Community Health Network

2021 Community Health Needs Assessment

SOUTH REGION

Contents

A MESSAGE FROM COMMUNITY'S LEADERSHIP

Community Health Network was brought to life by the community in the 1950s, through a door-to-door fundraising campaign with the goal of bringing much-needed healthcare services closer to the community. That powerful connection to the needs of the community is why we are named "Community."

We fulfill our primary mission through the delivery of healthcare services, and we also pay close attention to the broad needs of our neighbors and the neighborhoods we serve. Every three years, we conduct a Community Health Needs Assessment to help us understand those needs and how we can address them.

As the pages of this report explain in great detail, we identified ongoing opportunities to improve the health of newborns and children, as well as their mothers. We gathered information about the mental health challenges facing our neighbors, and the difficulty some of them have finding help.

We tracked the challenges of obesity and the chronic diseases that are associated with it, and learned how many of our local citizens struggle to achieve the levels of physical activity needed to be healthier. We gained new insights into substance abuse disorders and how they impact our communities. We learned more about how the COVID-19 pandemic has affected the people we serve.

We also gathered valuable data about social determinants of health—those social and economic factors that aren't directly related to health care but have a powerful impact on health and well-being. Poverty, food insecurity and the lack of affordable housing and health insurance all play a role. And we intentionally focused on disparities linked to systemic racism, which exacerbate all of these challenges.

This Community Health Needs Assessment outlines the challenges facing the communities we serve. And we're committed to finding solutions. Our plans to address these needs through the next three years are outlined in a companion report known as our Implementation Strategy.

We're grateful for your support of Community Health Network. Together, we can serve the needs of our communities, and truly enhance health and well-being!

Bryan Mills
President & CEO
Community Health Network

Executive Summary

INTRODUCTION

This Community Health Needs Assessment ("CHNA") was conducted by Community Hospital South ("CHS" or "the hospital") to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Community Hospital South was originally developed as University Heights Hospital. In 1989, the hospital joined Community Health Network, which then expanded the facility and added services. Community Hospital South offers patient-centered healthcare to residents in the southern portion of the Indianapolis metropolitan area. The Community South campus continues to grow and includes access to Community Heart and Vascular, Community Cancer Center, behavioral health services, primary care and specialty-care physician practices, school-based clinics, MedCheck, a Community Surgery Center, a Community Endoscopy Center, Community Physical Therapy and Rehabilitation services, and employer health clinics. Additional information about CHS is available at: https://www.ecommunity.com/locations/community-hospital-south.

CHS is part of Community Health Network, an integrated health delivery system based in Indianapolis. As a non-profit health system with more than 200 sites of care and affiliates throughout Central Indiana, Community Health Network's full continuum of care integrates hundreds of physicians, eight specialty and acute care hospitals, surgery centers, home care services, MedChecks, behavioral health, and employer health services. Additional information is available at: https://www.ecommunity.com/about.

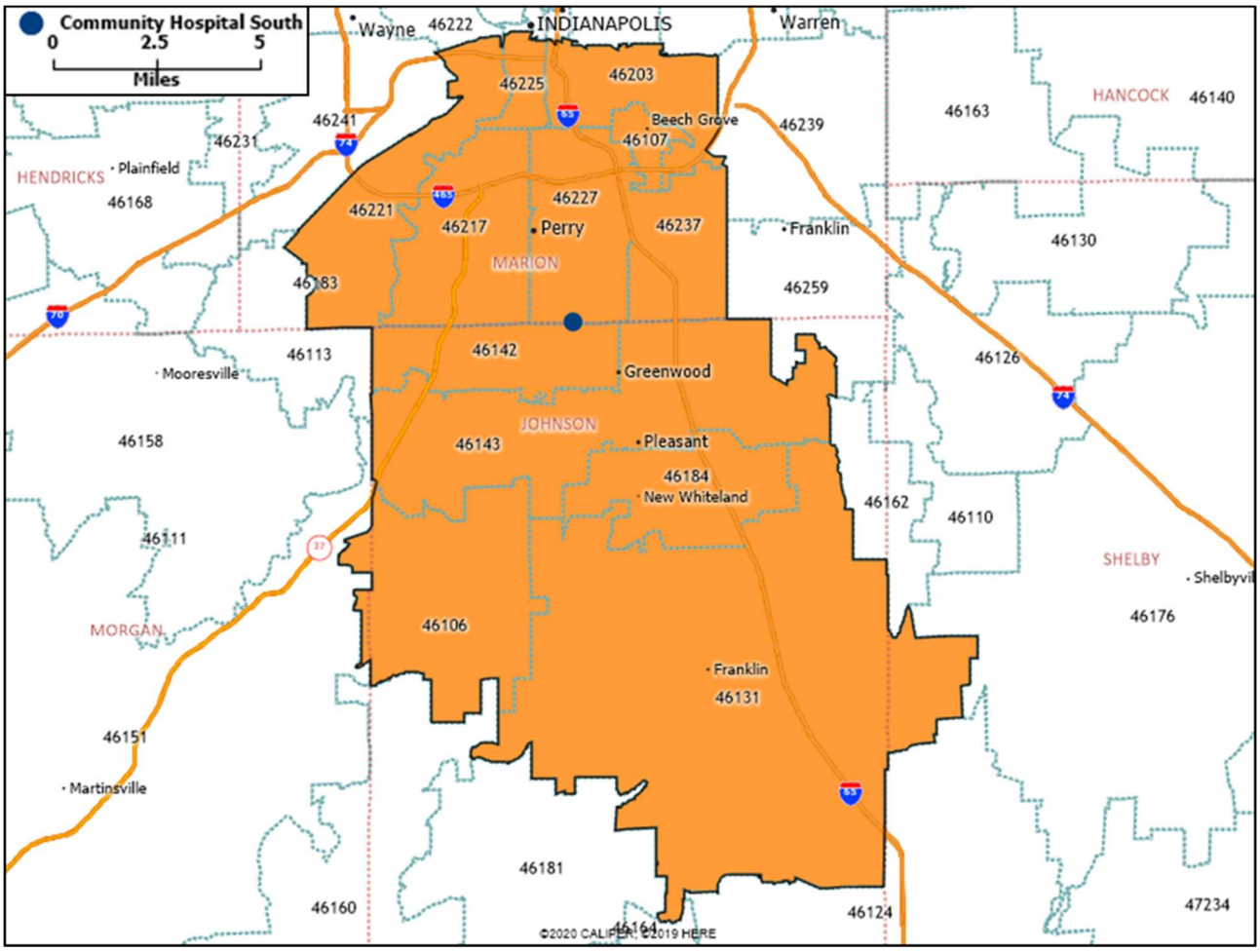
This CHNA has been conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessment also is designed to comply with federal and state laws and regulations.

COMMUNITY ASSESSED

For purposes of this CHNA, CHS's community was defined as defined as 12 ZIP codes which are located in Marion County and Johnson County, Indiana. The community was defined by considering the geographic origins of the hospital's inpatient discharges and emergency room visits in calendar year 2020. These ZIP codes accounted for 72 percent of the hospital's inpatient discharges and 79 percent of its emergency department visits.

The total population of the CHS community in 2019 was 355,860.

The map below portrays the community served by CHS and the hospital's location.



Source: Caliper Maptitude, 2021.

SIGNIFICANT COMMUNITY HEALTH NEEDS

Certain community health needs were determined to be "significant" if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community's health; (2) recent community health assessments developed by the state of Indiana and local organizations; and (3) input from community stakeholders and staff who participated in community meetings, interviews, and surveys.

As determined by analyses of quantitative and qualitative data, racial and ethnic health disparities emerged as the primary, cross-cutting health issue in the community served by Community Hospital North. These disparities were observed within each of the following significant community health needs:

- COVID-19 Pandemic

- Maternal, Infant, and Child Health
- Mental Health Status and Access to Mental Health Services
- Obesity, Physical Inactivity, and Associated Chronic Disease
- Social Determinants of Health, including:
    - Poverty
    - Food Insecurity
    - Affordable Housing
    - Lack of Health Insurance
    - Crime
- Substance Use Disorders and Overdoses

SIGNIFICANT COMMUNITY HEALTH NEEDS: DISCUSSION

COVID-19 Pandemic

The COVID-19 pandemic represents a public health emergency for Indiana and the United States. In addition to contributing to severe illness and death, the pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues.

The Centers for Disease Control's (CDC) work related to COVID-19 has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. Populations most at risk include older adults, people with certain underlying conditions, pregnant women, and members of racial and ethnic minority groups. According to the CDC, "long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age." Men also are more likely to die from COVID-19 than women. Based on that work, many at-risk people live in the CHS community.

Compared to the U.S., Marion and Johnson counties have experienced above average incidence and mortality rates for COVID-19. Vaccination rates have been lower in Marion County, and vaccine hesitancy rates have been higher than national averages in both counties.

Community members providing input into this CHNA indicated that the pandemic has highlighted problems associated with Social Determinants of Health and with racial and ethnic health inequities. People in poverty, house-less populations, and minorities (particularly elderly, Black residents) have been disproportionately affected. Disparities in testing, treatment, and mortality have

been observed. Many residents have delayed accessing needed health care services due to fears surrounding the virus, leading to unmet need.

Significant economic impacts have occurred. In 2020 and due to the pandemic, the number of people unemployed in Marion and Johnson counties, Indiana, and the United States increased substantially. This rise in unemployment has affected access to employer-based health insurance and health services, and has increased housing and food insecurity.

Maternal, Infant, and Child Health

Maternal, infant, and child health related needs have been identified as significant. Marion County compares unfavorably for numerous infant and maternal health indicators including rates of infant mortality, preterm births, low birthweight infants, very low birthweight infants, mothers receiving prenatal care, and breastfeeding. Johnson County compared unfavorably to peer counties for low birth weight births and to the state average for breastfeeding.

Racial and ethnic disparities in maternal, infant, and child health are present in Marion County, Johnson County, and across Indiana. Indicators that measure access to prenatal care, the number of preterm births, and the number of infant deaths are more problematic for Black and Hispanic (or Latino) populations than for White populations. The Indiana State Health Improvement Plan also identified the need to improve (and reduce racial and ethnic disparities for) birth outcomes across Indiana.

Child health and wellbeing also is problematic. Per-capita emergency room visits due to asthma for children aged 5-17 have been more than double the state average in Marion County. Marion and Johnson counties also have comparatively high numbers of children in poverty and in single-parent households. Both counties also are in the bottom quartile of peers for teen births.

Community members stated that a lack of affordable, safe housing is affecting child health. Youth mental health is worsening, struggling with high expectations and stress in school, issues in the home, and isolation from the COVID-19 pandemic. Financial barriers and an undersupply of mental health providers are contributing to problematic trends. Community violence is causing child trauma and growing mental and physical health needs.

Mental Health Status and Access to Mental Health Services

Community members identified mental health status and access to mental health services as significant needs. Interviewees stated that mental health status (including depression and anxiety) is worsening. While lessening, mental health stigma remains problematic within many populations, affecting those who need mental health services. The supply of mental health providers and services for children and for low-income persons is particularly problematic.

Both Marion County and Johnson County compare unfavorably to peer county and national averages for average number of mentally unhealthy days. The suicide rate in Johnson County also exceeds the Indiana average.

Community Health Network staff identified mental health status and access to mental health services as the top community health need in Marion County. Mental health status and access to mental health services were identified across all community meetings as significant needs.

The federal government has designated Marion County and Johnson County low-income populations as mental health care Health Professional Shortage Areas. Johnson County has fewer per-capita mental health providers than Indiana and the U.S.

The Indiana State Health Improvement Plan prioritized improved access to mental health services.

Obesity, Physical Inactivity, and Chronic Disease

Obesity and its contributing factors (including physical inactivity and improper nutrition) and associated chronic diseases, such as diabetes, are significant concerns in the CHS community. Marion and Johnson counties have higher rates of obesity and physical inactivity than national averages. Comparatively fewer people have access to exercise opportunities.

Marion County's diabetes mortality rate has been above the state average. While below Indiana averages, cardiovascular disease mortality has been the most significant cause of death in Johnson County. Across Indiana, mortality and incidence rates for diabetes have been significantly higher for Black populations.

Interviewees cited increasing rates of obesity (for adults and children) and diabetes as problems. More education is needed regarding healthy weight levels and nutrition.

Community Health Network staff identified obesity and physical inactivity as significant needs. The need to reduce the rate of chronic disease also was identified in the Indiana State Health Improvement Plan.

Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life outcomes and risks. People living in low-income households generally are less healthy than those living in more prosperous areas. Marion County's poverty rate is above average. Poverty rates for Black and Hispanic (or Latino) residents are comparatively high in both Marion and Johnson counties. Both counties compare unfavorably to peer counties for children in poverty.

Low-income census tracts are present throughout the CHS community, particularly in Marion County, near Greenwood, and near Franklin.

Poverty was identified as a significant community health need by most community meeting participants and interviewees in Marion County. Participants indicated that poverty impacts almost all areas of life, including access to health services, housing, healthy foods, and transportation.

Community health indices show that ZIP codes and census tracts throughout Marion County rank poorly for community need and vulnerability. These areas are also where the proportions of residents that are Black and Hispanic (or Latino) are highest.

Community meeting participants and interviewees identified racial and ethnic disparities in poverty rates and health as significant concerns. Differences in poverty rates and language and cultural barriers affect access to care and basic needs, particularly safe housing.

Consistent access to affordable, healthy food is important to health outcomes. In the 2020 County Health Rankings, Marion County ranked 89th out of 92 Indiana counties for food environment index, indicating that problems with food accessibility are present. Marion County's food environment index also is below average when compared to peer counties, Indiana, and the nation. Johnson County's food environment index also compares unfavorably to peer counties. Food deserts are prevalent throughout the community served by CHS.

Participants in community meetings and interviewees identified food insecurity as a significant need that contributes to obesity and to the prevalence of numerous chronic diseases. Poverty and the high cost of healthy foods compared to unhealthy alternatives are contributing factors. Available food pantries were facing high demand and have been unable to meet growing needs.

Health insurance coverage rates in Marion County are below the Indiana and United States averages, and both Marion and Johnson counties compared unfavorably to peer counties for health insurance coverage. Interviewees and internal hospital staff identified a lack of health insurance coverage as a significant barrier to optimal health for many residents who are unable to access preventive health services due to high costs.

Access to safe, affordable, and stable housing also was identified as a significant need. In County Health Rankings, Marion County ranked 91st worst out of 92 Indiana counties for severe housing problems. The percent of households burdened by high housing costs has been above average in three of 12 community ZIP codes, and a number of census tracts have been in the bottom quartile nationally for housing and transportation vulnerability.

Crime rates, including violent crime, are also concerns and impact physical and mental health of residents. Both Marion and Johnson counties are in the bottom quartile of peer counties for violent crime. Rates of various crime types in Indianapolis, Franklin, and Greenwood were significantly above state rates.

The Indiana State Health Improvement Plan identified addressing Social Determinants of Health as a priority and clearly linked SDOH-related issues to unfavorable health outcomes and inequities.

Substance Use Disorders and Overdoses

Substance Use Disorders and overdoses have been identified as significant and growing community health needs.

Between 2015 and 2019, drug poisoning deaths per 100,000 Marion County residents increased from 26.4 to 39.9 (51 percent) and exceeded Indiana averages. The rate in Johnson County increased from 17.5 to 20.1 over the same time period.

Marion County's mortality rates due to alcohol-related causes also have been above average. Compared to the Indiana average, both Marion and Johnson counties had higher rates of excessive drinking.

Interviewees and community meeting participants identified Substance Use Disorders as a significant need. Stakeholders indicated that Substance Use Disorders are becoming more prevalent as people are self-medicating for untreated mental health conditions.

Community Health Network staff identified overdoses and a lack of access to behavioral health and Substance Use Disorder treatment services as significant needs. The Indiana State Health Improvement Plan also prioritized the need to reduce injury and death due to opioid usage.

Data and Analysis

COMMUNITY DEFINITION

This section identifies the community that was assessed by Community Hospital South (CHS). The community was defined by considering the geographic origins of the hospital's discharges and emergency room visits in calendar year 2020.

CHS's community was defined as 12 ZIP codes within Marion and Johnson counties, Indiana. These ZIP codes accounted for 72 percent of the hospital's 2020 inpatient volumes and 79 percent of its emergency room visits (**Exhibit 1**).

Exhibit 1: CHS Discharges and Emergency Room Visits, 2020

ZIP Code	County	Inpatient Discharges	Percent Discharges	ER Visits	Percent ER Visits
46227	Marion	1,446	16.3%	9,788	20.5%
46143	Johnson	1,264	14.2%	7,403	15.5%
46142	Johnson	939	10.6%	5,500	11.5%
46217	Marion	722	8.1%	4,804	10.1%
46131	Johnson	488	5.5%	1,702	3.6%
46237	Marion	427	4.8%	2,043	4.3%
46184	Johnson	298	3.4%	1,495	3.1%
46203	Marion	278	3.1%	1,886	4.0%
46221	Marion	193	2.2%	1,137	2.4%
46106	Johnson	162	1.8%	703	1.5%
46107	Marion	127	1.4%	706	1.5%
46225	Marion	59	0.7%	559	1.2%
From Community		**6,403**	**72.0%**	**37,726**	**79.2%**
Other Areas		2,489	28.0%	9,933	20.8%
Hospital Total		**8,892**	**100.0%**	**47,659**	**100.0%**

Source: Analysis of Community Health Network's utilization data, 2021.

The total population of the CHS community in 2019 was approximately 356,000 persons (**Exhibit 2**).

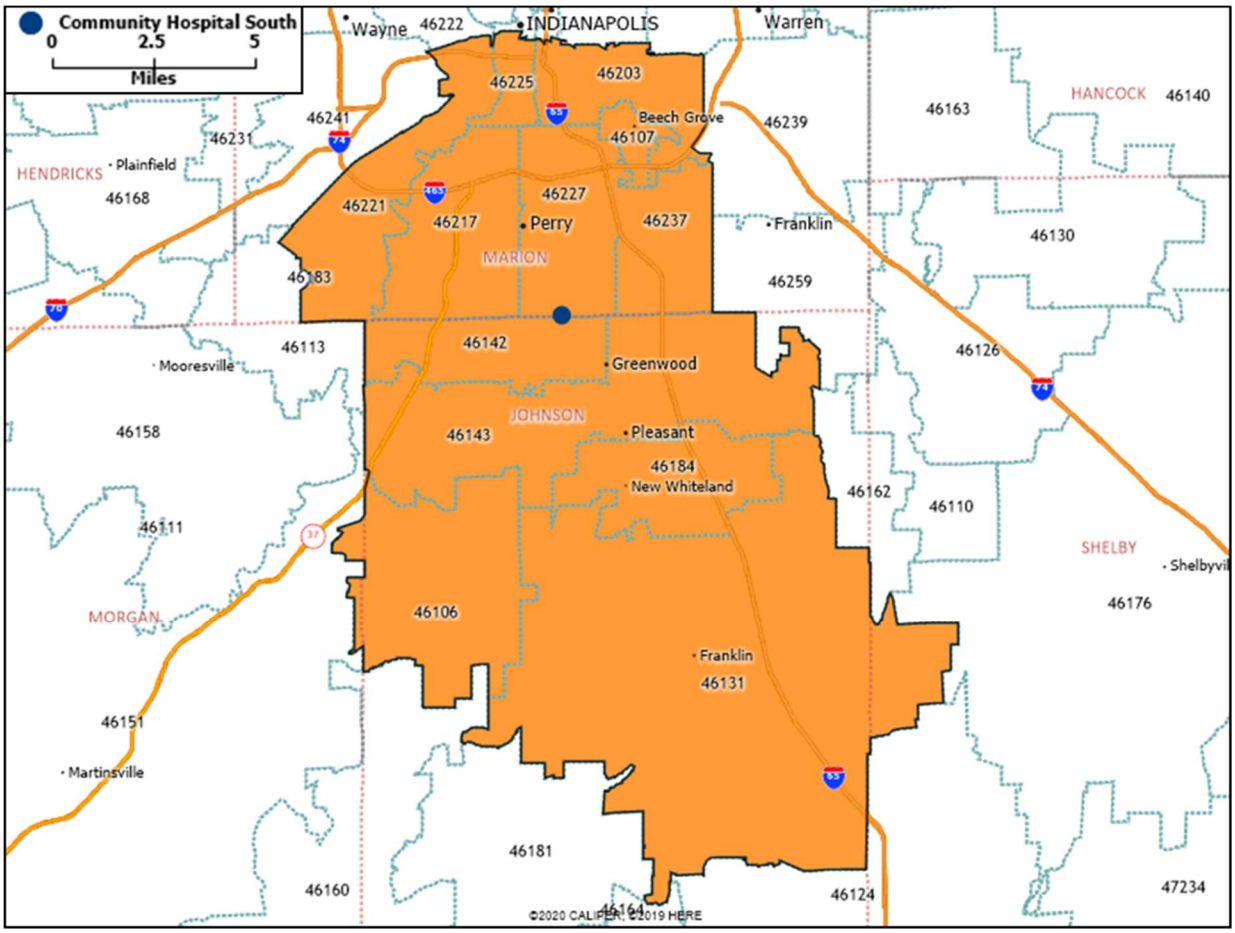
Exhibit 2: Community Population by ZIP Code, 2019

ZIP Code	County	Total Population 2019	Percent of Total Population
46106	Johnson	6,855	1.9%
46107	Marion	13,081	3.7%
46131	Johnson	33,215	9.3%
46142	Johnson	29,696	8.3%
46143	Johnson	57,211	16.1%
46184	Johnson	14,042	3.9%
46203	Marion	38,581	10.8%
46217	Marion	36,843	10.4%
46221	Marion	26,714	7.5%
46225	Marion	5,577	1.6%
46227	Marion	54,876	15.4%
46237	Marion	39,169	11.0%
Community Total		**355,860**	**100.0%**

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

The hospital is located in Indianapolis, IN (ZIP Code 46227). **Exhibit 3** portrays CHS's community and ZIP code boundaries.

Exhibit 3: Community Hospital South



Source: Caliper Maptitude, 2021.

SECONDARY DATA SUMMARY

The following section summarizes principal observations from the secondary data analysis. *See* Appendix B for more detailed information.

Demographics

Demographic characteristics and trends directly influence community health needs. The total population in the CHS community is expected to increase by 9.7 percent between 2019 and 2025, or approximately 38,000 people. ZIP codes 46184 and 46106 – both in Johnson County – are expected to grow the most, each more than 18 percent. Two Marion County ZIP codes – 46225 and 46203 – are expected to decrease in population.

While the total community is expected to grow substantially, the population age 65 years and older is expected to increase even greater, by 16.4 percent over the same time period. This change

should contribute to greater demand for health services, as older individuals typically need and use more services than younger persons. Marion County ZIP code 46107 and Johnson County ZIP codes 46131 and 46142 had the highest proportions of population aged 65 and older, each 16 percent or above.

The CHS community has variation in demographic characteristics across community ZIP codes. Across the total community, 5.8 percent of residents were Black. Two ZIP codes in Marion County (ZIP codes 46203 and 46225) had a proportion of the population that was Black above 11 percent. The percent of the population that was Hispanic (or Latino) was 5.7 percent in the CHS community, with Marion County ZIP codes 46225 (11.0 percent) and 46203 (9.9 percent) having the highest proportion.

Across Marion County, a higher proportion of adults were without a high school diploma than in Indiana and the United States. A higher proportion of the population was disabled compared to Indiana. Compared to the Indiana, proportionately more people in Marion are linguistically isolated. Johnson County compared favorably to state and national averages for each of these three indicators.

Socioeconomic Indicators

People living in low-income households generally are less healthy than those living in more prosperous areas. In 2015-2019, approximately 17.8 percent of Marion County residents lived in poverty – above Indiana and United States averages of 13.4 percent. Johnson County compared favorably at 7.4 percent. Low-income census tracts can be found throughout the CHS community, particularly in Marion County and near Franklin and Greenwood in Johnson County. These areas correlate to ZIP codes categorized as “higher need” by the Dignity Health/CommonSpirit Community Need Index™.

Poverty rates for Black and for Hispanic residents are substantially higher than rates for White residents in Marion and Johnson counties. Across Marion County and Indiana, poverty rates have been higher for Black, Asian, and Hispanic (or Latino) populations than for White populations.

Between 2016 and early 2020, unemployment rates in CHS community counties, Indiana, and the United States fell significantly. However, due to the COVID-19 pandemic, unemployment rose substantially in 2020 in all areas. The rise in unemployment affected numerous health-related factors, such as access to employer-based health insurance, housing and food insecurity, and access to health services. From 2016 through 2019, unemployment rates in Marion County were below national averages and in-line with Indiana averages. In 2020, the rate was above the state average. Rates in Johnson County have been below averages in each year.

The proportion of the population that did not have health insurance was higher in Marion County than in Indiana and the United States. However, unemployment related to COVID-19 likely resulted in an increase in uninsured community members and a corresponding reduction in access to health services.

Compared to Indiana averages, crime rates in Indianapolis are significantly higher, including a violent crime rate more than double the state average. Rates in Johnson County cities, Franklin and Greenwood, have been above average for several crime types, including property crime and larceny – theft.

Across the CHS community, the percent of households that spent more than 30 percent of income on housing, a measure of housing burdened, was above the Indiana average, but below the United States average. The rate of households experiencing housing burden was higher than state and national rates in three of 12 CHS community ZIP codes, all in Marion County. These same areas correlate to areas in the bottom quartile nationally for social vulnerability, including for socioeconomic, household composition and disability, and minority status and language vulnerability.

Other Local Health Status and Access Indicators

In the 2020 *County Health Rankings*, Marion County ranked 72nd for health outcomes and 87th for health factors, both in the bottom quartile of 92 Indiana counties. Johnson County ranked 12th for health outcomes and 7th for health factors.

Marion County ranked in the bottom 50th percentile among Indiana counties for 25 of the 41 indicators assessed. Of those, 17 were in the bottom quartile, including for low birthweight births, food environment index, high school graduation, children in poverty, and severe housing problems.

Johnson County ranked in the bottom 50th percentile for 10 of the 41 indicators assessed. Of those, four were in the bottom quartile, including excessive drinking, social associations, physical environment, and driving alone to work.

Community Health Status Indicators ("CHSI") compares indicators for each county with those for peer counties across the United States. Each county is compared to 30 to 35 of its peers, which are selected based on socioeconomic characteristics such as population size, population density, percent elderly, per-capita income, and poverty rates. Among peer counties, Marion County ranks in the bottom quartile for eight of the 34 indicators assessed, including years of potential life lost, obesity, access to exercise opportunities, teen births, violent crime, and air pollution. Johnson County ranked in the bottom quartile for 13 indicators, including mentally unhealthy days, smoking, food environment index, children in poverty, and violent crime.

This assessment was conducted throughout 2021 during the ongoing COVID-19 pandemic. Based on data available, Marion County compared unfavorably to U.S. averages for rates of COVID-19 cases and mortality per 100,000, percent of adults fully vaccinated, and percent hesitant about receiving the vaccine. Johnson County compared unfavorably to U.S. averages for rates of COVID-19 cases and mortality, as well as vaccine hesitancy.

Sources of other secondary data assessed include the Indiana Department of Health, the Centers for Disease Control and Prevention, America's Health Rankings, the Health Resources and

Services Administration, and the United States Department of Agriculture. Based on an assessment of available secondary data, the indicators presented in **Exhibit 4** appear to be most significant in the CHS community.

An indicator is considered *significant* if it was found to vary materially from a benchmark statistic (e.g., an average value for Indiana, for peer counties, or for the United States). For example, 32.5 percent of Marion County's adults are obese; the average among peer counties is 28.0 percent. The last column of the exhibit identifies where more information regarding the data sources can be found in this report.

Exhibit 4: Significant Indicators

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
65+ Population change, 2019-2025	Community ZIP Codes	16.4%	10.4%	Community ZIP Codes, Total	8
Alzheimer's disease mortality per 100,000	Johnson County	45.6	31.7	Indiana	31
Percent linguistically isolated, 2015-2019	Marion County	6.3%	3.2%	Indiana	12
Poverty rate, 2015-2019	Marion County	17.8%	13.4%	Indiana	13
Poverty rate, Black, 2015-2019	Marion County	25.0%	13.7%	Marion County, White	14
	Johnson County	14.0%	7.4%	Johnson County, White	14
Poverty rate, Hispanic (or Latino), 2015-2019	Marion County	28.8%	13.7%	Marion County, White	14
	Johnson County	13.9%	7.4%	Johnson County, White	14
Percent children in poverty	Marion County	24.5%	17.5%	Indiana	28
Percent children in single-parent households	Marion County	47.1%	33.0%	United States	28
	Johnson County	28.9%	22.7%	Peer counties	29
Percent without health insurance, 2015-2019	Marion County	10.5%	8.4%	Indiana	17
Percent households severe housing problems	Marion County	18.3%	13.2%	Indiana	28
Violent crime rate per 100,000 population	Marion County	1,251	744	Peer counties	29
	Johnson County	285	132	Peer counties	29
Homicide mortality per 100,000	Marion County	17.6	7.2	Indiana	31
Cancer mortality per 100,000	Marion County	468.7	448.7	United States	33
	Johnson County	478.9	448.7	United States	33
Preventable hospital stays for ACSC conditions per 100,000 Medicare enrollees	Marion County	5,110	4,535	United States	28
Percent adults obese	Marion County	32.5%	28.0%	Peer counties	29
	Johnson County	31.4%	29.0%	United States	28
Food environment index	Marion County	6.7	7.6	United States	28
	Johnson County	8.0	8.8	Peer counties	29
Drug poisoning mortality per 100,000	Marion County	39.9	26.6	Indiana	34
Percent excessive drinking	Johnson County	19.1%	17.6%	Indiana	28
Percent adults who smoke	Marion County	19.2%	17.0%	United States	28
	Johnson County	18.3%	14.8%	Peer counties	29
Ratio of population to mental health providers	Johnson County	689:1	400:1	United States	28
Average number mentally unhealthy days monthly	Johnson County	4.4	3.6	Peer counties	29
Suicide mortality per 100,000	Johnson County	14.7	14.1	Indiana	31
Teen births per 1,000 females ages 15-19	Marion County	36.0	25.4	Peer counties	29
	Johnson County	20.8	11.9	Peer counties	29
Infant mortality rate per 1,000 births	Marion County	8.1	7.2	Indiana	36
Infant mortality rate, Black infants, per 1,000	Marion County	12.4	5.5	Marion County, White	37
Low birthweight births	Marion County	9.6%	8.2%	Indiana	36
Mothers receiving prenatal care 1st trimester	Marion County	61.3%	68.9%	Indiana	36
Mothers receiving prenatal care, Black	Marion County	55.8%	78.1%	Marion County, White	37
	Johnson County	74.8%	84.3%	Johnson County, White	37
Mothers receiving prenatal care, Hispanic	Marion County	49.2%	78.1%	Marion County, White	37
	Johnson County	78.9%	84.3%	Johnson County, White	37
ER visits due to asthma (age 5-17, per 10,000)	Marion County	121.0	49.7	Indiana	36
HIV and AIDS incidence per 100,000	Marion County	546.1	189.9	Indiana	35
COVID-19 mortality per 100,000 population	Marion County	214.5	207.5	United States	30
	Johnson County	275.2	207.5	United States	30

Source: Verité Analysis.

Indiana data were also assessed across racial and ethnic cohorts to identify potential disparities in mortality, health conditions, and Social Determinants of Health.

Black populations had particularly high mortality rates for numerous causes, including diabetes, high blood pressure, and heart disease, and compared unfavorably for rates of low birthweight births, preventable hospitalizations, severe housing problems, teen births, children in poverty, and chlamydia.

Hispanic or Latino populations compared unfavorably for a variety of indicators, including chronic liver disease mortality, avoiding healthcare due to cost, children in poverty, crowded housing, high school graduation, non-medical drug use, and severe housing problems.

White populations compared unfavorably for mortality due to chronic lower respiratory disease, Alzheimer's disease, and suicide, as well as incidence rates of arthritis, cancer, depression, and high cholesterol.

These and other differences indicate the presence of racial and ethnic health inequities and disparities throughout Indiana and in the CHS community.

Food Deserts

The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered "food deserts" because they include lower-income persons without supermarkets or large grocery stores nearby. Food deserts are found throughout the CHS community, concentrated in Marion County ZIP codes, and near Greenwood and Franklin in Johnson County.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration based on an "Index of Medical Underservice." Census tracts in the CHS community have been designated as MUAs, particularly in northern areas and east of Franklin. MUPs are located in northern areas.

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is present. Census tracts designated as Primary Care HPSAs are found in the CHS community, concentrated in northern areas in Marion County. The entire low-income populations of Marion and Johnson counties have been designated Mental Health Care HPSAs, as well as several health centers throughout both counties.

CDC COVID-19 Prevalence and Mortality Findings

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic represents a public health emergency for Indiana and the United States. The pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues.

Part of the CDC's work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. Based on that work, many at-risk people live in the community served by Community Hospital South. Populations most at risk include:

- Older adults;
- People with certain underlying medical conditions, including cancer, chronic kidney disease, COPD, obesity, serious heart conditions, diabetes, sickle cell disease, asthma, hypertension, immunocompromised state, and liver disease;
- People who are obese and who smoke;
- Pregnant women; and,
- Black, Hispanic (or Latino), and American Indian or Alaska Native persons.

According to the CDC, "long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age."

Findings of Other CHNAs

In 2018, the Indiana State Department of Health published State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The Department of Health staff produced the SHA with support from partners from Indiana, available epidemiological data, and key informant interviews. From this process, below are key issues identified for Indiana.

- Social Determinants of Health and health equity - "conditions in the environment that affect a broad range of health and quality of life outcomes;"
- Improving public health infrastructure (funding and culture/quality of public health practice); and
- Improving health and reducing health disparities, specifically chronic disease, birth outcomes/infant mortality, reduced injury, and death due to opioid exposure, and improved access to mental health services.

PRIMARY DATA SUMMARY

Primary data were gathered through online community meetings, key stakeholder interviews, and a survey issued to Community Health Network staff. Four community meetings relevant to CHS were conducted. Interviews were conducted by phone or online video conferences, and meetings were conducted by online video conferences.

See Appendix C for information regarding those who participated in the community input process.

Community Meetings

Four community meetings were held in May 2021 to receive input from stakeholders regarding the health needs in Marion County. These meetings were conducted in collaboration with other Indiana health systems – Ascension St. Vincent's Indiana, and IU Health.

Fifty-three (53) stakeholders participated in the four Marion County community meetings. These individuals represented organizations such as local health departments, non-profit organizations, faith-based organizations, health care providers, and local policymakers.

Each meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of the community meetings. Next, secondary data were presented, along with a summary of the most unfavorable community health indicators from this data. Each group was then asked questions about the preliminary list, including their reactions, additions to the proposed needs, thoughts regarding the causes of the needs, impacts of the COVID-19 pandemic, and others.

After discussing the needs identified through secondary data and adding others to the list, participants in each meeting were asked through an online survey process to identify "three to five" they consider the most significant. From this process, participants identified the following needs as most significant for Marion County:

- Racial and ethnic health disparities;
- Access to mental and behavioral health care services;
- Food insecurity and access to affordable, healthy food;
- Access to safe and affordable housing;
- Mental health; and
- Poverty and associated community needs.

Preliminary needs identified include a wide-array of topics, including the COVID-19 pandemic, food insecurity, maternal and child health, racial and ethnic disparities, mental health and access to

mental health providers, obesity and physical inactivity, poverty, educational achievement, housing, crime and community safety, public health funding, and others.

In addition to these topics, participants focused discussion around Substance Use Disorder and treatment, transportation barriers, cultural-appropriate care and services (including language barriers), affordability of healthy food, smoking and tobacco use, access to and cost of primary care, health insurance, preventive health services, lack of providers within high-need areas, childcare, chronic conditions (including diabetes and hypertension), navigating existing resources, dental health needs, child health, job opportunities and trainings, technology barriers and digital-divide, post-incarceration resources, and social connectedness.

Key Stakeholder Interviews

Four (4) interviews were conducted to learn about community health issues in Marion County. Participants included individuals representing public health departments, health equity organizations, and organizations that focus on child wellbeing.

Questions focused first on identifying and discussing health issues in the community before the COVID-19 pandemic began. Interviews then focused on the pandemic's impacts and on what has been learned about the community's health given those impacts. Stakeholders also were asked to describe the types of initiatives, programs, and investments that should be implemented to address the community's health issues and to be better prepared for future risks.

Stakeholders most frequently identified the following issues as significant before the COVID-19 pandemic began.

- Poverty is a significant issue and impacts almost all areas of life, including access to health services, housing, healthy foods, and transportation, as well as negatively affecting mental and physical health. The need for a living wage for all residents is significant.
- Health disparities and inequities are significant, including large disparities in Social Determinants of Health for racial and ethnic minority populations.
- A lack of adequate health insurance coverage is a significant barrier to optimal health, with coverage restrictions leading residents to not pursue preventive health measures such as checkups and screenings.
- Mental health is a significant and worsening issue, with depression and anxiety both widespread. Self-medication through Substance Abuse Disorder is common. Youth mental health concerns are also increasing due to a variety of reasons, including online presence making bullying easier. Access to mental health services and youth mental health providers is limited due to low supply of providers and financial barriers.

- A lack of healthy lifestyles is noticeable as obesity continues to be an issue, as well as increasing rates of diabetes. Childhood obesity is also a concern, as parents lack an understanding of childhood weight.
- Infant and maternal mortality are significant issues, with social determinants of health impacting access to prenatal care and other needed services. This issue disproportionately affects Black infants.
- HIV and AIDS concerns persist, with some hope that the disease can be eradicate within the next decade through modern medicine and available tools such as PrEP.
- Smoking, tobacco use, and the recent increases in vaping (particularly among youth) are issues, with a low cigarette tax in Indiana helping perpetuate the issue.
- Environmental health issues – including old housing and air pollution – is leading to poor health outcomes, particularly among children (such as including lead poisoning and asthma). The need for safe, affordable, and stable housing is significant.
- Community violence is an issue, including homicide. These issues are causing trauma, particularly in children, leading to increased mental health concerns.
- Health literacy is a need, particularly affecting Hispanic populations due to language barriers. Education disparities around health are also leading to generational persistence of health disparities for racial and ethnic minority populations. Immigrant children are also underserved due to cultural and language barriers.
- The ability to access health foods and food insecurity are significant concerns, and food pantries may have irregular hours and face huge demand. These issues contribute largely to obesity and chronic conditions.
- Education needs better funding, including adequate teacher compensation, to improve educational achievement.
- More community collaboration is needed, with health systems and social service providers sitting at the same table to talk about community improvement and planned interventions.

Interviewees were also asked to discuss the impacts of the COVID-19 pandemic. The following impacts were discussed:

- Initial COVID-19 testing was a large challenge due to inadequate federal resources and other limits.
- The pandemic highlighted the impact of Social Determinants of Health, as houseless populations faced huge concerns due to inability to socially distance in shelters and access care. Hotels were turned into isolation areas for COVID patients.
- Racial and ethnic disparities in testing, treatment, and outcomes were highlighted by the pandemic. Elderly Black residents were particularly affected.

- Care was delayed for a lot of individuals due to fear of going to a provider and being exposed to the virus, leading to unmet needs and emergency situations.
- Community collaboration among providers led to a better response, including health systems offering testing and other aid to public health organizations. More collaboration and coordination will be needed in the future.
- Vaccination disparities are evident, with Black populations unable to access the vaccine if desired disproportionately.
- The pandemic highlighted the need for better health information sharing between organizations and health disparity information.

Community Health Network Staff Survey

An online survey also was distributed to Community Health Network staff. A list of health needs was presented (as well as an area to add additional needs not included in the list), and respondents were asked to identify the three to five they considered to be most significant. From this process, the following needs were identified most often by respondents whose facilities serve communities in Marion County:

- Mental health (including depression, anxiety, and other mental health disorders);
- Access to mental health services;
- Cost of care and health insurance;
- Substance Use Disorders and overdoses;
- COVID-19 pandemic; and
- Obesity and physical inactivity.

Other Facilities and Resources in the Community

This section identifies other facilities, clinics, and resources available in the Community Hospital South community that are available to address community health needs.

HOSPITALS

Exhibit 5 presents information on hospital facilities located in CHS community ZIP codes.

Exhibit 5: Hospitals Located in Community, 2021

Hospital	Address	City	ZIP Code	County
Community Health Network Rehabilitation Hosp South	607 South Greenwood Springs Dr	Greenwood	46143	Johnson
Community Hospital South	1402 E County Line Rd S	Indianapolis	46227	Marion
Franciscan Health Indianapolis	8111 S Emerson Ave	Indianapolis	46237	Marion
Johnson Memorial Hospital	1125 W Jefferson St	Franklin	46131	Johnson
Valle Vista Health System	898 E Main St	Greenwood	46143	Johnson

Source: Indiana Department of Health, 2021.

FEDERALLY QUALIFIED HEALTH CENTERS

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently are 14 FQHC site operating in the community (**Exhibit 6**).

Exhibit 6: Federally Qualified Health Centers Located in Community, 2021

Name	Address	City	ZIP Code	County
Adult and Child Health - Garfield Park	234 E Southern Ave	Indianapolis	46225	Marion
Adult and Child Health - Greenwood	8320 Madison Ave	Indianapolis	46227	Marion
Adult and Child Health - Northwood Plaza	1860 Northwood Plz	Franklin	46131	Johnson
Barrington Health Center	3401 E Raymond St	Indianapolis	46203	Marion
HealthNet Administration	3403 E Raymond St	Indianapolis	46203	Marion
IPS 31 School Base Clinic - James A. Garfield	307 Lincoln St Ste 100	Indianapolis	46225	Marion
IPS School 34 - Eleanor Skillen	1404 Wade St Rm 129	Indianapolis	46203	Marion
Southeast Health Center	901 Shelby St	Indianapolis	46203	Marion
Southwest Health Center	1522 W Morris St	Indianapolis	46221	Marion
William McKinley School 39	1733 Spann Ave Rm 404	Indianapolis	46203	Marion
Windrose Health Network - Business Center	1052 Greenwood Springs Blvd Ste H	Greenwood	46143	Johnson
Windrose Health Network - Countyline	8921 Southpointe Dr Ste A1	Indianapolis	46227	Marion
Windrose Health Network - Epler Parke	5550 S East St	Indianapolis	46227	Marion
Windrose Health Network - Franklin	55 N Milford Dr	Franklin	46131	Johnson

Source: HRSA, 2021.

According to data published by HRSA, FQHCs in the CHS community served 18 percent of uninsured persons and 49 percent of Medicaid recipients. Nationally, FQHCs served 22 percent of uninsured patients and 19 percent of the nation's Medicaid recipients.[1]

OTHER COMMUNITY RESOURCES

Many social services and resources are available throughout Indiana to assist residents. The State of Indiana Family and Social Services Administration maintains the IN211 database, a free service that connects Hoosiers with help and answers from thousands of health and human service agencies and resources. 211 services are available 24/7 and maintain information of resources for the following categories:

- Children and family
- Education and employment
- Food and clothing
- Health care
- Housing and utility assistance
- Mental health and addiction
- Tax assistance

Additional information about these resources and participating providers can be found at: https://in211.communityos.org/.

[1] See: http://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/chartbook-2020-final/ and https://www.udsmapper.org/.

Appendix

Appendix A – Objectives and Methodology

REGULATORY REQUIREMENTS

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.[2] In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and,
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community's health needs.

METHODOLOGY

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- ***Who*** in the community is most vulnerable in terms of health status or access to care?
- ***What*** are the unique health status and/or access needs for these populations?
- ***Where*** do these people live in the community?
- ***Why*** are these problems present?

[2] Internal Revenue Code, Section 501(r).

The focus on ***who*** is most vulnerable and ***where*** they live is important to identifying groups experiencing health inequities and disparities. Understanding ***why*** these issues are present is challenging but is important to designing effective community health improvement initiatives. The question of ***how*** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served" (e.g., children, women, or the aged), and/or the hospital facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[3] Accordingly, the community definition considered the geographic origins of the hospital's patients and also the hospital's mission, target populations, principal functions, and strategies.

Data from multiple sources were gathered and assessed, including secondary data[4] published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews and online community meetings. Stakeholders and community meeting participants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See* Appendix C. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

Certain community health needs were determined to be "significant" if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community's health, (2) recent assessments developed by the state and local organizations, and (3) input from community stakeholders who participated in the community meeting, interview process, and staff surveys.

In addition, data were gathered to evaluate the impact of various services and programs identified in Community Health Network's previous CHNA process. *See* Appendix E.

Collaborating Organizations

For this community health assessment, Community Hospital South collaborated with the following Community Health Network hospitals: Community Fairbanks Recovery Center, Community Hospital Anderson, Community Hospital East, Community Hospital North, and Community Howard Regional Health. These facilities collaborated through gathering and assessing secondary data together,

[3] 501(r) Final Rule, 2014.
[4] "Secondary data" refers to data published by others, for example the U.S. Census and the Indiana Department of Health. "Primary data" refers to data observed or collected from first-hand experience, for example by conducting interviews.

conducting community meetings and key stakeholder interviews, and relying on shared methodologies, report formats, and staff to manage the CHNA process.

Community Health Network also collaborated with other Indiana health systems to collect primary data through online community meetings and key stakeholder interviews. These health systems include Ascension St. Vincent's Indiana, IU Health, and Riverview Health.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Community Health Network. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community's health needs conducted by other organizations (e.g., local health departments) were reviewed as well.

Input from persons representing the broad interests of the community was taken into account through key informant interviews (4 participants) and community meetings (53 participants). Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; representatives of faith-based organizations; representatives of local universities and schools; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Community Health Network posts CHNA reports and Implementation Plans online at https://www.ecommunity.com/community-benefit/archived-reports.

Consultant Qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 100 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in community benefit, 501(r) compliance, and Community Health Needs Assessments.

Appendix B – Secondary Data Assessment

This section presents an assessment of secondary data regarding health needs in the Community Hospital South (CHS) community. The CHS community is defined as 12 ZIP codes, within Marion and Johnson counties, Ind.

DEMOGRAPHICS

Exhibit 7: Change in Community Population by ZIP Code, 2019 to 2025

ZIP Code	County	Total Population 2019	Projected Population 2025	Percent Change 2019 - 2025
46106	Johnson	6,855	8,379	18.2%
46107	Marion	13,081	13,603	3.8%
46131	Johnson	33,215	37,014	10.3%
46142	Johnson	29,696	31,271	5.0%
46143	Johnson	57,211	67,753	15.6%
46184	Johnson	14,042	17,615	20.3%
46203	Marion	38,581	38,182	-1.0%
46217	Marion	36,843	43,949	16.2%
46221	Marion	26,714	28,945	7.7%
46225	Marion	5,577	5,332	-4.6%
46227	Marion	54,876	56,897	3.6%
46237	Marion	39,169	45,232	13.4%
Community Total		**355,860**	**394,171**	**9.7%**

US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

DESCRIPTION

Exhibit 7 portrays the estimated population by ZIP code in 2019 and projected to 2025.

OBSERVATIONS

- Between 2019 and 2025, the CHS community is expected to increase in population by 9.7percent, or approximately 38,000 people.
- Johnson County ZIP codes 46184 and 46106 are expected to grow the most between 2019 and 2025, each above 18 percent.

Exhibit 8: Change in Community Population by Age Cohort, 2019 to 2025

Age Cohort	Total Population 2019	Projected Population 2025	Percent Change 2019 - 2025
Age 0 - 19	97,699	106,713	8.4%
Age 20 - 44	122,535	134,863	9.1%
Age 45 - 64	86,650	97,042	10.7%
Age 65 and Older	48,976	58,605	16.4%
Community Total	**355,860**	**397,223**	**10.4%**

US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.
*Note: Difference in projected total population from Exhibit 7 due to age projection methodology differing than total population methodology.

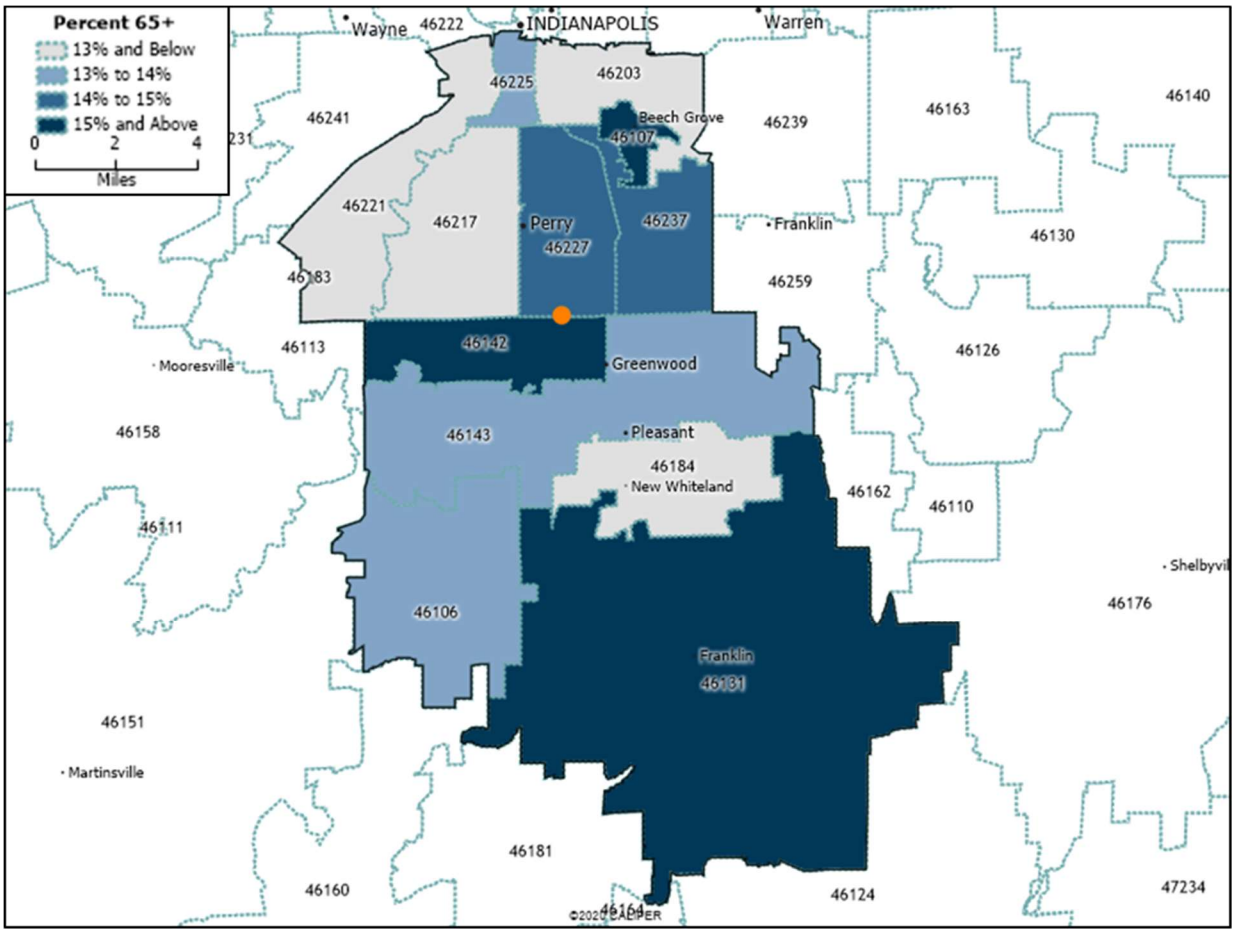
DESCRIPTION

Exhibit 8 shows CHS's community population for certain age cohorts in 2019, with projections to 2025.

OBSERVATIONS

- While the total population is expected to increase by 10.4 percent, the population aged 65 and older is expected to increase by 16.4 percent during the time period.
- The growth of older populations is likely to lead to greater demand for health services, since older individuals typically need and use more services than younger persons.

Exhibit 9: Percent of Population – Aged 65+, 2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

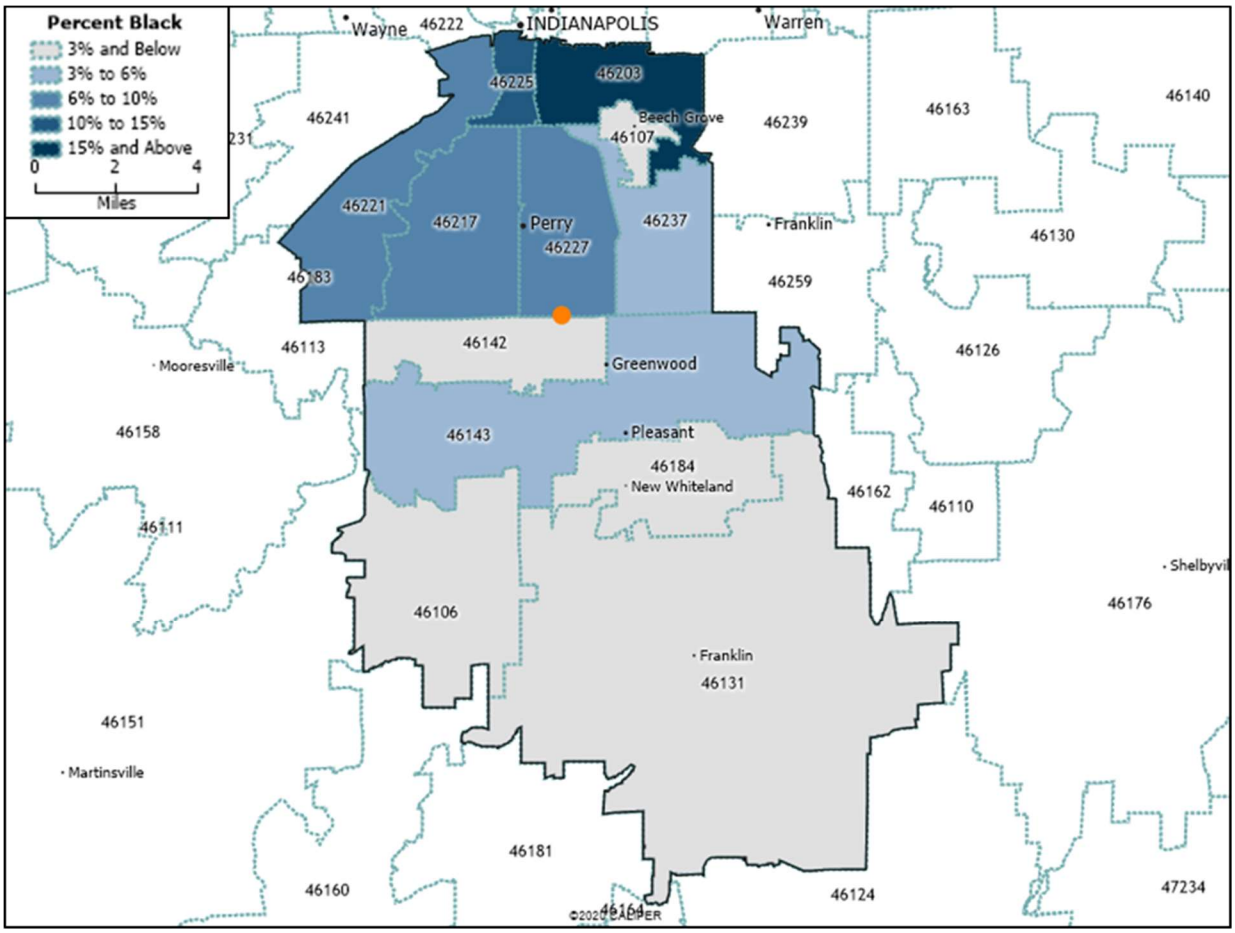
DESCRIPTION

Exhibit 9 portrays the percent of the population 65 years of age and older by ZIP code.

OBSERVATIONS

- Marion County ZIP code 46107 and Johnson County ZIP codes 46131 and 46142 had the highest proportions of population aged 65 and older, each 16 percent or above.
- At 11.0 percent, Marion County ZIP code 46221 had the lowest proportion.

Exhibit 10: Percent of Population – Black, 2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

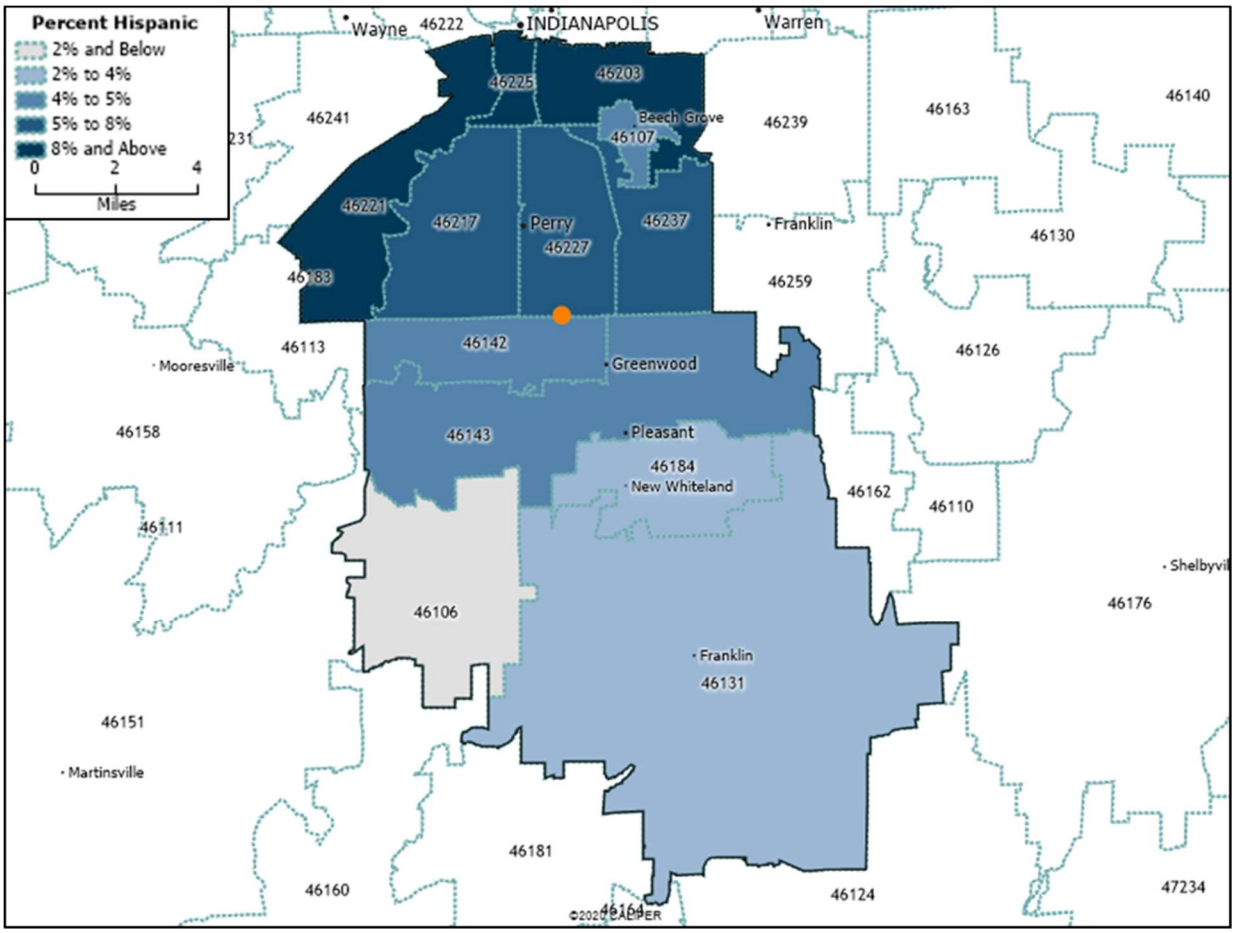
DESCRIPTION

Exhibit 10 portrays the percent of the population – Black by ZIP code.

OBSERVATIONS

- Marion County ZIP code 46203 had the highest proportion of Black residents at 15.9 percent. No other ZIP code had a proportion higher than 12 percent.
- Johnson County ZIP codes 46106 and 46131 had the lowest proportions, each below one percent.
- For all community ZIP codes, the proportion of Black residents is 5.8 percent.

Exhibit 11: Percent of Population – Hispanic (or Latino), 2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

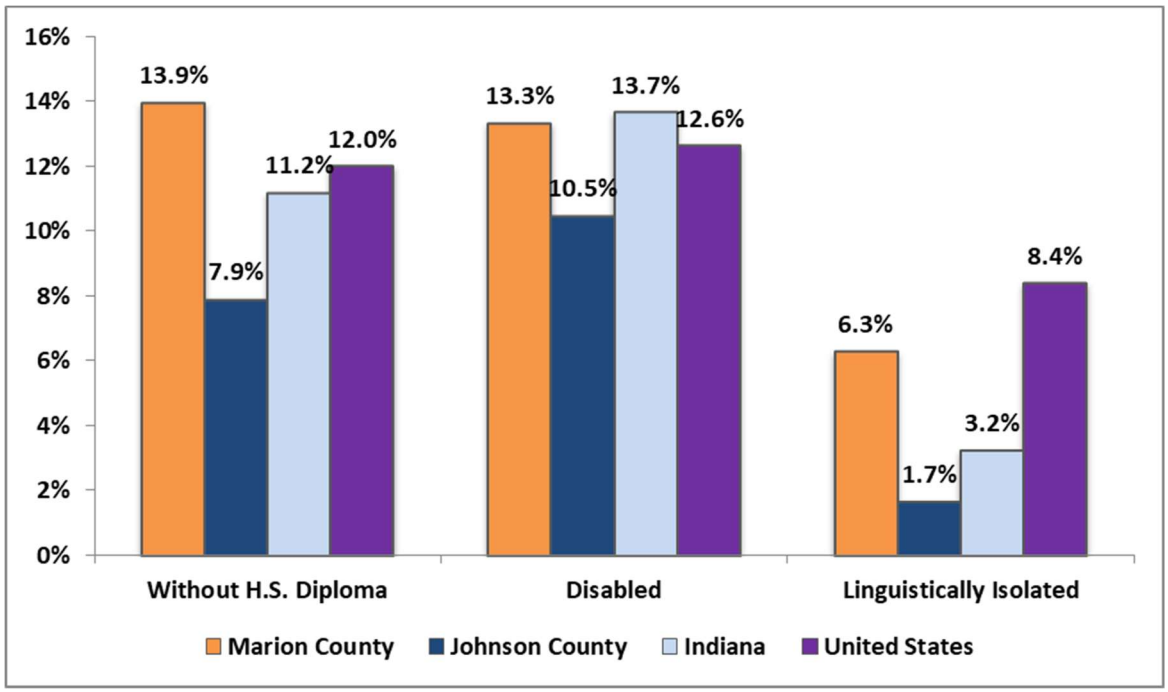
DESCRIPTION

Exhibit 11 portrays the percent of the population – Hispanic (or Latino) by ZIP code.

OBSERVATIONS

- Marion County ZIP codes 46225 (11.0 percent) and 46203 (9.9 percent) had the highest proportion of Hispanic (or Latino) residents.
- For all community ZIP codes, the proportion of Hispanic residents is 5.7 percent.

Exhibit 12: Selected Socioeconomic Indicators, 2015-2019



US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

DESCRIPTION

Exhibit 12 portrays the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated in Marion and Johnson counties, Indiana, and the United States. Linguistic isolation is defined as residents who speak a language other than English and speak English less than "very well."

OBSERVATIONS

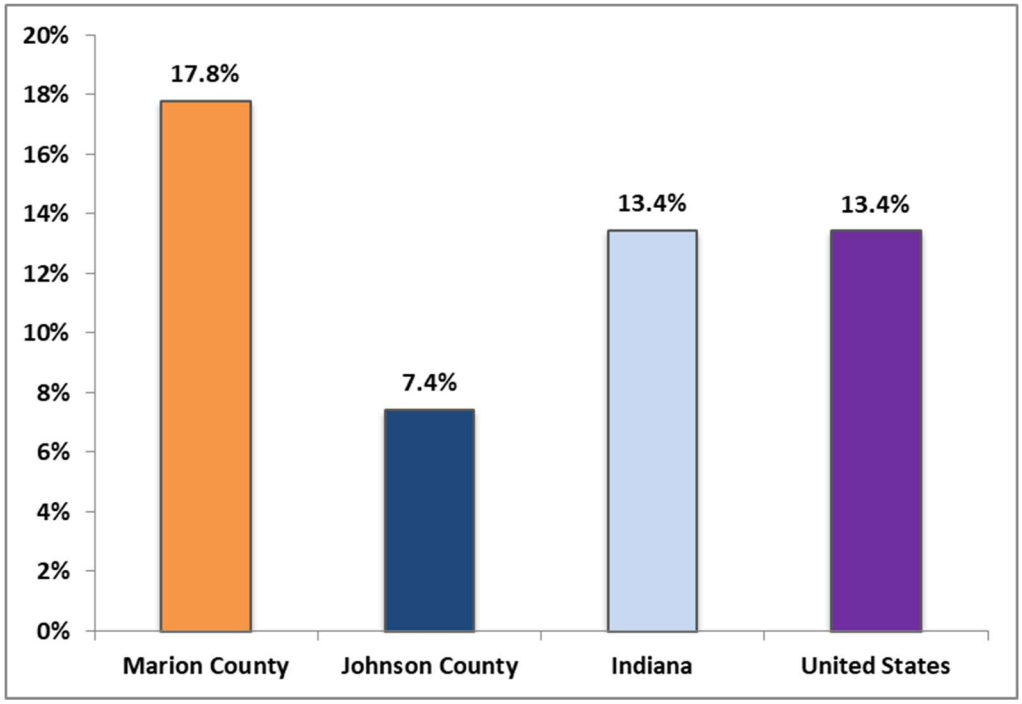
- In 2015-2019, a higher percentage of Marion County residents aged 25 and older were without a high school diploma than residents of Indiana and the United States.
- Proportionately more people were disabled in Marion County than in the United States, but below the Indiana average.
- Compared to the Indiana, proportionately more people in Marion are linguistically isolated.
- Johnson County compared favorably to Indiana and national averages for all indicators.

SOCIOECONOMIC INDICATORS

This section includes indicators for poverty, unemployment, health insurance status, crime, housing affordability, and "social vulnerability." All have been associated with health status.

People in Poverty

Exhibit 13: Percent of People in Poverty, 2015-2019



US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

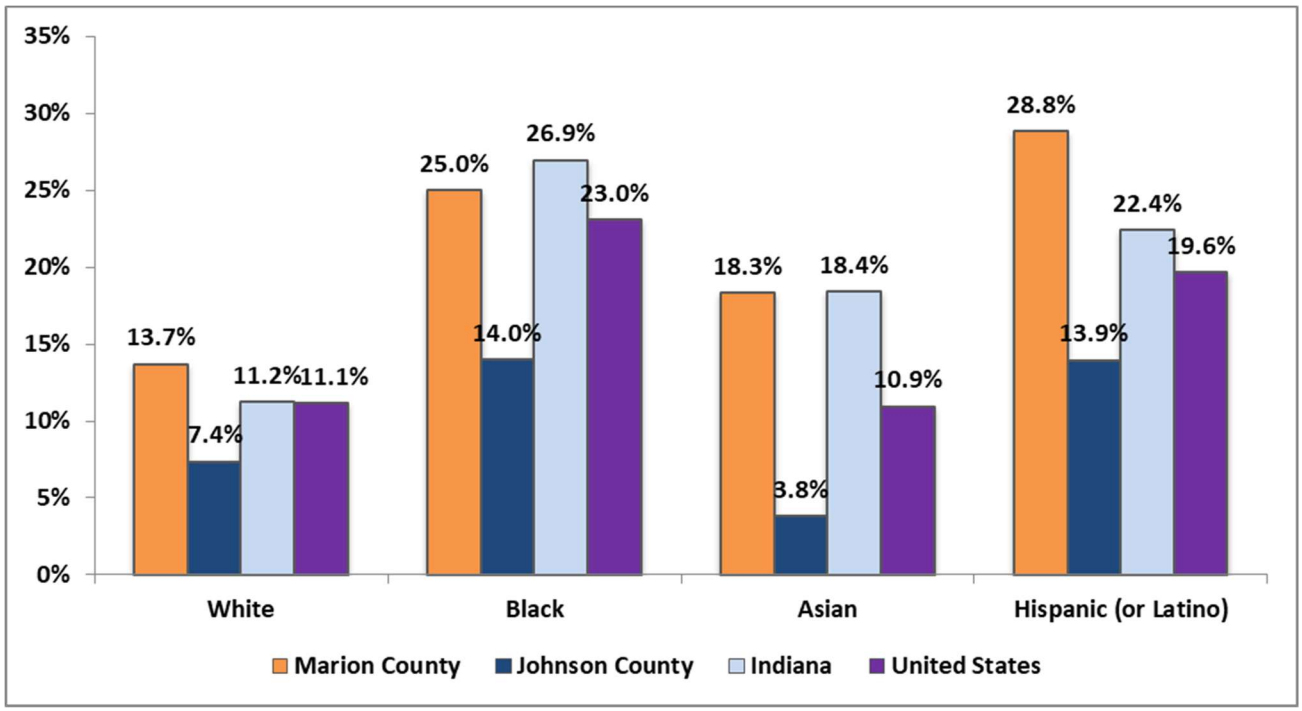
DESCRIPTION

Exhibit 13 portrays poverty rates in Marion and Johnson counties, Indiana, and the United States.

OBSERVATIONS

- In 2015-2019, the overall poverty rate in Johnson County was above Indiana and United States averages. The rate in Johnson County was below state and national averages.

Exhibit 14: Poverty Rates by Race and Ethnicity, 2015-2019



US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

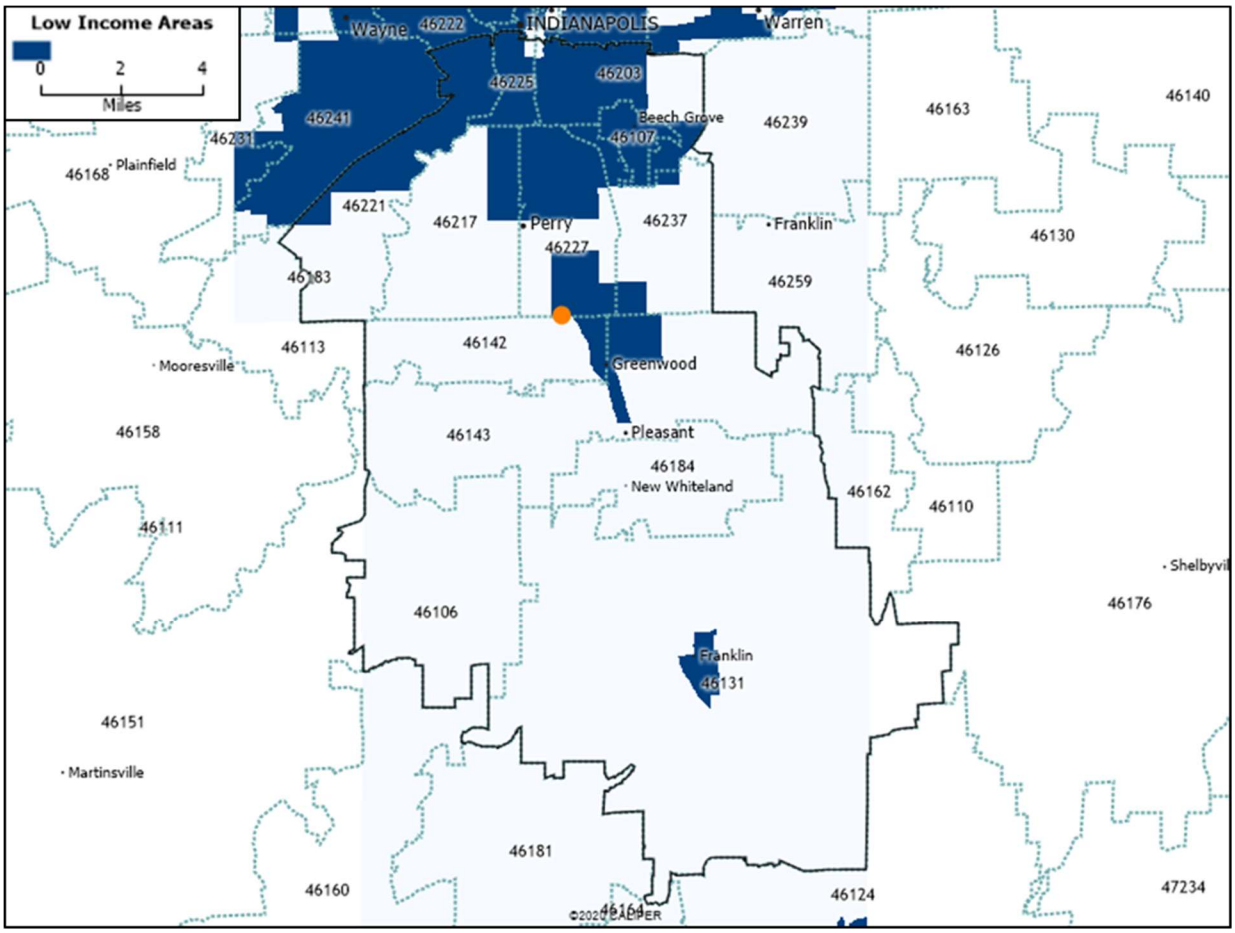
DESCRIPTION

Exhibit 14 portrays poverty rates by race and ethnicity.

OBSERVATIONS

- In Marion and Johnson counties, poverty rates were higher for Black and Hispanic (or Latino) populations than for White populations. Rates for Black and Hispanic (or Latino) populations were approximately double the rates of White populations.
- Compared to Indiana averages, proportionately more Marion County White and Hispanic (or Latino) residents were in poverty.

Exhibit 15: Low Income Census Tracts, 2019



Source: US Department of Agriculture Economic Research Service, ESRI, 2021.

DESCRIPTION

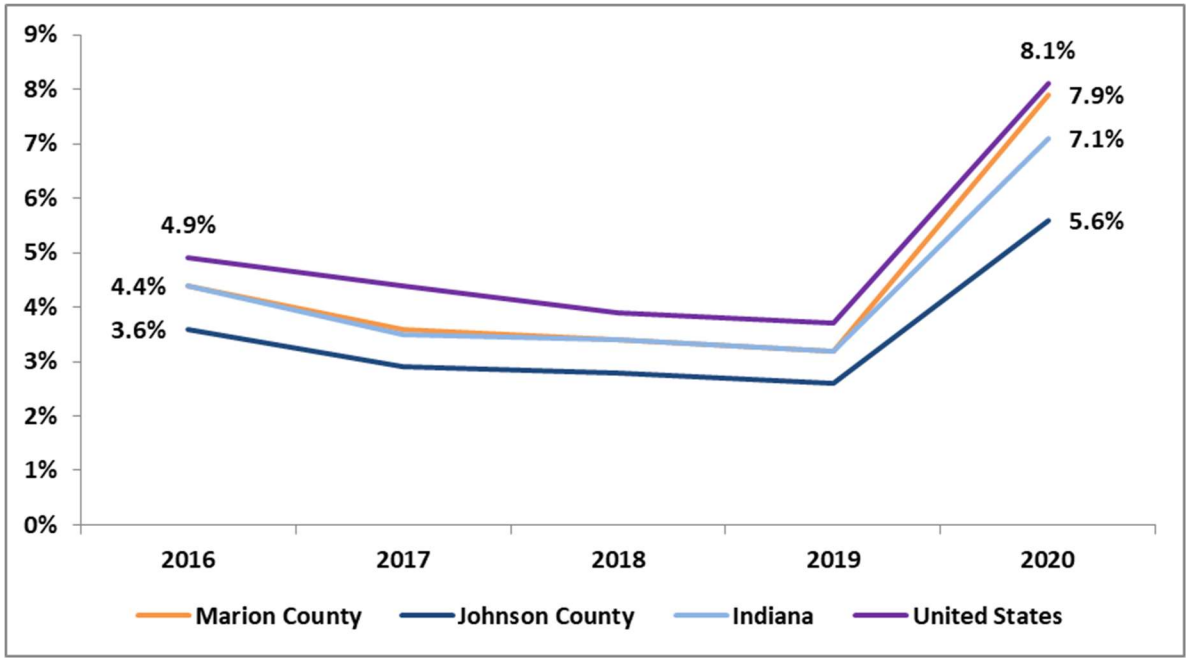
Exhibit 15 portrays the location of federally designated low-income census tracts.

OBSERVATIONS

- In 2019, low-income census tracts were present throughout the CHS community, particularly in northern areas and areas near the hospital.

Unemployment

Exhibit 16: Annual Unemployment Rates, 2016 to 2020



Source: Bureau of Labor Statistics, 2021.

DESCRIPTION

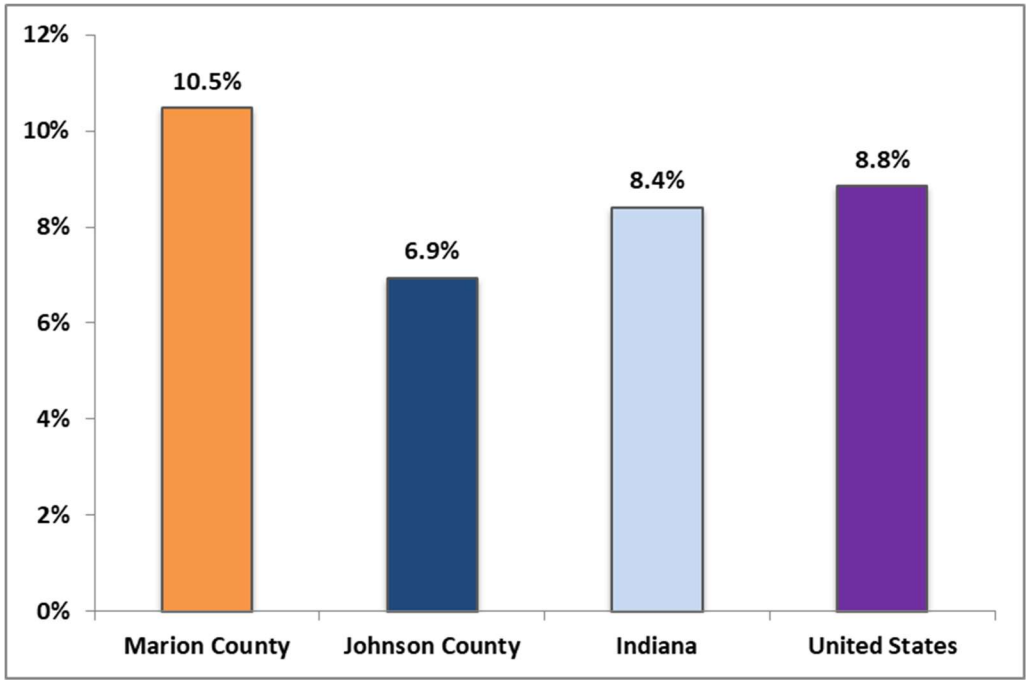
Exhibit 16 shows annual unemployment rates compared to Indiana and the United States for 2016 through 2020.

OBSERVATIONS

- Unemployment rates declined steadily from 2016 through 2019. Due to the COVID-19 pandemic, unemployment rates rose substantially in 2020.
- In 2020, the unemployment rate in Marion County was above the Indiana average, but below the national average. From 2016 through 2019, the Marion County rate was in line with the state rate. The Johnson County rate was below state and national averages for all years.
- The rise in unemployment contributed to numerous health-related factors, such as access to employer-based health insurance, housing and food insecurity, and access to health services.

Health Insurance Status

Exhibit 17: Percent of Population without Health Insurance, 2015-2019



US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

DESCRIPTION

Exhibit 17 presents the estimated percent of population without health insurance.

OBSERVATIONS

- Marion County has had a higher percentage of the population without health insurance than Indiana and the United States. Johnson County has had a lower percentage without health insurance than state and national averages.
- Recent spikes in unemployment likely are leading to more uninsured community members.

Crime Rates

Exhibit 18: Crime Rates by Type, Per 100,000, 2018

Crime Type	City of Indianapolis (Marion)	City of Franklin (Johnson)	City of Greenwood (Johnson)	Indiana
Violent Crime	1,272.8	510.1	142.3	**382.3**
Murder and Non-Negligent Manslaughter	18.5	-	1.7	**6.5**
Rape	77.1	31.6	3.4	**35.4**
Robbery	351.1	27.7	29.2	**88.7**
Aggravated Assault	826.1	450.8	108.0	**251.6**
Property Crime	4,129.2	2,799.7	3,047.4	**2,179.3**
Burglary	893.6	201.7	157.8	**377.6**
Larceny - Theft	2,671.9	2,519.0	2,647.8	**1,572.7**
Motor Vehicle Theft	563.7	79.1	241.8	**229.1**

Source: Federal Bureau of Investigation, 2019.

DESCRIPTION

Exhibit 18 provides crime statistics and rates per 100,000 for the cities in the CHS community and state. Crime data were not available at the county-wide level. Light grey shading indicates rates above the Indiana average; dark grey shading indicates rates more than 50 percent above the average.

OBSERVATIONS

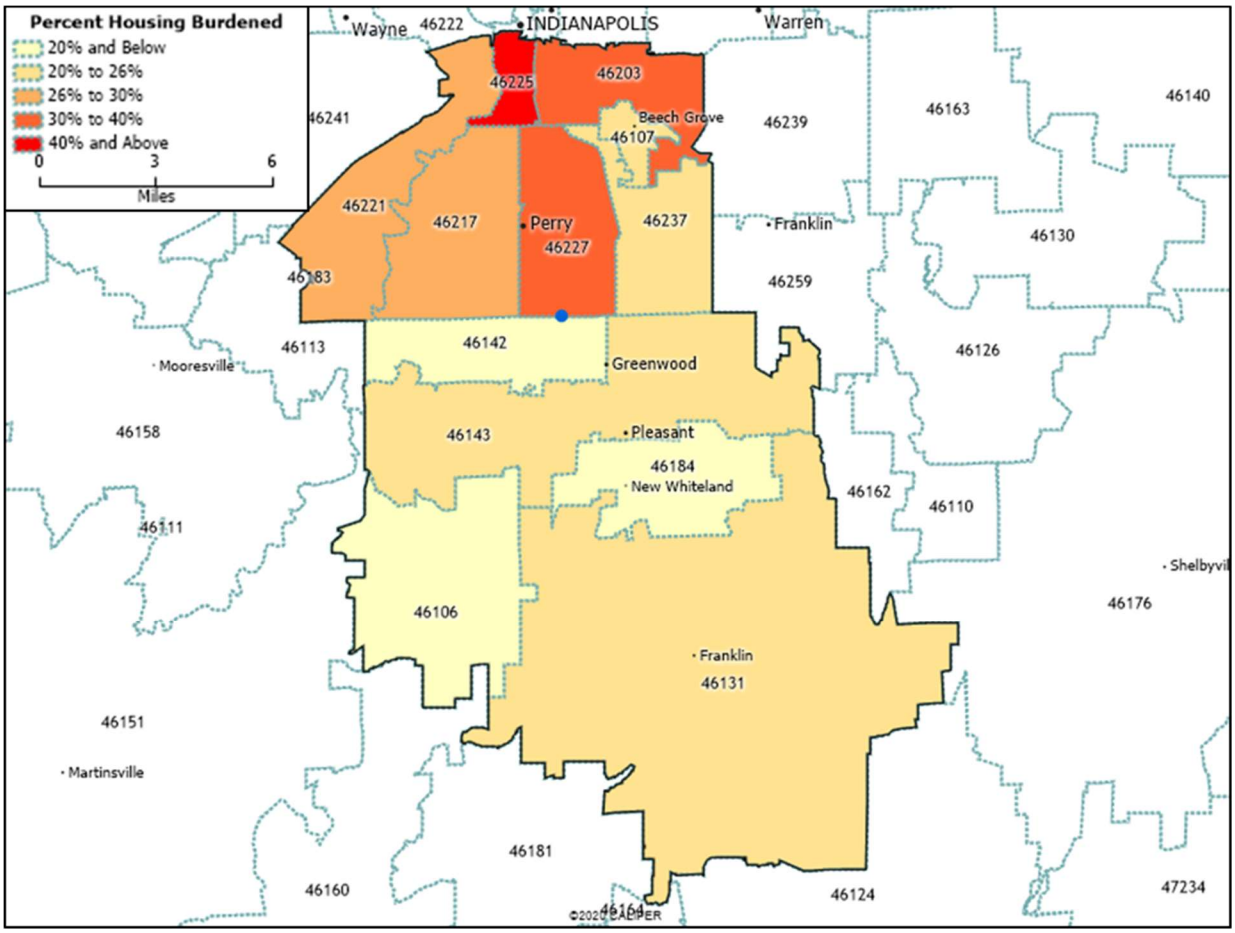
- Rates in Indianapolis were significantly above state rates for all crime types.
- Rates in Franklin were significantly above state rates for aggravated assault and larceny – theft, and above average for violent crime and property crime.
- Rates in Greenwood were significantly above state rates for larceny – theft, and above average for property crime and motor vehicle theft.Housing Affordability

Exhibit 19: Percent of Households – Housing Burdened, 2015-2019

ZIP Code	County	Occupied Housing Units	Excessive Housing Costs (30%+ of Income)	Percent Housing Burdened
46106	Johnson	2,389	411	17.2%
46107	Marion	5,040	1,213	24.1%
46131	Johnson	11,978	2,398	20.0%
46142	Johnson	11,455	1,700	14.8%
46143	Johnson	21,235	4,853	22.9%
46184	Johnson	4,895	668	13.6%
46203	Marion	14,090	5,203	36.9%
46217	Marion	12,279	3,269	26.6%
46221	Marion	9,326	2,650	28.4%
46225	Marion	2,128	953	44.8%
46227	Marion	22,198	8,114	36.6%
46237	Marion	15,059	3,364	22.3%
Community Total		**132,072**	**34,796**	**26.3%**
Indiana		2,570,419	626,325	24.4%
United States		**120,756,048**	**37,249,895**	**30.8%**

US Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

Exhibit 20: Map of Percent of Housing Burdened Households, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

DESCRIPTION

The U.S. Department of Health and Human Services ("HHS") identifies "housing burdened" as those spending more than 30 percent of income on housing and as a contributor to poor health outcomes.[5] **Exhibits 19 and 20** portray the percent of household spending on housing in the community.

OBSERVATIONS

As stated by the Federal Reserve, "households that have little income left after paying rent may not be able to afford other necessities, such as food, clothes, health care, and transportation."[6]

- In CHS community ZIP codes, 26 percent of households have been designated as "housing burdened," a level above the Indiana average but below the national average. Three (3) of 12 community ZIP codes are above state and national averages.
- The percentage of occupied households cost burdened was highest in Marion County ZIP codes 46225 (44 percent), 46203 (37 percent), and 46227 (37 percent) .
- Housing insecurity became more problematic due to the COVID-19 pandemic.

[5] https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04
[6] *Ibid.*

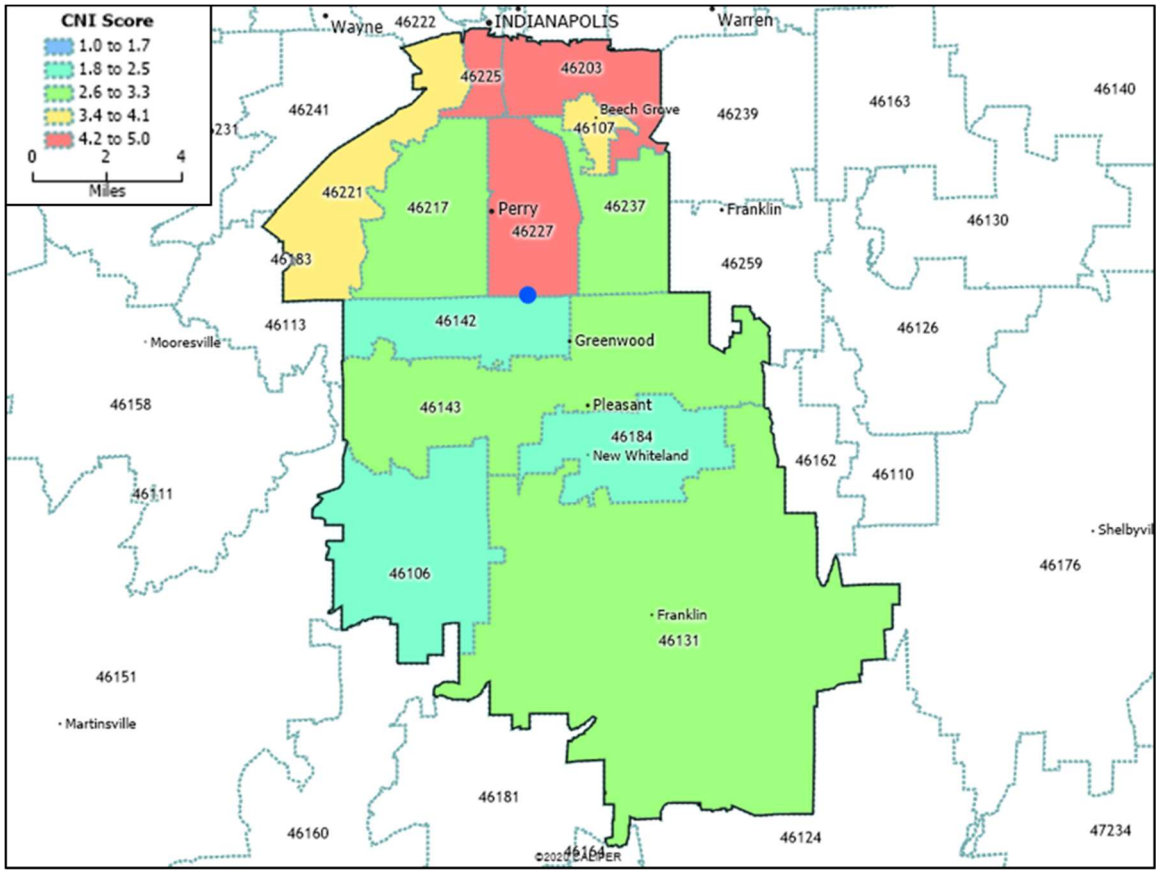
Dignity Health Community Need Index™

Exhibit 21: Weighted Average Community Need IndexTM Score by ZIP Code, 2021

ZIP Code	County	CNI Score
46203	Marion	4.8
46225	Marion	4.4
46227	Marion	4.2
46107	Marion	3.8
46221	Marion	3.8
46131	Johnson	2.8
46143	Johnson	2.8
46217	Marion	2.8
46237	Marion	2.8
46142	Johnson	2.4
46106	Johnson	2.2
46184	Johnson	2.0
Community Total		**3.3**
Marion County		3.8
Johnson County		2.6
United States		**3.0**

Source: CommonSpirit Health, 2021.
Note: CNI scores weighted by the number of people living within each area.

Exhibit 22: Community Need Index, 2021



Source: CommonSpirit Health, 2021, and Caliper Maptitude.

DESCRIPTION

Exhibits 21 and 22 present Community Need Index™ (CNI) scores. Higher scores (e.g., 4.2 to 5.0) indicate the highest levels of community need. The index is calibrated such that 3.0 represents a U.S.-wide median score.

CommonSpirit Health (formerly Dignity Health) developed the CNI as a way to assess barriers to health care access. The index, available for every ZIP code in the United States, consists of five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

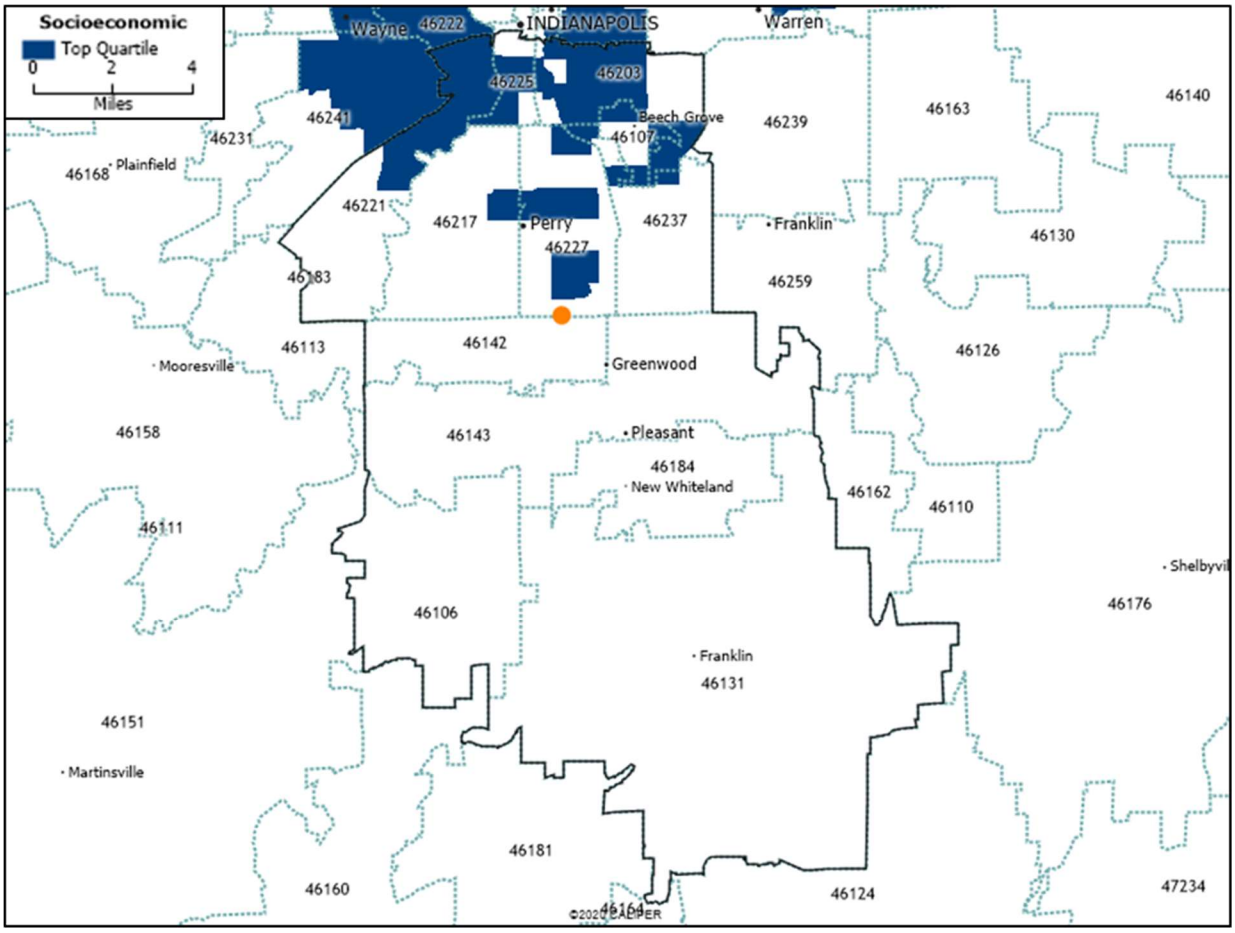
CNI scores are grouped into “Lowest Need” (1.0-1.7) to “Highest Need” (4.2-5.0) categories.

OBSERVATIONS

- At 3.3, the weighted average CNI score for CHS ZIP codes is higher than the U.S. median. Three (3) of 12 community ZIP codes scored in the “highest need” category.
- Marion County ZIP code 46203 received a score of 4.8, the highest in the CHS community.

Centers for Disease Control and Prevention Social Vulnerability Index (SVI)

Exhibit 23: Socioeconomic Index – Top Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude.

DESCRIPTION

Exhibits 23 through 26 are maps that show the Center for Disease Control and Prevention's *Social Vulnerability Index* (SVI) scores for census tracts throughout the community. Highlighted census tracts are in the top quartile nationally for different indicators on which the SVI is based.

The SVI is based on 15 variables derived from U.S. census data. Variables are grouped into four themes, including:

- Socioeconomic status;
- Household composition;
- Race, Ethnicity, and Language; and
- Housing and transportation.

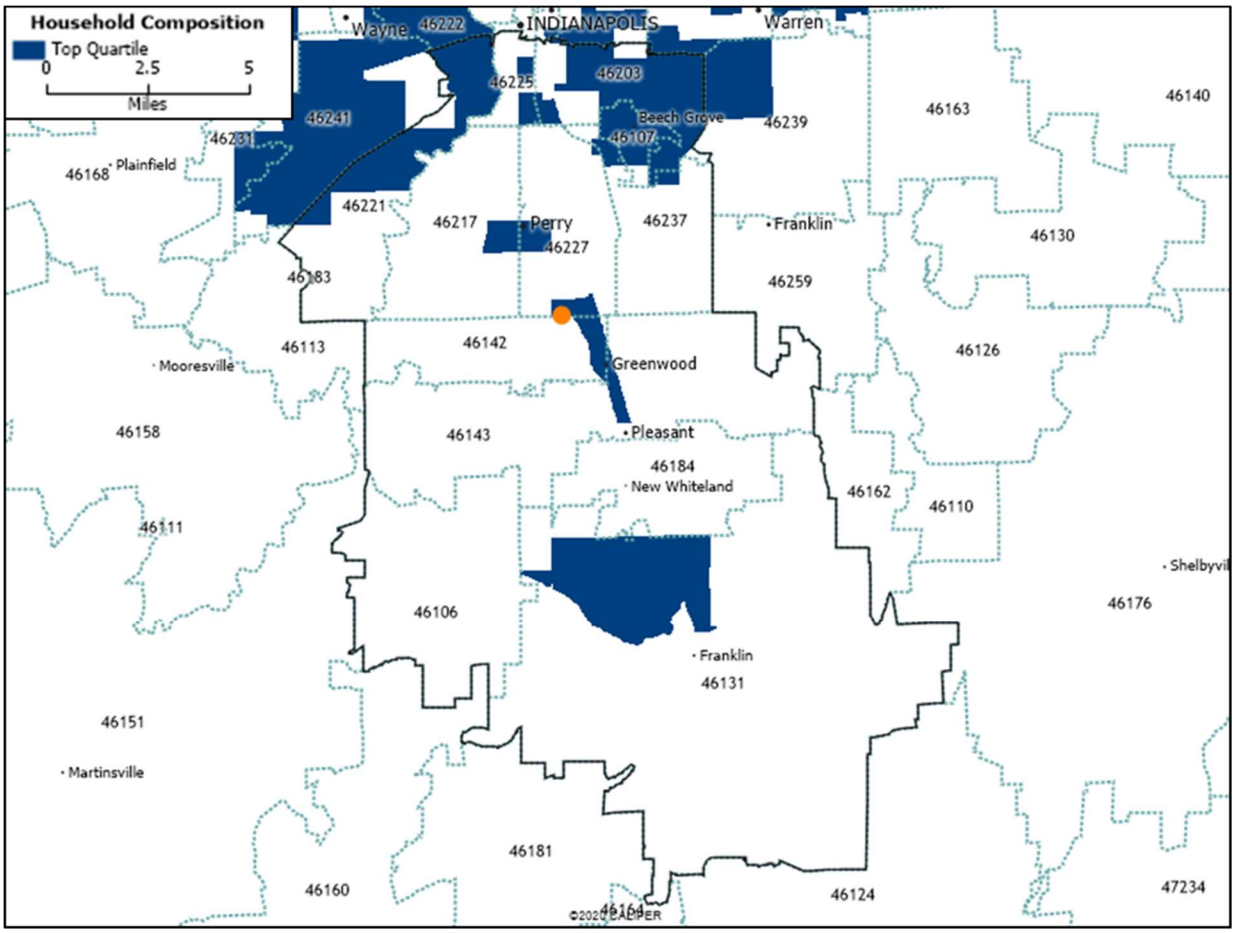
Exhibits 23 through 26 highlight SVI scores for each of these themes.

Exhibit 23 identifies census tracts in the top quartile nationally for socioeconomic vulnerability.

OBSERVATIONS

- Census tracts with the highest levels of socioeconomic vulnerability are located in the north of CHS community ZIP codes, within Marion County.

Exhibit 24: Household Composition and Disability Index – Top Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude.

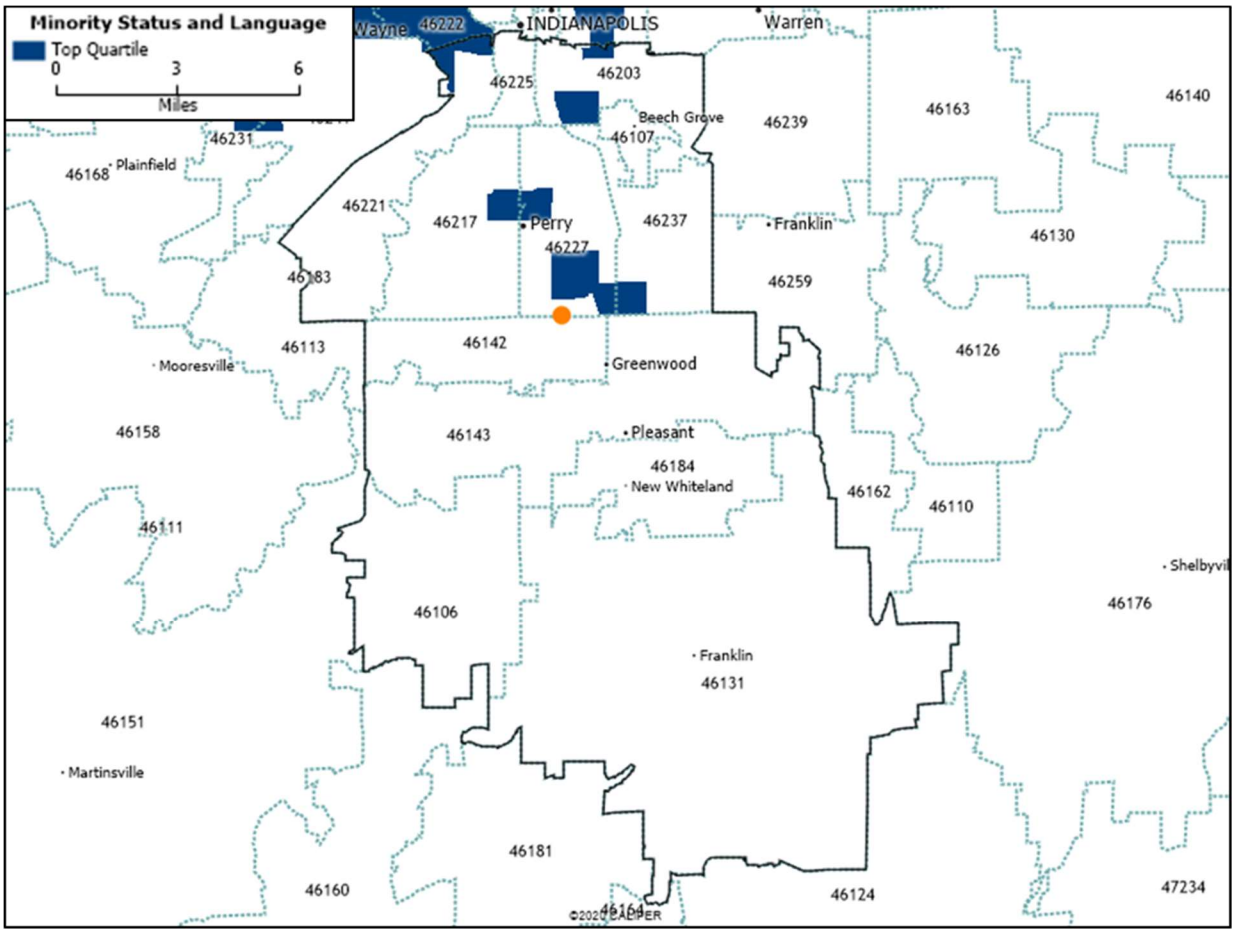
DESCRIPTION

Exhibit 24 identifies census tracts in the top quartile nationally for household composition and disability vulnerability.

OBSERVATIONS

- Census tracts throughout community ZIP codes are in the top quartile for household composition and disability vulnerability, particularly in northern areas within Marion County and in southern areas near Franklin.

Exhibit 25: Minority Status and Language Index – Top Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

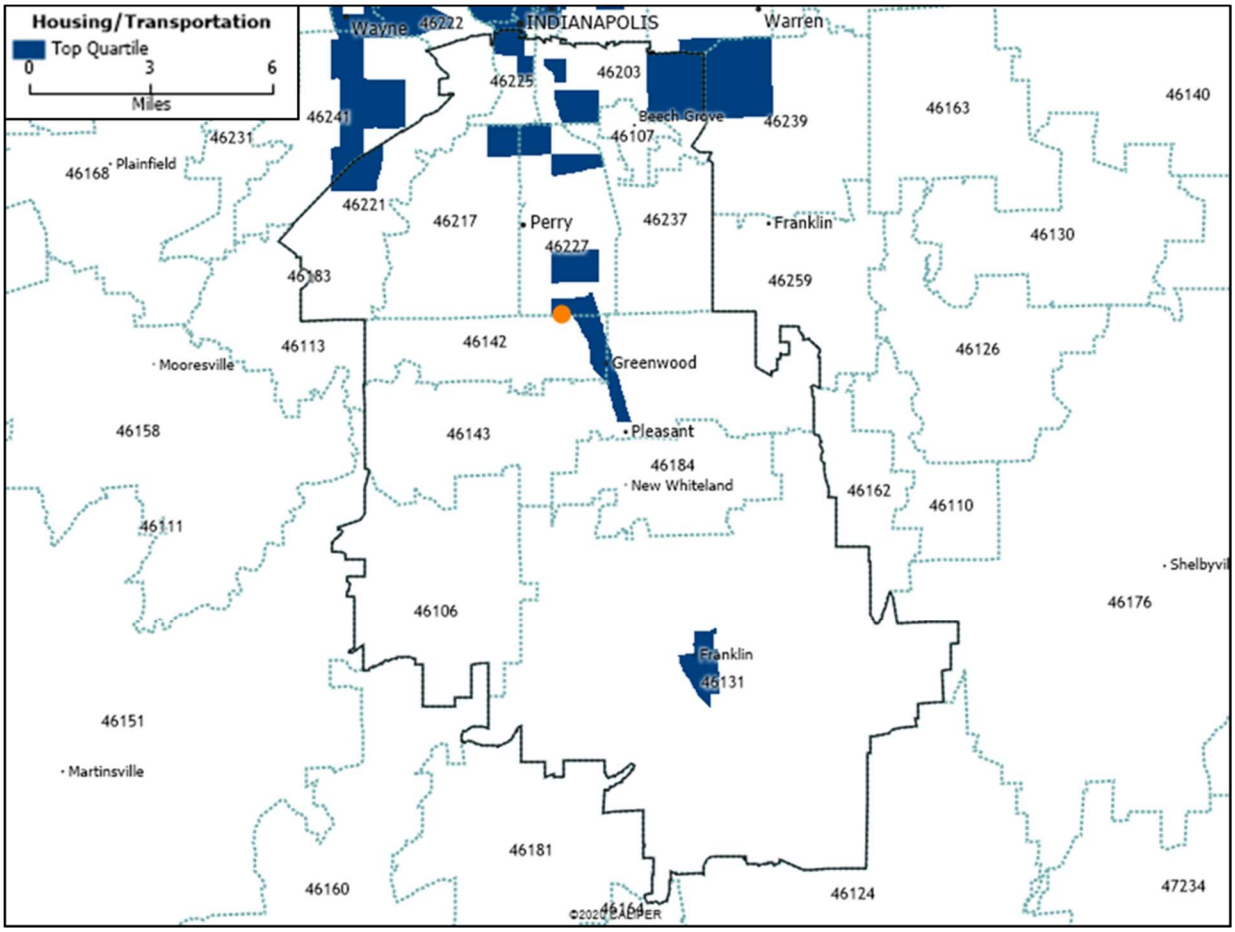
DESCRIPTION

Exhibit 25 identifies census tracts in the top quartile nationally for minority status and language vulnerability.

OBSERVATIONS

- Census tracts in northern areas of the community are in the top quartile for minority status and language vulnerability.

Exhibit 26: Housing Type and Transportation Index – Top Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

DESCRIPTION

Exhibit 26 identifies census tracts in the top quartile nationally for housing type and transportation vulnerability.

OBSERVATIONS

- Census tracts throughout community ZIP codes are in the top quartile for housing and transportation vulnerability, particularly in northern areas, in Greenwood, and in Franklin.

OTHER HEALTH STATUS AND ACCESS INDICATORS

County Health Rankings

Exhibit 27: County Health Rankings, 2020

Measure	Marion County	Johnson County
Health Outcomes	72	12
Health Factors	87	7
Length of Life	76	17
Quality of Life	69	13
Poor or fair health	63	10
Poor physical health days	28	5
Poor mental health days	12	32
Low birthweight	89	30
Health Behaviors	68	8
Adult smoking	34	10
Adult obesity	31	22
Food environment index	89	52
Physical inactivity	25	11
Access to exercise opportunities	4	12
Excessive drinking	66	87
Alcohol-impaired driving deaths	39	11
Sexually transmitted infections	92	55
Teen births	75	17
Clinical Care	36	9
Uninsured	84	14
Primary care physicians	12	13
Dentists	1	10
Mental health providers	2	39
Preventable hospital stays	52	32
Mammography screening	38	22
Flu Vaccinations	37	9
Social & Economic Factors	92	10
High school graduation	91	29
Some college	21	7
Unemployment	51	20
Children in poverty	85	8
Income inequality	88	32
Children in single-parent households	92	37
Social associations	52	78
Violent crime	63	48
Injury deaths	74	11
Physical Environment	88	73
Air pollution - particulate matter	87	62
Severe housing problems	91	63
Driving alone to work	31	74
Long commute - driving alone	29	69

Source: County Health Rankings, 2020.

DESCRIPTION

Exhibit 27 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." The health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,[7] social and economic factors, and physical environment.[8] *County Health Rankings* is updated annually. *County Health Rankings 2020* relies on data from 2012 to 2018. Most data are from 2015 to 2019.

The exhibit presents 2020 rankings for each available indicator category. Rankings indicate how the county ranked in relation to all 92 counties in Indiana. The lowest numbers indicate the most favorable rankings. Light grey shading indicates rankings in the bottom half of Indiana's counties; dark grey shading indicates rankings in bottom quartile.

OBSERVATIONS

- In 2020, Marion County ranked in the bottom 50th percentile among Indiana counties for 25 of the 41 indicators assessed. Of those, 17 were in the bottom quartile, including:
    - Health outcomes;
    - Health factors;
    - Length of life;
    - Low birthweight births;
    - Food environment index;
    - Sexually transmitted infections;
    - Teen births;
    - Uninsured;
    - Social and economic factors;
    - High school graduation;
    - Children in poverty;
    - Income inequality;
    - Children in single-parent households;
    - Injury deaths;
    - Physical environment;
    - Air pollution; and
    - Severe housing problems.

[7]A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

[8]A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food.

- Johnson County ranked in the bottom 50th percentile among Indiana counties for 10 of the 41 indicators assessed. Of those, four were in the bottom quartile, including:
    - Excessive drinking;
    - Social associations;
    - Physical environment; and
    - Driving alone to work.

Exhibit 28: County Health Rankings Data Compared to State and U.S. Averages, 2020

Indicator Category	Data	Marion County	Johnson County	Indiana	United States
Health Outcomes					
Length of Life	Years of potential life lost before age 75 per 100,000 population	9,933	6,775	8,306	**6,900**
Quality of Life	Percent of adults reporting fair or poor health	19.0%	16.1%	19.8%	**17.0%**
	Average number of physically unhealthy days reported in past 30 days	3.9	3.6	4.2	**3.8**
	Average number of mentally unhealthy days reported in past 30 days	4.2	4.4	4.7	**4.0**
	Percent of live births with low birthweight (<2500 grams)	9.2%	7.1%	8.0%	**8.0%**
Health Factors					
Health Behaviors					
Adult Smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	19.2%	18.3%	21.8%	**17.0%**
Adult Obesity	Percent of adults that report a BMI >= 30	32.5%	31.4%	33.4%	**29.0%**
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.7	8.0	7.1	**7.6**
Physical Inactivity	Percent of adults aged 20 and over reporting no leisure-time physical activity	26.3%	24.4%	26.7%	**23.0%**
Access to Exercise Opportunities	Percent of population with adequate access to locations for physical activity	88.9%	80.3%	75.2%	**84.0%**
Excessive Drinking	Binge plus heavy drinking	17.7%	19.1%	17.6%	**19.0%**
Alcohol-Impaired Driving Deaths	Percent of driving deaths with alcohol involvement	17.0%	8.3%	19.7%	**28.0%**
STDs	Chlamydia rate per 100,000 population	1,109.0	306.7	514.2	**524.6**
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	36.0	20.8	26.5	**23.0**
Clinical Care					
Uninsured	Percent of population under age 65 without health insurance	11.7%	7.9%	9.6%	**10.0%**
Primary Care Physicians	Ratio of population to primary care physicians	1,253:1	701:1	1,511:1	**1,330:1**
Dentists	Ratio of population to dentists	1,126:1	1,353:1	1,777:1	**1,450:1**
Mental Health Providers	Ratio of population to mental health providers	350:1	689:1	623:1	**400:1**
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	5,110	4,480	5,006	**4,535**
Mammography Screening	Percent of female Medicare enrollees, ages 67-69, that receive mammography screening	41.0%	44.0%	42.0%	**42.0%**
Flu Vaccinations	Percent of Medicare enrollees who receive an influenza vaccination	49.0%	54.0%	49.0%	**46.0%**

Source: County Health Rankings, 2020.

Exhibit 28: County Health Rankings Data Compared to State and U.S. Averages, 2020 (continued)

Indicator Category	Data	Marion County	Johnson County	Indiana	United States
Health Factors					
Social & Economic Factors					
High School Graduation	Percent of ninth-grade cohort that graduates in four years	75.9%	93.4%	83.8%	**85.0%**
Some College	Percent of adults aged 25-44 years with some post-secondary education	62.3%	69.6%	62.7%	**66.0%**
Unemployment	Percent of population age 16+ unemployed but seeking work	3.5%	2.9%	3.4%	**3.9%**
Children in Poverty	Percent of children under age 18 in poverty	24.5%	10.1%	17.5%	**18.0%**
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.8	3.8	4.4	**4.9**
Children in Single-Parent Households	Percent of children that live in a household headed by single parent	47.1%	28.9%	33.9%	**33.0%**
Social Associations	Number of associations per 10,000 population	11.6	8.8	12.3	**9.3**
Violent Crime	Number of reported violent crime offenses per 100,000 population	1,251.2	284.5	385.1	**386.0**
Injury Deaths	Injury mortality per 100,000	94.3	58.2	77.1	**70.0**
Physical Environment					
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	12.8	12.1	11.8	**8.6**
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	18.3%	12.0%	13.2%	**18.0%**
Driving Alone to Work	Percent of the workforce that drives alone to work	82.6%	86.5%	83.0%	**76.0%**
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	29.4%	41.9%	31.1%	**36.0%**

Source: County Health Rankings, 2020.

DESCRIPTION

Exhibit 28 provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.[9] Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors are worse in the county than in the United States. However, for several indicators, lower values are more problematic, including:

- Food environment index;
- Percent with access to exercise opportunities;
- Percent receiving mammography screening;
- Percent receiving flu vaccination;
- High school graduation rate;
- Percent with some college; and
- Social associations rate.

OBSERVATIONS

- Indiana-wide and Marion County indicators are worse than U.S. averages for all health outcome indicators.
- The following indicators compared particularly unfavorably in Marion and Johnson counties:
    - Mentally unhealthy days;
    - Smoking;
    - Obesity;
    - Physical inactivity;
    - Chlamydia rate;
    - Teen birth rate;
    - Mental health providers;
    - Violent crime rate;
    - Air pollution; and
    - Driving alone to work.

[9] County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

Community Health Status Indicators

Exhibit 29: Community Health Status Indicators, 2020

(Light Grey Shading Denotes Bottom Half of Peer Counties; Dark Grey Denotes Bottom Quartile)

Category	Indicator	Marion County			Johnson County		
		Quartile	County	Peer Counties	Quartile	County	Peer Counties
Length of Life	Years of Potential Life Lost Rate		9,933.5	7,777.6		6,775.3	5,878.0
Quality of Life	% Fair/Poor Health		19.0%	18.9%		16.1%	12.6%
	Physically Unhealthy Days		3.9	3.9		3.6	3.2
	Mentally Unhealthy Days		4.2	4.2		4.4	3.6
	% Births - Low Birth Weight		9.2%	9.5%		7.1%	6.6%
Health Behaviors	% Smokers		19.2%	16.6%		18.3%	14.8%
	% Obese (BMI >30)		32.5%	28.0%		31.4%	31.7%
	Food Environment Index		6.7	7.4		8.0	8.8
	% Physically Inactive		26.3%	24.1%		24.4%	23.3%
	% With Access to Exercise Opportunities		88.9%	95.7%		80.3%	79.5%
	% Excessive Drinking		17.7%	19.5%		19.1%	20.5%
	% Driving Deaths Alcohol-Impaired		17.0%	24.9%		8.3%	29.2%
	Chlamydia (per 100,000 population)		1,109.0	850.8		306.7	278.0
	Teen Births (per 1,000 females ages 15-19)		36.0	25.4		20.8	11.9
Clinical Care	% Uninsured		11.7%	10.8%		7.9%	6.3%
	Per capita supply of primary care physicians		79.8	86.1		78.6	51.9
	Per capita supply of dentists		88.8	83.5		63.4	50.6
	Per capita supply of mental health providers		286.0	302.7		87.1	123.9
	Preventable Hospitalizations (per 100,000 Medicare Enrollees)		5,110.0	5,172.6		4,480.0	4,651.2
	% Mammography Screening		41.0%	39.1%		44.0%	45.5%
	% Flu Vaccination		49.0%	43.4%		54.0%	51.2%
Social & Economic Factors	% High School Graduation		75.9%	80.8%		93.4%	91.8%
	% Some College		62.3%	66.4%		69.6%	71.0%
	% Unemployed		3.5%	4.2%		2.9%	3.1%
	% Children in Poverty		24.5%	24.6%		10.1%	7.7%
	Income Ratio		4.8	5.8		3.8	3.7
	% Children in Single-Parent Households		47.1%	44.9%		28.9%	22.7%
	Social Association (per 10,000 population)		11.6	9.0		8.8	9.4
	Violent Crime (per 100,000 population)		1,251.2	743.5		284.5	132.0
	Injury Deaths (per 100,000 population)		94.3	73.9		58.2	64.5
Physical Environment	Average Daily PM2.5		12.8	10.5		12.1	9.9
	% Severe Housing Problems		18.3%	23.7%		12.0%	11.3%
	% Drive Alone to Work		82.6%	64.7%		86.5%	84.8%
	% Long Commute - Drives Alone		29.4%	41.7%		41.9%	47.5%

Source: County Health Rankings and Verité Analysis, 2020.

DESCRIPTION

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of "peer counties," so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35

peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

CHSI formerly was available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs.

Exhibit 29 compares Marion and Johnson counties to their respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties. Underlying statistics also are provided.

See Appendix D for a list of Marion and Johnson counties' peer counties.

OBSERVATIONS

- Marion County ranks in the bottom quartile of peer counties for eight (8) of the 34 indicators:
    - Years of potential life lost;
    - Obesity;
    - Access to exercise opportunities;
    - Teen births;
    - Violent crime;
    - Air pollution;
    - Driving alone to work; and
    - Long commute – drive alone.

- Johnson County ranks in the bottom quartile of peer counties for 13 of the 34 indicators:
    - Years of potential life lost;
    - Fair or poor health;
    - Physically unhealthy days;
    - Mentally unhealthy days;
    - Smoking;
    - Food environment index;
    - Teen births;
    - Uninsured;
    - Children in poverty;
    - Children in single-parent households;
    - Violent crime;
    - Air pollution; and
    - Drive alone to work.

COVID-19 Incidence and Mortality

Exhibit 30: COVID-19 Incidence, Mortality, and Vaccination (As of October 6, 2021)

Indicator	Marion County	Johnson County	Indiana	United States
Total Confirmed Cases	132,228	24,330	974,169	**43,332,327**
Confirmed Cases (per 100,000 Population)	13,851	15,574	14,557	**13,281**
Total Deaths	2,045	430	15,342	**676,871**
Deaths (per 100,000 Population)	214.2	275.2	229.3	**207.5**
Percent of Adults Fully Vaccinated	61.1%	64.8%	59.1%	**63.1%**
Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	12.2%	11.6%	11.9%	**10.0%**

Source: Sparkmap, 2021.

DESCRIPTION

Exhibit 30 presents data regarding COVID-19 incidence and mortality. Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators 50 percent or worse than the national average.

OBSERVATIONS

- Marion County compares unfavorably to U.S. averages for rates of COVID-19 cases and mortality per 100,000, percent of adults fully vaccinated, and percent hesitant about receiving the vaccine.
- Johnson County compares unfavorably to U.S. averages for rates of COVID-19 cases and mortality per 100,000, and percent hesitant about receiving the vaccine.

Exhibit 31: Causes of Death (Age-Adjusted, Per 100,000), 2019

Indicator	Marion County	Johnson County	Indiana
Major Cardiovascular Disease	234.8	228.2	**237.5**
Diseases of Heart	178.5	173.1	**178.7**
Malignant Neoplasms (Cancer)	166.6	177.8	**163.3**
Ischemic Heart Disease	83.9	86.8	**93.1**
Accidents (Unintentional Injuries)	71.1	30.1	**56.1**
Chronic Lower Respiratory Diseases	57.5	51.3	**56.1**
Cerebrovascular Disease (Stroke)	40.0	44.4	**41.5**
Alzheimers Disease	26.8	45.6	**31.7**
Drug Poisoning	39.9	20.1	**26.6**
Accidental Poisoning And Exposure To Noxious Substances	39.3	0.0	**25.4**
Diabetes Mellitus	25.4	21.6	**25.0**
Nephritis, Nephrotic Syndrome and Nephrosis (Kidney Disease)	19.3	8.5	**17.1**
Septicemia	13.2	14.1	**14.3**
Intentional Self-Harm (Suicide)	13.0	14.7	**14.1**
Motor Vehicle Accidents	12.6	6.5	**12.6**
Alcohol Related Causes	13.4	0.0	**10.4**
Assault (Homicide)	17.6	0.0	**7.2**

Source: Indiana Department of Health, 2020.

DESCRIPTION

Exhibit 31 provides age-adjusted mortality rates from 2019 for a variety of causes in Marion and Johnson counties and Indiana. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

OBSERVATIONS

- Rates of mortality for accidental poisoning and exposure to noxious substances and assault (homicide) are significantly above state averages in Marion County.
- Marion County's mortality rates also are above average due to cancer, accidents, chronic lower respiratory disease, drug poisoning, diabetes, kidney disease, and alcohol related causes.
- Johnson County's mortality rates are above average due to cancer, stroke, Alzheimer's disease, and suicide.

Exhibit 32: Cancer Mortality Rates, Age-Adjusted per 100,000 Population, 2014-2018

Measure	Marion County	Johnson County	Indiana	United States
All Cancers	179.9	167.4	**173.0**	155.6
Lung and Bronchus	52.1	48.8	**48.8**	38.5
Breast	20.6	21.3	**20.8**	20.1
Prostate	24.0	21.6	**19.5**	19.0
Colon and Rectum	15.4	12.1	**15.1**	13.7
Pancreas	11.7	10.9	**11.6**	11.0
Leukemias	6.9	7.3	**6.9**	6.3
Ovary	6.9	9.2	**6.9**	6.7
Non-Hodgkin Lymphoma	5.4	6.3	**6.1**	5.4
Liver and Intrahepatic Bile Duct	8.5	5.3	**6.0**	6.6
Corpus and Uterus, NOS	5.5	4.5	**5.1**	4.9
Esophagus	4.0	4.1	**4.9**	3.9
Brain and Other Nervous System	4.2	4.8	**4.6**	4.4
Urinary Bladder	4.4	4.8	**4.6**	4.3
Kidney and Renal Pelvis	3.7	4.5	**4.3**	3.6
Myeloma	3.5	3.2	**3.4**	3.2
Cervix	3.2	N/A	**2.5**	2.2
Melanomas of the Skin	1.8	3.3	**2.5**	2.3
Oral Cavity and Pharynx	3.1	2.1	**2.5**	2.5
Stomach	2.9	N/A	**2.5**	3.0
Larynx	1.2	N/A	**1.1**	0.9
Thyroid	0.4	N/A	**0.5**	0.5

Source: Centers for Disease Control and Prevention, 2019.

DESCRIPTION

Exhibit 32 provides age-adjusted mortality rates for selected forms of cancer in 2014-2018. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

OBSERVATIONS

- Marion County's overall cancer mortality rate was above the state and national averages. Johnson County's rate was below the state average, but above the national average.
- Both counties also compared unfavorably to Indiana averages in mortality for prostate cancer.

Exhibit 33: Cancer Incidence Rates, Age-Adjusted per 100,000 Population, 2013-2017

Indicator	Marion County	Johnson County	Indiana	United States
All Cancer Types	468.7	478.9	**459.3**	448.7
Breast	127.7	125.6	**122.9**	125.9
Prostate	105.6	96.2	**94.2**	104.5
Lung & Bronchus	77.2	71.0	**72.2**	58.3
Colon & Rectum	39.1	38.8	**42.6**	38.4
Uterus (Corpus & Uterus)	28.0	28.8	**28.2**	27.0
Bladder	19.7	23.5	**21.7**	20.0
Melanoma of the Skin	18.5	32.9	**21.7**	22.3
Kidney & Renal Pelvis	19.2	18.6	**19.0**	16.8
Non-Hodgkin Lymphoma	18.5	22.7	**18.6**	19.3
Childhood (Ages <20)	17.2	20.9	**17.6**	18.9
Childhood (Ages <15)	15.6	20.0	**16.2**	17.4
Leukemia	13.2	15.0	**13.7**	14.2
Pancreas	13.7	14.6	**13.3**	12.9
Oral Cavity & Pharynx	14.2	10.5	**12.7**	11.8
Thyroid	11.6	14.8	**12.5**	14.3
Ovary	10.2	11.5	**10.4**	10.9
Cervix	8.8	4.6	**8.2**	7.6
Liver & Bile Duct	10.3	6.0	**7.2**	8.4
Brain & ONS	6.2	7.2	**6.5**	6.5
Stomach	6.6	5.0	**5.9**	6.5
Esophagus	4.6	5.5	**5.5**	4.5

Source: Centers for Disease Control and Prevention and National Cancer Institute, 2019.

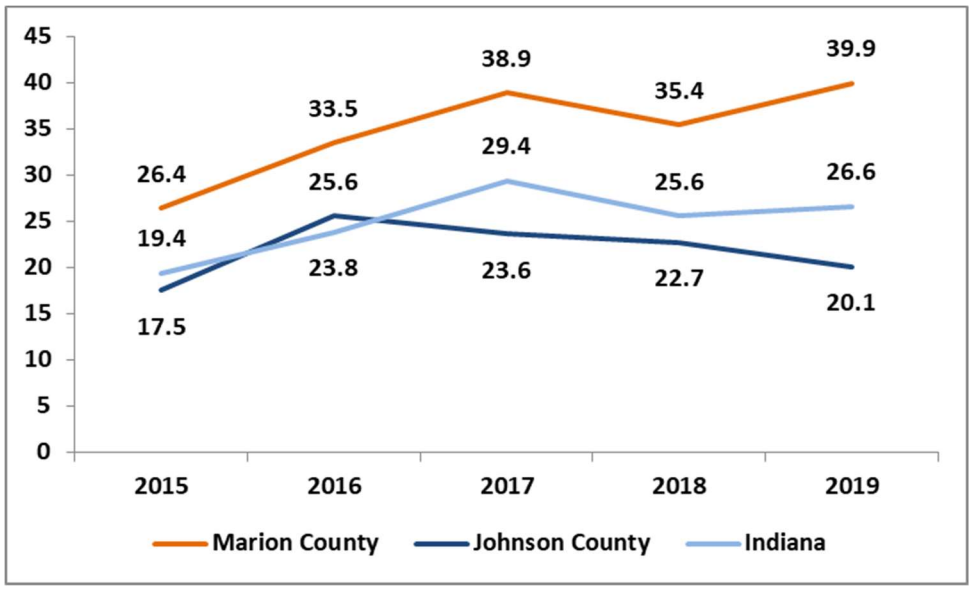
DESCRIPTION

Exhibit 33 provides age-adjusted incidence rates for selected forms of cancer in 2013-2017. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

OBSERVATIONS

- Overall cancer incidence rates were above the state and national averages in both Marion and Johnson counties.
- Johnson County's rate of melanoma of the skin cancer incidence was significantly above the Indiana average. Both counties also compared unfavorably for breast, prostate, and pancreas cancer incidence.

Exhibit 34: Drug Poisoning Mortality per 100,000, 2015 through 2019



Source: Indiana Department of Health, 2020.

DESCRIPTION

Exhibit 34 provides age-adjusted mortality rates for drug poisoning for 2015 through 2019 for Marion and Johnson counties and Indiana.

OBSERVATIONS

- Between 2015 and 2019, drug overdose and poisoning deaths increased in Marion County, Johnson County, and Indiana.
- Mortality rates in Marion County have been higher than Indiana rates for each year between 2015 and 2019.
- Mortality rates in Johnson County have been below Indiana rates for each year except 2016.

Communicable Diseases

Exhibit 35: Communicable Disease Incidence Rates per 100,000 Population, 2018-2019

Indicator	Marion County	Johnson County	Indiana
HIV and AIDS	546.1	121.6	**189.9**
Newly Diagnosed - HIV and AIDS	22.6	4.0	**8.2**
Chlamydia	1,114.0	381.2	**526.3**
Gonorrhea	433.9	80.3	**177.1**
Primary and Secondary Syphilis	15.7	3.8	**5.0**

Source: Indiana Department of Health, 2020.

DESCRIPTION

Exhibit 35 presents incidence rates for certain communicable diseases in Marion and Johnson counties and Indiana. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

OBSERVATIONS

- Marion County incidence rates for all communicable disease indicators were 50 percent or higher than the state average, including for HIV and AIDS, chlamydia, gonorrhea, and syphilis.
- Johnson County incidence rates were below state averages for all indicators.

Maternal and Child Health

Exhibit 36: Maternal and Child Health Indicators, 2018-2019

Indicator	Marion County	Johnson County	Indiana
Infant Mortality Rate (per 1,000 births)	8.1	5.3	**7.2**
Preterm Births	11.0%	9.7%	**10.1%**
Low Birthweight Infants	9.6%	7.6%	**8.2%**
Very Low Birthweight Infants	1.6%	1.1%	**1.3%**
Mothers Receiving Prenatal Care (First Trimester)	61.3%	80.2%	**68.9%**
Mothers Breastfeeding	81.7%	81.6%	**82.0%**
Mothers Smoking during Pregnancy	8.4%	10.4%	**11.8%**
Births to Unmarried Mothers	53.7%	32.1%	**44.5%**
Mothers on Medicaid Percent	49.2%	31.9%	**38.5%**
Child Immunization Percent	67.0%	74.0%	**67.0%**
ER Visits due to Asthma (Aged 5-17, per 10,000)	121.0	27.9	**49.7**

Source: Indiana Department of Health, 2020.

DESCRIPTION

Exhibit 36 compares various maternal and child health indicators for Marion and Johnson counties with Indiana averages. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

OBSERVATIONS

- Marion County compared unfavorably to Indiana averages for most indicators, including infant mortality rate, preterm births, low birthweight infants, very low birthweight infants, mothers receiving prenatal care, and breastfeeding.
- Johnson County compared unfavorably to Indiana averages for breastfeeding.
- The rate of ER visits due to asthma for children aged 5-17 in Marion County was more than double the statewide average

Exhibit 37: Maternal and Child Health Indicators by Race/Ethnicity, 2013-2019

Indicator	Marion County			Johnson County			Indiana		
	Black	Hispanic (or Latino)	White	Black	Hispanic (or Latino)	White	Black	Hispanic (or Latino)	White
Prenatal Care Started in First Trimester	55.8%	49.2%	78.1%	74.8%	78.9%	84.3%	58.0%	59.5%	77.7%
Tobacco Used During Pregnancy	7.4%	1.8%	14.7%	0.0%	5.3%	12.7%	8.7%	3.3%	14.9%
Preterm Births	13.7%	10.3%	9.8%	9.4%	10.2%	9.2%	13.6%	9.7%	9.5%
Infant Mortality Rate (2013-2019)	12.4	7.0	5.5	N/A	N/A	4.7	13.7	7.4	6.0

Source: Indiana Department of Health, 2020.

DESCRIPTION

Exhibit 37 provides maternal and infant health indicators, by race and ethnicity, for community counties and Indiana.

OBSERVATIONS

- Across all areas, Black and Hispanic (or Latino) populations compared unfavorably to White populations for prenatal care, preterm births, and infant mortality. Black populations compared particularly unfavorably.
- White populations had higher rates of mothers who used tobacco during pregnancy.

Indiana Data by Race and Ethnicity

Exhibit 38: Causes of Death by Race/Ethnicity per 100,000, Indiana, 2017-2019

Indicator	Black	Hispanic (or Latino)	White	Indiana Total
Heart Disease	216.5	92.1	181.8	**178.8**
Cancer (Malignant Neoplasms)	183.6	91.5	168.8	**163.4**
Chronic Lower Respiratory Disease (CLRD)	45.4	14.1	58.5	**56.1**
Accidents / Unintentional Injuries	60.5	34.0	59.3	**56.0**
Stroke / Cerebrovascular Disease	51.5	29.2	39.8	**41.4**
Alzheimer's Disease	29.5	16.1	34.2	**31.6**
Diabetes	48.4	24.1	24.5	**25.0**
Kidney Disease (Nephritis, Nephrosis)	34.1	16.4	16.6	**17.1**
Septicemia	21.6	11.9	14.9	**14.3**
Suicide	8.7	7.0	17.3	**14.2**
Chronic Liver Disease / Cirrhosis	8.9	12.9	12.5	**12.0**
Influenza / Pneumonia	11.9	6.7	13.4	**11.6**
High Blood Pressure / Related Kidney Disease	18.5	5.6	9.6	**10.4**
Parkinson's Disease	4.7	N/A	10.0	**9.9**
Homicide	36.8	6.6	3.4	**7.2**
Pneumonitis (Lung Inflammation)	6.1	N/A	6.3	**6.0**
Nutritional Deficiencies	3.9	3.9	3.4	**4.3**
Neoplasms (Abnormal Growth)	3.4	N/A	4.2	**4.1**
Birth Defects	4.5	2.9	3.7	**4.0**
Condition Originating Around Time of Birth	8.9	4.3	3.6	**3.6**

Source: Indiana Department of Health, 2020.

DESCRIPTION

Exhibit 38 provides mortality rates from 2017-2019 for a variety of causes by race and ethnicity for the state of Indiana. Light grey shading highlights indicators found to be worse than the overall state average; dark grey shading highlights indicators more than 50 percent worse.

OBSERVATIONS

- Black populations had particularly high mortality rates for a variety of causes, including diabetes, kidney disease, septicemia, high blood pressure, homicide, and conditions originating in the time of birth. Black populations also had higher rates of mortality for heart disease, cancer, accidents, stroke, and others.
- Hispanic or Latino population compared unfavorably for mortality due to chronic liver disease and conditions originating in the time of birth.
- White populations compared unfavorably for mortality due to chronic lower respiratory disease, Alzheimer’s disease, suicide, Parkinson’s disease, and influenza/pneumonia.

Exhibit 39: America's Health Rankings, Underlying Data by Race/Ethnicity, 2020

Indicator	Black	Hispanic (or Latino)	White	Indiana
Arthritis	22.0%	8.8%	28.9%	**27.0%**
Asthma	12.7%	5.1%	9.8%	**9.8%**
Avoided Care Due to Cost	13.3%	23.7%	11.2%	**12.6%**
Cancer	3.6%	N/A	7.9%	**7.2%**
Cardiovascular Diseases	11.2%	3.8%	10.1%	**9.9%**
Children in Poverty	37.8%	27.2%	13.7%	**18.0%**
Chlamydia Rate	1,864.1	559.5	279.4	**523.9**
Chronic Kidney Disease	4.1%	N/A	3.3%	**3.4%**
Chronic Obstructive Pulmonary Disease	6.5%	N/A	9.5%	**8.7%**
Colorectal Cancer Screening	70.0%	42.2%	69.2%	**68.2%**
Crowded Housing	1.5%	4.7%	1.2%	**1.5%**
Dedicated Health Care Provider	78.4%	54.3%	80.0%	**77.9%**
Dental Visit	55.6%	60.8%	65.6%	**64.4%**
Depression	14.6%	11.1%	22.8%	**21.0%**
Diabetes	17.9%	9.0%	12.1%	**12.4%**
Drug Deaths (1-year) Rate	27.0	7.3	27.3	**24.9**
Education - Less Than High School	12.3%	30.1%	8.7%	**10.4%**
Excessive Drinking	17.5%	20.9%	16.3%	**16.5%**
Exercise	21.7%	16.7%	21.1%	**21.1%**
Flu Vaccination	33.3%	35.7%	44.0%	**42.1%**
Frequent Mental Distress	13.3%	8.2%	14.5%	**14.3%**
Frequent Physical Distress	13.4%	12.8%	13.7%	**13.8%**
Fruit and Vegetable Consumption	8.1%	6.6%	9.1%	**9.1%**
High Blood Pressure	44.5%	20.5%	35.1%	**34.8%**
High Cholesterol	30.9%	25.9%	34.9%	**33.8%**
High Health Status	40.4%	35.5%	49.1%	**47.3%**
High School Graduation	79.4%	84.3%	90.0%	**88.1%**
High-speed Internet	79.0%	85.2%	87.2%	**86.4%**
Insufficient Sleep	47.4%	37.8%	35.4%	**36.9%**
Low Birthweight	13.7%	7.1%	7.1%	**8.1%**
Multiple Chronic Conditions	10.6%	5.2%	12.2%	**11.7%**
Non-medical Drug Use	12.2%	16.7%	10.1%	**10.8%**
Obesity	36.7%	46.2%	34.9%	**35.3%**
Per Capita Income	21,824	18,721	33,653	**30,988**
Physical Inactivity	33.9%	38.0%	30.3%	**30.9%**
Preventable Hospitalizations	7,542	5,186	4,626	**4,810**
Severe Housing Problems	24.5%	22.1%	10.9%	**12.9%**
Smoking	19.6%	13.8%	19.5%	**19.2%**
Suicide Rate	8.6	6.9	18.2	**16.3**
Teen Births Rate	37.5	31.5	18.4	**21.8**
Unemployment	8.7%	4.7%	3.7%	**4.3%**

Source: America's Health Rankings, 2020.

DESCRIPTION

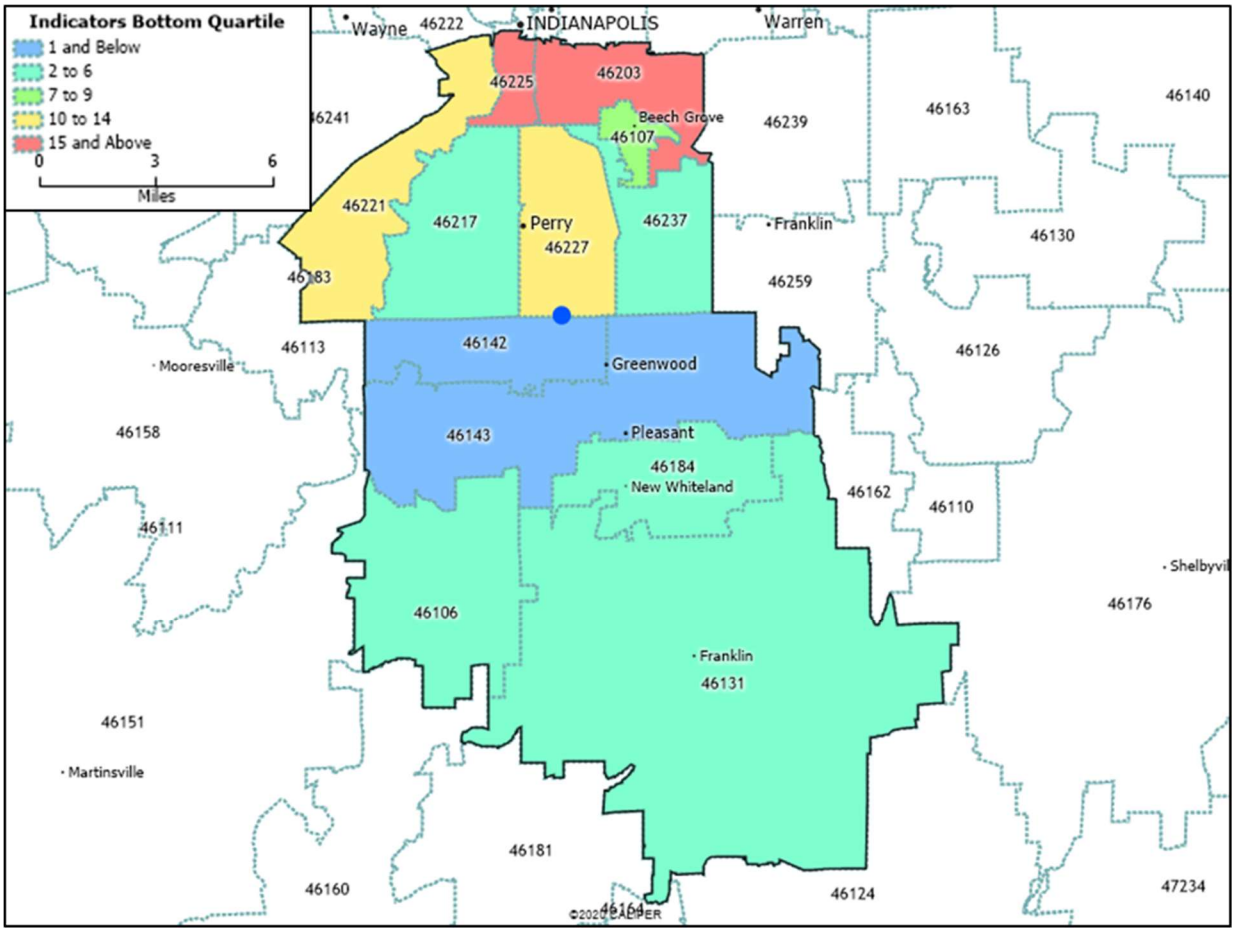
Exhibit 39 presents Indiana data from America's Health Rankings for racial and ethnic cohorts, with Indiana overall for comparison. America's Health Rankings provides an analysis of national health on a state-by-state basis by evaluating a historical and comprehensive set of health, environmental and socioeconomic data to determine national health benchmarks and state rankings. Light grey shading highlights indicators found to be worse than the overall state average; dark grey shading highlights indicators more than 50 percent worse.

OBSERVATIONS

- Black populations compared worse than state averages for many indicators, with particularly unfavorable rates of children in poverty, chlamydia, low birthweight births, preventable hospitalizations, severe housing problems, teen births, and unemployment.
- Hispanic populations compared wore for a variety of indicators, with significantly unfavorable rates for avoiding healthcare due to cost, children in poverty, crowded housing, high school diploma, non-medial drug use, and severe housing problems.
- White populations compared unfavorably for several indicators, including arthritis, cancer, COPD, depression, mental distress, high cholesterol, and suicide.

Centers for Disease Control and Prevention PLACES

Exhibit 40: BRFSS Indicators in Bottom Quartile Nationally, 2017-2018



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude.

DESCRIPTION

Exhibit 40 presents CDC PLACES data. PLACES, a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation, provides model-based population-level analysis and community estimates to all counties, places (incorporated and census designated places), census tracts, and ZIP Code Tabulation Areas (ZCTAs) across the United States.

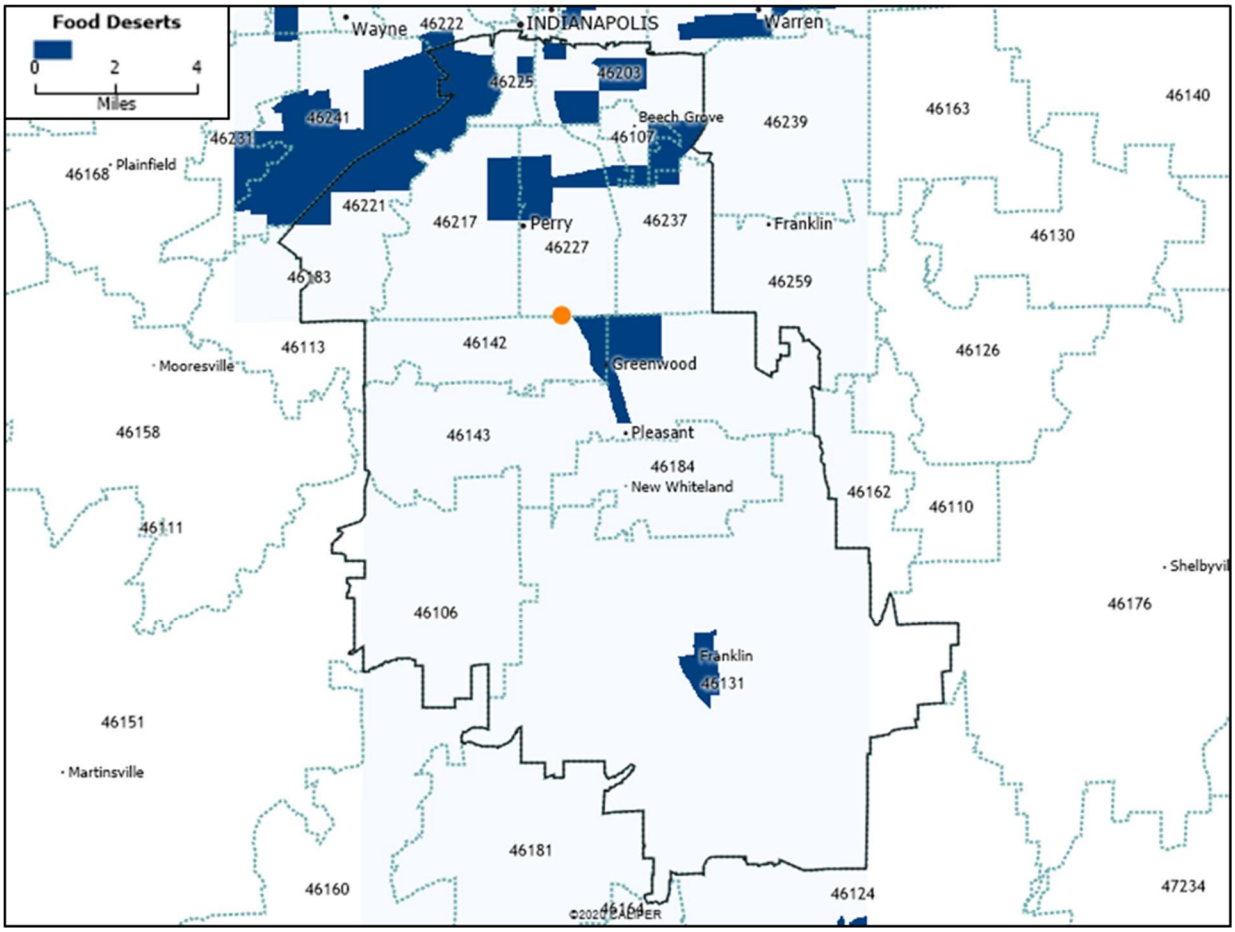
Exhibit 40 identifies how many BRFSS indicators are in the bottom quartile nationally by ZIP code out of 28 indicators.

OBSERVATIONS

- Marion County ZIP codes 46203 (16 indicators) and 46225 (15 indicators) had the most BRFSS indicators in the bottom quartile nationally.
- ZIP codes with the worst health outcomes corresponding to those with low-income census tracts (Exhibit 15) and high Community Need Index scores (Exhibit 22).

Food Deserts

Exhibit 41: Locations of Food Deserts, 2019



Source: Caliper Maptitude and U.S. Department of Agriculture, 2021.

DESCRIPTION

The U.S. Department of Agriculture's Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store, and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

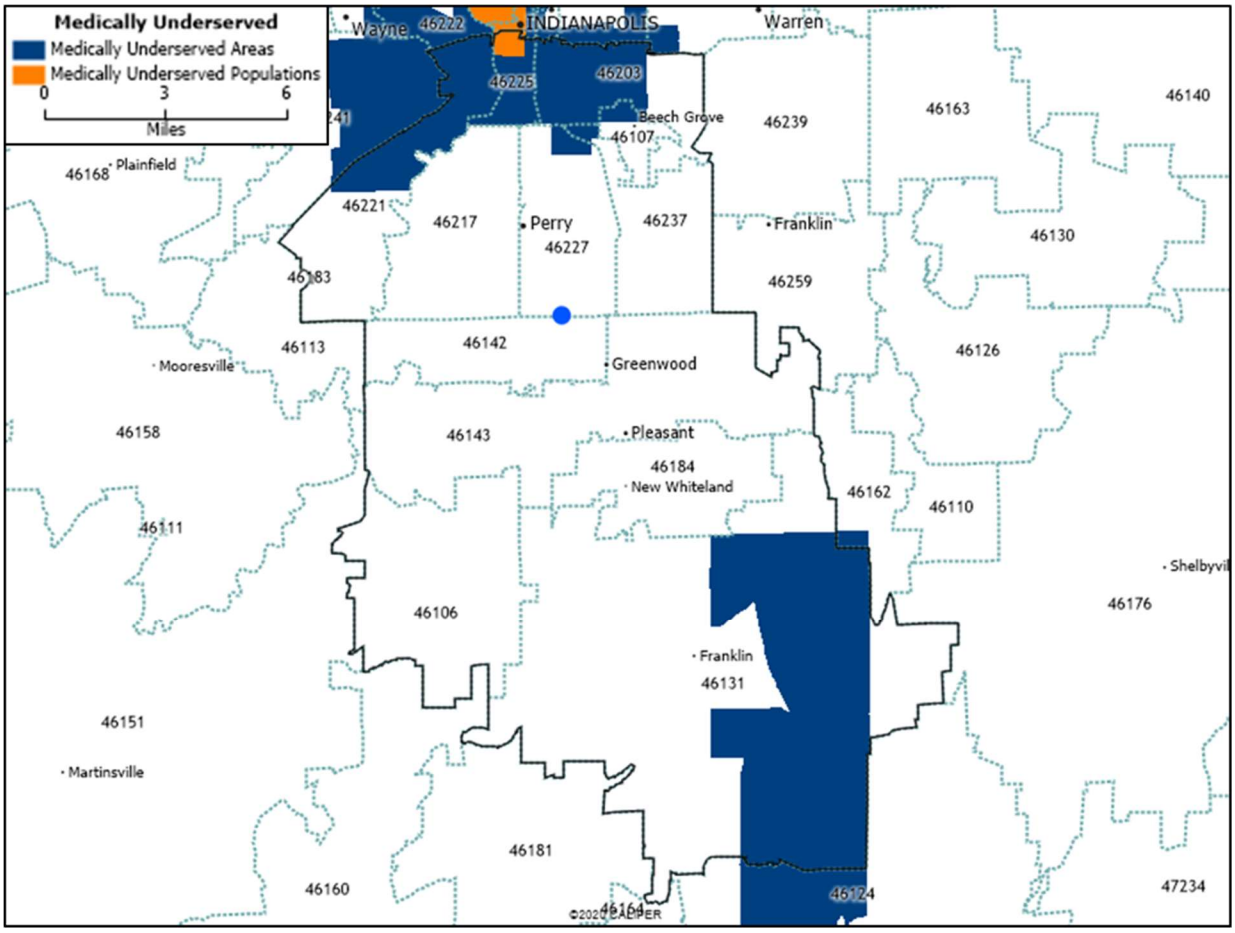
Exhibit 41 identifies where food deserts are present in the community.

OBSERVATIONS

- Food deserts are found throughout the CHS community, particularly in census tracts in northern areas and near the hospital.

Medically Underserved Areas and Populations

Exhibit 42: Medically Underserved Areas and Populations, 2021



Source: Caliper Maptitude and Health Resources and Services Administration, 2019.

DESCRIPTION

Medically Underserved Areas and Populations (MUA/Ps) are designated by HRSA based on an "Index of Medical Underservice." The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.[10] Areas with a score of 62 or less are considered "medically underserved."

[10] Heath Resources and Services Administration. See http://www.hrsa.gov/shortage/mua/index.html

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[11]

Exhibit 42 identifies Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs).

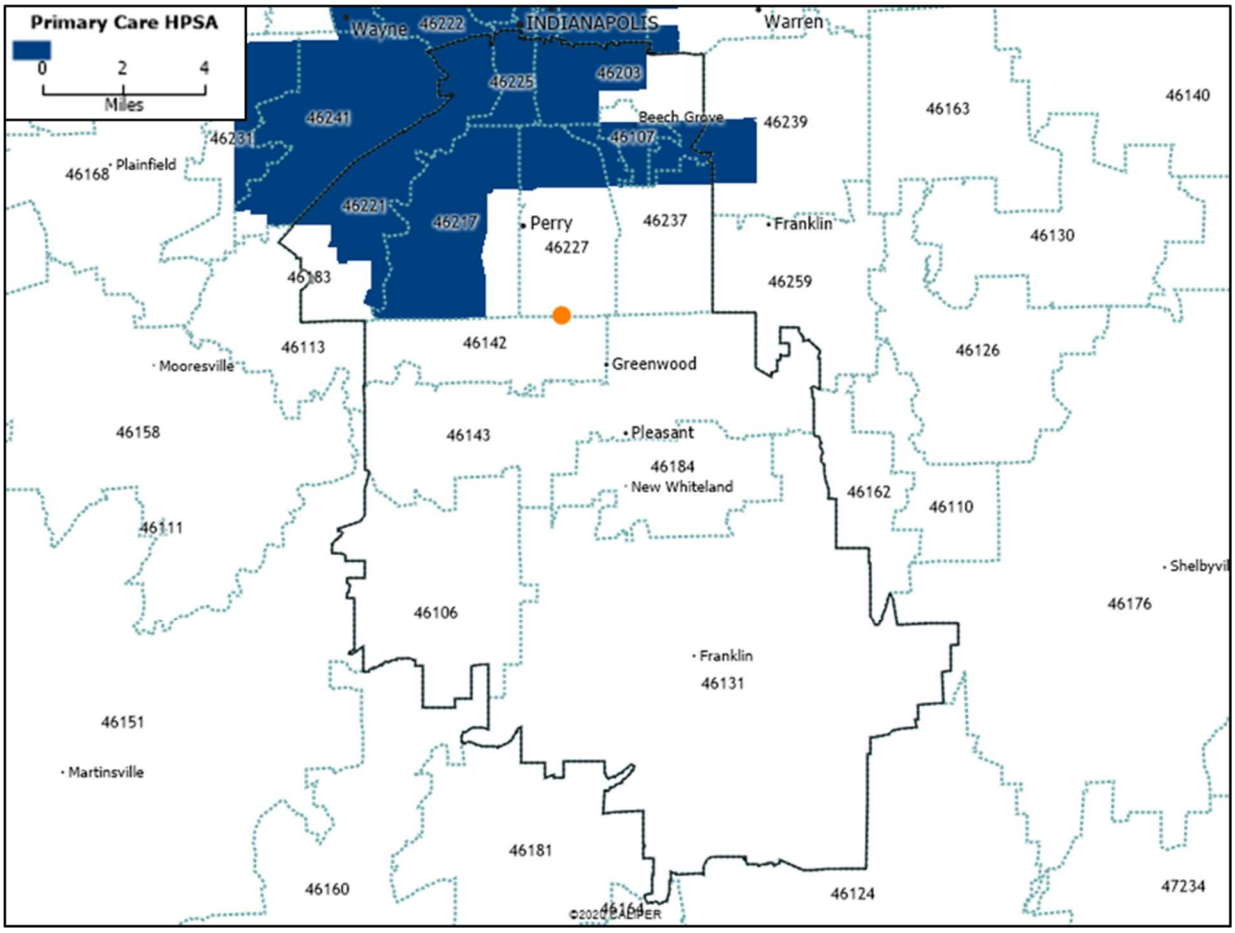
OBSERVATIONS

- Census tracts in CHS community ZIP codes have been designated as Medically Underserved Areas, particularly in the north as well as east of Franklin.
- Census tracts in northern portions of CHS community ZIP codes have been designated as Medically Underserved Populations.
- In addition to designated census tracts portrayed in Exhibit 42, the following subdivisions were designated as Medically Underserved Areas: Hensley, Blue River, Nineveh, and Union.

[11] *Ibid.*

Health Professional Shortage Areas

Exhibit 43: Primary Care Health Professional Shortage Areas, 2021



Source: Health Resources and Services Administration, 2021.

DESCRIPTION

Exhibits 43 through 45 identify the locations of federally designated primary care, dental care, and mental health care Health Professional Shortage Areas (HPSAs).

A geographic area can be designated a HPSA if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision, and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."[12]

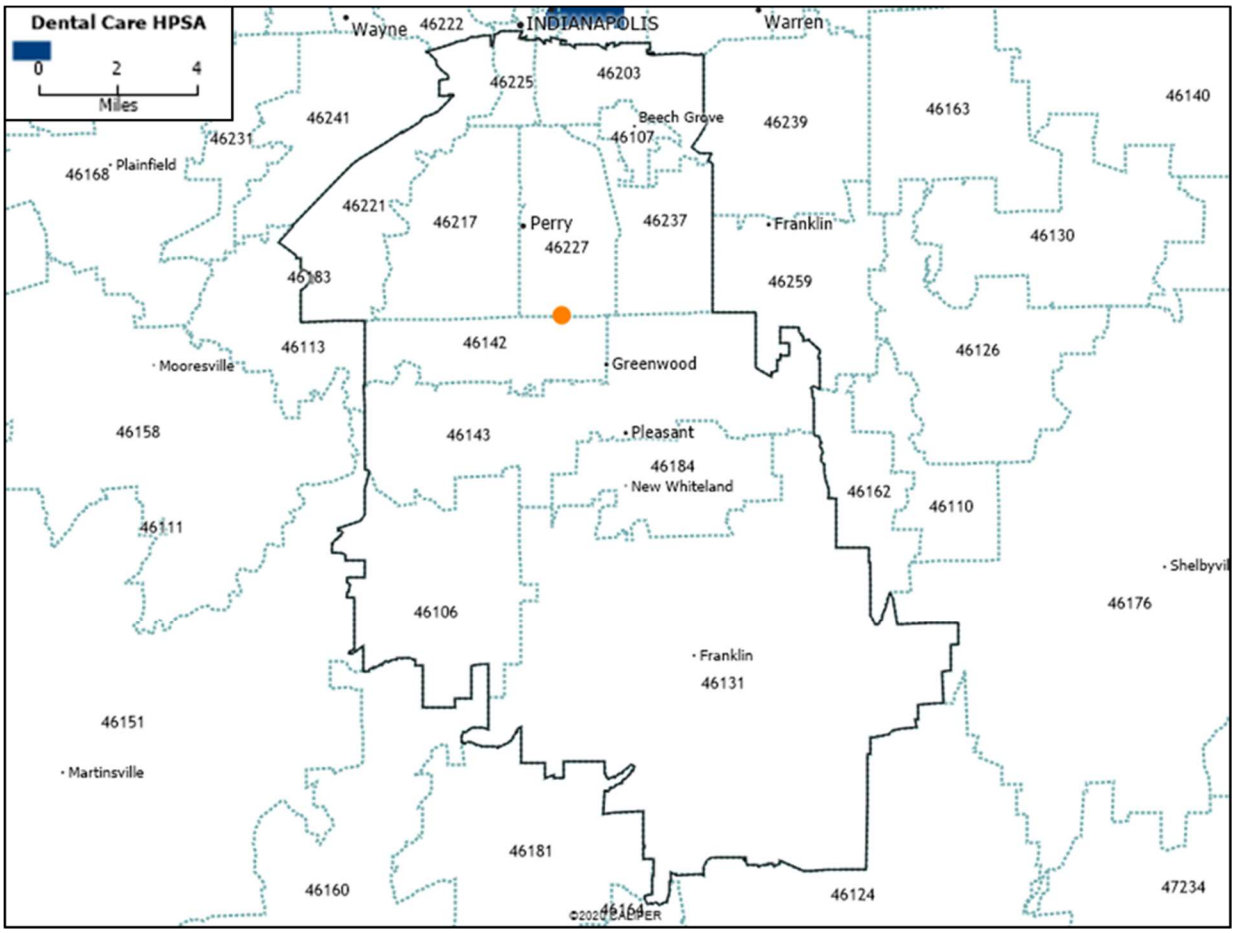
Exhibit 43 provides a map of census tracts federally designated as primary care HPSAs.

OBSERVATIONS

- Census tracts throughout northern portions of the CHS community have been designated as Primary Care HPSAs.

[12] U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html

Exhibit 44: Dental Care Health Professional Shortage Areas, 2021



Source: Health Resources and Services Administration, 2021.

DESCRIPTION

Exhibit 44 provides a map of census tracts federally designated as dental care HPSAs.

OBSERVATIONS

- No census tracts have been designated as dental care HPSAs in the CHS community.

Exhibit 45: Mental Health Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	County
Low Income - Marion County	Low Income Population HPSA	Marion County
Low Income - Johnson County	Low Income Population HPSA	Johnson County
Adult and Child Mental Health Center Inc	Federally Qualified Health Center Look-alike	Marion County
		Johnson County
Aspire Health Center	Federally Qualified Health Center Look-alike	Marion County
Healthnet, Inc.	Federally Qualified Health Center	Marion County
Indiana Health Centers Incorporated	Federally Qualified Health Center	Marion County
Jane Pauley Community Health Center, Inc.	Federally Qualified Health Center	Marion County
Meridian Services Corp	Federally Qualified Health Center	Marion County
Raphael Health Clinic	Federally Qualified Health Center	Marion County
Shalom Health Care Center, Inc.	Federally Qualified Health Center	Marion County
The Health & Hospital Corp of Marion County	Federally Qualified Health Center	Marion County
Windrose Health Network, Inc.	Federally Qualified Health Center	Marion County
		Johnson County
Indiana Women's Prison	Correctional Facility	Marion County
Windrose Health Network, Inc.	Federally Qualified Health Center	Johnson County

Source: Health Resources and Services Administration, 2021.

DESCRIPTION

Exhibit 45 provides a list of federally designated mental health HPSAs.

OBSERVATIONS

- The low-income populations of Marion and Johnson counties are designated as Mental Health Care HPSAs.
- Several FQHCs, FQHC look-alikes, and correctional facilities have been designated as Mental Health Care HPSAs.

FINDINGS OF OTHER ASSESSMENTS

CDC COVID-19 Prevalence and Mortality Findings

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues. Part of the CDC's work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. To date, the CDC's work has yielded the outlined below.

Underlying medical conditions may contribute. People with certain underlying medical conditions are at increased risk for severe illness and outcomes from COVID-19, including the following: [13]

- Cancer;
- Chronic kidney disease;
- Chronic obstructive pulmonary disease (COPD);
- Immunocompromised state from organ transplant;
- Obesity;
- Serious heart conditions, including heart failure, coronary artery disease, or cardiomyopathies;
- Sickle cell disease; and
- Type 2 diabetes mellitus.

Based on what is known at this time, people with other conditions might be at an increased risk for severe illness and outcomes from COVID-19, including:[14]

- Asthma (moderate-to-severe);
- Cerebrovascular disease (affects blood vessels and blood supply to the brain);
- Cystic fibrosis;
- Hypertension or high blood pressure;
- Immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines;

[13] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html
[14] Ibid.

- Neurologic conditions, such as dementia;
- Liver disease;
- Pregnancy;
- Pulmonary fibrosis (having damaged or scarred lung tissues);
- Smoking;
- Thalassemia (a type of blood disorder); and
- Type 1 diabetes mellitus.

Older adults are at-risk. Older adults and the elderly are disproportionately at risk of severe illness and death from COVID-19. Risks increase with age, and those aged 85 and older are at the highest risk. At present time, eight out of 10 COVID-19 deaths have been in adults aged 65 or older.[15]

Men are at-risk. Data thus far indicate that men are more likely to die from COVID-19 than women. While the reasons for this disparity are unclear, a variety of biological factors, behavioral influences, and psychosocial elements may contribute.[16]

Racial and ethnic minorities are at-risk. According to the CDC, "Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age." Evidence points to higher rates of hospitalization or death among racial and ethnic minority groups, including non-Hispanic Black persons, Hispanics and Latinos, and American Indians or Alaska Natives.[17]

- Non-Hispanic American Indiana or Alaska Native persons - incidence rate is approximately five times greater than non-Hispanic White persons.
- Non-Hispanic Black persons - incidence rate is approximately five times greater than non-Hispanic White persons.
- Hispanic or Latino persons - incidence rate is approximately four times greater than non-Hispanic White persons.

In explaining these differences of COVID-19 incidence rates, the CDC states: "Health differences between racial and ethnic groups result from inequities in living, working, health, and social conditions that have persisted across generations."[18]

[15] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html
[16] https://www.cdc.gov/pcd/issues/2020/20_0247.htm
[17] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html
[18] *Ibid*.

Indiana State Health Assessment and Improvement Plan – 2018-2021

In 2017, the Indiana Department of Health (formerly the Indiana State Department of Health) began the process of revising the State Health Assessment and State Health Improvement Plan in collaboration with over 100 partner organizations, key informants, and subject matter experts.

The 2018 Indiana State Health Assessment (SHA) provides an overview of the health and social wellbeing of Hoosiers and the issues impacting the public health system. This assessment provides the foundation for the Indiana State Health Improvement Plan (SHIP), which identified the following priority health issues for the State of Indiana:

- Social Determinants of Health and health equity
  - "Conditions in the environment that affect a broad range of health and quality of life outcomes"
- Improving public health infrastructure
  - Funding and culture/quality of public health practice
- Improving health outcomes and reducing health disparities
  - Reduce rates of chronic disease
  - Address the opioid epidemic (reduced injury and death due to opioid exposure)
  - Improve birth outcomes and reduce infant mortality
  - Improved access to mental health services

Appendix C – Community Input Participants

Exhibit 46: Interviewee Organizational Affiliations

Organization or Affiliation
Brooke's Place
Indiana Minority Health Coalition
Indiana Youth Institute
Marion County Public Health Department

Exhibit 47: Community Meeting Participants

Organization or Affiliation	
Allen Chapel A.M.E. Church	Indianapolis City Council
Anthem Medicaid	Indianapolis City-County Council
Broadway United Methodist Church	Indianapolis Neighborhood Housing Partnership
City of Indianapolis, Division of Community Nutrition and Food Policy	Indianapolis Public Transportation Corporation (IndyGo)
Coalition for Our Immigrant Neighbors	Indianapolis Urban League
Concerned Clergy of Indianapolis	Indy Hunger Network
Connections IN Health	Jump IN for Healthy Kids
Connections IN Health - IU School of Medicine	Managed Health Services (MHS)
Covering Kids & Families of Indiana	Marian University
Crossroads A.M.E. Church	Marian University - College of Osteopathic Medicine
First Baptist Church North Indianapolis	Marion County Public Health Department
Gennesaret Free Clinic	Neighborhood Christian Legal Clinic
Gleaners Food Bank of Indiana	Nine13sports
Habitat for Humanity of Greater Indianapolis	Nurse Family Partnership - Goodwill of Central and Southern Indiana
Health by Design	Office of Representative André Carson
Horizon House	Pathway to Recovery
Immigrant Welcome Center	Playworks Indiana
Indiana Civil Rights Commission (American Indian and Asian)	Raphael Health Center
Indiana Clinical and Translational Sciences Institute (CTSI)	Richard M. Fairbanks Foundation
Indiana Legal Services	The Julian Center
Indiana Public Health Association	Top 10 Coalition
Indiana State Department of Health	University of Indianapolis
Indiana University Richard M. Fairbanks School of Public Health	YMCA of Greater Indianapolis

Appendix D – CHSI Peer Counties

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of "peer counties," so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates. **Exhibit 48** lists peer counties for Marion and Johnson counties, IN.

Exhibit 48A: CHSI Peer Counties – Marion County

Marion County, Indiana	
Jefferson County, Alabama	Essex County, New Jersey
Los Angeles County, California	Hudson County, New Jersey
Riverside County, California	Union County, New Jersey
Sacramento County, California	Bronx County, New York
District of Columbia (DC)	Kings County, New York
Duval County, Florida	New York County, New York
Hillsborough County, Florida	Queens County, New York
Miami-Dade County, Florida	Cuyahoga County, Ohio
Orange County, Florida	Hamilton County, Ohio
Fulton County, Georgia	Philadelphia County, Pennsylvania
Cook County, Illinois	Providence County, Rhode Island
Marion County, Indiana	Shelby County, Tennessee
Orleans Parish, Louisiana	Dallas County, Texas
Baltimore City, Maryland	Harris County, Texas
Suffolk County, Massachusetts	Norfolk City, Virginia
Wayne County, Michigan	Richmond City, Virginia
St. Louis City, Missouri	Milwaukee County, Wisconsin

Exhibit 48B: CHSI Peer Counties – Johnson County

Johnson County, Indiana	
Shelby County, Alabama	Sherburne County, Minnesota
McHenry County, Illinois	Wright County, Minnesota
Monroe County, Illinois	Cass County, Missouri
Will County, Illinois	St. Charles County, Missouri
Hancock County, Indiana	Currituck County, North Carolina
Hendricks County, Indiana	Medina County, Ohio
Johnson County, Indiana	Union County, Ohio
Miami County, Kansas	Chesterfield County, Virginia
Calvert County, Maryland	Gloucester County, Virginia
Carroll County, Maryland	Hanover County, Virginia
Harford County, Maryland	King William County, Virginia
Livingston County, Michigan	New Kent County, Virginia
Ottawa County, Michigan	Powhatan County, Virginia
Anoka County, Minnesota	Poquoson city, Virginia
Chisago County, Minnesota	St. Croix County, Wisconsin
Dakota County, Minnesota	Washington County, Wisconsin
Le Sueur County, Minnesota	

Appendix E – Impact Evaluation

This appendix highlights Community Hospital South's initiatives and impact in addressing the significant health needs identified in the 2018 Community Health Needs Assessment. The COVID-19 pandemic caused service disruptions to many of the programs included below. Due to restrictions on in-person gatherings and in-person services, many community benefit programs were required to adjust program offerings to ensure the safety of clients, patients and Community Health Network caregivers.

FOOD INSECURITY

- **The Chin Training Garden:** The Chin Training Garden is a demonstration garden that CHNw started on the property of The Falam Christian Church of Indianapolis. It is a partnership between Purdue Extension and three Chin Churches. There are 23 garden beds and the goal is to demonstrate and teach best growing practices in the Central Indiana climate. It is growing a combination of ethnically preferred vegetables and standard American vegetables that the Chin have added to their diet. The 23 graden beds produce over 765lbs. of produce. The produce is shared with the volunteers of the garden as well as low-income families in the community. In addition to planting and tending to the garden beds, the Training Garden hosts workshops and training. These workshops are offered in both English and Chin with over 25 people attending each session.
- **Touchpoint for Seniors:** Community Health Network supports the nutrition needs of seniors with the Senior Meal Voucher Program, made possible through collaboration with Community Health Network Foundation and CICOA Aging and In-Home Solutions. This program aims to expand the availability of healthy meal options for seniors, while also providing opportunities for social engagement through the free membership program. Recipients 60 and older, or the spouse of an enrollee are provided up to four meal vouchers each month. Recipients may redeem meal vouchers for breakfast, lunch or dinner at Community Hospital South's cafeteria. Designated menus are designed by a registered dietitian to ensure a nutritionally balanced meal for seniors. During the current Implementation Strategy time period, the Community Hospital South Touchpoint program has provided over 8,742 meals to local residents.
- **Jump IN for Kids:** Community Health Network provides annual financial support to Jump IN for Kids. Jump IN for Kids is a community-wide effort to empower kids in Central Indiana to live healthier lives. Jump IN believes that children and their families deserve to live in healthy environment with real opportunities to make smart choices to eat healthy, play healthy and live healthy. Community Health Network leaders are members of Jump IN's Leadership Council and provide expertise and time.

- **Serve360:** Each year, thousands of Community caregivers volunteer through Serve360° opportunities. The name of Community's volunteer initiative reflects the organization's way of completing the circle, collectively giving back to the people and neighborhoods that gave birth to Community. Projects range from staffing food pantries to painting homes to working in community gardens. During the current Implementation Strategy time period, 15,448 hours of volunteer service was provided by Community Health Network caregivers.
- **REACH:** A Racial and Ethnic Approaches to Community Health (REACH) grant from the Centers for Disease Control & Prevention aims to reduce chronic disease by addressing five specific areas: food systems, food service Guidelines, community clinical linkages, physical activity, and breastfeeding in Black communities. Community partners with the Marion County Health Department as sub-recipient of a five-year grant. One example of this program in action is a nutrition incentive program called Produce Prescription. Participants from a Community Health Network clinic attend free classes focused on chronic disease and earn vouchers for fresh produce. Another program works in collaboration with local food pantries to implement aligned policy, systems and environmental changes around healthy nutrition standards and guidelines, nutrition nudges and food procurement.

MENTAL HEALTH AND SUBSTANCE USE DISORDER

- **Have Hope:** With an aspirational goal of achieving a zero percent suicide incident rate among Community Behavioral Health patients by 2024, Community Health Network's Zero Suicide initiative aims to save Community patient lives specifically through early intervention and prevention, the construction of a robust crisis network, and the utilization of innovative mental health diagnostics and treatment protocols. The strategy brings crisis, telemedicine and intensive care coordination services to the patients of more than 600 primary care physicians and 7 emergency departments located throughout Central Indiana, representing both Community facilities and partner organizations where Community provides behavioral health services.
- **School Based Services:** As part of the effort to combat suicide among youth, Community Health Network provides mental health and substance abuse services to students in more than 150 schools including Perry, Franklin, Beech Grove and Greenwood Township schools, all in the service area of Community Hospital South.
- **Taking the Fight Against Drug Addiction to a New Level:** The Comprehensive Addiction Recovery Center was created by Community Health Network and Eskenazi Health and funded by a $500,000 grant from the state of Indiana. The two behavioral health providers are working together to coordinate a comprehensive addiction recovery network. The network coordinates care for Hoosiers battling drug addiction and partners with local providers to offer the full spectrum of substance use care including assessments, inpatient, outpatient and medication-

assisted treatment, peer support services, recovery residences, job training and workforce readiness services, and family support services.

- **Mobile Injection Clinic:** When the COVID-19 pandemic first hit, most of the nation went to virtual care delivery methods or significantly reduced the number of clients coming into outpatient care for face-to face service delivery. A great deal of the clients served with serious and persistent mental illness require biweekly or monthly psychiatric injections. Often times these same patients also require assistance with transportation to and from these appointments. Transportation resources were severely disrupted during the initial part of the public health emergency and stay at home orders. This led to the development of the Mobile Injection Clinic, which uses an ambulance and is staffed by an EMT, a case manager, and a registered nurse. The ambulance provided a sterile, easily cleanable environment for injections to be administered. The case manager ensured social determinants of health needs were being met and the registered nurse administered the injection and assessed for overall health of the client. This team communicated regularly with the care team for continuity of care purposes.

- **QPR:** Indiana has the highest measure of youth suicide ideation in the nation and ranks second for youth suicide attempts. Community Health Network has invested significant resources into suicide prevention. For example, Community Health Network provides QPR Gatekeeper certificate training at no cost to community residents, schools, faith-based organizations and businesses. This suicide prevention training is evidence-based and enabled by the QPR Institute (QPR stands for Question, Persuade, Refer). The curriculum includes 90 to 120 minutes of training and prepares attendees for tragedy prevention through providing hope and engagement by applying the QPR techniques. Community Health Network has help to train over 75 community members annually.

- **Behavioral Health Academy:** Community Health Network collaborated with the Indiana University School of Social Work (IUSSW) and the University of Indianapolis Phylis Lan Lin Department of Social Work (UIndy) to launch an innovative behavioral health talent pathway. Stakeholders from Community Behavioral Health, IUSSW, and UIndy completed an 18-month process to build the Behavioral Health Academy™, a talent pipeline expecting to yield 25 – 30 licensed clinical social workers (LCSW) annually who are eligible to become dually licensed as licensed clinical addiction counselors (LCACs) and are specially trained in treating substance use disorders. The Behavioral Health Academy creates significant benefits for Community Behavioral Health, students, and IUSSW and UIndy as education partners. As an employer, Community Health Network has a steady supply of high-caliber talent trained in Community Behavioral Health specific behavioral health practices, resulting in decreased orientation costs and time to productivity for new hires. The students participating in the Behavioral Health Academy receive specialized training in evidence-based practices, an opportunity to interview for employment upon graduation, and a financial incentive to defray the cost of their education. By filling the workforce gap, additional opportunities will be available to address the critical need for substance use disorder treatment services. 30 students are are selected for the program annually. Recognizing the success and importance of the Academy, the State of Indiana entered

into contract with Community Health Network to expand the Behavioral Health Academy to include two additional behavioral health providers outside of Central Indiana. Parkview Health and Oaklawn Psychiatric Center were selected to work with Community Health Network and Indiana University School of Social Work for the 2021/22 Academy year expansion. Since the inception in 2020, 57 students have graduated from the program.

- **Drug Take Back:** Unwanted and expired medicine may be a risk to human health and the environment if disposed of improperly. Wastewater treatment plants and septic systems are not designed to deal with pharmaceutical waste. Many medicines pass through the systems and are released into streams, lakes, and groundwater. The best way to reduce the impact of pharmaceutical waste on the environment is to dispose of medicine properly. State and local law enforcement agencies have established drug disposal programs (often called ‘‘take-back’’ programs) to facilitate the collection and destruction of unused, unwanted, or expired medications. These programs help get outdated or unused medications off household shelves and out of the reach of children and teenagers. During the current Implementation Strategy time period, two events have been held at Community South collecting over 331lbs of unwanted prescription drugs.

TOBACCO USE

- **Alliance for a Healthier Indiana:** The Alliance’s goals are to continue educating the public and lawmakers, grow grassroots engagement around the state, increase local support, raise awareness of Indiana’s poor health rankings and share ideas about ways everyone can work together to improve Hoosier health. In 2020, America’s Health Rankings moved Indiana to 41st out of the 50 states in tobacco use. Due to the high prevalence of tobacco use among Hoosiers, tobacco cessation became the first focus of the Alliance for a Healthier Indiana along with a coalition of more than 200 leading Indiana organizations, called Raise It for Health. The advocacy efforts aimed to persuade state legislators to increase the cigarette tax because research shows doing so is very effective in encouraging smokers to quit and preventing young people from starting smoking. In 2019, US Sen. Todd Young (IN) co-introduced a congressional bill – the Tobacco to 21 Act. The Alliance supported this bill and was invited to join a press conference being held by Sen. Young at Carmel High School to discuss the Act. The bill was passed in late 2019 and went into effect on July 1, 2020 effectively raising the legal sale age from 18 to 21 for all tobacco products.
- **Nicotine Dependence Program:** Community Health Network's Nicotine Dependence program aims to reduce tobacco use among Hoosiers and provides the clinical and emotional support needed to achieve a smoke-free life. The program primarily serves cardiology patients. Often times the patients seeking treatment struggle to access the needed cessation medications.

ACCESS TO HEALTH SERVICES

- **WellFund:** The WellFund exists to help patients navigate healthcare coverage options, including initial enrollment and ongoing maintenance of coverage. Patients have direct access to WellFund Patient Advocates during pre-service, admission and post-discharge for questions and determining which plan best meets their needs. During the current Implementation Strategy time period, WellFund Patient Advocates assisted 51,005 individuals with enrollment assistance. The WellFund Patient Advocates are available to meet with patients in person or over the phone to help with enrollment in one of the below programs, Medicaid, Medicare, Marketplace, Social Security and Disability.
- **YMCA Partnership for Access to Care:** Community Hospital South partners with the Baxter YMCA to provide 6 Lunch & Learn programs. These educational programs aim to provide older active adults tools and information to improve healthy living. Topics include; healthy sleep, stroke prevention & detection, heart healthy nutrition and managing cholesterol and blood pressure. The Lunch & Learn programs are open to both members and non-members.
- **School-Based Clinical Care:** Community Health Network's school-based programs cover a wide range of needs for youth across Central Indiana and play a critical role in keeping children healthy in the classroom so they can learn. Onsite nurses address students' needs in the school and after-school setting, helping to ensure consistency in care and less time away from the classroom. These nursing services are offered free of charge to schools. Nurses assess health conditions, derive nursing diagnoses, execute a nursing regimen, advocate for health, execute a medical regimen delegated by a physician, teach, administer and evaluate care for students every day. In addition, for students facing chronic health conditions and ongoing health needs, medications prescribed by physicians are administered by Community Health Network school-based nursing staff. Services also include physicals, immunizations, health coaching including blood pressure and cholesterol screening and a variety of additional services helping teachers and faculty addressing everything from allergies to anxiety and bullying. During the current Implementation Strategy time period, Community Health Network school-based nurses completed 1,462,593 visits with an average of 96% of students return to class. Community Health Network serves several school districts on the North-side of Indianapolis.
- **Nurse Family Partnership:** The Nurse Family Partnership is an evidence-based community health program that transforms the lives of pregnant, vulnerable mothers. A three-year partnership involving Community and Goodwill of Central and Southern Indiana is increasing access to healthcare services and improving health outcomes. Early in pregnancy, each mother served by Nurse Family Partnership is connected with a registered nurse who provides ongoing home visits through the child's second birthday. The nurse helps the mother-to-be access prenatal care and wraparound services that improve health outcomes for mom and baby. Services following birth help set the participants on a road to self-sufficiency, and goals range from increasing the rate of breastfeeding to reducing drug addiction and child maltreatment. During the current Implementation Strategy time period, 98 babies have been born to mothers

who have been supported by a Community Health Network funded Nurse Family Partnership nurse.

- **Jane Pauley Community Health Center:** As a Federally Qualified Health Center, The Jane Pauley Community Health Center (JPCHC) offers comprehensive healthcare services to the communities served, regardless of insurance status, by providing family medicine, pediatrics, OB/GYN, behavioral health, and dental services. The organization was established in 2009 with generous support from the Metropolitan School District of Warren Township, Community Health Network, and the Community Health Network Foundation. Annually, The JPCHC serves over 24,000 patients with comprehensive medical and dental care in the East regions. Community Health Network continues to provide The Jane Pauley Community Health Center with $500,000 to support operations and also provides Network leadership to participate on their Board of Directors. During the current Implementation Strategy time period, the JPCHC sites that serve the East side of Indianapolis completed 111,0297 visits.
- **Community Connections:** Community Connections is a program to help community members find free and reduced-cost social services. It's a free search tool to connect seekers with social services offered by verified social care organizations and non-profits. The search tool uses zip codes to best be able to find resources in close proximity of the users home. The tool has up-to-date information about location and eligibility for local food pantries, transportation services, health care, housing and other social service programs. Since the launch of Community Connections in Q3 2020, over 3,240 users have conducted 11,396 searches using the platform.
- **Medical Legal Partnership:** The purpose of a Medical Legal Partnership (MLP) is to improve health outcomes for patients through the provision of legal services that impact social determinants of health. Hospitals often see patients who are suffering from acute and chronic medical conditions caused or aggravated by conditions in patients' homes, issues in the patients' relationships, or patients' lack of income and other resources. Embedding an MLP attorney in the hospital allows the hospital and the MLP to work together as a team to address habitability issues in a patient's home and provide patients with the medical care and legal services they need to become healthy and stay healthy. By way of this partnership, patients have the opportunity to obtain a clean slate for future employment opportunities. During the current Implementation Strategy time period, MLP received 182 referrals from Community Hospital South.