community
HEALTH NEEDS ASSESSMENT

Franciscan HEALTH

MARION & JOHNSON COUNTY



2019 - 2021 REPORT

Franciscan HEALTH

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community HEALTH NEEDS ASSESSMENT

1 LEARN ABOUT FRANCISCAN HEALTH INDIANAPOLIS

2 EXAMINE THE GEOGRAPHIC, DEMOGRAPHIC AND ECONOMIC TRAITS OF THE COMMUNITY

3 EXPLORE THE SOCIAL DETERMINANTS OF HEALTH AND OTHER HEALTH INDICATORS

4 REVIEW HEALTH OUTCOMES, SUCH AS CHRONIC DISEASES AND ILLNESSES

5 IDENTIFY THE TOP HEALTH NEEDS IN THE COMMUNITY

6 INVESTIGATE COMMUNITY HEALTH PARTNERS AND ASSETS

7 DETERMINE HOW YOU CAN HELP MEET THE NEEDS

8 UNCOVER FRANCISCAN HEALTH'S STRATEGIC THREE YEAR PLAN TO HELP

INTRODUCTION

Franciscan HEALTH

community HEALTH NEEDS ASSESSMENT

Dear Reader,

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

This report meets the current Internal Revenue Service's requirement for tax-exempt hospitals, which is based on the Patient Protection and Affordable Care Act of 2010. More importantly, this document assists Franciscan Health in providing essential services to those most in need. Based on the findings in this report, Franciscan Health develops a three-year strategic plan on meeting community health needs as capacity and resources allow.

The CHNA collected input from persons representing the broad interests of the overall community, including those with specialized knowledge of, or expertise in, public health and residents of the communities the hospital serves. Franciscan Health partnered with other hospital systems, foundations, and non-profits to conduct a resident survey. Data from a variety of federal, state, and local entities were also reviewed. These findings are put into context by County Health Rankings & Roadmaps, Indiana Indicators, Center for Disease Control and Prevention (CDC), Health Communities Institute (HCI), the Indiana State Department of Health (ISDH), etc.

You'll find this document organized in such a way as to guide you through the community. **Most importantly, please see the Call to Action. In this section, we share our commitment to improving community health in 2019-2021. We think it's important to be transparent, and we invite others to join us as we know improving health is a total community effort.**

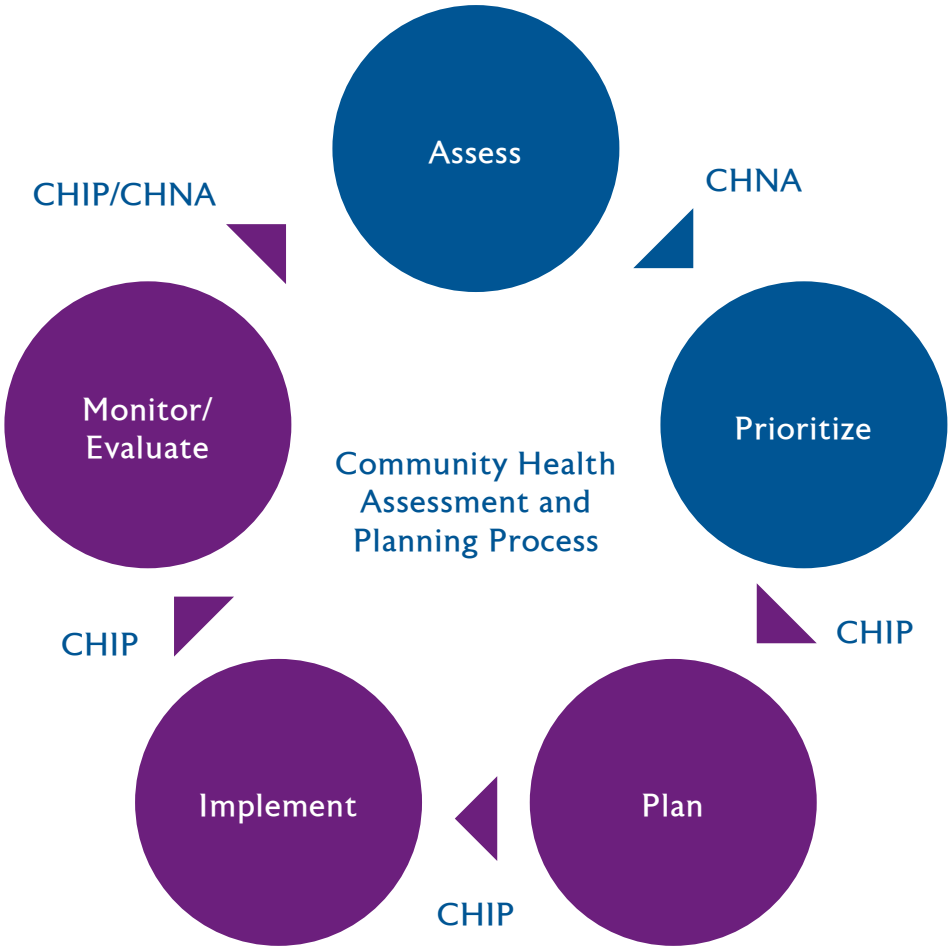
Yours in health,

The Community Health Improvement Team






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



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

– CDC

AUG-DEC 2017
Planning and Consulting with Public Health Experts on CHNA and CHIP Improvement

JAN-FEB 2018
National Public Health Data Reviewed

APR 2018
Community Health Survey Deployed

A survey was developed with the IU School of Public Health Bloomington and University of Evansville faculty, in conjunction with additional health systems, foundations and non-profits. The survey focused on social determinants of health and the desirability of community health interventions in communities. This method added valuable insight to secondary data. The survey was delivered to randomized addresses via the US Postal Service. Franciscan Health also worked to gather completed surveys from vulnerable populations in each county. For a complete survey methodology, please see the Appendix.

MAY-JULY 2018
Secondary Data Collection

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

AUG-OCT 2018
Feedback Meetings

While many hospital systems conduct focus groups as part of the data process, focus groups are not specifically required. Franciscan Health has employed many tools and resources to collect quantitative data that demonstrates needs in communities. However, like many hospital systems and local health departments, not as much emphasis is placed on context and the development of successful CHIPs. In preparation for the 2019-2021 cycle, Franciscan Health conducted feedback meetings with the purpose of determining implementation plans. These meetings were held with professionals in communities, internal staff and resident groups. For a complete methodology of the feedback meetings, please see the Appendix.

OCT 2018
Analysis of Data and Health Need Prioritization

OCT-NOV 2018
Final Development of CHIP

DEC 2018
Report Completion

JAN 2019
Franciscan Health Mission & Human Resources Committee Approval

FEB 2019
Franciscan Health Board of Trustees Approval

FACILITY INFORMATION

Franciscan HEALTH

community HEALTH NEEDS ASSESSMENT

FACILITY INFORMATION

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

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

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

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

FRANCISCAN HEALTH INDIANAPOLIS INFORMATION

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

Average Annual Inpatient Admissions (2017): 19,299
Average Annual Outpatient Admissions (2017): 231,188
Average Annual ED Admissions (Arrivals 2017): 59,757
ED Arrivals Admitted as Inpatients (2017): 10,514
Average Annual Births (2017): 2,260

Number of Employees: 3,589
Number of Volunteers: 300
Number of Doctors (FPN, SPI, & Affiliates): 145
Average Length of Stay (Inpatient 2017 number of days): 5.38
Average Length of Stay (Outpatient 2017 number of hours): 12.91

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



BLESSED MARIA THERESIA BONZEL

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

"One good action or deed will not win the battle; we must daily begin anew."

– Blessed Maria Theresia Bonzel

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

OUR MISSION

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

OUR COMMUNITY

Franciscan Health Indianapolis serves the greater Central Indiana area, including Marion County and the surrounding counties. However, community benefit programs target southern Marion and northern Johnson counties, which are in the immediate geographic area to the hospital. This area also contains the most individuals who participate in community benefit activities, a majority of affiliated services and providers, and residents least served by other health systems. This includes Decatur, Perry, and Franklin Townships and the city of Beech Grove in Marion County. In Johnson County, the community is defined as the cities of Greenwood and Center Grove and the towns of Whiteland and New Whiteland.

OUR VALUES

RESPECT FOR LIFE

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

FIDELITY TO OUR MISSION

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

COMPASSIONATE CONCERN

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

JOYFUL SERVICE

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

CHRISTIAN STEWARDSHIP

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

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



TOP HEALTH NEEDS

Franciscan Health Indianapolis has identified the following top needs in the community: infant mortality, youth & adult mental health, substance abuse and public safety. For more information on how top health needs were determined, please see Section Four.

Infant Mortality

Youth & Adult Mental Health

Substance Abuse

Public Safety

COMMUNITY PROFILE

Franciscan HEALTH

SECTION 1

community HEALTH NEEDS ASSESSMENT

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

COUNTY DESCRIPTION



North, Central & South Indiana Regions



Marion County Indiana

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

GEOGRAPHY

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

DEMOGRAPHICS

Table 1.0: Population Trends over Time

Population over Time	Number	Percent of State	Indiana
Yesterday: 2010	903,389	13.9%	6,484,136
Today: 2017	950,082	14.3%	6,666,818
Tomorrow: 2020 projection*	951,780	13.9%	6,852,121
Percent change from 2010 to Today	5.2%	Not available	2.8%

From 2010 to 2017, the population in Marion County increased by 46,693 people. Projections captured by the U.S Census Bureau estimate the population in Marion County in 2020 will continue to expand. In 2017, Marion County accounted for 14.3% of the overall population of the State of Indiana.

Table 1.1: Components of Population Change, 2016-2017

Components of Population Change	Number	Indiana
Net Domestic Migration	-3,527	-976
Net International Migration	3,203	11,410
Natural Increase*	6,408	22,545

*Natural increase (births – deaths)

From 2016 to 2017, domestic migration trends decreased by 3,527, net international migration accounted for 3,203 people, and there was a natural population increase of 6,408 people. Natural increase is calculated by subtracting deaths from births in a given year.

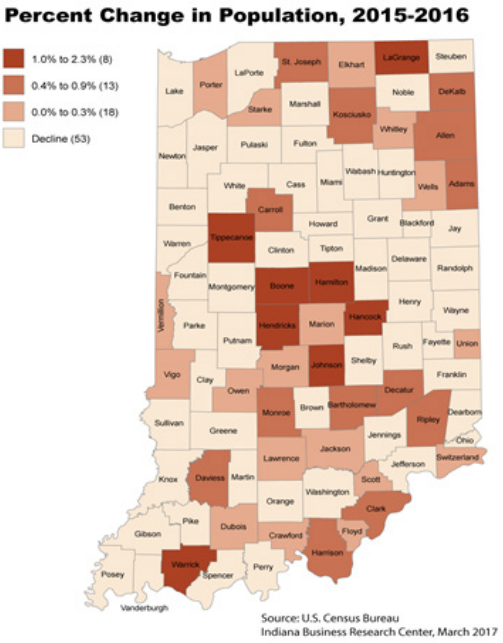


Figure 1.0: Percent Change in Population

Table 1.2: Population Estimates by Age, 2016

Population Estimates by Age	Number	Percent Distributed in County	Percent Distributed in State
Preschool: 0 to 4	70,075	7.4%	6.4%
School Age: 5 to 17	164,717	17.5%	17.4%
College Age: 18 to 24	89,217	9.5%	10.0%
Young Adult: 24 to 44	277,024	29.4%	25.2%
Older Adults: 45 to 64	229,495	24.4%	26.1%
Seniors: 65 and older	110,701	11.8%	14.9%
Average Age (years)	34.2	Not available	Average Age = 37.6

Source: U.S Census Bureau; Indiana Business Research

In 2016, 6.4% of the population was preschool aged children, 17.5% were school aged children, 9.5% were college aged students, 29.4% were young adults 24.4% were older adults, and the 24.4% were seniors. In 2016, the average age of a person in Marion County was 34.2, which falls in the young adult category.

Table 1.3: Population Distribution by Sex, 2016

Population Distribution by Sex	Number	Percent
Male Population	448,928	48.16%
Female Population	483,214	51.84%

The population in 2016 appeared to be evenly distributed by sex, with 48.16% of the population male and 51.84% female.

Race & EthnicityDistribution

In 2016, 0.5% of the population was American Indians or Alaskan natives, 3.1% were Asian, 28.5% were Black, 0.1% were Hawaiian natives and other Pacific Islanders, 65.0% were White, 2.8% of the population identified as two or more racial groups. In 2016, 10.2% of the Marion County population were Hispanic and 89.3% identified as Non-Hispanic.

Table 1.4: Population Estimates by Race (including Hispanic origin), 2016

Population Estimates by Race	Number	Percent Distributed in County	Percent Distributed in State
American Indian or Alaska Native	4,578	0.5%	0.4%
Asian	29,451	3.1%	2.2%
Black	267,803	28.5%	9.7%
Native Hawaiian & other Pacific Islander	688	0.1%	0.1%
White	611,980	65.0%	85.6%
Two or More Racial Groups	26,729	2.8%	2.0%
Hispanic or Latin Origin (of any race)			
Non-Hispanic	845,552	89.8%	93.2%
Hispanic	95,677	10.2%	6.8%

Veteran Population

In 2016, an estimated 699,454 formed part of the civilian population in Marion County. The estimated veteran population in the same year was 51,779 individuals. Of the veteran population in 2010, 46,867 were male and 4,912 were female. The majority of the veteran population was 35 to 54 years old.

Population with Disabilities

In 2016, the estimated population 16 years and older with disabilities in Marion County was 114,962 people. About 25.4% of that population was employed, and 69.3% was not a part of the labor force.

ZIP CODES

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

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

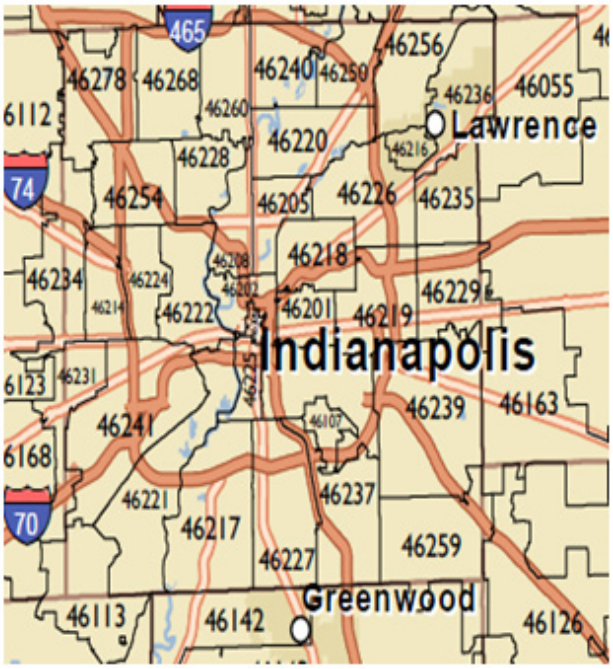


Table 1.5: Marion County, Indiana Zip Codes

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

Social and Economic Factors

FINANCIAL

The median household income in Marion County is $43,369 and the per capita income is $25,208. About 15.9% of families living in Marion County are living below the poverty line. Table 1.6 below presents the financial profile of Marion County.

Table 1.6: Financial Profile for Marion County

Indicator	Description	Source	Measurement Period	Marion County	Prior Value
Median Household Income	Median household income, defined by the sum of money received over a calendar year by all household members 15 years and older.	American Community Survey	2012-2016	$43,369	$42,168
Per Capita Income	Income per person, the total income of the region divided by the population.	American Community Survey	2012-2016	$25,208	$24,330
Children Living Below Poverty Level	Percentage of people under the age 18 who are living below the federal poverty line.	American Community Survey	2012-2016	21.2%	30.9%
Families Living Below Poverty Level	Percentage of families living below the federal poverty level.	American Community Survey	2012-2016	15.9%	16.6%
Families Living Below Poverty with Children	Percentage of families living below the federal poverty level.	American Community Survey	2012-2016	13.19%	16.6%
Households with children receiving SNAP	Percentage of households with children that participate in the Supplemental Nutrition Assistance Program (SNAP).	American Community Survey	2012-2016	55.5%	54.5%
People Living Below Poverty Level	Percentage of people living below the federal poverty level.	American Community Survey	2012-2016	15.0%	20.5%
Young Children Living Below Poverty Line	Percentage of people under the age of 5 who are living below the federal poverty line.	American Community Survey	2012-2016	24.8%	33.4%
People 65+ Living Below Poverty Line	Percentage of people aged 65 years and over living below the federal poverty line.	American Community Survey	2012-2016	7.4%	10.3%
People Living 200% Above Poverty Level	Percentage of people living at or above 200% of the federal poverty level.	American Community Survey	2012-2016	65.7%	57.8%
Students Eligible for Free Lunch Program	Percentage of students eligible to participate in the Free Lunch Program under the National School Lunch Program. This value includes students enrolled in public schools	National Center for Education Statistics	2015-2016	58.7%	59.8%

*Does not include Supplemental Security Income (SSI) or Supplemental Nutrition Assistance Program (SNAP) benefits.

EDUCATIONAL ATTAINMENT

Social determinants of health are the conditions in which people live, work, and play that influence their risk of developing negative health outcomes and general quality of life (HealthyPeople.gov). An estimated 28.01% of individuals are high school graduates in Marion County. Of high school graduates, about 21.10% complete some college and 18.80% obtain a bachelor's degree. Only about 10.02% of the population in Marion County obtain a Master's degree or higher. Refer to Table 1.7 below for a comparison of educational indicators across the state and county.

Table 1.7: Educational Attainment Profile in Marion County

Population 25+ by Educational Attainment	Marion County		Indiana	
	# of Persons	% of Population Age 25+	# of Persons	% of Population Age 25+
Less than 9th Grade	29,684	4.75%	169,980	3.85%
Some High School	62,583	10.02%	353,568	8.00%
High School Grad	147,875	28.01%	1,515,270	34.29%
Some College, No Degree	131,704	21.10%	919,838	20.82%
Associate Degree	45,558	7.30%	368,415	8.34%
Bachelor's Degree	117,363	18.80%	698,338	15.80%
Master's Degree	44,073	7.06%	289,008	6.54%
Professional Degree	11,722	1.88%	60,290	1.36%
Doctorate Degree	6,736	1.08%	43,760	0.99%

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

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

Among one of many goals, Healthy People 2020 aims to increase the high school graduation rate from 74.9% (2007-2008) to 82.4% by 2020.

Table 1.8: School Dropout Rate Marion County

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

EMPLOYMENT

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

Table 1.9: Unemployment in Marion County

Indicator	Description	Source	Measurement Period	Indiana	Marion County
		Employment			
Unemployed Workers in Civilian Labor Force	Civilians, aged 16 years and older, who are unemployed as a percent of the U.S civilian labor force.	U.S Bureau of Labor Statistics	2018	3.3%	3.3%
Annual Unemployment Rate	Rate of total unemployment for 2017	Indiana Department of Workforce Development	2017	3.5%	3.6%
May 2018 Unemployment Rate	Rate of total unemployment for May 2018	Indiana Department of Workforce Development	2017	3.2%	3.3%

Table 1.10: Employment in Marion County

Indicator	Marion County Total	Rank in State	Percent of State	Indiana Total
Total Resident Labor Force	482,568	1	14.5%	3,320,409
Employed	465,230	1	14.5%	3,203,501

Table 1.11: Employment by Industry

Industry	# of Persons	% of Employed Civilian 16+ Population
Health Care/Social Assistance	59,119	13.17%
Retail Trade	58,043	12.93%
Total Manufacturing	48,049	10.71%
Accommodation/Food Services	40,656	9.06%
Educational Services	34,921	7.78%
Transport/Warehouse/Utilities	29,570	6.59%

TRANSPORTATION

Transportation is an important indicator to examine because it offers mobility to the residents of Marion County. Transit can help bridge the spatial divide between people with jobs, services, and training opportunities. Public transportation is also valuable because it reduces fuel consumption, decreases air pollution, and relieves traffic congestion (Community Health Solutions, 2017). According to American Community Survey, 1.9% of Marion County workers commute via public transportation, compared to 1.1% in the entire state (2011-2015). Vehicle ownership is directly related to the ability to travel. In general, households without a vehicle will make less frequent trips than those who own a car. This limits their access to essential local services including: grocery stores, pharmacies, post offices, doctor's offices, and hospitals. According to American Community Survey, 9.8% of households in Marion County do not have a vehicle compared to 7% in the entire state (2011-2015). Refer to the Table 1.12 below for a transportation profile of Marion County.

Table 1.12: Marion County Transportation Profile

Indicator	Description	Source	Measurement Period	Marion County	Indiana
Mean Travel Time to Work	Average daily travel time to work in minutes for workers 16 years of age and older.	American Community Survey	2012-2016	23.3 min.	23.4 min.
Solo Drivers with a Long Commute	Proportion of commuters who drive alone to work and commute for more than 30 minutes.	County Health Rankings	2012-2016	28.5%	30.5%
Workers Commuting by Public Transportation	Percentage of workers aged 16 years and over who commute to work by public transportation.	American Community Survey	2012-2016	1.9%	1.1%
Workers Who Drive Alone to Work	Percentage of workers aged 16 years and over who get to work by driving alone in a car, truck, or van.	American Community Survey	2012-2016	82.1%	83.0%
Households Without a Vehicle	Percentage of households that do not have a vehicle.	American Community Survey	2012-2016	9.8%	6.8%

ENVIRONMENTAL

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

Table 1.13: Comparison of Physical Environment Statistics

Indicator	Description	Source	Measurement Period	Marion County	Indiana
Annual Ozone Air Quality	This indicator gives a grade* to each county in the U.S based on the annual number of high ozone days.	American Lung Association	2013-2015	3	N.A
Annual Particle Pollution	This indicator gives a grade to each county in the U.S based on the average annual number of days that exceed U.S particle pollution standards.	American Lung Association	2013-2015	5	N.A
Recognizes Carcinogens Released into Air	Quantity in pounds of reported and recognized carcinogens released into the air.	U.S Environmental Protection Agency	2016	53,758	N.A
Drinking Water Violations	Percentage of people who get water from public water systems that have received at least one health based violation in the reporting period	County Health Rankings	2013-2014	3.5%	0.0%

*The lowest value is 1, and the highest value is 5.

Lead Poisoning

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

Table 1.14: Marion County Lead Poisoning Data, 2015

County Name	# of Children Tested	Total # Children Tested 5-9 µg/dL	Confirmed BLLs ≥10 µg/dL		# of Addresses-Multiple Children w/ Confirmed EBLLs *	Census 2000 Data		
			Total #	Total %		Total Housing Units	Pre-1950 Housing Units	% of Children < 6 Below Poverty
Marion County	3,089	285	56	1.8%	10	387,183	95,010	17.0%

*Based on most recent five years of data from 2011-2015

Source: National Center for Environmental Health, Division of Emergency and Environmental Health Services, 2016

HOUSING

In Marion County, homeownership rates have increased by 14.3% in the last few years. The rate of severe housing problems in the county is at 19%, which include households with at least one of four severe housing problems. The four severe housing problems are classified as overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities. See Table 1.15 below for more details on the housing profile of Marion County.

Table 1.15: Marion County Housing Profile

Homeownership					
Indicator	**Description**	**Source**	**Measurement Period**	**Marion County**	**Prior Value**
Homeownership	Percentage of all housing units that are occupied by homeowners.	American Community Survey	2012-2016	61.0%	46.7%
Homeowner Vacancy Rates	Percentage of vacant home properties.	American Community Survey	2012-2016	2.0%	2.4%
Severe Housing Problems	Percentage of households with at least one of four housing problems .	American Community Survey	2010-2014	19.0%	18.5%
Renter's Spending 30% or More of Household Income on Rent	The percentage of renters who are spending 30% or more of their household income on rent.	American Community Survey	2012-2016	49.7%	54.1%

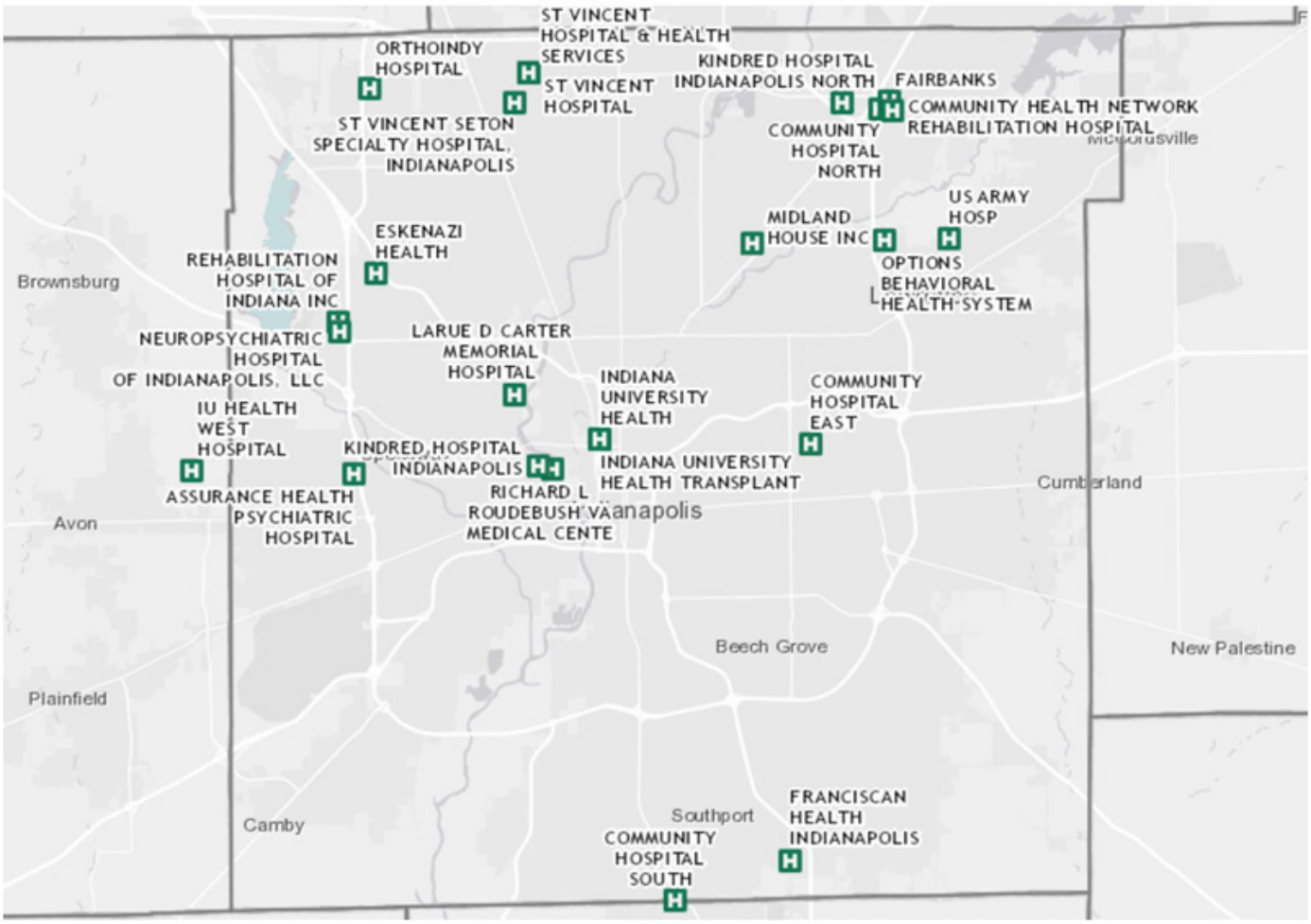
HEALTH ACCESS

Hospitals and Health Services

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Medically Underserved

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

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

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

Health Professions Shortage Areas

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

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

The ratio of primary care physicians to patient was 1,250:1 in 2016 in Marion County and 1,543:1 in the entire state. The ratio of dentist to patient was 1,920:1 in 2015 (County Health Rankings).

COMMUNITY PROFILE

Franciscan HEALTH

SECTION 1.5

JOHNSON COUNTY

community HEALTH NEEDS ASSESSMENT

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

COUNTY DESCRIPTION



North, Central &
South Indiana Regions



Johnson County
Indiana

GEOGRAPHY

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

DEMOGRAPHICS

Table 1.5.0: Population Trends over Time

Population over Time	Number	Percent of State	Indiana
Yesterday: 2010	139,865	2.2%	6,484,136
Today: 2017	153,897	2.3%	6,666,818
Tomorrow: 2020 projection*	160,036	2.3%	6,852,121
Percent change from 2010 to Today	10.0%	Not available	2.8%

From 2010 to 2017, the population in Johnson County increased by 14,032 people. Projections captured by the U.S Census Bureau estimate the population in Johnson County in 2020 will continue to expand. In 2017, Johnson County accounted for 2.3% of the overall population of the State of Indiana.

Table 1.5.1: Components of Population Change, 2016-2017

Components of Population Change	Number	Indiana
Net Domestic Migration	-3,527	-976
Net International Migration	3,203	11,410
Natural Increase*	6,408	22,545

*Natural increase (births – deaths)

From 2016 to 2017, domestic migration trends increased by 1,525, net international migration accounted for 206 people, and there was a natural population increase of 623 people. Natural increase is calculated by subtracting deaths from births in a given year.

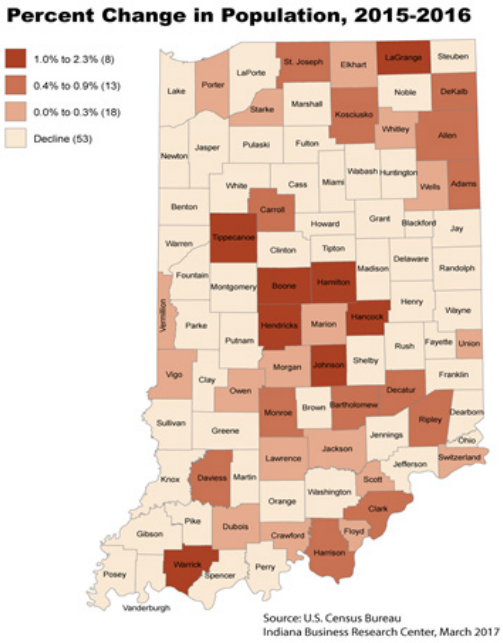


Figure 1.5.0: Percent Change in Population

Table 1.5.2: Population Estimates by Age, 2016

Population Estimates by Age	Number	Percent Distributed in County	Percent Distributed in State
Preschool: 0 to 4	10,030	6.5%	6.3%
School Age: 5 to 17	28,222	18.3%	17.3%
College Age: 18 to 24	13,254	8.6%	9.9%
Young Adult: 24 to 44	41,315	26.8%	25.3%
Older Adults: 45 to 64	39,111	25.4%	25.9%
Seniors: 65 and older	21,965	14.3%	15.4%
Average Age (years)	37.3	Not available	Average Age = 37.7

Source: U.S Census Bureau; Indiana Business Research

In 2017, 6.5% of the population was preschool aged children, 18.3% were school aged children, 8.6% were college aged students, 26.8% were young adults 25.4% were older adults, and the 14.3% were seniors. In 2016, the average age of a person in Johnson County was 37.7, which falls in the young adult category.

Table 1.5.3: Population Distribution by Sex, 2016

Population Distribution by Sex	Number	Percent
Male Population	147,567	49.15%
Female Population	75,040	50.85%

The population in 2016 appeared to be evenly distributed by sex, with 49.15% of the population male and 51.85% female.

Race Distribution

In 2017, 0.3% of the population was American Indians or Alaskan natives, 3.1% were Asian, 2.3% were Black, 0.1% were Hawaiian natives and other Pacific Islanders, 92.4% were White, 1.8% of the population identified as two or more racial groups. In 2017, 3.7% of the Johnson County population were Hispanic and 96.3% identified as Non-Hispanic.

Table 1.5.4: Population Estimates by Race (including Hispanic origin), 2016

Population Estimates by Race	Number	Percent Distributed in County	Percent Distributed in State
American Indian or Alaska Native	465	0.3%	0.4%
Asian	4,830	3.1%	2.4%
Black	3,533	2.3%	9.7%
Native Hawaiian & other Pacific Islander	114	0.1%	0.1%
White	142,236	92.4%	85.4%
Two or More Racial Groups	2,719	1.8%	2.1%
Hispanic or Latin Origin (of any race)			
Non-Hispanic	148,275	96.3%	93.0%
Hispanic	5,622	3.7%	7.0%

Veteran Population

In 2016, an estimated 109,535 formed part of the civilian population in Johnson County. The estimated veteran population in the same year was 9,558 individuals. Of the veteran population in 2016, 8,937 were male and 621 were female. The majority of the veteran population was 35 to 54 years old.

Population with Disabilities

In 2016, the estimated population 5 to 20 years old with disabilities was 2,008. Between the ages of 21 and 64, there are 11,690 people with disabilities in Johnson County. About 5,252 of the people in the 65 and older population have a disability.

ZIP CODES

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

Table 1.5.5: Johnson County, Indiana Zip Codes

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

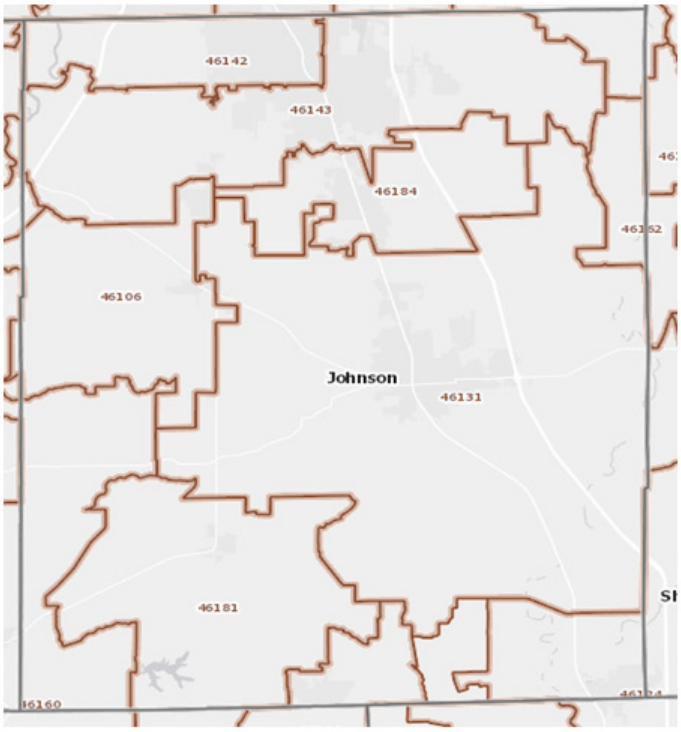


Figure 1.5.1: Johnson County Zip Codes with Franciscan Hospital Location
Source: Stats Indiana, 2017

Social and Economic Factors

FINANCIAL

The median household income in Johnson County is $63,023 and the per capita income is $29,877. About 7.0% of families living in Johnson County are living below poverty. Table 1.5.6 below presents the financial profile of Johnson County.

Table 1.5.6: Financial Profile for Johnson County

Indicator	Description	Source	Measurement Period	Johnson County	Prior Value
Median Household Income	Median household income, defined by the sum of money received over a calendar year by all household members 15 years and older.	American Community Survey	2012-2016	$63,023	$62,147
Per Capita Income	Income per person, the total income of the region divided by the population.	American Community Survey	2012-2016	$29,877	$28,889
Children Living Below Poverty Level	Percentage of people under the age 18 who are living below the federal poverty line.	American Community Survey	2012-2016	12.6%	13.7%
Families Living Below Poverty Level	Percentage of families living below the federal poverty level.	American Community Survey	2012-2016	7.0%	7.7%
Families Living Below Poverty with Children	Percentage of families living below the federal poverty level.	American Community Survey	2012-2016	13.19%	16.6%
Households with children receiving SNAP	Percentage of households with children that participate in the Supplemental Nutrition Assistance Program (SNAP).	American Community Survey	2012-2016	62.0%	Not available
People Living Below Poverty Level	Percentage of people living below the federal poverty level.	American Community Survey	2012-2016	9.3%	9.9%
Young Children Living Below Poverty Line	Percentage of people under the age of 5 who are living below the federal poverty line.	American Community Survey	2012-2016	17.5%	19.2%
People 65+ Living Below Poverty Line	Percentage of people aged 65 years and over living below the federal poverty line.	American Community Survey	2012-2016	4.5%	4.8%
People Living 200% Above Poverty Level	Percentage of people living at or above 200% of the federal poverty level.	American Community Survey	2012-2016	73.9%	73.7%
Students Eligible for Free Lunch Program	Percentage of students eligible to participate in the Free Lunch Program under the National School Lunch Program. This value includes students enrolled in public schools	National Center for Education Statistics	2015-2016	28.3%	28.6%

*Does not include Supplemental Security Income (SSI) or Supplemental Nutrition Assistance Program (SNAP) benefits.

EDUCATIONAL ATTAINMENT

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

Table 1.5.7: Educational Attainment Profile in Johnson County

Population 25+ by Educational Attainment	Johnson County		Indiana	
	# of Persons	% of Population Age 25+	# of Persons	% of Population Age 25+
Less than 9th Grade	1,582	1.54%	169,980	3.85%
Some High School	6,621	6.43%	353,568	8.00%
High School Grad	34,040	33.05%	1,515,270	34.29%
Some College, No Degree	20,463	19.87%	919,838	20.82%
Associate Degree	8,925	8.67%	368,415	8.34%
Bachelor's Degree	22,089	21.45%	698,338	15.80%
Master's Degree	7,274	7.06%	289,008	6.54%
Professional Degree	1,050	1.02%	60,290	1.36%
Doctorate Degree	952	0.92%	43,760	0.99%

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

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

Among one of many goals, Healthy People 2020 aims to increase the high school graduation rate from 74.9% (2007-2008) to 82.4% by 2020.

EMPLOYMENT

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

Table 1.5.8: Unemployment in Johnson County

Indicator	Description	Source	Measurement Period	Indiana	Johnson County
Employment					
Unemployed Workers in Civilian Labor Force	Civilians, aged 16 years and older, who are unemployed as a percent of the U.S civilian labor force.	U.S Bureau of Labor Statistics	2018	3.3%	2.5%

Table 1.5.9: Employment by Industry

Industry	# of Persons	% of Employed Civilian 16+ Population
Total Manufacturing	14,040	18.16%
Health Care/ Social Assistance	10,725	13.87%
Retail Trade	8,733	11.29%
Educational Services	5,982	7.74%
Construction	5,281	6.83%
Accommodation/Food Services	5,089	6.58%

TRANSPORTATION

Transportation is an important indicator to examine because it offers mobility to the residents of Johnson County. Transit can help bridge the spatial divide between people with jobs, services, and training opportunities. Public transportation is also valuable because it reduces fuel consumption, decreases air pollution, and relieves traffic congestion (Community Health Solutions, 2017). According to American Community Survey, 0.3% of Johnson County workers commute via public transportation, compared to 1.1% in the entire state (2011-2015). Vehicle ownership is directly related to the ability to travel. In general, households without a vehicle will make less frequent trips than those who own a car. This limits their access to essential local services including: grocery stores, pharmacies, post offices, doctor's offices, and hospitals. According to American Community Survey, 3.8% of households in Johnson County do not have a vehicle compared to 7% in the entire state (2011-2015). Refer to the Table 1.5.10 below for a transportation profile of Johnson County.

Table 1.5.10: Johnson County Transportation Profile

Indicator	Description	Source	Measurement Period	Johnson County	Indiana
Mean Travel Time to Work	Average daily travel time to work in minutes for workers 16 years of age and older.	American Community Survey	2012-2016	26.2 min.	23.4 min.
Solo Drivers with a Long Commute	Proportion of commuters who drive alone to work and commute for more than 30 minutes.	County Health Rankings	2012-2016	40.9%	30.5%
Workers Commuting by Public Transportation	Percentage of workers aged 16 years and over who commute to work by public transportation.	American Community Survey	2012-2016	0.3%	1.1%
Workers Who Drive Alone to Work	Percentage of workers aged 16 years and over who get to work by driving alone in a car, truck, or van.	American Community Survey	2012-2016	86.4%	83.0%
Households Without a Vehicle	Percentage of households that do not have a vehicle.	American Community Survey	2012-2016	3.8%	6.8%

ENVIRONMENTAL

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

Table 1.5.11: Comparison of Physical Environment Statistics

Indicator	Description	Source	Measurement Period	Johnson County	Indiana
Annual Ozone Air Quality	This indicator gives a grade* to each county in the U.S based on the annual number of high ozone days.	American Lung Association	2013-2015	1	N.A
Annual Particle Pollution	This indicator gives a grade to each county in the U.S based on the average annual number of days that exceed U.S particle pollution standards.	American Lung Association	2013-2015	1	N.A
Recognized Carcinogens Released into Air	Quantity in pounds of reported and recognized carcinogens released into the air.	U.S Environmental Protection Agency	2016	2,147	N.A
Drinking Water Violations	Percentage of people who get water from public water systems that have received at least one health based violation in the reporting period	County Health Rankings	2013-2014	0.0%	3.5%

*The lowest value is 1, and the highest value is 5.

Lead Poisoning

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

Table 1.5.12: Johnson County Lead Poisoning Data, 2013

County Name	# of Children Tested	# of Children w/ Confirmed EBLLs	% of Tested Children w/ Confirmed EBLLs
Johnson	560	14	2.5%

Source: National Center for Environmental Health, Division of Emergency and Environmental Health Services, 2013

HOUSING

In Johnson County, the homeownership rate is 64.5%, which is a slight decrease from previous years. The rate of severe housing problems in the county is at 13.0%, this indicator includes households with at least one of four severe housing problems. The four severe housing problems are classified as overcrowding, high housing costs, lack of kitchen and/or lack of plumbing facilities. See Table 1.5.13 below for more details on the housing profile of Johnson County.

Table 1.5.13: Johnson County Housing Profile

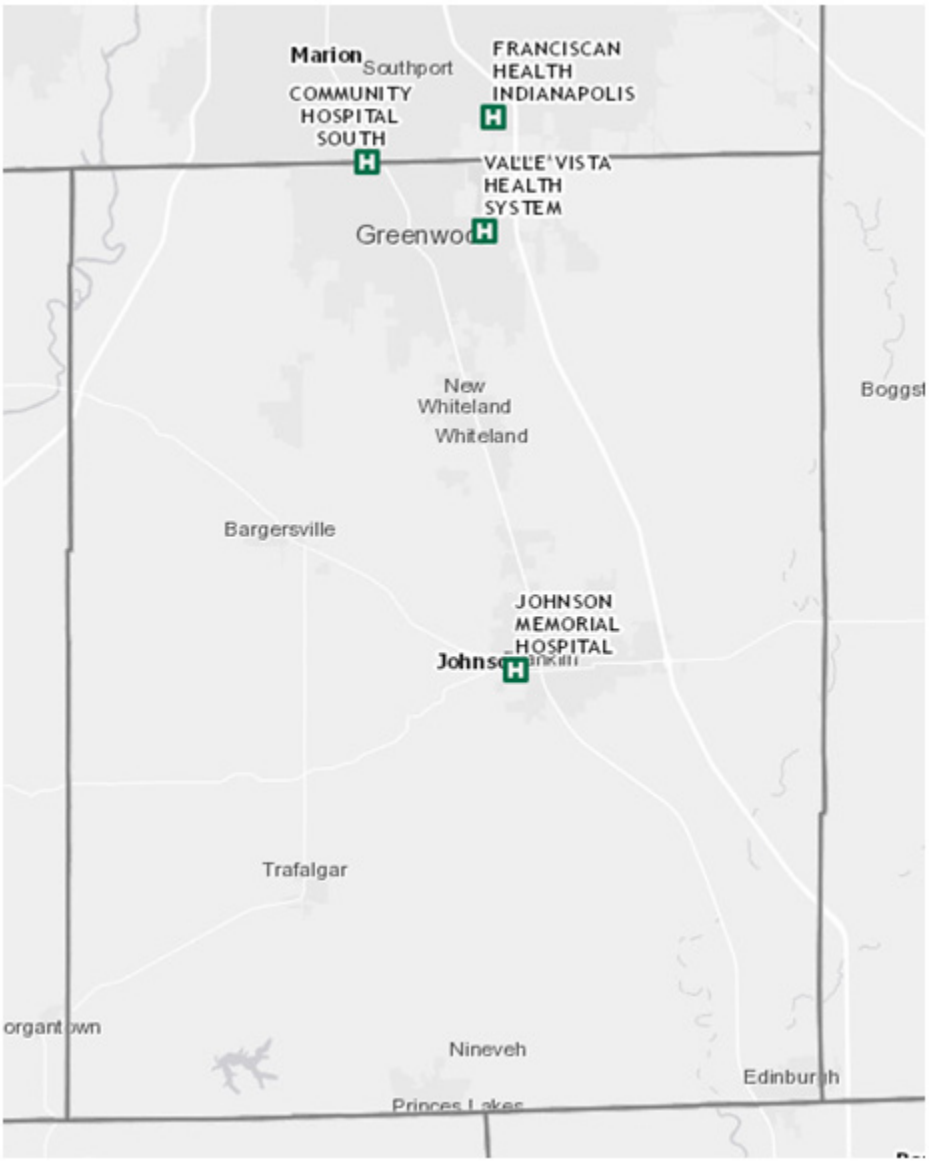
Homeownership					
Indicator	**Description**	**Source**	**Measurement Period**	**Johnson County**	**Prior Value**
Homeownership	Percentage of all housing units that are occupied by homeowners.	American Community Survey	2012-2016	64.5%	64.8%
Homeowner Vacancy Rates	Percentage of vacant home properties.	American Community Survey	2012-2016	1.7%	1.5%
Severe Housing Problems	Percentage of households with at least one of four housing problems .	American Community Survey	2010-2014	13.0%	12.2%
Renter's Spending 30% or More of Household Income on Rent	The percentage of renters who are spending 30% or more of their household income on rent.	American Community Survey	2012-2016	44.2%	48.3%

HEALTH ACCESS

Hospitals and Health Services

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

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



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

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

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

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

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

Medically Underserved

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

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

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

Health Professions Shortage Areas

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

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

The ratio of primary care physicians to patient was 1,250:1 in 2016 in Johnson County and 1,180:1 in the entire state. The ratio of dentist to patient was 1,570:1 in 2015 (County Health Rankings).

HEALTH PROFILE

Franciscan HEALTH

SECTION 2

community HEALTH NEEDS ASSESSMENT

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

MATERNAL CHILD HEALTH

Breastfeeding and Prenatal Care

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

Table 2.0: Marion County Prenatal Care Practices, 2011-2015

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
# Early Prenatal Care	9,110	9,432	9,249	9,249	9,661	46,609
% Early Prenatal Care	62.5%	64.7%	64.1%	63.5%	66.9%	64.3%
State Percent	***68.1%***	***68.4%***	***67.4%***	***67.5%***	***69.3%***	***68.1%***
# Unmarried Mothers	*7,834*	*7,966*	*7,755*	*8,091*	*7,823*	*39,469*
% Unmarried Mothers	53.7%	54.6%	54.3%	55.5%	54.2%	54.5%
State Percent	***42.7%***	***43.2%***	***43.3%***	***43.3%***	***43.3%***	***43.2%***
# Breastfeeding	10,560	10,852	10,923	11,283	11,242	54,860
% Breastfeeding Mothers	72.4%	74.4%	76.5%	77.4%	77.9%	75.7%
State Percent	***74.0%***	***75.6%***	***77.3%***	***79.3%***	***80.5%***	***77.4%***
# Mothers on Medicaid	8,488	8,369	8,273	8,461	8,337	41,928
% Mothers on Medicaid	58.2%	57.4%	57.9%	58.1%	57.8%	57.9%
State Percent	***45.6%***	***44.9%***	***44.1%***	***43.7%***	***43.0%***	***44.3%***
# Teen Births 15-17	377	355	332	317	299	1,680
Population	17,476	17,200	17,172	17,367	17,657	86,872
Teen Birth Rate (15-17)	21.6	20.6	19.3	18.3	16.9	19.3
State Rate	***16.0***	***15.5***	***13.6***	***11.9***	***11.1***	***13.6***
# Teen Births 15-19	1,348	1,292	1,177	1,084	1,051	5,952
Population	29,263	28,562	28,387	28,449	28,599	143,260
Teen Birth Rate 15-19	46.1	45.2	41.5	38.1	36.7	41.5
State Rate	***34.8***	***33.0***	***30.3***	***28.0***	***26.0***	***30.4***

Early Prenatal Care = Prenatal care beginning at first trimester
Teen Birth Rate = Live births per 1,000 women in specified age group

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

In 2015, 66.9% of mothers received early prenatal care during their pregnancy. There has been a 3.4% increase among mothers receiving prenatal care since 2014. Additionally, the rate of mothers who breastfed has increased 5.5% since 2011. However, the county rate still remains lower than the state percentage for mothers who breastfeed.

Safe Sleep

Together, the Indiana State Department of Health and Department of Child Services have collaborated with agencies throughout Indiana to provide safe sleep education and "Infant Survival Kits" for families in Marion County that do not have a designated safe space for their infant to sleep. The kit includes: portable crib, fitted sheet with a safe sleep message on it, wearable blanket, pacifier, and recommendations for safe sleep (ISDH & Department of Child Services, 2017). Figure 2.0 shows all of the safe sleep regions throughout the state. Marion County is Region 10 and serves many locations throughout the county.



Figure 2.0: Marion County Safe Sleep Regions
Source: ISDH & Department of Child Services, 2017

Childcare and Health Services

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

Table 2.1: Childcare and Health Services Related to Children

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

FOOD SECURITY

The table below presents the profile of food security and insecurity in Marion County. In the county, the food insecurity rate has slightly decreased from 18.6% to 18.3%. Food insecurity is an economic and social indicator of the health in a community. The United States Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Poverty and unemployment are frequently predictors of food insecurity in the United States (County Health Rankings, 2017).

Table 2.2: Food Security Profile in Marion County

Indicator	Description	Source	Measurement Period	Marion County	Prior Value*
Food Insecurity Rate	The percentage of the population that experience food insecurity at some point during the year.	Feeding America	2016	18.3%	18.6% ▽
Child Food Insecure Rate	The percentage of children (under 18 years of age) living in households that experienced food insecurity at some point during the year.	Feeding America	2016	19.9%	20.3% ▽
Food Insecure Children Likely Ineligible for Assistance	The percentage of food insecure children in households with incomes above 185% of the federal poverty level who are likely not income-eligible for federal nutrition assistance.	Feeding America	2016	28%	27% △
Food Environment Index*	Percentage of the population that is low-income and has low access to a grocery store, *and* the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity).	County Health Rankings	2018	6.6%	6.1 △
SNAP Certified Stores	The number of stores certified to accept Supplemental Nutrition Assistance Program benefits per 1,000 populations.	US Department of Agriculture – Food Environment Atlas	2016	0.8	0.7% △
Grocery Store Density	Number of supermarkets/grocery stores per 1,000 population.	USDA – Food Environment Atlas	2014	0.17	0.17 =
Farmers Market* Density	Number of farmers markets per 1,000 population.	USDA – Food Environment Atlas	2016	0.02	0.01 △

*Farmers markets are retail outlets in which vendors sell agricultural products directly to customers *Food index ranges from 0 (worst) to 10 (best) and equally weights the two measures.

Table Key:

▽ = Indicates current value is lower than the prior year value, and trending in a postive direction.

△ = Indicates current value is higher than the prior year value, and trending in a negative direction.

Table Key:

△ = Indicates current value is higher than the prior year value, and trending in a postive direction.

= = Indicates current value is equal to the prior year value.

PHYSICAL ACTIVITY

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

Table 2.3: Physical Activity Rates in Marion County

Indicator	Description	Source	Measurement Period	Indiana	Marion County
Physical Inactivity	The percentage of adults age 20 and over reporting no leisure time physical activity	County Health Rankings	2014	27%	27%
Physically Active High Schoolers	Percentage of high schoolers 18 years and younger that reported no leisure time physical activity	United States Department of Agriculture – Economic Research Service	2015	25.1-27%	25.30%
Access to Exercise Opportunities	The percentage of individuals who live reasonable close to a park or recreational facility.	County Health Rankings	2018	76.6%	87.2%
Recreation and Fitness Facilities	The number of fitness and recreation centers in a county	United States Department of Agriculture – Economic Research Service	2014	Not available	86

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

According to County Health Rankings, 27% of adults ages 20 or older, which is the same as the entire state (2017). At this time, Healthy People 2020 has not established a goal for this indicator. Regular physical activity is an important component of maintaining a healthy lifestyle, improving overall quality of life, and reduces risk of chronic health conditions, such as, diabetes, high cholesterol and high blood pressure.

SLEEP HEALTH

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

Table 2.4: Sleep Health in Marion County

Indicator	Description	Source	Measurement Period	Indiana	Marion County
Insufficient Sleep	The percentage of adults who report fewer than seven hours of sleep on average.	County Health Rankings	2016	36.0%	35.4%
High School Students who get Sufficient Sleep	Percentages of students getting sufficient sleep on school nights	Healthy People 2020, Youth Risk Behavior Surveillance System (YBRSS)	2015	21.4%	Not available

ORAL HEALTH

Dental care opportunities are prevalent in Marion County. According to County Health Rankings, the patient to dentist ration was 1,300:1 in 2015. Annual dental visits are an important health indicator because oral disease ranges from dental caries (cavities) to oral cancers, which results in pain and disability for millions of Americans. Poor oral health, particularly periodontal (gum) disease, has been linked to several chronic diseases, including diabetes, heart disease, and stroke (Indicators, 2015; ISDH; CDC; Behavioral Risk Factor Surveillance System).

IMMUNIZATIONS

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

Table 2.5: Immunization Profile Marion County

Indicator	Description	Source	Measurement Period	Indiana	Marion County
Recommended Infant Immunizations	Percentage of fully immunized and recorded in Indiana's immunization registry (CHIRP)	IDSH	2017	Not available	54.0%
Influenza Coverage Rates	Percentage of influenza vaccination coverage for persons 6 months and older for one flu season.	National Center for Immunization and Respiratory Diseases	2016-2017	43.6%	Not available
Pneumonia Coverage Rates	The percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine.	BRFSS	2016	68.2%	72.6%
Human Papilloma Virus (HPV) Coverage Rates	Percentage of youth 13-17 years old, both males and females, that have received at least one dose of the HPV vaccine*	National Center for Immunization and Respiratory Diseases	2016	45.2%	Not available

*Recommended = three doses of HPV vaccine

SCREENINGS

Health screenings are an important part of public health because they allow for early detection and treatment of various health conditions. In Marion County, 82.8% of diabetic Medicare enrollees received routine monitoring in 2014, 63% of Marion County female Medicare enrollees received a mammogram in 2014. Refer to Table 2.6 below for a comparison of health screening statistics across the state and county.

Table 2.6: Marion County Health Screening Statistics

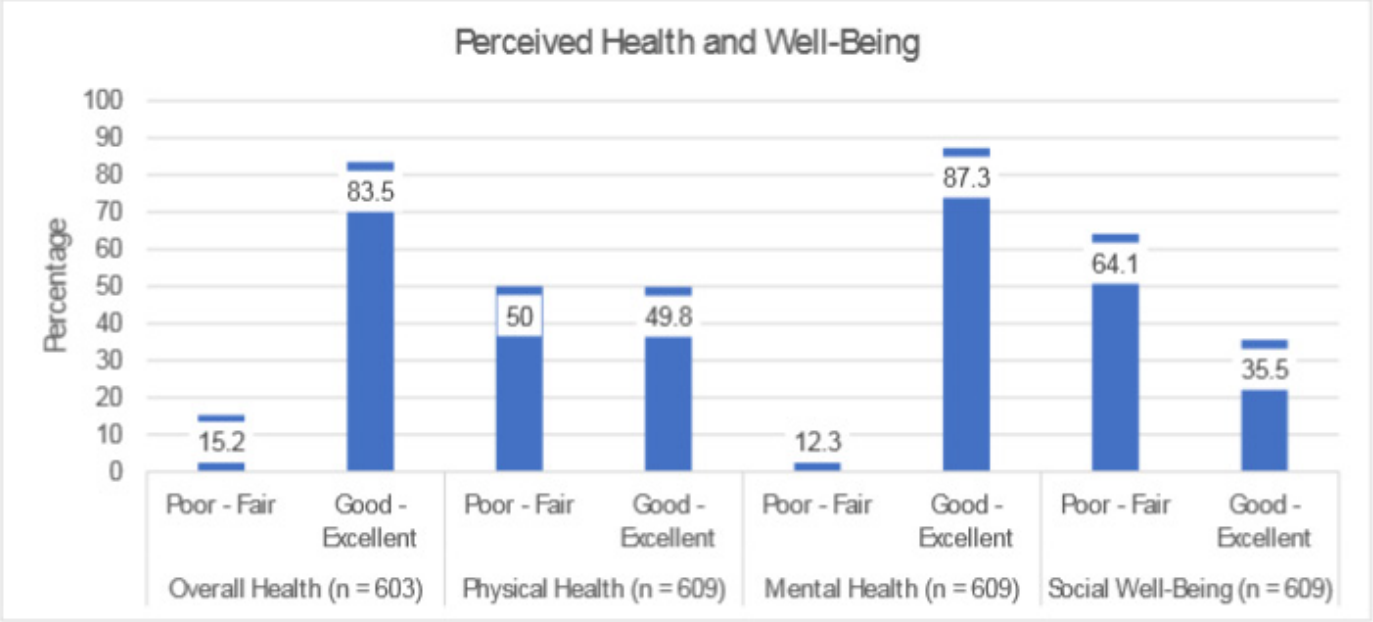
Indicator	Description	Source	Measurement Period	Indiana	Marion County
Diabetes Monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring.	Dartmouth Atlas of Healthcare	2014	83%	82.8%
Mammography Screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening.	Dartmouth Atlas of Healthcare	2014	63.6%	63%
Pap Screening	Percentage of women ages 18 and older who reported having a pap smear during the previous 2 years.	ISDH & Behavioral Risk Factor Surveillance System	2010	94.6%	Not available
Colorectal Cancer Screening	Percentage of adults ages 50 and older who have ever had a sigmoidoscopy or colonoscopy.	ISDH & Behavioral Risk Factor Surveillance System	2010	54.7%	Not available

Sources: County Health Rankings and Indiana Indicators

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

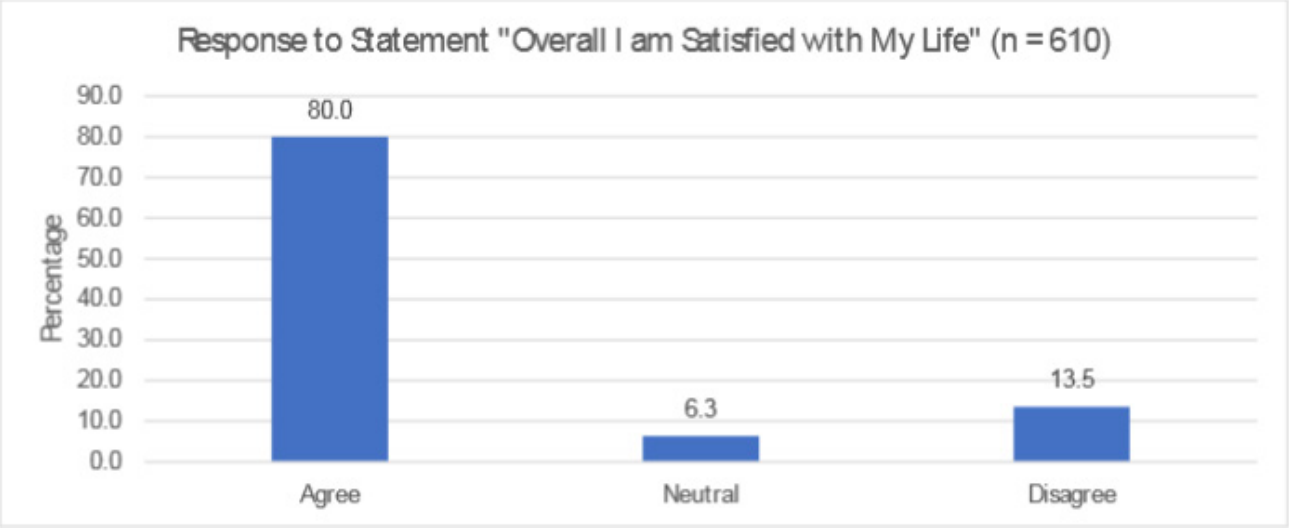
PARTICIPANTS PERCEPTION OF HEALTH AND WELL-BEING

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



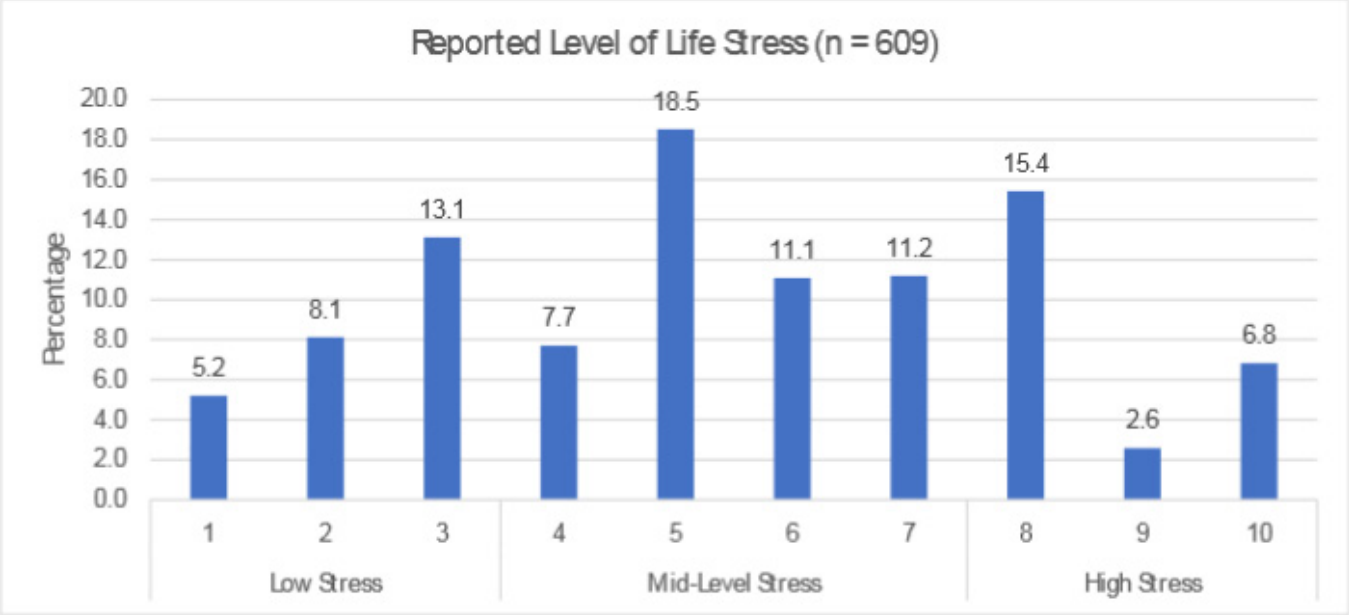
Participants were asked to repond to a single question that asked them to respond to the statement "overall I am satisfied with my life" with five response options ranging from strongly disagree to strongly agree. Only one participant refused an answer to this question (0.1%). The majority of participants agreed with the statement, with 46.0%; (n=281) responding "strongly agree" and 34.0% (n=208) responding "somewhat agree." Some participants 6.3%; (n=39) responded "neutral." Those indicating overall life satisfaction responded with "somewhat disagree" 6.2%; (n=38) or "srongly disagree" 7.3%; (n=44). Figure 2.2 provides an overview of responses to this statement.

Figure 2.2: Participants Agreement with Life Satisfaction



Level of Stress. Participants were asked to rank their current level of life stress by responding to a single item "Please rank yourself on a scale of 1 to 10 where 1 means you have 'little to no stress' and 10 means you have 'a great deal of stress'". Some participants 24.6%; (n=152) responded with scores in the top third of possible responses (eight or higher) indicating that a relatively significant proportion of participants identify with what would be considered an elevated (or greater) level of stress. Figure 2.3 provides the percentage of respondents who ranked themselves on this measure.

Figure 2.3: Ranking of Level of Life Stress



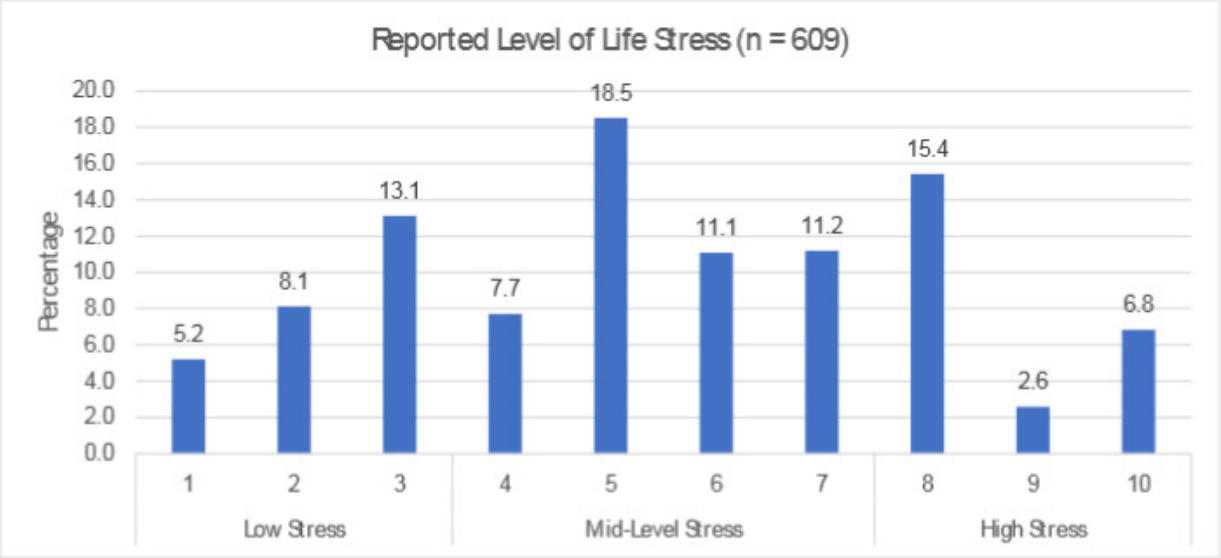
HEALTH CARE ACCESS AND ENGAGEMENT

Participants were asked to respond to a range of questions related to their current level of healthcare coverage and also asked to describe the types of engagement they had with the healthcare system in their community within the 12 months prior to the survey. Also assessed was whether participants had found themselves in situations within the past year that made it necessary to forego some level of health care based on a lack of financial resources they had to prioritize other matters.

Insurance on Healthcare Coverage. Participants were asked "Do you currently have insurance or coverage that helps with your healthcare costs?" Of the participants, the vast majority 94.5%; (n=577) reported that they did have such coverage or insurance, while 4.8%; (n=29) responded "no."

Current Personal Provider. Participants were asked "Do you currently have someone that you think of as your personal doctor or personal healthcare provider?" Most participants indicated that they did have a personal provider 83.3%; (n=509), while 16.1% (n=98) responded "no" and three participants 0.5%; (n=3) indicated that they were "unsure" as to whether they had a personal provider.

Figure 2.4: Participants' Reported Insurance and Personal Provider Characteristics



*Of those participants in the convenience sample, higher proportions of participants (25.5%) reported lack of insurance or other healthcare coverage and also slightly lower reports of a personal healthcare provider (19.2%).

Healthcare Engagement. Participants were provided with a list of 14 health-related services and types of healthcare engagement and asked whether they had received or utilized each of those within the past 12 months. Table 2.7 provides a summary of the participants' responses to this question.

Table 2.7: Participants' Reported Types of Healthcare Engagement*

Type of Healthcare Engagement	Received Past 12 Months (%)	Did Not Receive Past 12 Months (%)
Filled a Prescription	66.2	33.8
Received a Routine Physical Exam	62.8	37.2
Received Dental Care	61.2	38.8
Received Immunizations or other Preventive Care	42.2	57.8
Received Acute Care, Like for an Infection or Injury	27.2	72.8
Received Care for a Chronic Disease	16.7	83.3
Received Care at an Urgent Care Facility	15.6	84.4
Received Care at a Hospital Emergency Room	14.8	85.2
Received a Screening for Anxiety or Depression by a Medical Provider	14.6	85.4
Received Inpatient Care at a Hospital	10.5	89.5
Received Treatment for a Mental Health Diagnosis	9.4	90.6
Received Prenatal or Well-Baby Care	7.8	92.2
Received Care Related to Family Planning	5.0	95.0
Received Treatment for Addiction	0.7	99.3

*In the convenience sample, some differences were present regarding engagement with the healthcare services. The most frequently accessed in the random sample were accessed at levels less than those in the convenience sample across the majority of care types. A few of these were markedly lower (prescriptions at 47.6%; physical exams at 38.4%; dental care at 31.4%; and immunizations or preventive care at 19.2%).

Resources and Healthcare Engagement. Participants were provided a list of three types of healthcare engagement needs including seeing a provider, filling a prescription and finding transportation for care. Participants were asked to indicate whether there had been a time within the past 12 months that they could not act upon that need because "they couldn't afford it or had to prioritize pending money on something else." Less than 20% of participants indicated that it had been the case that they prioritized something over their healthcare across the three types assessed.

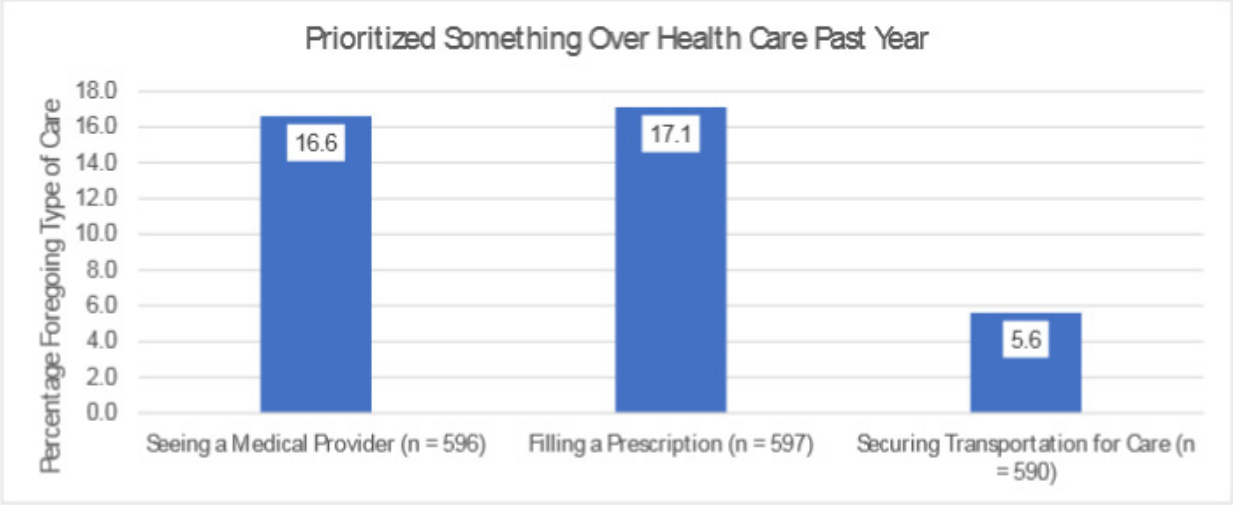
Regarding seeing a medical provider, 16.6% of participants (n=102) indicated that they had a need to see a provider but did not due to other needs.

Regarding needing to fill a prescription, 17.1% (n=105) indicated that they had a need to see a provider but did not due to other needs.

Regarding needing transportation for healthcare, only 5.6% of participants (n=34) indicated that they had not been able to access transportation due to other needs.

*Across all three areas, participants in the convenience sample reported hight incidence of needing to forego care due to the need to prioritize oter resources. Almost one-third (28.8%) reported foregoing seeing a provider, 27.9% reported not filling a prescription and 19.7% reported foregoing transportation for care due to other needs.

Figure 2.5: Participants' Reports of Resource Challenges and Healthcare



PERSONAL HEALTH-RELATED BEHAVIORS

The hospital was interested in a general understanding of the extent to which participants had participated in certain behaviors within the past 30 days. Of particular interest were behaviors that were conceptualized as health-promoting (e.g., behaviors perceived by the hospital to be supportive of ones' health and well-being) or health-challenging (e.g., behaviors perceived by the hospital to be challenging to ones' health and well-being). Table 2.8 provides a summary of this data.

Table 2.8: Self-Reported Health Behaviors (n=611)

Health Promoting Behaviors	% Reporting Behavior
Being Physically Active	56.0
Getting Plenty of Sleep	55.5
Eating Balanced Diet	61.2
Checked Blood Pressure	38.1
Tried to Reduce Stress	42.7
Took Prescription for Mental Health	18.9
Health Challenging Behaviors	**% Reporting Behavior**
Used Tobacco	11.0
Took Opioid Prescribed to Me	7.8
Driving Intoxicated	2.7
Took Opioid Not Prescribed to Me	0.0

*There were some differences between reports of both health-promoting and health-challenging behaviors when compared across the random and convenience samples. Of the health-promoting behaviors, those in the convenience sample reported lower rates of participation in all categories, with the exception of taking medications for depression or anxiety for which rates were slightly elevated in the convenience sample. Tobacco use was more than twice as frequently reported among those in the convenience sample.

SOCIAL DETERMINANTS OF HEALTH

Of particular interest was a better understanding of whether participants perceived that certain social issues (often considered to be determinant of health status) were impacting their lives. Participants were provided with a list of 10 statements and asked to report the extent to which that statement applied to them. Each statement reflected a particular social determinant of health.

The purpose of those items was to assess the extent to which participants "felt" specific charateristics of social factors known to influence health outcomes. To assess these, some items were worded positively. For example, "I feel safe in the place where I live," is a positively worded item and those who reported "never" or "seldom" to that item are among those who have identified a social factor that could be acted upon in the health and social services infastructure to work with an individual who has concerns about his or her housing situation. Negatively worded items like, "I worry about being able to pay my rent or mortgage," are considered at the other end of the response options with those responding "sometimes," "often" or "always" being among those who might benefit from economic or employment assitance in ways to reduce the impact on health. Table 2.9 provides a summary of this data.

Table 2.9: Participants' Reports of Felt Social Determinants

Social Determinant	Item Assessed	Total Sample Responses
Positively Worded Social Determinant Items		Percent Reporting "Never" or "Seldom" Applies to Me
Social Ecology (n = 605)	I feel those around me are healthy	6.3
Education (n = 605)	I am satisfied with my education	9.6
Community Cohesion (n = 607)	I make efforts to get involved in my community	29.9
Policy (n = 599)	I vote when there is an election in my town	19.8
Environment (n = 601)	I feel that my town's environment is healthy (air, water, etc)	13.4
Housing (n = 607)	I feel safe in the place where I live	5.4
Psychosocial (n = 598)	I try to spend time with others outside of work	13.7
Transportation (n = 606)	I have access to safe and reliable transportation	1.8
Negatively Worded Social Determinant Items		Percent Reporting "Sometimes," "Often" or "Always" Applies to Me
Economy (n = 605)	I worry about my utilities being turned off for non-payment	11.6
Employment (n = 606)	I worry about being able to pay my rent or mortgage	16.2

*Those in the convenience sample responded to the social determinant items in ways that differed substantially from those in the random sample. On every item, those in the convenience sample responded at levels that were higher in terms of the extent to which they could be considered challenging social determinants.

HEALTH PROFILE

Franciscan HEALTH

SECTION 2.5

JOHNSON COUNTY

community HEALTH NEEDS ASSESSMENT

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

MATERNAL CHILD HEALTH

Breastfeeding and Prenatal Care

Refer to Table 2.5.0 below for a comparison of prenatal care practices in the state and county. While this indicator is not a social determinant in the strictest sense, these indicators help readers understand some of the first challenges babies and mothers face. In 2015, 77% of mothers received early prenatal care during their pregnancy. There has been a 8.4% increase among mothers receiving prenatal care since 2011. Additionally, the rate of mothers who breastfed has increased 6.9% since 2011.

Table 2.5.0: Johnson County Prenatal Care Practices, 2011-2015

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
# Early Prenatal Care	1,276	1,266	1,327	1,308	1,449	6,262
% Early Prenatal Care	68.6%	68.1%	72.5%	72.1%	77.0%	71.7%
State Percent	***68.1%***	***68.4%***	***67.4%***	***67.5%***	***69.3%***	***68.1%***
# Unmarried Mothers	*638*	*627*	*572*	*576*	*619*	*3,032*
% Unmarried Mothers	34.3%	33.7%	31.2%	31.8%	32.9%	32.8%
State Percent	***42.7%***	***43.2%***	***43.3%***	***43.3%***	***43.3%***	***43.2%***
# Breastfeeding	1,412	1,475	1,458	1,505	1,560	7,410
% Breastfeeding Mothers	75.9%	79.4%	79.6%	83.0%	82.8%	80.1%
State Percent	***74.0%***	***75.6%***	***77.3%***	***79.3%***	***80.5%***	***77.4%***
# Mothers on Medicaid	705	674	624	623	620	3,246
% Mothers on Medicaid	37.9	36.3	34.1	34.3	32.9	35.1
State Percent	***45.6%***	***44.9%***	***44.1%***	***43.7%***	***43.0%***	***44.3%***
# Teen Births (15-17)	37	45	33	22	29	1,680
Population	3,123	3,161	3,174	3,239	3,260	15,957
Teen Birth Rate (15-17)	11.8	14.2	10.4	6.8	8.9	10.4
State Rate	***16.0***	***15.5***	***13.6***	***11.9***	***11.1***	***13.6***
# Teen Births (15-19)	155	32.3	25.0	20.3	19.3	25.7
Population	4,852	4,826	4,885	4,982	4,982	24,527
Teen Birth Rate (15-19)	31.9	32.3	25.0	20.3	19.3	25.7
State Rate	***34.8***	***33.0***	***30.3***	***28.0***	***26.0***	***30.4***

Early Prenatal Care = Prenatal care beginning at first trimester
Teen Birth Rate = Live births per 1,000 women in specified age group
Source: Indiana State Department of Health, Division of Maternal and Child Health
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Safe Sleep

Together, ISDH and Department of Child Services have collaborated with agencies throughout Indiana to provide safe sleep education and "Infant Survival Kits" for families in Johnson County that do not have a designated safe space for their infant to sleep. The kit includes: portable crib, fitted sheet with a safe sleep message on it, wearable blanket, pacifier, and recommendations for safe sleep (ISDH & Department of Child Services, 2017). Figure 2.5.0 shows all of the safe sleep regions throughout the state. Johnson County is Region 14, and there is one Safe Sleep location that serves the county.

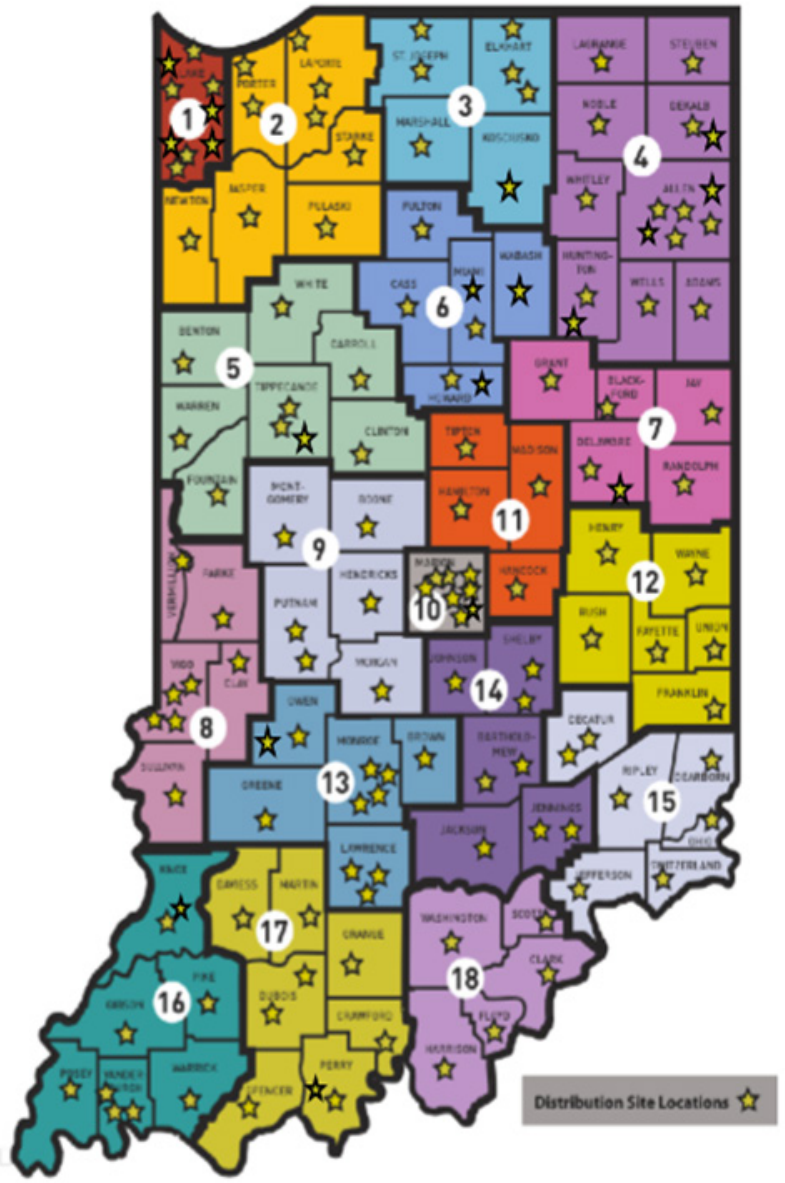


Figure 2.5.0: Johnson County Safe Sleep Regions
Source: ISDH & Department of Child Services, 2017

Childcare and Health Services

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

Table 2.5.1: Childcare and Health Services Related to Children

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

FOOD SECURITY

The table below presents the profile of food security and insecurity in Johnson County. In the county, the food insecurity rate has slightly decreased from 11.6% to 11.0%. Food insecurity is an economic and social indicator of the health in a community. The US Department of Agriculture defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Poverty and unemployment are frequently predictors of food insecurity in the United States (County Health Rankings, 2017).

Table 2.5.2: Food Security Profile in Johnson County

Indicator	Description	Source	Measurement Period	Johnson County	Prior Value*
Food Insecurity Rate	The percentage of the population that experience food insecurity at some point during the year.	Feeding America	2016	11.0%	11.6% ▽
Child Food Insecure Rate	The percentage of children (under 18 years of age) living in households that experienced food insecurity at some point during the year.	Feeding America	2016	15.1%	16.4% ▽
Food Insecure Children Likely Ineligible for Assistance	The percentage of food insecure children in households with incomes above 185% of the federal poverty level who are likely not income-eligible for federal nutrition assistance.	Feeding America	2016	31%	33% ▽
Food Environment Index*	Percentage of the population that is low-income and has low access to a grocery store, *and* the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity).	County Health Rankings	2018	7.9	7.8 △
SNAP Certified Stores	The number of stores certified to accept Supplemental Nutrition Assistance Program benefits per 1,000 populations.	US Department of Agriculture – Food Environment Atlas	2016	0.6	0.6 =
Grocery Store Density	Number of supermarkets/grocery stores per 1,000 population.	USDA – Food Environment Atlas	2014	0.09	0.08 △
Farmers Market* Density	Number of farmers markets per 1,000 population.	USDA – Food Environment Atlas	2016	0.01	0.00 △

*Farmers markets are retail outlets in which vendors sell agricultural products directly to customers *Food index ranges from 0 (worst) to 10 (best) and equally weights the two measures.

Table Key:

▽ = Indicates current value is lower than the prior year value, and trending in a postive direction.

△ = Indicates current value is higher than the prior year value, and trending in a negative direction.

Table Key:

△ = Indicates current value is higher than the prior year value, and trending in a postive direction.

= = Indicates current value is equal to the prior year value.

PHYSICAL ACTIVITY

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

Table 2.5.3: Physical Activity Rates in Johnson County

Indicator	Description	Source	Measurement Period	Indiana	Johnson County
Physical Inactivity	The percentage of adults age 20 and over reporting no leisure time physical activity	County Health Rankings	2014	27%	23%
Physically Active High Schoolers	Percentage of high schoolers 18 years and younger that reported no leisure time physical activity	USDA-Economic Research Service	2015	25.1-27%	23.30%
Access to Exercise Opportunities	The percentage of individuals who live reasonably close to a park or recreational facility.	County Health Rankings	2018	76.6%	78.4%
Recreation and Fitness Facilities	The number of fitness and recreation centers in a county	USDA-Economic Research Service	2014	Not available	7

Adult physical inactivity is valuable health indicator that represents the percent of adults 20 years and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" (Indiana Indicators, 2017). According to County Health Rankings, 23% of adults ages 20 or older, which is the same as the entire state (2017). At this time, Healthy People 2020 has not established a goal for this indicator. Regular physical activity is an important component of maintaining a healthy lifestyle, improving overall quality of life, and reduces risk of chronic health.

SLEEP HEALTH

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

Table 2.5.4: Sleep Health in Johnson County

Indicator	Description	Source	Measurement Period	Indiana	Johnson County
Insufficient Sleep	The percentage of adults who report fewer than seven hours of sleep on average.	County Health Rankings	2016	36.0%	32%
High School Students who get Sufficient Sleep	Percentages of students getting sufficient sleep on school nights	Healthy People 2020, Youth Risk Behavior Surveillance System (YBRSS)	2015	21.4%	Not available

ORAL HEALTH

Dental care opportunities are prevalent in Johnson County. According to County Health Rankings, the patient to dentist ratio was 1,570:1 in 2015. Annual dental visits are an important health indicator because oral diseases range from dental cavities to oral cancers, which results in pain and disability for millions of Americans. Poor oral health, particularly periodontal (gum) disease, has been linked to several chronic diseases, including diabetes, heart disease, and stroke (Indicators, 2015; ISDH; CDC; Behavioral Risk Factor Surveillance System).

IMMUNIZATIONS

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

Table 2.5.5: Immunization Profile Johnson County

Indicator	Description	Source	Measurement Period	Indiana	Johnson County
Recommended Infant Immunizations	Percentage of fully immunized and recorded in Indiana's immunization registry (CHIRP)	IDSH	2017	Not available	61%
Influenza Coverage Rates	Percentage of influenza vaccination coverage for persons 6 months and older for one flu season.	National Center for Immunization and Respiratory Diseases	2016-2017	43.6%	Not available
Pneumonia Coverage Rates	The percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine.	BRFSS	2016	68.2%	74.3%
Human Papilloma Virus (HPV) Coverage Rates	Percentage of youth 13-17 years old, both males and females, that have received at least one dose of the HPV vaccine*	National Center for Immunization and Respiratory Diseases	2016	45.2%	Not available

*Recommended = three doses of HPV vaccine

SCREENINGS

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

Table 2.5.6: Johnson County Health Screening Statistics

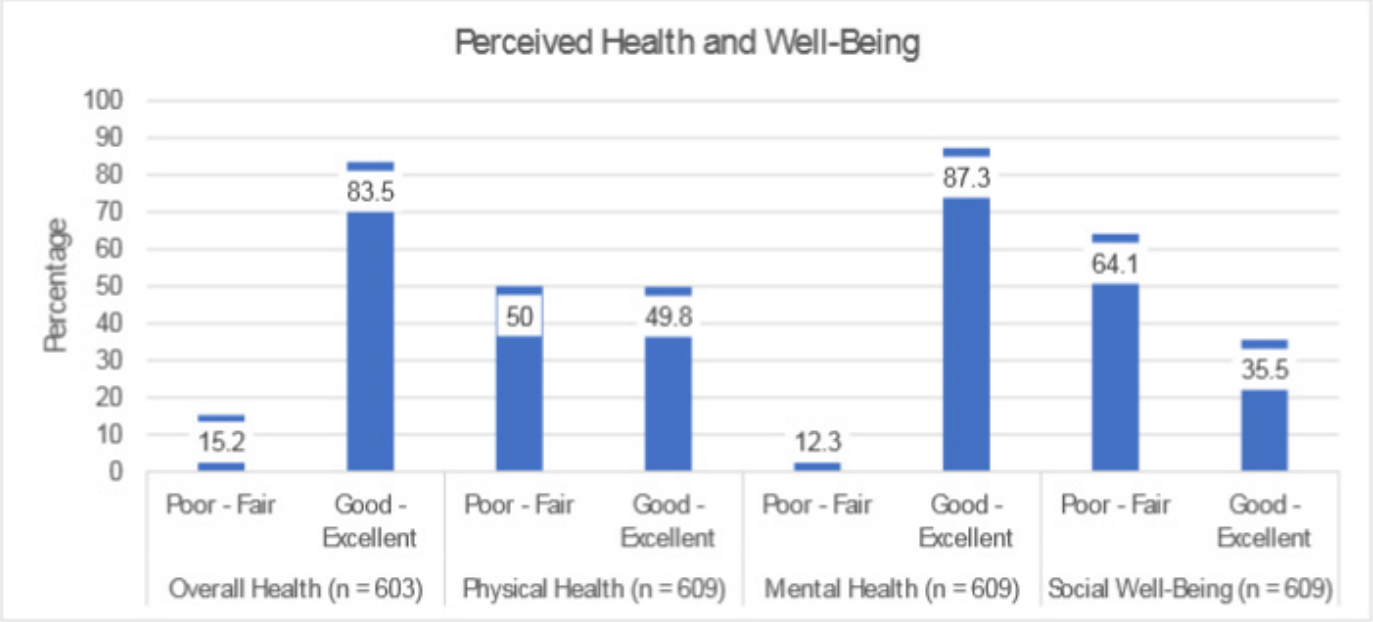
Indicator	Description	Source	Measurement Period	Indiana	Johnson County
Diabetes Monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring.	Dartmouth Atlas of Healthcare	2014	83%	84%
Mammography Screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening.	Dartmouth Atlas of Healthcare	2014	63.6%	64%
Pap Screening	Percentage of women ages 18 and older who reported having a pap smear during the previous 2 years.	ISDH & Behavioral Risk Factor Surveillance System	2010	94.6%	78.9%
Colorectal Cancer Screening	Percentage of adults ages 50 and older who have ever had a sigmoidoscopy or colonoscopy.	ISDH & Behavioral Risk Factor Surveillance System	2010	54.7%	59.2%

Sources: County Health Rankings and Indiana Indicators

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

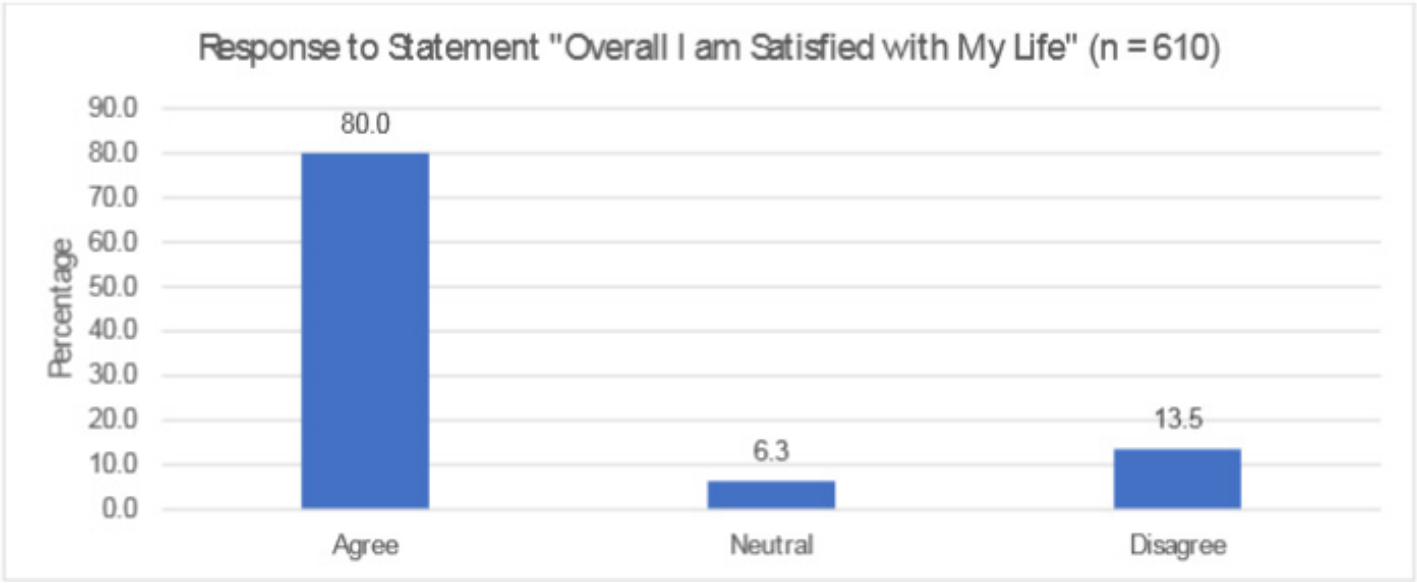
PARTICIPANTS PERCEPTION OF HEALTH AND WELL-BEING

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



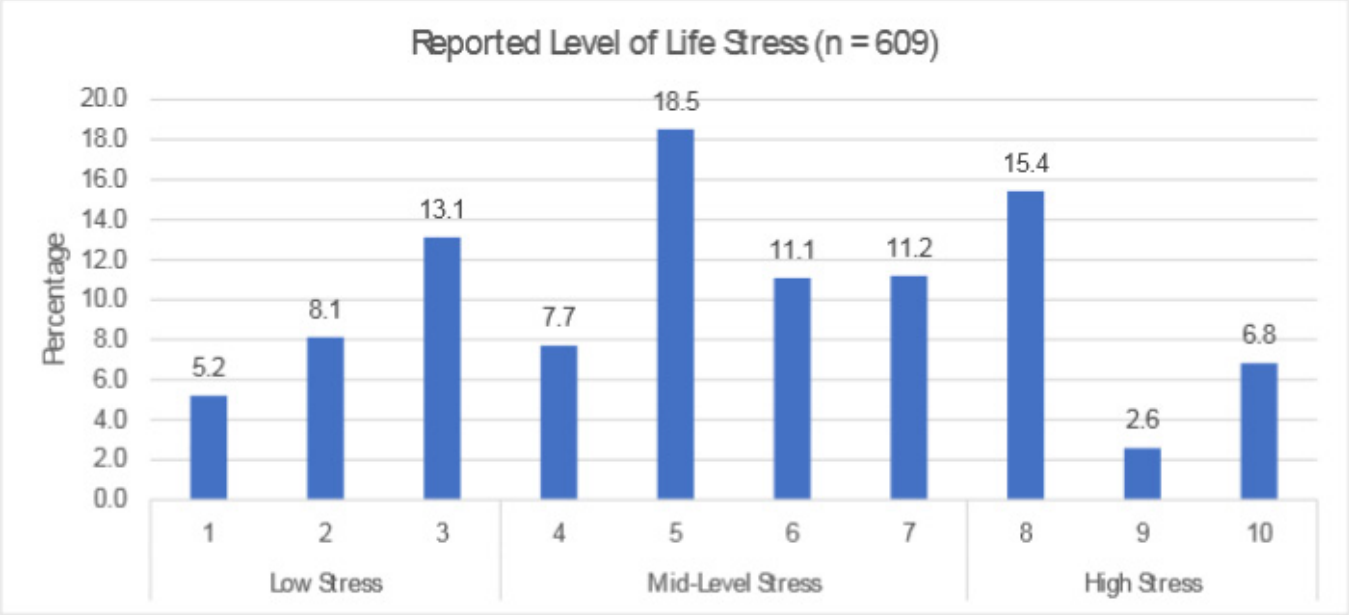
Overall Life Satisfaction. Participants were asked to repond to a single question that asked them to respond to the statement "overall I am satisfied with my life" with five response options ranging from strongly disagree to strongly agree. Only one participant refused an answer to this question (0.1%). The majority of participants agreed with the statement, with 46.0% (n=281) responding "strongly agree" and 34.0% (n=208) responding "somewhat agree." Some participants 6.3%; (n=39) responded "neutral." Those indicating "poor" overall life satisfaction responded with "somewhat disagree" 6.2%; (n=38) or "strongly disagree" 7.3%; (n=44). Figure 2.5.2 provides an overview of responses to this statement.

Figure 2.5.2: Participants Agreement with Life Satisfaction Statement



Level of Stress. Participants were asked to rank their current level of life stress by responding to a single item" "Please rank yourself on a scale of 1 to 10 where 1 means you have 'little to no stress' and 10 means you have 'a great deal of stress'." Some participants 24.6%; (n=152) responded with scores in the top third of possible responses (eight or higher) indicating that a relatively significant proportion of participants identify with what would be considered an elevated (or greater) level of stress. Figure 2.5.3 provides the percentage of respondents who ranked themselves on this measure.

Figure 2.5.3: Ranking of Level of Life Stress



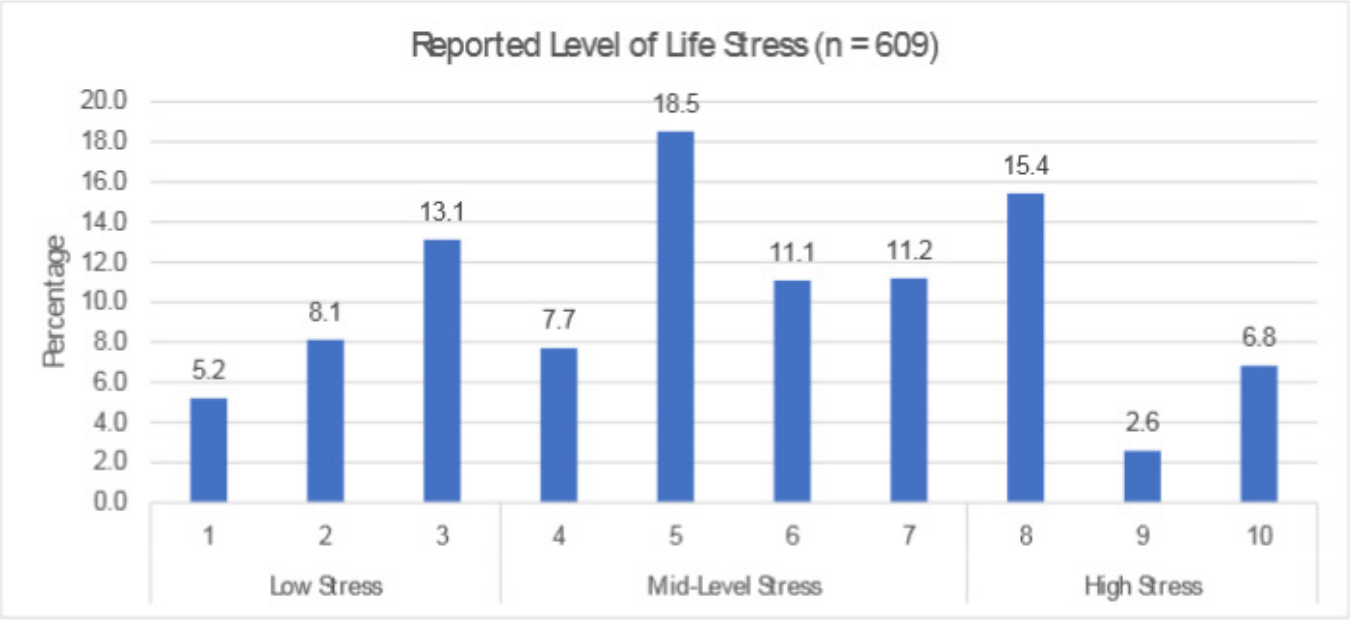
HEALTH CARE ACCESS AND ENGAGEMENT

Participants were asked to respond to a range of questions related to their current level of healthcare coverage and also asked to describe the types of engagement they had with the healthcare system in their community within the 12 months prior to the survey. Also assessed was whether participants had found themselves in situations within the past year that made it necessary to forego some level of healthcare based on a lack of financial resources, they had to prioritize other matters.

Insurance or Healthcare Coverage. Participants were asked "Do you currently have insurance or coverage that helps with your health care costs?" Of the participants, the vast majority (94.5%; n=577) reported that they did have such coverage or insurance, while 4.8% (n=29) responded "no."

Current Personal Provider. Participants were asked "do you currently have someone that you think of as your personal doctor or personal healthcare provider?" Most participants indicated that they did have a personal provider 83.3%; (n=509), while 16.1% (n=98) responded "no" and three participants 0.5%; (n=3) indicated that they were "unsure" as to whether they had a personal provider.

Figure 2.5.4: Participants' Reported Insurance and Personal Provider Charateristics*



*Of those participants in the convenience sample, higher proportions of participants (25.5%) reported lack of insurance or other healthcare coverage and also slightly lower reports of a personal healthcare provider (19.2%).

Healthcare Engagement. Participants were provided with a list of 14 health-related services and types of health care engagement. They were asked whether they had received or utilized each of those within the past 12 months. Table 2.5.7 provides a summary of the participants' responses to this question.

Table 2.5.7: Participants' Reported Types of Healthcare Engagement*

Type of Healthcare Engagement	Received Past 12 Months (%)	Did Not Receive Past 12 Months (%)
Filled a Prescription	66.2	33.8
Received a Routine Physical Exam	62.8	37.2
Received Dental Care	61.2	38.8
Received Immunizations or other Preventive Care	42.2	57.8
Received Acute Care, Like for an Infection or Injury	27.2	72.8
Received Care for a Chronic Disease	16.7	83.3
Received Care at an Urgent Care Facility	15.6	84.4
Received Care at a Hospital Emergency Room	14.8	85.2
Received a Screening for Anxiety or Depression by a Medical Provider	14.6	85.4
Received Inpatient Care at a Hospital	10.5	89.5
Received Treatment for a Mental Health Diagnosis	9.4	90.6
Received Prenatal or Well-Baby Care	7.8	92.2
Received Care Related to Family Planning	5.0	95.0
Received Treatment for Addiction	0.7	99.3

*In the convenience sample, some differences were present regarding engagement with the healthcare services. The most frequently accessed in the random sample were accessed at levels lass than those in the convenience sample across the majority of care types. A few of these were markedly lower (prescriptions at 47.6%; physical exams at 38.4%; dental care at 31.4%; and immunizations or preventive care at 19.2%).

Resources and Healthcare Engagement. Participants were provided a list of three types of healthcare engagement needs including seeing a provider, filling a prescription and finding transportation for care and asked to indicate whether there had been a time within the past 12 months that they could not act upon that need becuase "they couldn't afford it or had to prioritize pending money on somehting else. Less than 20% of participants indicated that it had been the case that they prioritized something over their healthcare across the three types assessed.

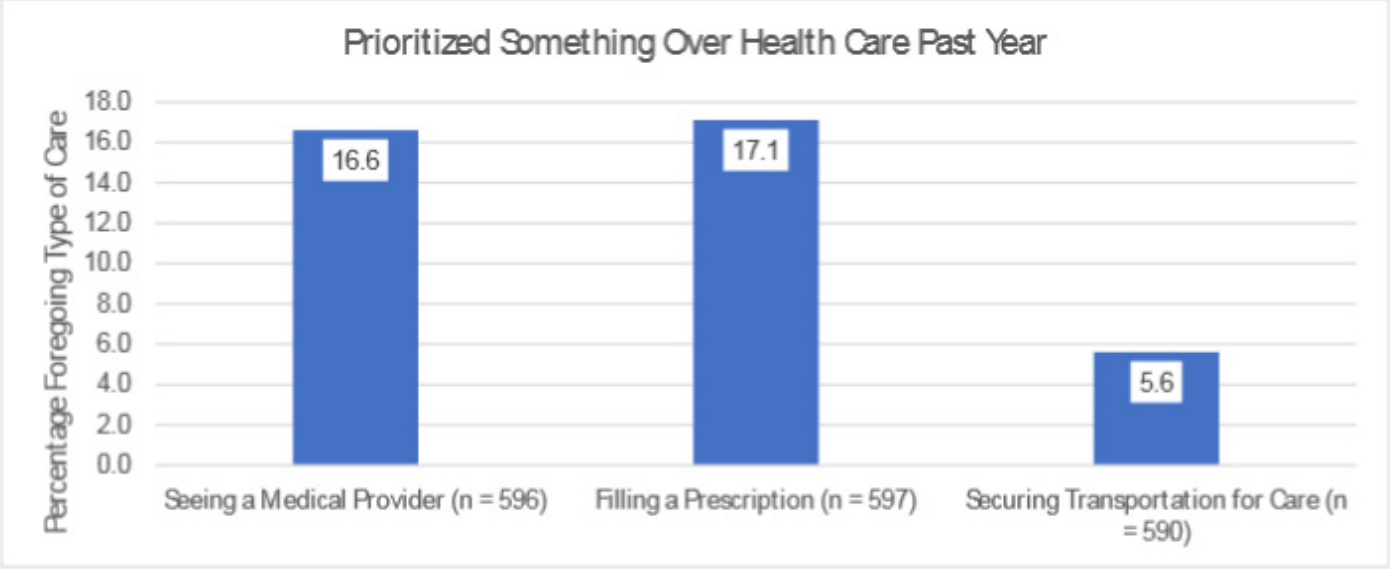
Regarding seeing a medical provider, 16.6% of participants (n=102) indicated that they had a need to see a provider but did not due to other needs.

Regarding needing to fill a prescription, 17.1% (n=105) indicated that they needed to fill a prescription but did not due to other needs.

Regarding needing transportation for healthcare, only 5.6% of participants (n=34) indicated that they had not been able to access transportation due to other needs.

*Across all three areas, participants in the convenience sample reported higher incidence of needing to forego care due to the need to prioritize other resources. Almost one-third (28.8%) reported foregoing seeing a provider, 27.9% reported not filling a prescription and 19.7% reported foregoing transportation for care due to other needs.

Figure 2.5.5: Participants' Reports of Resource Challenges and Healthcare



PERSONAL HEALTH-RELATED BEHAVIORS

The hospital was interested in a general understanding of the extent to which participants had participated in certain behaviors within the past 30 days. Of particular interest were behaviors that were conceptualized as health-promoting (e.g., behaviors perceived by the hospital to be supportive of ones' health and well-being) or health-challenging (e.g., behaviors perceived by the hospital to be challenging to ones' health and well-being). Table 2.5.8 provides a summary of this data.

Table 2.5.8: Self-Reported Health Behaviors (n=611)

Health Promoting Behaviors	% Reporting Behavior
Being Physically Active	56.0
Getting Plenty of Sleep	55.5
Eating Balanced Diet	61.2
Checked Blood Pressure	38.1
Tried to Reduce Stress	42.7
Took Prescription for Mental Health	18.9
Health Challenging Behaviors	**% Reporting Behavior**
Used Tobacco	11.0
Took Opioid Prescribed to Me	7.8
Driving Intoxicated	2.7
Took Opioid Not Prescribed to Me	0.0

*There were some differences between reports of both health-promoting and health-challenging behaviors when compared across the random sample and the convenience sample. Of the health-promoting behaviors, those in the convenience sample reported lower rates of participation in all categories, with the exception of taking medications for depression or anxiety for which rates were slightly elevated in the convenience sample. Tobacco use was more than twice as frequently reported among those in the convenience sample.

SOCIAL DETERMINANTS OF HEALTH

Of particular interest was a better understanding of whether participants perceived that certain social issues (often considered to be determinant of health status) were impacting their lives. Participants were provided with a list of 10 statements and asked to report the extent to which that statement applied to them. Each statement reflected a particular social determinant of health.

The purpose of those items was to assess the extent to which participants "felt" specific charateristics of social factors known to influence health outcomes. To assess these, some items were worded positively. For example, "I feel safe in the place where I live" is a positively worded item and those reporting "never" or "seldom" to that item are among those who have identified a social factor that could be acted upon in the health and social services infastructure to work with an individual who has concerns about his or her housing situation. Negatively worded items like "I worry about being able to pay my rent or mortgage" are considered at the other end of the response options with those responding "sometimes" "often" or "always" being among those who might benefit from economic or employment assistance in ways to reduce the impact on health. Table 2.5.9 provides a summary of this data.

Table 2.5.9: Participants' Reports of Felt Social Determinants

Social Determinant	Item Assessed	Total Sample Responses
Positively Worded Social Determinant Items		Percent Reporting "Never" or "Seldom" Applies to Me
Social Ecology (n = 605)	I feel those around me are healthy	6.3
Education (n = 605)	I am satisfied with my education	9.6
Community Cohesion (n = 607)	I make efforts to get involved in my community	29.9
Policy (n = 599)	I vote when there is an election in my town	19.8
Environment (n = 601)	I feel that my town's environment is healthy (air, water, etc)	13.4
Housing (n = 607)	I feel safe in the place where I live	5.4
Psychosocial (n = 598)	I try to spend time with others outside of work	13.7
Transportation (n = 606)	I have access to safe and reliable transportation	1.8
Negatively Worded Social Determinant Items		Percent Reporting "Sometimes," "Often" or "Always" Applies to Me
Economy (n = 605)	I worry about my utilities being turned off for non-payment	11.6
Employment (n = 606)	I worry about being able to pay my rent or mortgage	16.2

*Those in the convenience sample responded to the social determinant items in ways that differed substantially from those in the random sample. On every item, those in the convenience sample responded at levels that were higher in terms of the extent to which they could be considered challenging social determinants.

HEALTH OUTCOMES

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SECTION 3

community HEALTH NEEDS ASSESSMENT

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

MORTALITY

Compared to the state of Indiana, Marion County has higher rates in all four measures of mortality. Marion County ranks 78 out of 92 for Length of Life measures, which includes premature death. See Table 3.0 below for a comparison of mortality measures in the State of Indiana and in Marion County.

Table 3.0: Measures of Mortality Comparison

Measures of Mortality	Source	Measurement Period	Marion County	Indiana
Overall Death Rate	CDC Wonder	2015	898.5	833.4
Premature Death Rate*	ISDH, CDC & BRFSS	2017	9,042	7,700
Infant Mortality Rate*	ISDH	2016	124	7.5
Child Mortality Rate*	CDC Wonder	2012-2015	87.2	60

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

Table 3.1: 15 Leading Causes of Death in Marion County Indiana, 2015

Leading Causes of Death	Deaths	Population	Crude Death Rate
1. Cardiovascular Disease	1,081	487,865	221.6
2. Malignant Neoplasms	1,063	487,865	217.9
3. Cerebrovascular Diseases	250	487,865	51.2
4. Chronic Lower Respiratory Diseases	240	487,865	49.2
5. Accidents (unintentional injuries)	215	487,865	44.16
6. Diabetes Mellitus	196	487,865	40.2
7. Alzheimer's Disease	151	487,865	31.0
8. Nephritis, nephrotic syndrome and nephrosis	130	487,865	26.6
9. Septicemia	112	487,865	23.0
10. Influenza & pneumonia	77	487,865	15.8
11. Assault (homicide)	74	487,865	15.2
12. Suicide	68	487,865	13.9
13. Chronic Liver Disease and Cirrhosis	60	487,865	12.3
14. Hypertension and Hypertensive Renal Disease	58	487,865	11.9
15. Parkinson's Disease	45	487,865	9.2

Source: CDC Wonder: About Underlying Cause of Death, 2015

In 2015, the leading cause of death in Marion County was cardiovascular disease. There were 1,081 deaths among a population of 487,865 people, resulting in a crude death rate of 221.6. The crude death rate was calculated by taking the total number of deaths (1,081) divided by the total population (487,865) multiplied by 100,000. The second cause of death was malignant neoplasm, resulting in a total of 1,063 deaths.

ACCIDENTS, INJURIES, AND HOMICIDES

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

Table 3.2: Marion County Unintentional Injuries and Homicides

Indicator	Description*	Source	Measurement Period	Indiana	Marion County	HP2020 Goal
Unintentional Injury Mortality	Unintentional injury mortality is represented by the number of deaths per 100,000 people.	ISDH	2014	43.4	53.0	36
Unintentional Poisoning Mortality	Unintentional poisoning mortality is represented by the number of deaths per 100,000 people.	ISDH	2014	15.9	26.7	13
Suicide Mortality	Suicide mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	14.4	14.6	10
Traffic Injury Mortality	Traffic injury mortality is represented by the number of motor vehicle-related deaths per 100,000 people.	ISDH	2015	12.5	12.9	12
Homicide Mortality	Homicide mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	6.1	15.2	6
Firearm Mortality	Firearm mortality is represented by the number of deaths resulting from discharge of a firearm per 100,000 people.	ISDH	2014	12.2	21.7	9
Injury ED Visits	This measure represents the number of injury-related emergency department encounters among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2014	874.2	904.5	753
Injury Hospitalization	This measure represents the number of injury-related hospital admissions among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2014	71.0	84.8	56.0
Trauma Hospital Travel Time	The average drive time from the center of the community's population to the nearest American College of Surgeons verified trauma hospital. It is a measure of access to specialized trauma care.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2012	36.2	12.8	Not available
Alcohol Impaired Driving Deaths	The percentage of motor vehicles crash deaths with alcohol involvement.	County Health Rankings	2011-2015	24%	19%	Not available

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

BEHAVIORAL HEALTH

Quality of Life Indicators

Table 3.3: Marion County Mental Health Profile

Indicators	Days or Percentage	Error Margin
Mentally Unhealthy Days	4.2	3.9-4.2
Frequent Mental Distress	12.8%	12-13%

Sources: Behavioral Risk Factor Surveillance Systems, 2016; County Health Rankings, 2017

According to County Health Rankings, Poor Mental Health Days measures the average number of mentally unhealthy days reported in past 30 days. This measure is based on responses to the Behavioral Risk Factor Surveillance System (BRFSS) question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Marion County's value of 4.2 is the average number of days a county's adult respondents report that their mental health was not good (2016). According to County Health Rankings, the ratio of mental health provider to patient is 526:1 in Marion County, compared to the state ratio which is 730:1.

Table 3.4: Inadequate Social Support in Marion County, 2014

Indicator	Percentage of Adults, 18 and older, Without Social Support		
	Indiana	Marion County	HP 2020 Goal
Inadequate Social Support	20.1%	23.3%	Not available

Source: Indiana State Department of Health & Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

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

Substance Abuse and Recovery

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

Table 3.5: Marion County Substance Use & Abuse

Indicator	Description	Source	Measurement Period	Indiana	Marion County	HP2020 Goal
Adult Smoking	Percentage of adults, 18 or older, who smoke	County Health Rankings	2017	21.0%	21.4%	18.0%
Adult Excessive Drinking*	Percentage of adults, 18 or older, who are binge or excessive drinkers	County Health Rankings	2017	17.0%	19.2%	8.0%
Controlled Substance Dispensed	Number of controlled substances dispensed by a licensed pharmacist or physician per capita.	Indiana University Center for Health policy	2015	1.0%	0.9%	Not available
Age-Adjusted Hospitalization Rate due to Substance Abuse	Average annual age-adjusted hospitalization rates due to substance abuse per 10,000 population among adults 18 years and older	Indiana Hospital Association	2014-2016	11.4%	14.9%	Not available
Age-adjusted Hospitalization Rates due to Alcohol Abuse	Average annual age-adjusted hospitalization rate due to alcohol abuse per 10,000 population among adults 18 years and older	Indiana Hospital Association	2014-2016	12.0%	12.8%	Not available

*The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking that brings a person's blood alcohol concentration to 0.08 grams percent or above.
*Indiana Scheduled Prescription Electronic Collection & Tracking Program (INSPECT)
Source: Indicators, 2015

Alcohol, Tobacco & Drugs

Consuming alcohol has immediate physiological effects on all tissues in the human body, especially the brain. Alcohol is a depressant that impairs vision and motor skills, delays reaction time, affects judgment, and decision-making, which may result in engagement of other negative behaviors. According to the CDC, "excessive drinking, either in the form of heavy drinking (drinking more than 15 drinks per week on average for men or more than either drinks per week on average for women), or binge drinking more than five drinks during a single occasion for men or more than four during a single occasion for women), can lead to increased risk of health problems, such as liver disease and unintentional injuries". In Marion County, 19.2% of adults reported excessively drinking, compared to 17% in the entire state. Adult excessive drinking is another important indicator because it is also a lifestyle choice that can lead to increased risk of health problems including: injuries, violence, liver disease, and cancer. Within Marion County, 19.2% of adults, ages 18 and older, excessively drink. The National Institute on Alcohol and Alcoholism defines binge drinking as "a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above (2017).

Abuse of prescription drugs is a serious and growing public health issue across the United States. Adult smoking is an important indicator to highlight because it is a lifestyle choice that harms nearly every organ in the body, causing many diseases and affecting the overall health of smokers. Research has shown that quitting smoking has immediate as well as positive long-term health benefits. Within Marion County, 21.4% of adults, ages 18 and older, are smokers. Controlled substance prescriptions is an important indicator that can be used as a tool to identify if vulnerable communities are at risk for having substance abuse or misuse problems, given that communities with increased prescription drug rates have been found to also have higher rates of abuse or misuse. Please refer to Table 3.6 below for a comparison of addiction indicators across the state and county.

Table 3.6: Marion County Addiction Profile

Indicator	Description	Source	Measurement Period	Marion County	Indiana
Heroin Treatment Rate	Number of treatment admissions for heroin use per 1,000 population.	Indiana University Center for Health Policy	2015	1.20	0.83
Methamphetamine Treatment Rate	Number of treatment admissions for methamphetamine use per 1,000 population.	Indiana University Center for Health Policy	2015	0.31	0.84
Non-Fatal Emergency Department Visits due to Opioid Overdoses	The rate of non-fatal emergency department admissions due to opioid overdose per 100,000 population.	Indiana Hospital Association	2016	213.3	125.1
Public Intoxication Arrest Rate	Rate of persons arrested for public intoxication for alcohol per 1,000 population.	Indiana University Center for Health Policy	2012	4.9	2.3
Mortality Rate due to Drug Poisoning	The death rate per 100,000 population due to drug poisoning	Indiana Hospital Association	2014-2016	29.1	19.9

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

Suicide

Suicide is one of the most preventable causes of death, yet it continues to have a major impact on the overall health in the state of Indiana. From 1999-2014, the suicide mortality rate was 12.97 in the nation, 14.25 in Indiana, and 14.6 in Marion County (CDC). In order to get accurate county level data, multiple years had to be included. Refer to Tables 3.7 for suicide statistics across the nation, state, and county.

Table 3.7: Suicide Death Rate Comparison, 2016

Indicator: Suicide Mortality Rate	Number of Deaths by Suicide	Rate per 100,000 Population
United States	42,773	12.93
Indiana	948	14.25
Marion County	679	14.6

Source: American Foundation for Suicide Prevention, Suicide: Indiana 2016 Facts & Figures. Retrieved from: www.afsp.org

Infectious Disease Rates

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

Table 3.8: Infectious Disease Rates

Indicator	Description	Source	Measurement Period	Marion County	Indiana
Intestinal Disease Infections	Intestinal disease cases per 100,000 population.	ISDH, Epidemiology Resource Center, Surveillance and Investigation Division	2011-2015	32.3	47.6
Gonorrhea Prevalence	Existing cases of gonorrhea per 100,000 population.	County Health Rankings	2011-2015	342.8	118.5
Gonorrhea Incidence	New cases of gonorrhea per 100,000 population.	County Health Rankings	2011-2015	344.1	118.5
HIV/AIDS Incidence	New cases of HIV/AIDS per 100,000 population.	ISDH & CDC and Prevention, Behavioral Risk Factor Surveillance System	2011-2015	22.8	9.4
HIV/AIDS Prevalence	Existing cases of HIV/AIDS per 100,000 population.	County Health Rankings	2015	570.5	196
Chlamydia Incidence	New cases of chlamydia per 100,000 population.	County Health Rankings	2015	949.3	433.8
Chlamydia Prevalence	Existing cases of chlamydia per 100,000 population.	County Health Rankings	2014	363.47	110.9
Hepatitis C Prevalence (Acute)	Existing cases of Hepatitis C Prevalence (Acute) per 100,000 population.	IDSH	2011-2015	1.6	2.1
Hepatitis C Prevalence (Chronic)	Existing cases of Hepatitis C Prevalence (Chronic) per 100,000 population.	IDSH	2011-2015	86.5	105.8

Source: Indiana Indicators

MATERNAL, INFANT AND CHILD HEALTH

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

Table 3.9: Marion County Birth Outcomes Profile, 2011-2015

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
			Natality			
# of Live Births	6,183	5,991	6,023	6,080	5,910	30,187
# Low Birth Weight	570	524	513	511	481	2,599
% Low Birth Weight	9.2%	8.7%	8.5%	8.4%	8.1%	8.6%
State Percent	***8.1%***	***7.9%***	***7.9%***	***7.9%***	***8.0%***	***8.0%***
# Preterm Births	728	652	640	598	546	3,164
% Preterm Births	11.8%	10.9%	10.6%	9.8%	9.2%	10.5%
State Percent	***10.0***	***9.6***	***9.6***	***9.7***	***9.6***	***9.7***
# Smoked	2,092	2,069	1,807	1,800	1,571	9,339
% Smoked During Pregnancy	14.3%	14.2%	12.6%	12.4%	10.9%	12.9%
State Percent	***16.6%***	***16.5%***	***15.7%***	***15.1%***	***14.3%***	***15.6%***

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

Mothers Who Smoke

Table 3.10: Marion County Mortality Profile, 2011-2015

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
			Mortality			
Neonatal Mortality Rate	6.6	5.6	6.2	5.7	5.3	5.9
Post-Neonatal Mortality Rate	2.9	1.9	3.1	2.7	2.8	2.7
Infant Mortality Rate (IMR) per 1,000 Live Births	9.5	7.5	9.3	8.4	8.0	8.5
State IMR	***7.7***	***6.7***	***7.1***	***7.1***	***7.3***	***7.2***

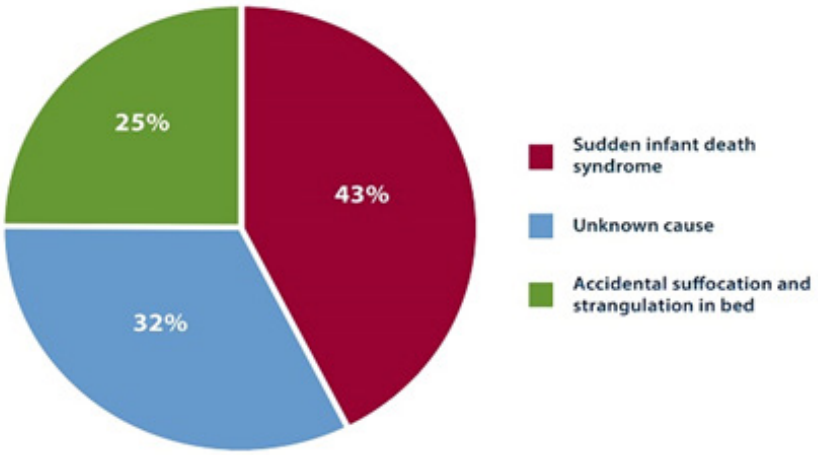
Source: Indiana State Department of Health, Division of Maternal and Child Health
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Sudden Unexpected Infant Death & Sudden Infant Death Syndrome

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

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

Figure 3.0: Commonly Reported SUIDs in Indiana



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

Young Child Health

In 2016, the child abuse rate was 22.7 in Marion County. This indicator shows the number of abuse or neglect per 1,000 children under the age of 18 (Indiana Department of Child Services). The value may include multiple incidents of abuse per child victim during 2015. Child abuse includes physical, sexual, or emotional abuse. Child abuse and neglect can negatively influence or interrupt physical, intellectual, and psychological childhood and adolescent development.

According to Health Communities Institute, "All types of child abuse and neglect have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, work, or school" (2016). In Marion County, 3,976 children were in need of services in 2015. This indicator compiles the number of children in the county that need assistance or protection (Indiana Youth Institute, 2015).

Table 3.11: Child Abuse and Neglect in Marion County

Indicator	Description	Measurement Period	Marion County
CHINS Cases	Number of children who were in need of services such as housing, protecting, etc. due to abuse and neglect in family in measurement period year.	2015	3,976
Child Abuse: Neglect	Percentage of total child abuse cases (substantiated and unsubstantiated) reported that were as neglect.	2017	% of substantiated cases: 30% % of unsubstantiated cases: 10%
Child Abuse: Sexual Abuse	Percentage of total child abuse cases reported (substantiated and unsubstantiated) that were classified as sexual abuse.	2017	% of substantiated cases: 5% % of unsubstantiated cases: 25%
Child Abuse: Physical Abuse	Percentage of total child abuse cases reported (substantiated and unsubstantiated) that were classified as physical abuse.	2017	% of substantiated cases: 2% % of unsubstantiated cases: 20%
# of Fatal Cases of Child Abuse and Neglect	Number of occurrences in which the child abuse and neglect was fatal in the measurement period year.	2015	10

CHRONIC DISEASES

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

RESPIRATORY DISEASES

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

Table 3.12: Marion County Respiratory Disease Rate Comparisons

Indicator	Description*	Source	Measurement Period	Marion County	Indiana
Age-Adjusted Asthma ED Visits	This measure represents the number of asthma-related emergency department encounters among Indiana residents per 10,000.	ISDH, Epidemiology Resource Center	2014	78.9	49.1
Child Asthma ED Visits	This measure represents the number of asthma-related emergency department encounters among Indiana children ages 5 to 17 per 10,000 children.	ISDH, Epidemiology Resource Center	2014	127.2	66.4
Asthma Hospitalization	This measure represents the number of asthma-related hospital admissions among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center	2014	13.4	10.5
Child Asthma Hospitalization	This measure represents the number of asthma-related hospital admissions among Indiana children ages 5 to 17 per 10,000 children.	ISDH, Epidemiology Resource Center	2014	22.5	8.5
Age-Adjusted COPD Hospitalization	Average annual age-adjusted hospitalization rate due to chronic obstructive pulmonary disease per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	31.3	31.8
Age-adjusted COPD ED Visits	The average annual age-adjusted emergency room visit rate due to chronic obstructive pulmonary disease (COPD) per 10,000 population aged 18 and older.	Indiana Hospital Association	2010-2012	34.0	48.8
Chronic Lower Respiratory Disease Mortality	Chronic lower respiratory disease mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	62.9	55.4

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

CANCER

Table 3.13: Comparisons of Cancer Data

Indicator	Indiana	Marion County	HP 2020 Goal
Cancer Incidence	500.9	461.6	N. A
Lung	74	80.1	N. A
Colorectal	50.8	39.4	39
Breast	127.2	128.1	41
Prostate	131.9	86.9	N.A
Cancer Mortality	180.2	182.6	161
Lung	47.8	62.5	46
Colorectal	19.6	16.3	15
Breast	14.2	22.8	21
Prostate	8	25.4	21

*Measurement period for cancer incidence rates was 2009-2013 and mortality incidence rate data was collected in 2015

CARDIOVASCULAR DISEASE

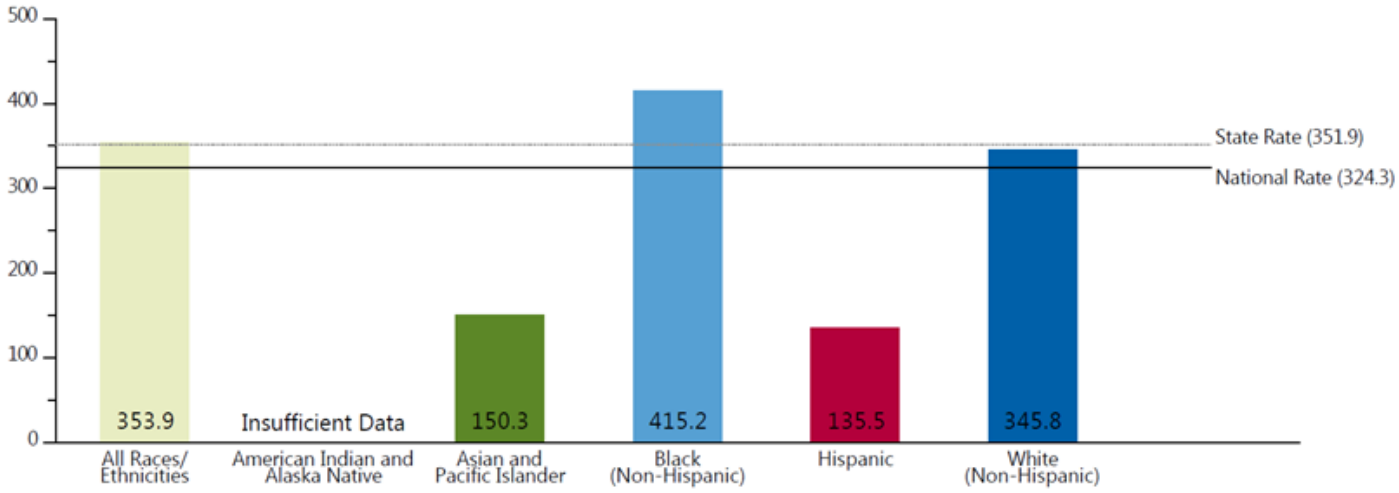
According to the Indiana State Department of Health (ISDH), heart disease, cancer, and stroke represent the three leading causes of death Indiana (2017). According to the data below, the national heart disease death rate was 327, the state rate was 355.6, and the rate in Marion County was 353.9. Refer to the Table 3.14 and Figures 3.1 and 3.2 below for a demographic breakdown of death rates and percentages for each race/ethnicity which provides comparisons across the nation, state, and county.

Table 3.14: Heart Disease Death Rate, All Race & Gender, Marion County, 2014-2016

Race or Ethnicity	Heart Disease Death Rate per 100,000, 35+, All Race, All Gender, 2014-2016		
	Nation	Indiana	Marion County
All Race	327	355.6	353.9
Black (Non-Hispanic)	411.9	411.2	415.2
White (Non-Hispanic)	333.8	357.4	345.8
Hispanic	230.3	178.1	135.5
American Indian and Alaskan Native	299	97.1	N/A
Asian and Pacific	174.2	144	150.3

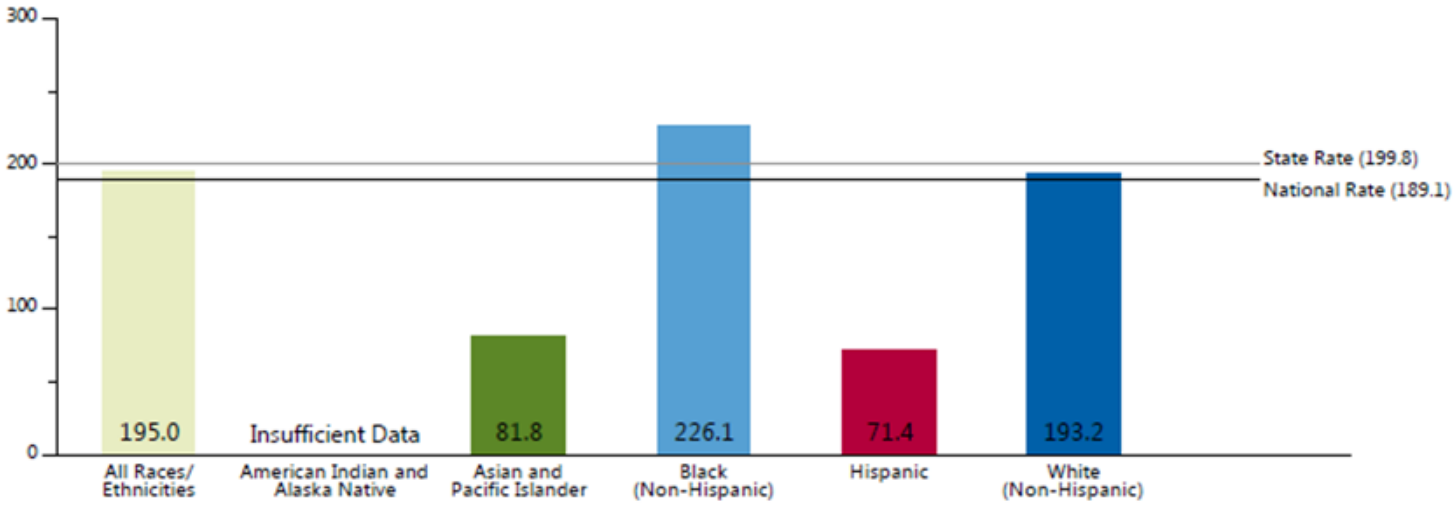
Source: CDC. DHDSP Interactive Atlas County Report
**Age-adjusted rates*

Figure 3.1: Heart Disease Death Rate Comparison, 2014-2016



Source: CDC, DHDSP Interactive Atlas County Report

Figure 3.2: Coronary Heart Disease Death Rate, All Ages, Races & Gender, 2014-2016



Source: CDC, DHDSP Interactive Atlas County Report

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

Table 3.15: Johnson County All Heart Disease Death Rate among Black Men, 2014-2015

Race or Ethnicity	Heart Disease Death per 100,000, 65+, Black, Men		
	Nation	Indiana	Marion County
Black (Non-Hispanic)	812.6	858.3	920*

Category range = 777-938
Source: CDC. Interactive Atlas County Report

STROKE

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

Table 3.16: Marion County Stroke Data, 2014-2015

Indicator	Rates per 100,000 Death or Hospital Admission		
	Indiana	Marion County	HP 2020 Goal
Stroke Hospitalization	20.9	19.6	N. A
Stroke Mortality	39	41.4	34

Source: Indiana State Department of Health, Epidemiology Resource Center
Retrieved from: http://indianaindicators.org/CountyDashboard.aspx?c=089

DIABETES

Table 3.17: Marion County Diabetes Data, 2013

Indicator	Description	Source	Measurement Period	Percentage or Rate	
				Indiana	*Marion County*
Diabetes Prevalence	Percentage of adults aged 20 and older with medically diagnosed diabetes.	CDC Diabetes Data and Statistics	2011-2013	10.2%	10.5%
Age-Adjusted Hospitalization Rates due to Diabetes	Average annual age-adjusted hospitalization rate due to diabetes per 10,000 population aged 18 years and older, including both type 1 and 2.	Indiana Hospital Association	2014-2016	20.3	25.7
Age-Adjusted Death Rate due to Diabetes	Age-adjusted death rate per 100,000 population due to diabetes.	ISDH	2015	26.8	25.8
Age-Adjusted Hospitalization Rate due to Short-Term Complications* of Diabetes	Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	9.0	11.4
Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes*	Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	9.5	12.4

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

In 2013, the prevalence of diabetes in Marion County was 10.5%. Meaning, 10.5% of the population, ages 20 or older, were medically diagnosed with diabetes. The overall prevalence of diabetes in Indiana was 10.2% in 2013 (Indiana Indicators, 2011-2013). In 2015, the diabetes mortality rate was 25.8 in Marion County and 26.8 in the state (Indiana Indicators, 2015).

OBESITY

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

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

Table 3.18: Marion County Obesity Data, 2014

Indicator	Indiana Percentage	Marion County Percentage
Obese Adults, ages 20+	32.5%	32.4%

Source: CDC Interactive Atlas County Report

HEALTH OUTCOMES

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SECTION 3.5

JOHNSON COUNTY

community HEALTH NEEDS ASSESSMENT

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

MORTALITY

Compared to the state of Indiana, Johnson County has higher rates in all four measures of mortality. Johnson County ranks 7 out of 92 for length of life measures, which includes premature death. See Table 3.5.0 below for a comparison of mortality measures in the State of Indiana and in Johnson County.

Table 3.5.0: Measures of Mortality Comparison

Measures of Mortality	Source	Measurement Period	Johnson County	Indiana
Overall Death Rate*	CDC Wonder	2015	796.03	833.4
Premature Death Rate*	ISDH, CDC & BRFSS	2017	6,213	7,700
Infant Mortality Rate*	ISDH	2016	6.8	7.5
Child Mortality Rate*	CDC Wonder	2012-2015	Not available	60

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

Table 3.5.1: 15 Leading Causes of Death in Johnson County Indiana, 2016

Leading Causes of Death	Deaths	Population	Age-Adjusted Death Rate
1. Cardiovascular Disease	372	153,897	223.51
2. Malignant Neoplasms	280	153,897	165.57
3. Ischemic Heart Disease	157	153,897	93.88
4. Chronic Lower Respiratory Diseases	70	153,897	41.88
5. Alzheimer's Disease	66	153,897	40.33
6. Cerebrovascular Diseases	64	153,897	38.39
7. Hypertension and Hypertensive Renal Disease	33	153,897	19.42
8. Motor Vehicle Accidents	14	153,897	9.27
9. Diabetes Mellitus	25	153,897	14.29
10. Nephritis, nephrotic syndrome and nephrosis	21	153,897	12.94
11. Suicide	17	153,897	11.01
12. Influenza & pneumonia	18	153,897	10.94
13. Chronic Liver Disease and Cirrhosis	60	153,897	6.79
14. Congenital malformations, deformations, and chromosomal abnormalities	7	153,897	4.73
15. Assault (homicide)	1	153,897	0.66

Source: CDC Wonder: About Underlying Cause of Death, 2016

In 2016, the leading cause of death in Johnson County was cardiovascular disease. There were 372 deaths among a population of 153,897 people, resulting in an age-adjusted death rate of 223.51. The second cause of death was malignant neoplasm, resulting in a total of 280 deaths, followed by ischemic heart disease resulting in 157 deaths.

ACCIDENTS, INJURIES, AND HOMICIDES

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

Table 3.5.2: Johnson County Unintentional Injuries and Homicides

Indicator	Description*	Source	Measurement Period	Johnson County	Indiana	HP2020 Goal
Unintentional Injury Mortality	Unintentional injury mortality is represented by the number of deaths per 100,000 people.	ISDH	2014	28.2	43.4	36
Unintentional Poisoning Mortality	Unintentional poisoning mortality is represented by the number of deaths per 100,000 people.	ISDH	2014	0.0	15.9	13
Suicide Mortality	Suicide mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	12.1	14.4	10
Traffic Injury Mortality	Traffic injury mortality is represented by the number of motor vehicle-related deaths per 100,000 people.	ISDH	2015	9.3	12.5	12
Homicide Mortality	Homicide mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	0.0	6.1	6
Firearm Mortality	Firearm mortality is represented by the number of deaths resulting from discharge of a firearm per 100,000 people.	ISDH	2014	8.8	12.2	9
Injury ED Visits	This measure represents the number of injury-related emergency department encounters among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2014	803.6	874.2	753
Injury Hospitalization	This measure represents the number of injury-related hospital admissions among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2014	63.2	71.0	56.0
Trauma Hospital Travel Time	The average drive time from the center of the community's population to the nearest American College of Surgeons verified trauma hospital. It is a measure of access to specialized trauma care.	ISDH, Epidemiology Resource Center and Injury Prevention and Trauma Program	2012	29.3	36.2	Not available
Alcohol Impaired Driving Deaths	The percentage of motor vehicles crash deaths with alcohol involvement.	County Health Rankings	2011-2015	20%	24%	Not available

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

BEHAVIORAL HEALTH

Quality of Life Indicators

Table 3.5.3: Johnson County Mental Health Profile

Indicators	Days or Percentage	Error Margin
Mentally Unhealthy Days	3.7	3.5-3.9
Frequent Mental Distress	11%	9-12%

Sources: Behavioral Risk Factor Surveillance Systems, 2016; County Health Rankings, 2017

According to county health rankings, poor mental health days measure the average number of mentally unhealthy days reported in past 30 days. This measure is based on responses to the Behavioral Risk Factor Surveillance System (BRFSS) question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Johnson County's value of 3.7 is the average number of days a county's adult respondents report that their mental health was not good (2016). According to County Health Rankings, the ratio of mental health provider to patient is 1,320:1 in Johnson County, compared to the state ratio which is 730:1.

Table 3.5.4: Inadequate Social Support in Johnson County, 2014

Indicator	Percentage of Adults, 18 and older, Without Social Support		
	Indiana	Johnson County	HP 2020 Goal
Inadequate Social Support	20.1%	20.5%	Not available

Source: Indiana State Department of Health & Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

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

Substance Abuse and Recovery

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

Table 3.5.5: Johnson County Substance Use & Abuse

Indicator	Description	Source	Measurement Period	Johnson County	Indiana	HP2020 Goal
Adult Smoking	Percentage of adults, 18 or older, who smoke	County Health Rankings	2017	24.2%	21.0%	18.0%
Adult Excessive Drinking*	Percentage of adults, 18 or older, who are binge or excessive drinkers	County Health Rankings	2017	18.4%	17.0%	8.0%
Controlled Substance Dispensed	Number of controlled substances dispensed by a licensed pharmacist or physician per capita.	Indiana University Center for Health policy	2015	1.0	1.0	Not available
Age-Adjusted Hospitalization Rate due to Substance Abuse	Average annual age-adjusted hospitalization rates due to substance abuse per 10,000 population among adults 18 years and older	Indiana Hospital Association	2014-2016	16.0	11.4	Not available
Age-adjusted Hospitalization Rates due to Alcohol Abuse	Average annual age-adjusted hospitalization rate due to alcohol abuse per 10,000 population among adults 18 years and older	Indiana Hospital Association	2014-2016	9.3	12.0	Not available

*The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking that brings a person's blood alcohol concentration to 0.08 grams percent or above.
*Indiana Scheduled Prescription Electronic Collection & Tracking Program (INSPECT)
Source: Indicators, 2015

Alcohol, Tobacco & Drugs

Consuming alcohol has immediate physiological effects on all tissues in the human body, especially the brain. Alcohol is a depressant that impairs vision and motor skills, delays reaction time, affects judgment, and decision-making, which may result in engagement of other negative behaviors. According to the CDC, "excessive drinking, either in the form of heavy drinking (drinking more than 15 drinks per week on average for men or more than either drinks per week on average for women), or binge drinking more than five drinks during a single occasion for men or more than four during a single occasion for women), can lead to increased risk of health problems, such as liver disease and unintentional injuries". In Johnson County, 18.4% of adults reported excessively drinking, compared to 17% in the entire state. Adult excessive drinking is another important indicator because it is also a lifestyle choice that can lead to increased risk of health problems including: injuries, violence, liver disease, and cancer. Within Johnson County, 18.4% of adults, ages 18 and older, excessively drink. The National Institute on Alcohol and Alcoholism defines binge drinking as "a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above (2017). Abuse of prescription drugs is a serious and growing public health issue across the United States.

Adult smoking is an important indicator to highlight because it is a lifestyle choice that harms nearly every organ in the body, causing many diseases and affecting the overall health of smokers. Research has shown that quitting smoking has immediate as well as positive long-term health benefits. Within Johnson County, 18.4% of adults, ages 18 and older, are smokers. Controlled substance prescriptions is an important indicator that can be used as a tool to identify if vulnerable communities are at risk for having substance abuse or misuse problems, given that communities with increased prescription drug rates have been found to also have higher rates of abuse or misuse. Please refer to Table 3.5.6 below for a comparison of addiction indicators across the state and county.

Table 3.5.6: Johnson County Addiction Profile

Indicator	Description	Source	Measurement Period	Indiana	Johnson County
Heroin Treatment Rate	Number of treatment admissions for heroin use per 1,000 population.	Indiana University Center for Health Policy	2015	0.83	0.38
Methamphetamine Treatment Rate	Number of treatment admissions for methamphetamine use per 1,000 population.	Indiana University Center for Health Policy	2015	0.84	0.25
Non-Fatal Emergency Department Visits due to Opioid Overdoses	The rate of non-fatal emergency department admissions due to opioid overdose per 100,000 population	Indiana Hospital Association	2016	125.1	181.6
Public Intoxication Arrest Rate	Rate of persons arrested for public intoxication for alcohol per 1,000 populations.	Indiana University Center for Health Policy	2012	2.3	0.7
Mortality Rate due to Drug Poisoning	The death rate per 100,000 population due to drug poisoning	Indiana Hospital Association	2014-2016	19.9	18.9

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

Suicide

Suicide is one of the most preventable causes of death, yet it continues to have a major impact on the overall health in the state of Indiana. From 1999-2014, the suicide mortality rate was 12.97 in the nation, 14.25 in Indiana, and 12.1 in Johnson County (CDC). In order to get accurate county level data, multiple years had to be included. Refer to Table 3.5.7 for suicides statistics across the nation, state, and county.

Table 3.5.7: Suicide Death Rate Comparison, 2016

Indicator: Suicide Mortality Rate	Number of Deaths by Suicide	Rate per 100,000 Population
United States	42,773	12.93
Indiana	948	14.25
Johnson County	17	12.1

Source: American Foundation for Suicide Prevention, Suicide: Indiana 2016 Facts & Figures.
Retrieved from: www.afsp.org

INFECTIOUS DISEASE

Infectious Disease Rates

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

Table 3.5.8: Infectious Disease Rates by State and County

Indicator	Description	Source	Measurement Period	Indiana	Johnson County
Intestinal Disease Infections	Intestinal disease cases per 100,000 population.	ISDH, Epidemiology Resource Center, Surveillance and Investigation Division	2011-2015	47.6	24.3
Gonorrhea Prevalence	Existing cases of gonorrhea per 100,000 population.	County Health Rankings	2011-2015	118.5	86.4
Gonorrhea Incidence	New cases of gonorrhea per 100,000 population.	County Health Rankings	2011-2015	118.5	67.1
HIV/AIDS Incidence	New cases of HIV/AIDS per 100,000 population.	ISDH & CDC and Prevention, Behavioral Risk Factor Surveillance System	2011-2015	9.4	3.3
HIV/AIDS Prevalence	Existing cases of HIV/AIDS per 100,000 population.	County Health Rankings	2015	196	107
Chlamydia Incidence	New cases of chlamydia per 100,000 population.	County Health Rankings	2015	433.8	270.04
Chlamydia Prevalence	Existing cases of chlamydia per 100,000 population.	County Health Rankings	2014	110.9	304.3
Hepatitis C Prevalence (Acute)	Existing cases of Hepatitis C Prevalence (Acute) per 100,000 population.	ISDH	2011-2015	2.1	2.1
Hepatitis C Prevalence (Chronic)	Existing cases of Hepatitis C Prevalence (Chronic) per 100,000 population.	ISDH	2011-2015	105.8	43.9

Source: Indiana Indicators

MATERNAL, INFANT AND CHILD HEALTH

Since 2011, the number of live births in Johnson County has decreased by 5%. The number of babies born with low birth weight in Johnson County has slightly decreased. The number of babies born before 37 weeks gestation in Johnson County has decreased by 5% since 2011. It is likely that any significant decrease in negative measures of natality or infant health outcomes can be attributed to by the increase in access, availability, and affordability of prenatal assistance programs in Johnson County.

Table 3.5.9: Johnson County Birth Outcomes Profile, 2011-2015

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
Natality						
# of Live Births	1,861	1,858	1,831	1,818	1,883	9,247
# Low Birth Weight	142	137	111	122	147	659
% Low Birth Weight	7.6%	7.4%	6.1%	6.7%	7.8%	7.1%
State Percent	*8.1%*	*7.9%*	*7.9%*	*7.9%*	*8.0%*	*8.0%*
# Preterm Births	179	160	136	155	174	804
% Preterm Births	9.6%	8.6%	7.4%	8.5%	9.2%	8.7%
State Percent	*10.0%*	*9.6%*	*9.6%*	*9.7%*	*9.6%*	*9.7%*
# Smoked	333	320	300	282	258	1,493
% Smoked During Pregnancy	17.9%	17.2%	16.4%	15.5%	13.7%	16.1%
State Percent	*16.6%*	*16.5%*	*15.7%*	*15.1%*	*14.3%*	*15.6%*

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

Mothers Who Smoke

Mothers who smoke during pregnancy jeopardize their health as well as the health of their fetus. It is likely that a baby whose mother smoked during pregnancy will be born premature, have less developed lungs, and have a low birth weight. Furthermore, secondhand smoke can still negatively impact the health of the baby, even after they are born by increasing the risk of SIDS, asthma, and stunted growth or development (2017). In Johnson County, 13.7% of pregnant women smoked during their pregnancy

Infant Mortality

Table 3.5.10: Johnson County Mortality Profile, 2011-2015

Indicator	2011	2012	2013	2014	2015	2011-2015 Combined
Mortality						
Neonatal Mortality Rate	6.6	5.6	6.2	5.7	5.3	5.9
Post-Neonatal Mortality Rate	2.9	1.9	3.1	2.7	2.8	2.7
Infant Mortality Rate (IMR) per 1,000 Live Births	9.5	7.5	9.3	8.4	8.0	8.5
State IMR	*7.7*	*6.7*	*7.1*	*7.1*	*7.3*	*7.2*

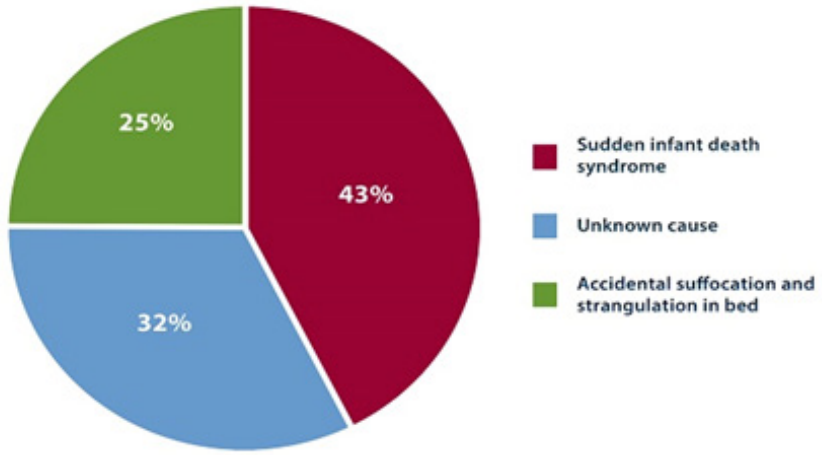
Source: Indiana State Department of Health, Division of Maternal and Child Health
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

Sudden Unexpected Infant Death & Sudden Infant Death Syndrome

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

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

Figure 3.5.0: Commonly Reported SUIDs



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

Young Child Health

In 2016, the child abuse rate was 9.0 in Johnson County. This indicator shows the number of abuse or neglect per 1,000 children under the age of 18 (Indiana Department of Child Services). The value may include multiple incidents of abuse per child victim during 2015. Child abuse includes physical, sexual, or emotional abuse. Child abuse and neglect can negatively influence or interrupt physical, intellectual, and psychological childhood and adolescent development.

According to Health Communities Institute, "All types of child abuse and neglect have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, work, or school" (2016). In Johnson County, 154 children were in need of services in 2015. This indicator compiles the number of children in the county that need assistance or protection (Indiana Youth Institute, 2015). Refer to the Table 3.5.12 below for a young child health profile in Johnson County.

Table 3.5.11: Child Abuse and Neglect Profile

Indicator	Description	Measurement Period	Johnson County
CHINS Cases	Number of children who were in need of services such as housing, protecting, etc. due to abuse and neglect in family in measurement period year.	2015	154
Child Abuse: Neglect	Percentage of total child abuse cases (substantiated and unsubstantiated) reported that were as neglect.	2017	% of substantiated cases: 3.78% % of unsubstantiated cases: 71.97%
Child Abuse: Sexual Abuse	Percentage of total child abuse cases reported (substantiated and unsubstantiated) that were classified as sexual abuse.	2017	% of substantiated cases: 0.40% % of unsubstantiated cases: 6.96%
Child Abuse: Physical Abuse	Percentage of total child abuse cases reported (substantiated and unsubstantiated) that were classified as physical abuse.	2017	% of substantiated cases: 0.0% % of unsubstantiated cases: 16.90%
# of Fatal Cases of Child Abuse and Neglect	Number of occurrences in which the child abuse and neglect was fatal in the measurement period year.	2015	4

CHRONIC DISEASES

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

RESPIRATORY DISEASES

Respiratory complications and diseases continue to fill the Emergency Departments in Johnson County (Indicators, 2015). Refer to Table 3.5.12 below for comparisons of respiratory diseases rates across the state and county.

Table 3.5.12: Johnson County Respiratory Disease Rate Comparisons

Indicator	Description*	Source	Measurement Period	Johnson County	Indiana
Age-Adjusted Asthma ED Visits	This measure represents the number of asthma-related emergency department encounters among Indiana residents per 10,000.	ISDH, Epidemiology Resource Center	2014	37.6	49.1
Child Asthma ED Visits	This measure represents the number of asthma-related emergency department encounters among Indiana children ages 5 to 17 per 10,000 children.	ISDH, Epidemiology Resource Center	2014	49.9	66.4
Asthma Hospitalization	This measure represents the number of asthma-related hospital admissions among Indiana residents per 10,000 people.	ISDH, Epidemiology Resource Center	2014	4.9	10.5
Child Asthma Hospitalization	This measure represents the number of asthma-related hospital admissions among Indiana children ages 5 to 17 per 10,000 children.	ISDH, Epidemiology Resource Center	2014	4.6	8.5
Age-Adjusted COPD Hospitalization	Average annual age-adjusted hospitalization rate due to chronic obstructive pulmonary disease per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	20.8	31.8
Age-adjusted COPD ED Visits	The average annual age-adjusted emergency room visit rate due to chronic obstructive pulmonary disease (COPD) per 10,000 population aged 18 and older.	Indiana Hospital Association	2010-2012	28.0	48.8
Chronic Lower Respiratory Disease Mortality	Chronic lower respiratory disease mortality is represented by the number of deaths per 100,000 people.	ISDH	2015	41.9	55.4

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

CANCER

Table 3.5.13: Comparisons of Cancer Data

Indicator	Indiana	Johnson County	HP 2020 Goal
Cancer Incidence			
Lung	74	67.0	Not available
Colorectal	50.8	45.5	39
Breast	127.2	115.7	41
Prostate	131.9	62.9	Not available
Cancer Mortality			
Lung	47.8	51.3	46
Colorectal	19.6	15.6	15
Breast	14.2	16.6	21
Prostate	8	20.3	21

*Measurement period for cancer incidence rates was 2009-2013 and mortality incidence rate data was collected in 2015

CARDIOVASCULAR DISEASE

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

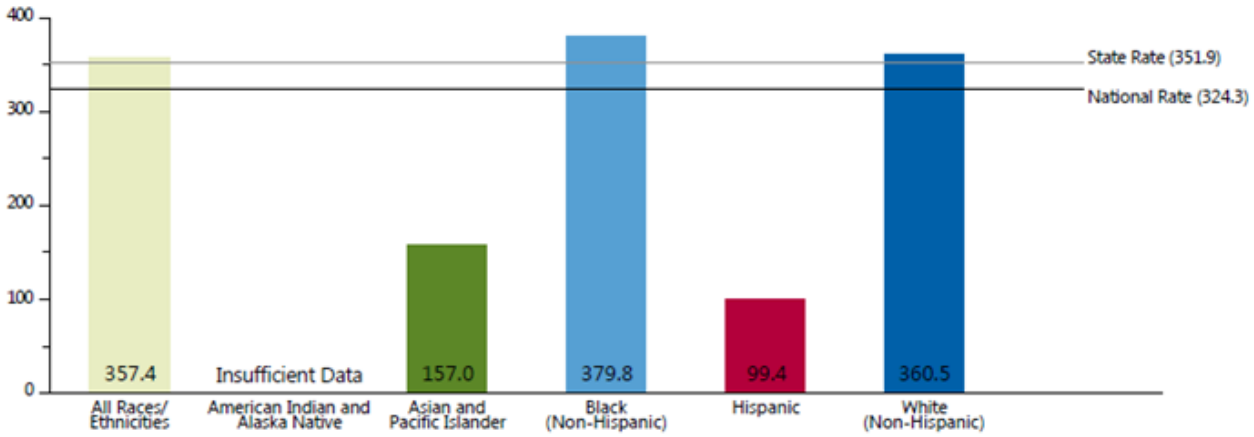
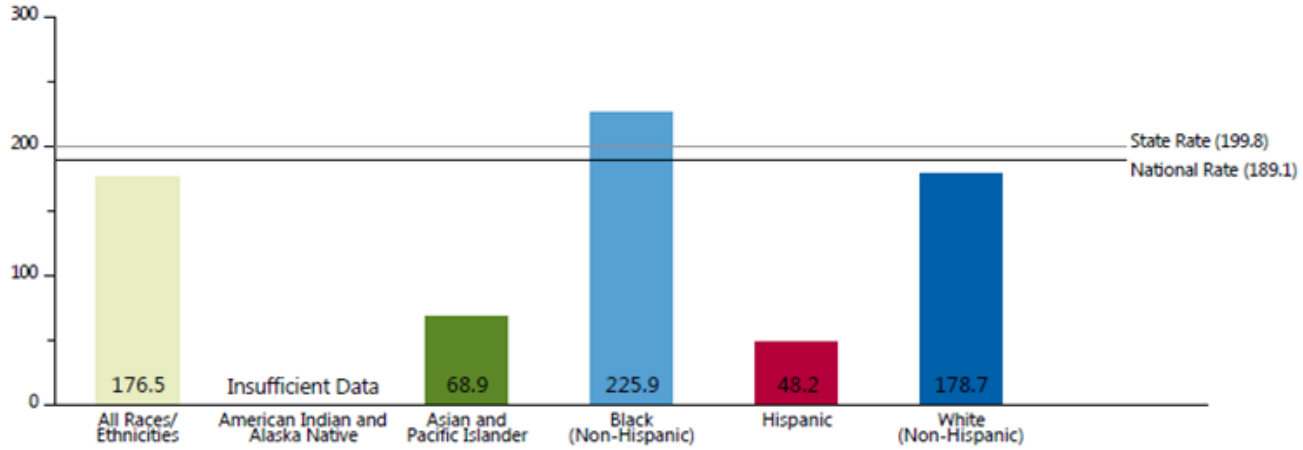


Table 3.5.1: Heart Disease Death Rate, All Race & Gender, Johnson County, 2014-2016

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

According to the data below, the national heart disease death rate was 327, the state rate was 355.6, and the rate in Johnson County was 357.4. Refer to the Figure 3.5.2 below for a demographic breakdown of death rates and percentages of deaths due to coronary heart disease for each race/ethnicity.

Figure 3.5.2: Heart Disease Death Rate Comparison, 2014-2016



Source: CDC, DHDSP Interactive Atlas County Report

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

Table 3.5.14: Johnson County All Heart Disease Death Rate Among Black Men, 2014-2015

Race or Ethnicity	All Heart Disease Death per 100,000, 65+, Black, Men		
	Nation	Indiana	Johnson County
Black (Non-Hispanic)	812.6	858.3	357.4

Race or Ethnicity	Heart Disease Death Rate per 100,000, 35+, All Race, All Gender, 2014-2016		
	Nation	Indiana	Johnson County
All Race	327	355.6	357.4
Black (Non-Hispanic)	411.9	411.2	379.8
White (Non-Hispanic)	333.8	357.4	360.5
Hispanic	230.3	178.1	99.4
American Indian and Alaskan Native	299	97.1	N/A
Asian and Pacific Islander	174.2	144	157.3

Category range = 777-938
Source: CDC. Interactive Atlas County Report

STROKE

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

Table 3.5.15: Johnson County Stroke Data, 2014-2015

Indicator	Rates per 100,000 Death or Hospital Admission		
	Indiana	Johnson County	HP 2020 Goal
Stroke Hospitalization	20.9	17.5	Not available
Stroke Mortality	39	35.9	34

Source: Indiana State Department of Health, Epidemiology Resource Center
Retrieved from: http://indianaindicators.org/CountyDashboard.aspx?c=089

DIABETES

Table 3.5.16: Johnson County Diabetes Data, 2013

Indicator	Description	Source	Measurement Period	Percentage or Rate	
				Indiana	Johnson County
Diabetes Prevalence	Percentage of adults aged 20 and older with medically diagnosed diabetes.	CDC Diabetes Data and Statistics	2011-2013	10.2	11.5
Age-Adjusted Hospitalization Rates due to Diabetes	Average annual age-adjusted hospitalization rate due to diabetes per 10,000 population aged 18 years and older, including both type 1 and 2.	Indiana Hospital Association	2014-2016	20.3	13.8
Age-Adjusted Death Rate due to Diabetes	Age-adjusted death rate per 100,000 population due to diabetes.	ISDH	2015	26.8	15.6
Age-Adjusted Hospitalization Rate due to Short-Term Complications* of Diabetes	Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	9.0	7.5
Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes*	Age-adjusted hospitalization rate due to short-term complications of diabetes per 10,000 population aged 18 years and older.	Indiana Hospital Association	2014-2016	9.5	5.1

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

In 2014, the prevalence of diabetes in Johnson County was 11.5%. Meaning, 11.5% of the population, ages 20 or older, were medically diagnosed with diabetes. The overall prevalence of diabetes in Indiana was 10.2% in 2013 (Indiana Indicators, 2011-2013). In 2015, the diabetes mortality rate was 15.6 in Johnson County and 26.8 in the state (Indiana Indicators, 2015).

OBESITY

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

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

Table 3.5.17: Johnson County Obesity Data, 2014

Indicator	Indiana Percentage	Johnson County Percentage
Obese Adults, ages 20+	32.5%	29%

Source: CDC Interactive Atlas County Report

TOP HEALTH NEEDS

Franciscan HEALTH

SECTION 4

community HEALTH NEEDS ASSESSMENT

As in every data collection and analysis processes, there are limits to the data collected. The survey was only available to a randomized sample. If a resident of the county did not receive the survey, they would not have an opportunity to offer input. 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. In the survey conducted for this report, the following information was reported. The convenience sample data reported include responses from targeted vulnerable populations within the community. Please consult the appendix for the full survey report.

IMPORTANCE OF COMMUNITY-BASED HEALTH AND SOCIAL SERVICE PROGRAMS

Participants were asked to provide their perspectives on the extent to which health and social service programs are important to their local community. During the survey, participants were provided with a list of 20 different programs that are often present in many communities. Participants were inconsistent with regard to the extent to which they provided an assessment of each program type. Results from the participants were used to calculate rankings of program endorsement, although the number of participants responding to the items varied throughout the list. Of the twenty programs, 100% were ranked as being either moderately or very important by approximately, or more than, 50% of participants. While these results do provide some insight into the types of programs perceived as most important in their local community, across the board this data does suggest that in general most community members perceive the general network of health and social service programs to be important as a whole. Table 4.0 provides a list of the extent to which participants rated a program type as "moderately" or "very important. Further highlighted are the items for which there were stronger endorsements in the "very important" category than the "moderately important" category.

Table 4.0: Participants Ratings of the Importance of Community Resources

Community Programs	Moderately/Very Important %	Moderately Important %	Very Important %
Aging Services (n = 599)	87.1	45.3	41.8
Mental Health Counseling (n = 592)	86.5	35.6	50.9
Physical Activity (n = 593)	85.4	42.9	42.5
Walking Trails/ Outdoor Space (n = 590)	83.5	34.0	49.5
Substance Abuse Prevention & Treatment (n = 587)	81.2	28.6	52.6
Services for Women, Infants, Children (n = 597)	77.3	38.3	39.0
Nutrition Education (n = 590)	75.5	48.5	27.0
Gun Safety Education (n = 587)	73.9	33.3	40.6
Job Training/ Employment Assistance (n = 596)	73.6	40.2	33.4
Food Pantries (n = 596)	72.7	36.4	36.3
Free/ Emergency Childcare (n = 591)	71.4	34.7	36.7
Family Planning (n= 594)	70.2	42.2	28.0
Health Insurance Assistance (n = 593)	68.7	38.1	30.6
Financial Assistance (n = 356)	68.3	45.0	23.3
Food Stamps/ SNAP (n = 592)	66.5	36.0	30.5
Housing Assistance (n = 593)	62.5	39.2	23.3
Legal Assistance (n = 596)	61.4	41.6	19.8
Transportation Assistance (n = 593)	61.1	35.9	25.2
Prescription Assistance (n = 592)	56.9	37.4	19.5
Needle Exchange (n = 583)	52.3	29.8	22.5

*Participants in the convenience sample similarly rated 100% of the community programs to be among those that they perceived as being important to their community. However, the level of endorsement among those in the convenience sample was stronger than those in the random sample on each program. Some programs were rated as "very important" by those in the convenience sample at very high levels, included: free/ emergency childcare (62.0%); food pantries (63.1%); food stamps or SNAP (59.8%); services for women, infants and children (52.9%); housing assistance (52.5%), mental health counseling (67.2%) and substance abuse prevention and treatment (62.1%).

COMMUNITY PERCEPTIONS OF PRIORITY HEALTH NEEDS

Important to the development of the CHNA and its subsequent Implementation Plan was to assess the local health issues which community members perceived to be of importance. The hospital developed a list of 21 different health needs that are common in many communities. Survey participants were asked to select five of those community health issues that they perceived to be among the most important for the hospital and its partners to address.

Accompanying the list of health issues was a statement that guided survey participants in their selection. The statement read "Below is a list of health issues present in many communities. Please pick the five that you think pose the greatest health concern for people living in your community." Table 4.1 provides a summary of the extent to which each health issue was selected as one of the top five issues by survey participants.

Table 4.1: Priority Health Issues Selected by Participants as Being Among the Top 5 Most In Need of Attention (n = 611)

Health Issue	% Selecting Issues As One of Top 5 Needing Attention
Substance use or abuse	49.1
Obesity	47.7
Chronic diseases like diabetes, cancer, and heart disease	46.8
Mental health	39.6
Assault, violent crime, and domestic violence	35.0
Aging and older adult needs	34.2
Poverty	30.0
Food access, affordability, and safety	27.0
Tobacco use	22.6
Alcohol use or abuse	22.1
Child neglect and abuse	20.3
Homelessness	17.4
Environmental issues	15.9
Injuries and accidents	15.2
Sexual violence, assault, rape, or human trafficking	11.8
Disability needs	11.1
Reproductive health and family planning	9.7
Dental care	9.2
Suicide	6.6
Infant mortality	4.2
Infectious diseases like HIV, STDs, and hepatitis	3.3

COMMUNITY PERCEPTIONS OF HEALTH ISSUES NEEDING PRIORITY RESOURCE ALLOCATION

In addition to assessing the extent to which participants perceived specific needs as being among the most important for action in their community, participants were also asked to prioritize for the allocation of resources in the local community. Participants were given a statement to consider prior to indicating their perceptions. The statement read "Previously you were asked to pick issues that pose the greatest health concern in your community. If you had $3 and could give $1 to help solve some of these, which are the three to which you would give $1?" Table 4.2 provides a summary of the extent to which participants selected an issue as one of the top three for the allocation of resources.

Table 4.2: Ranking of Health Issues Selected by Participants as Being Among the Top 3 to Which They Would Allocate Resources (n = 611)

Health Issue	% Selecting as a Top Priority for Resource Allocation
Mental health	28.8
Chronic diseases like diabetes, cancer, and heart disease	27.6
Substance use or abuse	25.4
Child neglect and abuse	23.7
Food access, affordability, and safety	23.6
Poverty	22.8
Assault, violent crime, and domestic violence	21.9
Obesity	20.9
Aging and older adult needs	18.8
Homelessness	14.0
Sexual violence, assault, rape, or human trafficking	9.9
Environmental issues	9.7
Disability needs	8.4
Reproductive health and family planning	6.8
Tobacco use	6.3
Suicide	5.2
Alcohol use or abuse	5.1
Infant mortality	4.8
Dental care	3.4
Injuries and accidents	2.9
Infectious diseases like HIV, STDs, and hepatitis	1.9

*Those in the convenience sample selected many of the same priority needs as did those in the random sample, both as a priority need and a priority for resource allocation. Important patterns to note however included that participants in the convenience sample ranked food accessibility as the highest priority at 50.2% (a level that exceeded any single endorsement in the random sample).

FOCUS GROUPS

Franciscan Health organized six focus groups throughout Marion County, Indiana between August 2018 and October 2018. Of those six focus groups, there was one internal meeting, two professional meetings and three residential meetings. The goal of the focus groups was to understand the needs, assets, and potential resources in various communities and to strategize how the hospitals can partner with communities to build resiliency. These focus group findings are a necessary component of data in the CHNA, as they focused on gathering information from community members and local professionals who had direct knowledge and experience related to the health disparities in the region.

Each focus groups was hosted by Franciscan Health or a community based organization. The focus groups were implemented in 90 to 120 minute sessions with an average of eight to 15 participants at each. An internal handout and exit sheet was given to the participants. The handout consisted of infographics on adverse childhood experiences definitions and data, building community resiliency frameworks, and how they all play a vital role in the healing strategies of achieving healthy and connected communities. The exit sheet consisted of questions that gathered information on the strengths, challenges and opportunities of the community. The focus group information is described more in detail in Table 4.3.

Table 4.3: Marion County Focus Groups

Focus Groups Completed in Marion County		
Host Organization	Location/Date	Key Themes
Franciscan Health Indianapolis **As all staff was welcome to attend, the departments that participated in this conversation included: Business Development, Spiritual Care, Education, Emergency Services and Marketing.**	Auditorium, Indianapolis, Indiana October 8th, 2018	The most reoccurring themes included: as a health care system more focus needs to be placed on what services are provided in the communities being served; the need to have a greater presence in all communities served; more awareness raised through marketing; more community events; better access to Behavioral Health services; more education on social determinates of health. Some key action items taken from this focus group include: educating internal staff on ACEs and trauma-informed care; to get provide outlets that better educate the general population on an ACE strategy, and to find ways to bring program and services to the more vulnerable communities.
Marion County Professional Focus Group **Agencies that participated in this conversation included: University of Indianapolis; Anthem; Nurse Family Partnership; Windrose Health; South Indy Quality of Life; Community Health South; Baxter YMCA; Greenwood Mayor's Office; Indiana Youth Institute; MICI-AHEC; Purdue Extension of Marion County; and Greater Southside Business Alliance.**	Indianapolis, Indiana September 24th, 2018	The most reoccurring themes included: better communication between organizations for services offered.; better access to services for working families; identifying other organizations already working around ACEs and trauma-informed communities and building partnerships (identify where have these organizations succeeded and failed). Some key action items taken from this focus group include: being a part of the Community Resilience Coalition, stratifying community programs assets, and making further connections with existing community programs.

Beech Grove Professional Focus Group **Agencies that participated in this conversation included: Beech Grove schools and the Beech Grove Community Drug-Free Coalition.**	Beech Grove, Indiana September 25th, 2018	All participants recognized that the Adverse Childhood Experience framework is not a new concept and how we all need to acknowledge the experts in this field. The most reoccurring themes included: the need to discover a way to effectively get people to the table; volunteerism in the city is severely lacking, no one wants to participate in anything (including school events); transportation to after-school activities is a problem; residents report that they do not feel safe in the community anymore; a "one-stop-shop" is needed for families to access services. Some key action items taken from this focus group include: getting people to the table quickly and educating them on needs in the community; determining priorities, setting goals, committing to meeting goals in timeframe, relationship building; and outcomes for healing strategies to help families, long-term training programs for adults.
Burmese Residential Community Conversation **Those invited were local, Burmese residents.**	Hope for Tomorrow; Southern Marion County area, Indiana (46227 and 46237); September 29th, 2018	Most participants identified the major community challenges as: needing better, more accessible translation services for any need a resident may have, not just healthcare services; Burmese residents want to be included in the conversation about what their needs are, and how organizations can work with them to get these needs met. Identified strengths included: Burmese American Communities Institute for educational needs; The Chin Center for employment needs; Hope for Tomorrow for child care needs; Interpretation/translation services at healthcare facilities; local bus systems.

Latino Residential Community Conversation **Those invited were local, Latino residents.**	Baxter YMCA; Southern Marion and Northern Johnson County area, Indiana (46143, 46205, 46225, 46227); September 5th, 2018	Through small group exercises and feedback with the entire group, the following community priorities were identified and ranked: transportation; safe environment; access to health services; employment opportunities and education.
Beech Grove Residential Community Conversation **Those invited were local residents in the Beech Grove area.**	Hornet Park Community Center; Beech Grove, Indiana September 25th, 2018	The following community priorities were identified and ranked: transportation; safe environment; access to health services; employment opportunities and need for services for aging population.

Table 4.4: Marion County ACEs Concerns

Indy	ACE Concerns					
	Abuse & Neglect	**Domestic Violence**	**Behavioral Health**	**Substance Abuse**	**Incarceration**	**Parent Stability**
	Windrose Health	Windrose Health	Windrose Health	Windrose Health	Windrose Health	Windrose Health
	DCS	DCS	Adult & Child	Adult & Child	Reach for Youth	Adult & Child
			Valle Vista Health	Valley Vista Health		
			Anthem	Anthem		
			Baxter YMCA	Fairbanks - Hope Academy		
			Children's Bureau	Tara Treatment Center		
			Youth Connections	Empower Johnson County		
			Systems of Care	Indiana Youth Institutue		
			Choices	Franciscan Health		
			Centerstone			
			Indiana Youth Insititute - Youth Worker Cafes, Data products			
			Jane Pauley Clinics			
			Franciscan Health			

Table 4.5: Marion County Organizations Focusing on Adult Protective Factors

Indy	Adult Protective Factors			
	Parental Resiliency	**Child Development Education**	**Social Connections**	**Social Competence**
	Windrose Health - Behavior	Baxter YMCA	University of Indianapolis - MCI ACEH	Windrose Health
		Windrose Health - Behavioral Hea	Baxter YMCA	Baxter YMCA
			South Indy Quality of Life - Neighborhood Organizing, Community Building	
			Perry Senior Services	
			Windrose Health - Behavioral Health	

Table 4.6: Marion County Organizations Focusing on Child Protective Factors

Indy	Child Protective Factors			
	Positive Relationships	Supportive School Environments	Peer Activities and Support	Individual Values and Life Skills
Target Group	Baxter YMCA	Baxter YMCA	Baxter YMCA	Baxter YMCA
Babies & Toddlers	Windrose Health - Behavioral Health			Windrose Health - Behavioral Health
Elementary	Baxter YMCA	Indiana Youth Institute - Capacity Building, Youth Worker Café, Data Products	University of Indianapolis - MCI AHEC	Baxter YMCA
	Windrose Health - Behavioral Hea	University of Indianapolis - MCI AHEC	Purdue Extension of Marion/Johnson County - 4H	Windrose Health - Behavioral Health
		Baxter YMCA	Baxter YMCA	
Middle	Baxter YMCA	Indiana Youth Institute - Capacity Building, Youth Worker Café, Data Products	University of Indianapolis - MCI AHEC	Baxter YMCA
	Windrose Health - Behavioral Hea	University of Indianapolis - MCI AHEC	Purdue Extension of Marion/Johnson County - 4H	Windrose Health - Behavioral Health
	Purdue Extension of Marion County - Strengthening Families	Baxter YMCA	Baxter YMCA	
	Indiana Youth Institute - Data Products, Youth Worker Cafes			
High School	Baxter YMCA	Indiana Youth Institute - Capacity Building, Youth Worker Café, Data Products	University of Indianapolis - MCI AHEC	Baxter YMCA
	Windrose Health - Behavioral Hea	University of Indianapolis - MCI AHEC	Purdue Extension of Marion/Johnson County - 4H	Windrose Health - Behavioral Health
	Purdue Extension of Marion County - Strengthening Families	Baxter YMCA	Baxter YMCA	University of Indianapolis - MCI AHEC
	Greater Southside Business Community and Alliance - Key Club		Greater Southside Business Community and Alliance - Key Club	
	Indiana Youth Institute - Data Products, Youth Worker Cafes			
College	Baxter YMCA	University of Indianapolis - MCI AHEC	University of Indianapolis - MCI AHEC	Baxter YMCA
	Windrose Health - Behavioral Hea	Indiana Youth Institute - Capacity Building, Youth Worker Café, Data Products	Purdue Extension of Marion/Johnson County - 4H	Windrose Health - Behavioral Health
		Baxter YMCA	Baxter YMCA	

Table 4.7: Marion County Organizations Focusing on Social Determinants of Health

Indy	Social Determinants of Health							
	Food Access	**Housing & Utilities**	**Employment Assistance**	**Transportation**	**Healthcare Access**	**Insurance**	**Positive Behavior Education**	**Other**
	Perry Senior Services - Meals on Wheels	South Indy Quality of Life - Home repair program	Employ Indy	South Indy Qaulity of Li	Anthem	Windrose Health - Navigators	Anthem - Health Education Workshops	Anthem - Community Health Workshops and Health Coaching (free)
	South Indy Quality of Life - Little Free Pantry, Community Gardens, Garfield Park Farmers Market (SNAP)	Anthem - Blue Triangle Project	Anthem	Greater Southside Business and Community Alliance	Windrose Health - Primary Care	Anthem		
	Purdue Extension of Marion County - Agriculture, Urban Gardens, Nutrition and	Greater Southside Business and Community Alliance - Community for Life	South Indy Quality of Life Adult Education opportunies, quarterly job fairs	Purdue Extension of Marion County - Community Wellness and Walkability Access				
	Greater Southside Business and Community Alliance - Southport Farmers Market, Midwest Food Bank, Hunger Inc.		Workforce One					

Table 4.8: Marion County Organizations Focusing on Healing Trauma

Indy	Healing Trauma			
	Physical Activity	**Nutrition**	**Stress Reduction**	**Relationship Building**
Target Group	Windrose Health	Healthy Southside Initiative	Baxter YMCA	Baxter YMCA
Youth	Baxter YMCA	Baxter YMCA	Windrose Health	Anthem - Boys & Girls Club Memberships
	Marion County - Nutrition Education in Family CATCH	Purdue Extension of Marion County - Nutrition Education in Family CATCH	Johnson County Parks Dept.	University of Indianapolis - MCI AHEC
	Healthy Southside Initiative			
	Johnson County Parks Dept.			
Young Adult	Windrose Health	Healthy Southside Initiative	Baxter YMCA	Baxter YMCA
	Purdue Extension of Marion County - Community Wellness	Baxter YMCA	Windrose Health	Anthem - Boys & Girls Club Memberships
	Healthy Southside Initiative	Purdue Extension of Marion County - Nutrition Education in Family CATCH	Johnson County Parks Dept.	University of Indianapolis - MCI AHEC
	Baxter YMCA			
	Johnson County Parks Dept.			
Adult	Windrose Health	Healthy Southside Initiative	Baxter YMCA	Baxter YMCA
	Anthem - Gym Memberships	Baxter YMCA	Windrose Health	South Indy Quality of Life - Community Building
	Healthy Southside Initiative	Purdue Extension of Marion County - Nutrition Education SNAP	Johnson County Parks Dept.	Greater Southside Business Community Alliance
	Baxter YMCA			Johnson County Development Corporation
	Johnson County Parks Dept.			
Senior	Windrose Health	Healthy Southside Initiative	Baxter YMCA	Baxter YMCA
	Anthem - Gym Memberships	Baxter YMCA	Windrose Health	South Indy Quality of Life - Community Building
	Healthy Southside Initiative	Purdue Extension of Marion County - Nutrition Education SNAP	Johnson County Parks Dept.	Greater Southside Business Community Alliance
	Baxter YMCA			Johnson County Development Corporation
	Johnson County Parks Dept.			

2019-2021 Top Community Health Needs Scoring Sheet

Facility: **Scorer:**

	Health Issue							Potential Intervention						
Need	Size	Serious	Equity	Intervention	Time	**Score**	**Rank**	ACEs	Internal Capacity	Comm Accept	Sustain	Long Term	**Score**	**Rank**
IM	24	25	23	22	24	118	1	21	22	25	23	22	113	1
Substance Abuse	21	25	16	19	24	105	3	23	17	21	18	21	100	4
Public Safety	19	22	21	23	20	105	3	19	9	20	14	17	79	8
Unintentional Injury	21	17	14	18	18	88	8	16	14	14	15	19	78	9
Ped MH	21	24	21	13	24	103	6	25	17	24	19	19	104	3
Adult MH	24	22	22	14	24	106	2	24	18	24	20	20	106	2
PAN	23	15	15	22	17	92	7	20	17	16	18	21	92	6
Tobacco	20	17	14	14	17	82	10	17	19	18	19	20	93	5
Transportation	19	18	18	18	11	84	9	17	10	17	9	14	67	10
Access	21	20	24	21	18	104	5	16	18	22	16	18	90	7

1=Low; 3=Neutral/Medium; 5=High

Directions

	Health Issue								Potential Intervention						
Need	Size	Serious	Equity	Intervention	Time	**Score**	**Rank**		ACEs	Internal Capacity	Comm Accept	Sustain	Long Term	**Score**	**Rank**

1=Low; 3=Neutral/Medium; 5=High

Size: How many people are affected by this?

Serious: How serious of an issue is this? Is this a potentially deadly issue? How much of a threat is it to the population affected?

Equity: How much does this affect the most vulnerable residents? Because of this, does it make those who are affected at a significant disadvantage?

Intervention: How likely is it that NON-CLINICAL interventions will change this need?

Time: How urgent or pressing is this issue? Is there immenint danger or life-threatening consequences within months?

ACES: How strong is the relationship between this need and ACES or community resiliency?

Internal Capacity: To what degree does the specific Franciscan hospital have the resources to meet this need?

Comm Accept: How acceptable is action/intervention to the community? Are there community organizations that want to engage in this work?

Sustain: How sustainable are the efforts after three years? Are there community partners or internal departments that can continue this work for six years?

Long Term: How likely is it that an intervention can create long-term or permanent change in individuals, conditions, or communities?

TOP HEALTH NEEDS, MARION COUNTY 2019-2021

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

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

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

- Adverse Childhood Experiences (ACEs): How strong is the relationship between this need and ACEs and community resiliency?
- Internal Capacity:To what degree does the specific Franciscan Health hospital have the resources to meet this need?
- Community Acceptability: How acceptable is action or an intervention to the community? Are there community organizations that also want to engage in this?
- Sustainability: How sustainable are efforts after three years? Are there community partners or internal departments that can continue this work for six years?
- Long-Term Impact: How likely is it that an intervention can create long-term or permanent change in individuals, conditions, or communities?

Using a mix of Hanlon and PEARL techniques, the Franciscan Health community health team scored the secondary data, feedback meeting comments, and survey data to produce the following list of top health needs in the community. A copy of the scoring sheet and secondary data highlight sheet used to determine these priorities are on pages 4.12 and 4.13. Please see Table 4.8 below for a summary of Marion County's top health needs.

Table 4.8: Health Needs Summary, Marion County

Identified Need	Health Need Rank	Intervention Rank	Franciscan Health Priority?	Explanation
Infant Mortality*	1	1	Yes	Two zip codes served by Franciscan Health Indianapolis are in the highest 10 zip codes for infant mortality. Franciscan Health will also focus on maternal mortality and morbidity.
Substance Abuse*	3	4	Yes	Clinicians from the behavior health department are creating treatment programs. Community health will focus on the rise of alcohol abuse amongst refugee and immigrant populations.
Public Safety*	3	8	Indirect	Homicides and violence in Indianapolis continue to increase. Franciscan Health will act as a partner and advocate for public safety, especially in domestic violence situations.
Unintentional Injury	8	9	No	Resources beyond clinical care are limited at this time.
Pediatric Mental Health*	5	3	Yes	Adolescent suicide rates and hospitalization due to mental health concerns are far above national averages.
Adult Mental Health*	2	2	Yes	Adolescent suicide rates and hospitalization due to mental health concerns are far above national averages.
Physical Activity and Nutrition*	7	6	Yes	Food insecurity rates for youth range from 15-20%.
Tobacco	9	5	Indirect	Franciscan Health has a smoking cessation program available for patients and community members for a small fee.
Transportation	10	10	Indirect	Efforts to provide transportation to the most vulnerable populations are a consistent activity.
Access to Health Services*	6	7	Yes	The number of youth and families with insurance has started to drop. Between 5-10% of youth served by the hospital do not have insurance.

*The criteria for health ranking were size of the issue, seriousness, effectiveness of non-clinical interventions, urgency and impact on health equity. Intervention rank criteria were if it was ACE related, internal capacity of the organization, acceptance of the community or partnership, sustainability, and long term or permanent outcomes. Those needs that have an asterisk represent a strong connection to adverse childhood experiences.

COMMUNITY ASSETS

Franciscan HEALTH

SECTION 5

community HEALTH NEEDS ASSESSMENT

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

COMMUNITY DESIGN

Parks and Trails

Marion County has two large Indiana State Parks, Fort Harrison State Park and White River State Park, as well as other smaller parks (Indiana Department of Natural Resources, 2017). Fort Harrison State Park is located on the north-east side of Indianapolis and has walking and jogging trails as well as fishing access. Historically, the Fork Harrison used to be a Citizen's Military Training Camps and some sites from the camp continue to be preserved. White River State Park is a cultural and urban park located in the heart of Indianapolis. It offers a unique blend of green space, along with cultural attractions such as the Indianapolis Zoo, NCAA Hall of Champions, and the Indiana State Museum among other sites.

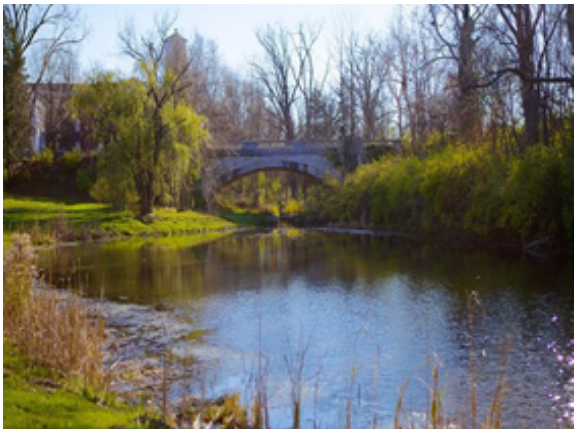


Figure 5.0: Bridge at Fork Harrison State Park
Source: National Park Service, 2017



Figure 5.1 Boardwalk at White River State Park
Source: White River State Park, 2017

Airports and Major Highways

There are two public airports located in Marion County including the Indianapolis International Airport (IND) and the Eagle Creek Airpark (EYE) [10]. Both airports are operated by the Indiana Airport Authority. Indianapolis International Airport is within the city of Indianapolis in Decatur and Wayne townships. It is near the interstate highways I-65, I-69, I-70, and I-74. Eagle Creek Airpark serves as a reliever airport for IND, and it is located west of the central business district in Indianapolis. Refer to Table 5.0 for a full description of major highways in Marion County.

Table 5.0: Major Highways

Interstates	U.S Routes	State Routes
Interstate 65	U.S. Route 31	State Road 37
Interstate 69	U.S. Route 36	State Road 67
Interstate 70	U.S. Route 40	State Road 134
Interstate 74	U.S. Route 52	State Road 135
Interstate 465	U.S. Route 136	
	U.S. Route 421	

Exercise Opportunities

In Marion County, 87.2% of individuals live reasonably close to a park or other recreational facility. This percentage is 10.6% higher than the state of Indiana. Additionally, there are about 86 fitness and recreation facilities in the county. Refer to Table 5.1 for more information on the exercise and physical activity opportunities available in Marion County.

Table 5.1: Exercise Opportunities in Marion County

Indicator	Description	Source	Measurement Period	Indiana	Marion County
Access to Exercise Opportunities	The percentage of individuals who live reasonably close to a park or recreational facility.	County Health Rankings	2018	76.6%	87.2%
Recreation and Fitness Facilities	The number of fitness and recreation centers in a county	United States Department of Agriculture – Economic Research Service	2014	Not available	86

SOCIAL SERVICES

Social Associations

Social associations are indicators that measures the number of associations per 10,000 population. Associations can include civic organizations, bowling centers, golf clubs, fitness centers, religious organization, and professional organizations. Having positive support from the community as well as being an individual who is involved in the community is associated with decreased morbidity and mortality (County Health Rankings, 2017). In Marion County, there are a total of 1,104 organizations and the association rate is 11.8.

Division of Family Resources (DFR)

According to IN.gov, the "Division of Family Resources (DFR) is responsible for establishing eligibility for Medicaid, Supplemental Nutrition Assistance Program (SNAP - food assistance) and Temporary Assistance for Needy Families (TANF - cash assistance) benefits. The division also manages the timely and accurate delivery of SNAP and TANF benefits". The DFR also offers employment opportunities and professional development training for SNAP and TANF recipients in an effort to support families and promote self-efficacy. DFR Programs: Medicaid; SNAP (food assistance); TANF (cash assistance); Hoosier Rx; IMPACT (job training); Burial assistance program. Please refer to Table 5.2 and Figure 5.2 below for a complete list of the local DFR offices in Marion County by zip code.

Figure 5.2: DFR in Marion County

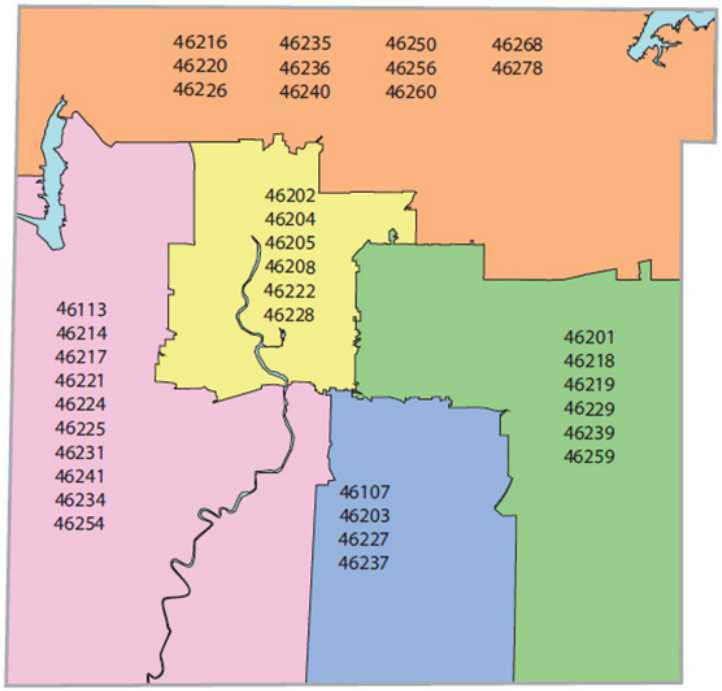


Table 5.2: Marion County Local DFR Offices

Office	Address	Zip Codes
Marion County Division of Family Resources - North	2620 Kessler Blvd. E. Dr., Suite 100 Indianapolis, IN 46220-2891	**Orange** 46216,46235,46250,46268,46220, 46236,46256,46278,46226, 46240,46260
Marion County Division of Family Resources – Central	3266 N. Meridian St., Suite 400 Indianapolis, IN 46208-5839	**Yellow** 46202,46204,46205,46208, 46222,46228
Marion County Division of Family Resources – West	5610 Crawfordsville Rd., Suite 500 Indianapolis, IN 46224-3715	**Pink** 46113,46214,46217,46221,46224,46225, 46231,46241,46234,46254
Marion County Division of Family Resources - East	1213 N. Arlington Avenue Indianapolis, IN 46219-3202	**Green** 46201,46218,46219,46229,46239,46259
Marion County Division of Family Resources – South	3906 Madison Avenue Indianapolis, IN 46227-1312	**Blue** 46107,46203,46227,46237

Source: IN.gov, Family and Social Services Administration

HEALTH SERVICES

Free and Reduced-Fee Clinics

Free clinics serve the most vulnerable populations. These clinics can offer free services and discounted rates for medical and/or dental care to those that are uninsured or unable to cover the expense. Below is a list of some of the free and low cost clinics in Marion County:

1. Barrington Health Center
   Indianapolis, IN; 46203-4744
   317-957-2100

2. Barton Annex Clinic
   Indianapolis, IN; 46204-1632
   317-637-3449
   Special Services: OB/GYN, Non-OB/GYN

3. Care Center
   Location: Indianapolis, IN; 46201-3207
   317-637-2916

4. Citizens Health Center
   Indianapolis, IN; 46202-1715
   317-396-0279
   Special Services: OB/GYN, Non-OB/GYN

5. Countyline Family Health Center
   Location: Indianapolis, IN; 46227
   317-534-4660
   Special Services: Immunizations, Lab work, Pediatrics, Behavioral Health Services

6. Dayspring Center
   Indianapolis, IN; 46202-2606
   317-635-6780

7. Gennesaret Free Clinic (Dental)
   Indianapolis, IN; 46202
   317-262-5645
   Services: Both Free Dental and Free Medical Service

8. Tech Teen Clinic
   Indianapolis, IN; 46201-3079
   317-693-5420

9. The New Southwest Health Center
   Indianapolis, IN; 46221-1629
   317-488-2021

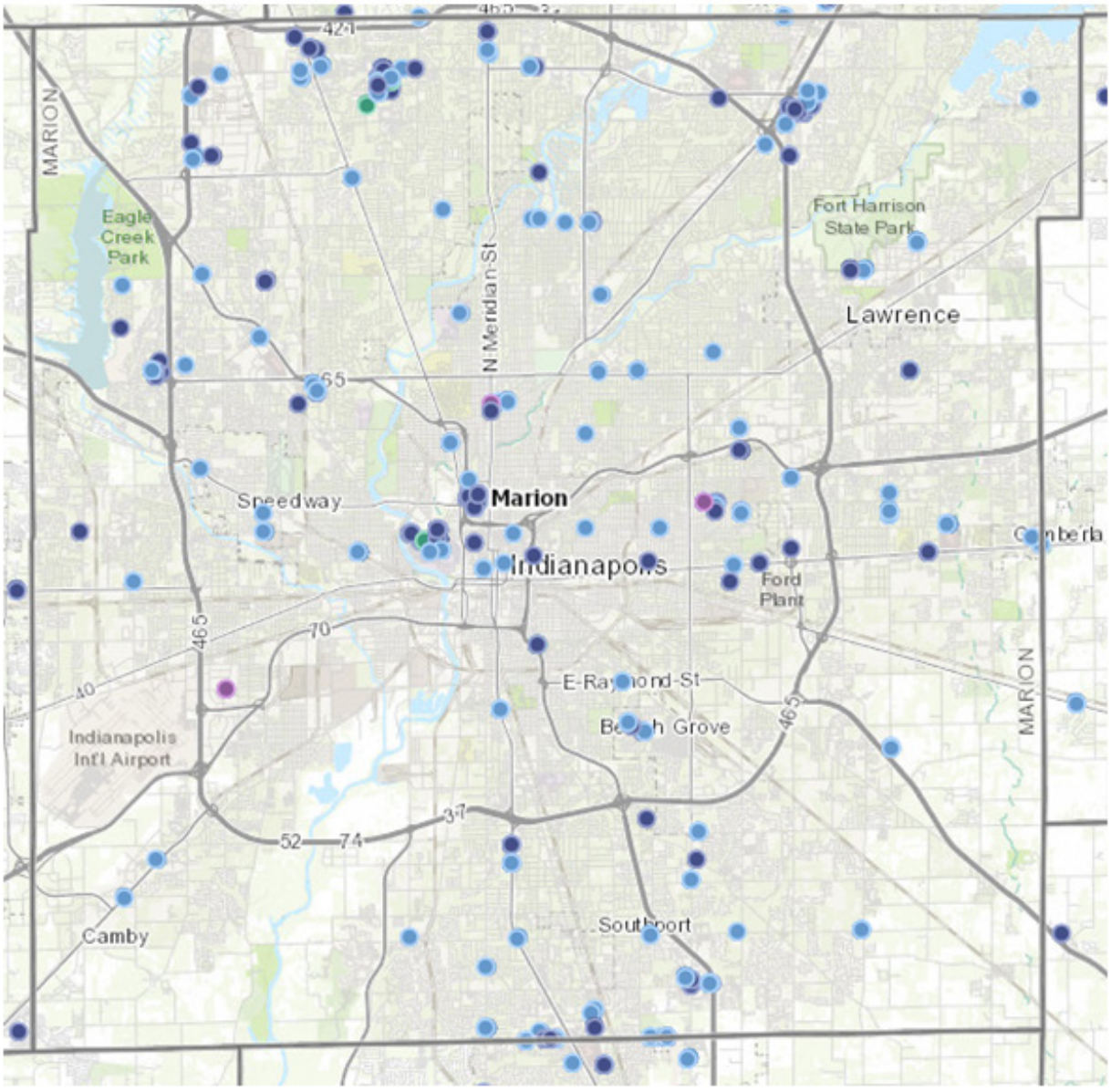
10. Volunteers In Medicine Indianapolis
    Methodist Hospital
    Indianapolis, IN; 46206
    Contact Phone: 317-962-1001

11. Wheeler Mission
    Indianapolis, IN; 46204-2137
    317-635-3575

Medical Locations & Professionals

Refer to the Figure 5.3 below for the internal medicine and family practice locations serving Marion County:

Figure 5.3: Medical and Professional Locations



Women, Infant, Child Services

Refer to Table 5.3 for a list of WIC clinics and offices in Marion County WIC provides.

Table 5.3: WIC Locations in Marion County

Marion County Service Area	WIC Clinic Name	Contact Information
Downtown Indianapolis	Blackburn Clinic	2700 North Martin Luther King Indianapolis, IN 46208 (317) 931-4309
East Indianapolis	Grassy Creek Clinic	9443 East 38th Street Suite #121 Indianapolis, IN 46235 (317)890-2130
North Indianapolis	Action Center	2868 North Pennsylvania Street Indianapolis, IN 46205 (317/) 221-3510
	John Boner Neighborhood Center	2236 E. 10th St. Indianapolis, IN 46201
Northeast Indianapolis	Avondale Meadows	3908 N. Meadows Dr. Indianapolis, IN 46205 (317) 602.4177
	North Arlington	2505 North Arlington Avenue Indianapolis, IN 46219 (317) 554-5288
	La Plaza/ Hispanic Center	8902 East 38th Street Indianapolis, IN 46226 (317) 890-3292 ext. 118
West Indianapolis	Westside Health Center	2732 West Michigan Street Indianapolis, IN 46222 (317) 554-4608
	Rockville Road Clinic	Rockville Road WIC Clinic 7830 Rockville Road Indianapolis, IN 46214 (317) 209-0272
Northwest Indianapolis	West 38th Street Office	5515 W. 38th Street, Ste 2200 Indianapolis, IN 46254 (317) 880-0260
	Pecar WIC	6940 North Michigan Road, Ste. #180 Indianapolis, IN 46268
South Indianapolis	Barrington Clinic	3401 E. Raymond Street, Suite #106 Indianapolis, IN 46203 (317) 957-2950
	Cottage Corner Office	Cottage Corner WIC Office 1434 South Shelby Street Indianapolis, IN 46203
	Southside WIC	Southside WIC 7551 S. Shelby St. Indianapolis, IN 46227 (317) 221-5795
	Stop 11 Clinic	Stop 11 Clinic 2532 E. Stop 11 Rd. Indianapolis, IN 46227

Addiction Services

Refer to Table 5.4 for a list of organizations and centers that offer addiction services in Marion County.

Table 5.4: Addiction Services Organizations in Marion County

Organization Name	Contact Information
Concord Center	1310 S Meridian St Indianapolis, IN 46225
Damien Center	26 N Arsenal Ave Indianapolis, IN 46201 317-632-0123 Ext. 231 Brothers United Satellite – 317-931-0292 Riley Hospital Satellite – 317-944-7260
Eskenazi Health – Infectious Disease Clinic	720 Eskenazi Ave, Fifth Third Bank Office Building, Floor 2 Indianapolis, IN 46202 317-880-3502
LifeCare – IU Health	1633 N Capitol Ave, Suite 300 Indianapolis, IN 46202 317-962-2700
Step-Up	850 N Meridian St Indianapolis, IN 46204 317-259-7013 Ext. 16
Bell Flower STD Clinic	640 Eskenazi Ave, Fifth Third Bank Building, 1st Floor Indianapolis, IN 46282 317-221-8300
Brothers United	3737 N Meridian St Indianapolis, IN 46208 317-931-0292
Boone County Health Department	116 W Washington St, B201 Lebanon, IN 46052 765-482-3942
Hamilton County Health Department	18030 Foundation Dr Noblesville, IN 46060 317-776-8500

Family and Social Services Administration (FSSA) Programs

Below is a comprehensive list of FSSA programs in Marion County, by category of service.

Table 5.5: FSSA Programs by Type

FSSA Program		Description	Contact Information
Area Agency on Aging (AAA)	CICOA Aging & In-Home Solutions	Indiana's Area Agencies on Aging provide case management, information, and referrals to various services for persons who are again or developmentally disabled.	4755 Kingsway Drive, Suite 200 Indianapolis, IN 46205 317-254-5465
Division of Disability and Rehabilitative Services	Bureau of Developmental Disabilities (BDSS)	BDDS provides services for individuals with developmental disabilities that enable them to live as independently as possible in their communities.	2620 Kessler Blvd. E. Dr., Suite 105 Indianapolis, IN 46220-2890 317-205-0101
Child Care and Development Fund (CCDF)	Children's Bureau	CCDF helps low-income families obtain child care so they can work, attend training or continue their education.	3801 N. Temple Indianapolis, IN 46205
Adult Mental Health Habilitation Services (AMHH)	Adult and Childre Mental Health Center Aspire Indiana Health and Hospital Corp. of Marion County Indiana	Community –based opportunities for the care of adults with serious mental illness	8320 Madison Ave, Indianapolis, IN 46227 2506 Willowbrook Pkwy # 300, Indianapolis, IN 46205 3838 N Rural St, Indianapolis, IN 46205

Early Childhood Facilities

Child care and early childhood services are crucial for working families and for the child's well-being. Table 5.6 illustrates the number of child care facilities by type (licensed child care center, licensed child care home, and registered child care ministry) in Marion County.

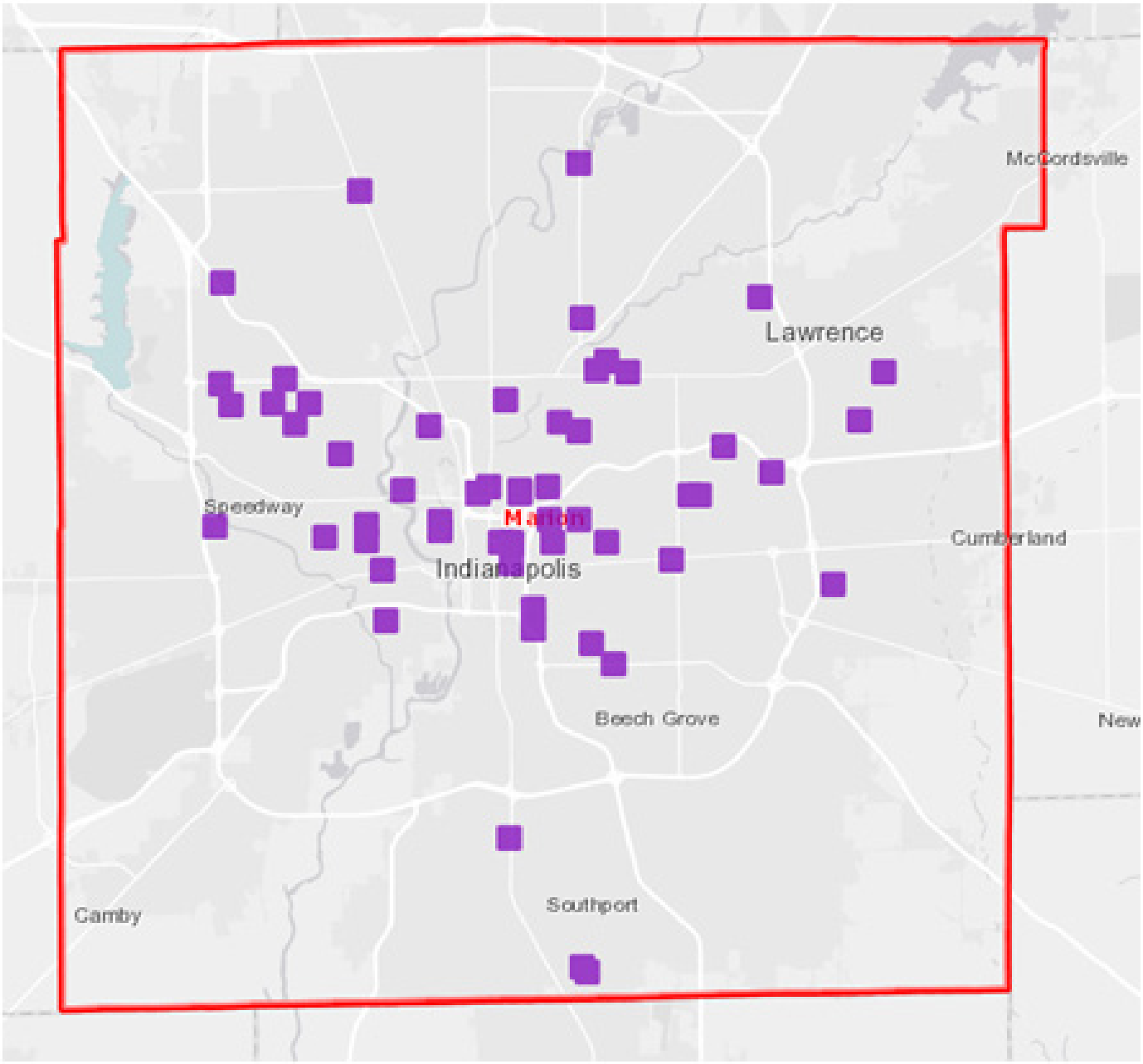
Table 5.6: Early Childhood Facilities by Type

Type of Child Care Facility	Measurement Period	Marion County
Licensed Center	2017	144
Licensed Home	2017	454
Registered Ministry	2017	198

Federally Qualified Health Centers (FQHC)

Federally Qualified Health Centers are community assets that provide health care to vulnerable populations. These locations receive extra funding from the federal government to promote access to ambulatory care areas designated as medically underserved. There are several locations that serve Marion County. Refer to Figure 5.4 below that illustrates the location of the FQHCs that serve Marion County.

Figure 5.4: FQHCs in Marion County



COMMUNITY ASSETS

Franciscan HEALTH

SECTION 5.5

JOHNSON COUNTY

community HEALTH NEEDS ASSESSMENT

While the health needs of this community are substantial, there are partners and assets that may offer services to address the needs in the community. This section outlines some of the organizations in the community. Readers should also review the services provided by Franciscan Health in Section 1 of this document. The appendix also lists community organizations that informed this report and provide services in the community.

COMMUNITY DESIGN

Parks and Trails

Table below presents a list of all parks and trails located in Johnson County, Indiana. The majority of parks and trails are concentrated around the Greenwood and Franklin area.

Table 5.5.0: Parks in Johnson County

Park Name	Location
Westside Park	Greenwood
Pool Park	Greenwood
Old City Park	Greenwood
Craig Park	Greenwood
Woodmen Park	Greenwood
East Park	Whiteland
West Park	Whiteland
Scott Park	Franklin
Blue Heron Park	Franklin
Province Park	Franklin
Morgan-Monroe State Forest	Princes Lake
Irwin Park	Edinburgh

Airports and Major Highways

There is one municipal airport located in Johnson County. The airport is called Greenwood Municipal Airport (KHFY), and is located in Greenwood Indiana. Refer to Table 5.5.1 for a full description of major highways in Johnson County.

Table 5.5.1: Major Highways in Johnson County, IN

Interstates	U.S Routes	State Routes
Interstate 65	U.S. Route 31	State Road 37
		State Road 44
		State Road 135
		State Road 144
		State Road 252

Exercise Opportunities

In Johnson County, 78.4% of individuals live reasonably close to a park or other recreational facility. This percentage is slightly higher than that of the state of Indiana (76.6%). Additionally, the rate of recreation and fitness facilities per 1,000 population is 0.05 which is lower than the median value in other Indiana counties (0.09).

Table 5.5.2: Exercise Opportunities in Johnson County

Indicator	Description	Source	Measurement Period	Indiana	Johnson County
Access to Exercise Opportunities	The percentage of individuals who live reasonably close to a park or recreational facility.	County Health Rankings	2018	76.6%	78.4%
Recreation and Fitness Facilities	The number of fitness and recreation centers per 1,000 population	United States Department of Agriculture – Economic Research Service	2014	Not available	0.05

SOCIAL SERVICES

Social Associations

Social associations are an indicator that measures the number of associations per 10,000 population. Associations can include civic organizations, bowling centers, golf clubs, fitness centers, religious organization, and professional organizations. Having positive support from the community as well as being an individual who is involved in the community is associated with decreased morbidity and mortality (County Health Rankings, 2017). In Johnson County, the social association rate is 8.8 per 10,000 population.

Division of Family Resources (DFR)

According to IN.gov, the "Division of Family Resources (DFR) is responsible for establishing eligibility for Medicaid, Supplemental Nutrition Assistance Program (SNAP - food assistance) and Temporary Assistance for Needy Families (TANF - cash assistance) benefits. The division also manages the timely and accurate delivery of SNAP and TANF benefits". The DFR also offers employment opportunities and professional development training for SNAP and TANF recipients in an effort to support families and promote self-efficacy. DFR Programs: Medicaid; SNAP (food assistance); TANF (cash assistance); Hoosier Rx; IMPACT (job training); Burial Assistance Program. Please refer to Table 5.5.3 to locate the Johnson County DFR office.

Table 5.5.3: Johnson County Local DFR Offices

Office Name	Location
Johnson County DFR	1774 E. Jefferson St Franklin, IN 46131-7227 Telephone: 1-800-403-0864

HEALTH SERVICES

Free and Reduced-Fee Clinics

Free clinics serve the most vulnerable populations. These clinics can offer free services and discounted rates for medical and/or dental care to those that are uninsured or unable to cover the expense. Below is a list of some of the free and low cost clinics in Johnson County.

1. Edinburgh Family Health Center
   Edinburgh, IN; 46124-1501
   812-526-9999
   Services: Care of acute health problems, chronic health conditions, physical exams, assessment of health status, Immunizations, lab work, Women's Health Services, Pediatrics, Behavioral Health Services

2. St. Thomas Clinic
   Franklin, IN; 46131
   Contact Phone: 317-535-6057
   Services: Medical and Dental Services

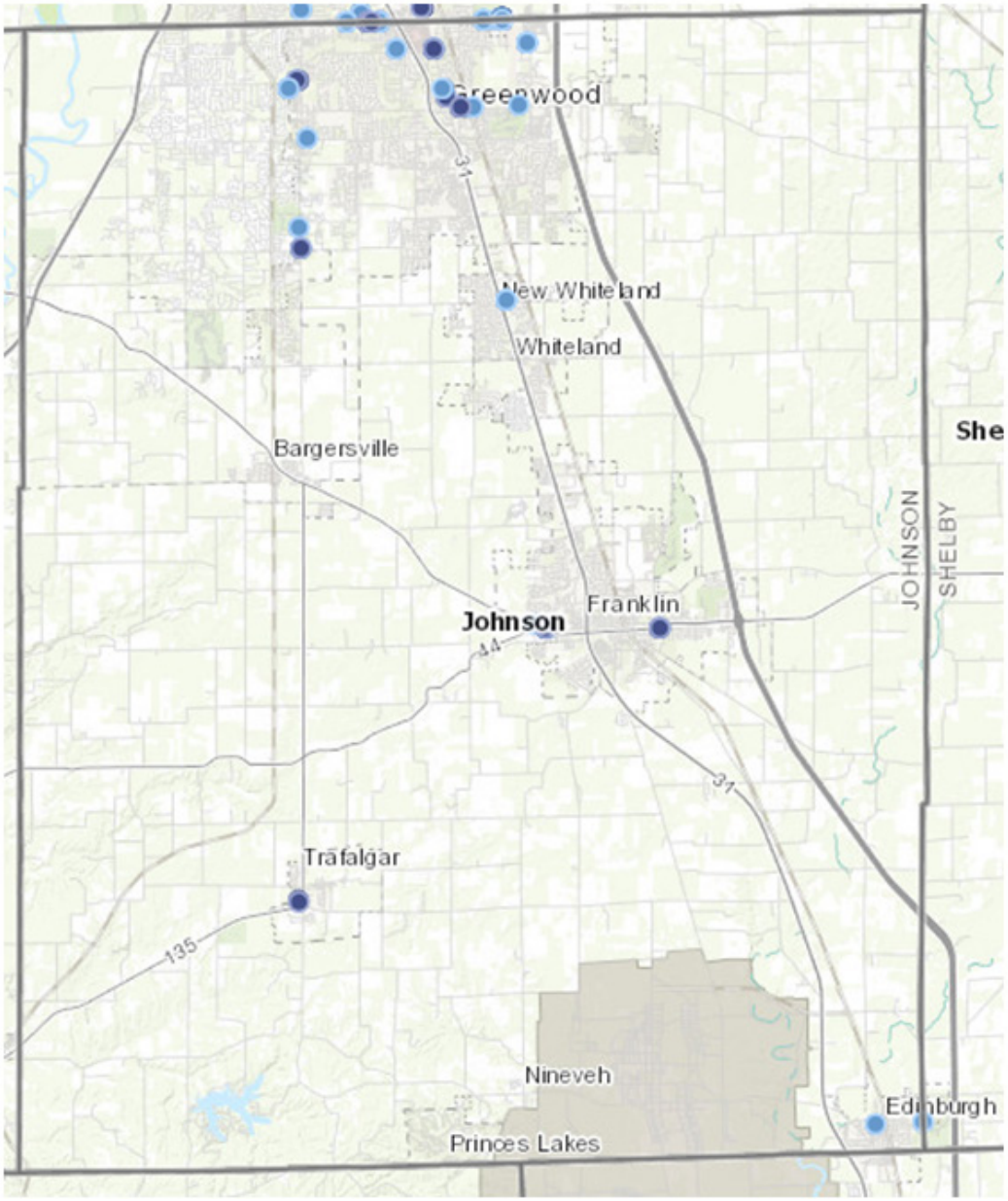
3. Trafalgar Family Health Center
   Trafalgar, IN; 46181
   Contact Phone: 317-878-2301

4. Trafalgar Family Health Center
   Trafalgar, IN - 46181-9515
   317-878-2301
   Services: Care of acute health problems, Care of chronic health conditions, Complete physical exams, Assessment of health status, Immunizations, Lab work, Women's Health Services, Pediatrics, Behavioral Health Services

Medical Locations & Professionals

Refer to the Figure 5.5.0 below for the internal medicine and family practice locations serving Johnson County:.

Figure 5.5.0: Medical and Professional Locations



Women, Infant, Child Services

Refer to Table 5.5.4 for a list of WIC clinics and offices in Johnson County WIC provides.

Table 5.5.4: WIC Locations in Johnson County

Johnson County Service Area	WIC Clinic Name	Location
Johnson County WIC Program	Johnson Co WIC Office	600 Ironwood Drive, Suite 1 Franklin, IN 46131 (317) 736-6628
South Indianapolis	Barrington Clinic	3401 E. Raymond Street, Suite #106 Indianapolis, IN 46203 (317) 957-2950
	Cottage Corner Office	Cottage Corner WIC Office 1434 South Shelby Street Indianapolis, IN 46203
	Southside WIC	Southside WIC 7551 S. Shelby St. Indianapolis, IN 46227 (317) 221-5795
	Stop 11 Clinic	Stop 11 Clinic 2532 E. Stop 11 Rd. Indianapolis, IN 46227 (317) 883-3165

Addiction Services

Below is a comprehensive list of the addiction service locations serving Johnson County residents:

1. Concord Center
   1310 S Meridian St
   Indianapolis, IN 46225
   317-637-4376
   Services: Care Coordination

2. Damien Center
   26 N Arsenal Ave
   Indianapolis, IN 46201
   317-632-0123 Ext. 231
   Brothers United Satellite – 317-931-0292
   Riley Hospital Satellite – 317-944-7260
   Services: Care Coordination
   HIV Prevention Services: counseling, testing and referral services (CTR); comprehensive risk counseling and Services (CRCS)

3. Eskenazi Health – Infectious Disease Clinic
   720 Eskenazi Ave, Fifth Third Bank Office Building, Floor 2
   Indianapolis, IN 46202
   317-880-3502
   Services: Care Coordination

4. LifeCare- IU Health
   1633 N Capitol Ave, Suite 300
   Indianapolis, IN 46202
   317-962-2700
   Services: Care Coordination

5. Step-Up
   850 N Meridian St
   Indianapolis, IN 46204
   317-259-7013 Ext. 16
   Services: Care Coordination
   HIV Prevention Services: Popular Opinion Leader (POL)

6. Bell Flower STD Clinic
   640 Eskenazi Ave, Fifth Third Bank Building, 1st Floor
   Indianapolis, IN 46282
   317-221-8300
   Services: STIs

7. Brothers United
   3737 N Meridian St
   Indianapolis, IN 46208
   317-931-0292
   HIV Prevention Services: Counseling, Testing and Referral Services (CTR); Comprehensive Risk Counseling and Services (CRCS); The behavioral intervention Many Men, Many Voices (3MV)

Family and Social Services Administration (FSSA) Programs

Below is the FSSA Program location serving Johnson County.

Table 5.5.5: FSSA Program in Johnson County

FSSA Program		Description	Location
Child Care and Development Fund (CCDF)	Children's Bureau	CCDF helps low-income families obtain child care so they can work, attend training or continue their education.	520 Tracy Road Suite 160 New Whiteland, IN 46184

Early Childhood Facilities

Child care and early childhood services are crucial for working families and for the child's well-being. Table 5.5.6 illustrates the number of child care facilities by type (licensed child care center, licensed child care home, and registered child care ministry) in Johnson County.

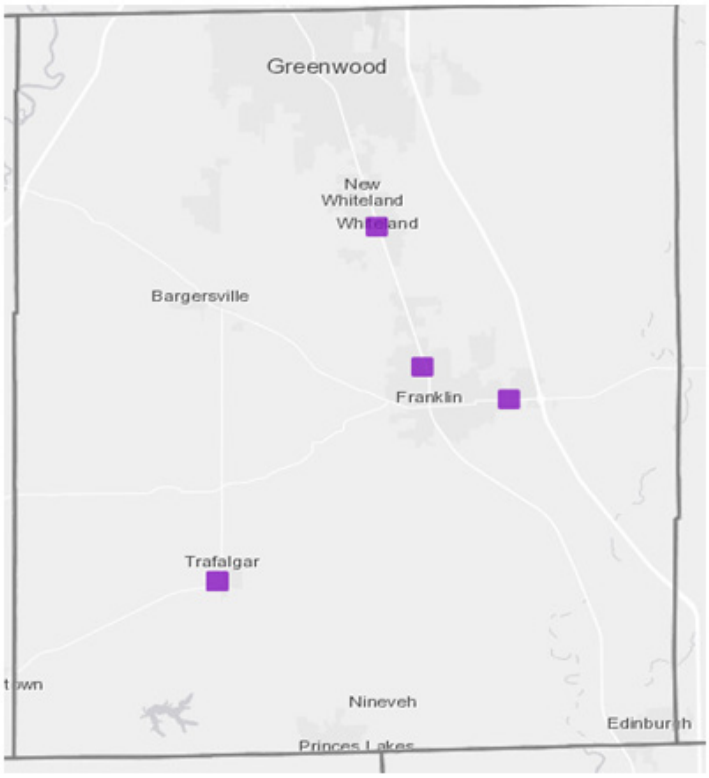
Table 5.5.6: Early Childhood Facilities by Type

Type of Child Care Facility	Measurement Period	Johnson County
Licensed Center	2017	17
Licensed Home	2017	25
Registered Ministry	2017	7

Federally Qualified Health Centers (FQHC)

Federally Qualified Health Centers are community assets that provide health care to vulnerable populations. These locations receive extra funding from the federal government to promote access to ambulatory care areas designated as medically underserved. There are three locations that serve Johnson County, and one location that serves South Marion County and North Johnson County. Refer to Figure 5.5.1 below that illustrates the location of the FQHCs that serve Johnson County.

Figure 5.5.1: FQHC Locations in Johnson County



Refer to Table 5.5.7 below for the name and contact information of the FQHCs in Johnson County.

Table 5.5.7: FQHC Locations in Johnson County

FQHC Name	Location
Windrose Health Network	8 N US Highway 31 Whiteland, IN 46184
Adult and Child Community Medical Services	1860 Northwood Plaza Franklin, IN 46131
Windrose Health Network	55 N Milford Drive Franklin, IN 46131
Trafalgar Family Health Center	14 Trafalgar Square Trafalgar, IN 46181

CALL TO ACTION

Franciscan HEALTH

SECTION 6

community HEALTH NEEDS ASSESSMENT

THE COMMUNITY HEALTH IMPROVEMENT PLAN

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

Adverse Childhood Experiences as a Root Cause

Mental health, substance abuse, adolescent suicide, and frequent chronic diseases in Franciscan Health communities continues to rise. Considering this data, and the desire to address root causes of community health issues, a singular focus was determined: the prevention, management, and healing of adverse childhood experiences (ACEs). Franciscan Health is committed to building community resiliency, advocating for family health, and improving health equity for youth.

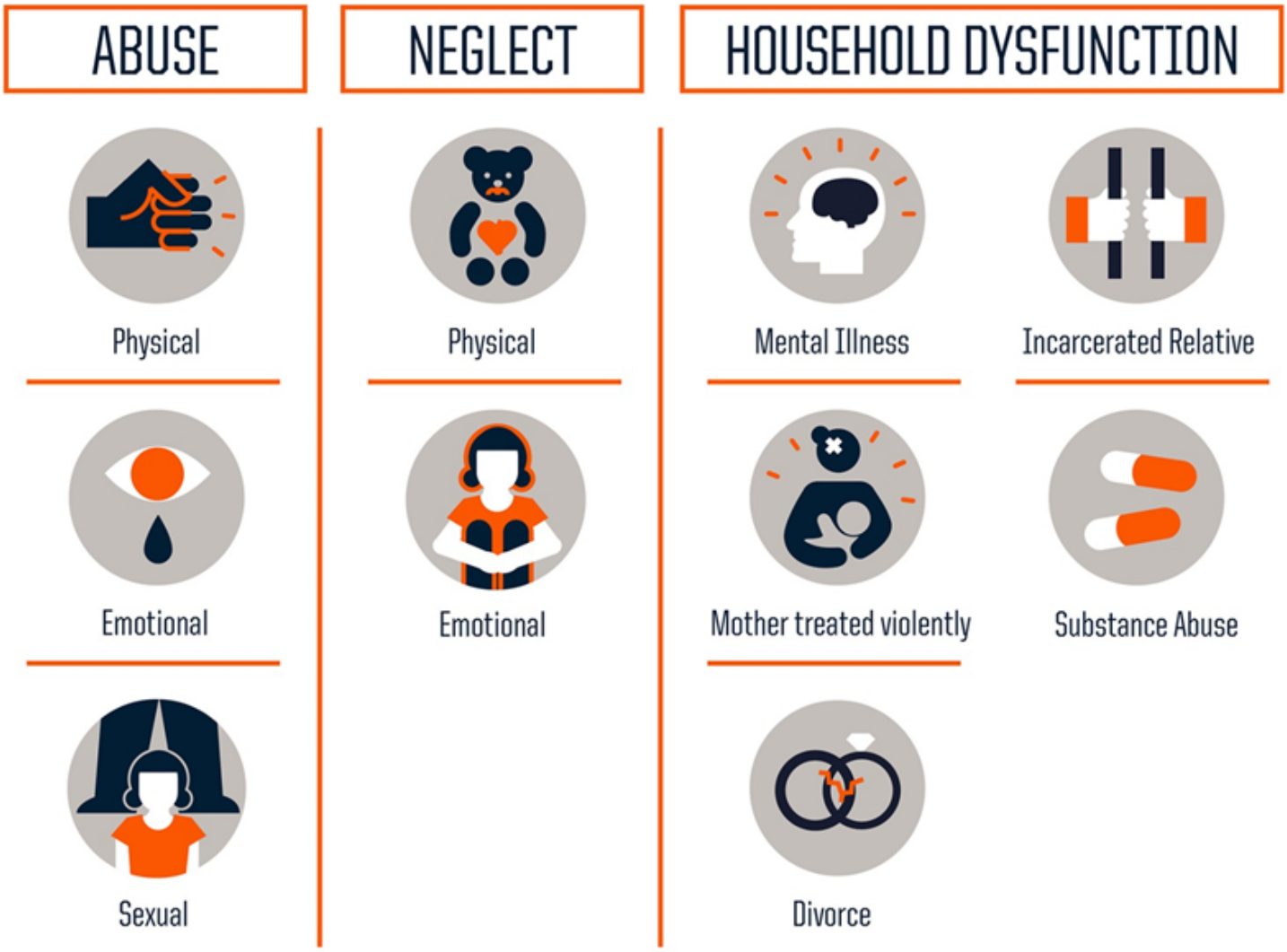
ACEs are childhood events that cause lasting trauma. Research shows that the more trauma that one experiences in childhood, the more likely it is for an individual to experience poor mental health and physical health outcomes, including depression and diabetes, as well as engage in risky health behaviors, like using tobacco and illegal substances.

The chart below shows the ACE-Related odds of having a physical health conditions.

Health Condition	0 ACEs	1 ACE	2 ACEs	3 ACEs	4+ ACEs
Arthritis	100%	130%	145%	155%	236%
Asthma	100%	115%	118%	160%	231%
Cancer	100%	112%	101%	111%	157%
COPD	100%	120%	161%	220%	399%
Diabetes	100%	128%	132%	115%	201%
Heart Attack	100%	148%	144%	287%	232%
Heart Disease	100%	123%	149%	250%	285%
Kidney Disease	100%	83%	164%	179%	263%
Stroke	100%	114%	117%	180%	281%

Source: The Adverse Childhood Experiences (ACEs) Study, CDC.gov

ACES CHART


ABUSE
NEGLECT
HOUSEHOLD DYSFUNCTION
Physical
Emotional
Sexual
Physical
Emotional
Mental Illness
Mother treated violently
Divorce
Incarcerated Relative
Substance Abuse

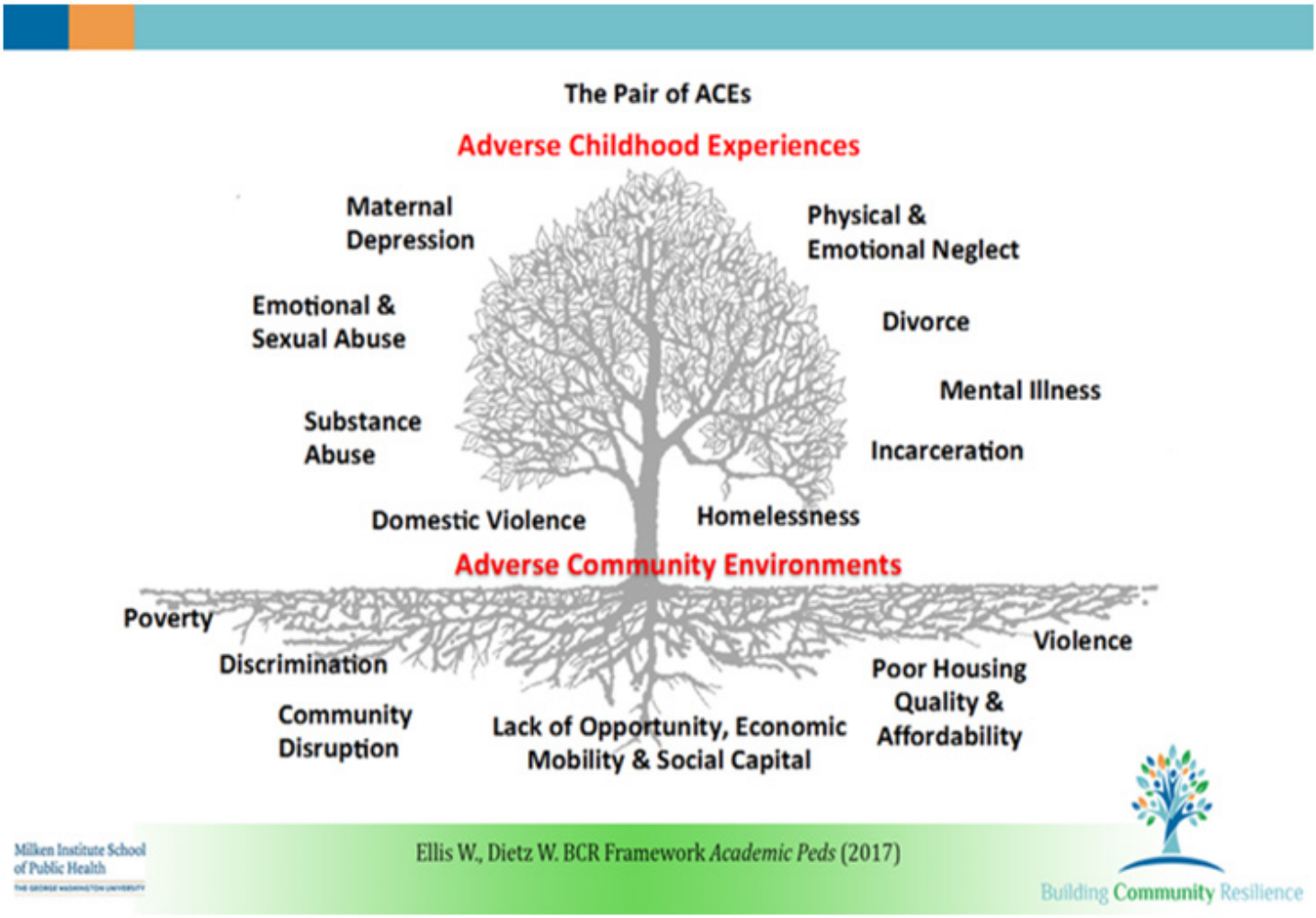
The chart below shows the difference in health behaviors:

Health Behavior	0 ACEs	3 ACEs	7 ACEs
Smoke	1 in 16	1 in 9	1 in 6
Alcoholic	1 in 69	1 in 9	1 in 6
Uses IV Drugs	1 in 480	1 in 43	1 in 30
Attempts Suicide	1 in 96	1 in 10	1 in 5

Those with an ACE score of six or more have a life expectancy of 20 years less than those with an ACE score of 0.

Research also indicates that Adverse Community Environments can add to the disparity of those with ACEs. Social determinants of health, including poverty, violence, poor housing, and food insecurity hinder resiliency and rebuilding health after trauma.

The graphic below, from Milken Institute School of Public Health at The George Washington University, show how the 'pair of ACEs' coincide:



FRANCISCAN HEALTH'S IMPLEMENTATION PLAN

Resolving ACEs for all children in Franciscan Health's communities is impossible, but so it ignoring trauma as a major factor contributing to poor quality of life. While prioritizing ACEs is complicated and challenging, Franciscan Health commits to organizing resources and activities to assist in the effort to have healthier, happier families. Our communities have many organizations and partners with similar goals. We join other health systems working on these issues, including Northwestern Memorial Hospital, Kaiser Permanente, Main Medical Center, KVC Health Systems, Duke University Hospital, California Pacific Medical Center, Beacon Health, and Virginia Hospital Center.

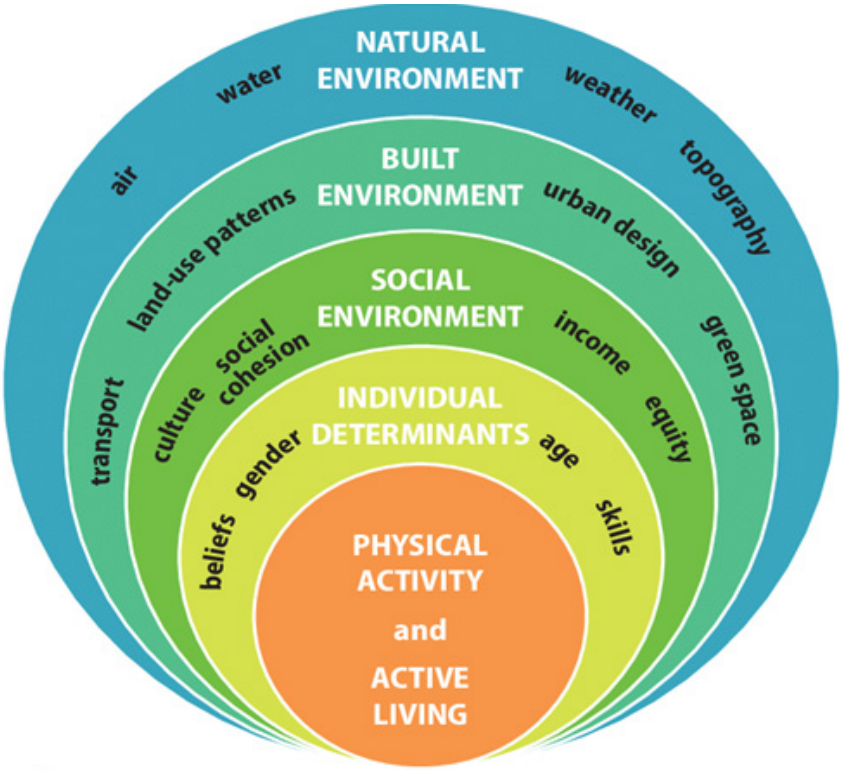
Franciscan Health is also working with various regional and statewide partners, who provide guidance, partnerships, and shared resources. These organizations include:

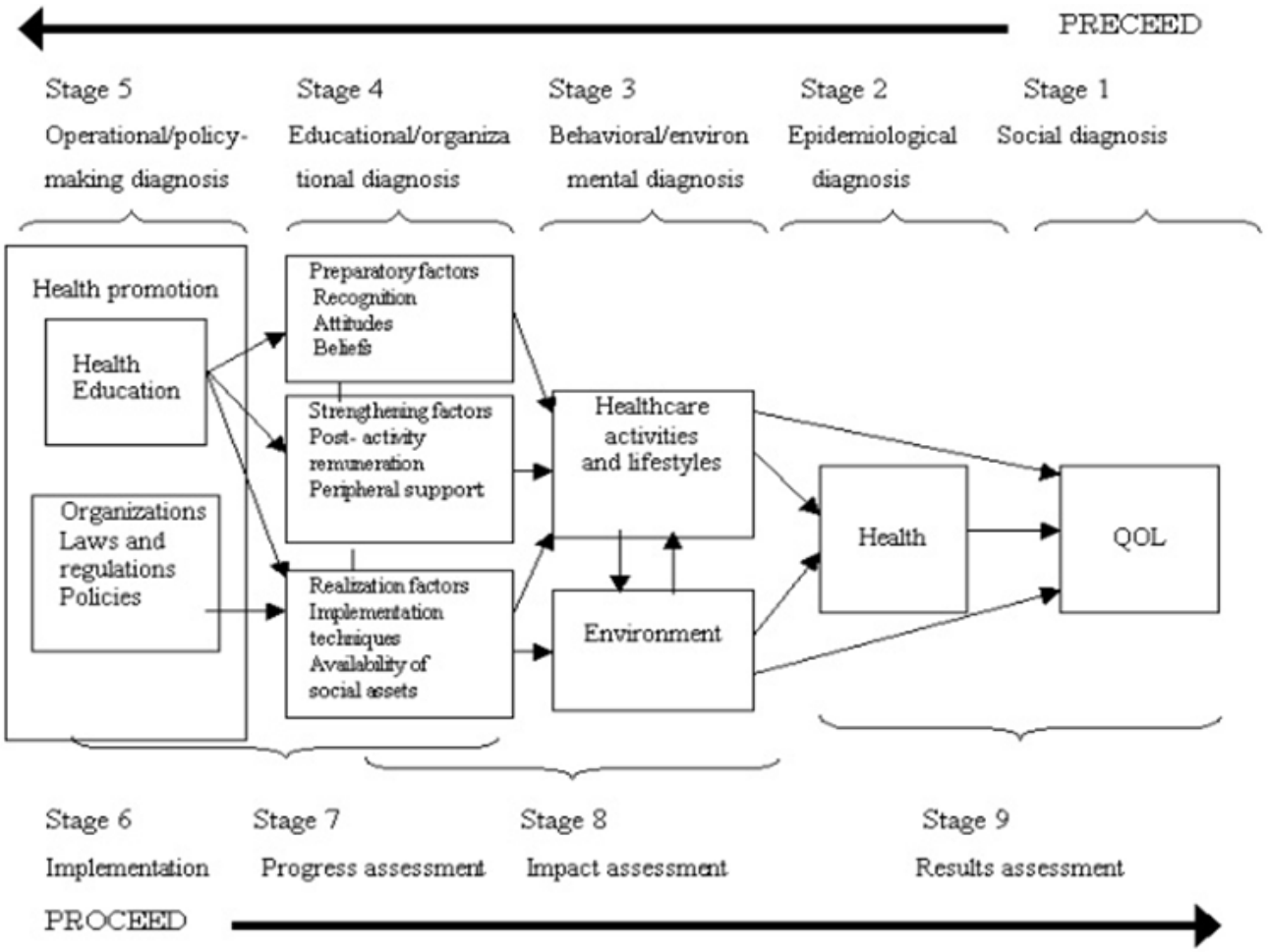
- Covering Kids and Families
- Fairbanks
- Girl Scouts of Central Indiana
- Goodwill Industries
- Indiana Department of Child Services
- Indiana University
- Indiana Youth Institute
- Indiana Youth Services Association
- Prevent Child Abuse Indiana
- Purdue University

During the Professional Feedback Meetings, several partners suggested that Franciscan Health can provide a valuable service by convening and organizing this effort. "We need you to be the backbone. Franciscan is in the best place to do that. And we want to see it from the top down, not just from 'you.'" "It's not about telling us, it's about caring enough about each other to do better. Everything is about relationships and we need each other."

Knowing that various public health interventions have different types of return of investment, a variety of strategies are necessary to changing the health and quality of life in our communities. In addition, we believe that dosing strategies—multiple messages and interventions heard often provide the best response and call to change.

Using the socio-ecological model and Preceed-Proceed model, the following activities will occur:





Action 1: Provide Education and Awareness about Childhood Trauma and Community Resiliency

Residents, parents, social service professionals, and health care providers need information and resources in order to begin to make change. While much information is available via web searches and other public resources, it can be difficult to decipher and find the right information for each audience. A full communications/health campaign strategy will provide multiple tools to help others learn more about ACEs and community resiliency. The need for these activities was a consistent theme in feedback meetings.

Action	Description	2019	2020	2021
Facilitate ACEs Connections Community Pages	These free websites will hold information about ACEs, local resources, data, and upcoming events	Launch pages in March Continuously update and invite others to contribute	Continuously update and invite others to contribute	Continuously update and invite others to contribute
Provide fact sheets, articles, and other free resources	Coordinating with partners, various items will be available to the public and social service agencies free of charge	Provide items related to the basics of ACEs, community resiliency, resources, and healing strategies	Add items specific to physical activity, nutrition, mindfulness, and building quality relationships	Add items specific to social determinants, economics, industry, and special topics
Offer free screenings of *Resilience*, by KPJR Films	This one hour, award winning documentary provides a quality overview of ACEs and resiliency	Provide 20 screenings	Provide 30 screenings	Provide 35 screenings
Coordinate training opportunities for professionals	Multiple organizations are interested in bringing national speakers and specialized training to our communities.	Develop advisory group to determine appropriate and desired trainings. Offer a basic ACEs curriculum training to use as a speaker's bureau piece. Provide one advanced training for early adopters.	Provide basic ACEs training. Add two additional specialty trainings.	Provide basic ACEs training. Add two additional specialty trainings.

Action 2: Develop Coalitions and Task Groups to Facilitate Community Partnerships

Franciscan Health values its partnerships and looks forward to working with many new community organizations. During the feedback meetings, an initial list of committed partners was developed as well as an initial local resource map. This begins the development of local groups working towards a common goal of building resiliency.

Action	Description	2019	2020	2021
Develop a community resiliency coalition	Staff will bring together partners in the community to determine structure, goals, evidence based practiced, and models of work.	Initial meeting by May The activities and direction of these committees will be determined by the partners. Therefore, specific timelines and actions are to be determined.	The activities and direction of these committees will be determined by the partners. Therefore, specific timelines and actions are to be determined.	The activities and direction of these committees will be determined by the partners. Therefore, specific timelines and actions are to be determined.

Action 3: Offer a Variety of Opportunities for People to Engage in Healing Strategies

Multiple researchers have found strategies to help adults heal from trauma and build health. Four areas are most common: physical activity, good nutrition, practicing mindfulness, and building positive relationships. Reducing barriers to health care is equally as important. New programs will be developed in these areas. At this time, the following programs are available through Franciscan Health Indianapolis:

Physical Activity	Nutrition	Mindfulness	Positive Relationships	Access to Health Care
Yoga **Walk with a Doc** **St. Francis Soccer Alliance**	Education programs City Way Community Teaching Kitchen Emergency Food Pantry Breastfeeding Navigation	Pet Therapy Spiritual Care Memories to Hold	Support Groups (various health issues, caregiving, hospice) Suicide Awareness (QPR) Parish Nursing	Free screenings Tobacco cessation classes SANE Insurance navigation for seniors Immunization Clinics Parish Nursing

Action 4: Lead By Doing

To truly change a community, consistent and targeted interventions need to occur. With limited resources, Franciscan Health has designated one comprehensive project for each community. This project is designed to be place-based and inclusive. Franciscan Health commits to this project until the outcomes are met. Only then will staff begin to seek expansion or implementation of the project in a new community group.

Franciscan Health Indianapolis has determined that the most vulnerable population in the immediate community are Burmese-Americans. The logic model on the next page describes a collaborative project that includes work in the community as well as at the hospital. Franciscan Health, their partners mentioned in the model, plan to work to improve opportunities for our Burmese residents in the areas of education and employement, as well as, provide more resources to make accessing healthcare easier through transportation and language services.

By meeting these three priority-level needs within the Burmese community, the main goals will be:
1. Increase employment opportunites in the health care field for Burmese residents; 2. Increase access to transportation to and from medical appointments; and 3. Increase educational opportunites in health care and related partnering organizations for Burmese residents after achieving their high school diploma. We hope to serve as a model on creating trauma informed communities.

Franciscan Health Burmese Resident Access to Care Logic Model

Goal: To increase access to health care needs, family services and education for Burmese residents in Southern Marion and northern Johnson County by 2021.

Inputs → **Outputs** (*Participation*, *Activities*) → **Outcomes – Impact** (*Learning*, *Action*, *Condition*)

What we invest

Budgeting ($4,000)
-Partnering with Chin Center of Indiana and Community Health South staff
- Printing costs
- Marketing through partnerships with FQHCs, other health systems and local Burmese outreach groups.
- Materials for trainings
- Food for events
-Incentives

Site
-Indianapolis campus/south Marion county area
- The Chin Center
- Burmese American Community Institute
- Hope for Tomorrow
- Baxter YMCA

Research
-Burmese in the U.S. Fact Sheet (Link: http://www.pewsocialtrends.org/fact-sheet/asian-americans-burmese-in-the-u-s/
- State of Indiana Refugee Health Programs Annual Report 2015 (link: https://www.in.gov/isdh/files/State_of_Indiana_Refugee_Health_Program_Annual_Report_2015.pdf

Healing Strategies
Purdue Extension office discuss nutrition (i.e. how to cook with the foods readily available here); Baxter YMCA handle physical activity; BH staff at Windrose Health, Community Health and Franciscan Health will work on mindfulness; and I will work with the Chin Center, Burmese American Communities Institute and Hope for Tomorrow to learn about family relationships in their culture and how we can help strengthen them.

Who we reach

Organizations
-Healthy Southside Initiative
-Community Health South (Sarah Ward)
-Windrose Health (Mike Kollenda)
-Burmese American Community Institute (Lian Sang)
- Hope for Tomorrow (Justin Thang)
- The Chin Center (Danielle Grehn)
- Baxter YMCA (Terri Bradley)
- Purdue Extension of Marion County (Linda Adams)
- Perry and Southport Schools (Linda Adams)
- Covering Kids & Fmailies
- Rotary Club of Marion County
- Marion County Public Health

Community members
-Apartment complex owners, Burmese/Chin stores, local libraries

Internally
-Service Excellence (Sherri Walker)
- Women & Children's (Angela Bratina/Erin Neu/Ann Clute)
- FPN (Mary Ann Benjamin)
-Imaging (Terri Ruff)
- Emergency Department (Jon Kavanagh)
- Behavioral Health (Joan Showalter)
- Agnes Therady (CNO)
- Mercy Obeime, MD
- Spiritual Care (Monica Davis)

Programmatic
Burmese residents residing in 46227, 46237, 46143, 46142, 46217

Outputs/Participation
Inability to understand English language and the American healthcare system has caused residents to avoid medical care when needed. Data collected to justify from residential focus groups conducted by Franciscan Health. (See Attached)

What we do

Trainings
-Burmese American background (cultural trainings delivered by BACI, Hope for Tomorrow or The Chin Center staff)
-All involved organizations not already culturally competent will need to receive training first (i.e. Franciscan Health staff, Windrose Health, YMCA, Community South, etc.)

What we create
Programmatic

Plan
-Use identified strengths of each involved organization
- Recruit and establish Core Team
-Committee will meet monthly beginning in January 2019
- Capture data from BACI, Hope for Tomorrow and The Chin Center for comparison measures.
- Train all involved about cultural competency as it relates to their role.
- Set up monthly calls with Core team to track progress
- Organize family nights with Baxter YMCA (Will include introduction to mindfulness with practice and relationship building)
- Create data plan/training, tools to track progress and satisfaction of residents.

Linkage to Care
-Promote services on site for all involved organizations
-improved access to care
-relationships to ACEs (improved family relationships)
-Follow up with BH professional for care if needed

Outcomes – Impact

Learning	Action	Condition
Year 1 Jan. - March '19 - Formation of committee to discuss strategy, organizational strengths, plan of action. Hold at least one meeting per month. April – June '19 - Begin monthly programming series onsite at designated location. (Once a month topics will include: nutrition, navigating health care/insurance, relationship building, mindfulness, vaccination clinic. Employment, mental health, etc.) Organize community health event with Baxter YMCA. July – Sept. '19 Continue monthly planning meetings for topics to be discussed. Move programing to various, accessible locations in designated zip codes. Oct. – Dec. '19 evaluation questions are formed based of off community member feedback at each monthly program/event.	**Year 1** Jan – March '19 - Partnership, planning, and data collecting is established both internal & external. April – June '19 - Timeline is solidified with who responsible - Monthly plans are created to organize programming and goals. -Program launch in April 2019 July – Sept. '19 - Continue planning of third and fourth quarter programs. Focusing on healing strategies. - Tracking of program data. Oct. – Dec. '19 evaluation questions are answered	**Year 1** Jan – March '19 - Internal & external organizational staff need to be on same page April – June '19 - timeline & person responsible must establish reasonable deadlines July – Sept. '19 baseline data must be established for impact evaluation Oct. – Dec. '19 other limits & challenges
Year 2 Maintain programming strategy from year 1 Move some programming onsite with Windrose Health, Franciscan Health, Community South, etc. (Promotion of internal services and building rapport) State lessons learned & potential opportunities	**Year 2** Maintain programming strategy from year 1 Impact evaluation is comparing to Year 1	**Year 2** Maintain programming strategy from year 1 Other limits & challenges are addressed
Year 3 Maintain programming strategy from year 1 & 2 State lessons learned & potential opportunities	**Year 3** Maintain programming strategy from year 1 & 2 Impact evaluation is comparing to Year 2	**Year 3** Maintain programming strategy from year 1 & 2 Outcome evaluation comparing year 1 & 2

Action 5: Provide Services for the Most Vulnerable

There are two additional populations that are of most concern in the community: new mothers and their babies as well as children without insurance. Indiana currently ranks very low amongst other states for infant and maternal mortality rates.

Research is still being conducted on common causes for maternal mortality. In the areas served by Franciscan Health Indianapolis, infant mortality can often be attributed to smoking during and after pregnancy, unsafe sleep practices, congenital anomalies, and accidents. Hospitals within Franciscan Health have been working on various interventions, often with grant support. Franciscan Health Indianapolis staff will be reviewing system pilot programs for potential implementation in 2019.

Actions (2019-2021)
Attending community events to teach the ABCs of Safe Sleep practices with demonstrations.
Provide community members Halo Sleep sacks and pack n' plays to ensure safe sleeping areas in home.
Create and disseminate safe sleep information internally and at community events.
Maintain Safe Sleep designation at Franciscan Health Indianapolis.

The rate of uninsured families in Indiana continues to grow. There is also concern about upcoming Gateway to Work implementation in 2019, which requires work, volunteer time, or student status to keep HIP 2.0. Without insurance, many families will not seek the care they need, which could further complicate trauma-related health outcomes.

To assist the community in accessing resources needed to keep HIP 2.0, Franciscan Health will partner with Covering Kids and Families Indiana and other health providers. Covering Kids and Families Indiana informs statewide policy makers on healthcare issues and advocates on behalf of coalitions and consumers for policies designed to improve healthcare access, retention, and outcomes. Local coalitions and partners leverage local donations for their outreach and enrollment services to bring in federal dollars that support the organization. Navigators through Covering Kids and Families Indiana are able to help families free of charge navigate the changes in coverage and retain their services.

Actions (2019-2021)
Facilitate information about services between Covering Kids and internal staff
Provide educational sessions for the public
Link to navigators for more insurance related assistance and services than provided internally

Join Us

Franciscan Health believes in strong families, thriving children, and resilient communities. While the challenges and disparities are challenging, by working together, we can make healthy changes. We extend the invitation to you to be a part of our work.

Community resilience is a valuable asset. Often, we think of resiliency in the face of disasters—how can we limit impact and adapt to the new way of life? How do we grow and bounce back from disruption? These same questions are valuable to ask in the time of increased substance abuse, violence, food insecurity, and other basic needs. There is something for everyone to contribute.

The Pathway to Improved Outcomes for Children and Families, via the Center for the Study of Social Policy's Strengthening Families Framework, and others suggests:

State and community leaders can:

- Build parent partnerships
- Learn more about ACEs and community resiliency
- Shift practices and policies to support children and families
- Ensure accountability

Programs that serve families and children can:

- Shift the organizational culture to value families and build on their strengths
- Make policy changes to support their workers and work-life balance
- Implement activities that build on protective factors
- Provide concrete support in times of need
- Develop social and emotional competence of children

Families can:

- Increase health education
- Become involved in the community
- Mentor another child
- Build adult-to-adult supportive peer relationships
- Help children develop problem-solving skills

Community members can:

- Be a safe adult that youth can rely on
- Support parent-child interactions
- Advocate for opportunities for physical activity and good nutrition
- Volunteer at after-school programs or lunch time mentoring programs
- Attend a screening of *Resilience*

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

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

Franciscan Health Crawfordsville, Lafayette, and Rensselaer
Sister Cheryl Dazey
Sister.cheryl@franciscanalliance.org

Franciscan Health Carmel, Indianapolis, Mooresville
Amber Welsh, MSM
Amber.welsh@franciscanalliance.org

Franciscan Health Michigan City
Sister Petra Nielson
Sister.petra@franciscanalliance.org

Franciscan Health Crown Point, Dyer, Hammond, Munster
Becky Tilton, MPH
Rebecca.tilton@franciscanalliance.org

Franciscan Health Olympia Fields
Karen Yates
Karen.yates@franciscanalliance.org

Multiple communities, statewide partnerships, or comments on this report
Kate Hill-Johnson, MA
Katharine.hill-johnson@franciscanalliance.org

Adverse Childhood Experiences



Children's exposure to Adverse Childhood Experiences is the greatest unaddressed public health threat of our time.

— Robert W. Block, past president of the American Academy of Pediatrics

ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse. ACEs include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

ACEs are a good example of the types of complex issues that the prevention workforce often faces. The negative effects of ACEs are felt throughout the nation and can affect people of all backgrounds.

Many studies have examined the relationship between ACEs and a variety of known risk factors for disease, disability, and early mortality. The Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC), in partnership with Kaiser Permanente, conducted a landmark ACE study from 1995 to 1997 with more than 17,000 participants. The study found:

- ACEs are common. For example, 28% of study participants reported physical abuse and 21% reported sexual abuse. Many also reported experiencing a divorce or parental separation, or having a parent with a mental and/or substance use disorder.
- ACEs cluster. Almost 40% of the Kaiser sample reported two or more ACEs and 12.5% experienced four or more. Because ACEs cluster, many subsequent studies now look at the cumulative effects of ACEs rather than the individual effects of each.
- ACEs have a dose-response relationship with many health problems. As researchers followed participants over time, they discovered that a person's cumulative ACEs score has a strong, graded relationship to numerous health, social, and behavioral problems throughout their lifespan, including substance use disorders. Furthermore, many problems related to ACEs tend to be comorbid or co-occurring.

ACEs and Prevention Efforts

Preventing ACEs and engaging in early identification of people who have experienced them could have a significant impact on a range of critical health problems. You can strengthen your substance misuse prevention efforts by:

- Informing local decision-making by collecting state- and county-level ACEs data
- Increasing awareness of ACEs among state- and community-level substance misuse prevention professionals, emphasizing the relevance of ACEs to behavioral health disciplines
- Including ACEs among the primary risk and protective factors when engaging in prevention planning efforts
- Selecting and implementing programs, policies, and strategies designed to address ACEs, including efforts focusing on reducing intergenerational transmission of ACEs
- Using ACEs research and local ACEs data to identify groups of people who may be at higher risk for substance use disorders and to conduct targeted prevention

ACEs Research and Behavioral Health

Research has demonstrated a strong relationship between ACEs, substance use disorders, and behavioral problems. When children are exposed to chronic stressful events, their neurodevelopment can be disrupted. As a result, the child's cognitive functioning or ability to cope with negative or disruptive emotions may be impaired. Over time, and often during adolescence, the child may adopt negative coping mechanisms, such as substance use or self-harm. Eventually, these unhealthy coping mechanisms can contribute to disease, disability, and social problems, as well as premature mortality.

ACEs and Substance Use

- Early initiation of alcohol use. Efforts to prevent underage drinking may not be effective unless ACEs are addressed as a contributing factor. Underage drinking prevention programs may not work as intended unless they help youth recognize and cope with stressors of abuse, household dysfunction, and other adverse experiences. Learn more from a 2008 study on how ACEs can predict earlier age of drinking onset.(link is external)
- Higher risk of mental and substance use disorders as an older adult (50+ years). ACEs such as childhood abuse (physical, sexual, psychological) and parental substance abuse are associated with a higher risk of developing a substance use disorder. Learn more from a 2017 study on adverse childhood experiences and mental and substance use disorders as an adult(link is external).
- Continued tobacco use during adulthood. Prevalence ratios for current and ever smoking increased as ACEs scores increased, according to a 2011 study on ACEs and smoking status.
- Prescription drug use. For every additional ACE score, the rate of number of prescription drugs used increased by 62%, according to a 2017 study of adverse childhood experiences and adolescent prescription drug use.(link is external)
- Lifetime illicit drug use, drug dependency, and self-reported addiction. Each ACE increased the likelihood of early initiation into illicit drug use by 2- to 4-fold, according to a 2003 study on childhood abuse, neglect, and household dysfunction and the risk of illicit drug use.

ACEs and Behavioral Problems

- Suicide attempts. ACEs in any category increased the risk of attempted suicide by 2- to 5-fold throughout a person's lifespan, according to a 2001 study. According to a recent 2017 article (link is external), individuals who reported 6 or more ACEs had 24.36 times increased odds of attempting suicide.
- Lifetime depressive episodes. Exposure to ACEs may increase the risk of experiencing depressive disorders well into adulthood—sometimes decades after ACEs occur.
- Sleep disturbances in adults. People with a history of ACEs have a higher likelihood of experiencing self-reported sleep disorders, according to a 2015 systematic review of research studies on ACEs and sleep disturbances in adults.
- High-risk sexual behaviors. Women with ACEs have reported risky sexual behaviors, including early intercourse, having had 30 or more sexual partners, and perceiving themselves to be at risk for HIV/AIDS. Learn more from a 2001 study on ACEs and sexual risk behaviors in women. Sexual minorities who experience ACEs also demonstrate earlier sexual debut according to a 2015 study.
- Fetal mortality. Fetal deaths attributed to adolescent pregnancy may result from underlying ACEs rather than adolescent pregnancy, according to a 2004 study of the association between ACEs and adolescent pregnancy.
- Pregnancy outcomes. Each additional ACE a mother experienced during early childhood is associated with decreased birth weight and gestational age of her infant at birth, according to a 2016 study on the association between ACEs and pregnancy outcomes.
- Negative physical health outcomes. Experiencing adverse childhood family experiences may increase the risk for long-term physical health problems (e.g., diabetes, heart attack) in adults.
- Poor dental health. Children who have experienced at least one ACE are more likely to have poor dental health.

Reference: https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences