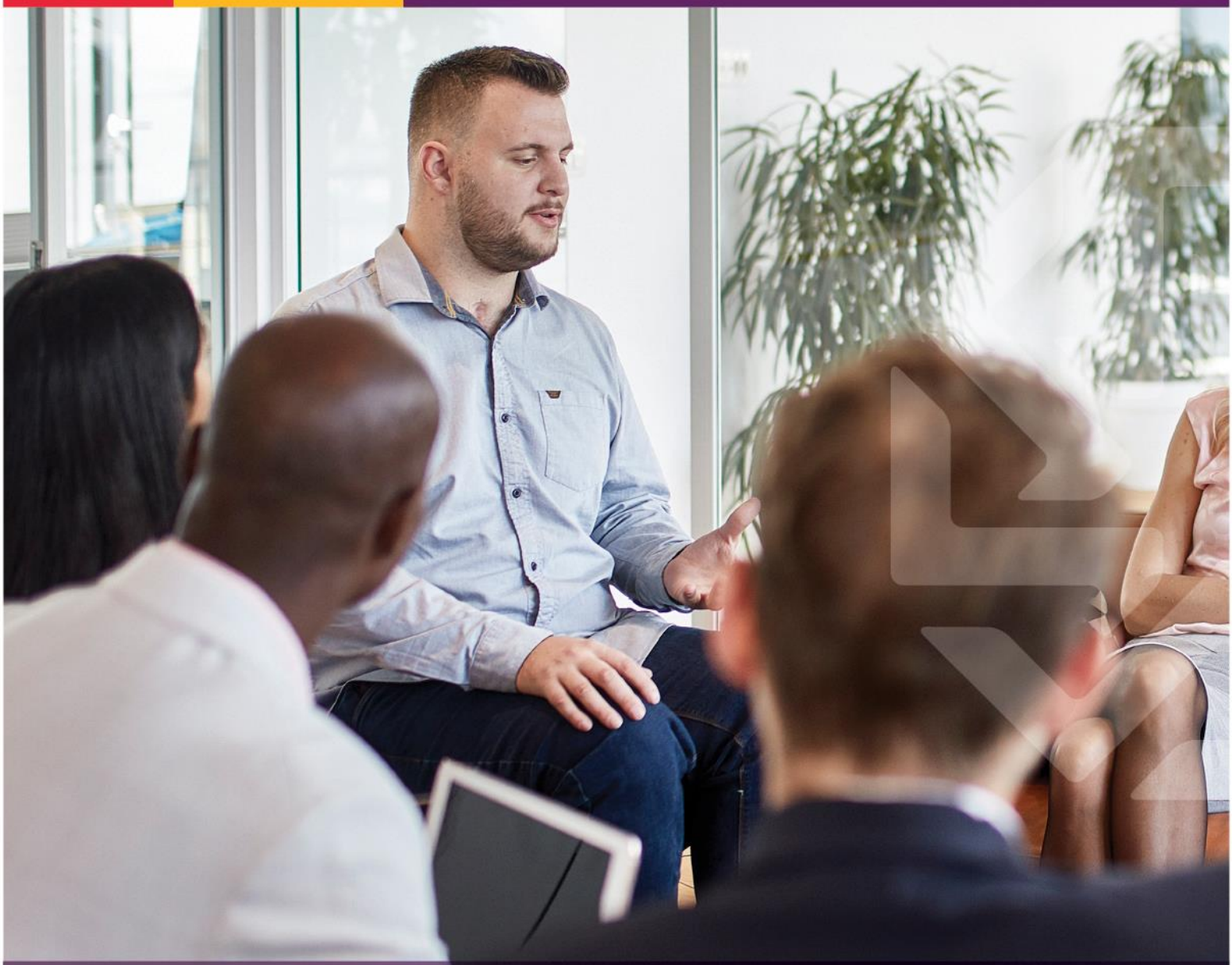
Community Fairbanks
Recovery Center



# 2022 Community Fairbanks Recovery Center Needs Assessment

(November 16, 2022 Version)

# 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 Fairbanks Recovery Center ("CFRC" or "the hospital") to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Community Fairbanks Recovery Center is one of Indiana's most comprehensive addiction treatment systems offering a full range of scientifically supported substance use disorder treatments from inpatient detoxification to long-term residential programs to outpatient programs, including medication-assisted treatment (MAT), recovery management, and family support. Founded in 1945, Community Fairbanks Recovery Center became part of Community Health Network in November 2019. For more information, visit the website at Community Fairbanks Recovery Center

CFRC 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.

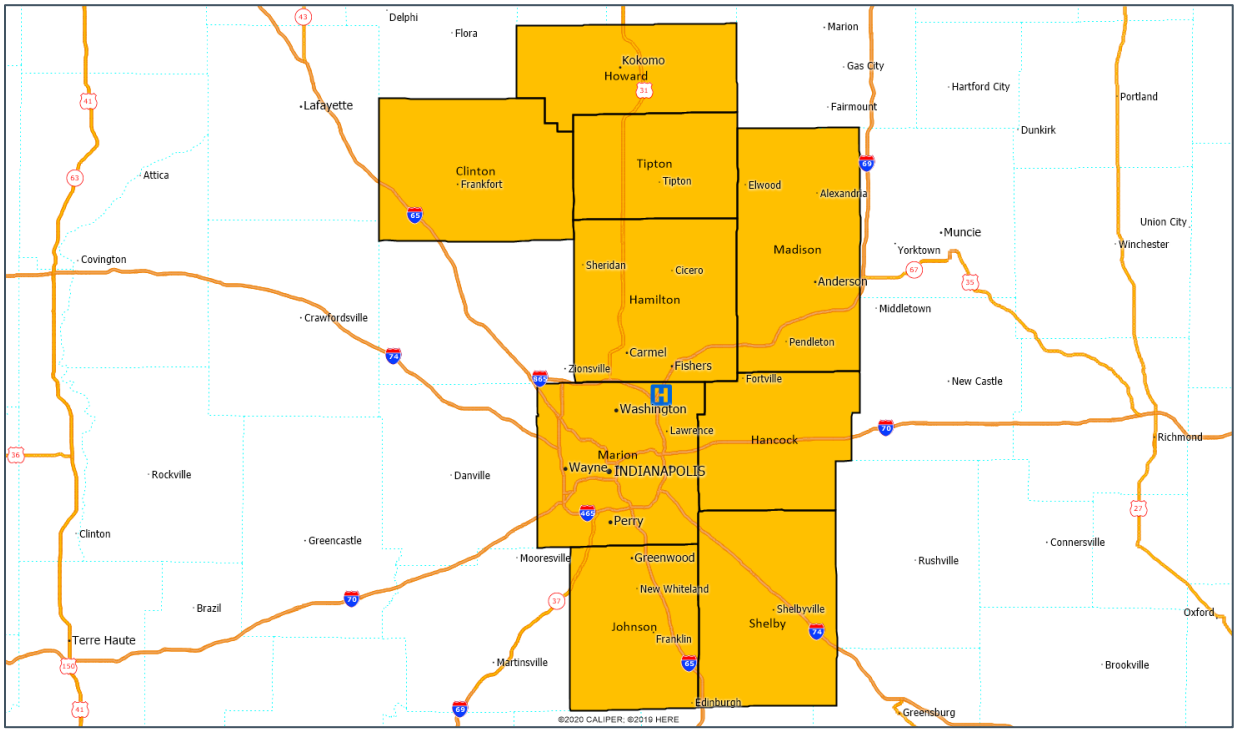
This CHNA has been conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessment also is designed to comply with federal and state laws and regulations.

## COMMUNITY ASSESSED

For purposes of this CHNA, CFRC's community was defined as nine counties in Indiana, including Marion, Hamilton, Hancock, Johnson, Madison, Howard, Shelby, Clinton, and Tipton counties. The community was defined by considering the geographic origins of the hospital's inpatient discharges in the calendar year 2020. These counties accounted for approximately 72 percent of the hospital's inpatient discharges.

The total population of the CFRC community in 2019 was 1,807,525.

The map below portrays the community served by CFRC 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 Community Health Network 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 Fairbanks Recovery Center. 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
  - Educational Opportunities and Achievement
- Substance Use Disorders, Alcohol Abuse, 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 CFRC community.

Compared to the U.S., most of the counties in the community have experienced above average incidence and mortality rates for COVID-19, and vaccination rates have been lower and vaccine hesitancy rates have been higher than national averages.

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. Mental health worsened due to isolation, and children were particularly affected. Many residents have delayed accessing needed health care services due to fears surrounding the virus, leading to unmet need. The pandemic also highlighted the need for a more robust public health infrastructure, including the need for accurate health information dissemination.

Significant economic impacts have occurred. In 2020 and due to the pandemic, the number of people unemployed in the community, 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. Counties within the community, notably Howard, Madison, Marion, and Shelby counties, compare unfavorably for numerous infant and maternal health indicators, such as rates of infant mortality, preterm births, low birthweight infants, very low birthweight infants, mothers receiving prenatal care, and breastfeeding.

Racial and ethnic disparities in maternal, infant, and child health are present in the community, including Marion County, Hamilton 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. Hamilton County has lower child immunization rates than the state average. Per-capita emergency room visits due to asthma for children aged 5-17 have been more than fifty higher than the state average in Howard and Marion counties. Howard, Madison, and Marion counties also have comparatively high numbers of children in poverty and in single-parent households.

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. Integration of mental health checks into primary care, while improving, is still lacking.

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 and access to mental health services were identified across community meetings as significant.

The federal government has designated much of the community as mental health care Health Professional Shortage Areas, specifically Hamilton, Hancock, Johnson, Madison, Marion, and Shelby counties. Much of the community has fewer per-capita mental health providers than Indiana and the U.S, specifically Clinton, Hancock, Howard, Johnson, Shelby, and Tipton counties.

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 CFRC community. The community has comparatively high rates of obesity and physical inactivity. Comparatively few people have access to exercise opportunities.

Diabetes mortality rates have been above the state average in Madison and Marion counties. Cardiovascular disease mortality has been the most significant cause of death across the community. 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. Poverty rates in Madison, and Marion counties are above average. Poverty rates for Black and Hispanic (or Latino) residents are comparatively high in across the community. Howard, Madison, and Marion counties compare unfavorably for children in poverty.

Low-income census tracts are present throughout the CFRC community. Access to care disparities due to income were identified by community meeting participants as a significant need.

Poverty was identified as a significant community health need by most community meeting participants and interviewees, including financial barriers among populations residing in counties that otherwise compare favorably. 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 the community 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. Language and cultural barriers were identified by stakeholders as a significant barrier to accessing services.

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, Howard, Johnson, Madison, and Marion counties ranked in the bottom half of Indiana counties for food environment index, indicating that problems with food accessibility are present. The food environment index is also below average for Hancock, Howard, Johnson, Madison, and Marion counties when compared to peer counties, Indiana, and the nation. Food deserts are prevalent throughout the community served by CFRC.

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 Clinton and Marion counties are below the Indiana and United States averages. Interviewees and internal Community Health Network 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 91$^{st}$ worst out of 92 Indiana counties for severe housing problems. The percentage of households burdened by high housing costs has been above average in numerous community ZIP Codes, and a number of census tracts have been in the bottom quartile nationally for housing and transportation vulnerability.

Educational opportunities and achievement were also concerns, directly contributing to poverty and its associated needs. Several counties compared unfavorably for high school graduation, as well as a lower proportion of college education than state and national averages.

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, Alcohol Abuse, and Overdoses

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

Between 2015 and 2019, drug poisoning deaths per 100,000 residents have increased and the death rate in some areas within the community have exceeded Indiana averages.

Mortality rates due to alcohol-related causes also have been above average in Howard, Madison, and Marion counties. Alcohol abuse was identified by stakeholders as a significant concern. Clinton, Hamilton, Hancock, Howard, and Tipton counties compared unfavorably to state averages for excessive drinking and alcohol-impaired driving deaths.

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. Participants also identified a lack of Substance Use Disorder treatment options, particularly for low-income individuals.

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 This section identifies the community that was assessed by Community Fairbanks Recovery Center (CFRC).

CFRC's community was defined as nine counties in Indiana, including Clinton, Hamilton, Hancock, Howard, Johnson, Madison, Marion, Shelby, and Tipton counties. The community was defined by considering the geographic origins of the hospital's inpatient discharges in the calendar year 2020. These counties accounted for approximately 72 percent of the hospital's inpatient discharges (**Exhibit 1**).

**Exhibit 1: CFRC Inpatient Discharges, 2020**

| County | Inpatient | Percent Inpatient | Cumulative Inpatient |
|---|---|---|---|
| **Marion** | 871 | 41.8% | 41.8% |
| **Hamilton** | 286 | 13.7% | 55.5% |
| **Hancock** | 130 | 6.2% | 61.8% |
| **Johnson** | 89 | 4.3% | 66.1% |
| **Madison** | 73 | 3.5% | 69.6% |
| **Howard** | 24 | 1.2% | 70.7% |
| **Shelby** | 22 | 1.1% | 71.8% |
| **Clinton** | 8 | 0.4% | 72.2% |
| **Tipton** | 4 | 0.2% | 72.3% |
| **Subtotal** | 1,507 | 72.3% | 72.3% |
| **All Other** | 576 | 27.7% | 100.0% |
| **Hospital Total** | **2,083** | **100.0%** | **100.0%** |

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

The total population of the CFRC community in 2019 was approximately 1,807,525 persons (**Exhibit 2**).

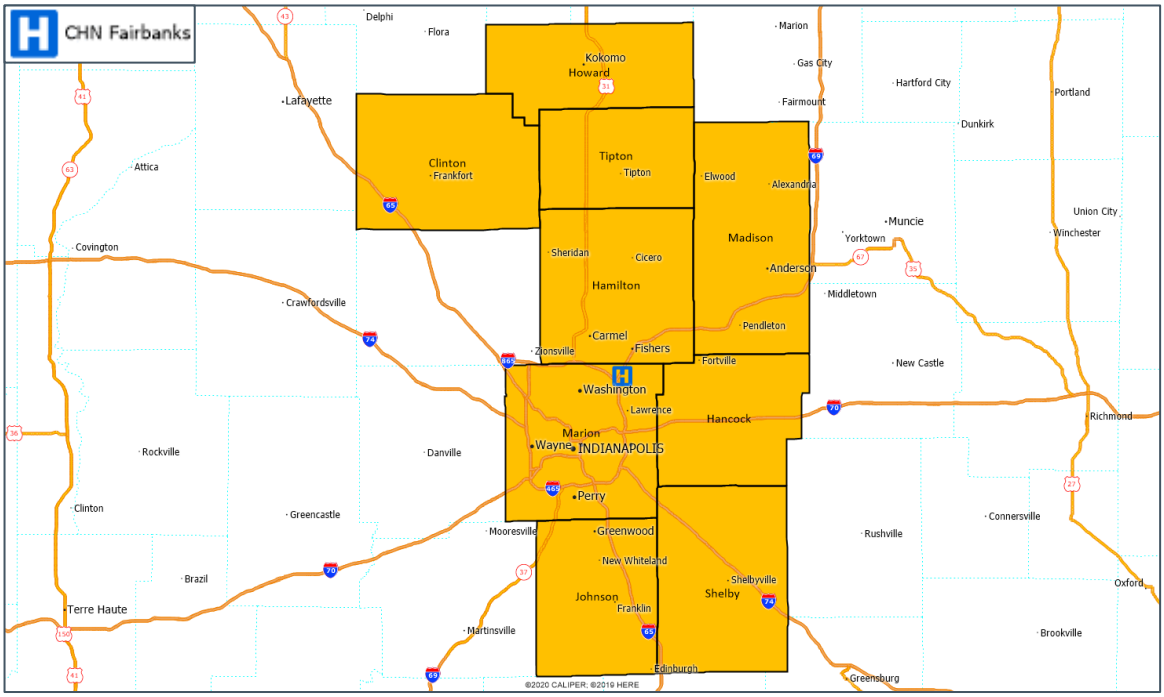
### Exhibit 2: Community Population by County, 2019

| County | Total Population 2019 | Percent of Total Population |
|---|---|---|
| **Clinton** | 32,273 | 1.8% |
| **Hamilton** | 323,117 | 17.9% |
| **Hancock** | 75,164 | 4.2% |
| **Howard** | 82,331 | 4.6% |
| **Johnson** | 153,716 | 8.5% |
| **Madison** | 129,455 | 7.2% |
| **Marion** | 951,869 | 52.7% |
| **Shelby** | 44,438 | 2.5% |
| **Tipton** | 15,162 | 0.8% |
| **Community Total** | **1,807,525** | **100.0%** |

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

The hospital is in Indianapolis, IN (ZIP Code 46256). **Exhibit 3** portrays CFRC's community and county boundaries.

### Exhibit 3: Community Fairbanks Recovery Center




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 CFRC community is expected to increase by 9.1 percent between 2019 and 2025, or approximately 163,975 people. Hamilton, Johnson, and Hancock counties are expected to grow the most rapidly, 23.4, 14.6, and 14.0 percent, respectively.

While the total community is expected to grow substantially, the population aged 65 years and older is expected to increase even greater, by 16.0 percent over the same time. This change should contribute to greater demand for health services, as older individuals typically need and use more services than younger people. Tipton and Howard counties had the highest proportion of population aged 65 and older at 20.3 percent and 19.1 percent, respectively.

The CFRC community has substantial variation in demographic characteristics across community ZIP Codes. Marion County had 27.6 percent of residents who identified as Black, the highest proportion of the nine counties. All other counties had less than 8.0 percent of the population identified as Black, with Tipton County the lowest at 0.1 percent. Clinton and Marion counties had the highest proportion of residents who identified as Hispanic or Latino, 20.8 and 13.8 percent, respectively. All other counties had 5.7 percent, or less, of the population identified as Hispanic or Latino. Hamilton County had the highest proportion of residents who identified as Asian at 5.9 percent. All other counties had 3.4 percent, or less, of the population identified as Asian.

In 2015-2019, Clinton, Madison, Marion, and Shelby County residents, had a higher percentage of residents, aged 25 and older, without a high school diploma than both Indiana and the United States. Proportionately more people were living with a disability in Clinton, Howard, Madison, Marion, Shelby, and Tipton counties than in Indiana and the United States. Compared to the state of Indiana, proportionately more people in Clinton and Marion counties were linguistically isolated. Hamilton, Hancock, and Johnson counties compared favorably to Indiana and national averages for all indicators.

## Socioeconomic Indicators

People living in low-income households generally are less healthy than those living in more prosperous areas. In 2015-2019, the overall poverty rate in Howard, Madison, and Marion counties was above Indiana and United States averages. In 2015-2019, the overall poverty rate in Hamilton and Hancock counties was half, or less, than the Indiana and United States averages.

Low-income census tracts can be found throughout the CFRC community, particularly in Marion, Madison, Central Shelby, and Central Howard counties. 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 most of the nine counties.

Between 2016 and early 2020, unemployment rates in CFRC 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. In 2020, the unemployment rate in Howard County was the highest of the nine counties and Hamilton County was the lowest. Marion, Howard, Madison, and Shelby counties remained above Indiana and U.S. averages in 2020.

The proportion of the population that did not have health insurance was higher in Marion and Clinton counties 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 triple the state average. Crime rates in Johnson County were more than 50 percent above Indiana rates for murder and non-negligent manslaughter, robbery, and motor vehicle theft. Rates in Johnson County were above state averages for property crime, burglary, and larceny.

Across the CFRC 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 rates in Madison and Marion counties. 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*, Hamilton, Johnson, and Tipton counties ranked favorably compared to the other six counties with the fewest indicators in the bottom half and bottom quartile. Tipton County had no indicators in the bottom quartile, while Hamilton and Johnson each had four indicators ranked in the lowest quartile. Hamilton ranked the most favorably amongst the nine counties with only six indicators in the two bottom quartiles. Madison, Marion, and Shelby counties ranked unfavorably comparatively with twenty-five or more indicators in the two bottom quartiles.

*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. Amongst peer counties, all counties, except Hamilton County, ranked in the bottom half for percentage of population with fair or poor health. Six of these counties were in the bottom quartile, compared to peer counties. All counties ranked unfavorably for air quality, with eight of the nine counties in the bottom quartile. Hamilton County ranked comparatively well to peer counties and to the other counties in the community, with only six of the 34 indicators in the bottom half.

This assessment was conducted throughout 2021 during the ongoing COVID-19 pandemic. Based on data available, all counties, except Hamilton County, compared unfavorably to U.S. averages for mortality per 100,000 population, with Howard and Tipton counties experiencing significantly higher rates. All nine counties and Indiana compared unfavorably for confirmed cases of COVID-19 (per 100,000 population) compared to the United States.

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 CFRC 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 a 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 | 16.0% | 9.0% | Community Total | 8 |
| **Percent linguistically isolated, 2015-2019** | Marion County | 6.3% | 3.2% | Indiana | 13C |
| **Poverty rate, 2015-2019** | Marion County | 17.8% | 13.4% | Indiana | 14 |
| **Poverty rate, Black, 2015-2019** | Clinton County | 63.8% | 11.9% | Clinton County, White | 15A |
| **Poverty rate, Hispanic (or Latino), 2015-2019** | Marion County | 28.8% | 13.7% | Marion County, White | 15G |
| **Percent children in poverty** | Madison County | 25.7% | 24.7% | Indiana | 30 |
| **Percent children in single-parent households** | Marion County | 47.1% | 33.0% | United States | 30 |
| **Percent without health insurance, 2015-2019** | Marion County | 10.5% | 8.4% | Indiana | 18 |
| **Percent households cost burdened, 2015-2019** | Marion County | 33.0% | 24.4% | Indiana | 20 |
| **Percent households severe housing problems** | Marion County | 18.3% | 13.2% | Indiana | 30 |
| **High school graduation percentage** | Hamilton County | 75.1% | 85.0% | United States | 30 |
| **Violent crime rate per 100,000 population** | Marion County | 1,251 | 385 | Indiana Counties | 30 |
| **Homicide mortality per 100,000** | Marion County | 17.6 | 7.2 | Indiana | 33 |
| **Injury deaths per 100,000** | Howard County | 100.0 | 70.0 | United States | 30 |
| **Preventable hospital stays for ACSC conditions per 100,000 Medicare enrollees** | Madison County | 535 | 4,535 | United States | 30 |
| **Percent adults obese** | Madison County | 38.8% | 28.0% | United States | 30 |
| **Food environment index** | Marion County | 6.7 | 7.6 | United States | 30 |
| **Drug poisoning mortality per 100,000** | Marion County | 39.9 | 26.6 | Indiana | 36 |
| **Alcohol-related mortality per 100,000** | Howard County | 27.1 | 10.4 | Indiana | 33 |
| **Percent excessive drinking** | Hamilton County | 20.1% | 17.6% | Indiana | 30 |
| **Ratio of population to mental health providers** | Clinton County | 2481:1 | 400:1 | United States | 30 |
| **Infant mortality rate per 1,000 births** | Shelby County | 10.4 | 7.2 | Indiana | 38 |
| **Infant mortality rate, Black infants, per 1,000** | Marion County | 12.4 | 5.5 | Marion County, White | 39 |
| **Low birthweight births** | Tipton County | 9.9% | 8.2% | Indiana | 38 |
| **Mothers receiving prenatal care 1st trimester** | Marion County | 61.3% | 68.9% | Indiana | 38 |

| Indicator | Area | Value | Benchmark | | Exhibit |
|---|---|---|---|---|---|
| | | | Value | Area | |
| **Mothers receiving prenatal care, Black** | Marion County | 55.8% | 78.1% | Marion County, White | 39 |
| **Mothers receiving prenatal care, Hispanic** | Marion County | 49.2% | 78.1% | Marion County, White | 39 |
| **ER visits due to asthma (age 5-17, per 10,000)** | Marion County | 121.0 | 49.7 | Indiana | 38 |
| **Teen births per 1,000 females ages 15-19** | Howard County | 37.0 | 26.5 | Indiana Counties | 30 |
| **HIV and AIDS incidence per 100,000** | Marion County | 546.1 | 189.9 | Indiana | 37 |
| **Chlamydia incidence per 100,000** | Marion County | 1,114.0 | 526.3 | Indiana | 37 |
| **COVID-19 cases per 100,000 population** | Howard County | 17,353 | 13,281 | United States | 32 |

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 CFRC 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 CFRC community.

## 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 CFRC community have been designated as MUAs, particularly in southern 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 CFRC community, concentrated in southern areas. The entire low-income populations of Marion and Hamilton 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 North. 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. 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 Input Summary

Participants of the community input process identified the following as significant health needs for the Community Fairbanks Recovery Center service area:

- Access to care
- Needs of growing older adult population
- Mental health and access to mental health care
- Nutrition, physical inactivity, and lifestyle behaviors
- Racial and ethnic health disparities
- Smoking and vaping
- Social determinants of health
- Substance use disorders, alcohol abuse, and overdoses

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.

## Access to care

Community input indicated 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. It is often difficult to find providers accepting Medicaid. While free and low-cost clinics exist, they cannot keep up with demand. Residents often have difficulty navigating the complex healthcare system and resources. A lack of assistance in the coordination of care and social services is noted. Residents experience limitations for accessing social service and health programs due to decreased funding, wait times, and strict eligibility requirements.

## Needs of growing older adult population

Interviewees and community members identified the needs of a growing older adult population as a significant community health issue. Specific concerns include greater risks of severe illness and death from COVID-19, the need for resources to support aging in place and for those experiencing memory loss, falls, and poor mental health status due to isolation and financial stress.

## Mental health and access to mental health care

Mental health was reported as a significant and worsening issue, with depression and anxiety both widespread. Self-medication through Substance Use Disorder is common. Youth mental health concerns are also increasing due to a variety of reasons, including online presence making bullying easier, dealing with high expectations, and stress in school. Access to mental health services and youth mental health providers is limited due to low supply of providers, financial barriers, and inadequate screening for mental health concerns in the primary care setting. Community violence is an issue, including homicide. These issues are causing trauma, particularly in children, leading to increased mental health concerns.

## Nutrition, physical activity, and lifestyle behaviors

Community members expressed 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 may lack the knowledge, skills, and ability to foster healthier lifestyles. The ability to access healthy foods and food insecurity are significant concerns, especially in food deserts. Food pantries may have irregular hours

and face large demands. Community input participants express a need for more programs and access to preventive health services. Time is a barrier to optimal health, as parents are often too busy with work and children to pursue healthy living measures. It is noted that the built environment makes physical activity opportunities difficult to access, with low walkability and few public transportation options.

## Health disparities

Health disparities and inequities are significant, including large disparities in Social Determinants of Health for racial and ethnic minority populations. 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.

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.

Community members reported racial and ethnic disparities in COVID-19 testing, treatment, and outcomes were highlighted by the pandemic. Elderly Black residents were particularly adversely affected. Vaccination disparities were also evident, with Black populations unable to access the vaccine if desired disproportionately.

Community input participants expressed that LGBTQ+ populations were underserved, often feeling uncomfortable going to available providers.

## Smoking and vaping

Smoking, tobacco use, and the recent increases in vaping (particularly among youth) are noted as issues, with a low cigarette tax in Indiana helping perpetuate the issue.

## Social determinants of health

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. 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. The working poor often are vulnerable as they do not qualify for many programs but still live paycheck to paycheck. The needs of low-income populations are often overlooked due to surrounding areas of affluence, creating pockets of need.

## Substance use disorders, alcohol abuse, and overdoses

Community input participants indicate substance use disorders, alcohol misuse, and drug overdoses as significant health concerns. It is also noted that there is a concern with treating residents who have a dual diagnosis of mental health conditions and substance use disorders. Alcohol misuse and excessive drinking are noted as significant issues contributing to poor health outcomes and injuries.

# OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

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

## HOSPITALS

**Exhibit 5** presents information on hospital facilities located in CFRC community.

**Exhibit 5: Hospitals Located in Community, 2021**

| Hospital | Address | City | ZIP Code | County |
|---|---|---|---|---|
| **Indiana University Health Frankfort Inc** | 1300 S Jackson ST | Frankfort | 46041 | Clinton |
| **Ascension St Vincent Carmel** | 13500 N Meridian ST | Carmel | 46032 | Hamilton |
| **Ascension St Vincent Fishers** | 13861 Olio Road | Fishers | 46037 | Hamilton |
| **Ascension St Vincent Heart Center** | 10580 N Meridian ST | Carmel | 46290 | Hamilton |
| **Franciscan Health Orthopedic Hospital Carmel** | 10777 Illinois ST | Carmel | 46032 | Hamilton |
| **Indiana Spine Hospital** | 13219 N Meridian ST | Carmel | 46032 | Hamilton |
| **Indiana University Health North Hospital** | 11700 N Meridian ST | Carmel | 46032 | Hamilton |
| **Indianapolis Rehabilitation Hospital** | 1260 City Center Drive | Carmel | 46032 | Hamilton |
| **Riverview Health** | 395 Westfield Rd | Noblesville | 46060 | Hamilton |
| **Hancock Regional Hospital** | 801 N State ST | Greenfield | 46140 | Hancock |
| **Ascension St Vincent Kokomo** | 1907 W Sycamore ST | Kokomo | 46904 | Howard |
| **Community Howard Regional Health Inc** | 3500 S Lafountain ST | Kokomo | 46902 | Howard |
| **Community Health Network Rehabilitation Hospital** | 607 S. Greenwood Springs | Greenwood | 46143 | Johnson |
| **Johnson Memorial Hospital** | 1125 W Jefferson ST | Franklin | 46131 | Johnson |
| **Valle Vista Health System** | 898 E Main ST | Greenwood | 46143 | Johnson |
| **Ascension St Vincent Anderson** | 2015 Jackson ST | Anderson | 46016 | Madison |
| **Ascension St Vincent Mercy** | 1331 S A ST | Elwood | 46036 | Madison |
| **Community Hospital of Anderson & Madison County** | 1515 N Madison Ave | Anderson | 46011 | Madison |
| **Ascension St Vincent Hospital** | 2001 W 86th ST | Indianapolis | 46260 | Marion |
| **Ascension St Vincent Seton Specialty Hospital** | 8050 Township Line Rd | Indianapolis | 46260 | Marion |

| Hospital | Address | City | ZIP Code | County |
|---|---|---|---|---|
| **Assurance Health Psychiatric Hospital** | 900 North High School Road | Indianapolis | 46214 | Marion |
| **Community Fairbanks Recovery Center** | 8102 Clearvista Parkway | Indianapolis | 46256 | Marion |
| **Community Health Network Rehabilitation Hospital** | 7343 Clearvista Drive | Indianapolis | 46256 | Marion |
| **Community Hospital East** | 1500 N Ritter Ave | Indianapolis | 46219 | Marion |
| **Community Hospital North** | 7150 Clearvista Dr | Indianapolis | 46256 | Marion |
| **Community Hospital South** | 1402 E County Line Rd S | Indianapolis | 46227 | Marion |
| **Eskenazi Health** | 720 Eskenazi Avenue | Indianapolis | 46202 | Marion |
| **Franciscan Health Indianapolis** | 8111 S Emerson Ave | Indianapolis | 46237 | Marion |
| **Hickory Treatment Center At Meridian** | 2102 S Meridian ST | Indianapolis | 46225 | Marion |
| **Indiana Kidney Institute** | 1420 N Senate Ave Suite A | Indianapolis | 46202 | Marion |
| **Indiana University Health** | 1701 N Senate Blvd | Indianapolis | 46202 | Marion |
| **Indiana University Health Transplant** | 1701 North Senate Blvd | Indianapolis | 46206 | Marion |
| **Kindred Hospital Indianapolis** | 1700 W 10th ST | Indianapolis | 46222 | Marion |
| **Kindred Hospital Indianapolis North** | 8060 Knue Road | Indianapolis | 46250 | Marion |
| **Midland House Inc** | 3940 E 56th ST | Indianapolis | 46220 | Marion |
| **Neurodiagnostic Institute** | 5435 E 16th ST | Indianapolis | 46218 | Marion |
| **Neuropsychiatric Hospital of Indianapolis** | 6720 Parkdale Place | Indianapolis | 46254 | Marion |
| **Options Behavioral Health System** | 5602 Caito Drive | Indianapolis | 46226 | Marion |
| **OrthoIndy Hospital** | 8400 Northwest Blvd | Indianapolis | 46278 | Marion |
| **Rehabilitation Hospital of Indiana Inc** | 4141 Shore Dr | Indianapolis | 46254 | Marion |
| **St Vincent Hospital** | 2001 W 86th ST | Indianapolis | 46260 | Marion |
| **Major Hospital** | 2451 Intelliplex Dr | Shelbyville | 46176 | Shelby |
| **Indiana University Health Tipton Hospital Inc** | 1000 S Main ST | Tipton | 46072 | Tipton |

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 are currently over 100 FQHC sites operating in the community (**Exhibit 6**).

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

| Name | Address | City | ZIP Code | County |
|---|---|---|---|---|
| **IHC Clinton County WIC** | 2120 Washington Ave | Frankfort | 46041 | Clinton |
| **Aspire Indiana Health - Carmel** | 697 Pro-Med Ln | Carmel | 46032 | Hamilton |
| **Aspire Indiana Health - Noblesville** | 17840 Cumberland Rd | Noblesville | 46060 | Hamilton |
| **IHC Hamilton County WIC** | 942 N 10th St | Noblesville | 46060 | Hamilton |
| **Jane Pauley Community Health Center at Greenfield** | 1107 N State St | Greenfield | 46140 | Hancock |
| **IHC at Kokomo & Howard County WIC** | 3118 S Lafountain St | Kokomo | 46902 | Howard |
| **Windrose Health Network - Edinburgh** | 911 E Main Cross St | Edinburgh | 46124 | Johnson |
| **Adult and Child Health - Northwood Plaza** | 1860 Northwood Plz | Franklin | 46131 | Johnson |
| **Windrose Health Network - Franklin** | 55 N Milford Dr | Franklin | 46131 | Johnson |
| **Windrose Health Network - Trafalgar** | 14 Trafalgar Sq | Trafalgar | 46181 | Johnson |
| **Jane Pauley Community Health Center at Alexandria** | 121 W Washington St | Alexandria | 46001 | Madison |
| **Jane Pauley CHC at Alexandria-Monroe Intermediate School** | 308 W 11th St Rm G-1 | Alexandria | 46001 | Madison |
| **Jane Pauley CHC at Alexandria-Monroe Junior-Senior High School** | 1 Burden Ct Rm 16 | Alexandria | 46001 | Madison |
| **Jane Pauley Community Health Center at St. Mary School** | 820 W Madison St | Alexandria | 46001 | Madison |
| **Meridian Health Services Corp** | 101 N Harrison St | Alexandria | 46001 | Madison |
| **Aspire May House** | 6775 W State Road 32 | Anderson | 46011 | Madison |
| **Jane Pauley Community Health Center at Anderson** | 1210 Medical Arts Blvd Ste 300 | Anderson | 46011 | Madison |
| **Meridian Health Services Corp** | 2010 Brentwood Dr Ste 1 | Anderson | 46011 | Madison |
| **Open Door Family Planning Clinic** | 2525 E 10th St | Anderson | 46012 | Madison |
| **Aspire Indiana Health - Mockingbird Hill** | 4038 Ridgeview Rd Ste 1 | Anderson | 46013 | Madison |
| **Jane Pauley Community Health Center at Ebbertt** | 325 W 38th St | Anderson | 46013 | Madison |
| **Aspire Indiana Health - Bolin** | 2009 Brown St | Anderson | 46016 | Madison |

| Name | Address | City | ZIP Code | County |
|---|---|---|---|---|
| **Aspire Indiana Health - DeHaven** | 2020 Brown St | Anderson | 46016 | Madison |
| **Aspire Indiana Health - Mobile Clinic** | 215 W 19th St | Anderson | 46016 | Madison |
| **Jane Pauley CHC at Holy Cross North Campus School** | 1115 Pearl St Rm 209 | Anderson | 46016 | Madison |
| **Jane Pauley CHC at Holy Cross South Campus School** | 2825 Lincoln St | Anderson | 46016 | Madison |
| **Jane Pauley Community Health Center at the Wigwam** | 1229 Lincoln St | Anderson | 46016 | Madison |
| **Madison County Jail** | 720 Central Ave | Anderson | 46016 | Madison |
| **Meridian Health Services Corp** | 1547 Ohio Ave | Anderson | 46016 | Madison |
| **Open Door Health Services - Anderson Primary Care** | 2101 Jackson St Ste 8 | Anderson | 46016 | Madison |
| **Meridian Health Services Corp** | 1518 Main St | Elwood | 46036 | Madison |
| **Harshman Middle School** | 1501 E 10th St | Indianapolis | 46201 | Marion |
| **IPS 54 School Based Clinic - Brookside Academy** | 3150 E 10th St Ste 100 | Indianapolis | 46201 | Marion |
| **Peoples Health Center** | 2340 E 10th St | Indianapolis | 46201 | Marion |
| **Ralph Waldo Emerson IPS School 58** | 321 N Linwood Ave | Indianapolis | 46201 | Marion |
| **Tech Teen Clinic** | 1500 E Michigan St | Indianapolis | 46201 | Marion |
| **Thomas D. Gregg School 15** | 2302 E Michigan St Rm 404 | Indianapolis | 46201 | Marion |
| **Wheeler Shelter for Women and Children Clinic** | 3208 E Michigan St | Indianapolis | 46201 | Marion |
| **Aspire Indiana Health - Progress House Main** | 201 Shelby St | Indianapolis | 46202 | Marion |
| **Dayspring Center Clinic** | 1537 Central Ave | Indianapolis | 46202 | Marion |
| **Eskenazi Health Center 1650 College Avenue** | 1650 N College Ave Ste B | Indianapolis | 46202 | Marion |
| **Eskenazi Health Center Pedigo** | 1112 Southeastern Ave | Indianapolis | 46202 | Marion |
| **Eskenazi Health Center Primary Care** | 720 Eskenazi Ave | Indianapolis | 46202 | Marion |
| **Global Preparatory Academy - Charter School** | 2033 Sugar Grove Ave Rm 140 | Indianapolis | 46202 | Marion |
| **IPS School 27 - Center for Inquiry** | 545 E 19th St Rm 145 | Indianapolis | 46202 | Marion |
| **Vision Academy at Riverside School-Based Health Center** | 1751 E Riverside Dr | Indianapolis | 46202 | Marion |
| **Washington Irving School 14** | 1250 E Market St | Indianapolis | 46202 | Marion |
| **Barrington Health Center** | 3401 E Raymond St | Indianapolis | 46203 | Marion |
| **IPS School 34 - Eleanor Skillen** | 1404 Wade St Rm 129 | Indianapolis | 46203 | Marion |
| **Southeast Health Center** | 901 Shelby St | Indianapolis | 46203 | Marion |
| **William McKinley School 39** | 1733 Spann Ave Rm 404 | Indianapolis | 46203 | Marion |
| **Adult and Child Health** | 222 E Ohio St Ste 100 | Indianapolis | 46204 | Marion |
| **Adult and Child Health - Admin Only** | 222 E Ohio St Ste 600 | Indianapolis | 46204 | Marion |
| **Eskenazi Health Center Barton Annex** | 501 N East St | Indianapolis | 46204 | Marion |
| **Salvation Army Family Shelter Clinic (for women and children)** | 540 N Alabama St | Indianapolis | 46204 | Marion |

| Name | Address | City | ZIP Code | County |
|---|---|---|---|---|
| **Aspire Indiana Health - Willowbrook** | 2506 Willowbrook Pkwy | Indianapolis | 46205 | Marion |
| **Avondale Meadows Academy School-Based Health Center** | 3980 Meadows Dr | Indianapolis | 46205 | Marion |
| **Homeless Initiative Program (HIP) Northeast** | 3908 Meadows Dr Ste C | Indianapolis | 46205 | Marion |
| **Louis B. Russell #48** | 3445 Central Ave Rm 007 | Indianapolis | 46205 | Marion |
| **Meridian Health Services - Suite 102A** | 2506 Willowbrook Pkwy | Indianapolis | 46205 | Marion |
| **Northeast Health Center** | 3908 Meadows Dr | Indianapolis | 46205 | Marion |
| **RAPHAEL HEALTH CENTER** | 401 E 34th St | Indianapolis | 46205 | Marion |
| **Eskenazi Health Center Blackburn** | 2700 Dr Martin Luther King Jr St | Indianapolis | 46208 | Marion |
| **Homeless Initiative Program (HIP) Northwest** | 2944 Clifton St | Indianapolis | 46208 | Marion |
| **IPS School 43 - James Whitcomb Riley** | 150 W 40th St Rm 336 | Indianapolis | 46208 | Marion |
| **Shortridge High School** | 3401 N Meridian St # 108 | Indianapolis | 46208 | Marion |
| **Eskenazi Health Center North Arlington** | 2505 N Arlington Ave | Indianapolis | 46218 | Marion |
| **Interfaith Hospitality Network** | 1850 N Arsenal Ave | Indianapolis | 46218 | Marion |
| **IPS School 88 - Anna Brochhausen** | 5801 E 16th St Rm 413 | Indianapolis | 46218 | Marion |
| **James Russel Lowell IPS School 51** | 3426 Roosevelt Ave | Indianapolis | 46218 | Marion |
| **Jane Pauley Community Health Center at 16th Street** | 5317 E 16th St | Indianapolis | 46218 | Marion |
| **Kindezi Academy - Charter School** | 3421 N Keystone Ave Rm 007 | Indianapolis | 46218 | Marion |
| **Kipp Indy Legacy Clinic** | 2255 Ralston Ave Rm 106 | Indianapolis | 46218 | Marion |
| **KIPP School Based Health Center** | 1740 E 30th St | Indianapolis | 46218 | Marion |
| **Martindale Brightwood Health Center** | 2855 N Keystone Ave Ste 100 | Indianapolis | 46218 | Marion |
| **Sankofa at Arlington Woods#99** | 5801 E 30th St Rm 104 | Indianapolis | 46218 | Marion |
| **Jane Pauley Community Health Center at Arlington** | 1315 N Arlington Ave | Indianapolis | 46219 | Marion |
| **Jane Pauley Community Health Center at Post** | 8931 E 30th St | Indianapolis | 46219 | Marion |
| **Jane Pauley Community Health Center at Shadeland** | 2040 N Shadeland Ave Ste 300 | Indianapolis | 46219 | Marion |
| **Southwest Health Center** | 1522 W Morris St | Indianapolis | 46221 | Marion |
| **Eskenazi Health Center Westside** | 2732 W Michigan St | Indianapolis | 46222 | Marion |
| **FARRINGTON MIDDLE SCHOOL** | 4326 Patricia St | Indianapolis | 46222 | Marion |
| **George Washington Community School** | 2215 W Washington St | Indianapolis | 46222 | Marion |
| **Holy Family Shelter Clinic** | 907 N Holmes Ave | Indianapolis | 46222 | Marion |
| **Matchbook Learning at No 63** | 1163 N Belmont Ave Rm 100 | Indianapolis | 46222 | Marion |
| **Path School (67)** | 653 N Somerset Ave | Indianapolis | 46222 | Marion |
| **Salvation Army Harbor Light Center Clinic** | 2400 N Tibbs Ave | Indianapolis | 46222 | Marion |
| **Shalom Health Care Center PHC Mobile Clinic** | 3400 Lafayette Rd Ste 200 | Indianapolis | 46222 | Marion |
| **SHALOM PRIMARY CARE CENTER** | 3400 Lafayette Rd | Indianapolis | 46222 | Marion |

| Name | Address | City | ZIP Code | County |
|---|---|---|---|---|
| **Allison Elementary School** | 5240 W 22nd St | Indianapolis | 46224 | Marion |
| **Enlace Academy** | 3725 N Kiel Ave Fl 2 | Indianapolis | 46224 | Marion |
| **Fisher Elementary School** | 5151 W 14th St | Indianapolis | 46224 | Marion |
| **IPS School 107 - Lew Wallace** | 3307 Ashway Dr | Indianapolis | 46224 | Marion |
| **IPS School 79 - Carl Wilde** | 5002 W 34th St Rm 604 | Indianapolis | 46224 | Marion |
| **Newby Elementary School** | 1849 N Whitcomb Ave | Indianapolis | 46224 | Marion |
| **West Health Center** | 6029 W 10th St | Indianapolis | 46224 | Marion |
| **Wheeler Elementary School** | 5700 Meadowood Dr | Speedway | 46224 | Marion |
| **Adult and Child Health - Garfield Park** | 234 E Southern Ave | Indianapolis | 46225 | Marion |
| **IPS 31 School Base Clinic - James A. Garfield** | 307 Lincoln St Ste 100 | Indianapolis | 46225 | Marion |
| **Arlington Community High School Based Clinic - IPS** | 4825 N Arlington Ave | Indianapolis | 46226 | Marion |
| **Charles W. Fairbanks IPS School 105** | 8620 Montery Rd | Indianapolis | 46226 | Marion |
| **Eskenazi Health Center Forest Manor** | 3840 N Sherman Dr | Indianapolis | 46226 | Marion |
| **Adult and Child Health - Greenwood** | 8320 Madison Ave | Indianapolis | 46227 | Marion |
| **Windrose Health Network - Countyline** | 8921 Southpointe Dr Ste A1 | Indianapolis | 46227 | Marion |
| **Windrose Health Network - Epler Parke** | 5550 S East St | Indianapolis | 46227 | Marion |
| **Eskenazi Health Center Grassy Creek** | 9443 E 38th St | Indianapolis | 46235 | Marion |
| **Indiana Math and Science Academy North** | 7435 N Keystone Ave | Indianapolis | 46240 | Marion |
| **Jane Pauley Community Health Center at Castleton** | 7481 N Shadeland Ave Ste A | Indianapolis | 46250 | Marion |
| **Eskenazi Health Center W 38th Street** | 5515 W 38th St | Indianapolis | 46254 | Marion |
| **Indiana Math and Science Academy West** | 4575 W 38th St | Indianapolis | 46254 | Marion |
| **Shalom 56th Street - New Access Point** | 5750 W 56th St | Indianapolis | 46254 | Marion |
| **Eskenazi Health Center Pecar** | 6940 Michigan Rd | Indianapolis | 46268 | Marion |
| **The Julian Center Clinic** | | Indianapolis | | Marion |
| **Jane Pauley Community Health Center at Shelbyville** | 1200 W Mckay Rd | Shelbyville | 46176 | Shelby |
| **Jane Pauley Community Health Center at Shelbyville IN 44** | 1640 E State Road 44 Ste B | Shelbyville | 46176 | Shelby |
| **IHC Tipton County WIC** | 116 S Main St Ste E | Tipton | 46072 | Tipton |

Source: HRSA, 2021.

## 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/.

# 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.[1] 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?

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

- Why are these problems present?

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)."[2] 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[3] 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 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 Fairbanks Recovery Center collaborated with the following Community Health Network hospitals: Community Hospital North, Community Hospital Anderson, Community Hospital East, Community Hospital South, and Community Howard Regional

[2] 501(r) Final Rule, 2014.
[3] "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.

Health. These facilities collaborated through gathering and assessing secondary data together, 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 people representing the broad interests of the community was taken into account through key informant interviews and community meetings. Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; Community Health Network 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 Fairbanks Recovery Center (CFRC) community. The CFRC community is defined as nine counties in Indiana, including Clinton, Hamilton, Hancock, Howard, Johnson, Madison, Marion, Shelby, and Tipton counties.

## DEMOGRAPHICS

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

| County | Total Population 2019 | Projected Population 2025 | Percent Change, 2019-2015 |
|---|---|---|---|
| **Clinton** | 32,273 | 32,445 | 0.5% |
| **Hamilton** | 323,117 | 398,587 | 23.4% |
| **Hancock** | 75,164 | 85,663 | 14.0% |
| **Howard** | 82,331 | 82,262 | -0.1% |
| **Johnson** | 153,716 | 176,212 | 14.6% |
| **Madison** | 129,455 | 129,042 | -0.3% |
| **Marion** | 951,869 | 1,006,918 | 5.8% |
| **Shelby** | 44,438 | 45,648 | 2.7% |
| **Tipton** | 15,162 | 14,723 | -2.9% |
| **Community Total** | **1,807,525** | **1,971,500** | **9.1%** |

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

### DESCRIPTION

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

- Between 2019 and 2025, the CFRC community is expected to increase in population by 9.1 percent, or approximately 163,975 people.
- Hamilton, Johnson, and Hancock counties are expected to grow the most rapidly, 23.4, 14.6, and 14.0 percent, respectively.

**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** | 490,986 | 534,163 | 8.1% |
| **Age 20 - 44** | 617,501 | 655,080 | 5.7% |
| **Age 45 - 64** | 455,144 | 508,371 | 10.5% |
| **Age 65 and Older** | 243,894 | 290,222 | 16.0% |
| **Community Total** | **1,807,525** | **1,987,836** | **9.1%** |

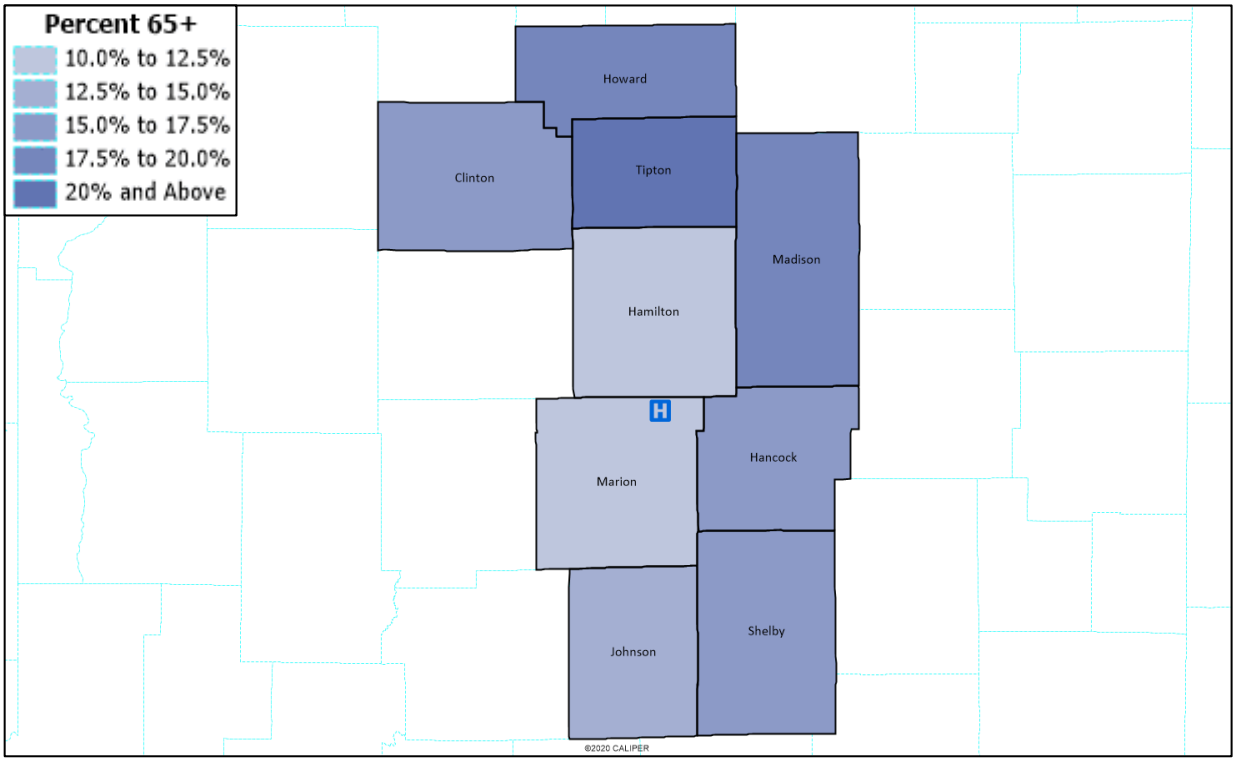
U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.
*Note: Difference in projected total population from Exhibit 7 due to age projection methodology differing than total population methodology.

## DESCRIPTION

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

- While the total population is expected to increase by 9.1 percent, the population aged 65 and older is expected to increase by 16.0 percent by 2025.
- 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 people.

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



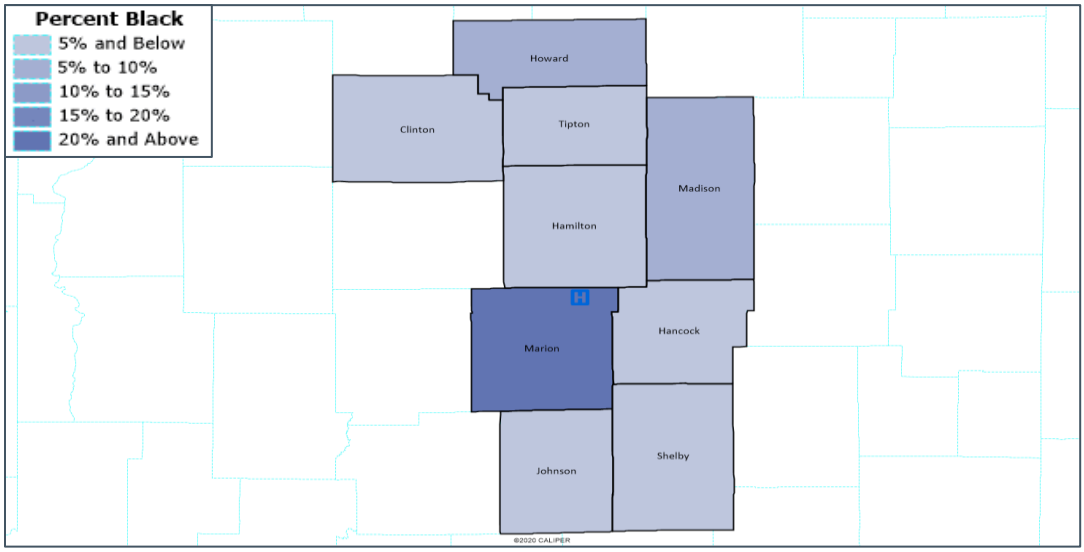

Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

## DESCRIPTION

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

- Tipton and Howard counties had the highest proportion of population aged 65 and older at 20.3 percent and 19.1 percent, respectively.
- Hamilton County had the lowest proportion of population aged 65 and older at 11.9 percent.

**Exhibit 10: Percent of Population – Black, 2019**



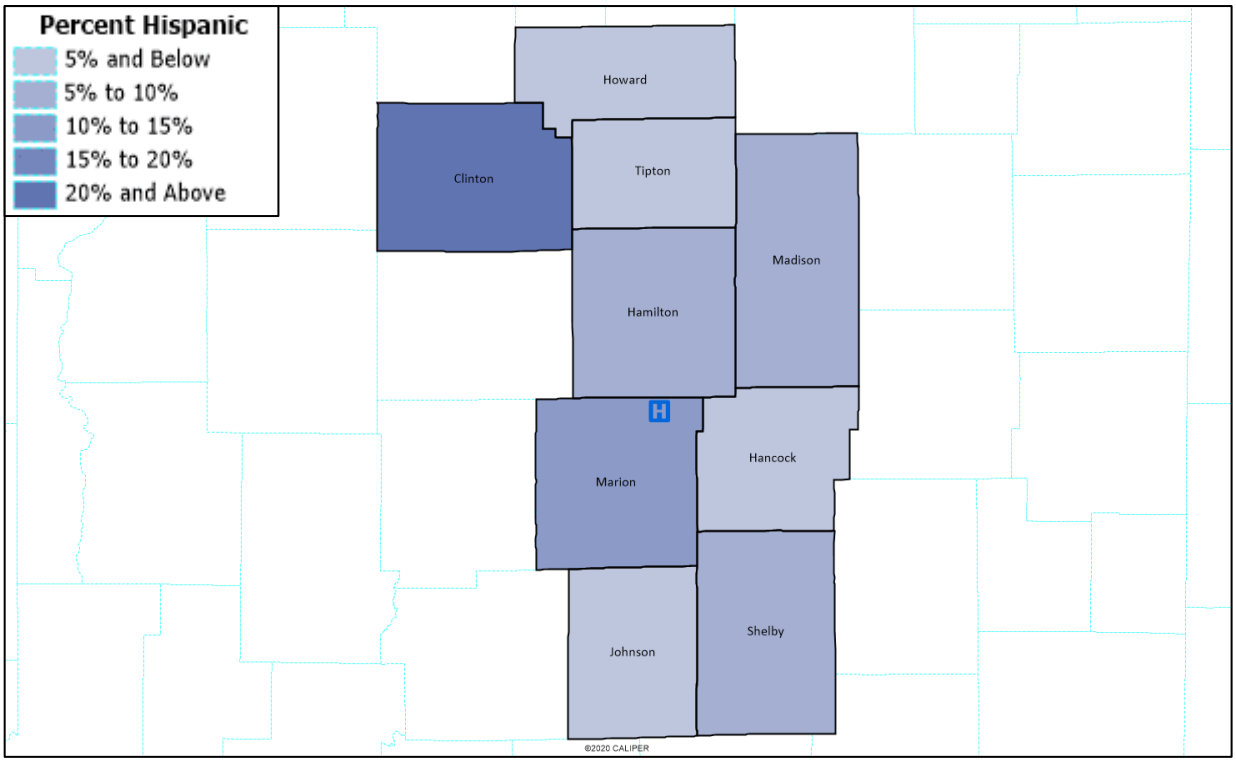

Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

## DESCRIPTION

Exhibit 10 portrays the percent of the population that identified as Black by county.

- Marion County had 27.6 percent of residents who identified as Black, the highest proportion of the nine counties.
- All other counties had less than 8.0 percent of the population identified as Black, with Tipton County the lowest at 0.1 percent.

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



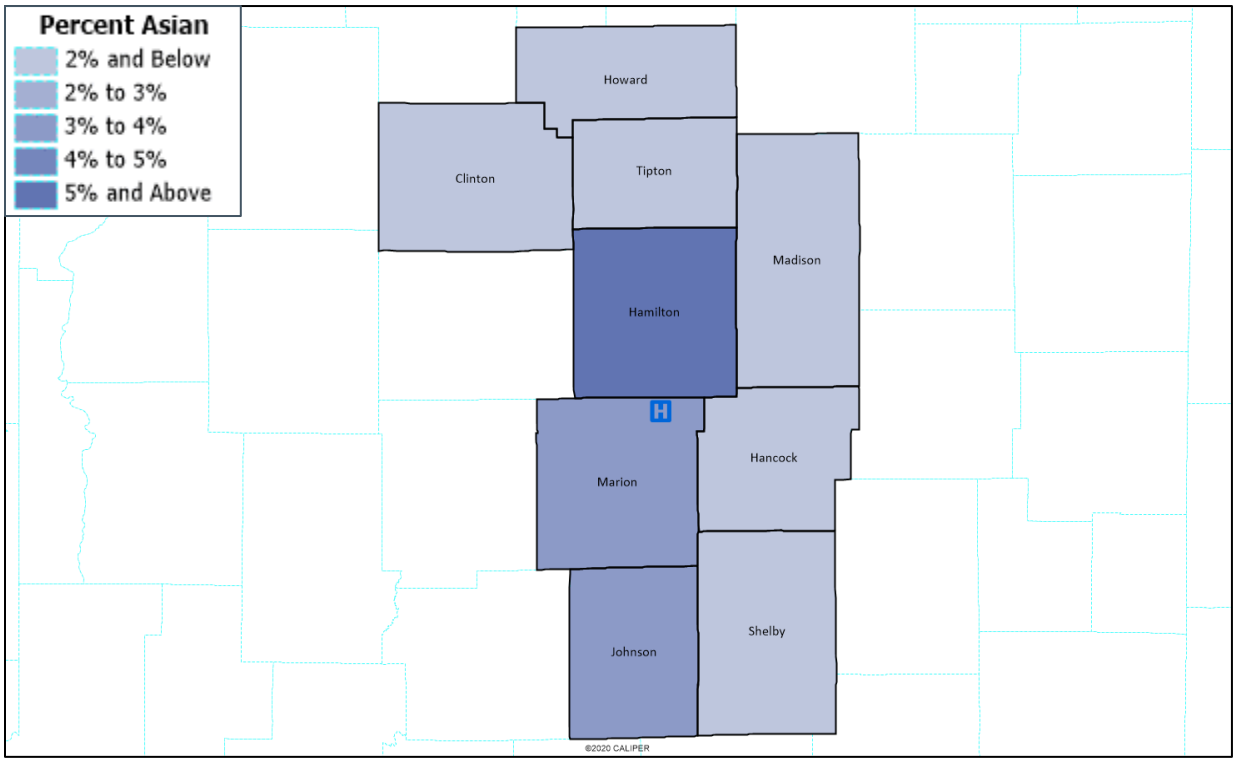

Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

## DESCRIPTION

Exhibit 11 portrays the percent of the population that identified as Hispanic or Latino by county.

- Clinton and Marion counties had the highest proportion of residents who identified as Hispanic
- All other counties had 5.7 percent, or less, of the population identified as Hispanic or Latino.

**Exhibit 12: Percent of Population – Asian, 2019**




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

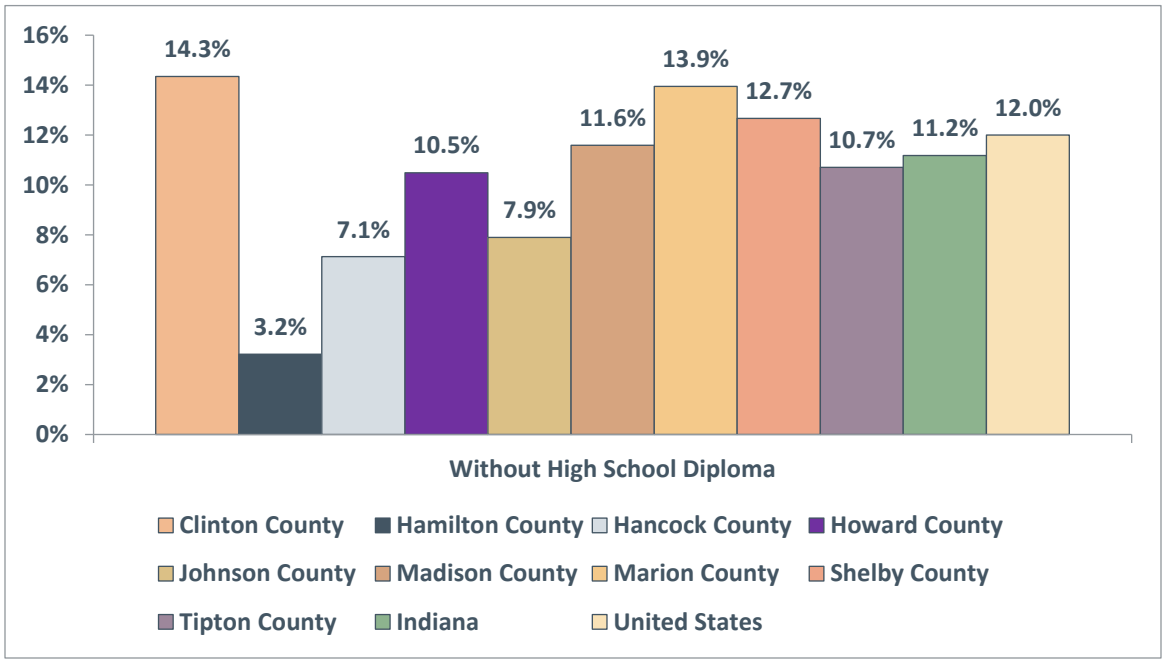
## DESCRIPTION

Exhibit 12 portrays the percent of the population that identified as Asian by county.

- Hamilton County had the highest proportion of residents who identified as Asian at 5.9 percent.
- All other counties had 3.4 percent, or less, of the population identified as Asian.

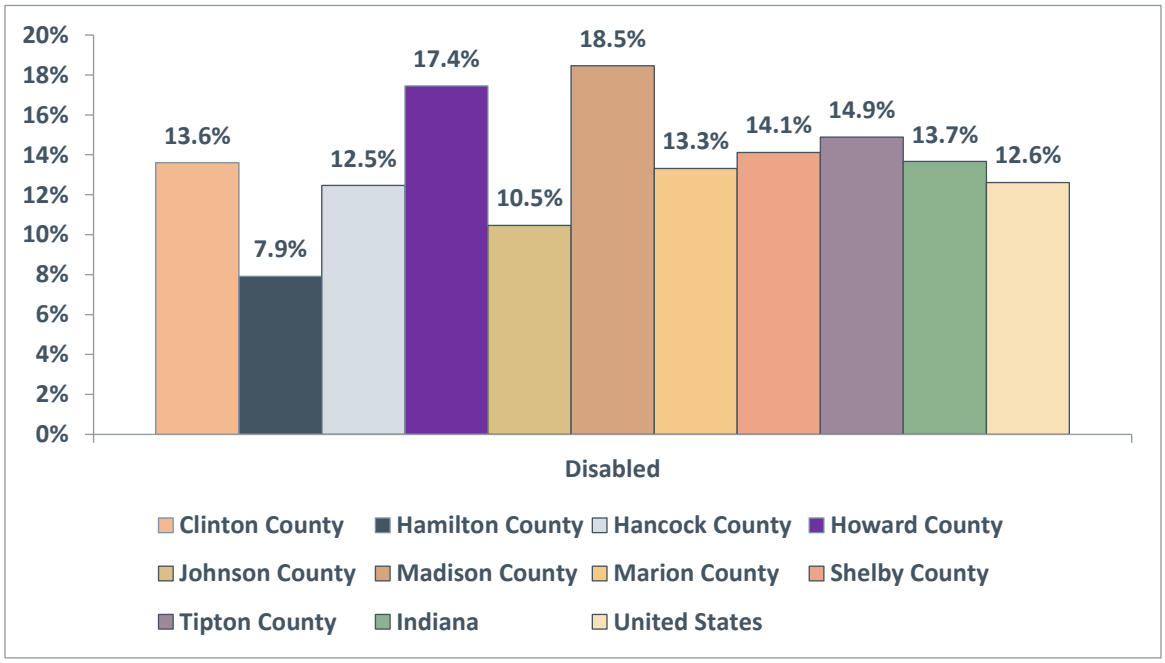
## Selected Socioeconomic Indicators, 2015-2019

### Exhibit 13A: Percent of Population Without a High School Diploma



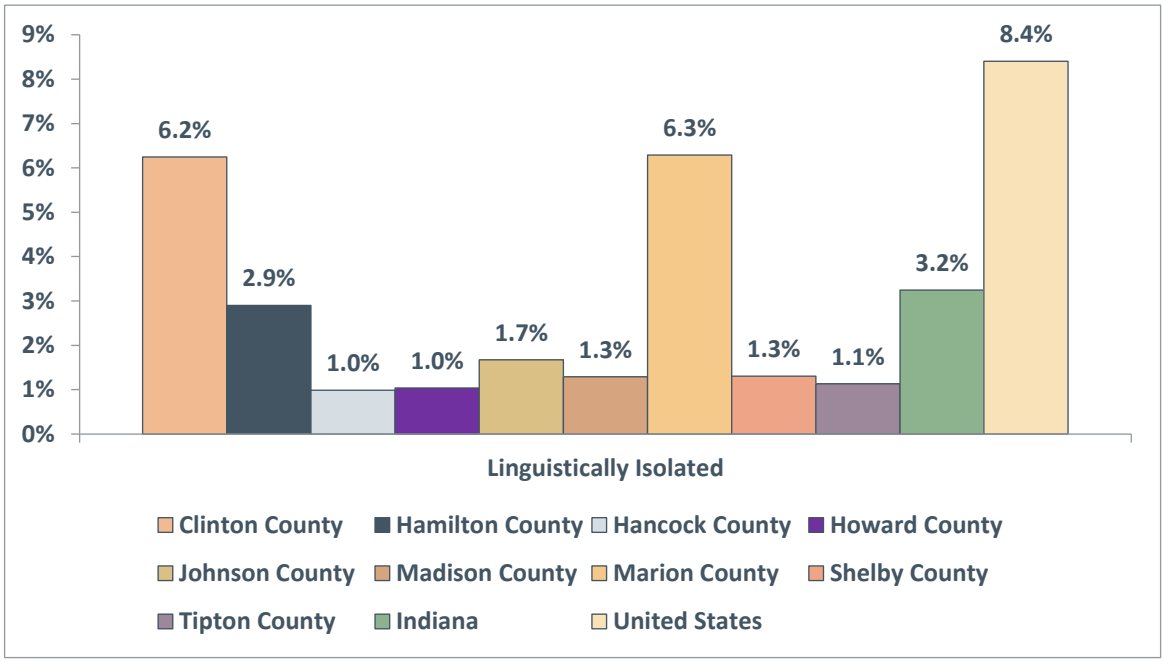

Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

### Exhibit 13B: Percent of Population Living with a Disability




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

**Exhibit 13C: Percent of Population Linguistically Isolated**




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

## DESCRIPTION

Exhibits 13A, 13B, and 13C portray the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated in the nine 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."

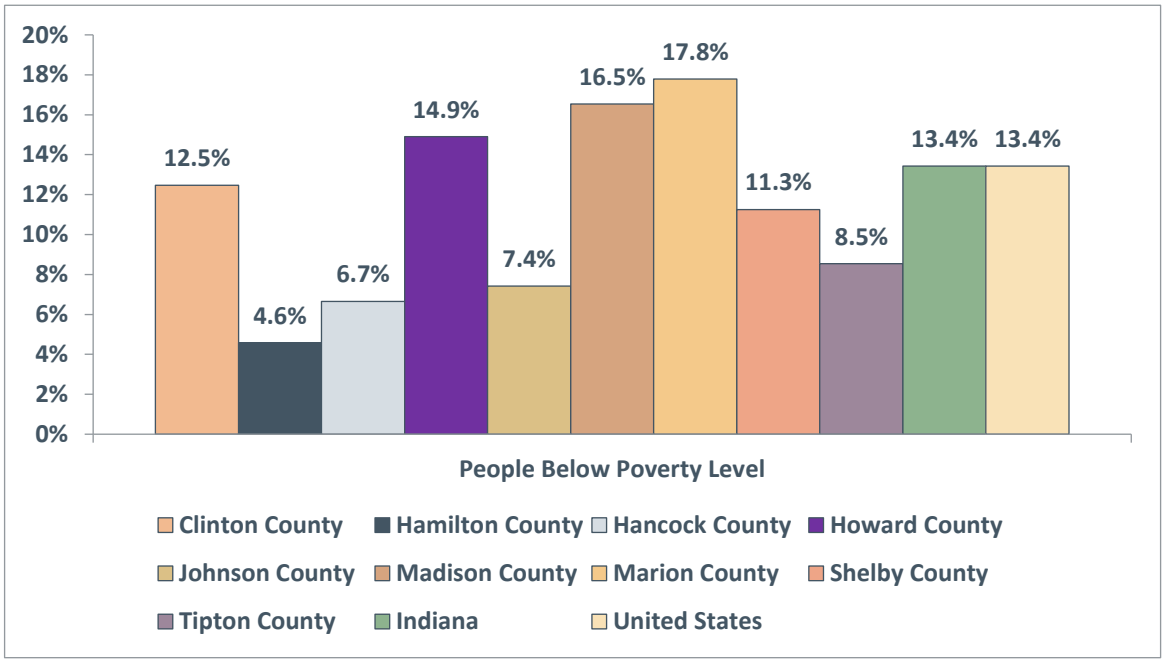
- In 2015-2019, Clinton, Madison, Marion, and Shelby County residents, had a higher percentage of residents, aged 25 and older, without a high school diploma than both Indiana and the United States.
- Proportionately more people were living with a disability in Clinton, Howard, Madison, Marion, Shelby, and Tipton counties than in Indiana and the United States.
- Compared to the state of Indiana, proportionately more people in Clinton and Marion counties were linguistically isolated.
- Hamilton, Hancock, and Johnson counties 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 14: Percent of People in Poverty, 2015-2019**




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

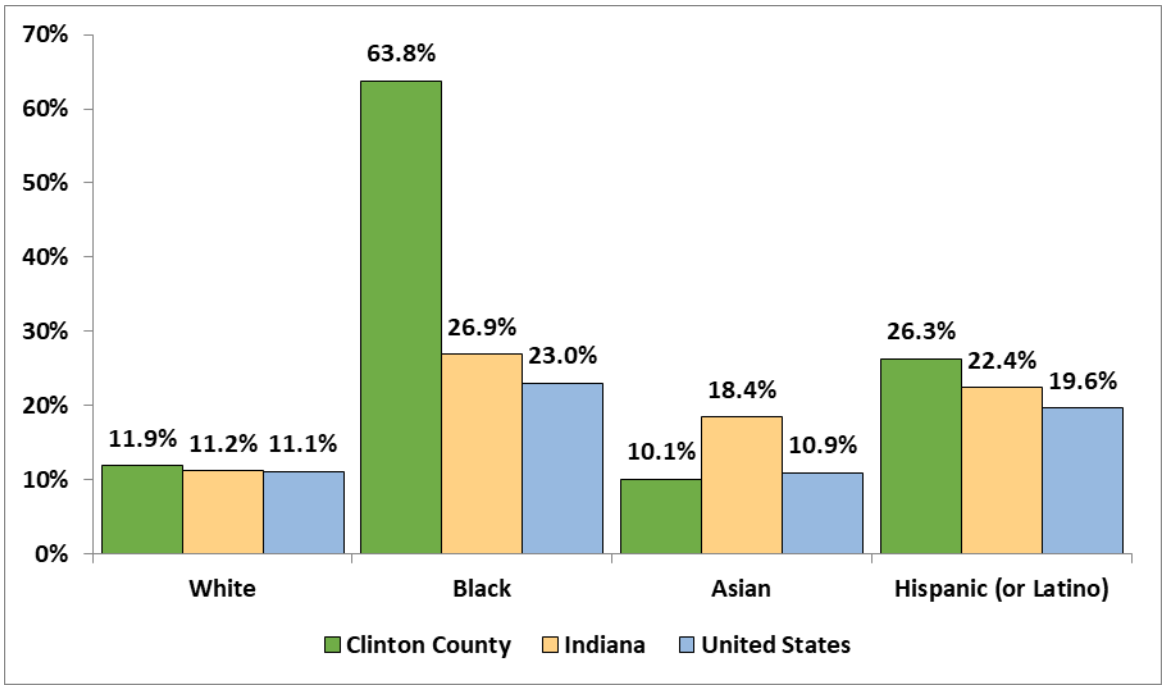
### DESCRIPTION

Exhibit 14 portrays poverty rates in the nine counties, Indiana, and the United States.

- In 2015-2019, the overall poverty rate in Howard, Madison, and Marion counties was above Indiana and United States averages.
- In 2015-2019, the overall poverty rate in Hamilton and Hancock counties was half, or less, than the Indiana and United States averages.

**Poverty Rates by Race and Ethnicity, 2015-2019**

**Exhibit 15A Poverty Rates by Race and Ethnicity, Clinton County**



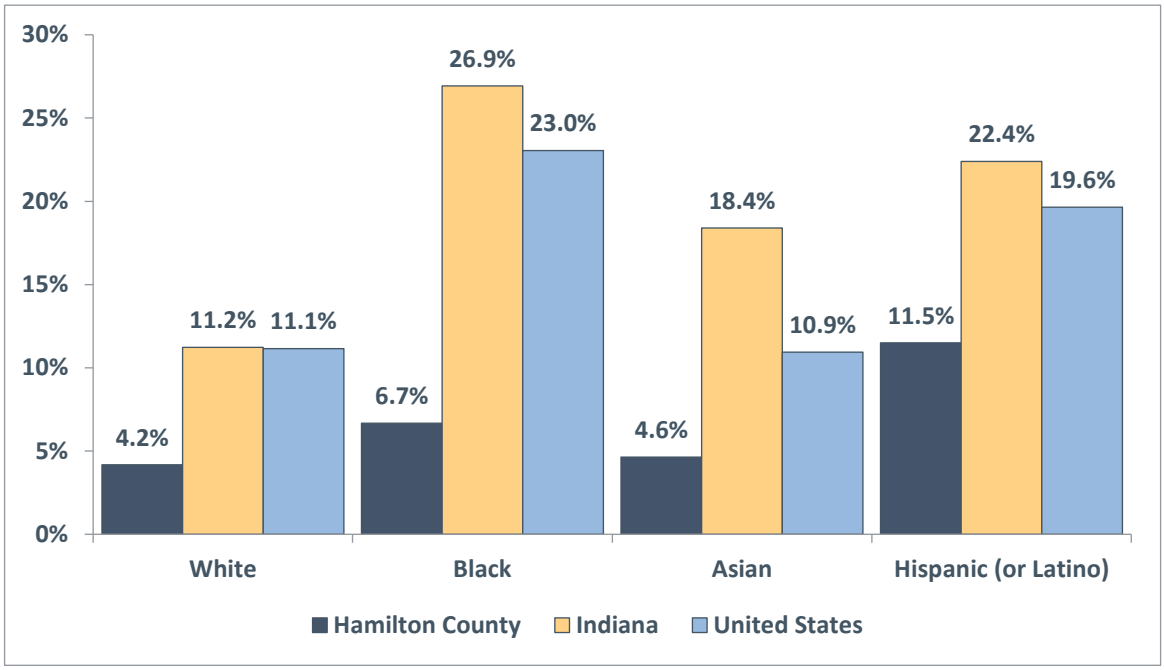

Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

## DESCRIPTION

Exhibit 15A portrays poverty rates by race and ethnicity for Clinton County.

- In Clinton County, poverty rates for Black residents were more than double Indiana and U.S. averages.
- Poverty rates for Hispanic or Latino residents in Clinton County were slightly higher compared to state and national averages.
- Poverty rates for Asian residents in Clinton County were lower than state and national averages.

**Exhibit 15B Poverty Rates by Race and Ethnicity, Hamilton County**



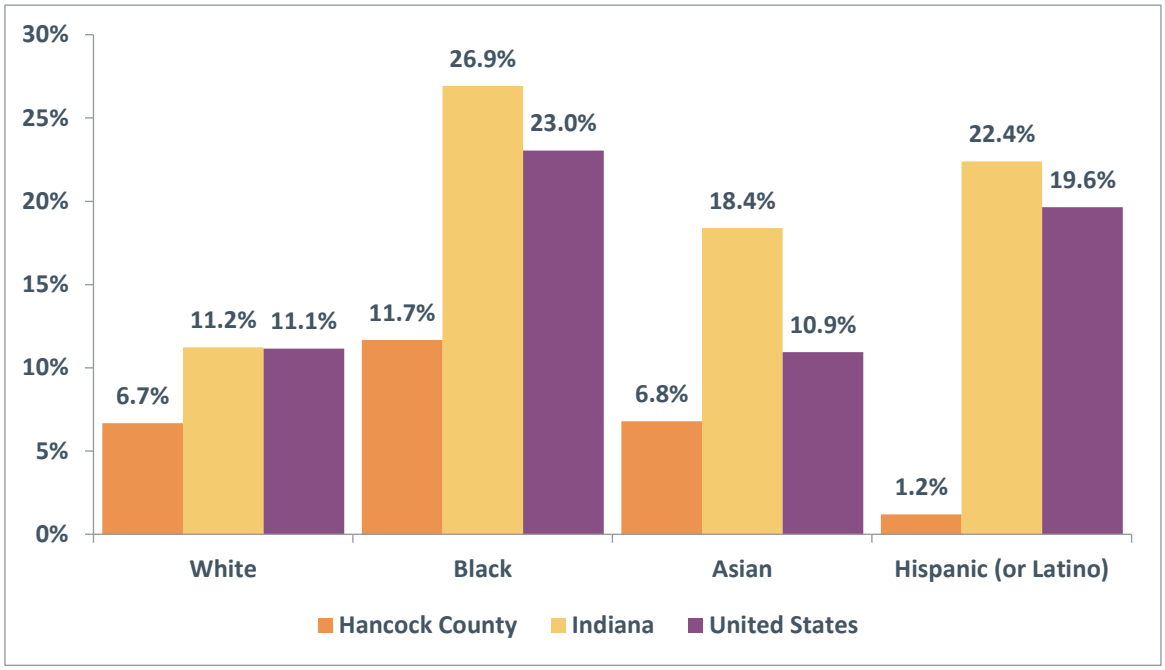

Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

## DESCRIPTION

Exhibit 15B portrays poverty rates by race and ethnicity for Hamilton County.

- In Hamilton County, poverty rates for all races and ethnicities were lower than Indiana and U.S. averages.
- Poverty rates for Hamilton County residents identifying as Hispanic or Latino were highest compared to other races and ethnicities.

**Exhibit 15C Poverty Rates by Race and Ethnicity, Hancock County**



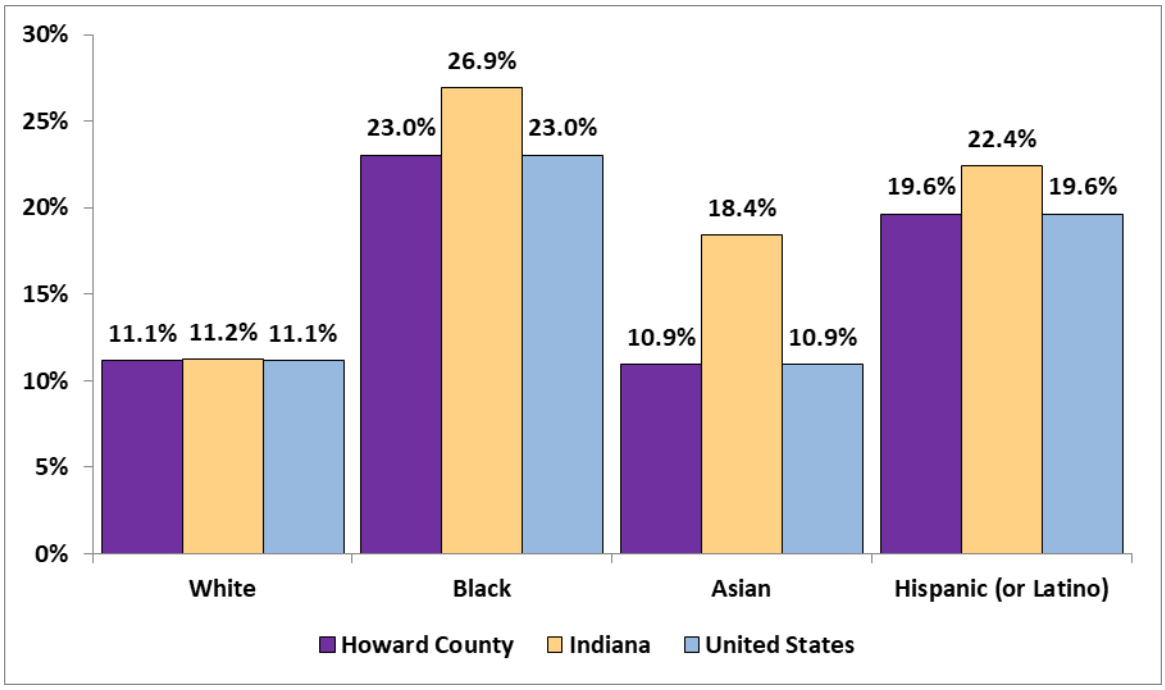

Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

## DESCRIPTION

Exhibit 15C portrays poverty rates by race and ethnicity for Hancock County.

- In Hancock County, poverty rates for all races and ethnicities were lower than Indiana and U.S. averages.
- Poverty rates for Hancock County residents identifying as Black were highest compared to other races and ethnicities.

**Exhibit 15D Poverty Rates by Race and Ethnicity, Howard County**



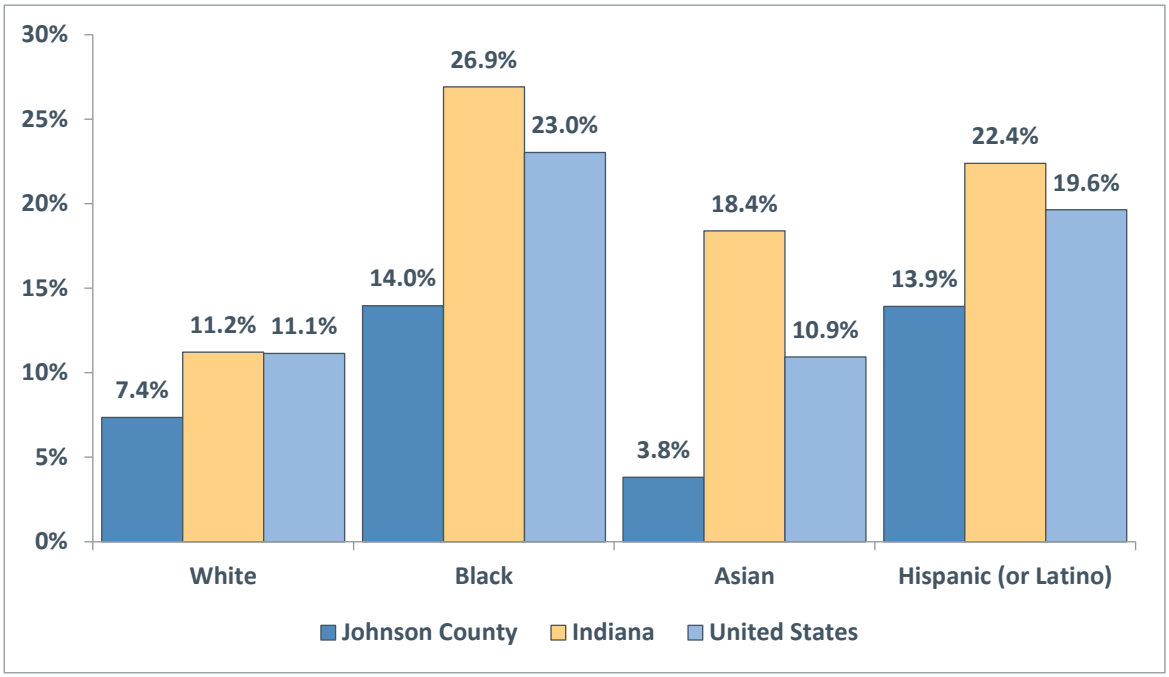

Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

## DESCRIPTION

Exhibit 15D portrays poverty rates by race and ethnicity for Howard County.

- In Howard County, poverty rates for all races and ethnicities were similar or lower than Indiana and U.S. averages.
- In Howard County, poverty rates for residents identifying as Black and Hispanic or Latino were significantly higher compared to other races and ethnicities.

**Exhibit 15E Poverty Rates by Race and Ethnicity, Johnson County**



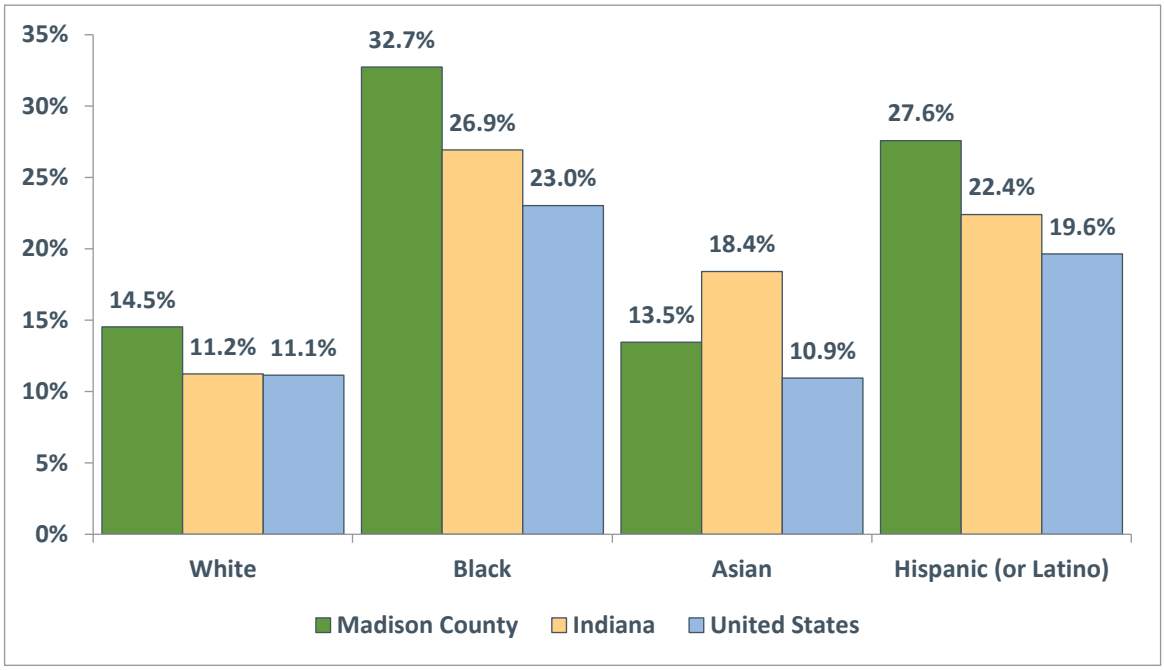

Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

## DESCRIPTION

Exhibit 15E portrays poverty rates by race and ethnicity for Johnson County.

- In Johnson County, poverty rates for all races and ethnicities were lower than Indiana and U.S. averages.
- In Johnson County, poverty rates for residents identifying as Black or Hispanic or Latino were significantly higher compared to other races and ethnicities.

**Exhibit 15F Poverty Rates by Race and Ethnicity, Madison County**



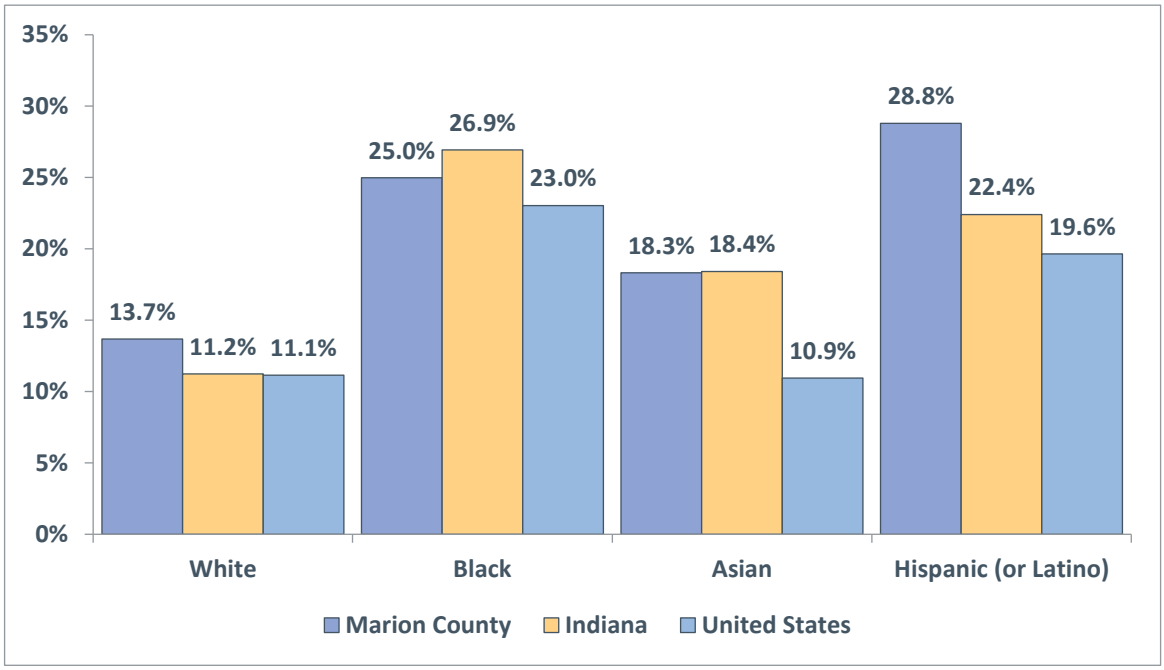

Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

## DESCRIPTION

Exhibit 15F portrays poverty rates by race and ethnicity for Madison County.

- In Madison County, poverty rates for all races and ethnicities were higher than U.S. averages.
- In Madison County, poverty rates for all races, except Asian, were higher than Indiana averages.
- Poverty rates for Black residents were significantly higher compared to other races and ethnicities living in Madison County.

**Exhibit 15G Poverty Rates by Race and Ethnicity, Marion County**



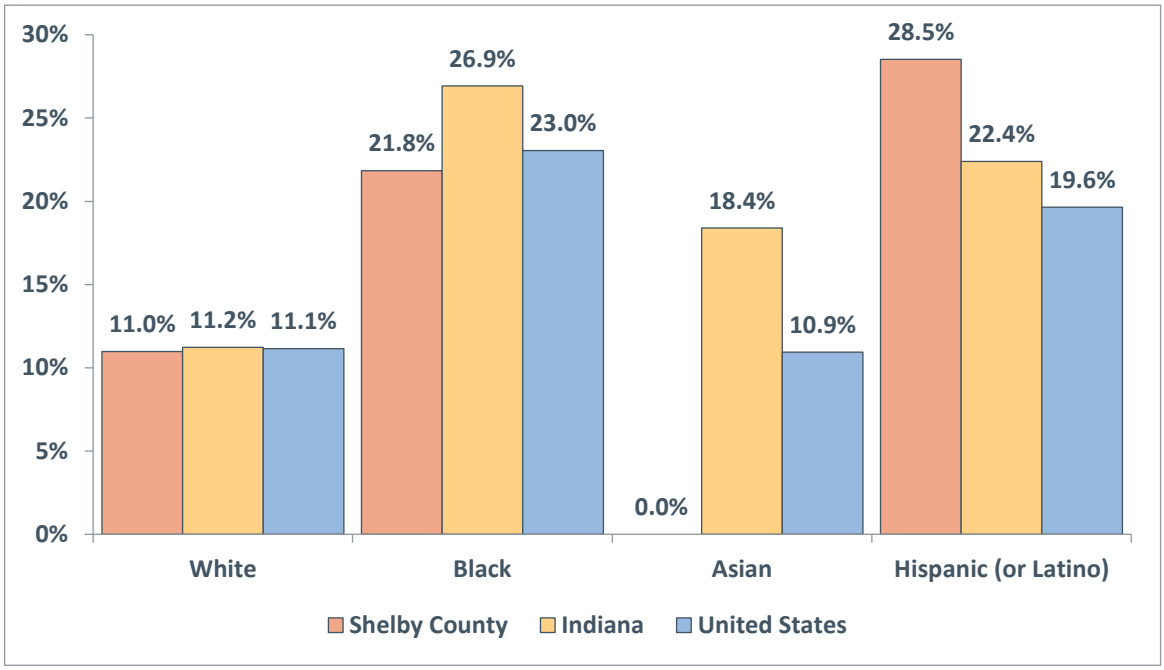

Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

## DESCRIPTION

Exhibit 15G portrays poverty rates by race and ethnicity for Marion County.

- In Marion County, poverty rates for all races and ethnicities were higher than U.S. averages.
- In Marion County, poverty rates for White residents and Hispanic or Latino residents were higher than Indiana averages.
- Poverty rates for Black and Hispanic residents were significantly higher compared to other races and ethnicities living in Marion County.

**Exhibit 15H Poverty Rates by Race and Ethnicity, Shelby County**



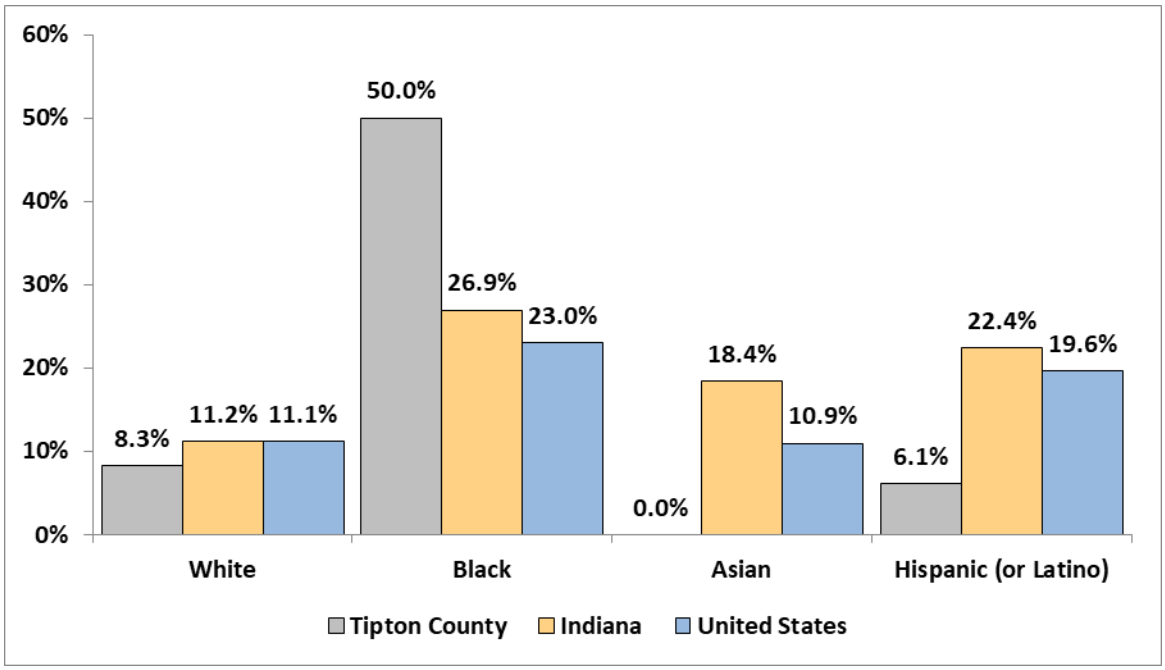

Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

## DESCRIPTION

Exhibit 15H portrays poverty rates by race and ethnicity for Shelby County.

- Poverty rates for Hispanic or Latino residents were higher than Shelby County residents of other races and ethnicities, state, and U.S. averages.
- In Shelby County, poverty rates for Black residents and Hispanic or Latino residents were significantly higher than for White and Asian residents.

**Exhibit 15I Poverty Rates by Race and Ethnicity, Tipton County**



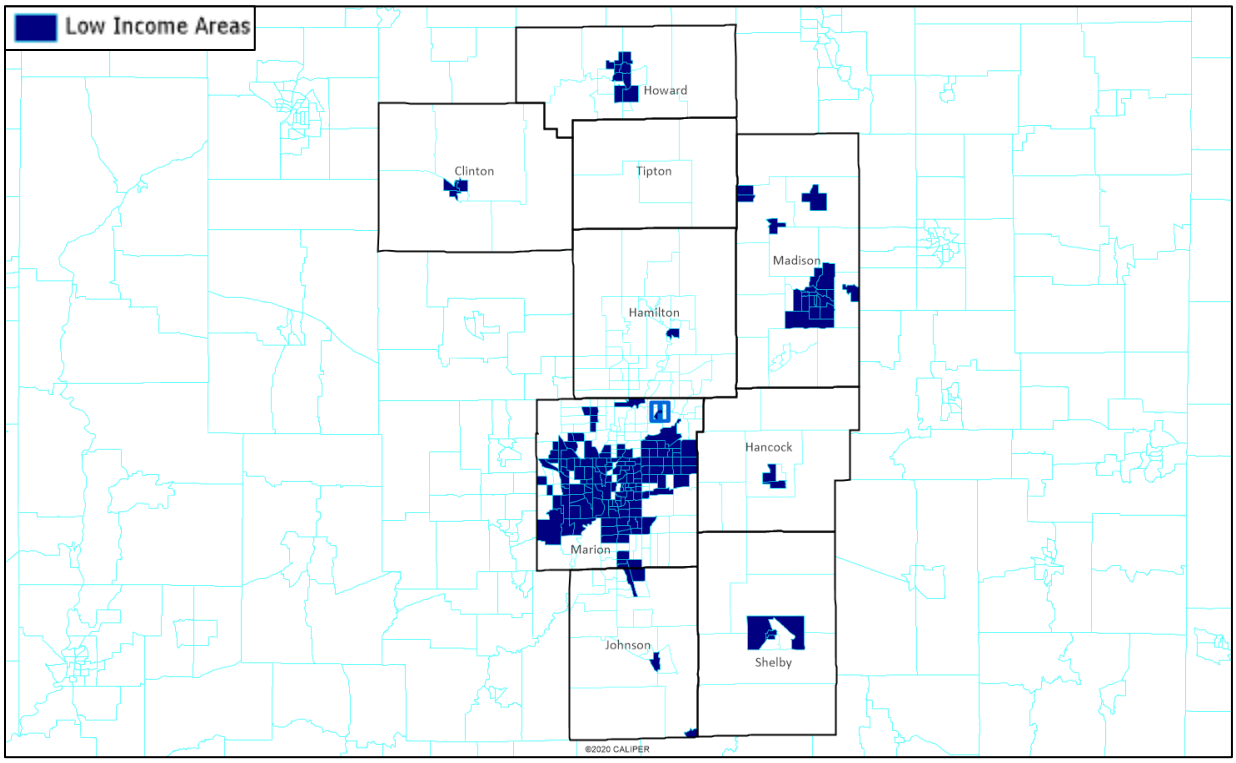

Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

## DESCRIPTION

Exhibit 15I portrays poverty rates by race and ethnicity for Tipton County.

- In Tipton County, poverty rates for all races and ethnicities, except Black residents, were lower than state and national averages.
- Poverty rates for Black residents were significantly higher than for all other races and ethnicities, more than six times that of White residents (50.0 percent compared to 8.3 percent) and more approximately double Indiana and U.S. averages.

**Exhibit 16: Low Income Census Tracts, 2019**




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

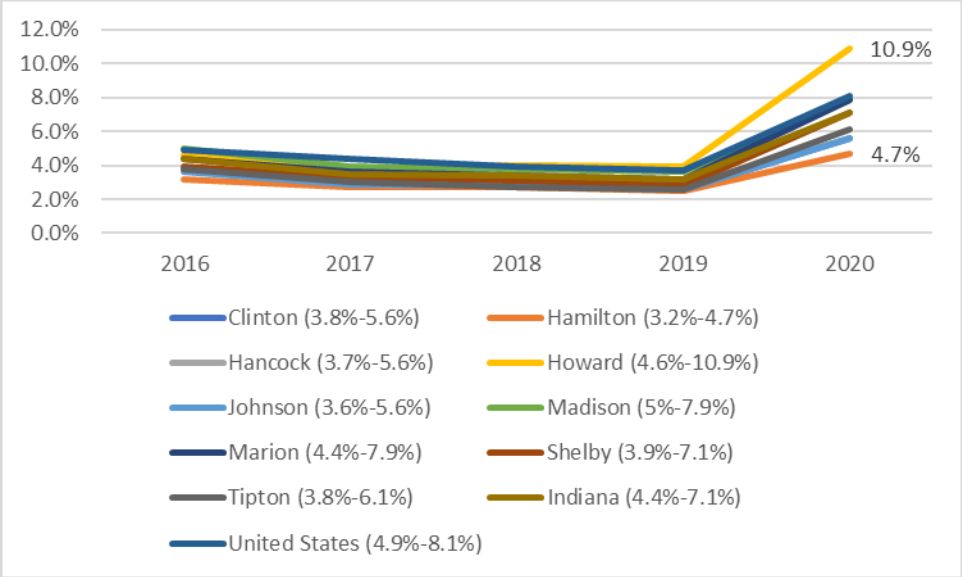
## DESCRIPTION

Exhibit 16 portrays the location of federally designated low-income census tracts.

- In 2019, low-income census tracts mostly concentrated in Marion, Madison, Central Shelby, and Central Howard counties.

## Unemployment

**Exhibit 17: Annual Unemployment Rates, 2016 to 2020**




Source: Bureau of Labor Statistics, 2021.

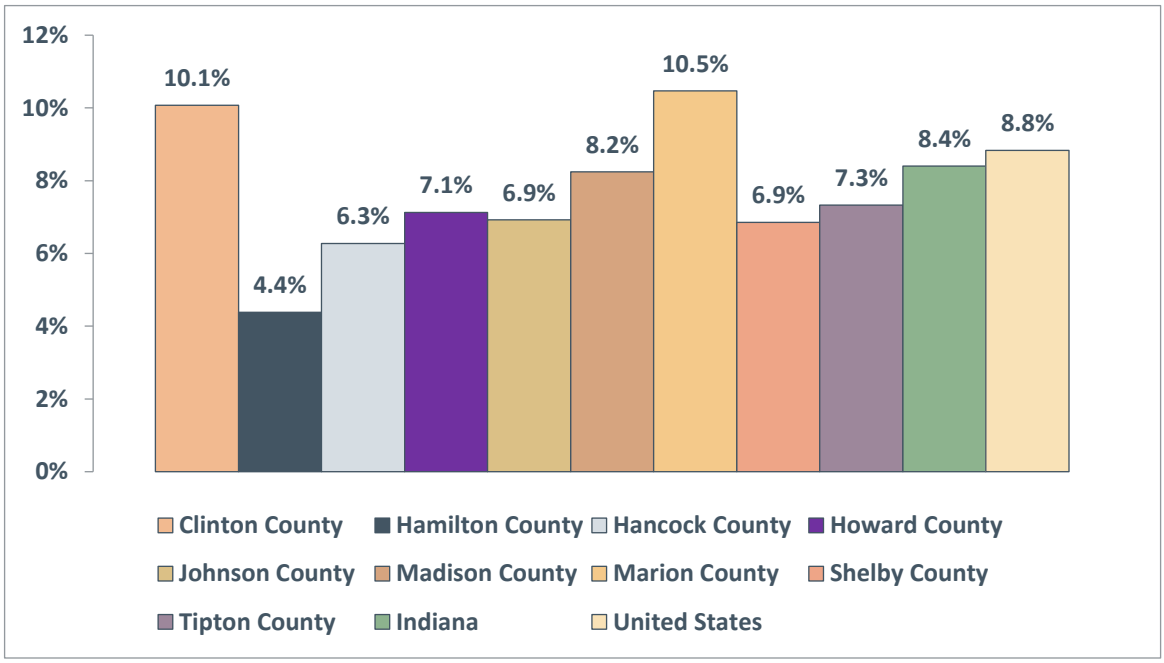
### DESCRIPTION

Exhibit 17 shows annual unemployment rates compared to Indiana and the United States for 2016 through 2020.

- 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 Howard County was the highest of the nine counties and Hamilton County was the lowest.
- Marion, Howard, Madison, and Shelby counties remained above Indiana and U.S. averages in 2020.
- 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 18: Percent of Population without Health Insurance, 2015-2019**




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

### DESCRIPTION

Exhibit 18 presents the estimated percentage of the population without health insurance.

- Clinton and Marion counties had a substantially higher percentage of the population without health insurance than Indiana and the U.S.
- Hamilton County had the lowest percentage of the population without health insurance, about half the rate of Indiana and U.S. averages.
- Recent spikes in unemployment likely are leading to more uninsured community members.

## Crime Rates

**Exhibit 19: Crime Rates by Type, Per 100,000, 2018**

| Crime Type | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County | Indiana |
|---|---|---|---|---|---|---|---|---|---|---|
| **Violent Crime** | 58.9 | 43.2 | 79.8 | 68.0 | 294.4 | 28.6 | 1,272.8 | 130.5 | 37.0 | **370.8** |
| **Murder and Non-Negligent Manslaughter** | 3.1 | 1.0 | - | - | 38.0 | - | 18.5 | 2.3 | - | **5.6** |
| **Rape** | 18.6 | 13.7 | 2.7 | 3.6 | 26.4 | 12.4 | 77.1 | 9.0 | 13.9 | **36.8** |
| **Robbery** | - | 10.4 | 6.7 | 4.9 | 119.8 | 4.6 | 351.1 | 6.8 | 13.9 | **79.2** |
| **Aggravated Assault** | 37.2 | 18.1 | 70.5 | 59.5 | 110.2 | 11.6 | 826.1 | 112.5 | 9.3 | **249.3** |
| **Property Crime** | 542.2 | 836.0 | 310.0 | 153.0 | 2,293.7 | 285.0 | 4,129.2 | 346.6 | 782.2 | **1,971.0** |
| **Burglary** | 145.6 | 49.2 | 66.5 | 35.2 | 400.7 | 73.4 | 893.6 | 103.5 | 30.1 | **323.7** |
| **Larceny - Theft** | 374.9 | 731.6 | 192.9 | 104.5 | 1,532.1 | 192.3 | 2,671.9 | 202.5 | 724.3 | **1,443.4** |
| **Motor Vehicle Theft** | 21.7 | 55.2 | 50.6 | 13.4 | 360.8 | 19.3 | 563.7 | 40.5 | 27.8 | **203.8** |

Source: Federal Bureau of Investigation, 2019.

### DESCRIPTION

Exhibit 19 provides crime statistics and rates per 100,000 for the cities in the CFRC community and state. Crime data was not always available at the county-wide level, so the following representation was used: Hamilton County is the sum of the cities of Carmel, Fishers, Noblesville, and Westfield; Tipton County is the city of Tipton; Johnson County is the sum of the cities of Franklin, Greenwood, and New Whiteland; and Marion County is the city of Indianapolis. Light grey shading indicates rates above the Indiana average; dark grey shading indicates rates more than 50 percent above the average.

- Crime rates in Indianapolis were significantly above state rates for all crime types.
- Crime rates in Johnson County were more than 50 percent above Indiana rates for murder and non-negligent manslaughter, robbery, and motor vehicle theft. Rates in Johnson County were above state averages for property crime, burglary, and larceny.

## Housing Affordability

### Exhibit 20: Percent of Households – Housing Burdened, by County, 2015-2019

| County | Occupied Housing Units | Excessive Housing Costs (30%+ of Income) | Percent Housing Burdened |
|---|---|---|---|
| **Clinton** | 12,033 | 2,686 | 22.3% |
| **Hamilton** | 119,789 | 23,276 | 19.4% |
| **Hancock** | 28,740 | 5,957 | 20.7% |
| **Howard** | 34,701 | 7,667 | 22.1% |
| **Johnson** | 56,628 | 11,298 | 20.0% |
| **Madison** | 51,003 | 13,093 | 25.7% |
| **Marion** | 372,358 | 122,920 | 33.0% |
| **Shelby** | 17,823 | 3,604 | 20.2% |
| **Tipton** | 6,376 | 1,086 | 17.0% |
| **Community Total** | 699,451 | 191,587 | 27.4% |
| **Indiana** | 2,570,419 | 626,325 | 24.4% |
| **United States** | 120,756,048 | 37,249,895 | 30.8% |

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

**Exhibit 21A: Housing Burdened, by ZIP Code, Clinton County, 2015-2019**

| ZIP Code | County | Occupied Housing Units | Excessive Housing Costs (30%+ of Income) | Percent Housing Burdened |
|---|---|---|---|---|
| **46035** | Clinton | 434 | 60 | 13.8% |
| **46039** | Clinton | 220 | 45 | 20.5% |
| **46041** | Clinton | 8,371 | 2,018 | 24.1% |
| **46049** | Clinton | 478 | 55 | 11.5% |
| **46050** | Clinton | 764 | 130 | 17.0% |
| **46057** | Clinton | 517 | 92 | 17.8% |
| **46058** | Clinton | 888 | 149 | 16.8% |
| **46065** | Clinton | 1,180 | 239 | 20.3% |
| **46069** | Clinton | 2,836 | 701 | 24.7% |
| **46979** | Clinton | 1,741 | 199 | 11.4% |
| **47930** | Clinton | 494 | 110 | 22.3% |
| **ZIP Code Total** | | **17,923** | **3,798** | **21.2%** |

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

**Exhibit 21B: Housing Burdened, by ZIP Code, Hamilton County, 2015-2019**

| ZIP Code | County | Occupied Housing Units | Excessive Housing Costs (30%+ of Income) | Percent Housing Burdened |
|---|---|---|---|---|
| **46030** | Hamilton | 1,205 | 210 | 17.4% |
| **46032** | Hamilton | 20,213 | 4,014 | 19.9% |
| **46033** | Hamilton | 13,908 | 2,174 | 15.6% |
| **46034** | Hamilton | 2,868 | 588 | 20.5% |
| **46037** | Hamilton | 14,665 | 2,353 | 16.0% |
| **46038** | Hamilton | 16,909 | 3,377 | 20.0% |
| **46060** | Hamilton | 14,688 | 3,365 | 22.9% |
| **46062** | Hamilton | 13,210 | 2,775 | 21.0% |
| **46074** | Hamilton | 11,975 | 2,508 | 20.9% |
| **46077** | Hamilton | 10,396 | 2,203 | 21.2% |
| **46236** | Hamilton | 10,557 | 2,224 | 21.1% |
| **46250** | Hamilton | 9,132 | 2,645 | 29.0% |
| **46256** | Hamilton | 10,384 | 2,548 | 24.5% |
| **46260** | Hamilton | 13,810 | 5,419 | 39.2% |
| **46280** | Hamilton | 3,274 | 831 | 25.4% |
| **46290** | Hamilton | 112 | 18 | 16.1% |
| **ZIP Code Total** | | **167,306** | **37,252** | **22.3%** |

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

**Exhibit 21C: Housing Burdened, by ZIP Code, Hancock County, 2015-2019**

| ZIP Code | County | Occupied Housing Units | Excessive Housing Costs (30%+ of Income) | Percent Housing Burdened |
|---|---|---|---|---|
| **46055** | Hancock | 4,407 | 537 | 12.2% |
| **46115** | Hancock | 778 | 237 | 30.5% |
| **46117** | Hancock | 244 | 71 | 29.1% |
| **46140** | Hancock | 15,975 | 3,635 | 22.8% |
| **46186** | Hancock | 696 | 114 | 16.4% |
| **46229** | Hancock | 10,984 | 3,454 | 31.4% |
| **47384** | Hancock | 725 | 139 | 19.2% |
| **ZIP Code Total** | | **33,809** | **8,187** | **24.2%** |

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

### Exhibit 21D: Housing Burdened, by ZIP Code, Howard County, 2015-2019

| ZIP Code | County | Occupied Housing Units | Excessive Housing Costs (30%+ of Income) | Percent Housing Burdened |
|---|---|---|---|---|
| **46901** | Howard | 16,443 | 3,991 | 24.3% |
| **46919** | Howard | 986 | 216 | 21.9% |
| **46929** | Howard | 1,119 | 151 | 13.5% |
| **46932** | Howard | 1,313 | 179 | 13.6% |
| **46936** | Howard | 2,178 | 239 | 11.0% |
| **ZIP Code Total** | | **22,039** | **4,776** | **21.7%** |

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

### Exhibit 21E: Housing Burdened, by ZIP Code, Johnson County, 2015-2019

| ZIP Code | County | Occupied Housing Units | Excessive Housing Costs (30%+ of Income) | Percent Housing Burdened |
|---|---|---|---|---|
| **46106** | Johnson | 2,389 | 411 | 17.2% |
| **46124** | Johnson | 3,229 | 779 | 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% |
| **46151** | Johnson | 11,533 | 2,298 | 19.9% |
| **46160** | Johnson | 2,541 | 579 | 22.8% |
| **46162** | Johnson | 179 | 47 | 26.3% |
| **46164** | Johnson | 1,640 | 349 | 21.3% |
| **46181** | Johnson | 1,918 | 491 | 25.6% |
| **46184** | Johnson | 4,895 | 668 | 13.6% |
| **46259** | Johnson | 3,640 | 593 | 16.3% |
| **ZIP Code Total** | | **76,632** | **15,166** | **19.8%** |

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

**Exhibit 21F: Housing Burdened, by ZIP Code, Madison County, 2015-2019**

| ZIP Code | County | Occupied Housing Units | Excessive Housing Costs (30%+ of Income) | Percent Housing Burdened |
|---|---|---|---|---|
| **46001** | Madison | 4,121 | 801 | 19.4% |
| **46011** | Madison | 6,797 | 1,409 | 20.7% |
| **46012** | Madison | 8,219 | 2,276 | 27.7% |
| **46013** | Madison | 7,927 | 2,331 | 29.4% |
| **46016** | Madison | 6,996 | 2,773 | 39.6% |
| **46017** | Madison | 2,311 | 437 | 18.9% |
| **46040** | Madison | 4,568 | 738 | 16.2% |
| **46044** | Madison | 1,183 | 204 | 17.2% |
| **46048** | Madison | 751 | 237 | 31.6% |
| **46051** | Madison | 1,159 | 205 | 17.7% |
| **46056** | Madison | 838 | 128 | 15.3% |
| **46064** | Madison | 5,070 | 929 | 18.3% |
| **46070** | Madison | 822 | 161 | 19.6% |
| **47356** | Madison | 2,219 | 359 | 16.2% |
| **ZIP Code Total** | | **52,981** | **12,988** | **24.5%** |

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

**Exhibit 21G: Housing Burdened, by ZIP Code, Marion County, 2015-2019**

| ZIP Code | County | Occupied Housing Units | Excessive Housing Costs (30%+ of Income) | Percent Housing Burdened |
|---|---|---|---|---|
| **46107** | Marion | 5,040 | 1,213 | 24.1% |
| **46113** | Marion | 5,427 | 1,166 | 21.5% |
| **46201** | Marion | 13,048 | 4,793 | 36.7% |
| **46202** | Marion | 9,808 | 3,417 | 34.8% |
| **46203** | Marion | 14,090 | 5,203 | 36.9% |
| **46204** | Marion | 4,096 | 1,578 | 38.5% |
| **46205** | Marion | 11,597 | 3,832 | 33.0% |
| **46208** | Marion | 8,372 | 3,554 | 42.5% |
| **46214** | Marion | 10,059 | 3,508 | 34.9% |
| **46216** | Marion | 1,387 | 516 | 37.2% |
| **46217** | Marion | 12,279 | 3,269 | 26.6% |
| **46218** | Marion | 12,459 | 5,495 | 44.1% |
| **46219** | Marion | 15,885 | 5,776 | 36.4% |
| **46220** | Marion | 16,883 | 4,404 | 26.1% |
| **46221** | Marion | 9,326 | 2,650 | 28.4% |
| **46222** | Marion | 12,110 | 4,771 | 39.4% |
| **46224** | Marion | 13,639 | 5,305 | 38.9% |
| **46225** | Marion | 2,128 | 953 | 44.8% |
| **46226** | Marion | 18,275 | 7,321 | 40.1% |
| **46227** | Marion | 22,198 | 8,114 | 36.6% |
| **46228** | Marion | 5,721 | 1,256 | 22.0% |
| **46231** | Marion | 3,284 | 674 | 20.5% |
| **46234** | Marion | 9,642 | 2,188 | 22.7% |
| **46235** | Marion | 12,130 | 4,721 | 38.9% |
| **46237** | Marion | 15,059 | 3,364 | 22.3% |
| **46239** | Marion | 10,028 | 2,269 | 22.6% |
| **46240** | Marion | 9,796 | 2,834 | 28.9% |
| **46241** | Marion | 10,638 | 4,027 | 37.9% |
| **46254** | Marion | 15,771 | 5,566 | 35.3% |
| **46268** | Marion | 10,972 | 3,666 | 33.4% |
| **46278** | Marion | 3,058 | 666 | 21.8% |
| **ZIP Code Total** | | **324,205** | **108,069** | **33.3%** |

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

**Exhibit 21H: Housing Burdened, by ZIP Code, Shelby County, 2015-2019**

| ZIP Code | County | Occupied Housing Units | Excessive Housing Costs (30%+ of Income) | Percent Housing Burdened |
|---|---|---|---|---|
| **46110** | Shelby | 205 | 79 | 38.5% |
| **46126** | Shelby | 1,892 | 210 | 11.1% |
| **46130** | Shelby | 1,059 | 89 | 8.4% |
| **46150** | Shelby | 476 | 54 | 11.3% |
| **46161** | Shelby | 1,028 | 158 | 15.4% |
| **46163** | Shelby | 4,502 | 898 | 19.9% |
| **46176** | Shelby | 11,215 | 2,597 | 23.2% |
| **46182** | Shelby | 657 | 122 | 18.6% |
| **47234** | Shelby | 580 | 50 | 8.6% |
| **47272** | Shelby | 788 | 152 | 19.3% |
| **ZIP Code Total** | | **22,402** | **4,409** | **19.7%** |

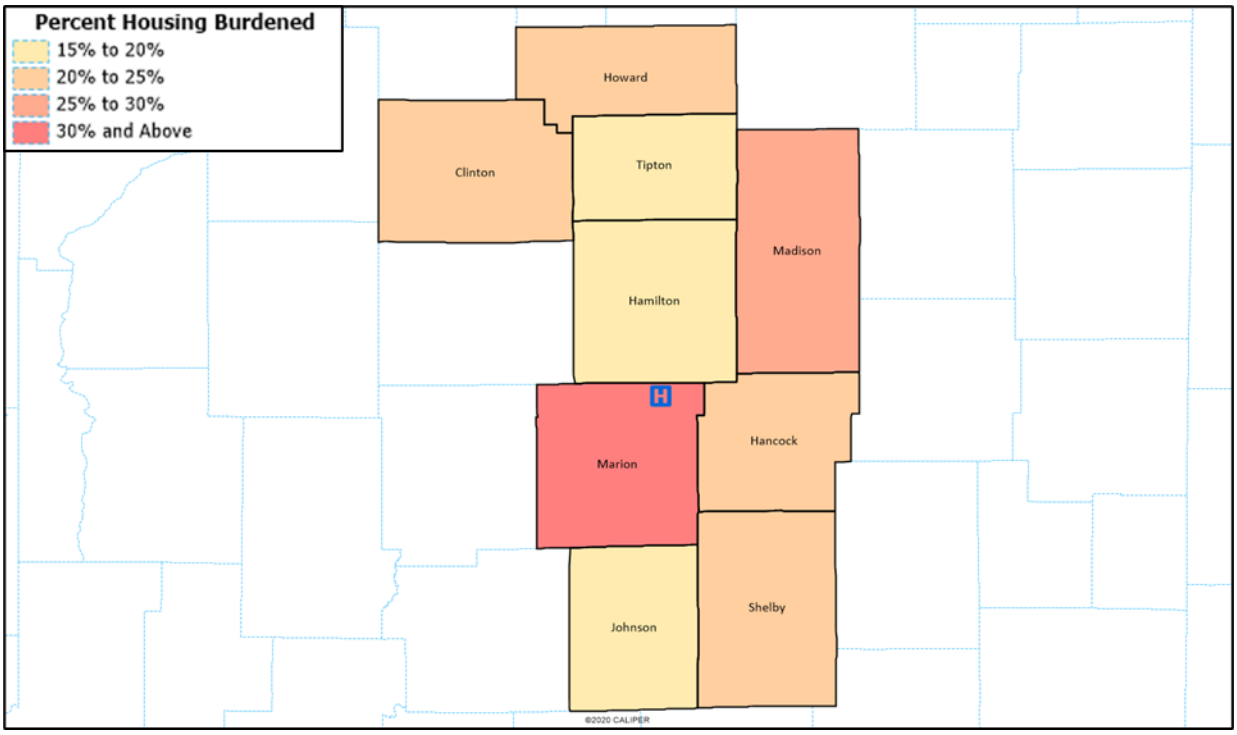
Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

### Exhibit 21I: Housing Burdened, by ZIP Code, Tipton County, 2015-2019

| ZIP Code | County | Occupied Housing Units | Excessive Housing Costs (30%+ of Income) | Percent Housing Burdened |
|---|---|---|---|---|
| **46031** | Tipton | 957 | 98 | 10.2% |
| **46036** | Tipton | 4,737 | 1,196 | 25.2% |
| **46068** | Tipton | 1,141 | 163 | 14.3% |
| **46072** | Tipton | 3,679 | 622 | 16.9% |
| **46076** | Tipton | 633 | 161 | 25.4% |
| **46902** | Tipton | 15,623 | 3,498 | 22.4% |
| **ZIP Code Total** | | **26,770** | **5,738** | **21.4%** |

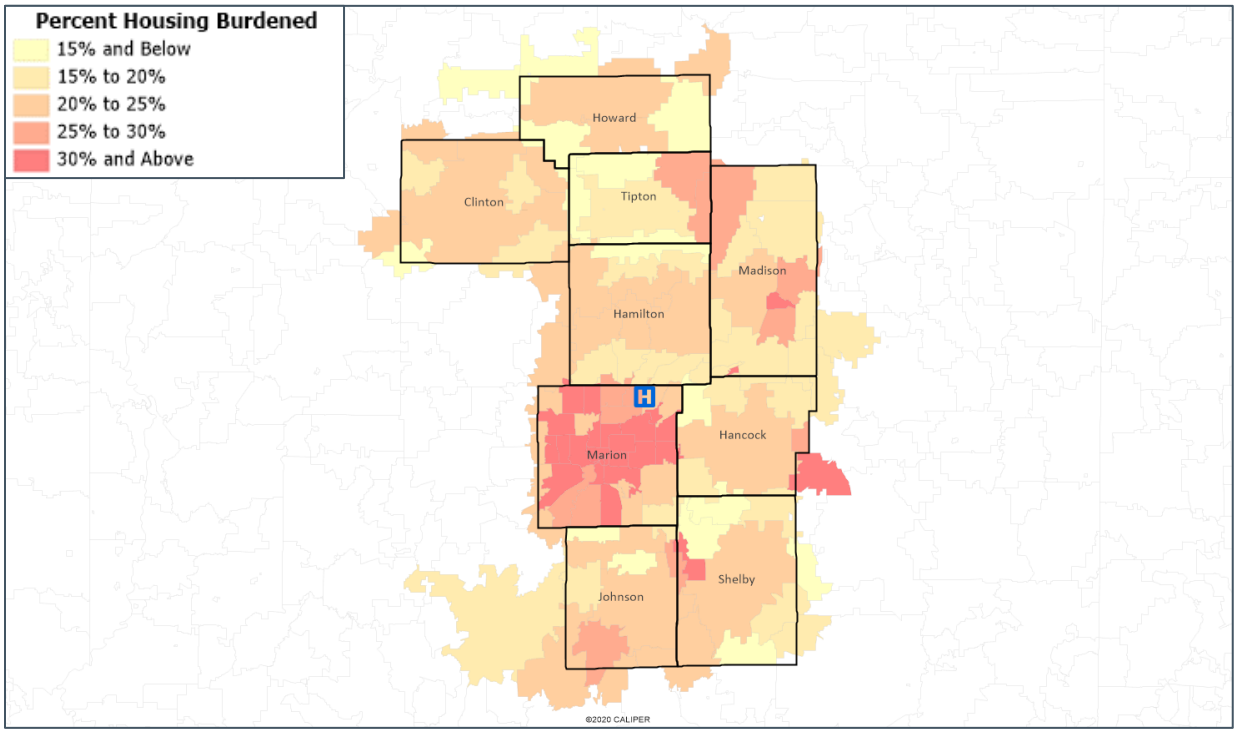
Source: U.S. Census, ACS 5-Year Estimates (2015-2019), 2020, via mySidewalk.

### Exhibit 22A: Map of Percent of Housing Burdened Households, by County, 2015-2019




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

**Exhibit 22B: Map of Percent of Housing Burdened Households, by ZIP Code, 2015-2019**




Source: U.S. 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.[4] Exhibits 20, 21A-21I, and 22A-22B 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."[5]

- In Marion County, 33 percent of households have been designated as housing burdened, a level above the Indiana and national average.
- In Madison County, 25.7 percent of households have been designated as housing burdened, which is above the state average; however, lower than the U.S. average.
- All other counties have levels of housing burden lower than Indiana and national averages.

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

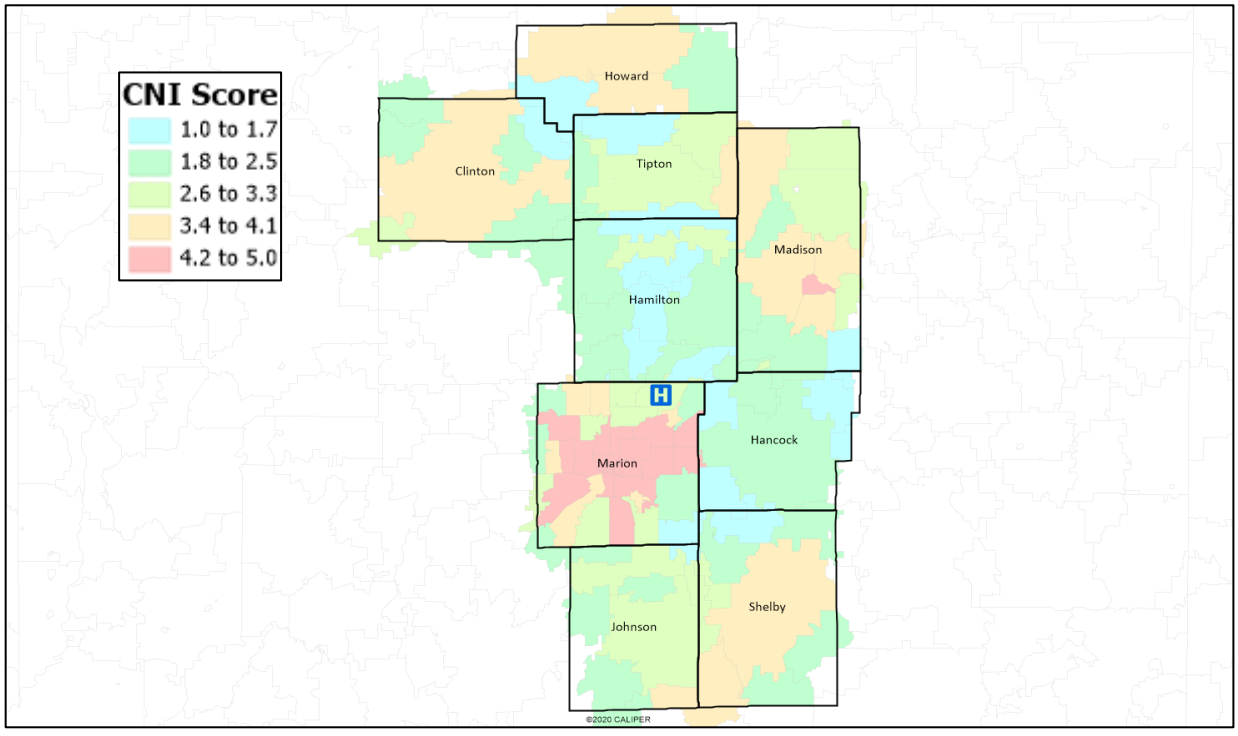
## Dignity Health Community Need Index™

### Exhibit 23: Weighted Average Community Need Index™ Score by ZIP Code, 2021

| County | CNI Score |
|---|---|
| Clinton | 3.2 |
| Hamilton | 1.8 |
| Hancock | 2.0 |
| Howard | 3.4 |
| Johnson | 2.6 |
| Madison | 3.4 |
| Marion | 3.8 |
| Shelby | 3.1 |
| Tipton | 2.5 |
| **Overall CNI** | **3.2** |

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

### Exhibit 24: Community Need Index™, 2021




Source: CommonSpirit Health, 2021, and Caliper Maptitude.

**DESCRIPTION**

Exhibits 23 and 24 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.

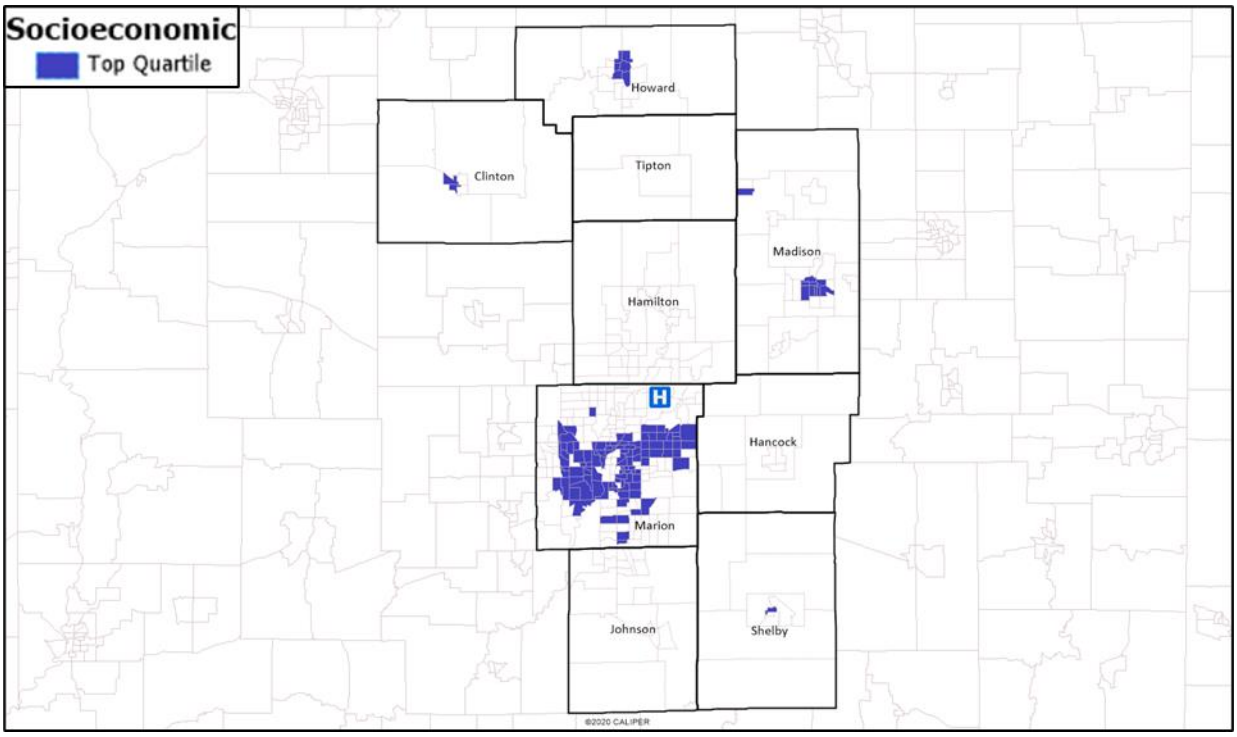
CNI scores are grouped into “Lowest Need” (1.0-1.7) to “Highest Need” (4.2-5.0) categories.

**DESCRIPTION**

- The weighted average CNI score for the CFRC community ZIP Codes is 3.2, slightly above the U.S. median score.
- Marion County has an overall score of 3.8, the highest in the CFRC community.
- Marion and Madison counties have ZIP Codes with the Highest Need (4.2-5.0).

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

**Exhibit 25: Socioeconomic Index – Top Quartile Census Tracts**




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

### DESCRIPTION

Exhibits 25 through 28 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.

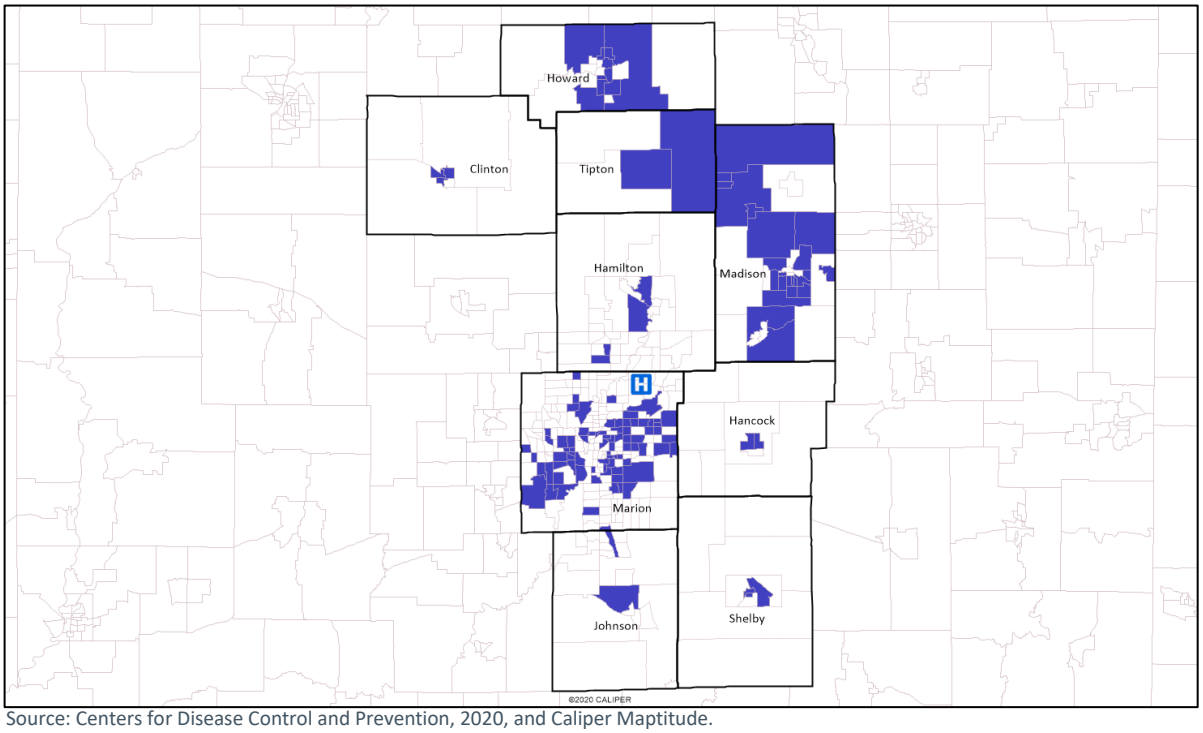
Exhibits 25 through 28 highlight SVI scores for each of these themes.

Exhibit 25 identifies census tracts in the top quartile nationally for socioeconomic vulnerability.

### OBSERVATION

- Census tracts with the highest levels of socioeconomic vulnerability were in the south of CFRC community ZIP Codes, within Marion County.

**Exhibit 26: Household Composition and Disability Index – Top Quartile Census Tracts**




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

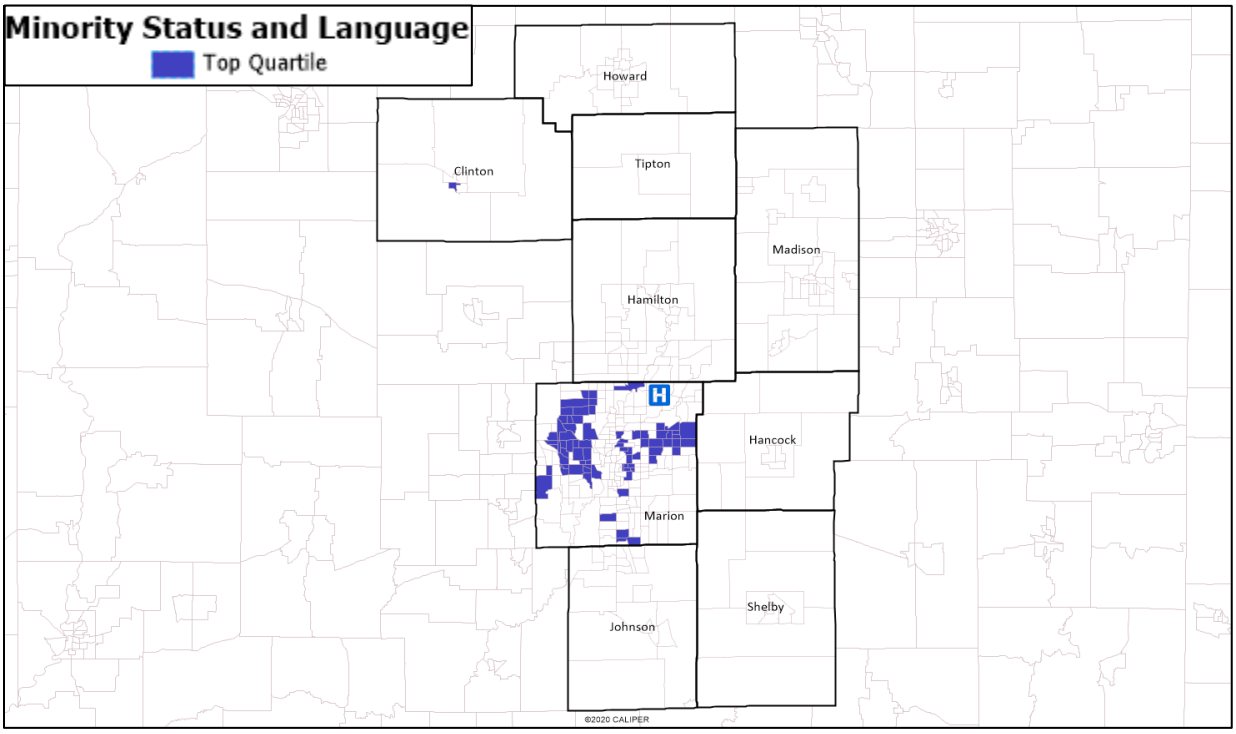
### DESCRIPTION

Exhibit 26 identifies census tracts in the top quartile nationally for household composition and disability vulnerability.

### OBSERVATION

- Census tracts throughout the community were in the top quartile for household composition and disability vulnerability, particularly in Marion, Madison, Tipton, and Howard counties.

**Exhibit 27: Minority Status and Language Index – Top Quartile Census Tracts**




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

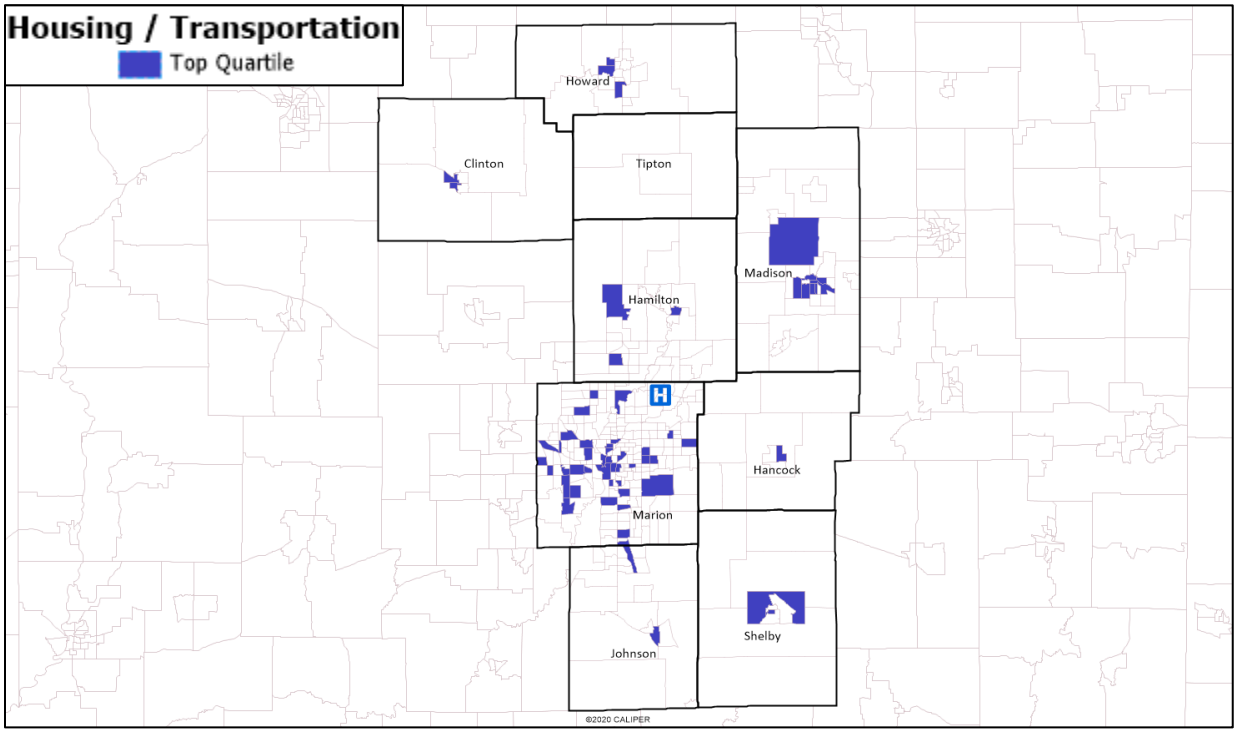
## DESCRIPTION

Exhibit 27 identifies census tracts in the top quartile nationally for minority status and language vulnerability.

## OBSERVATION

- Census tracts in Clinton and Marion counties the highest vulnerability for minority status and language.

**Exhibit 28: Housing Type and Transportation Index – Top Quartile Census Tracts**




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

## DESCRIPTION

Exhibit 28 identifies census tracts in the top quartile nationally for housing type and transportation vulnerability.

## OBSERVATION

- Census tracts throughout the community were highest housing and transportation vulnerability.

# OTHER HEALTH STATUS AND ACCESS INDICATORS

## County Health Rankings

**Exhibit 29: County Health Rankings, 2020**

| Measure | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County |
|---|---|---|---|---|---|---|---|---|---|
| Health Outcomes | 53 | 1 | 6 | 81 | 12 | 83 | 72 | 50 | 28 |
| Health Factors | 48 | 1 | 5 | 77 | 7 | 81 | 87 | 53 | 12 |
| Length of Life | 58 | 1 | 9 | 85 | 17 | 67 | 76 | 65 | 35 |
| Quality of Life | 41 | 1 | 7 | 61 | 13 | 91 | 69 | 25 | 20 |
| Poor or fair health | 72 | 1 | 4 | 48 | 10 | 82 | 63 | 45 | 27 |
| Poor physical health days | 59 | 1 | 10 | 39 | 5 | 92 | 28 | 33 | 14 |
| Poor mental health days | 28 | 1 | 5 | 61 | 32 | 89 | 12 | 20 | 33 |
| Low birthweight | 27 | 13 | 21 | 69 | 30 | 87 | 89 | 20 | 23 |
| Health Behaviors | 63 | 1 | 14 | 78 | 8 | 88 | 68 | 52 | 10 |
| Adult smoking | 43 | 1 | 5 | 70 | 10 | 78 | 34 | 59 | 21 |
| Adult obesity | 85 | 4 | 80 | 56 | 22 | 87 | 31 | 67 | 49 |
| Food environment index | 3 | 3 | 28 | 76 | 52 | 85 | 89 | 28 | 16 |
| Physical inactivity | 81 | 1 | 15 | 68 | 11 | 77 | 25 | 60 | 2 |
| Access to exercise opportunities | 47 | 2 | 77 | 37 | 12 | 30 | 4 | 62 | 67 |
| Excessive drinking | 27 | 92 | 74 | 1 | 87 | 12 | 66 | 26 | 56 |
| Alcohol-impaired driving deaths | 47 | 52 | 80 | 88 | 11 | 40 | 39 | 5 | 65 |
| Sexually transmitted infections | 67 | 23 | 58 | 79 | 55 | 81 | 92 | 60 | 5 |
| Teen births | 76 | 1 | 5 | 78 | 17 | 69 | 75 | 50 | 19 |
| Clinical Care | 52 | 1 | 3 | 16 | 9 | 39 | 36 | 57 | 41 |
| Uninsured | 83 | 2 | 1 | 24 | 14 | 45 | 84 | 31 | 25 |
| Primary care physicians | 80 | 3 | 9 | 20 | 13 | 36 | 12 | 69 | 66 |
| Dentists | 29 | 4 | 47 | 2 | 10 | 17 | 1 | 53 | 22 |
| Mental health providers | 71 | 19 | 50 | 11 | 39 | 23 | 2 | 31 | 61 |
| Preventable hospital stays | 28 | 8 | 10 | 44 | 32 | 60 | 52 | 85 | 48 |

| Measure | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County |
|---|---|---|---|---|---|---|---|---|---|
| Mammography screening | 55 | 8 | 3 | 29 | 22 | 32 | 38 | 14 | 66 |
| Flu Vaccinations | 9 | 4 | 2 | 53 | 9 | 18 | 37 | 18 | 9 |
| Social & Economic Factors | 39 | 3 | 6 | 86 | 10 | 83 | 92 | 49 | 12 |
| High school graduation | 66 | 90 | 52 | 92 | 29 | 82 | 91 | 15 | 18 |
| Some college | 83 | 1 | 8 | 29 | 7 | 50 | 21 | 60 | 41 |
| Unemployment | 15 | 9 | 26 | 81 | 20 | 72 | 51 | 29 | 13 |
| Children in poverty | 46 | 1 | 3 | 62 | 8 | 87 | 85 | 49 | 9 |
| Income inequality | 19 | 26 | 14 | 84 | 32 | 77 | 88 | 39 | 41 |
| Children in single-parent households | 47 | 2 | 14 | 81 | 37 | 85 | 92 | 52 | 19 |
| Social associations | 42 | 74 | 63 | 12 | 78 | 36 | 52 | 58 | 19 |
| Violent crime | 23 | 6 | 27 | 60 | 48 | 39 | 63 | 61 | 29 |
| Injury deaths | 62 | 1 | 25 | 80 | 11 | 73 | 74 | 44 | 65 |
| Physical Environment | 14 | 81 | 63 | 82 | 73 | 40 | 88 | 59 | 11 |
| Air pollution - particulate matter | 33 | 38 | 51 | 38 | 62 | 24 | 87 | 47 | 42 |
| Severe housing problems | 32 | 20 | 19 | 56 | 63 | 74 | 91 | 54 | 2 |
| Driving alone to work | 20 | 38 | 90 | 46 | 74 | 36 | 31 | 80 | 59 |
| Long commute - driving alone | 44 | 66 | 75 | 6 | 69 | 63 | 29 | 55 | 45 |

Source: County Health Rankings, 2020.

### DESCRIPTION

Exhibit 29 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,[6] social and economic

[6]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.

factors, and physical environment.[7] *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.

- Hamilton, Johnson, and Tipton counties ranked favorably compared to the other six counties with the fewest indicators in the bottom half and quartile. Tipton County had no indicators in the bottom quartile, while Hamilton and Johnson each had 4 indicators in the bottom quartile.
- Hamilton County ranked the most favorably amongst the nine counties with only six indicators in the two bottom quartiles.
- Madison, Marion, and Shelby counties ranked unfavorably comparitively with twenty five or more indicators in the bottom two quartiles.

[7]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.

**Exhibit 30: County Health Rankings Data Compared to State and U.S. Averages, 2020**

| Indicator Category | Data | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County | Indiana | United States |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **HEALTH OUTCOMES** | | | | | | | | | | | | |
| **Length of Life** | Years of potential life lost before age 75 per 100,000 population | 9,043 | 4,148 | 6,290 | 10,930 | 6,775 | 9,495 | 9,933 | 9,408 | 7,866 | 8,306 | 6,900 |
| **Quality of Life** | Percent of adults reporting fair or poor health | 19.5% | 10.6% | 14.8% | 18.3% | 16.1% | 20.6% | 19.0% | 18.0% | 16.9% | 19.8% | 17.0% |
| | Average number of physically unhealthy days reported in past 30 days | 4.2 | 3.0 | 3.8 | 4.0 | 3.6 | 4.7 | 3.9 | 4.0 | 3.8 | 4.2 | 3.8 |
| | Average number of mentally unhealthy days reported in past 30 days | 4.4 | 3.5 | 4.1 | 4.6 | 4.4 | 5.0 | 4.2 | 4.3 | 4.5 | 4.7 | 4.0 |
| | Percent of live births with low birthweight (<2500 grams) | 6.9% | 6.7% | 6.9% | 8.2% | 7.1% | 9.0% | 9.2% | 6.8% | 6.9% | 8.0% | 8.0% |
| **HEALTH FACTORS** | | | | | | | | | | | | |
| **Health Behaviors** | | | | | | | | | | | | |
| **Adult Smoking** | Percent of adults that report smoking >= 100 cigarettes and currently smoking | 19.8% | 13.3% | 16.8% | 21.2% | 18.3% | 21.6% | 19.2% | 20.6% | 18.8% | 21.8% | 17.0% |
| **Adult Obesity** | Percent of adults that report a BMI >= 30 | 38.4% | 26.0% | 37.6% | 35.1% | 31.4% | 38.8% | 32.5% | 36.6% | 34.5% | 33.4% | 29.0% |
| **Food Environment Index** | Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (b est) | 8.8 | 8.8 | 8.3 | 7.3 | 8.0 | 7.1 | 6.7 | 8.3 | 8.5 | 7.1 | 7.6 |
| **Physical Inactivity** | Percent of adults aged 20 and over reporting no leisure-time physical activity | 33.6% | 16.6% | 25.3% | 30.9% | 24.4% | 32.5% | 26.3% | 29.8% | 18.4% | 26.7% | 23.0% |
| **Access to Exercise Opportunities** | Percent of population with adequate access to locations for physical activity | 63.4% | 91.3% | 46.9% | 68.6% | 80.3% | 70.5% | 88.9% | 54.3% | 52.5% | 75.2% | 84.0% |
| **Excessive Drinking** | Binge plus heavy drinking | 16.4% | 20.1% | 18.0% | 14.4% | 19.1% | 15.9% | 17.7% | 16.4% | 17.3% | 17.6% | 19.0% |
| **Alcohol-Impaired Driving Deaths** | Percent of driving deaths with alcohol involvement | 19.4% | 20.5% | 30.0% | 35.2% | 8.3% | 17.0% | 17.0% | 4.7% | 24.0% | 19.7% | 28.0% |

| Indicator Category | Data | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County | Indiana | United States |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **STDs** | Chlamydia rate per 100,000 population | 374.4 | 229.5 | 310.7 | 492.9 | 306.7 | 511.2 | 1,109.0 | 319.9 | 165.3 | 514.2 | 524.6 |
| **Teen Births** | Teen birth rate per 1,000 female population, ages 15-19 | 36.4 | 6.4 | 14.8 | 37.0 | 20.8 | 34.6 | 36.0 | 29.7 | 22.0 | 26.5 | 23.0 |
| **CLINICAL CARE** | | | | | | | | | | | | |
| **Uninsured** | Percent of population under age 65 without health insurance | 11.7% | 6.1% | 6.0% | 8.3% | 7.9% | 9.1% | 11.7% | 8.5% | 8.4% | 9.6% | 10.0% |
| **Primary Care Physicians** | Ratio of population to primary care physicians | 5386:1 | 701:1 | 1190:1 | 1584:1 | 1272:1 | 2023:1 | 1253:1 | 3171:1 | 3026:1 | 1,511:1 | 1,330:1 |
| **Dentists** | Ratio of population to dentists | 2150:1 | 1353:1 | 2545:1 | 1160:1 | 1578:1 | 1752:1 | 1126:1 | 2787:1 | 1891:1 | 1,777:1 | 1,450:1 |
| **Mental Health Providers** | Ratio of population to mental health providers | 2481:1 | 689:1 | 1468:1 | 535:1 | 1149:1 | 776:1 | 350:1 | 1037:1 | 1891:1 | 623:1 | 400:1 |
| **Preventable Hospital Stays** | Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees | 4,145 | 3,121 | 3,607 | 4,767 | 4,480 | 5,325 | 5,110 | 6,698 | 4,990 | 5,006 | 4,535 |
| **Mammography Screening** | Percent of female Medicare enrollees, ages 67-69, that receive mammography screening | 39.0% | 48.0% | 50.0% | 43.0% | 44.0% | 42.0% | 41.0% | 46.0% | 37.0% | 42.0% | 42.0% |
| **Flu Vaccinations** | Percent of Medicare enrollees who receive an influenza vaccination | 54.0% | 56.0% | 57.0% | 47.0% | 54.0% | 52.0% | 49.0% | 52.0% | 54.0% | 49.0% | 46.0% |
| **SOCIAL & ECONOMIC FACTORS** | | | | | | | | | | | | |
| **High School Graduation** | Percent of ninth-grade cohort that graduates in four years | 90.2% | 76.8% | 91.6% | 75.1% | 93.4% | 84.9% | 75.9% | 95.4% | 95.0% | 83.8% | **85.0%** |
| **Some College** | Percent of adults aged 25-44 years with some post-secondary education | 46.3% | 86.9% | 69.2% | 60.2% | 69.6% | 55.6% | 62.3% | 52.8% | 56.8% | 62.7% | **66.0%** |
| **Unemployment** | Percent of population age 16+ unemployed but seeking work | 2.8% | 2.7% | 3.0% | 4.1% | 2.9% | 3.9% | 3.5% | 3.1% | 2.8% | 3.4% | **3.9%** |
| **Children in Poverty** | Percent of children under age 18 in poverty | 16.3% | 4.5% | 6.6% | 19.3% | 10.1% | 24.7% | 24.5% | 16.6% | 11.0% | 17.5% | **18.0%** |
| **Income Inequality** | Ratio of household income at the 80th percentile to income at the 20th percentile | 3.6 | 3.8 | 3.6 | 4.6 | 3.8 | 4.4 | 4.8 | 3.8 | 3.9 | 4.4 | **4.9** |
| **Children in Single-Parent Households** | Percent of children that live in a household headed by single parent | 30.3% | 17.7% | 23.5% | 37.5% | 28.9% | 39.3% | 47.1% | 31.2% | 24.8% | 33.9% | **33.0%** |

| Indicator Category | Data | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County | Indiana | United States |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Social Associations** | Number of associations per 10,000 population | 13.3 | 9.6 | 10.4 | 16.4 | 8.8 | 13.8 | 11.6 | 11.0 | 15.2 | 12.3 | **9.3** |
| **Violent Crime** | Number of reported violent crime offenses per 100,000 population | 107.2 | 33.0 | 118.1 | 431.3 | 284.5 | 211.5 | 1,251.2 | 535.4 | 132.3 | 385.1 | **386.0** |
| **Injury Deaths** | Injury mortality per 100,000 | 85.6 | 41.7 | 68.5 | 100.0 | 58.2 | 93.2 | 94.3 | 77.8 | 88.0 | 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 | 11.5 | 11.6 | 11.9 | 11.6 | 12.1 | 11.4 | 12.8 | 11.8 | 11.7 | 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 | 10.2% | 9.1% | 9.1% | 11.7% | 12.0% | 13.0% | 18.3% | 11.7% | 6.6% | 13.2% | **18.0%** |
| **Driving Alone to Work** | Percent of the workforce that drives alone to work | 81.6% | 83.2% | 89.0% | 83.9% | 86.5% | 83.0% | 82.6% | 86.7% | 85.1% | 83.0% | **76.0%** |
| **Long Commute – Drive Alone** | Among workers who commute in their car alone, the percent that commute more than 30 minutes | 33.0% | 41.0% | 43.5% | 18.9% | 41.9% | 39.9% | 29.4% | 35.8% | 33.3% | 31.1% | **36.0%** |

Source: County Health Rankings, 2020.

## DESCRIPTION

Exhibit 30 provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.[8] 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.
- Teen birth rate was in the bottom quartile in four of the nine counties, Clinton, Howard, Madison, and Marion counties.
- Many counties and Indiana showed unfavorable ratios for population to primary care physicians, population to dentists, and population to mental health providers compared to the United States average.
- All counties and Indiana showed unfavorable results for the average daily measure of fine particulate matter (air pollution) compared to the United States average.
- All counties and Indiana showed unfavorable results for the percent of the workforce that drives alone to work compared to the United States average.

[8] 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 31: Community Health Status Indicators, 2020**

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

| Category | Indicator | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County |
|---|---|---|---|---|---|---|---|---|---|---|
| Length of Life | Years of Potential Life Lost Rate | | | | | | | | | |
| Quality of Life | % Fair/Poor Health | | | | | | | | | |
| | Physically Unhealthy Days | | | | | | | | | |
| | Mentally Unhealthy Days | | | | | | | | | |
| | % Births - Low Birth Weight | | | | | | | | | |
| Health Behaviors | % Smokers | | | | | | | | | |
| | % Obese (BMI >30) | | | | | | | | | |
| | Food Environment Index | | | | | | | | | |
| | % Physically Inactive | | | | | | | | | |
| | % With Access to Exercise Opportunities | | | | | | | | | |
| | % Excessive Drinking | | | | | | | | | |
| | % Driving Deaths Alcohol-Impaired | | | | | | | | | |
| | Chlamydia (per 100,000 population) | | | | | | | | | |
| | Teen Births (per 1,000 females ages 15-19) | | | | | | | | | |
| Clinical Care | % Uninsured | | | | | | | | | |
| | Per capita supply of primary care physicians | | | | | | | | | |
| | Per capita supply of dentists | | | | | | | | | |
| | Per capita supply of mental health providers | | | | | | | | | |
| | Preventable Hospitalizations (per 100,000 Medicare Enrollees) | | | | | | | | | |
| | % Mammography Screening | | | | | | | | | |
| | % Flu Vaccination | | | | | | | | | |
| | % High School Graduation | | | | | | | | | |

| Category | Indicator | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County |
|---|---|---|---|---|---|---|---|---|---|---|
| Social & Economic Factors | % Some College | | | | | | | | | |
| | % Unemployed | | | | | | | | | |
| | % Children in Poverty | | | | | | | | | |
| | Income Ratio | | | | | | | | | |
| | % Children in Single-Parent Households | | | | | | | | | |
| | Social Association (per 10,000 population) | | | | | | | | | |
| | Violent Crime (per 100,000 population) | | | | | | | | | |
| | Injury Deaths (per 100,000 population) | | | | | | | | | |
| Physical Environment | Average Daily PM2.5 | | | | | | | | | |
| | % Severe Housing Problems | | | | | | | | | |
| | % Drive Alone to Work | | | | | | | | | |
| | % Long Commute - Drives Alone | | | | | | | | | |

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 31 compares the nine 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 are also provided.

*See* Appendix D for a list of the counties' peer counties.

- All counties, except Hamilton County, ranked in the bottom half for percentage of population with fair or poor health. Six of these counties were in the bottom quartile, compared to peer counties.
- All counties ranked unfavorably, compared to peer counties, for air quality (average daily PM2.5), with eight of the nine counties in the bottom quartile.
- Hamilton County ranks comparatively well to peer counties and to the other counties in the community, with only six out of 34 indicators in the bottom half.

## COVID-19 Incidence and Mortality

### Exhibit 32: COVID-19 Incidence, Mortality, and Vaccination (As of October 6, 2021)

| Indicator | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County | Indiana | United States |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Confirmed Cases | 5,499 | 45,154 | 11,348 | 14,293 | 24,330 | 18,042 | 132,228 | 6,903 | 2,182 | **974,169** | **43,332,327** |
| Confirmed Cases (per 100,000 Population) | 17,051 | 13,679 | 14,863 | 17,353 | 15,574 | 13,917 | 13,851 | 15,480 | 14,424 | **14,557** | **13,281** |
| Total Deaths | 67 | 452 | 175 | 279 | 430 | 398 | 2,045 | 112 | 57 | **15,342** | **676,871** |
| Deaths (per 100,000 Population) | 207.8 | 136.9 | 229.2 | 338.7 | 275.2 | 307.0 | 214.2 | 251.2 | 376.8 | **229.3** | **207.5** |
| Percent of Adults Fully Vaccinated | 54.1% | 79.0% | 73.5% | 52.4% | 64.8% | 56.7% | 61.1% | 62.9% | 49.4% | **59.1%** | **63.1%** |
| Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination | 13.9% | 8.5% | 13.2% | 13.7% | 11.6% | 13.8% | 12.2% | 13.2% | 13.7% | **11.9%** | **10.0%** |

Source: Sparkmap, 2021.

### DESCRIPTION

Exhibit 32 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.

- All counties, except Hamilton County, compared unfavorably to U.S. average for COVID-19 deaths (per 100,000 population).
- Howard and Tipton counties experienced death rates that were at least 50 percent higher than U.S. average.

### Exhibit 33: Causes of Death (Age-Adjusted, Per 100,000), 2019

| Indicator | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County | Indiana |
|---|---|---|---|---|---|---|---|---|---|---|
| Major Cardiovascular Disease | 198.4 | 167.2 | 201.4 | 287.6 | 228.2 | 228.9 | 234.8 | 212.4 | 251.0 | **237.5** |
| Diseases of Heart | 132.7 | 119.9 | 142.9 | 232.0 | 173.1 | 160.7 | 178.5 | 152.3 | 199.1 | **178.7** |
| Malignant Neoplasms (Cancer) | 170.8 | 125.9 | 143.6 | 187.1 | 177.8 | 162.8 | 166.6 | 163.0 | 154.2 | **163.3** |
| Ischemic Heart Disease | 65.6 | 67.4 | 53.0 | 135.2 | 86.8 | 89.1 | 83.9 | 78.3 | 114.6 | **93.1** |
| Accidents (Unintentional Injuries) | 53.3 | 28.8 | 45.1 | 73.9 | 30.1 | 77.0 | 71.1 | 57.5 | N/A | **56.1** |
| Chronic Lower Respiratory Diseases | 60.8 | 33.2 | 63.7 | 68.3 | 51.3 | 74.2 | 57.5 | 60.7 | N/A | **56.1** |
| Cerebrovascular Disease (Stroke) | 58.7 | 36.2 | 47.3 | 39.8 | 44.4 | 43.5 | 40.0 | 39.2 | 48.2 | **41.5** |
| Alzheimer's Disease | N/A | 19.5 | 30.6 | 32.9 | 45.6 | 51.4 | 26.8 | 39.2 | N/A | **31.7** |
| Drug Poisoning | N/A | 11.4 | 15.3 | 37.6 | 20.1 | 39.6 | 39.9 | 30.3 | N/A | **26.6** |
| Accidental Poisoning And Exposure To Noxious Substances | N/A | 12.0 | 13.8 | 36.7 | 0.0 | 40.7 | 39.3 | 24.2 | N/A | **25.4** |
| Diabetes Mellitus | N/A | 12.4 | 15.7 | 24.4 | 21.6 | 34.2 | 25.4 | N/A | N/A | **25.0** |
| Nephritis, Nephrotic Syndrome and Nephrosis (Kidney Disease) | N/A | 14.5 | 27.9 | 18.8 | 8.5 | 19.7 | 19.3 | 20.4 | N/A | **17.1** |
| Septicemia | N/A | 9.1 | 11.5 | 16.9 | 14.1 | 15.8 | 13.2 | N/A | N/A | **14.3** |
| Intentional Self-Harm (Suicide) | 33.3 | 12.3 | 17.0 | 13.3 | 14.7 | 22.7 | 13.0 | N/A | N/A | **14.1** |
| Motor Vehicle Accidents | N/A | 4.4 | N/A | 22.6 | 6.5 | 13.4 | 12.6 | N/A | N/A | **12.6** |
| Alcohol Related Causes | N/A | 6.4 | N/A | 27.1 | 0.0 | 15.1 | 13.4 | N/A | N/A | **10.4** |
| Assault (Homicide) | N/A | 0.0 | N/A | 0.0 | 0.0 | 0.0 | 17.6 | N/A | N/A | **7.2** |

Source: Indiana Department of Health, 2020.

## DESCRIPTION

Exhibit 33 provides age-adjusted mortality rates from 2019 for a variety of causes in nine 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

- Howard and Madison counties compared unfavorably to national averages for most causes of death.
- Clinton County's suicide rate was more than double that of Indiana.
- Deaths due to accidental poisoning and exposure to noxious substances were particularly high in Madison and Marion counties.

### Exhibit 34: Cancer Mortality Rates, Age-Adjusted per 100,000 Population, 2014-2018

| Measure | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County | Indiana | United States |
|---|---|---|---|---|---|---|---|---|---|---|---|
| All Cancers | 182.1 | 130.7 | 168.0 | 187.1 | 167.4 | 179.8 | 179.9 | 182.8 | 171.4 | **173.0** | 155.6 |
| Lung and Bronchus | 51.4 | 29.0 | 49.9 | 53.2 | 48.8 | 59.1 | 52.1 | 59.3 | 41.6 | **48.8** | 38.5 |
| Breast | 13.9 | 18.1 | 17.1 | 21.6 | 21.3 | 20.5 | 20.6 | 17.9 | N/A | **20.8** | 20.1 |
| Prostate | N/A | 16.7 | 13.9 | 17.3 | 21.6 | 19.1 | 24.0 | N/A | N/A | **19.5** | 19.0 |
| Colon and Rectum | 17.0 | 10.6 | 12.4 | 17.4 | 12.1 | 13.1 | 15.4 | 17.5 | 14.4 | **15.1** | 13.7 |
| Pancreas | 15.5 | 11.4 | 14.1 | 12.9 | 10.9 | 12.6 | 11.7 | 15.5 | 16.0 | **11.6** | 11.0 |
| Leukemias | 9.3 | 7.1 | 7.9 | 6.8 | 7.3 | 7.4 | 6.9 | 6.1 | N/A | **6.9** | 6.3 |
| Ovary | N/A | 6.8 | 6.8 | 6.6 | 9.2 | 6.4 | 6.9 | N/A | N/A | **6.9** | 6.7 |
| Non-Hodgkin Lymphoma | 8.2 | 4.5 | 5.3 | 5.1 | 6.3 | 5.9 | 5.4 | N/A | N/A | **6.1** | 5.4 |
| Liver and Intrahepatic Bile Duct | N/A | 3.8 | 4.5 | 6.2 | 5.3 | 4.2 | 8.5 | 6.5 | N/A | **6.0** | 6.6 |
| Corpus and Uterus, NOS | N/A | 3.6 | N/A | 7.2 | 4.5 | 4.1 | 5.5 | N/A | N/A | **5.1** | 4.9 |
| Esophagus | N/A | 2.7 | 4.0 | 5.5 | 4.1 | 5.0 | 4.0 | N/A | N/A | **4.9** | 3.9 |
| Brain and Other Nervous System | N/A | 5.5 | 5.4 | 5.1 | 4.8 | 5.4 | 4.2 | N/A | N/A | **4.6** | 4.4 |
| Urinary Bladder | N/A | 3.9 | 4.8 | 4.1 | 4.8 | 4.0 | 4.4 | 7.0 | N/A | **4.6** | 4.3 |
| Kidney and Renal Pelvis | N/A | 3.4 | 3.7 | 3.5 | 4.5 | 4.5 | 3.7 | N/A | N/A | **4.3** | 3.6 |
| Myeloma | N/A | 4.1 | N/A | 3.4 | 3.2 | 3.7 | 3.5 | N/A | N/A | **3.4** | 3.2 |
| Cervix | N/A | N/A | N/A | N/A | N/A | N/A | 3.2 | N/A | N/A | **2.5** | 2.2 |
| Melanomas of the Skin | N/A | 2.8 | 3.7 | N/A | 3.3 | 3.2 | 1.8 | N/A | N/A | **2.5** | 2.3 |
| Oral Cavity and Pharynx | N/A | 1.7 | N/A | 2.9 | 2.1 | 4.0 | 3.1 | N/A | N/A | **2.5** | 2.5 |
| Stomach | N/A | 2.1 | N/A | N/A | N/A | 1.8 | 2.9 | N/A | N/A | **2.5** | 3.0 |
| Larynx | N/A | N/A | N/A | N/A | N/A | N/A | 1.2 | N/A | N/A | **1.1** | 0.9 |
| Thyroid | N/A | N/A | N/A | N/A | N/A | N/A | 0.4 | N/A | N/A | **0.5** | 0.5 |

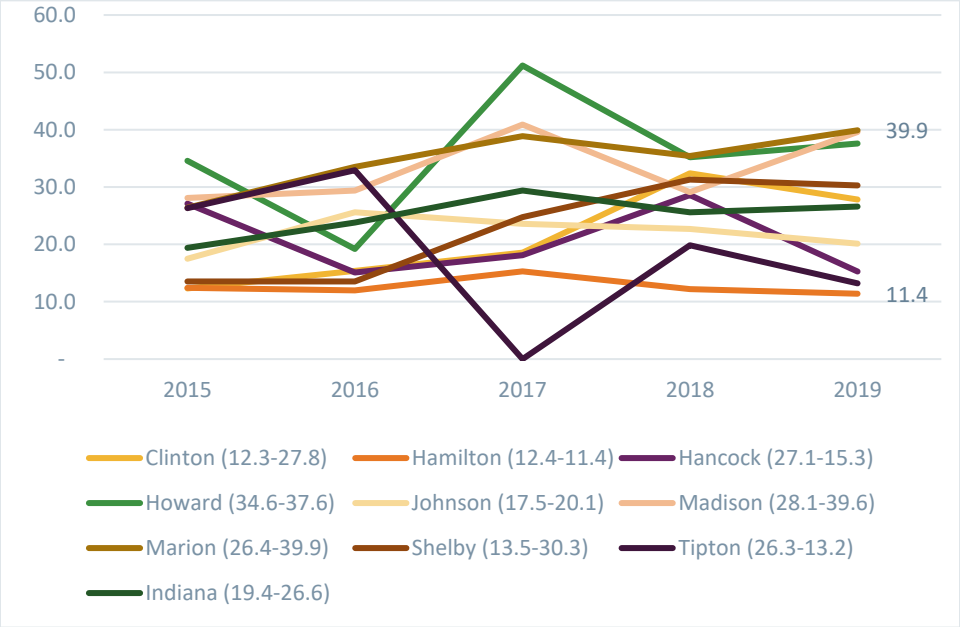
Source: Centers for Disease Control and Prevention, 2019.

**DESCRIPTION**

Exhibit 34 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.

- Clinton, Howard, Madison, Marion, and Shelby counties compared unfavorably to the state average for overall cancer mortality.
- In Madison County, oral cavity and pharynx cancer mortality rate was more than 50 percent higher than in Indiana.
- In Shelby County, urinary bladder cancer mortality rate was more than 50 percent higher than in Indiana.

**Exhibit 36: Drug Poisoning Mortality per 100,000, 2015 through 2019**




Source: Indiana Department of Health, 2020.

## DESCRIPTION

Exhibit 36 provides age-adjusted mortality rates for drug poisoning for 2015 through 2019 for nine counties and Indiana.

- Howard, Madison, and Marion counties had drug poisoning mortality rates (per 100,000 population) significantly above Indiana levels.
- Hamilton County has experienced the lowest drug poisoning mortatlity rate of the nine counties and Indiana.

**Exhibit 35: Cancer Incidence Rates, Age-Adjusted per 100,000 Population, 2013-2017**

| Indicator | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County | Indiana | United States |
|---|---|---|---|---|---|---|---|---|---|---|---|
| All Cancer Types | 450.4 | 440.2 | 490.5 | 481.4 | 478.9 | 478.5 | 468.7 | 524.6 | 488.6 | **459.3** | 448.7 |
| Breast | 92.2 | 148.1 | 143.4 | 133.0 | 125.6 | 125.4 | 127.7 | 137.4 | 149.0 | **122.9** | 125.9 |
| Prostate | 104.4 | 118.8 | 91.3 | 95.9 | 96.2 | 87.0 | 105.6 | 93.9 | 104.8 | **94.2** | 104.5 |
| Lung & Bronchus | 71.0 | 44.2 | 68.7 | 75.3 | 71.0 | 80.7 | 77.2 | 90.7 | 78.3 | **72.2** | 58.3 |
| Colon & Rectum | 43.5 | 31.7 | 42.5 | 43.9 | 38.8 | 40.6 | 39.1 | 46.3 | 31.4 | **42.6** | 38.4 |
| Uterus (Corpus & Uterus) | 32.3 | 21.7 | 31.3 | 28.6 | 28.8 | 28.4 | 28.0 | 27.8 | 29.4 | **28.2** | 27.0 |
| Bladder | 21.7 | 18.2 | 23.0 | 21.2 | 23.5 | 21.8 | 19.7 | 23.6 | 14.2 | **21.7** | 20.0 |
| Melanoma of the Skin | 17.7 | 33.7 | 35.5 | 23.9 | 32.9 | 25.2 | 18.5 | 26.1 | 25.1 | **21.7** | 22.3 |
| Kidney & Renal Pelvis | 23.4 | 15.2 | 19.2 | 21.3 | 18.6 | 19.2 | 19.2 | 26.0 | 25.0 | **19.0** | 16.8 |
| Non-Hodgkin Lymphoma | 15.5 | 19.3 | 15.5 | 19.3 | 22.7 | 21.0 | 18.5 | 19.1 | 24.1 | **18.6** | 19.3 |
| Childhood (Ages <20) | N/A | 20.8 | 22.1 | 16.5 | 20.9 | 20.7 | 17.2 | N/A | N/A | **17.6** | 18.9 |
| Childhood (Ages <15) | N/A | 18.1 | N/A | N/A | 20.0 | 17.1 | 15.6 | N/A | N/A | **16.2** | 17.4 |
| Leukemia | 13.5 | 15.0 | 16.2 | 13.2 | 15.0 | 18.7 | 13.2 | 24.2 | 22.5 | **13.7** | 14.2 |
| Pancreas | 17.4 | 10.9 | 13.6 | 14.3 | 14.6 | 12.7 | 13.7 | 14.7 | 20.0 | **13.3** | 12.9 |
| Oral Cavity & Pharynx | 8.9 | 10.8 | 13.5 | 14.4 | 10.5 | 18.3 | 14.2 | 19.8 | N/A | **12.7** | 11.8 |
| Thyroid | 16.0 | 14.9 | 17.2 | 15.1 | 14.8 | 8.7 | 11.6 | 11.7 | N/A | **12.5** | 14.3 |
| Ovary | 22.0 | 9.8 | 11.2 | 9.5 | 11.5 | 10.8 | 10.2 | N/A | N/A | **10.4** | 10.9 |
| Cervix | N/A | 4.0 | N/A | 12.1 | 4.6 | 10.0 | 8.8 | N/A | N/A | **8.2** | 7.6 |
| Liver & Bile Duct | N/A | 4.9 | 5.8 | 7.8 | 6.0 | 6.5 | 10.3 | 7.0 | N/A | **7.2** | 8.4 |
| Brain & ONS | N/A | 7.3 | 9.1 | 6.0 | 7.2 | 7.3 | 6.2 | N/A | N/A | **6.5** | 6.5 |
| Stomach | 8.7 | 5.2 | 6.5 | 3.1 | 5.0 | 5.0 | 6.6 | 5.9 | N/A | **5.9** | 6.5 |
| Esophagus | 7.7 | 4.0 | 4.0 | 5.3 | 5.5 | 6.5 | 4.6 | N/A | N/A | **5.5** | 4.5 |

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

### DESCRIPTION

Exhibit 35 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

- All counties, except Clinton and Hamilton counties, compared unfavorably to Indiana and U.S. averages for incidence rates of all cancer types
- Hamilton, Hancock, and Johnson counties' incidence rates for melanoma of the skin were more than 50 percent worse than Indiana.
- Shelby and Tipton counties experienced leukemia incidence rates that were more than 50 percent worse than Indiana.
- The ovarian cancer incidence rate in Clinton County was more than double state and national averages.

## Communicable Diseases

**Exhibit 37: Communicable Disease Incidence Rates per 100,000 Population, 2018-2019**

| Indicator | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County | Indiana |
|---|---|---|---|---|---|---|---|---|---|---|
| HIV and AIDS | 68.2 | 76.6 | 72.0 | 157.8 | 121.6 | 170.5 | 546.1 | 71.8 | 46.3 | 189.9 |
| Newly Diagnosed - HIV and AIDS | - | 3.3 | 2.7 | 4.1 | 4.0 | 5.2 | 22.6 | 4.0 | - | 8.2 |
| Chlamydia | 317.9 | 240.5 | 326.2 | 470.1 | 381.2 | 505.5 | 1,114.0 | 328.6 | 184.8 | 526.3 |
| Gonorrhea | 52.5 | 46.7 | 56.3 | 139.3 | 80.3 | 220.0 | 433.9 | 85.0 | 33.0 | 177.1 |
| Primary and Secondary Syphilis | - | 1.8 | - | - | 3.8 | - | 15.7 | - | - | 5.0 |

Source: Indiana Department of Health, 2020.

### DESCRIPTION

Exhibit 37 presents incidence rates for certain communicable diseases in nine 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.

- 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.
- In Madison County, the incidence rate for gonorrhea was higher than the state average.
- All other counties compared favorably to Indiana for all communicable disease indicators.

## Maternal and Child Health

**Exhibit 38: Maternal and Child Health Indicators, 2018-2019**

| Indicator | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County | Indiana |
|---|---|---|---|---|---|---|---|---|---|---|
| Infant Mortality Rate (per 1,000 births) | 6.7 | 4.9 | 4.3 | 7.7 | 5.3 | 7.2 | 8.1 | 10.4 | 0.0 | 7.2 |
| Preterm Births | 9.2% | 8.7% | 7.5% | 9.1% | 9.7% | 10.6% | 11.0% | 7.5% | 13.2% | 10.1% |
| Low Birthweight Infants | 7.7% | 6.4% | 4.7% | 7.7% | 7.6% | 8.1% | 9.6% | 6.8% | 9.9% | 8.2% |
| Very Low Birthweight Infants | 1.1% | 1.4% | 1.3% | 1.6% | 1.1% | 1.3% | 1.6% | 0.0% | 3.3% | 1.3% |
| Mothers Receiving Prenatal Care (First Trimester) | 72.6% | 84.5% | 87.2% | 71.2% | 80.2% | 75.4% | 61.3% | 77.2% | 82.2% | 68.9% |
| Mothers Breastfeeding | 75.2% | 94.3% | 88.7% | 71.5% | 81.6% | 75.7% | 81.7% | 72.2% | 73.0% | 82.0% |
| Mothers Smoking during Pregnancy | 15.1% | 2.0% | 7.9% | 19.3% | 10.4% | 19.0% | 8.4% | 22.0% | 11.2% | 11.8% |
| Births to Unmarried Mothers | 46.3% | 14.8% | 24.1% | 50.4% | 32.1% | 51.6% | 53.7% | 45.9% | 34.9% | 44.5% |
| Mothers on Medicaid Percent | 46.1% | 8.5% | 18.6% | 45.7% | 31.9% | 49.4% | 49.2% | 43.4% | 23.0% | 38.5% |
| Child Immunization Percent | 73.0% | 66.0% | 71.0% | 72.0% | 74.0% | 76.0% | 67.0% | 78.0% | 76.0% | 67.0% |
| ER Visits due to Asthma (Aged 5-17, per 10,000) | 26.2 | 23.9 | 24.9 | 84.6 | 27.9 | 69.9 | 121.0 | 60.2 | 53.9 | 49.7 |

Source: Indiana Department of Health, 2020.

## DESCRIPTION

Exhibit 38 compares various maternal and child health indicators for nine 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.

- Howard and Marion counties compared unfavorably to Indiana and the other counties, for most indicators of maternal and child health.
- Howard, Madison, and Marion counties had a significantly higher percentage of mothers smoking during pregnancy than Indiana.
- Tipton County's percentage of very low birthweight infants was almost three times that of Indiana.
- Howard and Marion counites had particularly high rates of children with ER visits due to asthma.

### Exhibit 39: Maternal and Child Health Indicators by Race/Ethnicity, 2013-2019

| Indicator | Race / Ethnicity | Clinton County | Hamilton County | Hancock County | Howard County | Johnson County | Madison County | Marion County | Shelby County | Tipton County | Indiana |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Prenatal Care Started in First Trimester | Black | N/A | 75.8% | N/A | N/A | 74.8% | 76.4% | 55.8% | N/A | N/A | 58.0% |
| | Hispanic | N/A | 69.8% | N/A | N/A | 78.9% | 69.9% | 49.2% | N/A | N/A | 59.5% |
| | White | N/A | 89.3% | N/A | N/A | 84.3% | 81.6% | 78.1% | N/A | N/A | 77.7% |
| Tobacco Used During Pregnancy | Black | N/A | N/A | N/A | N/A | N/A | 17.2% | 7.4% | N/A | N/A | 8.7% |
| | Hispanic | N/A | N/A | N/A | N/A | 5.3% | N/A | 1.8% | N/A | N/A | 3.3% |
| | White | N/A | 2.3% | N/A | N/A | 12.7% | 21.2% | 14.7% | N/A | N/A | 14.9% |
| Preterm Births | Black | N/A | 10.1% | N/A | N/A | 9.4% | 9.8% | 13.7% | N/A | N/A | 13.6% |
| | Hispanic | N/A | 9.0% | N/A | N/A | 10.2% | 9.1% | 10.3% | N/A | N/A | 9.7% |
| | White | N/A | 8.5% | N/A | N/A | 9.2% | 10.9% | 9.8% | N/A | N/A | 9.5% |
| Infant Mortality Rate (2013-2019) | Black | N/A | N/A | N/A | N/A | N/A | N/A | 12.4 | N/A | N/A | 13.7 |
| | Hispanic | N/A | N/A | N/A | N/A | N/A | N/A | 7.0 | N/A | N/A | 7.4 |
| | White | 6.8 | 4.3 | N/A | 5.7 | 4.7 | 6.7 | 5.5 | 9.7 | N/A | 6.0 |

Source: Indiana Department of Health, 2020.

### DESCRIPTION

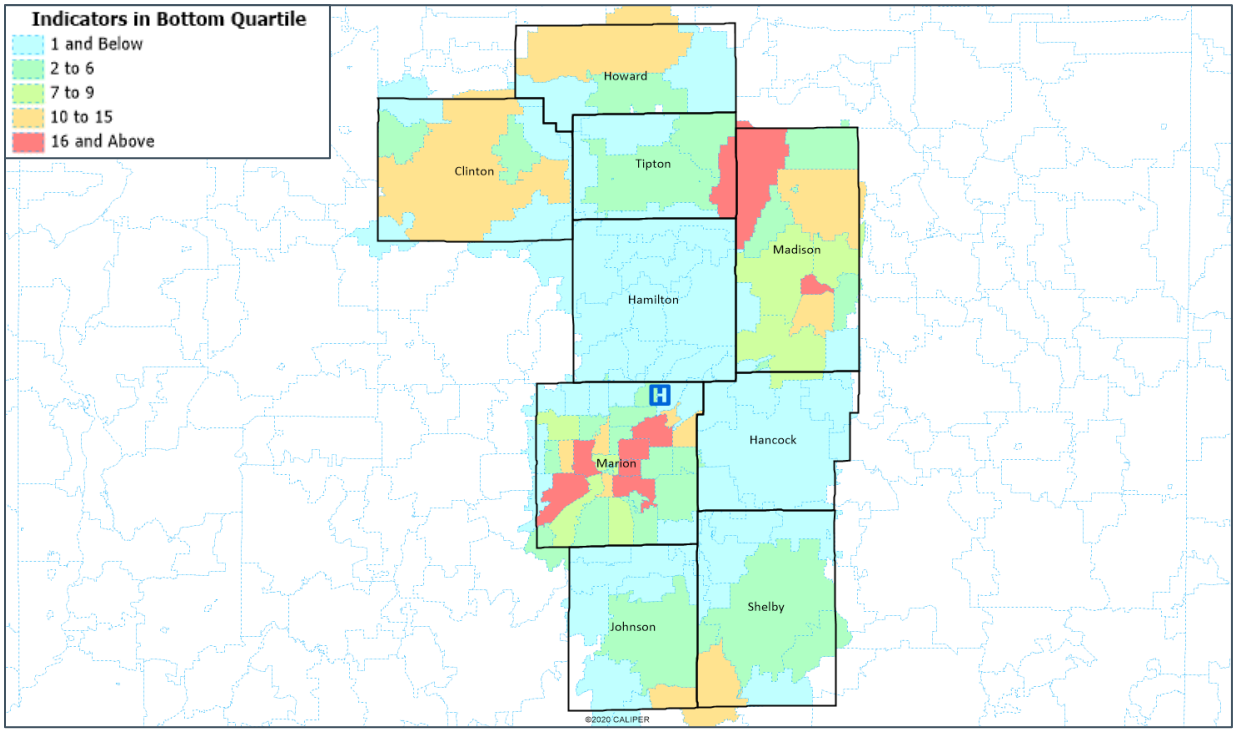
Exhibit 39 provides maternal and infant health indicators, by race and ethnicity, for community counties and Indiana.

### OBSERVATION

- Black and Hispanic (or Latino) populations received prenatal care, during the first trimester, at a much lower rate than White populations, in all counties and in Indiana.

## 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

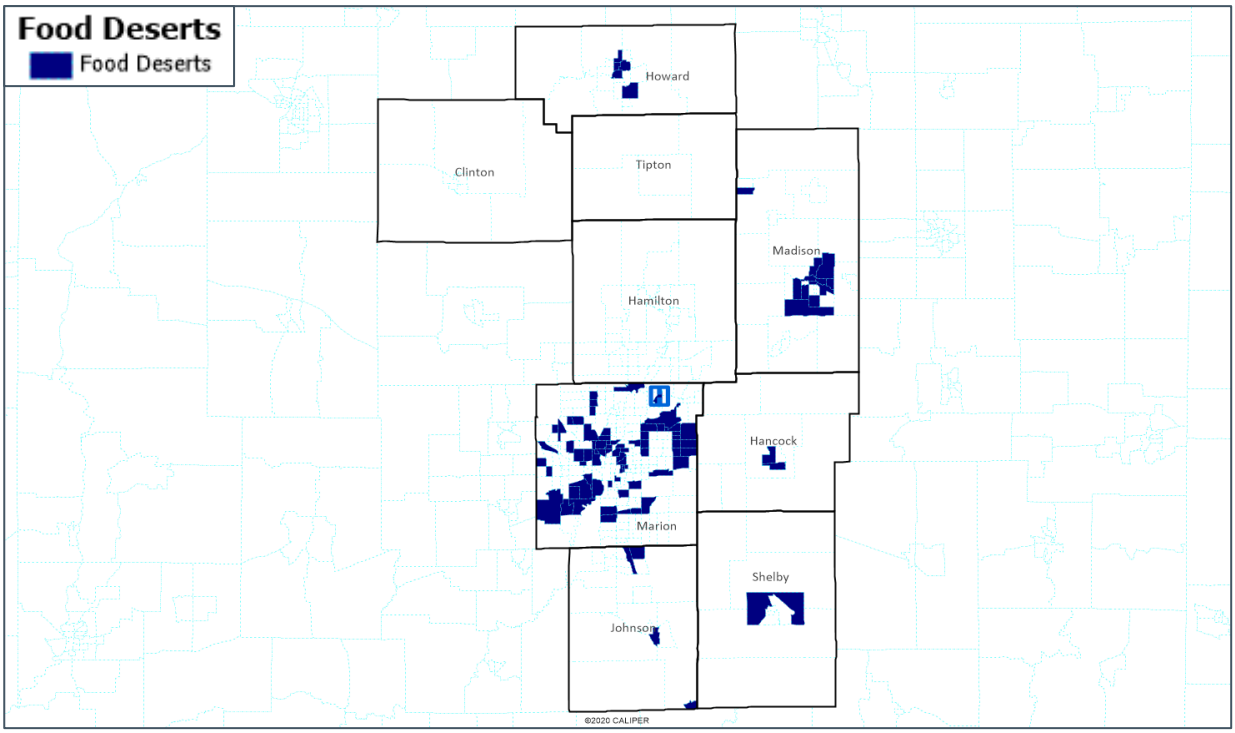
Exhibit 40 presents CDC PLACES data. PLACES, a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation, provides model-based population-level analysis and community estimates to all counties, places (incorporated and census designated places), census tracts, and ZIP Code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

- ZIP Codes throughout Marion County, northwest Madison County, and eastern Tipton County had the most BRFSS indicators in the bottom quartile.
- ZIP Codes throughout Clinton, Howard, Madison, and southern Johnson and Shelby counties also had high numbers of BRFSS indicators in the bottom quartile.

## 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.

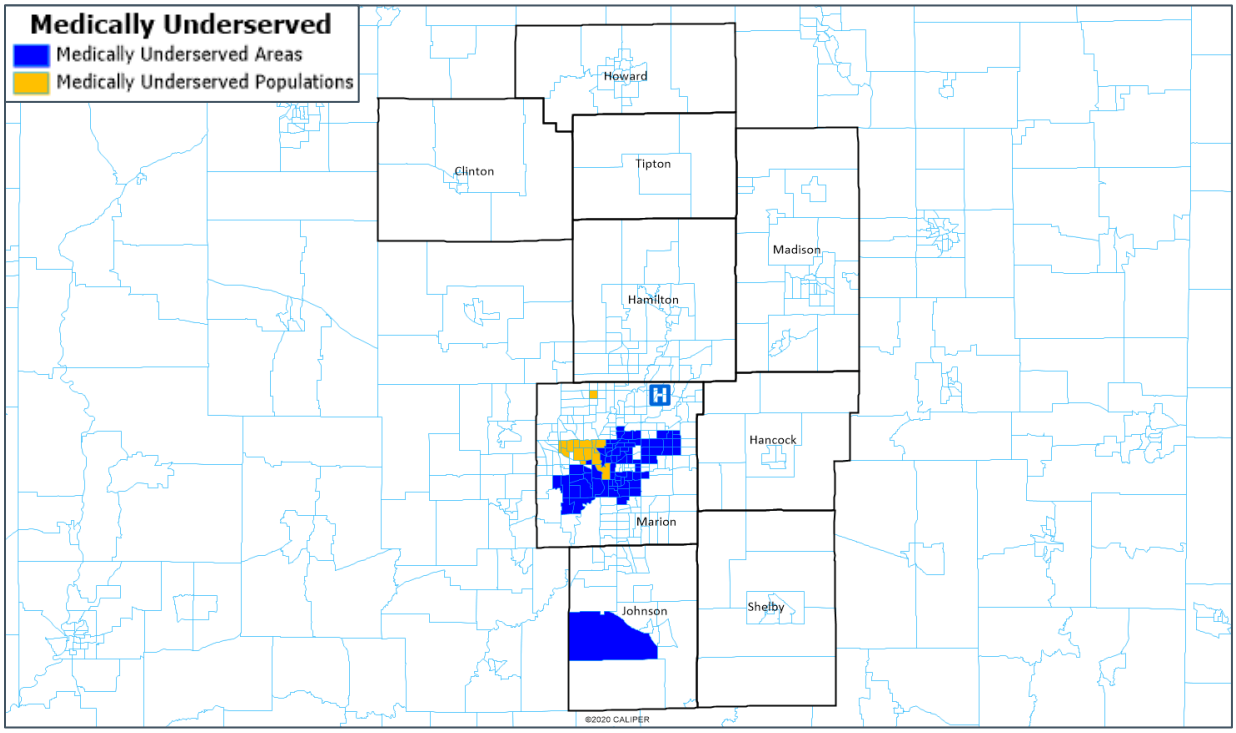
Exhibit 41 identifies where food deserts are present in the community.

### OBSERVATION

- Food deserts are found throughout the CFRC community, particularly in census tracts throughout Marion, Madison, and Shelby counties.

## 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.[9] Areas with a score of 62 or less are considered "medically underserved."

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."[10]

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

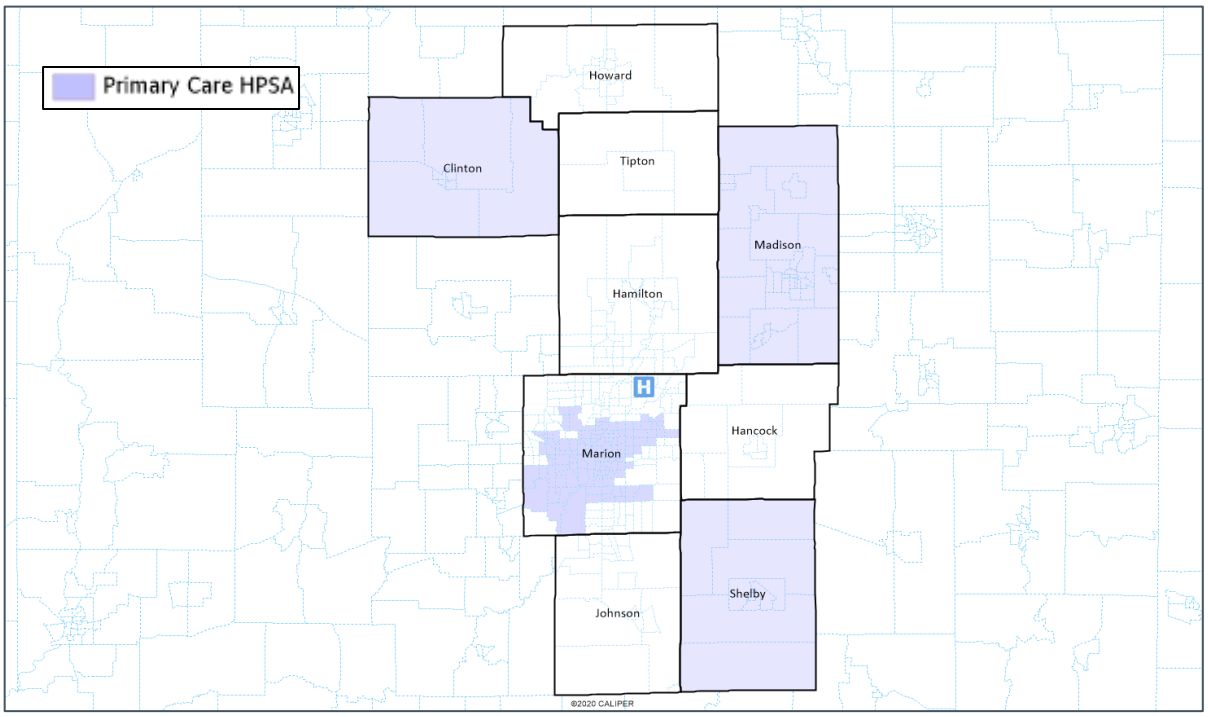
Exhibit 42 identifies Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs). The Medically Underserved Area highlighted for Johnson County is an approximation. The geographic areas identified as Medically Underserved Areas in Johnson County are the County Subdivisions of Hensley, Blue River, Nineveh, and Union.

### OBSERVATION

- Census tracts throughout Marion and Johnson counties have been designated as Medically Underserved Areas.

## Health Professional Shortage Areas

**Exhibit 43: Primary Care Health Professional Shortage Areas, 2021**




Source: Health Resources and Services Administration, 2021.

### DESCRIPTION

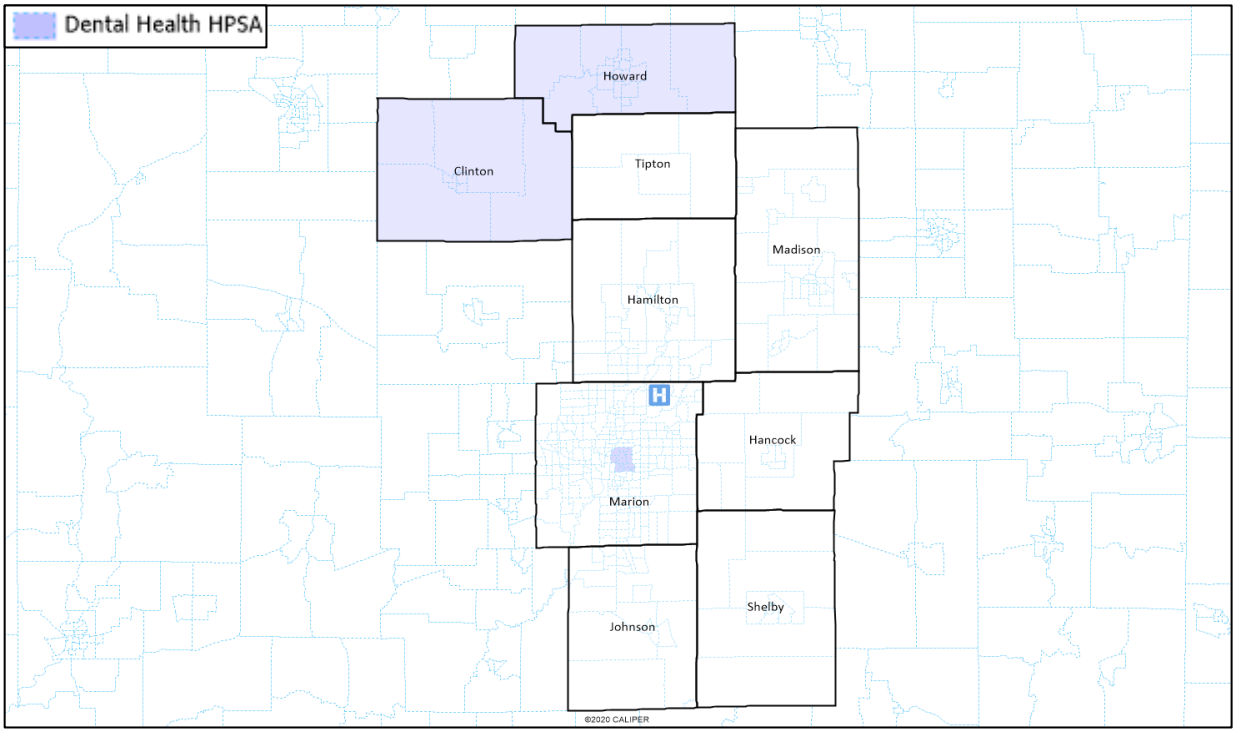
Exhibits 43 through 45 identify the locations of federally designated primary care, dental care, and mental health care Health Professional Shortage Areas (HPSAs). A geographic area can be designated a HPSA if a shortage of primary medical care, dental care, or mental health care professionals is found 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."[11] Exhibit 43 provides a map of census tracts federally designated as primary care HPSAs. Note that Primary Care HPSAs in Madison and Shelby counties are Low-Income HPSA populations.

### OBSERVATION

- Census tracts throughout Clinton, Madison, Marion, and Shelby counties have been designated as Primary Care HPSAs.

**Exhibit 44: Dental Care Health Professional Shortage Areas, 2021**




Source: Health Resources and Services Administration, 2021.

### DESCRIPTION

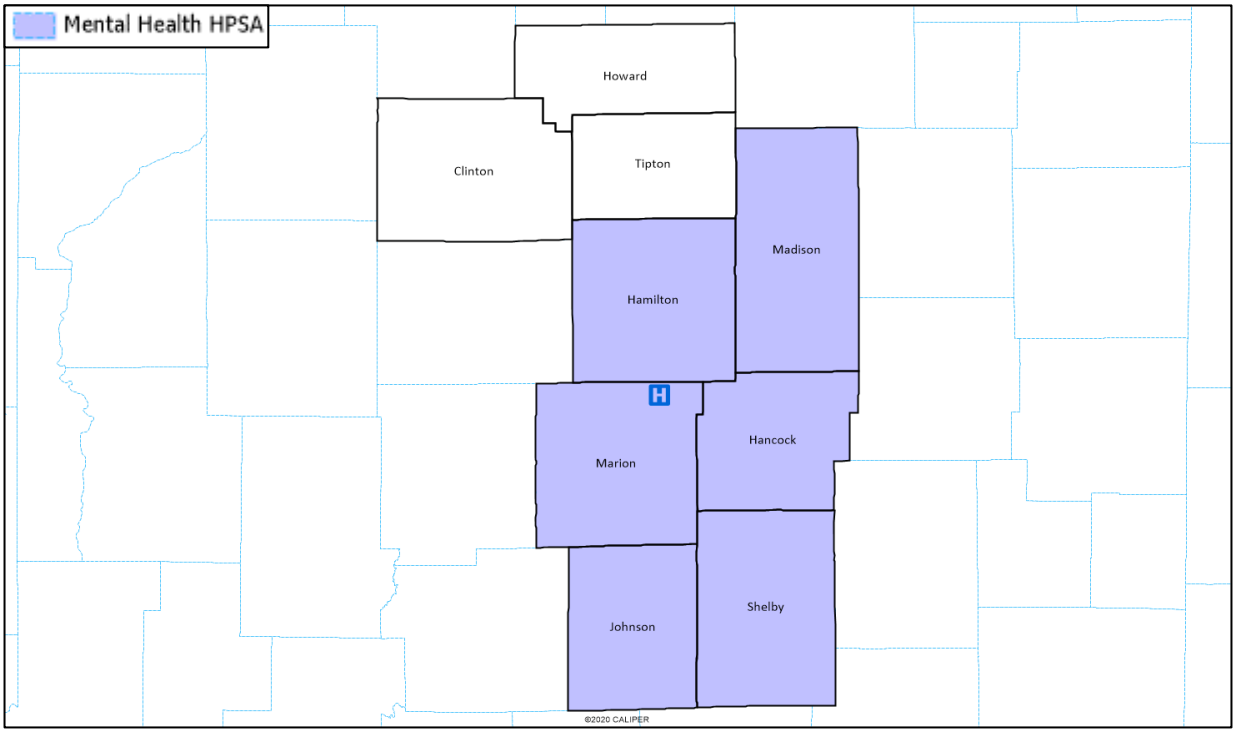
Exhibit 44 provides a map of census tracts federally designated as dental care HPSAs. Note that Dental Health HPSAs in Clinton and Howard counties are Low-Income HPSA populations.

[11] 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

### OBSERVATION

- Census tracts throughout Clinton, Howard, and central Marion counties have been designated as Dental Care HPSAs.

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




Source: Health Resources and Services Administration, 2021.

### DESCRIPTION

Exhibit 45 provides a map of census tracts federally designated mental health HPSAs.

### OBSERVATION

- Hamilton, Hancock, Johnson, Madison, Marion, and Shelby counties have designated as Mental Health Care HPSA

# 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: [12]

- 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:[13]

- 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;
- Neurologic conditions, such as dementia;

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

- 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.[14]

**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.[15]

**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.[16]

- 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."[17]

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

- Alexandria Community Center
- Alexandria Community School Corporation
- Allen Chapel A.M.E. Church
- Alternatives Incorporated
- Anderson Community Schools
- Anderson Housing Authority
- Anderson Preparatory Academy
- Anderson University
- Anthem Medicaid
- Ascension St. Vincent Board of Directors
- Ascension St. Vincent Board of Directors
- Ascension St. Vincent Foundation
- Aspire Indiana Health
- Aspire Indiana Health
- Breathe Easy Hamilton County
- Bridges of Hope
- Broadway United Methodist Church
- Brooke's Place
- Buckskin Bikes
- Carmel Clay School District
- CICOA Aging and In-Home Solutions
- City of Indianapolis
- City of Noblesville, Common Council
- City of Noblesville, Mayor's Office
- Coalition for Our Immigrant Neighbors
- Community Hospital Anderson Foundation Board
- Concerned Clergy of Indianapolis
- Connections IN Health
- Connections IN Health - IU School of Medicine
- Corporation for Economic Development
- Covering Kids & Families of Indiana
- Crossroads A.M.E. Church
- East Central Indiana CASA
- Elwood Chamber of Commerce
- Elwood Community Schools
- F.A. Wilhelm Construction Co., Inc.
- First Baptist Church North Indianapolis
- First Church of the Nazarene
- Fishers Health Department
- Fishers Health Department
- Frankton-Lapel Community Schools
- Gennesaret Free Clinic
- Gleaners Food Bank of Indiana
- Good Samaritan Network of Hamilton County
- Habitat for Humanity of Greater Indianapolis
- Hamilton County Community Foundation
- Hamilton County Council on Alcohol and Other Drugs

- Hamilton County Government
- Hamilton County Harvest Food Bank
- Hamilton County Head Start
- Hamilton County Health Department
- Hamilton County Health Department
- Hancock County Health Department
- HAND
- Health by Design
- Heart and Soul Free Clinic
- Holy Cross School
- HOPE Family Care Center
- Horizon House
- Howard County Health Department
- Immigrant Welcome Center
- Indiana Civil Rights Commission
- Indiana Clinical and Translational Sciences Institute
- Indiana Legal Services
- Indiana Minority Health Coalition
- Indiana Public Health Association
- Indiana State Department of Health
- Indiana University School of Public Health
- Indiana Youth Institute
- Indianapolis City Council
- Indianapolis City-County Council
- Indianapolis Neighborhood Housing Partnership
- Indianapolis Public Transportation Corporation
- Indianapolis Urban League
- Indy Hunger Network
- Intersect, Inc.
- Ivy Tech Anderson
- Jump IN for Healthy Kids
- Leadership Academy of Madison County
- Madison County Chamber of Commerce
- Madison County Community Foundation
- Madison County Council of Government
- Madison County Health Department
- Madison County Sheriff
- Madison County Triad
- Madison Minority Health Coalition
- Managed Health Services (MHS)
- Marian University
- Marian University - College of Osteopathic Medicine
- Marion County Public Health Department
- Marion County Public Health Department
- Meals on Wheels Hamilton County
- Mental Health America of Indiana
- Meridian Health Services
- NAACP - Madison County
- Neighborhood Christian Legal Clinic
- Nine13sports
- Noblesville Chamber of Commerce
- Noblesville Schools

- Nurse Family Partnership-Goodwill of Central & Southern Indiana
- Office of Rep. Bob Cherry
- Office of Rep. Terri Austin
- Office of Representative André Carson
- Office of Senator Mike Gaskill
- Office of Senator Tim Lanane
- Operation Love
- Pathway to Recovery
- Playworks Indiana
- Prevail of Hamilton County
- PrimeLife Enrichment
- Purdue Extension
- Purdue Polytechnic Anderson
- Raphael Health Center
- Richard M. Fairbanks Foundation
- Salvation Army
- Second Harvest
- Shepherd's Center of Hamilton County
- Sheridan Community Schools
- Sheriff Chaplain
- South Madison Community Schools
- St. Elizabeth Seton Parish
- The Christian Center
- The Impact Center
- The Jane Pauley Community Health Center
- The Julian Center
- The Villages Healthy Families
- Tipton County Health Department
- Top 10 Coalition
- Trinity Free Clinic
- United Way of Madison County
- University of Indianapolis
- Victoria Guild
- YMCA of Greater Indianapolis
- YMCA of Madison County
- YWCA of Central Indiana

# 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 the nine counties.

**Exhibit 48A: CHSI Peer Counties – Clinton County**

| Clinton County, Indiana | |
|---|---|
| Moffat County, Colorado | Mower County, Minnesota |
| Bingham County, Idaho | Steele County, Minnesota |
| Adams County, Indiana | Adams County, Nebraska |
| Cass County, Indiana | Dodge County, Nebraska |
| Clinton County, Indiana | Lincoln County, Nebraska |
| Daviess County, Indiana | Madison County, Nebraska |
| Decatur County, Indiana | Camden County, North Carolina |
| DeKalb County, Indiana | Shelby County, Ohio |
| Jackson County, Indiana | Beadle County, South Dakota |
| Marshall County, Indiana | Codington County, South Dakota |
| Montgomery County, Indiana | Calhoun County, Texas |
| Noble County, Indiana | Cooke County, Texas |
| Davis County, Iowa | Gray County, Texas |
| Marshall County, Iowa | Hockley County, Texas |
| Muscatine County, Iowa | Hutchinson County, Texas |
| Franklin County, Kansas | Scurry County, Texas |
| Anderson County, Kentucky | Washington County, Texas |
| Lyon County, Minnesota | Carbon County, Utah |

**Exhibit 48B: CHSI Peer Counties – Hamilton County**

| Hamilton County, Indiana | |
|---|---|
| Broomfield County, Colorado | Delaware County, Ohio |
| Douglas County, Colorado | Warren County, Ohio |
| Cherokee County, Georgia | Canadian County, Oklahoma |
| Forsyth County, Georgia | Williamson County, Tennessee |
| Kendall County, Illinois | Comal County, Texas |
| Boone County, Indiana | Denton County, Texas |
| Hamilton County, Indiana | Fort Bend County, Texas |
| Johnson County, Kansas | Kendall County, Texas |
| Boone County, Kentucky | Montgomery County, Texas |
| Oldham County, Kentucky | Rockwall County, Texas |
| Charles County, Maryland | Williamson County, Texas |
| Frederick County, Maryland | Tooele County, Utah |
| Howard County, Maryland | Loudoun County, Virginia |
| Carver County, Minnesota | Prince William County, Virginia |
| Scott County, Minnesota | Spotsylvania County, Virginia |
| Washington County, Minnesota | Stafford County, Virginia |
| Union County, North Carolina | York County, Virginia |

**Exhibit 48C: CHSI Peer Counties – Hancock County**

| Hancock 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 | |

**Exhibit 48D: CHSI Peer Counties – Howard County**

| Howard County, Indiana | |
|---|---|
| Houston County, Alabama | Berrien County, Michigan |
| Morgan County, Alabama | Calhoun County, Michigan |
| Tuscaloosa County, Alabama | Jackson County, Michigan |
| Garland County, Arkansas | Muskegon County, Michigan |
| Pueblo County, Colorado | Saginaw County, Michigan |
| Kankakee County, Illinois | Broome County, New York |
| Macon County, Illinois | Chemung County, New York |
| Sangamon County, Illinois | Allen County, Ohio |
| Delaware County, Indiana | Clark County, Ohio |
| Howard County, Indiana | Richland County, Ohio |
| Vigo County, Indiana | Linn County, Oregon |
| Black Hawk County, Iowa | Madison County, Tennessee |
| Shawnee County, Kansas | Grayson County, Texas |
| Daviess County, Kentucky | Cowlitz County, Washington |
| Calcasieu Parish, Louisiana | Kanawha County, West Virginia |
| Androscoggin County, Maine | Wood County, West Virginia |
| Penobscot County, Maine | Racine County, Wisconsin |
| Bay County, Michigan | Rock County, Wisconsin |

**Exhibit 48E: 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 | |

**Exhibit 48F: CHSI Peer Counties – Madison County**

| Madison County, Indiana | |
|---|---|
| Bibb County, Alabama | Salem County, New Jersey |
| Blount County, Alabama | Livingston County, New York |
| Chilton County, Alabama | Orleans County, New York |
| St. Clair County, Alabama | Gates County, North Carolina |
| Baker County, Florida | Lincoln County, North Carolina |
| Pike County, Georgia | Brown County, Ohio |
| Bond County, Illinois | Hocking County, Ohio |
| Madison County, Indiana | Lorain County, Ohio |
| Washington County, Indiana | Perry County, Ohio |
| Bracken County, Kentucky | Lincoln County, Oklahoma |
| Pendleton County, Kentucky | Fayette County, Pennsylvania |
| St. James Parish, Louisiana | Dickson County, Tennessee |
| Montcalm County, Michigan | Smith County, Tennessee |
| St. Clair County, Michigan | Medina County, Texas |
| Caldwell County, Missouri | Dinwiddie County, Virginia |
| Ray County, Missouri | Sussex County, Virginia |
| Warren County, Missouri | |

**Exhibit 48G: 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, District of Columbia | 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 48H: CHSI Peer Counties – Shelby County**

| Shelby County, Indiana | |
|---|---|
| Clinton County, Illinois | Lapeer County, Michigan |
| Grundy County, Illinois | Isanti County, Minnesota |
| Jersey County, Illinois | Mille Lacs County, Minnesota |
| Madison County, Illinois | Sibley County, Minnesota |
| Dearborn County, Indiana | Clinton County, Missouri |
| Harrison County, Indiana | Franklin County, Missouri |
| Jasper County, Indiana | Jefferson County, Missouri |
| Morgan County, Indiana | Lafayette County, Missouri |
| Newton County, Indiana | Wayne County, New York |
| Porter County, Indiana | Clermont County, Ohio |
| Putnam County, Indiana | Fairfield County, Ohio |
| Shelby County, Indiana | Licking County, Ohio |
| Union County, Indiana | Madison County, Ohio |
| Bullitt County, Kentucky | Morrow County, Ohio |
| Spencer County, Kentucky | Pickaway County, Ohio |
| Cecil County, Maryland | Cheatham County, Tennessee |
| Barry County, Michigan | |

**Exhibit 48I: CHSI Peer Counties – Tipton County**

| Tipton County, Indiana | |
|---|---|
| Jasper County, Illinois | Mitchell County, Iowa |
| Jo Daviess County, Illinois | Tama County, Iowa |
| Shelby County, Illinois | Hubbard County, Minnesota |
| Franklin County, Indiana | Marshall County, Minnesota |
| Gibson County, Indiana | Meeker County, Minnesota |
| Perry County, Indiana | Pope County, Minnesota |
| Ripley County, Indiana | Roseau County, Minnesota |
| Spencer County, Indiana | Waseca County, Minnesota |
| Tipton County, Indiana | Perry County, Missouri |
| Warren County, Indiana | Henry County, Ohio |
| White County, Indiana | Putnam County, Ohio |
| Buchanan County, Iowa | Elk County, Pennsylvania |
| Butler County, Iowa | Fulton County, Pennsylvania |
| Cedar County, Iowa | Daggett County, Utah |
| Delaware County, Iowa | King and Queen County, Virginia |
| Hardin County, Iowa | Lafayette County, Wisconsin |
| Iowa County, Iowa | Pepin County, Wisconsin |
| Marion County, Iowa | |