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Community Health Needs Assessment

Franciscan St. Francis Health-Mooresville

Summer 2015

Community Health Needs Assessment

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Executive Summary

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

In this report, Morgan and Hendricks Counties are reviewed. Based on the highest concentration of FSFH-Mooresville patients, a special focus is placed on all of Morgan County, including Mooresville, Martinsville, Eminence, and Monrovia, and Plainfield (46168) in Hendricks County. As a note, the data indicates that Plainfield is more similar to Morgan County than Hendricks County. Those interested in the detailed findings of the rest of Hendricks County should review the Hendricks County Health Partnership's Community Health Assessment, available in late 2015.

The top community health needs in Morgan County are balanced between social determinants of health, public health, and clinical care. The highest ranked concern in all forms of data is the poverty level of the county. With a higher than state average rate of unemployment and lower household income, families and individuals struggle to meet daily needs. This need is echoed in the number of free and reduced lunches, number of SNAP recipients, and lower than average graduation rates.

Mental health and substance abuse are consistently ranked in the top second and third place in Morgan County and in Plainfield, though to a lesser degree. The community shows a clear concern for the high suicide rates, especially of those under the age of 18, and the tremendous growth of illegal drug use and high rate of opioid prescriptions written. While limited 'official' data is available, much of the community has been impacted personally by drug use and suicide. Depression, anxiety, and stress are also increased.

Access to health care is also of high concern. A majority of survey respondents indicated that the high cost of co-pays and insurance deductibles limit their ability to access the care they feel they need. To complicate access, those in the lowest income brackets report transportation, finding a doctor, and limited hours as compounding barriers. Morgan and Hendricks Counties both have health profession shortages, per HRSA. A strong free health care clinic in Mooresville, St. Thomas Moore, was often mentioned in the survey as the primary source of health care for those in the city limits.

Obesity is a complex issue in Morgan County and Plainfield. Hendricks County, as a whole, has a lower obesity rate than these areas. Not only does state and national data show the number of those overweight or obese, but clinical data shows a high percentage of those with diabetes, heart disease, joint and pain issues, and other health conditions that obesity exacerbates. While Plainfield has a good built environment, Morgan County lacks in number of places to exercise, safety of walking areas, and promotion of a fit lifestyle. Nutrition is also a concern, as there is a high food insecurity rate in Morgan County and Plainfield, limited access to healthy food, and a high dehydration rate.

In Morgan County, lung, breast, and prostate cancer have a high incidence rate. Tobacco use is above the state average in Morgan County, and slightly higher in Plainfield. Additional concerns found in the analysis of data include aging issues (depression, fall prevention, arthritis); injuries; and infectious disease.

Census Data: Social Determinants of Health

Morgan County and Hendricks County vs. Indiana: Social Determinants of Health			
Characteristic	Morgan County	Hendricks County	Indiana
Veteran Population	10.70%	9.70%	9.30%
Race/Ethnicity: Caucasian Origin	97.00%	90.10%	98.60%
Over 18 Population	72.80%	73.10%	74.10%
High School Graduation Rates	84.40%	96.00%	86.00%
Employment: Educational Services/Health	18.50%	22.40%	23.20%
Employment: Construction or Manufacturing	26.10%	19.10%	24.20%
Unemployment	8.90%	5.90%	6.20%
Children Not Insured	7.50%	6.00%	8.50%
Adults Not Insured	15.10%	13.00%	16.10%
Poverty	11.50%	6.40%	15.40%

Franciscan St. Francis Health-Mooresville

A trusted leader in providing faith-based, integrated health care, FSFH-Mooresville is a full-service, acute-care medical center. Founded in 1914, Franciscan St. Francis Health provides nationally recognized heart, vascular, cancer and orthopedic care.

The Mooresville hospital opened in 1881 and today features state-of-the-art technology and facilities in a compassionate, convenient location. The Mooresville Hospital is ranked in the top 100 hospitals and has received an honor from HealthGrades. Blue Cross Blue Shield Association recognizes the hospital as a Blue Distinction center.

FSFH-Mooresville is a member of the Mishawaka, Indiana-based Franciscan Alliance, which is one of the largest Catholic health care systems in the Midwest with 43 growing hospitals, approximately 20,000 employees and a number of nationally recognized Centers of Health Care Excellence.

FSFH-Mooresville is located in northern Morgan County, 1201 Hadley Road, Mooresville, IN. The President and CEO is Dr. James Callaghan, who succeeded Robert J. Brody on July 1, 2015. The hospital is one of three Franciscan Alliance hospitals in Central Indiana that work collaboratively. The Central Indiana Region statistics include:

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

FSFH-Mooresville services include:

- Behavioral Health
- Cancer Care
- Clinical Trials
- Colon and Rectal Surgery
- Diabetes Care
- Dietitians
- Emergency Medicine
- Family Doctor
- Heart & Vascular
- Hospice
- Hospitalists
- Imaging
- Immediate Care Center
- Incontinence Care
- Infusion Services

- Intensive Care Unit
- Joint & Spine Care
- Laboratory Services
- Mammography
- Massage Therapy
- Neurodiagnostics
- Neurology
- Nuclear Medicine
- OBGYN
- Occupational Health
- Orthopedics
- Outpatient Services
- Pain Management
- Pathology
- Primary Care Physicians
- Pulmonary Medicine
- Registered Dietitians
- Rehabilitation Services
- Rheumatology
- Senior Promise
- Sleep Disorders
- Sports Medicine
- Surgical Services
- Urgent Care
- Visiting Nurse Service
- Women's Health/OBGYN
- Wound Care

The FSFH-Mooresville mission is to continue Christ's ministry in our Franciscan tradition. Values include:

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

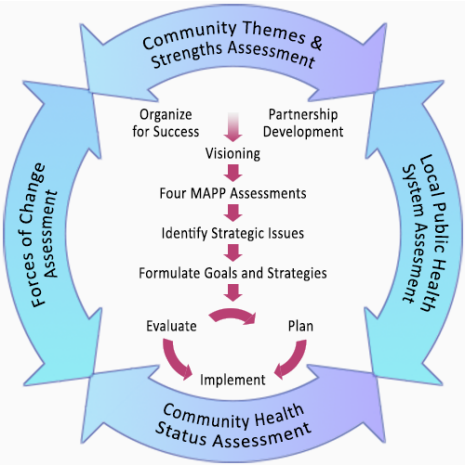
Fidelity to Our Mission
Loyalty to and pride in the health care facility are exemplified by members of the health care family through their joy and respect in empathetically ministering to patients, visitors and co-workers.

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

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

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

Approach and Methodology

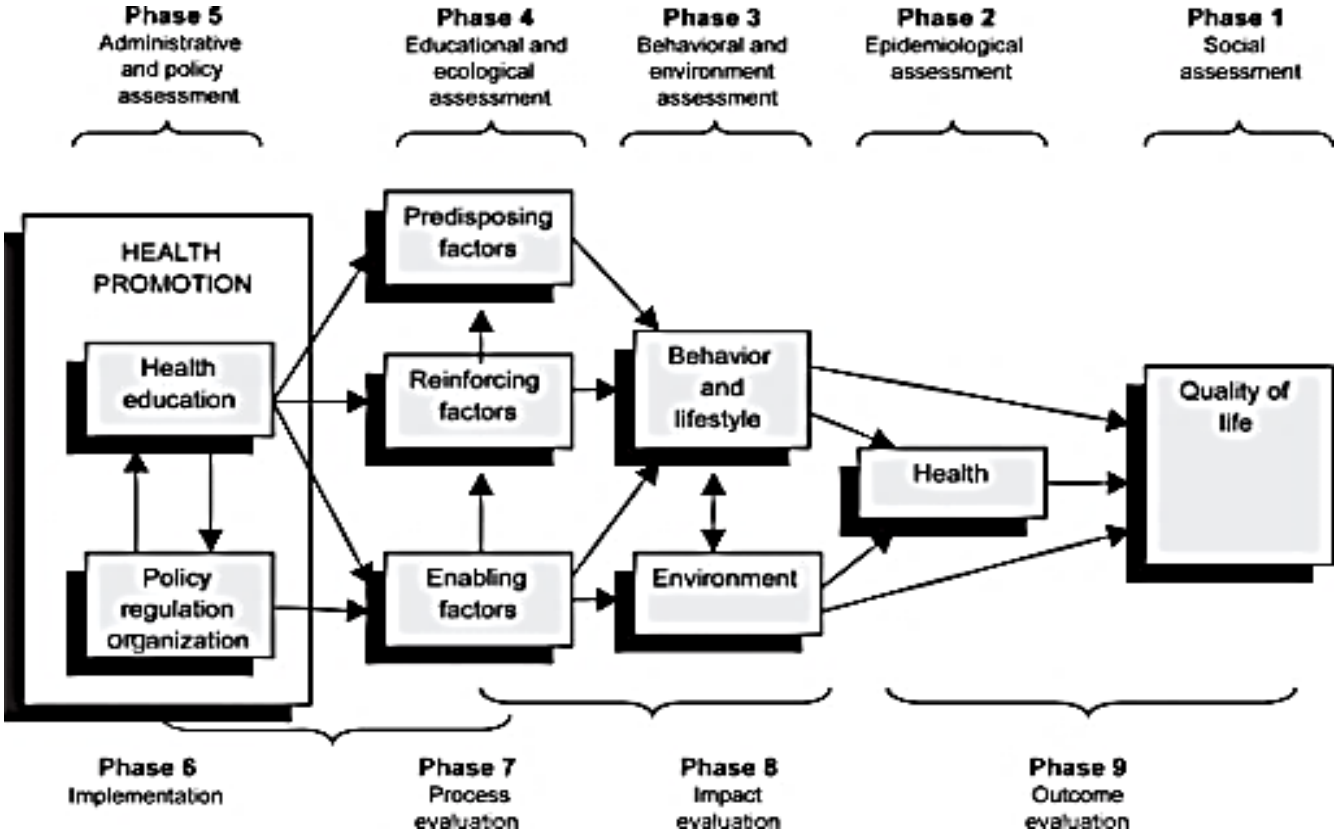


FSFH-Mooresville partnered with Community Health Network, Indiana University Health, and St. Vincent Health to complete this assessment. These are the largest health systems in Indiana and the partnership allowed for better data collection, reduced burden on residents to complete surveys, and a platform to combine efforts on various community health needs throughout the state. Readers will find that CHNA's from these systems are aligned, though each may have particular areas of emphasis depending on specific population served and geographic location of hospitals.

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

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

Indiana does not require PHAB accreditation by county health departments and a vast majority of health departments



are not seeking accreditation. In remaining counties identified in this assessment, the PRECEDE-PROCEDE method was utilized. This assessment reflects Phases 1 through 5.

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

1. Community Health Survey: A core of 20 mandatory questions based on perception of community and personal needs was created. In addition, professionals assigned to each county worked with established community health collaboratives, local hospitals, and the local health department to develop voluntary questions specific to the county. This resulted in a survey with 20 to 29 questions, dependent on the respondent's county of residence.

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

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

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

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

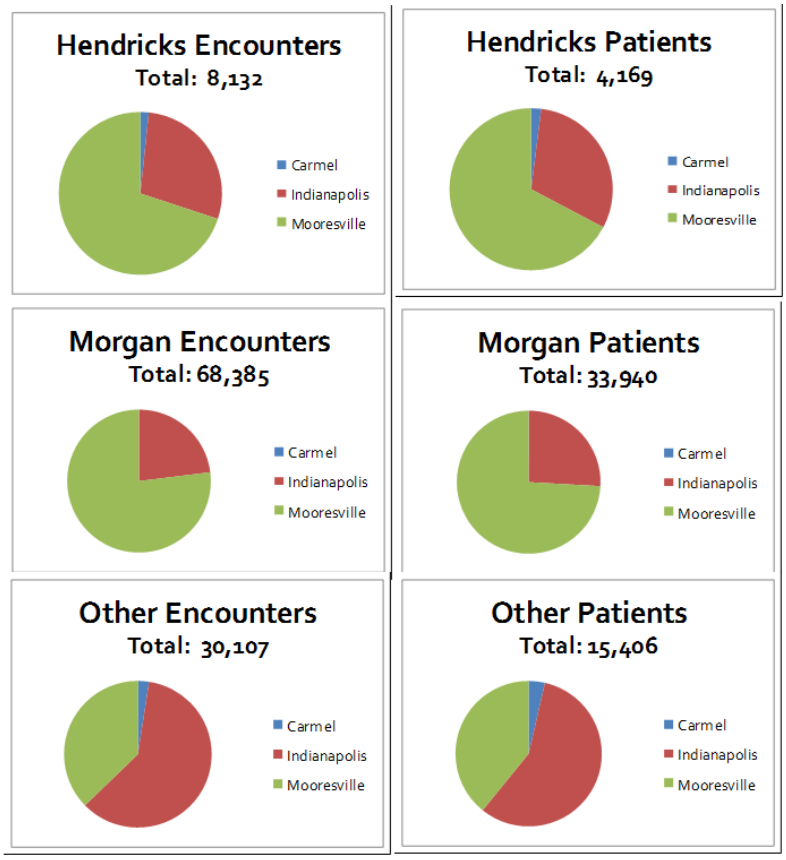
In advance of the focus groups, a focus group for state-wide organizations was held. Leaders from organizations that serve the entire state gathered to discuss trends and growing concerns by preparedness district and by age of the population. The results were used as a probe in the remaining focus groups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

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

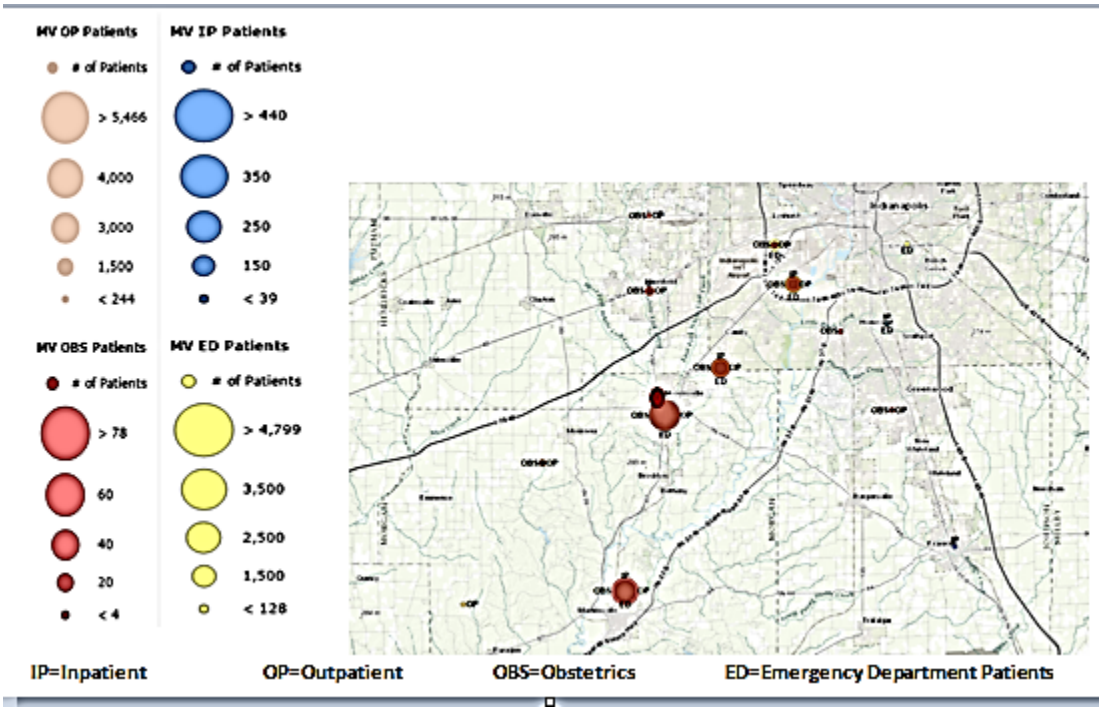
Results from both of the focus groups are in the focus group section.

Communities We Serve

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



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



As the only hospital in Morgan County, this facility serves a majority of residents throughout Morgan County. Plainfield, located in Hendricks County, is also a well-represented population in the facilities' patients. The distance from Plainfield to this location is shorter than the distance from Plainfield to the two hospitals in Hendricks County.

Special Populations

Morgan County has a number of disparities, as noted in the table below. Due to several factors in employment, housing, and lack of resources, Martinsville and Paragon have more health related needs than the other areas in the county.

Characteristic	46151 (Martinsville and Eminence)	46157 (Monrovia)	46158 (Mooresville)	46166 (Paragon)	Morgan County
Single Parent Households	31.3	20.2	24.9	28.3	27.5
Median Household Income	50,314	59,875	59,243	45,521	55,354
Households with Cash Public Assistance Income	2.7	0.2	2.7	1.6	2.3
Renters Spending 30% or More of Household Income on Rent	51.8	49.2	43.1	43.3	46
Foreclosure Risk	22.5	2.6	11.3	1.6	N/A
Children Living Below Poverty Level	23.3	10.6	15.4	22.2	17.8
Young Children Living Below Poverty Level	30.9	14.1	27.1	36.6	25.1
Families Living Below Poverty Level	10.3	4.4	6.9	17	8.5

The Plainfield area in Hendricks County shows a population comparatively in more need than the county; the population in Morgan County has many more needs.

Characteristic	46168	Hendricks County
Single Parent Households	21.1	23.9
Median Household Income	61,181	68,297
Households with Cash Public Assistance Income	0.7	1.2
Renters Spending 30% or More of Household Income on Rent	42.3	41.8
Foreclosure Risk	11.4	N/A
Children Living Below Poverty Level	9.7	6.3
Young Children Living Below Poverty Level	11.9	7
Families Living Below Poverty Level	4.2	3.4
Census, 2015		

Medicare and Medicaid recipient percentages help depict the significance that poverty plays in the resident's lifestyles.

Insurance and Demographic	Morgan	Hendricks
Insured, Medicaid/Means Tested	15.35%	7.67%
Insured, Medicaid, Ages 0-17	27.06%	13.97%
Insured, Medicaid, Ages 18-64	8.36%	3.28%
Insured, Medicaid, Age 65+	11.28%	9.94%
Insured, Medicare	18.23%	13.20%
Community Commons, 2015		

Plainfield Correctional Facility in Hendricks County is a men's prison that is home to about 1,656 male offenders. Data on drug abuse and communicable diseases may be skewed for this county due to the prison population. Plainfield Correctional Facility has 100 beds designated to the Purposeful Incarceration program. "In 2009 the Indiana Department of Correction (IDOC) began a cooperative project with Indiana Court Systems called Purposeful Incarceration (P.I.). The Department works in collaboration with Judges who can sentence chemically addicted offenders and document that they will 'consider a sentence modification' should the offender successfully complete an IDOC Therapeutic community. This supports the Department and Correction and the Judiciary to get addicted offenders the treatment that they need and work collaboratively to support their successful re-entry into society" (IDOC, 2015). Work and treatment programs within this facility include: substance abuse, grief counseling, marriage prep, GED, AA/NA, PEN laundry, housekeeping, and more.

Population disparities are significant in Morgan County; one-third to one-half of the population is affected by most of the disparities listed. Hendricks County's percentages are lower in most aspects, but the percentages are still significant.

Focus Group Findings-General Population

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

Statewide Organizations Focus Group

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

Poverty	**Elderly nutritional issues cause chronic disease**	**Design services based on culture**	**Lack of resources**	**Mental health**
Obesity	Chronic infections	Breast cancer	Low immunization rates	Early childhood education
Maternal health/infant mortality	Safety	Violence	Elderly memory care	Overdose deaths
Access to healthcare	Transportation	Empowering communities to take change		

The following were determined to be the largest needs, by age group. A complete list and follow up comments are available in the appendix.

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

Statewide Student Focus Group

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

Region 5 students determined the following (The complete findings are located in the Appendix.):

Largest Issues
- Education
- Environment
- Public Safety

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

County Findings

On February 25, key leaders of Morgan County assembled for a focus group. The initial list of needs included:

Access to healthcare (providers and transportation)	Substance abuse	Dental issues
Cancer/tobacco prevention	Diabetes/obesity	Patient participation
Mental health	Healthy behaviors	Knowledge of health

Upon further discussion, the following priorities and specific concerns were determined:

Priority	Specific Issues (number of votes)
Cancer Prevention	o Mandatory non-smoking/chewing policy in public buildings and grounds (5) o Healthy diet and activity education (2) o Target smoking cessation in low income groups (6) o Free mammography screening (3) o Education regarding health insurance
Substance Abuse	o Promote/support youth making positive choices (4) o Need in county treatment facilities/programs, continue emphasis on prevention with youth (4) o Prevention programs in all elementary pre-schools and daycares (2) o Adults and parents need assistance, too (1) o Do talks with pre-teens and youth groups (1) o E-cigarette education o County needs more economic opportunities for decent wage jobs
Mental Health	o Community focus/education groups o Greater access to free/low cost services in county o Call in hotlines for on demand needs o Parenting programs o Possible additional support programs with in schools o More mental health professionals and facilities (10) o Provide support and education for low income parents about childcare, discipline and good parenting (5)
Diabetes/ Obesity	o Have a diabetes care program for insured and uninsured people that would focus on management, education and nutrition, and also provide prescription assistance- could include diabetes nurse educators as the primary providers – Preventative care and take into common public areas (easily accessed), businesses and schools- include public awareness about effectiveness of evidence based diabetes prevention programs (5) o Education o Food pantries stocked with healthy foods and not processed or high sodium foods o Provide financial incentive (from insurers and employers) when goals are met and maintained (1)
Healthy Behaviors	o Improve early health education (5) o Improve education for elderly (1) o Get money from county and cities for walking and biking trails (6) o Bring interactive physical activity programming into schools and businesses along with diabetes prevention and self-management o Easier access and awareness of YMCA programs (1) o Indoor walking for free (schools) o Improve rates of post-secondary education achievement
Access to Healthcare	o Low cost dental rates county wide (5) o Mobile Dr.'s education for seniors (1) o Money and collaboration between providers (1) o Reimbursement to recognize quality outcomes not volume and productivity o Mobile healthcare vans for home visits from PCP (6)

The Hendricks County Health Department performed ten separate focus groups and combined the list of concerns that were discussed. The complete findings are in the appendix. The table below shows the top responses from all focus groups:

Transportation (lack of mass transit; walkability; mobility)	Property Management (blight; rentals)
Mental Health (stress; substance abuse; support groups)	Access to Health Services and Resources (location; affordability; lack of insurance)
Environmental Health (water quality; sewage; air quality; vector control)	Nutrition (breastfeeding support; food deserts; accurate information; healthy food options/restaurants)
Health Communication (lack of knowledge about available services; information overload on certain health topics, i.e. nutrition)	Tobacco Use (low tax on tobacco; smoking establishments)
Economic Development/Financial Health (low wages/lack of jobs; high cost of goods/services; small tax base)	Physical Inactivity (expensive recreation facilities; limited variety of types; locations; and times for exercise classes; lack of parks systems in rural areas)

Social Determinants of Health

There were two healthcare centers/hospitals in Morgan County, but recently, Indiana University Health Morgan County Hospital closed its inpatient services. FSFH-Mooresville is the only full service hospital in the county. With the recent closing of one hospital, data is not available on current shortages. According to County Health Rankings and Roadmaps (2015), there is a shortage in health care physicians. The ratio of patients to a physician in Morgan County is 2167:1, which is well above the state average of 1518:1. There is a shortage in mental health providers as well. The ratio of patients to a mental health provider in Morgan County is 2115:1, which is extremely high compared to the state average of 750:1. Other social determinants include:

Morgan County vs. Indiana Narrative				
Characteristic	Morgan County Total	Percentage	Indiana Total	Percentage
Population	69,356		6,080,485	
Median Household Income	55,353		48,248	
Veteran Population	5,557	10.70%	455,105	9.30%
Race/Ethnicity: Caucasian Origin	58,259	97.00%	5,320,022	98.60%
Over 18 Population	48,536	72.80%	4,506,089	74.10%
Homeowners: Occupied Units	19,594		1,736,481	
High School Graduation Rates		84.40%		86.00%
Employment: Educational Services/Health	6,037	18.50%	688,595	23.20%
Employment: Construction or Manufacturing	8,486	26.10%	715,913	24.20%
Unemployment		8.90%		6.20%
Children Not Insured	1,279	7.50%	13,593	8.50%
Adults Not Insured	4,623	15.10%	450,951	16.10%
Poverty		11.50%		15.40%

Black boxes indicate that data is not available.

Poverty can be displayed through the amount of students receiving free or reduced lunch within the school system as well as the types of industries that employ the majority of the residents. In Morgan County, 33% of the students receive free lunch and 7.8% receive reduced (fee) lunch (Census, 2015). In Morgan County, 6.71% of rural households and 9.97% of urban households are below the 100% poverty level (Community Commons, 2012). The top five industries that employ residents are within these sectors (Census, 2015):

1. Educational Services, healthcare, and social assistance: 18.5% of the total working population
2. Manufacturing: 15.7% of the total working population
3. Retail Trade: 10.5% of the total working population
4. Construction: 10.4% of the total working population
5. Transportation and warehousing, and utilities: 8.7% of the total working population

In Hendricks County, 19% of the students receive free lunch and 6.1% receive reduced (fee) lunch (Census, 2015). In Hendricks County, 6.48% of rural households and 5.46% of urban households are below the 100% poverty level (Community Commons, 2012).The top five industries that employ residents are within these sectors (Census, 2015):

1. Educational Services, healthcare, and social assistance: 22.4% of the total working population
2. Manufacturing: 12.7% of the total working population
3. Retail Trade: 11.4% of the total working population
4. Professional, scientific, and management, and administrative and waste management services: 9.7% of the total working population
5. Transportation and warehousing, and utilities: 9.0% of the total working population

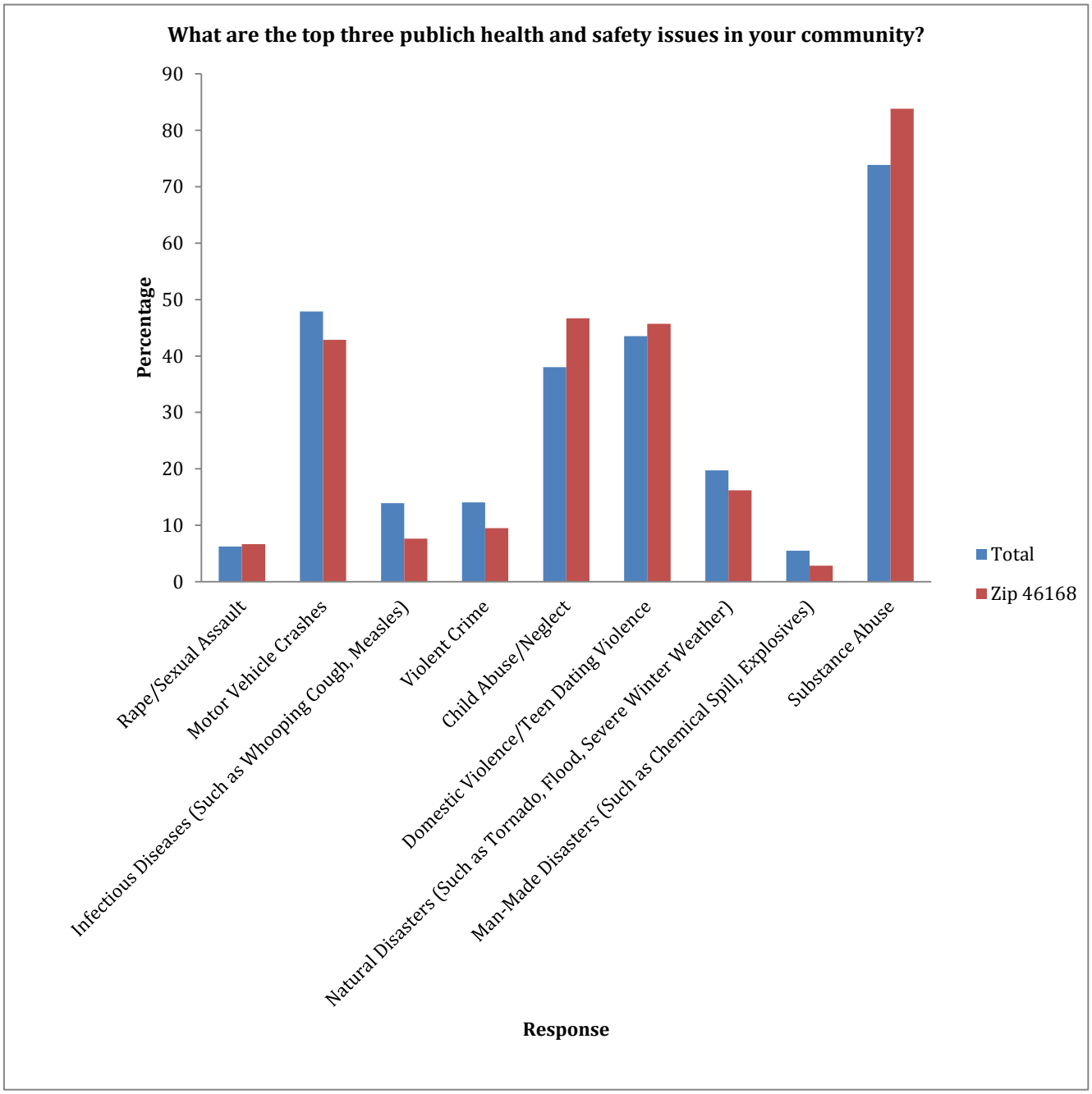
Ranking second out of 92 counties, Hendricks County is affluent and very healthy. Also, Hendricks County ranks ninth in the measure of healthy behaviors which includes: adult smoking, adult obesity, physical inactivity, excess drinking, sexually transmitted infections, and teen births (County Health Rankings and Roadmaps, 2015). There are several hospitals/healthcare centers in Hendricks County, Indiana University Health West, an immediate care, and Hendricks Regional Health. Through a variety of health screenings, immunization programs, education programs, and outreach strategies, Hendricks Regional Health works with individuals and partner organizations to prevent disease and injury, promote healthy behaviors, and improve the quality of life in its service area (Hendricks Regional Health, 2015).

County Health Rankings and Roadmaps (2015) reports that there is a shortage in health care physicians. The ratio of patients to a physician is 1,749:1, which is slightly above the state average of 1,518:1. There is a shortage in mental health providers as well; the ratio of patients to a mental health provider is 1,212:1, which is well above the state average of 750:1. Here is a brief overview of other social determinants of health within Hendricks County:

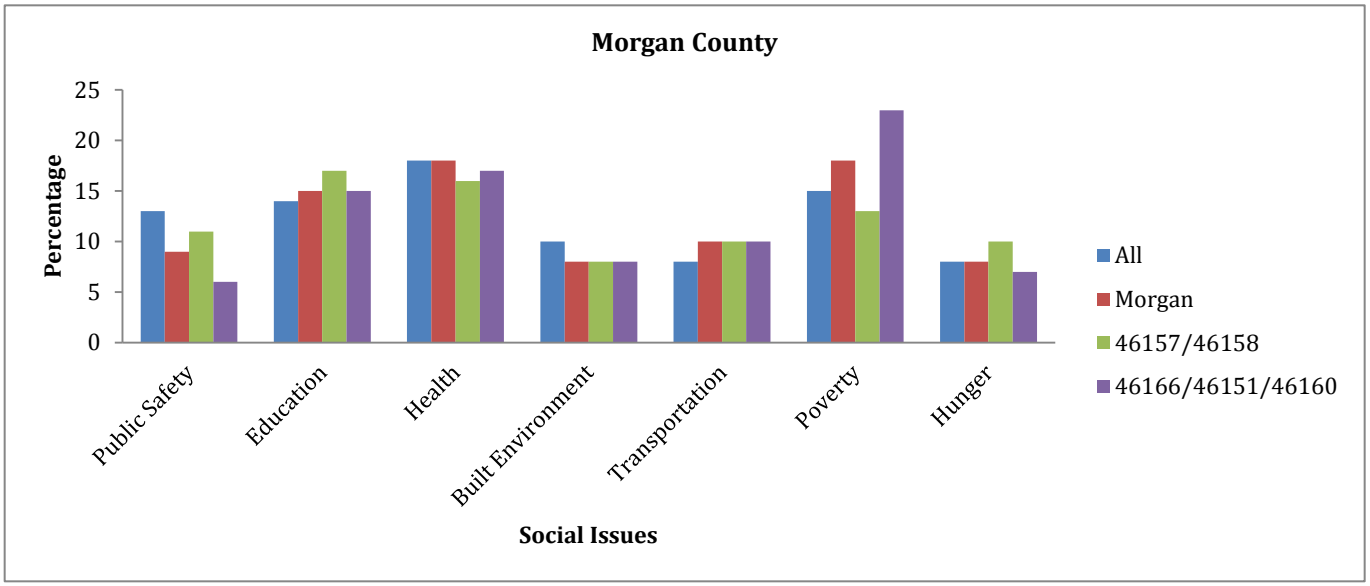
Hendricks County vs. Indiana Narrative				
Characteristic	Hendricks County Total	Percentage	Indiana Total	Percentage
Population	153,879		6,080,485	
Median Household Income	68,575		48,248	
Veteran Population	10,552	9.70%	455,105	9.30%
Race/Ethnicity: Caucasian Origin	133,892	90.10%	5,320,022	98.60%
Over 18 Population	108.614	73.10%	4,506,089	74.10%
Homeowners: Occupied Units	43,610		1,736,481	
High School Graduation Rates		96.00%		86.00%
Employment: Educational Services/Health	16,338	22.40%	688,595	23.20%
Employment: Construction or Manufacturing	13,880	19.10%	715,913	24.20%
Unemployment		5.90%		6.20%
Children Not Insured		6.00%	13,593	8.50%
Adults Not Insured		13.00%	450,951	16.10%
Poverty		6.40%		15.40%

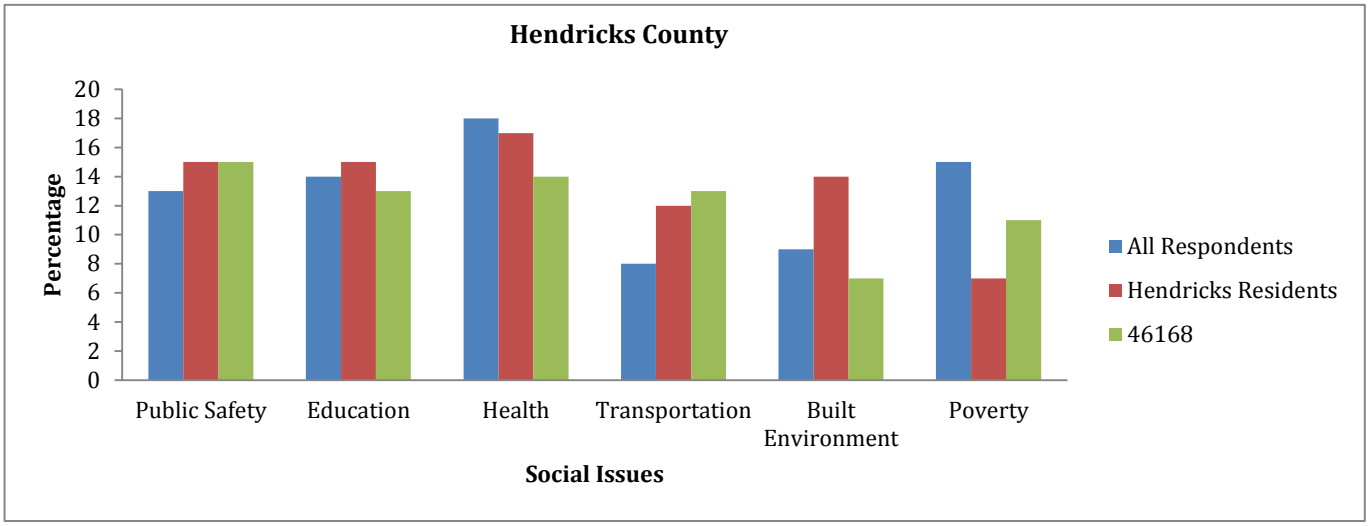
Black boxes indicate that data is not available.

In the survey, all respondents were asked to select the top three social issues in their community. In Morgan County, substance abuse was identified in 51% of the comments as the largest community issue. In Hendricks County, substance abuse and mental health combined received 38% of the comments. The built environment trailed with 17% of comments.



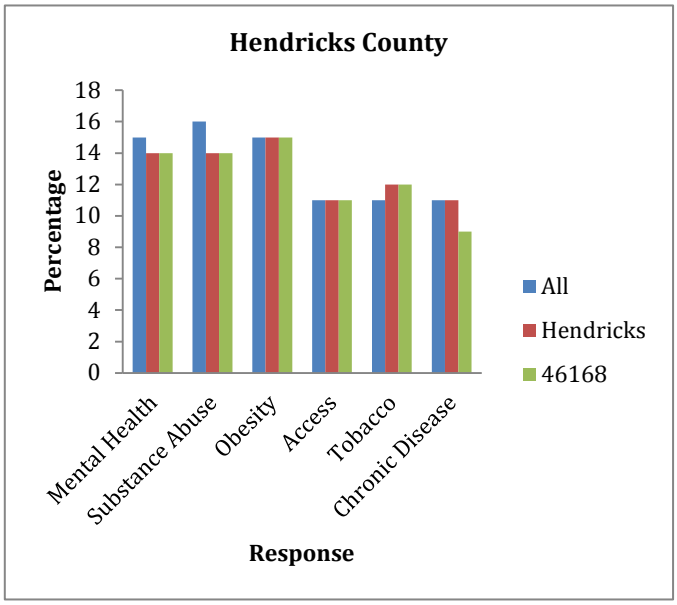
The needs assessment survey questions revealed the respondents' opinions on what the top three public health and safety issues are within Morgan County and Hendricks County:

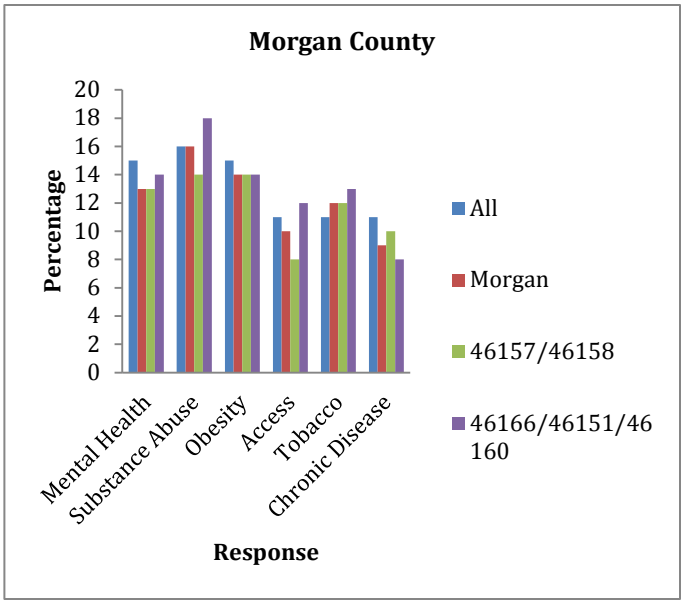




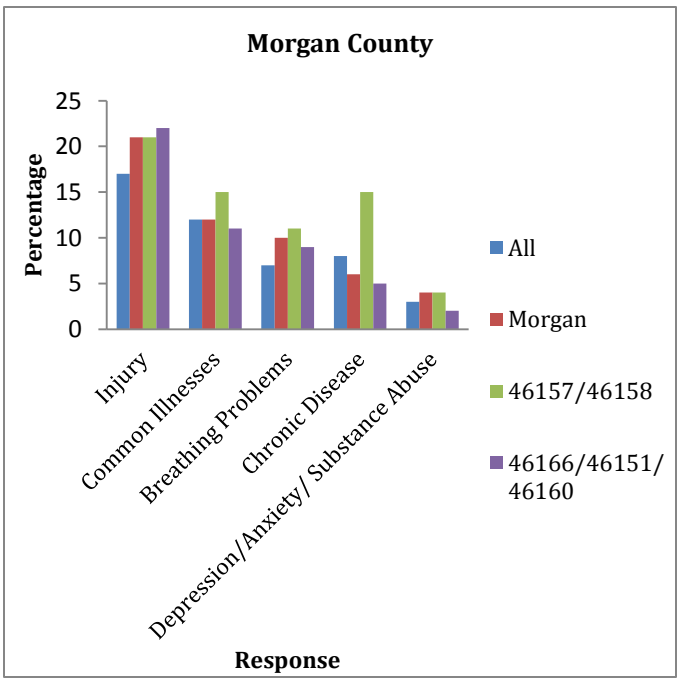
General Health

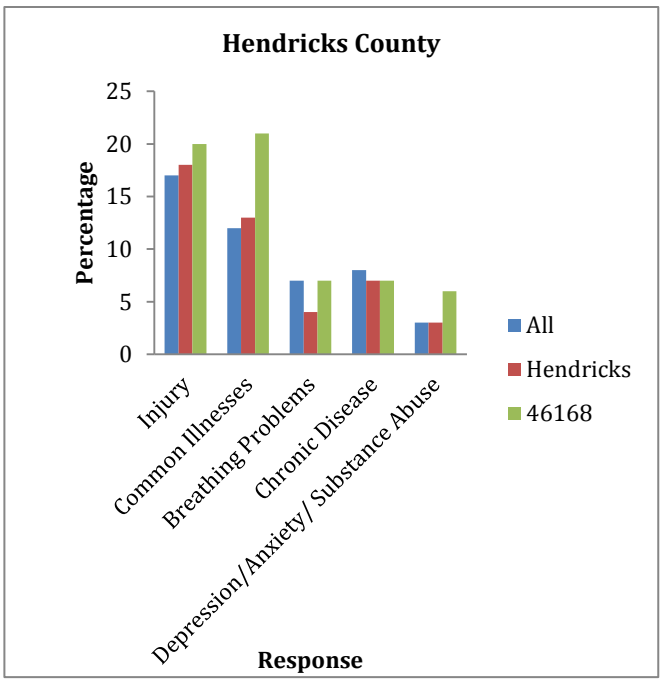
All respondents were asked to select the top five needs in their community. Comments from Morgan County indicate wellness and prevention are the most important health issue. Access to healthcare is the most frequently used comment by respondents in Hendricks County, with 20% of all comments.





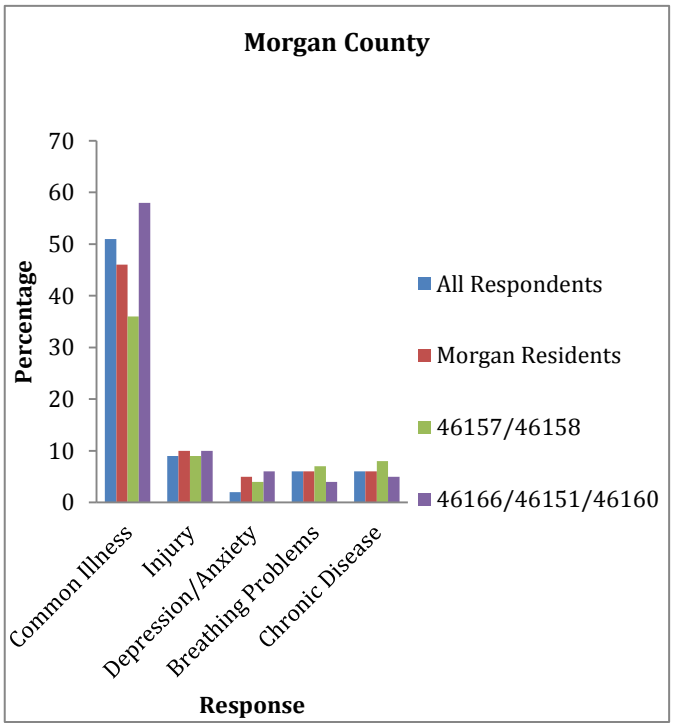
All respondents were asked: In the past 12 months, have you or anyone in your household visited the Emergency Room (ER) for any of the following? Heart related issues and kidney related issues account for 29% of comments from Morgan County; 17% of comments identified kidney-related issues as the reason for using the emergency room from respondents in Hendricks County.

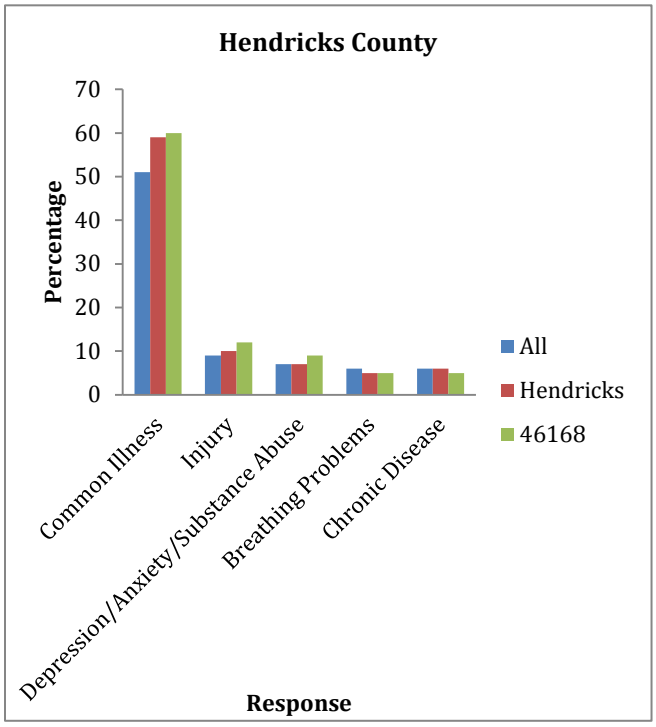




Overall, 63% of respondents indicated that they did not visit the Emergency Room. In Morgan County, 58% of the county respondents did not visit (specifically 59% for zip codes 46157 and 46158; specifically 58% for zip codes 46166, 46151, and 46160). In Hendricks County, 63% of the county respondents did not visit the Emergency Room, specifically 53% for the 46168 zip code.

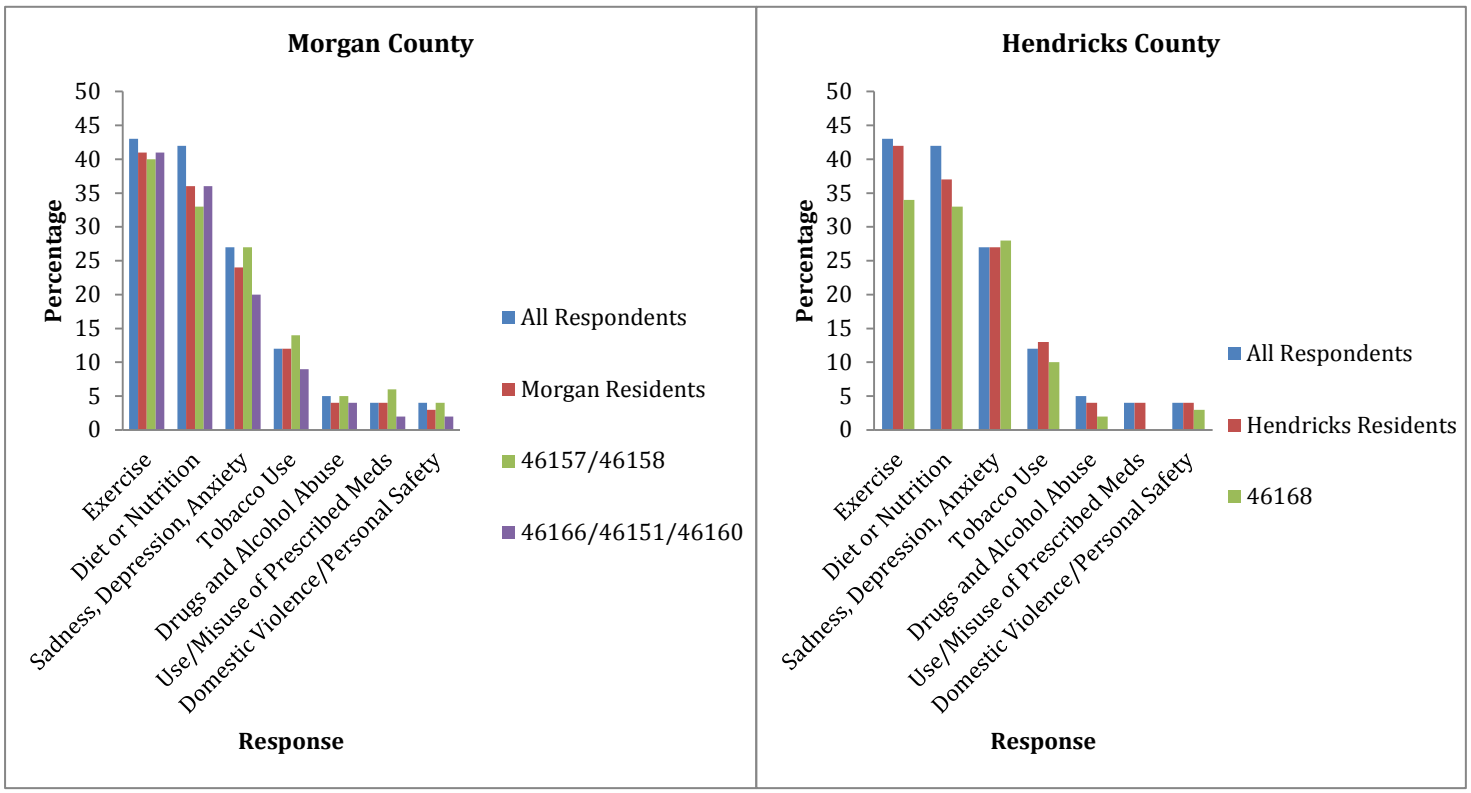
Respondents were also asked: "In the past 12 months, have you or anyone in your household missed school/work due to the following?" Respondents in Hendricks County indicated colds, flu, and sinus infection to be the most common reason to miss work or school, as noted in the comments.





Overall, 36% of the respondents stated that no one missed school or work in their household. In Morgan County, 41% of respondents did not miss, specifically 51% in zip does 46157 and 46158, and specifically 32% in zip codes 46166, 46151, and 46160.

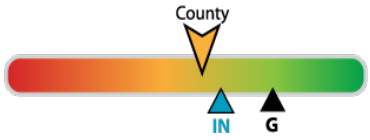
Respondents were also asked to select which topics their doctor had discussed with them. 41% of comments from Hendricks County respondents indicated that their physician does not talk about any of the survey items.



Overall, 38% of participants stated that this does not apply. In Morgan County, 41% of respondents stated this does not apply, specifically 16% for zip codes 46157 and 158 and 46% for zip codes 46166, 46151, and 46160. In Hendricks County, 41% of respondents stated this does not apply, and specifically 48% for the 46168 zip code.

Overall Physical Health

Physical health is based on physical activity, air and water quality, and access to recreational parks and centers. Morgan County and Hendricks County are lacking in these areas, which is reflected in their physical environment ranking. Thirty percent of Morgan County residents report that they do not have leisure time physical activity. Morgan County residents also report that they have more poor physical health days than the state average, 3.8 days out of the last 30 days (INdicators, 2013):



Gauge scale from left to right: 6 to 2.



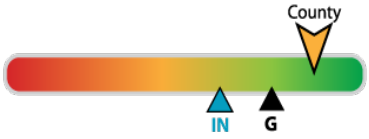
Morgan County

These issues may be linked to the fitness centers and park access to the residents. For leisure physical activity, there is one park in Morgan County, Burkhart Creek County Park. There is one park, Waverly Park, under construction (a ten year plan from start to finish) that will be located in Waverly, Indiana. Located in a floodplain, "FEMA provided Morgan County with grant funds to clear the site of unusable structures and to prepare it for future use as a public park" (Morgan County Parks and Recreation, 2015).

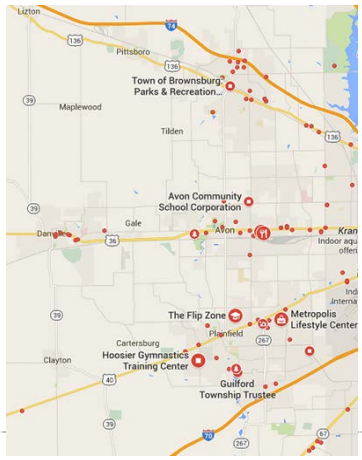
Air and water quality affect physical health as well. Although the air quality has a high rating of 93.5/100, the water quality is below the national average of 55/100. The water quality of Morgan County was measured in 2014 as a 27/100, which is based off of the EPA's measurement that uses 15 indicators such as toxic discharges, sediments, pollutants, and turbidity (Best Places, 2014).

Air and Water Quality Linked to Health Disparities: Morgan County, Indiana	
Recognized Carcinogens Released into the Air	44 lbs.
Air Quality Index	2
Drinking Water Violations	7.6
Physical Environment Ranking	80
Age-Adjusted ER Rate due to Urinary Tract Infection	172.3 per 10,000
Age-Adjusted Hospitalization Rate due to Urinary Tract Infection	26.2 per 10,000
Age-Adjusted ER Rate due to Dehydration	20.1 per 10,000
Age-Adjusted Hospitalization Rate due to Dehydration	6.8 per 10,000
Asthma: Medicare Population	3.80%
Age-Adjusted ER Rate due to Asthma	55.6 per 10,000
Age-Adjusted Hospitalization Rate due to Asthma	11.3 per 10,000
Age-Adjusted ER Rate due to Pediatric Asthma	74.2 per 10,000
Age-Adjusted Hospitalization Rate due to Pediatric Asthma	9.6 per 10,000
Age-Adjusted ER Rate due to Adult Asthma	49.1 per 10,000
Age-Adjusted Hospitalization Rate due to Adult Asthma	11.9 per 10,000
Age-Adjusted ER Rate due to COPD	48.9 per 10,000
Age-Adjusted Hospitalization Rate due to COPD	39.4 per 10,000
HCI, 2015	

Hendricks County residents report that they have fewer poor physical health days than the state average, 2.5 days out of the last 30 days (INdicators, 2013):



Gauge scale from left to right: 6 to 2



These issues may be linked to the fitness centers and park access to the residents. Within Hendricks County, there are several fitness centers throughout the county:

For leisure physical activity, there are three parks: McCloud Nature Park, Hummel Park, Sodalis Nature Park, and Ellis Park. McCloud Nature Park has trails, bridges, and creeks that make the experience more relaxing. Hummel Park is more for children, and Ellis Park does not have amenities. It is an open field; Google Maps described it as a "green space with a picnic area and gazebo" (2015).

According to County Health Rankings and Roadmaps (2015), Hendricks County is ranked 89 out of 92 counties for its physical environments. This is due to factors such as long commute, driving alone, and drinking water violations. Almost half of

the working population, 43%, have a long commute to work which means they are driving alone and drive more than 30 minutes to get to work. This is higher than the state average of 30%. Within the working population, 88% drive alone to work, which is above the state average of 80%. Also, Hendricks County drinking violations is at 16%, which is the percentage of the population potentially exposed to water exceeding a violation limit during the past year. The county's drinking water violations is well above the state average of 4%.

Air and water quality affect physical health as well. Although the air quality has a medium rating of 72.2/100, the water quality is below the national average of 55/100. The water quality of Hendricks County was measured in 2014 as a 27/100, which is based off of the EPA's measurement that uses 15 indicators such as toxic discharges, sediments, pollutants, and turbidity (Best Places, 2014).

Air and Water Quality Linked to Health Disparities: Hendricks County, Indiana	
Recognized Carcinogens Released into the Air	1126 lbs.
Air Quality Index	3
Drinking Water Violations	15.9
Physical Environment Ranking	89
Age-Adjusted ER Rate due to Urinary Tract Infection	56.2 per 10,000
Age-Adjusted Hospitalization Rate due to Urinary Tract Infection	13.0 per 10,000
Age-Adjusted ER Rate due to Dehydration	10.5 per 10,000
Age-Adjusted Hospitalization Rate due to Dehydration	3.4 per 10,000
Asthma: Medicare Population	3.50%
Age-Adjusted ER Rate due to Asthma	19.3 per 10,000
Age-Adjusted Hospitalization Rate due to Asthma	6.0 per 10,000
Age-Adjusted ER Rate due to Pediatric Asthma	32.2 per 10,000
Age-Adjusted Hospitalization Rate due to Pediatric Asthma	9.1 per 10,000
Age-Adjusted ER Rate due to Adult Asthma	14.9 per 10,000
Age-Adjusted Hospitalization Rate due to Adult Asthma	4.9 per 10,000
Age-Adjusted ER Rate due to COPD	14.1 per 10,000
Age-Adjusted Hospitalization Rate due to COPD	19.0 per 10,000
HCI, 2015	

Overall Mental Health

Mental health is a combination of all factors, especially social and emotional support and drug and alcohol-related behaviors. According to County Health Rankings of 2014, out of 92 counties in the State of Indiana, Morgan County ranks fairly low in several categories:

Morgan County State Rankings (Out of 92 Counties)	
Characteristic	Rank
Health Outcomes	40
Health Factors	49
Clinical Care	42
Health Behaviors	52
Morbidity	37
Mortality	43
Physical Environment	84
Socioeconomic Factors	40
Quality of Life	36

Also, the Morgan County's poor (or fair) health is at 17%, which is higher than the state's average of 16%. The average mentally unhealthy days per month is 2.7 days. Hendricks County's poor (or fair) health is at 11.4%, and the average mentally unhealthy days per month is 2.7 days (INdicators, 2013). From the survey, both counties' respondents believe that mental health (depression, anxiety, sadness), is a top priority, and they ranked it in the top five health needs within the county.

County Health Rankings and Roadmaps (2015) ranked Hendricks County accordingly:

Hendricks County State Rankings (Out of 92 Counties)	
Characteristic	Rank
Health Outcomes	2
Health Factors	4
Clinical Care	6
Health Behaviors	9
Physical Environment	89
Socioeconomic Factors	2
Quality of Life	9

A lack of social and emotional support can be the cause of several health disparities. In Morgan County, 19.9% of the population lack this support, and In Hendricks County, 14.1% of the population lack this support (INdicators, 2013). Factors that can be attributed to this statistic are listed below:

Indicator	Morgan County	Hendricks County
Binge or Heavy Drinkers	18.20%	15.30%
Alcohol-Related Arrests per 100,000	993	822
Drug-Related Arrests per 100,000	7300	5570
Drug Poisoning Deaths per 100,000	16	8
Idle Teen Rate per 100	7.8	6.2
Indicators, 2013, Kids Count 2015		

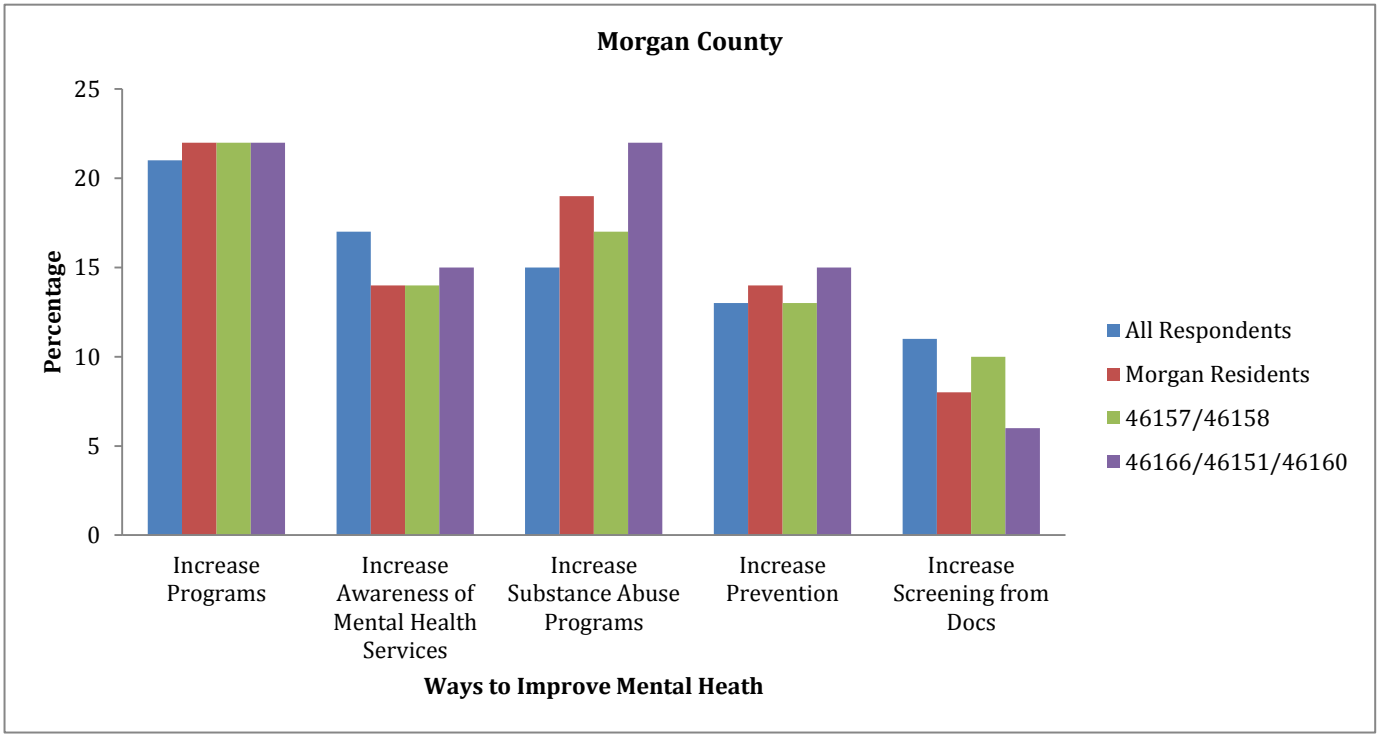
Suicide rates are an adequate expression of the mental health disparities within Indiana and counties independently. Suicide is one of the most preventable causes of death, but it still has a major impact in the state of Indiana. In Morgan County, suicide is still a contributing factor to causes of death and ER visits/hospitalizations. Between 2007 and 2011, there were 69 successful suicides. Along with these cases, there were 177 self-inflicted injuries ED visits and 85 hospitalizations due to attempted suicide. The age-adjusted death rate due to suicide during this time was 20.1 (Suicide in Indiana, 2013).

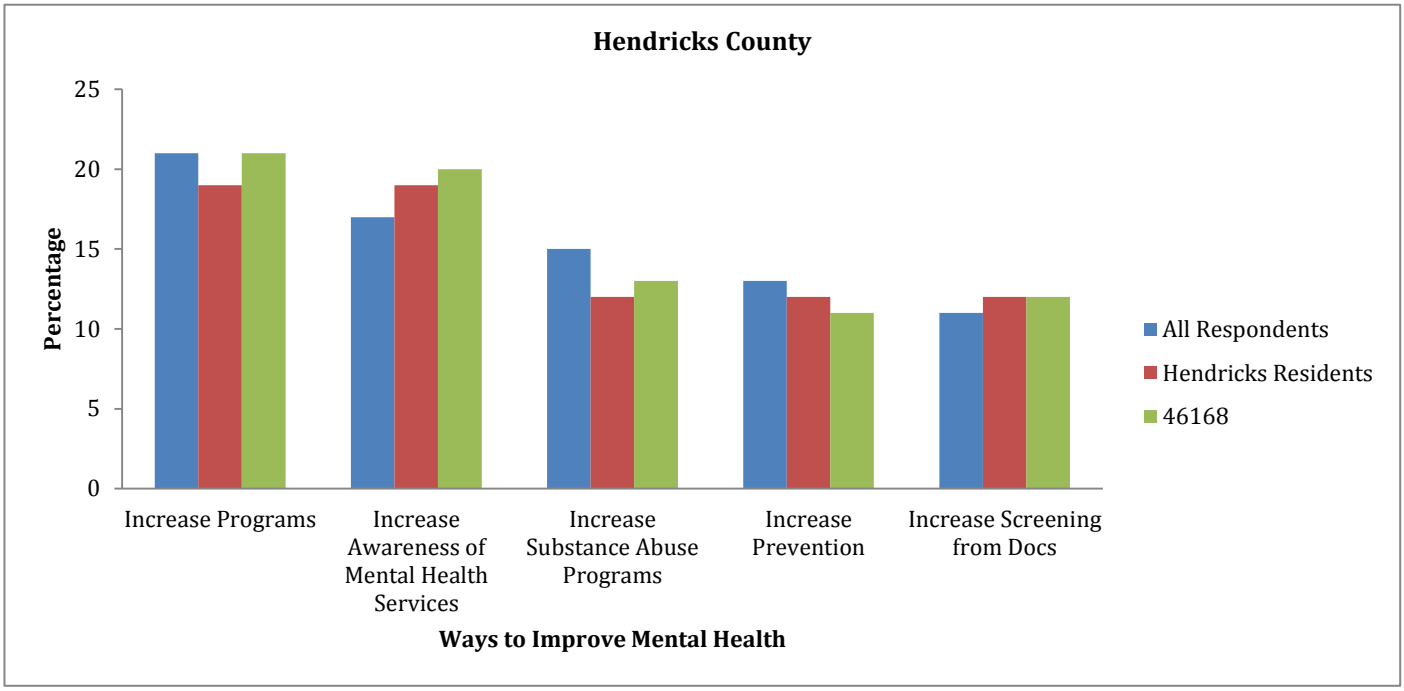
Between 2007 and 2011, there were 71 suicides in Hendricks County. Along with these cases, there were 427 self-inflicted injuries ED visits and 164 hospitalizations due to attempted suicide. The age-adjusted death rate due to suicide during this time was 10.2 per 100,000 (Suicide in Indiana, 2013).

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

Occurrence	Morgan County		Hendricks County	
	Total	Rate	Total	Rate
Newly reported HCV cases per 100,000	51	73	752	489
Annual Average Number of non-fatal ED visits due to Opioid overdoses per 100,000	41	60	31	22
Non-fatal ED visits due to opioid overdoses per 100,000	45	65	24	16
Drug poisoning deaths per 100,000 linked to outbreak	13	19	23	15
**Total cases and confirmed to be linked to the HIV outbreak)*				
Indiana State Department of Health, 2015				

In the survey, all respondents were asked to select the top three ways to improve mental health in their community. 50% of respondents from Morgan County commented that access and affordability to services is the most important behavioral health need. Affordability and access to behavioral health resources received 55% of the comments by respondents in Hendricks County, with reducing stigma and increase awareness at 13%.





With the survey data and the statistical analysis of suicide and drug and alcohol abuse, it is apparent that mental wellness needs to be addressed within Morgan County and Hendricks County.

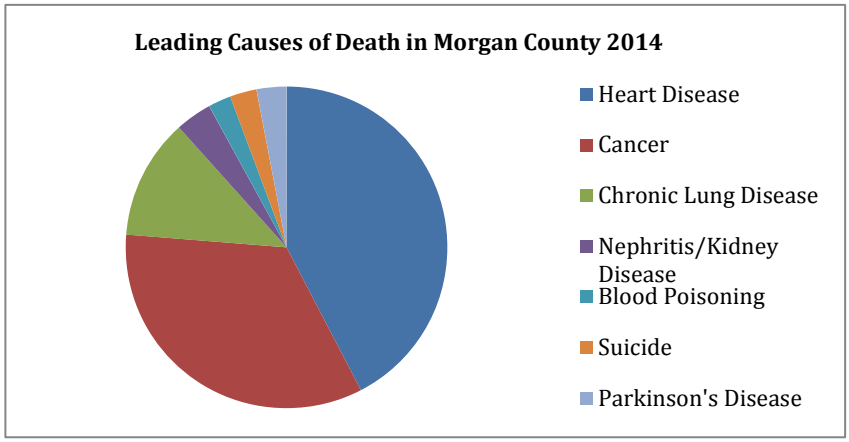
Chronic Disease, Mortality, Morbidity

Leading Causes of Death

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

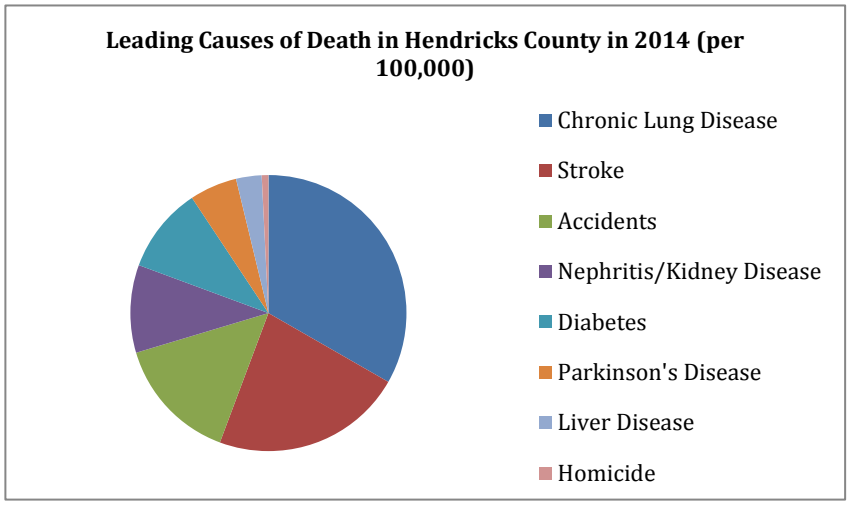
According to the CDC (2014), there is a list of the top 15 causes of death within the state of Indiana. Morgan County is affected by seven of these causes of death. The causes and rates per 100,000:

- Heart Disease: 257.1
- Cancer: 205.9
- Chronic Lung Disease: 73.5
- Nephritis/Kidney Disease: 22.2
- Blood Poisoning: 13.8
- Suicide: 16.4
- Parkinson's Disease: 8.0



Hendricks County is affected by seven of these causes of death. The causes and rates per 100,000:

- Chronic Lung Disease: 55.7
- Stroke: 37.5
- Accidents: 24.5
- Nephritis/Kidney Disease: 17.2
- Diabetes: 16.8
- Parkinson's Disease: 9.3
- Liver Disease: 5.0
- Homicide: 1.3



Chronic lung disease majorly contributes to causes of death, but many cases could be avoided, as it can be attributed to smoking. In Morgan County, 23.9% of the adult populations smoke; 2,134 illnesses are smoking-related, and 107 deaths are attributable to smoking each year. In Hendricks County, 22.1% of the adult population smoke; 3,331 illnesses are smoking-related, and 167 deaths are attributable to smoking each year (State of Indiana, 2015). The complete data is located in the appendix.

Another avoidable cause of death (or injury) is domestic violence. "During the period July 1, 2012 to June 30, 2013, there were 58 domestic violence homicides in Indiana" (Indiana Coalition against Domestic Violence, 2014). There was one homicide in Morgan County and one homicide in Hendricks County. In Morgan County, 52 victims received residential services and 71 victims received non-residential services. In Hendricks County, 133 victims received residential services and 251 victims received non-residential services. Throughout Indiana, 11,719 victims received residential services and 30,488 victims received non-residential services.

Accidents, Injuries, and Homicide

Unintentional injury and accidents continue to rank in the top ten (sometimes top five) leading causes of injury or death, statewide and locally. County and state data are compared below:

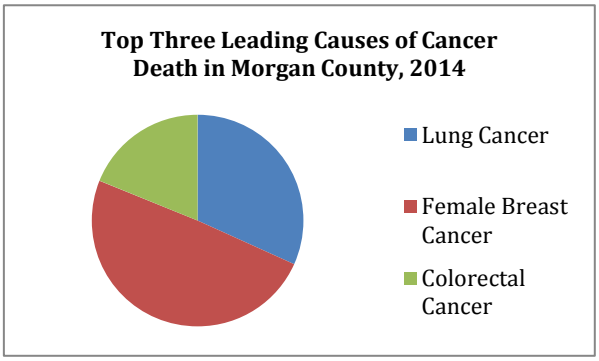
Morgan County vs. Indiana			
Description	Morgan County Data	Hendricks County Data	Indiana Data
Unintentional Injury Mortality Rate	42.7 per 100,000	21.9 per 100,000	44.1 per 100,000
Unintentional Poison Mortality Rate	33.8 per 100,000		919 total deaths
Traffic Injury Mortality Rate	9.2 per 100,000	6.8 per 100,000	800 total deaths
Injury Emergency Department Visits	986.1 per 10,000	383.9 per 10,000	More than 600,000
Injury Hospitalizations	89.8 per 100,000	59.3 per 100,000	More than 300,000
Alcohol-Related Arrests/Cases	630		23,475
Alcohol-Impaired Driving Deaths	22%		24%
Homicide in 2012	2 total	3 total	4.7 per 100,000
SAVI, 2012; County Health Rankings, 2015; Open Public Records, 2014; The Telegraph, 2015			

According to the SAVI database (2015), Hendricks County had three homicides in 2012. Accidents and injuries are more prevalent in the county. In 2012, the 34 deaths were accidents and 13 deaths occurred due to motor vehicle accidents. A total of 1,040 deaths occurred in Hendricks County in 2012.

Cancer

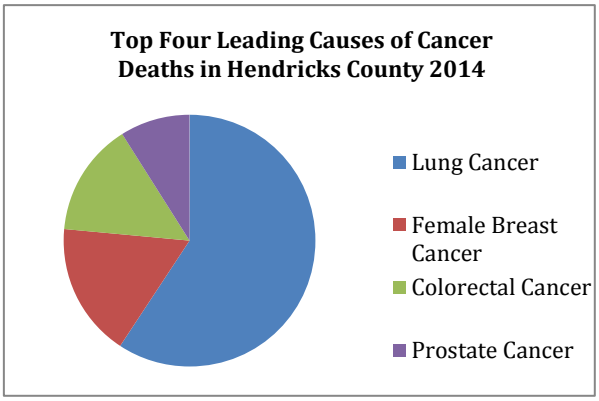
Cancer greatly affects these county mortality rates as well. The top three cancers that affect Morgan County death rates (per 100,000) include:

- Female Breast Cancer: 130.6
- Lung Cancer: 84.0
- Colorectal Cancer: 49.9



The cancer mortality rate in Hendricks County is 164.0 per 100,000, which is below the state average of 178.7. The top four causes of cancer mortality are listed below and the rate are per 100,000 (INdicators, 2013):

- Lung Cancer: 47.6
- Female Breast Cancer: 13.8
- Colorectal Cancer: 11.7
- Prostate Cancer: 7.2



According to the Indiana State Department of Health (2012), the top three cancers that affect the state of Indiana are lung cancer, breast cancer, and prostate cancer. The CDC (2014) projected the estimated number of new cases and deaths for selected cancers in each Indiana County. Hendricks and Morgan County projections were:

Estimated Number of New Cases and Deaths for Selected Cancers: Indiana 2014										
	All Cancer Sites		Female Breast		Colorectal		Lung/Bronchus		Prostate	
	New	Mortality	New	Mortality	New	Mortality	New	Mortality	New	Mortality
Indiana	35620	13420	4600	870	2890	1080	5510	4060	4040	540
Morgan	411	146	57	9	34	7	65	50	45	5
Hendricks	710	225	99	16	50	10	99	66	73	7
CDC, 2014										

Smoking can be attributed to several health disparities, including cancer. Adult smoking is defined as the percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime (County Health Rankings and Roadmaps, 2015). In Morgan County, the adult smoking rate is 24%; in 2014, 2,134 illnesses were smoking related. In Hendricks County, the adult smoking rate is 22.1%; in 2014 3,331 illnesses were smoking related (State of Indiana, 2015).

Cardiovascular

Reported by the CDC, Morgan County ranks number nine in the state of Indiana for heart disease related deaths (2013). Indiana ranks 39th in the nation for the prevalence of heart attack and 38th for heart disease (Indiana State Department of Health, 2013). Last year, 257.37 deaths per 100,000 were cardiovascular related. Other statistics include age-adjusted rates in the table below:

Morgan County vs. Indiana		
Description	Morgan County	Indiana
Age-Adjusted Death Rate due to Stroke (per 100,000)	41.8	44.5
Age-Adjusted Death Rate due to Coronary Heart Disease (per 100,000)	149.5	190.9
Age-Adjusted ED Rate due to Heart Failure (per 10,000)	14.8	61.1
Age-Adjusted Hospitalization Rate due to Hearth Failure (per 10,000)	34.9	45.3
Data: Indiana State Department of Health, 2013; CDC, 2013		

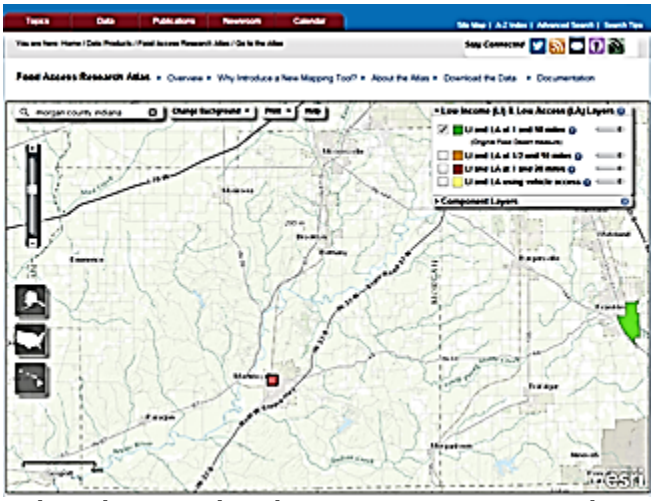
According to the SAVI database (2015), 610 deaths in Hendricks County were attributed to heart disease in 2012. The age-adjusted death rates are listed per 100,000:

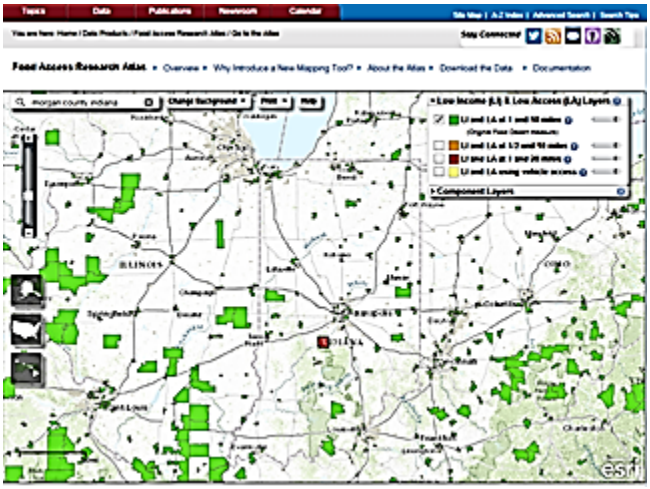
Hendricks County vs. Indiana		
Description	Hendricks County Data	Indiana
Age-Adjusted Death Rate due to Stroke (per 100,000)	32.6	44.5
Age-Adjusted Death Rate due to Coronary Heart Disease (per 100,000)	176.9	190.9
Data: Indiana State Department of Health, 2013; SAVI, 2013		

Diabetes

Obesity is a contributing factor to diabetes; both factors relate to poverty, physical environment, and food insecurity. Most cases are Diabetes Medicare Beneficiaries: 26.48% in Morgan County and 27.65% in the state of Indiana (CDC, Health Indicators Warehouse, 2012). Adult obesity rate in Morgan County is at 34%, which is higher than the state average of 31%. The age-adjusted death rate due to diabetes in Morgan County is 14.8 per 100,000. The age-adjusted ED rate due to diabetes is 27.3 per 10,000. Due to long-term complications of diabetes, the rate is 13.4 per 10,000; due to short-term complications, the rate is 1.9 per 10,000. Some cases may be attributed to the lack of physical activity and access to exercise. Physical inactivity is at 30% (above the state average of 27%), and access to exercise,

65%, is lower than the state average of 75%. Access to nutritious food may also be a factor. According to the United States Department of Agriculture Economic Research Service (2012), Morgan County is a food desert:





The red area is where low-income census tracts where a significant number or share of residents is more than one mile or 20 miles from the nearest supermarket.

Adult obesity rate Hendricks County is at 32%, which is higher than the state average of 31% (County Health Rankings and Roadmaps, 2015). Some cases may be attributed to the lack of physical activity and access to exercise. Physical inactivity is at 27.5% (below the state average of 27%), and access to exercise, 77%, is higher than the state average of 75%. The age-adjusted death rate due to diabetes in Hendricks County is 16.1 per 100,000 (INdicators, 2015).

Infectious Disease

Infectious disease is inevitable, but rates can be reduced through preventative care (vaccines) or lifestyle changes/choices. According to the Indiana State Department of Health, for the 2014-2015 influenza season there has been a total of 146 deaths. Their report only showed the counties where five or more deaths occurred, and Morgan County was not on that list. Over half of the population of Morgan County, specifically 54.4%, received the influenza vaccine for this season. Hendricks County reported seven deaths in this influenza season, even though 60.24% of the population of Hendricks County received the influenza vaccine for this season.

Less than five cases of tuberculosis were reported in 2011 in Morgan County and Hendricks County, according to the Annual Tuberculosis Report (2013).

In 2013, there were a total of 43 HIV cases in Morgan County, which amounts to a prevalence rate of 73 per 100,000. In Hendricks County, there were a total of 157 HIV cases, which amounts to a prevalence rate of 136 per 100,000. Vaccination among infants is severely low; only 39% of infants in Morgan County have complete immunization records.

Neurological

Most neurological illness occurrence is not reported by county, but Alzheimer's disease mortality rates are reported. Alzheimer's disease death rate in Morgan County is 22.4 per 100,000; also, 7.66% of beneficiaries have Alzheimer's or a related dementia diagnosis (Community Commons, 2012). Alzheimer's disease death rate in Hendricks County is 23.3 per 100,000 (INdicators, 2013).

Respiratory

Respiratory incidence rates continue to fill Emergency Department rooms in Morgan County and Hendricks County. Last year, 1,603 pediatric asthma cases were reported and 4,200 Chronic Obstructive Pulmonary Disease (COPD) cases were reported (American Lung Association 2014). The age-adjusted death rate due to chronic lower respiratory diseases in Morgan County is 87.9 per 100,000, which is much higher than the state average of 58.2 per 100,000. The age-adjusted ED rate due to adult asthma is 49.1 per 100,000, and the age-adjusted Emergency Department rate due to asthma is 55.6 per 10,000. In Hendricks County, the age-adjusted death rate due to chronic lower respiratory diseases is 44.1 per 100,000. The age-adjusted Emergency Department rate due to adult asthma is 17.6 per 10,000, and the age-adjusted ED rate due to asthma is 31.2 per 10,000 (INdicators, 2013).

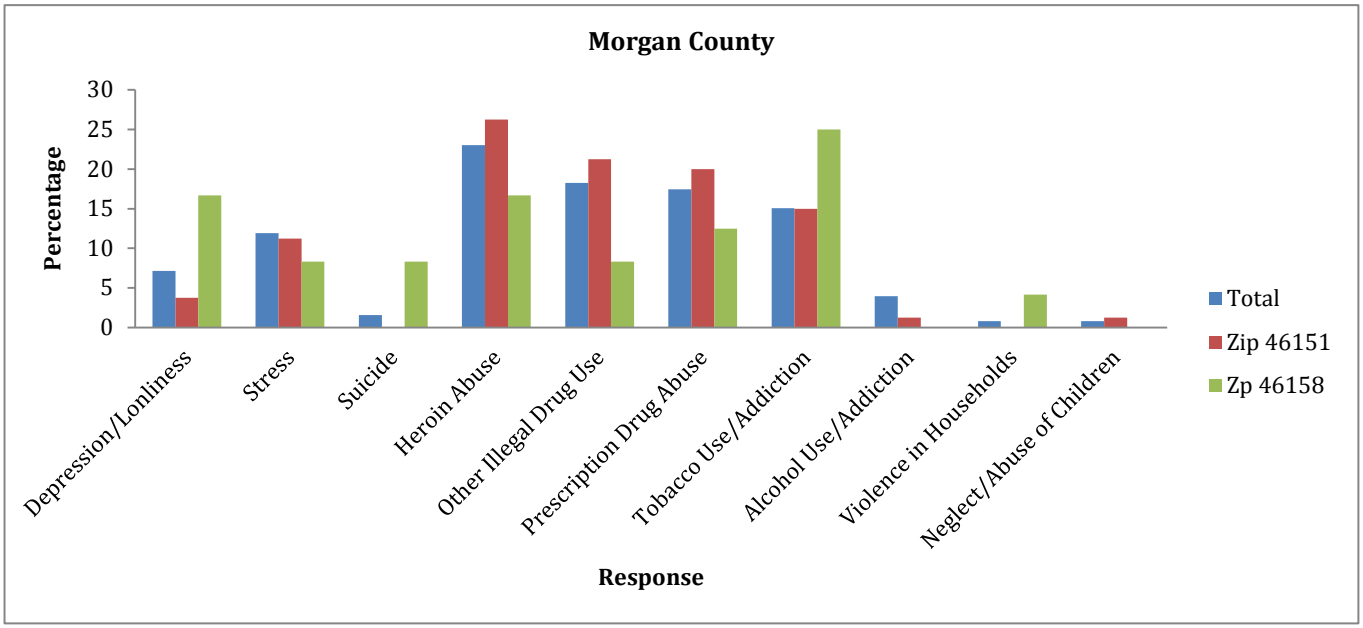
Rheumatic/Joint Related

Arthritis and hip fractures continue to fill the Emergency Department and hospital rooms as well.

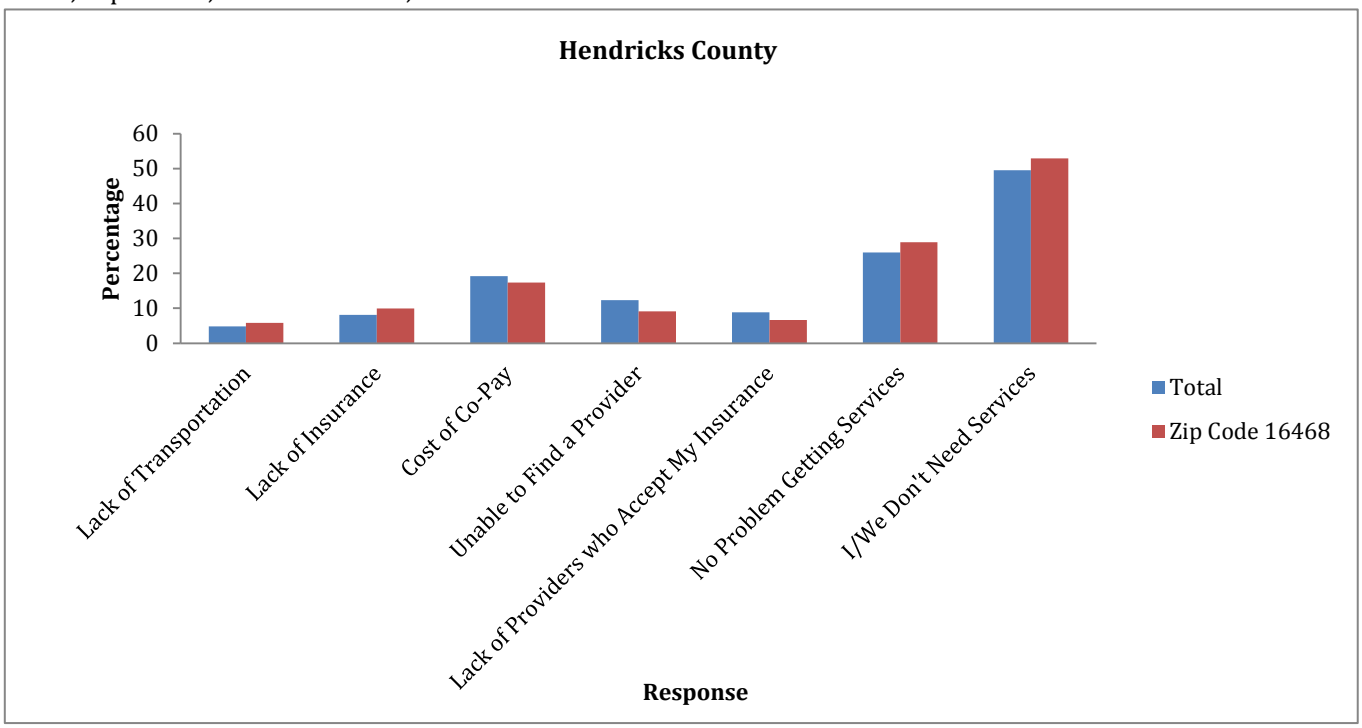
Occurrence	Morgan County	Hendricks County	Indiana
Hip Fracture Hospitalization (65+)	62.5 per 10,000	59.7 per 10,000	60.8 per 10,000
Adults 18+ Diagnosed with Arthritis	32.30%	30.90%	30.10%
Arthritis Hospitalization	38.5 per 10,000	37.4 per 10,000	34.0 per 10,000
INdicators, 2013			

Behavioral Health

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



In the county specific questions, Hendricks County residents responded to this question: What are the top three challenges for you and your household when receiving mental health services (such as counseling for loss, divorce, stress, depression, substance abuse, or other issues?



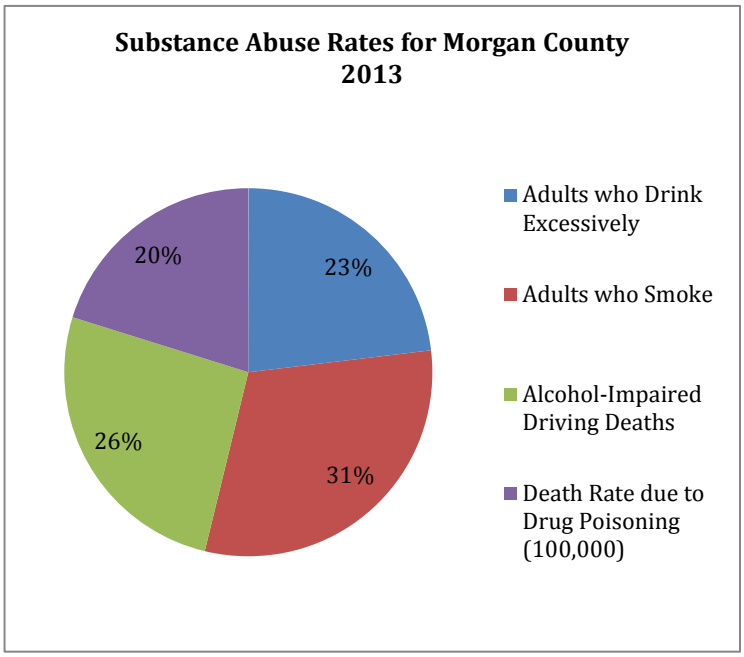
Depression and Anxiety

Depression and anxiety are prevalent in both counties, and residents recognize the significance of the issue. From the survey, 73.98% of the residents believe that mental health (depression, anxiety, sadness), is a top priority. They ranked it within the top five health needs in their community. Among the Medicare population, the rate of depression is 16.80%.

From the survey, 73.53% of the residents believe that mental health (depression, anxiety, sadness), is a top priority. They ranked it within the top five health needs in their community. Hendricks County has a shortage in mental health care with an FTE of 1 and a priority score of 6. FTE "represents the number of non-federal practitioners providing ambulatory patient care in the HPSA expressed as full-time equivalents" (HRSA, 2015).

Substance Abuse

Substance abuse is an issue statewide and locally; task forces have been tackling the ever-growing issue. Healthier Morgan County (2014) reported, "According to information released by the DHMA, Morgan County ranks among the top 10% of all counties for either rates of arrest for the sale or possession of prescription drugs, or for the number of opioid prescriptions filled per capita." Other rates for substance abuse are displayed in the graph on the right.



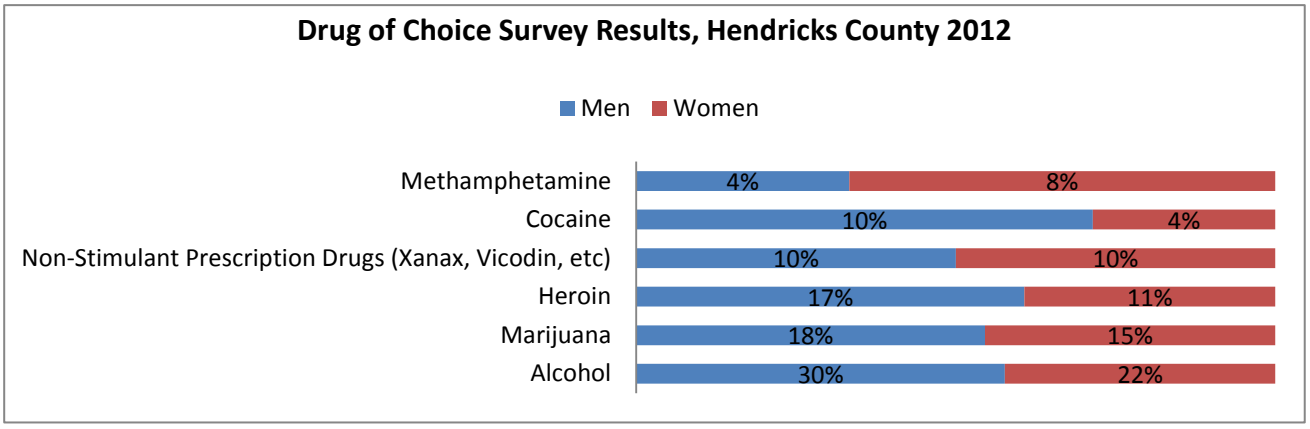
According to the Indiana Association of United Ways, there are other statistics that support the substance abuse priority in Morgan County. On a scale of one to four, four being the highest, Morgan County is ranked as a three in the quartile rank for a three year median case rate of acute and chronic Hepatitis C from 2011 to 2013. 57 (18% of the affected population) cases of substance abuse treatment episodes were reported with heroin use at treatment admission. 55 (11.5% of the affected population) cases of substance abuse treatment episodes were reported with heroin dependence at treatment admission. The average age-adjusted prescription drug overdose mortality rate in Morgan County (2002-2013) is 16.0 (2015).

The Morgan County Substance Abuse Council implemented a new plan based on three areas of concern (Indiana Criminal Justice Institute, 2014):

Morgan County Concerns and Supporting Data for the Comprehensive Community Plan		
Concern 1		Morgan County youth are using alcohol.
Supporting Data	A	2013 ATOD Survey results indicated that monthly alcohol usage rates were higher than the state rates for alcohol consumption for grades 8, 9, 10, and 11.
	B	2013 ATOD Survey results indicate Morgan County youth are participating in binge drinking at as high as 7.4% above the state rate for grades 7-12.
	C	2013 ATOD Survey results indicate that the mean age for first time alcohol use is 13.3 years.
	D	Morgan County Prosecutor's Office reports that in 2013 there were 53 juvenile cases related to alcohol use. Nineteen resulted in formal charges and seven resulted in informal charges.
Concern 2		Morgan County adults are abusing alcohol.
Supporting Data	A	Morgan County Prosecutor's Office reported a total of 630 alcohol-related cases in 2013 with the following conviction: 67 public intoxication, 43 illegal possession, and 191 OWI guilty verdicts. 75 cases were pending at year end.
	B	According to County Health Rankings and Roadmaps (2013), 22% of Morgan County driving deaths were due to alcohol impairment.
	C	According to County Health Rankings and Roadmaps (2013), 18% of the residents are excessive drinkers.
Concern 3		Morgan County youth and adults are illegally using marijuana.
Supporting Data	A	According to the ATOD Survey (2013), students in Morgan County are using marijuana above the state rates in grades 6-11.
	B	According to the Consumption and Consequence of Alcohol, Tobacco, and Drugs in Indiana: A state Epidemiological Profile of 2012, Morgan County ranks higher than the state average in treatment and admissions due to marijuana.
	C	According to the Consumption and Consequence of Alcohol, Tobacco, and Drugs in Indiana: Morgan County ranks in the top 10% in the state for marijuana arrests.

According to the Indiana Association of United Ways, there are other statistics that support the substance abuse priority in Hendricks County. On a scale of one to four, four being the highest, Hendricks County is ranked as a four in the quartile rank for a three year median case rate of acute and chronic Hepatitis C from 2011 to 2013. 72 (19.7% of the affected population) cases of substance abuse treatment episodes were reported with heroin use at treatment admission. 65 (17.8% of the affected population) cases of substance abuse treatment episodes were reported with heroin dependence at treatment admission. The average age-adjusted prescription drug overdose mortality rate in Hendricks County (2002-2013) is 8.87 (2015).

In 2012, the Substance Abuse Task Force completed a Comprehensive Community Plan for Hendricks County. For the continued use and abuse of alcohol in Hendricks County, 2009 data shows that 672 residents operated a motor vehicle when their BAC was over 0.08. Other statistics include: 274 minors reported consuming alcohol, 242 residents were charged for public intoxication, and 48 adults admitted to furnishing alcohol to a minor. For continued use and abuse of prescription drugs in Hendricks County, a jail-based survey revealed that 25% of the women served and 28% of the men served reported that precription drugs were their drug of choice. Another survey was completed by the Substance Abuse Task Force to compare drug of choice between men and women:



Suicide

Suicide is one of the most preventable causes of death, but it still has a major impact in the state of Indiana. In Morgan County, suicide is still a contributing factor to causes of death and ER visits/hospitalizations. Between 2007 and 2011, there were 69 suicides. Along with these cases, there were 177 self-inflicted injuries ED visits and 85 hospitalizations due to attempted suicide. The age-adjusted death rate due to suicide during this time was 20.1 (Suicide in Indiana, 2013). Morgan County is ranked 12th (out of 92 counties) for a suicide prevalence rate of 16.35 per 100,000 (CDC, 2013).

Between 2007 and 2011, there were 71 suicides in Hendricks County. Along with these cases, there were 427 self-inflicted injuries ED visits and 164 hospitalizations due to attempted suicide. The age-adjusted death rate due to suicide during this time was 10.2 per 100,000 (Suicide in Indiana, 2013). Hendricks County is ranked 81st (out of 92 counties) for a suicide prevalence rate of 10.17 per 100,000 (CDC, 2013).

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

Pre-Natal through 18 Years of Age

Pre-Natal Care

Prenatal care seems to be declining, causing other issues to arise. Although 80.8% of pregnant women sought prenatal care during the first trimester in Morgan County, 26.1% of women smoked throughout their pregnancy. In Hendricks County, 78.6% of pregnant women sought prenatal care and only 8.4% smoked throughout their pregnancy (INdicators, 2013). Only 60.8% of mothers in Morgan Count breastfeed which is below the state average of 63.8%. This data is not available for Hendricks County.

The state average for low birth weight is 8.3%; Morgan County's low birth weight percentage is 7.9% and Hendricks County's low birth weight percentage is 7.1%. Indiana State Department of Health (2011) ranked Morgan County as 15th out of 92 counties for very low birth weight rate; by combining ten years of data, Morgan County has a rate of 1.5% of babies born in the very low birth weight category, meaning the baby weighs less than 1500 grams. Indiana State Department of Health (2011) also ranked Hendricks County as 76th out of 92 counties for very low birth weight rate; by combining ten years of data, Hendricks County has a rate of 1.0% of babies born in the very low birth weight category.

Birth Outcomes

Infant mortality rates are more of a concern in Morgan County, but it is still significant in Hendricks County as well. The infant mortality rate in Morgan County is 8.5 per 1,000 live births, which is above the state average of 7.2 per 1,000. Hendricks County's infant mortality rate is significantly lower: 5.7 per 1,000 live births (Census, 2013).

In the state of Indiana, 556 babies died before their first birthday. The main causes of these deaths were accidental suffocation, serious birth defects, too small/too early, and Sudden Infant Death Syndrome (SIDS). According to the Indiana Statewide Child Fatality Review Committee Annual Report (2013), "Among the 33 cases reviewed, 18% of the deaths indicated that the sleep environment was either the primary cause of death or a contributing factor in the child's death."

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

Youth Indicators

Three of the youth indicators include child food insecurity, public school drop outs, and idle teen rate. All three of these pertain to the issues being reviewed in Morgan County and Hendricks County. Child food insecurity "[r]efers to the USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods" (Kids Count, 2015). In 2013, 21.5% of the youth in Morgan fell into the child food insecurity category, just below the state average of 21.8%. Only 14.9% of children in Hendricks County fell into the child food insecurity category. Food insecurity is also reflected in the free lunch rates. Forty percent of the children in Indiana qualify for free lunch; 33% of the children in Morgan County, and 19% of children in Hendricks County qualify for free lunch (County Health Rankings, 2013). The public school dropout rate was last reported in 2008, with a total of 95 teenagers who dropped out of Morgan County schools and 35 teenagers who dropped out of Hendricks County schools, compared to the state's total of 5,475. Also, the idle teen rate (per 100) was last reported in 2000. Idle teen rate refers to "[y]outh, ages 16 to 19, who are not enrolled in school and not in the labor force" (Kids Count, 2015). In Morgan County, the idle teen rate is 7.8 per 100 and the rate in Hendricks County is 6.2 per 100, which is slightly lower than the state average of 8.0 per 100.

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

According to the Indiana Health Occupations Students of America (HOSA) website, "was created with the idea of providing students opportunities to develop as a leader and a future employee. The mission of HOSA is to enhance the delivery of compassionate, quality health care by providing opportunities for knowledge, skill, and leadership development of all health science technology education students, therefore, helping students to meet the needs of the healthcare community" (Indiana HOSA, 2015). The website shows a map of the current chapters; Morgan County does not have a local chapter, but surrounding counties, Johnson, Monroe, and Putnam, have local chapters. Hendricks County does not have a local chapter either, but the chapter in Marion County (Speedway, Indiana) is fairly close.

Child abuse and neglect are significant youth indicators to consider. "DCS Ombudsman responded to 660 Information and Referral inquiries, conducted 78 assists, opened 256 cases and closed 236 cases with 19 pending closure in the first quarter of 2015, provided 24 case specific recommendations, and 10 systematic recommendations" (Department of Child Services and Ombudsman Bureau 2014 Annual Report). Child abuse and neglect cases are reported by county and labeled as sexual, physical, or neglect. The cases are then categorized as substantiated and unsubstantiated. "Substantiated is defined as an investigation by Child Protective Services determined there is a reasonable cause to believe that the child has been abused or neglected. Unsubstantiated means an investigation determined no maltreatment occurred, or there was insufficient evidence under state law or agency policy to conclude that the child was maltreated. Some states require the coworker to determine not only whether the incident of abuse or neglect occurred, but also whether the child is at risk for future maltreatment" (Child Welfare Information Gateway, 2003).

Child Abuse and Neglect Cases Reported 2014						
Indiana	**Sexual**		**Physical**		**Neglect**	
	Sub	253	Sub	178	Sub	1988
	Unsub	912	Unsub	3001	Unsub	9309
Morgan	**Sexual**		**Physical**		**Neglect**	
	Sub	1	Sub	1	Sub	6
	Unsub	15	Unsub	21	Unsub	95
Hendricks	**Sexual**		**Physical**		**Neglect**	
	Sub	1	Sub	0	Sub	19
	Unsub	17	Unsub	47	Unsub	117

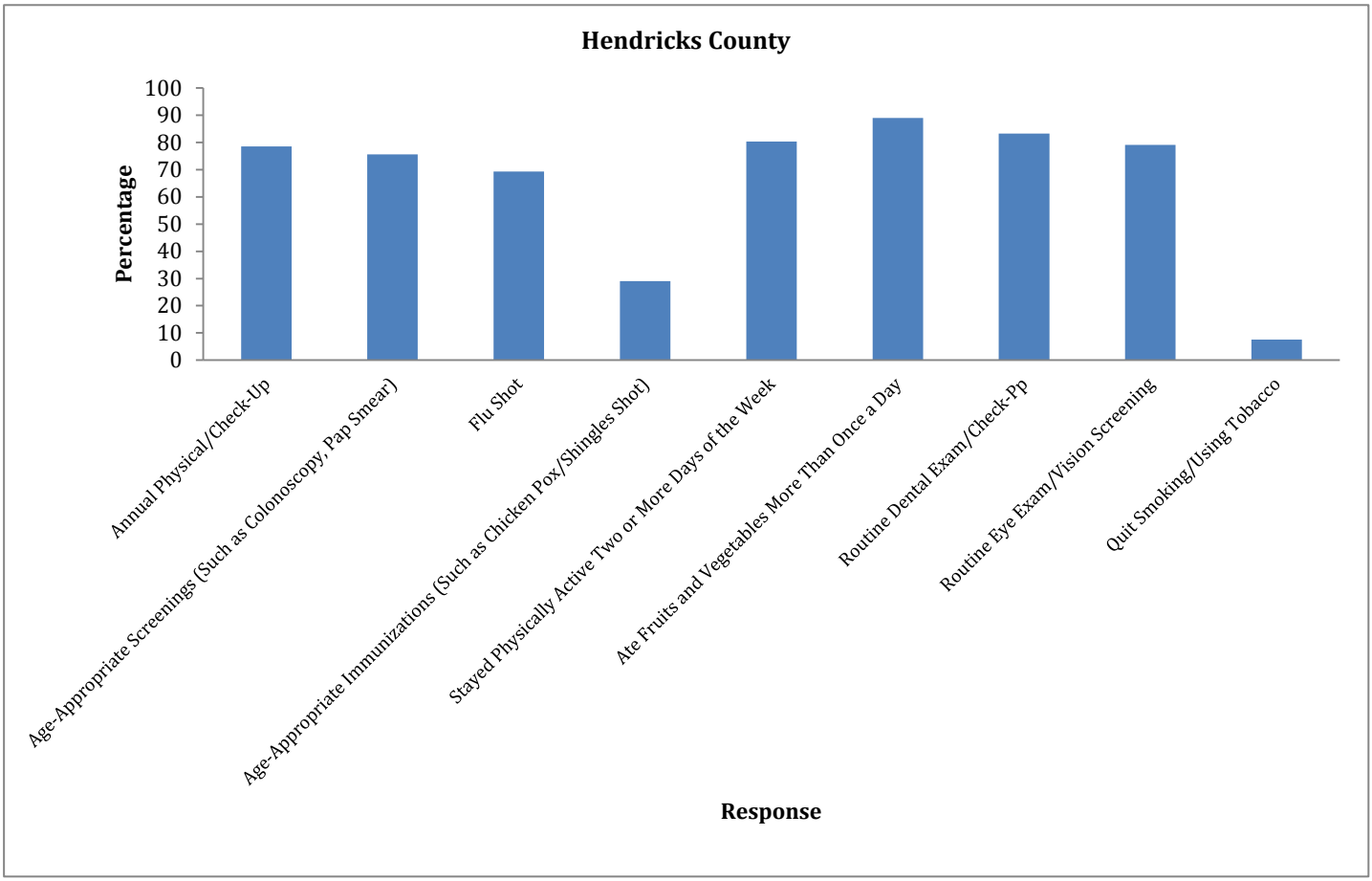
Disability within the youth is an indicator that First Steps is addressing within the community. First Steps is a program in Indiana with the mission "to assure that all Indiana families with infants and toddlers experiencing developmental delays or disabilities have access to early intervention services close to home when they need them" (Family and Social Services Administration, 2015). April 1, 2014-March 31, 2015, First Steps served a total of 22,617 children. There were 189 children under three years of age where services were no longer needed and 395 children

moved to preschool special education. In Morgan County, there are 1,725 children with disabilities. In Hendricks County, there are 3,493 children with disabilities (Kids Count, 2015).

Another program available for at-risk children is Head Start. Head Start's mission is to "provide health, education, and promote self-sufficiency for children and families facing adversity" (Head Start, 2015). In Morgan County, there are 125 Head Start enrollment slots, and there are 75 enrollment slots in Hendricks County (Kids Count, 2015).

Modifiable Health Risks

Many residents know that they can change their behaviors, and some are active in modifying their lifestyles. In the county specific questions, Hendricks County residents responded to this question: Please select if you have participated in these health prevention activities in the last 12 months to stay healthy.

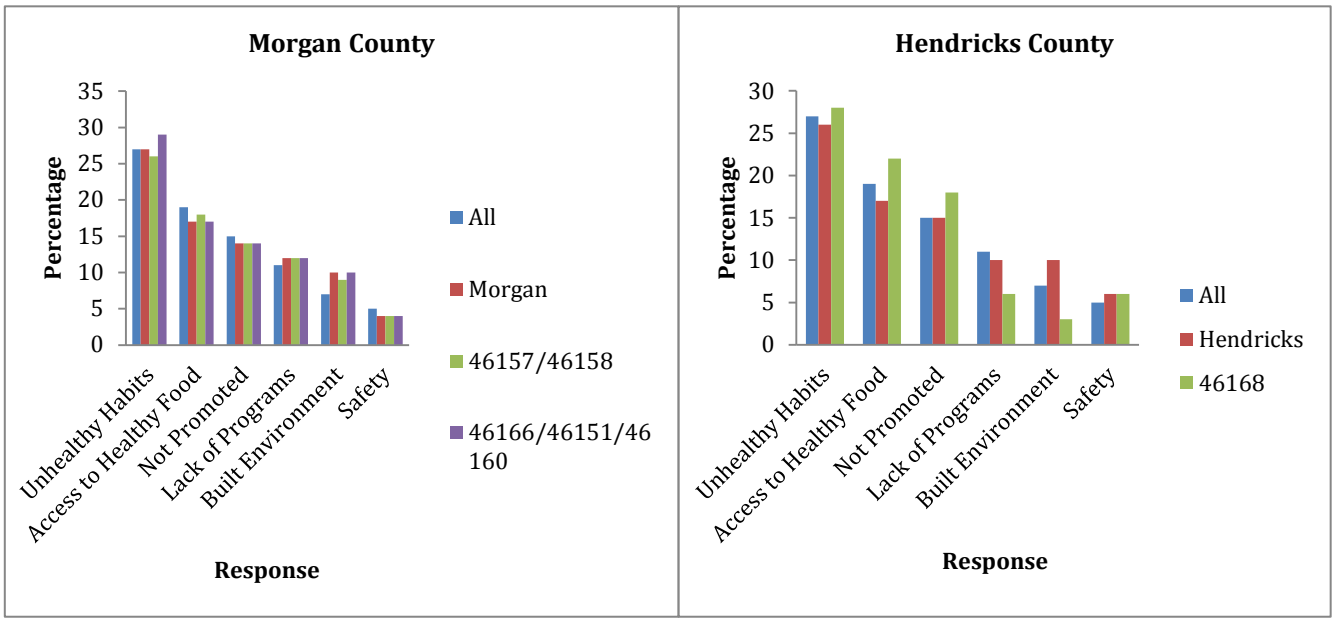


Weight

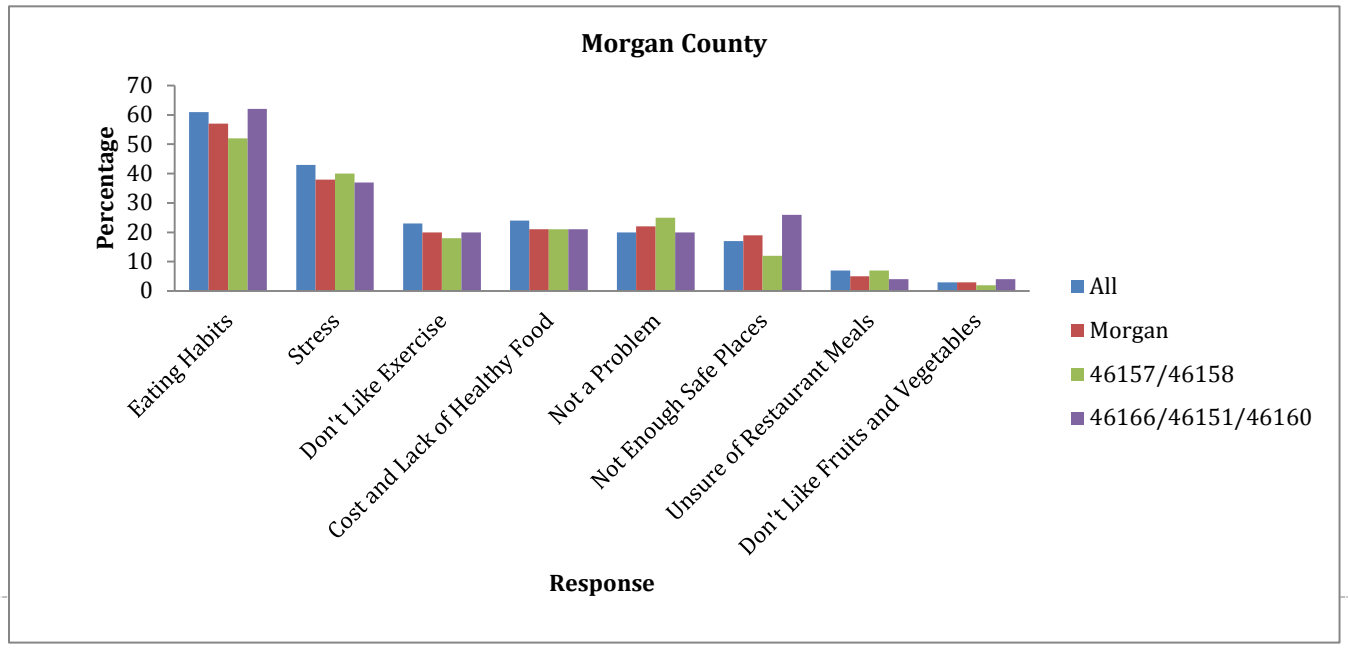
Weight can be attributed to several health disparities, and it seems to be an issue in both Morgan County and Hendricks County since their obesity percentages are above the state average of 31%. Approximately 33.6% of adults in Morgan County are obese, and approximately 32.1% of adults in Hendricks County are obese (INdicators, 2013).

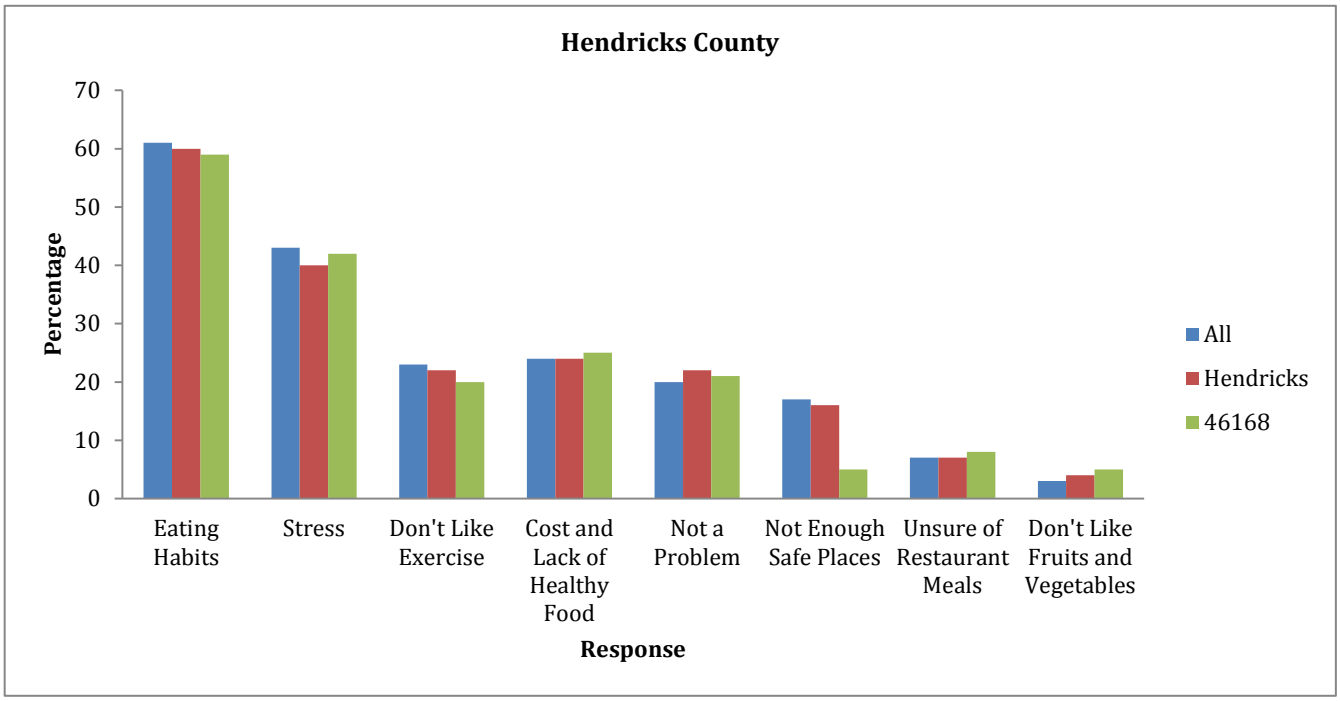
Diabetes is also caused by obesity. In Morgan County, the diabetes prevalence rate is 13.2%, with a mortality rate of 6.5 per 100,000. In Hendricks County, the diabetes prevalence rate is 8.8% with a mortality rate of 16.1 per 100,000 (INdicators, 2013). Low-income preschool obesity in Morgan County is 16.1%, and in Hendricks County, it is 12.3% (HCI, 2015).

In the survey, all residents were asked to select the top three reasons why obesity is an issue in their community. Thirty three percent of comments from Morgan County identified personal choice and responsibility as the reason for obesity in their community followed by the need for education. Personal choice and responsibility received 23% of the write-in answers, followed by the need for education about nutrition and physical activity from respondents in Hendricks County. However, finding affordable places to exercise was noted by 16% of respondents.

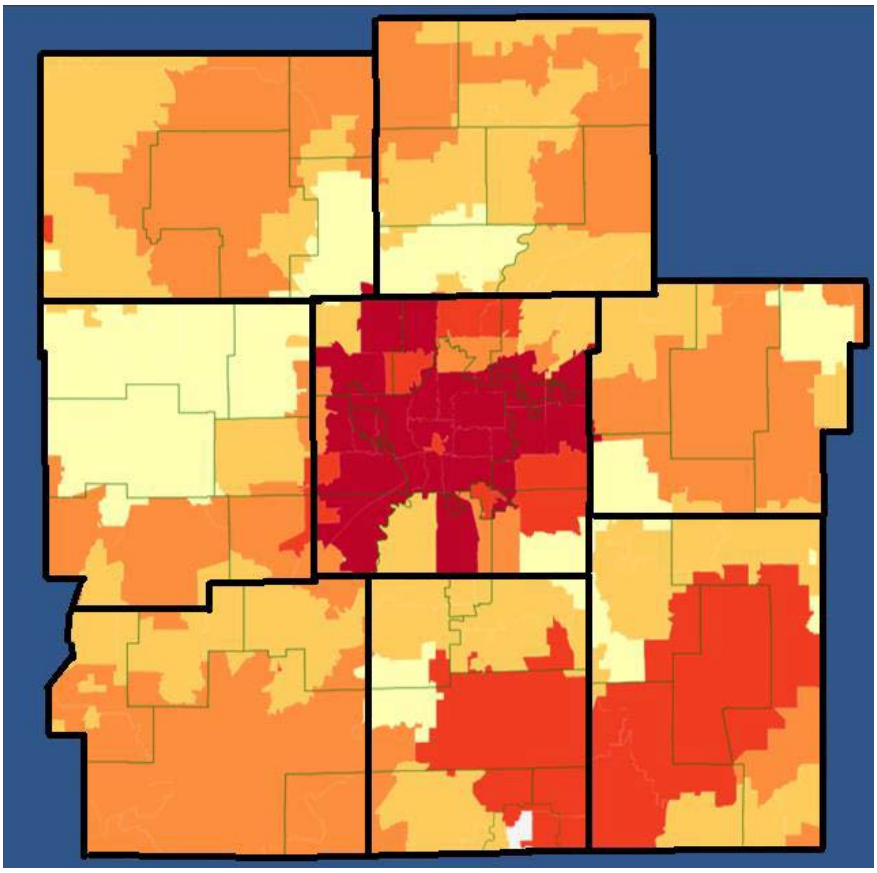


They were asked what keeps them from a healthy weight. 30% of responses from Hendricks County identified the lack of prioritization as the reason for not being at a healthy weight in the comments. Additionally, 18% indicated that a disease/injury/disability kept them from a healthy weight. Morgan County responses were similar to Hendricks County, with 34% indicating lack of prioritization and 25% as a disease/injury/disabilities as the barrier.





Overall, 20% of respondents stated that this was not a problem. In Morgan County, 22% stated it was not a problem, specifically 25% in zip codes 46157 and 46158 and 20% in zip codes 46166, 46151, and 46160. In Hamilton County, 22% stated this was not a problem, specifically 21% in the 46168 zip code.



Jump In, 2015

Jump IN Childhood Overweight Risk Index v 2

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

Compiled by: Jump IN for Healthy Kids

Map engine: cartoDB.com

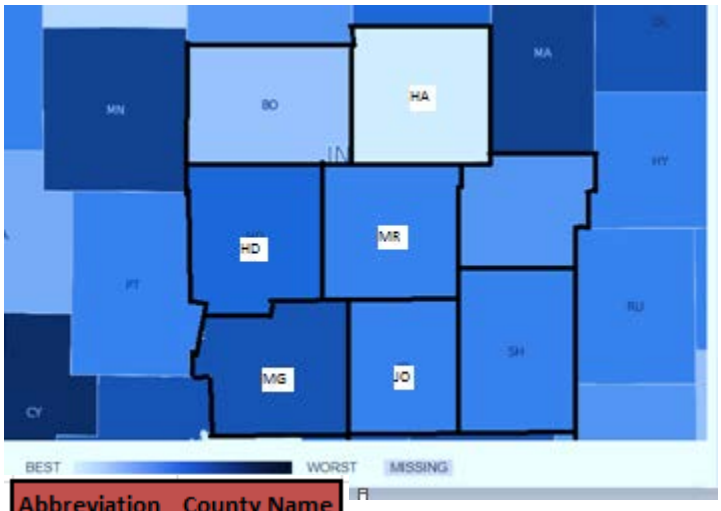
School districts

Great Places 2020

Lowest risk — Highest risk

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

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



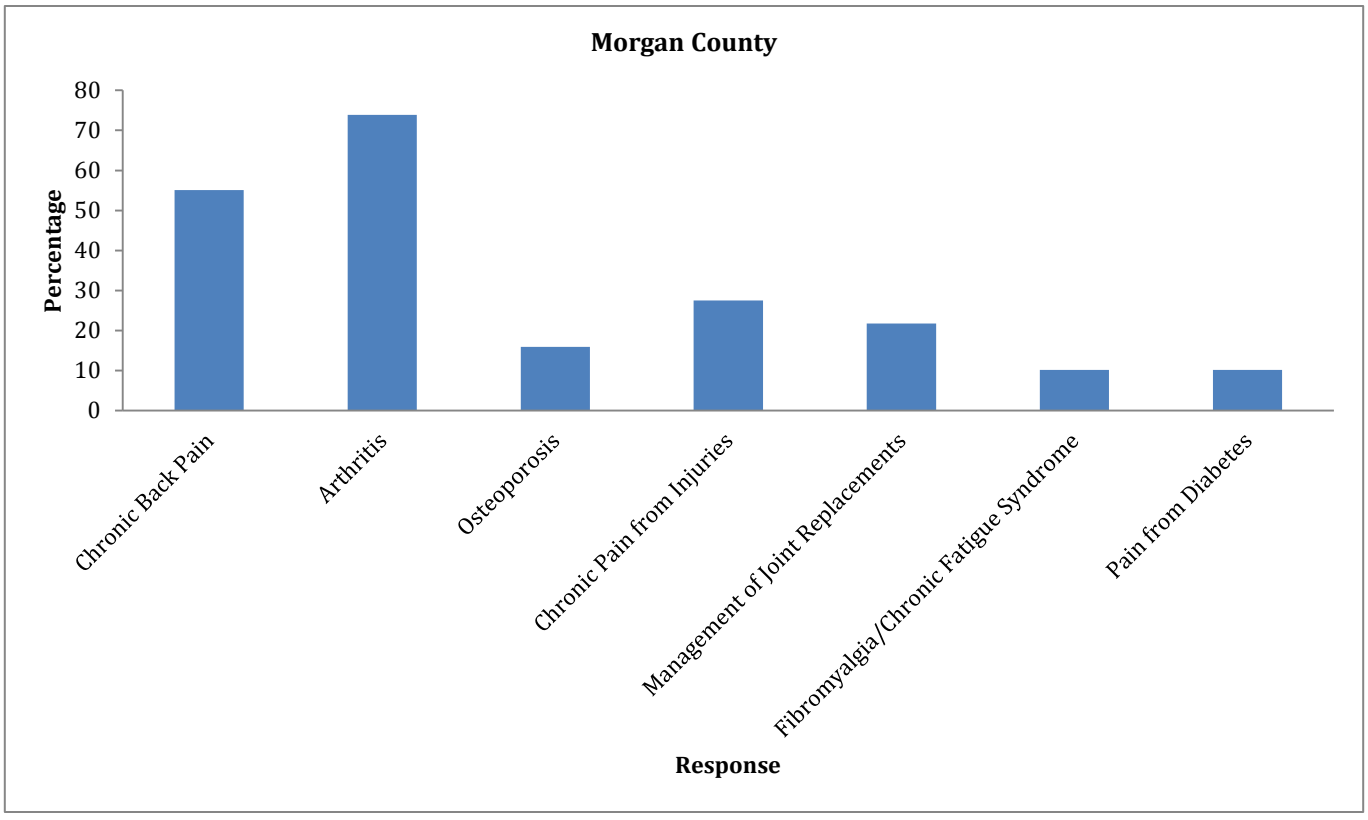
Abbreviation	County Name
HA	Hamilton
MR	Marion
JO	Johnson
MG	Morgan
HD	Hendricks

Physical Activity

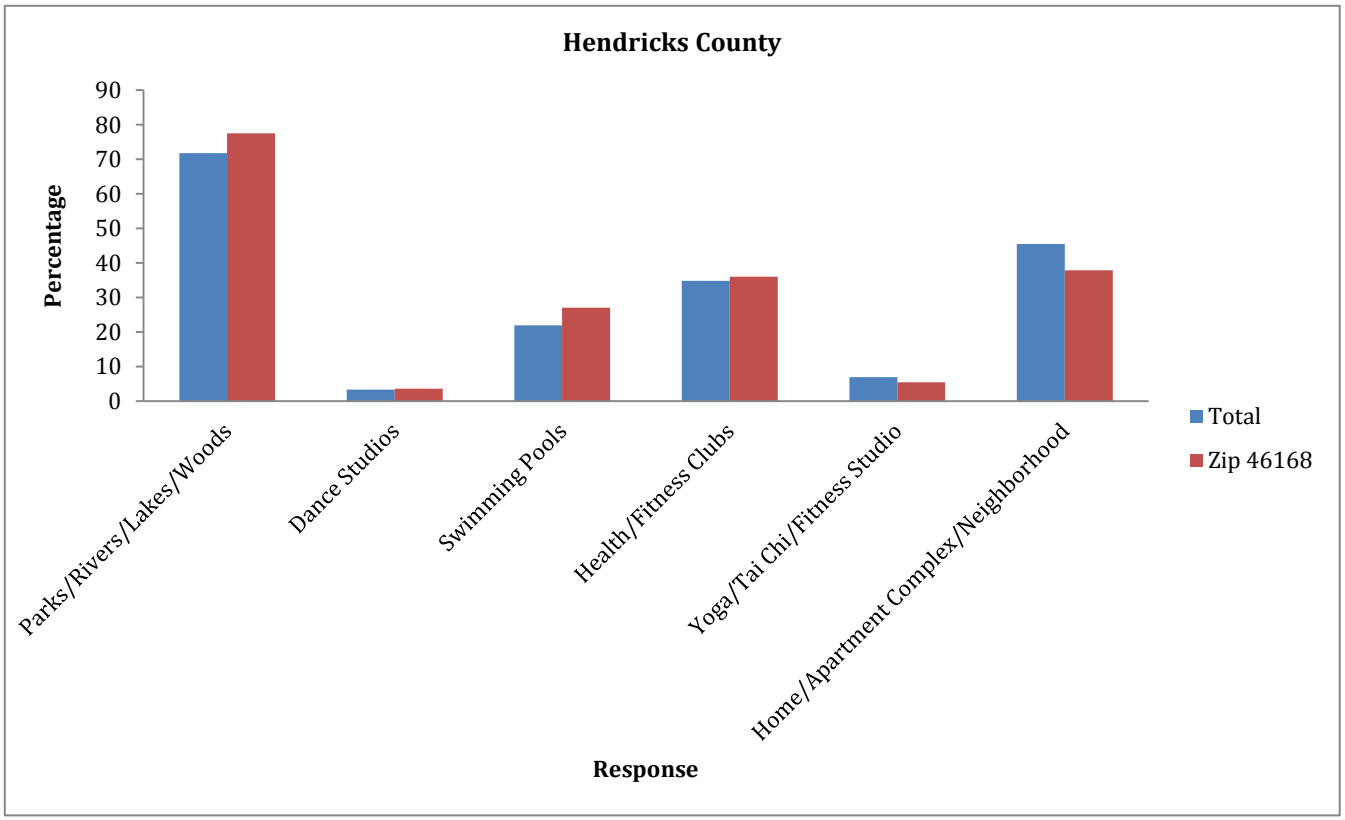
Physical activity is defined as "any body movement produced by the skeletal muscles that result in substantial increase over resting energy expenditure" (Bouchard & Shepard, 1994). Physical inactivity is defined as participating in an insufficient amount of moderate-to-vigorous physical activity according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

Access to exercise is at 65% in Morgan County (County Health Rankings and Roadmaps, 2015). Percentages will be higher for sedentary and inactive adults due to limited access to exercise; for example, 30.4% of adults are sedentary (HCI, 2015), and 30.1% of adults are physically inactive. Access to exercise is at 77% in Hendricks County (County Health Rankings and Roadmaps, 2015). Percentages will be higher for sedentary and inactive adults due to limited access to exercise; for example, 29.3% of adults are sedentary (HCI, 2015), and 27.5% of adults are physically inactive. Violent crime data is not available to see if there is a correlation with physical activity data.

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



Hendricks County residents responded to this question: What places do you go for recreation and physical activity most often-Hendricks County (Choose up to 2):

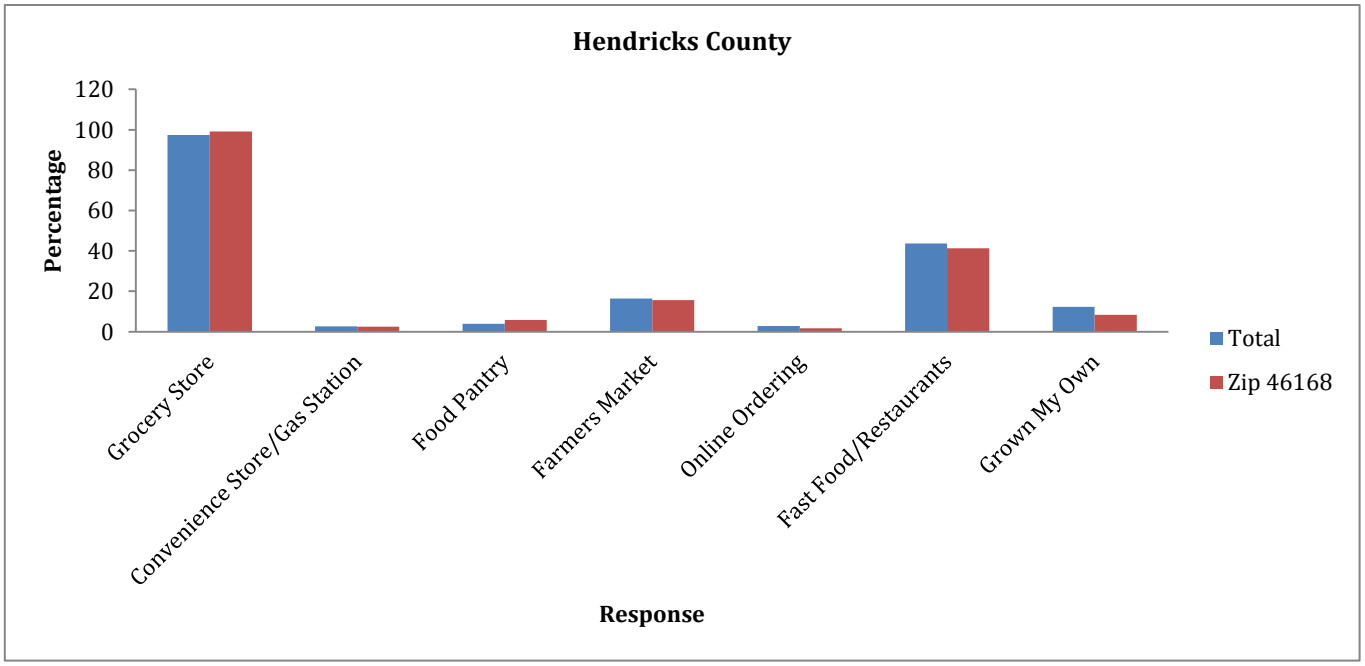


Nutrition

Nutrition can be analyzed by several societal factors such as food insecurity, limited access to healthy foods, food environment index, etc. Data for Morgan County and Hendricks County are below:

Nutrition Factors		
Occurrence	Morgan County	Hendricks County
Food Insecurity	13%	11%
Limited Access to Healthy Foods	5%	6%
Food Environment Index*	7.8	8.3
Recommended Adult Fruit and Vegetable Consumption	14.0%	25.3%
Children with Low Access to a Grocery Store	4.90%	9.9%
Low-Income and Low Access to a Grocery Store	5.10%	5.9%
**on a scale of 1-10 with 10 being the best*		
County Health Rankings and Roadmaps, 2015; HCI, 2015; INdicators, 2015		

In the county specific questions, Hendricks County residents responded to this question: What places do you go most often for food? Choose up to 2.



Substance Abuse

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

The overall substance abuse priority score is a composite based on all five alcohol and drug priority scores. Morgan County scored 139 overall but was in the top ten percent for marijuana (an individual priority score of 183) and prescription drugs (an individual score of 188). Hendricks County scored a 106 and was not in the top ten percent overall.

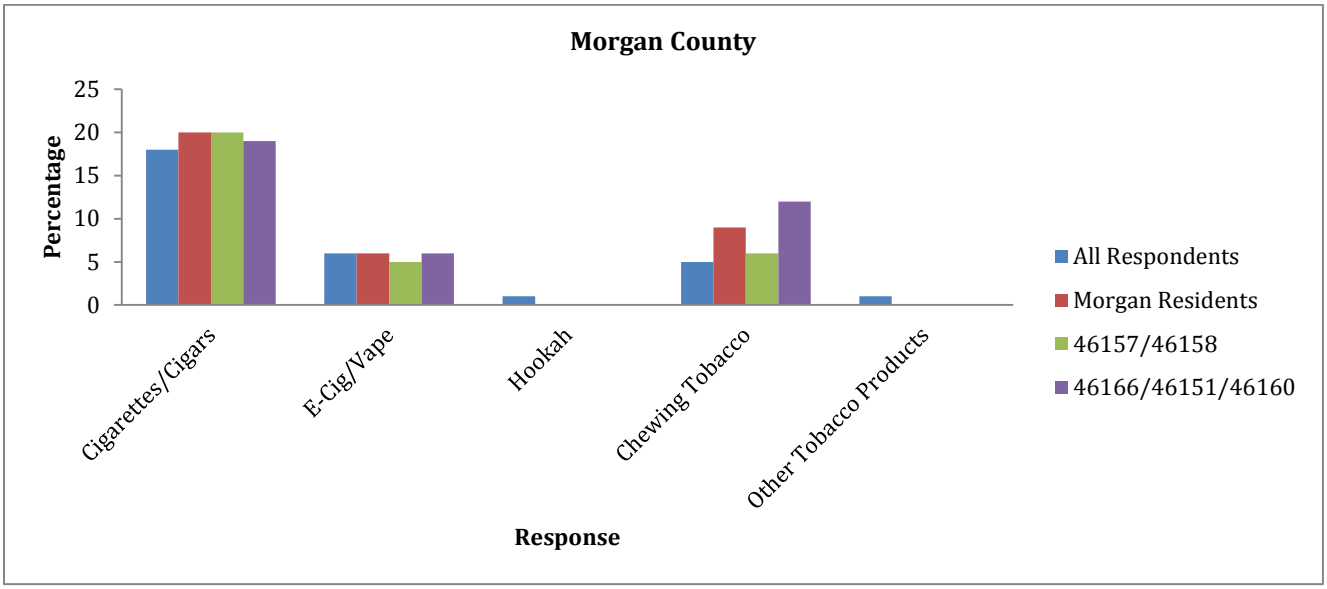
In Morgan County, 18.2% of adults drink excessively, and 15.3% of adults drink excessively in Hendricks County (INdicators, 2013). In Morgan County, 22% of car accident deaths are alcohol-impaired driving deaths, and 25% are alcohol-impaired driving deaths in Hendricks County (County Health Rankings and Roadmaps, 2015). Data shows that these issues are significant, but residents also see substance abuse as an issue and ranked it in the top five needs of the community.

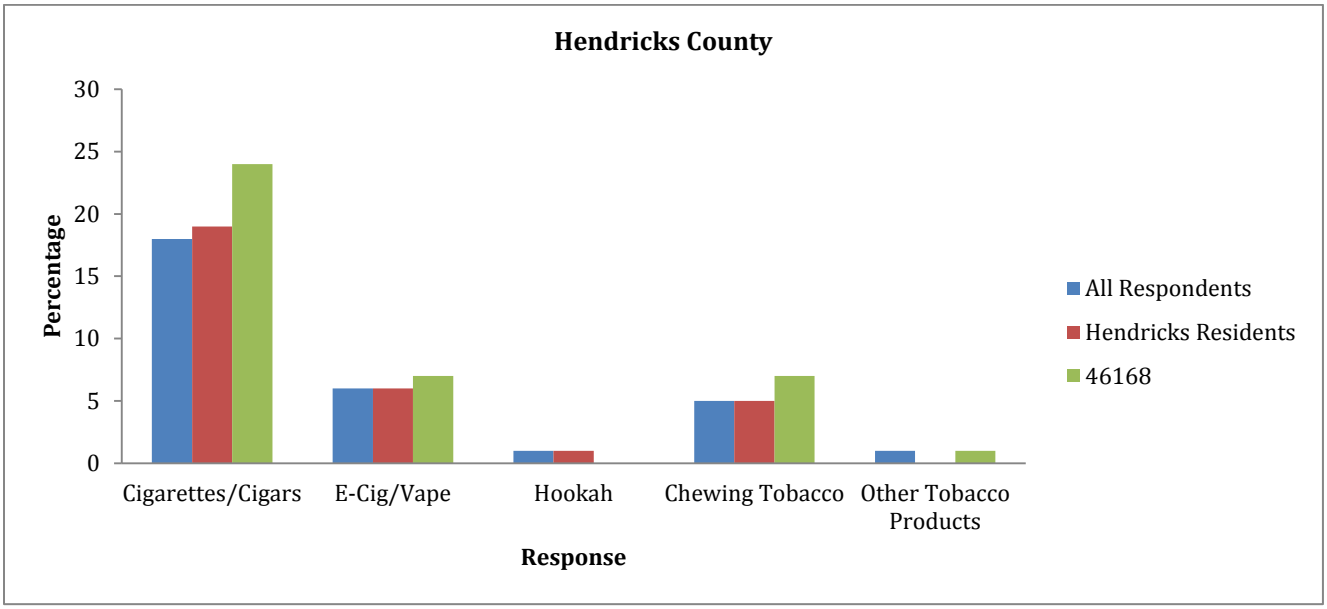
Tobacco Use

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

Occurrence	Morgan County	Hendricks County
Percentage of people who smoke	23.90%	22.10%
Number of births affected by smoking*	246	193
Cost of smoking-related births	$426,119	$334,301
Percentage of pregnant women who smoke	28.10%	10.40%
Number of deaths attributed to smoking	107	167
Number of deaths due to secondhand smoke	13	20
Economic burden of secondhand smoke	$4.2 million	$8.9 million
Number of smoking related illnesses	2,134	3,331
**Low birth weight, SIDS, reduced lung function*		
State of Indiana, 2015		

In the survey, all respondents were asked: "In the past 30 days, have you or anyone in your household used any of the following?"

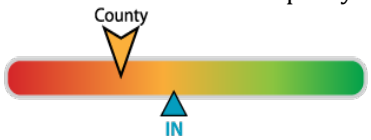




Overall, 75% of respondents stated that this question did not apply. In Morgan County, 71% stated this did not apply, specifically, 74% in zip codes 46157 and 46158 and specifically, 70% in zip codes 46166 and 46151. In Hendricks County, 76% of respondents stated this did not apply, and specifically, 73% of respondents in the 46168 zip code.

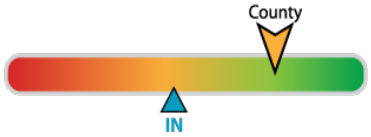
Oral Health

Dental care opportunities are scarce in Morgan County but are more available in Hendricks County. There are two dentists within Morgan County; Heartland Crossing Dental Center is located in Camby and Edgewood Family Dental is located near Brooklyn (Health Professionals, 2015). Only 64.2% of the adult population went to the dentist at least once in the past year (INdicators, 2013):



Gauge scale: 56 to 82.

Hendricks County has a shortage in dental care with an FTE of 18 and a priority score of 7. FTE "represents the number of non-federal practitioners providing ambulatory patient care in the HPSA expressed as full-time equivalents" (HRSA, 2015).
Annual Dental Visit: Dental visit at least once in past year by adults (%):75.7 % (INdicators, 2013).

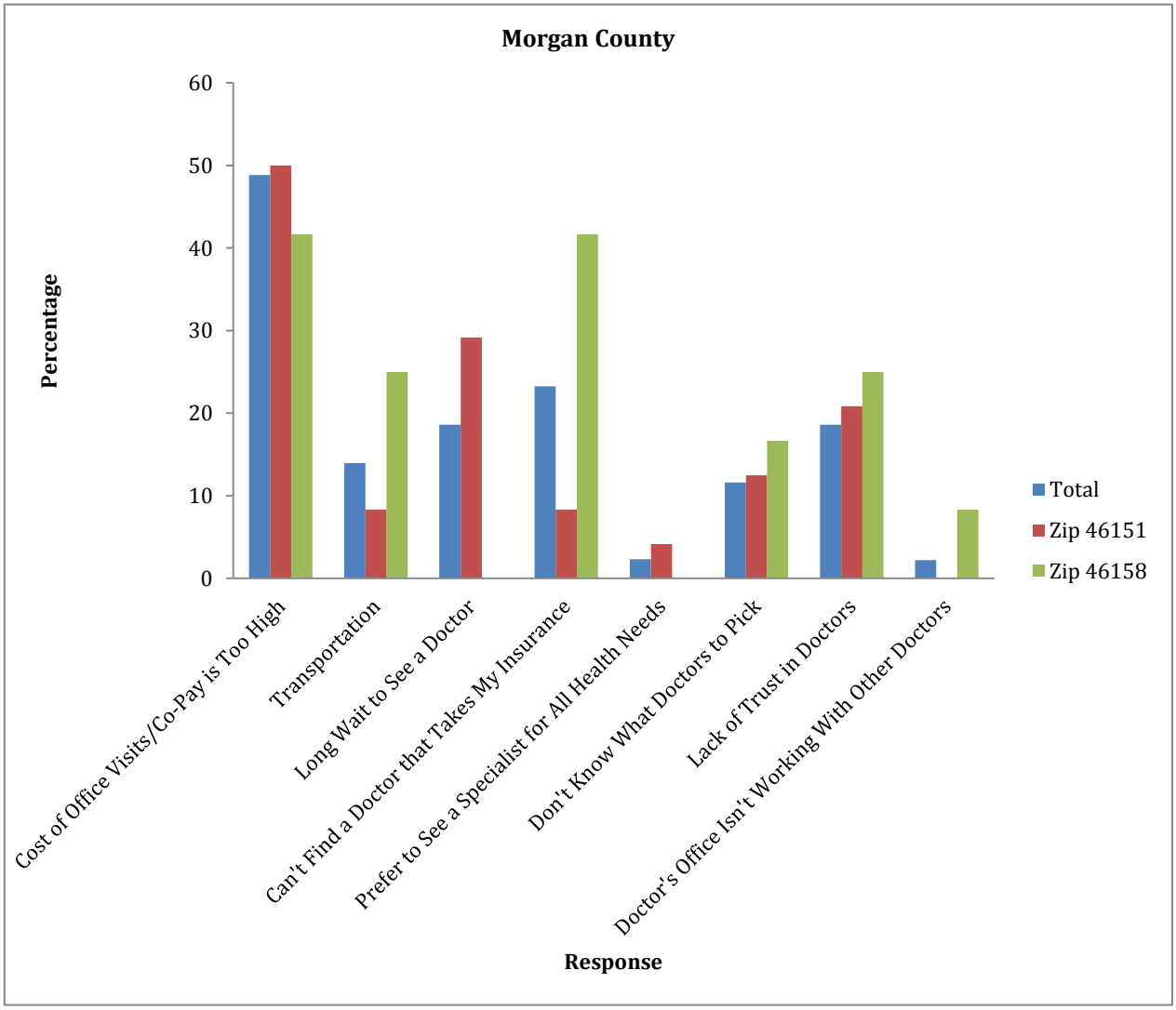


Gauge scale: 56 to 82

Access to Health Care Challenges

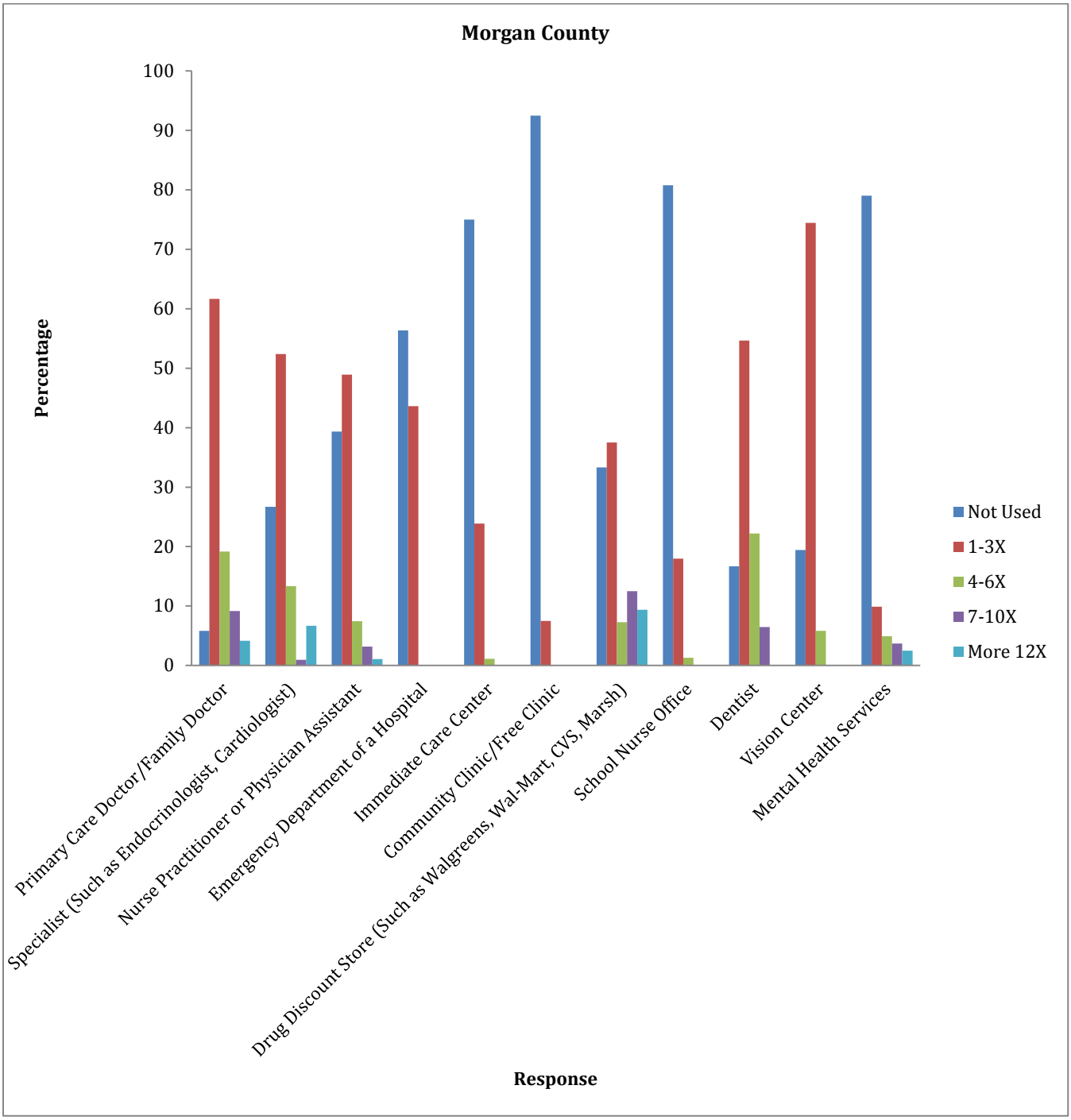
In the county specific questions, Morgan County residents responded to the following questions:

1. "If you do not have a primary care physician or family doctor, what are the challenges to seeing one?"

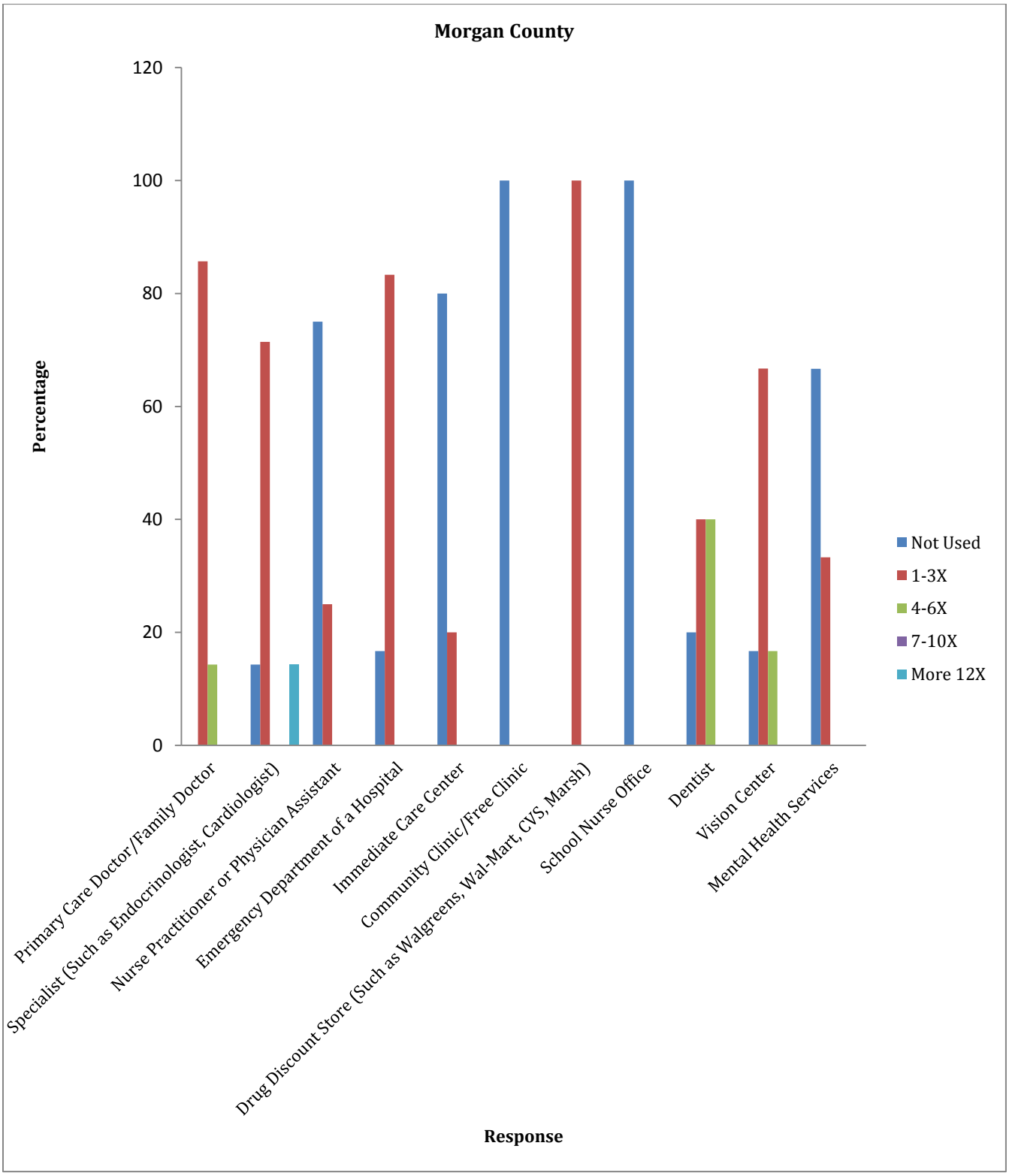


2. "In the last twelve months, where did your household get healthcare and how often?" (The overall population results were assessed. Then the data was filtered to see if the prevalence rates were more significant in the low-income population.)

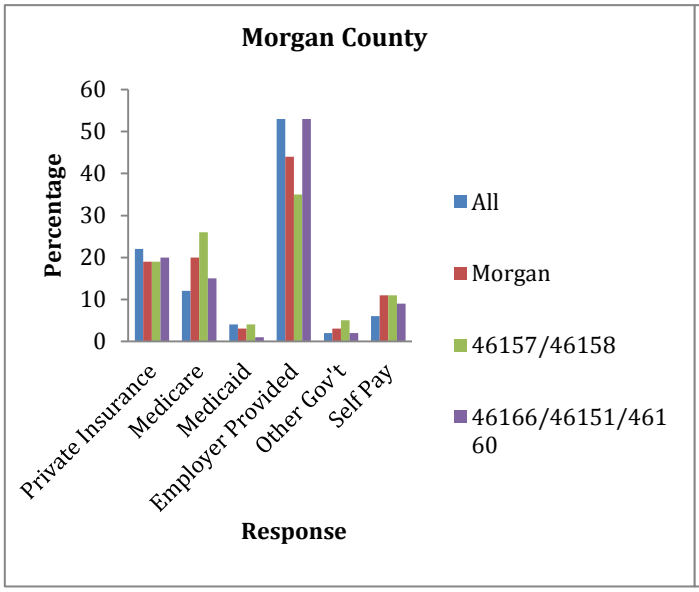
Overall population surveyed:

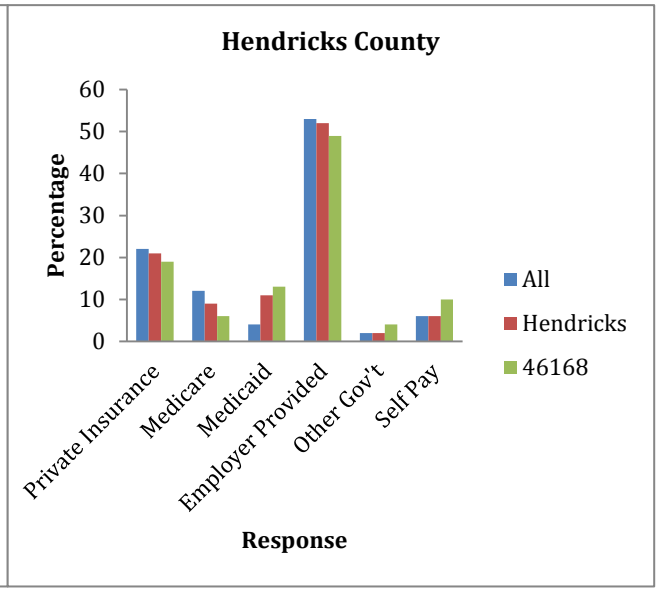


Low-Income (0-$24,999) Population Surveyed:

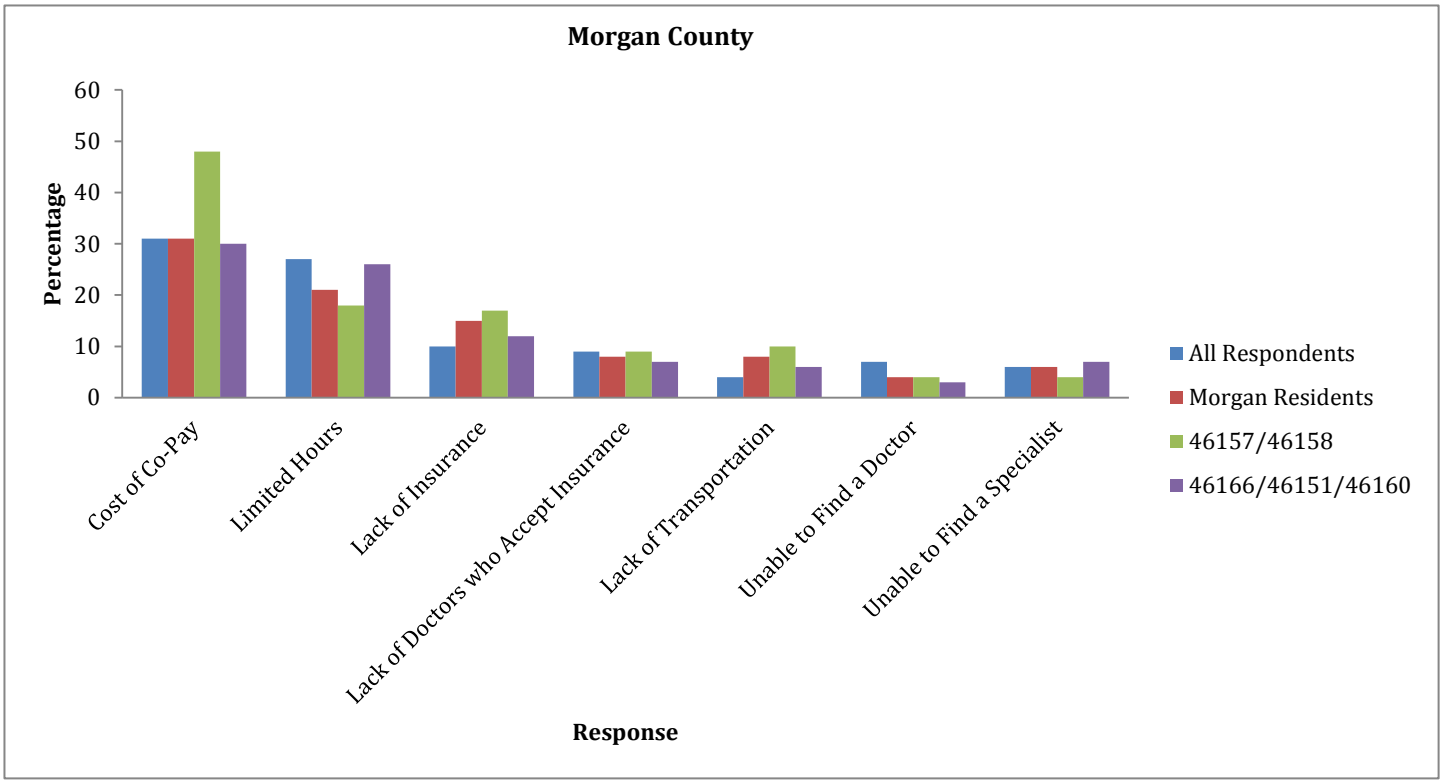


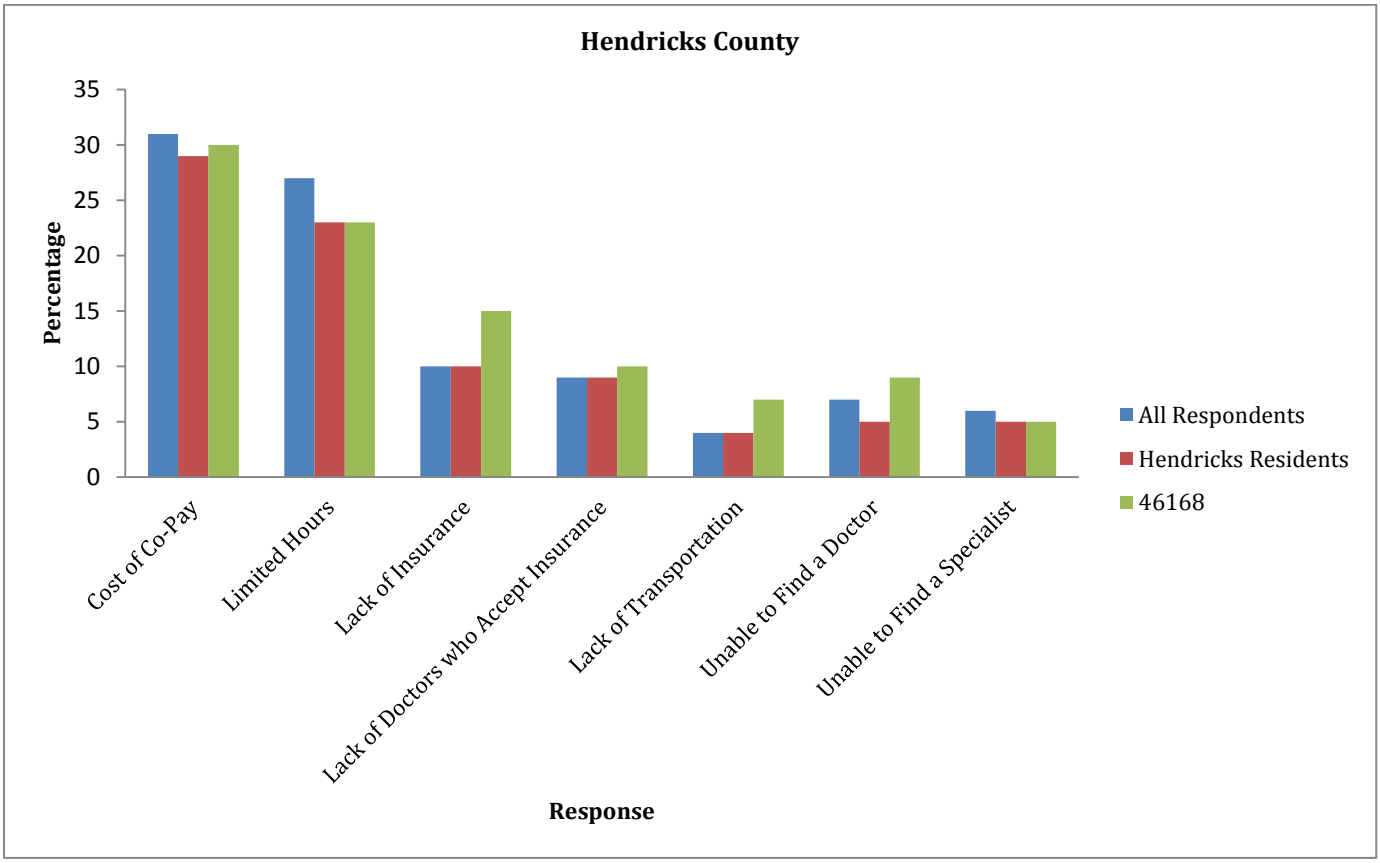
In the survey, all residents were asked how they paid for their health needs. The Hendricks County respondents indicated a high payer mix for health care needs. Comments indicate self-pay, TriCare, and Medicaid as most common. In Morgan County, the two free clinics in the county were indicated as the source of care by respondents (23%).





Lastly, they were asked: "What are the top three challenges for you and your household when receiving healthcare?" Sixty one percent of the Hendricks County comments related to the inability to afford co-pays, deductibles, or insurance, while 18% indicated a lack of access to physicians. Morgan County responses were similar with 56% indicating inability to afford care and 13% lacking access to care.





Overall, 49% of respondents stated that they did not have any problems receiving healthcare. In Morgan County, 46% stated they did not have problems, specifically 48% of respondents in the 46158 and 46158 zip codes and 49% in the 46166, 46151, and 46160 zip codes. In Hendricks County, 51% of respondents stated that they did not have problems and specifically 44% in the 46168 zip code.

Health Professions Shortage Areas

Morgan County and Hendricks County are considered health profession shortage areas. Morgan County has a shortage in primary medical care with an FTE of 18 and a score of 7. Hendricks County has a shortage in primary medical care with an FTE of 1 and a priority score of 6. FTE "represents the number of non-federal practitioners providing ambulatory patient care in the HPSA expressed as full-time equivalents" (HRSA, 2015).

The FSFH Employee Survey revealed the issues patients have when receiving healthcare:

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

Insurance/Payment

Insurance affordability is a barrier that many residents encounter in Morgan County and Hendricks County. County Health Rankings and Roadmaps (2015) reported that 15% of the Morgan County residents are not insured, while 17% of Indiana residents are not insured. Last year, 322 residents could not see a doctor due to cost, 18% of the affected population, which is much higher than Indiana's affected population of 14% that could not see a doctor due to cost. The needs assessment survey revealed that, the majority of the population's top three challenges when receiving healthcare are: cost of co-pay, limited hours at doctor's office/clinic, and do not have healthcare.

County Health Rankings and Roadmaps (2015) reported that 11% of the Hendricks County residents are not insured, while 17% of Indiana residents are not insured. Last year, 707 residents could not see a doctor due to cost: 10% of the affected population, which is lower than Indiana's affected population of 14% that could not see a doctor due to cost. The needs assessment survey revealed that, the majority of the population's top three challenges when receiving healthcare are: cost of co-pay, limited hours at doctor's office/clinic, and do not have healthcare.

Transportation

Even when residents have insurance, they may have difficulty getting to appointments due to a lack of access to transportation. Data from two different sources have contradictory conclusions, so this can skew the data about transportation needs and availability.

Data from SAVI indicates that public transportation, such as a bus service, is either unavailable or not preferred by the residents of Morgan County. According to the database, most people rely on private transportation such as cars, bicycles, and motorcycles.

According to the Northwest Indiana Community Action 211 (2015), there are two forms of free transportation available to Morgan County residents. Morgan County Veterans Service Office "provides a transportation service for ambulatory Morgan County veterans who need a ride to the VA Hospital in Indianapolis." They are available by appointment only, and they are unable to transport persons in wheelchairs at this time. The American Red Cross of Indiana-Transportation Services "provides transportation to and from medical appointments in Morgan County." To be eligible, a person must live in Morgan County with no access to reliable transportation, ineligible for Medicaid transportation or with a high spend down, and the person must be able to enter and exit the vehicle unassisted. It is

by appointment only, and a person must call 2-4 weeks in advance to schedule an appointment (Northwest Indiana Community Action 211 (2015).

"LINK Hendricks County provides a public transit service to persons of any age (including wheelchair transport, portable oxygen, attendants, and service animals) residing in Hendricks County to destinations within Hendricks County…LINK service is scheduled on a first come first/served basis, so riders are encouraged to call as soon as possible, up to three months in advance" (Hendricks County Senior Services, 2015).

"Hendricks County Senior Services provides transportation to persons 60 years of age and over, residing in Hendricks County. Transportation is provided for daily necessities, like medical appointments, grocery shopping, legal, social service, financial business, nutrition sites, and other life-essential services. Appointments are made on a first come/first served basis for door to door transportation (including wheelchair transport, portable oxygen, attendants, and service animals) for destinations in Hendricks County…..It is suggested that you call as far in advance as you can as we are usually completely booked for two weeks out" (Hendricks County Senior Services, 2015).

Summary

Data Gaps and Challenges

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

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

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

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

Response to Findings

From Franciscan St. Francis Health

FSFH Employee Survey (Conducted June 2015)	
Below is a list of top US public health issues. Please check three issues that you most commonly see.	
Issue	*Percentage*
Aging Concerns (falls, self-care, caregiving)	42.95%
Alcohol Abuse	9.62%
Obesity	51.28%
Cancers	15.38%
Child Abuse/Neglect	8.33%
Chronic Pain (Real or Perceived)	31.41%

Untreated Dental Issues	1.92%
Diabetes	30.13%
Elder or Adult Domestic Abuse	1.92%
Heart Disease/Stroke	22.44%
High Blood Pressure	18.59%
High Cholesterol	12.18%
Infant Death	1.92%
Infectious Disease	7.69%
Lack of Exercise/Fitness	23.08%
Respiratory/Lung Disease	21.15%
Suicide Attempts	3.85%
Tobacco Use	23.08%
Substance Abuse (Including Illicit Drugs and Abuse of Prescription Medications	23.08%
Depression/Anxiety	26.92%
Joint Health, Including Arthritis	13.46%
Food Insecurity	6.41%
Housing Insecurity	6.41%
Problems Related to Access to Healthcare (Transportation, Costs of Co-Pays, Etc.)	30.13%
Other	10.90%

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

Patient Question/Concern # 3	*Total*	*Percentage*
Cost of Care/Treatment	3	4.76
Cost of Medications	2	3.17
Insurance Related	2	3.17
Transportation Related	8	12.70
Financial Instability/Difficulties	7	11.11
Family/Social Support	5	7.94
Caregiving/Home Care Assistance	4	6.35
Health Illiteracy/Paperwork/Eligibility for Services	7	11.11
Mental Health Issues/Resources	2	3.17
Pain Control	2	3.17
Concerns with/Finding/Changing Primary Care Physicians	1	1.59
Hospital Stay	2	3.17
Appointments/Doctor Collaboration	6	9.52
Resources/Disease Prevention	1	1.59
Other	11	17.46
Total Responses	63	

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

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

Residents know that the community needs some improvement so the survey gave the respondents a chance to provide ways that healthcare systems can participate in the process. The survey asked: "What can hospitals and healthcare organizations do to help improve the health of your community?" The top five responses to this question from all respondents in Hendricks County include (in order of highest response):

- Lowering costs
- Providing more classes and health fairs
- Provision of a better patient experience
- Provide opportunities for exercise
- Build an awareness of health issues, include prevention and management

Because of recent changes in local hospitals in Morgan County, many comments are negative responses about cuts in services and closings. The strongest indicator in the comments from Morgan County is more classes and health fairs (15%), lowering costs (12%), and increasing services (9%).

Most of the comments from Hendricks County include positive changes related to exercise or fitness (37%) and improvement on their diet (food or beverage) (42%). Morgan County is similar with 34% indicating a positive change in physical activity and 42% indicating an improved diet.

Appendix

Patient Encounters by Type and County

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

Patients by Type and County

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

Summary by County

Boone		
Inpatient	31	43
Obstetrics	7	8
Outpatient	255	477
Emergency	52	65
Total	345	593
Hamilton		
Inpatient	88	137
Obstetrics	15	17
Outpatient	1,296	2,086
Emergency	143	182
Total	1,542	2,422
Hancock		
Inpatient	107	127
Obstetrics	27	27
Outpatient	991	2,371
Emergency	286	328
Total	1411	2,853
Hendricks		
Inpatient	284	335
Obstetrics	72	73
Outpatient	2,857	2,371
Emergency	1028	1372
Total	4,241	4,151
Johnson		
Inpatient	2743	3,601
Obstetrics	993	1,071
Outpatient	20436	52,838
Emergency	8803	12,581
Total	32975	70,091
Marion		
Inpatient	7655	10125
Obstetrics	2735	2982
Outpatient	46,821	126,139
Emergency	33102	49973
Total	90,313	189,219
Morgan		
Inpatient	2343	2,912
Obstetrics	658	684
Outpatient	18986	47,494
Emergency	11953	17,768
Total	33940	68,858
Shelby		
Inpatient	634	823
Obstetrics	192	203
Outpatient	2,772	6,765
Emergency	902	1205
Total	4,500	8,996
Other		
Inpatient	2.156	3,410
Obstetrics	417	5,499
Outpatient	9897	21,487
Emergency	2936	4,776
Total	15406	35,172

Top 5 Zip Codes by Campus and Type Encounters

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

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

Regions: 1, 2 and 3				
Access to healthcare	Access to home healthcare providers	Transportation	Lack of healthcare providers	Geriatricians
Obesity	Access to food deserts	Nutrition education	Pre-diabetes/diabetes	Smoking mothers
Nutrition	Low immunization rates	Unhealthy home	Suicide	Substance Abuse
Maternal Infant Health	Mental health services	Behavior health services	Tobacco	E-Cigarettes
Mental/Behavior Health	Cancer	Lung cancer	Prostate cancer	Colorectal cancer
Nicotine Products	Poor oral health in Amish	Increased preparedness in dementia care	Emphasis on community based transitions of care	
Regions: Southern 3, 4 and 6				

Access to healthcare	Emphasis on integration of healthcare and social services at the individual level	Increase Hispanic population- translators	Increased preparedness in dementia care	
Drug abuse and mental health	Use of ER	Obesity		
Higher than state use of tobacco	Dental care	Lack of county level data		
Identification on pre-diabetes 1 at risk for type 2	Transportation	Impact of manure lagoons		
Non-management of diabetes/heart disease	Transition from hospital	Availability of home healthcare providers		
Region: 5				
Poverty	Elderly nutritional issues cause chronic disease	Design services based on culture	Lack of resources	Mental health
Obesity	Chronic infections	Breast cancer	Low immunization rates	Early childhood education
Maternal health/infant mortality	Safety	Violence	Elderly memory care	Overdose deaths
Access to healthcare	Transportation	How do we get the community to "buy in" and want to make a difference?	Empowering communities to take change	Listening vs. hearing the needs
Don't tell the communities what they need. Ask them.	Diversity of neighborhoods is as noted by variation of health, issues and culture.			
Regions: 7 and 10				
Substance abuse	Increased preparedness in dementia care	Senior poverty	Cocaine	
Black lung disease (coal mining)	Smoking- COPD	Obesity	Higher cancer incidence rates- lung cancer	
Access to primary care	Transportation	Access to home healthcare providers	Provider shortages	
Lowest infant immunization rates	Increase healthcare transitions with social services	Culture		
Mental illness	Infant mortality	STD's		
Regions: 8 and 9				
Mental health	Lack of home healthcare providers	Increased preparedness in dementia care	Suicide	
Cancer- Lung and Colorectal	Obesity	In Medicaid- Cincinnati will not take patients	Prescription abuse	
Access to healthcare	Meth/substance abuse	Access/Awareness to diabetes/cardiovascular disease		
Transportation	Social Support	Access to mental health services		

Young Children (0 – 8 years)				
Second-hand and Tobacco/Tobacco use during pregnancy	Access to support services for asthmatic + diabetic children in schools	Third hand smoke exposure	Nicotine poisoning	Prenatal exposure (drugs & alcohol)
Maternal infant health	Breastfeeding support	Infant mortality & safe sleep	Lack of physical activity	Reluctance to get immunizations
Immunizations	Access to healthy foods	Pre-diabetes services	Hunger	Lack of discipline
Nutrition	Child abuse & molestation	Poverty- food programs in schools	Poor housing conditions	Disengagement of fathers
Fitness	Social norms that promote/reward inactivity and improper nutrition			
Children (9 – 18)				
Substance abuse	Mental health	Poverty	Lack of social skills	Depression/ anxiety
Safe driving	Obesity	Bullying- cyber / In-person	Lack of parenting	Anger issues
Pregnancy	Family structure	Access to healthcare	Lack of physical activity	Low up take of HPV vaccine (40th in country)
Drugs	STI's	Lack of role models	Support of healthy eating	
Technology	Violence	Lack of motivation	Suicide	
Young Adults (19 – 34)				
Obesity	Low cervical cancer screening rates	Occupational exposure	Stable relationships lead to better parenting	Pre-natal care
Don't have environment that supports healthy choices	Biggest cultural impact	Lack of compliance with recommended vaccine schedule during 3rd trimester pregnancy	Access to reliable childcare to stabilize home/work life	Mental health
Worksite access/ support of physical activity	Health status to fund all healthcare	Support of family and caregivers	Insurance programs	Pre-diabetes
Gaps in Employment, College, Home	Financial issues			
Adults (35 – 54)				
Support of family/caregivers	Diabetes/Obesity	Cardiovascular disease	Tobacco	Underemployment
Financial issues	Behavioral health	Mental health	Low rates for recommended screenings (cancer, breast, cervical & colorectal)	Stress
Seniors (55+)				
Increased dementia	Financial stress (taking care of grandchildren)	Social isolation	Diabetes management	Nutrition
Family caregiver support	Shortage of providers	Transportation	Falls prevention	Low rates of cancer screenings
Abuse/neglect	Workforce issues- high turnover rate			

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

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

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

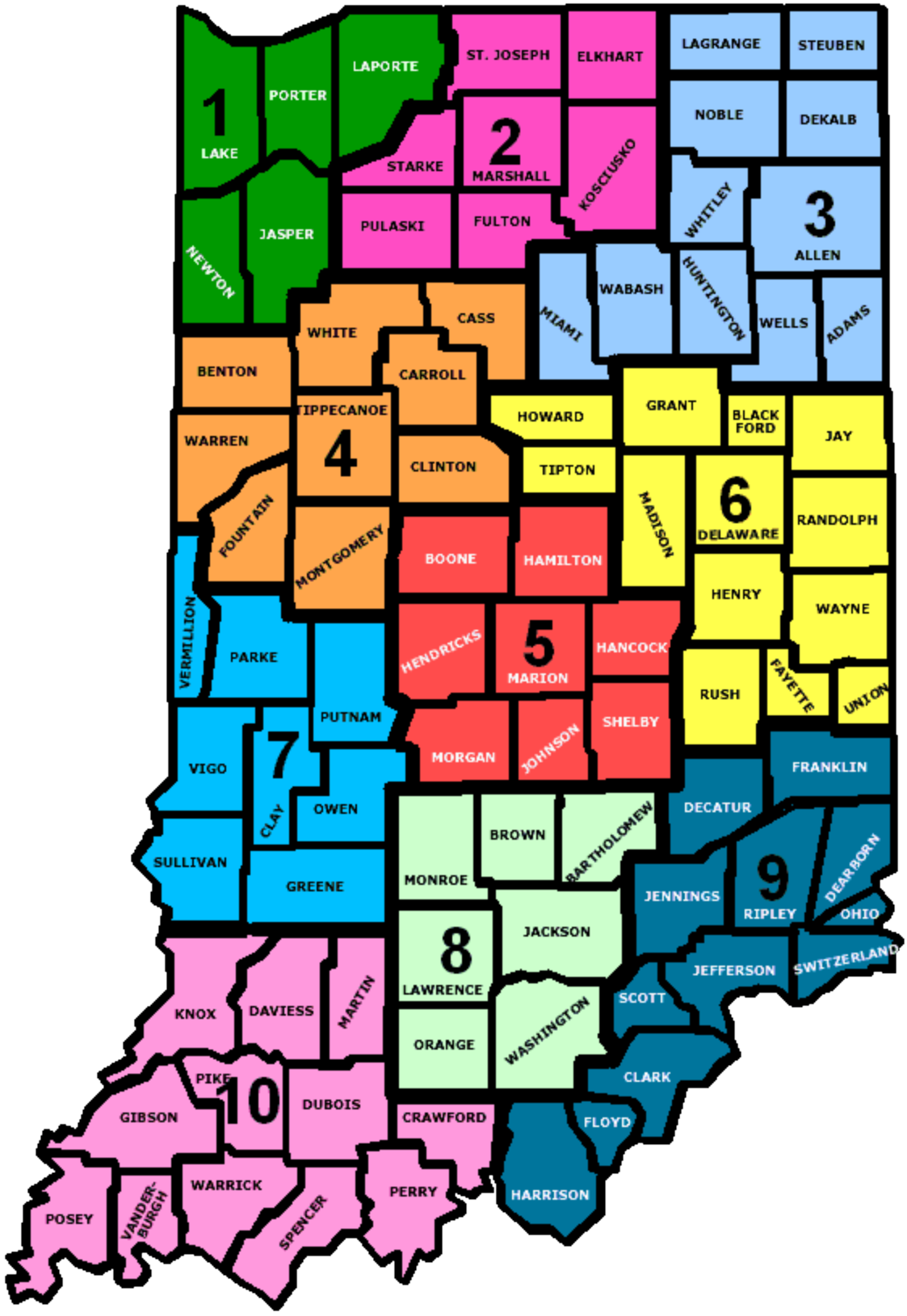
1. "Poverty is a key health issue in Indiana at all ages."
2. "Care transitions, divorce/deaths in aging population and adjustment of those elderly who are left behind."
3. "Across all age groups- health literacy, patient provider communication, navigating the healthcare system and prevention care."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

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

1. "Focusing on the structural determinants that result in health disparities, and also violence."
2. "System change, policy, environmental, networking about physical activity, nutrition and obesity."
3. "Infant mortality, maternal child health, social determinants of health."
4. "How to make our state healthier? How to collaborate? Information sharing."
5. "Lack of physical activity & physical activity opportunities. Low consumption of fruits and vegetables and access to affordable fruits and vegetables. Tobacco use. Systematic support from clinic to community for behavior change."
6. "Better access to care in a manner and location that is needed by the community."
7. "Infant mortality, smoking, obesity, drug misuse, abuse, overdose, depression, suicide, and access to appropriate care."
8. "Cancer, therapies, mental health, heart disease and nutrition."
9. "Climate chance and its impact on public health. Changes in the range of infectious disease vectors and increasing extreme weather events. The impact of reliance on fossil fuels on air and water quality. Confined animal feeding operations- and their impact on air and water."
10. "Mental health, continuity of care, stigma related to psychological issues."
11. "Non-dxn of pre-diabetes, built environment, and need for stronger public health infrastructure."

Student Focus Group	
Regions 1 and 2	
Largest Issues	*Possible Interventions*
Pollution	Make pollution a known issue
Drug Use	Random drug testing at school
Healthy Food Access	Coping skills and rehab centers
Unemployment	Job fairs
Mental Health Issues	Offer transportation
Regions 3 and 6	
Largest Issues	*Possible Interventions*
Drugs, especially heroin	Rehabilitation centers
Alcohol abuse	Interventions for substance abuse
Teen birth rate	Education on preventative medicine
Tobacco use	Better healthcare availability
Chronic disease	Encouragement for healthcare patients
Access to healthcare	
Regions 4 and 7	
Largest Issues	*Possible Interventions*
Substance abuse	Awareness campaigns
Access to emergency healthcare	More life-line services from emergency department
Food availability/too much fast food	Better food choices and education
	Farmers markets
Region 5	
Largest Issues	*Possible Interventions*
Education	More discussion and education about health issues
Environment	Fix minor problems before problems get bigger
Public Safety	(water contamination, infrastructures, built environment)
	More police coverage
Regions 8, 9, and 10	
Largest Issues	*Possible Interventions*
Substance abuse	Rehabilitation options
Environmental testing (experimentation with fracking, etc.)	Better technology
Hospital inefficiency	Large amounts of funding

Public HealthPreparedness Districts

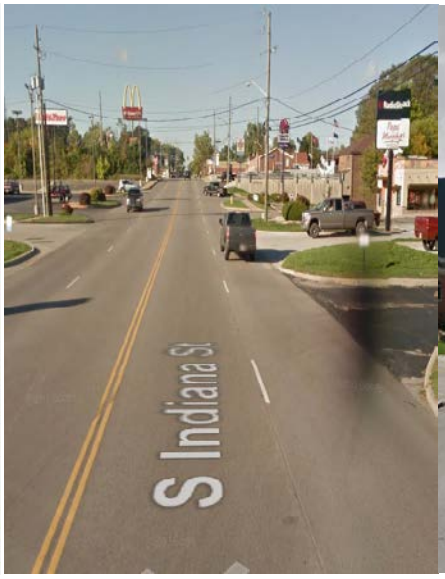


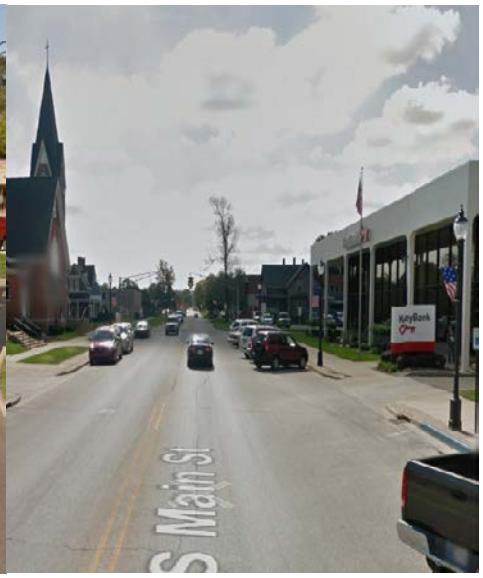
Morgan County Windshield Survey

In Morgan County, the focus is on Mooresville and Eminence. From a search on Google, it was easy to see what each city has and what each city is lacking in terms of grocery stores, churches, parks, and sidewalks:

Morgan County Windshield Survey from Google				
Cities	Grocery Stores	Churches	Parks	Sidewalks
Mooresville	1	22	1	Needs sidewalk repair and more sidewalks
Eminence	0	0	0	New sidewalks needed











Morgan County Key Leader Focus Group Discussion

Priorities	
Access to Healthcare (Providers and Transportation)	Cancer/Tobacco Prevention
Mental Health	Substance Abuse
Diabetes/Obesity	Healthy Behaviors
Dental	Patient Participation
Knowledge	
Top Priorities and Possible Solutions	
Cancer Prevention	
Mandatory Non-Smoking/Chewing Policy in Public Buildings and Grounds	
Healthy Diet and Activity Education	
Target Smoking Cessation in Low-Income Groups	
Free Mammography Screening	
Education Regarding Health Insurance	
Substance Abuse	
Promote/Support Youth Making Positive Choices	
Need In-County Treatment Facilities/Programs, Continue Emphasis on Prevention with Youth	
Prevention Programs in All Elementary, Pre-Schools, and Daycares	
Adults and Parents Need Assistance Too	
Talk with Pre-Teens and Youth Groups	
E-Cigarettes Education	
County Needs More Economic Opportunities for Decent Wage Jobs	
Mental Health	
Community Focus/Education Groups	
Greater Access to Free/Low-Cost Services in the County	
Call-in Hotlines for On-Demand Needs	
Parenting Programs	
Possible Additional Support Programs Within Schools	
More Mental Health Professionals and Facilities	
Provide Support and Education for Low-Income Parents about Childcare, Discipline and Good Parenting.	
Diabetes/Obesity	
Have a Diabetes Care Program for Ensured and Uninsured People That Would Focus on Management, Education and Also Provide Prescription Assistance (Could Include Diabetes Nurse Educators as Primary Providers)	
Preventative Care and Take Into Common Public Areas (Easily Accessed), Businesses, and Schools-Include Public Awareness about Effectiveness and Evidence-Based Diabetes Prevention Program	
Education	
Food Pantries Stocked with Healthy Foods and Not Processed or High-Sodium Foods	
Provide Financial Incentive (from Insurers and Employers) When Goals are Met and Maintained	
Healthy Behaviors	
Improve Early Health Education	
Improve Education for Elderly	
Get Money from the County and Cities for Walking and Biking Trails	
Bring Interactive Physical Activity Programming Into Schools/Businesses Along With Diabetes Prevention and Self-Management	
Easier Access and Awareness of YMCA Programs	
Indoor Walking for Free (Schools)	
Improve Rates of Post-Secondary Education Achievement	
Access to Healthcare (Providers and Transportation)	
Low-cost Dental Rates County Wide	
Mobile Doctor Education for Seniors	
Money and Collaboration Between Providers	
Reimbursement to Recognize Quality Outcomes-Not Volume and Productivity	
Mobile Healthcare Vans for Home Visits from PCPs	

Morgan County Key Leader Focus Group 2/25/2015

Educator	Purdue Extension-Morgan County
Nurse	Indiana University Health Morgan
Executive Director	Coordinated Aging Services of Morgan County
CEO	Citizens Bank
Communications Director	Mooresville Consolidated School Corporation
Director of Employer Health Solutions	Franciscan St. Francis Health
CEO	Community Foundation of Morgan County
Senior Vice President	Franciscan St. Francis Health
President	Healthier Morgan County Initiative
Member	Healthier Morgan County Initiative
Executive Director	Barbara B. Jordan YMCA
Outreach Director	Barbara B. Jordan YMCA
Area Director	United Way of Central Indiana
County Commissioner	Morgan County Government
Site Director	Ivy Tech Community College
Nurse	Indiana University Health Morgan
President	Mayfield Insurance, Inc.
Director	Churches in Mission
Nurse	Indiana University Health Morgan
Psychiatrist	Indiana University Health Morgan
Director	Morgan County Substance Abuse Council
Member	Healthier Morgan County Initiative
Director of Nursing	Morgan County Health Department

Hendricks County Windshield Survey

I n Hendricks County, the focus is on Plainfield. From a search on Google, it was easy to see what each city has and what each city is lacking in terms of grocery stores, churches, parks, and sidewalks. Plainfield has six grocery stores, 25 churches, and two parks. The city needs sidewalks in general.











Hendricks County Health Department Focus Groups

Components of a Healthy Community (All Groups)

Walking/biking trails (connectivity)	Location
Parks	"Healthy choice is the easy choice" (e.g. food choices)
Support services for mental/emotional health	Health-minded attitudes/values
Access to reasonably-priced health care	Employee assistance and wellness
Access to reasonably-priced recreation facilities	Resident involvement and community support (e.g. sense of responsibility, respect, and helpfulness for neighbors, personal property, and self)
Access to fresh fruits, vegetables, and healthy foods	Economic development (e.g. businesses people will go to, use, and/or visit with neighbors)
Education/communication about services	See people being active

Adequate amount of and convenient access to services for entire county	Shared use agreements with schools
Low crime	Clean restaurants
Low level of substance abuse	Presence of senior center
Healthy lifestyle programming (e.g. screenings, exercise classes) for all ages - kids-seniors)	Availability of hospitals, clinics, and general care
Clean water, air, and environment	Transportation (e.g. Hendricks County LINK)
Good schools	Convenient health facilities
Well-maintained housing	Good church involvement
Active social support and groups	Good traffic flow
Good roads	

Known Resources (All Groups)

Hendricks Regional Health's Breastfeeding Support Group	IU Health West
Avon Fire Department (free exercise classes)	CICOA
Hendricks Regional Health YMCA (including free child care)	They're Our Kids
Hendricks County Senior Services	WebMD
Sheltering Wings	Local churches (rural areas)
Local food pantries (rural areas)	Township Trustee
Connect 2 Help 211	Hendricks Regional Health
Hendricks County Health Department	

Infants and Parents

ALL CONCERNS	IDEAS FOR NEW PROJECTS/IMPROVEMENTS TO CURRENT PROJECTS
High cost/fees for recreational services	Connect trails/sidewalks between communities (make more walkable)
Lack of variety in times for classes, doctor's appointments, etc.	Create fund to reduce the cost of recreation services
Work-life balance (i.e. too many obligations, not enough hours)	Local donation and distribution of breast milk
Lack of regulated breaks for breastfeeding	Awareness/education for employers re: laws on breaks for breastfeeding
Lack of access to breast milk	New parent "swaps"/events with information on doctors, daycares, transportation options

Lack of transportation (i.e. mass transit)	More variety in times (i.e. weekend, night, early morning variety) for recreation services, doctor's appointments, family-friendly events
Mental health	Increased access to counseling for short-term problems (e.g. feeling overwhelmed as a new parent) with referral to longer-term counseling when needed
	Increased social support groups with a physical presence (i.e. not web-based forums or groups)
	Low cost/free counseling and recreational services
	More nutrition classes with focus on new parents
	Extended support and education on breastfeeding including more support groups throughout the county, more lactation consultants available during pregnancy, and more education during pregnancy on all feeding options
	Additional prenatal counseling with information on parenting and what to expect during the first year

Seniors

ALL CONCERNS	IDEAS FOR NEW PROJECTS/IMPROVEMENTS TO CURRENT PROJECTS
Lack and cost of insurance	Maintain a strong Senior Center and expand to include more rooms (soundproofed and divided) for activities, pedestal/higher tables and table height variety, automatic doors for bathrooms, etc., larger tornado shelter room, better scheduling between activities (need a little more time between activities), and offer cooking classes/demos
Lack of funding, infrastructure for transportation	Ability to take fewer vouchers for food program
Lack of mobility (within the home and getting out of the home)	Visiting nurse/doctor programs
Living alone (e.g. lack of caregivers, affordable and reliable security/call services, lack of dependability in emergency response, taking care of the home)	Ability to install ramps outside of homes
Cost of care, especially EMS	More low-cost/reduced-price swimming exercise classes (YMCA is too expensive; utilize schools and parks)
Lack of income	More advertising on free/discounted senior services
Lack of dependability in emergency response (e.g. falling in a public bathroom)	More handicap parking around community (e.g. stores, doctor's offices, fairs, events)
Transportation	Expand LINK so it can go into Marion County, operate on evenings and weekends
Staying out of the hospital	Identify other mass transit, non-LINK services (e.g. church vans)
Finding caring doctors	More handicap stalls in restrooms
	More sidewalks
	More service events (e.g. health fairs, Garden on the Go, health screenings with a doctor)
	Shuttle services in parking lots at events, fair, etc.

Rural Communities (Pittsboro, Lizton, North Salem, Clayton, Stilesville, Amo, Coatesville)

ALL CONCERNS	IDEAS FOR NEW PROJECTS/IMPROVEMENTS TO CURRENT PROJECTS
Lack of services	More jobs/employment opportunities in rural communities, especially jobs that offer a living wage (i.e. enough funds to get people off assistance programs)
No/little source of income for towns (e.g. small portion of tax base; grant restrictions; financial cuts/restraints)	Financial counseling for residents
High taxes	Provide information on available services/resources at access points (e.g. trustee's office, food pantry, post office, fire departments, council meetings)
Money/income for residents	Restrictions to "handouts"
Transportation	More general and wraparound services based on towns' demographics/where services are actually needed
Not knowing what services are available	More town events/health fairs at church, town hall, etc. with information on programs/services, visiting nurse or doctor/screenings, family-friendly activities, play/physical activity
Distance from services	Better communication across jurisdictional lines
Government regulation	Easy access to services
Walkability and related safety issues	Remove blight/improve blighted properties/areas (e.g. Tox Away Days, large item disposal; encourage property care, weed and pest control)
Blight (e.g. property maintenance and trash)	Increase funding, make funding opportunities easier to obtain, and educate on funding opportunities
Apathy	More programs/sponsors for schools and students
Lack of exercise programs	More bike paths, sidewalks, and park equipment/systems
Health care costs	Retail businesses that allow people to take "personal pride" (e.g. laundromat, car wash)
Poor behavior choices	Commercial amenities
Lack of economic development	Municipal water system and utilities
Affordable health services	Concentration on building and zoning in small towns with same zeal as suburban areas
Distance from resources	Encourage church attendance and helping friends/neighbors; more church involvement and social engagement
Lack of education	Recycling programs
Lack of self-responsibility (e.g. lack of caring about appearance and health; laziness; financial mismanagement)	Involvement with school systems
Generational poverty	Farmers markets/community gardens
Older population	Healthier restaurants/restaurant options
Environmental health hazards (e.g. water quality because of no municipal water system; vector control)	Non-smoking establishments
Transient population due to excess rentals	Public transportation, especially for seniors
Substance abuse	Inexpensive youth center/programs (e.g. Boys and Girls Club)
Lack of time to take care of oneself	Better knowledge of where to donate time, money, resources
Resentment between "haves" and "have-nots"	More rural business strategies/support
	Research what has worked in other towns and inform towns what works

Suburban Communities (Avon, Plainfield, Brownsburg, Danville)

ALL CONCERNS	IDEAS FOR NEW PROJECTS/IMPROVEMENTS TO CURRENT PROJECTS
Large population of fast food	Better and free access to mental health resources
Lack of useful nutrition education (e.g. health illiteracy; overload of information)	Free access to stress reduction resources (e.g. coping, parenting, time management, financial)
Large portion sizes	Connectivity and access to parks, trails, sidewalks
Tobacco	Nurse helpline
Physical inactivity	Tobacco prevention
Stress	More health screenings and wellness checks
Food deserts/limited options for healthy food choices	Advertise the good going on and available programs
Transportation	Parking for BO Trail (Brownsburg)
No community supported agriculture	Quick index of resources by category/community
Farmers market issues (e.g. lack of variety; no winter markets)	Increase tax/cost of tobacco products
Environmental health issues (e.g. old homes; old septic systems; drainage issues)	Consistently available programs that provide data/actionable information, "train the trainer" activities, outline best practices, identify specific content experts, etc.
Lack of knowledge about available resources (i.e. who do you call?)	Improve generational health – across the lifespan
	Expand the STOP Taking on Pounds Program at YMCA
	More discussion and more follow-up on activity prescriptions

Veterans

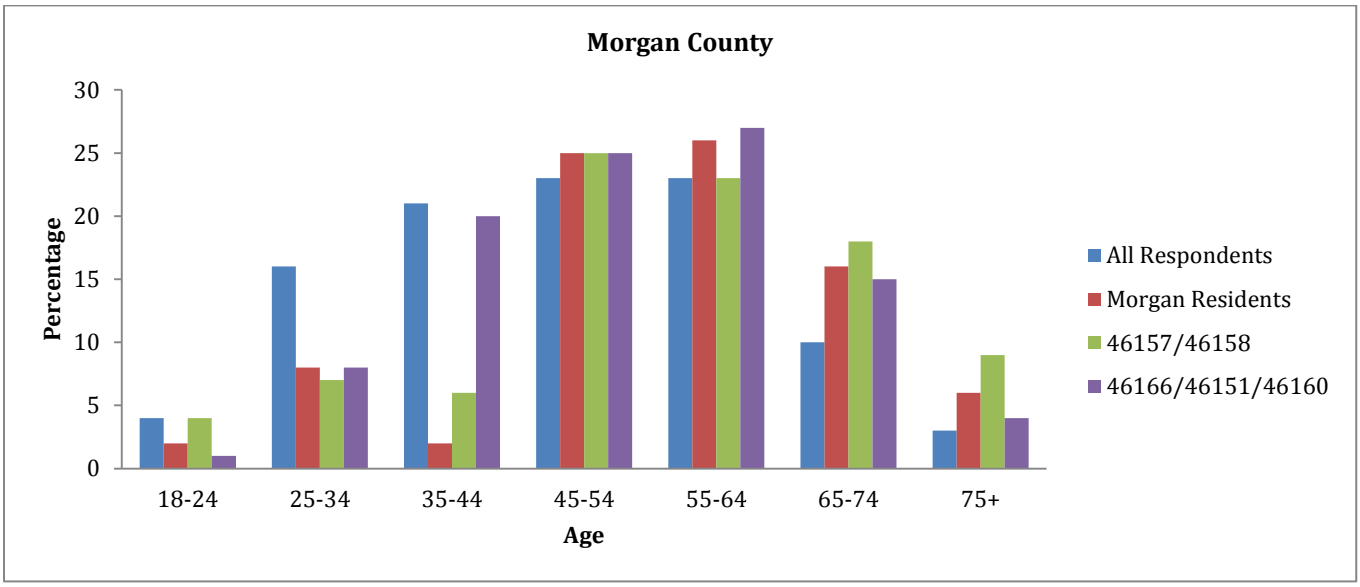
ALL CONCERNS	IDEAS FOR NEW PROJECTS/IMPROVEMENTS TO CURRENT PROJECTS
High cost of living versus low wages and veterans benefits	Better representation from the VA
VA representatives not available locally	Cheaper housing
High health costs	More discounts for veterans
Diabetes	More retirement and wage options, especially for older veterans
Lack of assistive services	Funeral planning services – databank of options
Lack of participation from young veterans due to lack of family programs	Discounts on health equipment
Transportation	Better understanding of available benefits
Lack of connection between trails, sidewalks, etc. (relating to exercise)	American Legion changing structure, specifically more chaplains and service officers, less gaming and more restaurant service, exercise facilities, and more services to/for the youth (e.g. competitions; target the kids, get the veterans) and families (e.g. child care)

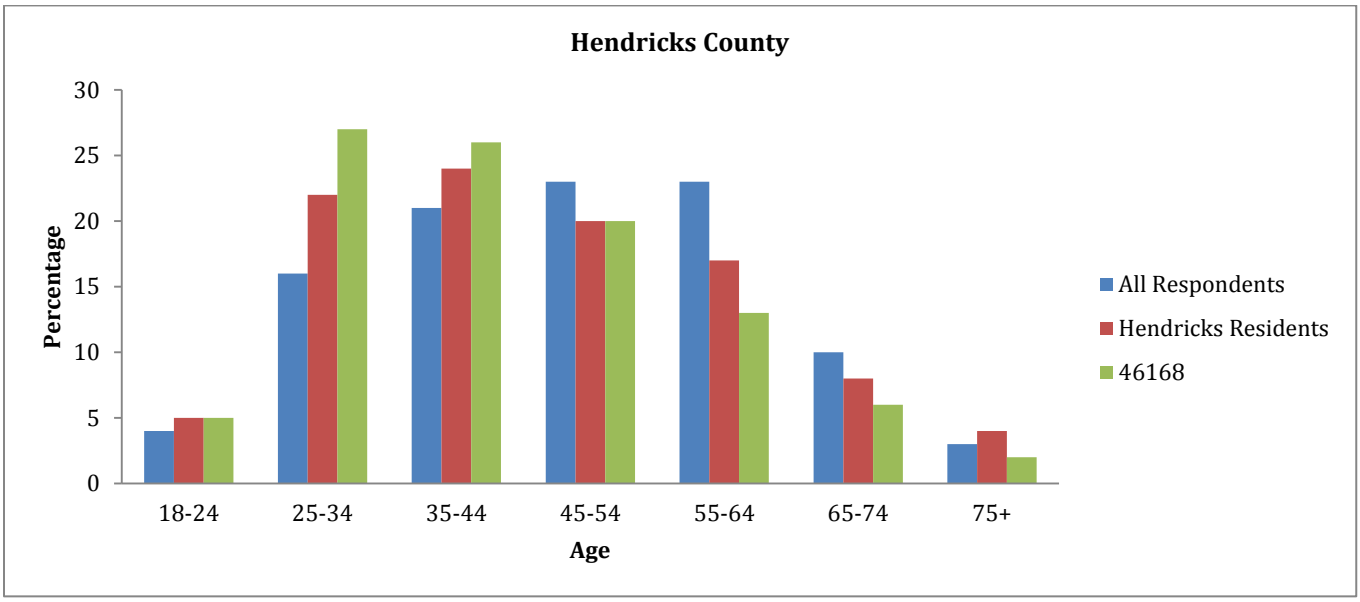
FSFH Employee Survey (Conducted June 2015)		
Please indicate the campus/location of your primary work assignment:		
Location		*Respondents*
Indianapolis		68.67%
Carmel		4.67%
Mooresville		18.00%
FPN		6.67%
VSN		2.00%
What department do you work in?		
Heart Center	Senior Promise	ASD
ED	Geriatrics	Women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

Medical Renal	Emergency	5 E Medical Renal
Trauma Administration		
What is your job title?		
RN	Insurance Consultant	Physician Liaison/Community Outreach
Nurse	PTA	Patient Service Representative
RN	Care Coordinator III	Supervisor
PTA	Clinical Educator	COTA II
PSR	RN	Front Desk
Clinical Lead/CMA	Medical Assistant	RN
Pharmacy Technician	Mail Clerk	Manager
Manager	NP	Program Specialist
Insurance Consultant	Director	Occupational Therapist
Patient Access Rep II	RN	Investigational Drug Services Pharm. Tech.
Materials Technician	RN	RN
Manager	RN	PTA
RN	RN	Registered Nurse
RN	Registered Respiratory Therapist	Staff Clinical Pharmacist
RN	PTA	Social Worker
Nurse	Physical Therapist II	Manager
Assistant	Secretary	Process Improvement Coordinator
Social Worker	RN	Hospice Spiritual Bereavement Support
Dietitian	Executive Assistant	Rehab. Aquatic Specialist
OB Nurse Navigator	Manager/Radiation Therapist	Manager
Senior Physical Therapist	Manager	Manager
Chaplain	Respiratory Therapist	Staff Physical Therapist
Director	PTA	Front Desk/Intake Coordinator
Case Manager, Parish Nurse	RN	Manager
Director	Administrative Assistant	Bereavement Coordinator
RN	Director	Unit Manager
Medical Director	Staff Nurse	RN
RN	Registered Nurse	Lactation Consultant/Baby-Friendly Coordinator
RN	RN	RN
RN	CST	RN
CCC	RN	Physical Therapist
RN	Trauma Program Manager	Director of Quality Improvement
RN-BSN	Manager, Support Services	Staff RN
Nurse Navigator	Provider Relations Coordinator	Office Assistant
PSR	NICU Manager	RN
Care Transition Coach	Clinic Supervisor	Supervisor
Manager	Parish Nurse	RN
RN	RN	RN
RN	Renal CCN Coordinator	RN Care Manager
Director Finance Legal Counsel	RN	PCC RN
Admin. Dir. Case Management	RN: Bariatric Coordinator	ACO Manager of Marketing & Communication
RN: Care Coordinator	Operations Director, JRSI	RN PPC
Director of Operations	Care Coordination Manager	BSN, RN-PCC
Medicaid Program Coordinator	Medical Social Worker	Supervisor Clinical Case Coordinator
Clinical Care Coordinator	New Media Manager	Director of Quality Improvement
Director	Dir. Of Employer Health Solutions	Program Manager Women's Health
Director	Volunteer Coordinator	

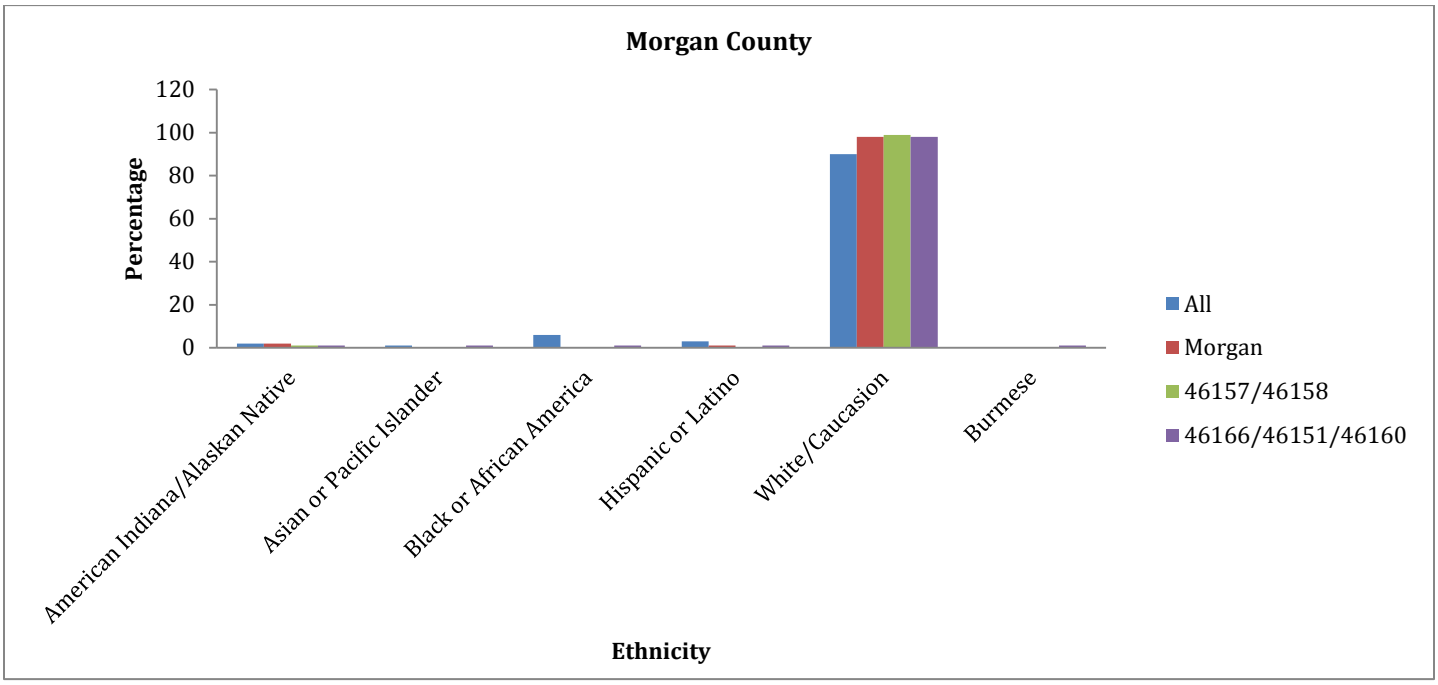
FSFH Community Health Needs Assessment Survey

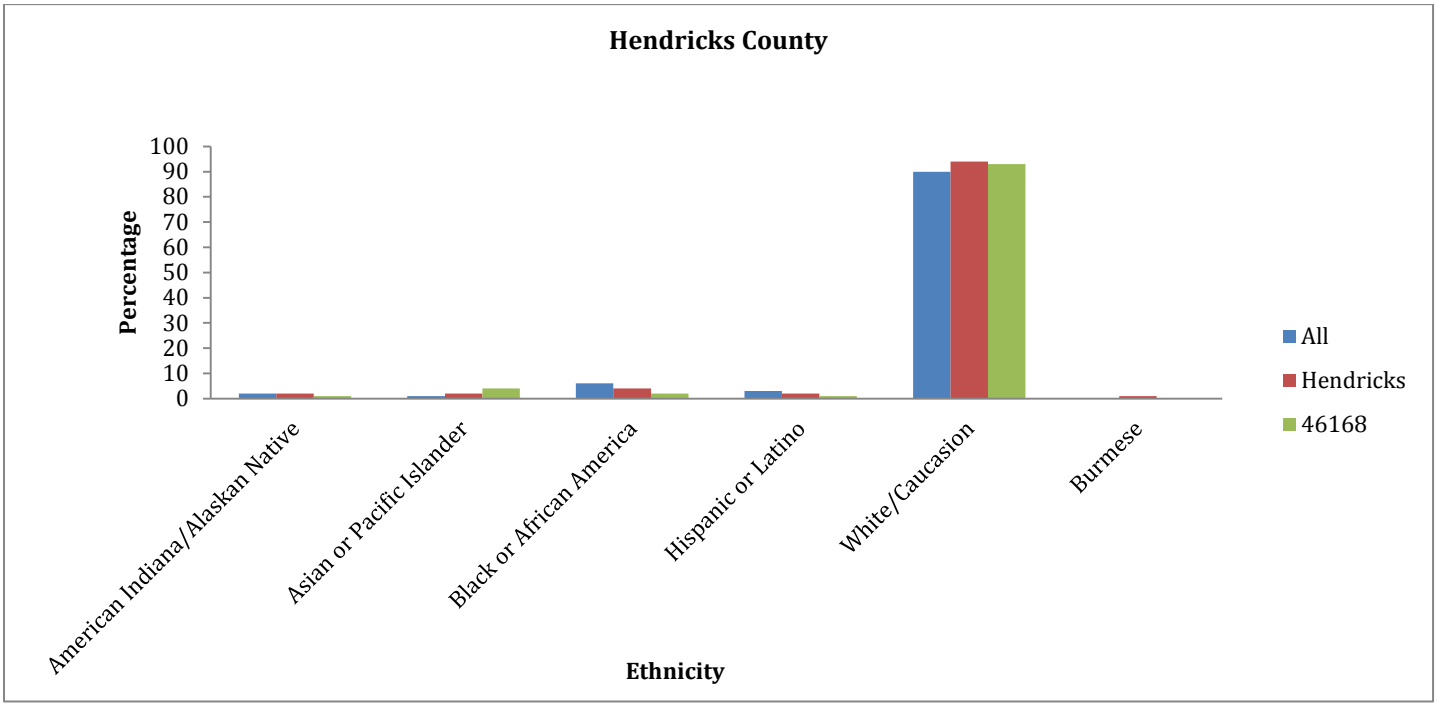
What is your age?



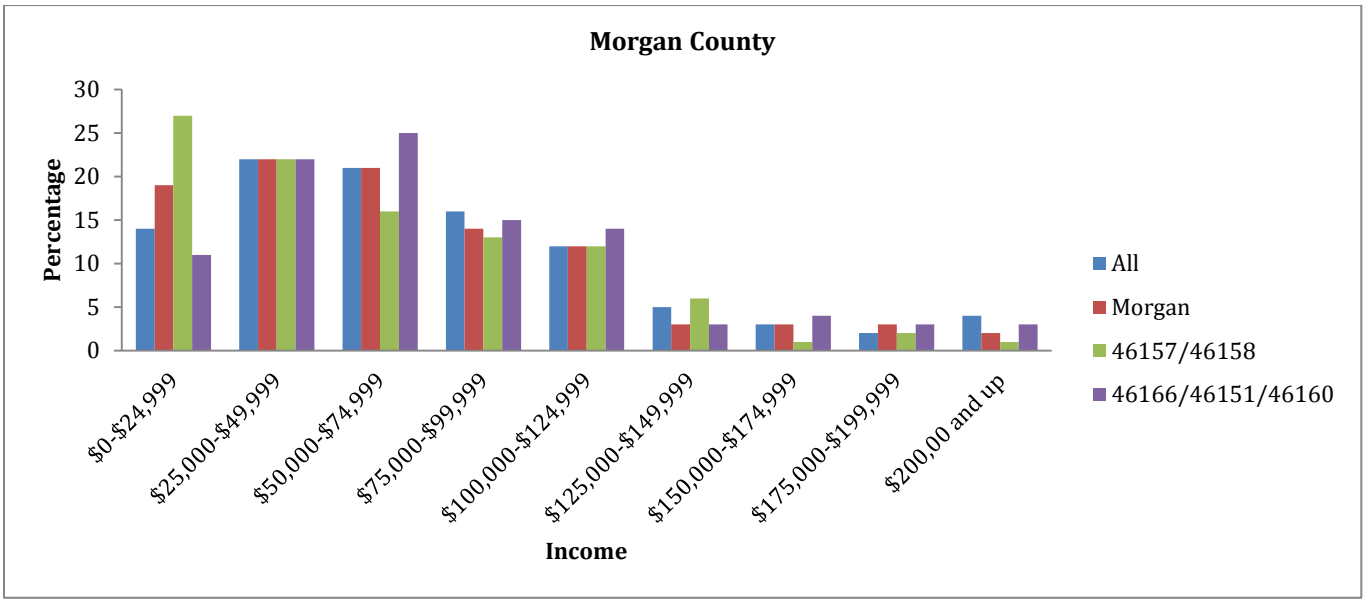


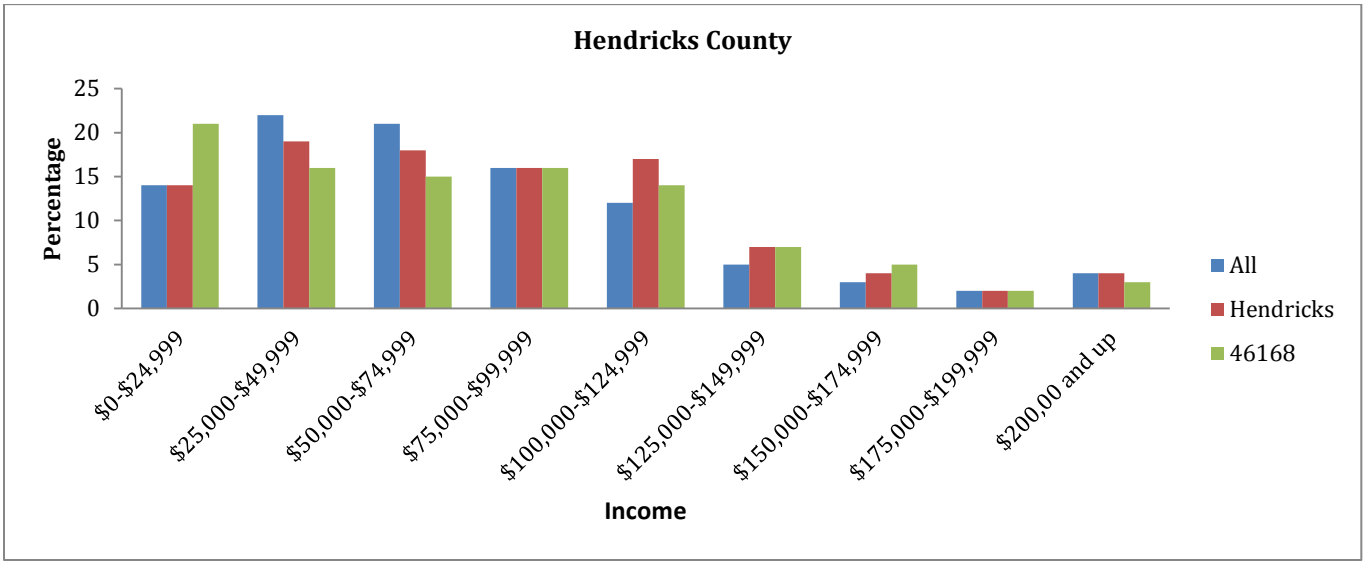
What is your ethnicity? (Please select all that apply.)





What is your average household income?





Transportation Options by County

Morgan		
Transportation Option:	*Contact Information:*	*Populations Served:*
CONNECT Morgan County	(765) 342-2182	Anyone
Coordinating Aging Services for Morgan County	(765) 342-3007	Seniors
Transportation Vouchers	(317) 803-6153 or (317) 803-6020 http://www.cicoa.org/way2go/transportation-vouchers.html http://www.327ride.net/nftv/new-freedom-transportation-vouchers/	Individuals with a disability
Commuter Connect	http://www.cirta.us/commuterconnect/cc-home/	Anyone

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

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

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

Community Health Needs Assessment Collaborative Team

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In Partnership with:
Healthier Morgan County Initiative
Hendricks County Health Partnership
Partnership for Healthy Hamilton County

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Tammy Nelson, Marion County Health Department
Karen Comer-Fredrickson, The Polis Center at IUPUI