# community
## HEALTH NEEDS ASSESSMENT

Franciscan HEALTH

MARION & JOHNSON COUNTY



2022 - 2024 REPORT

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# INTRODUCTION

# Dear Reader,

This report provides findings from the Community Health Needs Assessment (CHNA), a comprehensive review of health data and community input on health issues relevant to the community served by Franciscan Health. The assessment covers a large range of topics, but is not a complete analysis of any one issue. Rather, this data helps to identify priorities which lead to productive community discussions and the creation of goals and objectives. We invite you to investigate and use the information in this report to move toward solutions for healthier communities.

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 Franciscan Health in providing essential services to those most in need. Based on the findings in this report, Franciscan Health develops a three-year strategic plan on meeting community health needs as capacity and resources allow.

The CHNA collected input from persons representing the broad interests of the overall community, including those with specialized knowledge of, or expertise in, public health and residents of the communities the hospital serves. Franciscan Health partnered with other hospital systems, foundations, and non-profits to conduct a resident survey. Data from a variety of federal, state, and local entities were also reviewed.

You'll find this document organized in such a way as to guide you through the community. **Most importantly, please see the Call to Action. In this section, we share our commitment to improving community health in 2022-2024. We think it's important to be transparent, and we invite others to join us as we know improving health is a total community effort.**

**If you have comments, suggestions, or questions about this report, please do not hesitate to contact Kate Hill-Johnson at Katharine.hill-johnson@franciscanalliance.org.**

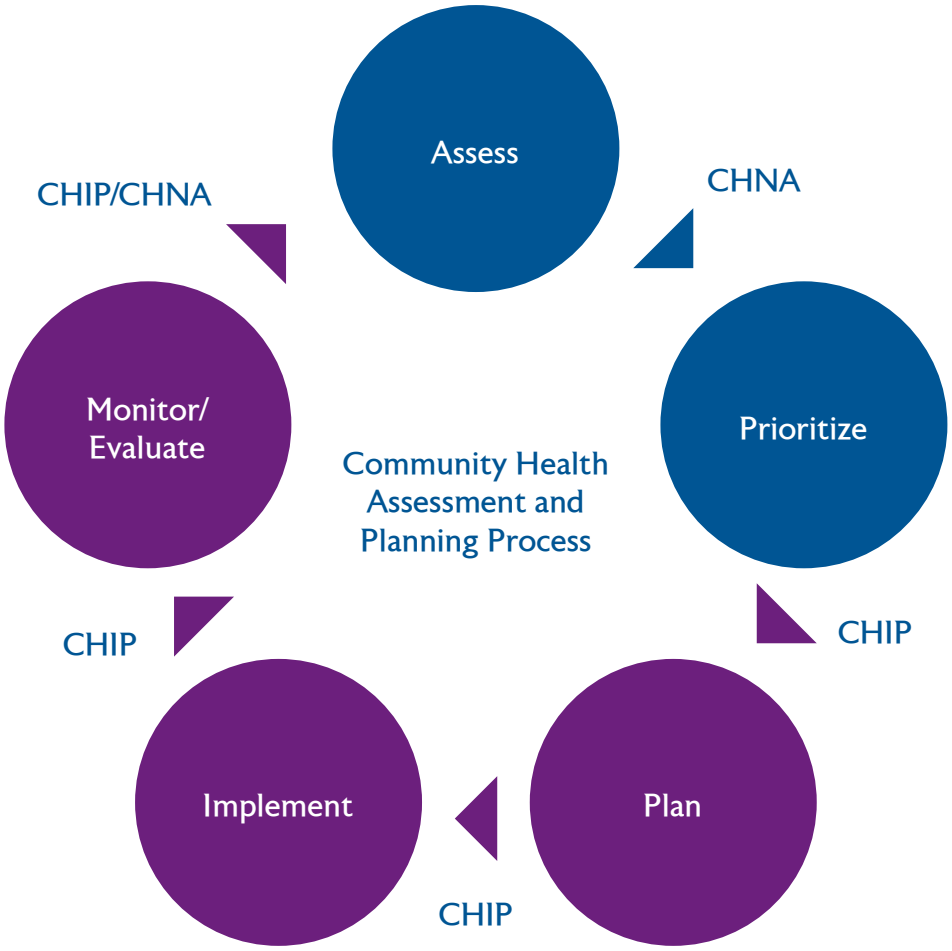
Yours in health,

*The Community Health Improvement Team*






Every three years, Franciscan Health takes time to assess the health needs of the communities it serves. This assessment allows us to prioritize our resources to implement programs that address these needs with evidence based practices. Throughout each three year cycle, staff evaluate and monitor the effectiveness of our programs. You'll find the strategic plan, also called the Community Health Improvement Plan (CHIP) in the Call to Action Section of this document.




*"The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation."*

*– CDC*

## AUG-DEC 2020
### Planning and Consulting with Public Health Experts on CHNA and CHIP Improvement

## JAN-FEB 2021
### National Public Health Data Reviewed

## APR 2021
### Community Health Survey Deployed

Two surveys were developed based on the previous cycle's survey with additional questions related to COVID and current stressors. The survey continued to focus on the implementation of interventions related to social determinants of health and health equity. This method added valuable insight to secondary data. One survey was sent to partner organizations to determine community capacity and gaps in the safety net. The other convenience sampled the general community, with emphasis on vulnerable populations.

## MAY-JULY 2021
### Secondary Data Collection

With the assistance of public health graduate students, data on health and wellness issues was collected. Sources included 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.

## OCT 2021
### Analysis of Data and Health Need Prioritization

## OCT-NOV 2021
### Final Development of CHIP

## DEC 2021
### Report Completion

## FEB-MARCH 2022
### Franciscan Health Leadership and Regional Board of Directors Approval

## APR 2022
### Franciscan Health Board of Trustees Approval

# FACILITY INFORMATION

community HEALTH NEEDS ASSESSMENT

## FACILITY INFORMATION

Throughout our hospitals and many medical practices, we offer a number of nationally recognized Centers of Health Care Excellence.

For 140 years, Franciscan Alliance has stayed true to our founding mission to care for everyone who comes through our doors. We treat our patients with the best possible care by following the guiding ethical values embodied by our founding congregation, the Sisters of St. Francis of Perpetual Adoration. Always mindful of our Christian stewardship to the Roman Catholic Church, we minister with joy, care and compassion according to the ideals of Saint Francis of Assisi and our foundress, Blessed Maria Theresia Bonzel.

Our healthcare system carries forth Christ's healing ministry and strengthens the Catholic health care mission by:

- Providing a broad, coordinated continuum of health care services with an emphasis on improving the health of persons and communities.
- Treating the mind, body and spirit with holistic and comprehensive medical options.
- Developing creative structures for health care delivery.
- Being advocates for those in need.
- Identifying and developing our sisters and laity for Franciscan leadership.

### FRANCISCAN HEALTH INDIANAPOLIS INFORMATION

**Hospital Address:** 8111 S Emerson Ave, Indianapolis, IN 46237
**General Phone:** (317)528-5000
**Specific Website:** https://franciscanhealth.org/healthcare-facilities/franciscan-health-indianapolis-9
**CEO Name:** James Callaghan, MD

**Average Annual Inpatient Admissions (2020):** 18,674
**Average Annual Outpatient Admissions (2017):** 231,188
**Average Annual ED Admissions (Arrivals 2020):** 61,273
**ED Arrivals Admitted as Inpatients (2020):** 10,214
**Average Annual Births (2020):** 2,321

**Number of Employees:** 2,971
**Number of Volunteers:** 252
**Number of Doctors (FPN, SPI, & Affiliates):** 201
**Average Length of Stay (Inpatient 2020 number of days):** 5.49
**Average Length of Stay (Outpatient 2017 number of hours):** 12.91

**List of Services (Service Lines):** Airborne infection isolation room, Alcoholism-drug abuse or dependency outpatient services, Ambulatory Surgery Center, Auxiliary organization, (cont.)



### BLESSED MARIA THERESIA BONZEL

Blessed Maria Theresia Bonzel was born on Sept. 17, 1830 in Olpe, Germany. She sought to combine the contemplative and active religious life through an unfailing commitment to Perpetual Adoration of the Blessed Sacrament and the works of mercy in the spirit of Saint Francis of Assisi. She wanted to follow Christ and to serve the poor, and was asked by Bishop Konrad Martin to form a religious Congregation. And thus the Sisters of Saint Francis of Perpetual Adoration was founded on July 20, 1863. On November 25, 1875 Blessed Maria Theresia Bonzel sent six Sisters from Olpe, Germany to Lafayette, Indiana to begin a ministry of healthcare and education for the poor and neglected. After a lifetime of dedicated service and virtuous leadership, Blessed Maria Theresia Bonzel was beatified on November 10, 2013 bestowing on her the title of "Blessed" and moving her one step closer to Sainthood. Today, over 150 years later, the Sisters of Saint Francis of Perpetual Adoration are ministering in the United States, Germany, Brazil and the Philippines.

*"One good action or deed will not win the battle; we must daily begin anew."*
*– Blessed Maria Theresia Bonzel*

**List of Services (Service Lines cont.):**
Bariatric/weight control services, Adult diagnostic/invasive catheterization, Adult interventional cardiac catheterization, Chemotherapy, Crisis Prevention, Dental services, Hospice program, Inpatient Palliative Care Unit, Endoscopic ultrasound, Ablation of Barrett's esophagus, Esophageal impedance study, Health Research, Hemodialysis, Home health services, Hospital-based outpatient care center services, Intermediate nursing care, Linguistic/translation services, Meals on wheels, Neurological services, Orthopedic services, Pediatric medical - surgical care, Psychiatric consultation-liaison services, Psychiatric education services, Psychiatric emergency services, Psychiatric outpatient services, Diagnostic radioisotope facility, Full-field digital mammography (FFDM), Multi-slice spiral computed tomography (MSCT)(<64 slice CT), Multi-slice spiral computed tomography (MSCT)(64 + slice CT), Positron Emission Tomography/CT (PET/CT), Image-guided radiation therapy (IGRT), Intensity-Modulated Radiation Therapy (IMRT), Shaped beam radiation system, Stereotactic radiosurgery, Robotic surgery, Sleep center, Sports medicine, Bone marrow transplant, Other transplant, Virtual colonoscopy, Women's health center/services

## OUR MISSION

Our mission is to Continue Christ's Ministry in our Franciscan Tradition.

## OUR COMMUNITY

Franciscan Health's community benefit programs target the southern portion of Marion County, which include Decatur, Perry, and Franklin Townships and Beech Grove. The northern portion of Johnson County is also served, which includes Greenwood, Center Grove, and Bargersville.

## OUR VALUES

### 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 emphatically 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.

*"Start by doing what is necessary; then do what is possible; and suddenly you are doing the impossible."*
*– Francis of Assisi*


465
University Heights
465
FRANKLIN TOWNSHIP
Homecroft
Southport
135
31
Miller
Greenwood
Smith Valley
Fox Hill
Rockland
141
Waterloo
37
Whiteland
65
135
144
Bentla
Bargersville
31

COMMUNITY PROFILE

# SECTION 1

community HEALTH NEEDS ASSESSMENT

This section details the local community. The community profile contains information such as the geographic details, demographics, and social and economic well-being. Reviewing this information gives readers a sense of the community, including the strengths and challenges of daily living. Because of data constraints and the desire to offer the best snap-shot possible, the community profile may extend beyond the identified target communities for Franciscan Health's community benefit operations.

## COUNTY DESCRIPTION




North, Central & South Indiana Regions



Marion County Indiana

Marion County is located in the Central Indiana Region. The county houses the state capital and largest city, Indianapolis, which also is the county seat. Marion County borders Hamilton County to its north, Hancock County to its east, Shelby County to the southeast, Johnson County to its south, Morgan County to the southwest, Hendricks County to its west, and Boone County to the northwest (Data USA, 2015).

## GEOGRAPHY

Marion County is in the Central Indiana Region. Marion County contains a blend of suburban, urban, and rural areas. Since the county houses the state capital, it is frequented by people traveling from surrounding major cities such as Chicago, IL, Columbus, OH, Cincinnati, OH, Louisville, KY, and Lansing, MI. The county has a total area of 403.01 square miles (1,043.8 km2), of which 396.30 square miles (1,026.4 km2) (98.34%) is land and 6.71 square miles (17.4 km2) (1.66%) is water. Bodies of water in Marion County include the White River, Eagle Creek, Fall Creek, both of which have dams in the county forming Eagle Creek Reservoir and Geist Reservoir. Marion County has nine townships: Pike, Washington, Lawrence, Wayne, Center, Warren, Decatur, Perry, and Franklin.

## DEMOGRAPHICS

Table 1.0: Population Trends over Time

| Population over Time | Number | Percent of State | Indiana |
|---|---|---|---|
| Yesterday: 2010 | 903,373 | 13.9% | 6,484,051 |
| Today: 2020 | 966,183 | 14.3% | 6,754,953 |
| Tomorrow: 2030 projection | 993,289 | 13.9% | 7,143,795 |
| Percent change from 2010 to today | 7.0% | | 4.2% |

From 2010 to 2020, the population in Marion County increased by 62,810 people. Projections captured by the U.S Census Bureau estimate the population in Marion County in 2030 will continue to expand. In 2020, Marion County accounted for 14.3% of the overall population of the State of Indiana.

Table 1.1: Components of Population Change, 2016-2017

| Components of Population Change | Number | Indiana |
|---|---|---|
| Net Domestic Migration | -5,880 | 1,323 |
| Net International Migration | 3,045 | 8,743 |
| Natural Increase* | 5,151 | 13,740 |

*Natural increase (births-deaths)

From 2019 to 2020, domestic migration trends decreased by 5,880, net international migration accounted for 3,045 people, and there was a natural population increase of 5,151 people. Natural increase is calculated by subtracting deaths from births in a given year.

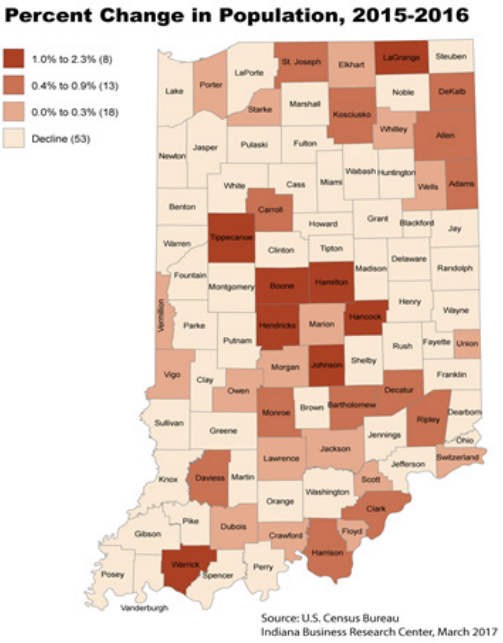



Figure 1.0: Percent Change in Population

Table 1.2: Population Estimates by Age, 2019

| Population Estimates by Age | Number | Percent Distributed in County | Percent Distributed in State |
|---|---|---|---|
| Preschool: 0 to 4 | 69,646 | 7.2% | 6.2% |
| School Age: 5 to 17 | 167,271 | 17.3% | 17.1% |
| College Age: 18 to 24 | 90,376 | 9.4% | 9.8% |
| Young Adult: 25 to 44 | 288,725 | 29.9% | 25.5% |
| Older Adults: 45 to 64 | 244,344 | 23.3% | 25.2% |
| Seniors: 65 and older | 124,220 | 12.9% | 16.1% |
| Median Average Age (years) | 34.4 | | 37.9 |

Source: U.S. Census Bureau; Indiana Business Research

In 2019, 7.2% of the population was preschool aged children, 17.3% were school aged children, 9.4% were college aged students, 29.9% were young adults 23.3% were older adults, and the 12.9% were seniors. In 2019, the average age of a person in Marion County was 34.4, which falls in the young adult category.

Table 1.3: Population Distribution by Sex, 2019

| Population Distribution by Sex | Number | Percent |
|---|---|---|
| Male Population | 458,696 | 48.2% |
| Female Population | 493,173 | 51.8% |

The population in 2019 appeared to be evenly distributed by sex, with 48.2% of the population male and 51.8% female.

## Race & EthnicityDistribution

In 2019, 0.4% of the population was American Indians or Alaskan natives, 3.8% were Asian, 29.1% were Black, 0.1% were Hawaiian natives and other Pacific Islanders, 63.5% were White, 3.0% of the population identified as two or more racial groups. In 2019, 10.9% of the Marion County population were Hispanic and 89.1% identified as Non-Hispanic.

Table 1.4: Population Estimates by Race (including Hispanic origin), 2019

| Population Estimates by Age | Number | Percent Distributed in County | Percent Distributed in State |
|---|---|---|---|
| American Indian or Alaska Native | 4,321 | 0.4% | 0.4% |
| Asian | 36,906 | 3.8% | 2.6% |
| Black | 280,667 | 29.1% | 9.9% |
| Native Hawaiian & other Pacific Islander | 596 | 0.1% | 0.1% |
| White | 612,791 | 63.5% | 84.8% |
| Two or More Racial Groups | 29,301 | 3.0% | 2.2% |
| Non-Hispanic | 859,520 | 89.1% | 92.7% |
| Hispanic | 105,062 | 10.9% | 7.3% |

## Veteran Population

In 2019, an estimated 599,352 formed part of the civilian population in Marion County. The estimated veteran population in the same year was 47,673 individuals. Of the veteran population in 2019, 42,631 were male and 5,135 were female. The majority of the veteran population was 35 to 54 years old.

## Population with Disabilities

In 2019, the estimated population 18 years and older with disabilities in Marion County was 113,551 people. Between the ages of 18 to 34, there were 16,397 people with disabilities in Marion County. About 42,475 of the people in the 65 and older population have a disability.

## ZIP CODES

There are 44 zip codes within Marion County, Indiana. Table 1.5 includes a complete list of all 44 zip codes and corresponding cities. Figure 1.1 is a snapshot of the zip codes in Marion County.

Figure 1.1: Marion County Zip Codes with Franciscan Hospital Location
Source: Stats Indiana, 2017

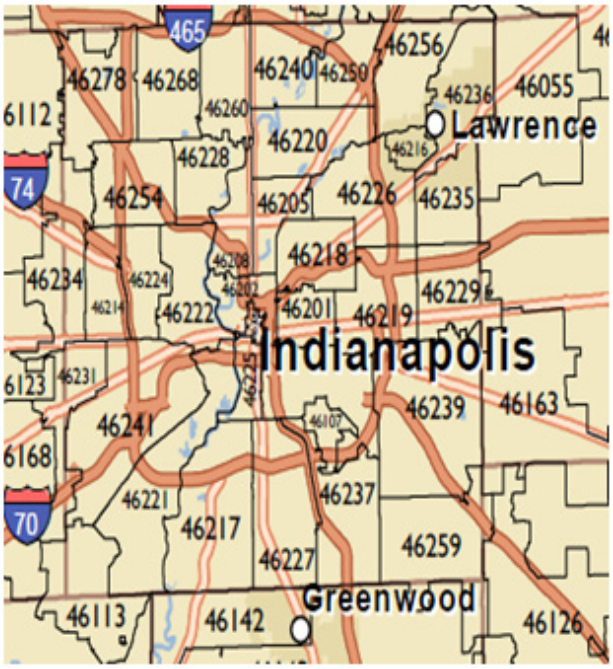



Table 1.5: Marion County, Indiana Zip Codes

| Zip Code | City |
|---|---|
| 46107 | Beech Grove |
| 46113 | Camby |
| 46183 | West Newton |
| 46201 | Indianapolis |
| 46202 | Indianapolis |
| 46203 | Indianapolis |
| 46204 | Indianapolis |
| 46205 | Indianapolis |
| 46206 | Indianapolis |
| 46207 | Indianapolis |
| 46208 | Indianapolis, Rocky Ripple |
| 46209 | Indianapolis |
| 46210 | Indianapolis |
| 46211 | Indianapolis |
| 46213 | Indianapolis |
| 46214 | Indianapolis, Eagle Creek |
| 16216 | Indianapolis |
| 46217 | Indianapolis, Southport |
| 46218 | Indianapolis |
| 46219 | Indianapolis, Warren Park |
| 46220 | Indianapolis |
| 46221 | Indianapolis |
| 46222 | Indianapolis |
| 46223 | Indianapolis |
| 46224 | Indianapolis, Speedway |
| 46225 | Indianapolis |
| 46226 | Indianapolis, Lawrence |
| 46227 | Indianapolis, Homecroft, Southport |
| 46228 | Indianapolis, Crow's Nest |
| 46229 | Indianapolis, Cumberland |
| 46234 | Indianapolis, Clermont |
| 46235 | Indianapolis, Oaklandon |
| 46236 | Indianapolis, Oaklandon |
| 46237 | Indianapolis, Southport |
| 46239 | Indianapolis, Wanamaker |
| 46240 | Indianapolis, Nora, Williams Creek |
| 46241 | Indianapolis, Eagle Creek |
| 46250 | Indianapolis, Castleton |
| 46254 | Indianapolis |
| 46256 | Indianapolis, Castleton |
| 46259 | Indianapolis, Acton |
| 46260 | Indianapolis, Meridian Hills, Nora |
| 46268 | Indianapolis, New Augusta |
| 46278 | Indianapolis, New Augusta |

# Social and Economic Factors

## FINANCIAL

The median household income in Marion County is $50,707 and the per capita income is $54,405. About 15.2% of families living in Marion County are living below the poverty line. Table 1.6 below presents the financial profile of Marion County.

Table 1.6: Financial Profile for Marion County

| Income and Poverty | Number | Percent of State | Indiana |
|---|---|---|---|
| Per Capita Personal Income (annual) in 2019 | $54,405 | 111.8% | $48,678 |
| Median Household Income in 2019 | $50,707 | 88.0% | $57,617 |
| Poverty Rate in 2019 | 15.2% | 127.7% | 11.9% |
| Poverty Rate Among Children under 18 | 19.4% | 128.5% | 15.1% |
| Welfare (TANF) Monthly Average Families in 2019 | 1,594 | 23.9% | 6,657 |
| Food Stamp Recipients in 2020 | 149,878 | 22.7% | 659,095 |
| Free and Reduced Free Lunch Recipients in 2019/2020 | 106,053 | 20.9% | 507,739 |

## EDUCATIONAL ATTAINMENT

Social determinants of health are the conditions in which people live, work, and play that influence their risk of developing negative health outcomes and general quality of life (HealthyPeople.gov). An estimated 28.0% of individuals are high school graduates in Marion County. Of high school graduates, about 19.5% complete some college and 30.9% obtain a bachelor's degree. Only about 10.8% of the population in Marion County obtain a Master's degree or higher. Refer to Table 1.7 below for a comparison of educational indicators across the state and county.

Table 1.7: Educational Attainment Profile in Marion County

| Population 25+ by Educational Attainment | Marion County | | Indiana | |
|---|---|---|---|---|
| | # of Persons | % of Population | # of Persons | % of Population |
| Less than 9th Grade | 30,497 | 4.9% | 163,176 | 3.7% |
| Some High School | 56,880 | 9.1% | 332,214 | 7.5% |
| High School Grad | 175,257 | 28.0% | 1,480,084 | 33.4% |
| Some College, No Degree | 112,414 | 19.5% | 894,953 | 20.2% |
| Associate Degree | 47,932 | 7.7% | 387,910 | 8.8% |
| Bachelor's Degree | 193,422 | 30.9% | 749,078 | 16.9% |
| Graduate or Professional Degree | 67,516 | 10.8% | 423,078 | 9.5% |

The following risk factors have generally been associated with increased likelihood of students dropping out of high school: high rate of absenteeism, low level of academic engagement, work or familial responsibilities, internalizing or externalizing behaviors, frequent moving, and attending a school with low achievement scores (Suh, S & Suh, J, 2007; Christle, Jolivette, Nelson, 2007; Rumberger, 2004; Balfanz & Legters, 2004).

In general, dropping out of high school is negatively associated with employment (i.e. difficulty finding a job or maintaining a job) and life outcomes (Child Trends, Data Bank Indicators, 2015). More specifically, high school drop outs are more likely to engage in crimes and exhibit poor health outcomes, especially in regard to mental health (Lochner & Moretti 2004; Freeman, 1996; Alliance for Excellent Education, 2006; Liem, J. H., Dillon & Gore, 2001).

Among one of many goals, Healthy People 2030 aims to increase the high school graduation rate from 84.1% (2015-2016) to 90.7% by 2030.

Table 1.8: School Dropout Rate Marion County

| Indicator | Source | Indiana | Marion County |
|---|---|---|---|
| Public High School Dropout Rate | Indiana Department of Education & Indiana Business Research Center | 12.4% | 44.7% |

## EMPLOYMENT

Refer to Tables 1.9, 1.10 and 1.11 for a comparison of employment and industry indicators across the state and country.

Table 1.9: Unemployment in Marion County

| Indicator | Description | Source | Measurement Period | Marion County | Indiana |
|---|---|---|---|---|---|
| ***Employment*** | | | | | |
| **Unemployed Workers in Civilian Labor Force** | Civilians, aged 16 years and older, who are unemployed as a percent of the U.S. civilian labor force. | U.S. Bureau of Labor Statistics | 2019 | 3.3% | 4.8% |
| **Annual Unemployment Rate** | Rate of total unemployment for 2020 | Indiana Department of Workforce Development | 2020 | 7.9 | 7.1 |
| **April 2021 Unemployment Rate** | Rate of total unemployment for April 2021 | Indiana Department of Workforce Development | 2020 | 5.3 | 4.2 |

Table 1.10: Employment in Marion County

| Indicator | Marion County Total | Rank in State | Percent of State | Indiana Total |
|---|---|---|---|---|
| **Total Resident Labor Force** | 495,063 | 1 | 14.9% | 3,319,010 |
| **Employed** | 456,145 | 1 | 14.8% | 3,082,982 |

Table 1.11: Employment by Industry in Marion County

| Industry | # of Persons | % of Employed Civilian 16+ Population |
|---|---|---|
| **Health Care/Social Assistance** | 106,070 | 13.7% |
| **Retail Trade** | 55,842 | 7.2% |
| **Total Manufacturing** | 55,548 | 7.2% |
| **Accomodation/Food Services** | 52,369 | 6.8% |
| **Transport/Warehouse/Utilities** | 51,616 | 6.7% |
| **Construction** | 40,863 | 5.3% |

## TRANSPORTATION

Transportation is an important indicator to examine because it offers mobility to the residents of Marion County. Transit can help bridge the spatial divide between people with jobs, services, and training opportunities. Public transportation is also valuable because it reduces fuel consumption, decreases air pollution, and relieves traffic congestion (Community Health Solutions, 2017). According to American Community Survey, 1.7% of Marion County workers commute via public transportation, compared to 1.0% in the entire state (2015-2019). Vehicle ownership is directly related to the ability to travel. In general, households without a vehicle will make less frequent trips than those who own a car. This limits their access to essential local services including: grocery stores, pharmacies, post offices, doctor's offices, and hospitals. According to American Community Survey, 9.1% of households in Marion County do not have a vehicle compared to 6.4% in the entire state (2015-2019). Refer to the Table 1.12 below for a transportation profile of Marion County.

Table 1.12: Marion County Transportation Profile

| Indicator | Description | Source | Measurement Period | Marion County | Indiana |
|---|---|---|---|---|---|
| **Mean Travel Time to Work** | Average daily travel time to work in minutes for workers 16 years of age and older. | American Community Survey | 2015-2019 | 23.7 min | 23.8 min |
| **Solo Drivers with a Long Commute** | Proportion of commuters who drive alone to work and commute for more than 30 minutes. | County Health Rankings | 2015-2019 | 30.0% | 32.0% |
| **Workers Commuting by Public Transportation** | Percentage of workers aged 16 years and over who commute to work by public transportation. | American Community Survey | 2015-2019 | 1.7% | 1.0% |
| **Workers Who Drive Along to Work** | Percentage of workers aged 16 years and olver who get to work by driving alone in a car, truck, or van. | American Community Survey | 2015-2019 | 82.0% | 83.0% |
| **Households Without a Vehicle** | Percentage of households that do not have a vehicle. | American Community Survey | 2015-2019 | 9.1% | 6.4% |

## ENVIRONMENTAL

Please refer to Table 1.13 below for a comparison of physical environment statistics across the state and county.

Table 1.13: Comparison of Physical Environment Statistics

| Indicator | Description | Source | Measurement Period | Marion County | Indiana |
|---|---|---|---|---|---|
| **Annual Ozone Air Quality** | This indicator assigns a value (1 (good) to 5 (poor)) to each county in the U.S. based on the annual number of high ozone days. | American Lung Association | 2016 | 3 | N/A |
| **Annual Particle Pollution** | This indicator gives a grade to each county in the U.S based on the average annual number of days that exceed U.S particle pollution standards | Environmental Public Health Tracking System | 2016 | 10.4 | 12.0 |
| **Recognized Carcinogens Released into Air** | Quantity in pounds of reported and recognized carcinogens released into the air. | U.S Environmental Protection Agency | 2016 | 53,758 | N/A |
| **Drinking Water Violations** | Indicator of the presence of health-related drinking water violations measured by a yes/no variable | County Health Rankings | 2019 | No | N/A |

### Lead Poisoning

According to the CDC, state surveillance systems for lead poisoning are based on reports of blood lead tests from laboratories. Ideally, the laboratories are responsible for reporting results of all blood lead tests, regardless if they are elevated, to state health departments. Each state is responsible for determining the reporting level for blood lead tests and decides which data elements should accompany the blood lead test result. Please see Table 1.14 below for county level lead poisoning data.

Table 1.14: Marion County Lead Poisoning Data, 2017

| County Name | Total Population of Children < 72 Months of Age | # of Children Tested | Children with Confirmed BLLs ≥ 5 µg/d | | Children with Confirmed BLLs ≥ 10 µg/d | |
|---|---|---|---|---|---|---|
| | | | Number | Percent | Number | Percent |
| Marion County | 82,610 | 6,887 | 260 | 3.8% | 68 | 1.0% |

Source: National Center for Environmental Health, Division of Emergency and Environmental Health Services, 2017

## HOUSING

In Marion County, the homeownership rate is 53.9%, which is a slight decrease from previous years. The rate of severe housing problems in the county is at 18%, which include households with at least one of four severe housing problems. The four severe housing problems are classified as overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities. See Table 1.15 below for more details on the housing profile of Marion County.

Table 1.15: Marion County Housing Profile

| *Homeownership* | | | | | |
|---|---|---|---|---|---|
| Indicator | Description | Source | Measurement Period | Marion County | Prior Value |
| Homeownership | Percentage of all housing units that are occupied by homeowners. | American Community Survey | 2015-2019 | 53.9% | 61.0% |
| Homeowner Vacancy Rates | Percentage of vacant home properties. | American Community Survey | 2015-2019 | 1.6% | 2.0% |
| Severe Housing Problems | Percentage of households with at least one of four housing problems. | County Health Rankings | 2013-2017 | 18.0% | 19.0% |
| Renter's Spending 30% or More of Household Income on Rent | The percentage of renters who are spending 30% or more of their household income on rent. | American Community Survey | 2015-2019 | 42.6% | 49.7% |

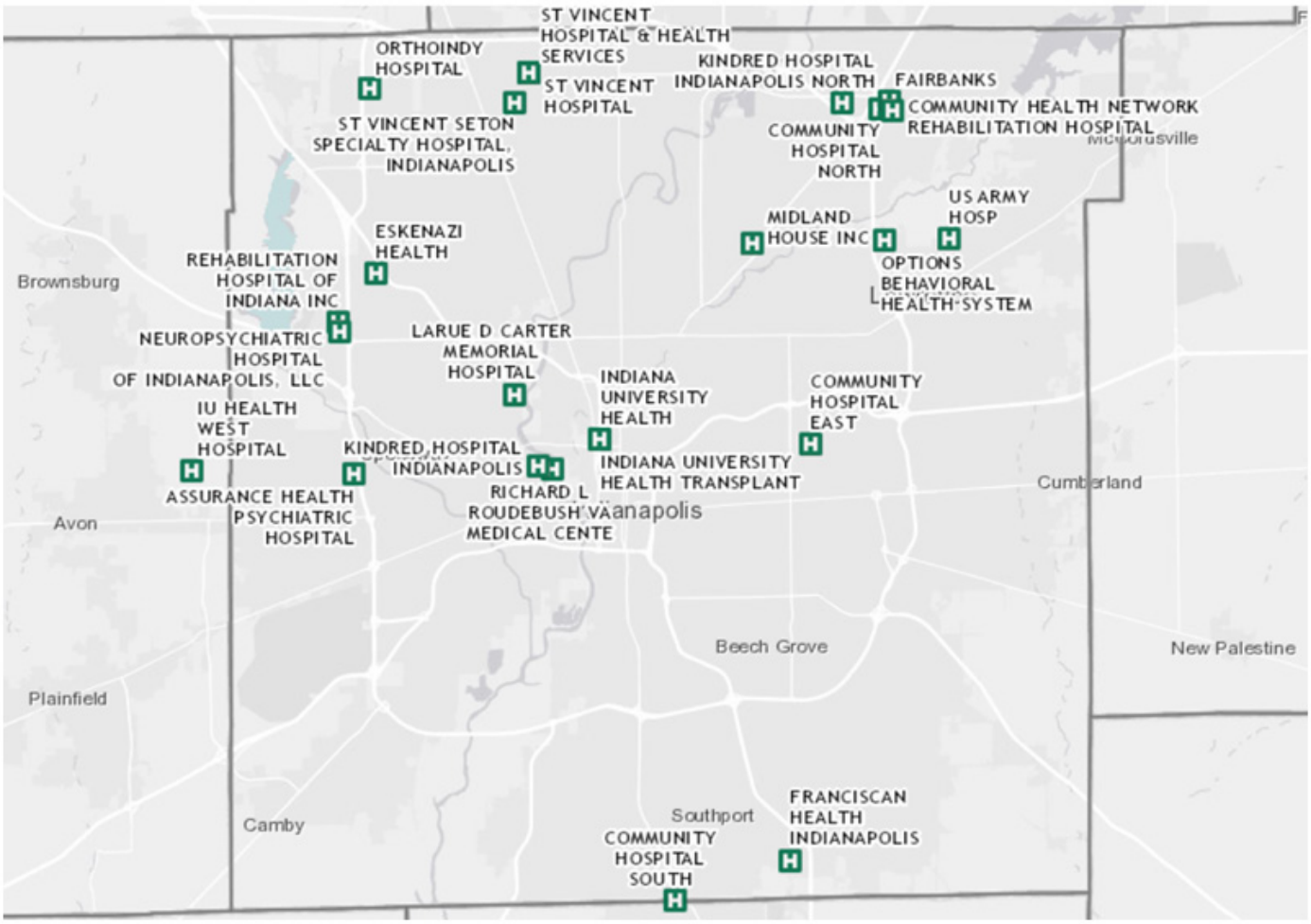
## HEALTH ACCESS

### Hospitals and Health Services

There are various hospitals and health services locations throughout Marion County. Figure 1.2 below illustrates the locations of hospitals in the surrounding areas. The majority of hospitals housed in Marion County serve north and central Marion County. Only two locations, Franciscan Health Indianapolis and Community Hospital South, serve south Marion County.

Figure 1.2: Hospitals and Health Services Locations in Marion County, Indiana

Source: US Department of Health & Human Services. Center for Medicare & Medicaid Services. Provider Services Files. 2016



The following list contains a comprehensive list of hospitals and health services locations in Marion County:

1. ASSURANCE HEALTH PSYCHIATRIC HOSPITAL
   900 NORTH HIGH SCHOOL ROAD
   INDIANAPOLIS, IN 46214
   Administrator: Morris Long
   Tel: (317)982-3715
   Set Up / Staffed Inpatient Beds: 23

2. COMMUNITY HEALTH NETWORK REHABILITATION HOSPITAL
   7343 CLEARVISTA DRIVE
   INDIANAPOLIS, IN 46256
   Administrator: Eric Mueller
   Tel: (317)585-5400
   Set Up / Staffed Inpatient Beds: 60

3. COMMUNITY HOSPITAL EAST
   1500 N RITTER AVE
   INDIANAPOLIS, IN 46219
   Administrator: Scott Teffeteller
   Tel: (317)355-5411
   Set Up / Staffed Inpatient Beds: 330

4. COMMUNITY HOSPITAL NORTH
   7150 CLEARVISTA DR
   INDIANAPOLIS, IN 46256
   Administrator: Kathleen Krusie
   Tel: (317)621-5335
   Set Up / Staffed Inpatient Beds: 343

5. COMMUNITY HOSPITAL SOUTH
   1402 E COUNTY LINE RD S
   INDIANAPOLIS, IN 46227
   Administrator: David Kiley
   Tel: (317)887-7000
   Set Up / Staffed Inpatient Beds: 167

6. ESKENAZI HEALTH
   720 ESKENAZI AVENUE
   INDIANAPOLIS, IN 46202
   Administrator: Lisa Harris
   Tel: (317)880-4818
   Set Up / Staffed Inpatient Beds: 337

7. FAIRBANKS
   8102 CLEARVISTA PARKWAY
   INDIANAPOLIS, IN 46256
   Administrator: Kimberly Blake
   Tel: (317)849-8222
   Set Up / Staffed Inpatient Beds: 0

8. FRANCISCAN HEALTH INDIANAPOLIS
   8111 S EMERSON AVE
   INDIANAPOLIS, IN 46237
   Administrator: James Callaghan III, MD
   Tel: (317)528-5000
   Set Up / Staffed Inpatient Beds: 485

9. INDIANA UNIVERSITY HEALTH
   1701 N SENATE BLVD
   INDIANAPOLIS, IN 46202
   Administrator: Dennis Murphy
   Tel: (317)962-5900
   Set Up / Staffed Inpatient Beds: 1244

10. INDIANA UNIVERSITY HEALTH TRANSPLANT
    1701 NORTH SENATE BLVD
    INDIANAPOLIS, IN 46206
    Tel: (317)962-8677
    Set Up / Staffed Inpatient Beds: 0

11. KINDRED HOSPITAL INDIANAPOLIS
    1700 W 10TH ST
    INDIANAPOLIS, IN 46222
    Administrator: Bryan Chatterton
    Tel: (317)636-4400
    Set Up / Staffed Inpatient Beds: 59

12. KINDRED HOSPITAL INDIANAPOLIS NORTH
    8060 KNUE ROAD
    INDIANAPOLIS, IN 46250
    Administrator: Matthew Keppler
    Tel: (317)813-8900
    Set Up / Staffed Inpatient Beds: 45

13. LARUE D CARTER MEMORIAL HOSPITAL
    2601 COLD SPRING RD
    INDIANAPOLIS, IN 46222
    Administrator: Eric Heeter
    Tel: (317)941-4000
    Set Up / Staffed Inpatient Beds: 159

14. MIDLAND HOUSE INC
    3940 E 56TH ST
    INDIANAPOLIS, IN 46220
    Tel: (317)257-2201
    Set Up / Staffed Inpatient Beds: 0

15. NEUROPSYCHIATRIC HOSPITAL OF INDIANAPOLIS, LLC
6720 PARKDALE PLACE, SUITE 100
INDIANAPOLIS, IN 46254
Administrator: Tracy Davis
Tel: (317)744-9200
Set Up / Staffed Inpatient Beds: 50

16. OPTIONS BEHAVIORAL HEALTH SYSTEM
5602 CAITO DRIVE
INDIANAPOLIS, IN 46226
Administrator: Chris Rupert
Tel: (317)544-4340
Set Up / Staffed Inpatient Beds: 56

17. ORTHOINDY HOSPITAL
8400 NORTHWEST BLVD
INDIANAPOLIS, IN 46278
Administrator: Timothy Dicke
Tel: (317)956-1000
Set Up / Staffed Inpatient Beds: 38

18. REHABILITATION HOSPITAL OF INDIANA INC
4141 SHORE DR
INDIANAPOLIS, IN 46254
Administrator: Daniel Woloszyn
Tel: (317)329-2000
Set Up / Staffed Inpatient Beds: 91

19. ST VINCENT HOSPITAL
2001 W 86TH ST
INDIANAPOLIS, IN 46260
Administrator: Kyle Defur
Tel: (317)280-9566
Set Up / Staffed Inpatient Beds: 0

20. ST VINCENT HOSPITAL & HEALTH SERVICES
2001 W 86TH ST
INDIANAPOLIS, IN 46260
Administrator: Joel Feldman
Tel: (317)338-7000
Set Up / Staffed Inpatient Beds: 779

21. ST VINCENT SETON SPECIALTY HOSPITAL, INDIANAPOLIS
8050 TOWNSHIP LINE RD
INDIANAPOLIS, IN 46260
Administrator: Joel Feldman
Tel: (317)415-8500
Set Up / Staffed Inpatient Beds: 56

## Medically Underserved

According to Heath Resources and Services Administration (HRSA), "Medically underserved areas and populations are designated as having too few primary care providers, high infant mortality, high poverty or a high elderly population" (2017).

Medically Underserved Areas (MUA) in Marion County include the following service areas:

1. North Arlington
2. Grassy Creek
3. Forest Manor
4. Indianapolis Northwest side
5. Indiana Hemophilia and Thrombosis Center (Governor's Exception)

## Health Professions Shortage Areas

Marion County does have a proportion designated as health professions shortage area due to low income populations. In addition, there is a shortage of providers, or long waits to see a primary care provider.

According to the HRSA, Health Professional Shortage Areas (HPSAs) are defined as "having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons)" (2017).

The ratio of primary care physicians to patient was 1,210:1 in 2018 in Marion County and 1,500:1 in the entire state. The ratio of dentist to patient was 1,110:1 in 2019 (County Health Rankings).

COMMUNITY PROFILE

# SECTION 1.5

## JOHNSON COUNTY

*community* HEALTH NEEDS ASSESSMENT

This section details the local community. The community profile contains information such as the geographic details, demographics, and social and economic well-being. Reviewing this information gives readers a sense of the community, including the strengths and challenges of daily living. Because of data constraints and the desire to offer the best snap-shot possible, the community profile may extend beyond the identified target communities for Franciscan Health's community benefit operations.

## COUNTY DESCRIPTION




North, Central & South Indiana Regions



Johnson County Indiana

## GEOGRAPHY

Johnson County is in the Central Indiana Region. Johnson County contains a blend of suburban, and rural areas. The County Seat in Johnson County is Franklin, and the largest city is Greenwood, IN (2017 population 57,375). The county has a total area of 320.40 square miles. The population per square mile in Johnson County is 480.33. Johnson County is included in the Indianapolis Metropolitan area due to its proximity to Marion County, which houses Indianapolis. Johnson County has nine townships: Blue River, Clark, Franklin, Hensley, Needham, Nineveh, Prince's Lakes, Trafalgar, and Whiteland.

## DEMOGRAPHICS

Table 1.5.0: Population Trends over Time

| Population over Time | Number | Percent of State | Indiana |
|---|---|---|---|
| Yesterday: 2010 | 139,855 | 2.2% | 6,484,051 |
| Today: 2019 | 158,167 | 2.3% | 6,731,010 |
| Tomorrow: 2030 projection | 177,558 | 2.5% | 7,143,795 |
| Percent change from 2010 to today | 13.1% | | 3.8% |

From 2010 to 2019, the population in Johnson County increased by 18,312 people. Projections captured by the U.S Census Bureau estimate the population in Johnson County in 2030 will continue to expand. In 2019, Johnson County accounted for 2.3% of the overall population of the State of Indiana.

Figure 1.5.0: Percent Change in Population

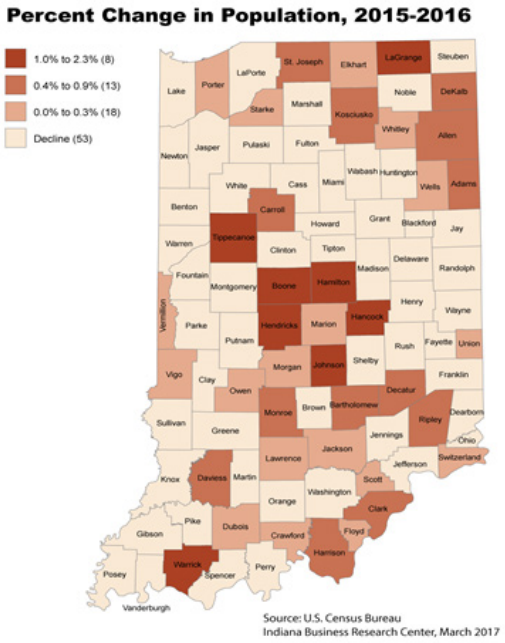



Table 1.5.1: Components of Population Change, 2018-2019

| Components of Population Change | Number | Indiana |
|---|---|---|
| Net Domestic Migration | 1,268 | 3,997 |
| Net International Migration | 302 | 14,379 |
| Natural Increase* | 511 | 18,536 |

*Natural increase (births-deaths)

From 2018 to 2019, domestic migration trends increased by 1,268, net international migration accounted for 302 people, and there was a natural population increase of 511 people. Natural increase is calculated by subtracting deaths from births in a given year.

Table 1.5.2: Population Estimates by Age, 2019

| Population Estimates by Age | Number | Percent Distributed in County | Percent Distributed in State |
|---|---|---|---|
| Preschool: 0 to 4 | 9,863 | 6.2% | 6.2% |
| School Age: 5 to 17 | 28,989 | 18.3% | 17.1% |
| College Age: 18 to 24 | 13,248 | 8.4% | 9.8% |
| Young Adult: 25 to 44 | 42,775 | 27.0% | 25.5% |
| Older Adults: 45 to 64 | 39,811 | 25.2% | 25.2% |
| Seniors: 65 and older | 23,480 | 14.8% | 16.1% |
| Median Average Age (years) | 37.6 | | 37.9 |

Source: U.S. Census Bureau; Indiana Business Research

In 2019, 6.2% of the population was preschool aged children, 18.3% were school aged children, 8.4% were college aged students, 27.0% were young adults 25.2% were older adults, and the 14.8% were seniors. In 2019, the average age of a person in Johnson County was 37.6, which falls in the young adult category.

Table 1.5.3: Population Distribution by Sex, 2019

| Population Distribution by Sex | Number | Percent |
|---|---|---|
| Male Population | 77,328 | 48.9% |
| Female Population | 80,839 | 51.1% |

The population in 201 appeared to be evenly distributed by sex, with 48.9% of the population male and 51.1% female.

## Race Distribution

In 2019, 0.3% of the population was American Indians or Alaskan natives, 4.0% were Asian, 2.6% were Black, 0.1% were Hawaiian natives and other Pacific Islanders, 91.2% were White, 1.9% of the population identified as two or more racial groups. In 2019, 3.8% of the Johnson County population were Hispanic and 96.2% identified as Non-Hispanic.

Table 1.5.4: Population Estimates by Race (including Hispanic origin), 2019

| Population Estimates by Age | Number | Percent Distributed in County | Percent Distributed in State |
|---|---|---|---|
| American Indian or Alaska Native | 499 | 0.3% | 0.4% |
| Asian | 6,285 | 4.0% | 2.6% |
| Black | 4,095 | 2.6% | 9.9% |
| Native Hawaiian & other Pacific Islander | 144 | 0.1% | 0.1% |
| White | 144,202 | 91.2% | 84.8% |
| Two or More Racial Groups | 2,942 | 1.9% | 2.2% |
| Non-Hispanic | 152,229 | 96.2% | 92.7% |
| Hispanic | 5,938 | 3.8% | 7.3% |

## Veteran Population

In 2019, an estimated 119,323 formed part of the civilian population in Johnson County. The estimated veteran population in the same year was 8,539 individuals. Of the veteran population in 2019, 7,781 were male and 758 were female. The majority of the veteran population was 75 years and over.

## Population with Disabilities

In 2019, the estimated population 5 to 17 years old with disabilities was 2,406. Between the ages of 18 and 64, there are 8,306 people with disabilities in Johnson County. About 6,493 of the people in the 65 and older population have a disability.

## ZIP CODES

There are 11 zip codes within Johnson County, Indiana. Table 1.5.5 includes a complete list of all zip codes and corresponding cities. Figure 1.5.5 is a snapshot of the zip codes in Johnson County.

Table 1.5.5: Johnson County, Indiana Zip Codes

| Zip Code | City in Johnson County |
|---|---|
| 46142 | Greenwood |
| 46143 | Greenwood |
| 46184 | New Whiteland |
| 46106 | Bargersville |
| 46131 | Franklin |
| 46160 | Morgantown |
| 46181 | Trafalgar |
| 46164 | Nineveh |
| 46124 | Edinburgh |
| 46162 | Needham |
| 46259 | Indianapolis |

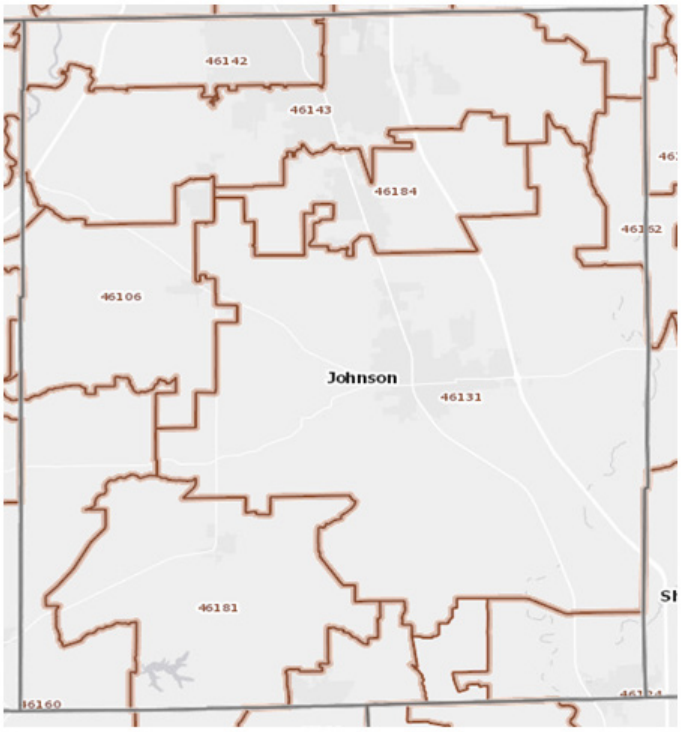



Figure 1.5.1: Johnson County Zip Codes with Franciscan Hospital Location
Source: Stats Indiana, 2017

# Social and Economic Factors

## FINANCIAL

The median household income in Johnson County is $74,427 and the per capita income is $50,018. About 6.0% of families living in Johnson County are living below poverty. Table 1.5.6 below presents the financial profile of Johnson County.

Table 1.5.6: Financial Profile for Johnson County

| Income and Poverty | Number | Percent of State | Indiana |
|---|---|---|---|
| Per Capita Personal Income (annual) in 2019 | $50,018 | 102.8% | $48,678 |
| Median Household Income in 2019 | $74,427 | 129.2% | $57,617 |
| Poverty Rate in 2019 | 6.0% | 50.4% | 11.9% |
| Poverty Rate Among Children under 18 | 7.6% | 50.4% | 15.1% |
| Welfare (TANF) Monthly Average Families in 2019 | 101 | 1.5% | 6,657 |
| Food Stamp Recipients in 2020 | 10,362 | 1.6% | 659,095 |
| Free and Reduced Free Lunch Recipients in 2019/2020 | 10,331 | 2.0% | 507,739 |

## EDUCATIONAL ATTAINMENT

Social determinants of health are the conditions in which people live, work, and play that influence their risk of developing negative health outcomes and general quality of life (HealthyPeople.gov). An estimated 33.05% of individuals are high school graduates in Johnson County. Of high school graduates, about 19.87% complete some college and 21.45% obtain a bachelor's degree. About 7.06% of the population in Johnson County obtains a Master's degree. Refer to Table 1.5.7 below for a comparison of educational indicators across the state and county.

Table 1.5.7: Educational Attainment Profile in Johnson County

| Population 25+ by Educational Attainment | Johnson County | | Indiana | |
|---|---|---|---|---|
| | # of Persons | % of Population | # of Persons | % of Population |
| Less than 9th Grade | 2,041 | 2.0% | 163,176 | 3.7% |
| Some High School | 6,049 | 5.9% | 332,214 | 7.5% |
| High School Grad | 31,891 | 31.1% | 1,480,084 | 33.4% |
| Some College, No Degree | 20,600 | 20.1% | 894,953 | 20.2% |
| Associate Degree | 8,401 | 8.2% | 387,910 | 8.8% |
| Bachelor's Degree | 22,567 | 22.0% | 749,078 | 16.9% |
| Graduate or Professional Degree | 10,918 | 10.7% | 423,078 | 9.5% |

The following risk factors have generally been associated with increased likelihood of students dropping out of high school: high rate of absenteeism, low level of academic engagement, work or familial responsibilities, internalizing or externalizing behaviors, frequent moving, and attending a school with low achievement scores (Suh, S & Suh, J, 2007; Christle, Jolivette, Nelson, 2007; Rumberger, 2004; Balfanz & Legters, 2004).

In general, dropping out of high school is negatively associated with employment (i.e. difficulty finding a job or maintaining a job) and life outcomes (Child Trends, Data Bank Indicators, 2015). More specifically, high school drop outs are more likely to engage in crimes and exhibit poor health outcomes, especially in regard to mental health (Lochner & Moretti 2004; Freeman, 1996; Alliance for Excellent Education, 2006; Liem, J. H., Dillon & Gore, 2001).

Among one of many goals, Healthy People 2030 aims to increase the high school graduation rate from 84.1% (2015-2016) to 90.7% by 2030.

## EMPLOYMENT

Refer to Tables 1.5.8 and 1.5.9 for a comparison of employment and industry indicators across the state and county.

Table 1.5.8: Unemployment in Johnson County

| Indicator | Description | Source | Measurement Period | Johnson County | Indiana |
|---|---|---|---|---|---|
| *Employment* | | | | | |
| **Unemployed Workers in Civilian Labor Force** | Civilians, aged 16 years and older, who are unemployed as a percent of the U.S. civilian labor force. | U.S. Bureau of Labor Statistics | 2019 | 3.3% | 4.8% |

Table 1.5.9: Employment by Industry

| Industry | # of Persons | % of Employed Civilian 16+ Population |
|---|---|---|
| **Health Care/Social Assistance** | 18,495 | 23.5% |
| **Retail Trade** | 8,349 | 10.6% |
| **Total Manufacturing** | 12,261 | 15.6% |
| **Accomodation/Food Services** | 6,160 | 7.8% |
| **Construction** | 6,160 | 7.8% |

## TRANSPORTATION

Transportation is an important indicator to examine because it offers mobility to the residents of Johnson County. Transit can help bridge the spatial divide between people with jobs, services, and training opportunities. Public transportation is also valuable because it reduces fuel consumption, decreases air pollution, and relieves traffic congestion (Community Health Solutions, 2017). According to American Community Survey, 0.5%% of Johnson County workers commute via public transportation, compared to 1.0% in the entire state (2015-2019). Vehicle ownership is directly related to the ability to travel. In general, households without a vehicle will make less frequent trips than those who own a car. This limits their access to essential local services including: grocery stores, pharmacies, post offices, doctor's offices, and hospitals. According to American Community Survey, 2.7% of households in Johnson County do not have a vehicle compared to 6.4% in the entire state (2015-2019). Refer to the Table 1.5.10 below for a transportation profile of Johnson County.

Table 1.5.10: Johnson County Transportation Profile

| Indicator | Description | Source | Measurement Period | Johnson County | Indiana |
|---|---|---|---|---|---|
| **Mean Travel Time to Work** | Average daily travel time to work in minutes for workers 16 years of age and older. | American Community Survey | 2015-2019 | 26.9 min | 23.8 min |
| **Solo Drivers with a Long Commute** | Proportion of commuters who drive alone to work and commute for more than 30 minutes. | County Health Rankings | 2015-2019 | 43.0% | 32.0% |
| **Workers Commuting by Public Transportation** | Percentage of workers aged 16 years and over who commute to work by public transportation. | American Community Survey | 2015-2019 | 0.5% | 1.0% |
| **Workers Who Drive Along to Work** | Percentage of workers aged 16 years and olver who get to work by driving alone in a car, truck, or van. | American Community Survey | 2015-2019 | 85.0% | 83.0% |
| **Households Without a Vehicle** | Percentage of households that do not have a vehicle. | American Community Survey | 2015-2019 | 2.7% | 6.4% |

## ENVIRONMENTAL

Please refer to Table 1.5.11 below for a comparison of physical environment statistics across the state and county.

Table 1.5.11: Comparison of Physical Environment Statistics

| Indicator | Description | Source | Measurement Period | Johnson County | Indiana |
|---|---|---|---|---|---|
| **Annual Ozone Air Quality** | This indicator assigns a value (1 (good) to 5 (poor)) to each county in the U.S. based on the annual number of high ozone days. | American Lung Association | 2016 | 0 | N/A |
| **Annual Particle Pollution** | This indicator gives a grade to each county in the U.S based on the average annual number of days that exceed U.S particle pollution standards. | Environmental Public Health Tracking System | 2016 | 9.6 | 12.0 |
| **Recognized Carcinogens Released into Air** | Quantity in pounds of reported and recognized carcinogens released into the air. | U.S Environmental Protection Agency | 2016 | 2,147 | N/A |
| **Drinking Water Violations** | Indicator of the presence of health-related drinking water violations measured by a yes/ no variable. | County Health Rankings | 2018 | No | N/A |

### Lead Poisoning

According to the CDC, state surveillance systems for lead poisoning are based on reports of blood lead tests from laboratories. Ideally, the laboratories are responsible for reporting results of all blood lead tests, regardless if they are elevated, to state health departments. Each state is responsible for determining the reporting level for blood lead tests and decides which data elements should accompany the blood lead test result. Please see Table 1.5.12 below for county level lead poisoning data among children.

Table 1.5.12: Johnson County Lead Poisoning Data, 2017

| County Name | Total Population of Children < 72 Months of Age | # of Children Tested | Children with Confirmed BLLs ≥ 5 µg/d | | Children with Confirmed BLLs ≥ 10 µg/d | |
|---|---|---|---|---|---|---|
| | | | Number | Percent | Number | Percent |
| Johnson County | 12,152 | 802 | 8 | 1.0% | N/A | N/A |

Source: National Center for Environmental Health, Division of Emergency and Environmental Health Services, 2017

## HOUSING

In Johnson County, the homeownership rate is 72.7%, which is a slight increase from previous years. The rate of severe housing problems in the county is at 8%, this indicator includes households with at least one of four severe housing problems. The four severe housing problems are classified as overcrowding, high housing costs, lack of kitchen and/or lack of plumbing facilities. See Table 1.5.13 below for more details on the housing profile of Johnson County.

Table 1.5.13: Johnson County Housing Profile

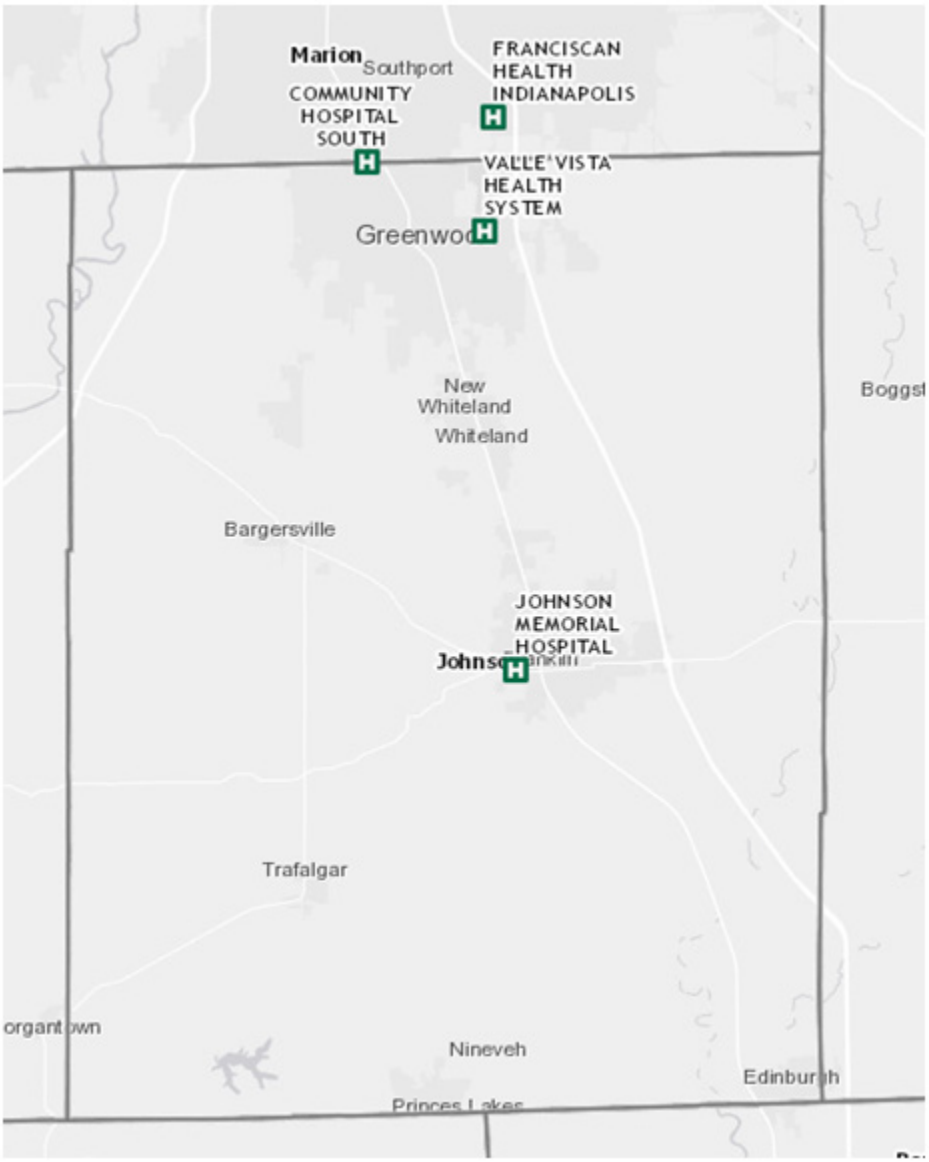
| *Homeownership* | | | | | |
|---|---|---|---|---|---|
| Indicator | Description | Source | Measurement Period | Johnson County | Prior Value |
| Homeownership | Percentage of all housing units that are occupied by homeowners. | American Community Survey | 2015-2019 | 72.7% | 64.5% |
| Homeowner Vacancy Rates | Percentage of vacant home properties. | American Community Survey | 2015-2019 | 1.1% | 1.7% |
| Severe Housing Problems | Percentage of households with at least one of four housing problems. | County Health Rankings | 2013-2017 | 8% | 13% |
| Renter's Spending 30% or More of Household Income on Rent | The percentage of renters who are spending 30% or more of their household income on rent. | American Community Survey | 2015-2019 | 40.4% | 44.2% |

## HEALTH ACCESS

### Hospitals and Health Services

There are four major hospitals and health services locations that serve Johnson County. The majority of hospitals are housed south of Marion County, in Greenwood, IN. Only one location serves central Johnson County. See Figure 1.5.2 below for an illustration of all hospital and health service locations.

Figure 1.5.2: Hospitals and Health Services Locations in Johnson County, Indiana
Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider Services Files, 2016



The following lcontains a comprehensive list of hospitals and health services locations in Johnson County:

1. JOHNSON MEMORIAL HOSPITAL
   1125 W JEFFERSON ST
   FRANKLIN, IN 46131
   Administrator: Larry Heydon
   Tel: (317)736-3300
   Set Up / Staffed Inpatient Beds: 125

2. VALLE VISTA HEALTH SYSTEM
   898 E MAIN ST
   GREENWOOD, IN 46143
   Administrator: Sherri Jewett
   Tel: (317)883-5300
   Set Up / Staffed Inpatient Beds: 98

3. COMMUNITY HOSPITAL SOUTH
   1402 E COUNTY LINE RD S
   INDIANAPOLIS, IN 46227
   Administrator: David Kiley
   Tel: (317)887-7000

4. FRANCISCAN HEALTH INDIANAPOLIS
   8111 S EMERSON AVE
   GREENWOOD, IN 46237
   Administrator: James Callaghan III, MD
   Tel: (317)528-5000
   Set Up / Staffed Inpatient Beds: 485

### Medically Underserved

According to the Health Resources and Services Administration (HRSA), "Medically underserved areas and populations are designated as having too few primary care providers, high infant mortality, high poverty or a high elderly population" (2017).

Medically Underserved Areas (MUA) in Johnson County include the following service areas:

1. Blue River Township
2. Hensley Township
3. Nineveh Township
4. Union Township

### Health Professions Shortage Areas

Johnson County does have a proportion designated as health professions shortage area due to low income populations. In addition, there is a shortage of providers, or long waits to see a primary care provider. The healthcare professional shortage affects the Trafalgar area in Johnson County in the areas of: primary care, dental care, and mental health services.

According to the HRSA, Health Professional Shortage Areas (HPSAs) are defined as "having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons)" (2017).

The ratio of primary care physicians to patient was 1,250:1 in 2018 in Johnson County and 1,500:1 in the entire state. The ratio of dentist to patient was 1,580:1 in 2019 (County Health Rankings).

HEALTH PROFILE

# SECTION 2

Section two reviews social determinants of health that contribute to the community's ability to engage in healthy behaviors and achieve the best quality of life possible. From safe sleep practices to engaging in preventative screenings, these indicators provide an overview of opportunities for improvement.

## MATERNAL CHILD HEALTH

### Breastfeeding and Prenatal Care

Refer to Table 2.0 below for a comparison of prenatal care practices in the state and county. While this indicator is not a social determinant in the strictest sense, these indicators help readers understand some of the first challenges babies and mothers face.

Table 2.0: Marion County Prenatal Care Practices, 2013-2017

| Indicator | 2013 | 2014 | 2015 | 2016 | 2017 | 2013-2017 Combined |
|---|---|---|---|---|---|---|
| # Early Prenatal Care | 9,249 | 9,249 | 9,661 | 9,134 | 8,722 | 46,015 |
| % Early Prenatal Care | 64.1% | 63.5% | 66.9% | 64.3% | 60.9% | 63.9% |
| *State Percent* | **67.4%** | **67.5%** | **69.3%** | **69.3%** | **68.6%** | **68.4%** |
| # Unmarried Mothers | 7,755 | 8,091 | 7,823 | 7,631 | 7,635 | 38,935 |
| % Unmarried Mothers | 54.3% | 55.5% | 54.2% | 53.7% | 53.3% | 54.2% |
| *State Percent* | **43.3%** | **43.3%** | **43.3%** | **42.7%** | **42.8%** | **43.1%** |
| # Breastfeeding Mothers | 10,923 | 11,283 | 11,242 | 11,123 | 11,684 | 56,255 |
| % Breastfeeding Mothers | 76.5% | 77.4% | 77.9% | 78.3% | 81.5% | 78.3% |
| *State Percent* | **77.3%** | **79.3%** | **80.5%** | **80.9%** | **81.9%** | **80.0%** |
| # Mothers on Medicaid | 8,273 | 8,461 | 8,337 | 8,058 | 7,773 | 40,902 |
| % Mothers on Medicaid | 57.9% | 58.1% | 57.8% | 56.7% | 54.2% | 56.9% |
| *State Percent* | **44.1%** | **43.7%** | **43.0%** | **41.7%** | **41.0%** | **42.7%** |
| # Teen Births 15-17 | 332 | 317 | 299 | 234 | 217 | 1,399 |
| Teen Birth Rate (15-17) | 19.3 | 18.3 | 16.9 | 13.0 | 12.0 | 15.9 |
| *State Rate* | **13.1** | **11.9** | **11.1** | **9.6** | **8.9** | **11.0** |

* Unstable rate due to fewer than 20 births or outcomes. We do not recommend comparing unstable rates.
** Percentages have been suppressed when there are fewer than 5, including 0, birth outcomes.
Early Prenatal Care: Prenatal care beginning at first trimester
Teen Birth Rate: Live births per 1,000 women in specified age group

Source: Indiana State Department of Health, Division of Maternal and Child Health
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

In 2017, 60.9% of mothers received early prenatal care during their pregnancy. There has been a 3.2% increase among mothers receiving prenatal care since 2013. Additionally, the rate of mothers who breastfed has increased since 2013. However, the county rate still remains lower than the state percentage for mothers who breastfeed.

## Childcare and Health Services

Refer to the Table 2.1 below for more data on childcare expenditures in Marion County.

Table 2.1: Childcare and Health Services Related to Children

| Indicator | Description | Source | Measurement Period | Marion County | Indiana |
|---|---|---|---|---|---|
| **Consumer Expenditures: Childcare** | The percentage of total consumer expenditures spent on all childcare, including babysitting, child care, day care, nursery school, preschool, and non-institutional day camps. | KidsCount Data Center | 2017 | 0.66% | 0.64% |

## FOOD SECURITY

The table below presents the profile of food security and insecurity in Marion County. In the county, the food insecurity rate has slightly decreased from 11.0% to 10.1%. Food insecurity is an economic and social indicator of the health in a community. The United States Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Poverty and unemployment are frequently predictors of food insecurity in the United States (County Health Rankings, 2018).

Table 2.2: Food Security Profile in Marion County

| Indicator | Description | Source | Measurement Period | Marion County | Prior Value |
|---|---|---|---|---|---|
| **Food Insecurity Rate** | The percentage of the population that experience food insecurity at some point during the year. | Feeding America | 2018 | 15.3% | 18.3% |
| **Child Food Insecure Rate** | The percentage of children (under 18 years of age) living in households with incomes abouve 185% of the federal poverty level who are likely not income-eligible for federal nutrition assistance. | Feeding America | 2018 | 19.7% | 19.9% |
| **Food Environment Index** | Percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). | County Health Rankings | 2018 | 7.0 | 6.6 |
| **SNAP Certified Stores** | The number of stores certified to accept Supplemental Nutrition Assistance Program benefits per 1,000 populations. | US Department of Agriculture - Food Environment Atlas | 2017 | 0.78 | 0.80 |
| **Grocery Store Density** | Number of supermarket/grocery stores per 1,000 population. | US Department of Agriculture - Food Environment Atlas | 2016 | 0.18 | 0.17 |
| **Famers Market Density** | Number of farmers markets per 1,000 population. | US Department of Agriculture - Food Environment Atlas | 2018 | 20 | 13 |

Farmers markets are retail outlets in which vendors sell agricultural products directly to customers.

Food index ranges from 0 (worst) to 10 (best) and equally weights the two measures.

## PHYSICAL ACTIVITY

Refer to Table 2.3 below which describes physical activity indicators in Marion County and Indiana.

Table 2.3: Physical Activity Rates in Marion County

| Indicator | Description | Source | Measurement Period | Marion County | Indiana |
|---|---|---|---|---|---|
| **Physical Inactivity** | The percentage of adults age 20 and over reporting no leisure time physical activity. | County Health Rankings | 2017 | 27.0% | 27.0% |
| **Physically Active High Schoolers** | Percentage of high schoolers 18 years and younger that reported no leisure time physical activity. | USDA - Economic Research Service | 2015 | 25.1% | 23.3% |
| **Access to Exercise Opportunities** | The percentage of individuals who live reasonably close to a park or recreational facility. | County Health Rankings | 2019 | 89.0% | 75.0% |
| **Recreation and Fitness Facilities** | The number of fitness and recreation centers in a county. | USDA - Economic Research Service | 2017 | 89 | N/A |

Adult physical inactivity is valuable health indicator that represents the percent of adults 20 years and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" (Indiana Indicators, 2017).

According to County Health Rankings, 27% of adults ages 20 or older, which is the same as the entire state (2017). Healthy People 2030 has established a goal of reducing the proportion of adults who engage in no leisure-time physical activity to 21%. Regular physical activity is an important component of maintaining a healthy lifestyle, improving overall quality of life, and reduces risk of chronic health conditions, such as, diabetes, high cholesterol and high blood pressure.

## SLEEP HEALTH

Sleep is an important part of a healthy lifestyle. It plays a key role in maintaining proper growth and repair of the body, learning, memory, emotional resilience, and decision making. A lack of sleep has serious negative effects on health, and the ongoing lack of sleep has been linked to chronic health conditions such as heart disease, stroke, and depression and anxiety. The Table 2.4 below provides more detail on the sleep health of Marion County.

Table 2.4: Sleep Health in Marion County

| Indicator | Description | Source | Measurement Period | Marion County | Indiana |
|---|---|---|---|---|---|
| **Insufficient Sleep** | The percentage of adults who report fewer than seven hours of sleep on average. | County Health Rankings | 2018 | 39% | 38% |
| **High School Students who get Sufficient Sleep** | Percentages of students getting sufficient sleep on school nights. | Healthy People 2020, Youth Risk Behavior Surveillance System (YBRSS) | 2017 | N/A | 25.4% |

## ORAL HEALTH

Dental care opportunities are prevalent in Marion County. According to County Health Rankings, the patient to dentist ration was 1,110:1 in 2019. Annual dental visits are an important health indicator because oral disease ranges from dental caries (cavities) to oral cancers, which results in pain and disability for millions of Americans. Poor oral health, particularly periodontal (gum) disease, has been linked to several chronic diseases, including diabetes, heart disease, and stroke (Indicators, 2015; ISDH; CDC; Behavioral Risk Factor Surveillance System).

## IMMUNIZATIONS

Updated immunization coverages are necessary for the prevention and spread of infectious diseases. Table 2.5 below outlines immunization rates for Marion County and the state of Indiana for infant immunizations, the flu, pneumonia, and Human Papillomavirus (HPV).

Table 2.5: Immunization Profile Marion County

| Indicator | Description | Source | Measurement Period | Marion County | Indiana |
|---|---|---|---|---|---|
| **Recommended Infant Immunizations** | This measure represents the percent of fully immunized and recorded in Indiana's immunization registry (CHIRP). | ISDH, Epidemiology Resource Center, Surveillance and Investigation Division | 2017 | 63% | 63% |
| **Flu Shot Vaccinations** | Percentage of noninstitutionalized adults, 18 and older, who have received a flu shot in the past year. | ISDH, Epidemiology Resource Center, Surveillance and Investigation Division | 2017 | N/A | 49% |
| **Pneumonia Vaccinations** | Percentage of adults, aged 65 and older, who have ever received a pneumonia vaccination | ISDH, Epidemiology Resource Center, Surveillance and Investigation Division | 2016 | 72.6% | 68.2% |
| **HPV Prevalence** | Percentage among adolescents 13-17 years with the vaccine as reported by NIS-Teen in 2016 | TeenVaxView | 2017 | N/A | 45.2% |

*Recommended = three doses of HPV vaccine

## SCREENINGS

Health screenings are an important part of public health because they allow for early detection and treatment of various health conditions. In Marion County, 85.1% of diabetic Medicare enrollees received routine monitoring in 2015, 44% of Marion County female Medicare enrollees received a mammogram in 2020. Refer to Table 2.6 below for a comparison of health screening statistics across the state and county.

Table 2.6: Marion County Health Screening Statistics

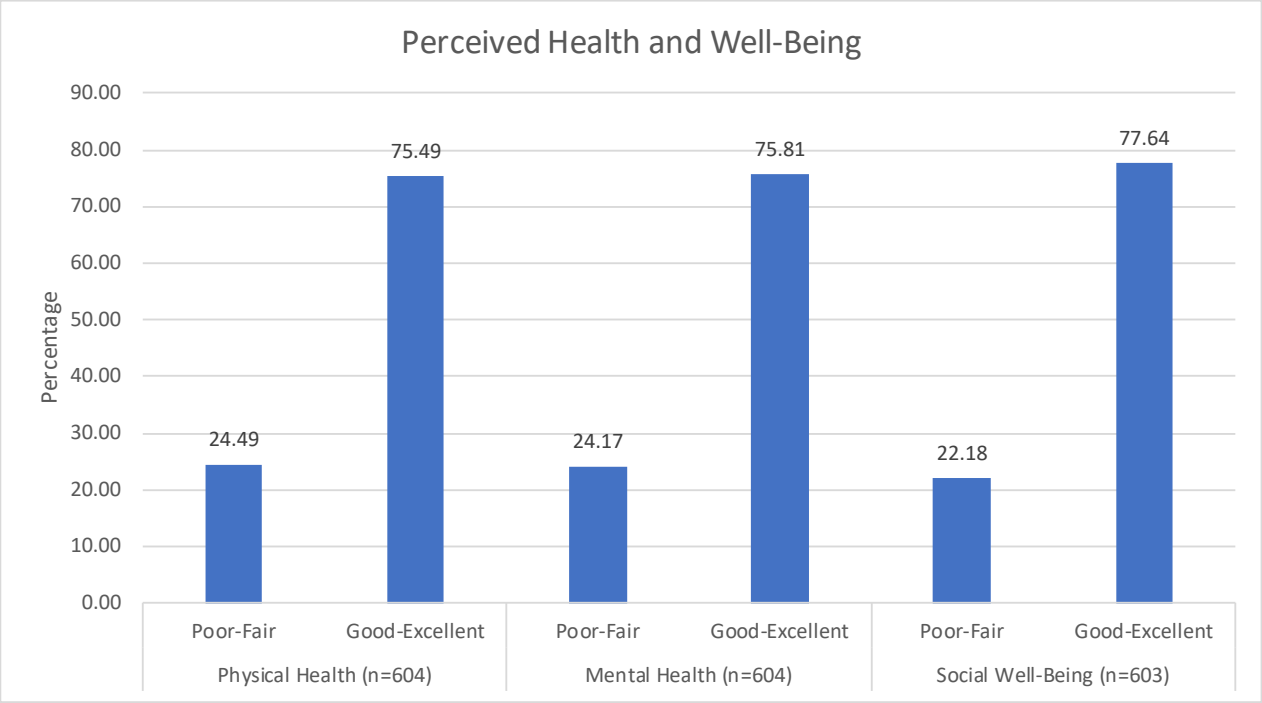
| Indicator | Description | Source | Measurement Period | Marion County | Indiana |
|---|---|---|---|---|---|
| **Diabetes Monitoring** | Percentage of Medicare enrollees ages 65-75 that receive HbA1c monitoring. | Dartmouth Atlas of Healthcare | 2015 | 72.7% | 86.0% |
| **Mammography Screening** | Percentage of female Medicare enrollees ages 67-69 that receive mammography screening. | Indiana Indicators | 2020 | 43.0% | 42.0% |
| **Pap Screening** | Percentage of women ages 18 and older who reported having a pap smear during the previous 2 years. | ISDH & Behavioral Risk Factor Surveillance System | 2016 | N/A | 74.9% |
| **Colorectal Cancer Screening** | Percentage of adults ages 50 and older who have ever had a sigmoidoscopy or colonoscopy. | ISDH & Behavioral Risk Factor Surveillance System | 2016 | N/A | 67.5% |

Sources: County Health Rankings and Indiana Indicators

In the survey conducted for this report, the following information was reported. The convenience sample data reported included responses from targeted vulnerable populations within the community. Please consult the Appendix section for the full survey report.

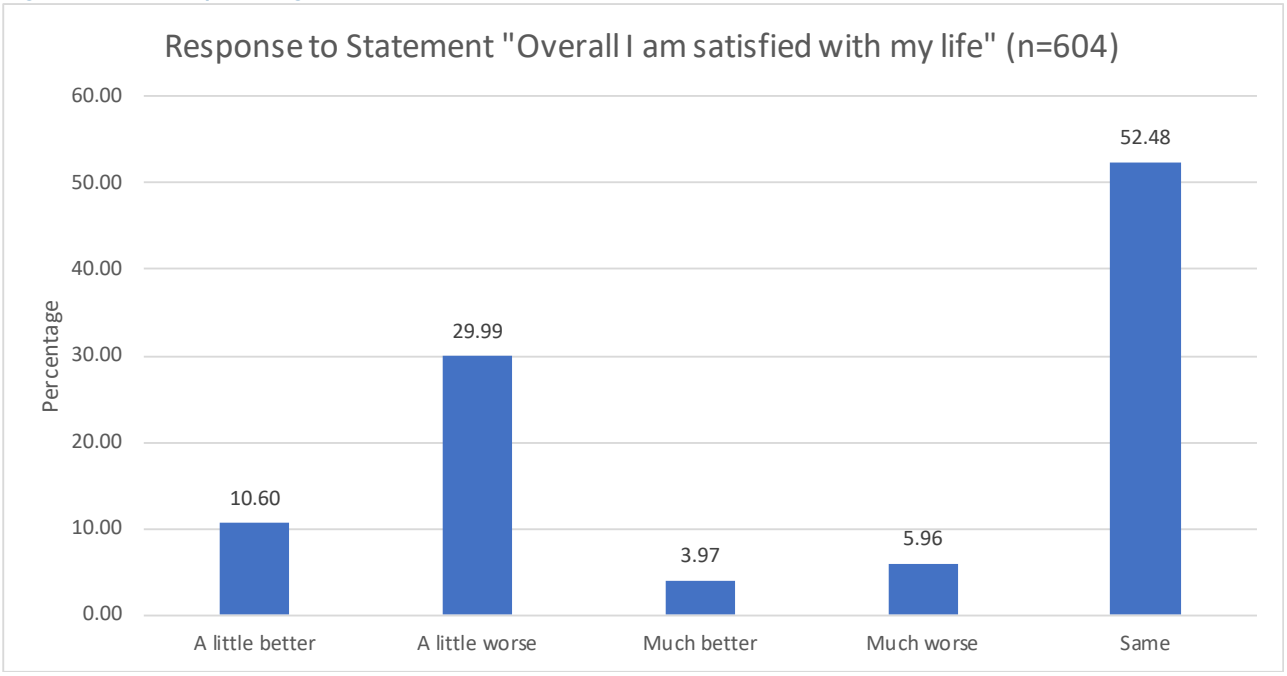
## PARTICIPANTS PERCEPTION OF HEALTH AND WELL-BEING

Figure 2.1: Participants' Perception of Health and Well-Being, Marion County



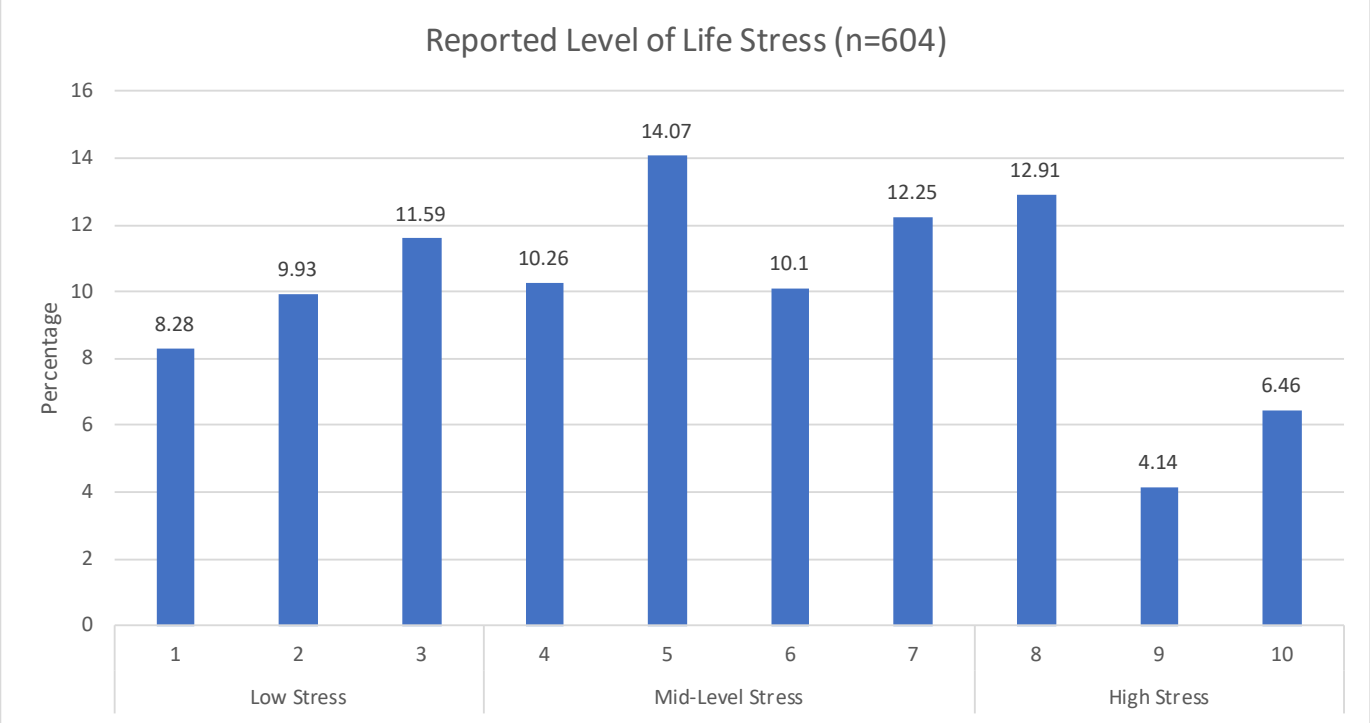

**Overall Life Satisfaction.** Participants were asked to respond to a single question that asked them to respond to the statement "How has the statement 'In general, I am satisifed with my life' changed before the COVID-19 pandemic" with five response options ranging from much worse to much better. The majority of participants reported "same" with the statement, with 3.97% (n = 24) responding "much better" and 10.60% (n =64) responding "a little better." Some participants 52.48% (n = 317) responded "same." Those indicating less overall life satisfaction responded with "a little worse" 26.99% (n=163) or "much worse" 5.96% (n = 36).

Figure 2.2: Participants Agreement with Life Satisfaction



**Levels of Stress**. Participants were asked to rank their current level of life stress by responding to a single item "Please rank yourself on a scale of 1 to 10 where 1 means you have 'little to no stress' and 10 means you have 'a great deal of stress'". Some participants 23.51%; (n=142) responded with scores in the top third of possible responses (eight or higher) indicating that a relatively significant proportion of participants identify with what would be considered an elevated (or greater) level of stress. Figure 2.3 provides the percentage of respondents who ranked themselves on this measure.

Figure 2.3: Ranking of Level of Life Stress

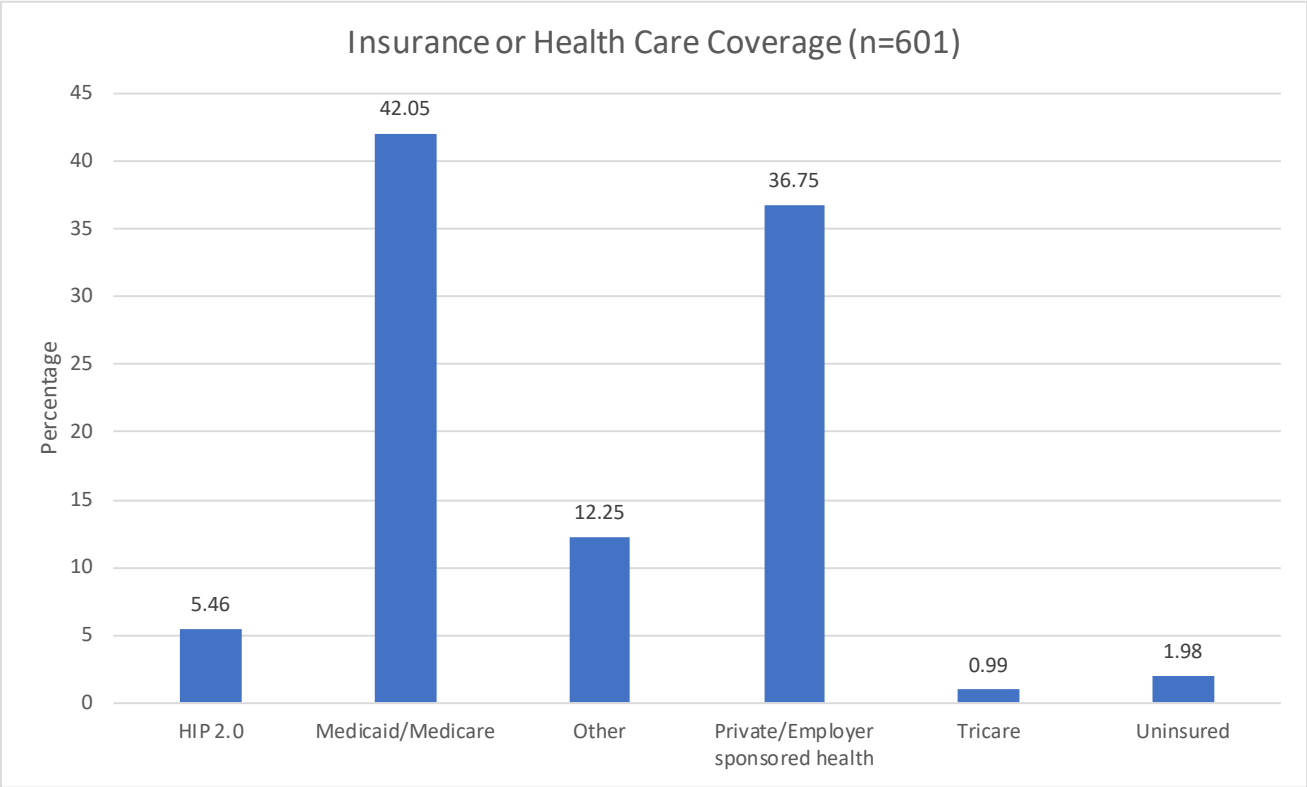



## HEALTH CARE ACCESS AND ENGAGEMENT

Participants were asked to respond to a range of questions related to their current level of healthcare coverage and also asked what prevents them from getting the health care you feel you need.

**Insurance on Healthcare Coverage.** Participants were asked "What health coverage are you currently enrolled in?" Of the participants, the vast majority, 97.5% (n = 589) reported that they did have such coverage or insurance, while 1.98% (n = 12) responded "Uninsured."

Figure 2.4: Participants' Reported Insurance and Personal Provider Characteristics




**Healthcare Engagement**. Participants were provided with a list of 11 health-related services and types of healthcare engagement and asked what prevents them from getting the health care they feel they need. Table 2.7 provides a summary of the participants' responses to this question.

Table 2.7: Participants' Reported Types of Healthcare Engagement*

| What prevents you from getting the health care you feel you need? (Select all that apply.) | | |
|---|---|---|
| | Number | Percentage |
| Cultural/religious beliefs | 16 | 2.65% |
| Do not know how to find the type of doctor I want | 115 | 19.04% |
| Fear (e.g., not ready to face/discuss health problem) | 162 | 26.82% |
| I cannot get an appointment when I am available | 145 | 24.00% |
| Language barriers | 17 | 2.81% |
| Immigration status | 12 | 1.99% |
| No insurance and unable to pay for the care | 47 | 7.78% |
| Unable to pay co-pay/deductibles | 105 | 17.38% |
| Transportation | 46 | 7.62% |
| Lack of access to a computer | 38 | 6.29% |
| Bad past medical experience | 98 | 16.23% |

**Resources and Healthcare Engagement.** Participants were provided a list of 10 resources they might have had trouble getting or accessing during the COVID-19 pandemic. Participants were asked to select all that applied to trouble getting or accessing resources. A majority of participants reported "not applicable" to this question. Table 2.8 breaks down each response to the 10 resources.

**Regarding access to healthcare/doctor visits,** 25.66% of participants (n = 155) indicated that they had trouble getting or accessing a healthcare provider or getting a doctor visit.

**Regarding needing to fill a prescription/medication,** 8.44%, (n = 51) indicated that that they were not able to fill a medication or prescription.

**Regarding needing transportation,** only 3.81% of participants (n = 23) indicated that they had not been able to access transportation due to other needs.

Figure 2.5: Participants' Reports of Resource Challenges and Healthcare

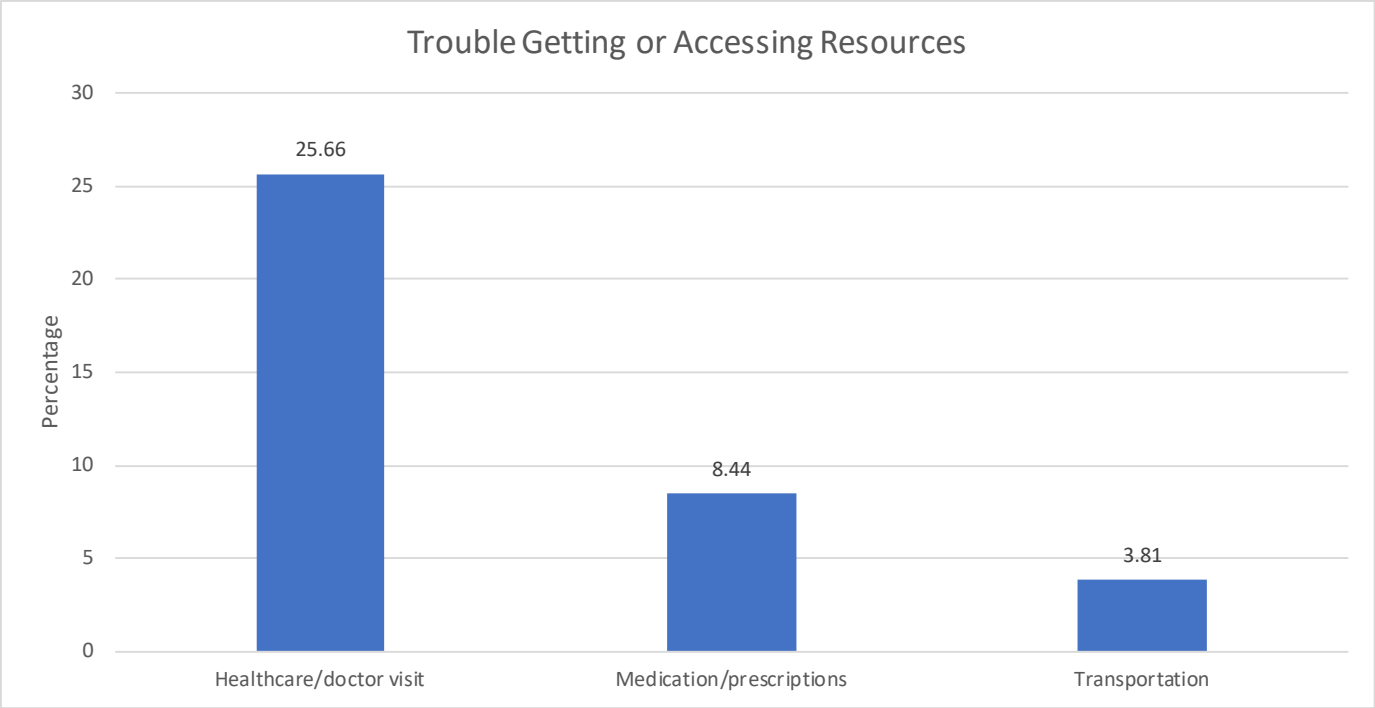



Table 2.8: Participants' Reports of Resource Challenges and Healthcare

| During the COVID-19 pandemic, have you had trouble getting or accessing any of the following? (Select all that apply.) (n=604) | | |
|---|---|---|
| | **Number** | **Percentage** |
| **Exercise/physical activity** | 222 | 36.75% |
| **Food/groceries** | 82 | 13.58% |
| **Healthcare/doctor visit** | 155 | 25.66% |
| **Infant supplies** | 6 | 0.99% |
| **Medication/prescriptions** | 51 | 8.44% |
| **Spiritual/religious support** | 85 | 14.07% |
| **Transportation** | 23 | 3.81% |
| **Time with family** | 283 | 46.85% |
| **Utilities** | 36 | 5.96% |
| **Not applicable** | 219 | 36.26% |

## PERSONAL HEALTH-RELATED BEHAVIORS

The hospital was interested in a general understanding of the extent to which participants types of health changes they wanted to make in the next year. They were asked to select up to three choices of the listed responses. Of particular interest were behaviors that were conceptualized as health-promoting (e.g., behaviors perceived by the hospital to be supportive of ones' health and well-being) or health-challenging (e.g., behaviors perceived by the hospital to be challenging to ones' health and well-being). Table 2.9 provides a summary of this data.

Table 2.9: Self-Reported Health Behaviors (n=604)

| What type of health changes do you want to make in the next year? (Choose up to 3). | | |
|---|---|---|
| | Number | Percentage |
| Drinking less alcohol | 37 | 6.13% |
| Eating better food | 311 | 51.49% |
| Improving sleep | 259 | 42.88% |
| Managing Stress | 185 | 30.63% |
| Getting more exercise | 382 | 63.25% |
| Improving relationships | 80 | 13.25% |
| Quitting tobacco or nicotine products | 27 | 4.47% |
| Getting recommended health screenings, like blood tests or mammograms | 66 | 10.93% |
| Finding a doctor | 35 | 5.79% |

## SOCIAL DETERMINANTS OF HEALTH

Of particular interest was a better understanding of whether participants perceived that certain social issues (often considered to be determinant of health status) were impacting their lives. Participants were provided with a list of 12 statements and asked to report the extent to which that statement applied to them. Each statement reflected a particular social determinant of health.

Table 2.9: Participants' Reports of Felt Social Determinants

| Which of these items cause you stress in your DAILY life? (Check all that apply.) (n=604) | | |
|---|---|---|
| | Number | Percentage |
| Not enough food | 18 | 2.98% |
| Having a safe place to live | 23 | 3.81% |
| Paying utility bills | 100 | 16.56% |
| Reliable transportation | 46 | 7.62% |
| Violence inside the place I live | 7 | 1.16% |
| Violence or crime in my neighborhood | 91 | 15.07% |
| Getting or maintaining a good job | 68 | 11.26% |
| Lack of support from family and friends | 138 | 22.85% |
| Lack of spiritual/pastoral support | 53 | 8.77% |
| Experiencing disrespect or discrimination | 72 | 11.92% |
| Language barriers | 16 | 2.65% |
| Financial planning/budgeting | 268 | 44.37% |

HEALTH PROFILE

# SECTION 2.5

## JOHNSON COUNTY

*community* HEALTH NEEDS ASSESSMENT

Section Two reviews social determinants of health that contribute to the community's ability to engage in healthy behaviors and achieve the best quality of life possible. From safe sleep practices to engaging in preventative screenings, these indicators provide an overview of opportunities for improvement.

## MATERNAL CHILD HEALTH

### Breastfeeding and Prenatal Care

Refer to Table 2.5.0 below for a comparison of prenatal care practices in the state and county. While this indicator is not a social determinant in the strictest sense, these indicators help readers understand some of the first challenges babies and mothers face. In 2017, 77.2% of mothers received early prenatal care during their pregnancy. There has been a 4.7% increase among mothers receiving prenatal care since 2013. Additionally, the rate of mothers who breastfed has increased 6.9% since 2013.

Table 2.5.0: Johnson County Prenatal Care Practices, 2013-2017

| Indicator | 2013 | 2014 | 2015 | 2016 | 2017 | 2013-2017 Combined |
|---|---|---|---|---|---|---|
| # Early Prenatal Care | 1,327 | 1,308 | 1,449 | 1,451 | 1,406 | 6,941 |
| % Early Prenatal Care | 72.5% | 72.1% | 77.0% | 77.1% | 77.2% | 75.2% |
| *State Percent* | **67.4%** | **67.5%** | **69.3%** | **69.3%** | **68.6%** | **68.4%** |
| # Unmarried Mothers | 572 | 576 | 619 | 612 | 602 | 2,981 |
| % Unmarried Mothers | 31.2% | 31.8% | 32.9% | 32.5% | 33.1% | 32.3% |
| *State Percent* | **43.3%** | **43.3%** | **43.3%** | **42.7%** | **42.8%** | **43.1%** |
| # Breastfeeding Mothers | 1,458 | 1,505 | 1,560 | 1,540 | 1,547 | 7,610 |
| % Breastfeeding Mothers | 79.6% | 83.0% | 82.8% | 81.9% | 85.0% | 82.5% |
| *State Percent* | **77.3%** | **79.3%** | **80.5%** | **80.9%** | **81.9%** | **80.0%** |
| # Mothers on Medicaid | 624 | 623 | 620 | 611 | 612 | 3,090 |
| % Mothers on Medicaid | 34.1% | 34.3% | 32.9% | 32.5% | 33.6% | 33.5% |
| *State Percent* | **44.1%** | **43.7%** | **43.0%** | **41.7%** | **41.0%** | **42.7%** |
| # Teen Births 15-17 | 33 | 22 | 29 | 16 | 17 | 117 |
| Teen Birth Rate (15-17) | 10.4 | 6.8 | 8.9 | U | U | 8.7 |
| *State Rate* | **13.1** | **11.9** | **11.1** | **9.6** | **8.9** | **11.0** |

* Unstable rate due to fewer than 20 births or outcomes. We do not recommend comparing unstable rates.
** Percentages have been suppressed when there are fewer than 5, including 0, birth outcomes.
Early Prenatal Care: Prenatal care beginning at first trimester
Teen Birth Rate: Live births per 1,000 women in specified age group

Source: Indiana State Department of Health, Division of Maternal and Child Health
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

## Childcare and Health Services

Refer to the Table 2.5.1 below for additional data on childcare including expenditures in Johnson County.

Table 2.5.1: Childcare and Health Services Related to Children

| Indicator | Description | Source | Measurement Period | Johnson County | Indiana |
|---|---|---|---|---|---|
| **Consumer Expenditures: Childcare** | The percentage of total consumer expenditures spent on all childcare, including babysitting, child care, day care, nursery school, preschool, and non-institutional day camps. | KidsCount Data Center | 2017 | 0.72% | 0.64% |

## FOOD SECURITY

The table below presents the profile of food security and insecurity in Johnson County. In the county, the food insecurity rate has slightly decreased from 11.0% to 10.1%. Food insecurity is an economic and social indicator of the health in a community. The US Department of Agriculture defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Poverty and unemployment are frequently predictors of food insecurity in the United States (County Health Rankings, 2018).

Table 2.5.2: Food Security Profile in Johnson County

| Indicator | Description | Source | Measurement Period | Johnson County | Prior Value |
|---|---|---|---|---|---|
| **Food Insecurity Rate** | The percentage of the population that experience food insecurity at some point during the year. | Feeding America | 2018 | 10.1% | 11.0% |
| **Child Food Insecure Rate** | The percentage of children (under 18 years of age) living in households with incomes abouve 185% of the federal poverty level who are likely not income-eligible for federal nutrition assistance. | Feeding America | 2018 | 13.3% | 15.1% |
| **Food Environment Index** | Percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). | County Health Rankings | 2018 | 8.1 | 7.9 |
| **SNAP Certified Stores** | The number of stores certified to accept Supplemental Nutrition Assistance Program benefits per 1,000 populations. | US Department of Agriculture - Food Environment Atlas | 2017 | 0.6 | 0.6 |
| **Grocery Store Density** | Number of supermarket/grocery stores per 1,000 population. | US Department of Agriculture - Food Environment Atlas | 2016 | 0.07 | 0.09 |
| **Famers Market Density** | Number of farmers markets per 1,000 population. | US Department of Agriculture - Food Environment Atlas | 2018 | 0 | 0.01 |

Farmers markets are retail outlets in which vendors sell agricultural products directly to customers.

Food index ranges from 0 (worst) to 10 (best) and equally weights the two measures.

## PHYSICAL ACTIVITY

Refer to Table 2.5.3 below that describes physical activity indicators in Johnson County and Indiana.

Table 2.5.3: Physical Activity Rates in Johnson County

| Indicator | Description | Source | Measurement Period | Johnson County | Indiana |
|---|---|---|---|---|---|
| **Physical Inactivity** | The percentage of adults age 20 and over reporting no leisure time physical activity. | County Health Rankings | 2017 | 25.0% | 27.0% |
| **Physically Active High Schoolers** | Percentage of high schoolers 18 years and younger that reported no leisure time physical activity. | USDA - Economic Research Service | 2015 | 25.1% | 23.3% |
| **Access to Exercise Opportunities** | The percentage of individuals who live reasonably close to a park or recreational facility. | County Health Rankings | 2019 | 80% | 75.0% |
| **Recreation and Fitness Facilities** | The number of fitness and recreation centers in a county. | USDA - Economic Research Service | 2017 | 7 | N/A |

Adult physical inactivity is valuable health indicator that represents the percent of adults 20 years and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" (Indiana Indicators, 2017). According to County Health Rankings, 25.1% of adults ages 20 or older are physically inactive (2017). Healthy People 2030 has established a goal of reducing the proportion of adults who engage in no leisure-time physical activity to 21.2%. Regular physical activity is an important component of maintaining a healthy lifestyle, improving overall quality of life, and reduces risk of chronic health.

## SLEEP HEALTH

Sleep is an important part of a healthy lifestyle. It plays a key role in maintaining proper growth and repair of the body, learning, memory, emotional resilience, and decision making. A lack of sleep has serious negative effects on health, and the ongoing lack of sleep has been linked to chronic health conditions such as heart disease, stroke, and depression and anxiety. Table 2.5.4 below provides more detail on the sleep health of Johnson County.

Table 2.5.4: Sleep Health in Johnson County

| Indicator | Description | Source | Measurement Period | Johnson County | Indiana |
|---|---|---|---|---|---|
| **Insufficient Sleep** | The percentage of adults who report fewer than seven hours of sleep on average. | County Health Rankings | 2018 | 36% | 38% |
| **High School Students who get Sufficient Sleep** | Percentages of students getting sufficient sleep on school nights. | Healthy People 2020, Youth Risk Behavior Surveillance System (YBRSS) | 2017 | N/A | 25.4% |

## ORAL HEALTH

Dental care opportunities are prevalent in Johnson County. According to County Health Rankings, the patient to dentist ratio was 1,508:1 in 2019. Annual dental visits are an important health indicator because oral diseases range from dental cavities to oral cancers, which results in pain and disability for millions of Americans. Poor oral health, particularly periodontal (gum) disease, has been linked to several chronic diseases, including diabetes, heart disease, and stroke (Indicators, 2015; ISDH; CDC; Behavioral Risk Factor Surveillance System).

## IMMUNIZATIONS

Updated immunization coverage is necessary for the prevention and spread of infectious diseases. Table 2.5.5 below outlines immunization rates for Johnson County and the state of Indiana for infant immunizations, the flue, pneumonia, and Human Papillomavirus.

Table 2.5.5: Immunization Profile Johnson County

| Indicator | Description | Source | Measurement Period | Johnson County | Indiana |
|---|---|---|---|---|---|
| **Recommended Infant Immunizations** | This measure represents the percent of fully immunized and recorded in Indiana's immunization registry (CHIRP). | ISDH, Epidemiology Resource Center, Surveillance and Investigation Division | 2017 | 65% | 63% |
| **Flu Shot Vaccinations** | Percentage of noninstitutionalized adults, 18 and older, who have received a flu shot in the past year. | ISDH, Epidemiology Resource Center, Surveillance and Investigation Division | 2017 | N/A | 49% |
| **Pneumonia Vaccinations** | Percentage of adults, aged 65 and older, who have ever received a pneumonia vaccination. | ISDH, Epidemiology Resource Center, Surveillance and Investigation Division | 2017 | N/A | 74% |
| **HPV Prevalence** | Percentage among adolescents 13-17 years with the vaccine as reported by NIS-Teen in 2016. | TeenVaxView | 2017 | N/A | 45.2% |

*Recommended = three doses of HPV vaccine

## SCREENINGS

Health screenings are an important part of public health because they allow for early detection and treatment of various health conditions. In Johnson County, 84% of diabetic Medicare enrollees received routine monitoring in 2014, 64% of Johnson County female Medicare enrollees received a mammogram in 2014. Refer to Table 2.5.6 below for a comparison of health screening statistics across the state and county.

Table 2.5.6: Johnson County Health Screening Statistics

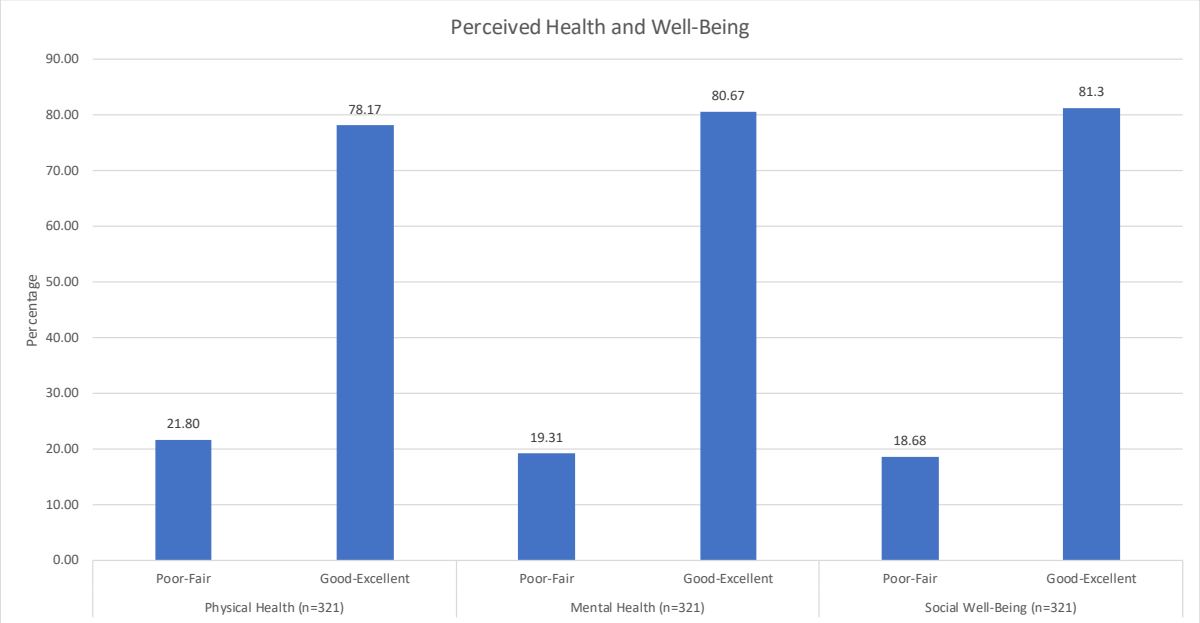
| Indicator | Description | Source | Measurement Period | Johnson County | Indiana |
|---|---|---|---|---|---|
| **Diabetes Monitoring** | Percentage of Medicare enrollees ages 65-75 that receive HbA1c monitoring. | Dartmouth Atlas of Healthcare | 2015 | 85.1% | 86.0% |
| **Mammography Screening** | Percentage of female Medicare enrollees ages 67-69 that receive mammography screening. | Indiana Indicators | 2020 | 44.0% | 42.0% |
| **Pap Screening** | Percentage of women ages 18 and older who reported having a pap smear during the previous 2 years. | ISDH & Behavioral Risk Factor Surveillance System | 2016 | N/A | 74.9% |
| **Colorectal Cancer Screening** | Percentage of adults ages 50 and older who have ever had a sigmoidoscopy or colonoscopy. | ISDH & Behavioral Risk Factor Surveillance System | 2016 | N/A | 67.5% |

Sources: County Health Rankings and Indiana Indicators

In the survey conducted for this report, the following information was reported. The convenience sample data reported includes responses from targeted vulnerable populations within the community. Please consult the Appendix section for the full survey report.

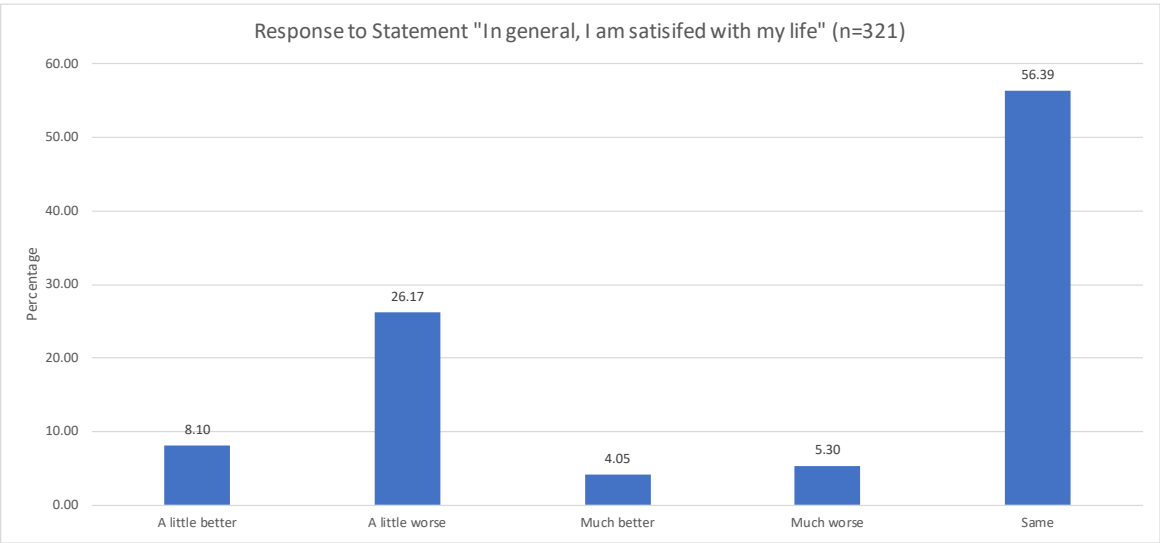
## PARTICIPANTS PERCEPTION OF HEALTH AND WELL-BEING

### Figure 2.5.1: Participants' Perception of Health and Well-Being, Johnson County




Participants were asked to respond to a single question that asked them to respond to the statement "How has the statement 'In general, I am satisifed with my life' changed before the COVID-19 pandemic" with five response options ranging from much worse to much better. The majority of participants reported "same" with the statement, with 4.05% (n = 13) responding "much better" and 8.10% (n =26) responding "a little better." Some participants 56.39% (n = 181) responded "same." Those indicating less overall life satisfaction responded with "a little worse" 26.17% (n=84) or "much worse" 5.30% (n = 17).

### Figure 2.5.2: Participants Agreement with Life Satisfaction Statement



**Level of Stress**. Participants were asked to rank their current level of life stress by responding to a single item "Please rank yourself on a scale of 1 to 10 where 1 means you have 'little to no stress' and 10 means you have 'a great deal of stress'". Some participants 21.81%; (n=21.8) responded with scores in the top third of possible responses (eight or higher) indicating that a relatively significant proportion of participants identify with what would be considered an elevated (or greater) level of stress. Figure 2.3 provides the percentage of respondents who ranked themselves on this measure.

Figure 2.5.3: Ranking of Level of Life Stress

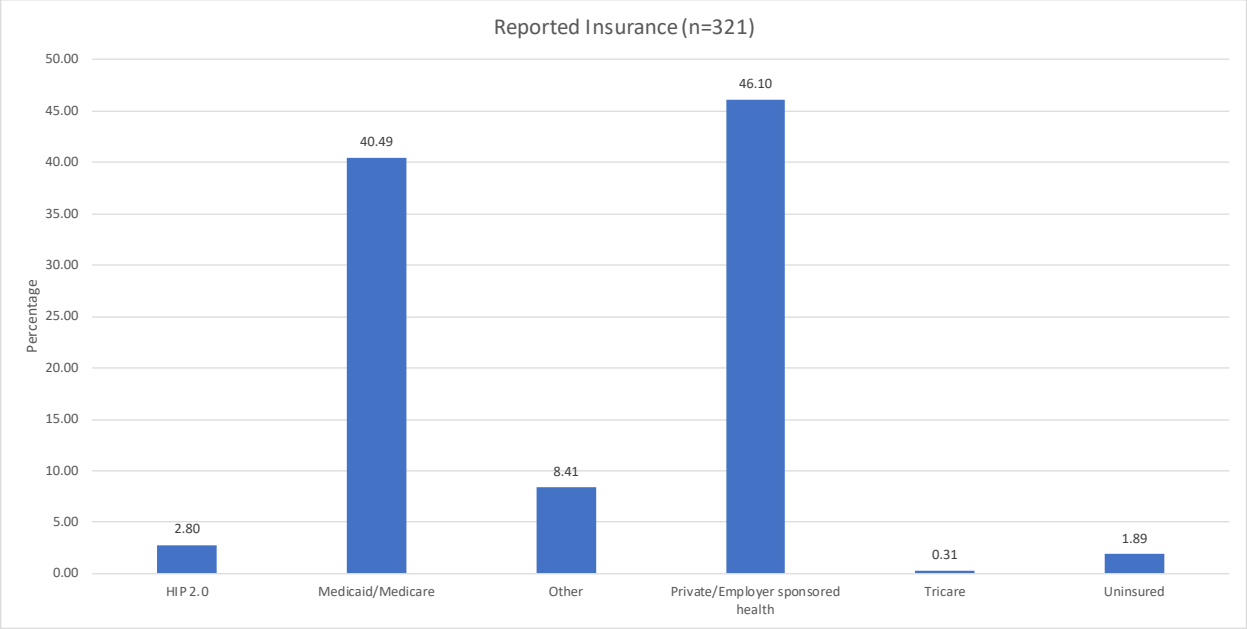



## HEALTH CARE ACCESS AND ENGAGEMENT

Participants were asked to respond to a range of questions related to their current level of healthcare coverage and also asked what prevents them from getting the health care you feel you need.

**Insurance on Healthcare Coverage.** Participants were asked "What health coverage are you currently enrolled in?" Of the participants, the vast majority, 97.5% (n = 589) reported that they did have such coverage or insurance, while 1.98% (n = 12) responded "Uninsured."

Figure 2.5.4: Participants' Reported Insurance




**Healthcare Engagement.** Participants were provided with a list of 11 health-related services and types of health care engagement. They were asked whether they had received or utilized each of those within the past 12 months. Table 2.5.7 provides a summary of the participants' responses to this question.

Table 2.5.7: Participants' Reported Types of Healthcare Engagement*

| What prevents you from getting the health care you feel you need? (Select all that apply.) | | |
|---|---|---|
| | Number | Percentage |
| Cultural/religious beliefs | 6 | 1.89% |
| Do not know how to find the type of doctor I want | 58 | 18.06% |
| Fear (e.g., not ready to face/discuss health problem) | 78 | 24.29% |
| I cannot get an appointment when I am available | 102 | 31.77% |
| Language barriers | 6 | 1.86% |
| Immigration status | 3 | 0.93% |
| No insurance and unable to pay for the care | 17 | 5.29% |
| Unable to pay co-pay/deductibles | 47 | 14.64% |
| Transportation | 20 | 6.23% |
| Lack of access to a computer | 13 | 4.04% |
| Bad past medical experience | 58 | 18.06% |

**Resources and Healthcare Engagement.** Participants were provided a list of 10 resources they might have had trouble getting or accessing during the COVID-19 pandemic. Participants were asked to select all that applied to trouble getting or accessing resources. A majority of participants reported "not applicable" to this question. Table 2.8 breaks down each response to the 10 resources.

**Regarding access to healthcare/doctor visits,** 21.50% of participants (n = 69) indicated that they had trouble getting or accessing a healthcare provider or getting a doctor visit.

**Regarding needing to fill a prescription/medication,** 4.98%, (n = 16) indicated that that they were not able to fill a medication or prescription.

**Regarding needing transportation,** only 2.80% of participants (n = 9) indicated that they had not been able to access transportation due to other needs.

Figure 2.5.5: Participants' Reports of Resource Challenges and Healthcare

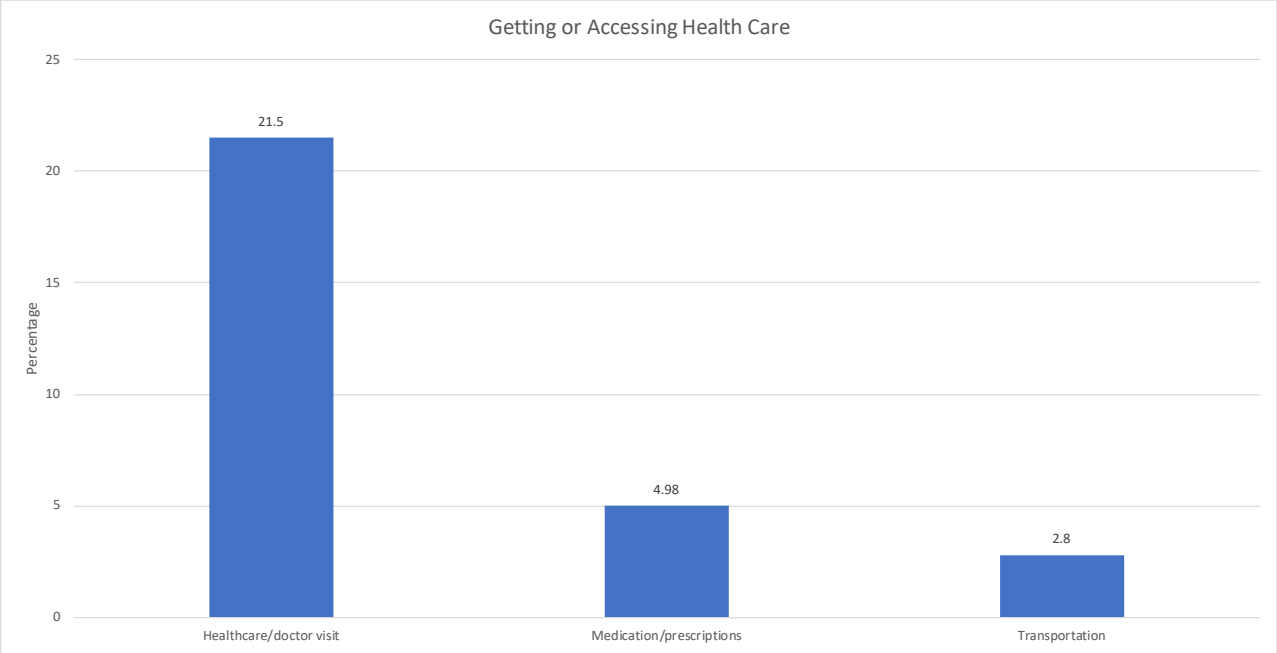



Table 2.8: Participants' Reports of Resource Challenges and Healthcare

| During the COVID-19 pandemic, have you had trouble getting or accessing any of the following? (Select all that apply.) (n=321) | | |
|---|---|---|
| | Number | Percentage |
| Exercise/physical activity | 109 | 33.96% |
| Food/groceries | 36 | 11.21% |
| Healthcare/doctor visit | 69 | 21.50% |
| Infant supplies | 1 | 0.31% |
| Medication/prescriptions | 16 | 4.98% |
| Spiritual/religious support | 36 | 11.21% |
| Transportation | 9 | 2.80% |
| Time with family | 150 | 46.73% |
| Utilities | 17 | 5.30 |
| Not applicable | 120 | 37.38% |

## PERSONAL HEALTH-RELATED BEHAVIORS

The hospital was interested in a general understanding of the extent to which participants types of health changes they wanted to make in the next year. They were asked to select up to three choices of the listed responses. Of particular interest were behaviors that were conceptualized as health-promoting (e.g., behaviors perceived by the hospital to be supportive of ones' health and well-being) or health-challenging (e.g., behaviors perceived by the hospital to be challenging to ones' health and well-being). Table 2.9 provides a summary of this data.

Table 2.5.8: Self-Reported Health Behaviors (n=321)

| What type of health changes do you want to make in the next year? (Choose up to 3). | | |
|---|---|---|
| | Number | Percentage |
| Drinking less alcohol | 14 | 4.36% |
| Eating better food | 179 | 55.76% |
| Improving sleep | 129 | 40.19% |
| Managing Stress | 110 | 34.27% |
| Getting more exercise | 205 | 63.86% |
| Improving relationships | 46 | 14.33% |
| Quitting tobacco or nicotine products | 19 | 5.92% |
| Getting recommended health screenings, like blood tests or mammograms | 26 | 8.10% |
| Finding a doctor | 18 | 5.61% |

## SOCIAL DETERMINANTS OF HEALTH

Of particular interest was a better understanding of whether participants perceived that certain social issues (often considered to be determinant of health status) were impacting their lives. Participants were provided with a list of 12 statements and asked to report the extent to which that statement applied to them. Each statement reflected a particular social determinant of health.

Table 2.5.9: Participants' Reports of Felt Social Determinants

| Which of these items cause you stress in your DAILY life? (Check all that apply.) (n=321) | | |
|---|---|---|
| | Number | Percentage |
| Not enough food | 12 | 3.74% |
| Having a safe place to live | 11 | 3.43% |
| Paying utility bills | 34 | 10.59% |
| Reliable transportation | 19 | 5.92% |
| Violence inside the place I live | 2 | 0.62% |
| Violence or crime in my neighborhood | 18 | 5.61% |
| Getting or maintaining a good job | 38 | 11.84% |
| Lack of support from family and friends | 58 | 18.07% |
| Lack of spiritual/pastoral support | 33 | 10.28% |
| Experiencing disrespect or discrimination | 36 | 11.21% |
| Language barriers | 14 | 4.36% |
| Financial planning/budgeting | 173 | 53.89% |

# SECTION 3

## SECTION THREE HEALTH OUTCOMES

The previous sections highlighted the environment and factors that contribute to health. Those factors, along with genetics, personal choice, and access to health services, lead to various health outcomes. This section reviews major health issues faced by residents.

### MORTALITY

Compared to the state of Indiana, Marion County has higher rates in all four measures of mortality. See Table 3.0 below for a comparison of mortality measures in the State of Indiana and in Marion County.

Table 3.0: Measures of Mortality Comparison

| Measures of Mortality | Source | Measurement Period | Marion County | Indiana |
|---|---|---|---|---|
| **Overall Death Rate** | CDC Wonder | 2019 | 856.3 | 980.4 |
| **Premature Death Rate*** | County Health Rankings | 2016-2018 | 9,900 | 8,300 |
| **Infant Mortality Rate*** | ISDH | 2019 | 7.8 | 6.5 |
| **Child Mortality Rate*** | CDC Wonder | 2019 | N/A | 19 |

**Overall death rate is deaths per 100,000 population (age-adjusted).*
** Premature death rate is the years of potential life lost (YPPL) before age 75 per 100,000 population (age-adjusted).*
** Infant mortality rate is the amount of deaths per 1,000 live births.*
** Child mortality rate is the number of deaths among children under 18 per 100,000.*

Table 3.1: 15 Leading Causes of Death in Marion County Indiana, 2019

| Leading Cause of Death | Deaths | Population | Crude Death Rate per 100,000 |
|---|---|---|---|
| 1. Cardiovascular Disease | 1,738 | 964,582 | 180.2 |
| 2. Malignant Neoplasms | 1,654 | 964,582 | 171.5 |
| 3. Accidents (unintentional injuries) | 682 | 964,582 | 70.7 |
| 4. Chronic Lower Respiratory Disease | 550 | 964,582 | 57.0 |
| 5. Cerebrovascular Diseases | 380 | 964,582 | 39.4 |
| 6. Diabetes Mellitus | 254 | 964,582 | 26.3 |
| 7. Alzheimer Disease | 249 | 964,582 | 25.8 |
| 8. Nephritis, nephrotic syndrome and nephrosis | 186 | 964,582 | 19.3 |
| 9. Assault (homicide) | 169 | 964,582 | 17.5 |
| 10. Chronic Liver Disease and Cirrhosis | 148 | 964,582 | 15.3 |
| 11. Septicemia | 128 | 964,582 | 13.3 |
| 12. Intentional Self-harm (suicide) | 125 | 964,582 | 13.0 |
| 13. Influenza and Pneumonia | 96 | 964,582 | 10.0 |
| 14. Essential Hypertension and Hypertensive Renal Disease | 85 | 964,582 | 8.8 |
| 15. Parkinson Disease | 74 | 964,582 | 7.7 |

Source: CDC Wonder: About Underlying Cause of Death, 2019

In 2019, the leading cause of death in Marion County was cardiovascular disease. There were 1,738 deaths among a population of 964,582 people, resulting in a crude death rate of 180.2. The crude death rate was calculated by taking the total number of deaths (1,738) divided by the total population (964,582) multiplied by 100,000. The second cause of death was malignant neoplasm, resulting in a total of 1,654 deaths.

## ACCIDENTS, INJURIES, AND HOMICIDES

Unintentional injury and accidents continue to rank in the top 15 leading causes of injury or death, across the state and within the county. County and state data regarding injury prevention and safety indicators are compared in Table 3.2 below.

Table 3.2: Marion County Unintentional Injuries and Homicides

| Indicator | Description | Source | Measurement Period | Marion County | Indiana | HP2030 Goal |
|---|---|---|---|---|---|---|
| **Unintentional Injury Mortality** | Unintentional injury mortality is represented by the number of deaths per 100,000 people. | ISDH | 2017 | 66 | 58 | 43.2 |
| **Unintentional Poisoning Mortality** | Unintentional poisoning mortality is represented by the number of deaths per 100,000 people. | ISDH | 2017 | 38.2 | 27.3 | N/A |
| **Suicide Mortality** | Suicide mortality is represented by the number of deaths per 100,000 people. | ISDH | 2017 | 16.3 | 16.2 | 12.8 |
| **Traffic Injury Mortality** | Traffic injury mortality is represented by the number of motor vehicle-related deaths per 100,000 people. | ISDH | 2017 | 11.8 | 13.4 | N/A |
| **Homicide Mortality** | Homicide mortality is represented by the number of deaths per 100,000 people. | ISDH | 2017 | 17.2 | 7.1 | 5.5 |
| **Firearm Mortality** | Firearm mortality is represented by the number of deaths resulting from discharge of a firearm per 100,000 people. | ISDH | 2017 | 22.9 | 15.0 | 10.7 |
| **Injury ED Visits** | This measure represents the number of injury-related emergency department encounters among Indiana residents per 10,000 people. | ISDH | 2017 | 855.4 | 849.6 | N/A |
| **Injury Hospitalization** | This measure represents the number of injury-related hospital admissions among Indiana residents per 10,000 people. | ISDH | 2017 | 78.5 | 69.1 | N/A |
| **Trauma Hospital Travel Time** | The average drive time from the center of the community's population to the nearest American College of Surgeons verified trauma hospital. It is a measure of access to specialized trauma care. | ISDH | 2018 | 14.8 | 25.9 | N/A |
| **Alcohol Impaired Driving Deaths** | The percentage of motor vehicle crash deaths with alcohol involvement. | County Health Rankings | 2014-2018 | 17% | 20% | 28.3% |

*Age-adjusted to the 2000 U.S. population

Per 100,000 in 2017

## BEHAVIORAL HEALTH

### Quality of Life Indicators

Table 3.3: Marion County Mental Health Profile, 2017

| Indicator | Days or Percentage | Error Margin |
|---|---|---|
| Mentally Unhealthy Days | 4.2 | 4.1-4.3 |
| Frequent Mental Disress | 14% | 13-14% |

Source: County Health Rankings, 2017

According to County Health Rankings, Poor Mental Health Days measures the average number of mentally unhealthy days reported in past 30 days. This measure is based on responses to the Behavioral Risk Factor Surveillance System (BRFSS) question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Marion County's value of 4.2 is the average number of days a county's adult respondents report that their mental health was not good (2017). According to County Health Rankings, the ratio of mental health provider to patient is 350:1 in Marion County, compared to the state ratio which is 620:1.

Table 3.4: Inadequate Social Support in Marion County, 2017

| Indicator | Percentage of Adults, 18 and older, Without Social Support | | |
|---|---|---|---|
| | Marion County | Indiana | HP2030 Goal |
| Inadequate Social Support | 11.6 | 12.3 | N/A |

Source: County Health Rankings, 2017

According to Indiana Indicators, this indicator is based on the percent of adults 18 and older who responded "never," "rarely," or "sometimes" to the following question: "How often do you get the social and emotional support you need?" This is an important measure for assessing mental health because a lack of social support is connected to increased morbidity and premature death (2014). People with strong social networks (i.e., community engagement or familial support) are more likely to engage in healthy lifestyle choices.

## Substance Abuse and Recovery

Drug abuse and addiction compromise a major public health problem that affects many individuals and families and has lasting physical, social and mental health repercussions. These repercussions include less than optimal health outcomes, increased rates of crime and injury, and increased rates of mental illness, unemployment, and homelessness (Healthy Communities Institute, 2017). Effective treatment programs for substance abuse incorporate many elements, each directed to a particular aspect of addiction and its various consequences. According to Healthy Communities Institute, treatment for addiction must include "assistance for the individual to quit using drugs, maintaining a drug-free lifestyle, and achieve productive functioning in the family, at work, and in society" (2017). Given the complexity of addiction, it is treated as a chronic illness and individuals often require repeated long-term care in order to achieve sustained sobriety. Please refer to Table 3.5 below for a comparison of substance use indicators across the state and county.

Table 3.5: Marion County Substance Use & Abuse

| Indicator | Description | Source | Measurement Period | Marion County | Indiana | HP2030 Goal |
|---|---|---|---|---|---|---|
| **Adult Smoking** | Percentage of adults, 18 or older, who smoke. | County Health Rankings | 2017 | 19.0% | 22.0% | 5% |
| **Adult Excessive Drinking*** | Percentage of adults, 18 or older, who are binge or excessive drinkers. | County Health Rankings | 2017 | 19.0% | 19.0% | 25.4% report binge drinking in past 30 days |
| **Controlled Substance Dispensed** | Number of controlled substances dispensed by a licensed pharmacist or physican per capita. | Indiana University Center for Health Policy | 2015 | 1.0 | 1.0 | N/A |
| **Age-Adjusted Hospitalization Rate due to Substance Abuse** | Average annual age-adjusted hospitalization rates due to substance abuse per 10,000 population among adults 18 years and older. | Indiana University Center for Health Policy | 2014-2016 | 16.0 | 11.4 | N/A |
| **Age-Adjusted Hospitalization Rate due to Alcohol Abuse** | Average annual age-adjusted hospitalization rates due to alcohol abuse per 10,000 population among adults 18 years and older. | Indiana University Center for Health Policy | 2014-2016 | 9.3 | 12.0 | N/A |

*The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking that brings a person's blood alcohol concentration to 0.08 grams percent or above

*Indiana Schedule Prescription Electronic Collection & Tracking Program (INSPECT)

## Alcohol, Tobacco & Drugs

Consuming alcohol has immediate physiological effects on all tissues in the human body, especially the brain. Alcohol is a depressant that impairs vision and motor skills, delays reaction time, affects judgment, and decision-making, which may result in engagement of other negative behaviors. According to the CDC, "excessive drinking, either in the form of heavy drinking (drinking more than 15 drinks per week on average for men or more than either drinks per week on average for women), or binge drinking more than five drinks during a single occasion for men or more than four during a single occasion for women), can lead to increased risk of health problems, such as liver disease and unintentional injuries". In Marion County, 19% of adults reported excessively drinking, compared to 19% in the entire state. Adult excessive drinking is another important indicator because it is also a lifestyle choice that can lead to increased risk of health problems including: injuries, violence, liver disease, and cancer. Within Marion County, 18.4% of adults, ages 18 and older, excessively drink. The National Institute on Alcohol and Alcoholism defines binge drinking as "a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above (2017).

Abuse of prescription drugs is a serious and growing public health issue across the United States.
Adult smoking is an important indicator to highlight because it is a lifestyle choice that harms nearly every organ in the body, causing many diseases and affecting the overall health of smokers. Research has shown that quitting smoking has immediate as well as positive long-term health benefits. Within Marion County, 19% of adults, ages 18 and older, are smokers. Controlled substance prescriptions is an important indicator that can be used as a tool to identify if vulnerable communities are at risk for having substance abuse or misuse problems, given that communities with increased prescription drug rates have been found to also have higher rates of abuse or misuse. Please refer to Table 3.6 below for a comparison of addiction indicators across the state and county.

Table 3.6: Marion County Addiction Profile

| Indicator | Description | Source | Measurement Period | Marion County | Indiana |
|---|---|---|---|---|---|
| **Heroin Treatment Rate** | Percentage of adults, 18 or older, who reported stimulants use at treatment admissions. | Indiana University Center for Health Policy | 2019 | N/A | 0.5% |
| **Methamphetamine Treatment Rate** | Percentage of adults, 18 or older, who reported Methamphetamine use at treatment admissions. | Indiana University Center for Health Policy | 2019 | 33.1% | 36.5% |
| **Non-Fatal Emergency Department Visits due to Opioid Overdose** | The rate of non-fatal emergency department admissions due to opioid overdose per 100,000 population. | Indiana Hospital Association | 2017 | 232.1 | 122.5 |
| **Public Intoxication Arrest Rate** | Rate of persons arrested for public intoxication for alcohol per 1,000 populations. | Indiana University Center for Health Policy | 2014 | 0.28 | 1.1 |
| **Mortality Rate due to Drug Poisoning** | The death rate per 100,000 population due to drug poisoning. | Indiana Indicators | 2017 | 24.0 | 17.1 |

**Liquor stores are defined as businesses that primarily sell packaged alcoholic beverages, such as beer, wine, and spirits (Health Communities Institute).*
*Source: Indiana University Center for Health Policy.*
*Maintained By: Healthy Communities Institute*

## Suicide

Suicide is one of the most preventable causes of death, yet it continues to have a major impact on the overall health in the state of Indiana. In 2018, the suicide mortality rate was 13.93 in the nation, 14 in Indiana, and 15 in Marion County (CDC). In order to get accurate county level data, multiple years had to be included. Refer to Tables 3.7 for suicide statistics across the nation, state, and county.

Table 3.7: Suicide Death Rate Comparison, 2018

| Indicator: Suicide Mortality Rate | Number of Deaths by Suicide | Rate per 100,000 Population |
|---|---|---|
| **Marion County** | 704 | 15 |
| **Indiana** | 972 | 14 |
| **United States** | 47,511 | 13.93 |

Source: American Foundation for Suicide Prevention, Suicide: Indiana 2018 Facts & Figures. Retrieved from:www.afs.org. County Health Rankings, 2014-2018

## Infectious Disease Rates

Because of better treatment, more people than ever are living with HIV in the U.S. While HIV prevalence in the U.S is still increasing, the incidence rate of annual new HIV/AIDS infections have remained relatively stable over the past few years.

Table 3.8: Infectious Disease Rates

| Indicator | Description | Source | Measurement Period | Marion County | Indiana |
|---|---|---|---|---|---|
| **Hepatitis C, Acute** | This measure represents the rate of infection per 100,000. | ISDH, ERC | 2019 | 5.1 | 5.7 |
| **Hepatitis C, Chronic** | This measure represents the rate of chronic hepatitis. | ISDH, ERC | 2019 | 55.6 | 90.0 |
| **Newly Diagnosed HIV/AIDs** | This measure represents the incidence rates of newly diagnosed HIV/AIDS per 100,000. | ISDH, ERC | 2016-2018 | 4.0 | 7.8 |
| **HIV/AIDs Prevalence** | This measure represents the number of Hoosiers living with HIV/AIDS. | ISDH, ERC | 2018 | 163.0 | 190.6 |
| **Chlamydia** | Rate of infection, cases per 100,000. | Indiana Indicators | 2018 | 1,085.4 | 517.2 |
| **Gonorrhea** | Rate of infection, cases per 100,000. | ISDH, ERC | 2018 | 418.0 | 180.3 |
| **Intestinal Disease Infections** | Rate of infection, cases per 100,000. | Indiana Indicators | 2017 | 27.5 | 39.9 |

## MATERNAL, INFANT AND CHILD HEALTH

Since 2011, the number of babies born with low birth weight in Marion County has only slightly decreased by 1.1%. The number of babies born before 37 weeks gestation in Marion County has decreased by 2.6% since 2011. Additionally, the percentage of mothers who smoked during pregnancy has decreased by 3.4% since 2011. It is likely that any significant decrease in negative measures of natality or infant health outcomes can be attributed to by the increase in access, availability, and affordability of prenatal assistance programs in Marion County.

Table 3.9: Marion County Birth Outcomes Profile, 2015-2019

| Indicator | 2015 | 2016 | 2017 | 2018 | 2019 | 2015-2019 Combined |
|---|---|---|---|---|---|---|
| *Natality* | | | | | | |
| # Live Births | 14,423 | 14,205 | 14,331 | 13,887 | 14,045 | 70,891 |
| # Low Birth Weight | 1,334 | 1,309 | 1,433 | 1,296 | 1,349 | 6,721 |
| % Low Birth Weight | 9.2% | 9.2% | 10.0% | 9.3% | 9.6% | 9.5% |
| *State Percent* | ***8.0%*** | ***8.2%*** | ***8.3%*** | ***8.1%*** | ***8.2%*** | ***8.2%*** |
| # Preterm Births | 1,598 | 1,638 | 1,627 | 1,556 | 1,540 | 7,959 |
| % Preterm Births | 11.1% | 11.5% | 11.4% | 11.2% | 11.0% | 11.2% |
| *State Percent* | ***9.6%*** | ***10.0%*** | ***9.9%*** | ***10.2%*** | ***10.1%*** | ***10.0%*** |
| # Mothers who smoked | 1,571 | 1,407 | 1,502 | 1,281 | 1,184 | 6,945 |
| % of mothers who smoked | 10.9% | 9.9% | 10.5% | 9.2% | 8.4% | 9.8% |
| *State Percent* | ***14.3%*** | ***13.5%*** | ***13.5%*** | ***11.5%*** | ***1.8%*** | ***10.9%*** |

Low Birth Weight = < 2,500 grams; Preterm = <37 weeks gestations
Source: Indiana State Department of Health, Division of Maternal and Child Health

### Mothers Who Smoke

Table 3.10: Marion County Mortality Profile, 2013-2017

| Indicator | 2013 | 2014 | 2015 | 2016 | 2017 | 2013-2017 Combined |
|---|---|---|---|---|---|---|
| *Mortality* | | | | | | |
| Infant Mortality Rate (IMR) per 1,000 Live Births | 9.3 | 8.4 | 8.0 | 8.7 | 7.5 | 8.4 |
| *State IMR* | ***7.1*** | ***7.1*** | ***7.3*** | ***7.5*** | ***7.3*** | ***7.3*** |

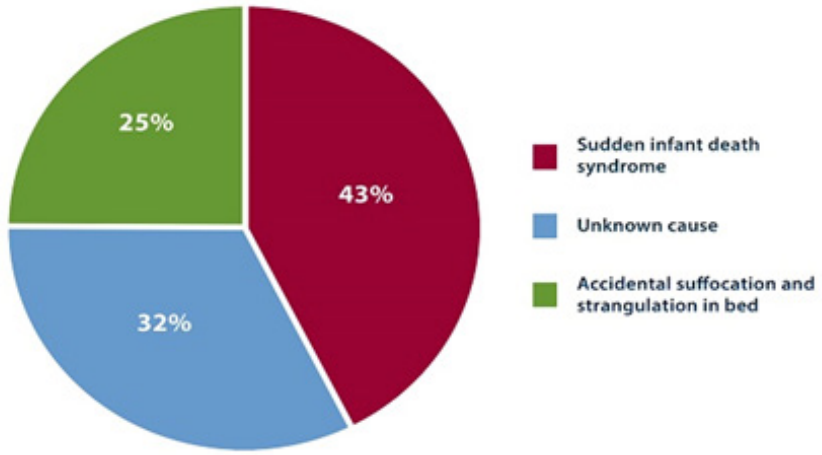
Source: Indiana State Department of Health, Division of Maternal and Child Health
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

## Sudden Unexpected Infant Death & Sudden Infant Death Syndrome

According to the CDC, sudden unexpected infant deaths (SUIDS) occur among infants less than one year old and have no immediately apparent cause (2017). The three commonly reported types of SUID include the following:

1. Sudden infant death (SIDS)
2. Unknown cause
3. Accidental strangulation or suffocation in bed

Figure 3.0: Commonly Reported SUIDs in Indiana




SOURCE: CDC/NCHS, National Vital Statistics System, Compressed Mortality File.

## Young Child Health

In 2017, the child abuse and neglect rate was 10.4 per 1,000 children under the age of 18 in Marion County. This indicator shows the number of abuse or neglect per 1,000 children under the age of 18 (Indiana Department of Child Services). The value may include multiple incidents of abuse per child victim during 2016. Child abuse includes physical, sexual, or emotional abuse. Child abuse and neglect can negatively influence or interrupt physical, intellectual, and psychological childhood and adolescent development.

According to Health Communities Institute, "All types of child abuse and neglect have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, work, or school" (2016). In Marion County, 259 children were in need of services in 2017. This indicator compiles the number of children in the county that need assistance or protection (Indiana Youth Institute, 2015).

Table 3.11: Child Abuse and Neglect in Marion County

| Indicator | Description | Measurement Period | Marion County |
|---|---|---|---|
| **CHINS Cases** | Number of children who were in need of services such as housing, protecting, etc., due to abuse and neglect in family in measurement period year. | 2017 | 259 |
| **Child Abuse: Neglect** | Percentage of total child abuse cases reported that were as neglect. | 2017 | 9.3% |
| **Child Abuse: Sexual** | Percentage of total child abuse cases reported that were classified as sexual abuse. | 2017 | 10.6% |
| **Child Abuse: Physical** | Percentage of total abuse cases reported that were classified as physical abuse. | 2017 | 4.6% |
| **# of Fatal Cases of Child Abuse and Neglect** | Number of occurrences in which the child abuse and neglect was fatal in the measurement period year. | 2016 | 2 |

## CHRONIC DISEASES

Chronic diseases are among the most prevalent and costly health issues in Indiana and across the nation. Indiana has significantly inflated rates compared to the nation in regard to a variety of chronic health diseases. Chronic diseases are often easily detected and preventable.

## RESPIRATORY DISEASES

Respiratory complications and diseases continue to fill the Emergency Departments in Marion County (Indicators, 2015). Refer to Table 3.12 below for comparisons of respiratory diseases rates across the state and county.

Table 3.12: Marion County Respiratory Disease Rate Comparisons

| Indicator | Description | Source | Measurement Period | Marion County | Indiana |
|---|---|---|---|---|---|
| **Age-Adjusted Asthma ED Visits** | This measure represents the number of asthma-related emergency department encounters among Indiana residents per 10,000. | ISDH, Epidemiology Resource Center | 2019 | 78.1 | 39.3 |
| **Child Asthma ED Visits** | This measure represents the number of asthma-related emergency department encounters among Indiana children ages 5 to 17 per 10,000 children. | ISDH, Epidemiology Resource Center | 2019 | 121.0 | 49.7 |
| **Asthma Hospitalization** | This measure represents the number of asthma-related hospital admissions among Indiana residents per 10,000 people. | ISDH, Epidemiology Resource Center | 2019 | 6.1 | 3.6 |
| **Child Asthma Hospitalization** | This measure represents the number of asthma-related hospital admissions among Indiana children ages 5 to 17 per 10,000 children. | ISDH, Epidemiology Resource Center | 2019 | 9.5 | 3.9 |
| **Age-Adjusted COPD Hospitalizations** | Average annual age-adjusted hospitalization rate due to chronic obstructive pulmonary disease (COPD) per 10,000 population aged 18 and older. | Indiana Hospital Association | 2014-2016 | 31.8 | 31.8 |
| **Age-Adjusted COPD ED Visits** | Average annual age-adjusted emergency room visit rate due to chronic obstructive pulmonary disease (COPD) per 10,000 population aged 18 and older. | Indiana Hospital Association | 2010-2012 | 34.0 | 48.8 |
| **Chronic Lower Respiratory Disease Mortality** | Chronic lower respiratory disease mortality is represented by the number of deaths per 100,000 people. | ISDH, Epidemiology Resource Center | 2017 | 58.8 | 55.2 |

*Age-adjusted to the 2000 U.S population

## CANCER

Table 3.13: Comparisons of Cancer Data

| Indicator | Marion County | Indiana | HP 2030 Goal |
|---|---|---|---|
| **Cancer Incidence** | 482.3 | 467.2 | N/A |
| ***Lung*** | 79.5 | 71.9 | N/A |
| ***Colorectal*** | 39.2 | 42.4 | N/A |
| ***Female Breast*** | 128.8 | 121.7 | N/A |
| ***Prostate*** | 96.2 | 89.9 | N/A |
| **Cancer Mortality** | 178.4 | 169.9 | 122.7 |
| ***Lung*** | 50.8 | 47.2 | 25.1 |
| ***Colorectal*** | 17.9 | 15.8 | 8.9 |
| ***Female Breast*** | 20.2 | 21.0 | 15.3 |
| ***Prostate*** | 22.4 | 18.7 | 16.9 |

*Measurement period for cancer incidence rates was 2016 and mortality incidence rate data was collected in 2017. Rate per 100,000 population.

## CARDIOVASCULAR DISEASE

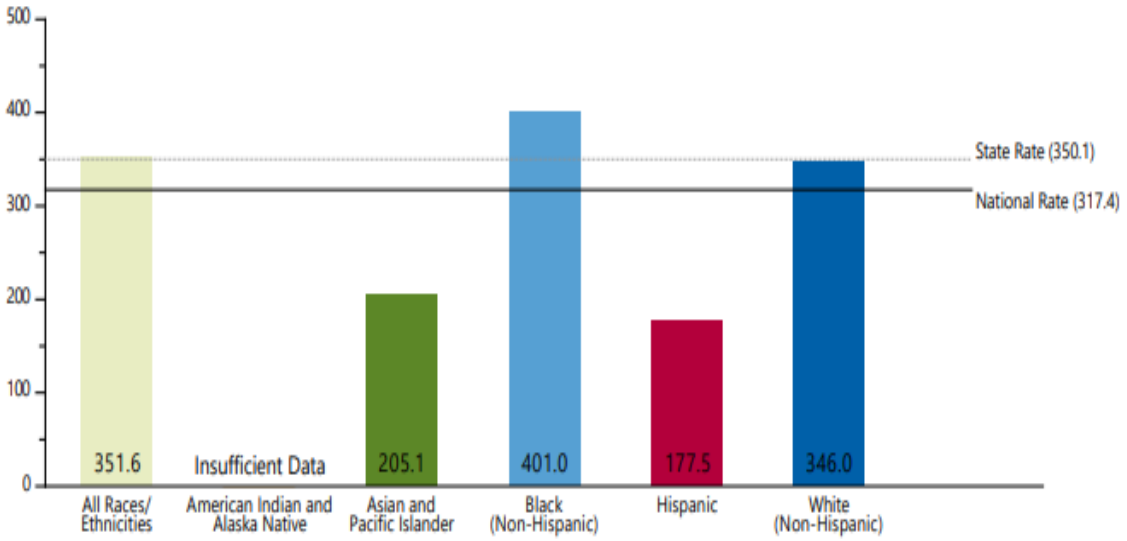
According to the Indiana State Department of Health (ISDH), heart disease, cancer, and stroke represent the three leading causes of death Indiana (2017). According to the data below, the national heart disease death rate was 317.4, the state rate was 350.1, and the rate in Marion County was 351.6. Refer to the Table 3.14 and Figures 3.1 and 3.2 below for a demographic breakdown of death rates and percentages for each race/ethnicity which provides comparisons across the nation, state, and county.

Table 3.14: Heart Disease Death Rate, All Race & Gender, Marion County, 2017-2019

| Race or Ethnicity | Heart Disease Death Rate per 100,000, 35+, All Race, All Gender, 2017-2019 | | |
|---|---|---|---|
| | Marion County | Indiana | Nation |
| **All Race** | 351.6 | 350.1 | 317.4 |
| **Black (Non-Hispanic)** | 401.0 | 417.4 | 403.3 |
| **White (Non-Hispanic)** | 177.5 | 352.2 | 326.3 |
| **Hispanic** | 346.0 | 179.0 | 220.1 |
| **American Indian and Alaskan Native** | N/A | 96.9 | 282.6 |
| **Asian and Pacific** | 205.1 | 147.4 | 166.4 |

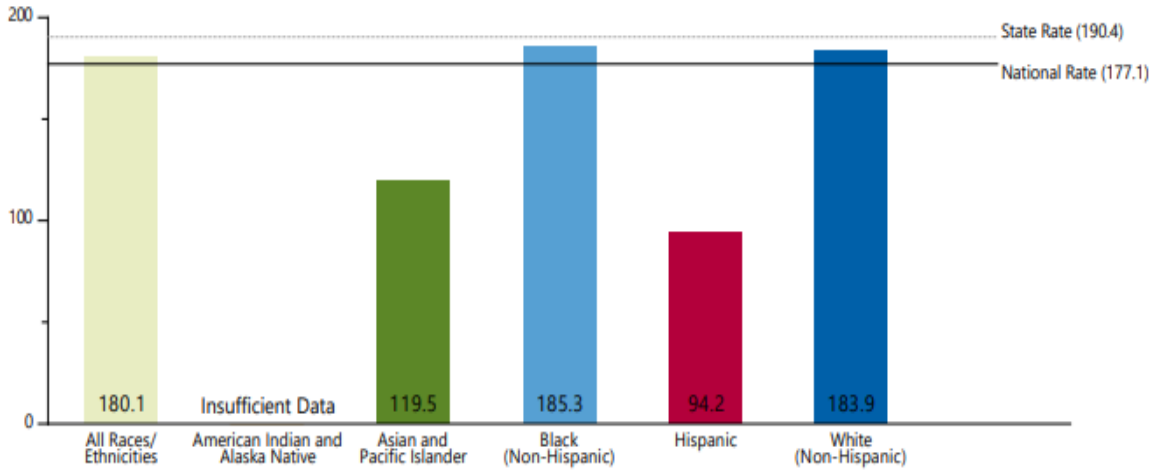
Source: CDC, DHDSP Interactive Atlas County Report
*Age-adjusted rates

Figure 3.1: Heart Disease Death Rate Comparison, 2017-2019




Source: CDC, DHDSP Interactive Atlas County Report

Figure 3.2: Coronary Heart Disease Death Rate, All Ages, Races & Gender, 2017-2019




Source: CDC, DHDSP Interactive Atlas County Report

According to the American Heart Association, black men, ages 65 or older are most likely to die from coronary heart disease (2016). Please refer to Table 3.15 below for a statistical comparison regarding black men and coronary heart disease death rates across the nation, state, and county.

Table 3.15: Johnson County All Heart Disease Death Rate among Black Men, 2017-2019

| Race or Ethnicity | All Heart Disease Death Rate per 100,000, 65+, Black, Men, 2017-2019 | | |
|---|---|---|---|
| | Marion County | Indiana | Nation |
| Black (Non-Hispanic) | 1,467.5 | 1,394.6 | 1,463.1 |

Source: CDC, DHDSP Interactive Atlas County Report

## STROKE

Major risk factors for strokes that people cannot control include age, race, sex, family history, and prior stroke or heart attack (American Heart Association, 2017). After age 55, the risk of suffering from a stroke nearly doubles every decade, thus people aged 65 and older are most at risk. If any immediate family member has suffered from a stroke, that significantly increases one's risk of also suffering from a stroke. Race also influences risk. Statistics show that African Americans are at increased risk of stroke, compared to other races or ethnicities. Other statistics include age-adjusted rates for stoke hospitalization and mortality:

Table 3.16: Marion County Stroke Data, 2017

| Indicator | Rates per 100,000 Death or Hospital Admission | | |
|---|---|---|---|
| | Marion County | Indiana | HP2030 Goal |
| Stroke Hospitalization | 27.4 | 24.3 | N/A |
| Stroke Mortality | 41.8 | 40.2 | 33.4 |

Source: Indiana State Department of Health, Epidemiology Resource Center

## DIABETES

Table 3.17: Marion County Diabetes Data

| Indicator | Description | Source | Measurement Period | Percentage or Rate | |
|---|---|---|---|---|---|
| | | | | Marion County | Indiana |
| Diabetes Prevalence | Percentage of adults aged 20 or older with medically diagnosed diabetes. | Indiana Indicators | 2017 | 12.0% | 12.0% |
| Age-Adjusted Death Rate Due to Diabetes | Age-adjusted death rate per 100,000 population due to diabetes. | Indiana Indicators | 2017 | 27.1 | 26.6 |
| Age-Adjusted Hospitalization Rates due to Diabetes | Average annual age-adjusted hospitalization rate due to diabetes per 10,000 population aged 18 years and older, including type 1 and 2. | Indiana Hospital Association | 2014-2016 | 25.7 | 20.3 |
| Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes | Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older. | Indiana Hospital Association | 2014-2016 | 11.4 | 9.0 |
| Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes | Age-adjusted hospitalization rate due to long-term complications of diabetes per 10,000 population aged 18 years and older. | Indiana Hospital Association | 2014-2016 | 12.4 | 9.5 |

*Blood sugar test is HbA1c
*Short-term complications include ketoacidosis, hypersmolar, or coma.
*Long-term complications include eye, renal, neurological, or circulatory complications or complications not otherwise specified.
Diabetes mortality is the diabetes associated deaths per 100,000 population (age-adjusted).
Sources: Indiana State Department of Health and Indiana Indicators

In 2017, the prevalence of diabetes in Marion County was 12%. Meaning, 12% of the population, ages 20 or older, were medically diagnosed with diabetes. The overall prevalence of diabetes in Indiana was 12% in 2017 (Indiana Indicators, 2020). In 2017, the diabetes mortality rate was 27.1 in Marion County and 26.6 in the state (Indiana Indicators, 2017).

## OBESITY

Obesity is a major risk factor of diabetes and cardiovascular disease. According to the American Heart Association (2016), people who carry excess weight, especially concentrated around their stomach, are more likely to suffer from heart disease or stroke, even if other risk factors are not present. Major risk factors that people cannot control or change include age, sex, and race. Major risk factors that can be managed or treated include smoking, high blood pressure, high cholesterol, physical inactivity, being overweight or obese, and diabetes. According to the CDC, 33% of adults, 20 years of age or older, were diagnosed as obese, with a category range of 31.7-33% (2014). In addition, 28.4% of adults, also 20 years of age or older, were physically inactive, with a category range of 27.2-29.1% (CDC, 2014).

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than normal weight peers to be teased and stigmatized which can lead to poor self-esteem. Moreover, obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Finally, overweight and obese youth are more likely than normal weight peers to be overweight or obese adults and are therefore at risk for the associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

Table 3.18: Marion County Obesity Data, 2017

| Indicator | Marion County | Indiana |
|---|---|---|
| **Obese Adults, Age 20+** | 33.0% | 34.0% |

Source: County Health Rankings, 2017

HEALTH OUTCOMES

# SECTION 3.5

## JOHNSON COUNTY

*community* HEALTH NEEDS ASSESSMENT

The previous sections highlighted the environment and factors that contribute to health. Those factors, along with genetics, personal choice, and access to health services, lead to various health outcomes. This section reviews major health issues faced by residents.

## MORTALITY

Compared to the state of Indiana, Johnson County has higher rates in all four measures of mortality. Johnson County ranks 6 out of 92 for length of life measures, which includes premature death. See Table 3.5.0 below for a comparison of mortality measures in the State of Indiana and in Johnson County.

Table 3.5.0: Measures of Mortality Comparison

| Measures of Mortality | Source | Measurement Period | Johnson County | Indiana |
|---|---|---|---|---|
| **Overall Death Rate** | CDC Wonder | 2019 | 891.2 | 980.4 |
| **Premature Death Rate*** | County Health Rankings | 2017 | 6,213 | 7,700 |
| **Infant Mortality Rate*** | ISDH | 2013-2017 | 5 | 7.3 |
| **Child Mortality Rate*** | CDC Wonder | 2012-2015 | N/A | 60 |

**Overall death rate is deaths per 100,000 population (age-adjusted).*
** Premature death rate is the years of potential life lost (YPPL) before age 75 per 100,000 population (age-adjusted).*
** Infant mortality rate is the amount of deaths per 1,000 live births.*
** Child mortality rate is the number of deaths among children under 18 per 100,000.*

Table 3.5.1: 15 Leading Causes of Death in Johnson County Indiana, 2019

| Leading Cause of Death | Deaths | Population | Age-Adjusted Death Rate |
|---|---|---|---|
| 1. Malignant Neoplasms | 316 | 158,167 | 199.8 |
| 2. Cardiovascular Disease | 300 | 158,167 | 189.7 |
| 3. Chronic Lower Respiratory Disease | 92 | 158,167 | 58.2 |
| 4. Cerebrovascular Diseases | 75 | 158,167 | 48.1 |
| 5. Alzheimer Disease | 74 | 158,167 | 46.8 |
| 6. Accidents | 49 | 158,167 | 31.0 |
| 7. Diabetes Mellitus | 38 | 158,167 | 24.0 |
| 8. Septicemia | 25 | 158,167 | 15.8 |
| 9. Intentional Self-harm (suicide) | 24 | 158,167 | 15.2 |
| 10. Parkinson Disease | 18 | 158,167 | Unreliable |
| 11. Influenza and Pneumonia | 18 | 158,167 | Unreliable |
| 12.Nephritis, Nephrotic Syndrome and Nephrosis | 15 | 158,167 | Unreliable |
| 13. Pneumonitis due to solids and liquids | 13 | 158,167 | Unreliable |
| 14. Chronic Liver Disease and Cirrhosis | 12 | 158,167 | Unreliable |
| 15. Essential Hypertension and Hypertensive Renal Disease | 10 | 158,167 | Unreliable |

Source: CDC Wonder: About Underlying Cause of Death, 2019

In 2019, the leading cause of death in Johnson County was Malignant Neoplasms. There were 316 deaths among a population of 158,167 people, resulting in an age-adjusted death rate of 199.8. The second cause of death was cardiovascular disease, resulting in a total of 300 deaths, followed by chronic lower respiratory diseases resulting in 92 deaths.

## ACCIDENTS, INJURIES, AND HOMICIDES

Unintentional injury and accidents continue to rank in the top 15 leading causes of injury or death, across the state and within the county. County and state data regarding injury prevention and safety indicators are compared in Table 3.5.2 below.

Table 3.5.2: Johnson County Unintentional Injuries and Homicides

| Indicator | Description | Source | Measurement Period | Johnson County | Indiana | HP2030 Goal |
|---|---|---|---|---|---|---|
| **Unintentional Injury Mortality** | Unintentional injury mortality is represented by the number of deaths per 100,000 people. | ISDH | 2017 | 33.9 | 58 | 43.2 |
| **Unintentional Poisoning Mortality** | Unintentional poisoning mortality is represented by the number of deaths per 100,000 people. | ISDH | 2017 | 10.7 | 27.3 | N/A |
| **Suicide Mortality** | Suicide mortality is represented by the number of deaths per 100,000 people. | ISDH | 2017 | 16.3 | 16.2 | 12.8 |
| **Traffic Injury Mortality** | Traffic injury mortality is represented by the number of motor vehicle-related deaths per 100,000 people. | ISDH | 2017 | 10.8 | 13.4 | N/A |
| **Homicide Mortality** | Homicide mortality is represented by the number of deaths per 100,000 people. | ISDH | 2017 | 0.0 | 7.1 | 5.5 |
| **Firearm Mortality** | Firearm mortality is represented by the number of deaths resulting from discharge of a firearm per 100,000 people. | ISDH | 2017 | 12.3 | 15.0 | 10.7 |
| **Injury ED Visits** | This measure represents the number of injury-related emergency department encounters among Indiana residents per 10,000 people. | ISDH | 2017 | 770.2 | 849.6 | N/A |
| **Injury Hospitalization** | This measure represents the number of injury-related hospital admissions among Indiana residents per 10,000 people. | ISDH | 2017 | 62.5 | 69.1 | N/A |
| **Trauma Hospital Travel Time** | The average drive time from the center of the community's population to the nearest American College of Surgeons verified trauma hospital. It is a measure of access to specialized trauma care. | ISDH | 2018 | 31.5 | 25.9 | N/A |
| **Alcohol Impaired Driving Deaths** | The percentage of motor vehicle crash deaths with alcohol involvement. | County Health Rankings | 2014-2018 | 6% | 20% | 28.3% |

*Age-adjusted to the 2000 U.S. population

Per 100,000 in 2017

## BEHAVIORAL HEALTH

### Quality of Life Indicators

Table 3.5.3: Johnson County Mental Health Profile

| Indicator | Days or Percentage | Error Margin |
|---|---|---|
| **Mentally Unhealthy Days** | 4.3 | 4.1-4.3 |
| **Frequent Mental Disress** | 14% | 13-14% |

Source: County Health Rankings, 2017

According to county health rankings, poor mental health days measure the average number of mentally unhealthy days reported in past 30 days. This measure is based on responses to the Behavioral Risk Factor Surveillance System (BRFSS) question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Johnson County's value of 4.3 is the average number of days a county's adult respondents report that their mental health was not good (2018). According to County Health Rankings, the ratio of mental health provider to patient is 1,110:1 in Johnson County, compared to the state ratio which is 590:1.

Table 3.5.4: Inadequate Social Support in Johnson County, 2018

| Indicator | Percentage of Adults, 18 and older, Without Social Support | | |
|---|---|---|---|
| | Johnson County | Indiana | HP2030 Goal |
| **Inadequate Social Support** | 20.5 | 20.3 | N/A |

Source: County Health Rankings, 2018

According to Indiana Indicators, this indicator is based on the percent of adults 18 and older who responded "never," "rarely," or "sometimes" to the following question: "How often do you get the social and emotional support you need?" This is an important measure for assessing mental health because a lack of social support is connected to increased morbidity and premature death (2014). People with strong social networks (i.e., community engagement or familial support) are more likely to engage in healthy lifestyle choices. The rate of inadequate and social support is slightly higher in Johnson County than in the state of Indiana.

## Substance Abuse and Recovery

Drug abuse and addiction compromise a major public health problem that affects many individuals and families and has lasting physical, social and mental health repercussions. These repercussions include less than optimal health outcomes, increased rates of crime and injury, and increased rates of mental illness, unemployment, and homelessness (Healthy Communities Institute, 2017). Effective treatment programs for substance abuse incorporate many elements, each directed to a particular aspect of addiction and its various consequences. According to Healthy Communities Institute, treatment for addiction must include "assistance for the individual to quit using drugs, maintaining a drug-free lifestyle, and achieve productive functioning in the family, at work, and in society" (2017). Given the complexity of addiction, it is treated as a chronic illness and individuals often require repeated long-term care in order to achieve sustained sobriety. Please refer to Table 3.5.5 below for a comparison of substance use indicators across the state and county.

Table 3.5.5: Johnson County Substance Use & Abuse

| Indicator | Description | Source | Measurement Period | Johnson County | Indiana | HP2030 Goal |
|---|---|---|---|---|---|---|
| **Adult Smoking** | Percentage of adults, 18 or older, who smoke. | County Health Rankings | 2018 | 21.0% | 22.0% | 5% |
| **Adult Excessive Drinking*** | Percentage of adults, 18 or older, who are binge or excessive drinkers. | County Health Rankings | 2018 | 20.0% | 19.0% | 25.4% report binge drinking in past 30 days |
| **Controlled Substance Dispensed** | Number of controlled substances dispensed by a licensed pharmacist or physican per capita. | Indiana University Center for Health Policy | 2015 | 1.0 | 1.0 | N/A |
| **Age-Adjusted Hospitalization Rate due to Substance Abuse** | Average annual age-adjusted hospitalization rates due to substance abuse per 10,000 population among adults 18 years and older. | Indiana University Center for Health Policy | 2014-2016 | 16.0 | 11.4 | N/A |
| **Age-Adjusted Hospitalization Rate due to Alcohol Abuse** | Average annual age-adjusted hospitalization rates due to alcohol abuse per 10,000 population among adults 18 years and older. | Indiana University Center for Health Policy | 2014-2016 | 9.3 | 12.0 | N/A |

*The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking that brings a person's blood alcohol concentration to 0.08 grams percent or above

*Indiana Schedule Prescription Electronic Collection & Tracking Program (INSPECT)

## Alcohol, Tobacco & Drugs

Consuming alcohol has immediate physiological effects on all tissues in the human body, especially the brain. Alcohol is a depressant that impairs vision and motor skills, delays reaction time, affects judgment, and decision-making, which may result in engagement of other negative behaviors. According to the CDC, "excessive drinking, either in the form of heavy drinking (drinking more than 15 drinks per week on average for men or more than either drinks per week on average for women), or binge drinking more than five drinks during a single occasion for men or more than four during a single occasion for women), can lead to increased risk of health problems, such as liver disease and unintentional injuries". In Johnson County, 20% of adults reported excessively drinking, compared to 19% in the entire state. Adult excessive drinking is another important indicator because it is also a lifestyle choice that can lead to increased risk of health problems including: injuries, violence, liver disease, and cancer. The National Institute on Alcohol and Alcoholism defines binge drinking as "a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above (2017). Abuse of prescription drugs is a serious and growing public health issue across the United States.

Adult smoking is an important indicator to highlight because it is a lifestyle choice that harms nearly every organ in the body, causing many diseases and affecting the overall health of smokers. Research has shown that quitting smoking has immediate as well as positive long-term health benefits. Within Johnson County, 21% of adults, ages 18 and older, are smokers. Controlled substance prescriptions is an important indicator that can be used as a tool to identify if vulnerable communities are at risk for having substance abuse or misuse problems, given that communities with increased prescription drug rates have been found to also have higher rates of abuse or misuse. Please refer to Table 3.5.6 below for a comparison of addiction indicators across the state and county.

Table 3.5.6: Johnson County Addiction Profile

| Indicator | Description | Source | Measurement Period | Johnson County | Indiana |
|---|---|---|---|---|---|
| **Heroin Treatment Rate** | Percentage of adults, 18 or older, who reported stimulants use at treatment admissions. | Indiana University Center for Health Policy | 2019 | 0.0% | 0.5% |
| **Methamphetamine Treatment Rate** | Percentage of adults, 18 or older, who reported Methamphetamine use at treatment admissions. | Indiana University Center for Health Policy | 2019 | 33.1% | 36.5% |
| **Non-Fatal Emergency Department Visits due to Opioid Overdose** | The rate of non-fatal emergency department admissions due to opioid overdose per 100,000 population. | Indiana Hospital Association | 2017 | 181.6 | 122.5 |
| **Public Intoxication Arrest Rate** | Rate of persons arrested for public intoxication for alcohol per 1,000 populations. | Indiana University Center for Health Policy | 2014 | 0.28 | 1.1 |
| **Mortality Rate due to Drug Poisoning** | The death rate per 100,000 population due to drug poisoning. | Indiana Indicators | 2017 | 18.9 | 17.1 |

**Liquor stores are defined as businesses that primarily sell packaged alcoholic beverages, such as beer, wine, and spirits (Health Communities Institute).*
*Source: Indiana University Center for Health Policy.*
*Maintained By: Healthy Communities Institute*

### Suicide

Suicide is one of the most preventable causes of death, yet it continues to have a major impact on the overall health in the state of Indiana. In 2018-2019, the suicide mortality rate was 13.93 in the nation, 14.20 in Indiana, and 13.7 in Johnson County (CDC). In order to get accurate county level data, multiple years had to be included. Refer to Table 3.5.7 for suicides statistics across the nation, state, and county.

Table 3.5.7: Suicide Death Rate Comparison, 2016

| Indicator: Suicide Mortality Rate | Number of Deaths by Suicide | Rate per 100,000 Population |
|---|---|---|
| Johnson County | 21 | 13.93 |
| Indiana | 972 | 14.2 |
| United States | 47,511 | 13.93 |

Source: American Foundation for Suicide Prevention, Suicide: Indiana 2018 Facts & Figures. Retrieved from:www.afs.org. County Health Rankings, 2014-2018

## INFECTIOUS DISEASE

### Infectious Disease Rates

Infectious disease is inevitable; however, rates can be reduced through preventative measures or modifications to lifestyle behaviors/choices. Please refer to Table 3.5.8 below for a description of infectious diseases and a comparison of rates across Indiana and Johnson County.

Table 3.5.8: Infectious Disease Rates by State and County

| Indicator | Description | Source | Measurement Period | Johnson County | Indiana |
|---|---|---|---|---|---|
| Hepatitis C, Acute | This measure represents the rate of infection per 100,000. | ISDH, ERC | 2019 | 5.1 | 5.7 |
| Hepatitis C, Chronic | This measure represents the rate of chronic hepatitis. | ISDH, ERC | 2019 | 55.6 | 90.0 |
| Newly Diagnosed HIV/AIDs | This measure represents the incidence rates of newly diagnosed HIV/AIDS per 100,000. | ISDH, ERC | 2018 | 4.0 | 8.2 |
| HIV/AIDs Prevalence | This measure represents the number of Hoosiers living with HIV/AIDS. | ISDH, ERC | 2018 | 163 | 206 |
| Chlamydia | Rate of infection, cases per 100,000. | Indiana Indicators | 2018 | 343.7 | 523.9 |
| Gonorrhea | Rate of infection, cases per 100,000. | ISDH, ERC | 2019 | 80.3 | 177.1 |
| Intestinal Disease Infections | Rate of infection, cases per 100,000. | Indiana Indicators | 2017 | 27.3 | 40.0 |

## MATERNAL, INFANT AND CHILD HEALTH

Since 2013, the number of live births in Johnson County has stayed consistent in the 1,800. The number of babies born with low birth weight in Johnson County has slightly increased since 2013. The number of babies born before 37 weeks gestation in Johnson County has increased by 5% since 2013. It is likely that any significant decrease in negative measures of natality or infant health outcomes can be attributed to by the increase in access, availability, and affordability of prenatal assistance programs in Johnson County.

Table 3.5.9: Johnson County Birth Outcomes Profile, 2013-2017

| Indicator | 2013 | 2014 | 2015 | 2016 | 2017 | 2013-2017 Combined |
|---|---|---|---|---|---|---|
| *Natality* | | | | | | |
| # Live Births | 1,831 | 1,818 | 1,883 | 1,881 | 1,821 | 9,234 |
| # Low Birth Weight | 111 | 112 | 147 | 120 | 132 | 632 |
| % Low Birth Weight | 6.1% | 6.7% | 7.8% | 6.4% | 7.2% | 6.8% |
| *State Percent* | ***7.9%*** | ***7.9%*** | ***8.0%*** | ***8.2%*** | ***8.3%*** | ***8.1%*** |
| # Preterm Births | 136 | 155 | 174 | 164 | 162 | 791 |
| % Preterm Births | 7.4% | 8.5% | 9.2% | 8.7% | 8.9% | 8.5% |
| *State Percent* | ***9.6%*** | ***9.7%*** | ***9.6%*** | ***10.0%*** | ***9.9%*** | ***9.8%*** |
| # Mothers who smoked | 300 | 282 | 258 | 243 | 228 | 1,311 |
| % of mothers who smoked | 16.4% | 15.5% | 13.7% | 12.9% | 12.5% | 14.2% |
| *State Percent* | ***15.7%*** | ***15.1%*** | ***14.3%*** | ***13.5%*** | ***13.5%*** | ***14.4%*** |

Low Birth Weight = < 2,500 grams; Preterm = <37 weeks gestations

Source: Indiana State Department of Health, Division of Maternal and Child Health

### Mothers Who Smoke

Mothers who smoke during pregnancy jeopardize their health as well as the health of their fetus. It is likely that a baby whose mother smoked during pregnancy will be born premature, have less developed lungs, and have a low birth weight. Furthermore, secondhand smoke can still negatively impact the health of the baby, even after they are born by increasing the risk of SIDS, asthma, and stunted growth or development (2017). In Johnson County, 12.5% of pregnant women smoked during their pregnancy in 2017.

### Infant Mortality

Table 3.5.10: Johnson County Mortality Profile, 2013-2017

| Indicator | 2013 | 2014 | 2015 | 2016 | 2017 | 2013-2017 Combined |
|---|---|---|---|---|---|---|
| *Natality* | | | | | | |
| Infant Mortality Rate (IMR) per 1,000 Live Births | 2.6 | 2.2 | 8.4 | 4.7 | 6.5 | 4.9 |
| *State IMR* | ***7.1*** | ***7.1*** | ***7.3*** | ***7.5*** | ***7.3*** | ***7.3*** |

Source: Indiana State Department of Health, Division of Maternal and Child Health

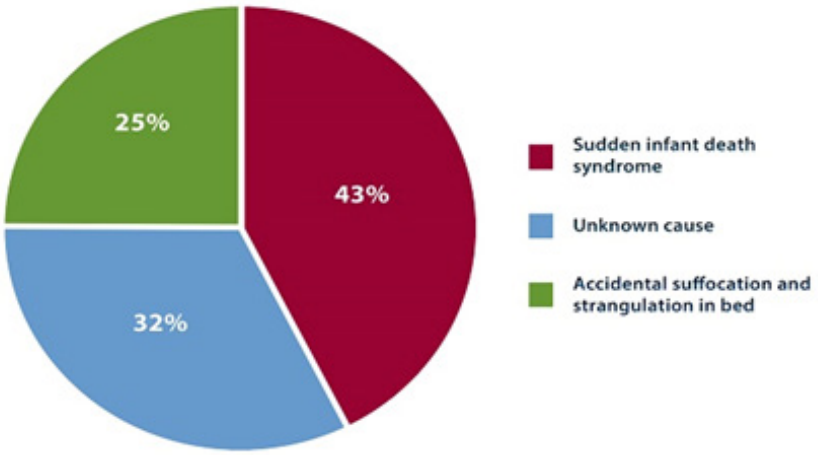
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

## Sudden Unexpected Infant Death & Sudden Infant Death Syndrome

According to the CDC, sudden unexpected infant deaths (SUIDS) occur among infants less than one year old and have no immediately apparent cause (2017). The three commonly reported types of SUID include the following:

1. Sudden infant death (SIDS)
2. Unknown cause
3. Accidental strangulation or suffocation in bed

Figure 3.5.0: Commonly Reported SUIDs




SOURCE: CDC/NCHS, National Vital Statistics System, Compressed Mortality File.

## Young Child Health

In 2017, the child abuse rate of 10.4 per 1,000 children in Johnson County. This indicator shows the number of abuse or neglect per 1,000 children under the age of 18 (Indiana Department of Child Services). The value may include multiple incidents of abuse per child victim during 2016. Child abuse includes physical, sexual, or emotional abuse. Child abuse and neglect can negatively influence or interrupt physical, intellectual, and psychological childhood and adolescent development.

According to Health Communities Institute, "All types of child abuse and neglect have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, work, or school" (2016). In Johnson County, 259 children were in need of services in 2017. This indicator compiles the number of children in the county that need assistance or protection (Indiana Youth Institute, 2015). Refer to the Table 3.5.12 below for a young child health profile in Johnson County.

Table 3.5.11: Child Abuse and Neglect Profile

| Indicator | Description | Measurement Period | Johnson County |
|---|---|---|---|
| **CHINS Cases** | Number of children who were in need of services such as housing, protecting, etc., due to abuse and neglect in family in measurement period year. | 2017 | 259 |
| **Child Abuse: Neglect** | Percentage of total child abuse cases reported that were as neglect. | 2017 | 9.3% |
| **Child Abuse: Sexual** | Percentage of total child abuse cases reported that were classified as sexual abuse. | 2017 | 10.6% |
| **Child Abuse: Physical** | Percentage of total abuse cases reported that were classified as physical abuse. | 2017 | 4.6% |
| **# of Fatal Cases of Child Abuse and Neglect** | Number of occurrences in which the child abuse and neglect was fatal in the measurement period year. | 2016 | 2 |

## CHRONIC DISEASES

Chronic diseases are among the most prevalent and costly health issues in Indiana and across the nation. Indiana has significantly inflated rates compared to the nation in regard to a variety of chronic health diseases. Chronic diseases are often easily detected and preventable.

## RESPIRATORY DISEASES

Respiratory complications and diseases continue to fill the Emergency Departments in Johnson County (Indicators, 2017). Refer to Table 3.5.12 below for comparisons of respiratory diseases rates across the state and county.

Table 3.5.12: Johnson County Respiratory Disease Rate Comparisons

| Indicator | Description | Source | Measurement Period | Johnson County | Indiana |
|---|---|---|---|---|---|
| **Age-Adjusted Asthma ED Visits** | This measure represents the number of asthma-related emergency department encounters among Indiana residents per 10,000. | ISDH, Epidemiology Resource Center | 2019 | 26.0 | 39.3 |
| **Child Asthma ED Visits** | This measure represents the number of asthma-related emergency department encounters among Indiana children ages 5 to 17 per 10,000 children. | ISDH, Epidemiology Resource Center | 2019 | 27.9 | 49.7 |
| **Asthma Hospitalization** | This measure represents the number of asthma-related hospital admissions among Indiana residents per 10,000 people. | ISDH, Epidemiology Resource Center | 2019 | 2.1 | 3.6 |
| **Child Asthma Hospitalization** | This measure represents the number of asthma-related hospital admissions among Indiana children ages 5 to 17 per 10,000 children. | ISDH, Epidemiology Resource Center | 2019 | 2.5 | 3.9 |
| **Age-Adjusted COPD Hospitalizations** | Average annual age-adjusted hospitalization rate due to chronic obstructive pulmonary disease (COPD) per 10,000 population aged 18 and older. | Indiana Hospital Association | 2014-2016 | 20.8 | 31.8 |
| **Age-Adjusted COPD ED Visits** | Average annual age-adjusted emergency room visit rate due to chronic obstructive pulmonary disease (COPD) per 10,000 population aged 18 and older. | Indiana Hospital Association | 2010-2012 | 28.0 | 48.8 |
| **Chronic Lower Respiratory Disease Mortality** | Chronic lower respiratory disease mortality is represented by the number of deaths per 100,000 people. | ISDH, Epidemiology Resource Center | 2017 | 51.3 | 55.2 |

*Age-adjusted to the 2000 U.S population

## CANCER

Table 3.5.13: Comparisons of Cancer Data

| Indicator | Johnson County | Indiana | HP 2030 Goal |
|---|---|---|---|
| **Cancer Incidence** | 471.2 | 467.2 | N/A |
| ***Lung*** | 69.7 | 71.9 | N/A |
| ***Colorectal*** | 39.7 | 42.4 | N/A |
| ***Female Breast*** | 119.2 | 121.7 | N/A |
| ***Prostate*** | 81.2 | 89.9 | N/A |
| **Cancer Mortality** | 160.5 | 169.9 | 122.7 |
| ***Lung*** | 50.0 | 47.2 | 25.1 |
| ***Colorectal*** | 8.6 | 15.8 | 8.9 |
| ***Female Breast*** | 28.1 | 21.0 | 15.3 |
| ***Prostate*** | 20.6 | 18.7 | 16.9 |

*Measurement period for cancer incidence rates was 2016 and mortality incidence rate data was collected in 2017. Rate per 100,000 population.

## CARDIOVASCULAR DISEASE

According to the Indiana State Department of Health (ISDH), heart disease, cancer, and stroke represent the three leading causes of death Indiana (2017). Refer to Figure 3.5.1 for Johnson County statistics regarding deaths due to cardiovascular disease.

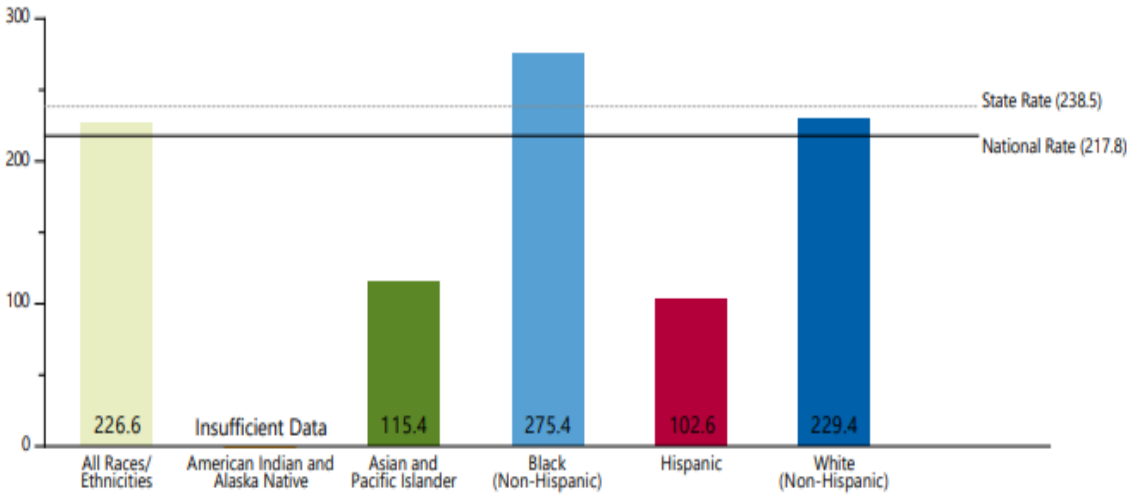
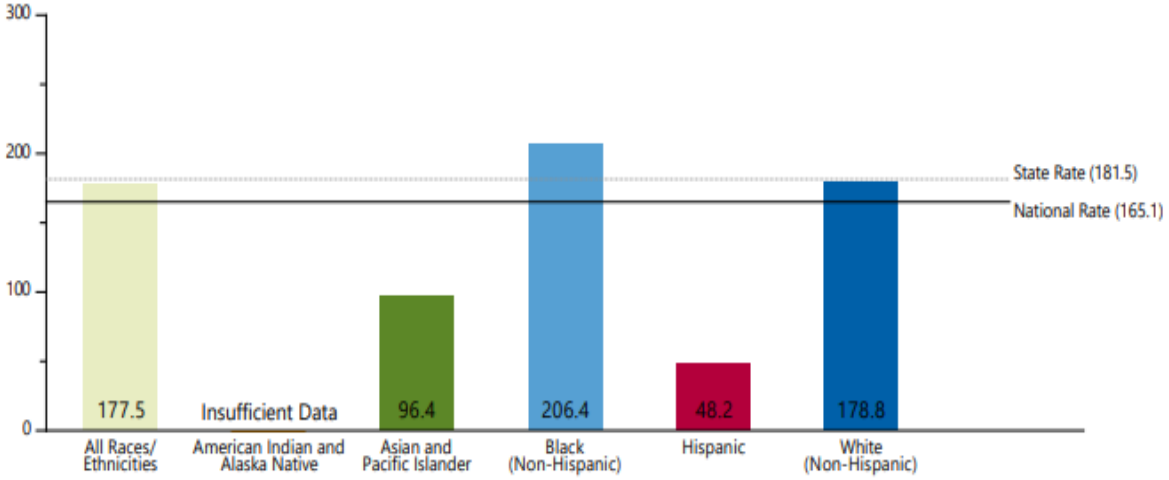



Table 3.5.1: Cardiovascular Disease Death Rate, All Races & Gender, Johnson County, 2016-2018

*Source: CDC, DHDSP Interactive Atlas County Report*
**Age-adjusted rates*

According to the data above, the national cardiovascular disease death rate was 217.8, the state rate was 238.5, and the rate in Johnson County was 226.6. Refer to the Figure 3.5.2 below for a demographic breakdown of death rates and percentages of deaths due to coronary heart disease for each race/ethnicity.

Figure 3.5.2: Heart Disease Death Rate Comparison, 2016-2018




*Source: CDC, DHDSP Interactive Atlas County Report*

According to the American Heart Association, black men, ages 65 or older are most likely to die from heart disease (2016-2018). Please refer to Table 3.5.15 below for a statistical comparison regarding black men and all heart disease death rates across the nation, state, and county.

Table 3.5.14: Johnson County All Heart Disease Death Rate Among Black Men, 2016-2018

| Race or Ethnicity | All Heart Disease Death Rate per 100,000, 65+, Black, Men, 2017-2019 | | |
|---|---|---|---|
| | Johnson County | Indiana | Nation |
| Black (Non-Hispanic) | 1,470.5 | 1,394.6 | 1,463.1 |
| **Race or Ethnicity** | **All Heart Disease Death Rate per 100,000, 35+, All Race, All Gender, 2017-2019** | | |
| | Johnson County | Indiana | Nation |
| All Race | 176.5 | 196.4 | 181.2 |
| Black (Non-Hispanic) | 202.8 | 216.5 | 211.9 |
| White (Non-Hispanic) | 179.1 | 199.2 | 186.8 |
| Hispanic | 73.5 | 93.5 | 139.2 |
| American Indian and Alaskan Native | N/A | N/A | 173.2 |
| Asian and Pacific Islander | 105.9 | 89.1 | 106.3 |

Source: CDC, DHDSP Interactive Atlas County Report
Category Range = 777-938

## STROKE

Major risk factors that people cannot control include age, race, sex, family history, and prior stroke or heart attack (American Heart Association, 2017). After age 55, the risk of suffering from a stroke nearly doubles every decade, thus people 65 ages and older are most at risk. If any immediate family member has suffered from a stroke, that significantly increases one's risk of also suffering from a stroke. Race also influences risk. Statistics show that African Americans are at increased risk of stroke, compared to other races or ethnicities. Other statistics include age-adjusted rates for stoke hospitalization and mortality:

Table 3.5.15: Johnson County Stroke Data, 2017

| Indicator | Rates per 100,000 Death or Hospital Admission | | |
|---|---|---|---|
| | Johnson County | Indiana | HP2030 Goal |
| Stroke Hospitalization | 20.5 | 24.3 | N/A |
| Stroke Mortality | 32.7 | 40.2 | 33.4 |

Source: Indiana State Department of Health, Epidemiology Resource Center

## DIABETES

Table 3.5.16: Johnson County Diabetes Data

| Indicator | Description | Source | Measurement Period | Percentage or Rate | |
|---|---|---|---|---|---|
| | | | | Johnson County | Indiana |
| Diabetes Prevalence | Percentage of adults aged 20 or older with medically diagnosed diabetes. | Indiana Indicators | 2017 | 10.0% | 12.0% |
| Age-Adjusted Death Rate Due to Diabetes | Age-adjusted death rate per 100,000 population due to diabetes. | Indiana Indicators | 2017 | 12.8 | 26.6 |
| Age-Adjusted Hospitalization Rates due to Diabetes | Average annual age-adjusted hospitalization rate due to diabetes per 10,000 population aged 18 years and older, including type 1 and 2. | Indiana Hospital Association | 2014-2016 | 13.8 | 20.3 |
| Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes | Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older. | Indiana Hospital Association | 2014-2016 | 7.5 | 9.0 |
| Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes | Age-adjusted hospitalization rate due to long-term complications of diabetes per 10,000 population aged 18 years and older. | Indiana Hospital Association | 2014-2016 | 5.1 | 9.5 |

*Blood sugar test is HbA1c
*Short-term complications include ketoacidosis, hypersmolar, or coma.
*Long-term complications include eye, renal, neurological, or circulatory complications or complications not otherwise specified.
Diabetes mortality is the diabetes associated deaths per 100,000 population (age-adjusted).
Sources: Indiana State Department of Health and Indiana Indicators

In 2017, the prevalence of diabetes in Johnson County was 10%. Meaning, 10% of the population, ages 20 or older, were medically diagnosed with diabetes. The overall prevalence of diabetes in Indiana was 12% in 2020 (Indiana Indicators, 2017). In 2017, the diabetes mortality rate was 12.8 in Johnson County and 26.6 in the state (Indiana Indicators, 2017).

## OBESITY

Obesity is a major risk factor of diabetes and cardiovascular disease. According to the American Heart Association (2016), people who carry excess weight, especially concentrated around their stomach, are more likely to suffer from heart disease or stroke, even if other risk factors are not present. Major risk factors that people cannot control or change include age, sex, and race. Major risk factors that can be managed or treated include smoking, high blood pressure, high cholesterol, physical inactivity, overweight or obesity, and diabetes. According to the CDC, 33% of adults, 20 years of age or older, were diagnosed as obese, with a category range of 31.7-33% (2014). In addition, 28.4% of adults, also 20 years of age or older, were physically inactive, with a category range of 27.2-29.1% (CDC, 2014).

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than normal weight peers to be teased and stigmatized which can lead to poor self-esteem. Moreover, obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Finally, overweight and obese youth are more likely than normal weight peers to be overweight or obese adults and are therefore at risk for the associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

Table 3.5.17: Johnson County Obesity Data, 2017

| Indicator | Johnson County | Indiana |
|---|---|---|
| **Obese Adults, Age 20+** | 33.0% | 34.0% |

Source: County Health Rankings, 2017

# SECTION 4

Collecting data for this report presented many challenges due to delayed secondary data sets, COVID restrictions, and the complications of daily life in 2020 and early 2021. Fortunately, the large scale of research in the 2019-2021 report allowed the Community Health Improvement Team to use previous tools and update the overall findings for this new cycle. As in every data collection and analysis process, there are many limitations to the data.

Two surveys were conducted in 2021. The first focused on community based organizations, including food pantries, schools, social service agencies, health care providers, community action programs, and local government offices. This survey highlighted strengths and weaknesses in community safety nets and populations most in need of additional services.

The second survey was deployed to those living in Franciscan Health communities using convenience sampling. Individuals on Franciscan Health's various email list serves received two invitations to complete the survey. In addition, staff worked with partner organizations to get responses from the most vulnerable populations in communities, such as those in homeless shelters, using food pantries, receiving health care from a federally qualified health center, or those who speak languages other than Spanish and English. By using income and insurance qualifying questions, staff are able to understand unique needs in the general population versus vulnerable populations. The public survey focuses on opinions, needs, and community resources.

Secondary data for this report relies on the data collection efforts of other organizations, such as state health departments, federal agencies, and others. This data is often lagging in time or represents larger geographic areas than preferred.

The following details more survey findings, followed by the results of the data assessment.

## STRESS AND COVID

As a gage of health and wellbeing, respondents indicated their perceived physical, mental, and social health.

Table 4.1: Perceived Health and Wellbeing, Marion County

| Response | Excellent | | Fair | | Good | | Poor | | Very good | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Number | % | Number | % | Number | % | Number | % | Number | % |
| Your physical health is… | 42 | 6.95 | 115 | 19.03 | 245 | 40.56 | 33 | 5.46 | 169 | 27.98 |
| Your mental health is… | 80 | 13.24 | 119 | 19.70 | 192 | 31.78 | 27 | 4.47 | 186 | 30.79 |
| Your social well-being is… | 73 | 12.08 | 94 | 15.56 | 218 | 36.09 | 40 | 6.62 | 178 | 29.47 |

Table 4.2: Perceived Health and Wellbeing, Johnson County

| Response | Excellent | | Fair | | Good | | Poor | | Very good | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Number | % | Number | % | Number | % | Number | % | Number | % |
| Your physical health is… | 22 | 6.85 | 55 | 17.13 | 131 | 40.80 | 15 | 4.67 | 98 | 30.52 |
| Your mental health is… | 49 | 15.26 | 46 | 14.33 | 111 | 34.57 | 16 | 4.98 | 99 | 30.84 |
| Your social well-being is… | 46 | 14.33 | 45 | 14.01 | 118 | 36.76 | 15 | 4.67 | 97 | 30.21 |

To clarify the impact of COVID, participants were also asked to rank change in life satisfaction as a result of COVID.

Table 4.3: Pandemic Life Satisfaction, Marion County

| Response | Number | Percentage |
|---|---|---|
| A little better | 64 | 10.60% |
| A little worse | 163 | 26.99% |
| Much better | 24 | 3.97% |
| Much worse | 36 | 5.96% |
| Same | 317 | 52.48% |

Table 4.4: Pandemic Life Satisfaction, Johnson County

| Response | Number | Percentage |
|---|---|---|
| A little better | 26 | 8.10% |
| A little worse | 84 | 26.17% |
| Much better | 13 | 4.05% |
| Much worse | 17 | 5.30% |
| Same | 181 | 56.39% |

Participants were also asked to rate their average level of stress during the past month.

Table 4.5: Pandemic Life Satisfaction, Marion County

| Level of Stress | Number | Percentage |
|---|---|---|
| 1 | 50 | 8.28% |
| 2 | 60 | 9.93% |
| 3 | 70 | 11.59% |
| 4 | 62 | 10.26% |
| 5 | 85 | 14.07% |
| 6 | 61 | 10.10% |
| 7 | 74 | 12.25% |
| 8 | 78 | 12.91% |
| 9 | 25 | 4.14% |
| 10 | 39 | 6.46% |

Table 4.6: Pandemic Life Satisfaction, Johnson County

| Level of Stress | Number | Percentage |
|---|---|---|
| 1 | 31 | 9.66% |
| 2 | 29 | 9.03% |
| 3 | 44 | 13.71% |
| 4 | 22 | 6.85% |
| 5 | 38 | 11.84% |
| 6 | 41 | 12.77% |
| 7 | 46 | 14.33% |
| 8 | 35 | 10.90% |
| 9 | 14 | 4.36% |
| 10 | 21 | 6.54% |

The table below examines some of the causes of daily stress.

Table 4.7: Which of These Items Cause Stress In Your Daily Life, Marion County

| | Number | Percentage |
|---|---|---|
| Not enough food | 18 | 2.98% |
| Having a safe place to live | 23 | 3.81% |
| Paying utility bills | 100 | 16.56% |
| Reliable transportation | 46 | 7.62% |
| Violence inside the place I live | 7 | 1.16% |
| Violence or crime in my neighborhood | 91 | 15.07% |
| Getting or maintaining a good job | 68 | 11.26% |
| Lack of support from family and friends | 138 | 22.85% |
| Lack of spiritual/pastoral support | 53 | 8.77% |
| Experiencing disrespect or discrimination | 72 | 11.92% |
| Language barriers | 16 | 2.65% |
| Financial planning/budgeting | 268 | 44.37% |

Table 4.8: Which of These Items Cause Stress In Your Daily Life, Johnson County

| | Number | Percentage |
|---|---|---|
| Not enough food | 12 | 3.74% |
| Having a safe place to live | 11 | 3.43% |
| Paying utility bills | 34 | 10.59% |
| Reliable transportation | 19 | 5.92% |
| Violence inside the place I live | 2 | 0.62% |
| Violence or crime in my neighborhood | 18 | 5.61% |
| Getting or maintaining a good job | 38 | 11.84% |
| Lack of support from family and friends | 58 | 18.07% |
| Lack of spiritual/pastoral support | 33 | 10.28% |
| Experiencing disrespect or discrimination | 36 | 11.21% |
| Language barriers | 14 | 4.36% |
| Financial planning/budgeting | 173 | 53.89% |

## HEALTH BEHAVIORS

Respondents were able to choose up to three changes they would like to make in the following year.

Table 4.9: Health Changes, Marion County

| | Number | Percentage |
|---|---|---|
| Drinking less alcohol | 37 | 6.13% |
| Eating better food | 311 | 51.49% |
| Improving sleep | 259 | 42.88% |
| Managing Stress | 185 | 30.63% |
| Getting more exercise | 382 | 63.25% |
| Improving relationships | 80 | 13.25% |
| Quitting tobacco or nicotine products | 27 | 4.47% |
| Getting recommended health screenings, like blood tests or mammograms | 66 | 10.93% |
| Finding a doctor | 35 | 5.79% |

Table 4.10: Health Changes, Johnson County

| | Number | Percentage |
|---|---|---|
| Drinking less alcohol | 14 | 4.36% |
| Eating better food | 179 | 55.76% |
| Improving sleep | 129 | 40.19% |
| Managing Stress | 110 | 34.27% |
| Getting more exercise | 205 | 63.86% |
| Improving relationships | 46 | 14.33% |
| Quitting tobacco or nicotine products | 19 | 5.92% |
| Getting recommended health screenings, like blood tests or mammograms | 26 | 8.10% |
| Finding a doctor | 18 | 5.61% |

In an effort to better understand hesitancy or access to medical care, a question was asked on barriers.

Table 4.11: Healthcare Barriers, Marion County

| | Number | Percentage |
|---|---|---|
| Cultural/religious beliefs | 16 | 2.65% |
| Do not know how to find the type of doctor I want | 115 | 19.04% |
| Fear (e.g., not ready to face/discuss health problem) | 162 | 26.82% |
| I cannot get an appointment when I am available | 145 | 24.00% |
| Language barriers | 17 | 2.81% |
| Immigration status | 12 | 1.99% |
| No insurance and unable to pay for the care | 47 | 7.78% |
| Unable to pay co-pay/deductibles | 105 | 17.38% |
| Transportation | 46 | 7.62% |
| Lack of access to a computer | 38 | 6.29% |
| Bad past medical experience | 98 | 16.23% |

Table 4.12: Healthcare Barriers, Johnson County

| | Number | Percentage |
|---|---|---|
| Cultural/religious beliefs | 6 | 1.89% |
| Do not know how to find the type of doctor I want | 58 | 18.06% |
| Fear (e.g., not ready to face/discuss health problem) | 78 | 24.29% |
| I cannot get an appointment when I am available | 102 | 31.77% |
| Language barriers | 6 | 1.86% |
| Immigration status | 3 | 0.93% |
| No insurance and unable to pay for the care | 17 | 5.29% |
| Unable to pay co-pay/deductibles | 47 | 14.64% |
| Transportation | 20 | 6.23% |
| Lack of access to a computer | 13 | 4.04% |
| Bad past medical experience | 58 | 18.06% |

## COMMUNITY GAPS AND RESOURCES

Two questions assist in understanding the need for programming and resources within communities. First, participants were asked what type of healthcare related services are missing in their community.

Table 4.13: Missing Healthcare Services, Marion County

| Response | Number | Percentage |
|---|---|---|
| Chronic disease care | 114 | 18.87% |
| Acute care, like for an injury or infection | 46 | 7.61% |
| Vaccines or health screenings | 28 | 4.63% |
| General primary care | 80 | 13.24% |
| Prenatal or well-baby care | 25 | 4.13% |
| Hospital emergency room/Urgent center care | 39 | 6.45% |
| Pharmacy/Drug store | 19 | 3.14% |
| Dental care | 61 | 10.09% |
| Screening for anxiety or depression | 211 | 34.93% |
| Treatment for mental health | 194 | 32.11% |
| Treatment for an addiction | 114 | 18.87% |
| Vision or hearing care | 95 | 15.72% |

Table 4.14: Missing Healthcare Services, Johnson County

| Response | Number | Percentage |
|---|---|---|
| Chronic disease care | 64 | 19.93% |
| Acute care, like for an injury or infection | 22 | 6.85% |
| Vaccines or health screenings | 11 | 3.42% |
| General primary care | 44 | 13.70% |
| Prenatal or well-baby care | 14 | 4.36% |
| Hospital emergency room/Urgent center care | 23 | 7.16% |
| Pharmacy/Drug store | 8 | 2.49% |
| Dental care | 19 | 5.91% |
| Screening for anxiety or depression | 112 | 34.89% |
| Treatment for mental health | 108 | 33.64% |
| Treatment for an addiction | 66 | 20.56% |
| Vision or hearing care | 33 | 10.28% |

Second, a list of typical health promotion activities was provided for participants to indicate if services were needed for themselves, their family or friends, or community:

Table 4.15: Health Promotion Programs, Marion County

| Responses | Me | | Family/Friends | | Community | | None | |
|---|---|---|---|---|---|---|---|---|
| | Number | % | Number | % | Number | % | Number | % |
| Healthy cooking classes | 143 | 23.68 | 103 | 17.05 | 328 | 54.30 | 174 | 28.81 |
| Free or reduced cost healthy foods | 169 | 27.98 | 128 | 21.19 | 316 | 52.32 | 172 | 28.48 |
| Free exercise programs. | 305 | 50.50 | 153 | 25.33 | 286 | 47.35 | 116 | 19.21 |
| Weight loss programs | 273 | 45.20 | 147 | 24.34 | 268 | 44.37 | 123 | 20.36 |
| Mental health counseling | 181 | 29.97 | 142 | 23.51 | 325 | 53.81 | 149 | 24.67 |
| Low cost legal help | 143 | 23.68 | 103 | 17.05 | 328 | 54.30 | 174 | 28.81 |
| Financial planning/budgeting | 169 | 27.98 | 128 | 21.19 | 316 | 52.32 | 172 | 28.48 |
| Help getting health insurance | 83 | 13.74 | 93 | 15.40 | 327 | 54.14 | 207 | 34.27 |
| Programs to help young children learn | 52 | 8.61 | 89 | 14.74 | 359 | 59.44 | 208 | 34.44 |
| Parenting classes | 32 | 5.30 | 67 | 11.09 | 358 | 59.27 | 215 | 35.60 |
| Prenatal classes | 26 | 4.30 | 56 | 9.27 | 361 | 59.77 | 221 | 36.59 |
| Classes just for fathers | 22 | 3.64 | 53 | 8.77 | 350 | 57.95 | 225 | 37.25 |
| Programs for grandparents raising grandchildren | 28 | 4.64 | 56 | 9.27 | 349 | 57.78 | 214 | 35.43 |
| Places to dispose of precriptions and needles safety | 126 | 20.86 | 71 | 11.75 | 351 | 58.11 | 184 | 30.46 |
| Stress management | 205 | 33.94 | 142 | 23.51 | 339 | 56.13 | 150 | 24.83 |
| Community gardens/gardening workshops | 119 | 19.70 | 74 | 12.25 | 333 | 55.13 | 200 | 33.11 |
| Diabetes management classes | 88 | 14.57 | 122 | 20.20 | 337 | 55.79 | 168 | 27.81 |
| Help for people experiencing abuse or neglect | 32 | 5.30 | 42 | 6.95 | 399 | 66.06 | 179 | 29.64 |
| Suicide prevention training | 49 | 8.11 | 58 | 9.60 | 395 | 65.40 | 182 | 30.13 |

Table 4.16: Health Promotion Programs, Johnson County

| Responses | Me | | Family/Friends | | Community | | None | |
|---|---|---|---|---|---|---|---|---|
| | Number | % | Number | % | Number | % | Number | % |
| Healthy cooking classes | 92 | 28.66 | 57 | 17.75 | 142 | 44.23 | 112 | 34.89 |
| Free or reduced cost healthy foods | 71 | 22.11 | 56 | 17.44 | 179 | 55.76 | 88 | 27.41 |
| Free exercise programs | 160 | 49.84 | 103 | 32.08 | 157 | 48.90 | 50 | 15.57 |
| Weight loss programs | 130 | 40.49 | 88 | 27.41 | 152 | 47.35 | 63 | 19.62 |
| Mental health counseling | 80 | 24.92 | 86 | 26.79 | 188 | 58.56 | 71 | 22.11 |
| Low cost legal help | 46 | 14.33 | 53 | 16.51 | 187 | 58.25 | 86 | 26.79 |
| Financial planning/budgeting | 89 | 27.72 | 72 | 22.42 | 174 | 24.20 | 80 | 24.92 |
| Help getting health insurance | 28 | 8.72 | 49 | 15.26 | 192 | 59.81 | 94 | 29.28 |
| Programs to help young children learn | 17 | 5.29 | 50 | 15.57 | 202 | 62.92 | 93 | 28.97 |
| Parenting classes | 12 | 3.73 | 37 | 11.52 | 203 | 63.23 | 97 | 30.21 |
| Prenatal classes | 6 | 1.86 | 29 | 9.03 | 202 | 62.92 | 102 | 31.77 |
| Classes just for fathers | 9 | 2.80 | 32 | 9.96 | 204 | 63.55 | 97 | 30.21 |
| Programs for grandparents raising grandchildren | 15 | 4.67 | 27 | 8.41 | 202 | 62.92 | 99 | 30.84 |
| Places to dispose of precriptions and needles safety | 71 | 22.11 | 50 | 15.57 | 190 | 59.19 | 84 | 26.16 |
| Stress management | 101 | 31.46 | 94 | 29.28 | 186 | 57.94 | 70 | 21.80 |
| Community gardens/gardening workshops | 65 | 20.24 | 47 | 14.64 | 199 | 61.99 | 83 | 25.85 |
| Diabetes management classes | 36 | 11.21% | 63 | 19.62 | 189 | 58.87 | 76 | 23.67 |
| Help for people experiencing abuse or neglect | 10 | 3.11% | 23 | 7.16 | 224 | 69.78 | 85 | 26.47 |
| Suicide prevention training | 26 | 8.09% | 35 | 10.90 | 222 | 69.15 | 81 | 25.23 |

## TOP HEALTH NEEDS, MARION/JOHNSON COUNTY 2022-2024

Determining the top health needs in a community is a difficult process. Many poor health outcomes, health disparities, and poor social determinants of health weigh heavily on segments of our community. We also acknowledge that there are many strengths and positive growth that balance some of these challenges. Franciscan Health determined the top health needs by reviewing secondary data, survey responses, and feedback meeting input. A core team of 12 staff members with education and experience in public health worked with staff in each community to come to consensus on the top issues. A combination of multi-vote ranking and the Hanlon method were used. Once a refined list of the top ten issues was brought to consensus, each staff member ranked health issues based on the following criteria:

- Size: How many people are affected by this issue?
- Seriousness: How serious of an issue is this? Is it potentially deadly? How much of a threat is it to the population that is affected?
- Equity: How much does this affect the most vulnerable residents? Because of this, does it put those who are affected at a serious disadvantage?
- Intervention: How likely is it that a non-clinical intervention will change this need?
- Time: How urgent or pressing is this? Is there imminent danger or life-threating consequences within months?

To assist with intervention planning, a second score on the potential for Franciscan Health to prioritize the health issue was determined. Scoring criteria included:

- Community Health Staffing: Is the Community Health Improvement Department able to adequately staff this?
- Internal Capacity: To what degree does the specific Franciscan Health hospital have the resources to meet this need?
- Community Acceptability: How acceptable is action or an intervention to the community? Are there community organizations that also want to engage in this?
- Sustainability: How sustainable are efforts after three years? Are there community partners or internal departments that can continue this work for six years?
- Long-Term Impact: How likely is it that an intervention can create long-term or permanent change in individuals, conditions, or communities?

Using a mix of Hanlon and PEARL techniques, the Franciscan Health community health team scored the secondary data, feedback meeting comments, and survey data to produce the following list of top health needs in the community. A copy of the scoring sheet is available in the appendix.

The following table shows the top health needs in three categories: social need, poor health behaviors, and poor health outcomes. This takes into account the complexity of social determinants of health and the many factors that make up individual health. In some cases, one will notice a clear path between social need, poor behaviors, and the resulting outcome.

Many needs are self-explanatory or based on commonly understood definitions. However, some issues are a bit nuanced or emerging community trends. The Department offers these definitions to aid in understanding identified issues:

### SOCIAL COHESION

- Includes overall sense of community, social bonding, bridging, connectedness, support networks, family building, "warm hand-off" for resources, understanding of others, communication and conflict skill development
- **How we know**: Victimization rates, behavioral health issues, social service agencies report/survey, service provider rates (patient:provider ratio), public survey data, professional survey data

### VICTIMS OF VIOLENCE

- Includes domestic and interpersonal violence, child abuse/neglect, human trafficking, violent crime, elder abuse/neglect
- **How we know**: Mortality rates, public survey data, professional survey date, lack of service provider capacity; CHINS cases, DCS/DCFS substantiated abuse cases, violent crime rates, ED data, hate crime rates

### BEHAVIORAL HEALTH

- Includes diagnosed and undiagnosed mental health issues, suicide, self-harm, depression, anxiety
- **How we know**: Service provider rates (patient:provider ratio), suicide rates, self-harm rates, poor mental health days, professional survey data, public survey data, lack of resources

### SUBSTANCE ABUSE

- Includes illegal drugs, prescription abuse, alcohol
- **How we know**: Mortality rates, overdose rates, DUI, ED/patient data, public survey data, professional survey data

### ACCESS TO HEALTH CARE

- Includes barriers that prevent or limit access to needed health care services, no transportation, lack of insurance, underinsured, transportation, availability of providers and services
- **How we know**: Public survey data, professional survey data, insurance rates, service provider rates (patient:provider ratio)

## MARION/JOHNSON COUNTIES

**Most vulnerable community groups**: Immigrants/refugees, low income, un/underinsured, mothers, children, infants, victims of violence, elderly, caregivers/guardians, those with untreated mental health issues, homelessness

| Social Needs | Poor Health Behaviors | Poor Health Outcomes |
|---|---|---|
| Poverty | Violence | Infant mortality |
| Access to health care | Substance abuse | Child mortality |
| Infant and Maternal Care | Unsafe sex | Behavioral health issues |
| Behavioral Health | Unintentional injury | Cancer (lung) |
| Substance abuse | Tobacco Use | Cardiovascular Diseases |
| Food insecurity/access | Nutrition | STDs |
| Housing | | Diabetes |
| Social Cohesion | | Respiratory Diseases |
| Education | | Liver Diseases |

COMMUNITY ASSETS

# SECTION 5

## SECTION FIVE COMMUNITY ASSETS

While the health needs of this community are substantial, there are partners and assets that may offer services to address the needs in the community. This section outlines some of the organizations in the community. Readers should also review the services provided by Franciscan Health in Section One of this document. The Reference section also lists community organizations that informed this report and provide services in the community.

| Organization | Street | City | State | Zip | Phone Number |
|---|---|---|---|---|---|
| **Family and Youth Services (Excluding schools and government agencies)** | | | | | |
| Purdue Extension | 484 N. Jackson Street | Franklin | IN | 46131 | 317-736-3724 |
| Adult and Child | 222 E Ohio St Ste 600 | Indianapolis | IN | 46204 | 317-893-0252 |
| Baxter YMCA | 7900 Shelby Street | Indianapolis | IN | 46227 | 317-865-6453 |
| BACI | 4925 Shelby St | Indianapolis | IN | 46227 | 317-731-5537 |
| Chin Community of Indiana | 2524 E Stop 11 Rd | Indianapolis | IN | 46227 | 317-300-1078 |
| Purdue Extension | 484 N. Jackson Street | Franklin | IN | 46131 | 317-736-3724 |
| Lifeline Youth & Family Services | 3520 N Washington Blvd | Indianapolis | IN | 46205 | 800-509-6884 |
| Behavioral Health Counseling for Youth and Family | 435 East Main Street, Suite 100 | Greenwood | IN | 46143 | 317-788-4451 |
| Hope Academy | 3919 Madison Avenue | Indianapolis | IN | 46227 | 317-572-9440 |
| Youth Development YMCA | 615 N Alabama St | Indianapolis | IN | 46204 | 317-484-9622 |

| Organization | Street | City | State | Zip | Phone Number |
|---|---|---|---|---|---|
| **Social Cohesion (Senior services, community centers)** | | | | | |
| Greenwood Public Library | 310 S. Meridian | Greenwood | IN | 46143 | 317-881-1953 |
| Greenwood Community Center | 100 Surina Way | Greenwood | IN | 46413 | 317-881-4545 |
| Hornet Park Community Center | 5245 Hornet Avenue | Beech Grove | IN | 46107 | 317-788-4986 |
| Impact Old Southside Christian Church | 1431 S. Meridian | Indianapolis | IN | 46225 | 317-653-1049 |
| Shepard Community Center | 4107 E. Washington St | Indianapolis | IN | 46201 | 317-375-0203 |
| Brightwood Community Center | 2140 N Arsenal Ave | Indianapolis | IN | 46218 | 317-546-8200 |
| Martin Luther King Community Center | 40 West 40th Street | Indianapolis | IN | 46208 | 317-923-4581 |
| Flanner House | 2424 Doctor M.L.K. Jr St | Indianapolis | IN | 46208 | 317-925-4231 |
| Indianapolis Public Library | 2630 East Stop 11 Road | Indianpolis | IN | 46227 | 317-275-4510 |
| Hawthorne Community Center | 2440 W Ohio St | Indianapolis | IN | 46222 | 317-637-4312 |
| Chin Community of Indiana | 2524 E Stop 11 Rd | Indianapolis, | IN | 46227 | 317-300-1078 |

| Organization | Street | City | State | Zip | Phone Number |
|---|---|---|---|---|---|
| **Physical Activity/Built Environment (Parks, free activity, non-profit organizations)** | | | | | |
| Baxter YMCA | 7900 Shelby Street | Indianapolis | IN | 46227 | 317-865-6453 |
| Perry Park | 451 E Stop 11 Rd | Indianapolis | IN | 46227 | 317-865-1833 |
| Sarah T. Bolton Park | 1300 Churchman Ave | Beech Grove | IN | 46107 | 317-788-4977 |
| Gray Park | 3801 E Southport Rd | Indianapolis | IN | 46237 | 317-327-7275 |
| Thompson Park | 6451 E Thompson Rd | Indianapolis | IN | 46237 | 317-327-7275 |
| Brasswood Park | 6420 E Edgewood Ave | Indianpolis | IN | 46237 | 317-327-7275 |
| Don Challis Park | 1100 S 9th Ave | Beech Grove | IN | 46107 | 317-327-7275 |
| Hartman Park | 700 South 9th Avenue | Beech Grove | IN | 46107 | 317-327-7275 |
| Hornet Park | 5245 Hornet Avenue | Beech Grove | IN | 46107 | 317-327-7275 |
| Greenwood Community Center | 100 Surina Way | Greenwood | IN | 46143 | 317.881.4545 |
| Hornet Park Community Center | 5245 Hornet Avenue | Beech Grove | IN | 46107 | 13177884986 |
| Freedom Park | 850 W. Stop 18 Rd. | Greenwood | IN | 46143 | 317.881.4545 |
| Northeast Park | 100 Crestview Dr. | Greenwood | IN | 46143 | 317.881.4545 |
| Grassy Creek Park | 602 E. Worthesville Rd. | Greenwood | IN | 46413 | 317.881.4545 |
| Northwest Park | 1300 W. Fry Rd | Greedwood | IN | 46143 | 317.881.4545 |
| Northwest Park Annex | 1576 W Fry Rd | Greenwood | IN | 46143 | 317.881.4545 |
| Craig Park | 10 E. Smith Valley Rd. | Greenwood | IN | 46143 | 317.881.4545 |
| Summer Field Park | 275 W Worthsville Rd | Greenwood | IN | 46143 | 317.881.4545 |
| University Park | 200 Legacy Blvd | Greenwood | IN | 46144 | 317.881.4545 |
| Surina Square Park | 100 Surina Way | Greenwood | IN | 46143 | 317.881.4545 |
| Woodmen Park | 720 Ashmore Dr | Greenwood | IN | 46143 | 317.881.4545 |
| Southeast Community Services | 901 Shelby Street | Indianapolis | IN | 46203 | 317-236-7400 |
| Servants Heart of Indy | 5602 Elmwood Ave., STE 212 | Indianapolis | IN | 46203 | 317-788-9433 |
| Southport Park | 6901 Derbyshire Rd | Indianapolis | IN | 46227 | 317-786-3585 |

| Organization | Street | City | State | Zip | Phone Number |
|---|---|---|---|---|---|
| **Food Related (Food antries, food education, special food outlets)** | | | | | |
| Purdue Extension | 484 N. Jackson S | Franklin | IN | 46131 | 317-736-3724 |
| Servants Heart of Indy | 5602 Elmwood Ave., Suite 212 | Indianapolis | IN | 46203 | 317-788-9433 |
| Franklin Community School Food Pantry | 625 Grizzly Cub Dr | Franklin | IN | 46131 | 317-346-8400 |
| Gleaners Mobile Pantry | 300 E Main St | Whiteland | IN | | |
| IMPACT Center | 381 N. Bluff Rd. | Greenwood | IN | 46142 | 317-889-9650 |
| Interchurch Food Pantry | 211 Commerce Dr. | Franklin | IN | 46131 | 317-736-5090 |
| Saints Francis & Clare Harvest Food Pantry | 5901 Olive Branch Rd. | Greenwood | IN | 46143 | 317-859-4673 ext 333 |
| St. Vincent de Paul Food Pantry at our Lady of Greenwood | 335 South Meridian St | Greenwood | IN | 46143 | 3178882861 |
| The Refuge | 1150 S Park Dr | Greenwood | IN | 46143 | 3178897338 |
| The Salvation Army-JC | 325 Market Plaza | Greenwood | IN | 46142 | 3178812505 |
| The Social of Greenwood | 550 Polk St. | Greenwood | IN | 46143 | 317-882-4810 |
| Michelle's Little Free Food Pantry | 102 Weber Court | Franklin | IN | 46131 | 3174740069 |
| Johnson County Senior Services | 731 S State St. | Franklin | IN | 46131 | 317-738-4544 |
| Great Harvest Food Pantry | 6766 US HWY 31 | New Whit-land | IN | 46184 | 317-657-4998 |
| The Care Center | 514 S. Madison Ave | Greenwood | IN | 46142 | 317-882-8463 |
| Vinyard Community Church Food Bank | 512 S. Madison Ave | Greenwood | IN | 46142 | 317-809-2002 |
| Purdue Extension-Johnson County | 484 N Morton St | Franklin | IN | 46131 | 317-736-3724 |

| Organization | Street | City | State | Zip | Phone Number |
|---|---|---|---|---|---|
| **Job Skills/Employment Programs** (Programs for idle teens, adult job skills, employers hiring vulnerable populations legally) | | | | | |
| Man Power Job Placement | 8311 U.S. 31 | Indianapolis | IN | 46227 | 317-887-0933 |
| Autism Society of Indiana | 1800 North Meridian St | Indianapolis | IN | 46202 | 800-609-8449 ext.95 |
| New Beginnings by Goodwill of Central and Southern Indiana | 1635 West Michigan St | Indianapolis | IN | 46222 | 317-524-3956 |
| Jobs For America's Graduates (JAG) | 971 East Banta Rd | Indianapolis | IN | 46227 | 765-221-1005 |
| People Ready-Indiana | 4200 South East St | Indianapolis | IN | 46227 | 317-783-3009 |
| Homeless Initiative Program | 2944 Clifton St | Indianapolis | IN | 46208 | 317-957-2275 |
| Chin Community of Indiana | 2524 E Stop 11 Rd | Indianapolis, | IN | 46227 | 317-300-1078 |

| Organization | Street | City | State | Zip | Phone Number |
|---|---|---|---|---|---|
| **Legal/Civil/Immigration** (Organizations that provide free legal services, assist immigrants/refugees/undocumented populations) | | | | | |
| Catholic Charities Indianapolis | 1400 N. Meridian St | Indianapolis | IN | 46202 | 317-236-1500 |
| Indiana legal Services | 151 N. Delaware St | Indianapolis | IN | 46204 | 317-631-9140 |
| Franciscan Working Well | 747 E County Line Rd | Greenwood | IN | 46143 | 317-528-8009 |
| BACI | 4925 Shelby St | Indianapolis | IN | 46227 | 317-731-5537 |

| Organization | Street | City | State | Zip | Phone Number |
|---|---|---|---|---|---|
| **Health Care (Free clinics, FQHCs, CHCs, other health systems)** | | | | | |
| Franciscan Health | 8111 S. Emerson Ave | Indianapolis | IN | 46237 | 317-528-5000 |
| Family Planning Services | 230 East Ohio Street | Indianapolis | IN | 46204 | 463-221-2133 |
| Oak Street Health University Heights | 4200 S East St | Indianapolis | IN | 46227 | 317-283-9830 |
| Activate Healthcare Local 440 Family Medical Center | 5550 S East St Bldg. B, Suite B | Indianapolis | IN | 46227 | 317-879-5206 |
| Elite Family Health | 916 E Main St #100 | Greenwood | IN | 46143 | 317-889-0900 |
| American Health Network | 8523 Madison Ave Ste A | Indianapolis | IN | 46227 | 317-888-2811 |
| Community Health Network U | 1340 E County Line Rd | Indianapolis | IN | 46227 | 317-497-6900 |
| Bion Healthcare | 5351 Thompson Rd Suite 180 | Indianapolis | IN | 46237 | 888-354-2466 |
| Community Clinic at Walgreens | 700 U.S. Highway 31 North | Greenwood | IN | 46143 | 317-883-0567 |
| Franciscan Health Physical Therapy | 2030 Churchman Ave b | Indianapolis | IN | 46107 | 317-528-8572 |
| Passport Health Inc | 6239 S East St | Indianapolis | IN | 46227 | 317-222-5050 |

| Organization | Street | City | State | Zip | Phone Number |
|---|---|---|---|---|---|
| **Mental Health Services (Health systems, providers, substance abuse counseling/treatment)** | | | | | |
| Adult and Child-Behavioral Health Services | 8320 Madison Ave | Indianapolis | IN | 46227 | 317-882-5122 |
| Beacon of Hope Crisis Center for Women | 6920 S. East Street, Suite B | Indianapolis | IN | 46227 | 317-731-6131 |
| Behavioral Health by Jane Pauley Community Health Center | 4900 Julian Av | Indianapolis | IN | 46201 | 317-808-0672 |
| Life Recovery Center Indianapolis South | 8150 Madison Ave | Indianapolis | IN | 46227 | 317-887-3290 |
| Virtual Family Assistance Center | | | | | 833-492-0094 |
| Adult Rehabilitation Center-Salvation Army | 711 East Washington Street | Indianapolis | IN | 46202 | 317-638-6585 |
| Life Centers Inc. | 934 E. Hanna Avenue | Indianapolis | IN | 46227 | 317-780-8169 |
| Reach for Youth | 435 East Main Street Suite 100 | Indianapolis | IN | 46413 | 317-788-4451 |
| Families First | 615 N. Alabama St. Suite 320 | Indianapolis | IN | 46204 | 317-634-6341 |
| Kenosis Crisis Center | 1678 Fry Road, Suite D | Indianapolis | IN | 46412 | 317-865-1674 |
| Valle Vista Health System | 898 E Main St | Indianapolis | IN | 46143 | 800-447-1348 |
| Franciscan Health- Behavioral Health Intensive Outpatient Services | 5320 E. Stopp 11 Rd | Indianapolis | IN | 46237 | 317-783-8383 |
| Exodus Refugee Immigration-Women's Program | 2457 E. Washington Street, Suite A | Indianapolis | IN | 46204 | 317-921-0836 |
| Behavioral Health Services by HealthNet, Inc. | 3401 East Raymond Street | Indianapolis | IN | 46203 | 317-957-2100 |

| Organization | Street | City | State | Zip | Phone Number |
|---|---|---|---|---|---|
| **Health Management Services (Others not named above, including prescription assistance, case management, DME)** | | | | | |
| Right at Home | 5602 Madison Ave | Indianapolis | IN | 46227 | (317) 536-0231 |
| Kindred at Home | 701 E County Line Rd #205 | Greenwood | IN | 46143 | (317) 881-3483 |
| Angels of Mercy HomeCare | 5128 E Stop 11 Rd | Indianapolis | IN | 46237 | (317) 585-5730 |
| Apria Healthcare | 7353 Company Dr | Indianapolis | IN | 46237 | (317) 865-4200 |
| Homestead Healthcare Center | 7465 Madison Ave | Indianapolis | IN | 46227 | (317) 788-3000 |
| Alpha Home Physical Therapy | 6431 S East St | Indianapolis | IN | 46227 | (317) 888-4033 |
| Select Senior Care | 1459 E Brunswick Ave | Indianapolis | IN | 46227 | (317) 804-7115 |

| Organization | Street | City | State | Zip | Phone Number |
|---|---|---|---|---|---|
| **Transportation (Public, Medicaid/Medicare cab, senior services)** | | | | | |
| Access Johnson County | 3500 North Morton St | Franklin | IN | 46131 | 3177385523 |
| Johnson County Senior Services | 36 W 600 N | Whiteland | IN | 46184 | 3177384544 |

| Organization | Street | City | State | Zip | Phone Number |
|---|---|---|---|---|---|
| **Infant/New Parent Supplies or Services (BABE stores, diaper banks, car seats)** | | | | | |
| BABE Store (Located at the Franciscan Health Senior Promise Building) | 8778 Madison Ave | Indianapolis | IN | 46227 | 317-528-6996 |
| Indiana Diaper Bank | 9511 Angola Ct Suite #221 | Indianapolis | IN | 46268 | 317-855-0533 |
| The Villages | | | | | 1.800.822.2888 |
| USO Indiana | 711 Pennsylvania | Indianapolis | IN | 46204 | 317.991.1073 |
| Ronald McDonald House | | | | | |
| Project Home Indy | PO Box 44146 | Indianapolis | IN | 46244 | 317.925.0980 |
| La Plaza | 8902 E 38th Street | Indianapolis | IN | 46226 | 317-890-3292 |
| Grass Root Projects | | | | | |
| Family Promise of Greater Indianapolis | 1850 N Arsenal Avenue | Indianapolis | IN | 46218 | 317-261-1562 |
| Early Learning Indiana | 1776 N Meridian Street Suite A | Indianapolis | IN | 46202 | 317-636-9197 |
| Children's Bureau: Gene Glick Family Support Center & Executive Offices | 1575 Dr. Martin Luther King Jr. Street | Indianapolis | IN | 46202 | 317-634-5050 |
| Children's Bureau: Rachel Glick Courage Center | 2115 Central Avenue | | | 46202 | 317-986-7730 |
| Children's Bureau: Fay Biccard Glick Family Place | 3801 N . Temple Avenue | | | 46205 | 317-545-5281 |
| Children's Bureau: Family Connection Center | 3610 North Meridian St | | | 46208 | 855.677.5437 |
| Community Partners for Child Safety (CPCS) Marion County Children's Bureau: Fay Biccard Family Place | | | | | 317-870-3267 |
| Wheeler Mission Ministries | 205 East New York Street | Indianapolis | IN | 46204 | 317.635.3575 |

| Organization | Street | City | State | Zip | Phone Number |
|---|---|---|---|---|---|
| **Licensed Child Care** | | | | | |
| Madison Kindercare | 8829 Madison Ave | Indianapolis | IN | 46227 | 317-881-5673 |
| Country Woods Kindercare | 25 Country Woods Dr | Indianapolis | IN | 46217 | 317-882-4955 |
| Franklin Township Kindercare | 8020 Nuckols Ln | Indianapolis | IN | 46237 | 317-881-7800 |
| Center Grove Kindercare | 980 S State Road 135 | Greenwood | IN | 46143 | 317-882-7775 |
| Goddard School for Early Childhood Development | 7909 Mcfarland Lane | Indianapolis | IN | 46237 | 317-888-4998 |
| University Heights United Methodist Children's Center | 4002 Otterbein Avenue | Indianapolis | IN | 46227 | 317-787-5865 |
| Bethany Early Learning Ministry | 4702 South East St | Indianapolis | IN | 46227 | 317-780-1100 |
| Finding Me Now | 6303 S East St | Indianapolis | IN | 46217 | 317-784-7229 |
| Finding Me Now | 2601 E Stop 11 Rd | Indianapolis | IN | 46227 | 317-851-8398 |
| Montessori Schoolhouse | 5935 Shelby St | Indianapolis | IN | 46227 | 317-617-3700 |
| LaPetite Academy | 4116 Killdeer Dr | Indianapolis | IN | 46237 | 317-788-7883 |
| Academy of Learning | 8830 Southpoint Dr | Indianapolis | IN | 46227 | 317-882-3988 |
| Imagination Station Preschool | 1947 E Southport Rd | Indianapolis | IN | 46227 | 317-780-4624 |
| Adventures Child Care & Learning Center, Inc | 300 Western Blvd | Greenwood | IN | 46142 | 317-888-9200 |
| Mt. Auburn Christian Children's Ministry | 3100 W Stones Crossing | Greenwood | IN | 46142 | 317-535-8555 |
| Saint Francis & Clare | 5901 Olive Branch Rd | Greenwood | IN | 46142 | 317-215-2826 |
| Celebrate Life Childcare | 730 Fry Rd | Greenwood | IN | 46142 | 317-882-6141 |
| Building Bridges Early Learning Center | 1211 N Madison Ave | Greenwood | IN | 46142 | 317-893-2096 |
| St. Jude Early Learning Center | 3285 Prague Rd | Indianapolis | IN | 46227 | 317-780-7595 |
| Angels of Hope Childcare Ministry | 5040 E Thompson Rd | Indianapolis | IN | 46237 | 317-786-4673 |
| My Second Home Childcare and Preschool | 8050 Nuckols Ln | Indianapolis | IN | 46237 | 317-859-8989 |
| Welcome Place Child Care | 7525 McFarland Blvd | Indianapolis | IN | 46237 | 317-534-2979 |

| Organization | Street | City | State | Zip | Phone Number |
|---|---|---|---|---|---|
| **Community Coalitions** | | | | | |
| Indiana Coalition Against Domestic Violence (ICADV) | 1915 W 18th St Suite B<br>Crisis Center: 6920 S East St Ste B | Indianapolis | IN | 46227 | 317-917-3685 |
| Indiana Breastfeeding Coalition | 5060 East St Suite 128 | Indianapolis | IN | 46220 | |
| CICOA Agining & In-Home Solutions | 8440 Woodfield Crossing Blvd. Suite 175 | Indianapolis | IN | 46240 | 317-254-5465 |
| Chin Community of Indiana | 2524 E Stop 11 | Indianapolis | IN | 46227 | 317-300-1078 |
| Chin Youth Organizaton of North America: Indiana Chapter | 4925 Shelby St Ste 200 | Indianapolis | IN | 46227 | |
| Burmese American Community | 4925 Shelby St Ste 200 | Indianapolis | IN | 46227 | 317-731-5537 |

| Organization | Street | City | State | Zip | Phone Number |
|---|---|---|---|---|---|
| **Other** | | | | | |
| The Refuge | 1150 South Park Dr | Greenwood | IN | 46143 | 317-889-7338 |
| United Way of Johnson County | 594 Ironwood Dr | Franklin | IN | 46131 | Helpline: 317.738.4636<br>Reg: 317.736.7840 |
| ASSIST Indiana | 198 E Jefferson Street | Franklin | IN | 46131 | 317.739.4456 |
| Youth Coalition | | Beech Grove | IN | 46107 | |
| Beech Grove Drug Free Coalition | P.O. Box 724 | Beech Grove | IN | 46107 | |
| Burmese Community Coalition | 421 N Emerson | Greenwood | IN | 46413 | |

# CALL TO ACTION

SECTION 6

## THE COMMUNITY HEALTH IMPROVEMENT PLAN

The purpose of the Community Health Improvement Plan (CHIP) is to link the data found in the CHNA to action. The federal regulation recommends that hospitals pay special attention to those in the community with significant health equity barriers and consult those same groups for acceptable interventions. Partnerships, sustainable change, and working directly with neighborhoods are priorities. Guidance from a variety of sources also recommend addressing root cause of issues, including structural injustices and social determinants of health.

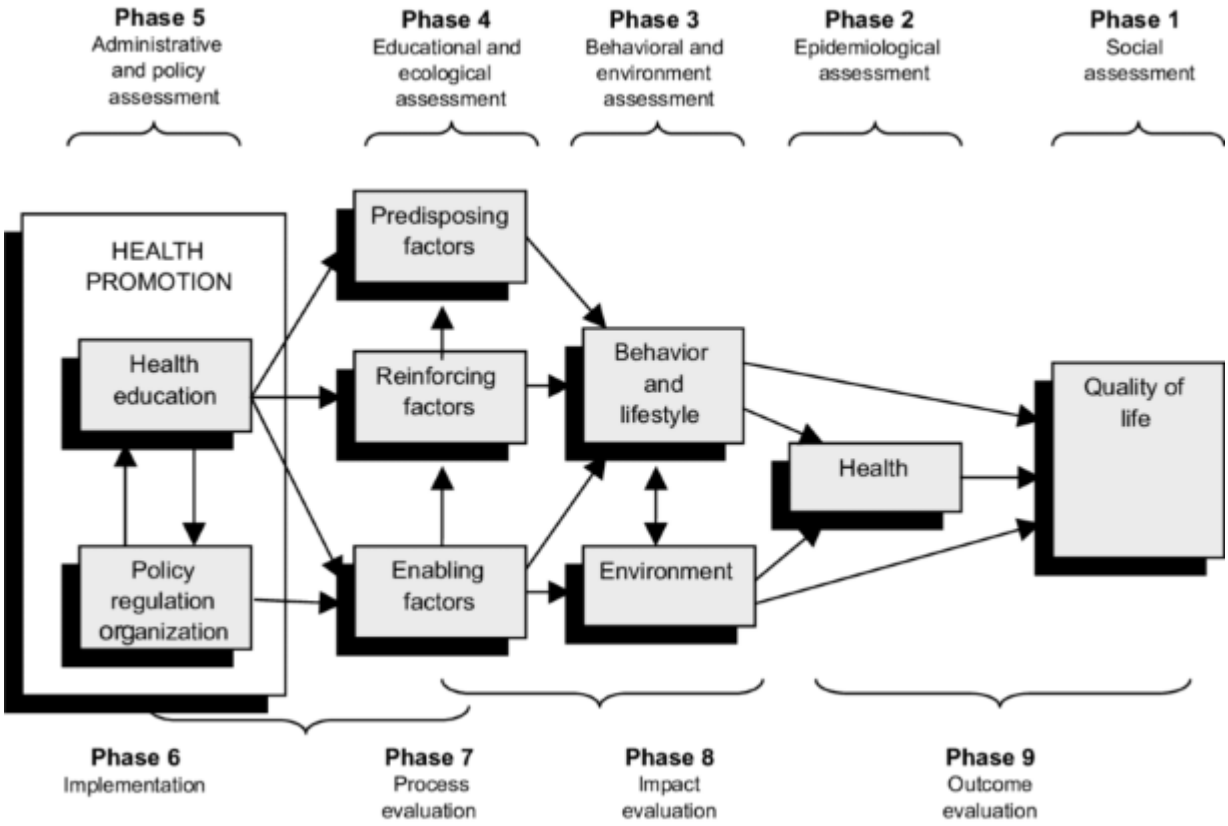
## METHODOLOGY

The Community Health Improvement Department has rooted its intervention philosophies and frameworks in public health, using evidence based practices to ensure best possible outcomes. The Socio-Ecological model, developed by Urie Bronfenbrenner, is routinely used to consider the appropriate community based strategies.

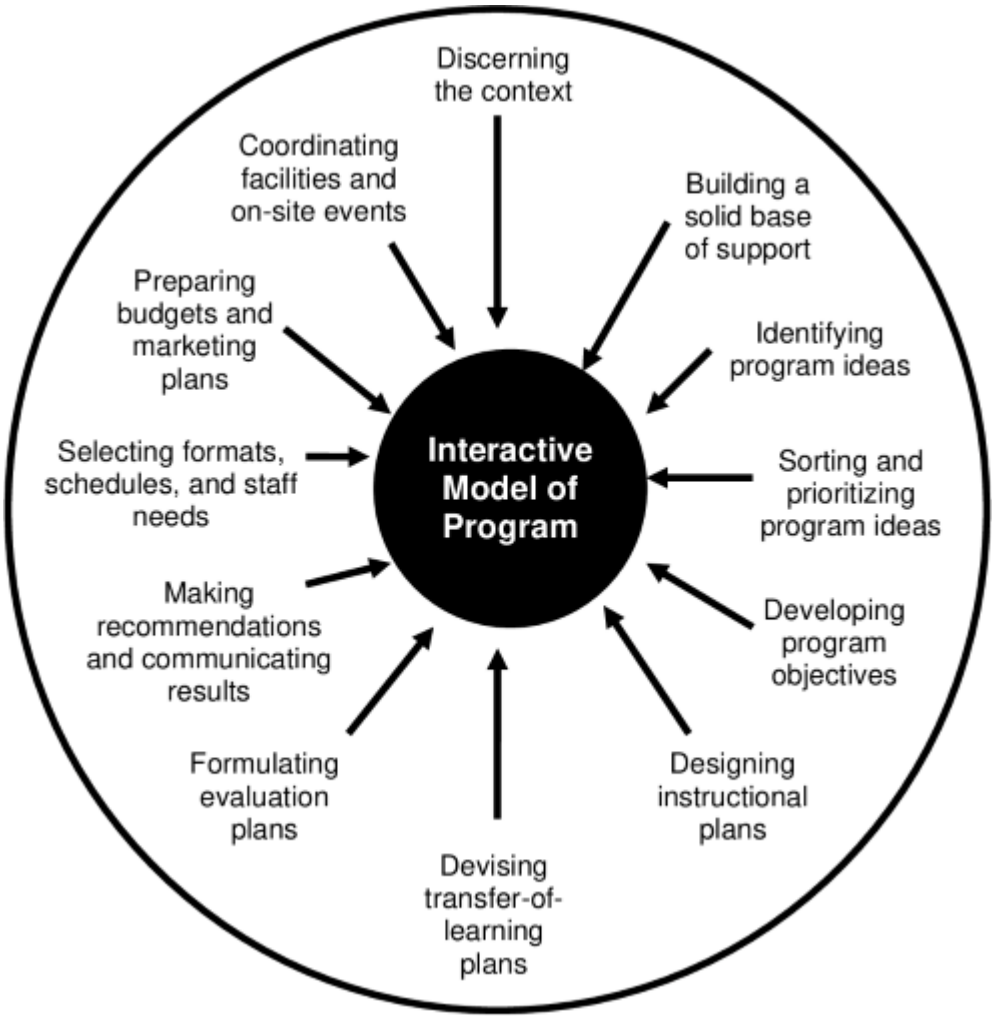



Hale L, et al. 2020. *Annu. Rev. Public Health.* 41:81–99

The Precede-Proceed Model is used with health education and health promotion activities. This model indicates how and when to evaluate interventions and the cost benefit analysis



In terms of content, logistics, and practical matters, the Department uses Rosemary Cafarella's Interactive Model of Program Planning for Adult Learners.



Finally, to ensure a focus on health equity, the Department has begun to use the Robert Wood Johnson Foundation's Health Equity Framework.




## FRANCISCAN HEALTH'S IMPLEMENTATION PLAN 2019-2021

Top health needs in the previous cycle included mental health, substance abuse, adolescent suicide, and frequent chronic diseases. Considering this data, and the desire to address root causes of community health issues, a singular focus was determined: the prevention, management, and healing of adverse childhood experiences (ACEs). ACEs are childhood events that cause lasting trauma. Research shows that the more trauma that one experiences in childhood, the more likely it is for an individual to experience poor mental health and physical health outcomes, including depression and diabetes, as well as engage in risky health behaviors, like using tobacco and illegal substances.

These are health issues that don't resolve quickly, especially under the circumstances of a pandemic. Franciscan Health was able to educate thousands of professionals, parents and caregivers of all types, and internal staff on childhood trauma. In addition, coalitions in each community began to work on strengthening support networks. This work will not only continue into 2022-2024, but serve as an important foundation for new initiatives.

## SELECTING PRIORITY HEALTH NEEDS

The list of top health needs presented in this report is quite extensive due to the presentation of social needs, poor health behaviors, and poor health outcomes. However, this presentation is vital to understand root causes, multi-pronged issues, and the impact on morbidity and mortality. Appropriate interventions can be executed when the needs are viewed in this way.

There are few health needs that are eliminated when viewing the top health needs in clusters and from the perspective of root cause. Mental health, physical health, and social well-being are intertwined and with the right interventions, pairs of domains can be addressed. The interventions selected for the 2022-2024 Community Health Improvement Plan seek to do just that.

In general, these are the health and social needs eliminated:

• Poverty, Sufficient Income, Economic Development: Franciscan Health has adjusted wages for coworkers and supports development as an anchor institution in communities. However, resources to address this are beyond the scope of the implementation plan.

• Access to Mental Health or Substance Abuse Treatment: The implementation plan does include supportive services for the prevention and healing of conditions. However, it is beyond the scope of the plan to provide additional providers.

• Housing and Related Quality Issues: Resources to invest in housing are not available at this time.

• Cancer, Cardiovascular Diseases, and Other Specific Diseases: General healthy lifestyle needs are addressed, including activities that are key to prevention and management. Because of the focus on this, specific diseases are not listed.

• Tobacco: Franciscan Health communities have high tobacco use rates. To address this, the health system will engage in new activities that include clinical treatment. Since this work is collective and doesn't always meet the qualifiers of community benefit, it is not included in this plan.

•Unsafe Sex, STIs, and Teen Pregnancy Prevention: Various community based organizations provide many of these services.

## INTRODUCTION: COMMUNITY HEALTH IMPROVEMENT PLAN 2022-2024

*Healthy Bodies, Healthy Connections, Healthy Minds*

Physical health, mental wellness, and social well-being domains are a focus of this CHIP. This theme allows Franciscan Health to maximize resources as a system, but tailor approaches to the unique needs of each community served. Every effort is made to serve those with the highest disparities or to build community capacity to eliminate such disparities.

Healthy Bodies

Incorporating improvement in access to healthy food, education on physical activity and nutrition, and opportunities for community members to participate in physical activity assists in reducing obesity and chronic diseases. In addition, research shows physical activity and nutrition can build resilience and reduce the impact of childhood trauma. Franciscan Health will be partnering with community partners to expand reach, resources, and the creation of sustainable infrastructures.

Healthy Connections

Building strong community safety nets, encouraging social cohesion, and developing infrastructure to better support families are vital to mental wellness and social wellbeing. The interventions in this area have the potential to reduce poor mental health, encourage positive community engagement, and serve as a foundation for healthier choices. Connections to meet social needs and improve social determinants of health are featured.

Healthy Minds

Mental wellbeing continues to be a top concern in the communities served by Franciscan Health. Prevention and resilience intervention, like trauma informed care practices and mindfulness, are featured in the plan. Unfortunately, suicide and other harmful behaviors have increased in may communities. To address this, the plan also includes training and actions to prevent such drastic measures.

….And Healthy Communities, too.

Each community has its own unique initiative that Franciscan Health is proud to participate. In some communities, additional resources or opportunities may exist. In this section, you'll find reference to some of these actions.

| Healthy Bodies | | |
|---|---|---|
| **Goal:** | Families will improve their physical health and prevent chronic disease | |
| | | |
| **Objective:** | Improve engagement with nutrition and physical activity by increasing participation community-based programming. | |
| | Target Population: | Families |
| | Secondary Population: | N/A |
| | | |
| **Strategy 1:** | In Partnership with Purdue Extension Services, provide Eat Smart, Move More; a minimum of two times a year, targeting 20 households in each session | |
| **Tactics:** | Year 1: | Identify target population and geographic area to serve vulnerable families |
| | | Develop shared strategy for course implementation |
| | | Implement two sessions |
| | Year 2: | Adjust target population as needed |
| | | Add community based partners to expand reach and education |
| | | Implement two sessions |
| | Year 3: | Adjust target population as needed |
| | | Build sustainability infrastructure for Year 4 |
| | | Implement two sessions |
| **Investment:** | | $500-1,2000 per program |
| **Leading Indicators:** | Number People/Number Programs: | 20 represented families per session |
| | Assessment Type: | Pre-test, post-test scores |
| **Lagging Indicators:** | Expected Outcomes: | "Understand basic nutritional content of food and beverages<br>Examine food safety guidelines<br>Review food resources and making healthy selections" |
| | Benefits Period: | 18 months |
| | Post Program Evaluation: | Six month post-program evaluation |
| | | |
| **Strategy 2:** | Provide Walk with a Doc programming once a year | |
| **Tactics:** | Year 1: | Provide WWAD once a year, targeting seniors and young families |
| | | Develop supplemental education on fitness for WWAD participants between sessions |
| | Year 2: | Provide WWAD once a year, targeting seniors and young families |
| | | Develop supplemental education on fitness for WWAD participants between sessions |
| | Year 3: | Provide WWAD once a year, targeting seniors and young families |
| | | Develop supplemental education on fitness for WWAD participants between sessions |
| **Inputs:** | Investment: | $800 per session |
| **Leading Indicators:** | Number People/Number Programs: | 120 people per year |
| | Assessment Type: | Pre-program, post-program cardiovascular change; program evaluation |
| **Lagging Indicators:** | Expected Outcomes: | "Increase in minutes of movement per week<br>Understand key concepts to maintaining healthy physical activities" |
| | Benefits Period: | Six months |
| | Post Program Evaluation: | Three month post-program evaluation |

| Healthy Connections | | |
|---|---|---|
| **Goal:** | Community safety nets, services, and resources will improve for vulnerable communities | |
| | | |
| **Objective:** | Improve wrap around care for pregnant women and new families leading to a decrease in infant and maternal mortality | |
| | Target Population: | Infants, pregnant women, and new mothers |
| | Secondary Population: | Families and professionals |
| | | |
| **Strategy 1:** | Develop supportive services in communities without Safety Pin funded programming (LA, CR, IN, MV) | |
| **Tactics:** | Year 1: | Conduct community assessment to determine additional services needed in the community |
| | | Develop infrastucture for a diaper bank in the Crawfordsville community |
| | | Promote virtual infant and maternal health related education classes |
| | Year 2: | Secure funding and resources to implement services needed based on community assessment |
| | | Begin diaper bank operations |
| | | Promote virtual infant and maternal health related education classes |
| | Year 3: | Implement services from community assessment findings |
| | | Continue diaper bank operations |
| | | Promote virtual infant and maternal health related education classes |
| **Inputs:** | Investment: | TBD |
| **Leading Indicators:** | Number People/Number Programs: | TBD |
| | Assessment Type: | Pre-program, post-program cardiovascular change; program evaluation |
| **Lagging Indicators:** | Expected Outcomes: | Improved infant and maternal mortality rates |
| | Benefits Period: | TBD |
| | Post Program Evaluation: | TBD |

| Healthy Connections | | |
|---|---|---|
| **Goal:** | Community safety nets, services, and resources will improve for vulnerable communities | |
| | | |
| **Objective:** | Strengthen social service networks with community resource sharing and collaborative trauma informed practices | |
| | Target Population: | Professionals |
| | Secondary Population: | Families and professionals |
| | | |
| **Strategy 1:** | Provide We Can, We Care training and toolkit to 75% of social service organizations within the community | |
| **Tactics:** | Year 1: | Develop tool kit and curriculum |
| | | Test materials with partner organizations |
| | | Create a community plan for engaging social service organizations in the program |
| | Year 2: | Host a minimum of two trainings with follow up networking opportunities |
| | Year 3: | Host a minimum of two trainings with follow up networking opportunities |
| | | Develop a sustainability plan for Year 4 |
| **Investment:** | | $1,000 per class |
| **Leading Indicators:** | Number People/Number Programs: | 2 trainings per year |
| | Assessment Type: | Pre and post test, program evaluation |
| **Lagging Indicators:** | Expected Outcomes: | Development and implementation of trauma informed practices |
| | Benefits Period: | 2 years |
| | Post Program Evaluation: | Six month post-program evaluation |
| | | |
| **Strategy 2:** | Strengthen Resilience Coalitions to include referral networks and collaborative space to resolve system issues unique to the community | |
| **Tactics:** | Year 1: | Begin education based on Building Resilient Communities |
| | | Recruit additional member organizations |
| | | Determine gaps in the safety net that need to be addressed |
| | Year 2: | Investigate and implement solutions to gaps |
| | | Recruit additional member organizations |
| | | Facilitate networking and sharing of resources |
| | Year 3: | Recruit additional member organizations |
| | | Determine additional gaps and organizational 'warm hand-offs' needed |
| | | Create new resource guide for the community |
| **Investment:** | | $100 per meeting |
| **Leading Indicators:** | Number People/Number Programs: | Six meetings per year |
| | Assessment Type: | Regular evaluation |
| **Lagging Indicators:** | Expected Outcomes: | Development and implementation of safety net processes |
| | Benefits Period: | 2 years |
| | Post Program Evaluation: | N/A |

| Healthy Connections | | |
|---|---|---|
| **Goal:** | Community safety nets, services, and resources will improve for vulnerable communities | |
| | | |
| **Objective:** | Provide resources to families related to social determinants of health | |
| | Target Population: | Families |
| | Secondary Population: | Professionals |
| | | |
| **Strategy 1:** | Continue to empower local social service agencies to expand capacity by providing funds through the Social Impact Partnership Program (SIPP) | |
| **Tactics:** | Year 1: | Promote SIPP process to community organizations |
| | | Assist in evaluating proposals |
| | | Work with grantees on technical assistance, networking, and resource development |
| | Year 2: | Promote SIPP process to community organizations |
| | | Assist in evaluating proposals |
| | | Work with grantees on technical assistance, networking, and resource development |
| | Year 3: | Promote SIPP process to community organizations |
| | | Assist in evaluating proposals |
| | | Work with grantees on technical assistance, networking, and resource development |
| **Investment:** | | Limited |
| **Leading Indicators:** | Number People/Number Programs: | Up to 10 community partners |
| | Assessment Type: | 6 month, 1 year follow up |
| **Lagging Indicators:** | Expected Outcomes: | "Development of individual networks of resources<br>Provision of resources" |
| | Benefits Period: | 1 year |
| | Post Program Evaluation: | N/A |
| | | |
| **Strategy 2:** | Initiate direct parent education through Reach Out and Read and Parent Cafes | |
| **Tactics:** | Year 1: | Recruit one physican practice to implement the Reach Out and Read program |
| | | Work with at least one community based partner to implement Parent Cafes |
| | | Provide technical support to physician practices and community organizations on these programs |
| | Year 2: | Recruit one physican practice to implement the Reach Out and Read program |
| | | Work with at least one community based partner to implement Parent Cafes |
| | | Provide technical support to physician practices and community organizations on these programs |
| | Year 3: | Recruit one physican practice to implement the Reach Out and Read program |
| | | Work with at least one community based partner to implement Parent Cafes |
| | | Provide technical support to physician practices and community organizations on these programs |
| **Inputs:** | Investment: | $500 per program, additional grant funds |
| **Leading Indicators:** | Number People/Number Programs: | 400 families per year |
| | Assessment Type: | Post program evaluation |
| **Lagging Indicators:** | Expected Outcomes: | "Improved home environments<br>Improved family relationships<br>Improved early childhood learning" |
| | Benefits Period: | Two years |
| | Post Program Evaluation: | TBD |

| Healthy Minds | | |
|---|---|---|
| **Goal:** | Youth and adults will have access to the resources needed for mental well-being. | |
| | | |
| **Objective:** | Franciscan Health will increase the number of individuals trained to respond to suicidal behaviors and promote mental wellness. | |
| | Target Population: | Professionals, adults, and teens in high risk communities |
| | Secondary Population: | Those with suicidal ideation |
| | | |
| **Strategy 1:** | QPR, ASIST, Mental Health First Aid, and Safe Talk will be delivered | |
| **Tactics:** | Year 1: | Confirm a minimum of one trained facilitator able to serve the community |
| | | Provide a minimum of four trainings in the community |
| | Year 2: | Recruit additional facilitators |
| | | Provide a minimum of eight trainings in the community |
| | Year 3: | Recruit additional facilitators |
| | | Provide a minimum of 12 trainings in the community |
| **Investment:** | | $500 per course |
| **Leading Indicators:** | Number People/Number Programs: | 25 participants per course |
| | Assessment Type: | Post event evaluation |
| **Lagging Indicators:** | Expected Outcomes: | Confidence in responding to individuals in crisis |
| | Benefits Period: | One year |
| | | |
| **Strategy 2:** | Develop and implement resilience tools and education as an addition to existing community activities. | |
| | Year 1: | Develop tools and resources as add on activities to existing programming |
| | | Develop specific curriculum to train the public on mindfulness and resilience |
| | | Pilot one course |
| | Year 2: | Add additional tools for existing programming |
| | | Implement two courses to train the public on mindfulness and resilience |
| | | Implement one course to train professionals on mindfulness and resilience |
| | Year 3: | Implement two courses to train the public on mindfulness and resilience |
| | | Implement two courses to train professionals on mindfulness and resilience |
| **Investment:** | | $200 per course |
| **Leading Indicators:** | Number People/Number Programs: | 20 people per course |
| | Assessment Type: | Post event evaluation |
| **Lagging Indicators:** | Expected Outcomes: | Participants will demonstrate appropriate coping skills |
| | Benefits Period: | One year |

| Additional Indianapolis Work: Burmese Community | |
|---|---|
| **Healthy Minds** | |
| **Objective**: Increase suicide prevention and resilience knowledge by providing education and training to the Burmese community. | |
| **Strategy**: Facilitate four QPR classes per year in the community | |
| Tactics: | Year |
| Certify at least one facilitator with ability to speak in native languages | 2022 |
| Facilitate 4 QPR classes per year | 2022-2024 |

| Additional Indianapolis Work: Burmese Community | |
|---|---|
| **Healthy Connections** | |
| **Objective**: Improve access to services and resources to meet social/medical needs in Burmese Community. | |
| **Strategy**: Initiate direct parent education through Reach Out and Read reaching 100 families | |
| **Tactics:** | **Year** |
| Coordinate and implement the program with 1 physician targeting 100 Burmese families | 2022 |
| **Objective:** Strengthen community response to those at risk and survivors of trauma through education and collaboration | |
| **Strategy:** Strengthen Burmese Community Coalition to include referral networks and collaborative space to resolve systemic issues. | |
| **Tactics:** | **Year** |
| Plan and implement a two day workshop to introduce healthcare related careers to 15 Burmese teens as well as educating on mindfullness and self care. | 2022-2024 |
| Collaborate with a community organization to coodinate a back to school event 1 time per year | 2022-2024 |
| Increase the number of coalition members to 15 active participants | 2022 |

| Additional Indianapolis Work: Burmese Community | |
|---|---|
| **Healthy Bodies** | |
| **Objective:** Improve engagement with nutrition and physical activity by increasing participation in community-based programming. | |
| **Strategy:** In partnership with community organizations, provide physical activity and nutrtion programs a minimum of two times a year | |
| **Tactics:** | **Year** |
| Implement and manage a family physical activity program twice a year in collaboration with the St. Francis Soccer Club targeting 5 families per session | 2022-2024 |
| **Strategy:** Reduce chronic disease risk factors by providing educational resources | |
| **Tactics** | **Year** |
| Create preventative education materials to distribute in the community targeting 250 participants. | 2022 |

Be sure to check https://www.franciscanhealth.org/communityhealth for more ideas and resources.

To become involved in Franciscan Health's work, please contact your local coordinator:

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|---|---|---|
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