.

Accidents, Injuries, and Homicide

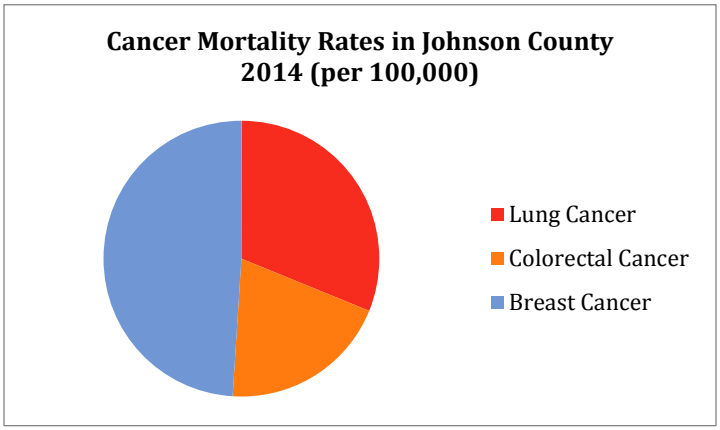
Unintentional injury/accidents continue to rank in the top ten (and sometimes top five) leading causes of injury statewide and locally. "Johnson County, IN violent crime rate, on a scale from 1 (low crime) to 100, is 34. Violent crime is composed of four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. The US average is 41.4. [P]roperty crime rate, on a scale from 1 (low) to 1oo, is 34. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson. The object of the theft-type offenses is the taking of money or property, but there is no force or threat of force against the victims. The US average is 43.8" (Best Places, 2014). Indianapolis, IN (Zip 46201) violent crime rate, on a scale from 1 (low crime) to 100, is 80, and the property crime rate is 68 (Best Places, 2014). Accidents and injuries are also prevalent in the counties:

	Johnson County vs. Indiana		
Description	Johnson County Data	Marion County Data	Indiana Data
Unintentional Injury Mortality Rate	37.2 per 100,000	44.2 per 100,000	44.1 per 100,000
Traffic Injury Mortality Rate	10.2 per 100,000	10.7 per 100,000	800 total deaths
Injury Emergency Department Visits	553.9 per 10,000	606.6 per 10,000	More than 600,000
Injury Hospitalizations	66.0 per 100,000	84.7 per 10,000	More than 300,000
Homicide Mortality Rate	2.0 per 100,000	15.2 per 10,000	5.4 per 100,000
INdicators, 2013			

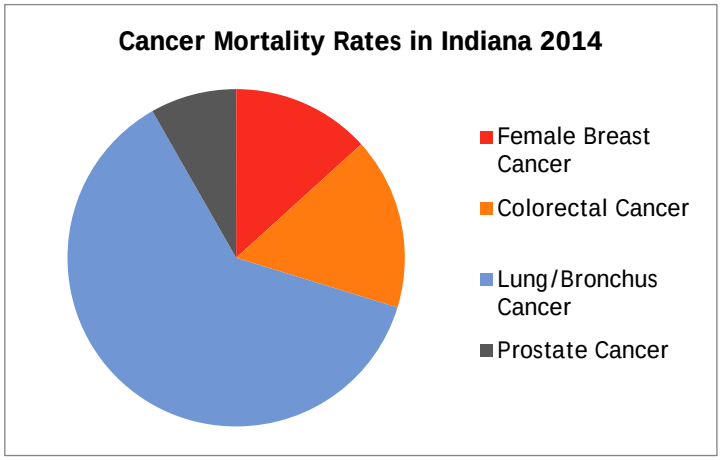
Cancer

Cancer greatly affects the county mortality rates as well. The top three cancers that affect Johnson County's cancer death rates include:

- Lung Cancer per 100,000: 71.8
- Colorectal Cancer per 100,000: 45.7
- Breast Cancer per 100,000: 112.8



In Marion County (46201), prostate cancer is prevalent; the incidence rate is 110.7 per 100,000 (Community Commons, 2015). According to the Indiana State Department of Health (2012), the top four cancers that affect the state of Indiana are female breast cancer, colorectal cancer, lung cancer, and prostate cancer.



The CDC (2014) projected the estimated number of new cases and deaths for selected cancers in each Indiana County. Johnson and Marion County projections were:

Estimated Number of New Cases and Deaths for Selected Cancers: Indiana 2014										
	All Cancer Sites		Female Breast		Colorectal		Lung/Bronchus		Prostate	
	New	Mortality	New	Mortality	New	Mortality	New	Mortality	New	Mortality
Indiana	35620	13420	4600	870	2890	1080	5510	4060	4040	540
Johnson	697	244	90	15	59	12	105	74	63	11
Marion	4376	1721	613	121	331	88	722	549	413	73
CDC, 2014										

Smoking can be attributed to several health disparities, including cancer. Adult smoking is defined as the percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime (County Health Rankings and Roadmaps, 2015). In Johnson County, 25.7% of adults smoke, and 3,686 illnesses in 2014 were smoking-related. In Marion County, 26.1% of adults smoke, and 27,532 illnesses in 2014 were smoking-related (State of Indiana, 2015). The complete data is located in the appendix.

Cardiovascular

Cardiovascular-related disparities account for several of the Emergency Room visits and hospitalizations. For example, 4.02% of the population in Marion County (46201) was diagnosed with heart disease, and 23.54% of adults were diagnosed with high blood pressure and are not taking medication (Community Commons, 2015). Johnson County and Marion County (as a whole and the zip code 46201 specifically) age-adjusted rates are listed below:

Johnson County vs. Indiana				
Description	Johnson County Data	Marion County (whole)	Marion County (46201)	Indiana Data
Age-Adjusted Death Rate due to Stroke (per 100,000)	39.7	37.8		44.5
Age-Adjusted Death Rate due to Coronary Heart Disease (per 100,000)	117.4	191.4		190.9
Age-Adjusted ED Rate due to Heart Failure (per 10,000)	5.9		9.8	61.1
Age-Adjusted Hospitalization Rate due to Hearth Failure (per 10,000)	22.7		48.7	45.3

Black boxes indicate that the data is not available.
Data: INdicators, 2013; CDC, 2013

Diabetes

Obesity contributes to diabetes; both factors relate to poverty, physical environment, and food insecurity. Adult obesity rate in Johnson County is at 31%, which is equal to the state average. Some cases may be attributed to the lack of physical activity and access to exercise, but Johnson County seems to have more opportunities than most counties. Physical inactivity is at 23.0% (below the state average of 27%), and access to exercise, 86%, is higher than the state average of 75%.

Obesity and diabetes-related complications continue to affect the community and healthcare systems. The age-adjusted death rate due to diabetes in Johnson County is 20.8 per 100,000. The age-adjusted hospitalization rate due to long-term complications of diabetes in Marion County (46201) is 25.3 per 10,000. The age-adjusted hospitalization rate due to short-term complications of diabetes in Marion County (46201) is 27.7 per 10,000 (St. Vincent, 2015).

Infectious Disease

Infectious disease is inevitable but rates can be reduced through preventative care (vaccinations) or lifestyle changes/choices. According to the Indiana State Department of Health, for the 2014-2015 influenza season there has been a total of 146 deaths. Their report only showed the counties where five or more deaths occurred, and Johnson County was not on that list. Less than half of the population of Johnson County, specifically 36.5%, received the influenza vaccine for this season. Yet, in Marion County, 19 deaths occurred. Only 37.7% of the population received the influenza vaccine for this season.

Six cases of tuberculosis were reported in Johnson County in 2011. "In 2013, TB cases were reported in greater than 1/3 of Indiana's 92 counties. Indiana's three most populous counties (Marion, Lake, and Allen) accounted for half of all new cases. At 3.9 per 100,000, Marion County's incident rate was nearly three times higher than the overall statewide rate of 1.4 per 100,000" (Tuberculosis Annual Report, 2013).

In 2013, the HIV prevalence rate was 91.7 per 100,000 in Johnson County and the prevalence rate in Marion County (specifically 46201) was 474 per 100,000 (Community Commons, 2015).

Vaccination among infants is severely low; only 38.0% of infants in Johnson County and Marion County have complete immunization records.

Neurological

Most neurological illness prevalence rates are not reported by county, but Alzheimer's disease mortality rates are reported. Alzheimer's disease death rate in Johnson County is 24.2 per 100,000. In Marion County, the Alzheimer's disease death rate is 21.8 per 100,000 (INdicators, 2013).

Respiratory

Respiratory incidence rates continue to fill emergency rooms in Johnson County and Marion County. The age-adjusted death rate due to chronic lower respiratory diseases in Johnson County is 78.1 per 100,000 and 62.0 in Marion County, which is higher than the state average of 58.2 per 100,000. The age-adjusted Emergency Department rate due to adult asthma is 33.3 per 10,000 in Johnson County and 124.1 per 10,000 in Marion County. The age-adjusted Emergency Department rate due to child asthma is 37.6 per 10,000 in Johnson County and 170.0 per 10,000 in Marion County (INdicators, 2013).

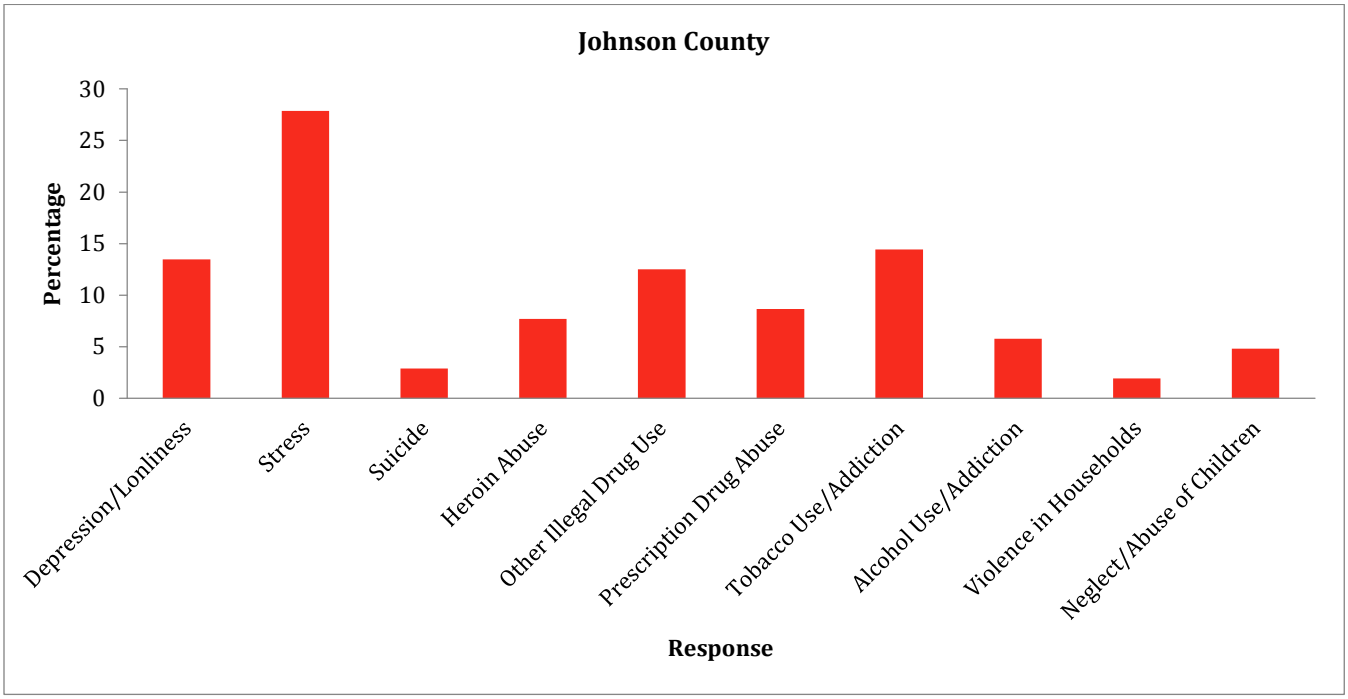
Rheumatic/Joint Related

Arthritis and hip fracture hospitalization incidence rates continue to fill emergency rooms in Johnson and Marion counties as well (INdicators, 2013):

Occurrence	Johnson County	Marion County	Indiana
Hip Fracture Hospitalization (65+)	59.0 per 10,000	58.4 per 10,000	60.8 per 10,000
Adults 18+ Diagnosed with Arthritis	31.40%	27.50%	30.10%
Arthritis Hospitalization	39.5 per 10,000	33.0 per 10,000	34.0 per 10,000

Behavioral Health

Respondents to the survey convey residents' opinions on what the counties need. In the county specific questions, Johnson County residents responded to this question: Which of the following do you think is the most important behavioral health issue in your community. Select only one.



Depression and Anxiety

Depression and anxiety are prevalent in both counties, and residents recognize the significance of the issue. The survey revealed that 69.07% of the Johnson County respondents believe that mental health (depression, anxiety, sadness) is a top priority and ranked it within the top five health needs in their community. In Marion County (46201), 78.43% of the respondents believe that mental health (depression, anxiety, sadness) is a top priority and ranked it within the top five health needs in their community.

Substance Abuse

Substance abuse is an issue statewide and locally; task forces have been tackling the ever-growing issues. According to the Indiana Association of United Ways, there are other statistics that support the substance abuse priority in Johnson County. On a scale of one to four, four being the highest, Johnson County is ranked as a one in the quartile rank for a three year median case rate of acute and chronic Hepatitis C from 2011 to 2013. 50 (20.9% of the affected population) cases of substance abuse treatment episodes were reported with heroin use at treatment admission. 44 (18.4% of the affected population) cases of substance abuse treatment episodes were reported with heroin dependence at treatment admission. The average age-adjusted prescription drug overdose mortality rate in Johnson

County (2002-2013) is 11.84 (2015). Drug Free Johnson County created a new Comprehensive Community Plan that addressed three issues with supporting data (Indiana Criminal Justice Institute, 2014):

Johnson County Concerns and Supporting Data for the Comprehensive Community Plan

Concern 1		The abuse of illegal substances among youth and adults is, and continues to be, a problem in Johnson County.
Supporting Data	A	Hazelden Betty Ford Foundation reports the 2012 youth trends as: 7.7% of 8th grade students, 18.6% of 10th grade students and 25.2% of 12th grade students using illicit drugs.
	B	According to the Indiana Prevention Resource Center (2013) Prevalence Statistics on ATOD for Johnson County Schools:

1. 9th, 10th, 11th, and 12th grade students reported monthly use of the following drugs:

Drug of Choice	9th Grade	10th Grade	11th Grade	12th Grade
Marijuana	9.7	13.7	15.3	17.6
Synthetic Marijuana	2.7	2.8	3	3
Cocaine	0.5	1	1	1.2
Crack	0.4	0.6	0.4	0.8
Inhalants	1.2	1.1	1.1	1.1
Methamphetamines	0.5	0.7	0.9	0.9
Heroin	0.4	0.5	0.7	0.8
Steroids	0.4	0.5	0.6	0.8
Ecstasy	0.8	1.3	1.3	1.7
Hallucinogens	0.8	1.2	1.3	1.6

2. 9th, 10th, 11th, and 12th grade students reported lifetime use of the following drugs:

Drug of Choice	9th Grade	10th Grade	11th Grade	12th Grade
Marijuana	18.9	26.5	31.9	36
Synthetic Marijuana	8.7	12	15.3	17.1
Cocaine	1.9	2.5	3.2	4.1
Crack	1.2	1.4	1.7	1.8
Inhalants	4.2	4.4	5.3	5.1
Methamphetamines	1.3	1.6	2.1	2
Heroin	1	1.3	1.6	1.9
Steroids	1	1.2	1.5	1.7
Ecstasy	2.5	3.7	4.7	5.3
Hallucinogens	2.4	3.7	4.5	5.8

	C	According to the 2013 Indiana DCS Annual Report, the number of heroin positive drug tests increased by almost 32%, to 14% of tests given. The report shows 1% positive for bath salts, 3% positive for synthetic cannabinoids, 3% positive for cocaine and 3% positive for methamphetamine. Overall, the number of positive tests increased from 32.8% in 2012 to 35% in 2013.
Concern 2		Adults and youth in Johnson County continue to abuse alcohol.
Supporting Data	A	According to the Indiana Prevention Council 2013 survey, 6th through 12th grade students report the following alcohol use:

Grade	Lifetime	Monthly	Binge
6th	13.6	4.4	5.5
7th	19.4	7.1	6
8th	32.6	14	9.6
9th	39.5	18.7	12.4
10th	49.4	24.7	160
11th	55.3	28.5	18.9
12th	61.7	34.9	23.5

	B	Hazelden Betty Ford Foundation reports the 2012 numbers for youth trends as: 11% of 8th grade students, 27.8% of 10th grade students, and 41.5 of 12th grade students using alcohol.
	C	According to the 2013 Indiana DCS Annual Report, 2,913 of the drug tests administered were positive for

		alcohol.
Concern 3		Prescription drugs are abused by adults and youth in Johnson County
Supporting Data	A	According to the 2013 Indiana DCS Annual Report, 5515 drug tests showed positive for Hydrocodone, 1890 drug tests showed positive for Morphine, 106 drug tests showed positive for Codeine, 54 drug tests showed positive for Fentanyl, 51 drug tests showed positive for Soma, and 1819 drug tests showed positive for Buprenorphine.
	B	According to the 2013 Indiana Prevention Resource Center survey, the following 6th through 12th grade students reported lifetime use of prescription drugs and over the counter medications:

Grade	Prescription	OTC
6th	1.9	1.7
7th	2.3	2.3
8th	4.7	3.9
9th	7.1	5.3
10th	10.1	6.7
11th	12.2	7.7
12th	14.3	8.3

C According to the same survey, the following students reported monthly use of prescription drugs and over the counter medications:

Grade	Prescription	OTC
6th	0.7	1.0
7th	1.2	1.2
8th	2.2	1.8
9th	3.3	2.2
10th	4.3	2.4
11th	5.1	2.3
12th	5.7	2.6

According to the Indiana Association of United Ways, there are other statistics that support the substance abuse priority in Marion County. On a scale of one to four, four being the highest, Marion County is ranked as a three in the quartile rank for a three year median case rate of acute and chronic Hepatitis C from 2011 to 2013. 861(9.7% of the affected population) cases of substance abuse treatment episodes were reported with heroin use at treatment admission. 713 (16.3% of the affected population) cases of substance abuse treatment episodes were reported with heroin dependence at treatment admission. The average age-adjusted prescription drug overdose mortality rate in Marion County (2002-2013) is 14.35 (2015). Drug Free Marion County updated their Comprehensive Community Plan that addressed three issues with supporting data (Indiana Criminal Justice Institute, 2014):

Marion County Concerns and Supporting Data for the Comprehensive Community Plan		
Concern 1		The use of alcohol and marijuana by Marion County youth in 6th, 8th, and 10th grade is at or above state and state and national averages; their marijuana use continues to be well above average.
Supporting Data	A	Marion County 6th and 8th grade students report higher monthly usage of alcohol and daily binge drinking than other students in the state and/or nation.
	×	% Reporting Monthly Alcohol Use and Binge Drinking (2012 IPRC Surveys)

	Marion Co. Alc/Binge	State Alc/Binge	National (2011) Alc/Binge
6th Grade	7.5/10.3	4.7/5.5	NA
8th Grade	19.5/16.5	16.5/11.2	12.7/6.4

	B	Marion County 6th, 8th and 10th grade students report significantly higher monthly usage of marijuana than other students in the state and/or nation.
	×	% Reporting monthly Marijuana Use (2012 IPRC Surveys)

	Marion Co.	State	National (2011)
6th Grade	6.1	1.3	NA

		8th Grade	18.3	8.0	7.2
		10th Grade	21.4	15.4	17.6
	C	The current mean age for first time use of marijuana by Marion County 6th grade students is 11.3 years and 13.4 years for students in grades 6-12 (2012 IPRC Surveys).			
	D	Marion County 6th and 8th grade students believe that there is a greater risk from smoking a pack of cigarettes than smoking marijuana regularly or binge drinking weekly (2012 IPRC Survey).			
	E	Significantly more students believe it's not wrong to smoke marijuana than smoke cigarettes or drink alcohol (IPRC 2012 Surveys)			
Concern 2		Adults are not sufficiently aware of the level of youth marijuana and alcohol use nor the potential risks and consequences of their use by young people in Marion County.			
Supporting Data	A	1.2% of 8th grade students, 2.9% of 10th grade students, and 4.0 of 12th grade students in Marion County report drinking alcohol more than 20 times within the last 30 days (IRPC 2012 Surveys).			
	B	1.6% of 8th grade students, 3.8% of 10th grade students, and 10% of 12th grade students in Marion County report using marijuana more than 20 times within the past 30 days (IRPC 2012 Surveys).			
	C	9.1% of 8th grade students, 10.4% of 10 grade students, and 16.9% of 12th grade students believe their parents don't think their drinking alcohol would be wrong (IPRC 2012 Surveys).			
	D	12.0% of 8th grade students, 12.0% of 10th grade students, and 19.1% of 12th grade students believe their parents don't think their use of marijuana would be wrong (IPRC 2012 Surveys).			
	E	In a recent survey of more than 200 parents in one Marion County school district, more than 50% believe 9th grade students use less alcohol than reported and 43% believe youth use less marijuana than reported (2012 Drug Free Marion County Parent Survey).			
Concern 3		There is an increasing lack of funding to support adequate collection of data regarding ATOD use by youths. This negatively affects both assessment of local youth substance use and implementation of effective prevention strategies.			
Supporting Data	A	As a result of eliminating Safe & Drug Free Schools funding, some local schools have ceased to implement student ATOD use surveys to capture the level of use among their student populations.			
	B	In 2009, a total of 9,770 Marion County students took the annual ATOD prevalence survey. In 2012, only 3,407 students participated in the survey.			

According to the Indiana State Department of Health (2015), "In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015, a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV)." Data was collected from Johnson and Marion Counties:

Occurrence	Johnson County		Marion County	
	Total	Rate	Total	Rate
Newly reported HCV cases per 100,000	44	30	504	54
Annual Average Number of non-fatal ED visits due to Opioid overdoses per 100,000	43	30	347	38
Non-fatal ED visits due to opioid overdoses per 100,000	49	34	418	45
Drug poisoning deaths per 100,000 linked to outbreak	25	17	203	22
*Total cases and confirmed to be linked to the HIV outbreak) Indiana State Department of Health, 2015				

Suicide

Suicide is one of the most preventable causes of death, but it still has a major impact in the state of Indiana. In Johnson County, suicide is still a contributing factor to causes of death and Emergency Room visits/hospitalizations. Between 2006 and 2010, there were 63 suicides in Johnson County. Between 2007 and 2011, there were 578 self-inflicted injury Emergency Room visits and 220 hospitalizations due to attempted suicide. The age-adjusted death rate due to suicide during this time was 9.5 (Suicide in Indiana, 2013). Johnson County is ranked 75th (out of 92 counties) for a suicide prevalence rate of 10.62 per 100,000 (CDC, 2013). In Marion County, between 2007 and 2011, there were 4,515 self-inflicted injury Emergency Room visits and 2,193 hospitalizations due to attempted suicide. The age-adjusted death rate due to suicide during this time was 13.6 (Suicide in Indiana, 2013). Marion County is ranked 45th (out of 92 counties) for a suicide prevalence rate of 13.13 per 100,000 (CDC, 2013).

According to the 2011 National Youth Risk Behavior Survey, "Students in Indiana were more likely than students across the U.S. to attempt suicide during the 12 months before the survey, increasing from seven percent in 2003 to 11 percent in 2011. From 2003 to 2011, the number of Indiana students to attempt suicide one or more times during the 12 months before the survey increased from seven to 11 percent" (CDC, 2012). Indiana has the highest rate of students who have contemplated suicide, 19%, and it is has the second highest rate of high school students attempting suicide-11%. Teen suicide is the second leading cause of death in ages 15-24 (17.5%) and the fourth leading cause of death in ages 5-14 (6.1%). From 2007-2011, there were 1,722 Hoosiers ages 10-19 that were treated in an inpatient setting for attempting suicide or self-inflicting injury (Kids Count, 2015).

Pre-Natal through 18 Years of Age

Pre-Natal Care

Prenatal care seems to be declining, causing other issues to arise. Although 72.5% of pregnant women sought prenatal care during the first trimester in Johnson County, there were a significant amount of pregnant women that smoked throughout their pregnancy, 16.4% in 2013, according to the INdicators (2013). Around 38.12% of mothers seek late or no prenatal care within the 46201 zip code and about 14% of pregnant women smoke (Community Commons, 2015).

Johnson County has small percentage of low birth rate, 7.4%, which is below the state average of 8.3%. Marion County has a high percentage of low birth rate of 9.2% (Kids Count, 2015). Healthy People 2020's objective for the state's breastfeeding rate is to be 81.9%. Johnson County's breastfeeding rate is 79.4% and Marion County is 69.6% (Indiana Breastfeeding Initiation by County, 2014).

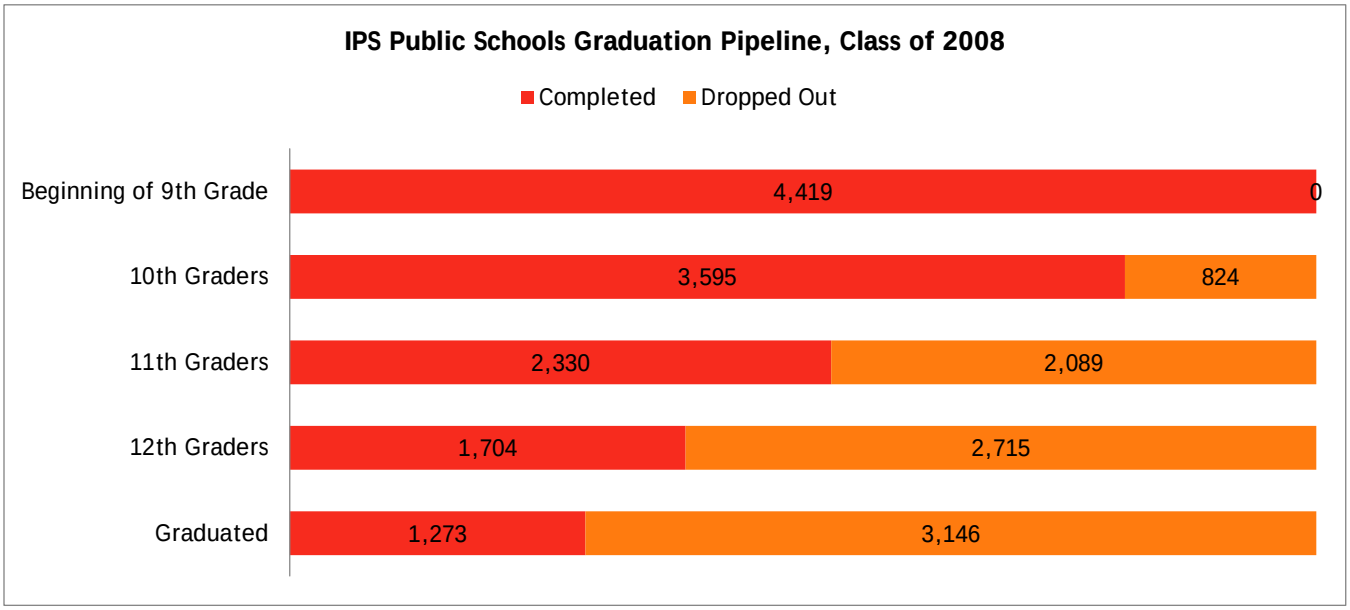
Birth Outcomes

In 2013, Johnson County had 70 infant deaths (County Health Rankings, 2015). From 2004-2010, Marion County (46201 only) had 1008 infant deaths, making the rate of infant mortality 9.5 per 1,000 live births (Community Commons, 2015). In the state of Indiana, 556 babies died before their first birthday; main causes were accidental suffocation, serious birth defects, too small/too early, and Sudden Infant Death Syndrome (SIDS). According to the Indiana Statewide Child Fatality Review Committee Annual Report (2013), "Among the 33 cases reviewed, 18% of the deaths indicated that the sleep environment was either the primary cause of death or a contributing factor in the child's death."

According to Vanessa Renderman's article, *Infant mortality remains state's top health priority* (2014), "The health department recently hired a public relations consultant to design a statewide education and marketing campaign to improve the state's infant mortality rate, he said. It is expected to begin this November and end in December 2015."

Youth Indicators

Three of the youth indicators include child food insecurity, public school drop outs, and idle teen rate. All three of these pertain to the issues being reviewed in Johnson County and Marion County. Child food insecurity "[r]efers to the USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods" (Kids Count, 2015). In 2013, 12.0% of the youth fell into the child food insecurity category in Johnson County, which is below the state average of 21.8%. Also, 28% of the children qualify for free lunch in school. The public school dropout rate was last reported in 2008, with a total of 107 teenagers who dropped out of Johnson County schools, compared to the state's total of 5, 475. Also, the idle teen rate (per 100) was last reported in 2000. Idle teen rate refers to "[y]outh, ages 16 to 19, who are not enrolled in school and not in the labor force" (Kids Count, 2015). In Johnson County, the idle teen rate is 7.7 per 100, which is slightly lower than the state average of 8.0 per 100. In 46201, the idle teen rate is 9.93 per 100. In Marion County (2013), 7.8% of the youth fell into the child food insecurity category. Yet, averages of 60-85% of the children were eligible for free lunch at school (Community Commons, 2015). The public school dropout rate was last reported in 2008, a significant amount of Indianapolis students dropping out-not just 12th graders, but across the high schools as a whole:



According to the CDC (2015), the Youth Risk Behavior Surveillance System "monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults including: behaviors that contribute to unintentional injuries and violence, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection, alcohol and other drug use, tobacco use, unhealthy dietary behaviors, and inadequate physical activity. In 2011, the YRBSS report was released, and all of these behaviors were assessed. For example, in Indiana, 49.5% of students tried cigarette smoking, even one or two puffs. The survey revealed that 18.1% of students smoked cigarettes on one or more of the past 30 days, and 56.8% of students who reported current cigarette use have tried to quit smoking in the past 30 days. Alcohol usage is prevalent in Indiana high schools as well. The survey showed that 21.7% of students rode one or more times in the past 30 days in a car or other vehicle by someone who had been drinking alcohol. The survey also showed that 19.8% of students had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days; 39% of students who reported current alcohol use usually got the alcohol they drank from someone who gave it to them during the past 30 days. Besides smoking and alcohol, sexual activity is another prevalent health-risk behavior. According to the survey, 51% of students have had sexual intercourse, and 38.5% of students have had sexual intercourse with one or more people during the past three months. Although the percentage is low, 17.5% of students who had intercourse

during the past three months used a condom during the last intercourse and used birth control pills or Depo-Provera before the last sexual intercourse to prevent pregnancy.

HOSA, according to the Indiana HOSA website, "was created with the idea of providing students opportunities to develop as a deader and a future employee. The mission of HOSA is to enhance the delivery of compassionate, quality health care by providing opportunities for knowledge, skill, and leadership development of all health science technology education students, therefore, helping students to meet the needs of the healthcare community" (Indiana HOSA, 2015). The website shows a map of the current chapters; Johnson County has a chapter located at Central Nine Career Center in Greenwood, Indiana. Marion County (46201) does not have a HOSA chapter, but there is a chapter nearby. There is a HOSA chapter located at Arsenal Tech High School.
Child abuse and neglect are significant youth indicators to consider. "DCS Ombudsman responded to 660 Information and Referral inquiries, conducted 78 assists, opened 256 cases and closed 236 cases with 19 pending closure in the first quarter of 2015, provided 24 case specific recommendations, and 10 systematic recommendations" (Department of Child Services and Ombudsman Bureau 2014 Annual Report).

Child abuse and neglect cases are reported by county and labeled as sexual, physical, or neglect. The cases are then categorized as substantiated and unsubstantiated. "Substantiated is defined as an investigation by Child Protective Services determined there is a reasonable cause to believe that the child has been abused or neglected. Unsubstantiated means an investigation determined no maltreatment occurred or there was insufficient evidence under state law or agency policy to conclude that the child was maltreated. Some states require the coworker to determine not only whether the incident of abuse or neglect occurred, but also whether the child is at risk for future maltreatment" (Child Welfare Information Gateway, 2003).

Child Abuse and Neglect Cases Reported 2014						
Indiana		**Sexual**		**Physical**		**Neglect**
	Sub	253	Sub	178	Sub	1988
	Unsub	912	Unsub	3001	Unsub	9309
Johnson		**Sexual**		**Physical**		**Neglect**
	Sub	10	Sub	1	Sub	29
	Unsub	29	Unsub	89	Unsub	329
Marion		**Sexual**		**Physical**		**Neglect**
	Sub	22	Sub	30	Sub	363
	Unsub	122	Unsub	523	Unsub	1358

Disability within the youth is a factor that First Steps is addressing within the community. First Steps is a program in Indiana with the mission "to assure that all Indiana families with infants and toddlers experiencing developmental delays or disabilities have access to early intervention services close to home when they need them" (Family and Social Services Administration, 2015). April 1, 2014-March 31, 2015, First Steps served a total of 22,617 children. There were 189 children under three where services were no longer needed, and 395 children moved to preschool special education. In Johnson County, there are 3,513 children with disabilities, and in Marion County, there are 21,747 children with disabilities (Kids Count, 2015).

Another program available for at-risk children is Head Start. Head Start's mission is to "provide health, education, and promote self-sufficiency for children and families facing adversity" (Head Start, 2015). In Johnson County, there are 126 Head Start enrollment slots, and there are 2060 enrollment slots in Marion County (Kids Count, 2015).

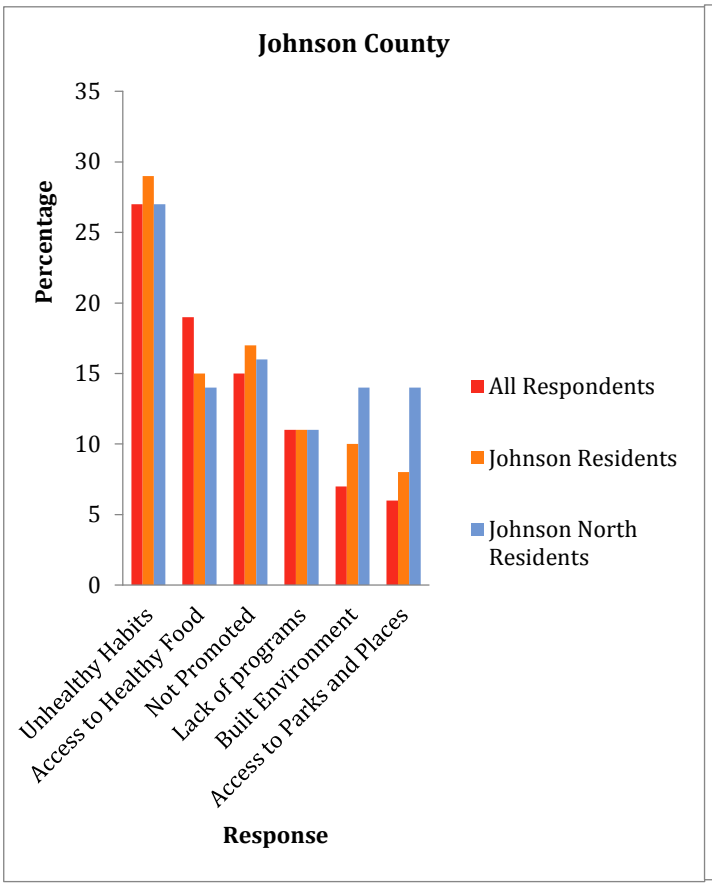
Modifiable Health Risks

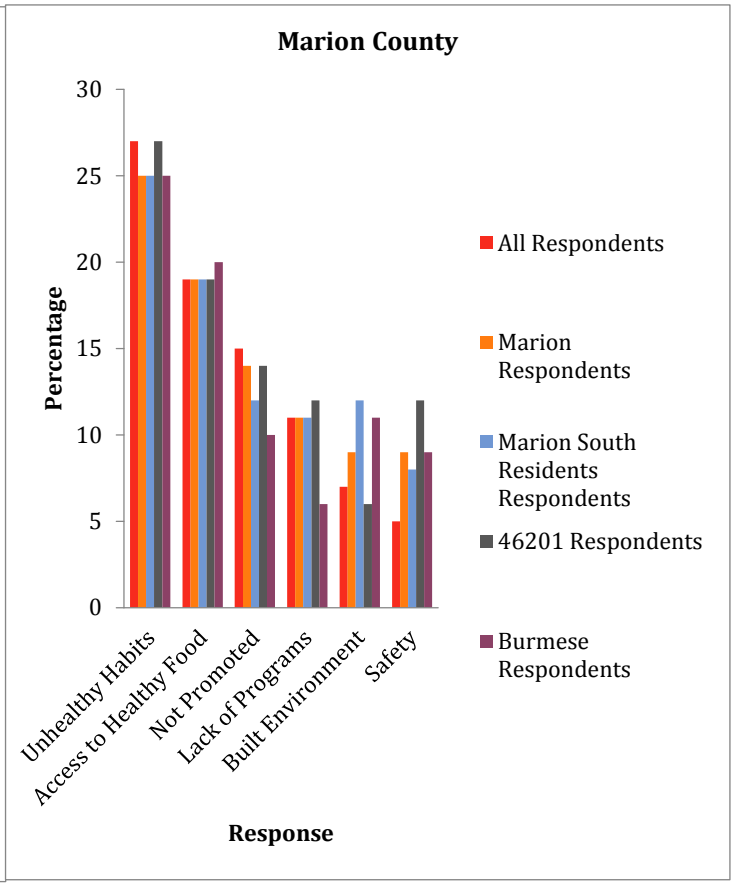
Weight

Many residents know that they can change their behaviors, and some are active in modifying their lifestyles. Weight can be attributed to several health disparities and it seems to be an issue in both Johnson county and Marion County. Adult obesity in Johnson County is the same as the state's average of 31% (County Health Rankings and Roadmaps, 2015). Adult obesity in Marion County (46201) is 31.9%, slightly higher than the state's average of 31% (Community

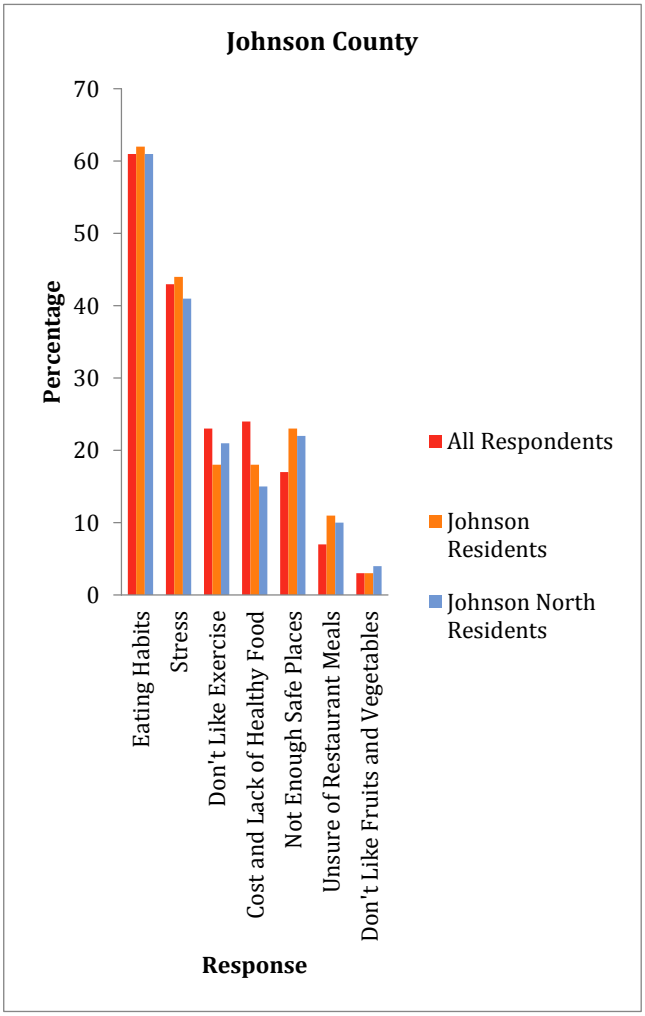
Commons, 2015). Obesity can be a cause of diabetes. In Johnson County, the diabetes prevalence rate is 10.8%, with a mortality rate of 19.1 per 100,000. In Marion County, the diabetes prevalence rate is 10.6% with a mortality rate of 19.0 per 100,000 (INdicators, 2013). Low-income preschool obesity in Johnson County is 11.5% and in Marion County is 14.0% (HCI, 2015).

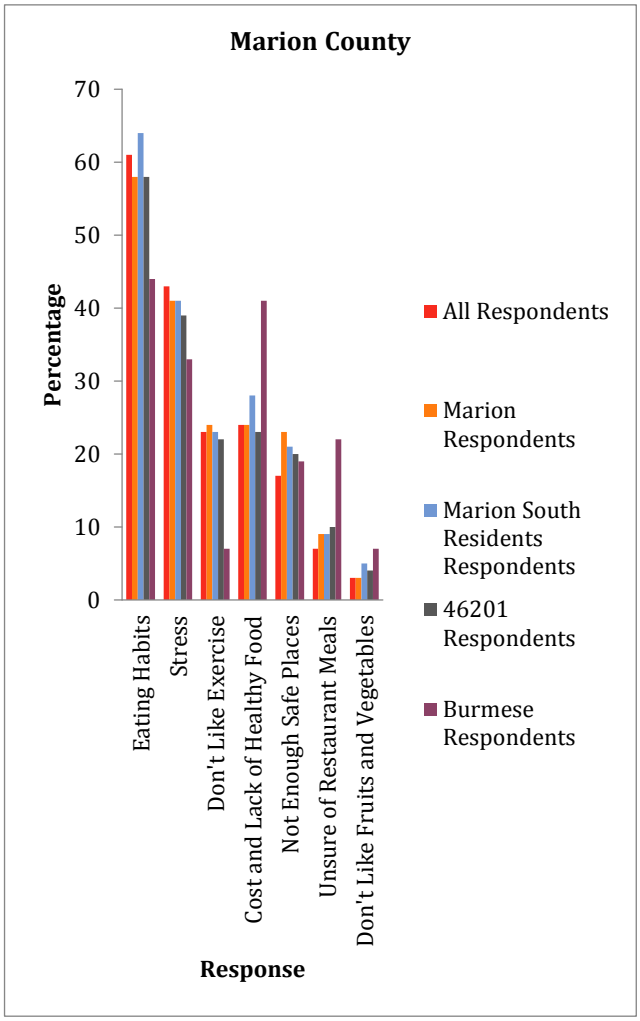
In the survey, all respondents were asked to select the top three reasons why obesity is an issue in their community. Personal choice and responsibility received 21 write in answers, followed by the need for education about nutrition and physical activity with 18 comments from Marion County and the Marion South sub group. Over 46% of Johnson County responses included personal and lifestyle choices as the reason for obesity in their community.



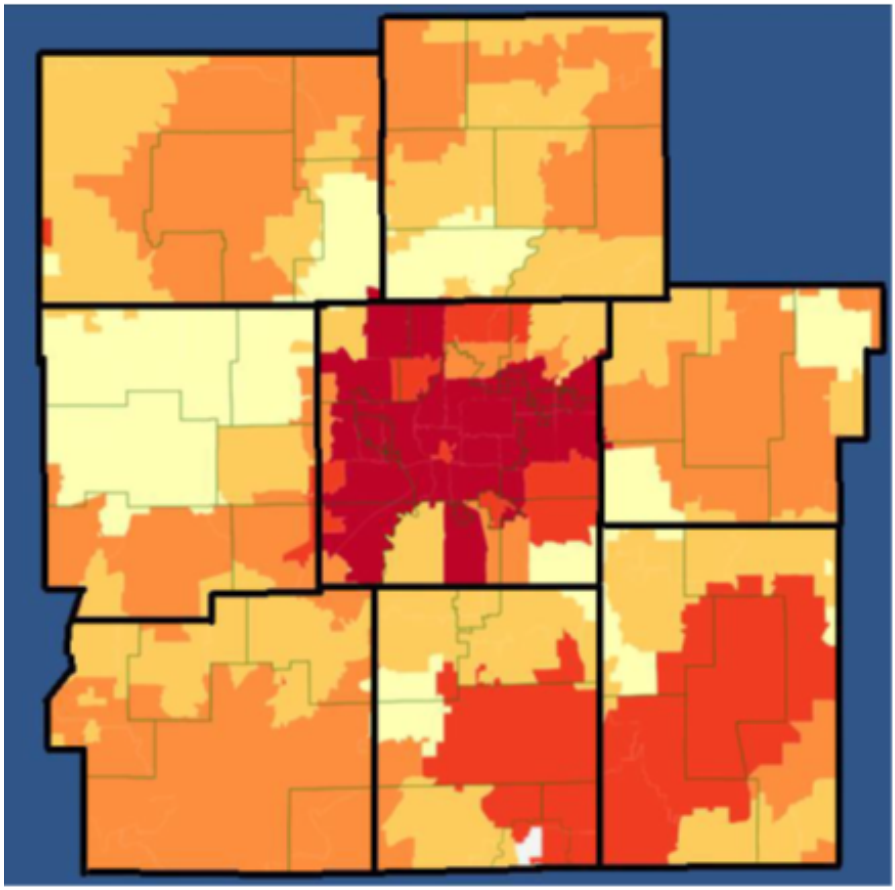


Respondents were also asked what factors kept them from a healthy weight. Thirty people (33%) from Marion County identified the lack of prioritization as the reason for not being at a healthy weight in the comments. Additionally, over 20% indicated that a disease/injury/disability kept them from a healthy weight. Over 42% of Johnson County respondents identified prioritization as the reason for an unhealthy weight.





Overall, 20% of respondents stated that they did not have a problem. Johnson County, as a whole, had 20% of respondents stated that they did not have a problem. In Marion County, 21% of respondents stated that they did not have a problem, specifically 10% of the respondents residing in the 46201 zip code, and 30% of the Burmese respondents.



Jump In, 2015

Jump IN Childhood Overweight Risk Index

v 2

Data source: American Community Survey 5-year estimates (2009-2013), US Census Bureau, by ZIP Code Tabulation Area (ZCTA)

Compiled by: Jump IN for Healthy Kids

Map engine: cartoDB.com

School districts

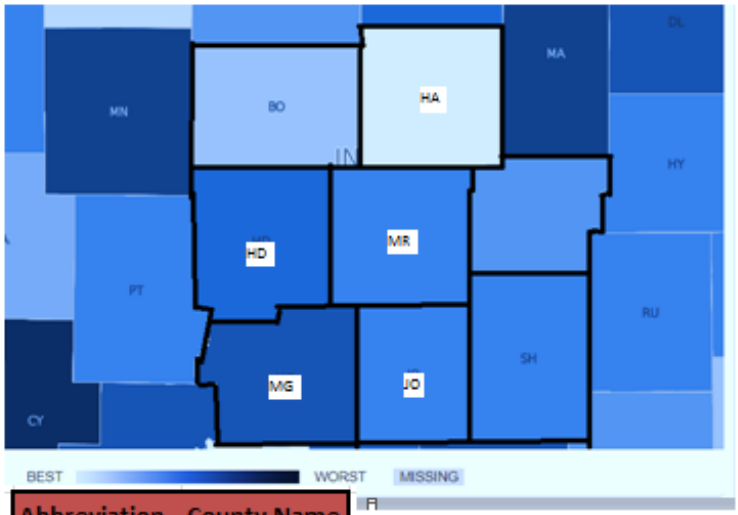
Great Places 2020

Lowest risk — Highest risk

Components of the index

Percent of population, Hispanic any race (DP05)
Percent of population, non-Hispanic Black-alone (DP05)
Percent of families with children <18 and below 185% of FPL (from B17022)
Percent of children <18 covered by one type of health insurance, Medicaid-or-other-means-tested (B27010)
Percent of population with less than a high-school diploma (from S1501)

ZCTAs quintiled in each component, and each ZCTA assigned a component score of 1 to 5 corresponding to its quintile for that component (higher score associated to higher risk for CO). Each ZCTA's five component index scores were then summed, yielding a composite Jump IN CO Risk Index of 5 to 25 by ZCTA, with 25 indicating highest risk for childhood obesity or overweight.



Abbreviation	County Name
HA	Hamilton
MR	Marion
JO	Johnson
MG	Morgan
HD	Hendricks

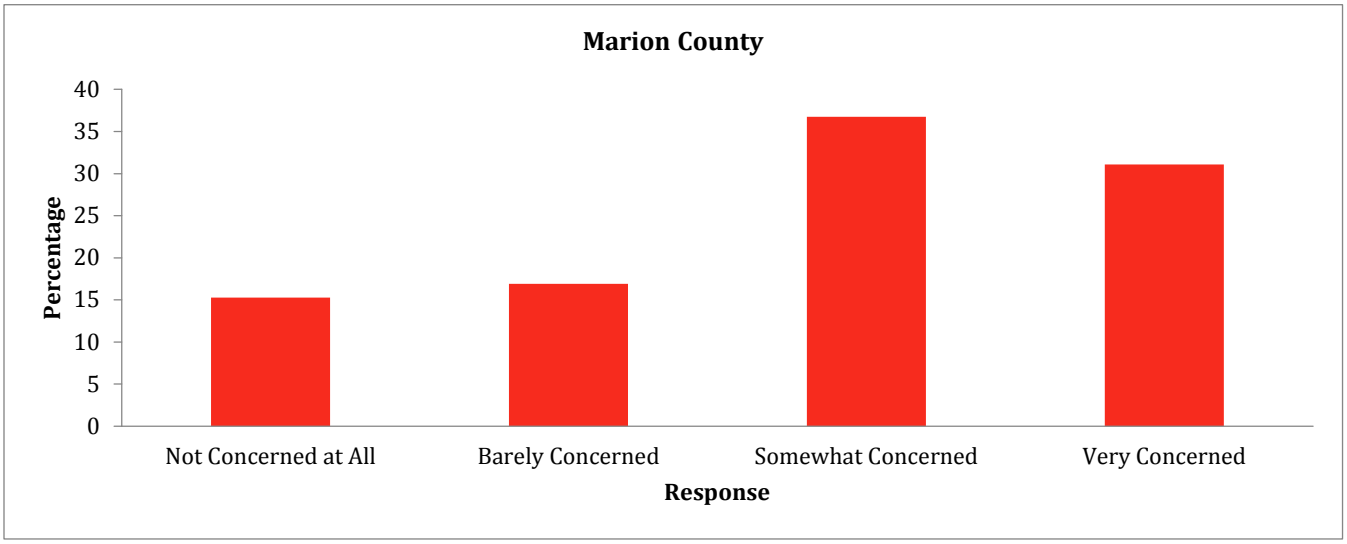
County Health Rankings and Roadmaps, 2015

Physical Activity

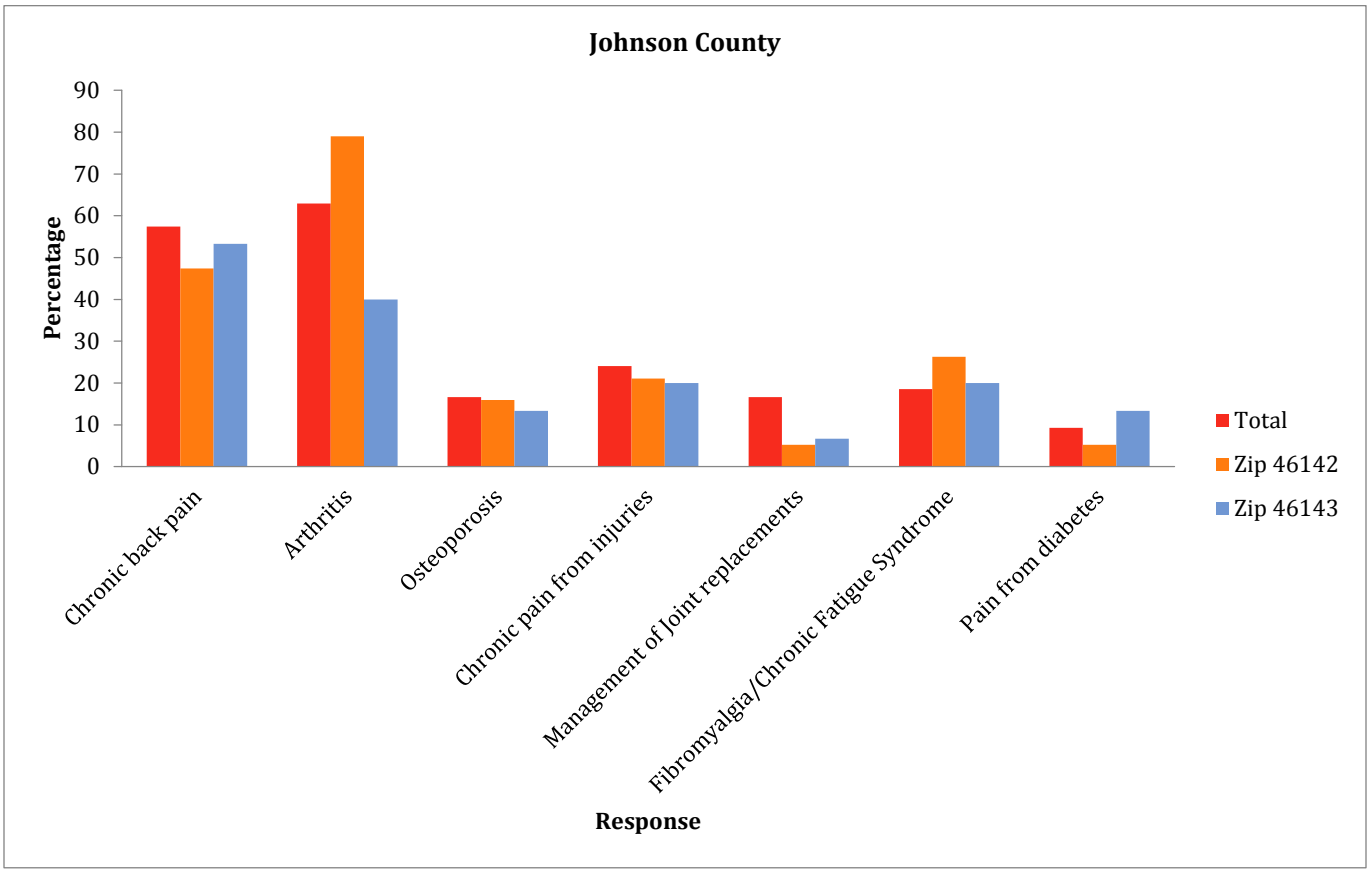
Physical activity is defined as "any body movement produced by the skeletal muscles that result in substantial increase over resting energy expenditure" (Bouchard & Shepard, 1994). Physical inactivity is defined as participating in an insufficient amount of moderate-to-vigorous physical activity according to the age specific physical activity guidelines. Sedentary behavior is defined as any walking activity characterized by an energy expenditure less than or equal to 1.5 METS and in a sitting or reclined posture (Sedentary Behavior Research Network, 2012). MET is an acronym that stands for metabolic equivalent; it represents the intensity of an exercise. MET refers to the amount of oxygen a person consumes and the number of calories a person burns at rest (Fitness for Weight Loss, 2015).

Although access to exercise is at 85% in Johnson County (County Health Rankings and Roadmaps, 2015), 25.0% of adults are sedentary (HCI, 2015) and 23% of adults are physically inactive. This could be linked to the violent crime if residents believe that it is unsafe to exercise outside. The county had 230 violent crimes last year. Marion follows a similar pattern. Although access to exercise is at 88% in Marion County (County Health Rankings and Roadmaps, 2015), 27.2% of adults are sedentary (HCI, 2015) and 26% of adults are physically inactive. These rates could be correlated with the violent crime rate which is 1,124 per 100,000.

In the county specific questions of the needs assessment survey, Marion County residents responded to this question: How concerned are you about joint health, osteoporosis, arthritis, or back pain?



Disabilities contribute to physical inactivity and sedentary behavior. In the county specific questions, Johnson County residents responded to this question: Do you or your household members have any of the following conditions? Check all that apply.



Nutrition

Nutrition can be analyzed by several societal factors such as food insecurity, limited access to healthy foods, food environment index, etc. According to the survey, 8.66% of Marion County respondents use SNAP/EBT (Food Stamps), and 3.35% of Marion County Respondents use WIC. Data for Johnson County and Marion County is listed below:

Nutrition Factors		
Occurrence	Johnson County	Marion County
Food Insecurity	12%	19%
Limited Access to Healthy Foods	6%	8%
Food Environment Index*	7.9	6.1
Recommended Adult Fruit and Vegetable Consumption	21.30%	23.40%
Children with Low Access to a Grocery Store	7.70%	6.60%
Low-income and Low Access to a Grocery Store	6.10%	8.10%
**on a scale of 1-10 and 10 being the best*		
County Health Rankings and Roadmaps, 2015; HCI, 2015; INdicators, 2015		

Substance Abuse

Illicit drug use, smoking, and alcohol-related behavior continue to be issues for Johnson County and Marion County. "According to findings from the National Survey on Drug Use and Health (NSDUH), nearly 23 percent of Indiana residents ages 12 and older engaged in binge drinking at least once in the past month; the prevalence rate for underage individuals ages 12 to 20, alone was 16.4 percent. Furthermore, 9 percent of Hoosiers ages 12 and older reported current (past-month) use of an illicit substance, with the highest rate among young adults ages 18 to 25 (22 percent). Most of the illicit drug use was attributable to marijuana with an annual prevalence rate of 10.3 percent, followed by nonmedical pain reliever use (5.7 percent) among Indiana residents ages 12 and older…. (NSDUH defines binge alcohol use as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days)" (Center for Health Policy, 2013).

The overall substance abuse priority score is a composite based on all five alcohol and drug priority scores. Johnson County scored 100 overall, and was not in the top ten percent overall. Marion County scored 200 overall, and was in the top ten percent for alcohol (an individual priority score of 200), marijuana (an individual priority score of 250), cocaine/heroin (an individual score of 263), and prescription drugs (an individual priority score of 188).

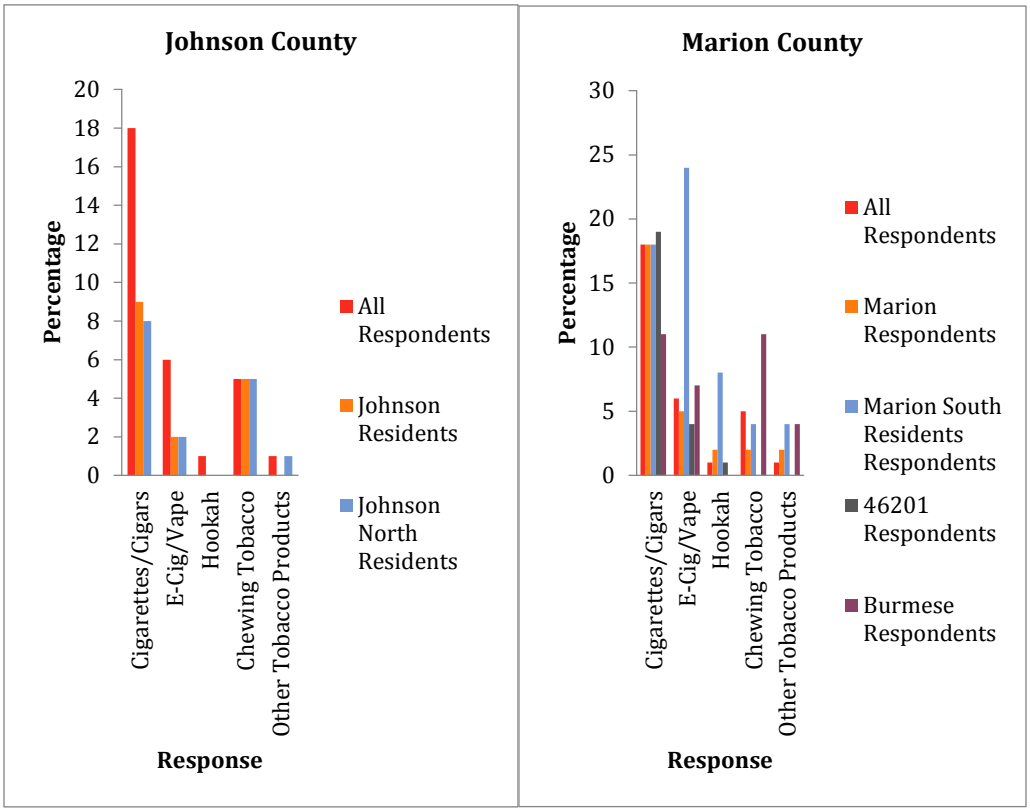
In Johnson County, 18.9% of adults drink excessively and 15.7% of adults drink excessively in Marion County (INdicators, 2013). In Johnson County, 18 % of car accident deaths are alcohol-impaired driving deaths and 26% are alcohol-impaired driving deaths in Marion County (County Health Rankings and Roadmaps, 2015). Residents see substance abuse as an issue and ranked it within the top five needs of the community.

Tobacco Use

Tobacco use continues to impact the health and wellness of the counties' residents, and the health cost of tobacco continues to impact the communities' wellness and healthcare costs.

Occurrence	Johnson County	Marion County
Percentage of People Who Smoke	25.70%	26.10%
Number of Births Affected by Smoking*	363	2,372
Cost of Smoking-Related Births	$628,483	$4.1 million
Percentage of Pregnant Women Who Smoke	19.00%	15.40%
Number of Deaths Attributed to Smoking	184	1,377
Number of Deaths Due to Secondhand Smoke	23	169
Economic Burden of Secondhand Smoke	$1.7 million	$55.5 million
Number of Smoking-Related Illnesses	3,686	27,532
**Low Birth Weight, SIDS, Reduced Lung Function* *State of Indiana, 2015*		

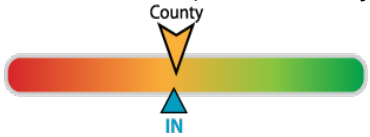
Respondents provided what tobacco products they used when the survey asked, "In the past 30 days, have you or anyone in your household used any of the following?"



Overall, 75% of respondents stated that this question was not applicable. In Johnson County, as a whole and just Johnson North, 85% of respondents stated that this question was not applicable. In Marion County, 77% of respondents stated this question was not applicable, specifically 76% of Marion County South, 80% of respondents residing in the 46201 zip code, and 70% of the Burmese respondents.

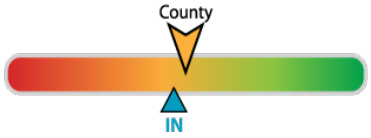
Oral Health

Dental care opportunities seem to be prevalent in both Johnson County and Marion County. According to County Health Rankings (2015), the ratio of patients to dentist was 1,673:1 which is below the state average of 1973:1. Only 68.3% of adults in Johnson County visited the dentist at least once in the past year (INdicators, 2013):



Gauge scale: 56 to 82

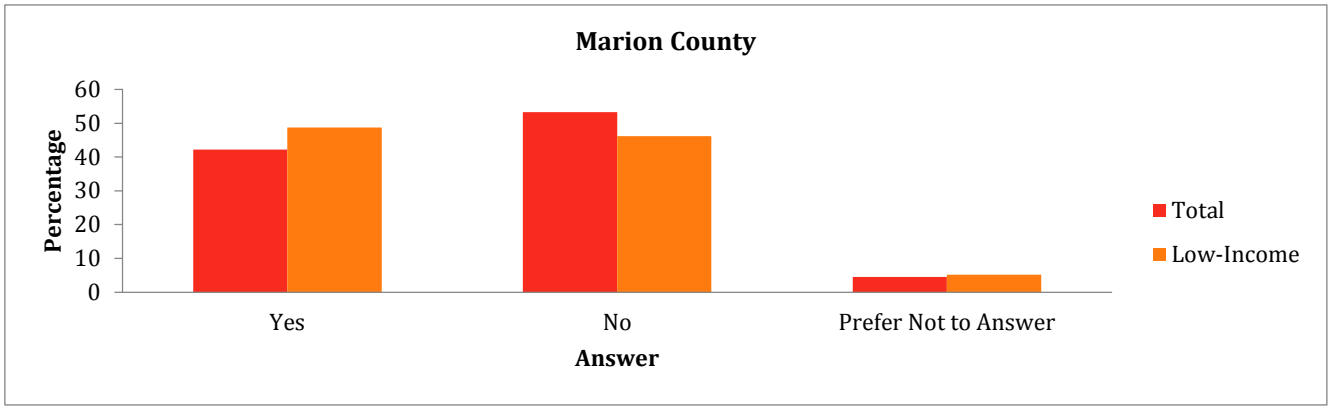
There are six dentistry locations within the 46201 area in Marion County. According to County Health Rankings (2015), the patient to dentist ratio is 1273:1, which is better than the state average of 1973:1. Only 69.0% of adults in Marion County visited the dentist at least once in the past year (INdicators, 2013).



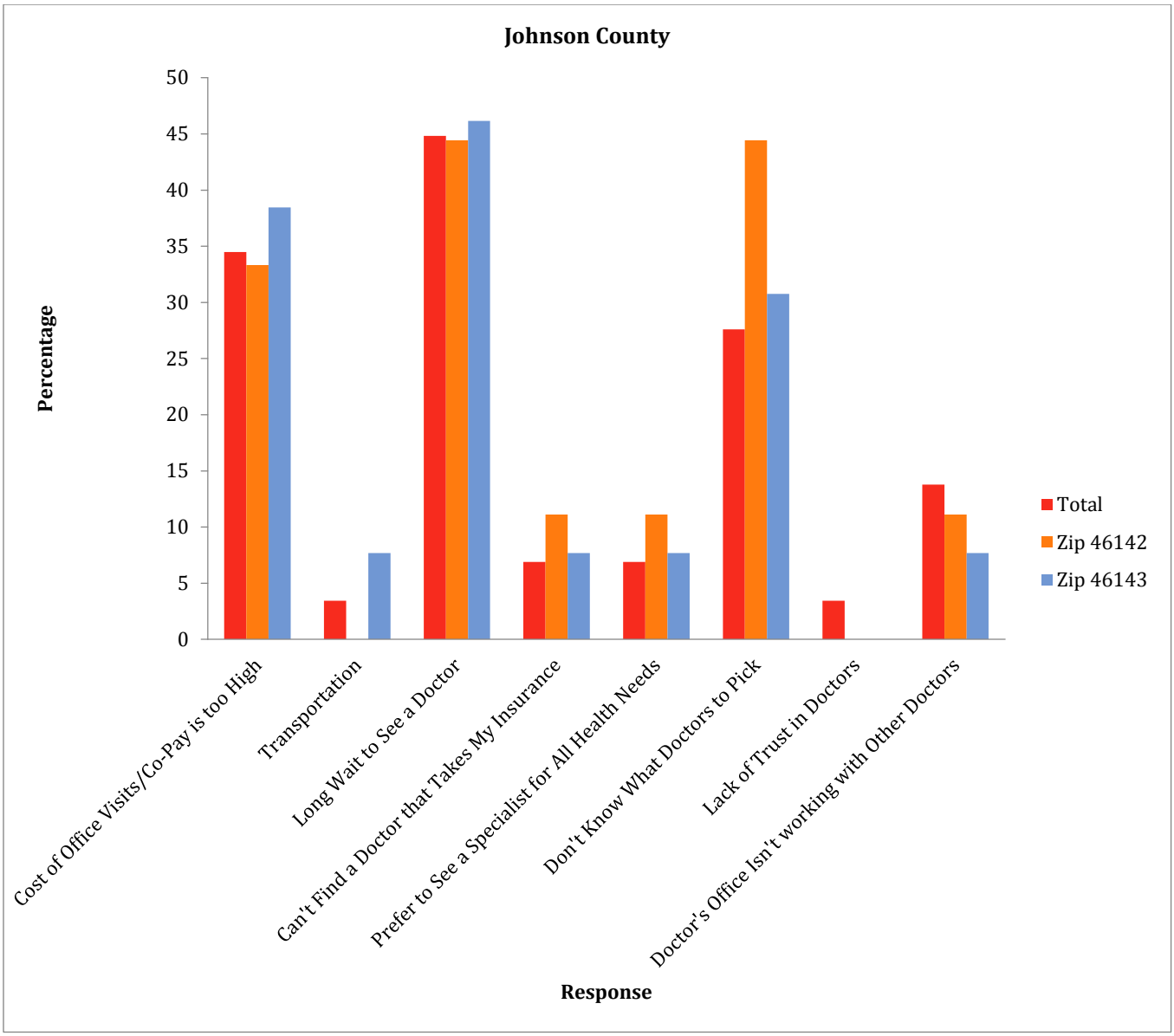
Gauge scale: 56 to 82

Access to Health Care Challenges

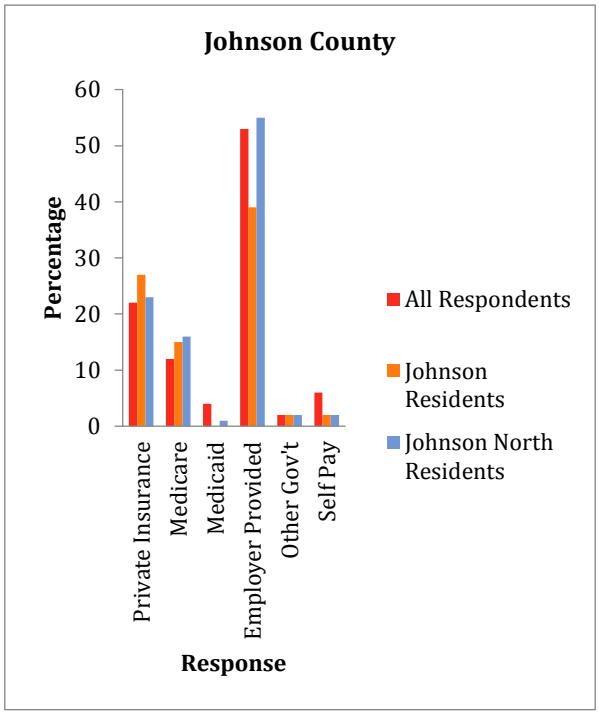
In the county specific questions, Marion County respondents answered this question: "Was there any time during the past 12 months when you put off or postponed getting medical care that you thought you needed?"

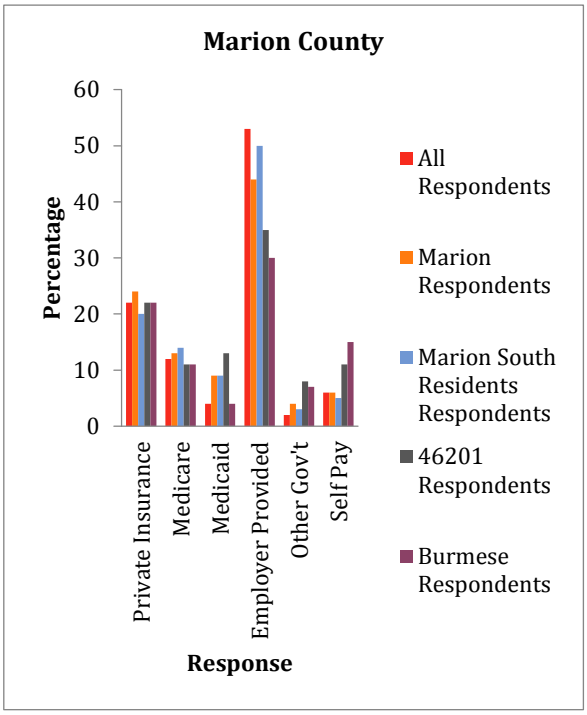


In the county specific questions, Johnson County respondents answered this question: "If you do not have a primary care physician or family doctor, what are the challenges to seeing one?"

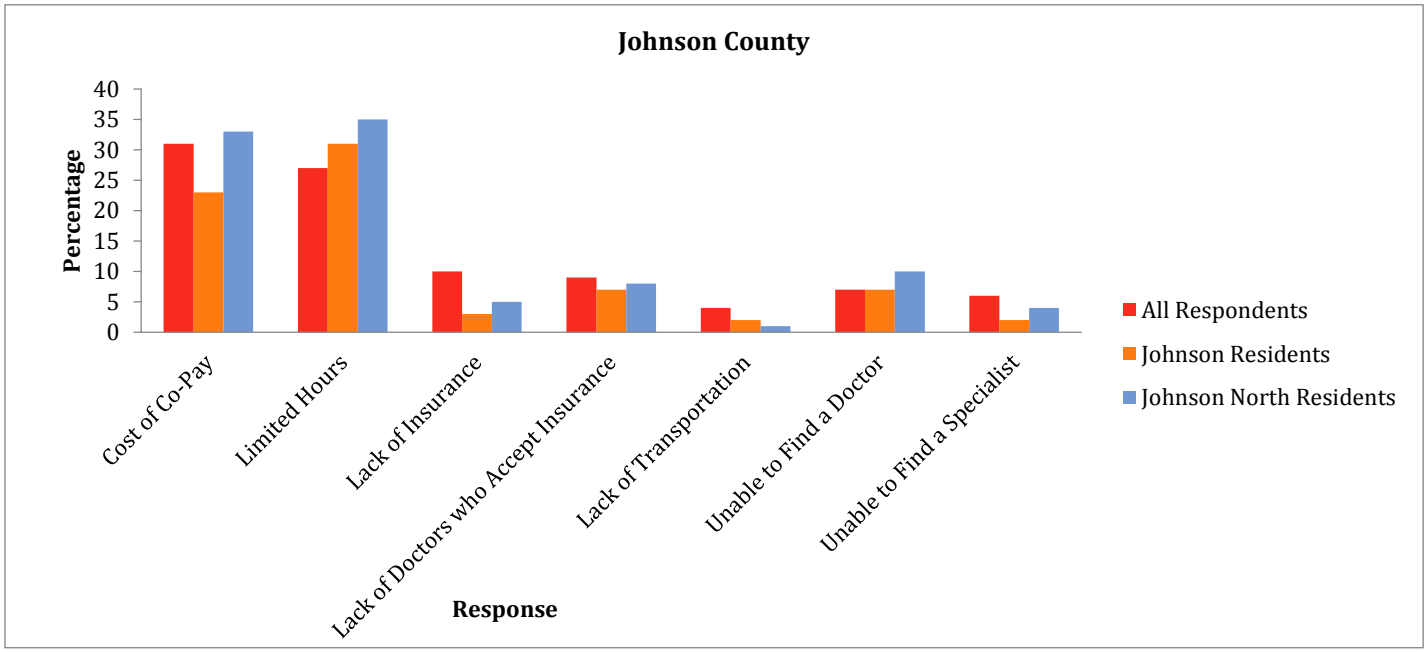


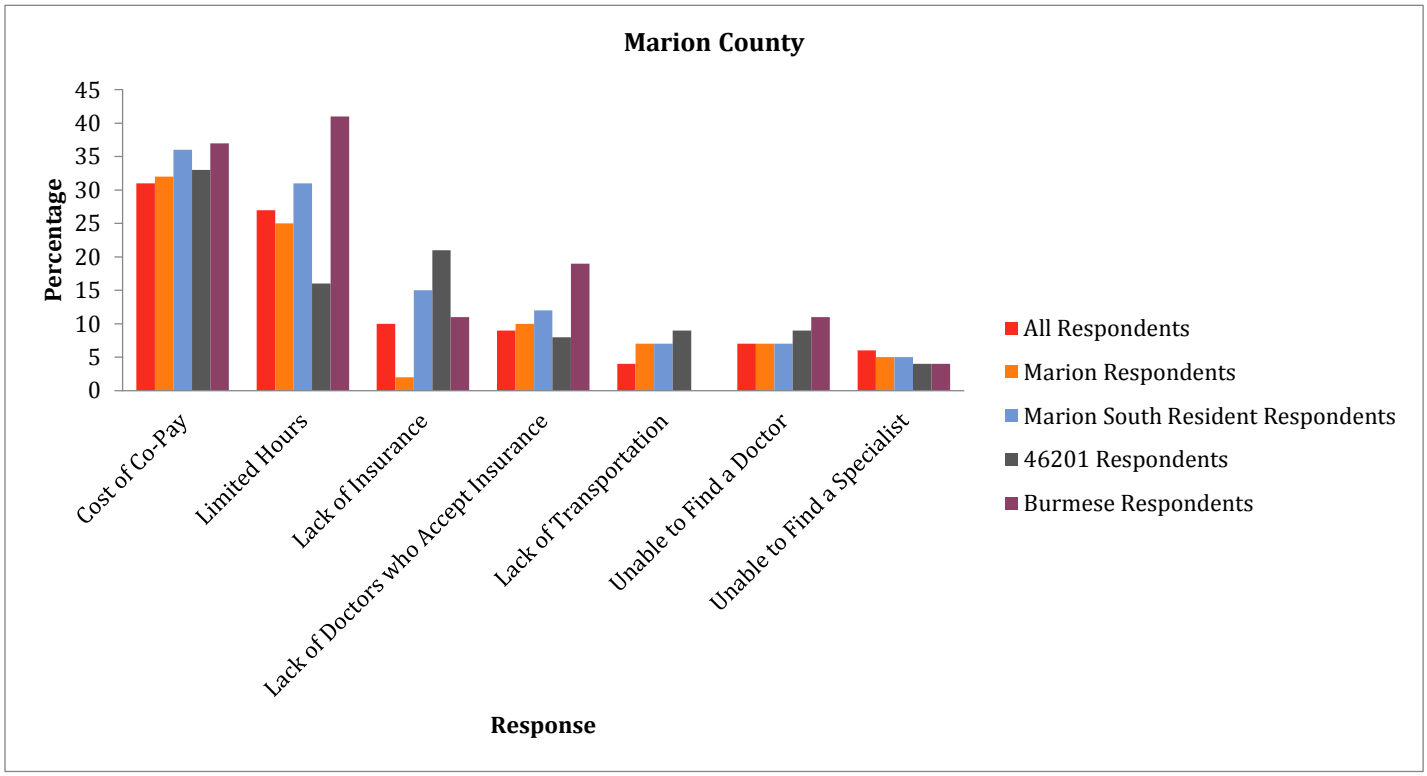
Respondents were asked how they paid for their health needs. Several comments on this question related to a mixed payer situation. Self-pay was identified by 25 individuals as a secondary payer. Almost 10% of comments related to the Market Place/Obamacare/ACA as a payer, which should be added to the 'private insurance' quantitative data.





Lastly, respondents were asked: "What are the top three challenges for you and your household when receiving healthcare?" Almost half of the Marion County comments related to the inability to afford co-pays, deductibles, or insurance. However, in the Marion South sub group, 39% of respondents indicated affordability, while 26% indicated that the patient experience was the reason for not receiving healthcare. Over half of the Johnson County respondents also identified affordability as the key issue, followed by the patient experience. The same issues were also identified in the Johnson North sub group.





Overall, 49% of respondents stated they did not have any problems. In Johnson County, 37% of respondents stated they did not have problems, specifically 45% of Johnson North respondents. In Marion County, 48% of respondents did not have problems, specifically 43% of respondents in Marion County South, 53% of respondents residing in the 46201 zip code, and 18% of the Burmese respondents.

Health Professions Shortage Areas

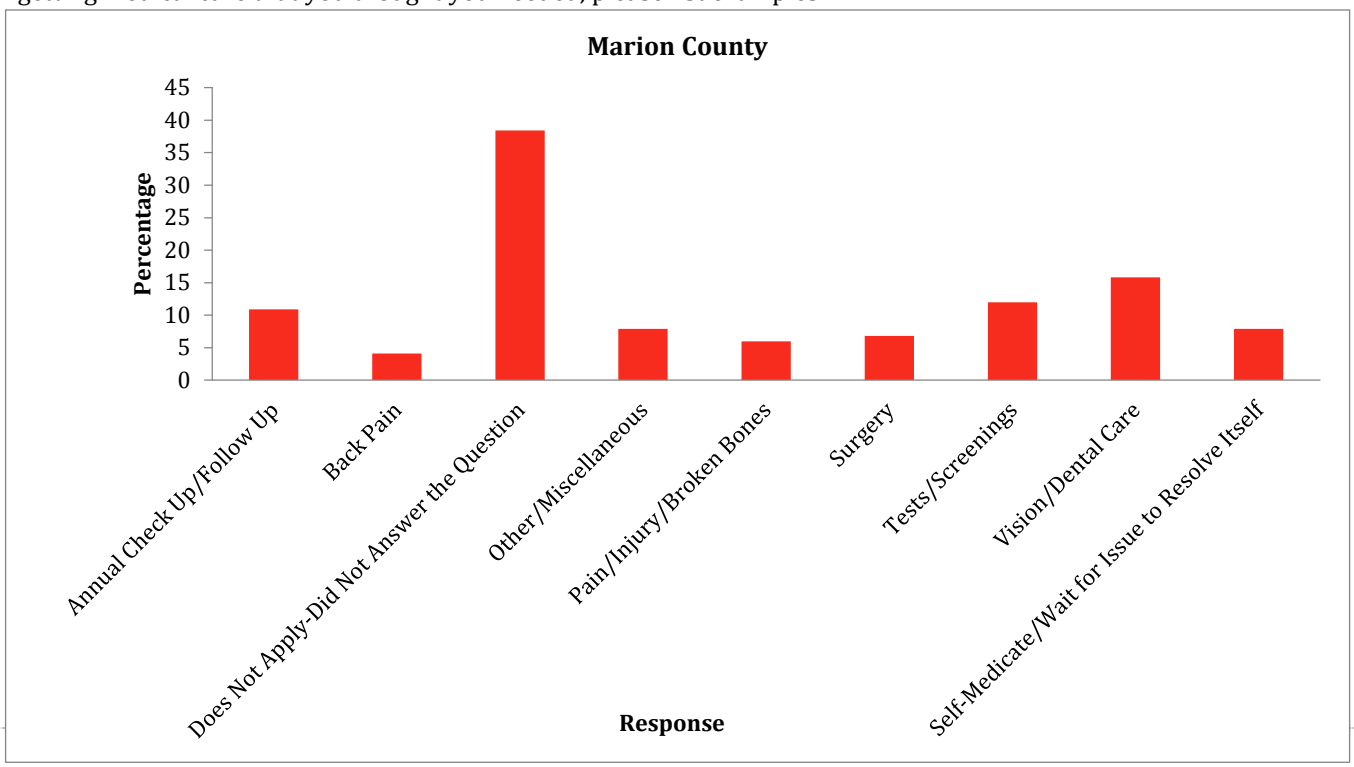
Johnson County and Marion County have health profession shortage areas. The Trafalgar Family Health Center is a health professional shortage area indicating that there is a shortage of primary medical care, dental care, and mental health care in this area. This area serves the far-east side and southern tip of the county, including Blue River, Hensley, Nineveh, and Union townships (HRSA, 2015). In Marion County, the Low-Income Highland Brookside area has a shortage of dental care providers and has a priority score of 14. The South Central Indianapolis area has a shortage of health professionals and a priority score was not provided (Community Commons, 2015).

Insurance/Payment

Insurance affordability is a barrier that many residents encounter in Johnson and Marion counties. County Health Rankings and Roadmaps (2015) reported that 14% of the Johnson County residents are not insured, while 17% of Indiana residents are not insured. Last year, 11% of the residents could not see a doctor due to cost, which is slightly lower than Indiana's 14% that could not see a doctor due to cost. The survey revealed that the majority of the population's top three challenges when receiving healthcare are: cost of co-pay, limited hours at doctor's office/clinic, and unable to find a doctor.

Community Commons (2015) reported that 16.97% of the Marion County (46201) residents are not insured, while 17% of Indiana residents are not insured. Also, 15.9% of the population could not see a doctor in the last 12 months due to cost (INdicators, 2013). The revealed that the majority of the population's top three challenges when receiving healthcare are: cost of co-pay, limited hours at doctor's office/clinic, and lack of insurance.

In the county specific questions, Marion County residents responded to this question: If you did put off or postpone getting medical care that you thought you needed, please list examples.



Transportation

Even when residents have insurance, they may have difficulty getting to appointments due to a lack of access to transportation. Johnson County Senior Services provides service to Johnson County and southern Marion County. They provide transportation to doctor's appointments, grocery stores, errands, and other destinations, and door-to-door service for seniors age 60 and over. They provide free service to Johnson County residents 60 and over and persons of any age with disabilities. They also provide friendly phone calls (volunteers contact seniors to check on their well-being) and used, quality medical equipment such as walkers, portable toilets, shower chairs, wheelchairs, and hospital beds (CICOA, 2015).

According to the Northwest Indiana Community Action 211 (2015), there are several transportation venues but many of them only serve a specific demographic and/or charge for their services. One business, the American Red Cross of Indiana-Transportation Services, "provides transportation to and from medical appointments in Marion County." To be eligible, a person must live in Marion County with no access to reliable transportation, ineligible for Medicaid transportation or with a high spend down, and the person must be able to enter and exit the vehicle unassisted. It is by appointment only and a person must call 3-4 weeks in advance to schedule an appointment.

Summary

Data Gaps and Challenges

It has been difficult to get residents from Johnson County to respond and take the survey. With a low number, it is difficult to get a representation of the county as a whole. In lieu of this challenge, data has been retrieved from the census, reliable websites, and the Johnson Memorial Hospital Community Health Needs Assessment (2013).

As in every data collection and analysis processes, there are limits to the data collected. The survey was available electronically and on paper at special events. If a resident of the county did not receive the promotional messages or attend an event, they would not have an opportunity to offer input. However, the paper surveys were used to solicit information from the most underserved populations. Therefore, the total survey results are skewed to represent those in most need.

Focus groups were primarily attended by professionals in the community speaking on behalf of their observations or clientele. Therefore, focus group data may be skewed towards secondary hearsay or from a population health management perspective.

Public health data and infrastructure is severely lacking in Indiana, as the state consistently ranks in the bottom two to three states for public health funding, service, and support. Much of the data used is from state and national collections that are only implemented every few years. Data may not reflect the current status of health. Also, as a home rule state, county data isn't always available or reliable. Zip code data rarely is available, except in national databases, such as the US Census Bureau.

It is the team's hope that by using the available secondary data with the collected primary data, a relatively accurate picture of community health is presented.

Response to Findings

From Franciscan St. Francis Health

FSFH Employee Survey (Conducted June 2015) Below is a list of top US public health issues. Please check three issues that you most commonly see.	
Issue	*Percentage*
Aging Concerns (Falls, Self-Care, Caregiving)	42.95%
Alcohol Abuse	9.62%
Obesity	51.28%
Cancers	15.38%
Child Abuse/Neglect	8.33%
Chronic Pain (Real or Perceived)	31.41%
Untreated Dental Issues	1.92%
Diabetes	30.13%
Elder or Adult Domestic Abuse	1.92%
Heart Disease/Stroke	22.44%
High Blood Pressure	18.59%
High Cholesterol	12.18%
Infant Death	1.92%
Infectious Disease	7.69%
Lack of Exercise/Fitness	23.08%
Respiratory/Lung Disease	21.15%
Suicide Attempts	3.85%
Tobacco Use	23.08%
Substance Abuse (Including Illicit Drugs and Abuse of Prescription Medications	23.08%
Depression/Anxiety	26.92%
Joint Health, Including Arthritis	13.46%
Food Insecurity	6.41%
Housing Insecurity	6.41%
Problems Related to Access to Health Care (Transportation, Costs of Co-Pays, Etc.)	30.13%
Other	10.90%

The information and results of this needs assessment where shared through three presentations for internal and external audiences, including local public health employees. The participants were asked to not only rank top priorities, but also for the representation of the community, usefulness of the report, and sustainable implementation planning. On a scale of one to ten, participants ranked the report as a nine on the true reflection of the findings on the community. The most sited deficiency was a differentiation of secondary data and the perception of the community. All participants indicated that the report would be useful for their department or organization, with a majority stating they would use the results to plan community based actions and interventions. Based on the FSFH employee survey above, FSFH staff also agree on these findings and priorities.

Food insecurity and poverty were ranked as the largest community health issue in Marion County, with a link to poor public safety and lack of safety net organizations. However, most attendees felt that behavioral health, including suicide, depression, and substance abuse are the most pressing issues with the least amount of resources. Physical activity and nutrition were ranked second, which often link to poverty, food insecurity, and stress. Access to health challenges, specifically cost of copays and deductibles, lack of transportation, cost of medication, and cost of durable medical equipment, also ranked highly.

Appendix

Patient Encounters by Type and County

		Carmel	Indianapolis	Mooresville	Total
Inpatient	Boone	9	26	8	43
	Hamilton	34	75	28	137
	Hancock	3	114	10	127
	Hendricks	9	195	131	335
	Johnson	3	3,460	138	3,601
	Marion	58	9,535	532	10,125
	Morgan	2	1,751	1159	2,912
	Shelby	0	801	22	823
	Other	72	2,428	910	3,410
	Total	190	18,385	2938	21,443
		Carmel	**Indianapolis**	**Mooresville**	**Total**
Obstetrics	Boone	0	7	1	8
	Hamilton	2	14	1	17
	Hancock	0	27	0	27
	Hendricks	1	45	27	73
	Johnson	1	1,058	12	1,071
	Marion	13	2,895	74	2,981
	Morgan	1	473	210	684
	Shelby	0	203	0	203
	Other	17	379	38	434
	Total	35	5,101	363	5,499
		Carmel	**Indianapolis**	**Mooresville**	**Total**
Outpatient	Boone	120	258	99	477
	Hamilton	1,020	907	159	2,086
	Hancock	45	2,214	112	2,371
	Hendricks	121	1,716	4315	6,152
	Johnson	51	50,616	2171	52,838
	Marion	1,120	115,372	9647	126,139
	Morgan	13	12,707	34774	47,494
	Shelby	0	6,498	267	6,765
	Other	644	11,616	9227	21,487
	Total	3,134	201,904	60771	265,809
		Carmel	**Indianapolis**	**Mooresville**	**Total**
Emergency Dept.	Boone	N/A	53	12	65
	Hamilton	N/A	150	32	182
	Hancock	N/A	308	20	328
	Hendricks	N/A	299	1073	1,376
	Johnson	N/A	12,229	352	12,581
	Marion	N/A	42,550	7423	49,973
	Morgan	N/A	1,277	16491	17,768
	Shelby	N/A	1,192	13	1,205
	Other	N/A	3,725	1051	4,776
	Total	0	61,783	26467	88,250

Patients by Type and County

		Carmel	Indianapolis	Mooresville	Total
Inpatient	Boone	7	17	7	31
	Hamilton	9	53	26	88
	Hancock	3	95	9	107
	Hendricks	9	154	121	284
	Johnson	3	2,611	129	2,743
	Marion	56	7,123	476	7,655
	Morgan	2	1,333	1008	2,343
	Shelby	0	614	20	634
	Other	70	1,250	836	2,156
	Total	159	13,250	2632	16,041
		Carmel	**Indianapolis**	**Mooresville**	**Total**
Obstetrics	Boone	1	5	1	7
	Hamilton	1	13	1	15
	Hancock	0	27	0	27
	Hendricks	1	45	26	72
	Johnson	2	980	11	993
	Marion	12	2,651	72	2,753
	Morgan	1	452	205	658
	Shelby	0	192	0	192
	Other	16	364	37	417
	Total	34	4,729	353	5,116
		Carmel	**Indianapolis**	**Mooresville**	**Total**
Outpatient	Boone	91	121	43	255
	Hamilton	722	482	92	1,296
	Hancock	36	895	60	991
	Hendricks	73	902	1882	2,857
	Johnson	42	19,344	1050	20,436
	Marion	757	41,869	4195	46,821
	Morgan	10	5,949	13027	19,986
	Shelby	0	2,644	128	2,772
	Other	468	5,127	4302	9,897
	Total	2,199	77,333	24776	104,311
		Carmel	**Indianapolis**	**Mooresville**	**Total**
Emergency Dept.	Boone	N/A	41	11	52
	Hamilton	N/A	121	22	143
	Hancock	N/A	268	18	286
	Hendricks	N/A	235	793	1,028
	Johnson	N/A	8,528	275	8,803
	Marion	N/A	28,144	4958	33,102
	Morgan	N/A	1,040	10913	11,953
	Shelby	N/A	889	13	902
	Other	N/A	2,074	862	2,936
	Total	0	41,430	17865	59,205

Summary by County

Boone		
Inpatient	31	43
Obstetrics	7	8
Outpatient	255	477
Emergency	52	65
Total	345	593
Hamilton		
Inpatient	88	137
Obstetrics	15	17
Outpatient	1,296	2,086
Emergency	143	182
Total	1,542	2,422
Hancock		
Inpatient	107	127
Obstetrics	27	27
Outpatient	991	2371
Emergency	286	328
Total	1411	2853
Hendricks		
Inpatient	284	335
Obstetrics	72	73
Outpatient	2,857	2,371
Emergency	1028	1372
Total	4,241	4,151
Johnson		
Inpatient	2743	3601
Obstetrics	993	1071
Outpatient	20436	52838
Emergency	8803	12581
Total	32975	70091
Marion		
Inpatient	7655	10125
Obstetrics	2735	2982
Outpatient	46,821	126,139
Emergency	33102	49973
Total	90,313	189,219
Morgan		
Inpatient	2343	2912
Obstetrics	658	684
Outpatient	18986	47494
Emergency	11953	17768
Total	33940	68858
Shelby		
Inpatient	634	823
Obstetrics	192	203
Outpatient	2,772	6,765
Emergency	902	1205
Total	4,500	8,996
Other		
Inpatient	2.156	3410
Obstetrics	417	5499
Outpatient	9897	21487
Emergency	2936	4776
Total	15406	35172

Top 5 Zip Codes by Campus and Type Encounter

	Carmel		Indianapolis		Mooresville	
Inpatient	46033	10	46227	2,331	46158	505
	46901	9	46237	1,650	46151	348
	46038	8	46143	1,592	46113	207
	46220	8	46203	1,214	46221	165
	46032	7	46142	865	46241	96
Obstetrics	46901	5	46227	676	46158	78
	46254	3	46237	535	46151	70
	46037	2	46143	515	46113	46
	46237	2	46203	385	46221	35
	46932	2	46217	235	46168	18
Outpatient	46032	306	46227	24,316	46158	15,225
	46033	179	46143	23,152	46151	10,260
	46074	160	46237	22,962	46113	6,434
	46240	140	46142	13,696	46221	4,004
	46260	109	46203	12,702	46168	2,691
Emergency Department			46227	10,383	46158	7,552
			46237	7,570	46113	3,898
			46203	7,207	46151	3,632
			46143	6,187	46221	3,578
			46107	3,206	46241	2,464

Statewide Focus Group Participants

Community Conversations: A Discussion of Indiana's Health Needs	
January 22, 2015; 1:00pm-3:00pm	
Attendees	
Health By Design/Alliance for Health Promotion	Executive Director
Health Occupation Student Association (Indiana)	State Coordinator
Health Occupation Student Association (Indiana)	State President
Hoosier Environmental Council	Environmental Health Project Director
Indiana Area Health Education Centers	Director of Evaluation
Indiana Association of Area Agencies on Aging	CEO
Indiana Association of Area Agencies on Aging	N/A
Indiana Association of Area Agencies on Aging	Executive Director, Area 4 Agency on Aging
Leading Age Indiana	Executive Director
Leading Age Indiana	Director of Training
Indiana Cardiovascular and Diabetes Coalition	Coalition Manager
Indiana Cardiovascular and Diabetes Coalition	Chairperson
Indiana Coalition Against Domestic Violence	Coordinator of Prevention Initiatives
Indiana Cancer Consortium	Cancer Control Section Director
Indiana Joint Asthma Coalition	Coalition Coordinator
IU Health	N/A
Indiana Healthy Weight Initiative	Coalition Coordinator
Indiana Hospital Association	Vice President
Indiana Immunization Coalition	Director
Indiana Minority Health Coalition	Director of Research
Indiana Minority Health Coalition	VP of Planning and Program Development
Indiana Nurses Association	Director of Policy and Advocacy
Indiana Psychological Association	Past President
Indiana Psychological Association	Executive Director
Indiana Primary Health Care Association	CEO
Indiana Primary Health Care Association	Resource Development Program Director
Indiana School Nurses Association	Executive Director
Indiana State Department of Health	Chief Medical Officer
Indiana State Department of Health	Director of Program Evaluation
Indiana State Department of Health	Director, Local Health Department Outreach Division
Indiana Society for Public Health Education	Advocacy Chair
Indiana Society for Public Health Education	President
IUPUI Fairbanks School of Public Health	N/A
IUPUI Fairbanks School of Public Health	N/A
IUPUI Polis Center	N/A
YMCA of Greater Indiana	Associate Director of Health Partnerships Programs
YMCA of Greater Indiana	Director of Health Initiatives and Partnerships

Statewide Focus Group Notes by Region

Regions: 1, 2 and 3				
Access to healthcare	Access to home healthcare providers	Transportation	Lack of healthcare providers	Geriatricians
Obesity	Access to food deserts	Nutrition education	Pre-diabetes/diabetes	Smoking mothers
Nutrition	Low immunization rates	Unhealthy home	Suicide	Substance Abuse
Maternal Infant Health	Mental health services	Behavior health services	Tobacco	E-Cigarettes
Mental/Behavior Health	Cancer	Lung cancer	Prostate cancer	Colorectal cancer
Nicotine Products	Poor oral health in Amish	Increased preparedness in dementia care	Emphasis on community based transitions of care	
Regions: Southern 3, 4 and 6				
Access to healthcare	Emphasis on integration of healthcare and social services at the individual level	Increase Hispanic population- translators	Increased preparedness in dementia care	
Drug abuse and mental health	Use of ER	Obesity		
Higher than state use of tobacco	Dental care	Lack of county level data		
Identification on pre-diabetes 1 at-risk for type 2	Transportation	Impact of manure lagoons		
Non-management of diabetes/heart disease	Transition from hospital	Availability of home healthcare providers		
Region: 5				
Poverty	Elderly nutritional issues cause chronic disease	Design services based on culture	Lack of resources	Mental health
Obesity	Chronic infections	Breast cancer	Low immunization rates	Early childhood education
Maternal health/infant mortality	Safety	Violence	Elderly memory care	Overdose deaths
Access to healthcare	Transportation	How do we get the community to "buy in" and want to make a difference?	Empowering communities to take change	Listening vs. hearing the needs
Don't tell the communities what they need. Ask them.	Diversity of neighborhoods is as noted by variation of health, issues and culture.			
Regions: 7 and 10				
Substance abuse	Increased preparedness in dementia care	Senior poverty	Cocaine	
Black lung disease (coal mining)	Smoking- COPD	Obesity	Higher cancer incidence rates- lung cancer	

Access to primary care	Transportation	Access to home healthcare providers	Provider shortages	
Lowest infant immunization rates	Increase healthcare transitions with social services	Culture		
Mental illness	Infant mortality	STD's		
Regions: 8 and 9				
Mental health	Lack of home healthcare providers	Increased preparedness in dementia care	Suicide	
Cancer- Lung and Colorectal	Obesity	In Medicaid- Cincinnati will not take patients	Prescription abuse	
Access to healthcare	Meth/substance abuse	Access/Awareness to diabetes/cardiovascular disease		
Transportation	Social Support	Access to mental health services		

Statewide Focus Group Notes by Age

Young Children (0 – 8 years)				
Second-hand and Tobacco/Tobacco use during pregnancy	Access to support services for asthmatic + diabetic children in schools	Third hand smoke exposure	Nicotine poisoning	Prenatal exposure (drugs & alcohol)
Maternal infant health	Breastfeeding support	Infant mortality & safe sleep	Lack of physical activity	Reluctance to get immunizations
Immunizations	Access to healthy foods	Pre-diabetes services	Hunger	Lack of discipline
Nutrition	Child abuse & molestation	Poverty- food programs in schools	Poor housing conditions	Disengagement of fathers
Fitness	Social norms that promote/reward inactivity and improper nutrition			
Children (9 – 18)				
Substance abuse	Mental health	Poverty	Lack of social skills	Depression/anxiety
Safe driving	Obesity	Bullying- cyber / in person	Lack of parenting	Anger issues
Pregnancy	Family structure	Access to healthcare	Lack of physical activity	Low up take of HPV vaccine (40th in country)
Drugs	STD's	Lack of role models	Support of healthy eating	
Technology	Violence	Lack of motivation	Suicide	
Young Adults (19 – 34)				

Obesity	Low cervical cancer screening rates	Occupational exposure	Stable relationships lead to better parenting	Pre-natal care
Don't have environment that supports healthy choices	Biggest cultural impact	Lack of compliance with recommended vaccine schedule during 3rd trimester pregnancy	Access to reliable childcare to stabilize home/work life	Mental health
Worksite access/ support of physical activity	Health status to fund all healthcare	Support of family and caregivers	Insurance programs	Pre-diabetes
Gaps in Employment, College, Home	Financial issues			
Adults (35 – 54)				
Support of family/caregivers	Diabetes/Obesity	Cardiovascular disease	Tobacco	Underemployment
Financial issues	Behavioral health	Mental health	Low rates for recommended screenings (cancer, breast, cervical & colorectal)	Stress
Seniors (55+)				
Increased dementia	Financial stress (taking care of grandchildren)	Social isolation	Diabetes management	Nutrition
Family caregiver support	Shortage of providers	Transportation	Falls prevention	Low rates of cancer screenings
Abuse/neglect	Workforce issues- high turnover rate			

What geographical needs were not addressed as a Top 5 that you think should be included?

1. "Health literacy, prevention care, patient provider communication, and navigating the healthcare system."
2. "Rural vs. suburban vs. urban instead of region as a whole."
3. "I'm unsure, since there were so few representatives from areas outside of Marion County."
4. "Fragmented healthcare system, lack of transition from healthcare settings, lack of communication between doctors and other healthcare professionals."
5. "Indiana falls in the bottom in the US when it comes to environmental quality, public health spending, and environmental enforcement for violations."
6. "It is no secret at the political/state governance level public health is not an issue (47th in PH funding). Having influenced employers and businesses, advocating and doing policy work would be really helpful in moving the public/ government decision makers opinion's on public health."

What age related needs were not addressed as a Top 5 that you think should be included?

1. "Poverty is a key health issue in Indiana at all ages."
2. "Care transitions, divorce/deaths in aging population and adjustment of those elderly who are left behind."
3. "Across all age groups- health literacy, patient provider communication, navigating the healthcare system and prevention care."
4. "I would love to focus on health promotion strategies that impact physical and social health problems across the lifespan- e.g., strategies that enhance safe stable and nurturing relationships and environments at all levels."
5. "Age 0 – 8 and 9- 18 mental health."

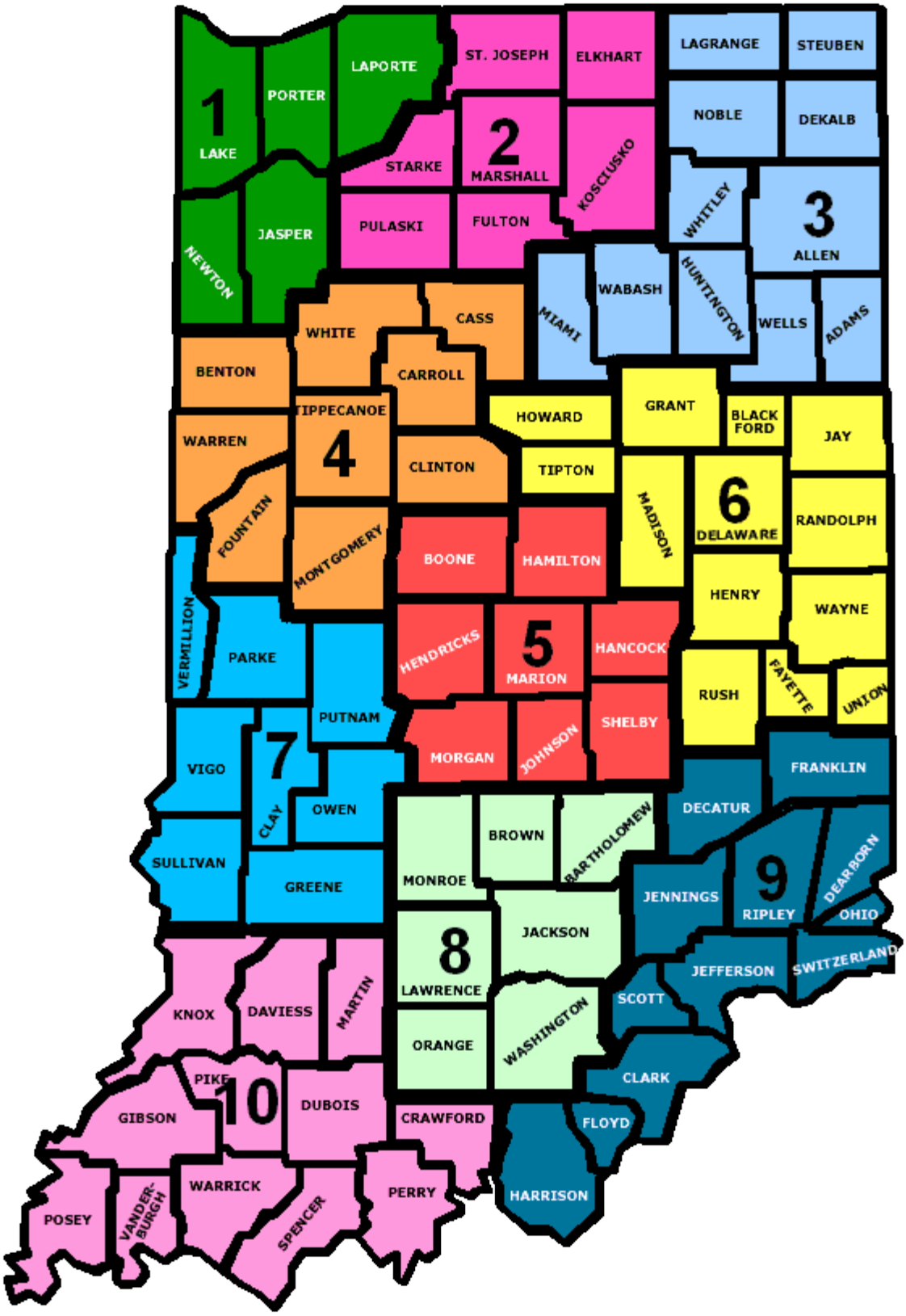
From your organization's perspective, what do you think are the most pressing health needs?

1. "Focusing on the structural determinants that result in health disparities, and also violence."
2. "System change, policy, environmental, networking about physical activity, nutrition and obesity."
3. "Infant mortality, maternal child health, social determinants of health."
4. "How to make our state healthier? How to collaborate? Information sharing."

5. "Lack of physical activity & physical activity opportunities. Low consumption of fruits and vegetables and access to affordable fruits and vegetables. Tobacco use. Systematic support from clinic to community for behavior change."
6. "Better access to care in a manner and location that is needed by the community."
7. "Infant mortality, smoking, obesity, drug misuse, abuse, overdose, depression, suicide, and access to appropriate care."
8. "Cancer, therapies, mental health, heart disease and nutrition."
9. "Climate chance and its impact on public health. Changes in the range of infectious disease vectors and increasing extreme weather events. The impact of reliance on fossil fuels on air and water quality. Confined animal feeding operations- and their impact on air and water."
10. "Mental health, continuity of care, stigma related to psychological issues."
11. "Non-dxn of pre-diabetes, built environment, and need for stronger public health infrastructure."

Student Statewide Focus Group	
Regions 1 and 2	
Largest Issues	*Possible Interventions*
Pollution	Make Pollution a Known Issue
Drug Use	Random Drug Testing at School
Healthy Food Access	Coping Skills and Rehab Centers
Unemployment	Job Fairs
Mental Health Issues	Offer Transportation
Regions 3 and 6	
Largest Issues	*Possible Interventions*
Drugs, Especially Heroin	Rehabilitation Centers
Alcohol abuse	Interventions for Substance Abuse
Teen Birth Rate	Education on Preventative Medicine
Tobacco Use	Better Healthcare Availability
Chronic Disease	Encouragement for Healthcare Patients
Access to Healthcare	
Regions 4 and 7	
Largest Issues	*Possible Interventions*
Substance Abuse	Awareness Campaigns
Access to Emergency Healthcare	More Life-Line Services for Emergency Department
Food Availability/Too Much Fast Food	Better Food Choices and Education
Farmers Markets	
Region 5	
Largest Issues	*Possible Interventions*
Education	More Discussion and Education about Health Issues
Environment	Fix Minor Problems Before Problems Get Bigger
Public Safety	(Water Contamination, Infrastructures, Built Environment)
More Police Coverage	
Regions 8, 9, and 10	
Largest Issues	*Possible Interventions*
Substance Abuse	Rehabilitation Options
Environmental Testing (Experimentation with Fracking, etc.)	Better Technology
Hospital Inefficiency	Large Amounts of Funding

Public HealthPreparedness Districts



Johnson County Windshield Survey

Johnson County's three cities are Greenwood, Whiteland, and Franklin. From a search on Google, it was easy to see what each city has and what each city is lacking in terms of grocery stores, churches, parks, and sidewalks:

Johnson County Windshield Survey from Google				
Cities	Grocery Stores	Churches	Parks	Sidewalks
Greenwood	10	0	4	Some neighborhoods need sidewalks
Whiteland	1	10	1	Needs some sidewalks
Franklin	7	10	1	Needs some sidewalks

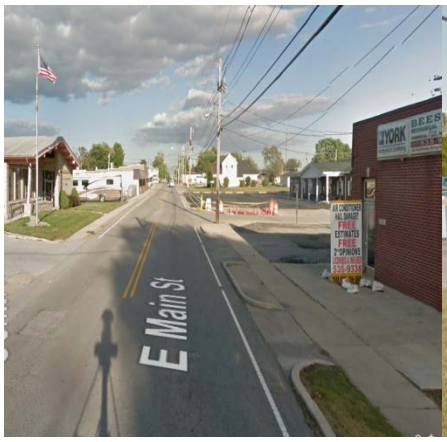
Greenwood







Whiteland






Service	Office	ZIP Code
Food Pantry	Action Health Center-WIC Office	46205
	Albert and Sarah Reuben Senior and Community Resource Center	46260
	Anna's House	46222
	Barnes Worship Center West	46224
	Bethel African Methodist Episcopal Church	46202
	Billie's Food Pantry	46222
	Blackburn Health Center WIC Office	46208
	Boulevard Place Food Pantry-Saint Vincent De Paul	46208
	Bridgeport Central Baptist Church	46231
	Brightwood Community Center	46218
	Broad Ripple United Methodist Church	46220
	Brookside Park and Family Center	46201
	Calvary Baptist Church	46235
	Cathedral Kitchen	46202
	Catholic Charities Crisis Office	46202
	Center Township Trustee, Marion County	46204
	Central Christian Church	46204
	Chapel Hill United Methodist Chapel	46214
	Chapel Rock Christian Church	46214
	Christ Church Apostolic	46260
	Christ Church of Glory	46220
	Christ United Methodist Church	46227
	Christamore House Family and Community Center	46222
	Church of Acts	46237
	City View Christian Center	46208
	Community Alliance of the Far East Side (CAFE)	46226
	Community Caring and Sharing	46241
	Community Outreach Ministry Eastside (COME)	46229
	Cottage Corner WIC Clinic	46203
	Decatur Township Trustee, Marion County	46221
	Deliverance Temple	46226
	Divine Direction Christian Church	46205
	Eagle Creek Assembly of God	46254
	Eagle Creek Community Church	46254
	Edna Martin Christian Center	46218
	Emmaus Lutheran Church Food Pantry	46203
	Fay Biccard Glick Neighborhood Center at Crooked Creek	46268
	First Baptist Church of Indianapolis	46240
	First Free Methodist Church	46201
	Fletcher Place Community Center	46203
	Forest Manor Health Center WIC Office	46226
	Forest Manor Multi-Service Center	46218
	Forest Manor United Methodist Church	46218
	Franklin Township Trustee, Marion County	46237
	Garfield Park Baptist Church	46203
	Gleaners Community Cupboard	46241
	Glendale Seventh-Day Adventist Church	46220
	God's Bounty Food Pantry	46239
	Goodwin Community Center	46221
	Grassy Creek Health Center WIC Office	46235
	Greater One Way Apostolic Church	46218
	Greater Saint Mark Missionary Baptist Church	46218

	Greater True Gospel Tabernacle	46218
	Harvest Prayer Center	46254
	Hawthorne Community Center	46222
	Healthnet Barrington Health and Dental Center	46203
	Healthier Hills Baptist Church	46229
	Holy Family David S. Moore Food Pantry	46203
	Holy Name	46107
	Holy Trinity Parish	46222
	Hoosier Veteran Assistance Foundation (HVAF)	46204
	Hope and Help Center	46201
	Hope Baptist Church	46214
	Hunger Inc.	46227
	Iglesia de Monte de Sion	46222
	Irvington Churches Advocacy Network (ICAN) at Downey Avenue Chris	46219
	John H. Boner Community Center	46201
	JR Dalton	46222
	Keenan-Stahl Boys and Girls Club	46203
	Kennedy King Park Center	46202
	La Plaza WIC Office	46226
	Lakeview Church	46224
	Lawrence Township Trustee, Marion County	46226
	Life Church	46234
	Light of the World Christian Church	46228
	Linwood Christian Church	46201
	Lirios de los Valles	46221
	Lord of the Harvest Church	46236
	Mary Rigg Neighborhood Center	46221
	Metro Baptist Center	46204
	Mid-North Food Pantry	46208
	Mount Zion Baptist Church	46208
	Movie Theater Church	46229
	Meals on Wheels of Central Indiana	46240
	National Christian Outreach, Compassion Center	46203
	National Square WIC Clinic	46227
	Nehemiah Bible Church	46201
	New Bethel Missionary Baptist Church	46202
	New Jerusalem Missionary Baptist Church	46218
	New Revelations Christian Church	46236
	New Wineskin Ministries	46254
	North Arlington Health Center WIC Office	46218
	North United Methodist Church	46208
	Northside Baptist Church	46220
	Northwood Christian Church	46205
	NU Corinthian Baptist Church, Inner City Ministry, Sanctity of Saints	46205
	Old Bethel United Methodist Church	46219
	Olive Branch Christian Church	46225
	Perry Township Trustee, Marion County	46227
	Pike Township Trustee, Marion County	46254
	Promise Land Christian Community Church	46208
	Purdue Extension, Marion County	46205
	Rainbow House Food Pantry (Ebenezer Missionary Baptist Church)	46202
	Roberts Park United Methodist Church	46204
	Saint Christopher	46224
	Saint John's Episcopal Church	46224

	Saint John's Missionary Baptist Church	46202
	Saint Luke Missionary Baptist Church	46218
	Saint Simon the Apostle Catholic Church	46236
	Saint Timothy Episcopal Church	46227
	Saint Vincent de Paul Client Choice Food Pantry	46218
	Salvation Army Eagle Creek Corps	46254
	Salvation Army Fountain Square Corps	46203
	Scott United Methodist Church	46202
	Second Helpings	46202
	Servant's Heart of Indy	46203
	Sharing Place	46236
	Shepherd Community Center	46201
	Shiloh Missionary Baptist Church	46226
	Southeastern Christian Fellowship Church	46203
	Southeastern Church of Christ	46203
	Tabernacle Presbyterian Church	46205
	Tear Down the Walls	46208
	Trinity Christian Methodist Episcopal Church	46205
	Tuxedo Park Baptist Church	46201
	UMOJA Christian Church	46222
	Vida Nueva United Methodist Church	46222
	Warren Township Trustee, Marion County	46219
	Washington Township Trustee, Marion County	46220
	Wayne Township Trustee, Marion County	46241
	Westminster Neighborhood Ministries	46201
	Westside Health Center WIC Office	46222
	Wheeler Mission Center for Women and Children	46201
	Wheeler Mission Shelter for Men	46204
	African Indian Center of Indiana	46201
	Concord Neighborhood Center	46225
Employment Assistance	Flanner House of Indianapolis	46208
	Forest Manor Multi-Service Center	46218
	Goodwill Industries of Central Indiana	46222
	Hawthorne Community Center	46222
	Hoosier Veteran Assistance Foundation (HVAF)	46204
	Indianapolis Marion County Human Resources Division	46204
	John H. Boner Community Center	46201
	Keys to Work	46202
	Marion County Prosecutor's Office	46204
	Mary Riggs Neighborhood Center	46221
	National Able Network, Indiana Headquarters	46208
	PACE, INC. (Public Advocates in Community Re-Entry)	46218
	Public Advocates in Community Re-Entry (PACE)	46218
	Vocational Rehabilitation Services-Areas 13 and 14	46256
	Vocational Rehabilitation Services-Areas 15 and 16	46241
	Volunteers of America-Strive Indy	46202
	WorkOne Express at College Park, Marion County	46278
	WorkOne West, Marion County	46222
Mental Health	Eskenazi Health	46202
	Action Health Center, Marion County Health Department	46205
	Adult and Child, East Ohio Street	46204
	Adult and Child, Madison Avenue	46227
	Archdiocese of Indianapolis	46202
	Asian Help Services	46205

	Aspire Indiana, Indianapolis	46205
	Brook's Place for Grieving Young People	46240
	Catholic Charities Indianapolis	46202
	Children's Bureau- Neighborhood Alliance for Child Safety (NACS)	46218
	Christian Theological Seminary Counseling Center	46208
	Community Health Pavilion Shadeland	46219
	Community Hospital North Behavioral Health Pavilion	46256
	Cummins Behavioral Health Systems, Indianapolis	46241
	Families First, Central Office	46204
	Franciscan St. Francis-Outpatient Behavioral Health Services	46227
	Healthnet Barrington Health and Dental Services	46203
	Healthnet Martindale Brightwood Health and Dental Center	46218
	Healthnet Southeast Health and Dental Center	46203
	Healthnet Southwest Health and Dental Center	46221
	Healthnet West Health Center	46224
	Indiana Coalition Against Domestic Violence (ICADV)	46202
	Indiana University Health Methodist Hospital	46202
	Indiana Wesleyan University Graduate Counseling Clinic	46278
	Legacy House	46218
	Libertad Counseling	46224
	Mary Rigg Neighborhood Center	46221
	Mental Health America of Greater Indianapolis	46205
	Midtown Community Health Center, Eskenazi Health	46202
	Midtown Community Health Center, Dr. James J. Wright Center	46202
	Midtown Mental Health Center, Eskenazi Health	46208
	Midtown Westside Clinic, Eskenazi Health	46224
	Mount Zion Apostolic Church	46218
	People's Health Center	46201
	Reach for Youth, Center Township Office	46205
	Richard L. Roudebush Veterans Affairs Medical Center(VAMC)	46202
	Riley Hospital for Children at Indiana University Health	46202
	Saint Vincent Indianapolis Stress Center	46260
	University of Indianapolis Psychological Center	46227

Johnson County Key Informant Questions

The questions asked by researchers in the key informant interviews – conducted through email – are as follows:

- Name, Title, Credentials (BS, RN, etc.), Organization?
- What do you think are the most pressing community issues, such as public safety, water quality, educational attainment, and food insecurity? Why?
- What do you think are the most pressing health issues in Johnson County, such as diabetes, obesity, mental health, substance abuse, and cancer? Why?
- What kinds of activities do you think would assist in solving the issues you identified? Can you name any organizations that are working on this or might be able to assist in developing solutions?
- What health-related activities are working well in Johnson County? Why?
- What advice do you have for the healthcare providers in Johnson County that would assist in elevating the health of Johnson County residents?

In attendance were representatives from Advocates for Children and Families (AFCF) the Cherish Center, Alternatives, Inc., Aspire Indiana, Children's Bureau, Inc., CICOA Aging and In-Home Solutions, Community Assistance Program,

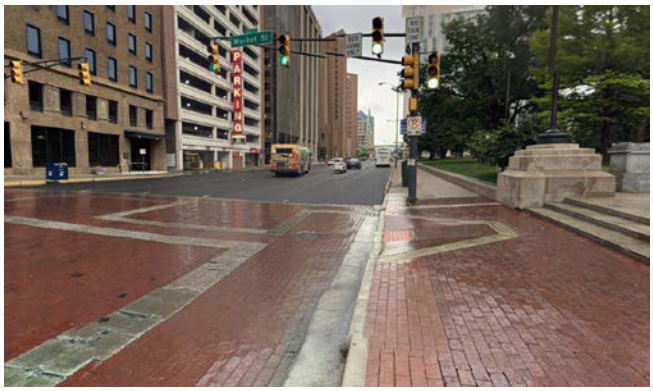
Community Health Network, Covering Kids, Delaware Township Trustee, Fall Creek Township, Fishers, Franciscan St. Francis Health – Carmel, Gleaners Food Bank, Hamilton County Adult Protective Services (APS), Hamilton County Council on Alcohol and Other Drugs, Hamilton County Department of Child Services (DCS), Hamilton County Express, Hamilton County Health Department, Hamilton County Society for the Disabled, HAND, Inc., Heart & Soul Clinic, Indiana University Health, Janus Developmental Services, Inc., Legacy Fund, Noblesville, Noblesville Township Trustee, OneZone, Prevail Inc., PrimeLife Enrichment, Inc., Purdue Extension, Riverview Health, St. Vincent Health, St. Vincent Health- Carmel, The Salvation Army, Trinity Free Clinic, United Way of Central Indiana (UWCL), Wayne Township Trustee, Westfield, Westfield Chamber of Commerce, WestLink Consulting, White River Christian Church, and YMCA of Greater Indianapolis. See Appendix A. for detailed list of participants.

Marion County Windshield Survey

The focus for Marion County is Indianapolis (specifically 46201 zip code, Beech Grove, and Southport. From a search on Google, it was easy to see what each city has and what each city is lacking in terms of grocery stores, churches, parks, and sidewalks:

Cities	Grocery Stores	Churches	Parks	Sidewalks
Indianapolis (46201)	2	12	1	sufficient side walks
Beech Grove	2	16	0	sufficient side walks
Southport	1	2	1	sufficient side walks

Indianapolis





Indianapolis (46201)







Marion County 46201 Focus Group 4/25/2015

Assistant Professor	Marian University
Community Health Nursing Student	Marian University
Translator/Interpreter	Holy Cross Church
Educator	Purdue Extension-Marion County
Parish Nurse	Englewood Christian Church
Pastor	St. Philip Neri/Holy Cross
Parishioner	Holy Cross Church
Parishioner	Holy Cross Church
CEO	John Boner Community Center
Director of Fitness and Wellness	Legacy Center
Associate Pastor	St. Phillip Neri
Director	Englewood Community Development Corp.
Parish Nurse	St. Philip Neri
Parish Nurse Coordinator	Franciscan St. Francis Health
Director of Property Management	Englewood Community Development Corp.
President	St. Vincent De Paul
Parishioner	Holy Cross
Police Officer	Indianapolis Marion County Police Department
Police Officer	Indianapolis Marion County Police Department

ESSC Southside Focus Group Organization Participants
Youth Connections
Valle Vista Health System
Franciscan Alliance ACO
Center Grove High School
Windrose Health Network
Nurse Family Partnership
Indy YMCA
Thomas Orr Consulting
Indiana Coalition Against Domestic Violence
Marion County Public Health Department
Center for Interfaith Cooperation
Jump In Health
Community Health Network
Franciscan Alliance ACO
Baxter YMCA
Nine 13 Sports
Mayor's Neighborhood Liaison-South/SE
American College of Sports Medicine
CICOA: ARDC
Little Red Door Agency
Walgreen Co.
Johnson County (Franklin) FFSA, Division of Family Resource Office
Marion County FSSA, Division of Family Resource Office

ESSC Greenwood, Indiana: Top Priorities with Possible Interventions and Organizations that Can Help
Poverty
Meal Programs
Job Training (3)
Practical Life Skills Training in Schools to Help Kids Prepare to be Functional Adults (5)
State Policies That Will Bring More Funding to Indiana
Engage Programs Already Out There Focused on This I.C. Goodwill Salvation Army
Minimum Wage
Improve Educational Levels (2)
Financial Literacy Courses
Paid Family Leave (6)
Possible Interventions
Poverty is the Starting Point
Start Skills Training Early
Time Off from Work for Health/Family
Affordable Housing
Affordable Healthcare (High Deductible/Co-Pay for Medicine)
Break Cycle of Poverty
Companies That Offer Higher Wages
Schools/Tech Schools Ability to Teach Skills/Job Training
Who Can Help?
C-9: Ivy Tech School System
Windrose Health Network
CHN/SFA
State of Indiana/Governor Pence
Substance Abuse
Adequate Number of Treatment slots (4)
Collaboration of Police, Prosecutors, Behavior Health Professionals for Programs (1)
More Treatment Programs-Lack of Affordable Treatment Options (1)
Prescription Drug Abuse (7)
Screening by PCPs for Early Drug Use and Public Health (5)
Getting Into Schools (Be Real with Students) (4)
Treatment for Adolescents (More Than Just Education) (1)
Possible Interventions

Continue to Encourage All Medical Procedures to Utilize INSPECT
Explore Alternatives to Pain Management (Non-Narcotics)
Collaborating, Developing, Communicating the Use of Better Screenings for All Gatekeepers (Medical, Schools, Law Enforcement)
Organize/Dialogue More about What Treatment Resources are in Place; Who is Doing What/Specialty Areas; Treatment in General
Who Can Help?
Law Enforcement: Adult/Juvenile
Primary Care Settings
Schools
FSSA/DCS
Pharmacies
Treatment Facilities
Prevention?

Education/Navigation: External and Internal

Family
Connecting Schools to Healthcare (2)
Educating Parents on How to be Parents Not Friends
Affordable childcare-CCDF (6)
Job Training
Matching Kids Skill Sets to Jobs (1)
Organizations Providing Caregiver Support Financial Literacy (3)
Professional
Holistic Education/Training for All Domains (Social, Financial, Physical, Intellectual) (3)
Training for Trainers, Mentors, Teachers
Training for Healthcare Professionals/Providers about Community Resources (3)
Collaboration Between Organizations (1)
Individual
Online Resource for Easy Access
Possible Interventions
Holistic Education
Preparing Individuals/Students for Reliable Jobs
Connecting Schools/Families/Community/Healthcare/Church
Financial Literacy (Dependence-Independence)
Patient-Empower
Disease Education
Who Can Help?
Excel Center
Talent Source
Jay's House
Purdue Initiatives
One Location for Community Resources
Multiple Languages-Resource Education
Organization Collaborations

Transportation

Medicaid/Low Price for Seniors
Connection to Built Environment
Understanding of Access in Johnson County (2)
Connection to Built Environment
Drivers Ed Free or Reduced for Adults
Hospital Sponsored Medical Vans (Low-Cost) (1)
Going Between Counties (2)
Intervention-Coalition of Faith-Based, Civic, and Social Service Agencies -Volunteers (3)
Sidewalks/Bike Lanes (8)
Possible Interventions
Mass Transit
Civic Groups, Volunteers
Hospital Sponsored for a Low Fee
Medicaid Vans
Who Can Help?
IndyGo
Senior Centers

Churches
Social Service Agencies
Private Transportation Companies

Family Wellness

Domestic Violence/Sexual Violence (Services) (1)
DV Prevention/Primary Root Causes (1)
Affordable Child Care (2)/Parent Stress (2)
Early Childhood Development (1)
Access to Family Wellness Coaching Resources (1)
Education on Ways to Eat Healthier on a Budget (9)
Affordable Activities for Families (1)
Programming for Families
Nurse Family Partnership
Expand/Increase Marketing for First Steps Services
Senior Health Clinics (2)
Lower Prices for Medications (Donut Hole) (1)
Paid Family Leave (1)

Possible Interventions

Resource (Ombudsman)
Navigators
More Services or Shelters
Policies (Organizational or Legislative) to Support Families
Community Events (Health Fairs)
Affordable Care
Social Inclusion/Support
Financial literacy esp. eating healthy on a budget

Who Can Help?

YMCA
Healthy Start
Nurse Family Partnership
Chamber of Commerce
Health Departments
ICADV
Community Organizations (Libraries)
Schools
Churches
DCS
Youth Serving Organizations

Mental Health

Training in Psych for Primary Providers (1)
Lack of Psych Options/Waiting Period to Get Into Psychiatrist (1)
Suicide Prevention (1)
Training/External Resources for Religious Leaders (5)
Anxiety/Coping Strategies (1)
Eating Disorders (Prevention and Treatment)
Teen Education on "Actions"-How They Impact Others/Bullying (3)
Statewide Initiative Incentive to Recruit Psychiatrics to Medically Underserved Population/Regions (1)
Healthy Lifestyle Awareness-Promotion-Support (1)

Possible Interventions

Training Community Leaders How to Recognize Behavioral Health Issues and Where/How to Get Help
Specific Education in Schools on Bullying, Conflict Resolution, Diversity Training, Emotion Regulation, and Cognitive Behavioral Training
Better/Faster Access to Care

Who Can Help?

All Local Mental Health Facilities
FSSA
Crisis Services
MHA-Crisis Line
MHA
Public Health Department
Valle Vista

Tara Center
DMHA
UIndy

Obesity

Poverty-Root Cause
Inactivity
Access to Healthy Foods (9)
Priority in Schools/Priority in General (4)
More Walking Trails, Parks, Free Exercise/Sports Programs (8)
More Education at Earlier Ages (1)
Policies Supportive of Healthy Eating/Active Living e.g. Worksite Wellness (4)
Gen Physicians on Board for Preventative Wellness (1)

Possible Interventions

Sectors to Look at: Schools, Early Learning Centers, Youth Serving Families, Employers
Coordinated Schools Health Approach
Help Schools Implement Education on Healthy Eating
Public Awareness-Educate Without Negativity
Worksite Culture That Welcomes Healthy Behaviors
Increase Access to Healthy Foods

Who Can Help?

Farmers Markets
SPARK
Take 10
YMCA
Partnership for Healthier Johnson County
Health by Design
Add Community Members to School Wellness Council
Hospitals
Community Foundation
Jump IN for Healthy
Chamber of Com. Kids
ISDH
Parks and Recreation

Community Engagement

Community Centers (7)
Community Events
Community Health Educators
Encourage Religious Centers to Become More Involved (Community Partnering) (4)
Engaging Public/Trusted Spaces (Schools/Churches/Walkability/Etc.) (2)
Data System (Like Insight Formation) to Keep Track of All Objectives That All Citizens Can Easily Navigate
Integrate with Schools (Mentors/Internships/Education)
More Partnerships Between Community Organizations to Benefit Greater Good; Community Meetings to Network (4)

Possible Interventions

Ensure Data is Available for Organizations
Talk to the Community about What Their Needs Are (Community Members and Community Health Educators)
Seek Grants to Get Initiative Started

Who Can Help?

Religious Leaders in Community
AmeriCorps
United Way
Resource Workers in Established Community Centers
Network Between Public and Religious Organizations

Tobacco

Referrals/Awareness of Quitline (Pharmacist and PCP Referrals (2)
E-Cigarettes and Policies (3)
Education in Schools About Tobacco Use/Prevention (1)
Price/Tax increase (1)
Stop Selling
Affordable Ways to Quit (Coverage by Healthcare)

FSFH Employee Survey (Conducted June 2015)		
Please indicate the campus/location of your primary work assignment:		
Location	*Respondents*	
Indianapolis	68.67%	
Carmel	4.67%	
Mooresville	18.00%	
FPN	6.67%	
VSN	2.00%	
What department do you work in?		
Heart Center	Senior Promise	ASD
ED	Geriatrics	Women and Children's/Lactation
Physical Therapy	Inpatient PT	AICU
Heart	ACO	SPCU
Security	Oncology/Hematology	NPCU
Educational	Occupational Therapy	6 West
Registration	Endoscopy	NICU
Lab	Clinic/Triage	Rehab Services
Medical Assistant-Cardiology	Endo	SFHN/Franciscan ACO, Inc
Onc/Hematology	Mail Department	Patient Service Center and Physician Navigators
Women's and Children's	Senior Promise	Oncology
Palliative Care	Senior Promise	Spiritual Care Services
Provider Relations	St. Francis Mooresville Surgery Center	Senior Promise/Franciscan Insurance
Occupational Therapy	Occupational Therapy	Nursing
PACE Clinic	Research/Pharmacy	Center of Hope
CSP	MPCU	Women and Children
WCSL	Rehab Services	Health Coaching
ED	Inpatient PT	PET/CT
ED	Nursing	Social Accountability-Nursing
5 East	CCU	CCU
Respiratory Care	NICU	AICU
Pharmacy	Physical Therapy	ACO
Palliative Care	Family Medicine (residency)	Franciscan ACO
Oncology	Rehab Services	Inpatient Ortho Neuro
Imaging	Palliative Care	ACO
Volunteer Services	Stroke Center	ACO
IMPACT Center	Radiology	Senior Promise/Franciscan Insurance
Surgery	RMD	Franciscan ACO/SFHN
Hospice	Accountable Care Organization	St. Francis Health Network
ASD	Food/Nutrition	St. Francis Health Network
Heart Center Administration	Physical Therapy	Community Relations
Women's and Children's	Cancer Center	St. Francis Health Network
Emergency	Physical Therapy	Perioperative Services
EVS	Surgery	ACO
Spiritual care	Respiratory Care	ACO
Physical Therapy	Indiana Heart Physicians	Hospice/Palliative Care
Rehab	JRSI	Women's Health
Physical Therapy	Integrated Case Management	Hospice
MV Med Surg	Respiratory Care	Weight Loss Center
Safety, Security	Administration	MV Administration
OB/Women & Children	Emergency	SFHN
Operations	Post-Partum/Newborn Nursery	ASD/PACU
Quality	Peds Clinic	Outpatient Behavioral Health
ASD	Cardiac Rehab	ER
Spine Clinic	Registration	NRC
Respiratory Care	Security	SICU
CVOR	Family Practice Residency	St. Francis Health Network
ACO	Oncology Administration	ASD/PACU
Surgery (Main)	Service Excellence	Franciscan Alliance ACO
Medical Renal	Emergency	5 E Medical Renal

Trauma Administration		
What is your job title?		
RN	Insurance Consultant	Physician Liaison/Community Outreach
Nurse	PTA	Patient Service Representative
RN	Care Coordinator III	Supervisor
PTA	Clinical Educator	COTA II
PSR	RN	Front Desk
Clinical Lead/CMA	Medical Assistant	RN
Pharmacy Technician	Mail Clerk	Manager
Manager	NP	Program Specialist
Insurance Consultant	Director	Occupational Therapist
Patient Access Rep II	RN	Investigational Drug Services Pharmacy Technician
Materials Technician	RN	RN
Manager	RN	PTA
RN	RN	Registered Nurse
RN	Registered Respiratory Therapist	Staff Clinical Pharmacist
RN	PTA	Social Worker
Nurse	Physical Therapist II	Manager
Assistant	Secretary	Process Improvement Coordinator
Social Worker	RN	Hospice Spiritual Bereavement Support
Dietitian	Executive Assistant	Rehab. Aquatic Specialist
OB Nurse Navigator	Manager/Radiation Therapist	Manager
Senior Physical Therapist	Manager	Manager
Chaplain	Respiratory Therapist	Staff Physical Therapist
Director	PTA	Front Desk/Intake Coordinator
Case Manager, Parish Nurse	RN	Manager
Director	Administrative Assistant	Bereavement Coordinator
RN	Director	Unit Manager
Medical Director	Staff Nurse	RN
RN	Registered Nurse	Lactation Consultant/Baby-Friendly Coordinator
RN	RN	RN
RN	CST	RN
CCC	RN	Physical Therapist
RN	Trauma Program Manager	Director of Quality Improvement
RN-BSN	Manager, Support Services	Staff RN
Nurse Navigator	Provider Relations Coordinator	Office Assistant
PSR	NICU Manager	RN
Care Transition Coach	Clinic Supervisor	Supervisor
Manager	Parish Nurse	Medicaid Program Coordinator
RN	RN	Admin. Director Case Management
RN	Renal CCN Coordinator	RN Care Manager
RN	Director Finance Legal Council	PCC RN
RN	RN: Bariatric Coordinator	ACO Manager of Marketing & Communication
RN: Care Coordinator	Operations Director, JRSI	RN PPC
Director of Operations	Care Coordination Manager	BSN, RN-PCC
RN	Medical Social Worker	Supervisor Clinical Case Coordinator
Clinical Care Coordinator	New Media Manager	Director of Quality Improvement
Director	Dir. Of Employer Health Solutions	Program Manager Women's Health
Director	Volunteer Coordinator	

FSFH Employee Survey (Conducted June 2015)	
What do your patients discuss as barriers or challenges of receiving healthcare? Check all that apply.	*Percentage*
Transportation	61.18%
Cost of Co-Pay/Uninsured	67.11%
Poverty	28.95%
Lack of Insurance	43.42%
Lack of Doctors Who Accept Their Insurance	19.08%
Social Support	28.29%
Language/Literacy Related to Patient Materials	10.53%
Limited Hours at Doctor's Office/Clinic	14.47%
Unable to Find Specialists	7.89%
Not Having a Primary Care Provider or Medical Home	23.03%
Unable to Find a Free Scale or Sliding Scale Health Clinic	7.89%
Food Insecurity	7.89%
Availability or After Hours Providers	15.97%
Unable to Access/Pay for Prescriptions or Needed Medical Supplies	51.97%
Other	7.89%

FSFH Employee Survey (Conducted June 2015) What are the most common questions or concerns your patients mention unrelated to their diagnosis?		
Patient Question/Concern # 1	*Total*	*Percentage*
Cost of Care/Treatment	17	15.04
Cost of Medications	15	13.27
Insurance Related	5	4.42
Transportation Related	7	6.19
Financial Instability/Difficulties	14	12.39
Family/Social Support	6	5.31
Caregiving/Home Care Assistance	11	9.73
Health Illiteracy/Paperwork/Eligibility for Services	5	4.42
Medical Equipment and Supplies	3	2.65
Mental Health Issues/Resources	2	1.77
Affording Lifestyle Changes (Weight Loss/Nutrition)	5	4.42
Pain Control	3	2.65
Concerns with/Finding/Changing Primary Care Physicians	5	4.42
Hospital Stay	2	1.77
Cancer Concerns	3	2.65
Resources/Disease Prevention	3	2.65
Other	7	6.19
Total Responses	113	
Patient Question/Concern # 2	*Total*	*Percentage*
Transportation	15	15.46
Caregiving/Home Care Assistance	7	7.22
Family/Social Support	6	6.19
Financial Instability/Difficulties	7	7.22
Medical Equipment and Supplies	3	3.09
Concerns with/Finding/Changing Primary Care Physicians	8	8.25
Cost of Medications	10	10.31
Cost of Care/Treatment	7	7.22
Health Illiteracy/Paperwork/Eligibility for Services	4	4.12
Insurance Related	4	4.12
Hospital Stay	11	11.34
Mental Health Issues/Resources	4	4.12
Affording Lifestyle Changes (Weight Loss/Nutrition)	3	3.09
Other	8	8.25
Total Responses	97	
Patient Question/Concern # 3	*Total*	*Percentage*
Cost of Care/Treatment	3	4.76

Cost of Medications	2	3.17
Insurance Related	2	3.17
Transportation Related	8	12.70
Financial Instability/Difficulties	7	11.11
Family/Social Support	5	7.94
Caregiving/Home Care Assistance	4	6.35
Health Illiteracy/Paperwork/Eligibility for Services	7	11.11
Mental Health Issues/Resources	2	3.17
Pain Control	2	3.17
Concerns with/Finding/Changing Primary Care Physicians	1	1.59
Hospital Stay	2	3.17
Appointments/Doctor Collaboration	6	9.52
Resources/Disease Prevention	1	1.59
Other	11	17.46
Total Responses	63	

CHNA Survey Data:

What can hospitals and healthcare organizations do to help improve the health of your community?

The top five responses to this question from all respondents in Marion County include (in order of highest response):

- Lowering costs
- Providing more classes and health fairs
- Providing more prevention-related activities
- Provision of a better patient experience
- Participating as an engaged partner in the community

The 46201 and Burmese sub groups listed the same responses proportionately. The Marion South sub group included the same responses, but behavioral health, including substance abuse and depression, was the top category of comments.

The top five responses from all respondents in Johnson County and the Johnson North sub group include (in order of highest response):

- Providing more classes and health fairs
- Lowering costs
- Build awareness of key community health issues and potential solutions
- Providing a better patient experience
- Participating as an engaged partner in the community (tie)
- Providing exercise and fitness options (tie)

In the past 12 months, what positive changes have you made for your own health?

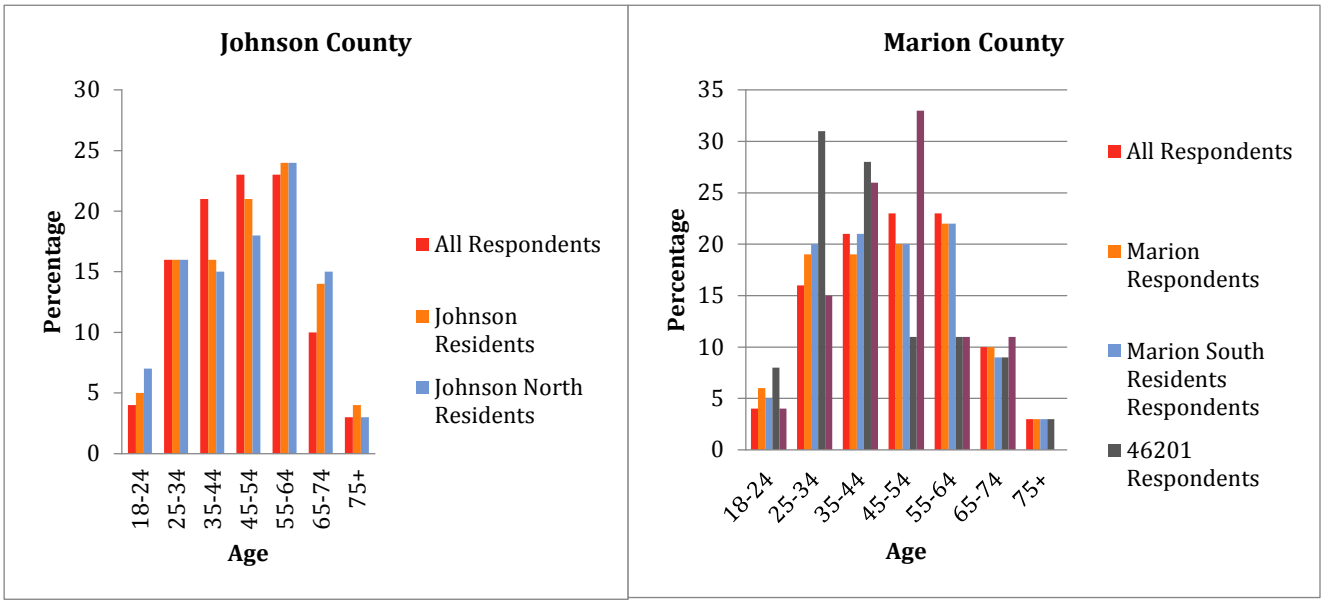
Most of the comments from Marion County, Marion South sub group, and 46201 sub group include positive changes related to exercise or fitness (42%) and improvement on their diet (food or beverage) (46%). The Burmese sub group responses were limited to exercise and diet.

Other frequent comments included:

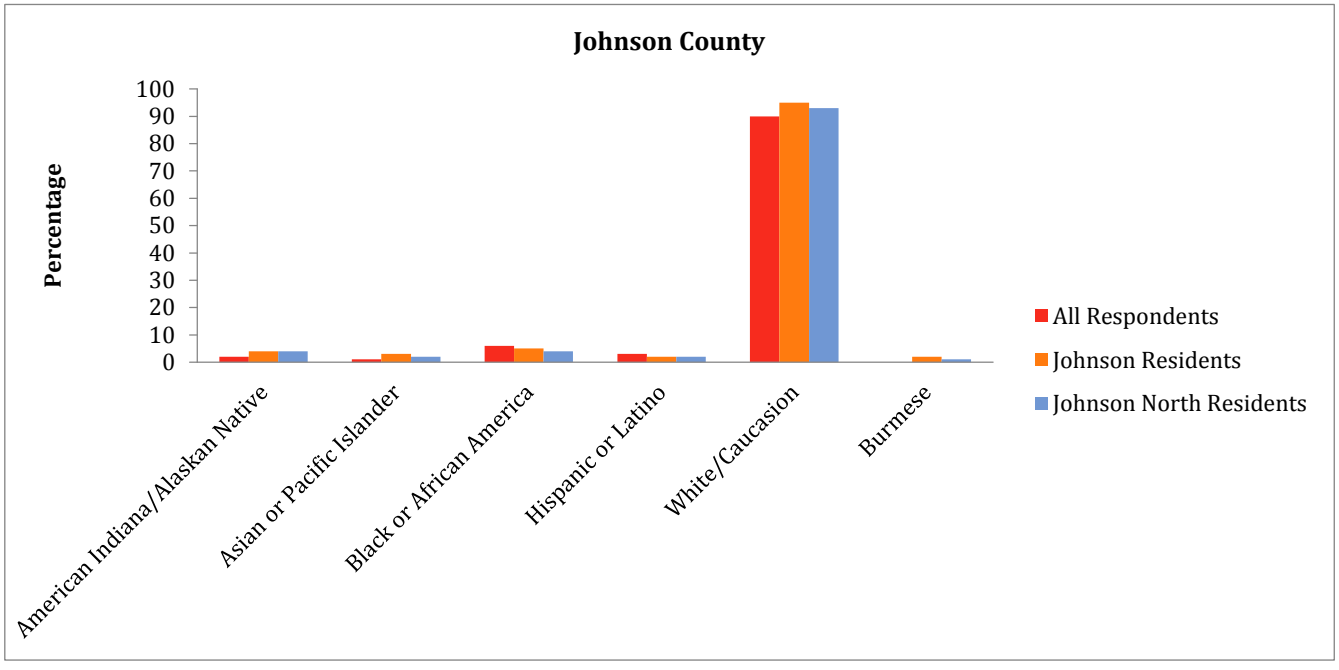
- Managing stress
- Getting more sleep
- Quitting tobacco use
- Weight loss

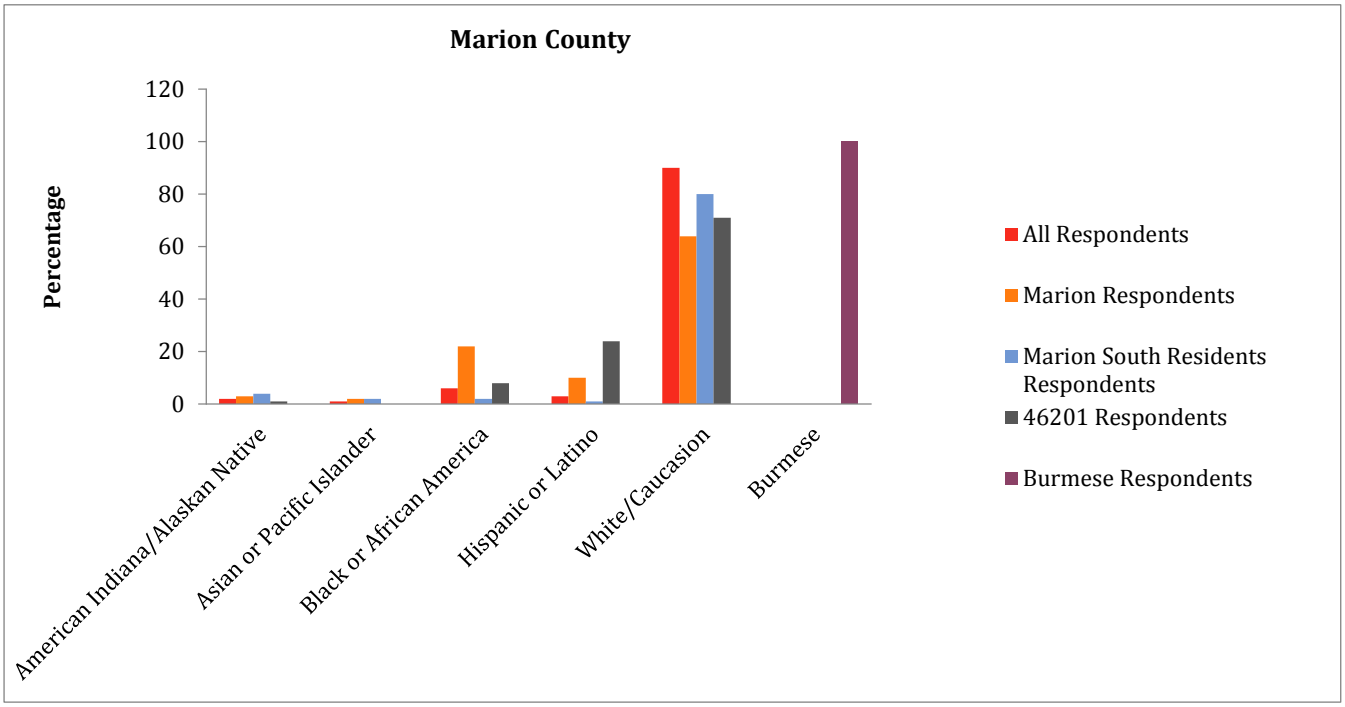
Johnson County respondents identified physical activity (51%) and improved diet (50%) as the most significant healthy behavior started in the last 12 months. The same were identified by the Johnson North sub group.

What is your age?

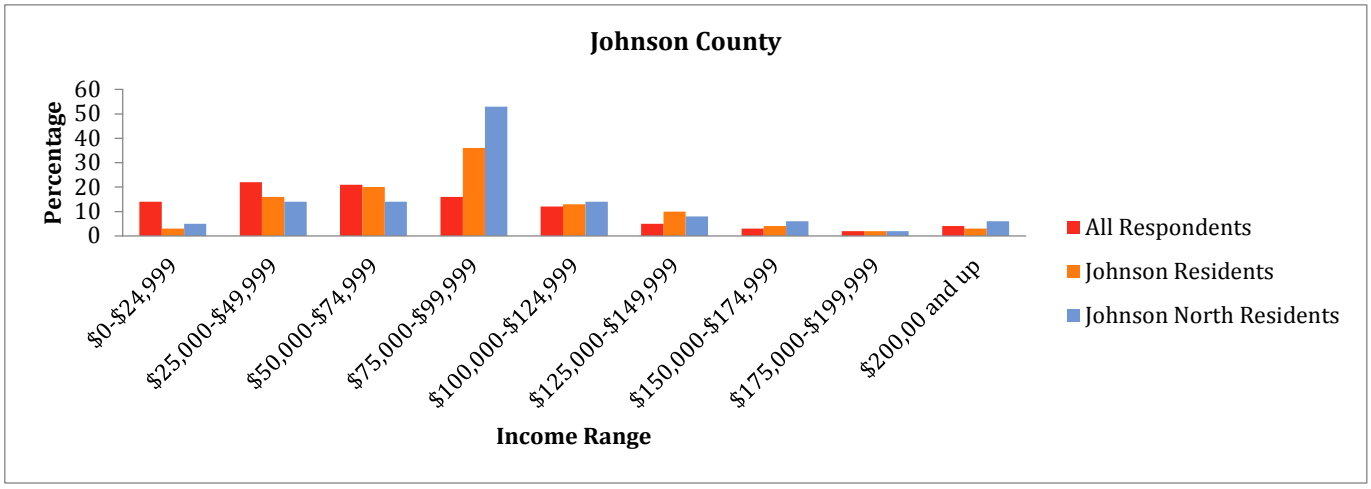


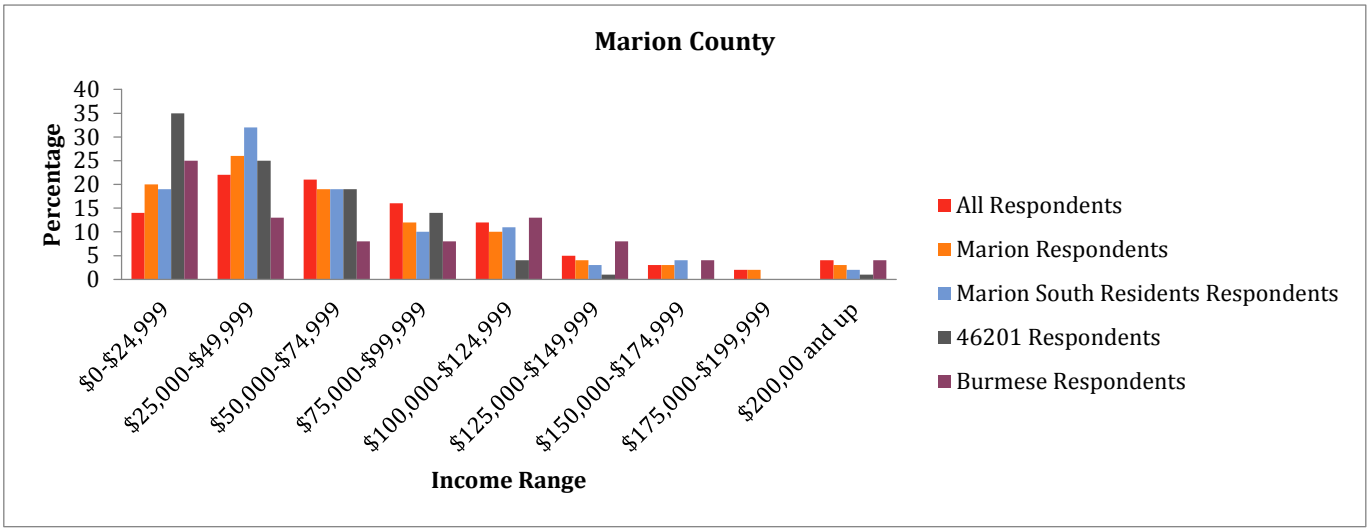
What is your ethnicity?





What is your average household income?





Transportation Options by County

Marion		
Transportation Option:	*Contact Information:*	*Populations Served:*
IndyGo Open Door	(317) 917-8747 http://www.indygo.net/open-door/	Individuals with Disabilities
Way2Go Transportation (the following 3 entries are under this option)	(317) 803-6153	Ages 60 and older
Door2Door	(317) 803-6153 http://www.cicoa.org/way2go/senior-transportation/377.html	Ages 60 and older Application required
Grocery Shopping/Shuttle Service	(317) 803-6153 http://www.cicoa.org/way2go/senior-transportation/379.html	Ages 60 and older Application required
Taxi Discount Coupons	(317) 803-6153 http://www.cicoa.org/way2go/senior-transportation/376.html	Ages 60 and older Application required
Little Red Door	(317) 925-5597	Cancer Patients
Red Cross of Greater Indianapolis	(317) 684-4337	Must be ineligible for Medicaid and unable to use regular bus
Road to Recovery (American Cancer Society)	(317) 344-7800	Cancer patients
"BATS" Boone Area Transit	(765) 482-5220	Anyone

System		
Transportation Vouchers	(317) 803-6153 or (317) 803-6020 http://www.cicoa.org/way2go/transportation-vouchers.html http://www.327ride.net/nftv/new-freedom-transportation-vouchers/	Individuals with a disability
Perry Senior Citizens Services	(317) 783-9231 http://www.327ride.net/pscs/perry-senior-citizens-services/	Seniors
Wheels to Wellness	(317) 259-6822, ext. 8 http://www.327ride.net/wtw/Wheels-to-Wellness/	Ages 60 and older
Commuter Connect	http://www.cirta.us/commuterconnect/cc-home/	Anyone
Johnson		
Transportation Option:	*Contact Information:*	*Populations Served:*
Access Johnson County	(317) 738-5523 http://www.accessjohnsoncounty.org/	Seniors or those with disabilities
Dial a Ride	(317) 738-5523 http://www.accessjohnsoncounty.org/	Seniors or those with disabilities
Johnson County Senior Services	(317) 738-4544	Seniors
IndyGo Bus (Limited Routes)	http://www.indygo.net/	Anyone
Transportation Vouchers	(317) 803-6153 or (317) 803-6020 http://www.cicoa.org/way2go/transportation-vouchers.html http://www.327ride.net/nftv/new-freedom-transportation-vouchers/	Individuals with a disability
Commuter Connect	http://www.cirta.us/commuterconnect/cc-home/	Anyone

*Other: National Patient Travel HELPLINE: provides information about all forms of charitable, long-distance, medically-related transportation. (http://www.patienttravel.org/)

-Veterans Transportation Service for veterans who are obtaining health care at Richard L. Roudebush VA Medical Center or outpatient clinic. (317) 988-2472 (http://www.327ride.net/VTA/Veterans-Transportation-Service/)

-For all counties, County Connect is a service that is available to help coordinate between counties: http://www.327ride.net/pages/FAQs/

Appendix A (Johnson Memorial Hospital, CHNA 2014)

Partnership action teams and their initiatives currently active within the community:

1. Access to Care:
    a. Initiatives: Covering the uninsured; Low cost/free health care resources; Johnson County Dental Health Initiative & Other Resources; Johnson County Food Pantries and Smart Choice Food Program Initiative
2. Asthma
    a. Initiative: Partnership's Asthma Educators are a team of respiratory therapists available to provide education and strategies to manage asthma.
3. Behavioral Health
    a. Mission: To support community-based advocacy and open the doors for awareness and access to behavioral health care in Johnson Count
    b. Initiatives: Crisis Intervention Teams (CIT) training for Johnson County law enforcement; NAMI (National Alliance on Mental Illness); 15 organizations listed as resources
4. Maternal/Child Health
    a. Initiatives: LaLeche League of Franklin; Car Seat Program; Free Child Birth Education class "Great Expectations"; Safe Sleep Crib Programs; 39 Weeks Campaign
5. Tobacco
    a. Initiatives: 1-800-QUIT-NOW Indiana Tobacco Quitline; Cessation Systems for health professionals, businesses and organizations; Free local resources; Education programs for schools-speakers: Young Lungs (1st grade), SmokeBusters (3rd grade), Tar Wars (5th grade); Health, Community & School Fairs
6. Wellness Action Team
    a. Initiatives: Dump Your Plump 'DYP'; My healthier choice –Sodium Reduction Initiative; Walks Across Johnson County; *Get Healthy Franklin!* Keytag program

Alcohol/Drugs (Johnson Memorial Hospital, CHNA 2014)

- **Addictions, Alcohol, Drug Abuse**. This presentation can be tailored to fit the audience. Speaker can provide an overview, talk about his personal recovery and discuss treatment options. Presentation provided by Bill Kindle, Tara Treatment Center
- **Addictions and Chemical Dependency**. Presentations are available and can be tailored to meet the audience need. Presentations provided by Kenosis Counseling Center, Inc.'s qualified staff including ACSW; LCSW; Ph.D,, HSPP; MS, MFT

Asthma (all presentations by member of Johnson County Asthma Coalition)

- **What Is Asthma? (grades 5-12)** This fun and interactive workshop is perfect for health and science classes. Students will learn: the definition of asthma, the function of the lungs by demonstration of a pig lung dissection, how to identify common triggers and warning signs of an asthma attack.
- **Asthma, Be In Charge (K-College)** For asthmatic students only. This workshop will teach: how to manage asthma at school, the correct way to take metered-dose inhalers and how to use peak flow meters, and how to respond to an asthma emergency. For younger children, "Radical Randy" the MediKin (doll) with asthma can be requested as a teaching aid to accelerate learning among younger children with asthma
- **School Staff Workshop** (nurses, teachers, coaches, bus drivers, and office staff): This workshop equips all school staff with information on: early warning signs of an asthma attack, how to reduce asthma triggers in the school environment, how to help students manage their asthma at school, appropriate action to take during an attack.
- **Parents As Asthma Managers**: This workshop is excellent for parent/teacher group meetings where both will learn: the ABC's of asthma management; proper communication between families, medical staff and school staff; and how to ask medical professionals the right questions about asthma management.
- **Open Airways** (For Asthmatic Children Ages 8-11) Teaches students in small groups how to develop self-management skills.

- **Child Care Staff Education** (childcare centers/preschool providers) A program to educates caregivers and staff to: understand what asthma is and how to recognize early warning signs of an asthma attack, identify and reduce environmental triggers, know life-saving actions or emergency procedures, create an asthma management plan between staff, physician and families.
- **Asthma Lunch & Learn for Businesses** - Through employee education and asthma management, the effects of asthma can be minimized. Respiratory professionals will teach: how to recognize early signs of an asthma attack, importance of medication regimens, how to avoid allergens and other factors that aggravate asthma.

Behavioral Health (Johnson Memorial Hospital, CHNA 2014)

- **Self Esteem - A Personal Journey**: This program helps the audience understand the definition of self-esteem, provides an interactive game to get the audience thinking about self-worth, facilitates discussion on where we gain self-esteem and stresses the importance of eliminating the negative and accentuating the positive with strategies everyone can use to build self-esteem. Speaker is Zoe Frantz from Valle Vista Health System.
- **Teen Suicide Awareness and Prevention Program**: This presentation developed through The Jason Foundation, Inc. provides a Staff Development program for teachers and youth leaders on the topic of youth suicide awareness and prevention. The program introduces the scope and magnitude of the problem on a national and state level. It discusses the student teacher relationship that often allows teachers to recognize when students are struggling or changing and how to respond. The learning objectives for the training include: 1) becoming aware of the stats regarding youth suicide attempts and completions 2) learning general warning signs and possible suicidal ideation and information about elevated risk factors, learning how to possibly recognize at-risk students and ways to help recommend the services they need 4) identifying support services available to help students at risk and their families. This program is provided by Zoe Frantz who has worked in the behavioral health and addiction treatment field for over 14 years. She is trained by the Jason Foundation to facilitate teen suicide awareness and prevention programs. She has a Masters in Health Administration.
- **Thanks for Stress mas**: Learn how to manage seasonal stress by packaging your priorities instead of your sanity. Stress doesn't need to drain the joy from the holidays. Traditions, expectations, and social pressures can be managed with some simple strategies. Presentation provided by Gina Huff, M.A.C.S.

Cultural Awareness: Presentations and/or simulations available on domestic violence, worldview, immigration process, cultural (health and other)

Domestic Violence: Several presentations are available including Violence in the Work Place and When Domestic Violence Comes to Work, Domestic Violence 101, Community Awareness and Education, Mind of a Batterer, Monitoring of Batterer's Intervention Programs, What Collusion Looks Like. These presentations are provided by Mattie Herald, Abuse Counseling and Education, Inc.

Exercise/Fitness (Johnson Memorial Hospital, CHNA 2014)

- **Power Walking**: This presentation will cover the techniques of power walking. Audience participation. Speaker for this presentation is Doreen St.Clair, Professor Emeritus, Franklin College.
- **Aging Without Getting Old**: This presentation will cover the factors that predict healthy aging. Speaker for this presentation is Doreen St. Clair, Professor Emeritus, Franklin College
- **Get In Shape With the FITT Program**: This presentation will give an overview of wellness, the FITT formula and weight management. Speaker for this presentation is Doreen St. Clair, Professor Emeritus, Franklin College
- **Overall Wellness "Tips To Staying Fit":** This presentation provides an overall picture of the current health of our nation and ways to reduce risk and improve one's health. Health topics include cardiovascular (heart health), nutrition, stress, exercise, smoking, weight management and cholesterol management. Speaker for this presentation is Joe Sagorsky, Franciscan St. Francis Health
- **Wellness Programs** are available for Adult, High School and College audiences. The Wellness Wheel is used to review and provide instruction on life style changes to improve health. Presentation provided by the Weight Loss and Wellness Center at Johnson Memorial Hospital

- **Weight Loss and Wellness**: Surgical and nonsurgical weight loss options. Specifics about weight loss are taught. Presentation provided by the Weight Loss and Wellness Center at Johnson Memorial Hospital
- **Corporate Wellness**: This presentation provides an overview of 7 areas for implementing a corporate wellness program and 3 options for designing a corporate wellness program. Speaker is Donna Martz, MS, President, Aspire Consulting.
- **Wellness**: The key to healthy balanced living! This session is a broad overview of 7 key areas for wellness with ideas and options for implementation. Speaker for this presentation is Donna Martz, M.S., in Kinesiology, President, Aspire Consulting
- **Fitness: Creating Your Personal Fitness Program!** This is a fun session outlining ideas on setting up your own personal fitness program within the guidelines prescribed by the ACE. Audience participation suggested. Speaker is Donna Martz, M.S. in Kinesiology, President, Aspire Consulting
- **Fitness: Drumming.** This presentation is a fun, energetic program on drumming and rhythmic movement. Audience participation required. This program is great for groups, team building, corporate communication, conflict resolution and fun! Research suggests drumming helps your cognitive skills improve. Additional costs may apply. Facilitated sessions also available for meetings/conferences.
- **Fitness: Exercise at Any Age**. This presentation will cover the basics of exercise, provides 3 basic ideas for an exercise program in creating a balanced exercise program to meet your needs and allows you to see you CAN exercise! Audience participation designed for your group. Speaker for this presentation is Donna Martz, M.S. in Kinesiology, President, Aspire Consulting
- **Fitness: Fit and Fabulous**! This session outlines ideas on setting up your own personal wellness and fitness program by providing 7 steps to immediately implement into your life to create a balanced, fit and fabulous life! This program can be adapted to any group.
- **Fit and Fabulous for the Busy Executive**! This session outlines ideas on setting up your own personal wellness and fitness program by providing 7 steps to immediately implement into your life to create a more balanced, fit and fabulous life even for a busy executive! This session outlines ideas of living healthy on a busy schedule, is tailored to the busy executive that knows health is a priority and needs ideas on implementing this into their life! Audience participation. Speaker for this presentation is Donna Martz, M.S. in Kinesiology, President, Aspire Consulting
- **Weighing the Benefits of a Strength Training Program**: This program will discuss the health benefits of strength training and debunk the myths of weightlifting. Topics include nutrition, training with certain medical conditions and how to incorporate strength training into an exercise program. Different types of resistance equipment will be demonstrated including a suspension trainer, resistance bands, sandbag and dumbbells. Presentation provided by Catherine Cataldi, CC Personal Training Services
- **Exercising and Loving It-Your Lazy Way to Great Shape**: Methods and attitudes for learning to love exercise are discussed. No specific activity is emphasized while a few simple techniques are demonstrated. The critical points are that if you love exercise: 1) it is automatically part of your lifestyle, 2) you are permanently in great shape! Anyone who dreads exercise, regardless of the wonderful results it brings, can simply and easily reverse that feeling and immediately start enjoying these wonderful benefits. Jim Everroad, Everroad Publishing Company is the speaker.
- **Devoted Fitness: Move Your Soles and Your Soul**!: Encouraging women to know the importance of taking time for their body and soul and encouraging them to jump right in where they are, regardless of their age, size or ability. Additionally, a Devoted Fitness demonstration (up to 30 minutes - 1 hour) will be done. Devoted Fitness is a Christian dance aerobics program created for worshipping God through dance choreography set to upbeat Christian music. We Slide, Stomp, Cha Cha, Kick, Salsa, Twist, Shuffle, Jump and Shout our way to a healthy body and soul, all while burning an average of 650-800 calories per workout! Devoted Fitness was founded by LaRae Puckett, M.S. in Exercise Science, in 2009 with instructors in 20 states and growing. Amanda Goff, Certified Devoted Fitness Instructor, is the speaker.

Leadership Development (Johnson Memorial Hospital, CHNA 2014)

- **Don't Burn The Candle At Both Ends:** This presentation is specifically designed for ministry leaders/workers to help them avoid burn out. This workshop will help participants recognize how fatigue may be affecting their lives and ministries. It will show how "multi-tasking" often detracts from the one thing that God requires. A specific focus on intentional stillness will be addressed, as well as, how to become better time guardians for spiritual health and wholeness. Speaker: Gina Huff, M.A.C.S.

- **Pyramids, Paradigms & Paradoxes:** This presentation is designed for church ministries. Potential leaders of any age group will benefit from learning about servant leadership. This workshop will help participants to define leadership and to recognize various power models. Servant leadership stretches and challenges us as it requires embracing paradoxes and changing paradigms. Six important leadership points will be covered as we identify what made Jesus Christ history's most notable servant leader. Speaker: Gina Huff, M.A.C.S
- **Mirror, Mirror On The Wall**: This presentation stresses the value of self-awareness in leadership. Participants will begin to recognize that lack of self-reflection can lead to hypocrisy and unresolved conflicts. They will be given the tools to identify their specific core values in order to grasp how individuals with differing values inevitably come into conflict. Conflict management styles and responses will be addressed along with the benefits that conflict can bring. Speaker: Gina Huff, M.A.C.S.
- **Teamwork: 3-D Approach**: This program is designed to educate perspective leaders about the value of teamwork and interdependence in an organization. Participants will learn about the stages of team development and how to define and recognize the need for delegation within specific team structures. They will acquire knowledge about types of decisions within the actual decision making process. They will also explore the impact change has on groups and individuals. Speaker: Gina Huff, M.A.C.S.
- **How Am I Doing?** The Art of Giving and Receiving Feedback: This program is designed to give leaders and perspective leaders a way to revolutionize the way they evaluate themselves and others. Participants will learn how to define feedback in a more positive way through deep listening skills and understanding the differences between constructive feedback and compliments. They will come to see the fears behind the practice of giving and receiving feedback and practice new skills in a supportive environment. Speaker: Gina Huff, M.A.C.S

Marriage/Relationships (Johnson Memorial Hospital, CHNA 2014)

- **Building Healthy Relationships:** Fact vs. Fantasy or What Hollywood Doesn't Tell You: This presentation helps teens and young adults understand the influence popular media have on our perceptions of relationships. Presentation provided by Gina Huff, M.A.C.S.
- **When Your Friends Need You**: This program provides teens with a basic knowledge of crisis and crisis intervention. They will be given tools that will empower them to make the right decisions when assisting friends in turmoil. Students will engage in active learning through brainstorming and scenarios. Topics include depression, suicide, abuse and family breakdown. Presentation provided by Gina Huff, M.A.C.S.
- **What Happens To "Me" When We're Together**? The normal identity struggles in adolescence are often compounded by dating relationships. The presentation will help teens understand the importance of setting healthy relationship boundaries with friends and boyfriends/girlfriends. Teens will learn to identify relationship "red flags" and dangerous phrases that can lead to unhealthy obsessions. Presentation provided by Gina Huff, M.A.C.S.
- **Fear Factors**: We live in a fear filled world. This program addresses the core beliefs and questions that lie behind the fear we learn to live with. Participants will see how fear can threaten our health, relationships, and productivity. They will learn how living without chronic fear is possible through focusing on automatic thoughts, responses, and habits. Proactivity can lead to freedom from reactivity. Presentation provided by Gina Huff, M.A.C.S.
- **How Am I Doing? The Art of Giving and Receiving Feedback**: This program is designed to give leaders and perspective leaders a way to revolutionize the way they evaluate themselves and others. Participants will learn how to define feedback in a more positive way through deep listening skills and understanding the differences between constructive feedback and compliments. They will come to see the fears behind the practice of giving and receiving feedback and practice new skills in a supportive environment. Presentation provided by Gina Huff, M.A.C.S.
- **Being a Good Friend And All That Jazz:** This program is designed for youth in grades 3-6. Students will learn what being a good friend is all about through some relationship rules of thumb. These rules reflect the crucial elements of: communication, trust, and respect. The teaching is relayed in contemporary terms and addresses issues like texting and the use of social media. Presentation provided by Gina Huff, M.A.C.S.
- **Helping People In Crisis**: This presentation makes basic crisis management accessible to anyone. Participants will learn how to define and frame a crisis situation. They will learn the important keys to breaking down the parts of a crisis and how to apply the A-B-C method. These new tools can help lead others on the path to go beyond surviving to thriving after a crisis. Presentation provided by Gina Huff, M.A.C.S.

Food/Nutrition (Johnson Memorial Hospital, CHNA 2014)

- **Portion Awareness**: Discuss the effects of portion distortion, what a serving is vs. a portion, what the recommended portion sizes are, how to use portion control at home or when eating out, websites to use for guidelines of recommended portion sizes, etc. Presentation Provided by Natalie Hesler, R.D., C.D.
- **Pediatric Nutrition**: Discusses ways to help your child grow up with healthy habits, what foods and how much your child should be eating/drinking, how to cope with picky eaters, quick/healthy snacks and recipes for kids, the importance of eating breakfast, increasing physical activity and helpful websites. Presentation provided by Natalie Hesler, R.D., C.D.
- **Eating Disorder Awareness**: Discuss the different eating disorders in detail, complications with eating disorders, treatment, symptoms, etc., what healthy eating consists of (includes video clip). Presentation provided by Natalie Hesler, R.D., C.D.
- **Making Sense of the Food Label**: Discuss tips on how to read food labels, key things to look for, what is recommended for the percent daily values, "Are you Label Able?" Quiz at the end of the presentation
- **Making Healthy Choices When Eating Out**: Discuss the benefits of eating in rather than eating out, what to look for on menus when you do eat out to help make healthy choices, review different techniques for making healthy choices when dining out, review resources available for nutrition information at various restaurants. Also includes "Eating Out" quiz.
- **Weight Management Series**: Multiple week Weight Management Series can be designed to your business or groups needs with educational programs covering a variety of topics promoting wellness, healthy eating, healthy shopping, eating on the run, physical activity and more! Handouts included. Audience: Minimum of 10 adults. Time: 45 minutes per session. Series provided by Purdue Extension-Johnson County
- **Crockery Pot Cooking-Low Fat Options**: Utilizing the crock pot or slow cooker is an excellent option for busy families. We will look at ways we can trim those fat grams and calories and still have great taste. Food demonstration and tasting included. Audience: Minimum of 10 adults. Time: 45-60 minutes. Presentation provided by Purdue Extension-Johnson County
- **Dining with Diabetes**: The number of individuals diagnosed with Type II diabetes continues to climb. Recent studies have shown than with proper diet and modest, consistent physical activity, Type 2 diabetes can be delayed, controlled or even prevented. Dining with Diabetes is a four-part series on nutrition education including a diabetic cooking school for diabetics and their caregivers. We'll look at ideas for main dishes, side dishes, desserts and snacks and how to make them more diabetic friendly by reducing fats, sodium, carbohydrates and increasing fiber, vitamins and minerals. Notebook of information and recipes includes. FEE required. Audience: Minimum of 10 adults. Time: 4 - 2 hour weekly sessions. Program provided by Purdue Extension-Johnson County
- **Boost Your Brain Power**: Dodge Dementia With Diet: Every 7 seconds someone in the US is diagnosed with dementia, a statistic that strikes fear in all of us as we age. Senility is not an inevitable part of aging, there's a lot one can do to protect your brain. How important is diet and physical activity to boosting your brain power? Audience: Minimum of 10 adults. Time: 45-60 minutes. Presentation provided by Purdue Extension-Johnson County
- **Shopping Smart for the HEART**: "Smart shoppers" for a healthier heart includes tips for simple, healthful cooking methods, aisle-by-aisle product recommendations and health-promoting lifestyle steps. Can be done through PowerPoint or actual grocery tour in your area. Audience: Adults. Time: PowerPoint - 1 hour program; grocery tour - 2 hour program.
- **Sodium Savvy**: The Shake on Salt: Many say "I never use the salt shaker." Do I still need to be concerned about sodium intake? Do you need a reminder of how to lower sodium in your diet? Unfortunately research shows, when salt is added to the diet, most people develop hypertension by the time they reach their 60th birthday. Audience: Adults. Time: 45-60 minutes.
- **Food Sanitation Workshop**: How can we prevent food borne illness? This program looks at what food borne illness is and how we can prevent it through good personal hygiene, avoiding cross contamination and time/temperature abuse. Audience: Food service employees and managers, child care providers, & not-for-profit organizations serving food. Time: 60-120 minutes for full program. Workshop provided by Purdue Extension-Johnson County
- **Home Food Canning 101**: Are you canning safely? Are you aware of the latest recommendations for home canning? Are you a beginner and just want to learn to do it safely? Do you simply want to preserve your garden's bounty? What will be covered: canning resources; preventing botulism; determining processing

method; equipment, jars and lids; when can I water bath?; when do I need to pressure can?; checking seals; storing home canned goods; your questions! Audience: Adults. Time: 60-120 minutes. Presentation provided by Purdue Extension-Johnson County

- **Master Food Preserver Series**: Want to learn how to home freeze and can with hands-on workshops? This is a 5-day program covering food safety, freezing, boiling water processing, pressure canning, pickling, drying foods and making jams and jellies. For beginners or experienced home food preservation persons. Each class includes lecture and hands-on lab experience. Participants will take product home after each lab. Audience: general public. Time: 40 hours over 5 days; offered annually in June/July and August/September. Workshops provided by Purdue Extension-Johnson County
- **ServeSafe Food Sanitation Course and Certification Exam**: This food sanitation course fulfills the Indiana State Health Department requirement for Food Sanitation Certification for food service providers. The certification is valid for 5 years. This course can be taught in an 8 or 16 hour format including the certification exam at our location or yours. Six hour recertification class is also available for previously certified persons. Audience: Restaurant Managers/School or Hospital Food Service, etc. Not-for-profit food vendors. Certification & Exam: 1 or 2 day forms; Recertification Exam 6 hours. Course provided by Purdue Extension-Johnson County
- **Spend Smart. Eat Smart**: In times of plenty, we often don't have to give a lot of attention to our food $, but with a challenging economy, trimming food $ and putting nutritional meals on the table may become a more difficult task. Enjoy a fun and interactive game of "Spend Smart. Eat Smart." that will provide you with ways to trim your food costs. Handouts included. Audience: Minimum of 10 adults. Time: 45-60 minutes.
- **Nutrition 101**: A Summary of the U.S. Dietary Guidelines: This presentation will summarize the 2010 US dietary guidelines, suggestions for improving eating habits and weight management. Presentation provided by Professor Doreen St. Clair
- **Diabetes**: presenter can speak on any areas of diabetes awareness or self-management such as healthy eating, medications, exercise, coping with diabetes, problem solving, blood sugar monitoring, etc. Presentation provided by Cristin McKinley, RD, CDE, Diabetes Care Center at Johnson Memorial Hospital
- **Benefits of the Mediterranean Diet**: This presentation discusses what the diet consists of, what makes it so healthy, the benefits of following this diet, and some additional research studies regarding the proven benefits. Presentation provided by: Natalie Hester, R.D., Weight Loss and Wellness Center at Johnson Memorial Hospital
- **Diabetes Education**: Learn about diabetes self-management such as healthy eating, medications, exercise, coping with diabetes, problem solving, blood sugar monitoring and more. Presentation provided by: Carla Duncan, RN, Johnson Memorial Hospital, Diabetes Care Center

Spiritual Wellness (Johnson Memorial Hospital, CHNA 2014)

- **Don't Burn The Candle At Both Ends**: This presentation is specifically designed for ministry leaders/workers to help them avoid burn out. This workshop will help participants recognize how fatigue may be affecting their lives and ministries. It will show how "multi-tasking" often detracts from the one thing that God requires. A specific focus on intentional stillness will be addressed, as well as, how to become better time guardians for spiritual health and wholeness. Speaker: Gina Huff, M.A.C.S.
- **Pyramids, Paradigms & Paradoxes**: This presentation is designed for church ministries. Potential leaders of any age group will benefit from learning about servant leadership. This workshop will help participants to define leadership and to recognize various power models. Servant leadership stretches and challenges us as it requires embracing paradoxes and changing paradigms. Six important leadership points will be covered as we identify what made Jesus Christ history's most notable servant leader. Speaker: Gina Huff, M.A.C.S

Teen Issues (Johnson Memorial Hospital, CHNA 2014)

- **Teen Court**: Targeted for adolescents who are interested in becoming involved in their community in a positive way or school personnel who are looking for alternative ways to discipline. The presentation will include an explanation of Teen Court, its successes, and how to become involved. Speaker for this presentation from Reach for Youth
- **Bullying**: Youth 12-17 can learn about the effects of bullying and ways to be preventative to ensure student safety. Speaker for this presentation from Reach for Youth.

- **Conflict Resolution**: Targeting teens 12-17 in learning the process of conflict resolution/anger and the effects of untreated emotions. Will discuss skills to decrease the feelings of anger and prevent further conflict. Speaker for this presentation from Reach for Youth.
- **Teen Dating Violence/Choose Respect**: Offers a workshop to teach youth about the warning signs, intervention and prevention of violence in relationships. Based on the national Choose Respect model, workshops foster open discussion and emphasize tips for healthy relationships. Speaker for this presentation from Reach for Youth.
- **Teen Suicide Awareness and Prevention Program**. See Behavioral Health Speakers for description.
- **When Your Friends Need You**: This program provides teens with a basic knowledge of crisis and crisis intervention. They will be given tools that will empower them to make the right decisions when assisting friends in turmoil. Students will engage in active learning through brainstorming and scenarios. Topics include depression, suicide, abuse and family breakdown.

Free Tobacco Education for Youth: Programs available for first, third, fourth and fifth grades **(Johnson Memorial Hospital, CHNA 2014)**
Tobacco Education for Businesses, Healthcare Providers, Community-Based Agencies

- **Saving Lives and Saving Money**: The Indiana Tobacco Quitline and the Preferred Employer Network: This presentation encourages business leaders to support a tobacco-free workforce by offering current data on the real costs of tobacco use and the potential returns on investment for implementing tobacco cessation systems. This program discusses simple, immediate, free or low-cost steps that employees at all levels can take to promote a tobacco and smoke free work environment. It also explores options for businesses that already have cessation systems in place but want to do more to protect the health of employees, customers, and the company's image.
- **Tobacco and Pregnancy**: A Costly Combination: This presentation describes the physical and economic consequences of tobacco use and secondhand smoke exposure on expectant mothers, their babies, and the community. The program also utilizes the latest research to debunk common myths about smoking, smoking cessation, and secondhand smoke exposure during pregnancy. Finally, it offers free and low-cost tools and resources that local health care providers and community-based organizations can provide pregnant women and their families to support tobacco-free pregnancies.
- **Women and Smoking**: This program explores the history and consequences of the relationship between women and tobacco in the United States. Featuring examples of targeted marketing over several generations, this presentation explains the unique challenges-and advantages-women experience when it comes to tobacco use and attempts to quit.
- **Collaboration for Change**: Making a Tobacco Cessation System Work for Your Agency: For health care providers and community-based agencies that want to know how to take action to encourage tobacco cessation among the people they serve, this brief presentation outlines the concept of tobacco cessation systems. With emphasis on the value of the free Indiana Tobacco Quitline (1-800-QUIT-NOW), this program offers organizations a spectrum of free or low-cost opportunities for incorporating tobacco cessation into their existing framework.

Tobacco 101: Utilizing the latest medical, economic, and population data, this program introduces audiences to the nation's leading cause of preventable death. Tobacco 101 describes 1) how the design, manufacture, and marketing of modern tobacco products contributes to addiction, disease and death, 2) how individuals, families, and communities across Indiana are negatively impacted by the burden of tobacco, and 3) what state and local coalitions have done and are doing to tackle this public health priority. This program emphasizes steps audience members can take personally and as organizations to support the local tobacco control coalition.

Community Health Needs Assessment Collaborative Team

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Hendricks County Health Partnership
Partnership for Healthy Hamilton County

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