



**Rehabilitation Hospital of Indiana
Community Health Needs Assessment**



2015
In Rehabilitation, Our Medicine is Our People.
Let the Healing Begin

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1 INTRODUCTION

1.1 Purpose

This report provides findings from a community health needs assessment (CHNA) conducted on behalf of Indiana University Health Methodist Hospital, Indiana University Health University Hospital, Riley Children's Hospital at Indiana University (hereafter the Academic Health Center, or IU Health AHC), and the Rehabilitation Hospital of Indiana, an affiliate partner of IU Health (hereafter RHI). The purpose of the CHNA is to identify the leading health needs in Marion County, to describe the leading needs RHI will address through effective implementation strategies, and to respond to the regulatory requirements of the Patient Protection and Affordable Care Act of 2010 (PPACA), which requires that each tax-exempt hospital conduct an independent CHNA.

Rehabilitation Hospital of Indiana utilized the IU Health assessment to create an implementation strategy that focuses on the leading health needs identified.




1.2 Objectives

The 2015 CHNA has three main objectives:

- 1.** Identify the priority health needs within Marion County, Indiana.
- 2.** Serve as a foundation for developing implementation strategies that can be utilized by Rehabilitation Hospital of Indiana, people in communities, and policy makers in order to improve the health status of people in the Marion County community.
- 3.** Supply public access to the CHNA results in order to inform the community and provide assistance to those invested in the transformation of the community's healthcare network.

2 EXECUTIVE SUMMARY

Rehabilitation Hospital of Indiana's entire community service area extends throughout the state, but primarily is focused on the following nine counties: Marion, Hendricks, Boone, Hamilton, Madison, Hancock, Shelby, Johnson, and Morgan. Poor social and economic factors may contribute to the poor lifestyle choices that are prevalent in the community, such as substance abuse, poor diet, and lack of physical activity.

Top Community Health Needs	
The assessment identified four priority needs across the entire community served by Rehabilitation Hospital of Indiana. These healthcare-related issues affect most of the community service area counties, but particularly apply to the Primary Service Area (PSA) of Marion County.	
	Access to Healthcare
	Nutrition and Healthy Weight
	Behavioral Health and Substance Abuse
Community Revitalization	

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Rehabilitation Hospital of Indiana addresses the priority community health needs in Marion County. In addition, there are physician practices, Federally Qualified Health Centers, other general and specialty hospitals that also address these priority needs.

To identify these needs, IU Health/RHI collected comments, surveyed residents of the county onsite with a paper survey and also via an online portal, conducted a focus group which included public health officials and representatives of medically underserved groups, and reviewed available resources about health status indicators. From these sources, the Hanlon Method was used to identify the priority needs.

2.1 Primary Service Area

Marion County comprises the majority of the Rehabilitation Hospital of Indiana community. It accounts for most of the PSA's total population, and 47% of the inpatient discharge population of the total community service area.



Marion County has higher rates of unemployment than both the state of Indiana and the national average. The median household income of Marion County is also below the state and national averages. The county is adversely affected by a combination of chronic health conditions, unsafe neighborhoods, low educational attainment, increasing poverty rates, and the low availability of higher paying jobs.

3 STUDY METHODS

3.1 Analytical Methods

In order to identify the community's leading health needs, both quantitative and qualitative data -was utilized. For this CHNA, quantitative analyses assessed the health needs of the population through data abstraction and analysis were conducted by gathering input from community members through a survey and through a structured interview with community leaders in Marion County.

3.2 Data Sources

CHNAs seek to identify priority health needs and access issues for particular geographic areas and populations. Accordingly, the following topics and data are assessed:

- Demographics, e.g., population, age, sex, race
- Economic indicators, e.g., poverty and unemployment rates
- Health status indicators, e.g., causes of death, physical activity, chronic conditions, and preventive behaviors
- Health access indicators, e.g., insurance coverage, ambulatory care sensitive condition (ACSC) discharges
- Availability of healthcare facilities and resources

Data sets for quantitative analyses included:

- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Community Health Status Indicators Project

- Dartmouth Atlas of Health Care
- Indiana Department of Workforce Development
- Indiana Hospital Association Database
- Kaiser Family Foundation
- Robert Wood Johnson Foundation—County Health Rankings
- US Bureau of Labor Statistics
- US Census Bureau
- US Department of Commerce, Bureau of Economic Analysis
- US Health Resources and Services Administration

While quantitative data can provide insights into an area, this data need to be supplemented with qualitative information to develop a full picture of a community's health and health needs. For this CHNA, qualitative data were gathered from responses collected online and through the distribution of hard copy surveys to members of the public, and a focus group with health leaders and public health experts.

3.3 Process for determining priorities

The quantitative, secondary data sources identified health needs for which Indiana or Marion County is above or below average. Qualitative information from survey results, which include responses from under-served or underrepresented groups, supplemented the secondary data. Survey results and secondary data were shared with a focus group of community health leaders and other community leaders. This group prioritized leading health needs. The priorities from the focus groups, plus survey results and health indicator data were compiled. IU Health AHC/RHI representatives used the Hanlon Method to identify the top five needs.

The Hanlon Method seeks ratings from 0 to 10 on three criteria: size of the health problem based on the percentage of the population affected seriousness or magnitude of the health problem, and the effectiveness of potential interventions.¹ With the ratings compiled, analysts identify specific health problems that can feasibly be addressed by the community served. From that list, priority scores are calculated, where the seriousness of the problem is given the most weight. Ranks are assigned based on the priority scores.

3.4 Information Gaps

To the best of our knowledge, no information gaps have affected Rehabilitation Hospital of Indiana's ability to reach reasonable conclusions regarding community health needs. While efforts have been made to capture quantitative information on a wide variety of health conditions from a wide array of sources, Rehabilitation Hospital of Indiana realizes that it is not possible to capture every health need in the community and there will be gaps in the data captured.

To attempt to close the information gap qualitatively, IU Health/RHI conducted a focus group with public health experts and community health leaders and community input surveys to gather input from general and underserved community members. However, it should be noted that there are limitations to these methods. If an organization from a specific group was not present during the focus group, such as seniors or injury prevention groups, then that need could potentially be underrepresented during the focus group. Due to the community survey's small sample size, extrapolation of these results to the entire community population is limited.

¹ The Hanlon Method is one of the possible prioritization methods presented in material from the National Association of County and City Health Officials. See <http://www.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf> for more information.

3.5 Collaborating Organizations

The IU Health system collaborated with other organizations and agencies in conducting this needs assessment for IU Health/RHI community. These collaborating organizations are as follows:

All Senior Citizens Connect
Anthem
Christamore House
City of Indianapolis-Office of Neighborhood Services
Community Alliance of the Far Eastside
Community Health Network
Flanner House
Franciscan Alliance and Franciscan St. Francis Health
HealthNet
Immigrant Welcome Center
Indiana Clinical Translational Sciences Institute
Indianapolis Housing Authority
La Plaza
Life's Touch Home Health
Mapleton-Fall Creek Development Corporation
Marion County Public Health Department
Martindale Brightwood Community Development Corporation
Phalen Leadership Academies
RepuCare Incorporated
St. Vincent Health

4 DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by IU Health/RHI. The community for the Primary Service Area (PSA) was defined as Marion County, the community where Rehabilitation Hospital of Indiana is located. The secondary service area (SSA) is comprised of eight counties contiguous to Marion County and consisting of 1% or more of RHI's inpatient population. 57 remaining counties throughout Indiana make up the remainder of the community's total service area.

In 2013, Rehabilitation Hospital of Indiana PSA included 567 discharges and its SSA, 354 discharges. The community was defined based on the geographic origins of Rehabilitation Hospital of Indiana. Of the hospital's inpatient discharges, approximately 47% originated from the PSA and 30% from the SSA (source RHI).

Figure 1: Counties In the IU Health/RHI Service Area Community, 2015



5 SECONDARY DATA ASSESSMENT

5.1 Demographics

Rehabilitation Hospital of Indiana is located in Marion County, in central Indiana. Marion County includes ZIP codes within the towns of Beech Grove, Indianapolis, Lawrence, Southport, and Speedway plus portions of Plainfield, which extends into Hendricks County. Based on the Census Bureau data for 2012, Marion County's population is 911,296 and 54% are female. The county's population estimates by race are 59.5% White non-Hispanic, 26.4% Black non-Hispanic, 9.3% Hispanic or Latino, 2.0% Asian, 0.5% American Indian or Alaska Native, and 2.2% persons reporting two or more races.

Marion County has relatively moderate levels of educational attainment. Among adults age 25 and up, 81.6% in the county have a high school diploma or equivalent. A small share, 5.6%, has an associate's degree and 21% have some college but no degree. Just over one-quarter of adults over 25 (25.4%) have a bachelor's degree or higher.

Within the entire service area, the total population for the PSA is 911,296 and the total population for surrounding counties 945,491, for a combined total of 1,856,797, as illustrated in **Table 1** below.

Table 1: Service Area Population, 2012

Service Area	County	Population	Percent of Total
Primary	Marion	911,296	49.1%
	Subtotal	911,296	49.1%
Secondary	Hendricks	147,979	8.0%
	Johnson	141,656	7.6%
	Morgan	69,464	3.7%
	Hamilton	282,810	15.2%
	Madison	131,235	7.1%
	Hancock	70,529	3.8%
	Shelby	44,337	2.4%
	Boone	57,481	3.1%
	Subtotal	945,491	50.9%
Total Service Area		1,856,787	100.00%

Source: U.S. Census Bureau, 2012

5.2 Economic Indicators

The following topics were assessed to examine various economic indicators with implications for health: (i) Employment, (ii) Household Income and People in Poverty, (iii) Indiana State Budget; and (iv) Uninsured.

5.2.1 Employment

The share of jobs was greatest in the areas of healthcare and social assistance, manufacturing, retail trade, accommodation and food services, administrative support for waste management and remediation services, professional, scientific, and technical services, transportation and warehousing, and wholesale trade. Marion County has a diverse group of major employers reported by the Indiana Department of Workforce Development, including: Eli Lilly and Company, St. Vincent Health, Indiana University-Purdue University Indianapolis, Indiana University Health, Indiana University School of Medicine, Franciscan Alliance and Franciscan St. Francis Health, Community Health Network, and Rolls-Royce North American Technologies/LibertyWorks.

Marion County reported an unemployment rate similar to the rate for the state of Indiana, but had a slightly higher rate of unemployment than in most surrounding counties, excepting Madison County, where unemployment is higher **Table 2** summarizes unemployment rates at December 2013 and December 2014.

Table 2: Unemployment Rates, December 2013 and December 2014

Service Area	County	Dec-13	Dec-14	% Change from 2013-2014
Primary	Marion	6.8%	5.8%	-1.0%
Secondary	Hendricks	4.7%	4.7%	-0.0%
	Johnson	5.1%	5.0%	-0.1%
	Morgan	6.0%	5.9%	-0.1%
	Hamilton	4.2%	4.1%	-0.1%
	Madison	7.7%	6.8%	-0.9%
	Hancock	5.3%	5.1%	-0.2%
	Shelby	5.9%	5.6%	-0.3%
	Boone	4.6%	4.6%	-0.0%
	Indiana	6.3%	5.9%	-0.4%
	USA	6.7%	5.6%	-0.9%

Source: US Bureau of Labor Statistics, 2015.

5.2.2 Household Income and People in Poverty

Areas with higher poverty rates tend to have poorer access to healthcare, lower rates of preventive care, higher rates of preventable hospital admissions, and poorer health outcomes in general. According to the US Census, in 2013, the national poverty rate was 15.9%, the same as the rate in 2011. In Indiana, 15.5% of the state population lived in poverty in 2013, which was a 0.3% decrease from the 2011 poverty rate (15.8%).

For Marion County, a poverty rate of 21.6% was reported in 2012, rising from 21.3% in 2011 (0.3%) and dipping back to 21.3% in 2013. Within the IU Health ACH and Rehabilitation Hospital of Indiana service area, Hamilton County had the lowest poverty rate at 5.5% in 2013 and Marion County had the highest poverty rate. **Table 3** illustrates the poverty rates by year between 2011 and 2013.

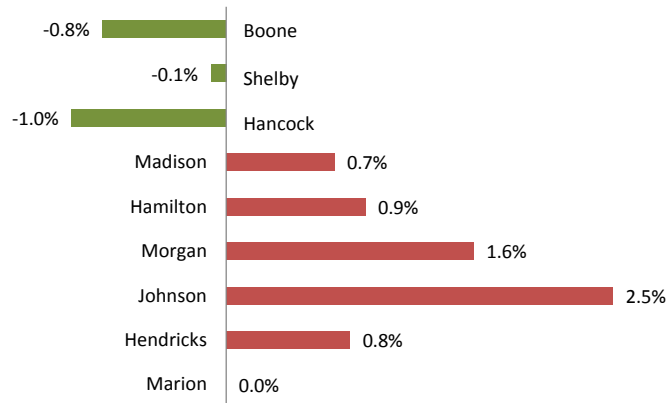
Table 3: Percentage of People in Poverty, 2011-2013

Service Area	County	2011	2012	2013	% Change from 2011-2013
Primary	Marion	21.3%	21.6%	21.3%	0.0%
Secondary	Hendricks	5.6%	5.7%	6.4%	0.8%
	Johnson	9.3%	9.6%	11.8%	2.5%
	Morgan	11.1%	12.6%	12.7%	1.6%
	Hamilton	4.6%	4.7%	5.5%	0.9%
	Madison	18.9%	15.9%	19.6%	0.7%
	Hancock	7.5%	7.3%	6.5%	-1.0%
	Shelby	12.7%	12.7%	12.6%	-0.1%
	Boone	8.1%	6.6%	7.3%	-0.8%
Indiana		15.8%	15.5%	15.5%	-0.3%
USA		15.9%	15.9%	15.9%	0.0%

U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program
 Release dates: December 2012, December 2013, and December 2014

Johnson County had the highest increase in poverty (+2.5%) in IU Health/Rehabilitation Hospital of Indiana service area from 2011 and 2013, followed by Morgan County (+1.6%). The service area counties with drops in the poverty rate were Hancock (-1.0%) and Boone (-0.9%). The state poverty rate declined from 2001 to 2013 (-0.3%) and the U.S. poverty rate was unchanged at 15.9% in both 2011 and 2013. Comparisons of changes each county's poverty rates are displayed in **Figure 2** below.

Figure 2: Change In Poverty Rates between December 2011 and December 2013



U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program

Income level is an additional economic factor that has also been associated with the health status of a population. Based on US Census Bureau data, Marion County's 2013 per capita income was estimated to be \$24,124, which is slightly below the Indiana state level of \$24,635. Median household income in the county was \$42,334, also below the Indiana median of \$48,248. The state and county results were below US national per capita income of \$28,155 and median household income of \$53,046.

5.2.3 Insurance Coverage

National statistics on health insurance indicate that 13% of the United States population is uninsured. Of the US population that is insured, 48% are insured through an employer, 6% through individual providers, 16% through Medicaid, 15% through Medicare, and 2% through other public providers.

In Indiana, it is estimated that 12% of the population are uninsured, including 8% of children. Of the Indiana residents who are insured, 52% receive insurance through their employer, 6% through individual providers, 14% through Medicaid, 14% through Medicare, and 1% through other public providers.² The largest difference compared with the national data is the higher percentage in Indiana with insurance through an employer.

5.3 State-Level Health Status and Access Indicators

5.3.1 America's Health Rankings

The United Health Foundation along with the American Public Health Association and Partnership for Prevention has created America's Health Rankings® to stimulate action by individuals, elected officials, medical professionals, public health professionals, employers, educators, and communities to improve the health of the population of the United States. The 20 measures that comprise America's Health Rankings are of two types—determinants and outcomes. Determinants represent those actions that can affect the future health of the population, whereas outcomes represent what has already occurred, either through death, disease, or missed days due to illness.

For further clarity, determinants are divided into four groups: Behaviors, Community and Environment, Public and Health Policies, and Clinical Care. These four groups track indicators that reflect activities and policies that can affect the health outcomes of a population. Improving these inputs will improve outcomes over time. Most measures are actually a combination of activities in all four groups.

For a state to improve the health of its population, efforts must focus on changing the determinants of health. If a state is significantly better in its score for determinants than its score for outcomes, it will be likely to improve its overall health ranking in the future. Conversely, if a state is worse in its score for determinants than its score for outcomes, its overall health ranking will more likely decline over time. The best score, 1, is for Hawai'i and the lowest, at 50, is in Mississippi. Indiana scores 41 for outcomes and 39 for determinants.

Scores presented in **Table 4** show the Indiana rank for each health indicator plus a comparison for Indiana and for Hawai'i that shows how far away from the national norm each state is (measured in a weighted number of standard deviation units).

2. Kaiser State Health Facts, 2013, Kaiser Family Foundation. <http://www.statehealthfacts.org>.

Table 4: Relative Health Status Indicators for the State of Indiana

Indicator	2014 Ranking Metrics		
	2014 Indiana State Ranking	Indiana Compared to National Norm	#1 State (Hawaii) Compared to National Norm
Health Outcomes	41	-0.124	0.344
Diabetes (% of adult population)	39	11	8.4
Poor mental Health days (in previous 30 days)	40	4	2.7
Poor physical health days (in previous 30 days)	30	4	3.2
Infant mortality (deaths per 1000 live births)	39	7.2	5.1
Cardiovascular deaths (per 100,000 population)	39	274.4	199.1
Cancer deaths (per 100,000 population)	42	208.2	155.3
Premature deaths (years lost per 100,000 population)	39	7993	5865
Health Determinants	39	-0.257	0.567
Behaviors			
Smoking (% of adult population)	39	21.9	13.3
Binge drinking (% of adult population)	16	15	18.3
Obesity (% of adult population)	42	31.8	21.8
High school graduation (% of incoming ninth graders)	27	80	78
Community and environment			
Violent crime (offenses per 100,000 population)	36	345.7	239.2
Occupational fatalities (per 100,000)	34	5.3	4.4
Children in poverty (% of persons under age 18)	13	14.7	12.7
Air pollution (micrograms of fine particles per cubic meter)	48	11.7	8.7
Public and health policies			
Lack of health insurance (% without insurance)	28	14.1	6.8
Public health funding (dollars per person)	47	44.34	212.86
Immunization coverage (% of children ages 19-35 months)	33	68.5	63.2
Clinical Care			
Primary care physicians (number per 100,000 population)	37	104.2	140.2
Preventable hospitalizations (per 1,000 Medicare enrolled)	41	70	28.2

Source: America's Health Rankings United Health Foundation 2014.

5.4 County Level Health Status and Access Indicators

5.4.1 County Health Rankings

The Robert Wood Johnson Foundation, along with the University of Wisconsin Population Health Institute, created County Health Rankings to assess the relative health of county residents within each state for all 50 states. These assessments are based on health outcomes, specifically length and quality of life indicators, and on health factors, including indicators related to health behaviors, clinical care, economic status, and the physical environment.

With 92 counties in Indiana, a county is ranked from 1 to 92, where 1 represents the highest ranking and 92 represents the lowest. A score higher than 68 puts a county into a group of 23 counties where health status for that measure is among the lowest for the state. All indicators except clinical care received values of 68 or higher, putting Marion County in or very near the bottom quarter of counties using these metrics. **Table 5** summarizes County Health Ranking assessments for Marion County and **Table 6** shows greater detail with specific scores for the indicators used.

Table 5: Relative Health Status Indicators (RHSI) for Marion County – Summary

Indicator	Marion
Health Outcomes	74
Length of Life	69
Quality of Life	74
Health Factors	89
Health Behaviors	86
Clinical Care	32
Social and Economic Factors	92
Physical Environment	68

Source: County Health Rankings, 2015

Table 6: Relative Health Status Indicators for Marion County – Detail

Indicator	Marion
Health Outcomes	74
Length of Life	69
Premature death per 100,000	8,637
Quality of Life	74
Poor or fair health	17%
Poor physical health days reported in the past 30 days	3.6
Poor mental health days reported in the past 30 days	3.8
Low birth weight (<2500 grams)	9.3%
Health Factors	89
Health Behaviors	86
Adult smoking	24%
Adult obesity (BMI of 30 or more)	31%
Food environment index 0 (worst) 10 (best)	6.1

Indicator	Marion
Physical inactivity age 20 and over	26%
Access to exercise opportunities	88%
Excessive drinking	16%
Alcohol-impaired driving deaths	26%
Sexually transmitted infections (chlamydia) per 100,000	1,100
Teen female births ages 15-19 per 1,000	55
Clinical Care	32
Uninsured (under the age of 65)	20%
Primary care physicians ratio of population to primary care physicians	1,254 to 1
Dentists ratio of population to dentists	1,273 to 1
Mental health providers ratio of population to mental health providers	436 to 1
Preventable hospital stays per 1,000	65
Diabetic monitoring of Medicare enrollees ages 65-75 that receive HbA1c	84%
Mammography screening ages 67-69 of female Medicare enrollees	60.8%
Social and Economic Factors	92
High school graduation	77%
Some college ages 25-44	59.9%
Unemployment population ages 16 and older	7.70%
Children in poverty (under the age of 18)	30%
Income inequality ratio at the 80th percentile to income at the 20th percentile	4.7
Children in single-parent households	47%
Social associations per 10,000	11.9
Violent crime per 100,000	1,124
Injury deaths per 100,000	68
Physical Environment	68
Air pollution - particulate matter in micrograms per cubic meter (PM2.5)	13.6
Drinking water violations during the past year	0%
Severe housing problems with at least 1 of 4 problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	17%
Driving alone to work	82%
Long commute - driving alone for more than 30 minutes	28%

Source: County Health Rankings, 2015.

In preventable health factors, Marion County ranked 89th in terms of overall health related factors (determinants of health); individual scores are displayed in **Table 6** above. For Marion County, the specific indicators that ranked poorly compared to Indiana counties include, health behaviors (86th),

length of life (69th), and physical environment (68th). In addition to the above, Marion County ranked 92nd, or the worst in the state, for social and economic factors. Marion County ranked higher in the indicator clinical care, at 32nd of 92 counties.

5.4.2 Community Health Status Indicators

The Community Health Status Indicators (CHSI) Project of the US Department of Health and Human Services compares many health status and access indicators to both the median rates in the US and to rates in “peer counties” across the US. Counties are considered “peers” if they share common characteristics such as population size, poverty rate, average age, and population density.

Marion County has 38 designated “peer” counties in 22 states, including Hamilton, Montgomery, and Summit counties in Ohio, and Jefferson County in Kentucky. **Table 7** highlights the analysis of CHSI health status indicators with cells of different colors depending on whether Marion County compares favorably or unfavorably to the US as a whole. Indicators are found to be unfavorable for a county when its rates are higher than those of the entire nation and designated peer counties, and are considered favorable when the rates for the county are lower than those of the US.

Several indicators related to mortality were unfavorable for Marion County, including cancer, chronic kidney disease, chronic lower respiratory disease, female life expectancy, and male life expectancy; no disease indicators were rated as favorable. The one favorable indicator for Marion County was adult binge drinking. Other unfavorable indicators for Marion County include adult physical inactivity, violent crime, unemployment, and adult obesity.

Table 7: Favorable and Unfavorable Health Status Indicators, Marlon County

Key	
Better (most favorable quartile)	
Moderate (middle two quartiles)	
Unfavorable (least favorable quartile)	
Indicator	Marion
Mortality	
Alzheimer's Disease	
Diabetes	
Cancer	
Chronic Kidney Disease	
Chronic Lower Respiratory Disease	
Coronary Heart Disease	
Female Life Expectancy	
Male Life Expectancy	
Motor Vehicle	
Stroke	
Unintentional Injury (including motor vehicle)	
Morbidity	
Adult Diabetes	
Adult Obesity	
Adult Overall Health Status	

Table 7 continued	
Indicator	Marion
Alzheimer's Disease/Dementia	
Cancer	
Gonorrhea	
HIV	
Older Adult Asthma	
Older Adult Depression	
Preterm Births	
Syphilis	
Health Care Access and Quality	
Cost Barrier to Care	
Older Adult Preventable Hospitalization	
Primary Care Provider Access	
Uninsured	
Health Behaviors	
Adult Binge Drinking	
Adult Female Routine Pap Tests	
Adult Physical Inactivity	
Adult Smoking	
Teen Births	
Social Factors	
Children in Single-Parent Households	
High Housing Costs	
Inadequate Social Support	
On Time High School Graduation	
Poverty	
Unemployment	
Violent Crime	
Physical Environment	
Access to Parks	
Annual Average PM2.5 Concentration	
Housing Stress	
Limited Access to Healthy Food	
Living Near Highways	

Source: Community Health Status Indicators Project,
Department of Health and Human Services, 2015.

5.5 ZIP Code-Level Health Access Indicators

The Community Need Index (CNI) was created in 2005 by Dignity Health (formerly Catholic Healthcare West) in collaboration with Thomson Reuters. The CNI identifies the severity of health disparities related to housing, English as a second language (ESL), and education level for ZIP codes in the United States. In addition to health indicators, CNI includes economic and structural indicators in its assessment of the overall health of a community. Scores are assigned on a scale of one to five with one indicating the least amount of community need and five indicating the most (see **Figure 3**). The CNI assessments illustrate correlations between high need/high scores and high hospital utilization in specific ZIP codes. **Table 8** summarizes the CNI for ZIP codes in Marion County and **Figure 4** shows the color code for each ZIP code in Marion County, using the rating scale below.

Within Marion County, CNI scores indicate needs are greatest in 12 ZIP codes within the city of Indianapolis (46201, 46202, 46208, 46218, 46225, 46203, 46205, 46222, 46235, 46204, 46224, 46241, 46226, and 46227).

Figure 3: Community Need Index Rating Scale

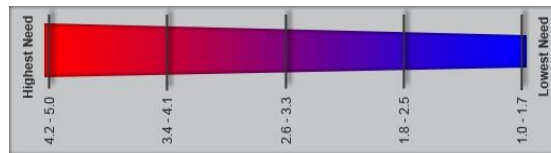
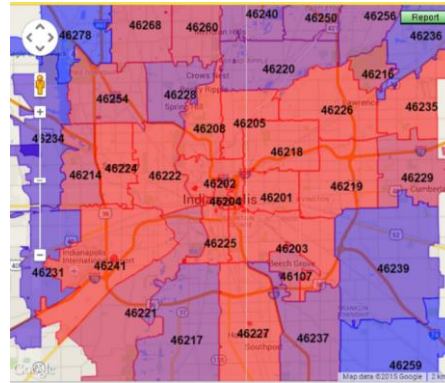


Table 8: CNI Scores for Marion County

PSA County	City	ZIP Code	Rank
Marion	Indianapolis	46201	5.0
		46202	4.8
		46208	4.8
		46218	5.0
		46225	4.8
		46203	4.8
		46205	4.4
		46222	5
		46235	4.6
		46204	4.6
		46224	4.8
		46226	4.6
		46219	4.2
		46227	4.4
		46241	4.6
		46221	4.0
		46254	4.0
		46260	3.8
		46107	3.8
		46229	4.0
		46268	4.0
		46214	4.0
		46220	3.0
		46228	3.0
	46240	3.2	
	46250	3.0	
	46256	2.6	
	Lawrence	46237	3.0
		46239	2.2
		46278	1.6
		46217	2.8
		46259	1.4
Clermont	46234	2.0	
	Plainfield*	46231	2.4

Figure 4: CNI Scores Mapped for Marion County



Source:

Community Need Index, <http://cni.chw-interactive.org/>

*Note that ZIP code 46231 (Plainfield) is within a city that is primarily outside of Marion County, but is included above since a large portion of this ZIP code area extends into Marion County.

5.6 Medically Underserved Areas and Populations

The Health Resources and Service Administration (HRSA) has calculated an Index of Medical Underservice (IMU) score for communities across the US. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population older than 64. IMU scores range from zero to 100, where 100 represents the least underserved and zero represents the most underserved.

Any area or population receiving an IMU score of 62.0 or below qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving an MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care.

When 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.”³

Table 9 illustrates the areas that have been designated as MUAs or MUPs in IU Health AHC community.

Table 9: MUAs and MUPs in IU Health/RHI Community

Key
 County Does not contain an MUP or MUA designation
 N/A No IMU score because designation is by the Governor

Service Area	County	Medically Underserved Areas		Medically Underserved Populations	
		IMU Score	Detail	IMU Score	Detail
Primary	Marion	59.3	Marion Service Area- 19 CTs (census tracts)	N/A	Low-income population, North Arlington Service Area- 6 CTs*
		55.7	Marion Service Area- 14 CTs	N/A	Low-income population, Grassy Creek Service Area- 4 CTs*
		51.8	Marion Service Area- 12 CTs	N/A	Low-income population, Forest Manor Service Area- 4 CTs*
		57.3	Marion Service Area- 19 CTs	61.6	Low-income population, Indianapolis Northwest Side- 11 CTs
		53.37	Marion Service Area- 3 CTs		

Continued on next page

3. Guidelines for Medically Underserved Area and Population Designation. US Department of Health and Human Services, Health Resources and Services Administration. <http://bhpr.hrsa.gov/shortage/>.

Table 9 continued					
Service Area	County	Medically Underserved Areas		Medically Underserved Populations	
		IMU Score	Detail	IMU Score	Detail
Secondary	Hendricks				
	Johnson	61.5	Trafalgar Service Area 5 MCDs (Blue River, Hensley, Nineveh, and Union Townships)		
		59.9	Johnson Service Area- 1 CT		
	Morgan				
	Hamilton				
	Madison			67.1	Low-income population, Anderson City Service Area- 10 CTs
				60.7	Low-income population, North Madison Service Area- 7 CTs
	Hancock				
	Shelby				
	Boone				

* Indicates a Government MUP, which is a designation made at the request of a State Governor based on documented, unusual local conditions and barriers to accessing personal health services
Source: Health Resources and Services Administration, US Department of Health and Human Services, 2012.

Marion and Johnson counties contained areas designated as MUAs. Marion and Madison counties had service areas designated as MUPs.

5.7 Health Professional Shortage Areas

An area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary care, dental care, or mental healthcare professionals is found to be present. 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.”

Table 10 below lists the HPSAs in the IU Health AHC and Rehabilitation Hospital of Indiana community.

Table 10: HPSAs in IU Health AHC/RHI Community

County Does not contain an HPSA in that specialty

Service Area	County	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA	
Primary	Marion	6 Health Centers: HealthNet Incorporated -- Barrington, Indiana Health Center, Health and Hospital Corporation of Marion County, Shalom Health Center Inc., and Raphael Health Center, Jane Pauley Community Health Center	Low -income population, Near North Side and Highland-Brookside	Low-income population, Near Northeast	
			6 Health Centers: HealthNet Incorporated/Barrington, Indiana Health Center, Health and Hospital Corporation of Marion County, Shalom Health Center Inc., and Raphael Health Center, Jane Pauley Community Health Center	6 Health Centers: HealthNet Incorporated/Barrington, Indiana Health Center, Health and Hospital Corporation of Marion County, Shalom Health Center Inc., and Raphael Health Center, Jane Pauley Community Health Center	
Secondary	Hendricks	Reception Diagnostic Center			
	Johnson	1 Health Center: Trafalgar Family Health Center	1 Health Center: Trafalgar Family Health Center	1 Health Center: Trafalgar Family Health Center	
	Morgan				
	Hamilton				
	Madison	Low-income population, entire county			
		1 Health Center: Madison County Community Health Center	1 Health Center: Madison County Community Health Center	1 Health Center: Madison County Community Health Center	
	Hancock				
Shelby					
Boone					

Source: Health Resources and Services Administration, US Department of Health and Human Services, 2012.

5.8 Description of Other Facilities and Resources Within the Community

The Marion County community contains a variety of resources that are available to meet the health needs identified through this CHNA. These resources include facilities designated as FQHCs, hospitals, public health departments, and other organizations. **Table 11** below lists the other facilities and resources in the IU Health AHC and Rehabilitation Hospital of Indiana community.

Table 11: Resources in Marion County

Service Area	County	Public Health Department
Primary	Marion	Marion County Health Department (Indianapolis, Indiana)

Service Area	County	FQHC
Primary	Marion	Barrington Health Center (Indianapolis, Indiana)
		Barton Annex Clinic (Indianapolis, Indiana)
		Care Center at the Towers (Indianapolis, Indiana)
		Citizens Health Center (Indianapolis, Indiana)
		Countyline Family Health Center (Indianapolis, Indiana)
		Dayspring Center (Indianapolis, Indiana)
		Eastside Health Center (Indianapolis, Indiana)
		Eskenazi Health Center (formerly Wishard) (Indianapolis, Indiana)
		Harbor Light (Indianapolis, Indiana)
		Heartfelt Health Alliance (Indianapolis, Indiana)
		Holy Family Shelter (Indianapolis, Indiana)
		Horizon House (Indianapolis, Indiana)
		Interfaith Hospitality Network (Indianapolis, Indiana)
		Jane Pauley Community Health Center (Indianapolis, Indiana)
		Martindale/Brightwood Community (Indianapolis, Indiana)
		Northeast Health Center (Indianapolis, Indiana)
		Pathway to Recovery (Indianapolis, Indiana)
		Peoples Health Center (Indianapolis, Indiana)
		Raphael Health Center (Indianapolis, Indiana)
		Salvation Army Family Services (Indianapolis, Indiana)
		Shalom Primary Care Center (Indianapolis, Indiana)
		Southeast Health Center (Indianapolis, Indiana)
		Southwest Health Center (Indianapolis, Indiana)
Southwest OB Annex (Indianapolis, Indiana)		
West Health Center (Indianapolis, Indiana)		
Wheeler Mission (Indianapolis, Indiana)		
Windrose Health Network (Indianapolis, Indiana)		

Table 11, continued

Service Area	County	Hospital	
Primary	Marion	Community Hospital East	Rehabilitation Hospital of Indiana
		Community Hospital North	Riley Hospital for Children at IU Health
		Eskenazi Hospital (formerly Wishard)	Select Specialty Hospital-Beech Grove
		Fairbanks Hospital	St. Vincent Heart Hospital
		Franciscan St. Francis Health	St. Vincent Hospital
		Indiana Orthopaedic Hospital, LLC	St. Vincent New Hope
		Indiana Surgery Center	St. Vincent Seton Specialty Hospital
		IU Health Methodist Hospital	St. Vincent Stress Center
		IU Health University Hospital	St. Vincent Women's Hospital
		Kindred Hospital	The Indiana Heart Hospital
		Peyton Manning Children's Hospital	Westview Hospital
		Richard L. Roudebush VA Medical Center	

Sources: Health Resources and Services Administration, US Department of Health and Human Services, 2012; Indiana State Department of Health, Health Care Regulatory Services, 2012

6 PRIMARY DATA ASSESSMENT

IU Health/RHI gathered qualitative data for its CHNA using a multi-component approach to identify and verify community health needs for the service area. This included the following components:

1. Hosting one two-hour focus group with public health officials and community leaders to discuss the healthcare needs of Marion County.
2. Surveying the community at large through a web-based site and utilizing paper copies at clinics and other settings, with special emphasis to garner input from low income, uninsured, or minority groups.

6.1 Focus Group

6.1.1 Identification of Persons Providing Input

A focus group invites community leaders to express community priorities. For this CHNA, local leaders with a stake in the community's health were invited to attend a focus group session on May 15th, 2015 at St. Saint Paul Episcopal Church. Focus group facilitators sent email invites, mailed letters and made follow-up telephone calls, paying special attention to including organizations that represent the interest of low-income, minority, and uninsured individuals. Attendees who participated in the focus group are listed in **Table 12** below.

Table 12: Organizations Represented in Focus Group

All Senior Citizens Connect
Anthem
Clinical Translational Sciences Institute
Coburn Place
Community Alliance of the Far Eastside
Community Health Network
Domestic Violence Network
Families First
Father and Families
Immigrant Welcome Center
Indianapolis Housing
Julian Center
Life's TouchHome Health
Mapleton-Fall Creek Development Corporation
Marion County Public Health Department
Marion County Prosecutor's Office
Martindale Brightwood Community Development Corporation
Phalen Leadership Academies
RepuCare Incorporated
St. Francis Hospital
St. Vincent Hospital
Substance Abuse Counselor
Survivors of Violence

6.1.2 Prioritization Process and Criteria

Upon arrival to the focus group, participants were asked to list what each believed to be five top health needs for the Marion County community. Each table was then asked to aggregate and rank their top five needs into a comprehensive list of identified needs. These lists were then discussed by the group as a whole to share additional insights about and gain greater understanding of the needs identified.

6.1.3 Description of Prioritized Needs

Through this process, the focus group identified the following five needs as priorities for Marion County:

1. Education.
2. Crime.
3. Recreational youth services.
4. Access to healthcare.
5. Community livability.

These prioritized needs are discussed in more detail below.

1. Education – The category of education was very broad and included: latent education for self-awareness, self-worth and self-esteem beginning at a young age in schools, healthy relationships and conflict resolution in schools, job training for adults, domestic violence education, domestic violence training for first responders, and sexual assault education.

2. Crime included crime prevention and safety in neighborhoods.

3. Recreational and Youth Programs included a lot of issues such as affordable summer programs, affordable after school programs, safe parks and places for children to play, and community connectedness.

4. Healthcare included mental health/substance abuse, insufficient services, navigating the healthcare system, senior care, access to emergency services, prenatal and maternal care and affordability.

5. Community Livability was an overarching topic and includes what it is to live in a functional community and what it is lacking. This includes transportation for many needs: to and from jobs, school, grocery stores, appointments, and healthcare facilities. A community's livability also includes jobs with livable wages and safe, affordable housing.

6.2 Community Survey Findings

IU Health/RHI also solicited responses from the general public regarding the health of people in the community through a survey. The survey consisted of approximately 20 multiple choice and open-ended questions that assessed the community members' feedback regarding healthcare issues and barriers to access.

A link was made available on the hospital's website via an electronic survey tool from December 2014 through June 2015. A paper version was distributed to local community centers, health clinics, community health fairs and events, as well as within some hospital patient waiting areas. Additionally, an estimated 25,000 surveys were e-mailed, direct-mailed, or sent via newsletter. In addition, focus

group participants received email invitations so that they could distribute the survey further to their local community members.

6.2.1 Respondent Demographics

A total of 1,146 people from the IU Health/Rehabilitation Hospital of Indiana community participated in the survey. The majority of respondents represented by the survey were White/Caucasian (71%). However, a considerable number of respondents (23%) identified as Black or African American, and 7% identified with other racial or ethnic identities (American Indian/Alaskan Native; Asian/Pacific Islander; Burmese; or Other). Among the respondents, 5% identified as Hispanic or Latino. Respondents could select all identities that applied.

The older adult population (defined as ages 45 to 64) represented 58% of the total respondents. The young adult age group (defined as ages 25 to 44) was also significantly represented as well within Marion County (35%). A small group, 7%, was aged 18 to 24.

1,091 of the respondents reported their average household income. Of these, 25% had an average household income within \$25,000 - \$49,999. About 20% earned \$50,000 - \$74,999, whereas 13% earned \$75,000 - \$99,999. Roughly 18% of the respondents reported an average household income of below \$24,999.

Survey respondents were also asked to report how they pay for health needs. Almost half of the respondents (47%) reported utilizing employer provided insurance. Private insurance was the second most reported payment for health needs (23%). A portion of the respondents (13%) also used Medicare to cover health needs. 9% used Medicaid and 5% reported themselves as self-pay (cash).

Given the reported demographics above, care should be taken with interpreting the survey results. The reported ethnicities and ages of the survey respondents do not match Marion County's demographics. Specifically, the survey reached more White/Caucasian respondents (71% in survey compared with 60% White/Caucasian-Non-Hispanic county residents) and a higher share of older adults (58% of survey respondents were aged 45 to 64 compared with 23% of adults in the county).

6.2.2 Greatest Health Needs and Social Issues

Survey participants were asked to select the top five health needs in their community from a list of 12 options. By frequency of selected answer choices, Marion County considered the top five health needs to be:

1. Mental health (15.6%)
2. Obesity (15.5%)
3. Substance abuse (15.2%)
4. Access to healthcare (12.7%)
5. Smoking and tobacco use (11.3%)

Respondents were also asked to select the top three social needs in their community. By frequency of selected answer choices, Marion County considered the top three social needs to be:

1. Public safety (21.2%)
2. Education (15.0%)
3. Poverty (14.0%)

The top five health needs (Question 3) and top three social needs (Question 2) results are summarized in **Figure 5** and **Figure 6** below.

Figure 5: Health Needs Identified by Survey Respondents

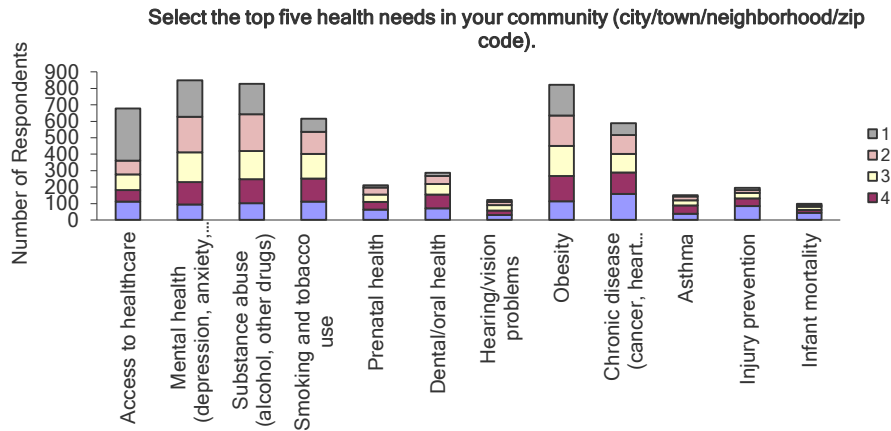
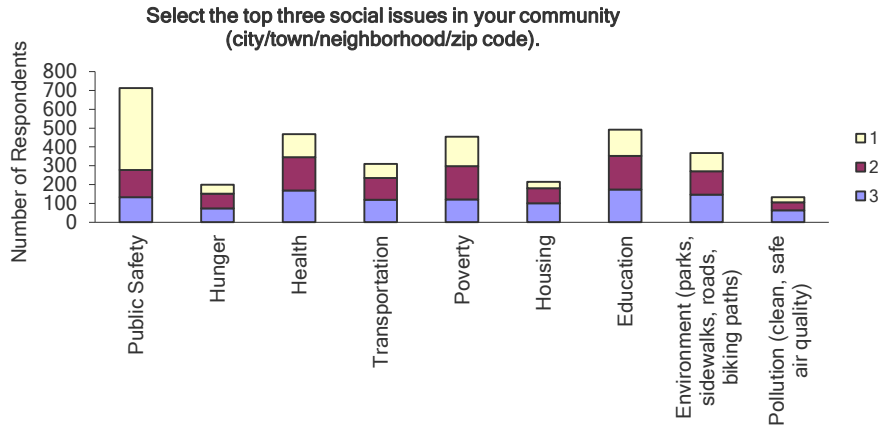


Figure 6: Social Needs Identified by Survey Respondents

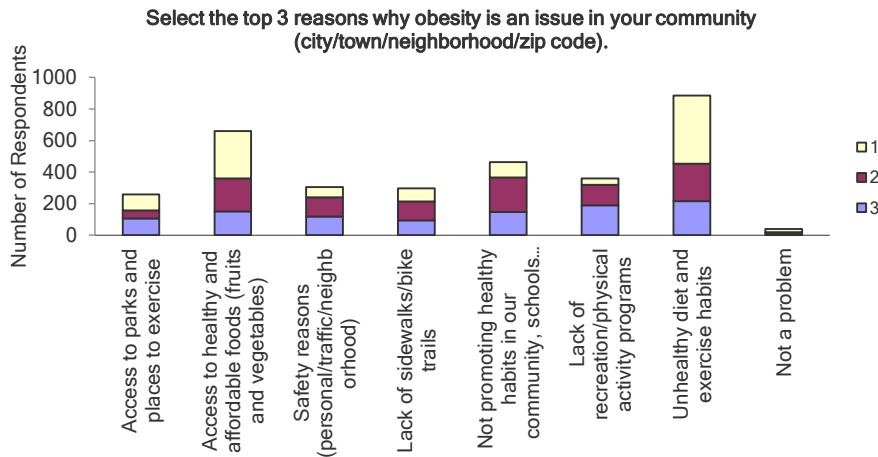


6.2.3 Perceptions of Health Issues

The survey included several questions about obesity and mental health issues within respondents' communities. When asked to select the top three reasons why obesity is an issue in their community (Question 4), the three answer choices selected most often were as shown in **Figure 7**:

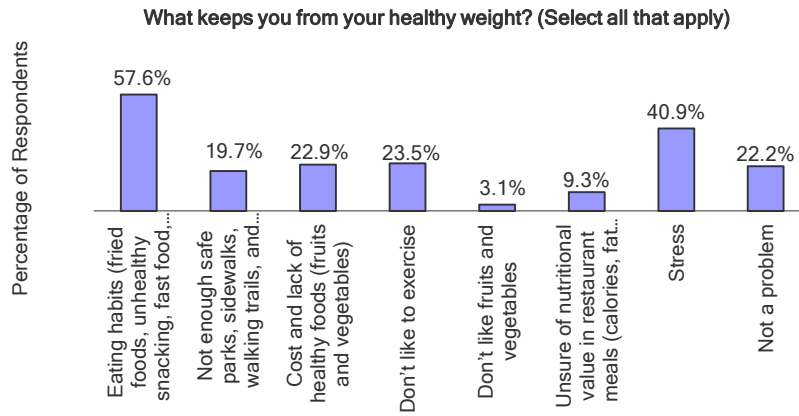
1. Unhealthy diet and exercise habits (27.6%)
2. Access to healthy and affordable foods (20.6%)
3. Not promoting healthy habits in community, schools, and churches (14.4%)

Figure 7: Causes of Obesity in Community



Respondents were also asked to select what reasons kept them from their healthy weight (Question 9) from a list of 8 options. About 58% of the respondents thought eating habits (fried foods, unhealthy snacking, fast food, overeating) kept them from a healthy weight. Almost 42% of respondents felt stress impacted weight, followed by about 26% not liking to exercise. Results are summarized in **Figure 8**.

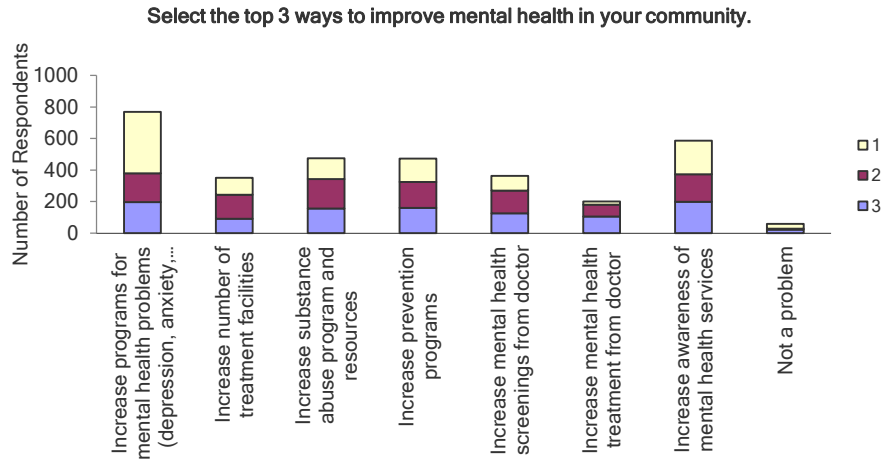
Figure 8: Contributing Factors to Obesity



When asked to select the top three ways to improve mental health in their community (Question 5), the three answer choices selected most often by respondents were as shown in **Figure 9**:

1. Increase programs for mental health problems (23.4%)
2. Increase awareness of mental health services (18.5%)
3. Increase substance abuse programs and resources (14.6%)

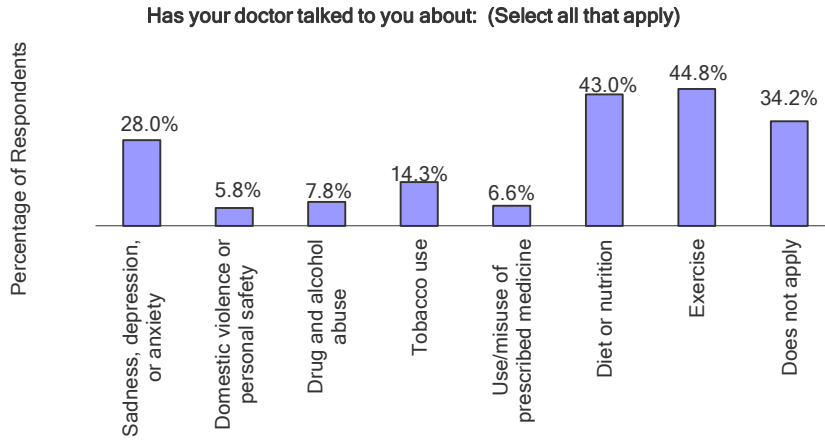
Figure 9: Ways to Improve Mental Health from Survey



6.2.4 Health Education and Access

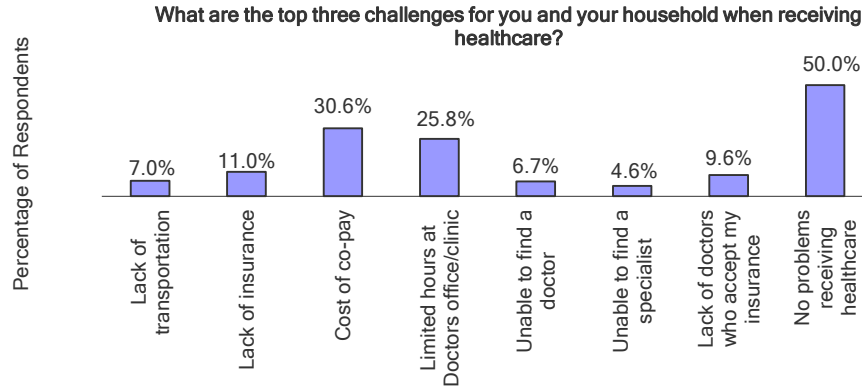
A number of questions about health education and access to healthcare were asked in the survey. Question 10 asked to select all health topics doctors have discussed with them. About 44% of the respondents talked to doctors about diet or nutrition as well as exercise. In contrast, 34% felt the question did not apply. Question 10 is summarized in **Figure 10** below.

Figure 10: Percentage Discussing Specific Health Issue with Provider



When asked the top three challenges when receiving healthcare (Question 12), half of the respondents (50%) reported not having problems receiving healthcare. However, 31% of respondents felt the cost of the co-pay was a challenge and 26% thought limited hours at the doctor's office restricted their access to care. Question 12 is summarized in **Figure 11** below.

Figure 11: Challenges Receiving Health Care from Survey



7 REHABILITATION HOSPITAL OF INDIANA ACTIVITIES TO ADDRESS PRIORITIES

Rehabilitation Hospital of Indiana provides various avenues to assist community residents in improving their health knowledge and care. In addition, Rehabilitation Hospital of Indiana partners with other community organizations in healthcare, wellness, outreach, and other services to address our communities' health needs. Among the many programs focused on priority areas identified, we list a few examples here that take Rehabilitation Hospital of Indiana beyond the clinic walls and into the community.

Access to healthcare

As part of our ongoing focus on providing patients, caregivers and the community with educational tools and resources for better health and wellness, RHI hosts an annual "Health and Wellness Fair". This event is held in May to spotlight National Stroke Awareness Month, increasing awareness and assisting individuals to better understand the signs and symptoms of stroke. Individual screenings including glucose testing, cholesterol, BMI, blood pressure and balance/flexibility screenings are performed with results provided for use in follow-up with the individual's health care provider.

RHI partners with IU Health to participate in the INShape Indiana Black and Minority Health Fair. As part of our involvement, we provide health screenings, education and resources that help community participants attain, maintain and live a healthy lifestyle and reduce their risk of chronic diseases.

RHI partners with a number of local hospital and health care providers to co-sponsor the "Strike Out Stroke" events.

RHI participated in IU Health's "Veggies and Vaccines" by administering free flu vaccinations to community residents at Churchman Woods Apartments on the south side of Indianapolis. Through this partnership, RHI is able to deliver on its goal of improving access to healthcare services to vulnerable populations in underserved areas within Marion County.

Obesity prevention

RHI collaborates with IU Health, IPS school officials, and several local organizations on the IUH Day of Service. The focus of this day is on building better health by improving public assets that encourage healthy living and obesity prevention. Volunteers spend the day working at Jonathan Jennings Elementary School #109 to improve grounds and install new fitness areas. IN 2015 RHI revitalized a quarter mile fitness track and enhanced the school grounds, positively impacting the needs of our community by increasing access of places to get physically fit. Prior year RHI volunteer activities include enhancing Marion County community park assets, thereby making recreation more appealing and exercise at these parks safer.

RHI Sports Program's annual water ski clinic is a two day program held at Morse Reservoir. This clinic provides individuals with physical disabilities the opportunity to participate in the thrilling sport of water skiing, helping to increase the participants' overall physical fitness and self-confidence while decreasing feelings of isolation and helplessness.

RHI partnered with IU Health and IPS to provide free sports physicals to low income students at Arsenal Tech High School, allowing them to be physically active and able to participate in organized sports.

Behavioral health

In collaboration with Mental Health of America Greater Indianapolis, RHI sponsored Mental Health First Aid scholarships for Marion County government employees and non-for-profit case managers and staff. Scholarship recipients received training to recognize the potential risk factors and warning signs for a range of mental health problems, and how to provide guidance for those undergoing crisis to receive the necessary resources, support and treatments to achieve recovery.

8 CONCLUSION

IU Health/RHI used quantitative data from numerous sources and survey responses from Marion County, plus qualitative information derived from a focus group to gather information about community needs. To assure that medically underserved were included in this CHNA, the focus group included representatives from Marion County Public Health Department and community leaders from neighborhoods where median incomes are very low: Northwest Area, Mid-North Area, Martindale Brightwood and Mapleton Fall Creek. The focus group also included representatives from agencies providing services related to domestic violence, recent immigration to the United States, and other individual or community barriers to care.

Then IU Health/RHI used the Hanlon method to set priorities and finds the below community health needs as priority areas:

- Access to Healthcare
- Nutrition and Healthy Weight
- Behavioral Health and Substance Abuse
- Community Revitalization

Rehabilitation Hospital of Indiana commits to addressing the four community health needs identified above during the course of 2016-2018. Rehabilitation Hospital of Indiana utilized the rankings along with the Hospital's ability to impact change when selecting the needs to address. These needs are identified in an Implementation Strategy and presented to the hospital board for approval and will shape the community outreach priorities through 2018.