



2021 COMMUNITY NEEDS ASSESSMENT

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Introduction, Background and Service Area

Introduction

Federal law requires that tax-exempt hospital facilities conduct a Community Health Needs Assessment (CHNA) every three years and adopt a strategy that addresses significant community health needs. In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and consider 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.

This report provides a comprehensive overview of the 2021 CHNA conducted by Hendricks Regional Health (HRH) in which we assess the wellness and health needs of our community, as well as of the available resources to fulfill their needs.

The chapters of this report provide an overview of the methods used to conduct the CHNA, summaries of existing health indicator data that was reviewed, primary data that was collected for purposes of the CHNA, and a description of the process and outcomes of a prioritization process to establish the health priorities that will drive our activities in subsequent years.

About Hendricks Regional Health

HRH is a nationally recognized, nonprofit, healthcare organization with a deeply rooted legacy of community service. Our culture is built on our vision to be the indispensable healthcare partner for our community and our mission of being dedicated to exceptional healthcare. More than 2,300 associates serve our community each day through a shared philosophy of patient-centered, high-quality, low-cost healthcare. We are accredited by Healthcare Facilities Accreditation Program (HFAP) and have the prestigious Magnet[®] designation from the American Nurses Credentialing Center, the nation's highest honor of nursing excellence.

Located in one of Indiana's fastest-growing counties, HRH is among Hendricks County's largest employers and only not-for-profit healthcare system. Since opening in 1962, we have evolved to become the preferred, trusted partner for patients, employers, physicians and healthcare professionals, and are proud to support more than 300 like-minded organizations serving Hendricks County and surrounding communities. These partners include Family Promise, Hendricks County 4-H Fair, Hendricks County Food Pantry Coalition, Hendricks County Senior Services, Hendricks Regional Health YMCA and Sheltering Wings, among others.

HRH leverages our core competency of building relationships by living our values to meet the growing demand for high-quality, cost-efficient healthcare. The result is an organization that consistently exceeds patients' needs and fulfills its community's goals. Additional information about HRH is available at hendricks.org.

Health and wellness initiatives at HRH are supported by a detailed organizational strategic plan to progressively increase our ability to impact health and wellness in our community: for our own associates, other corporations and organizations, and for the population at

large. This high-level commitment demonstrates our long-term intention to achieve our mission.

We invite community members to review the CHNA at hendricks.org/CHNA. Comments may be provided to Assistance@hendricks.org.

Highlights of the 2021 Community Health Needs Assessment

As part of the CHNA process, HRH developed a prioritized list of community needs. The identified needs fall into three broad categories:

- Access to Appropriate Healthcare
- Crisis Services
- Awareness/Prevention/Screening

The breadth of the categories of needs allows HRH to continue (or expand) successful existing programs and to develop innovative approaches to possibly addressing multiple needs simultaneously.

Assessment Methodology

Data from multiple sources was gathered and assessed, including secondary data published by others and primary data obtained by Indiana University Health (IUH), local Health Departments, internal business intelligence platforms and key stakeholders through community input. Input from the community was received through key informant interviews, community meetings and surveys. Stakeholders participating in the community input processes represented broad interests of the community and included individuals with special knowledge of or expertise in public health.

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health statuses, healthcare access and related indicators were analyzed, including data provided by local, state and federal government agencies, and local community service organizations. Comparisons to benchmarks were made where possible (including measures for Indiana and/or the U.S.).

Identifying significant community health needs involves continuing to recognize and understand every factor that impacts optimal health for all in a community. According to the Centers for Disease Control and Prevention (CDC), "Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances." Addressing social determinants of health reduces health disparities. Examples of social determinants of health include poverty, food insecurity, housing, social isolation, transportation, racism and other forms of discrimination.

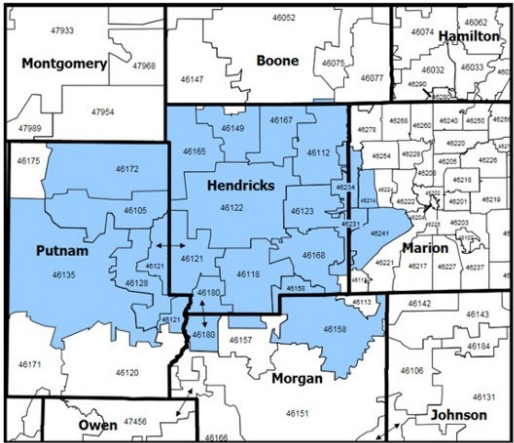
Several data limitations should be recognized when interpreting results. For example, some data (e.g., County Health Rankings, mortality data and others) exist only at a county-wide level of detail. Those data sources do not allow the assessment of health needs at a more granular level of detail, such as by ZIP Code. In some cases, ratings or other measures are not available for Putnam County due to volume thresholds not being met by the data source for publication (such as CDC volume threshold requirements for public reporting).

Data and Analysis

Community Definition

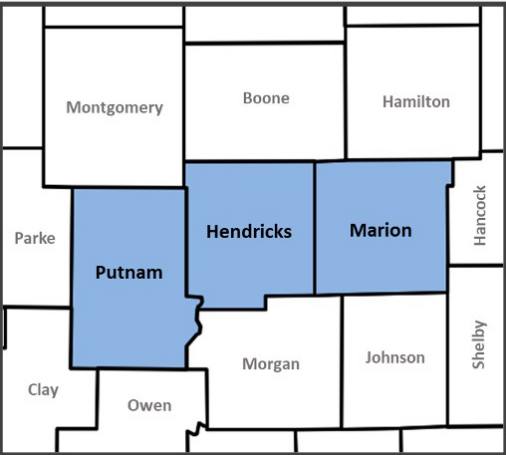
The community HRH assessed was defined by the geographic origins of our patient population. Our Primary Service Area (PSA) is defined by ZIP Code (see Exhibit 1).

Exhibit 1: Hendricks Regional Health Primary Service Area



However, many community health statistics are not available at a ZIP Code level. Therefore, throughout this assessment, the geographic area studied is comprised of Hendricks, Marion and Putnam Counties (see Exhibit 2). This geography is where we have the strongest presence and market share. The area represents 83 percent of our volume (inpatient and outpatient combined in 2020 and 2021).

Exhibit 2: Hendricks Regional Health Three-County Area



Secondary Data Summary

This section of the assessment summarizes findings from secondary data for HRH’s PSA (Exhibit 1) and Three-County Area (Exhibit 2).

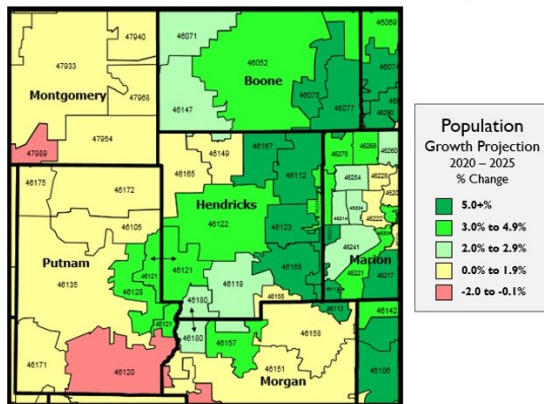
Exhibit 3: Percent Change in Community Population

Area	Estimated Population 2020	Estimated Population 2025	Percent Change 2020-2025
Hendricks County	170,323	184,022	8.0%
Putnam County	37,486	37,476	0.0%
Marion County	963,732	983,721	2.1%
Three-County Area	1,171,541	1,205,219	2.9%
*HRH Primary Service Area	304,912	317,606	4.2%

* ZIP Code defined

Source: Indiana Business Research Center

Exhibit 4: Forecast of Population Growth by ZIP Code



Source: Claritas

Description

Exhibits 3 and 4 show the population forecast for 2020-2025.

Observation

A large increase in population is forecast in Hendricks County with pockets of growth in Marion and Putnam Counties.

Exhibit 5: Percent Change in Population by Age/Sex Cohort

Area	Estimated Population 2020	Estimated Population 2025	Percent Change 2020-2025
Hendricks County	170,323	184,022	8.0%
0-19	45,264	47,230	4.3%
20-44 Male	28,479	30,538	7.2%
20-44 Female	26,976	28,665	6.3%
45-64	44,341	46,388	4.6%
65+	25,263	31,201	23.5%
Putnam County	37,486	37,476	0.0%
0-19	8,571	8,472	-1.2%
20-44 Male	7,206	7,224	0.2%
20-44 Female	5,237	5,127	-2.1%
45-64	9,879	9,160	-7.3%
65+	6,559	7,493	14.2%
Marion County	963,732	983,721	2.1%
0-19	263,937	271,708	2.9%
20-44 Male	168,269	168,395	0.1%
20-44 Female	179,668	179,943	0.2%
45-64	226,369	216,989	-4.1%
65+	125,489	146,686	16.9%
Three-County Area	1,171,541	1,205,219	2.9%
0-19	317,772	327,410	3.0%
20-44 Male	203,954	206,157	1.1%
20-44 Female	211,881	213,735	0.9%
45-64	280,589	272,537	-2.9%
65+	157,311	185,380	17.8%
HRH PSA	304,912	317,606	4.2%
0-19	72,861	72,457	-0.6%
20-44 Male	53,929	55,705	3.3%
20-44 Female	53,943	55,023	2.0%
45-64	77,907	79,185	1.6%
65+	46,272	55,236	19.4%

*Source: Indiana Business Research Center, Claritas
HRH PSA = HRH Primary Service Area*

Description

Exhibit 5 shows the population forecast by certain age/sex cohorts for 2020-2025.

Observation

The population is aging across all counties. The population age 65+ is forecast to grow by 17.8 percent in the Three-County area and by 19.4 percent in the ZIP Code-defined PSA. Several of Indiana’s fastest growing counties are attracting retirees from across the state. This is contributing to the aging of the population in these counties.

**Exhibit 6: Other Socioeconomic Indicators
2015-2019**

Area	Population with a disability	Population 25+ without high school diploma	Population linguistically isolated
Hendricks County	6.2%	6.0%	2.0%
Putnam County	8.6%	11.1%	1.9%
Marion County	10.0%	13.9%	6.3%
Indiana	9.7%	11.8%	3.1%
USA	8.6%	12.0%	8.2%

Source: US Census, ACS 5-year estimates, indianaindicators.org

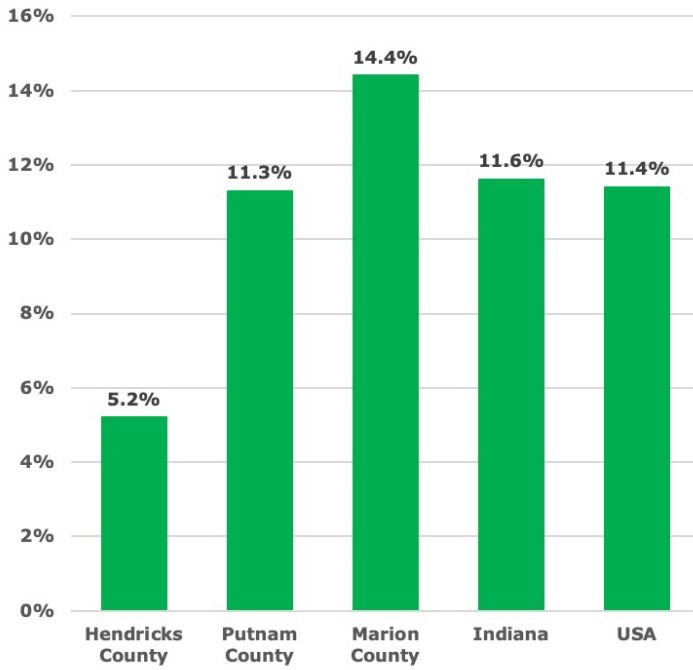
Description

Exhibit 6 shows the percent of the population with a disability, aged 25 years and above without a high school diploma, and who are linguistically isolated.

Observation

- Hendricks County has a lower percentage of population with a disability compared to Indiana.
- Marion County had a higher percentage of residents aged 25 years and older without a high school diploma than Indiana and the U.S.
- Compared to Indiana, Marion County had a higher proportion of population that is linguistically challenged (speaks English less than “very well”).

Exhibit 7: Percent of People in Poverty, 2015-2019



Source: US Census, ACS 5-year estimates

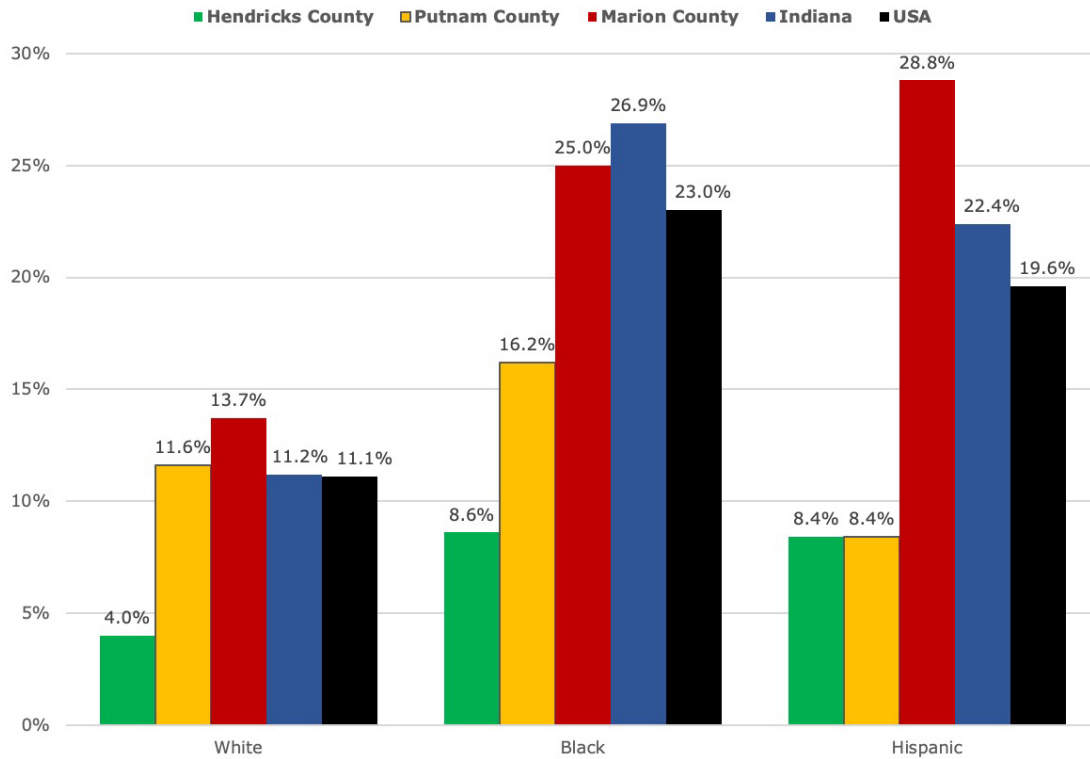
Description

Exhibit 7 portrays poverty rates for Hendricks, Putnam and Marion Counties in addition to Indiana and the US.

Observation

The poverty rate for Hendricks County is well below the rates for Indiana and the U.S. The poverty rate for Marion County was well above the rates for Indiana and the U.S.

Exhibit 8: Poverty Rates by Race/Ethnicity, 2015-2019



Source: US Census, ACS 5-year estimates, indianaindicators.org

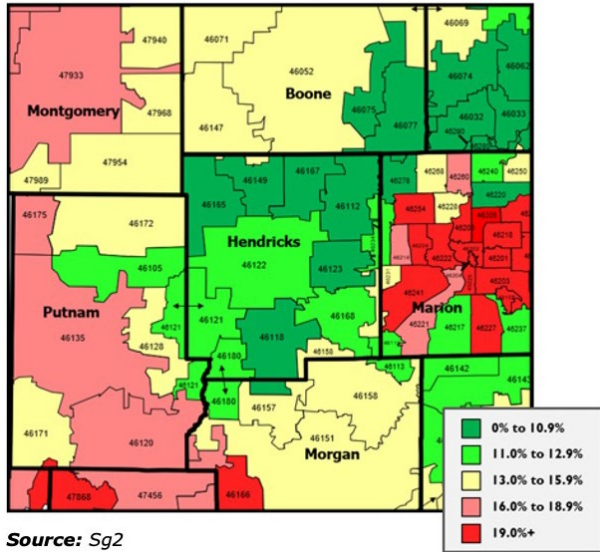
Description

Exhibit 8 portrays poverty rates by race/ethnicity (largest groups) for Hendricks, Putnam and Marion Counties in addition to Indiana and the U.S.

Observation

- The poverty rate in Hendricks County was far lower across all racial/ethnic groups compared to the rates for Indiana and the U.S.
- 25 percent or more of the Black and Hispanic populations in Marion County are living in poverty.

Exhibit 9: Estimate of Percent of Households Medicaid and Uninsured, 2021



Source: Sg2

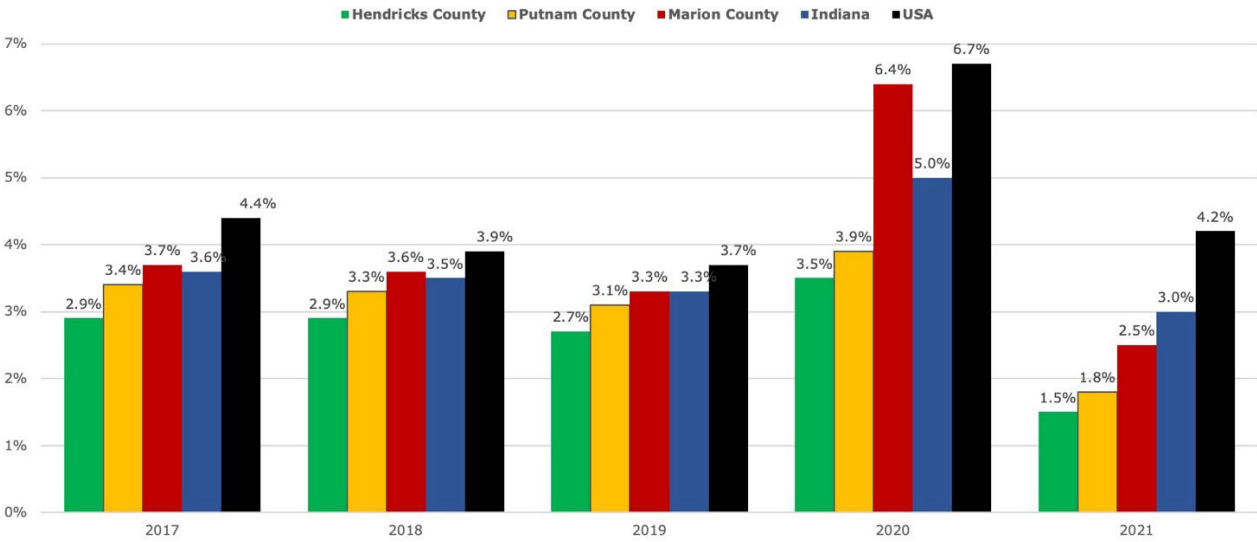
Description

Exhibit 9 shows Sg2’s estimates for the percentage of households covered by Medicaid or are uninsured in 2021.

Observation

- The Zip Codes with the highest percentages of households covered by Medicaid or uninsured are concentrated in Marion County.

Exhibit 10: Unemployment Rates, 2017-2021



Source: US Bureau of Labor Statistics (Stats.Indiana.edu), 2022

Description

Exhibit 10 shows unemployment rates for 2017 through 2021 for Hendricks, Putnam and Marion Counties along with Indiana and the U.S for comparison.

Observation

Unemployment rose sharply during the first surge of the COVID-19 pandemic in 2020. The unemployment rates declined just as sharply in 2021 and many areas are now facing a labor shortage. Hendricks County’s unemployment rate remains far lower than the Indiana and U.S. rates.

Exhibit 11: Percent of Population Under Age 65 without Health Insurance, 2020

Area	Percent Uninsured
Hendricks County	7.7%
Putnam County	8.5%
Marion County	12.3%
Indiana	10.3%
USA	10.2%

Source: US Census, Small Area Health Insurance Estimates (SAHIE), 2020

Description

Exhibit 11 shows the percent of population (under age 65) without health insurance in 2020 (as reported by SAHIE) in Hendricks, Putnam and Marion Counties along with Indiana and the U.S. for comparison.

Observation

The percent of population without health insurance in Marion County is above both the State and National rates. Across the U.S., uninsured rates have fallen in most states that decided to expand Medicaid as part of the Affordable Care Act. Indiana was one of those states.

Exhibit 12: County Health Rankings, 2021

Measure	Hendricks	Putnam	Marion
Health Outcomes	2	19	80
Health Factors	3	30	75
Length of Life	2	20	75
Premature Death	3	20	75
Quality of Life	3	25	82
Poor or Fair Health	3	34	79
Poor Physical Health Days	3	35	50
Poor Mental Health Days	4	19	43
Low Birthweight	4	29	90
Health Behaviors	3	19	60
Adult Smoking	3	19	34
Adult Obesity	18	14	32
Food Environment Index	4	25	86
Physical Inactivity	5	49	25
Access to Exercise Opportunities	33	53	4
Excessive Drinking	4	84	75
Alcohol-impaired Driving Deaths	35	59	55
Sexually Transmitted Infections	37	26	92
Teen Births	3	11	74
Clinical Care	5	51	30
Uninsured	3	14	85
Primary Care Physicians	39	71	10
Dentists	27	40	1
Mental Health Providers	35	50	2
Preventable Hospital Stays	19	59	52
Mammography Screenings	6	47	31
Flu Vaccinations	10	66	39
Social & Economic Factors	2	43	84
High School Graduation	2	41	74
Some College	4	71	19
Unemployment	15	64	49
Children in Poverty	2	39	79
Income Inequality	1	12	88
Children in Single-parent Household	7	18	91
Social Associations	81	47	56
Violent Crime	35	54	92
Injury Deaths	4	14	76
Physical Environment	89	28	91
Air Pollution	89	30	92
Severe Housing Problems	21	45	91
Driving Alone to Work	59	21	35
Long Commute	69	56	30

Source: County Health Rankings, 2021

Description

Exhibit 12 presents County Health Rankings, which is a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, which 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.”

Health factors consists of summary composites that are grouped into the following categories: health behaviors, clinical care, social and economic factors and physical

environment. Health outcomes consist of summary composites that are grouped by the categories of length of life and quality of life. Eight County Health Rankings are updated annually. County Health Rankings 2021 relies on data from 2009 to 2021.

The exhibit presents 2021 rankings for each available indicator category. Rankings indicate how the county ranked among all 92 counties in Indiana, with 1 indicating the highest (most favorable) ranking and 92 the lowest (least favorable) ranking.

Red shading indicates rankings in the bottom 22 of Indiana counties; Yellow shading indicates rankings in the range of 50 to 70.

Observation

In 2021, Hendricks County had 5 of the 41 indicators ranked in the bottom half of Indiana counties. Of those, three were in the bottom twenty: air pollution, social associations, overall physical environment (due to air pollution and long worker commutes).

Marion County had 22 out of 41 indicators ranked in the bottom 20 Indiana counties. Marion County ranked last (92 out of 92 counties) in sexually transmitted infections, violent crime, and air pollution. The county ranked 91st for children in single-parent households and for severe housing problems.

Putnam County had 3 out of 41 indicators ranked in the bottom 20 Indiana counties. They were for excessive drinking, shortage of primary care physicians, and a low percentage of adults with at least some college level education.

Exhibit 13: County Health Rankings data compared to Indiana and USA, 2021

Category	Indicator	Hendricks	Putnam	Marion	Indiana	USA
Health Outcomes						
Length of Life	Years of potential life lost before age 75 per 100,000 (age-adjusted)	5,288.4	6,967.2	9,842.6	8,251.6	6,900.0
Quality of Life	Percentage of adults reporting fair or poor health (age-adjusted)	14.4	18.6	21.5	18.2	17.0
Quality of Life	Average number of physically unhealthy days reported in past 30 dys (age-adjusted)	3.2	4.2	4.3	4.0	3.7
Quality of Life	Average number of mentally unhealthy days reported in past 30 dys (age-adjusted)	4.2	4.7	4.9	4.7	4.1
Quality of Life	Percentage of live births with low birthweight (<2500 grams)	6.2	7.1	9.3	8.1	8.0
Health Behaviors						
Adult Smoking	Percentage of adults who are current smokers	17.5	23.3	21.7	21.7	17.0
Adult Obesity	Percentage of adults who report BMI of 30 or more	31.6	30.7	33.0	33.9	30.0
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.7	8.2	7.0	7.0	7.8
Physical Inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity	21.3	28.6	26.5	26.7	23.0
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity	69.7	59.2	88.9	75.2	84.0
Excessive Drinking	Percentage of adults reporting binge or heavy drinking	16.3	19.4	19.0	18.6	19.0
Alcohol-impaired Driving Deaths	Percentage of driving deaths with alcohol involvement	13.8	20.6	19.7	18.8	27.0
Sexually Transmitted Infections	Number of newly diagnosed chlamydia cases per 100,000	268.8	236.1	1,095.5	523.9	539.9
Teen Births	Number of births per 1,000 female population ages 15-19	10.1	17.2	33.5	24.8	21.0
Clinical Care						
Uninsured	Percentage of population under age 65 without health insurance	6.6	7.9	12.0	9.7	10.0
Primary Care Physicians	Ratio of population to primary care physicians	2141:1	3148:1	1207:1	1498:1	1320:1
Dentists	Ratio of population to dentists	2077:1	2349:1	1107:1	1752:1	1400:1
Mental Health Providers	Ratio of population to mental health providers	1014:1	1253:1	332:1	594:1	380:1
Preventable Hospital Stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	3,594	5,078	4,873	4,795	4,236
Mammography Screenings	Percentage of female Medicare enrollees ages 67-69 who receive mammography screening	50.0	41.0	43.0	42.0	42.0
Flu Vaccinations	Percentage of Medicare enrollees who receive an influenza vaccination	57.0	48.0	52.0	52.0	48.0
Social & Economic Factors						
High School Graduation	Percentage of 9th-grade cohort that graduates in four years	94.0	88.9	86.1	88.8	88.0
Some College	Percentage of adults age 24-44 with some post-secondary education	74.9	50.2	62.7	62.8	66.0
Unemployment	Percentage of the population age 16 and older unemployed but seeking work	2.7	3.5	3.3	3.3	3.7
Children in Poverty	Percentage of children under age 18 in poverty	5.1	13.6	19.4	15.1	17.0
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	3.3	3.6	4.7	4.3	4.9
Single-parent Household	Percentage of children who lived in a household headed by a single parent	14.3	17.4	36.9	25.1	26.0
Social Associations	Number of membership associations per 10,000	8.7	12.7	11.4	12.3	9.3
Violent Crime	Number of reported violent crime offenses per 100,000	176.3	n/a	1,251.2	385.1	386.0
Injury Deaths	Number of deaths due to injury per 100,000	55.9	62.2	98.3	79.8	72.0
Physical Environment						
Air Pollution	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	9.8	8.8	10.4	9.0	7.2
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high costs, lack of kitchen or plumbing	9.0	10.6	17.7	12.9	18.0
Driving Alone to Work	Percentage of the workforce who drive alone to work	85.0	81.0	82.3	82.6	76.0
Long Commute	Among workers who commute in their car alone, the percentage who commute more than 30 minutes	42.3	37.4	30.3	31.7	37.0

Description

Exhibit 13 presents County Health Rankings scores for 2021 for the Three-County Area and the scores for Indiana and the U.S. for comparison. Red shading indicates the County's score is significantly worse than the State or National scores. Yellow shading indicates other areas of concern.

Observation

Although Hendricks County has a relatively low ratio of primary care physicians and dentists to population, the county also ranks high for the percentage of workers commuting out of the county. Given this, many residents working in neighboring counties are receiving care from primary care physicians and dentists outside of Hendricks County.

The ratio of primary care physicians and dentists to population is especially low in Putnam County where need for these services is not being met.

Marion County indicators are especially unfavorable for length of life, low birthweight, sexually transmitted infections, teen births, children in poverty, violent crime, deaths due to injury, air pollution, and severe housing problems.

Exhibit 14: Selected Causes of Death, age-adjusted rates per 100,000 population, 2019

Indicator	Hendricks	Putnam	Marion	Indiana
Major cardiovascular diseases	206.3	251.6	234.8	237.5
Diseases of heart	159.9	193.7	178.5	178.7
Cancer	151.1	186.6	166.6	163.3
Other diseases of circulatory system	<10	<10	6.1	80.7
Other diseases of heart	67.5	85.7	72.6	72.6
Chronic lower respiratory diseases	43.4	57.1	57.5	56.1
All other/unspecified accidents & adverse effects	23.2	<10	60.5	45.3
Cerebrovascular disease (stroke)	<10	44.2	40.0	41.5
Alzheimer's disease	34.6	<10	26.8	31.7
Diabetes mellitus	18.6	<10	25.4	25.0
Nephritis, nephrotic syndromes & nephrosis (kidney)	11.6	<10	19.3	17.1
Intention self-harm (suicide)	<10	<10	13.0	14.1
Influenza and pneumonia	10.5	<10	9.7	11.6
Motor vehicle accidents	10.5	<10	12.6	12.6
Chronic liver disease and cirrhosis	<10	<10	14.5	12.0
Hypertensive heart disease w/ or w/o renal disease	12.7	<10	22.0	13.1
Essential hypertension & hypertensive renal disease	9.8	<10	8.5	10.4
Assault (homicide)	<10	<10	17.6	7.2
Symptom, signs, and abnormal clinical and laboratory findings (excluding SIDS)	<10	<10	5.3	6.0
Certain conditions originating in the perinatal period	<10	<10	4.8	3.6
Congenital malformations, deformations and chromosomal abnormalities	<10	<10	3.9	4.0
All other external causes	11.7	<10	2.1	2.4
Atherosclerosis	<10	<10	1.6	2.3
Pregnancy, childbirth and the puerperium	<10	<10	<10	0.9
Sudden infant death syndrome (SIDS)	<10	<10	<10	0.7
Peptic ulcer	<10	<10	<10	0.7

Source: Indiana Department of Health, 2019

Description

Exhibit 14 provides age-adjusted mortality rates for selected causes of death in 2019. Yellow shading highlights indicators worse than the Indiana average.

Red shading highlights an indicator of more than 50 percent worse than the Indiana average. The Indiana Department of Health does not provide rates when total deaths for that particular cause of death is less than 10 in that count.

Observation

- Selected causes of death for Hendricks County exceeded the state average for Alzheimer's disease and "All other external causes."
- Mortality rates in Putnam County were higher than the state average for cancer, heart disease, and stroke.
- Marion County rates were especially high for assault (homicide) and hypertensive heart disease with or without renal disease.

Exhibit 15: Age-adjusted cancer mortality rates per 100,000 population, 2019

Measure	Hendricks	Putnam	Marion	Indiana	US
All Cancers	458.1	501.4	470.5	457.9	448.6
Bladder	21.9	25.4	20.3	21.5	19.7
Brain & ONS	5.8	n/a	6.0	6.4	6.5
Breast (Female)	143.4	125.3	129.0	124.5	126.8
Cervix	6.9	n/a	9.1	8.3	7.7
Childhood (age <15)	16.9	n/a	16.8	16.8	17.5
Colon & Rectum	38.6	50.0	38.5	41.7	38.0
Esophagus	5.2	n/a	4.6	5.5	4.5
Kidney & Renal	17.6	27.6	20.2	19.1	17.1
Leukemia	10.9	15.7	13.3	13.5	14.2
Liver & Bile Duct	7.3	7.5	10.8	7.4	8.6
Lung & Bronchus	64.5	90.9	74.6	69.9	57.3
Melanoma of Skin	30.8	18.6	19.3	22.3	22.6
Non-Hodgkins Lymph.	16.7	18.3	18.3	18.5	19.1
Oral Cavity & Pharynx	12.0	11.9	14.0	12.8	11.9
Ovary	9.2	n/a	10.4	10.2	10.7
Pancreas	11.9	11.8	13.6	13.1	13.1
Prostate	115.6	98.9	107.5	96.5	106.2
Stomach	6.0	n/a	6.5	5.8	6.5
Thyroid	12.7	11.5	11.1	12.3	14.1
Uterus	25.3	27.6	29.4	28.8	27.4

Source: Indiana Department of Health, 2019

Description

Exhibit 15 provides age-adjusted mortality rates for selected forms of cancer in 2019. Yellow shading highlights indicators worse than the Indiana average. The Indiana Department of Health (IDOH) does not provide rates when total cases of that particular type of cancer are less than 10 in that county.

Observation

- Cancer mortality rates in Hendricks County for cervix uteri, corpus uteri and ovary, pancreas and prostate were higher than the Indiana averages.
- Cancer mortality rates in Putnam County for all cancers and trachea, bronchus & lung were higher than the Indiana averages.
- Cancer mortality rates in Marion County for all cancers, breast, non-Hodgkin’s lymphoma, other forms of cancer, pancreas, prostate, and stomach were higher than the Indiana averages.

Exhibit 16: Age-adjusted cancer incidence rates per 100,000, 2014-2018

Indicator	Hendricks	Putnam	Marion	Indiana
All Cancers	151.1	186.6	166.6	163.3
Breast	6.6	<10	11.0	10.6
Cervix uteri, corpus uteri & ovary	7.8	<10	6.4	7.0
Colon, rectum, & anus	13.0	<10	14.0	15.0
Leukemia	10.4	<10	13.2	14.5
Non-Hodgkin's lymphoma	17.9	<10	18.5	18.3
Other forms of cancer	45.4	51.6	54.6	51.5
Pancreas	13.7	<10	13.0	11.8
Prostate	8.5	<10	9.2	7.9
Stomach	<10	<10	2.9	2.4
Trachea, bronchus & lung	41.5	67.4	42.9	42.9
Urinary tract	7.1	<10	7.5	8.5

Source: Centers for Disease Control and Prevention, 2018

Description

Exhibit 16 presents age-adjusted cancer incidence rates in the community. Yellow shading highlights indicators significantly worse than the Indiana average. The CDC does not provide rates when total cases of that particular type of cancer are less than 10 in that county.

Observation

- Cancer incidence rates in Hendricks County for bladder, breast, melanoma of the skin, prostate, stomach, and thyroid were significantly higher than the Indiana averages.
- Cancer incidence rates in Putnam County for all cancers, bladder, colon & rectum, kidney & renal, leukemia, and lung & bronchus were significantly higher than the Indiana averages.
- Cancer incidence rates in Marion County for all cancers, breast, cervix, kidney and renal, liver and bile duct, lung and bronchus, oral cavity and pharynx, pancreas, prostate, and stomach were significantly higher than the Indiana averages.

Exhibit 17: Communicable disease incidence rates per 100,000, 2019

Measure	Hendricks	Putnam	Marion	Indiana
Chlamydia	271.9	272.7	1,114.0	526.3
Gonorrhea	54.6	61.5	433.9	177.1
HIV/Aids	105.4	176.5	546.1	189.9
Primary & secondary syphilis	3.5	<10	15.7	5.0

Source: Indiana Department of Health, 2020

Description

Exhibit 17 presents incidence rates for various communicable diseases. Yellow shading highlights indicators worse than Indiana averages; Red shading highlights indicators more than 50 percent worse than Indiana averages.

Observation

- Hendricks County & Putnam County had lower communicable disease rates than the Indiana averages in 2019.
- Marion County had rates that were more than 50 percent worse than Indiana averages for all communicable diseases in 2019.

Exhibit 18: Maternal and child health indicators, 2019

Indicator	Hendricks	Putnam	Marion	Indiana
Breastfeeding	88.8%	81.5%	87.1%	82.0%
Infant mortality rate (per 1,000 live births)	0.0	n/a	7.8	6.5
Low birthweight	5.8%	8.4%	9.6%	8.2%
Mothers on Medicaid	19.7%	35.9%	49.2%	38.5%
Mothers under age 19 (per 1,000 mothers)	5.9	16.2	27.4	20.7
Prenatal care	79.4%	76.4%	61.3%	68.9%
Preterm births	9.6%	10.3%	11.0%	10.1%
Smoked during pregnancy	5.8%	18.8%	8.4%	11.8%

Source: Indiana Department of Health, 2020

Description

Exhibit 18 presents various maternal and infant health indicators. Yellow shading highlights indicators significantly worse than the Indiana average. Values of 0.0 were listed for rates so low that they could not be reported by the IDOH.

Observation

- In Hendricks County, all of the indicators were better than the Indiana averages.
- In Putnam County, the smoking rate during pregnancy was much higher than the state rate. The county rates were also slightly worse than the state rates for low birthweight and preterm births.
- In Marion County, most of the maternal and infant health indicators were worse than the Indiana averages. Only percent breastfeeding and mothers who smoked during pregnancy compared favorably to Indiana.

Exhibit 19A: Behavioral Risk Factor Surveillance System, Indiana data by race/ethnicity, 2019

Indicator	Black	White	Hispanic	Indiana
Angina or coronary heart disease	3.8%	4.9%	1.6%	4.6%
Asthma	17.6%	14.6%	8.9%	14.5%
Diabetes	17.9%	12.1%	9.0%	12.4%
No health coverage	10.8%	8.9%	33.1%	10.9%
No physical activity	33.9%	30.3%	38.0%	30.9%
Obese (based on BMI)	43.5%	33.3%	29.3%	33.6%
Smoke everyday	36.8%	31.9%	20.7%	31.9%
Smoke some days	17.4%	10.0%	29.7%	11.5%

Source: Behavioral Risk Factor Surveillance System, CDC

Exhibit 19B: Behavioral Risk Factor Surveillance System, Indiana data by income and education, 2019

Indicator	< \$15,000		\$15,000 - \$24,999		\$25,000 - \$34,999		\$35,000 - \$49,999		\$50,000 - \$74,999		≥ \$75,000		No High School Diploma	Indiana
	\$15,000	\$24,999	\$25,000	\$34,999	\$35,000	\$49,999	\$50,000	\$74,999	≥ \$75,000	No High School Diploma	Indiana			
Angina or coronary heart disease	6.0%	7.1%	6.5%	4.7%	3.7%	2.3%	7.1%	4.6%						
Asthma	19.8%	18.3%	16.9%	14.4%	14.6%	11.7%	16.8%	14.5%						
Diabetes	18.7%	20.0%	13.4%	11.1%	10.3%	7.8%	16.1%	12.4%						
No health coverage	19.0%	18.1%	13.6%	11.1%	8.0%	4.5%	22.8%	10.9%						
No physical activity	46.2%	44.4%	35.1%	31.6%	25.0%	19.4%	47.6%	30.9%						
Obese (based on BMI)	39.8%	36.7%	35.4%	34.3%	34.3%	28.6%	33.9%	33.6%						
Smoke everyday	44.0%	40.8%	34.4%	32.2%	29.6%	22.2%	43.5%	31.9%						
Smoke some days	17.1%	15.3%	9.5%	12.9%	9.2%	6.4%	14.0%	11.5%						

Source: Behavioral Risk Factor Surveillance System, CDC

Description

The CDC’s Behavioral Risk Factor Surveillance System (BRFSS) gathers data through a telephone survey regarding health measures. Data is collected for the entire U.S.

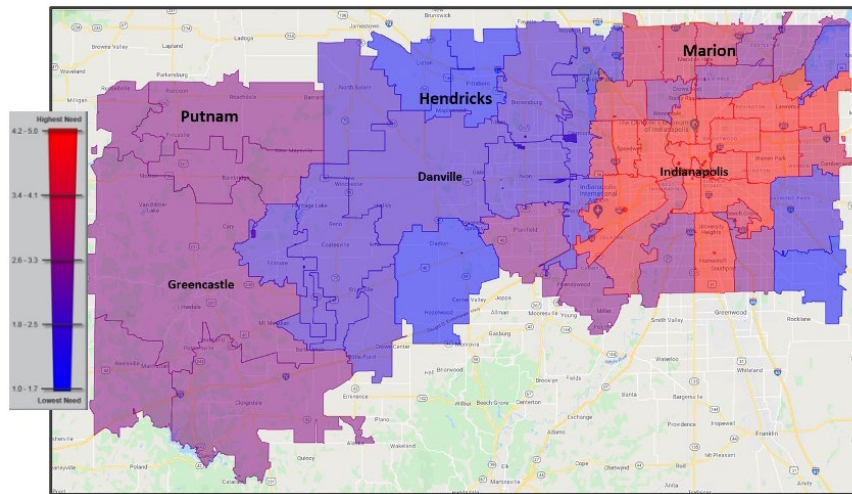
Analysis of BRFSS data can identify localized health issues, trends and health disparities and can enable county, state or nationwide comparisons.

Exhibits 19A and 19B depict BRFSS data for the state of Indiana by race/ethnicity, income level and for those without a high school diploma. Yellow shading highlights indicators worse than the Indiana average; Red shading highlights indicators more than 50 percent worse than the Indiana average.

Observation

- The BRFSS data indicates that on all but one measure presented, risk factors were higher for Black residents of Indiana than for White residents (and for lower-income residents than those with higher incomes). Hispanic (or Latino) residents have experienced higher uninsured, physical inactivity, and occasional smoking rates.
- BRFSS indicators for residents without a high school diploma were worse than average when compared to Indiana for all indicators presented in this exhibit. Additionally, those with lower income levels compare unfavorably to those with higher income levels for all indicators.

Exhibit 20: Community Needs Index, 2021



Source: Dignity Health, 2021

Description

Exhibit 20 presents the Community Need Index™ (CNI) score for each ZIP Code in HRH’s defined community. Higher scores (e.g., 4.2 to 5.0) indicate higher levels of community need. The national median score is calibrated to 3.0.

Dignity Health, a California-based hospital system, developed and published the CNI as a way to assess barriers to healthcare access. The index, available for every ZIP Code in the U.S., is derived from five social and economic indicators:

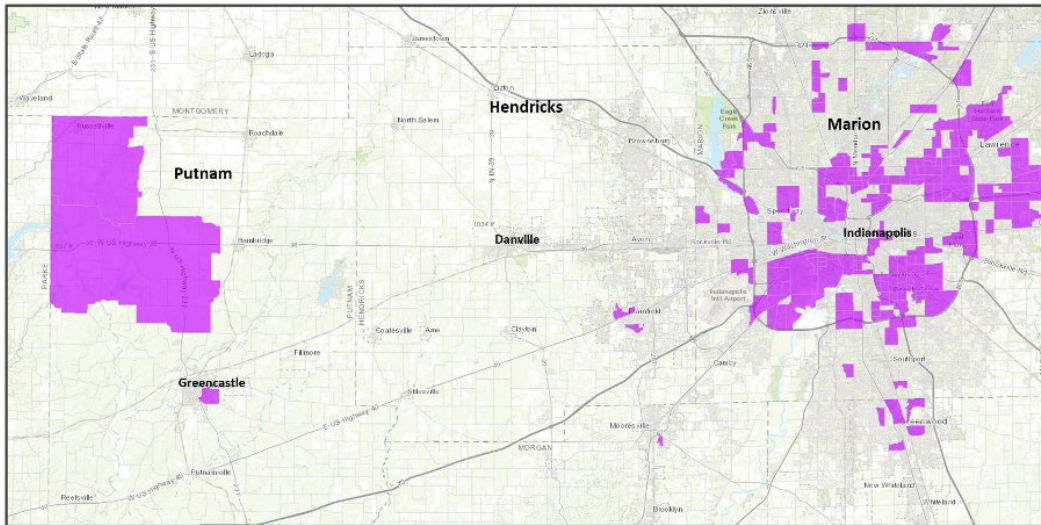
- The percentage of elders, children and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured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

Observation

- Hendricks County scored a 1.8, Putnam County scored 2.8 and Marion County scored a 3.8 on the CNI scale.
- Sixteen of 38 Marion County ZIP Codes scored in the “Highest Need” category (scores of 4.2-5.0). None of the Putnam County or Hendricks County ZIP Codes scored higher than 3.2.

Exhibit 21: Food deserts, 2018



Source: US Department of Agriculture, 2018
US Census Tracts

Description

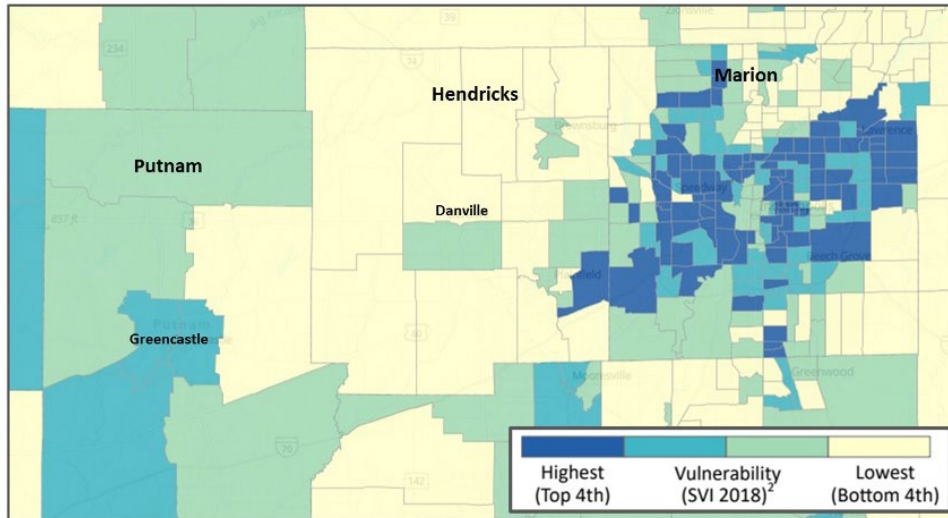
Exhibit 21 shows the location of “food deserts” (purple above) in the community.

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.

Observation

- Many census tracts in Marion County and Putnam County have been designated as food deserts.
- The only census tracts receiving this designation in Hendricks County are in the Plainfield area.

Exhibit 22: Social Vulnerability Index, 2018



Source: Center for Disease Control and Prevention, 2020
US Census Tracts

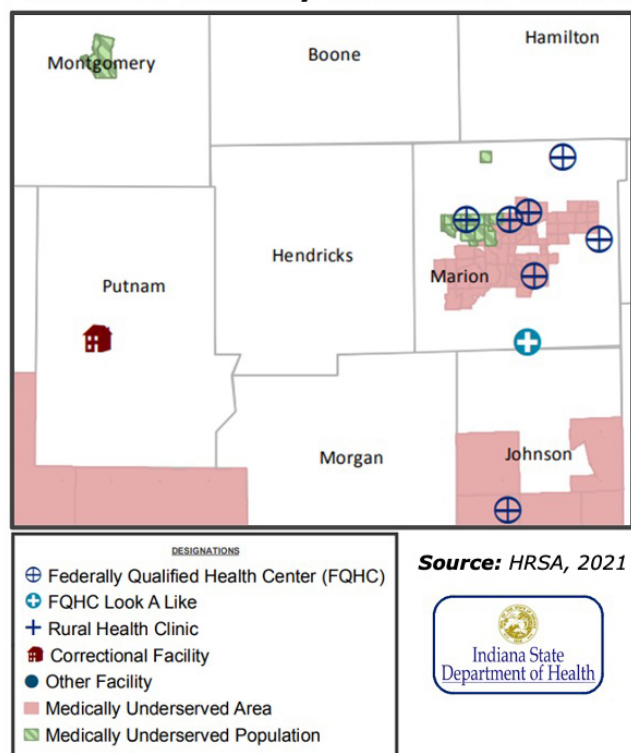
Description

Exhibit 22 portrays Social Vulnerability Index (SVI) for census tracts throughout Hendricks, Putnam and Marion Counties. Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The higher the social vulnerability score, the higher that area has for risk. The CDC Social Vulnerability Index (CDC SVI 2018) map depicts the social vulnerability of communities, at census tract level, within a specified county. CDC SVI 2018 groups 15 census-derived factors into four themes that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

Observation

- One of Hendricks County's 21 census tracts rank in the bottom quartile nationally.
- 39 of Marion County's 224 census tracts rank in the bottom quartile nationally. Most are in central and southwestern areas of Marion County.
- None of the census tracts in Putnam County rank in the bottom quartile nationally.

Exhibit 23: Medically Underserved Areas & Populations, 2021



Description

Exhibit 23 illustrates the location of Medically Underserved Areas (MUAs) in the community.

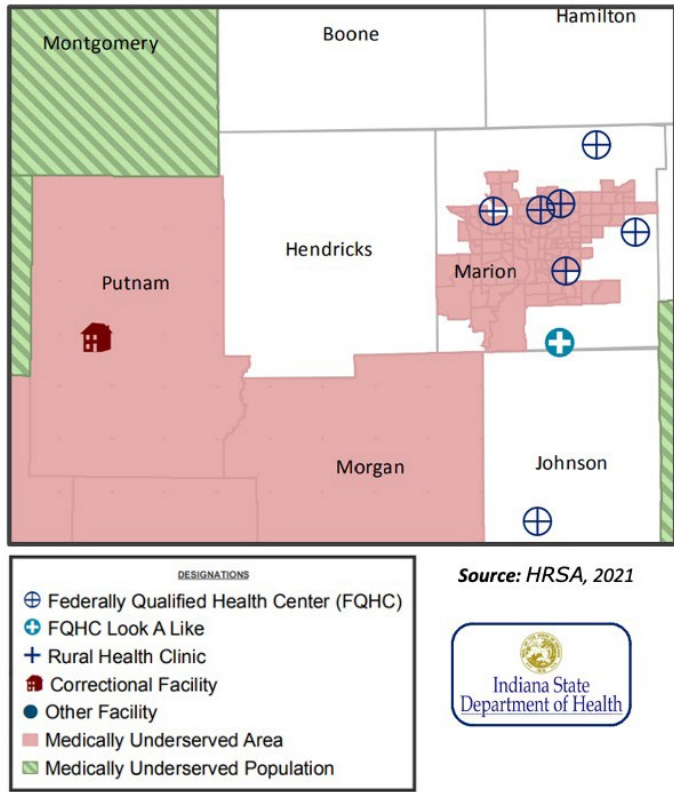
Medically Underserved Areas and Populations (MUA/P) are designated by the Health Resources and Services Administration (HRSA) based on an “Index of Medical Underservice (IMU).” The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality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

Populations receiving MUA/P 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 MUA/P status based on the IMU score, Public Law 99-280 allows MUA/P designation under special circumstances.

Observation

- Census tracts within Marion County have been designated as MUA/P.
- No locations in Hendricks County have been designated as medically underserved.
- A jail in Putnam County is designated as medically underserved.

Exhibit 24: Primary Care Health Professional Shortage Area, 2021



Description

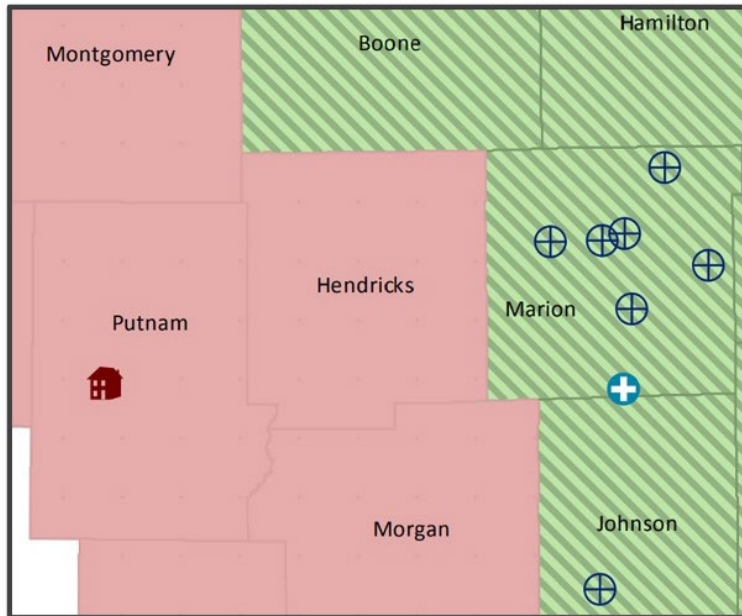
Exhibit 24 lists the locations of federally designated primary care Health Professional Shortage Areas (HPSA).

A geographic area can receive a federal HPSA designation 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 healthcare 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 is a rational area for the delivery of health services; (2) a population group; or (3) a public or nonprofit private medical facility.

Observation

- Census tracts throughout Marion County have been designated as primary care HPSAs.
- No locations in Hendricks County have been designated as a primary care HPSA.
- Putnam County has been designated as a primary care HPSA along with a correctional facility in the county.

Exhibit 25: Mental Health Professional Shortage Area, 2021



DESIGNATIONS	
⊕	Federally Qualified Health Center (FQHC)
⊕	FQHC Look A Like
+	Rural Health Clinic
🏠	Correctional Facility
●	Other Facility
👤	Medically Underserved Area
👤	Medically Underserved Population

Source: HRSA, 2021



Description

Exhibit 25 lists the locations of federally designated Mental Health Professional Shortage Areas (HPSA).

A geographic area can receive a federal HPSA designation if a shortage of mental health care professionals is found to be present.

Observation

- The low-income population of Marion County have been designated as mental health HPSAs.
- Hendricks County has been designated as a mental health HPSA.
- Putnam County has been designated as a mental health HPSA along with a correctional facility in the county.

Findings Of Other Community Health Needs Assessments

Source: Indiana Department of Health, Indiana Health Assessment and Improvement Plan, May 2018

Indiana State Health Assessment and Improvement Plan

A State Health Assessment and Improvement Plan (SHA) was published in 2018 by the Indiana Department of Health. The SHA was conducted in collaboration with over 100 partner organizations, key informants, and health experts to identify and address Indiana's greatest health challenges.

The Indiana Health Improvement Partnership (IHIP) met three times during 2017 and early 2018 to develop key components of the SHA, including values, forces of change analysis and assessment of strengths, weaknesses, opportunities, and threats. The process involved five steps:

1. Conducting a community health status assessment;
2. Assessing and analyzing prior assessments;
3. Reviewing other agency and coalition plans;
4. Interviewing key informants and gathering qualitative data; and
5. Identifying health needs.

The SHA had the following conclusions regarding state health needs:

- After reviewing local health assessments around the state, the IHIP observed that ten needs were most often identified as priorities:
 - Access to care
 - Mental and behavioral health
 - Obesity
 - Substance abuse disorders
 - Nutrition and physical activity
 - Diabetes
 - Tobacco use
 - Heart disease
 - Cancer
 - Maternal and infant health
- The initial prioritization of health needs by the IHIP steering committee focused on the following areas:
 - Social determinants of health and health equity
 - Improving public health infrastructure (funding and culture/equality of public health practices)
 - Improving health and reducing health disparities, particularly in the areas of chronic disease, birth outcomes and infant mortality, reduced injury and death due to opioid exposure and improved access to mental health services
- When asked about barriers to achieving optimal health in their communities, key informants indicated that low staffing levels, low funding levels, not being able to break cultural barriers, increases in drug use, poverty and apathy, lack of free clinics, unaffordable healthcare and medications, lack of available affordable housing, provider billing and limited local resources as major limitations.
- Social determinants of health were recognized as a key component to achieving optimal health in Indiana, with a recognition to improve population health, "the public health system must expand to include non-traditional partners such as transportation, workforce development, and housing."

Related data points from the assessment supporting the above conclusions have not been included in this report. The data points in the report no longer reflect the most recent year of data available. The current SHA and ISHIP will sunset at the end of 2021. A committee was convened in the summer of 2021 to coordinate an update to the plan that will span 2022-2026; however, **a new plan has not been posted as of January 2022.**

State Health Improvement Plan

After the finalization of the state health assessment, the Indiana State Health Improvement Plan (ISHIP) was drafted to address the final priorities. These priorities were:

- Improve birth outcomes and reduce infant mortality
- Address the opioid epidemic
- Reduce rates of chronic disease
- Improve the public health infrastructure

Since the publication of the ISHIP, the priorities of the plan have not changed though some of the approaches to addressing the priorities have evolved according to the Indiana Department of Health. The SHA and ISHIP annual report did not have current targets on objectives. The annual report can be found on the Indiana Department of Health website at <https://www.in.gov/health/phpm/trackingpublic-health-performance/state-health-improvement-plan/>.

**Exhibit 26: COVID-19 indicators – Counties, Indiana, USA
Results as of January 21, 2022**

Measure	Hendricks	Putnam	Marion	Indiana
Total positive cases	36,850	8,306	207,765	1,524,527
Total case rate per 100,000	21,635.4	22,157.6	21,558.4	22,730.8
Total deaths	462	100	2,558	19,992
Total deaths per 100,000	271.2	266.8	265.4	298.1
Total population vaccinated	107,084	17,058	533,300	3,626,421
*Percent pop. fully vaccinated	66.7	47.7	59.6	55.7

* Age 5+

Source: Indiana Dept. of Health
<https://www.coronavirus.in.gov/vaccine/vaccine-dashboard/>
<https://www.coronavirus.in.gov/indiana-covid-19-dashboard-and-map/>

Certain groups are particularly vulnerable to the effects of COVID-19 and are at greater risk of severe illness and outcomes, including hospitalization and death. The CDC continues to review and update information on the groups most at risk. The current groups, of which some are listed below, can all be found in communities throughout Indiana including those HRH serves.

- People aged 65 and older – risk increases with age
- Adults with underlying medical conditions including:
 - Cancer
 - Cerebrovascular disease
 - Chronic kidney disease
 - Chronic lung disease, including COPD (chronic obstructive pulmonary disease) and asthma
 - Dementia or other neurological conditions
 - Diabetes
 - Down Syndrome

- Heart conditions
- HIV infection
- Immunocompromised state (weakened immune system)
- Liver disease
- Overweight and obesity
- Pregnancy and recent pregnancy
- Sickle cell disease or thalassemia
- Smoking, current and former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease
- Substance use disorders
- Children with underlying medical conditions including:
 - Children with medical complexity, with genetic, neurologic, metabolic conditions or with congenital heart disease
 - Obesity
 - Diabetes
 - Asthma or chronic lung disease
 - Sickle cell disease
 - Immunosuppression

Though people may not be able to receive a vaccine due to age, weakened immune system or underlying medical condition, it is widely available to people 5 years of age or older. In December 2020, the first vaccinations for COVID-19 were received and administered in Indiana. As of January 21, 2022, 3,626,451 (55.7 percent) are fully vaccinated for COVID-19 (Exhibit 26). The vaccination rate (fully vaccinated) in Hendricks County was 66.7 percent but was only 47.7 percent in Putnam County.

Primary Data Summary

Hendricks County

IUH obtained community input for Hendricks County through meetings with community stakeholders in May 2021. The outcome of these meetings was shared with HRH. HRH and IUH have agreed to combine resources to partner for the development of future Community Health Needs Assessments for Hendricks County. In addition to stakeholder meetings, the two systems will also deploy online surveys of key stakeholders throughout the county.

Participants in IUH's stakeholder meetings identified the following needs as most significant in Hendricks County:

- Access to behavioral and mental health services
- Substance abuse, including alcohol
- Social isolation
- Child abuse and teen suicide/self-harm
- Obesity and related chronic diseases
- Housing access and affordability
- Transportation

In discussing the impacts of the COVID-19 pandemic, participants in IUH's stakeholder meetings identified issues regarding increasing domestic violence, inability to access health and social services, increasing stress of caregivers, increasing reliance on telehealth services and food insecurity. HRH had observed a sharp decline in physician practice visits and screenings as well as increased utilization of telehealth during the first major surge of the pandemic (spring of 2020). These trends reversed by June of 2020 and physician

practice visits and overall healthcare utilization has remained much more stable throughout subsequent surges.

IUH's interview with representatives of the Hendricks County Department of Health in May 2021 identified the following significant issues:

- Mental health is the greatest need in Hendricks County including integration of mental health services with primary care
- Obesity resulting in part to the lack of physical activity and places to exercise
- Smoking and tobacco usage
- Alcohol abuse
- Transportation (few public options)
- Insurance and costs of care
- Elderly needs (especially transportation needs in rural areas)

The COVID-19 pandemic is also believed to be impacting increased alcohol abuse and mental health needs due to increased isolation.

In addition to the above opportunities to gain qualitative insights from stakeholders, HRH hosted multiple events including Community Leader Luncheons and served meals to all first responder agencies to obtain additional feedback in 2021. In addition, community stakeholder surveys were distributed as part of the development of HRH's 2021-2024 Strategic Plan. Finally, HRH Business Intelligence commissioned a study by Wilkins Research in December 2020 and December 2021 to conduct a phone survey with over 400 households in the HRH primary service area.

Marion County

IUH collaborated with Ascension St. Vincent and Community Health Network to host meetings with Marion County stakeholders in May 2021. Participants identified the following needs as most significant in Marion County:

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

The COVID-19 impacts most discussed were:

- Social isolation
- Health disparities
- Digital divide (lack of internet and device access)
- Economic disparities
- Housing (inability to remain sheltered and cover cost)

As part of this collaboration, representatives from the Marion County Departments of Health were also interviewed. The following issues were identified as significant:

- Poverty and the impacts on all areas of wellbeing (housing, healthcare, mental health, transportation, etc.)
- Health disparities including social determinants of health
- Health insurance coverage
- Mental health
- Obesity

- Infant and maternal mortality
- HIV
- Tobacco use
- Environmental health
- Health literacy
- Food insecurity
- Education needs
- Need for greater community collaboration

The COVID-19 impacts noted include:

- Testing challenges during first wave of the pandemic
- Pandemic highlighted social determinants of health (especially the homeless population)
- Racial and ethnic disparities in testing and treatment
- Postponed screenings and treatment
- Greater community collaboration occurred over time
- Vaccination disparities
- Need for improved health information sharing

Putnam County

In 2019, the Putnam County Hospital conducted a survey of key stakeholders in the county including residents. The issues identified in the survey include:

- Obesity
- Smoking/tobacco use
- Physical inactivity
- Poor diets/nutrition
- Lack of education opportunities aimed at promoting health
- Transportation
- Poverty
- Lack of preventative care
- Alcohol & drug use
- Teen birth

The high cost of healthcare was identified as a barrier to better preventative care effort on the part of residents. Key stakeholders emphasized that there is a need for improved health literacy and education in Putnam County. Improving health education can bring about improved nutritional and healthy choices for both adults and children. There is also a need for greater community awareness of the health services and resources available from the local hospital and within the community.

Community Facilities and Resources

Hospitals

Marion County is home to a large number of hospitals including the flagship facilities of three of the state's largest systems: Indiana University Health, Community Health Network and Ascension St. Vincent. Three hospitals are located in Hendricks County along with a growing number of outpatient facilities.

Exhibit 27: Hospitals in the Three-County Area

County	Facility
Hendricks	Hendricks Regional Health (Danville)
Hendricks	Hendricks Regional Health (Brownsburg)
Hendricks	IU Health West Hospital (Avon)
Hendricks	Hendricks Behavioral Hospital (Plainfield)
Putnam	Putnam County Hospital (Greencastle)
Marion	Ascension St. Vincent Hospital
Marion	Ascension St. Vincent Hospital & Health Services
Marion	Ascension St. Vincent Seton Specialty Hospital
Marion	Assurance Health Psychiatric Hospital
Marion	Community Health Network Rehabilitation Hospital
Marion	Community Hospital East
Marion	Community Hospital North
Marion	Community Hospital South
Marion	Eskenazi Health
Marion	Fairbanks
Marion	Franciscan Health Indianapolis
Marion	Indiana Kidney Institute
Marion	IU Health Methodist Hospital
Marion	IU Health University Hospital
Marion	Riley Hospital for Children at IU Health
Marion	Kindred Hospital Indianapolis
Marion	Kindred Hospital Indianapolis North
Marion	Larue D. Carter Memorial Hospital
Marion	Midland House, Inc.
Marion	Neuropsychiatric Hospital of Indianapolis, LLC
Marion	Neurodiagnostic Institute
Marion	Options Behavioral Health System
Marion	OrthoIndy Hospital
Marion	Rehabilitation Hospital of Indiana

Local Health Departments

Exhibit 28 presents information on Local Health Departments that provide services in HRH's community.

Exhibit 28: Local Health Departments

Public Health Department
Hendricks County Health Department (Danville)
Marion County Public Health Department (Indianapolis)
Putnam County Health Departments (Greencastle)

Other Community Resources

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 populations. 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 79 FQHCs located in Marion County but none are listed for Hendricks or Putnam Counties.

A wide range of agencies, coalitions and organizations that provide health and social services are available in the region served by IU Health West Hospital. Indiana 211 is a free service that helps Indiana residents and health and human service agencies and resources in their local community. Indiana 211 is a division of the Indiana Family and Social Services Administration (FSSA). To get help, residents can visit the website, (www.in211.org), call 2-1-1 or 1-866-211-9966 (available 24/7) or text their zip code to 898-211 (available Monday – Friday 8 a.m. – 5 p.m.)

The other organizations and resources accessible through Indiana 211 provide the following types of services and resources:

- Housing and utilities
- Food, clothing and household items
- Summer food programs
- Healthcare and disability services
- Health insurance and expense assistance
- Mental health and counseling
- Substance abuse and other addictions
- Support groups
- Tax preparation assistance
- Legal, consumer and financial management services
- Transportation
- Employment and income support
- Family support and parenting
- Holiday assistance
- Disaster services
- Government and community services
- Education, recreation and the arts
- Donations and volunteering

Impact Of Actions Taken Since the Previous CHNA

This section discusses the actions taken by HRH to address the aforementioned prioritized list of community needs since our last CHNA was conducted. We also highlight further enhancement to address those needs.

Access to Appropriate Healthcare

- **HendricksGO!**

A national study showed that 58 percent of people who miss medical appointments do so because they do not have transportation. In Hendricks County, public transportation is limited, and the demand far exceeds the current capacity. Hendricks County Senior Services offers LINK, a transportation service within Hendricks County primarily for

seniors. The demand for this service is so great that it is often booked several weeks and even months in advance.

Studies also show that it is cost effective and improves quality of life to provide transportation to recovering patients. Getting patients in sooner rather than later saves them money, keeps them out of the hospital and confidently on the road to recovery. With this in mind, HRH partnered with Hendricks County Senior Services to launch HendricksGO! medical transport service. This collaborative project provides transportation to an HRH facility for medical and wellness appointments.

Since 2017, our HendricksGO! van has logged 22,600 miles each year, serving more than 250 riders annually. For more information visit hendricks.org/hendricksgo.

In the coming year, we plan to expand our services by adding an additional medical transport van. We will continue to meet quarterly with our partners to discuss the needs of our community and look at ways to better enhance access to care.

- **Community Paramedicine**

In 2018, Hendricks County emergency medical services (EMS) estimated 50 percent of all EMS calls to 911 in the county were for non-emergency needs. A local fire chief brought this to the attention of HRH's President & CEO Kevin Speer and sparked an innovative partnership.

HRH initiated a Community Paramedicine program in August 2019. The program works with EMS agencies to provide non-emergency care to patients in their homes. A team consisting of a paramedic and social worker respond and spend as much time as needed to help the individual get the appropriate care and find the resources they need. The program helps patients optimize their health and reduce their reliance on 911 for non-emergency concerns. This initiative enables us to work alongside our community's first responders to improve the overall health and quality of life for our community. In its first 200 days of operation, we received 120 referrals from our EMS partners. This program has been recognized by the Indiana Fire Chiefs Association. More information can be found online at hendricks.org/community-paramedicine.

In the coming year we plan to continue to evaluate the program for effectiveness. Currently there is planning around patient management of discharges that may be at higher risk for readmission and need increased follow up for their care. The goal is to continue to make sure that these high-risk individuals have all the resources they need to be successful and do not get readmitted to the hospital.

- **Provider Recruitment**

Improving access to care is a critical component of our Strategic Plan. As seen in Exhibits 23 and 24, sections of our service area are designated as MUA/Ps and primary care HPSAs. Studies show that growing access to primary care is key to reducing long-term healthcare costs as well as improving health overall.

HRH is actively working to enhance the continuum of care for all those we serve by growing our provider network to match the pace of our community's rapid growth. In addition to recruiting top talent, retaining the providers our patients have come to know and trust over the years is among our top priorities. Beginning in 2017, HRH launched

an ambitious recruitment campaign, "Practice Locally, Stand Out Nationally," to attract new physicians and advanced practice clinicians. Our efforts have been rewarded monumentally. In 2018, we signed 30 new providers to our medical group as a direct result of our focused recruiting. In addition, from January 2020 to September 2021, 62 new providers joined our medical group. Thanks to this successful initiative, we were able to strategically locate new primary care physicians and open new primary care and specialty locations throughout our service area to promote ease of access and convenience for patients.

Currently, HRH continues to assess access to our primary care physicians, and already have 10 more providers in the pipeline for 2022. This will only continue to further enhance access and ease the access for patients who need preventative care and who are in high-risk categories.

Awareness/Prevention/Screening

- **Cancer Care**

Cancer is a significant health issue in each county within our service area (Exhibits 14, 15, 16). As such, HRH takes a team approach to diagnosing and treating cancer, with the knowledge that, just like every cancer type, every patient is unique. Our team includes medical, surgical and radiation oncologists, breast surgical oncologists, plastic and reconstructive surgeons, radiologists, nutritionists, physical therapists and others, all collaborating to develop the optimal plan of care for each patient.

Preventive care screenings are important in diagnosing cancer early. Other diagnostic tools used to detect cancer include magnetic resonance imaging (MRI), computed tomography (CT) scanning, Positron Emission Tomography (PET) scanning, nuclear medicine, ultrasound imaging and pathology.

- **3D Mammography and Breast Care** Our team provides the latest technology in breast health diagnostics, including 3D mammography with tomosynthesis. This newer technique has many benefits, including making it easier to detect concerns in dense breast tissue. Since mammography is such a key cancer screening tool, we offer it at three of our facilities (Danville, Brownsburg, Plainfield) and allow for scheduling via phone and online. In addition, we provide extended hours of testing both in the morning and evening. At various times, based on scheduling needs, weekend hours are offered. We enhance awareness by mailing annual reminders to appropriate patients during the month that they celebrate their birthdays. We also offer a full complement of breast surgery, medical oncology, radiation oncology, plastic and reconstructive surgery and patient navigation services.
- **Colorectal Cancer Screening** A colonoscopy is the best protection against colorectal cancer because it provides screening, testing and prevention. Our board-certified gastroenterologists use this procedure to detect and remove polyps at the same time. Over the past year, additional providers were recruited to the HRH gastroenterology practice to expand care and reduce wait times for colonoscopy procedures. This included the initiation of direct access screening colonoscopies for medically applicable patients (based on risk factors and medical history), reducing the need for extra visits.
- **Lung Cancer Screening** Our early detection lung cancer screening program provides a one-stop shop for at-risk individuals – staffed by specialists whose sole focus is on the prevention, detection and treatment of lung cancer. This program

includes access to a new endobronchial ultrasound system (EBUS). The addition of this technology was made possible through fundraising efforts by the HRH Foundation.

- **Genetic Testing & Counseling** The Hendricks Regional Health Oncology Genetics and Survivorship Center offers risk evaluations for patients who have a personal and/or family history of cancer. This evaluation includes multiple strategies tailored to the patient's history such as a genetic risk evaluation and high-risk surveillance. Hereditary Cancer Screening and genetic testing is an important step in identifying future risk and developing the best medical management prevention plan. Our care planning centers around the patient – not the cancer.
- **Radiation Oncology Care** Our advanced treatment options include Intensity Modulated Radiation Therapy, Stereotactic Body Radiation Therapy, Stereotactic Radiosurgery/Stereotactic Radiation Therapy, Image Guided Radiation Therapy, 3D computerized treatment planning and High Dose Rate Brachytherapy internal radiation.
- **Oncology Infusion Center** Our Oncology Infusion Center provides chemotherapy services under the care of our team of board-certified oncologists. The Center includes an on-site pharmacist to ensure safe and effective dosing of cancer-fighting drugs and support patients with counsel on medication side effects and coping mechanisms. The space was remodeled in late 2021 to add additional benefits and comfort for our patients.
- **Oncology/Hematology** Our patients have two locations in which to meet with our oncology/hematology team for initial consultations and follow-up care. Our board-certified specialists treat conditions including breast cancer, blood cancers and lymphatic disorders among other diseases. They perform blood transfusions, bone marrow biopsies, chemotherapy, antibiotic therapy and other cancer-fighting procedures.
- **Advanced Surgical Care** When treatment involves a surgical procedure, our board-certified surgeons are supported by Magnet® accredited nurses.
- **Lymphedema Management** If patients develop lymphedema following surgery or radiation treatments, our physical therapists are specially trained in intervention for this condition.

We offer our cancer patients many supportive services and programs to help them through their journeys:

- **Therapy for Speech and Swallowing** Our speech pathologists can help patients with head or neck cancer maintain or restore optimal swallowing and speech function.
- **Nutrition** Our cancer patients have access to nutrition consultations with our dietitian certified in oncology nutrition.
- **Care Navigation** Our experienced nurse navigators guide patients throughout treatment and into their next chapter: survivorship. From scheduling appointments and referrals to connecting families with social services, navigators ensure patients can focus on healing.
- **Chaplain Services and Support Groups** Our chaplains provide ongoing support to our inpatients and community members. Chaplains are trained to assist with advanced directives and end-of-life decision making, as well as the grieving process. In addition, we offer support groups (www.hendricks.org/support-groups) for a variety of audiences and situations.

- **MyChart** Our patients have access to a free, secure patient portal called MyChart. They can view test results, communicate securely with their health team, request prescription refills and manage billing accounts.

We offer a full complement of services and programs that help our patients embrace their next cancer-free chapter in life. We work with partners like the American Cancer Society (ACS), Cancer Support Community and LIVESTRONG to guide patients into survivorship.

- An ACS representative attends all Hendricks Cancer Care Committee meetings to help better coordinate services for all cancer patients in our PSA.
- The Cancer Support Community provides our patients and their families the tools to help them through their cancer journey, including emotional and social supportive resources.
- We also work with organizations including Indiana Breast Cancer Awareness Trust (IBCAT), Komen Foundation and Little Red Door to obtain grants for screening mammograms and funding for further diagnostic evaluation for patients with positive findings.
- Through LIVESTRONG, our patients get the support they need to thrive as cancer survivors. The program fulfills the important need of supporting the increasing number of cancer survivors who find themselves in the transitional period between completing their cancer treatment and the shift to feeling physically and emotionally strong enough to attain their “new normal.” The program is offered free of charge for patients who received diagnosis or treatment at one of our facilities.
- In addition, the Hendricks Regional Health Foundation provides financial assistance to as many as 20 percent of our cancer patients through donations to its Cancer Patient Assistance and Education Fund.

In 2022, we are adding a tobacco cessation program. This program will first be rolled out with cancer patients but expand to other populations to help to reduce risk factors in our community. We also are expanding our genetics program to more quickly and easily identify those patients who have genetic predisposition for cancers. The knowledge gained from these genetic tests will allow those patients to be put into high-risk monitoring programs and receive genetic counseling. We are currently using this in our Breast Cancer program and in our Wellness Clinics. Our goal is to implement this initiative as part of our holistic cancer program over the next year, including offering it through our wellness clinics and GI program. This is another key step in the early detection of cancer.

- **Obesity & Diabetes**

As evidenced earlier in this report, all three counties we primarily serve identified obesity as a significant issue. HRH promotes a culture of wellness to empower ourselves, our associates and our community to realize their healthiest selves. As a non-profit health system, we believe our mission centers around making our community healthier. We offer innovative programs to help people feel better when they are sick or injured, in addition to services designed to keep them well.

While many residents in our PSA take a proactive approach and focus efforts on eating well and being active, many of them still need to adopt healthier lifestyles. We are dedicated to improving the health of the community that surrounds our facilities. As such, we have intensified our efforts to focus on wellness and health improvement in the

last few years and developed multiple programs geared toward increasing physical activity, reducing obesity and controlling chronic disease.

- **Hendricks Regional Health YMCA** Our collaboration with the YMCA breaks down barriers to a healthy lifestyle by forming a complete circle of care. It provides access to fitness and family-based activities for people at all income levels. In addition, we provide multiple traditional healthcare services in our portion of the building that support health and wellness. These services include free dietitian visits for YMCA members, wellness coaching and access to weight loss programming (LifeSteps®). Visitors experience seamless transitions, making it easy and convenient to access everything they need for disease prevention and maintenance of a healthy life.
- **Plainfield Recreation & Aquatic Center** HRH is honored to serve as the exclusive healthcare partner for the Plainfield Recreation & Aquatic Center, which is operated by the Plainfield Parks & Recreation Department. Part of our partnership involves helping to increase access to health and fitness programs for low-income families. Our donations help the recreation center offset operational costs.
- **LifeSteps®** The comprehensive LifeSteps® weight management program teaches gradual steps toward successfully changing eating and physical activity levels. LifeSteps® helps participants develop the skills they need to manage their weight for the rest of their lives.
- **Employer Wellness Centers** Multiple employers in the area have reached out to us to help promote health and wellness for their associates and to help decrease health insurance costs. It's a challenge to provide employees with convenient access to high-quality care, yet still keep healthcare costs manageable. We partner with local employers to offer wellness programs addressed to meet the unique needs of our partners' employees. Our Wellness and Population Health experts also provide custom programming to address almost any lifestyle medicine topic:
 - Corporate Health Risk Assessments (HRAs)
 - On-Site Wellness Coaching
 - On-Site Nutrition Consultations
 - On-Site Well-Being Classes
 - Other Customized Solutions
- **Nutrition Support** Learning to eat well and stay healthy is an important preventative care measure and one that pays dividends in lowering healthcare costs. Our staff of nutrition experts and registered dietitians help individuals understand their eating habits, teach them to shop healthier, and even offer meal ideas. They actively collaborate with other staff members, such as nurses, pharmacists, physicians, therapists, and others to ensure superior patient care. Our staff includes experts certified in cancer nutrition, diabetes nutrition and sports nutrition to name a few. We work with a variety of community-based nutrition education programs, including screenings that are offered on a regular and as-requested basis. Our team prepares meals for the Meals on Wheels program, the Hendricks County Senior Center and Hendricks County Division of Family Resources. All meals are donated or provided at minimal cost.
- **Diabetes Services** Good control of diabetes reduces the chance of long-term complications. HRH offers a comprehensive team of nurses, dietitians and certified diabetes educators to help patients live a full, healthy life with diabetes. Our Center for Diabetes Excellence helps patients learn how to manage and live well with diabetes – whether they are newly diagnosed or have had diabetes for years. Education is provided one-on-one and with group classes offered year-round. The Center is recognized by the American Diabetes Association and offers specialized care including counseling for patients interested in insulin pump therapy, continuous glucose monitoring and wound care services.

- **Good Health Starts at Home** Helping our community live healthier means giving residents the tools they need to be successful. Our Wellness team members provide Good Health Starts at Home seminars across our PSA for better nutrition, fitness and stress management. This education series focuses on the Six Pillars of Wellness and how lifestyle behaviors impact well-being.
- **Sleep Disorders Clinic** Many overweight individuals have co-morbidities that adversely impact their health. One of the most insidious of these associated conditions is obstructive sleep apnea. The Hendricks Regional Health Sleep Disorders Centers offers a full-service department led by board-certified sleep medicine specialists. Our Center is accredited by the American Academy of Sleep Medicine. The standards for accreditation ensure the highest quality of medical care for those with a problem related to sleep or daytime alertness.
- **Associate Wellness Programs** We offer a variety of coaching opportunities, classes, workshops, challenges, tips and simple lessons that associates can use to support their healthy lifestyles. In addition to encouraging more activity and wise food choices, we offer stress management classes that focus on helping associates introduce relaxation methods into their daily lives. All of our associates also have access to our fitness center, open 24/7, located on our Danville campus. Associates are also eligible for discounted membership at the HRH YMCA and Plainfield Recreation and Aquatic Center. Finally, we launched a new Employee Assistance Program in 2021 giving associates free access to supportive programs and mental health services, including free visits with a mental health professional. These free visits are available to all members of the associate’s household.
- **Partnerships With Parks** Each year, HRH invests approximately \$960,000 to more than 200 local non-profits through our Community Sponsorship Program. We prioritize our investments towards programs and resources that address non-medical needs of our community such as food insecurity, housing and access to exercise. Through the Parks Foundation of Hendricks County, HRH supports all of our community’s local parks departments and greenways to help improve access to recreation, exercise and leisure for area residents. As the presenting sponsor of the popular Summer Fun Run & Walk Series, we encourage thousands of local residents to visit their local parks and to move more. Additionally, we are a long-time partner for the Hendricks County Trail Development Association. We have been instrumental in helping to expand trails systems throughout Hendricks County by providing a matching grant as part of the state’s Next Level Trail Program.

- **Smoking & Tobacco Cessation**

Each year, lung cancer takes more U.S. lives than any other kind of cancer. As evidenced earlier in this report, smoking and tobacco use are significant issues in every county in our service area. An annual screening for lung cancer has been shown to reduce the risk of death in high-risk individuals by 20 percent.

- **Lung Cancer Screening** In 2019, HRH revamped our lung cancer screening program to provide a one-stop shop for at-risk individuals – staffed by specialists whose sole focus is on the prevention, detection and treatment of lung cancer. The program includes one low-dose CT scan each year, a real-time reading of the low-dose CT scan by a radiologist who is an expert in lung cancer, and an appointment with a smoking cessation expert, if requested.
- **Smoking Cessation** As part of the Federal Tobacco Settlement in 1998, the State of Indiana developed a grassroots model that would allow counties to apply for grant money to help reduce the local impacts of tobacco use. HRH was approached by the Hendricks County Health Department (HCHD) to become a founding member of our

local tobacco cessation coalition and to lend our support and brand trust within the community to help the initiative succeed.

We continue to be a leader in the coalition. In 2005, we replaced the HCHD as the fiscal agent for the coalition responsible for managing the grant money, acting as the direct report for the coalition coordinator, and reporting our quarterly fiscal accounting to the State.

We strive to encourage healthy lifestyles and help our community avoid the health complications from nicotine/tobacco use. We collaborated with the State of Indiana on a smoking cessation program called Quit Now Indiana. The program aims to make it easy for people to quit tobacco by offering the flexibility to design their own customized quit program. Information on this program is provided to all of our associates on their first day in their orientation handbooks, as well as annually as part of our benefits guidebook. For our patients, our providers promote the program when necessary and our population and wellness team teaches a four-week version of the program to employer partners that request it.

We have offered tobacco cessation support to our associates for years. While simultaneously creating a tobacco-free work environment, we also began offering smoking cessation classes and medications at no cost. In addition, we offer health insurance premium incentives to associates and their spouses who become or remain tobacco free. Those who use tobacco can become eligible for the incentive by completing a certified tobacco cessation program.

Crisis Services

- **Hendricks Behavioral Hospital**

As seen in Exhibit 25, each county in our service area contains sections designated as mental health HPSAs. The demand for behavioral health and addiction treatment services is at an unprecedented level across Hendricks County and the entire state. HRH recognized the need, but since behavioral health is not one of our primary service lines, we partnered with U.S. HealthVest to open Hendricks Behavioral Hospital on our campus in Plainfield.

The new hospital opened in January 2021 at a critical time during the COVID-19 pandemic when the need for mental health services reached an unprecedented level. It offers a full continuum of specialized inpatient and outpatient addiction and psychiatric services including youth, adult, women and geriatric programs. The hospital is open 24/7 with a crisis center offering free assessments.

As part of this strategic partnership, HRH provides lab services, provider coverage and occupational health for the hospital staff.

In the coming year, the Hendricks Behavioral Hospital will be adding and expanding services for intensive outpatient care, adolescent care, and expanding existing adult services.

- **COVID-19**

COVID-19 started dominating our lives in 2020, bringing with it unprecedented challenges and changes (Exhibit 26). From the morning of March 6, 2020, when we received news the first Hoosier had been diagnosed with the virus, HRH sprang into action, leading comprehensive response efforts during the pandemic. We were driven by a singular goal: protect the safety of our associates, their families, our patients and our community. This included adapting our facilities and operations to best serve our patients. We deployed a comprehensive COVID testing strategy and made significant enhancements to our lab offerings.

We established a mass vaccination site in December 2020, helping Hendricks County achieve one of the highest vaccination rates in the state with nearly 80 thousand vaccines administered since the inception. HRH created alignment in our response initiatives amongst county leaders, school systems, businesses, first responders and civic organizations through regular touchpoint calls and more. We partnered with the HCHD to operate two state COVID testing sites in Hendricks County.

As we move into 2022, we plan to continue those strategies to vaccinate, test, and educate/support our community however we can to fulfill our vision to be the indispensable healthcare partner.