2016 HENDRICKS COUNTY COMMUNITY HEALTH ASSESSMENT

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PARTNERS AND ACKNOWLEDGEMENTS

THANK YOU TO THE DONORS AND IN-KIND SPONSORS OF THE HENDRICKS COUNTY HEALTH PARTNERSHIP:

IU HEALTH West Hospital

Franciscan ST. FRANCIS HEALTH

Hendricks Regional Health

Public Health Prevent. Promote. Protect. Hendricks County Health Department

THANK YOU TO THE HENDRICKS COUNTY HEALTH PARTNERSHIP ADVISORY BOARD FOR THEIR SUPPORT:

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Larry Hesson, Treasurer
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THANK YOU TO ALL THE HENDRICKS COUNTY RESIDENTS AND OUR PARTNERS WHO MADE THIS ASSESSMENT POSSIBLE:

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Hendricks County Emergency Management Agency
Hendricks County Resource Center/Head Start
Minority Health Coalition of Marion County
Hendricks County Senior Services
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Washington Township/Avon Fire Department
Danville Community School Corporation
Hendricks County Community Foundation
American Legion Brownsburg Post 331
Hendricks County Joining Community Forces
Town of North Salem
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Town of Danville
Town of Clayton
Town of Stilesville
Town of Avon
Brownsburg Parks and Recreation
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Leadership Hendricks County
Avon Community School Corporation
Hendricks County Economic Development Partnership
Cummins Behavioral Health Services
Sycamore Services
Hendricks County Medical Reserve Corps
B&O Trail
QSource
JumpIN For Healthy Kids
Indiana Healthy Weight Initiative
Brownsburg Public Library
Plainfield Recreation and Aquatic Center
Work One – Plainfield
Hendricks County Veterans Services
Hendricks County Substance Abuse Task Force
Hendricks County Systems of Care Coalition
Healthy Families Hendricks County
CICOA
Indiana Family and Social Services
Office of U.S. Senator Joe Donnelly
Kindred Healthcare
First Light Home Care
Hendricks County Sheriff's Department
Family Promise of Hendricks County
Home Health Care Solutions
Managed Health Services
Hendricks Therapy
Sheltering Wings

EXECUTIVE SUMMARY

The **2016 Hendricks County Community Health Assessment** (Community Health Assessment) provides an overview of the health and wellness of Hendricks County residents. Beginning in October 2014, the Hendricks County Health Partnership began the process of updating the county's Community Health Assessment and **2016 Hendricks County Community Health Improvement Plan** by establishing a Community Health Improvement Process Committee, forming a partnership with local hospital systems to collect health behavior data from residents, and implementing the Mobilizing for Action through Planning and Partnerships (MAPP) Process to systematically gather additional data and set new health improvement priority areas with the input of local partners and the general public.

The Community Health Assessment provides an overview of the health status of Hendricks County residents based on data collected through the MAPP Process. This data includes resident feedback through the 2016 Hendricks County Community Health Assessment Survey (CHA Survey) and accompanying key informant interviews and focus groups, partner feedback through the 2016 Local Public Health System Assessment and Forces of Change Assessment, and collection of statistical data from a variety of sources, such as the United States Census Bureau, the Centers for Disease Control and Prevention, and community health indicator databases.

The Community Health Assessment data is broken down into two sections: community health status by category, and community health status by specific population. These sections include data on the following:

- **Morbidity and Mortality**
- **Access to Health Services**
- **Chronic Disease**
- **Communicable and Infectious Disease**
- **Environmental Health**
- **Health Behaviors**
- **Mental Health**
- **Personal and Public Safety**
- **Infants**
- **Youth and Adolescents**
- **Older Adults**
- **Vulnerable Populations**
- **Minority Populations**
- **Service Members and Veterans**

Partnership members reviewed the health data collected through the MAPP Process and identified five health improvement priority areas to target their individual and the Partnership's resources through 2018:

- **Accessing and Utilizing Health Care**
- **Mental Wellness**
- **Substance Abuse**
- **Physical Activity and Nutrition**
- **Tobacco use**

The Partnership will be responsible for updating health data as it becomes available in this assessment and monitoring partner progress on completing strategies in the Community Health Improvement Plan. Additional information about strategies to address the priority areas is available in the Community Health Improvement Plan. Both documents will be updated in their entirety and re-released in January 2019.

For additional information about this document, contact Rachel Fogleman, Coordinator, at (317) 745-9372 or HendricksHealthPartnership@gmail.com.

INTRODUCTION

In early 2010, community members, leaders, and organizations came together to address local public health issues. A group of about 20 local health advocates met and formed the Hendricks County Health Partnership (Partnership). The first project undertaken by the Partnership was the creation of the **Hendricks County 2011 Community Health Assessment**. Based on the data collected from that assessment, priority areas and leaders were identified, and partners worked together to improve health outcomes in each area.

Since then, the Partnership has grown and represents agencies and businesses looking to improve health and wellness in Hendricks County. The Partnership taking a three-pronged approach to addressing the health needs of the community. First, an Advisory Board was established to focus on supporting partners serving Hendricks County through networking, training, and funding opportunities. Second, with the assistance of those partners, the Partnership will develop and maintain current health data through the Community Health Assessment. Third, partners would improve the health of the community by implementing the Community Health Improvement Plan, which identifies the health needs of the community, outlines strategies for addressing those needs, and incorporates evaluation of those strategies.

In October 2014, the Advisory Board established the Community Health Improvement Process Committee, consisting of members from the Hendricks County Health Department, IU Health West, Hendricks Regional Health, and the Top 10 Coalition, to begin planning for the next Community Health Assessment and Community Health Improvement Plan. Based on recommendations from the committee, the Advisory Board approved the use of the Mobilizing for Action through Planning and Partnerships (MAPP) process to complete the Community Health Assessment and Community Health Improvement Plan. Additionally, a partnership was formed with Franciscan St. Francis, IU Health, St. Vincent Health, and Community Health Network to collect data and input from county residents to complete these documents.

The following is a comprehensive assessment of the health of Hendricks County residents based on data collected by the Partnership throughout 2015 and identified priority areas for health improvement over the next three years. Priority area strategies can be found in the Community Health Improvement Plan.

MISSION, VISION, AND VALUES OF THE PARTNERSHIP

MISSION STATEMENT

The Hendricks County Health Partnership is a sustainable partnership that serves as a voice for health improvement in Hendricks County.

VISION STATEMENT

The Hendricks County Health Partnership will create an environment that encourages optimal health for all Hendricks County residents.

VALUES STATEMENTS

We believe that through the implementation of the following values that we will realize our vision:

INNOVATION: We acknowledge the health challenges within our community and introduce new opportunities to address those challenges.

ENGAGEMENT: We are committed to addressing the health challenges within our community and provide multiple avenues for partners to participate in the improvement of the community's health.

EDUCATION: We refine our knowledge and skills to address the health challenges of our community and share what we learn as a means to improve our collective health practices and services.

ADVOCACY: We are champions for health in our community and use our voice to inform policymakers on how their decisions affect the health of their constituents.

MULTI-DISCIPLINE COORDINATION: We know that all entities and individuals influence health and that a broad representation of multiple sectors working in unison is needed to improve the health of the community.

COMMUNITY HEALTH IMPROVEMENT PLANNING PROCCESS

In October 2014, the Partnership's Advisory Board established the Community Health Improvement Process Committee, consisting of members from the Hendricks County Health Department, IU Health West, Hendricks Regional Health, and the Top 10 Coalition, to begin planning for the next Community Health Assessment and Community Health Improvement Plan. Based on recommendations from the committee, the Advisory Board approved the use of the **Mobilizing for Action through Planning and Partnerships (MAPP) Process** to complete the **2016 Hendricks County Community Health Assessment** (Community Health Assessment) and **2016 Hendricks County Community Health Improvement Plan** (Community Health Improvement Plan).

The Committee was charged with implementing the six phases of the MAPP Process as outlined by the National Association of County and City Health Officials[1]:

ORGANIZING: During this phase, the Partnership's Advisory Board organized the planning process and developed a planning committee through the existing Partnership that builds commitment, engages participants, uses the participants' time well, and results in plan implementation.

VISIONING: During this phase, the Committee guided the Advisory Board through a collaborative brainstorming process that lead to updated mission, vision, and values statements. These statements were presented to all Partnership members for discussion and vote. The vision and values statements were adopted outright in October 2015; the mission statement was revised based on partner recommendations and adopted in January 2015.

WHAT IS MAPP?

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve efficiency, effectiveness, and ultimately the performance of local public health systems.

- ***National Association of County and City Health Officials (NACCHO), January 2015[1]***

ASSESSMENTS: During this phase, the Committee conducted four assessments to collect primary and secondary data to determine the health issues and needs facing the community: the Community Themes and Strengths Assessment; the Local Public Health System Assessment; the Forces of Change Assessment; and the Community Health Status Assessment. Below are descriptions on how each assessment was administered.

PRIMARY DATA COLLECTION

Primary data was collected from community members, including the general public, local agencies and businesses, members of the local public health system, and elected and appointed officials. Surveys, focus groups, town hall meetings, and group discussions were used to collect this data. Below is information on how primary data was collected.

PRIMARY DATA BIAS NOTE: *Multiple community partners assisted in collecting primary data from a statistically significant sample of the population. This was necessary in order to help eliminate bias and validate the data collected. Specifically for the 2015 Community Health Assessment Survey (CHA Survey), the Committee did periodically review the demographics (i.e. age, income, and race/ethnicity) of survey respondents and compared them to U.S. Census data to determine if there was underrepresentation from specific populations in the county. If discrepancies were identified, the Committee attempted to rectify the issues by identifying partners in the county working with those populations to collect survey responses from those populations. However, convenience sampling was utilized in all data collection, which may skew the results and create bias in the data. Therefore, secondary data was also collected from credible sources to allow for more accurate information and representation of the health of the community. Information about the secondary data collected can be found under the "Secondary Data Collection" section below.*

The **Community Themes and Strengths Assessment** was administered to gather input from community members on what they feel are important health and quality of life issues in Hendricks County through the use of the CHA Survey, focus groups, and town hall meetings. A total of 870 surveys were collected from Hendricks County residents between December 2014 and July 2015. Survey results can be found throughout the Community Health Assessment. Focus groups were held for parents with infants, older adults, and services members and veterans. Town hall meetings were hosted in Brownsburg, Clayton, Danville, Lizton, Plainfield, Stilesville, and North Salem between April and June 2015. Two community leader focus groups were held at IU Health West in April 2015. A total of 49 community members participated in the focus groups and town hall meetings. Focus group and town hall meeting results and additional assessment materials can be found under the appendices.

The **Local Public Health System Assessment** was administered to gather input from entities that contribute to the public's health about their capacity to provide the 10 Essential Public Health Services to the community through the use of the 2015 Hendricks County Local Public Health System Assessment and Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. Sixteen partners completed the survey between January and April 2015, and 25 partners participated in the SWOT analysis at the April 2015 Quarterly Partnership Meeting. Assessment results and additional materials can be found under the appendices.

The **Forces of Change Assessment** was administered to gather input from key community leaders about the forces (such as legislation, technology, and other impending changes) that affect the community's health and the local public health system. About 30 people participated in this assessment, held after the Partnership's quarterly Advisory Board meeting in August 2015. Assessment results and additional materials can be found under the appendices.

SECONDARY DATA COLLECTION

Since limitations are present with the primary data collected from the community, secondary data was collected from a variety of sources using the **Community Health Status Assessment**. This assessment is a collection of statistical data from a variety of sources, including:

- County Health Rankings
- Community Commons
- Franciscan St. Francis Community Health Needs Assessment
- National Cancer Institute's State Cancer Profiles
- Hendricks County Health Department (HCHD) Complaint Database
- HCHD Septic Record Database
- U.S. Census Bureau
- American Community Survey
- U.S. Environmental Protection Agency
- Centers for Disease Control and Prevention (CDC)
- CDC's Behavioral Risk Factor Surveillance System
- CDC's Youth Risk Behavior Surveillance System
- CDC Wonder
- Indiana National Electronic Disease Surveillance System
- Indiana Indicators
- Indiana State Department of Health (ISDH) Arboviral Disease Map
- ISDH Tobacco Prevention and Cessation Commission
- ISDH Epidemiology Resource Center
- U.S. Department of Health and Human Services (HHS) Flu Vaccination Map
- Indiana Coalition Against Domestic Violence
- Federal Bureau of Investigation's Uniform Crime Reporting Program
- National Institute of Drug Abuse
- Feeding America
- Healthy People 2020
- Indiana Prevention Resource Center's Indiana Youth Survey
- Kids Count Data Center
- American Psychology Association
- U.S. Department of Veteran Affairs' Indiana State Summary
- Governor's Commission for a Drug Free Indiana Comprehensive Community Plan – Hendricks County

A complete list of data sources used for the completion of the Community Health Assessment and Community Health Improvement Plan can be found in the "References" section beginning on page 80.

STRATEGIC ISSUES: During this phase, the Committee reviewed the data made available through the assessments and identified eight potential priority areas (physical activity, nutrition, tobacco use, healthy housing and properties, public and personal safety, mental health, substance abuse, and accessing and utilizing health care) to focus health improvement efforts on over the next three years. The Committee presented the assessment results and priority areas to the Partnership for prioritization at the August 2015 Quarterly Partnership Meeting. Partners were given the opportunity to review the assessment data, discuss assets and resources in the community to determine how many priority areas were feasible to address, suggest additions or changes to the proposed priority area list, and vote on the priority areas they see as having the highest need.

Partners were allotted three votes per person. Votes were tallied and the priority areas were ranked by number of votes. Partners discussed assets and resources for each priority area. Three priority areas were chosen by partners (accessing and utilizing health care, mental health and substance abuse, and physical activity and

nutrition) after voting and discussion. The Advisory Board reviewed the input from all partners and separated mental health from substance abuse to create a fourth priority area. Mental health was renamed mental wellness to more accurately portray the issues that would be addressed through the work plan. A fifth priority area, tobacco use, was added by the Advisory Board when they determined adequate resources and assets were available to address the issue and the health burden was too great to ignore.

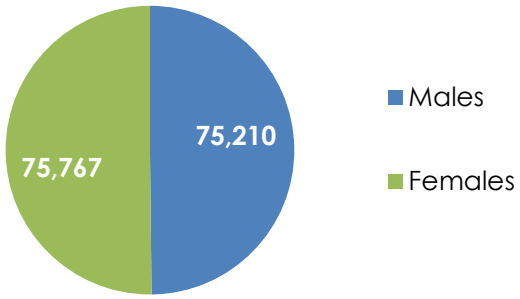
GOALS/STRATEGIES: During this phase, the Partnership reviewed data and assets for each of the identified priority areas and developed work plans, which include goals, objectives, and strategies, to address each area. A total of 38 partners participated in a four-hour planning meeting in October 2015 to draft the work plans. Partners addressing accessing and utilizing health care and physical activity and nutrition held additional meetings to finalize their draft work plans. Drafts were sent out to partners to review and revise after the meeting. A Priority Area Leader was identified for each area; the Committee will work with these leaders in the future to develop planning and evaluation reports. The conclusion of this phase is the completion of the Community Health Assessment and Community Health Improvement Plan.

ACTION CYCLE: During this phase, the Partnership and Priority Area Leaders will plan, implement, and evaluate Priority Area strategies. The leaders will report back to the Advisory Board quarterly on progress towards meeting their respective goals and objectives. The Committee will review available health and quality of life data yearly and update the Community Health Assessment and Community Health Improvement Plan so Priority Area Leaders and community members can adjust goals, objectives, and strategies accordingly.

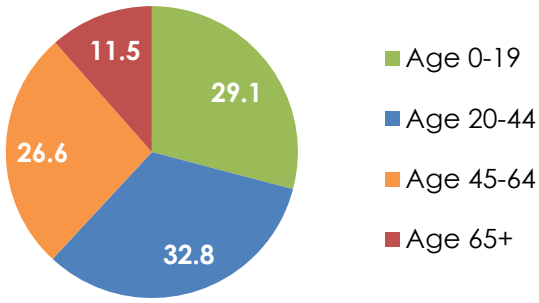
HENDRICKS COUNTY DEMOGRAPHICS

Below is information about the demographics of Hendricks County based on 2014 estimates from the American Community Survey. Population-specific demographic information may be available under the "Community Health Status by Specific Population" section beginning on page 41.

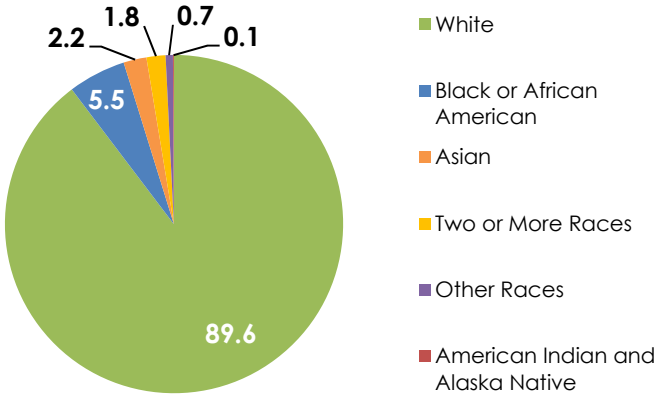
TOTAL POPULATION OF HENDRICKS COUNTY[2]: 150,977



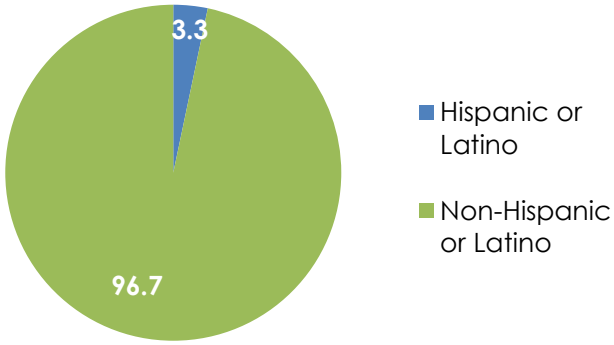
AGE OF HENDRICKS COUNTY RESIDENTS BY PERCENT OF TOTAL POPULATION[2]



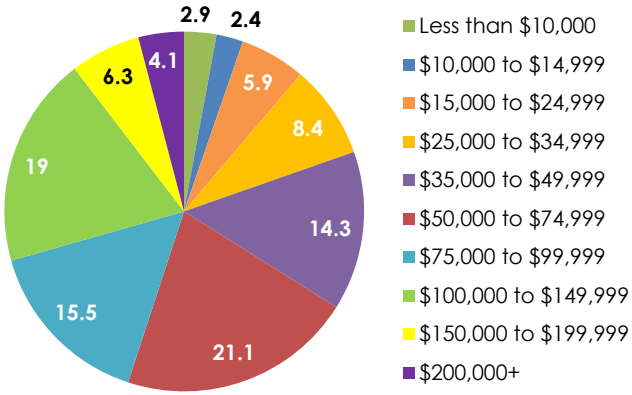
RACE OF HENDRICKS COUNTY RESIDENTS BY PERCENT OF TOTAI POPULATION[2]



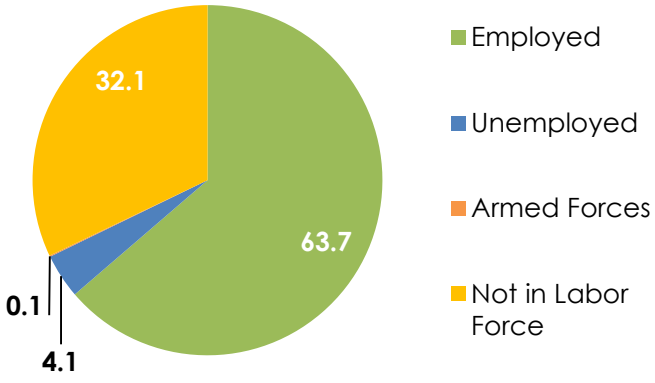
ETHNICITY OF HENDRICKS COUNTY RESIDENTS BY PERCENT OF TOTAL POPULATION[2]



HOUSEHOLD INCOME BY PERCENT OF TOTAL HOUSEHOLDS[3]: 53,959



EMPLOYMENT STATUS BY PERCENT OF TOTAL LABOR FORCE[3]: 115,814



COMMUNITY HEALTH STATUS BY CATEGORY

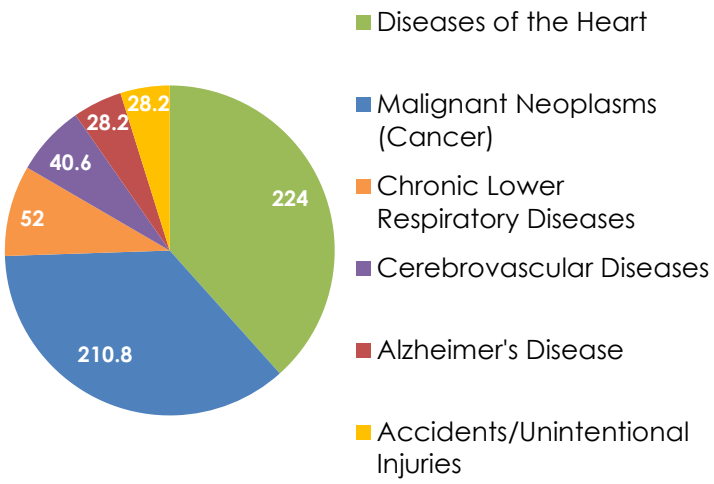
OVERALL MORTALITY AND MORBIDITY

Table 1.1 and Graphs 1.1 through 1.6 below outline the overall mortality and morbidity data for Hendricks County and Indiana. Disease- or incident-specific mortality and morbidity information may be available within their corresponding categories detailed further in this section. Population-specific information may available under the "Community Health Status – Specific Population" section beginning on page 41.

TABLE 1.1: MORTALITY AND MORBIDITY DATA	HENDRICKS COUNTY	INDIANA
PREMATURE MORTALITY RATE[4]	268.5	380.8
PREMATURE DEATH RATE[5]	5,000	7,528
LIFE EXPECTANCY FOR FEMALES[6]	81.72	79.56
LIFE EXPECTANCY FOR MALES[6]	77.55	74.75
ADULTS REPORTING POOR OR FAIR HEALTH[7]	11%	16%
ADULTS REPORTING POOR PHYSICAL HEALTH DAYS[8]	2.5	3.6

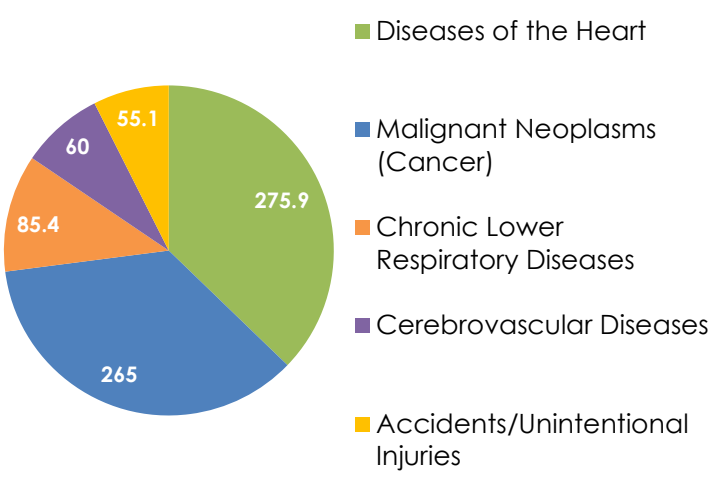
"Premature mortality rate" is the age-adjusted number of deaths among residents under the age of 75 per 100,000 population.
"Premature death rate" is years of potential life lost before age 75 per 100,000 population.
"Life expectancy" is the total number of years a person can be expected to live if current mortality rates continue to apply.
"Adults reported poor or fair health" is the age-adjusted percentage of adults reporting fair or poor health.
"Adults reporting poor physical health days" is the age-adjusted average number of physically unhealthy days reported in past 30 days.

GRAPH 1.1: LEADING CAUSES OF DEATH, HENDRICKS COUNTY ADULTS*



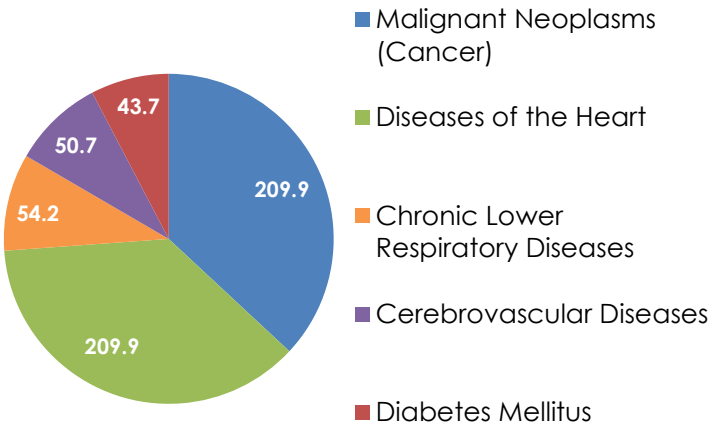
*2013 crude rate of cause of death per 100,000 Hendricks County adults ages 18 and older population[9]

GRAPH 1.2: LEADING CAUSES OF DEATH, INDIANA ADULTS*



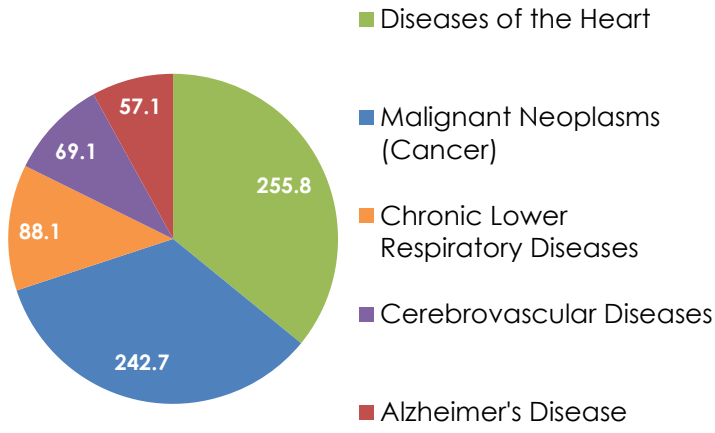
*2013 crude rate of cause of death per 100,000 Indiana adults ages 18 and older population[10]

GRAPH 1.3: LEADING CAUSES OF DEATH, HENDRICKS COUNTY FEMALES*



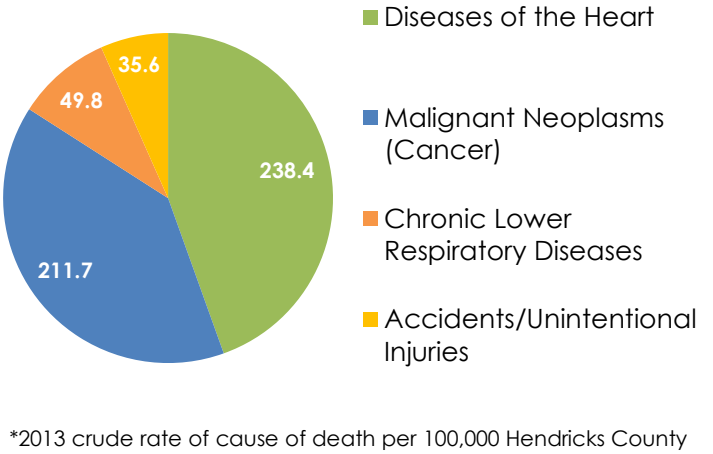
*2013 crude rate of cause of death per 100,000 Hendricks County adult females ages 18 and older population[11]

GRAPH 1.4: LEADING CAUSES OF DEATH, INDIANA FEMALES*



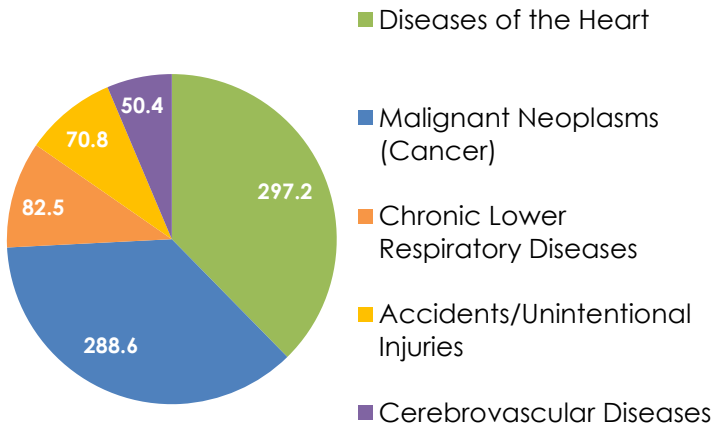
*2013 crude rate of cause of death per 100,000 Indiana adult females ages 18 and older population[12]

GRAPH 1.5: LEADING CAUSES OF DEATH, HENDRICKS COUNTY MALES*



*2013 crude rate of cause of death per 100,000 Hendricks County adult males ages 18 and older population[13]

GRAPH 1.6: LEADING CAUSES OF DEATH, INDIANA MALES*



*2013 crude rate of cause of death per 100,000 Indiana adult male ages 18 and older population[14]

ACCESS TO HEALTH SERVICES

Respondents to the CHA Survey identified **"Access to Health Care" as the #4 overall health need in Hendricks County**.[15] According to Healthy People 2020, access to health services is "important for the achievement of health equity and for increasing the quality of a healthy life for everyone." To access services, individuals must be able to do three things:

- **Gain entry into the health care system;**
- **Access a location where needed health care services are offered; and**
- **Find a health care provider whom an individual trusts and can communicate with.**

Accessing health services can increase overall health status and quality of life while preventing diseases, disability, and premature death.[16]

To gain entry into the health care system, individuals need a way to pay for care, usually through health insurance. Hendricks County has a highly insured population, with **73% of CHA Survey respondents indicated they receive health insurance either through their employer (51%) or have private insurance (22%)**. The remaining respondents receive some form of government-provided insurance (e.g. Medicare or Medicaid) or self-pay for their care. **However, there are still residents who lack health insurance; this issue was identified as one of the top barriers to accessing health services for survey respondents.**[15] Figure 2.1 and Table 2.1 below highlights the percentages of the Hendricks County adult populations that are uninsured or receive Medicaid.

FIGURE 2.1: ACCESS TO HEALTH CARE BY THE NUMBERS

About 19,000 Hendricks County adults between the ages of 18 and 65 do not have health insurance, based on 2014 population data.[17]

*1 figure = 200 population

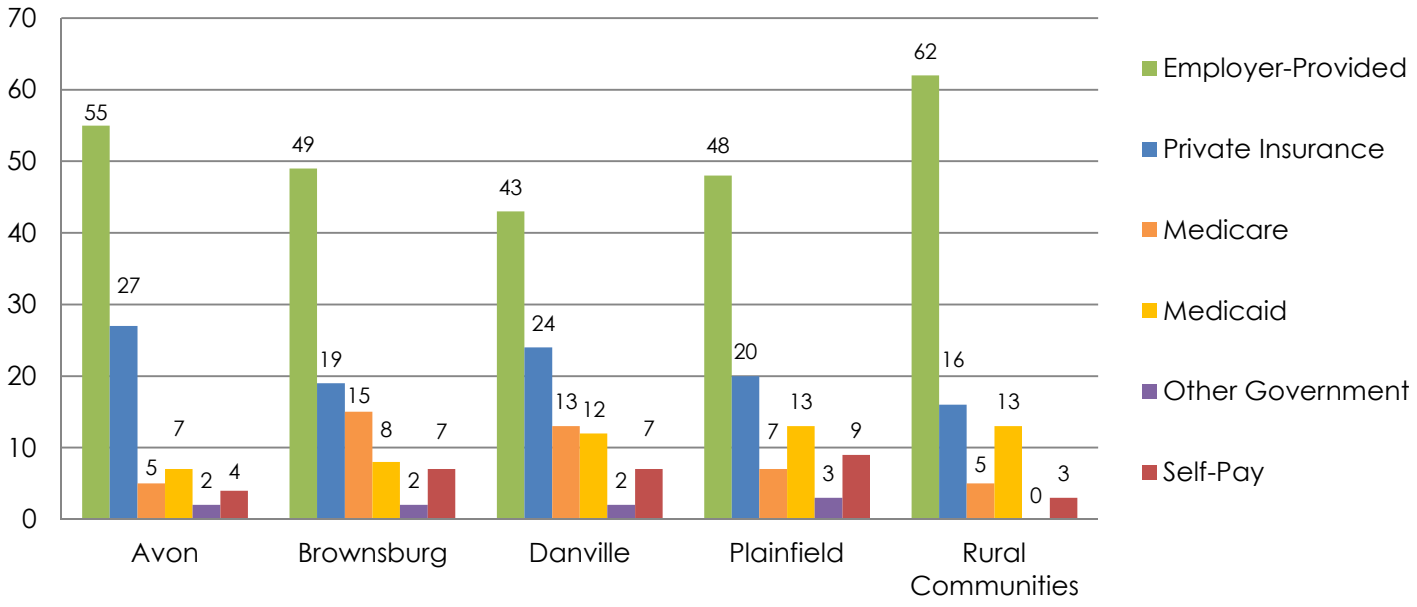
TABLE 2.1: INDIVIDUAL ACCESS TO HEALTH SERVICES	HENDRICKS COUNTY	INDIANA
UNINSURED ADULTS[18]	13%	20%
ADULTS WITH MEDICAID[19]	3.29%	10.46%

"Uninsured adults" is the percentage of the population ages 18 to 65 with no health insurance coverage.
"Adults with Medicaid" is the percentage of adult population ages 18-64 enrolled in Medicaid or other means-tested public health insurance.

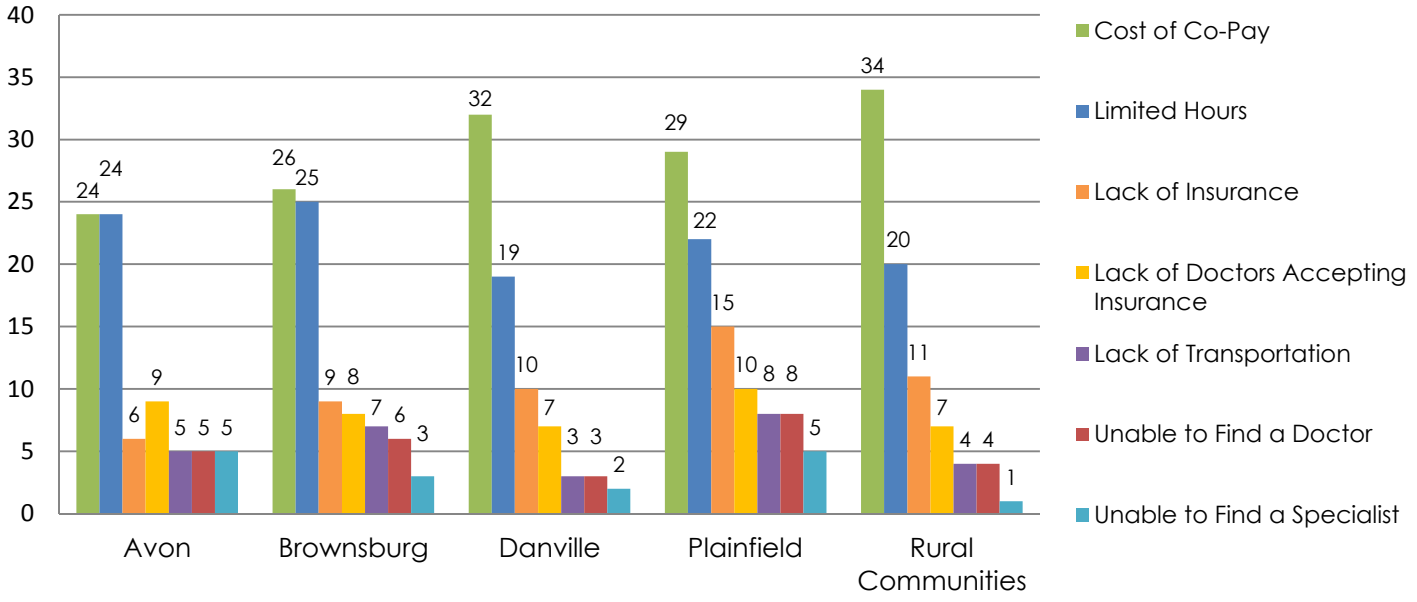
In addition to lack of health insurance, **cost of co-pay was identified as another primary barrier to accessing health care.**[15] The Behavioral Risk Factor Surveillance System reports **10% of Hendricks County residents were unable to see a doctor in the past year due to the cost.**[20] While this percentage is significantly lower than the reported Indiana percentage of 14%[20], it still **equates to about 21,000 Hendricks County residents** who were unable to see a doctor due to cost, based on 2014 population data.[17]

Graphs 2.1, 2.2, and 2.3 below show how Hendricks County residents pay for health care, their top challenges to receiving health care, and where they go to get health care based on responses to the CHA Survey.[15]

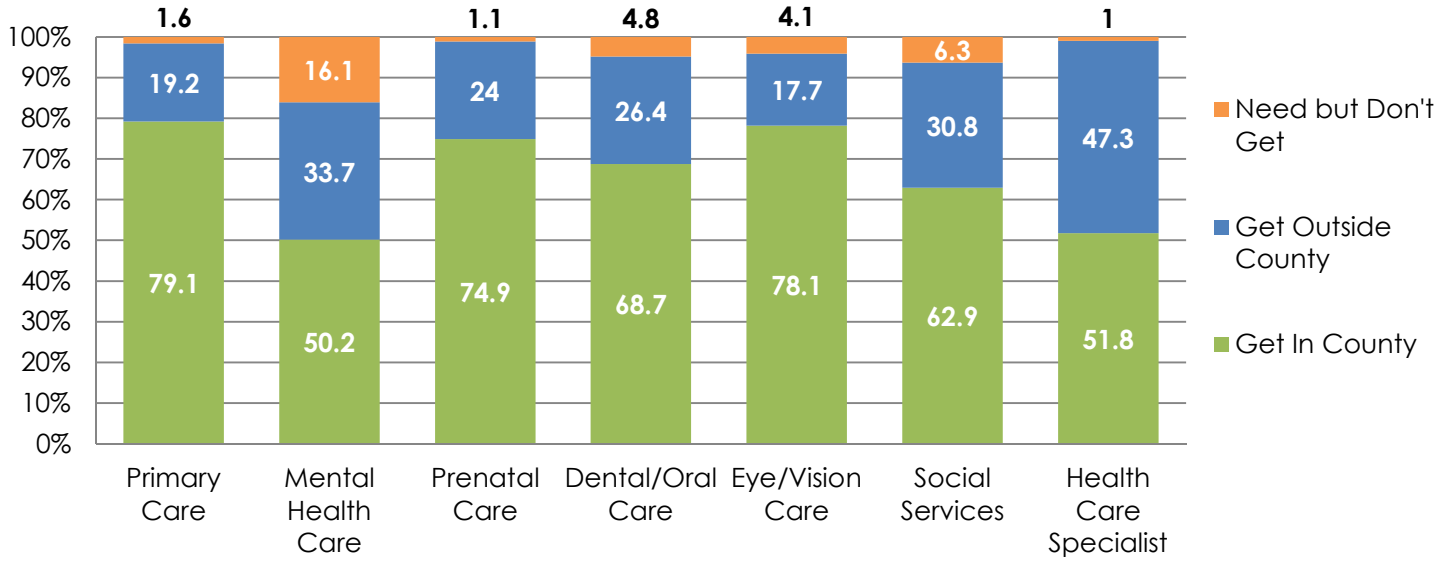
GRAPH 2.1: HOW HENDRICKS COUNTY RESIDENTS PAY FOR HEALTH CARE BY PERCENT AND LOCATION IN COUNTY, 2015



GRAPH 2.2: TOP CHALLENGES HENDRICKS COUNTY RESIDENTS FACE WHEN ACCESSING HEALTH CARE BY PERCENT AND LOCATION IN COUNTY, 2015



GRAPH 2.3: WHERE HENDRICKS COUNTY RESIDENTS WHO NEED HEALTH CARE RECEIVE THEIR CARE, 2015



Once someone accesses the health care system, they must build a relationship with their health care provider. This seems especially important among Hendricks County residents; respondents to the CHA Survey overwhelmingly indicated that their **primary means of receiving health information is through their doctor.**[15] If health care providers are overburdened with patients, then Hendricks County residents **may not receive needed information about their health or may wait longer to see their doctor about health concerns. This can lead to a delay in necessary care, which can increase the severity or complications of health problems.**[21] Table 2.2 below highlights the availability of health care providers and consistent access to them by the community.

TABLE 2.2: HEALTH SERVICES PROVIDER AVAILABLITY	HENDRICKS COUNTY	INDIANA
PRIMARY CARE PROVIDER RATIO[22]	1,749:1	1,518:1
NON-PHYSICIAN PRIMARY CARE PROVIDER RATIO[23]	2,608:1	1,840:1
LACK CONSISTENT SOURCE OF PRIMARY CARE[24]	12.49%	18.82%

"Primary care provider ratio" is the ratio of population to primary care physicians.
"Non-physician primary care provider ratio" is the ratio of population to non-physician primary care providers, including nurse practitioners (NP), physicians' assistants (PA), and clinical nurse specialists.
"Lack of consistent source of primary care" is the percentage of adults aged 18 and older who self-report they do not have at least one person who they think of as their personal doctor or health care provider.

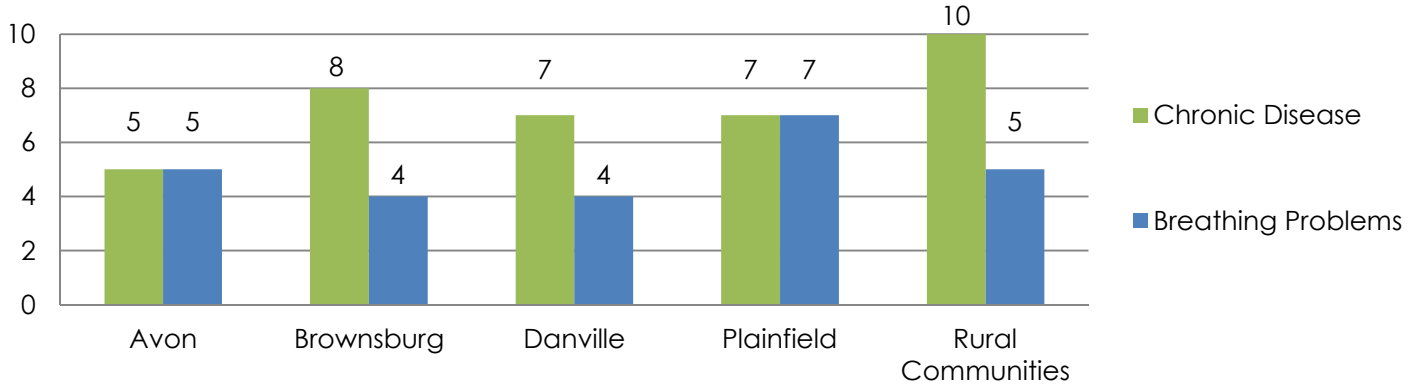
Population-specific information about accessing health services is available within their corresponding categories under the "Community Health Status – Specific Population" section beginning on page 41.

CHRONIC DISEASE

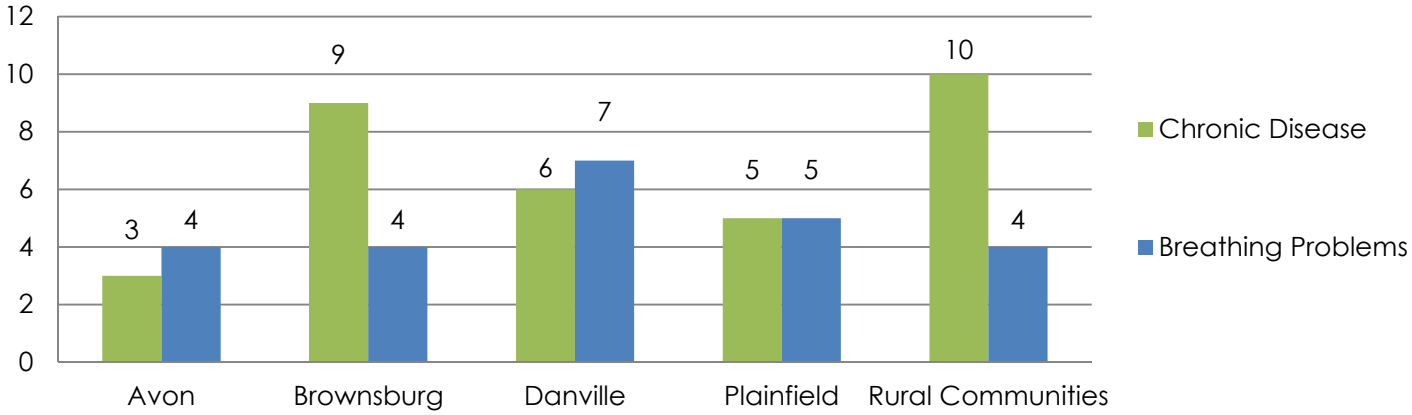
"Chronic Disease" was identified by respondents to the CHA Survey as the #4 overall health concern in Hendricks County.[15] According to the Centers for Disease Control and Prevention (CDC), chronic diseases are the leading causes of death and disability in the United States[25], and as outlined in the "Overall Morbidity and Mortality" section above, **chronic diseases account for four of the six leading causes of death in Hendricks County.** Heart disease, stroke, cancer, diabetes, obesity, and certain respiratory diseases, such as asthma and chronic obstructive pulmonary disease (COPD), are considered chronic diseases.

Graphs 3.1 and 3.2 below show the percentage of Hendricks County respondents to the CHA Survey who visited the emergency room or missed work or school due to chronic disease and/or breathing problems 12 months prior to completing the survey. **Residents in rural communities had the highest rate of visits to the emergency room and missing work or school due to chronic disease (10%). Plainfield (7%) and Danville (7%) had the highest rates of visits to the emergency room and missed work or school due to breathing problems, respectively.[15]**

GRAPH 3.1: PERCENTAGE OF HENDRICKS COUNTY RESIDENTS WHO VISITED THE EMERGENCY ROOM DUE TO A CHRONIC CONDITION BY PERCENT AND LOCATION IN COUNTY, 2015



GRAPH 3.2: PERCENTAGE OF HENDRICKS COUNTY RESIDENTS WHO MISSED WORK OR SCHOOL DUE TO A CHRONIC CONDITION BY PERCENT AND LOCATION IN COUNTY, 2015



Below is information on screening, hospitalization, and death rates for various chronic diseases. Information on health behaviors that impact chronic disease rates is available under the "Health Behaviors" section beginning on page 28. Population- and category-specific chronic disease rates not listed below may be found within their corresponding sections throughout this document.

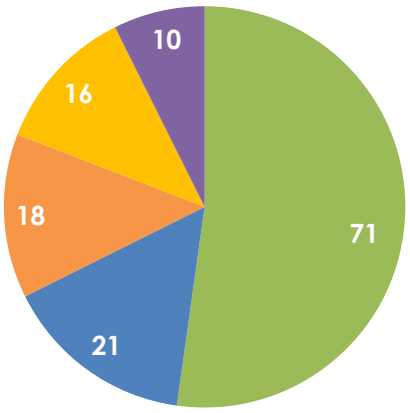
CANCERS

Cancer (malignant neoplasms) is the second leading cause of death in both Hendricks County and Indiana.[9,10] Table 3.1 and Graph 3.3 below provide information about cancer outcomes and behaviors among Hendricks County and Indiana residents.

TABLE 3.1: CANCER OUTCOMES AND BEHAVIORS	HENDRICKS COUNTY	INDIANA
ALL CANCER		
INCIDENCE RATE[26]	455.2	452.9
DEATH RATE[27]	168.1	188.3
BLADDER CANCER		
INCIDENCE RATE[28]	21.5	20.6
DEATH RATE[29]	4.8	4.8
BRAIN CANCER		
INCIDENCE RATE[30]	7.9	7.0
DEATH RATE[31]	5.2	4.6
BREAST CANCER		
INCIDENCE RATE[32]	128	119
DEATH RATE[33]	20.5	22.7
CERVICAL CANCER		
INCIDENCE RATE[34]	4.4	7.5
DEATH RATE[35]	SUPPRESSED	2.4
SCREENING RATE*[36]	79.6%	74.4%
COLON AND RECTAL CANCER		
INCIDENCE RATE[37]	38.4	45.1
DEATH RATE[38]	12.0	16.7
SCREENING RATE**[39]	69.3%	58.2%
ESOPHAGEAL CANCER		
INCIDENCE RATE[40]	4.3	5.6
DEATH RATE[41]	4.5	4.9
KIDNEY AND RENAL CANCER		
INCIDENCE RATE[42]	17.7	17.2
DEATH RATE[43]	4.1	4.6
LEUKEMIA		
INCIDENCE RATE[44]	13.9	13.1
DEATH RATE[45]	8.0	7.8

LIVER CANCER		
INCIDENCE RATE[46]	4.8	6.0
DEATH RATE[47]	4.2	5.1
LUNG CANCER		
INCIDENCE RATE[48]	71.7	75.2
DEATH RATE[49]	50.1	57.8
MELANOMA		
INCIDENCE RATE[50]	18.7	17.8
DEATH RATE[51]	3.6	3.1
NON-HODGKIN LYMPHOMA		
INCIDENCE RATE[52]	21.5	19.6
DEATH RATE[53]	6.8	6.7
ORAL AND PHARYNGEAL CANCER		
INCIDENCE RATE[54]	13.8	11.5
DEATH RATE[55]	SUPPRESSED	2.4
OVARIAN CANCER		
INCIDENCE RATE[56]	11.3	11.6
DEATH RATE[57]	6.2	8.2
PANCREATIC CANCER		
INCIDENCE RATE[58]	12.9	12.2
DEATH RATE[59]	11.8	10.9
PROSTATE CANCER DEATH RATE[60]	11.8	10.9

*Percentage of women 18 and older who self-report they had a Pap test in the past three years.
**Percentage of adults age 50 and over who have ever had a sigmoidoscopy or colonoscopy.
Incidence rates are age-adjusted cases per 100,000 population per year, except for breast, cervical, and ovarian cancer, which is 100,000 population per year of females.
Death rates are age-adjusted number of deaths per 100,000 population per year, except for breast and cervical cancer, which is 100,000 population per year of females and prostate cancer, which is 100,000 population per year of males.
Suppressed data = three or fewer average cases or deaths per year



GRAPH 3.3: LEADING CAUSES OF CANCER DEATH IN HENDRICKS COUNTY*

- Lung or Bronchus Cancer
- Breast Cancer
- Colon Cancer
- Pancreatic Cancer
- Prostate Cancer

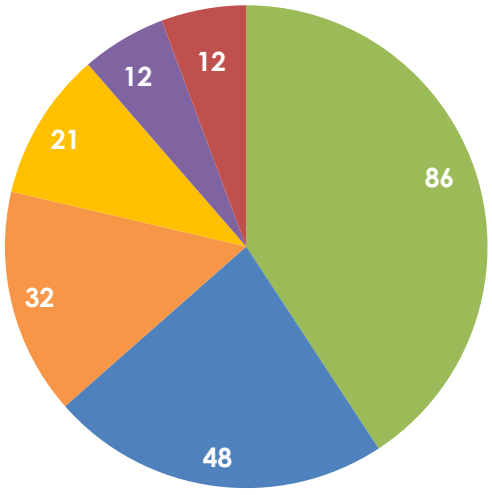
*2013 crude number of unsuppressed deaths due to malignant neoplasms among all Hendricks County residents[42]

CARDIOVASCULAR DISEASES

Diseases of the heart are the leading cause of death and cerebrovascular diseases are the fourth leading cause of death in both Hendricks County and Indiana.[9,10] Table 3.2 and Graph 3.4 below provide information about cardiovascular disease outcomes and behaviors among Hendricks County and Indiana residents.

TABLE 3.2: CARDIOVASCULAR DISEASES OUTCOMES AND BEHAVIORS	HENDRICKS COUNTY	INDIANA
CORONARY HEART DISEASE		
ADULTS WITH CONDITION[62]	4.9%	5.1%
DEATH RATE[63]	175.2	190
STROKE DEATH RATE[64]	35.4	43.2
HEART FAILURE		
EMERGENCY ROOM VISIT RATE[65]	4.3	---
HOSPITALIZATION RATE[66]	25.1	---
HYPERTENSION (HIGH BLOOD PRESSURE)		
ADULTS WITH CONDITION[67]	27.1%	29.2%
HOSPITALIZATION RATE[68]	2.5	---
ADULTS NOT TAKING MEDICATION FOR CONDITION[69]	16.1%	18.7%
ADULTS WITH HIGH CHOLESTEROL[70]	35.41%	39.11%

"Adults with Condition/High Cholesterol" based on percentage of adults 18 and older who self-report they have ever been told by a health care provider that they have stated condition.
"Adults Not Taking Medication for Condition" based on percentage of adults 18 and older who self-report they are not taking medication for their high blood pressure.
Emergency room visit and hospitalization rate based on average annual age-adjusted hospitalizations per 10,000 population aged 18 years and older.
Death rates are age-adjusted number of deaths per 100,000 population.



GRAPH 3.4: LEADING CAUSES OF CARDIOVASCULAR DISEASE DEATH IN HENDRICKS COUNTY*

Heart Disease
Heart Attack
Heart Failure
Stroke
Haemorrhage
Atrial Fibrillation

*2013 crude number of unsuppressed deaths due to the circulatory system among all Hendricks County residents[42]

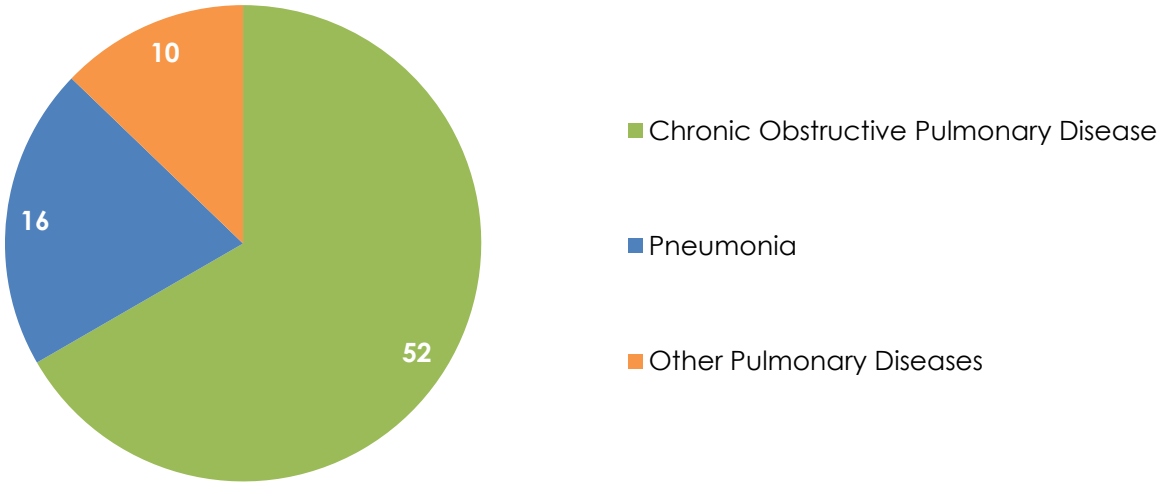
RESPIRATORY DISEASES

Chronic lower respiratory diseases are the second leading cause of death in both Hendricks County and Indiana.[9,10] Table 3.3 and Graph 3.5 below provide information about cardiovascular disease outcomes and behaviors among Hendricks County and Indiana residents.

TABLE 3.3: RESPIRATORY DISEASE OUTCOMES AND BEHAVIORS	HENDRICKS COUNTY	INDIANA
CHRONIC LOWER RESPIRATORY DISEASES DEATH RATE[71]	57.3	56.6
ADULT ASTHMA		
ADULTS WITH CONDITION[72]	12.1%	13.4%
EMERGENCY ROOM VISIT RATE[73]	19.3	---
HOSPITALIZATION RATE[74]	5.4	---
CHRONIC OBSTRUCTIVE PULMONARY DISEASE		
EMERGENCY ROOM VISIT RATE[75]	14.1	---
HOSPITALIZATION RATE[76]	19.4	---

"Adults with Condition" based on percentage of adults 18 and older who self-report they have ever been told by a health care provider that they have stated condition.
Emergency room visit and hospitalization rate based on average annual age-adjusted hospitalizations per 10,000 population aged 18 years and older.
Death rates are age-adjusted number of deaths per 100,000 population.

GRAPH 3.5: LEADING CAUSES OF RESPIRATORY DISEASE DEATH IN HENDRICKS COUNTY*



*2013 crude number of unsuppressed deaths due to the respiratory system among all Hendricks County residents[42]

DIABETES

Table 3.4 below provides information about diabetes outcomes and behaviors among Hendricks County and Indiana residents.

TABLE 3.4: DIABETES OUTCOMES AND BEHAVIORS	HENDRICKS COUNTY	INDIANA
ADULTS WITH CONDITION[77]	8.3%	10.16%
DIABETES DEATH RATE[78,79]	14.7	27.6
EMERGENCY ROOM VISIT RATE DUE TO DIABETES[80] **SHORT-TERM COMPLICATIONS RATE**[81] **LONG-TERM COMPLICATIONS RATE**[82] **UNCONTROLLED RATE**[83]	10.3 0.3 6.6 0.5	--- --- --- ---
HOSPITALIZATION RATE DUE TO DIABETES[84] **SHORT-TERM COMPLICATIONS RATE**[85] **LONG-TERM COMPLICATIONS RATE**[86] **UNCONTROLLED RATE**[87]	10.4 4.0 5.8 0.6	--- --- --- ---
"Adults with Condition" based on percentage of adults 18 and older who self-report they have ever been told by a health care provider that they have stated condition. Emergency room visit and hospitalization rate based on average annual age-adjusted hospitalizations per 10,000 population aged 18 years and older. Death rates are crude number of unsuppressed deaths per 100,000 population.		

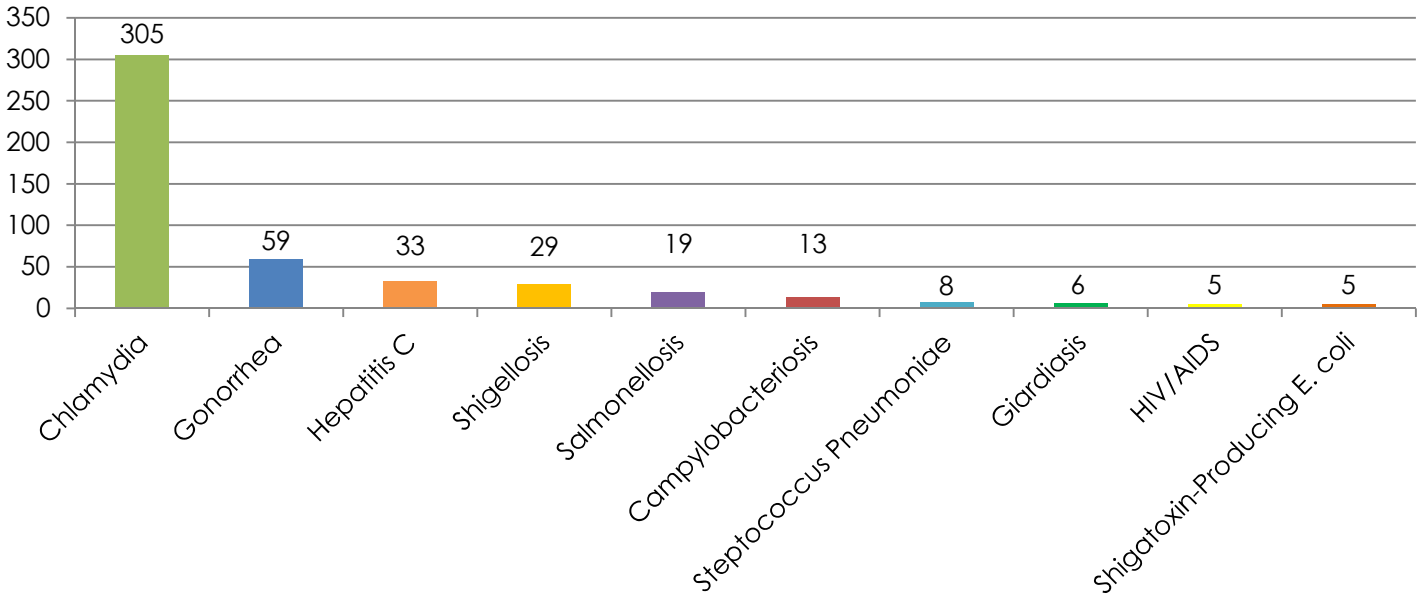
COMMUNICABLE AND INFECTIOUS DISEASE

Communicable diseases (also known as infectious diseases) are those caused by pathogens such as viruses, bacteria, or parasites, that can pass from person to person through blood or other bodily fluids.[88] **Communicable diseases include sexually transmitted diseases**, such as the human immunodeficiency virus (HIV), chlamydia, and gonorrhea; **vaccine-preventable diseases**, such as varicella (chicken pox), measles, tetanus, pertussis (whooping cough), and influenza; **enteric diseases** (those that enter the body through the mouth and intestinal tract usually through contaminated food or water), such as hepatitis A, E. coli, cryptosporidiosis, and shigellosis [89]; and **other contagious diseases or infections**, such as bacterial pneumonia and the common cold.

Below is information about communicable and infectious disease outcomes and behaviors by disease category. Population- and category-specific communicable disease rates not listed below may be found within their corresponding sections throughout this document.

Table 4.1 outlines new cases of communicable disease in Hendricks County based on reports submitted to the Hendricks County Health Department Nursing Division for investigation in 2014.[90] Diseases listed are those with at least five new cases over the course of the year; diseases with fewer than five cases are not reported to protect patient privacy and confidentiality. **Chlamydia had the highest number of reported new cases in Hendricks County, followed by gonorrhea and hepatitis C. All three are sexually transmitted diseases.**

TABLE 4.1: NEW CASES OF COMMUNICALBE DISEASE IN HENDRICKS COUNTY, 2014



SEXUALLY TRANSMITTED DISEASES

Table 4.1 below provides information about sexually transmitted disease outcomes and behaviors among Hendricks County and Indiana residents.

TABLE 4.1: SEXUALLY TRANSMITTED DISEASE OUTCOMES AND BEHAVIORS	HENDRICKS COUNTY	INDIANA
HUMAN IMMUNODEFICIANCY VIRUS (HIV) **PREVALENCE RATE[91]** **SCREENING RATE[92]**	 135.2 66.73%	 159.4 69.49%
CHLAMYDIA INCIDENCE RATE[93]	213.5	452.7
GONORRHEA INCIDENCE RATE[94]	29.1	112.6
SYPHILIS INCIDENCE RATE[95]	0.0	3.3
Prevalence rate based on number of people with the disease per 100,000 population. Screening rate based on percentage of adults age 18-70 who self-report being screened. Incidence rate based on number of cases per 100,000 population.		

VACCINE-PREVENTABLE DISEASES

Table 4.2 below provides information about vaccine-preventable disease outcomes and behaviors among Hendricks County and Indiana residents.

TABLE 4.2: VACCINE-PREVENTABLE DISEASE OUTCOMES AND BEHAVIORS	HENDRICKS COUNTY	INDIANA
INFLUENZA AND PNEUMONIA **EMERGENCY ROOM VISIT RATE[96]** **HOSPITALIZATION RATE[97]** **DEATH RATE[98,99]**	 3.2 1.8 12.7	 --- --- 16.4
INFLUENZA VACCINATION RATE[100]	60.93%	51.95%
PNEUMONIA VACCINATION RATE[101]	75.9%	68.2%
STREPTOCOCCUS PNEUMONIAE INCIDENCE RATE[102]	6.5	11.05
PERTUSSIS (WHOOPING COUGH) INCIDENCE RATE[102]	5.8	9.37
VARICELLA (CHICKEN POX) INCIDENCE RATE[102]	7.8	4.73

Emergency room visit and hospitalization rate based on average annual age-adjusted hospitalizations per 10,000 population aged 18 years and older.
Death rate based on the crude rate per 100,000 population.
Influenza vaccination rate based on the percentage of Medicare Fee-for-Service recipients receiving the vaccine.
Pneumonia vaccination rate based on the percentage of adults aged 65 and older who self-report they have ever received the vaccine.
Incidence rates based on cases per 100,000 population between the years 2009 and 2013.

OTHER COMMUNICABLE DISEASES

Table 4.3 below provides information about other communicable disease outcomes and behaviors among Hendricks County and Indiana residents.

TABLE 4.3: OTHER COMMUNICABLE DISEASE OUTCOMES AND BEHAVIORS	HENDRICKS COUNTY	INDIANA
SALMONELLOSIS INCIDENCE RATE[102]	5.8	10.76
SHIGA TOXIN-PRODUCING E. COLI INCIDENCE RATE[102]	4.5	2.3
BACTERIAL PNEUMONIA **EMERGENCY ROOM VISIT RATE[103]** **HOSPITALIZATION RATE[104]**	 15.7 21.1	 --- ---
ENTERIC (INTESTINAL) DISEASE INFECTION RATE[105]	15.6	30.4
HEPATITIS **HEPATITIS C PREVALENCE RATE[102]** **HOSPITALIZATION RATE (ALL)[106]**	 525.7* 1.5	 2.13, 83.08** ---

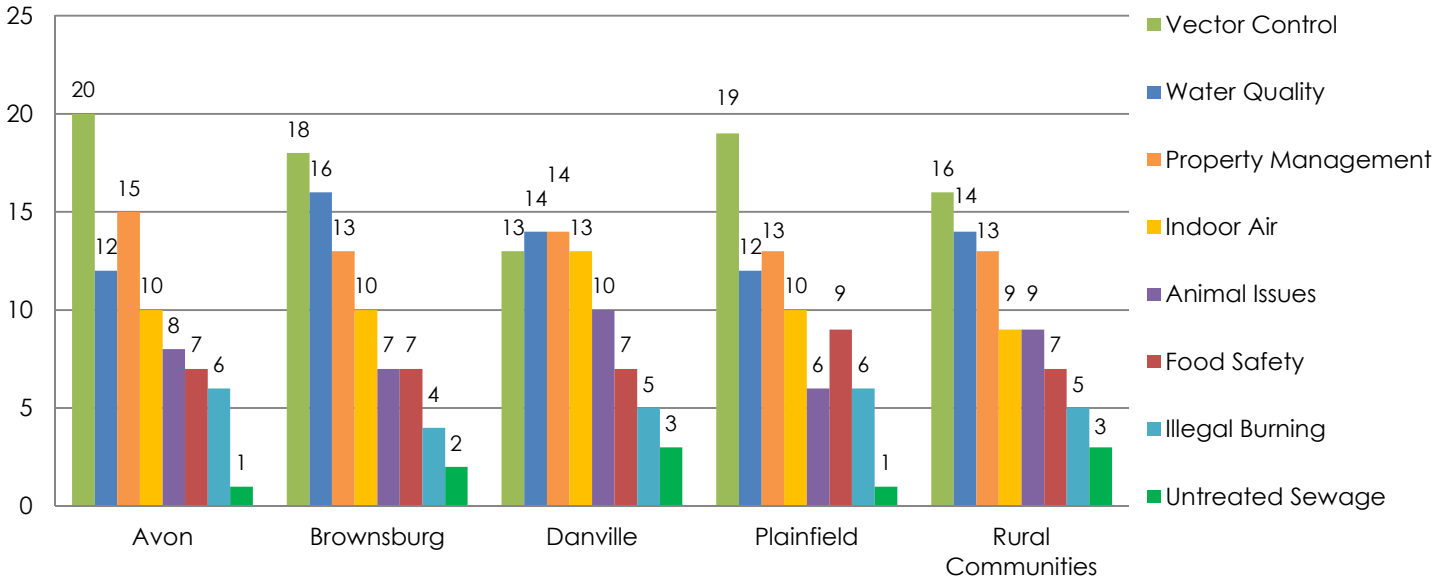
*Includes Indiana Department of Corrections cases to determine prevalence rate per 100,000 population in 2013
**Prevalence rate of acute and chronic cases, respectively, per 100,000 population between the years 2009 and 2013
Emergency room visit and hospitalization rate based on average annual age-adjusted hospitalizations per 10,000 population aged 18 years and older.
Infection rate based on probable and confirmed cases per 100,000 population.
Incidence rates based on cases per 100,000 population between the years 2009 and 2013.

ENVIRONMENTAL HEALTH

According to the World Health Organization (WHO), environmental health "addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviors."[107] Environmental hazards, such a poor air quality, water contamination, toxic substances and hazardous waste, unsafe and unhealthy housing, and poor infrastructure, can cause disease, injury, disability, and death to affected individuals.[108]

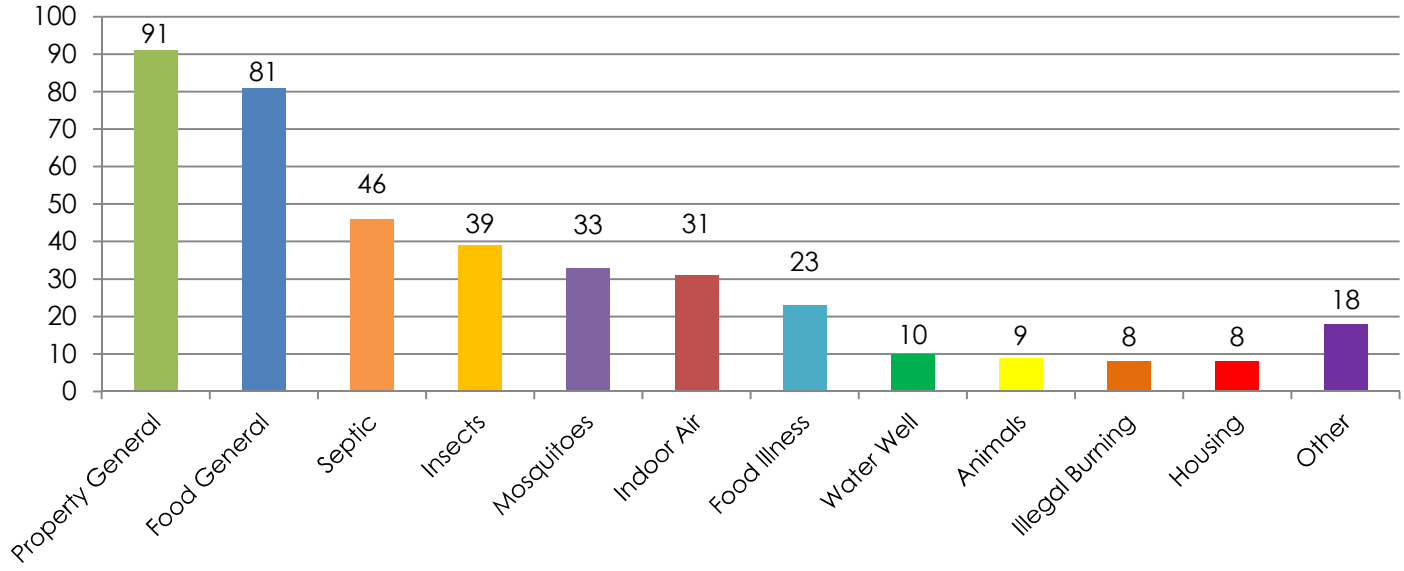
Below is information about environmental health hazards in Hendricks County and Indiana, including vector control, property management and healthy housing, air and water quality, and food safety. Graph 5.1 below shows Hendricks County residents' top environmental health concerns based on responses to the CHA Survey. **Vector control ranked as the top environmental health concern in Hendricks County (18% overall), followed by water quality (14% overall) and property management (14% overall).[15]**

GRAPH 5.1: TOP REPORTED ENVIRONMENTAL HEALTH CONCERNS BY HENDRICKS COUNTY RESIDENTS BY PERCENT AND LOCATION IN COUNTY, 2015



Graph 5.2 below shows the number and type of environmental health complaints received by the Hendricks County Health Department in 2014.[109] **Property general, food general, and septic were the top environmental health complaint categories reported to the health department.** Property general complaints include perceived indoor or outdoor property issues such as trash and debris, rodents, cockroaches, bed bugs, or other insects, hoarding, and unsafe structures. Food general complaints include perceived food safety issues at food establishments such as unclean surfaces, lack of hand washing, hair in food, and improperly heated food.

GRAPH 5.2: ENVIRONMENTAL HEALTH COMPLAINTS IN HENDRICKS COUNTY, 2014



VECTOR CONTROL AND ANIMAL BITES

Table 5.1 below provides information about reported vector control issues and animal bite instances in Hendricks County. Vector control, which focuses on eliminating mosquitoes and their breeding grounds, is important for stopping the spread of vector-borne diseases such as West Nile virus. Animal bites, which include domestic and wild animals, can also transmit diseases such as rabies.

TABLE 5.1: VECTOR CONTROL AND ANIMAL BITE DATA	HENDRICKS COUNTY
MOSQUITO COMPLAINTS[109]	33
TREATED MOSQUITO POOLS[109]	21
SAMPLES POSITIVE FOR VECTOR-BORNE DISEASE[110]	7
ANIMAL BITE INVESTIGATIONS[90]	290

"Mosquito complaints", "treated mosquito pools", and "animal bite investigations" as reported by the Hendricks County Health Department in 2014.
"Samples positive for vector-borne disease" are mosquito samples collected by the local health department, and tested and lab-confirmed for a vector-borne disease by the Indiana State Department of Health as of October 31, 2015.

PROPERTY MANAGEMENT AND HEALTHY HOUSING

Figure 5.1 and Table 5.2 below provide information about housing and property management issues in Hendricks County and Indiana.

FIGURE 5.1: HOUSING QUALITY BY THE NUMBERS

One in 10 homes in Hendricks County have at least one of the following housing problems: overcrowding, high housing costs, lack of a kitchen, or lack of plumbing facilities.[111]

*1 figure = 1 house

TABLE 5.2: PROPERTY AND HOUSING ENVIRONMENT	HENDRICKS COUNTY	INDIANA
SUBSTANDARD HOUSING RATE[112]	23.21%	28.6%
HOUSING VACANCY RATE[113]	5.77%	11.39%
HOUSES BUILT BEFORE 1950[114]	8.1%	---
MEDIAN YEAR HOUSING WAS BUILT[115]	1993	1972

Substandard housing includes units that lack complete plumbing and/or kitchen facilities, have 1.01 or more occupants per room, and rent or owner costs that are greater than 30% of household income.
A housing unit is considered vacant if no one was living in the unit at the time data was collected or occupants were staying there for two months or less and have a permanent residence elsewhere.
Houses built before 1950 are more likely to contain hazardous materials, such as lead-based paint and asbestos.

AIR AND WATER QUALITY

Figure 5.2 and Table 5.3 below provides information about air and water quality issues in Hendricks County and Indiana.

FIGURE 5.2: WATER QUALITY BY THE NUMBERS

About one in five homes in Hendricks County have a permitted septic system over 30 years old.[116] Septic systems over 30 years old are more likely to fail, which can cause water contamination.

*1 figure = 1 house

TABLE 5.3: AIR AND WATER QUALITY DATA	HENDRICKS COUNTY	INDIANA
OZONE[117]		
AVERAGE DAILY AMBIENT CONCENTRATION	39.48	38.99
PERCENT OF DAYS EXCEEDING STANDARDS	0%	0.01%
PARTICULATE MATTER 2.5[118]		
AVERAGE DAILY AMBIENT CONCENTRATION	11.66	12.11
PERCENT OF DAYS EXCEEDING STANDARDS	0.55%	0.76%
POUNDS OF CARCINOGENS RELEASED INTO AIR[119]	1,126	---
POUNDS OF PBT RELEASED[120]	123,752	---
POPULATION AFFECTED BY DRINKING WATER VIOLATIONS[121]	16%	4%

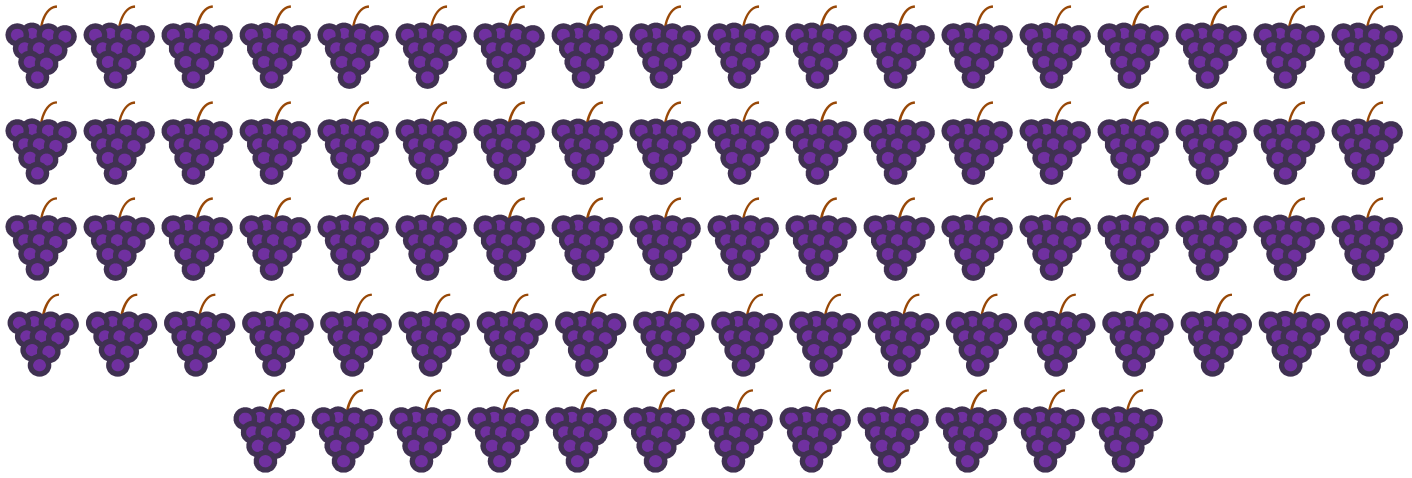
Ozone ambient concentration is parts per billion; particulate matter 2.5 ambient concentration is in micrograms per cubic meter.
Percent of days exceeding standards are population adjusted averages.
"Carcinogens" refers to the 179 carcinogens recognized by the U.S. Occupational Safety and Health Administration (OSHA).
"PBT" refers to "Persistent, Bioaccumulative, and Toxic Chemicals".
"Drinking water violations" is based on the "annual average percentage of population served by community water systems who receive drinking water that does not meet all applicable health-based drinking standards."

FOOD SAFETY

Figure 5.3 and Table 5.4 below provides information about food safety issues in Hendricks County as reported by the Hendricks County Health Department in 2014. **The top Indiana Food Code critical violations are soiled equipment/food contact surfaces, temperature control, and improper sanitizer concentration. The top food safety complaints received by the health department include suspected foodborne illness, insects and/or rodents, and soiled surfaces/objects.[90]**

FIGURE 5.3: FOOD SAFETY BY THE NUMBERS

The Hendricks County Health Department issued 835 food establishment permits in 2014.[90] Permits are issued to for-profit facilities that provide potentially hazardous food to the public, such as restaurants, grocery stores, convenience stores, and food trucks.



*1 figure = 10 permits

TABLE 5.4: FOOD SAFETY DATA	HENDRICKS COUNTY
DOCUMENTED INDIANA FOOD CODE VIOLATIONS[90]	5,675
DOCUMENTED FOOD SAFETY COMPLAINTS[90]	104
FOLLOW-UP AND COMPLAINT INSPECTIONS[90]	389

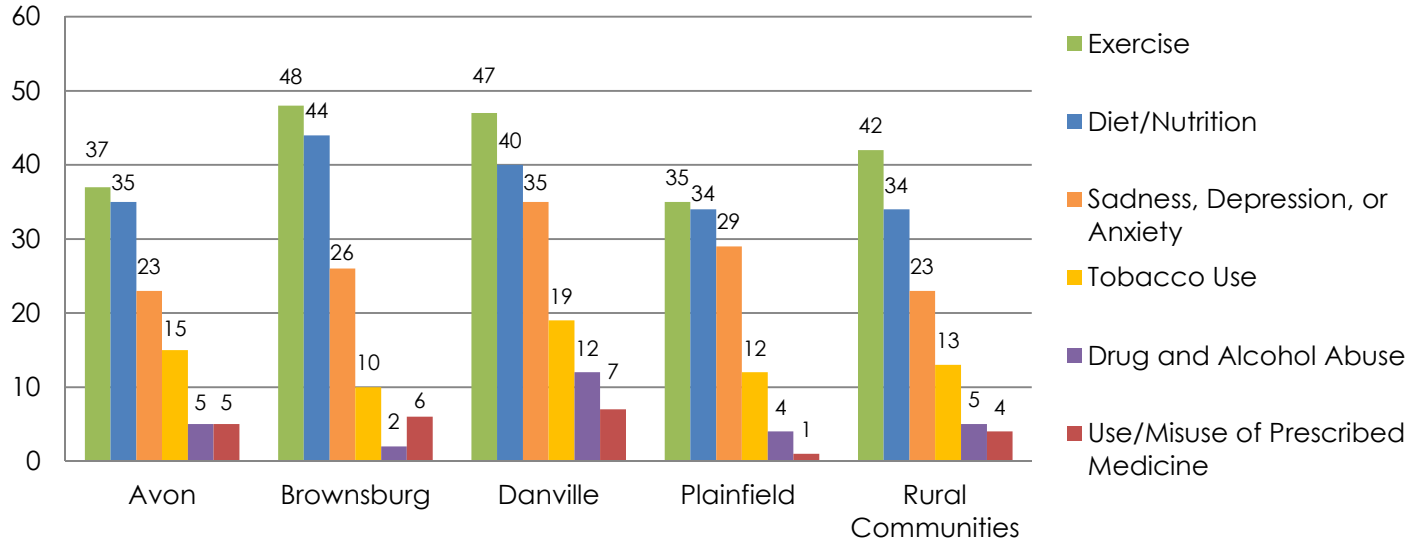
"Documented Indiana food code violations" include both critical and non-critical violations observed and documented in inspection reports during inspections conducted by Hendricks County Health Department staff.
"Food safety complaints" refers to both food general and foodborne illness complaints received by the Hendricks County Health Department.
"Follow-up and complaint inspections" refers to those conducted by Hendricks County Health Department staff either after a violation has been documented during a previous inspection or as a result of receiving a food general or foodborne illness complaint.

HEALTH BEHAVIORS

Certain behaviors have positive or negative effects on health. Some behaviors, such as being physically active and eating a diet high in fruits and vegetables, can have a positive impact on health by reducing the risk of developing chronic diseases and helping prevent injury. Other behaviors, such as physical inactivity, poor diet, tobacco use and substance abuse, can negatively impact health by contributing to the development of chronic diseases, injury, disability, or death.

Below is information about health behaviors, including physical activity, nutrition, tobacco use, and substance use and abuse, among residents in Hendricks County and Indiana. Graph 6.1 below shows the percentage of Hendricks County residents who have had their doctors talk to them about health issues based on responses to the CHA Survey. **Physical activity (exercise) was the most discussed health issue in Hendricks County (43% overall), followed by diet and nutrition (38% overall).**[15]

GRAPH 6.1: TOP ISSUES DISCUSSED WITH HENDRICKS COUNTY RESIDENTS BY THEIR DOCTORS BY PERCENT AND LOCATION IN THE COUNTY, 2015

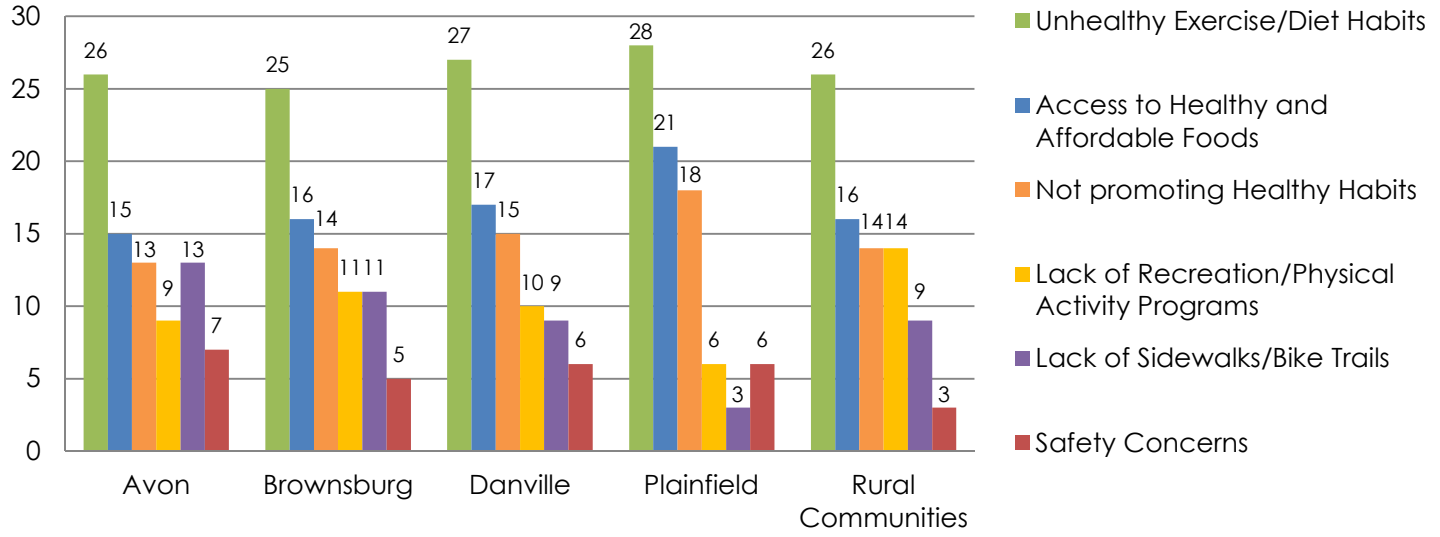


PHYSICAL ACTIVITIY AND NUTRITION

Being physically active and eating a healthy diet full of fruits and vegetables has many benefits on health. According to the CDC, these behaviors help prevent chronic diseases such as Type 2 diabetes and heart disease, and they also help individuals maintain a healthy weight and prevent excess weight gain that can lead to obesity. Obesity is associated with the leading causes of death in the United States, including diabetes, heart diseases, stroke, and cancer.[122] **Additionally, obesity was identified as the number one health concern among Hendricks County residents based on responses to the CHA Survey.**[15]

Graphs 6.2 and 6.3 below show perceived behaviors that prevent Hendricks County residents as a whole and individually from maintaining a healthy weight based on responses to the CHA Survey. Hendricks County residents identified **unhealthy exercise and diet habits as the top behaviors that lead to obesity as a problem in the county (26% overall). Poor eating habits were identified by Hendricks County residents as the top behavior preventing them from maintaining a healthy weight (61% overall).**[15] Table 6.1 highlights the county's adult overweight and obesity statistics.

GRAPH 6.2: WHY HENDRICKS COUNTY RESIDENTS BELIEVE OBESITY IS AN ISSUE BY PERCENT AND LOCATION IN COUNTY, 2015



GRAPH 6.3: WHAT KEEPS HENDRICKS COUNTY RESIDENTS FROM THEIR HEALTHY WEIGHT BY PERCENT AND LOCATION IN COUNTY, 2015

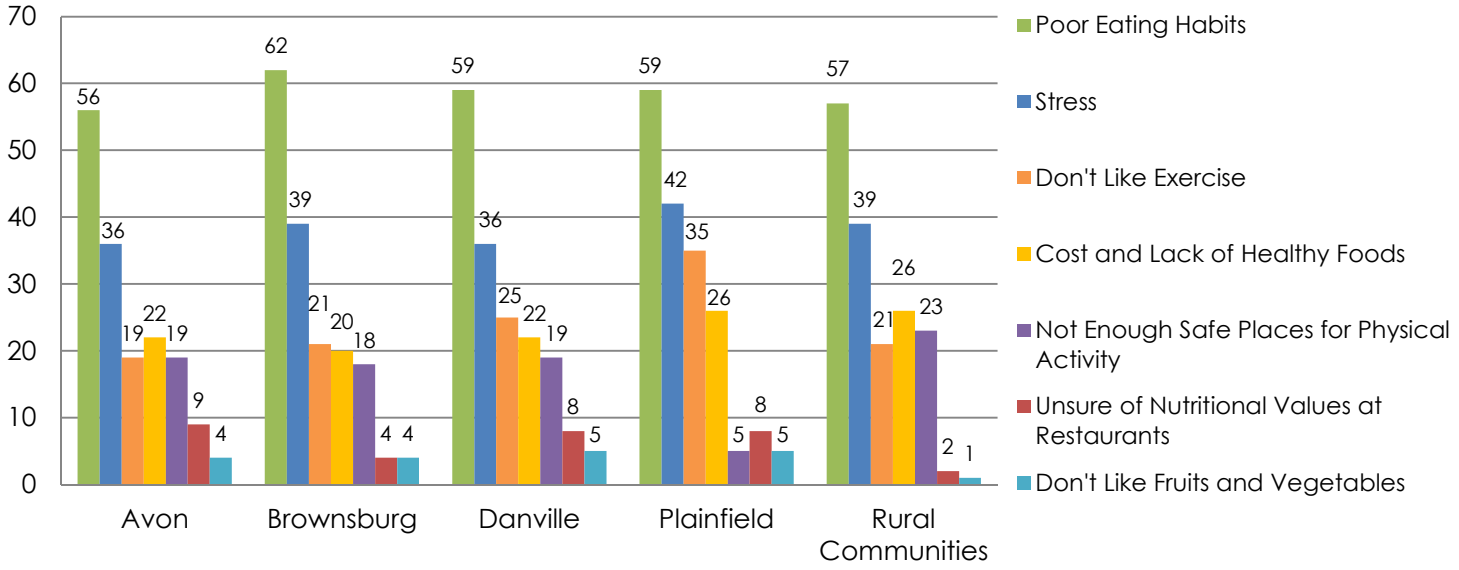


TABLE 6.1: PHYSICAL ACTIVITY AND NUTRITION OUTCOMES	HENDRICKS COUNTY	INDIANA
ADULT OBESITY RATE[123]	32%	31%
ADULT OVERWEIGHT RATE[124]	40.2%	34.4%
Obesity rate based on the percentage of the adult population age 20 and older with a body mass index (BMI) great than or equal to 30. Overweight rate based on the percentage of adults age 18 and older who self-report a BMI between 25 and 30.		

Graph 6.4 below shows the places Hendricks County residents go most often for physical activity based on responses to the CHA Survey. **Parks, rivers, lakes, and woods are the most commonly used places (72% overall), followed by the home, apartment complex, or neighborhood (46% overall).**[15] Table 6.2 highlights the physical activity behaviors of Hendricks County residents and the physical activity environment in the county.

GRAPH 6.4: PLACES HENDRICKS COUNTY RESIDENTS GO MOST OFTEN FOR RECREATION AND PHYSICAL ACTIVITY BY PERCENT AND LOCATION IN COUNTY, 2015

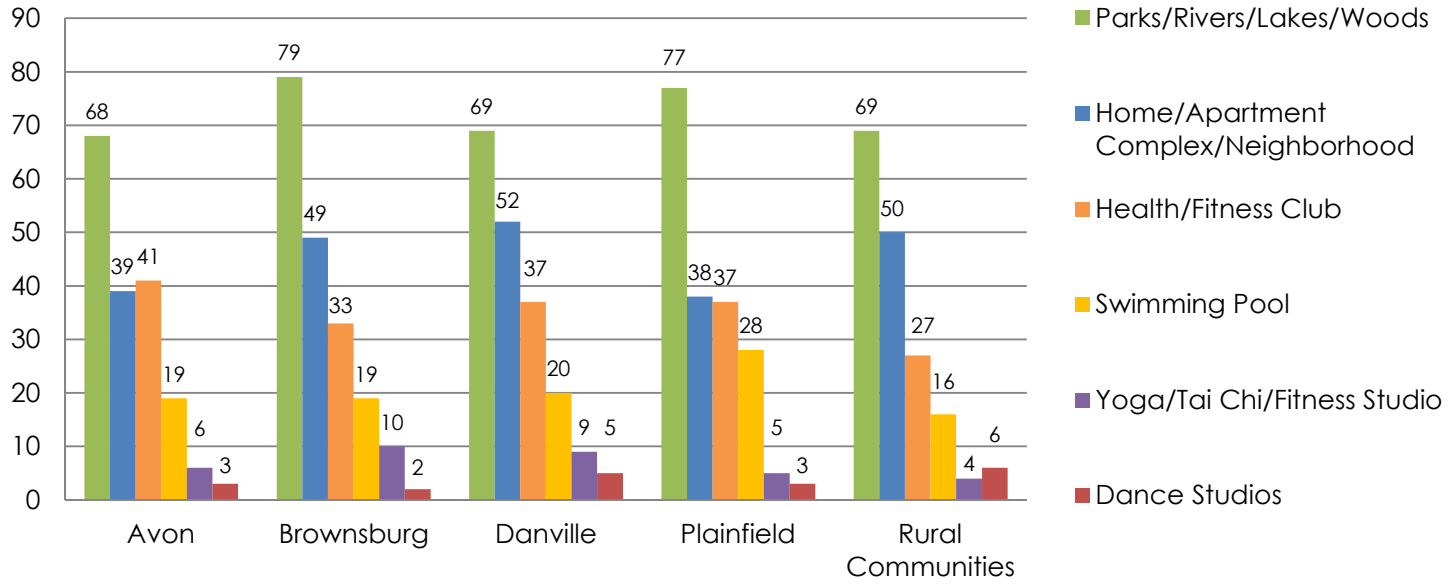


TABLE 6.2: PHYSICAL ACTIVITY BEHAVIORS AND ENVIRONMENT	HENDRICKS COUNTY	INDIANA
ADULT PHYSICAL INACTIVITY RATE[125]	28%	27%
ACCESS TO EXERCISE OPPORTUNITIES[126]	77%	75%
RECREATION AND FITNESS FACILITY ACCESS RATE[127]	11.0	9.1

"Adult physical inactivity rate" is the percentage of adults aged 20 and over reporting no leisure-time physical activity.
"Access to exercise opportunities" is the percentage of the population with adequate access to locations for physical activity.
"Recreation and fitness facility access rate" is the number of recreation and fitness facilities per 100,000 population.

Figure 6.1 below shows the ratio of restaurants to grocery stores in Hendricks County, while Graph 6.5 below shows the places Hendricks County residents go most often for food based on responses to the CHA Survey. **Grocery stores are the places most commonly used by Hendricks County residents to get food (98% overall), followed by fast food and restaurants (44% overall).**[15] Table 6.3 highlights the nutrition behaviors of Hendricks County residents and the nutrition environment in the county.

FIGURE 6.1: FOOD ENVIRONMENT BY THE NUMBERS

There are about 12 fast food restaurants (0.76 per 1,000 population) for every one grocery store (0.06 per 1,000 population) in Hendricks County.[128,129]

*1 figure = 1 establishment

GRAPH 6.5: PLACES HENDRICKS COUNTY RESIDENTS GO MOST OFTEN FOR FOOD BY PERCENT AND LOCATION IN COUNTY, 2015

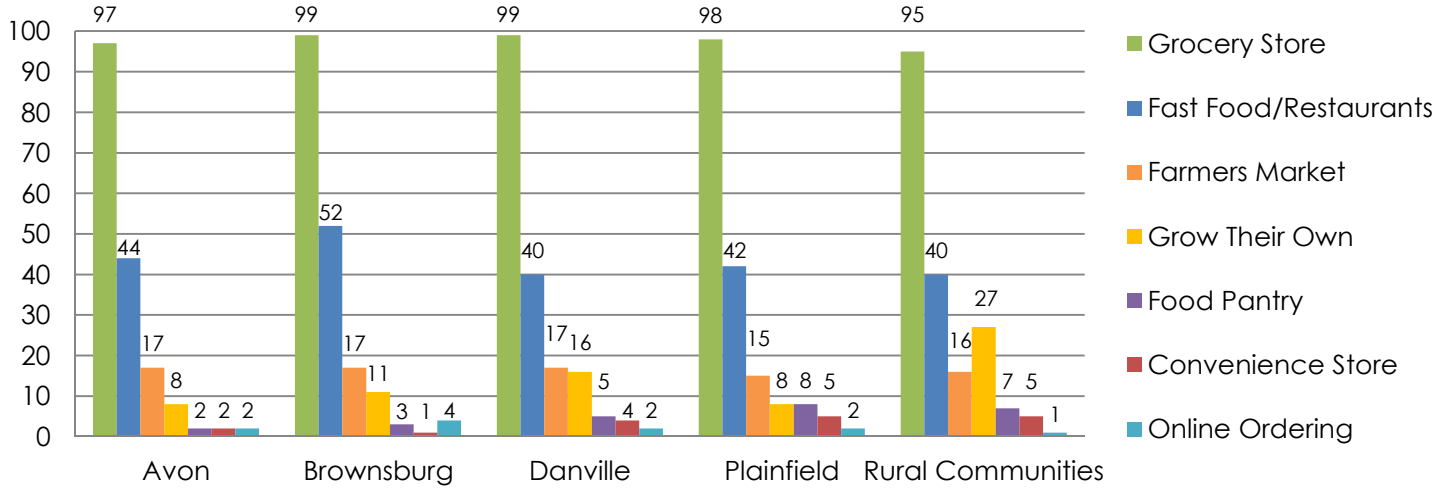


TABLE 6.3: NUTRITION BEHAVIORS AND ENVIRONMENT	HENDRICKS COUNTY	INDIANA
INADEQUATE FRUIT AND VEGETABLE CONSUMPTION[130]	75.9%	78.2%
PERCENTAGE OF POPULATION WITH:[131]		
NO FOOD OUTLET	2.44%	1.91%
NO HEALTHY FOOD OUTLET	13.84%	25.2%
LOW HEALTHY FOOD ACCESS	21.42%	22.55%
MODERATE HEALTHY FOOD ACCESS	58.33%	42.06%
HIGH HEALTHY FOOD ACCESS	3.97%	8.27%
FOOD INSECUTIRY RATE[132]	10.6%	15.4%

FOOD ENVIRONMENT INDEX[133]	8.3	7.2
"Inadequate fruit and vegetable consumption" is the percentage of adults over age 18 who consume less than 5 servings of fruits and vegetables each day. "Percentage of population with…" is the percentage of population living in census tracts with no or low access to healthy retail food stores. "Food insecurity rate" is the percentage of population with limited or uncertain access to or availability to acquire food. "Food environment index" is rated between 0 (worst) and 10 (best), weighed by limited access to healthy foods and food insecurity rates.		

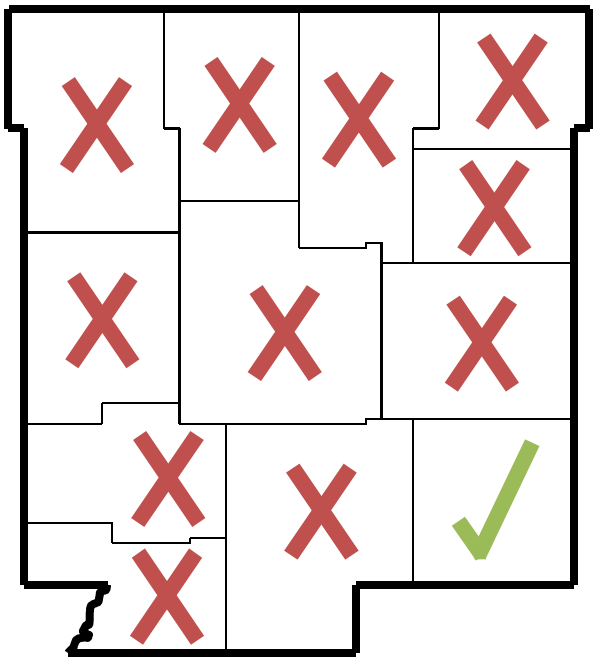
TOBACCO USE

Tobacco use is the leading preventable cause of death in the United States, contributing to an increase in the development of cancers and cardiovascular and respiratory diseases. In addition to being a deadly behavior, tobacco use can lead to long-term health problems. In fact, according to the CDC, "**for every smoking-related death, at least 30 Americans live with a smoking-related illness.**"[134] Lastly, tobacco use affects those exposed to secondhand smoke. Exposure to secondhand smoke can cause cardiovascular disease, lung cancer, sudden infant death syndrome (SIDS), ear infections in children, and respiratory infections.[135]

Figure 6.2 shows a map of Hendricks County and highlights communities with comprehensive smoke-free air ordinances that prohibit smoking in workplaces, restaurants, and bars. **The only municipality in Hendricks County with a comprehensive smoke-free air ordinance is Plainfield.**[136] Indiana does have a smoke-free air law that protects some residents from secondhand smoke exposure, but the law contains several exemptions. The purpose of enacting comprehensive smoke-free air laws is to help prevent exposure to secondhand smoke.[137]

FIGURE 6.2: TOBACCO USE ENVIRONMENT BY THE NUMBERS

Plainfield is the only municipality in Hendricks County with a comprehensive smoke-free air ordinance that protects all residents from secondhand smoke.[136]



Graph 6.6 below shows the types of tobacco products used by Hendricks County residents based on responses to the CHA survey. **Cigarettes and cigars are the most used tobacco product in Hendricks County (18% overall), followed by e-cigarettes and vaping devices (6% overall).**[15] Table 6.4 outlines the tobacco use behaviors in both Hendricks County and Indiana.

TYPES OF TOBACCO USED BY HENDRICKS COUNTY RESIDENTS BY PERCENT AND LOCATION IN COUNTY, 2015

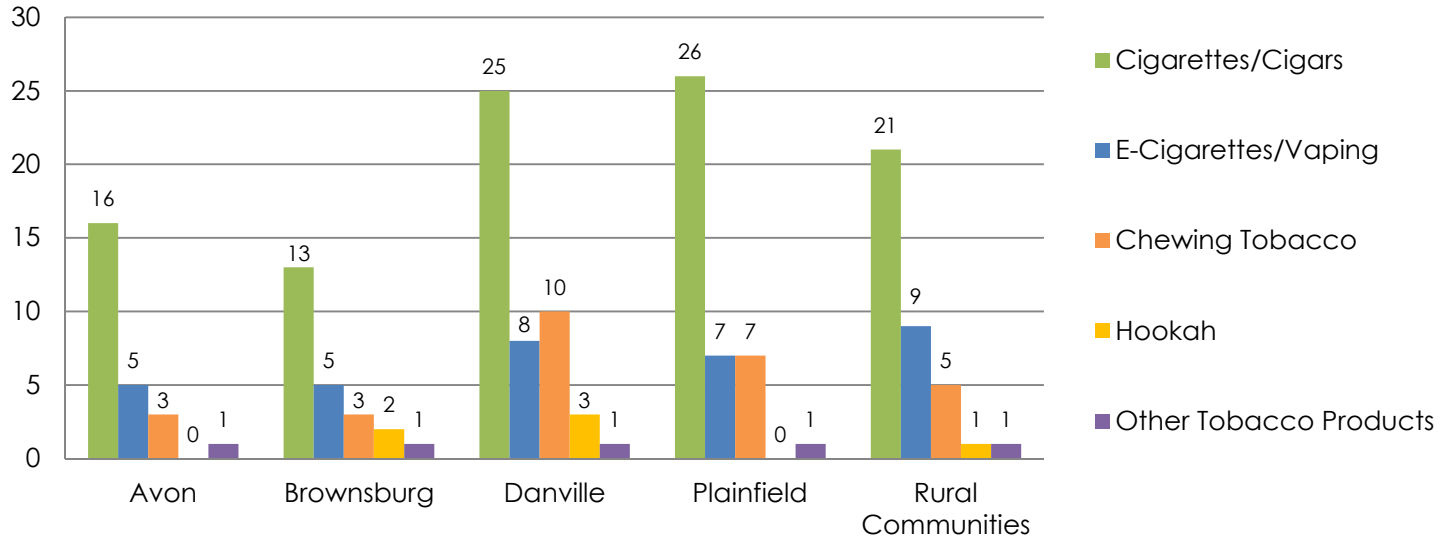


TABLE 6.4: TOBACCO USE BEHAVIORS	HENDRICKS COUNTY	INDIANA
ADULT SMOKING RATE[138]	18%	23%
SMOKING DURING PREGNANCY RATE[139]	8.4%	15.7%
QUIT ATTEMPT RATE[140]	56.01%	57.8%

"Adult smoking rate" is the percentage of adults who are current smokers.
"Smoking during pregnancy rate" is the percentage of births that were to mothers who smoked and/or used tobacco during pregnancy.
"Quit attempt rate" is the percentage of adult smokers who attempted to quit smoking for at least 1 day in the past year.

SUBSTANCE USE AND ABUSE

Respondents to the CHA Survey identified **substance abuse as the number two overall health concern among Hendricks County residents, tying with mental health.**[15] According to the National Institute on Drug Abuse, while tobacco use, alcohol use among underage person, and driving under the influence has decreased nationwide, overall **illegal drug use has increased**, especially marijuana and methamphetamines.[141] **Heroin use and heroin-related overdose deaths are also increasing nationwide to epidemic proportions.**[142]

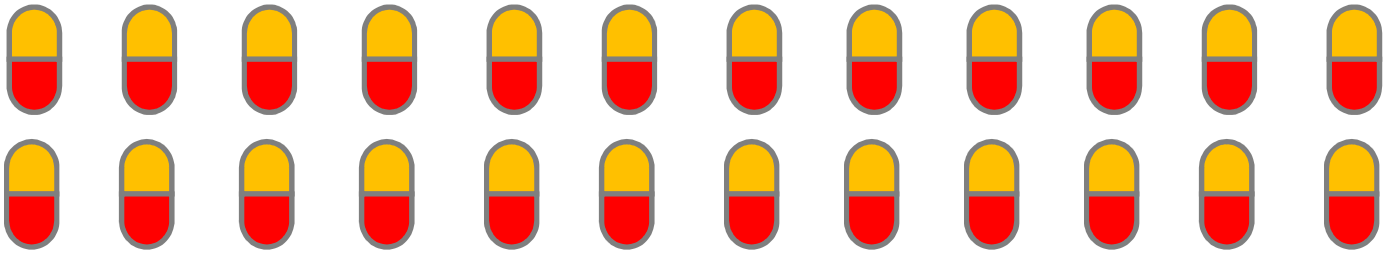
Figure 6.3 below shows the current substance use and availability environment in Hendricks County. Table 6.5 shows the substance use and abuse behaviors among adults in Hendricks County.

FIGURE 6.3: SUBSTANCE USE ENVIRONMENT BY THE NUMBERS

There are 9.1 liquor stores per 100,000 population in Hendricks County.[143] That equates to about 13 liquor stores in Hendricks County based on 2014 population data.[17]

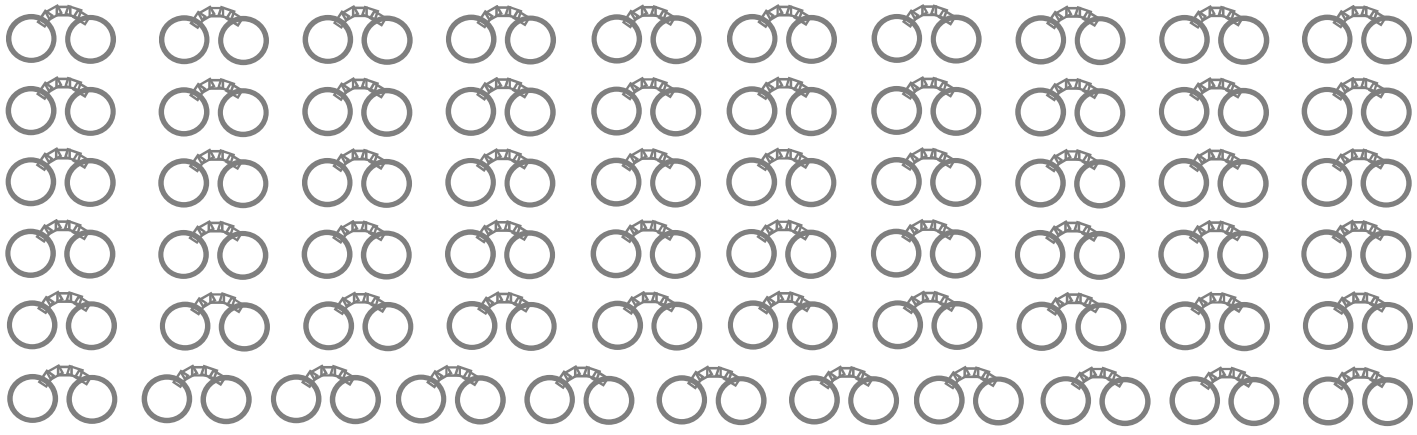
*1 bottle = 1 liquor store

Additionally, 1.6 controlled substances are dispensed by licensed pharmacists or doctors per person in the county.[144] This equates to nearly 240,000 dispensed controlled substances in Hendricks County based on 2014 population data.[17]



*1 figure = 10,000 controlled substances

Lastly, in 2013, the Hendricks County Prosecutor's Office reported 612 drug-related offenses.[145]



*1 figure = 10 arrests

SUBSTANCE USE AND ABUSE BEHAVIORS AND OUTCOMES	HENDRICKS COUNTY	INDIANA
ALCOHOL ABUSE		
ADULTS WHO DRINK EXCESSIVELY[146]	15%	16%
EMERGENCY ROOM VISIT RATE[147]	16.2	---
HOSPITALIZATION RATE[148]	6.0	---
DEATH RATE DUE TO DRUG POISONING[149]	10	14

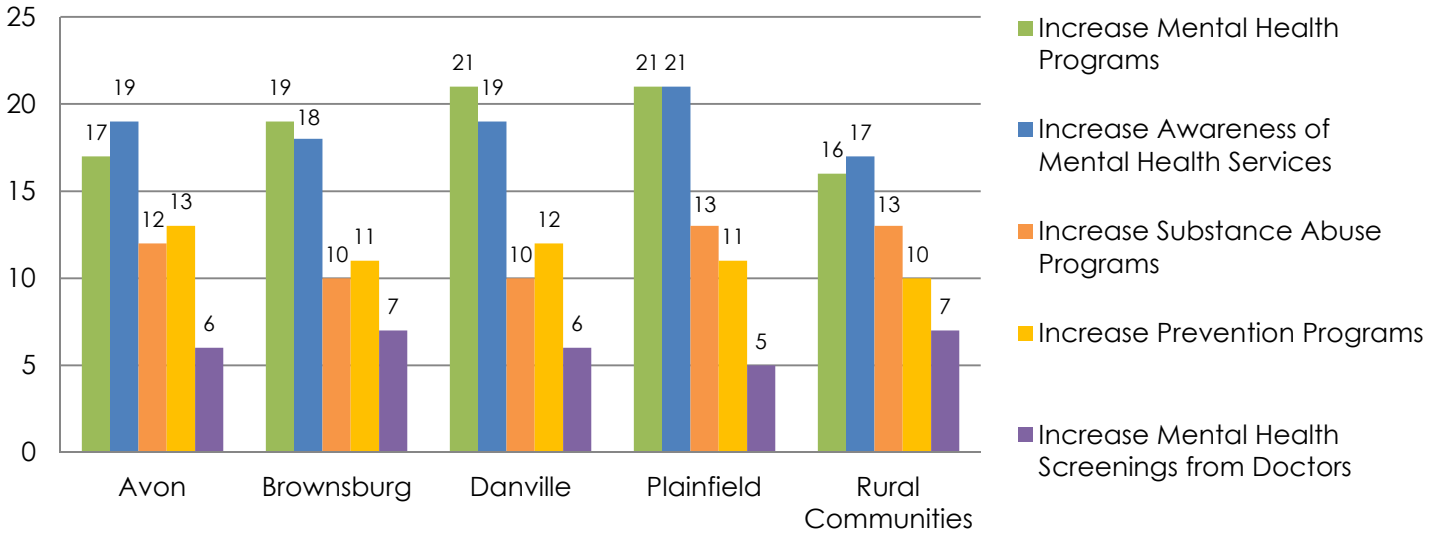
"Adults who drink excessively" is the percentage of adults that report either binge (consuming 4 drinks for women, 5 for men, alcoholic beverages on a single occasion in the past 30 days) or heavy (consuming 1 drink for women, 2 for men, alcoholic beverages per day on average) drinking.
Emergency room visit and hospitalization rates based on annual age-adjusted numbers for alcohol abuse per 10,000 population.
Death rate based on the number of deaths due to drug poisoning per 100,000 population.

MENTAL HEALTH

Based on responses to the CHA Survey, **mental health ranked as the number two overall health concern among Hendricks County residents, tying with substance abuse.**[15] Mental health can be as complex as physical health, and just like physical health, there are differences between being mentally healthy and having a mental illness. When an individual is in a state of optimal mental health, they are able to be productive members of society and show an association to improved health outcomes. However, when an individual suffers from mental illness or is no longer mentally healthy, it can lead to disability, risky health behaviors such as physical inactivity and substance abuse, and/or death.[150]

Graph 7.1 below shows suggestions from Hendricks County residents to improve mental health care in Hendricks County based on responses to the CHA survey.[15]

GRAPH 7.1: WAYS TO IMPROVE MENTAL HEALTH BY PERCENT AND LOCATION IN COUNTY, 2015



Below is information about accessing and receiving mental health care in Hendricks County. **About 28% of Hendricks County residents indicated that their doctor has talked to them about mental health**, specifically sadness, depression, and/or anxiety, based on responses to the CHA Survey. Additionally, **about 4% of residents visited the emergency room and 7% missed work or school in the last year due to depression, anxiety, and/or substance abuse.** Graph 7.2 below highlights the top challenges Hendricks County residents face when receiving mental health in Hendricks County.[15]

GRAPH 7.2: TOP CHALLENGES FOR RECEIVING MENTAL HEALTH CARE BY HENDRICKS COUNTY RESIDENTS BY PERCENT AND LOCATION IN COUNTY, 2015

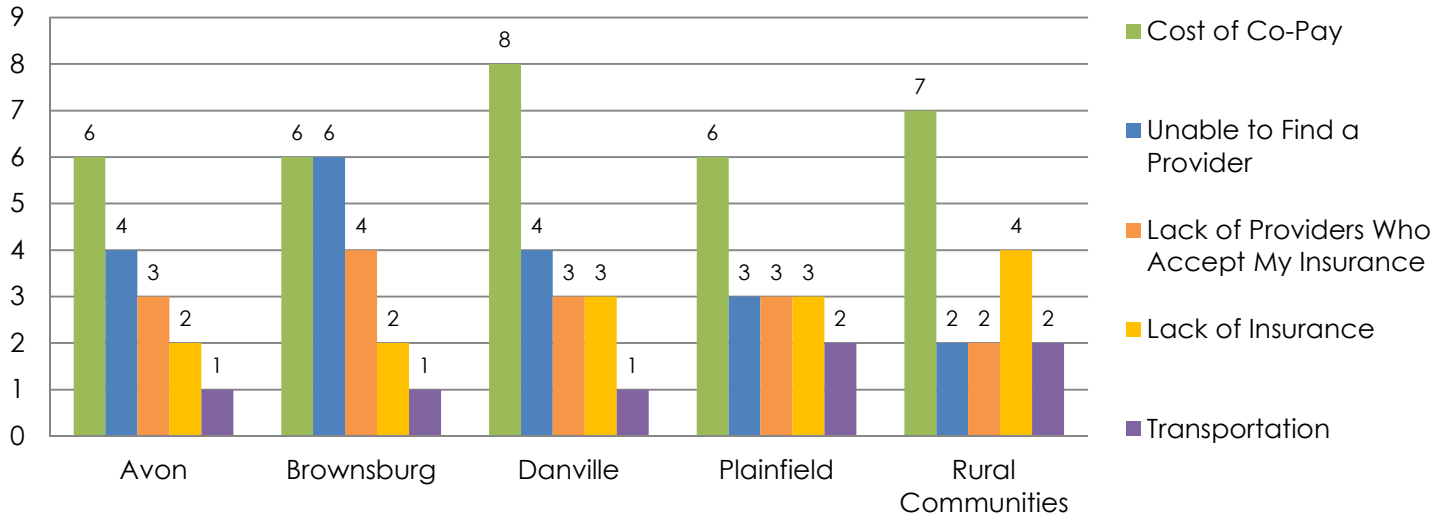
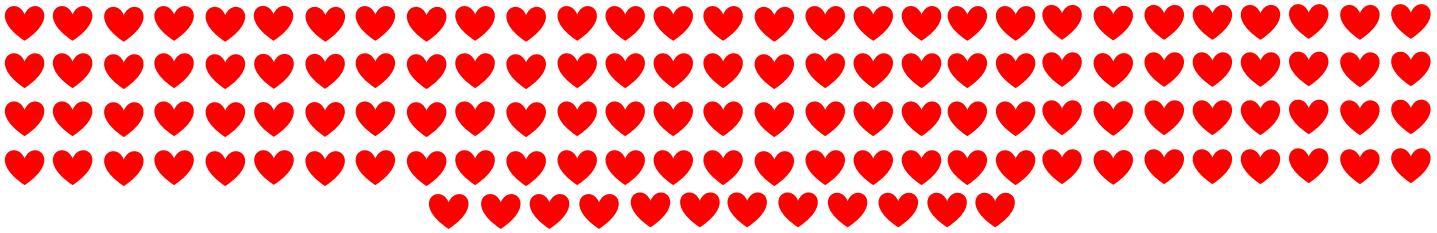


Figure 7.1 below highlights the social environment in Hendricks County based on the proportion of social associations in the county. Social associations help prevent social isolation by increasing contact with other people, which can reduce morbidity and early mortality.[151] Table 7.1 below shows mental health outcomes and behaviors in both Hendricks County and Indiana.

FIGURE 7.1: SOCIAL ENVIRONMENT BY THE NUMBERS

Hendricks County has 8.6 social associations, such as membership organizations, fitness centers, golf clubs, and religious organizations, per 10,000 population.[151] This equates to about 128 social associations in the county based on 2013 population.[17]



*1 figure = 1 social association

TABLE 7.1: MENTAL HEALTH OUTCOMES AND BEHAVIORS	HENDRICKS COUNTY	INDIANA
POOR MENTAL HEALTH DAYS[152]	2.7	3.7
SUICIDE RATE[153]	9.8	13.6
LACK OF SOCIAL OR EMOTIONAL SUPPORT[154]	13.4%	20.2%
MENTAL HEALTH CARE PROVIDER RATIO[155]	1,212:1	750:1

"Poor mental health days" refers to the age-adjusted average number of mental unhealthy days reported in the past 30 days.
"Suicide rate" refers to the age-adjusted death rate due to intentional self-harm per 100,000 population.
"Lack of social or emotional support" refers to the percentage of adults aged 18 and older who self-report they receive insufficient social and emotional support all or most of the time.
"Mental health care provider ratio" refers to the ratio of population to mental health providers.

PERSONAL AND PUBLIC SAFETY

According to the CDC, **injuries**, whether unintentional such as motor vehicle crashes or intentional such as homicide, **are the leading cause of death among persons ages one to 44.** When injuries are not fatal, they can cause both temporary and permanent disability, mental and physical health problems, and financial problems. In 2013 alone, injuries caused over 27 million people to be treated and 3 million to be hospitalized in the United States.[156]

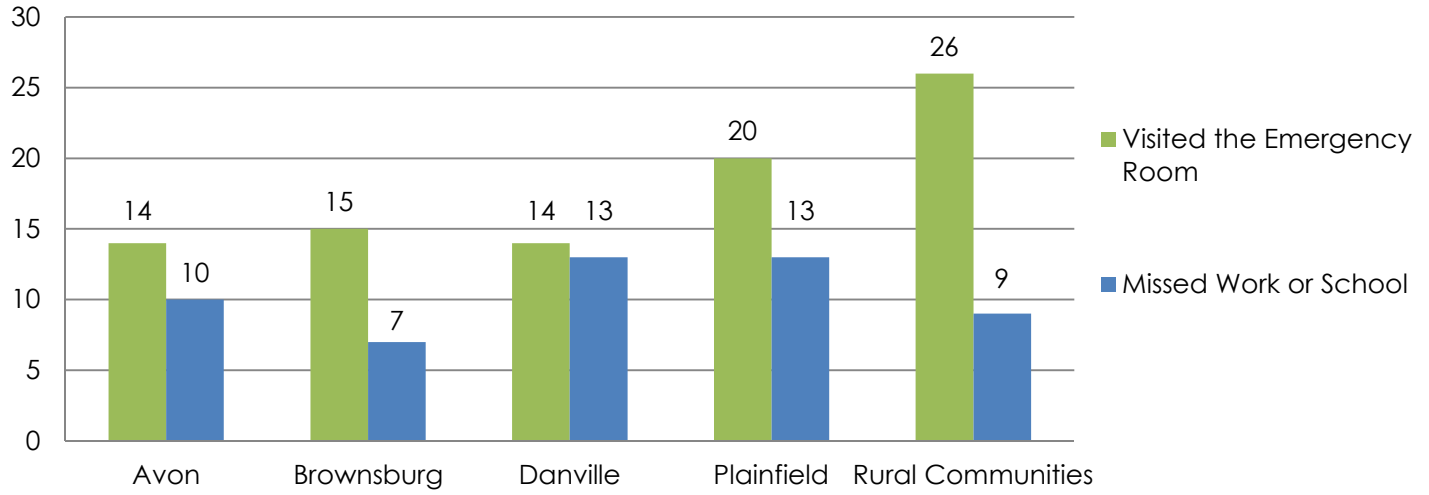
Below is information about personal and public safety behaviors and outcomes among residents in Hendricks County and Indiana. Table 8.1 below shows the personal and public safety outcomes and behaviors in both Hendricks County and Indiana.

TABLE 8.1: PERSONAL AND PUBLIC SAFETY OUTCOMES AND BEHAVIORS	HENDRICKS COUNTY	INDIANA
VIOLENT CRIME RATE[157]	188.8	359.1
HOMICIDE DEATH RATE[158]	1.6	5.3
MOTOR VEHICLES		
OVREALL DEATH RATE[159]	8.6	11.3
PERCENT DUE TO ALCOHOL-IMPAIRED DRIVING[160]	25%	26%
PEDESTRIAN DEATH RATE[161]	1.6	1.2
UNINTENTIONAL INJURY DEATH RATE[162]	24.3	40.6

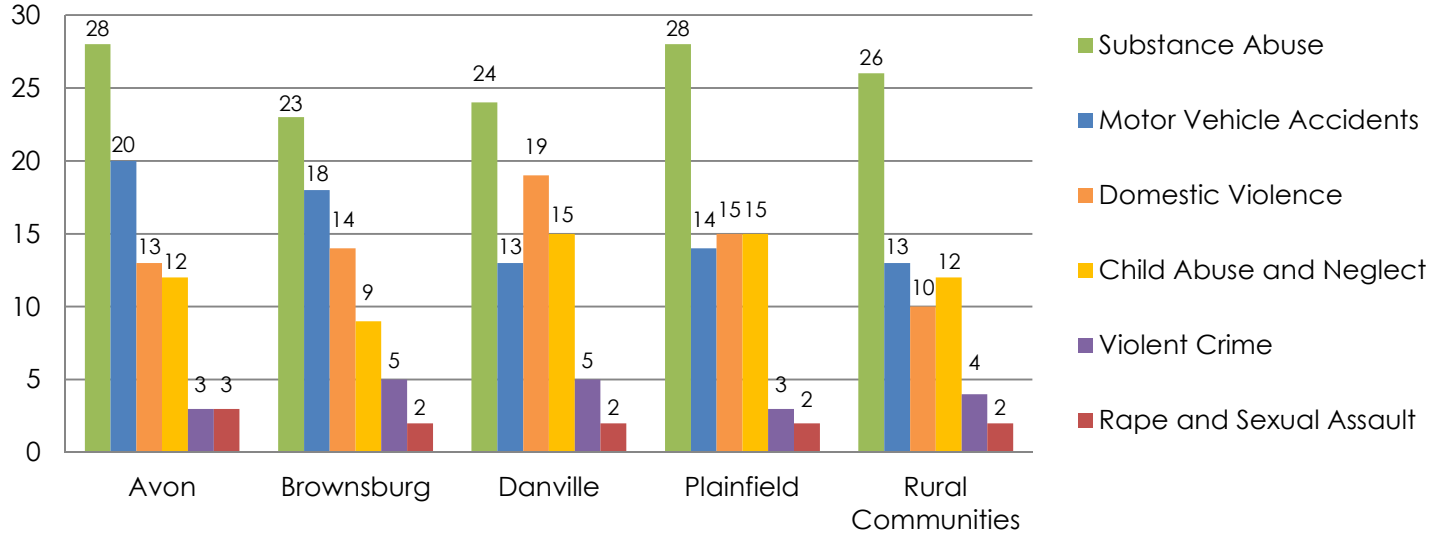
"Violent crime rate" refers to the rate of violent crime offenses report by law enforcement per 100,000 population. Violent crimes include homicides, rapes, robberies, and aggravated assaults.
"Homicide death rate" is the crude number of deaths per 100,000 population. All other death rates are age-adjusted number of deaths per 100,000 population.

Graph 8.1 below shows the percentage of Hendricks County residents who missed work or school due to injuries based on responses to the CHA survey. **Rural communities had the highest percentage of residents visiting the emergency room for injuries (26%), while Danville and Plainfield had the highest percentage of residents missing work or school.** Graph 8.2 shows the top public safety concerns reported by Hendricks County residents by their place of residence in the CHA Survey. **Substance abuse was sighted as the number one public safety concern among all Hendricks County residents (24% overall), followed by motor vehicle accidents (16% overall) and domestic violence (15% overall).**[15]

GRAPH 8.1: PERCENTAGE OF HENDRICKS COUNTY RESIDENTS WHO VISITED THE EMERGENCY ROOM OR MISSED WORK OR SCHOOL DUE TO INJURIES, 2015

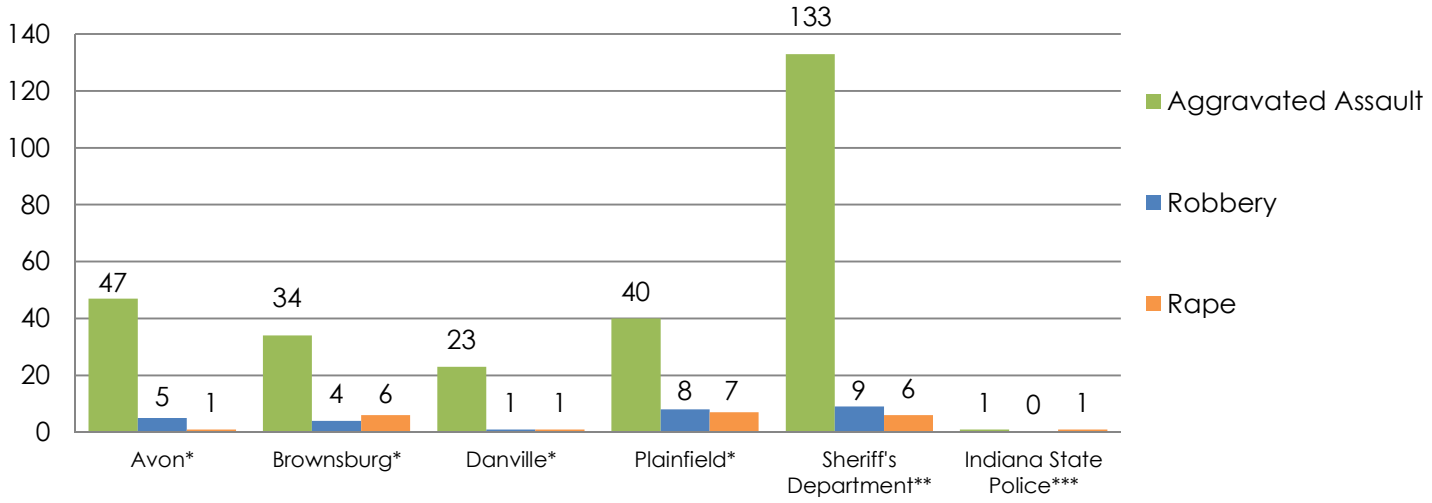


GRAPH 8.2: TOP PUBLIC SAFETY CONCERNS REPORTED BY HENDRICKS COUNTY RESIDENTS BY PERCENT AND LOCATION IN COUNTY, 2015



Graph 8.3 shows the number of violent crime offenses known to law enforcement in Hendricks County as reported to the Federal Bureau of Investigation's Uniform Crime Reporting Program (FBI UCR) in Hendricks County. The FBI UCR defines violent crime offenses as those "that involve force or threat of force" and includes murder and non-negligent manslaughter, aggravated assault, robbery and rape.[156] Murder and non-negligent manslaughter are not included in the graph since zero offenses were reported by FBI UCR. **The most common violent crime offense reported in Hendricks County is aggravated assault.**

GRAPH 8.3: VIOLENT CRIME OFFENSES KNOWN TO LAW ENFORCEMENT BY LOCATION OR AGENCY, 2014

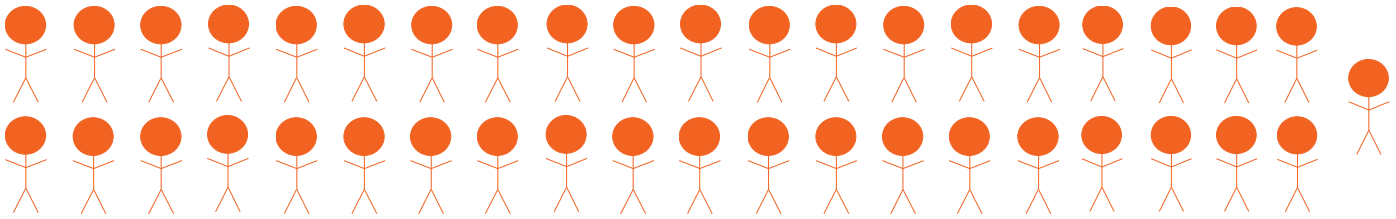


*Offenses collected by the FBI UCR by city[163]
**Offenses collected by the FBI UCR by sheriff's office or county police department[164]
***Offenses collected by the FBI UCR by state, tribal, and other agencies[165]

Figure 8.1 below shows the personal safety environment as it relates to the number of domestic violence victims who received help during the given timeframe.

FIGURE 8.1: PERSONAL SAFETY ENVIRONMENT BY THE NUMBERS

Between July 1, 2013, and June 30, 2014, Hendricks County agencies helped 410 domestic violence victims with shelter or other needed services.[166]



*1 figure = 10 people

COMMUNITY HEALTH STATUS BY SPECIFIC POPULATION

INFANTS

Infant health, specifically infant mortality rate, is often used as the indicator of the overall health status of an entire population. The health habits of mothers during pregnancy, such as early prenatal care and substance use, and family health habits after birth, such as smoking indoors and an infant's sleep environment, greatly impact infant health and the likelihood they will survive the first year of life. According to the CDC, **the top five leading causes of infant mortality (birth defects, preterm birth, sudden infant death syndrome, maternal complications during pregnancy, and injuries) combined account for over half (57%) of all infant deaths in the United States.**[167] Most of these causes can be impacted, both positively and negatively, by the health behaviors of mothers and families.

Below is information about maternal and infant health environment, outcomes, and behaviors among residents in Hendricks County and Indiana. **For the purposes of this section, "infants" are defined as individuals who are less than one year old.** Graph 9.1 below shows the length of time mothers in Hendricks County who gave birth between January 1, 2010, and December 31, 2014, breastfed their infants based on responses to the CHA survey.[15] **About one in ten (10.7%) survey respondents indicated they never breastfed, while about one in six (15.2%) breastfed for a year or older. The highest percentage of mothers breastfed for 0-3 months (36.5%).**[15] Table 9.1 shows the maternal and infant health outcomes and behaviors for both Hendricks County and Indiana.

GRAPH 9.1: LENGTH OF TIME HENDRICKS COUNTY MOTHERS BREASTFEED BY PERCENT, 2010-2014

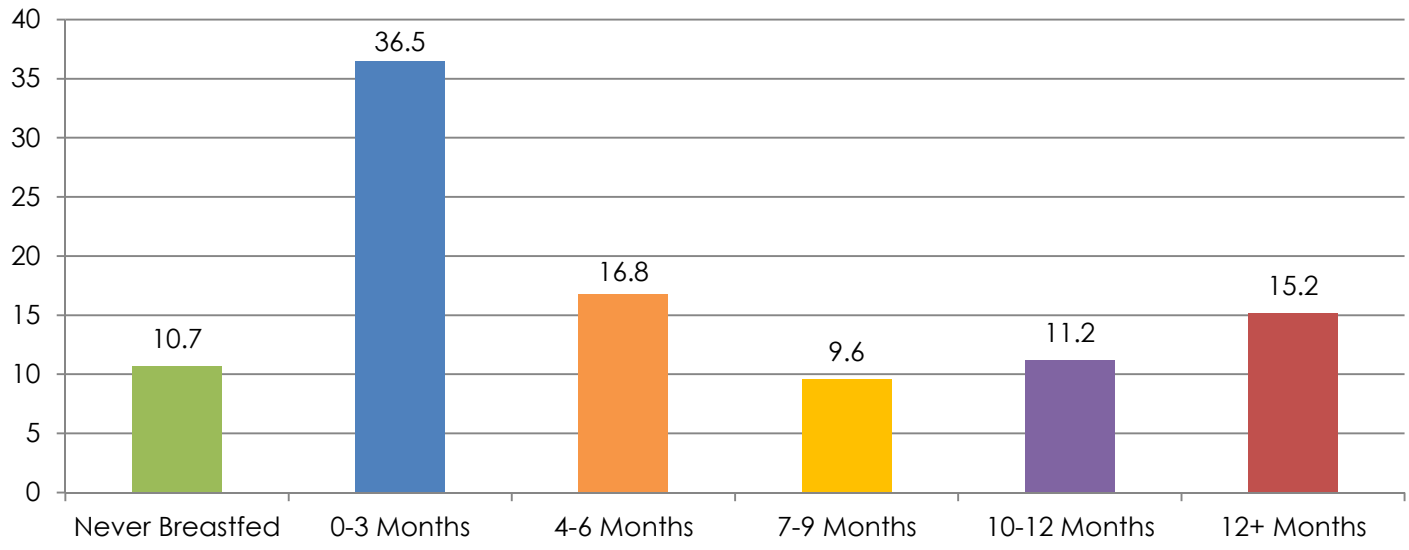


TABLE 9.1: MATERNAL AND INFANT HEALTH ENVIRONMENT, OUTCOMES AND BEHAVIORS*	HENDRICKS COUNTY	INDIANA
TOTAL LIVE BIRTHS **PERCENT LOW BIRTH WEIGHT** **PERCENT VERY LOW BIRTH WEIGHT** **PERCENT PRETERM BIRTH**	1,723 5.6% 1.2% 8.6%	83,115 7.9% 1.4% 9.6%
MOTHERS RECEIVING EARLY PRENATAL CARE	78.6%	67.4%
MOTHERS ON MEDICAID	22.5%	44.1%
MOTHERS SMOKING DURING PREGNANCY	8.4%	15.7%
MOTHERS UNMARRIED AT TIME OF BIRTH	23.3%	43.3%
MOTHERS INITIATING BREASTFEEDING	83.6%	77.3%
WIC INFANT PARTICIPANTS[169] **PERCENT OF TOTAL PARTICIPANTS**	897 35.4%	82,555 31.1%
INFANT MORTALITY RATE[170]	5.1	7.7

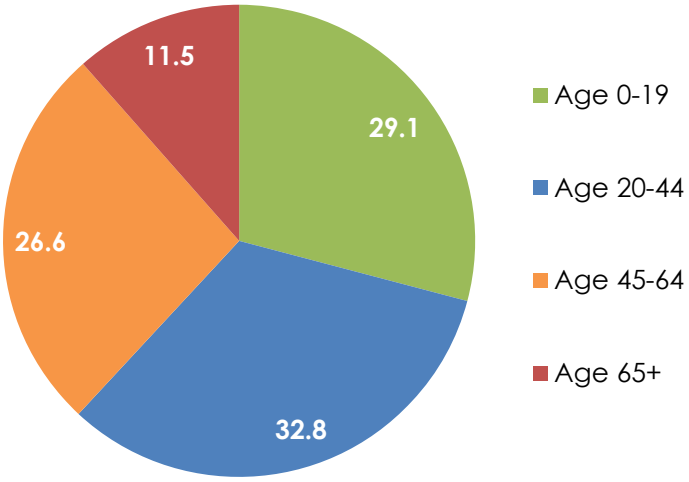
*Unless otherwise indicated, data obtained from the 2013 Indiana Natality Report.[168]
Low birth weight is less than 2,500 grams; very low birth weight is less than 1,500 grams.
Preterm births are those that occur before 37 weeks gestation.
Mortality rate based on the number of deaths among children less than one year of age per 1,000 live births.

YOUTH AND ADOLESCENTS

The same poor health habits exhibited by adults, such as physical inactivity, can cause the same health issues, such as obesity, in children and adolescents, causing morbidity and early mortality.[171] Therefore, healthy behaviors during childhood and adolescence are important because they lay the groundwork for healthy behaviors and outcomes during adulthood. For example, **poor nutrition during childhood can make it difficult to learn in school and increases the likelihood they will get sick and miss school, whereas a healthy, varied diet can help prevent the future development of chronic conditions such as type 2 diabetes and obesity.**[172] As children age into adolescence and become more independent, healthy behaviors become the responsibility of an adolescent instead of the parent. Since good decision-making skills are not fully developed in relation to their more independent lifestyle, **adolescents may be more likely to take risks that can lead to self-harm, injury, or death if behaviors are not established early.**[173]

Below is information about child and adolescent demographics in Hendricks County and the health environment, outcomes, and behaviors that impact this population. **For the purposes of this section, "youth and adolescents" are defined as those individuals between the ages of 1 and 19 years of age.** Graphs 10.1 and 10.2 below show the age breakdowns of Hendricks County's population, based on 2014 estimates, and the ages of youth in Hendricks County by percent of that population. **Children and adolescents make up nearly one-third (29.1%) of Hendricks County's total population, with the majority (37%) being between the ages of 15 and 19.**[2] Table 10.1 provides statistics on the health environment in which children and adolescents live in both Hendricks County and Indiana.

GRAPH 10.1: AGE OF HENDRICKS COUNTY RESIDENTS BY PERCENT OF TOTAL POPULATION, 2014 ESTIMATE



GRAPH 10.2: AGE OF HENDRICKS COUNTY YOUTH BY PERCENT OF POPULATION UNDER AGE 19, 2014 ESTIMATE

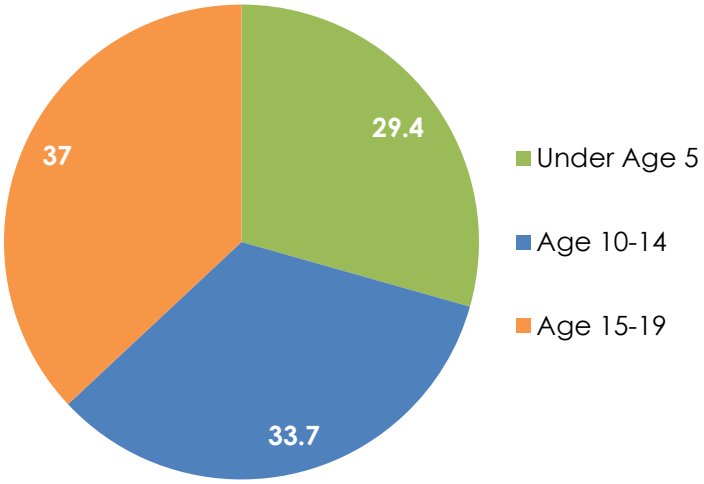


TABLE 10.1: CHLD AND ADOLESCENT HEALTH ENVIRONMENT	HENDRICKS COUNTY	INDIANA
CHILDREN IN POVERTY		
100% OF FEDERAL POVERTY LEVEL[174]	6.34%	21.84%
200% OF FEDERAL POVERTY LEVEL[175]	22.01%	45.12%
PERCENT OF CHILDREN WHO ARE FOOD INSECURE[176]	15.6%	21.8%
FAMILIES RECEIVING AID		
MONTHLY TANF RECIPIENTS[177]	63	10,680
MONTHLY SNAP (FOOD STAMPS) RECIPIENTS[178]	7,601	906,170
WIC CHILD PARTICIPANTS[169]	886	103.558
PERCENT OF TOTAL PARTICIPANTS	34.9%	39%
STUDENTS RECEIVING FREE AND REDUCED LUNCH[179]	7,671	511,677
PERCENT OF TOTAL STUDENT POPULATION	26.7%	49.1%
CHILDREN WITH LOW ACCESS TO A GROCERY STORE[180]	9.9%	---

"Children in poverty" based on the percentage of children under age 18 whose household incomes are below 100% or 200% of the Federal Poverty Level.
Food insecurity refers to the United States Department of Agriculture's (USDA) measure of lack of access to enough food for an active, healthy lifestyle and limited or uncertain availability of nutritionally-adequate food.
"TANF" is the acronym for the Temporary Assistance for Needy Families program.
"SNAP" is the acronym for the Supplement Nutrition Assistance Program, commonly referred to as "food stamps".
"WIC" is an acronym for the Women, Infants, and Children program.
"Students receiving free and reduced lunch" accounts for public school students only.
"Children with low access to a grocery store" refers to the percentage of children living more than one mile (urban) or 10 miles (rural) from a supermarket or grocery store.

Table 10.2 below shows child and adolescent health outcomes and behaviors for both Hendricks County and Indiana.

TABLE 10.2: CHLD AND ADOLESCENT HEALTH OUTCOMES AND BEHAVIORS	HENDRICKS COUNTY	INDIANA
CHILD MORTALITY RATE[181]	38.9	60.1
CHILREN ENROLLED IN HOOSIER HEALTHWISE[182]	5,441	591,670
UNINSURED CHIDREN[183] **AT OR BELOW 200% POVERTY**	6.7% 15.3%	8.3% 11.3%
LOW-INCOME PRESCHOOL OBESITY RATE[184]	12.3%	---
TEEN BIRTH RATE **AGES 15-17**[185] **AGES 15-19**[186]	 6.2 15.1	 13.6 30.3
PEDIATRIC ASTHMA **EMERGENCY ROOM VISIT RATE**[187] **HOSPITALIZATION RATE**[188]	 32.2 8.7	 --- ---
CHILD SAFETY **CHILD ABUSE AND NEGLECT RATE**[189] **CHILD ABUSE AND NEGLECT DEATHS**[190] **CHILDREN IN NEED OF SERVICES**[191]	 3.0 0 51	 16.2 49 14,763
YOUNG DRIVER ACCIDENTS[192] **FATAL** **PERCENT OF ACCIDENTS** **NON-FATAL** **PERCENT OF ACCIDENTS** **OTHER/NO INJURY STATUS** **PERCENT OF ACCIDENTS** **ALL ACCIDENT TYPES** **PERCENT OF ACCIDENTS**	 1 10.0% 90 10.9% 838 15.6% 929 15.0%	 54 6.9% 4,610 9.8% 35,753 13.9% 40,417 13.2%

"Child mortality rate" refers to the number of deaths among children under age 18 per 100,000 population.
"Teen birth rate" based on number of births per 1,000 female population within given age ranges.
Emergency room visit and hospitalization rate based on number of visits or hospitalizations per 10,000 population under age 18.

Table 10.3 shows additional child and adolescent health outcomes across Indiana as reported by high school students completing the 2011 Indiana Youth Risk Behavior Surveillance Survey (YRBSS).

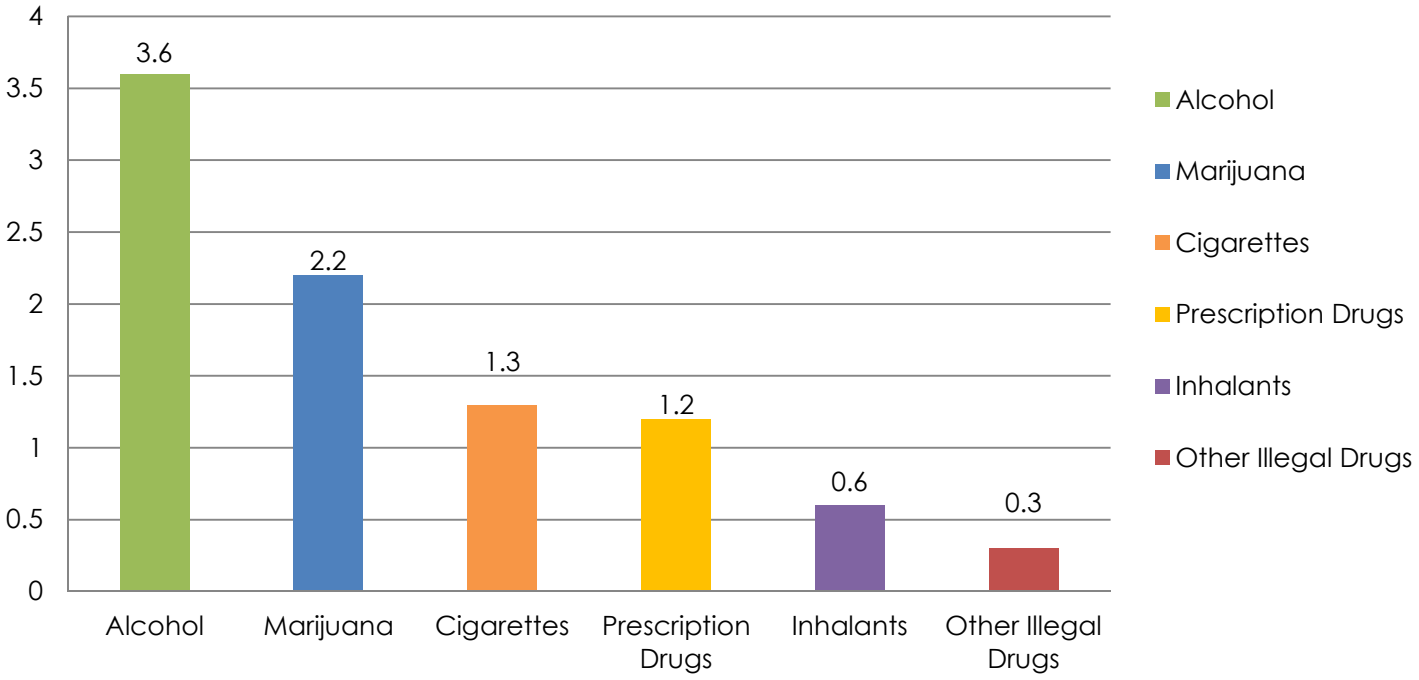
TABLE 10.3: STATE-LEVEL CHILD AND ADOLESCENT HEALTH OUTCOMES AND BEHAVIORS[193]	INDIANA
UNINTENTIONAL INJURIES	
NEVER/RARELY WORE BICYCLE HELMET	93.3%
NEVER/RARELY WORE SEAT BELT	8.6%
RODE WITH DRINKING DRIVER	21.7%
WEAPONS	
CARRIED WEAPON	17.0%
CARRIED GUN	4.6%
CARRIED WEAPON ON SCHOOL PROPERTY	3.7%
THREATENED/INJURED WITH WEAPON AT SCHOOL	6.8%
VIOLENCE	
PARTICIPATED IN A PHYSICAL FIGHT	29.0%
INJURED IN A PHYSICAL FIGHT	3.7%
PARTICIPATED IN PHYSICAL FIGHT AT SCHOOL	8.9%
MISSED SCHOOL BECAUSE THEY FELT UNSAFE	4.9%
ELECTRONICALLY BULLIED	18.7%
BULLIED ON SCHOOL PROPERTY	25.0%
PHYSICALLY FORCED INTO SEXUALLY INTERCOURSE	9.8%
MENTAL HEALTH	
FELT SAD OR HOPELESS	29.1%
SERIOUSLY CONSIDERED ATTEMPTING SUICIDE	18.9%
MADE A PLAN ON HOW TO ATTEMPT SUICIDE	13.6%
ATTEMPTED SUICIDE	11.0%
ATTEMPTED SUICIDE THAT NEEDED TREATMENT	3.9%
DIETARY BEHAVIORS	
DID NOT EAT FRUIT OR 100% FRUIT JUICE	6.5%
DID NOT EAT VEGETABLES	5.1%
SODA CONSUMPTION	
DRANK SODA IN LAST 7 DAYS	78.4%
DRANK SODA 1+ TIMES A DAY	28.5%
DRANK SODA 2+ TIMES A DAY	19.2%
DRANK SODA 3+ TIMES A DAY	10.7%
PHYSICAL ACTIVITY	
NO PHYSICAL ACTIVITY FOR AT LEAST 60 MINUTES:	
ON AT LEAST 1 DAY PER WEEK	15.9%
PER DAY FOR 5 OR MORE DAYS	56.5%
PER DAY ON ALL 7 DAYS	75.8%
SEDENTARY BEHAVIORS	
PLAYED VIDEO GAMES FOR 3+ HOURS PER DAY	29.0%
WATCHED TELEVISION FOR 3+ HOURS PER DAY	27.0%
DID NOT ATTEND PHYSICAL EDUCATION CLASS:	
1+ SCHOOL DAYS PER WEEK	65.1%
ALL 5 SCHOOL DAYS	80.3%
DID NOT PLAY ON AT LEAST 1 SPORTS TEAM	44.6%

WEIGHT CONTROL	
OBESITY RATE	14.7%
OVERWEIGHT RATE	15.5%
DESCRIBED THEMSELVES AS OVERWEIGHT	31.8%
NOT TRYING TO LOSE WEIGHT	50.8%
DID NOT EAT FOR 24+ HOURS TO LOSE WEIGHT	13.1%
TOOK DIET SUPPLEMENTS WITHOUT DOCTOR'S ADVICE	6.3%
VOMITED OR USED LAXATIVES TO LOSE WEIGHT	6.7%
TOBACCO USE	
CURRENT USE:	
CIGARETTES	18.1%
SMOKLESS TOBACCO	8.2%
CIGARS	14.6%
ANY TOBACCO	24.5%
EVER TRIED CIGARETTE SMOKING	49.5%
SMOKED WHOLE CIGARETTE BEFORE AGE 13	11.1%
SMOKED MORE THAN 10 CIGARETTES PER DAY	7.7%
DID NOT TRY TO QUIT SMOKING CIGARETTES	43.2%
SMOKED CIGARETTES ON SCHOOL PROPERTY	4.5%
USUALLY BOUGHT OWN CIGARETTES	13.9%
ALCOHOL USE	
CURRENTLY DRINK ALCOHOL	33.4%
EVER HAD AT LEAST 1 DRINK OF ALCOHOL	70.4%
DRANK ALCOHOL BEFORE AGE 13	17.6%
HAD 5 OR MORE DRINKS IN A ROW	19.8%
ALCOHOL GIVEN TO THEM BY SOMEONE ELSE	39.0%
OTHER DRUG USE	
CURRENTLY USE MARIJUANA	20.0%
TRIED MARIJUANA BEFORE AGE 13	6.9%
EVER USED:	
MARIJUANA	37.2%
COCAINE	5.6%
INHALANTS	10.6%
ECSTASY	6.3%
HEROIN	2.8%
METHAMPHETAMINES	3.9%
STEROIDS WITHOUT PRESCRIPTION	3.4%
PRESCRIPTION DRUGS WITHOUT PRESCRIPTION	21.4%
INJECTED ANY ILLEGAL DRUG	2.1%
OBTAINED ILLEGAL DRUGS ON SCHOOL PROPERTY	28.3%

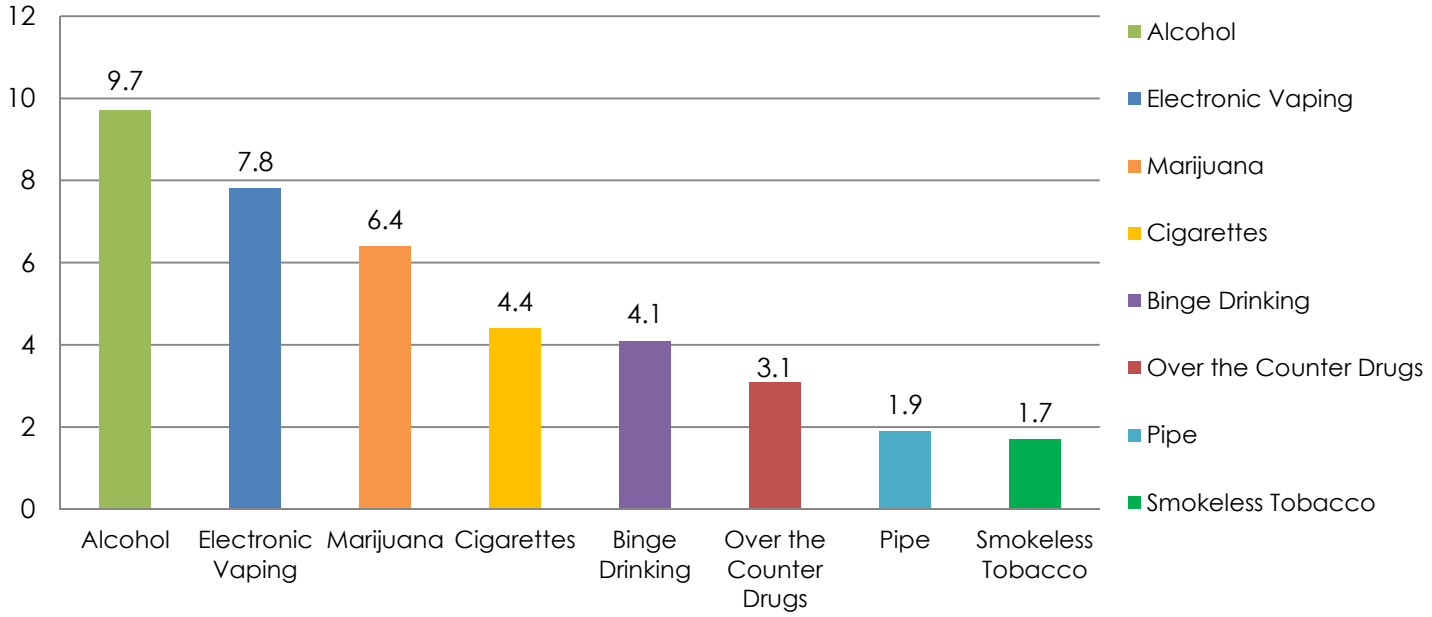
SEXUAL BEHAVIORS	
SEXUAL INTERCOURSE	
CURRENTLY SEXUALLY ACTIVE	38.5%
EVER HAD SEXUAL INTERCOURSE	51.0%
HAD SEXUAL INTERCOURSE BEFORE AGE 13	5.2%
HAD SEXUAL INTERCOURSE WITH 4 OR MORE PERSONS	16.8%
ALCOHOL OR DRUG USE BEFORE LAST INTERCOURSE	19.9%
CONTRACEPTIVE USE	
DID NOT USE A CONDOM	42.2%
DID NOT USE HORMONAL BIRTH CONTROL	65.8%
DID NOT USE ANY METHOD TO PREVENT PREGNANCY	13.0%
NEVER TAUGHT ABOUT AIDS OR HIV IN SCHOOL	10.4%

Graphs 10.3 through 10.6 below show the percentage of students in grades 6, 8, 10, and 12 in central Indiana who use various illegal substances as reported in the Indiana Prevention Resource Center's (IPRC) 2015 Indiana Youth Survey. **Alcohol, tobacco products (specifically cigarettes and electronic vaping devices), and marijuana were the top three substances used by all grade levels listed below.**[194]

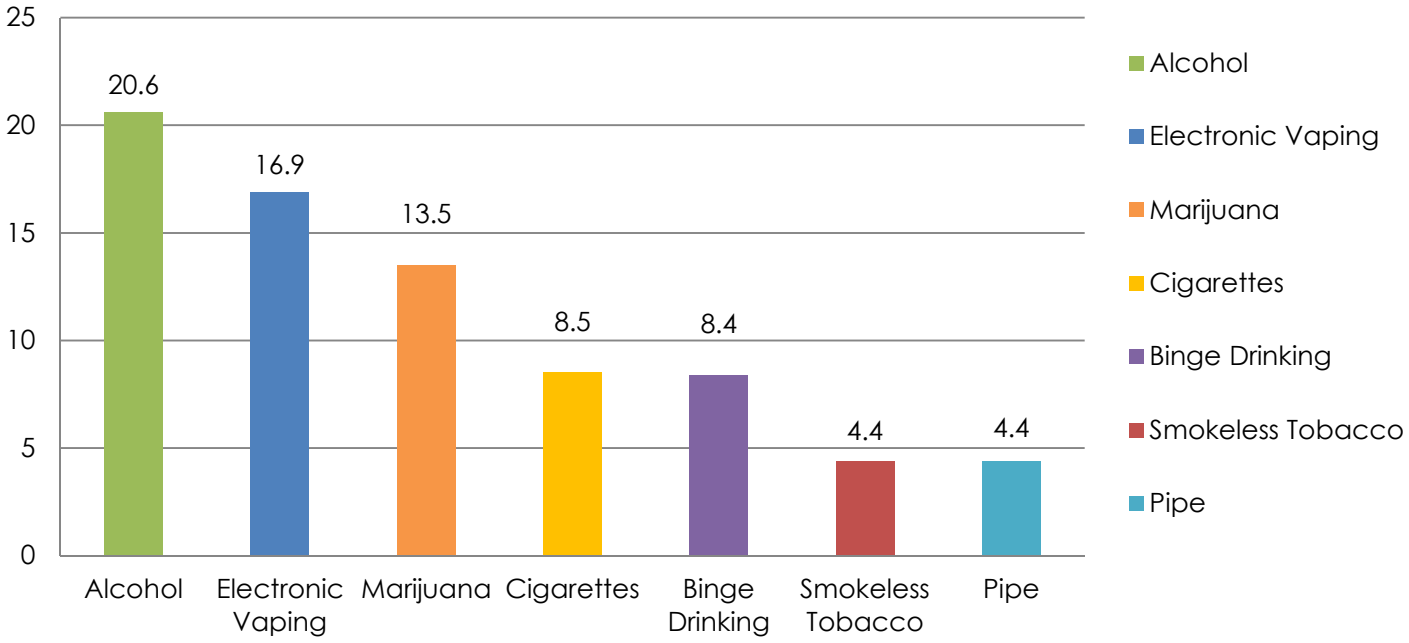
GRAPH 10.3: PERCENT OF 6TH GRADE STUDENTS IN CENTRAL INDIANA USING DRUGS, 2015



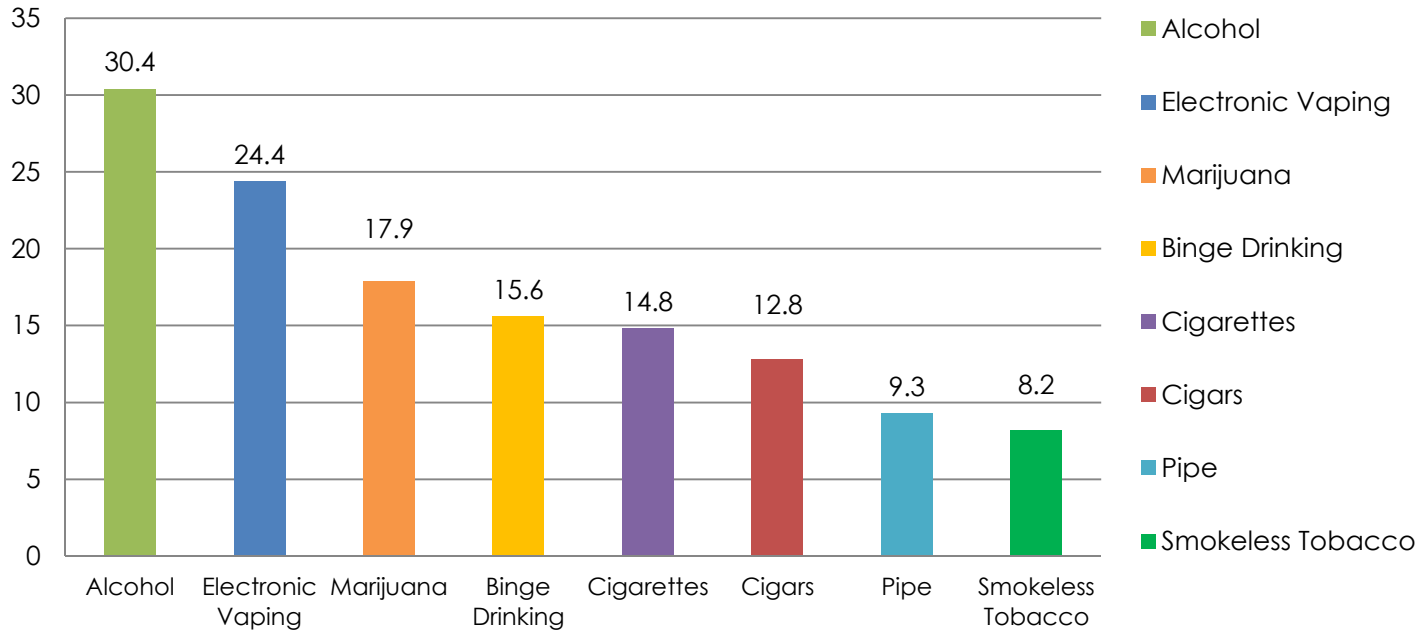
GRAPH 10.4: PERCENT OF 8TH GRADE STUDENTS IN CENTRAL INDIANA USING DRUGS, 2015



GRAPH 10.5: PERCENT OF 10TH GRADE STUDENTS IN CENTRAL INDIANA USING DRUGS, 2015



GRAPH 10.6: PERCENT OF 12TH GRADE STUDENTS IN CENTRAL INDIANA USING DRUGS, 2015

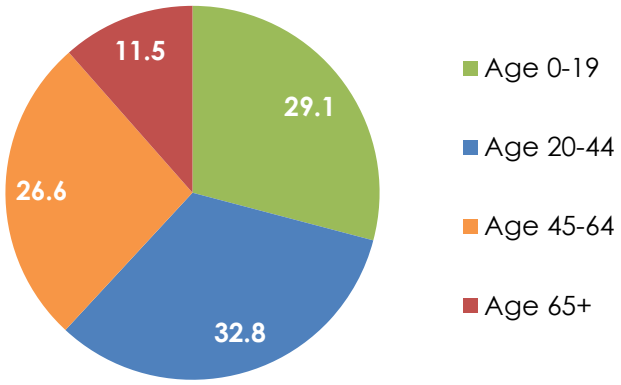


OLDER ADULTS

The older adult population is one of the fastest growing populations in the United States; it is also a population that is **at high risk of developing or acquiring chronic diseases**, such as diabetes and congestive heart failure, **mental health issues**, such as dementia and anxiety, **disabilities, and injuries**, often associated with falls, all of which can reduce quality of life and cause early mortality. Older adults, even those in good health, are faced with several physical and mental health changes that accompany the aging process, such as vision and hearing impairment, slowed reaction and information retention times, and long-term memory issues, These changes can cause older adults to use many different types of health services to maintain their or improve their health, making prevention, maintenance, and early screening programs essential to helping older adults maintain independent lifestyles.[195, 196]

Below is information about older adult demographics in Hendricks County and the health environment, outcomes, and behaviors that impact this population. **For the purposes of this section, "older adults" are defined as those individuals ages 65 and older.** Graphs 11.1 and 11.2 below show the age breakdowns of Hendricks County's population, based on 2014 estimates, and the ages of older adults in Hendricks County by percent of that population. **Older adults make up 11.5% of Hendricks County's total population, with the majority (58.1%) being between the ages of 65 and 74.**[2] Table 11.1 provides statistics on the health environment in which older adults live in Hendricks County. Graphs 11.3 and 11.4 show how older adults pay for health care and receive health information, respectively, based on responses to the CHA Survey. **About two-thirds (63.7%) of older adults report using Medicare to pay for their health care; about the same number (65.7%) report they receive their health information from a doctor.**[15] Given this information, it is important for Hendricks County older adult residents to have access to health care providers that accept Medicare to receive both their health care and health information.

GRAPH 11.1: AGE OF HENDRICKS COUNTY RESIDENTS BY PERCENT OF TOTAL POPULATION, 2014 ESTIMATE



GRAPH 11.2: AGE OF HENDRICKS COUNTY OLDER ADULTS BY PERCENT OF POPULATION AGE 65 OR OLDER, 2014 ESTIMATE

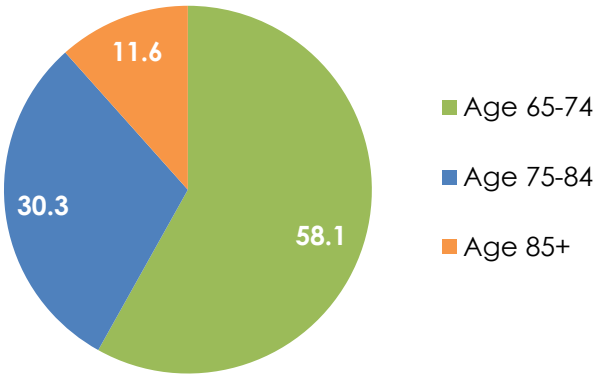
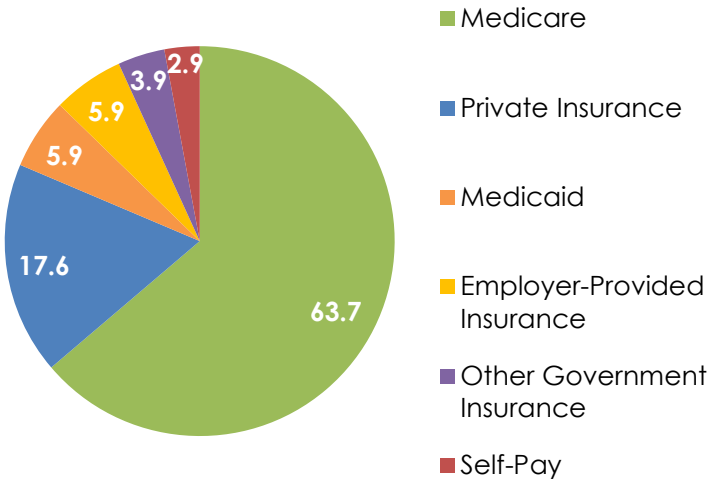
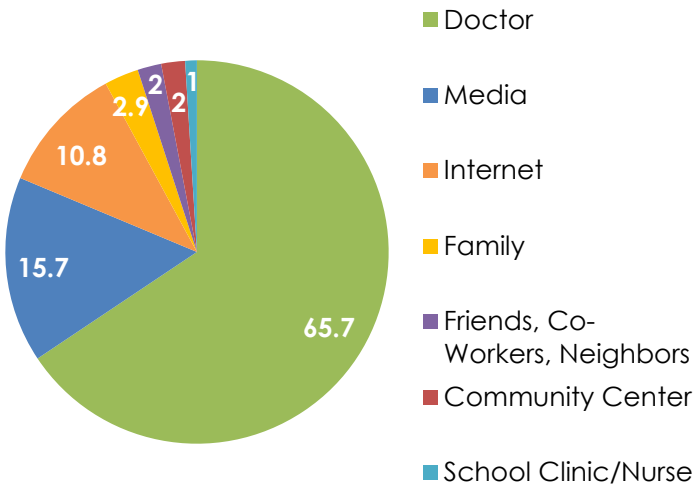


TABLE 11.1: OLDER ADULT HEALTH ENVIRONMENT	HENDRICKS COUNTY
PEOPLE 65+ LIVING ALONE[197]	24.4%
PEOPLE 65+ WITH LOW ACCESS TO A GROCERY STORE[198]	3.8%
PEOPLE 65+ LIVING BELOW POVERTY LEVEL[199]	6.0%
"Low access to a grocery store" refers to living more than one mile (urban) or 10 miles (rural) from a supermarket or grocery store.	

GRAPH 11.3: HOW OLDER ADULTS PAY FOR HEALTH CARE BY PERCENT, 2015

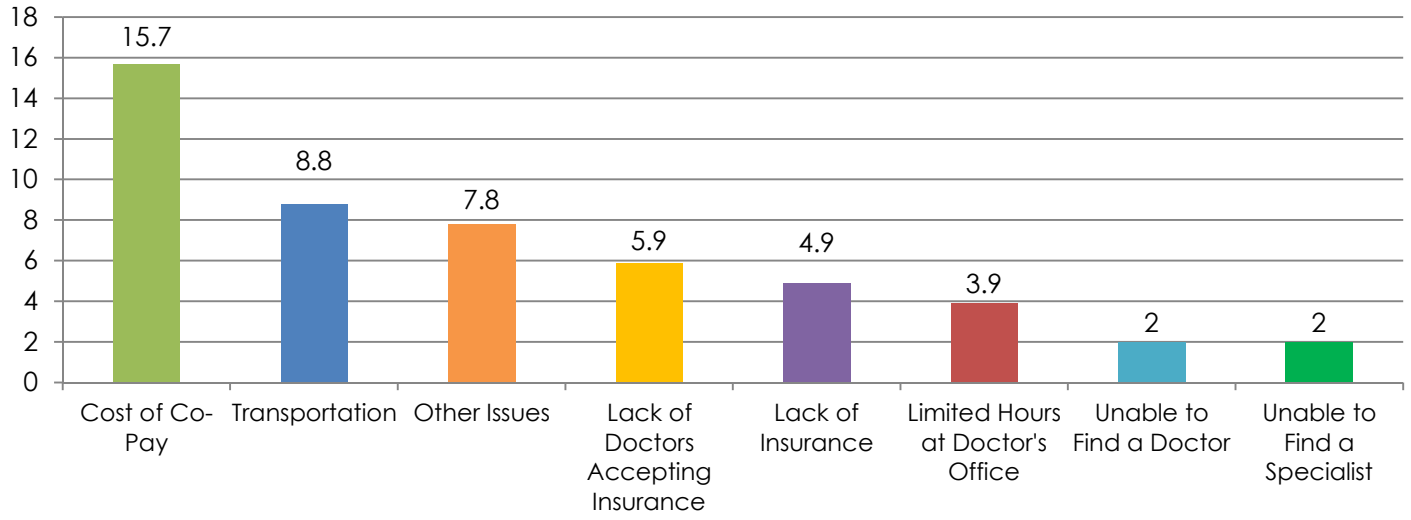


GRAPH 11.4: HOW OLDER ADULTS RECEIVE HEALTH INFORMATION BY PERCENT, 2015



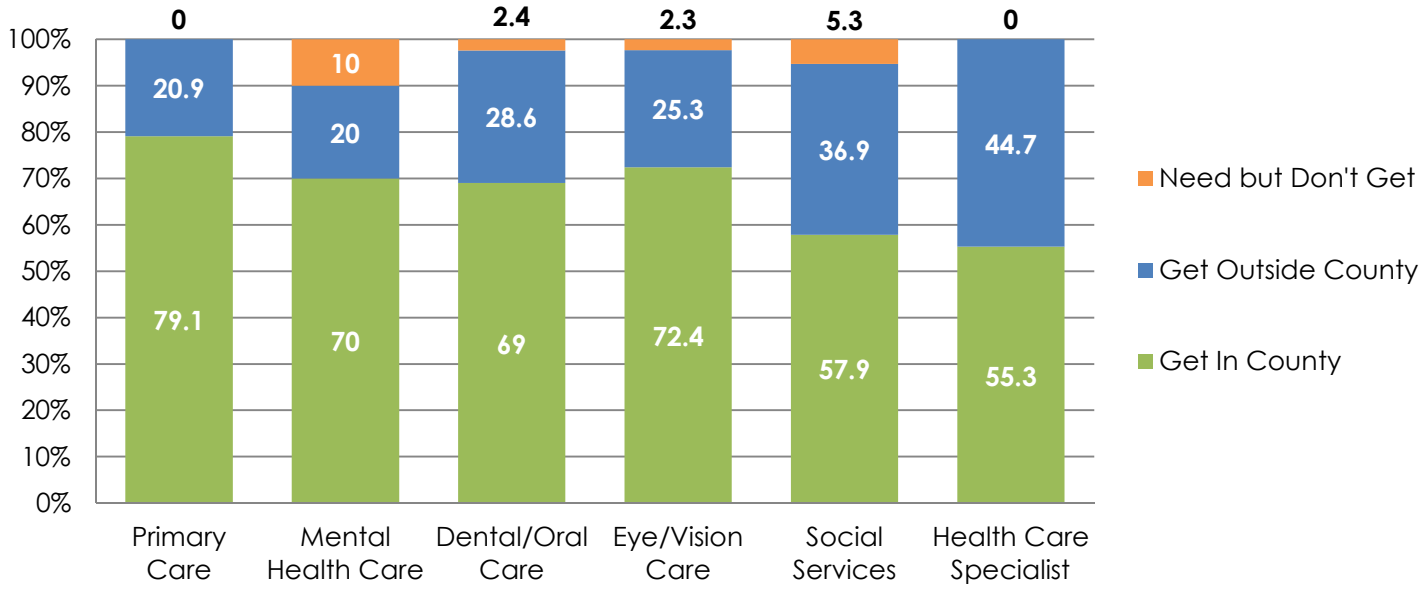
Graph 11.5 below shows what the top challenges are to accessing health care for older adults who faced challenges based responses to the CHA Survey. **Cost of co-pay was identified as the top challenge (15.7%), followed by transportation (8.8%).**[15]

GRAPH 11.5: TOP CHALLENGES TO ACCESSING HEALTH CARE FOR OLDER ADULTS BY PERCENT, 2015



Graph 11.6 below shows where older adult households who need health care receive their health care based on responses to the CHA Survey. **Primary care had the highest percentage of older adults who receive that care in Hendricks County (79.1%), whereas health care specialist has the highest percentage of older adults who receive that care outside Hendricks County (44.7%). Mental health care had the highest percentage of need but not obtaining (10%).**[15]

GRAPH 11.6: WHERE OLDER ADULT HOUSEHOLDS WHO NEED HEALTH CARE RECEIVE HEALTH CARE, 2015*



Graph 11.7 below shows the top health issues discussed with older adults by their doctors if their doctors discussed health issues with them based on responses to the CHA Survey. **The most commonly discussed issue is chronic disease (9.8%), followed by injury (8.8%).**[15]

GRAPH 11.7: TOP ISSUES DISCUSSED WITH OLDER ADULTS BY THEIR DOCTORS BY PERCENT, 2015

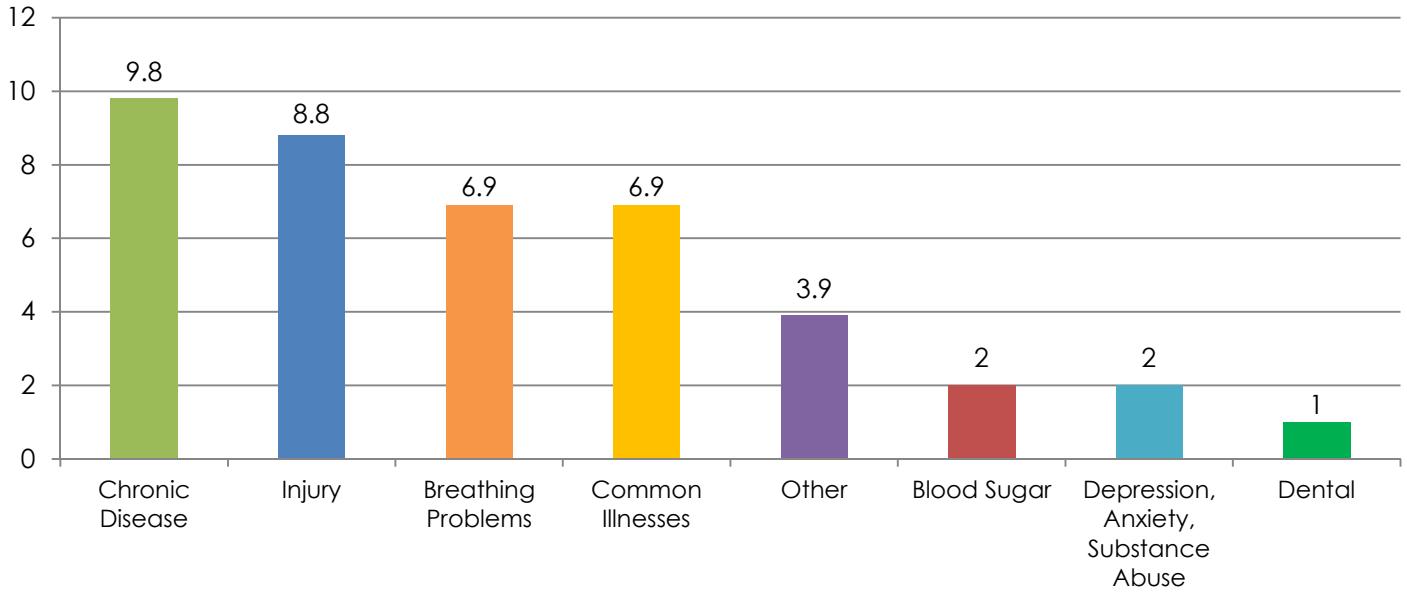


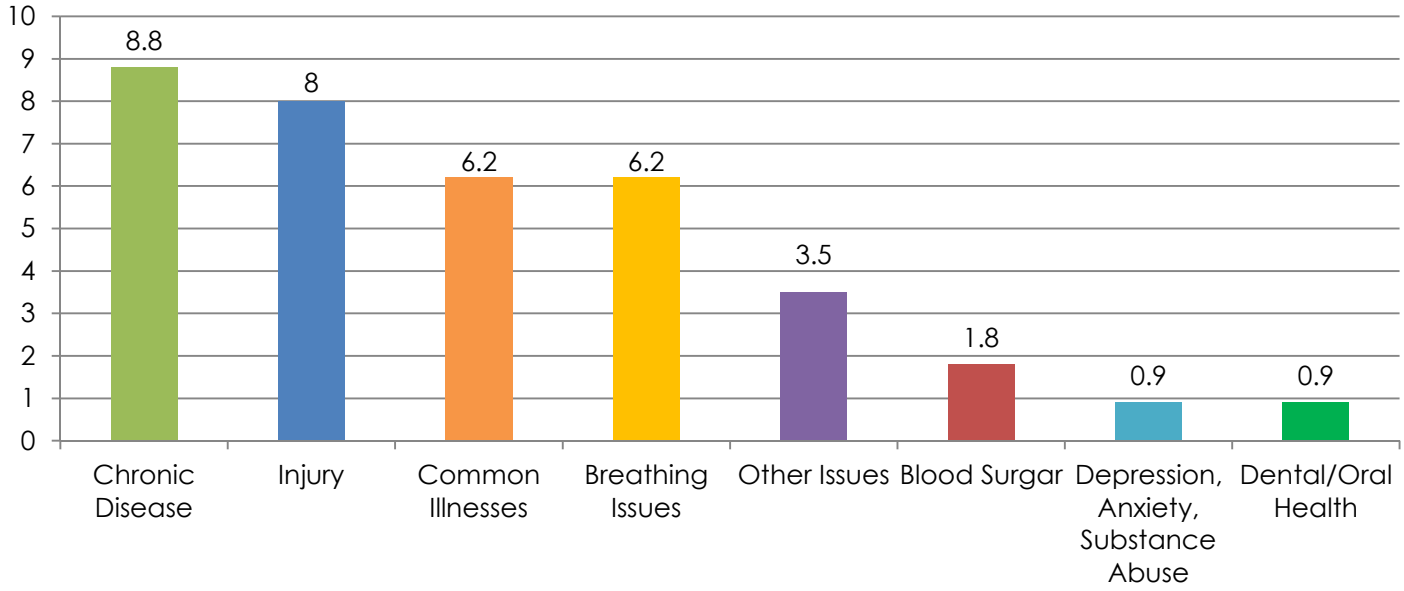
Table 11.2 shows the health outcomes for older adults who are Medicare beneficiaries in both Hendricks County and Indiana. Data was obtained from the Centers for Medicare and Medicaid Services' 2014 chronic disease data set for 2014.

TABLE 11.2: OLDER ADULT MEDICARE BENEFICIARIES HEALTH OUTCOMES[200]	HENDRICKS COUNTY	INDIANA
ALZHEIMER'S DISEASE/DEMENTIA PREVALENCE	10.3%	11.6%
ARTHRISITIS PREVALENCE	29.0%	30.9%
ASTHMA PREVALENCE	3.3%	4.2%
ATRIAL FIBRILLATION PREVALENCE	8.5%	9.3%
AUTISM SPECTRUM DISORDERS PREVALENCE	SUPPRESSED	.01%
CHRONIC OBSTRUCTIVE PULMONARY DISEASE PREVALENCE	10.4%	12.9%
CANCER PREVALENCE	8.8%	8.5%
CHRONIC KIDNEY DISEASE PREVALENCE	15.5%	17.9%
DEPRESSION PREVALENCE	14.9%	14.9%
DIABETES PREVALENCE	26.5%	27.6%

HIV/AIDS PREVALENCE	SUPPRESSED	.04%
HEART FAILURE PREVALENCE	12.2%	15.4%
CHRONIC VIRAL HEPATITIS B AND C PREVALENCE	.1%	.2%
HYPERLIPIDEMIA PREVALENCE	46.3%	47.1%
HYPERTENSION PREVALENCE	55.7%	60.3%
ISCHEMIC HEART DISEASE PREVALENCE	28.5%	30.6%
OSTEOPOROSIS PREVALENCE	5.6%	6.6%
SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS PREVALENCE	3.0%	3.6%
STROKE PREVALENCE	3.4%	4.0%
Prevalence estimates are calculated by dividing the number of Medicare beneficiaries over age 65 with a particular condition divided by the total number of beneficiaries.		

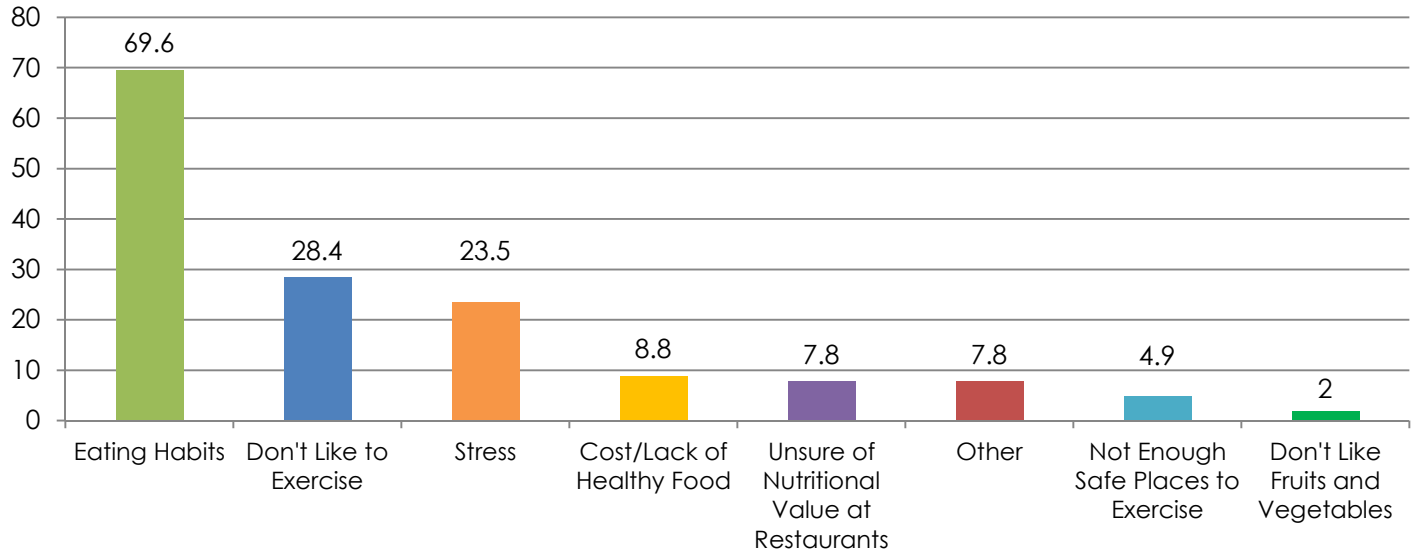
Graph 11.8 below shows the percentage of older adults who visited the emergency room for a given reason based on responses to the CHA Survey. **The most common reason older adults visited the emergency room was chronic disease (8.8%), followed by injury (8%).**[15]

GRAPH 11.8: REASONS WHY OLDER ADULTS VISITED THE EMERGENCY ROOM BY PERCENT, 2015



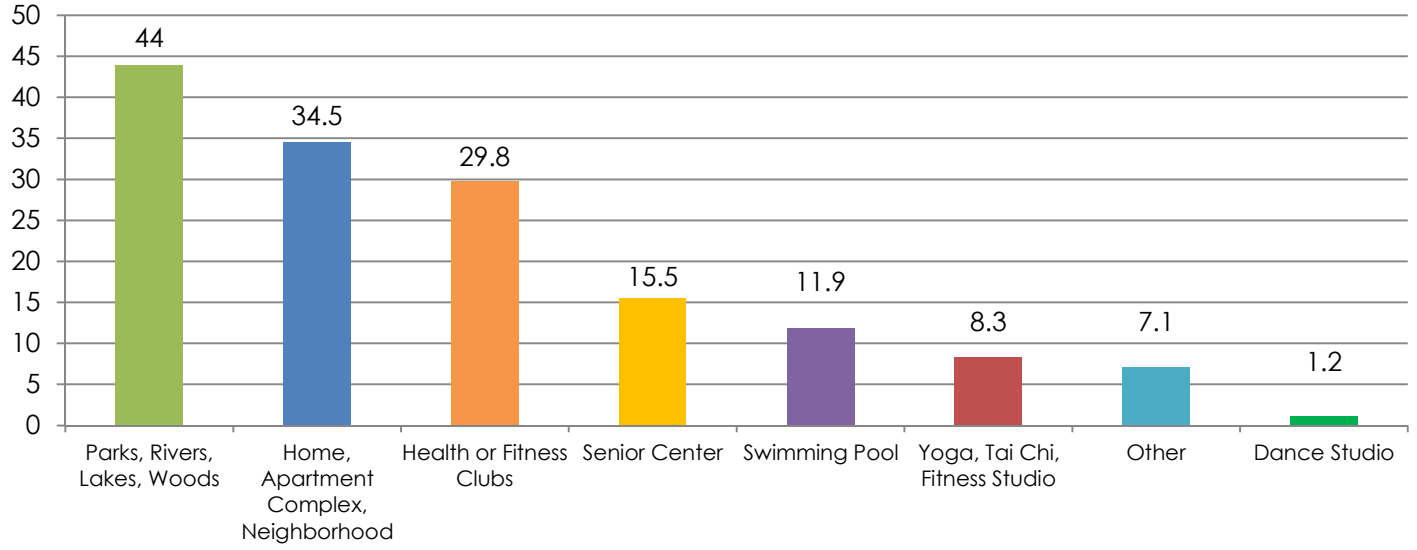
Graph 11.9 below shows, by percentage of the population it affects, the reasons preventing older adults in Hendricks County from maintaining a healthy weight based on responses to the CHA Survey. **Eating habits are the most common reasons cited by older adults that prevents them from maintaining a healthy weight (69.8%), followed by not liking exercise (28.4%).**[15]

GRAPH 11.9: REASONS PREVENTING OLDER ADULTS FROM MAINTAINING A HEALTHY WEIGHT BY PERCENT, 2015



Graph 11.10 below shows, by percentage of the population, where older adults in Hendricks County go for physical activity based on responses to the CHA Survey. **Older adults report using outdoor facilities like parks, rivers, lakes, and woods, most often for physical activity (44%), followed by their home, apartment complex, or neighborhood (34.5%).**[15]

GRAPH 11.10: WHERE OLDER ADULTS GO FOR PHYSICAL ACTIVITY BY PERCENT, 2015



Graph 11.12 shows, by percentage of the population, where older adults in Hendricks County most commonly get food based on responses to the CHA Survey. **The most common place for older adults to get food is the grocery store (98.9%), followed by fast food and/or restaurants (35.9%).**[15] Table 11.3 below shows the health behaviors of older adults in both Hendricks County and Indiana.

GRAPH 11.12: WHERE OLDER ADULTS GET FOOD BY PERCENT, 2015

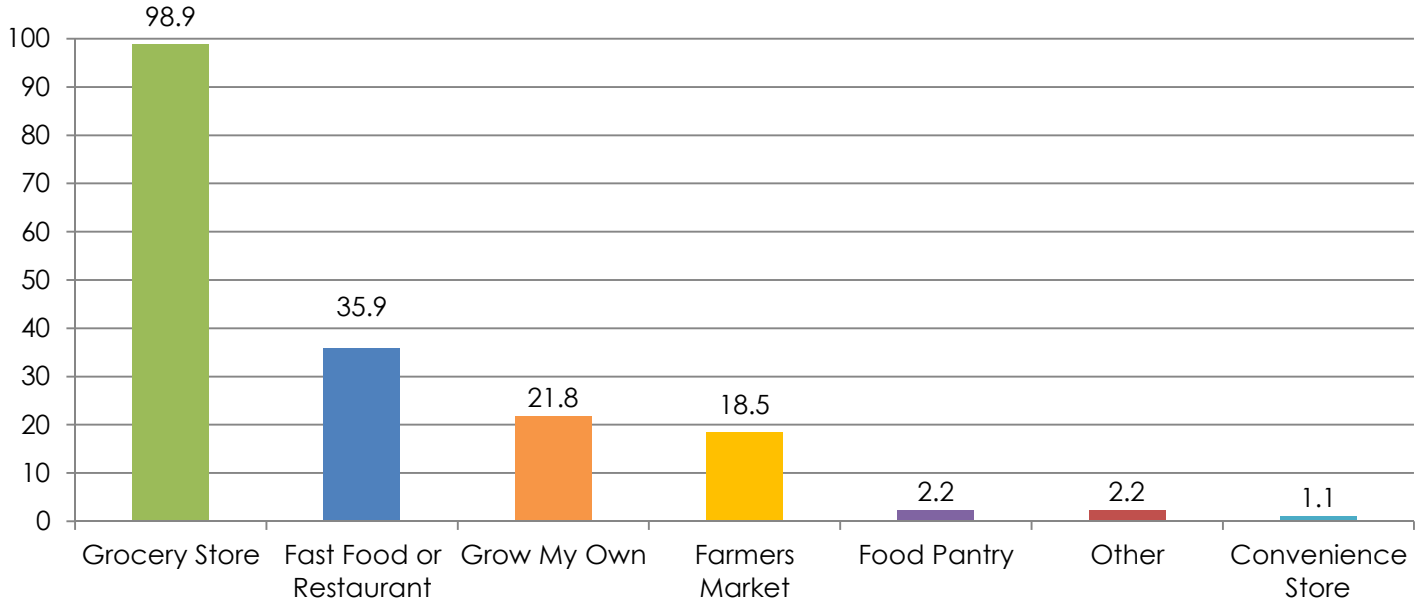


TABLE 11.3: OLDER ADULT HEALTH BEHAVIORS	HENDRICKS COUNTY	INDIANA
MAMMOGRAPHY SCREENING RATE[201]	66.6%	61.4%
DIABETIC TESTING RATE[202]	86%	84%
SIGMOIDOSCOPY/COLONOSCOPY SCREENING RATE[203]	69.3%	58.2%
PNEUMONIA VACCINATION RATE[204]	75.9%	68.2%

"Mammography screening rate" refers to the percent of female Medicare enrollees who have received a mammogram in the last two years.
"Diabetic testing rate" refers to the percent of Medicare enrollees with diabetes who had a hemoglobin A1c test in the past year.
"Sigmoidoscopy/colonoscopy screening rate" refers to age-adjusted percentage of adults age 50 and older who self-report ever having had a sigmoidoscopy or colonoscopy.
"Pneumonia vaccination rate" refers to the age-adjusted percentage of adults age 65 and older who self-report they have ever received a pneumonia vaccine.

VULNERABLE POPULATIONS

Vulnerable populations, specifically those living in poverty or that are disabled, can suffer from poorer health outcomes, both physically and mentally. Individuals living at lower socioeconomic levels have a higher likelihood of being sedentary and having a **higher body mass index, higher rates of cardiovascular disease, higher attempts at suicide, higher tobacco and alcohol use rates, higher levels of aggression, and higher incidence of Alzheimer's disease.**[205] Individuals with disabilities may find themselves with limited employment options, which can reduce their income to keep them out of poverty. Additionally, those with disabilities may have increased medical expenses related to their disability, which becomes difficult to pay for if they are lower income.[206] Since issues of poverty and disability can affect anyone at any age, without access to resources necessary to obtain needed health care, these populations may be more likely to suffer from early mortality.[207]

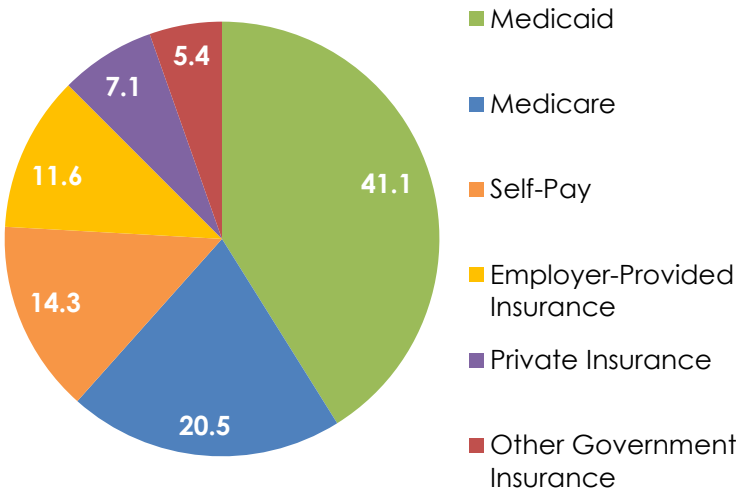
Below is information about vulnerable population demographics in Hendricks County and the health environment, outcomes, and behaviors that impact this population. **For the purposes of this section, "vulnerable populations" are defined as those populations comprised of either low-income households at or near the Federal Poverty Level and/or where individuals are disabled.** Table 12.1 below highlights the demographics of vulnerable populations in both Hendricks County and Indiana.

TABLE 12.1: VULNERABLE POPULATIONS DEMOGRAPHICS	HENDRICKS COUNTY	INDIANA
POPULATION LIVING:		
BELOW 200% OF FEDERAL POVERTY LEVEL[208]	18.65%	34.93%
BELOW 100% FEDERAL POVERTY LEVEL[209]	5.05%	15.35%
BELOW 50% FEDERAL POVERTY LEVEL[210]	2.18%	7.12%
FAMILIES LIVING BELOW POVERTY LEVEL[211]	3.4%	---
SNAP RECIPIENTS[212]	4.25%	12.1%
HOUSEHOLDS WITH CASH PUBLIC ASSISTANCE INCOME[213]	1.24%	2.36%
PERSONS WITH:		
DISABILITY[214]	11.0%	---
DISABILITY LIVING IN POVERTY[215]	9.4%	---
INDEPENDENT LIVING DIFFICULTY[216]	4.9%	---
SELF-CARE DIFFICULTY[217]	2.2%	---

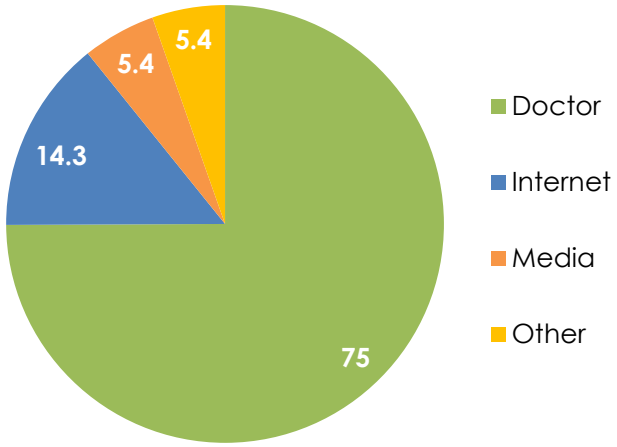
"Population living below poverty level" refers to the percentage of individuals who are living in a household with income below the Federal Poverty Level (FPL) by the accompanying percentage.
"SNAP participants" refers to the percentage of households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP).
"Households with cash public assistance income" refers to the percent of households that receive general assistance and Temporary Assistance to Needy Families (TANF) benefits.
"Persons with disability" refers to any person that is limited in any activities because of physical, mental, or emotional problems.
"Persons with independent living difficulty" refers to any person ages 18 years and over who encounters challenges performing instrumental activities of daily living, such as grocery shopping or visiting a doctor's office alone.
"Persons with self-care difficulty" refers to any person ages 5 years and over who encounter challenges in performing activities of daily living, such as dressing or bathing.

Graphs 12.1 and 12.2 below show how vulnerable population pay for health care and receive health information, respectively, based on responses to the CHA Survey. **Medicaid is most commonly used to pay for health care (41.4%), followed by Medicare (20.5%). Three-quarters (75%) of those in vulnerable populations receive their health information from their doctor.**[15] Given this information, it is important for Hendricks County vulnerable populations to have access to health care providers that accept Medicaid and Medicare to receive both their health care and health information.

GRAPH 12.1: HOW VULNERABLE POPULATIONS PAY FOR HEATH CARE BY PERCENT, 2015

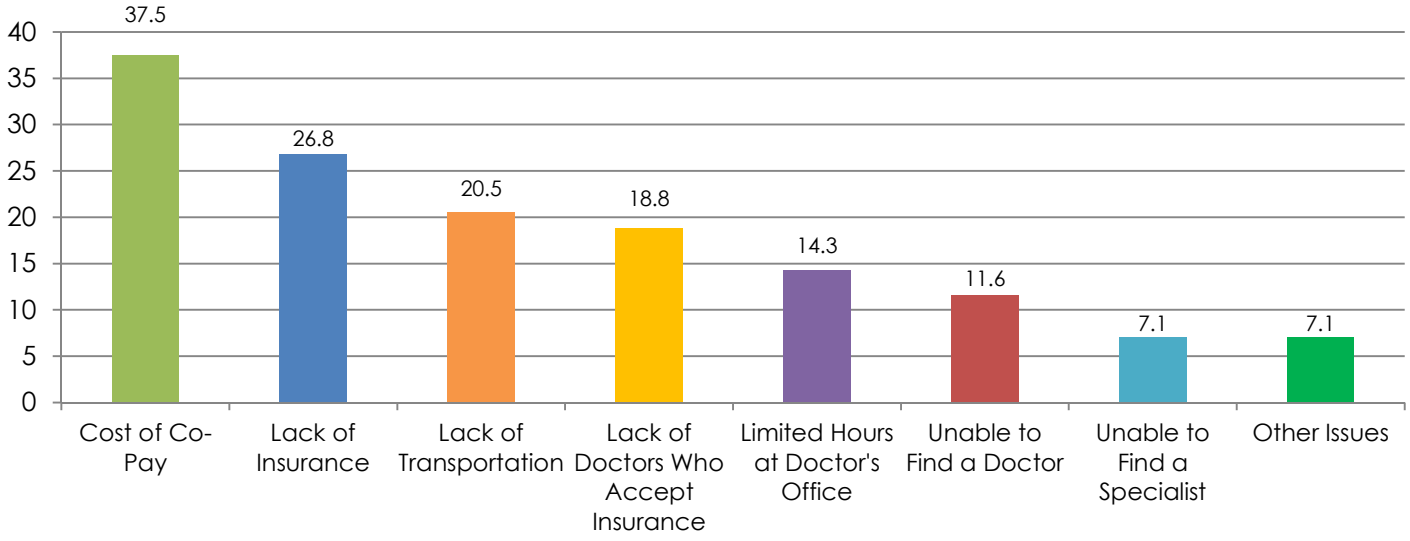


GRAPH 12.2: HOW VULNERABLE POPULATIONS RECEIVE HEALTH INFORMATION BY PERCENT, 2015



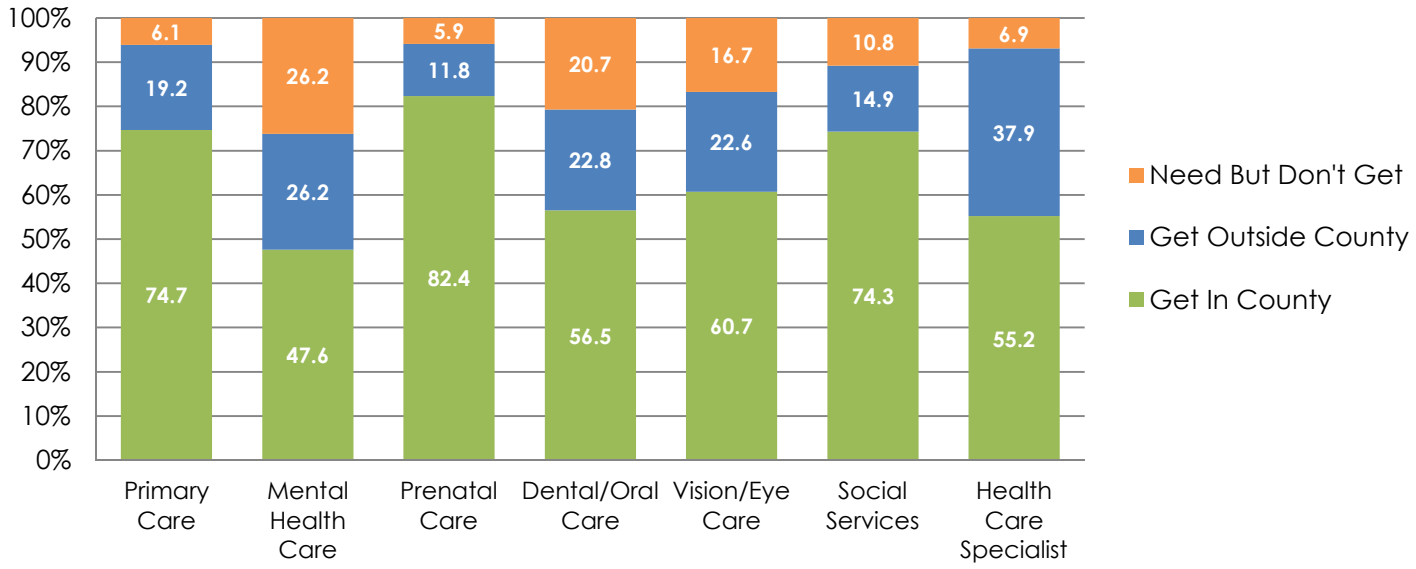
Graph 12.3 below shows the top challenges vulnerable populations in Hendricks County face when receiving health care based on responses to the CHA Survey. **Cost of co-pay is the top challenge (37.5%), followed by lack of insurance (26.8%).**[15]

GRAPH 12.3: TOP CHALLENGES TO ACCESSING HEALTH CARE FOR VULNERABLE POPULATIONS BY PERCENT, 2015



Graph 12.4 below shows where vulnerable population households who need health care receive their health care based on responses to the CHA Survey. **Prenatal care had the highest percentage of households that receive that care in Hendricks County (82.4%), whereas health care specialist has the highest percentage of older adults who receive that care outside Hendricks County (37.9%). Mental health care had the highest percentage of need but not obtaining (26.2%).[15]**

GRAPH 12.4: WHERE VULNERABLE POPULATION HOUSEHOLDS WHO NEED HEALTH CARE RECEIVE HEALTH CARE, 2015



Graph 12.5 below shows the top health issues discussed with vulnerable populations by their doctors if their doctors discussed health issues with them based on responses to the CHA Survey. **The most commonly discussed issue is sadness, depression, and anxiety (39.3%), followed by diet and nutrition (38.4%).[15]**

GRAPH 12.5: TOP ISSUES DISCUSSED WITH VULNERABLE POPULATIONS BY THEIR DOCTORS BY PERCENT, 2015

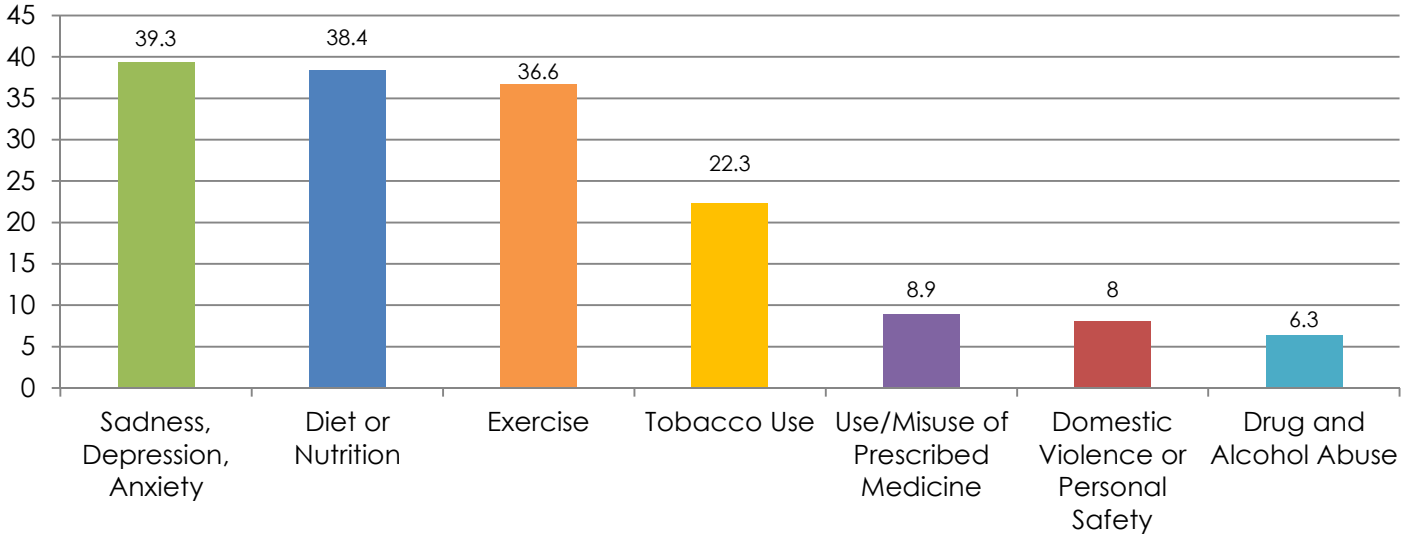


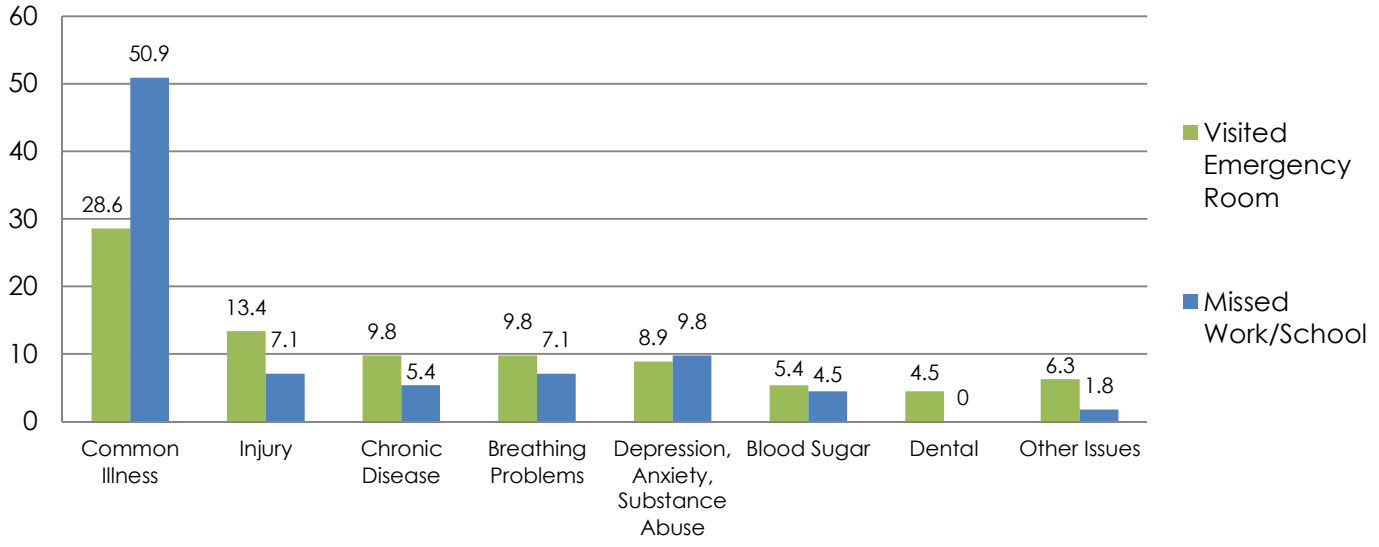
Table 12.2 below highlights the health environment for vulnerable populations in both Hendricks County and Indiana.

TABLE 12.2: VULNERABLE POPULATIONS HEALTH ENVIRONMENT	HENDRICKS COUNTY	INDIANA
SNAP-AUTHORIZED FOOD STORE ACCESS[218]	49.5	74.37
LOW INCOME AND LOW ACCESS TO A GROCERY STORE[219]	5.9%	---
NO CAR AND LOW ACCESS TO A GROCERY STORE[220]	1.4%	---
INCOME INEQUALITY[221]	3.3	4.3
HUD-FUNDED ASSISTED HOUSING UNITS[222]	48.33	1,309.42

"SNAP-authorized food store access" refers to the number of retailers who are authorized to accept Supplemental Nutrition Assistance Program benefits (SNAP) per 100,000 population.
"Low income and low access to a grocery store" refers to the percentage of the total population in the county that is low incomes and lives more than one mile (urban) or 10 miles (rural) from a supermarket or grocery store.
"No car and low access to a grocery store" refers to the percentage of housing units that do not have a car and are more than one mile (urban) or 10 miles (rural) from a supermarket or grocery store.
"Income inequality" refers to the ratio of household income at the 80th percentile to that at the 20th percentile; a higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.
"HUD-funded assisted housing units" refers to the total number of HUD-funded assisted housing units available to eligible rents per 10,000 housing unit.

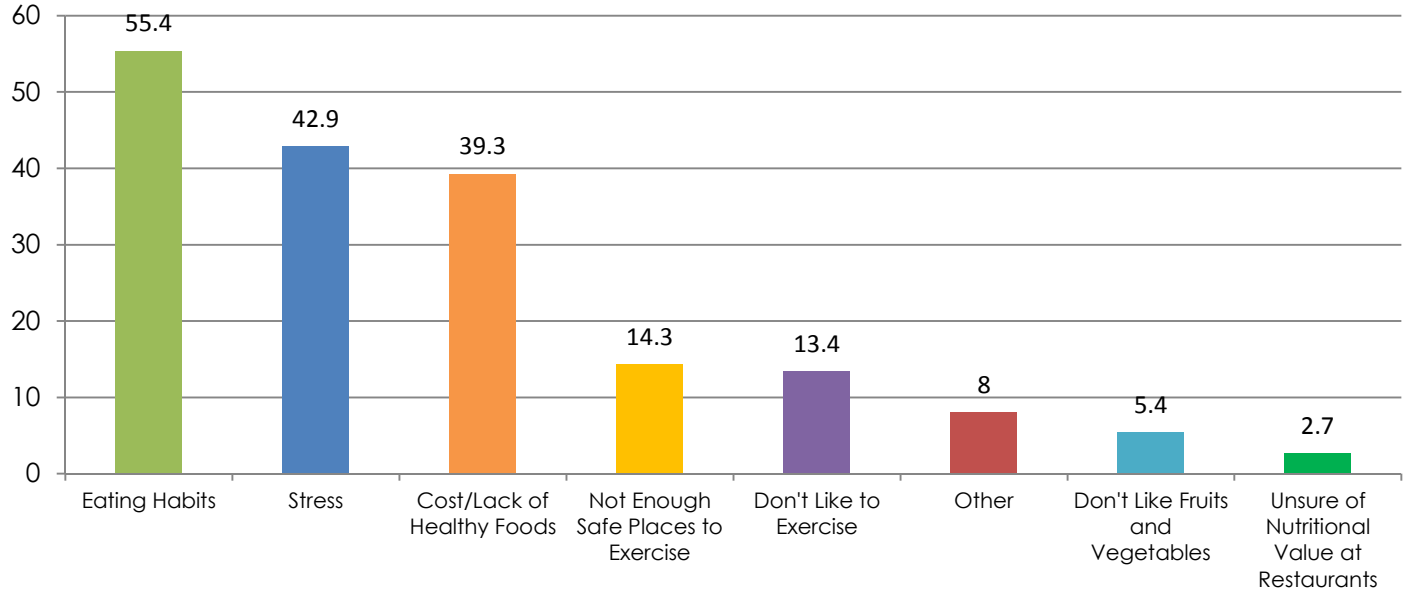
Graph 12.6 below shows, by percentage of the population, the reasons why vulnerable populations in Hendricks County visited the emergency room and missed work or school if they visited or missed based on responses to the CHA Survey. **Common illnesses, such as the cold or flu, were the top reasons for visiting both the emergency room (28.6%) and missing work or school (50.9%), followed by injury (13.4%) and depression, anxiety, and/or substance abuse (9.8%), respectively.[15]**

GRAPH 12.6: REASONS WHY VULNERABLE POPULATIONS VISITED THE EMERGENCY ROOM OR MISSED WORK/SCHOOL BY PERCENT, 2015*



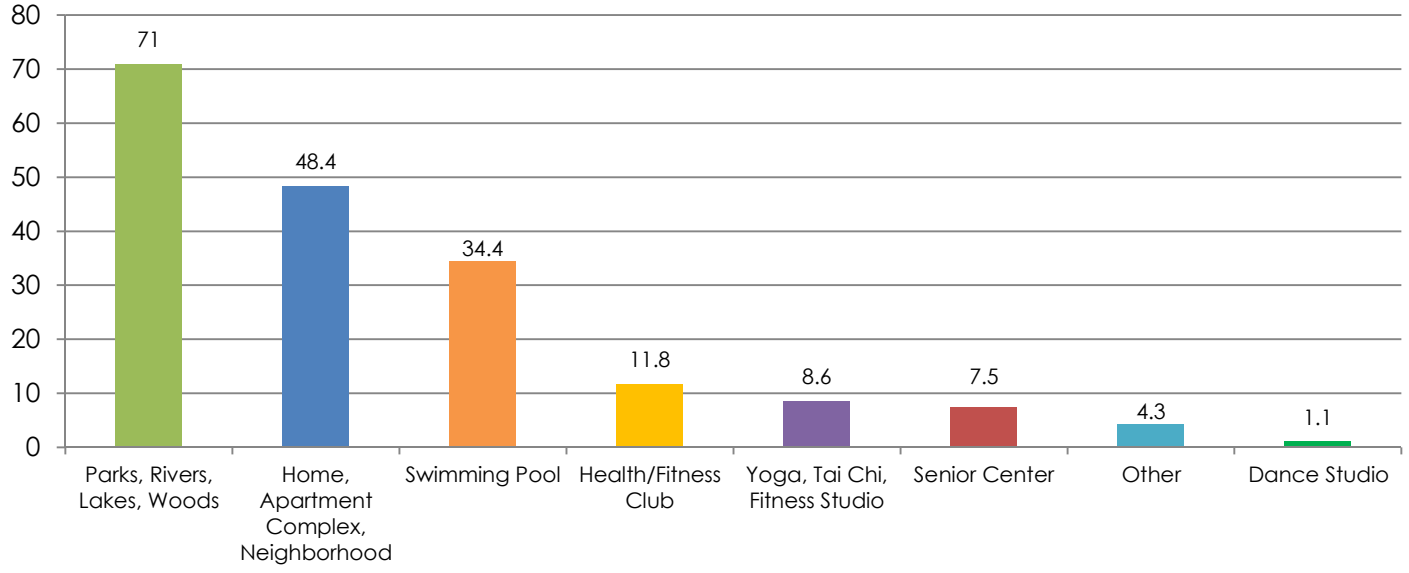
Graph 12.7 below shows, by percentage of the population, the reasons preventing vulnerable populations in Hendricks County from maintaining a healthy weight based on responses to the CHA Survey. **The most common reason is eating habits (55.4%), followed by stress (42.9%).**[15]

GRAPH 12.7: REASONS PREVENTING VULNERABLE POPULATIONS FROM MAINTAINING A HEALTHY WEIGHT BY PERCENT, 2015



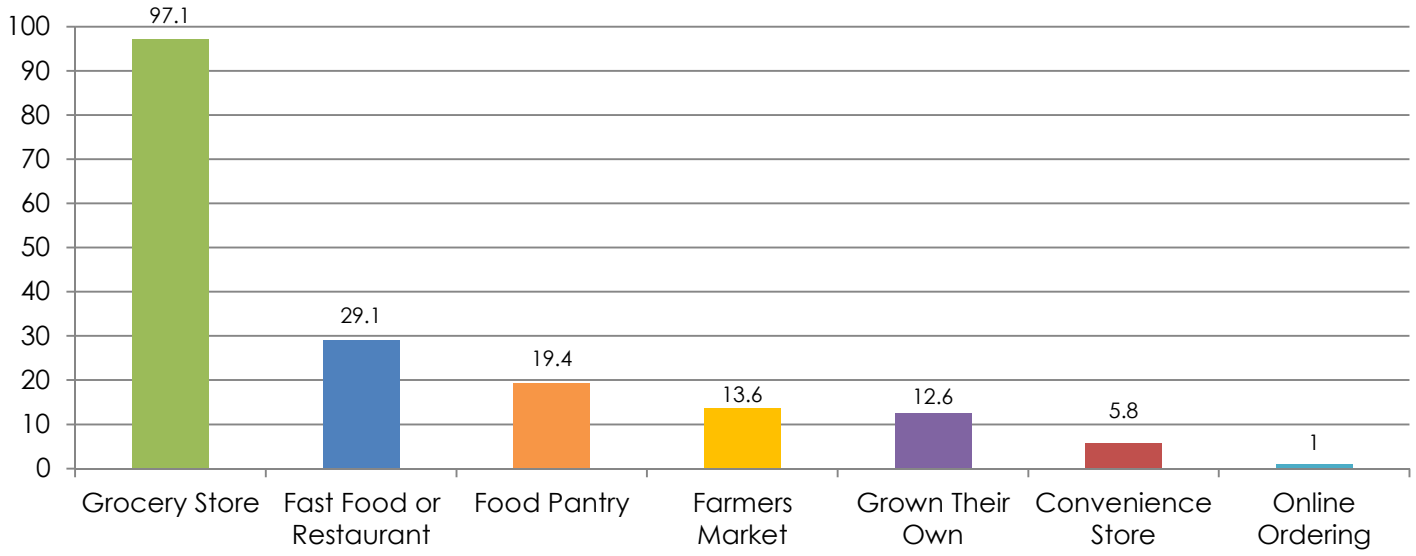
Graph 12.8 below shows, by percentage of the population, where vulnerable populations in Hendricks County go for physical activity. **Vulnerable populations most commonly use outdoor facilities, such as parks, rivers, lakes, and woods (71%), followed by their home, apartment complex, or neighborhood (48.4%).**[15]

GRAPH 12.8: WHERE VULNERABLE POPULATIONS GO FOR PHYSICAL ACTIVITY BY PERCENT, 2015

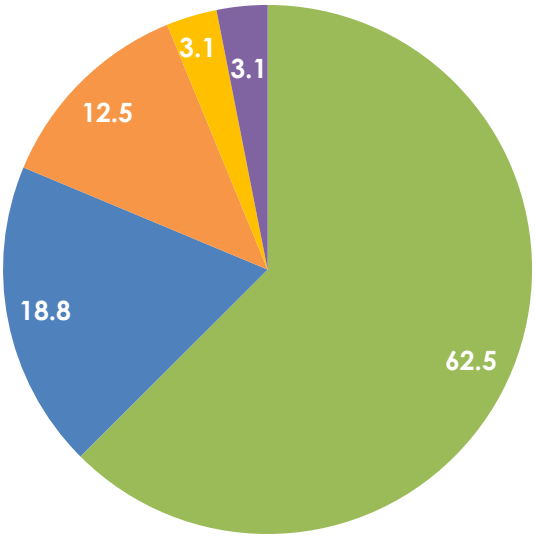


Graph 12.9 below shows, by percentage of the population, where vulnerable populations in Hendricks County get their food based on responses to the CHA Survey. **The grocery store is the most common place vulnerable populations get their food (97.1%), follow by fast food and restaurants (29.1%).**[15]

GRAPH 12.9: WHERE VULNERABLE POPULATIONS GET FOOD BY PERCENT, 2015



Graph 12.10 below shows, by percentage of the population, the types of tobacco products used by individuals within vulnerable populations in Hendricks County who use tobacco products based on responses to the CHA Survey. **Cigarettes are the most commonly-used tobacco product (62.5%), followed by e-cigarettes (18.8%).**[15]



GRAPH 12.10: TYPES OF TOBACCO PRODUCTS USED BY VULNERABLE POPULATIONS BY PERCENT, 2015

- Cigarettes
- E-Cigarettes
- Chewing Tobacco
- Hookah
- Other

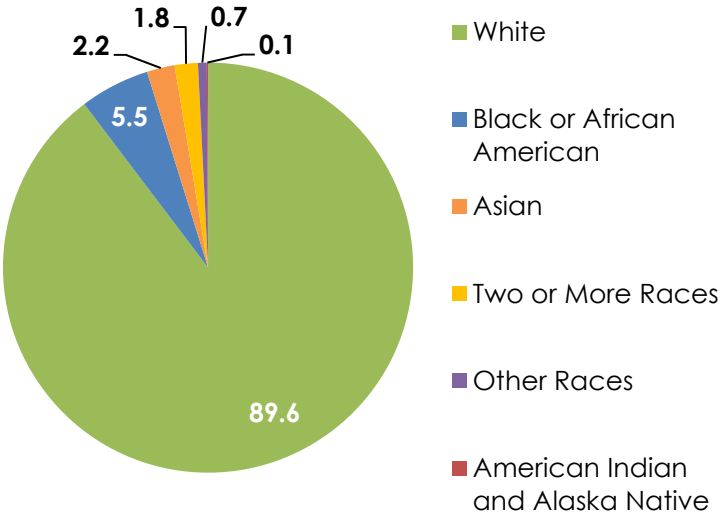
MINORITY POPULATIONS

Racial and ethnic health disparities exist for populations in the United States that are not White and non-Hispanic. **Racial and ethnic minority populations, as a whole, are more likely to lack health insurance, receive poorer quality of care (at times due to limited English language proficiency), and suffer higher mortality rates.**[223] Within each minority population, there are additional health disparities that can cause disability and early mortality:

- Black or African American populations have the largest death rates for heart disease and stroke, highest obesity and diabetes rates, and the highest infant mortality rate.[224]
- Asian American populations have a higher incidence of acute hepatitis B infection and are the least likely to have had a Pap test.[225]
- American Indian and Alaska Native populations have lower colorectal cancer screening rates, high binge drinking and smoking rates, and high preterm birth rates.[226]
- Hispanic populations have a substantial rate of HIV infection, higher teen birth rates, higher rates of periodontitis, and high rates of obesity and diabetes.[227]

Below is information about minority population demographics in Hendricks County and the health environment, outcomes, and behaviors that impact this population. **For the purposes of this section, "minority populations" are defined as those populations comprised of individuals who are not White, non-Hispanic, and/or are two or more races.** Graphs 13.1 and 13.2 below show the race of both Hendricks County and Indiana residents by percent of the total population for each area based on 2014 population estimates. **"Native Hawaiian and Other Pacific Islander" is not included in either graph because the percentage estimate of the total populations for both Hendricks County and Indiana is 0.0%. In Hendricks County, 3.3% of the population identifies as Hispanic, whereas 6.3% identify as Hispanic in Indiana.**[17]

GRAPH 13.1: HENDRICKS COUNTY POPULATION BY RACE AND PERCENT, 2014



GRAPH 13.2: INDIANA POPULATION BY RACE AND PERCENT, 2014

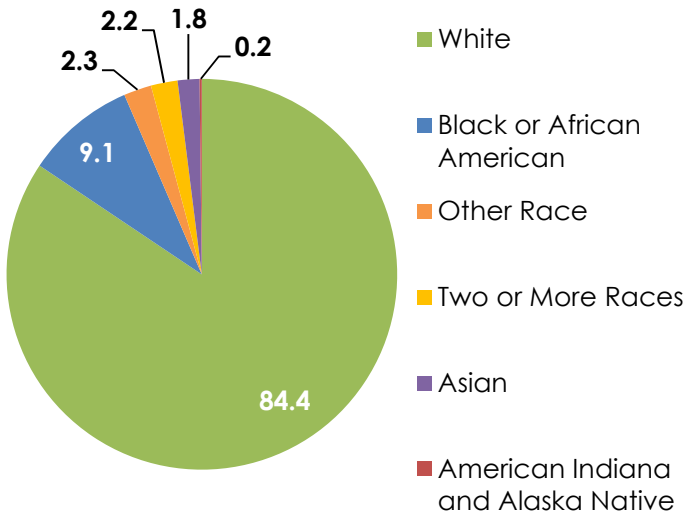


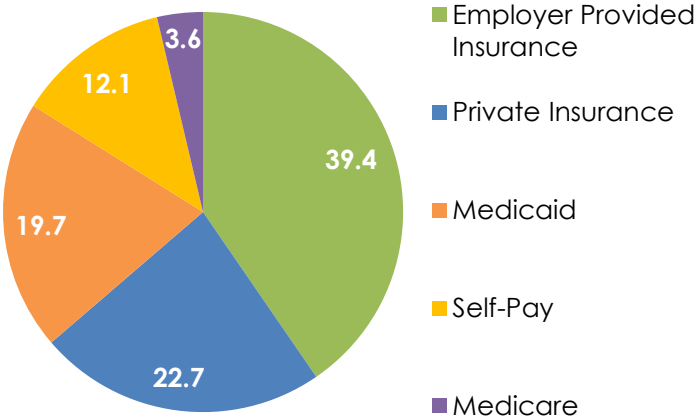
Table 13.1 below shows additional demographic information for minority populations in Hendricks County.

TABLE 13.1: MINORITY POPULATIONS DEMOGRAPHICS[2]	HENDRICKS COUNTY
PEOPLE LIVING BELOW POVERTY LEVEL	
AMERICAN/ALASKAN NATIVE	1.1%
ASIAN	19.6%
BLACK/AFRICAN AMERICAN	7.2%
HISPANIC/LATINO	11.0%
NATIVE HAWAIIAN/PACIFIC ISLANDER	0.0%
OTHER	4.0%
TWO OR MORE RACES	4.5%
CHILDREN LIVING BELOW POVERTY	
AMERICAN/ALASKAN NATIVE	0.0%
ASIAN	26.4%
BLACK/AFRICAN AMERICAN	8.0%
HISPANIC/LATINO	15.5%
NATIVE HAWAIIAN/PACIFIC ISLANDER	0.0%
OTHERS	5.5%
TWO OR MORE RACES	3.6%
FAMILIES LIVING BELOW POVERTY LEVEL	
AMERICAN/ALASKAN NATIVE	0.0%
ASIAN	14.4%
BLACK/AFRICAN AMERICAN	7.7%
HISPANIC/LATINO	9.8%
NATIVE HAWAIIAN/PACIFIC ISLANDER	0.0%
OTHER	0.0%
TWO OR MORE RACES	2.1%
PEOPLE 65+ LIVING BELOW POVERTY LEVEL	
AMERICAN/ALASKAN NATIVE	0.0%
ASIAN	25.7%
BLACK/AFRICAN AMERICAN	13.5%
HISPANIC/LATINO	11.8%
TWO OR MORE RACES	0.0%
PERSONS WITH A DISABILITY – BLACK/AFRICAN AMERICAN	8.4%

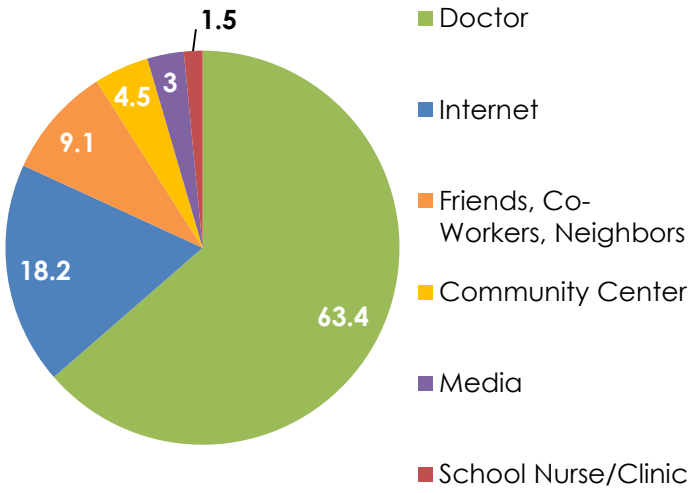
"Below poverty level" refers to the percentage of households within the given population with income less than the Federal Poverty Level. "Persons with a disability" refers to the percentage of the given population that is limited in any activities because of physical, mental, or emotional problems.

Graphs 13.3 and 13.4 below show, by percent of the population, how minority populations pay for health care and how they receive their health information based on responses to the CHA Survey. **Minority populations most commonly use employer provided health insurance to pay for their health care (39.4%), followed by private insurance. Minority populations most commonly receive health information from their doctor (63.4%), followed by the internet (18.2%).**[15]

GRAPH 13.3: HOW MINORITY POPULATIONS PAY FOR HEALTH CARE BY PERCENT, 2015

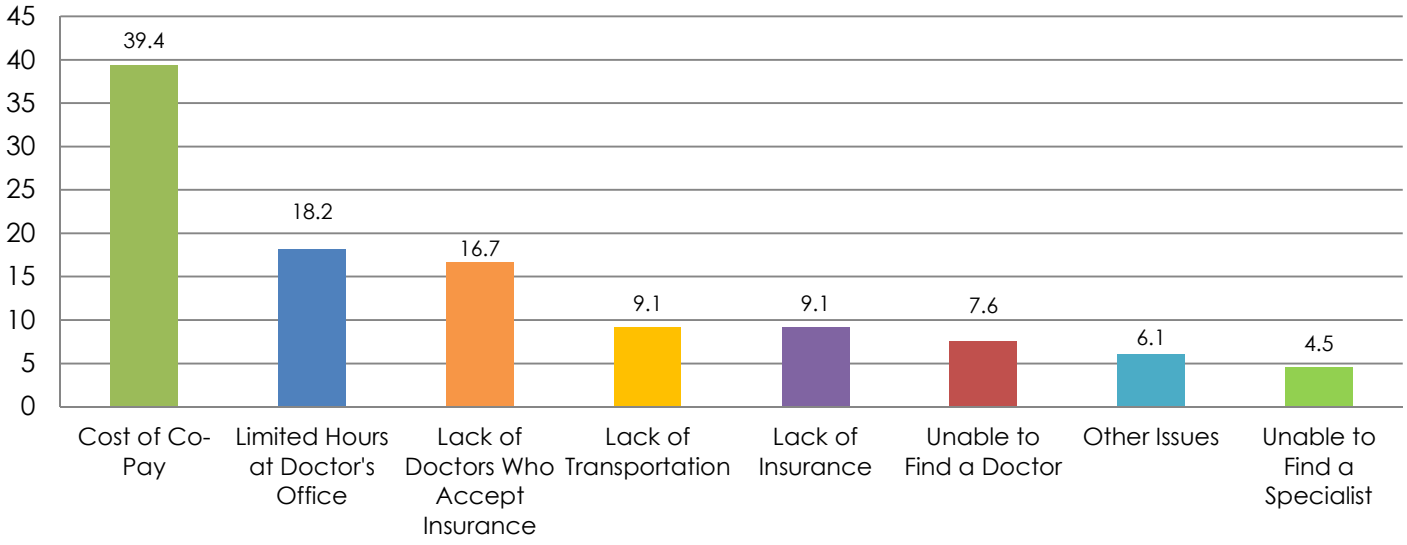


GRAPH 13.4: HOW MINORITY POPULATIONS RECEIVE HEALTH INFORMATION BY PERCENT, 2015



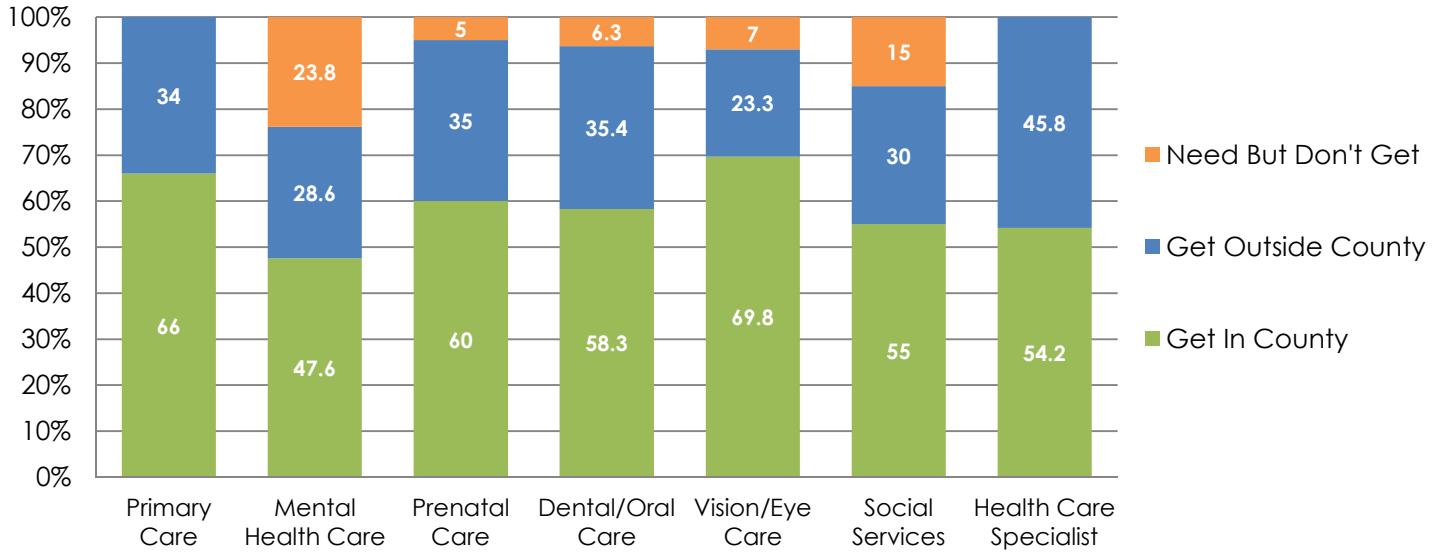
Graph 13.5 below shows, by percentage of the population, the top challenges minority populations face when accessing health care based on responses to the CHA Survey. **Cost of co-pay was cited as the top challenge (39.4%), followed by limited hours at the doctor's office (18.2%).**[15]

GRAPH 13.5: TOP CHALLENGES TO ACCESSING HEALTH CARE FOR MINORITY POPULATIONS, 2015



Graph 13.6 below shows where minority population households in Hendricks County receive health care if they need health care based on responses to the CHA Survey. **Vision/eye care had the highest percentage of households that receive that care in Hendricks County (69.8%), and health care specialist had the highest percentage of households that receive that care outside Hendricks County (56.8%). Mental health care had the highest percentage of households that need that care but do not receive it (23.8%).[15]**

GRAPH 13.6: WHERE MINORITY POPULATION HOUSEHOLDS NEEDING HEALTH CARE RECEIVE HEALTH CARE, 2015



Graph 13.7 below shows, by percentage of the population, the top issues discussed with minority populations by their doctors based on responses to the CHA Survey. **Diet and nutrition was the most commonly discussed issue (43.9%), followed by exercise (42.4%).[15]**

GRAPH 13.7: TOP ISSUES DISCUSSED WITH MINORITY POPULATIONS BY THEIR DOCTORS BY PERCENT, 2015

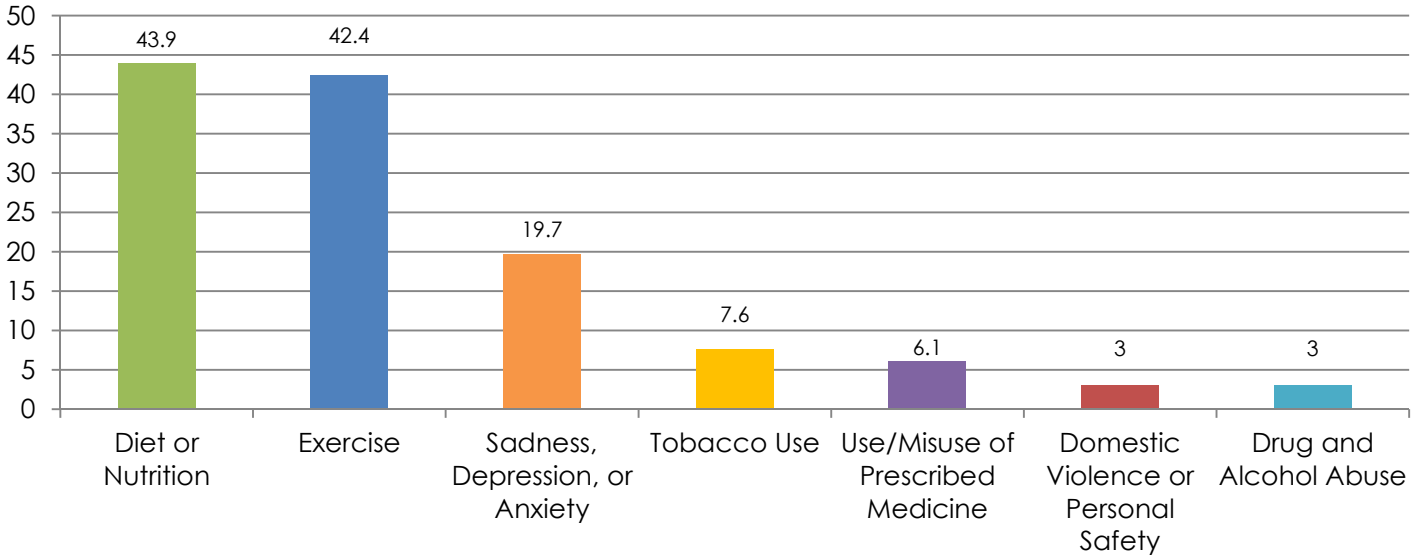


Table 13.2 below shows the health outcomes for Black or African American residents in Hendricks County compared to overall health outcomes for given indicators.

TABLE 13.2: MINORITY POPULATIONS HEALTH OUTCOMES[228]	BLACK/AFRICAN AMERICAN	OVERALL
DIABETES		
EMERGENCY ROOM VISIT RATE	24.1	10.3
HOSPITALIZATION RATE	21.3	10.4
HEART FAILURE HOSPITALIZATION RATE	35.8	25.1
HYPERTENSION HOSPITALZATION RATE	15.5	2.5
BACTERIAL PNEUMONIA		
EMERGENCY ROOM VISIT RATE	10.3	15.7
HOSPITALIZATION RATE	11.4	21.1
ASTHMA		
ADULT EMERGENCY ROOM VISIT RATE	29.4	14.9
ADULT HOSPITALIZATION RATE	8.4	4.2
PEDIATRIC EMERGENCY ROOM VISIT RATE	96.4	32.2
PEDIATRIC HOSPITALIZATION RATE	16.8	8.7

All rates, except pediatric asthma, are based on number of emergency room visits or hospitalizations per 10,000 population over age 18. Pediatric asthma rates are based on the number of emergency room visits or hospitalizations per 10,000 population under age 18.

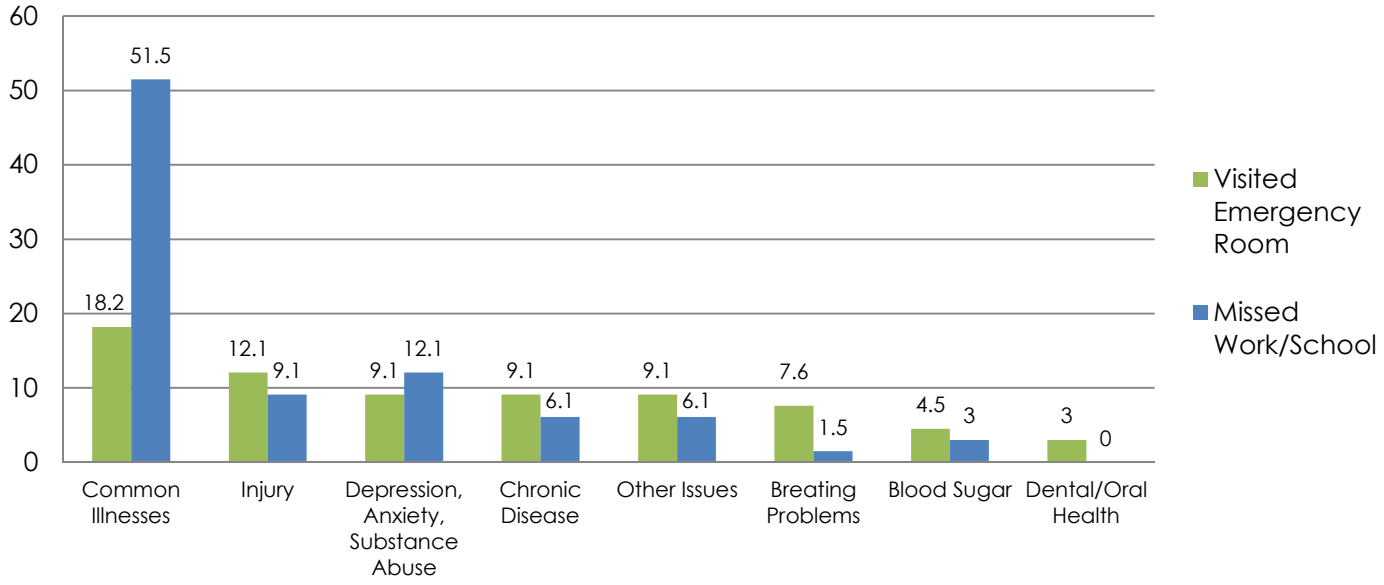
Table 13.3 below shows the maternal and child health outcomes and behaviors for Black or African American populations and Hispanic populations in both Hendricks County and Indiana.

TABLE 13.3: MINORITY POPULATIONS MATERNAL AND CHILD HEALTH OUTCOMES AND BEHAVIORS	BLACK/AFRICAN AMERICAN[229]		HISPANIC[230]	
	HENDRICKS COUNTY	INDIANA	HENDRICKS COUNTY	INDIANA
TOTAL LIVE BIRTHS	75	10,006	68	6,864
LOW BIRTH RATE	6.7%	12.9%	8.8%	6.7%
VERY LOW BIRTH RATE	SUPPRESSED	3.0%	SUPPRESSED	1.2%
PRETERM	9.3%	13.2%	8.8%	9.1%
MOTHERS WHO RECEIVED EARLY PRENATAL CARE	69.3%	56.8%	66.2%	55.8%
MOTHERS ON MEDICAID	41.3%	75.3%	45.6%	70.9%
MOTHERS WHO SMOKED DURING PREGNANCY	9.3%	11.8%	SUPPRESSED	3.8%
MOTHERS UNMARRIED AT TIME OF BIRTH	38.7%	78.8%	35.3%	54.1%
MOTHERS INITIATING BREASTFEEDING	84.0%	64.1%	86.8%	82.2%

Low birth weight is less than 2,500 grams; very low birth weight is less than 1,500 grams.
Preterm births are those that occur before 37 weeks gestation.

Graph 13.8 below shows, by percentage of the population, the reasons why minority populations visited the emergency room or missed work or school based on responses to the CHA Survey. **Common illnesses were the most common reason to visit the emergency room and miss work or school (18.2% and 51.5%, respectively), while injury (12.1%) and depression (12.1%) were the most common reasons to visit the emergency room or miss work or school, respectively.[15]**

GRAPH 13.8: REASONS WHY MINORITY POPULATIONS VISTED THE EMERGENCY ROOM OR MISSED WORK OR SCHOOL BY PERCENT, 2015



Graph 13.9 below shows, by percentage of the population, the reasons preventing minority populations from maintaining a healthy weight based on responses to the CHA Survey. **Eating habits was the most common reason preventing minority populations from maintaining a healthy weight (56.1%), followed by stress (31.8%).[15]**

GRAPH 13.9: REASONS PREVENTING MINORITY POPULATIONS FROM MAINTAING A HEALTHY WEIGHT BY PERCENT, 2015

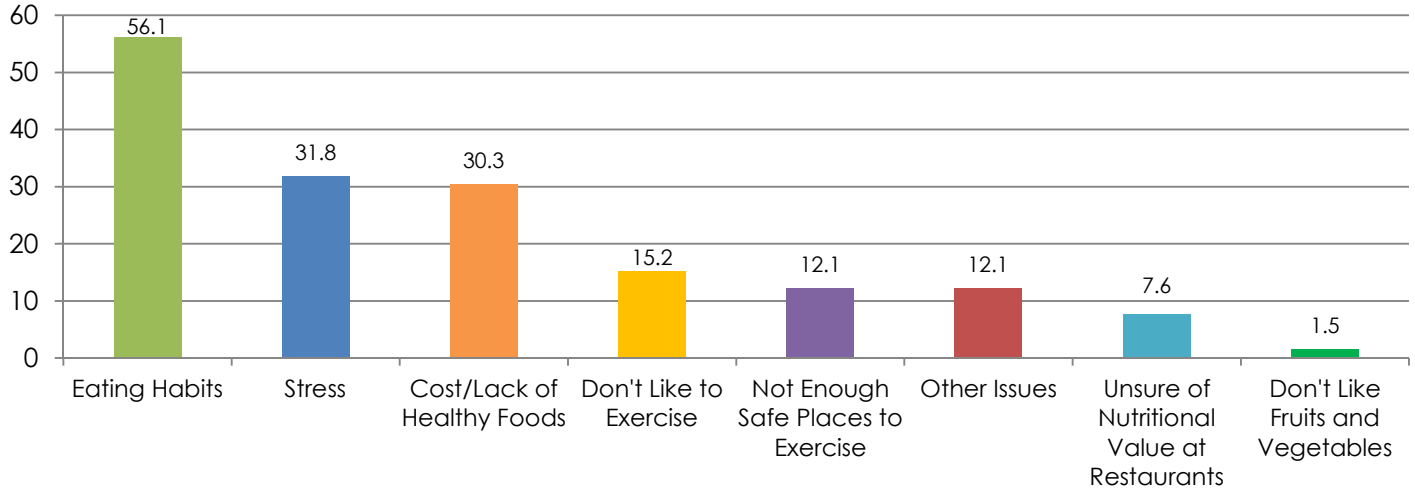
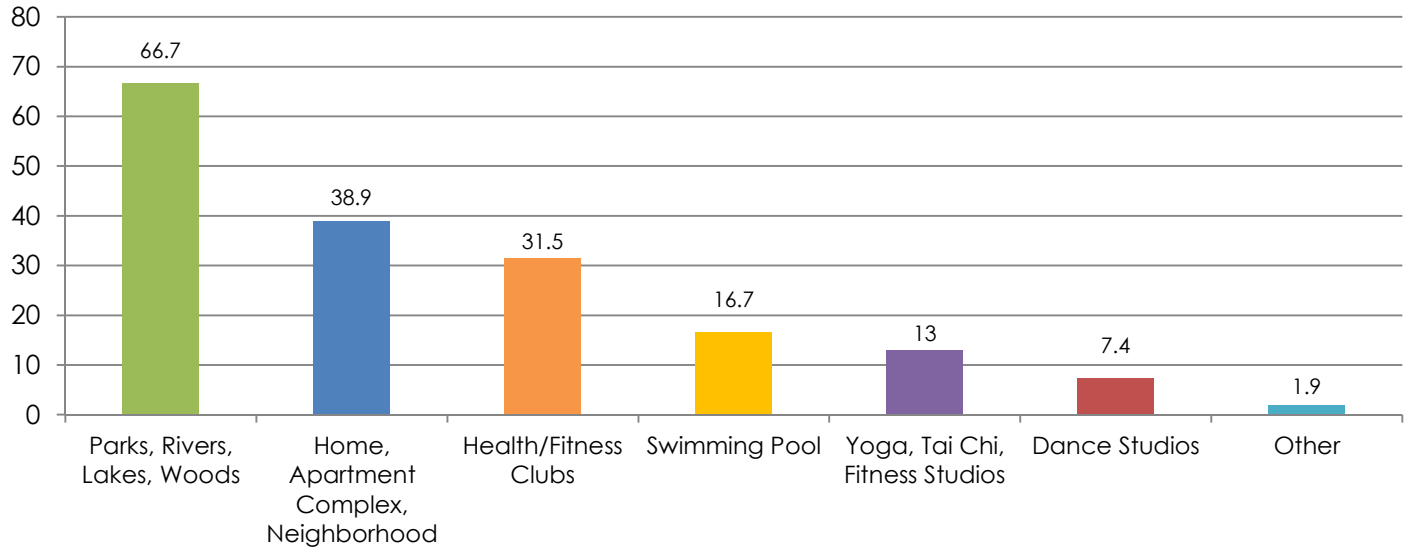


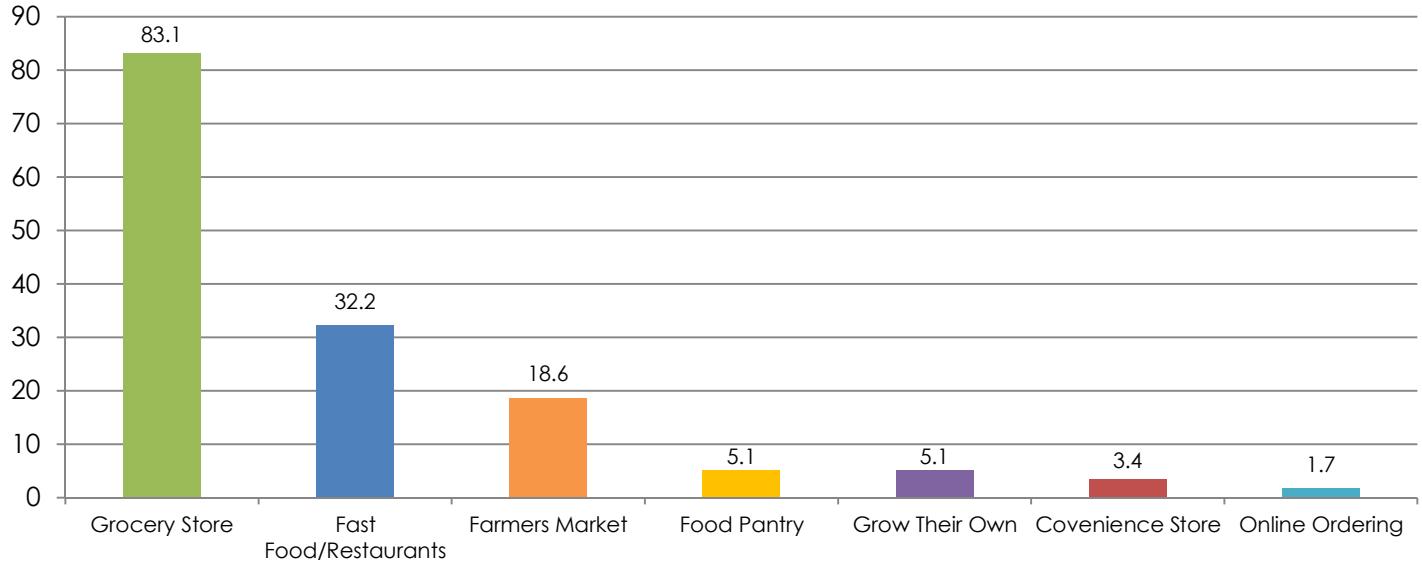
Table 13.10 below shows, by percentage of the population, where minority populations in Hendricks County go most often for physical activity based on responses to the CHA Survey. **The most common place for minority populations to go are outdoor facilities likes parks, rivers, lakes, and woods (66.7%), followed by their home, apartment complex, or neighborhood (38.9%).**[15]

GRAPH 13.10: WHERE MINORITY POPULATIONS GO FOR PHYSICAL ACTIVITY BY PERCENT, 2015

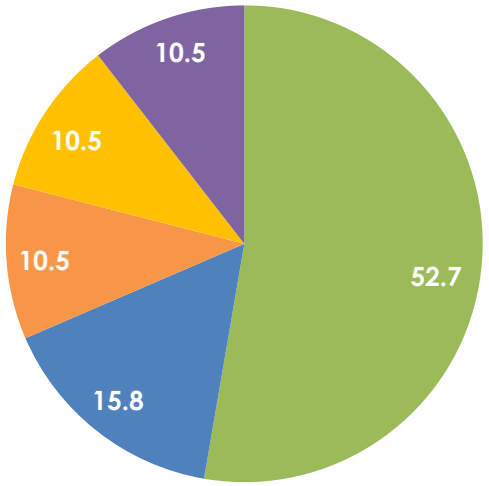


Graph 13.11 below shows, by percentage of the population, where minority populations in Hendricks County most commonly get their food based on responses to the CHA Survey. **Grocery stores are the most common places minority populations get their food (83.1%), followed by fast food and restaurants(32.2%).**[15]

GRAPH 13.11: WHERE MINORITY POPULATIONS GET FOOD BY PERCENT, 2015



Graph 13.12 below shows, by percentage of the population who uses tobacco, the types of tobacco products used by minority populations in Hendricks County based on responses to the CHA Survey. **Cigarettes are the most commonly used tobacco product (52.7%), followed by e-cigarettes (15.2%).**[15]



GRAPH 13.12: TYPES OF TOBACCO PRODUCTS USED BY MINORITY POPULATIONS BY PERCENT, 2015

- Cigarettes
- E-Cigarettes
- Hookah
- Chewing Tobacco
- Other Tobacco Products

SERVICE MEMBERS AND VETERANS

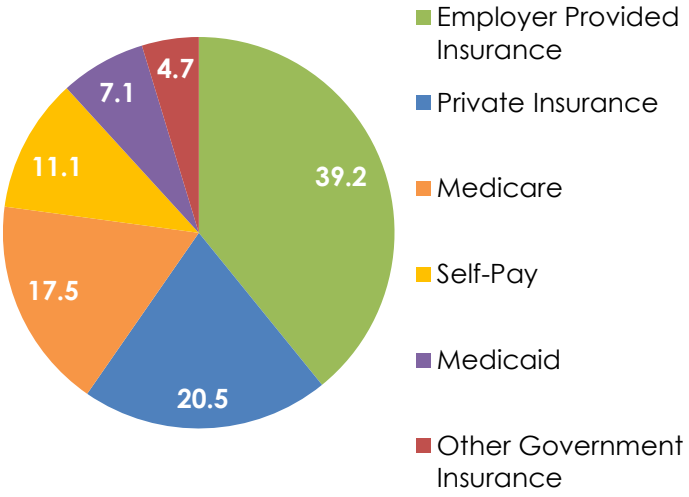
Service members and veterans are a unique population with their own set of health needs and available services, such as hospitals, nursing homes, outpatient clinics, and residential rehabilitation programs. In 2013, the Department of Veteran Affairs (VA) completed 1.17 million disability claims and expect even more in 2014. In Indiana, the VA spent almost $1.2 billion on medical care for veterans. These numbers are very high, especially since veterans make up only 8.9% of Indiana's population (9.2% in Hendricks County), and less than 30% were treated by the VA.[17,231]

Below is information about the health environment, outcomes, and behaviors that impact service members and veterans in Hendricks County. **For the purposes of this section, "service members and veterans" are defined as individuals who currently served or ever served in the military.** Table 14.1 below shows the health environment for veterans through the VA in Indiana.

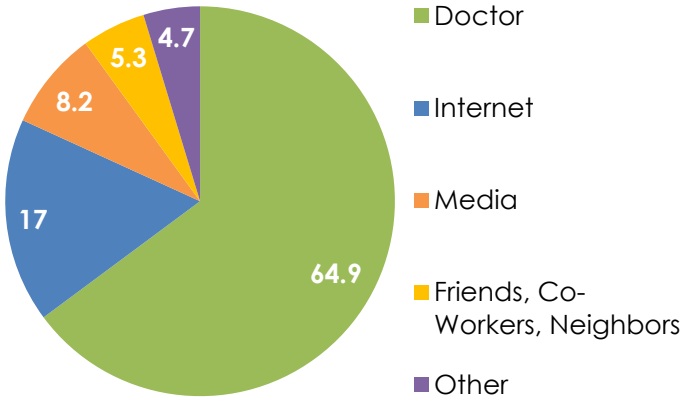
TABLE 14.1: VETERAN HEALTH ENVIRONMENT[231]	INDIANA
VETERANS' AFFAIRS HOSPITALS	3
COMMUNITY-BASED OUTPATIENT CLINICS	18
VET CENTERS	5
VETERANS BENEFITS ADMINISTRATION REGIONAL OFFICES	1

Graphs 14.1 and 14.2 below show, by percentage of the population, how service members and veterans in Hendricks County pay for their health care and how they receive health information based on responses to the CHA Survey. **Employer provided health insurance is the most common way to pay for health care (39.2%). The most common way for service members and veterans to receive health information is through their doctor (64.9%).**[15]

GRAPH 14.1: HOW SERVICE MEMBERS AND VETERANS PAY FOR HEALTH CARE BY PERCENT, 2015

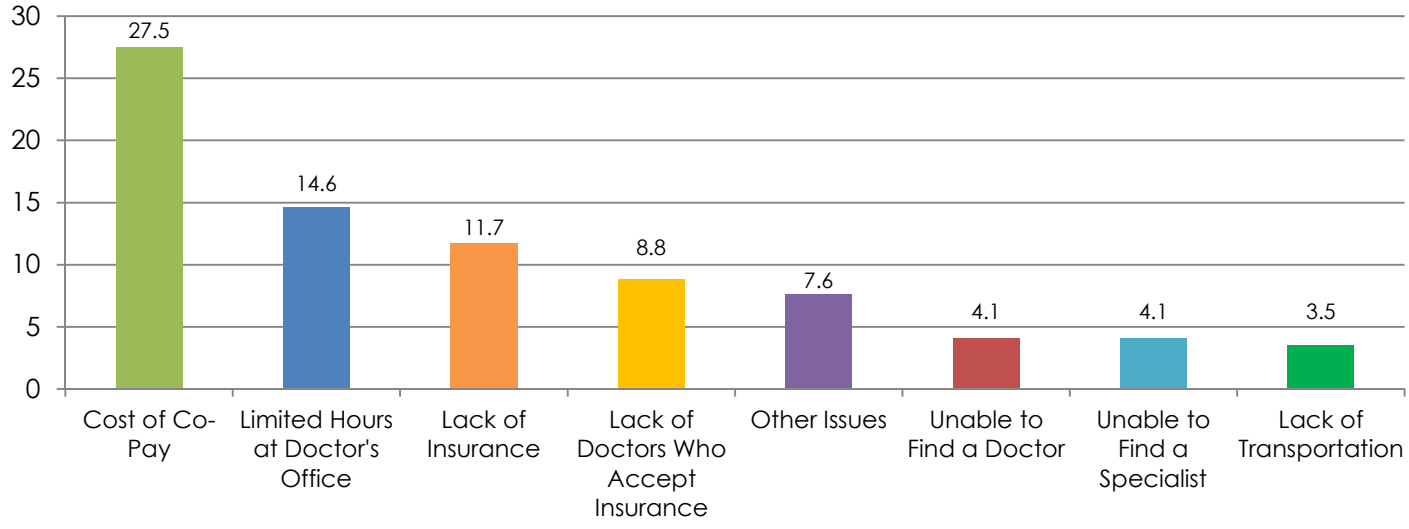


GRAPH 14.2: HOW SERVICE MEMBERS AND VETERANS RECEIVE HEALTH INFORMATION BY PERCENT, 2015



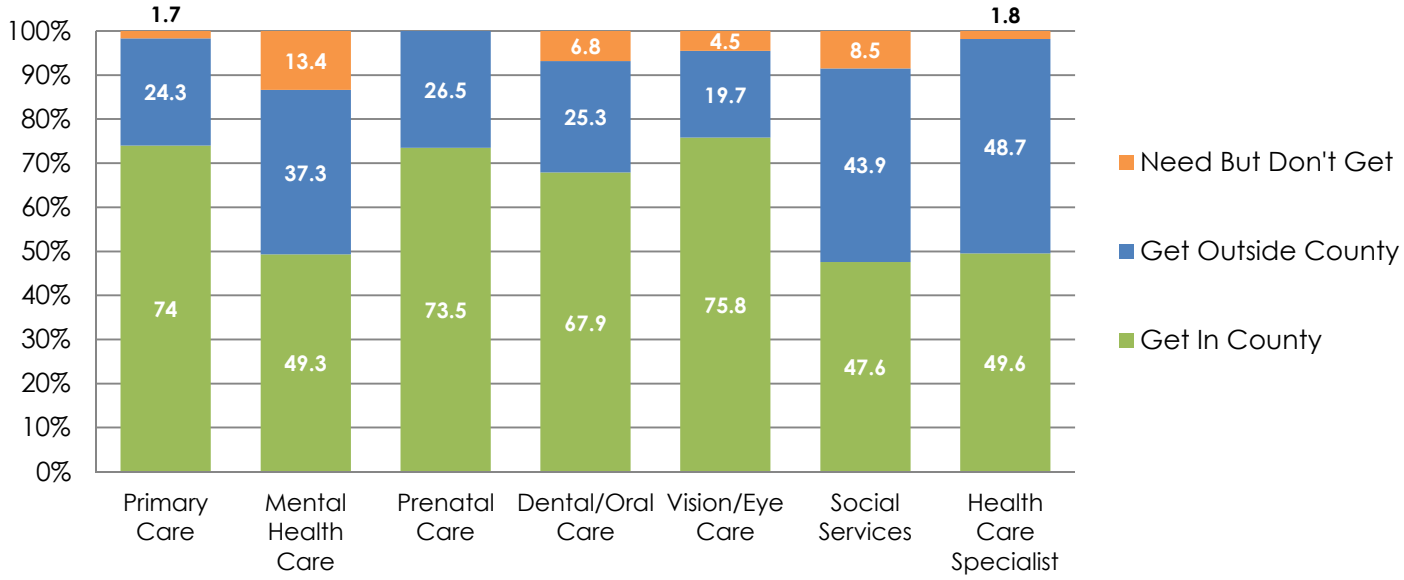
Graph 14.3 below shows, by percentage of the population, the top challenges faced by service members and veterans in Hendricks County when accessing health care based on responses to the CHA Survey. **Cost of co-pay is the top challenge faced by service members and veterans (27.5%), followed by limited hours at the doctor's office (14.6%).**[15]

GRAPH 14.3: TOP CHALLENGES TO ACCESSING HEALTH CARE FOR SERVICE MEMBERS AND VETERANS BY PERCENT, 2015



Graph 14.4 below shows, by percent, where service members and veterans in Hendricks County who need health care receive health care based on responses to the CHA Survey. **Vision/eye care is the most common health care received in Hendricks County (75.8%), and health care specialist is the most common health care received outside Hendricks County (48.7%). Mental health services are the most common needed service that services members and veterans do not receive (13.4%).**[15]

GRAPH 14.4: WHERE SERVICES MEMBERS AND VETERANS WHO NEED HEALTH CARE RECEIVIE HEALTH CARE, 2015



Graph 14.5 below shows, by percentage of the population, the top issues discussed with service members and veterans in Hendricks County by their doctors based on responses to the CHA Survey. **Exercise was the most commonly discussed issue (48%), followed by diet or nutrition (39.8%).**[15]

GRAPH 14.5: TOP ISSUES DISCUSSED WITH SERVICE MEMBERS AND VETERANS BY THEIR DOCTORS BY PERCENT, 2015

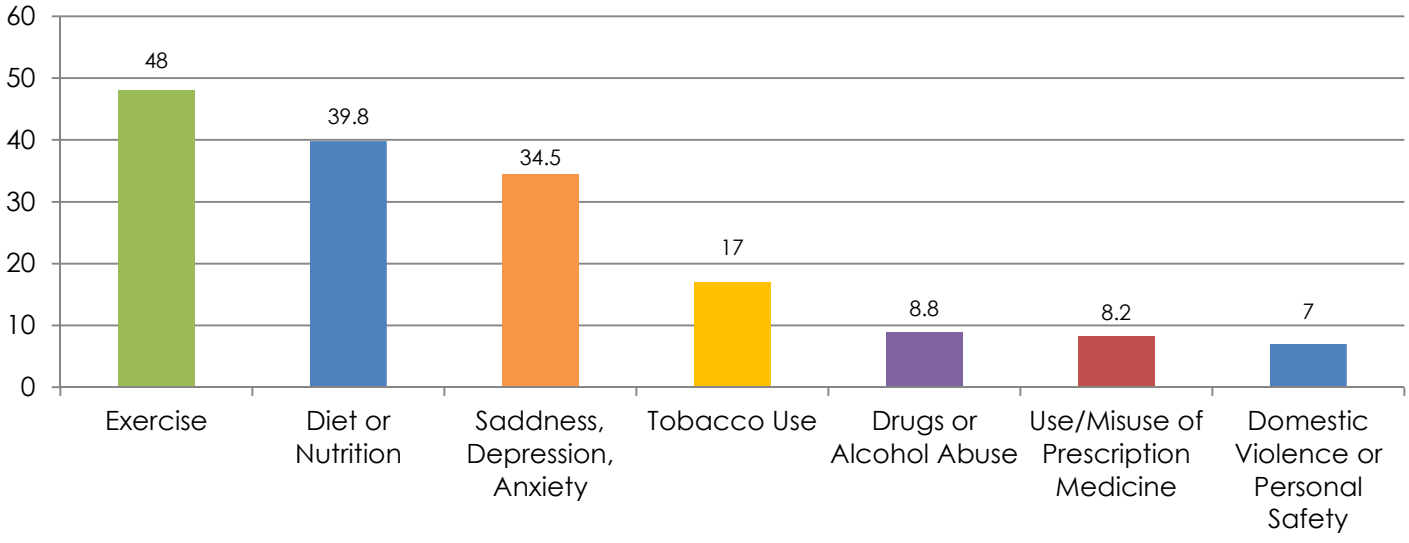
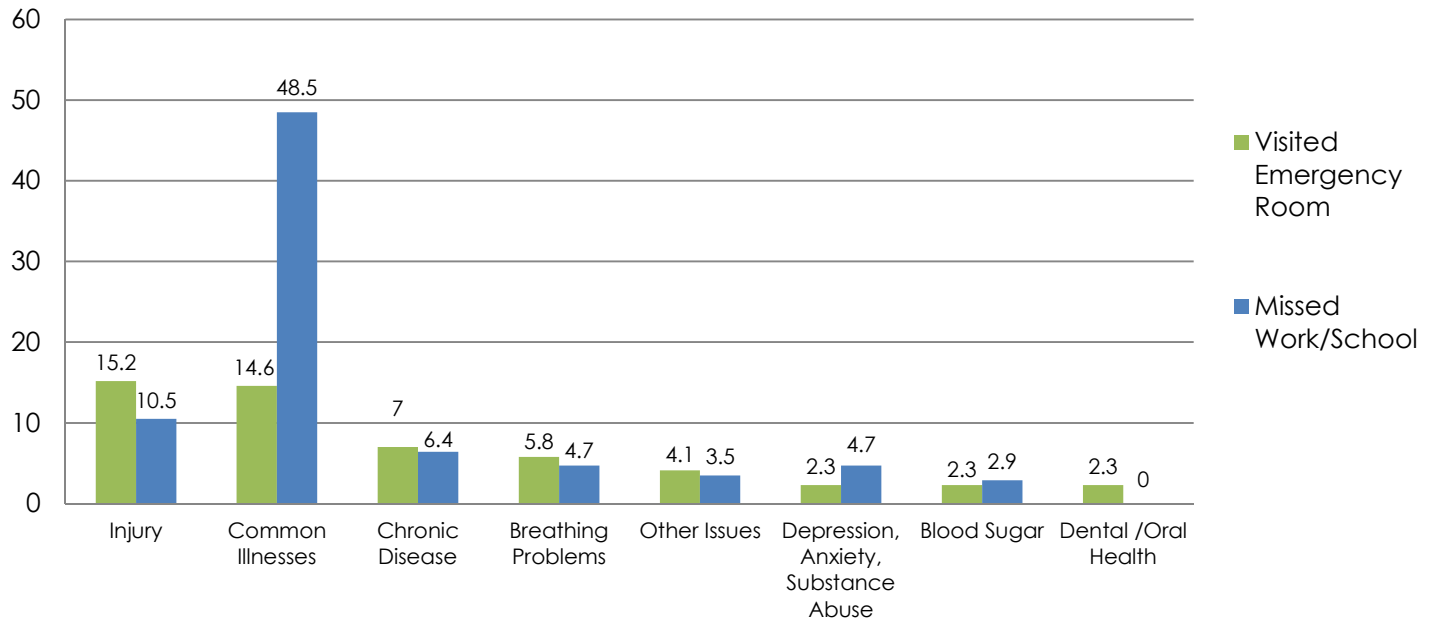


Table 14.2 below highlights the health outcomes and behaviors through the VA among veterans in Indiana.

TABLE 14.2: VETERAN HEALTH OUTCOMES AND BEHAVIORS[231]	INDIANA
VETERANS RECEIVING DISABILITY COMPENSATION	78,167
VETERANS ENROLLED IN VETERANS' AFFAIRS HEALTH CARE SYSTEM	189,409
NUMBER OF UNIQUE PATIENTS TREATED	129,285

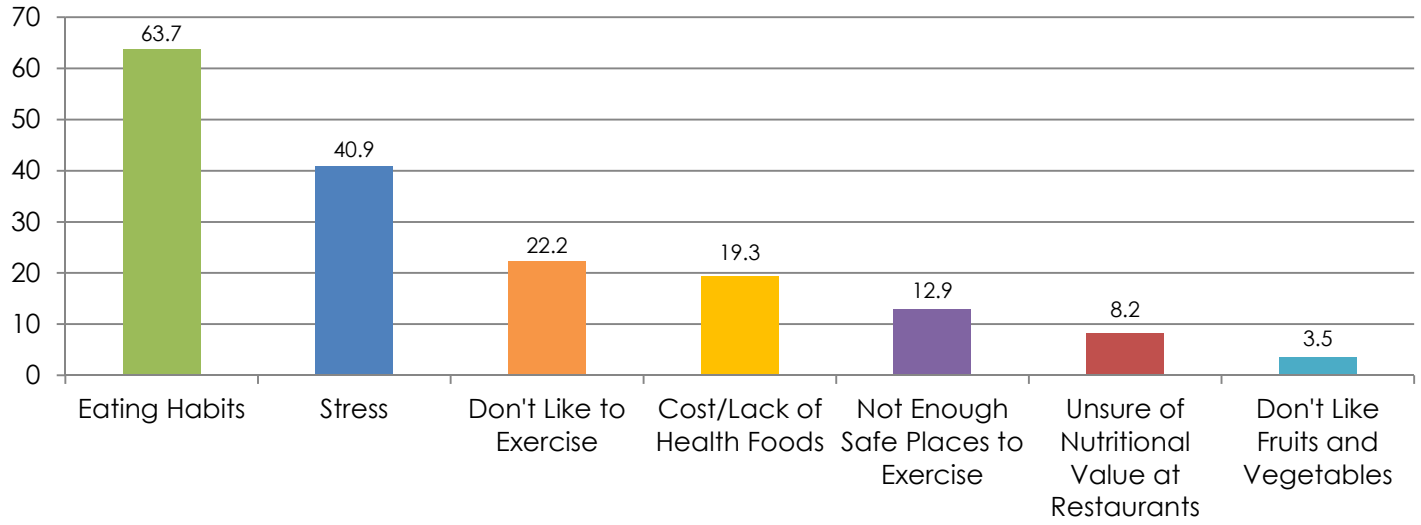
Graph 14.6 below shows, by percentage of the population, the reasons why service members and veterans in Hendricks County visited the emergency room or missed work or school based on responses to the CHA Survey. **Injuries were the most common reason for an emergency room visit (15.2%), followed by common illnesses (14.6%). Common illnesses were the most common reason to miss work or school (48.5%), followed by injuries (10.5%).[15]**

GRAPH 14.6: REASONS WHY SERVICE MEMBERS AND VETERANS VISITED THE EMERGENCY ROOM OR MISSED WORK OR SCHOOL BY PERCENT, 2015



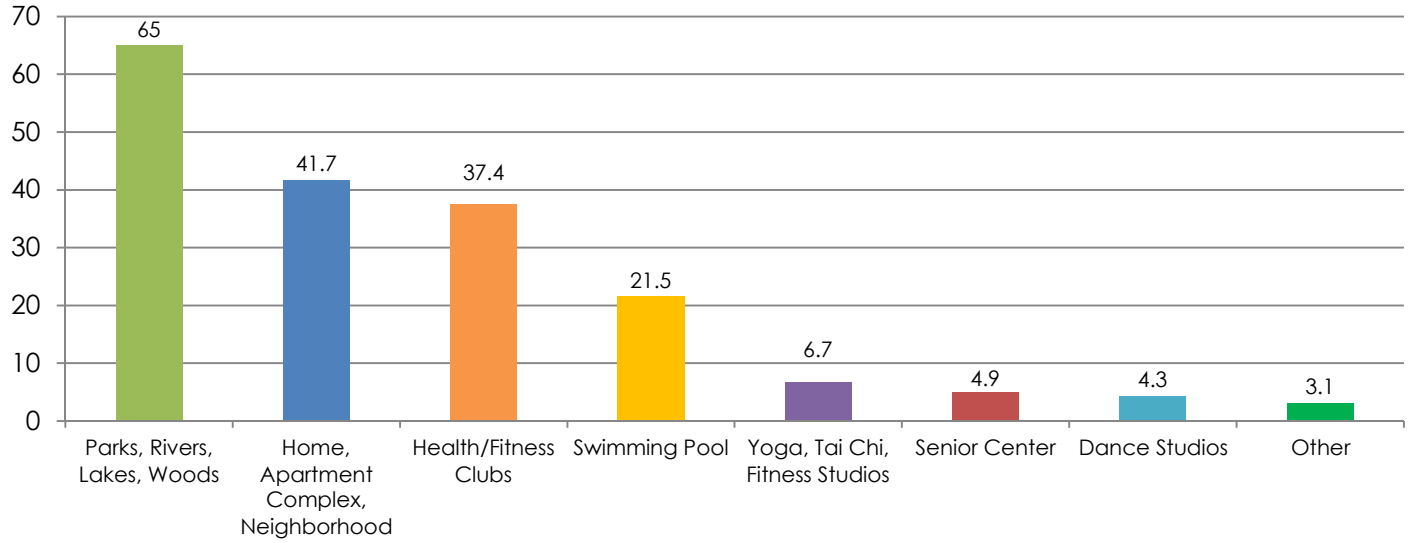
Graph 14.7 below shows, by percentage of the population, the reasons that prevent service members and veterans in Hendricks County from maintaining a healthy weight based on responses to the CHA Survey. **Eating habits are the most common reason that prevents service members and veterans from maintaining a healthy weight (63.7%), follow by stress (40.9%).**[15]

GRAPH 14.7: REASONS PREVENT SERVICE MEMBERS AND VETERANS FROM MAINTAINING A HEALTHY WEIGHT BY PERCENT, 2015



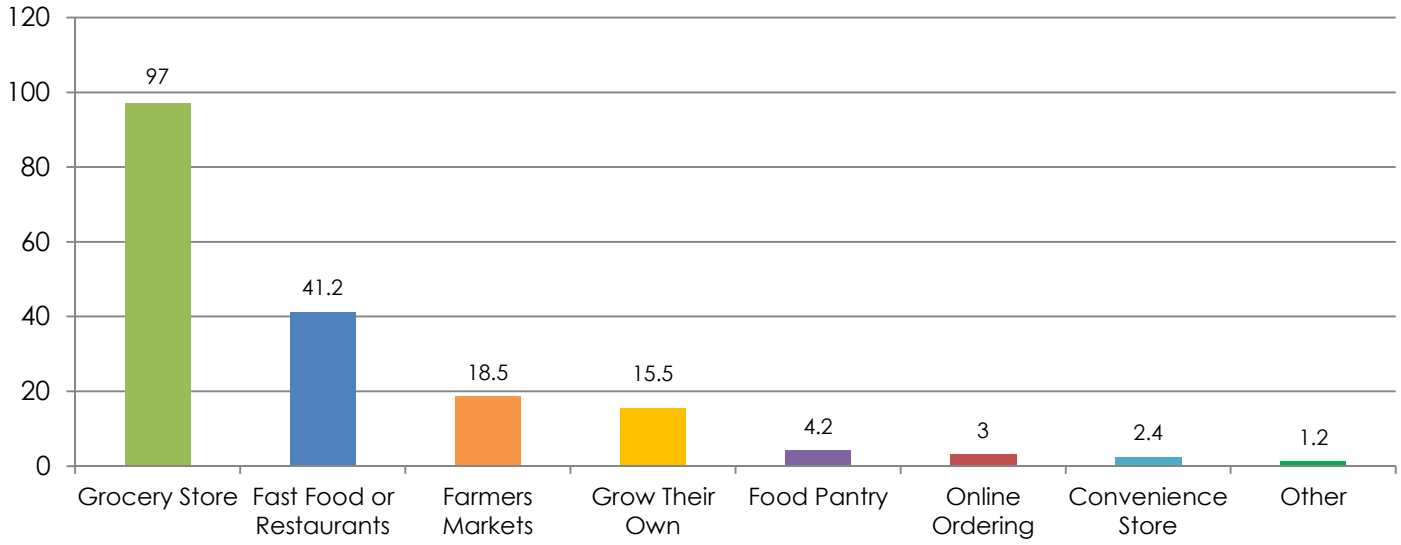
Graph 14.8 below shows, by percentage of the population, where service members and veterans in Hendricks County go for physical activity. **Service members and veterans most commonly use outdoor facilities, like parks, rivers, lakes and streams, for physical activity (65%), followed by their homes, apartment complexes, or neighborhoods (41.7%).**[15]

GRAPH 14.8: WHERE SERVICE MEMBERS AND VETERANS GO FOR PHYSICAL ACTIVITY BY PERCENT, 2015

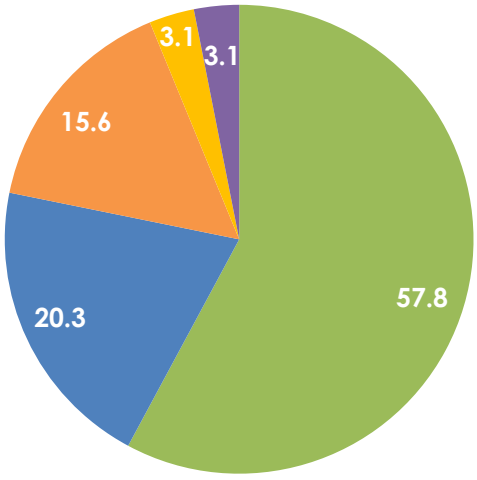


Graph 14.9 below shows, by percentage of the population, where service members and veterans in Hendricks County get their food. **Grocery stores are the most common place service members and veterans get their food (97%), followed by fast food and restaurants (41.2%).**[15]

GRAPH 14.9: WHERE SERVICES MEMBERS AND VETERANS GET FOOD BY PERCENT, 2015



Graph 14.10 below shows, by percentage of the population who uses tobacco, the types of tobacco products used by service members and veterans in Hendricks County based on responses to the CHA Survey. **Cigarettes are the most commonly used tobacco product (57.8%), follow by e-cigarettes (20.3%).**[15]



GRAPH 14.10: TOBACCO PRODUCTS USED BY SERVICE MEMBERS AND VETERANS BY PERCENT, 2015

- Cigarettes
- E-Cigarettes
- Chewing Tobacco
- Hookah
- Other Tobacco Products

PRIORITY AREAS

Five health improvement priority areas were identified by partners after reviewing the Community Health Assessment data to address through the end of 2018. Below are the priority areas and their associated goals. Additional information on how priority areas were selected and strategies for health improvement in Hendricks County can be found in the **2016 Hendricks County Community Health Improvement Plan.**

OVERALL HEALTH IMPROVEMENT GOALS FOR HENDRICKS COUNTY
By December 31, 2018, reduce the number of years of potential life lost prematurely from 5,000 to 4,500 in Hendricks County as reported by the County Health Rankings.
By December 31, 2018, reduce the percentage of adults reporting fair or poor health from 11% to 10% as reported by the County Health Rankings.

ACCESSING AND UTILIZING HEALTH CARE GOALS
By December 31, 2018, decrease the percentage of Hendricks County adults who lack a consistent source of primary care from 12.49% to 10% as reported by the Behavioral Risk Factor Surveillance System.
By December 31, 2018, decrease the number of preventable hospital stays among Hendricks County Medicare recipients from 60 discharges per 1,000 recipients to 55 per 1,000 recipients as reported by the County Health Rankings.

MENTAL WELLNESS GOALS
By December 31, 2018, reduce the number of poor mental health days among Hendricks County adults from 2.7 days per month to 2.2 days per month as reported by the County Health Rankings.
By December 31, 2018, decrease the rate of suicide in Hendricks County from 10.9 deaths per 100,000 populations to 10.5 deaths per 100,000 populations as presorted by the Centers for Disease Control and Prevention.

SUBSTANCE ABUSE GOAL
By December 31, 2018, reduce the drug poisoning death rate in Hendricks County from 10.2 per 100,000 populations to 9.7 deaths per 100,000 populations as reported by the County Health Rankings.

PHYSICAL ACTIVITY AND NUTRITION GOALS
By December 31, 2018, decrease the percentage of Hendricks County residents who are physically inactive from 29.3% to 28.8% as reported by the Centers for Disease Control and Prevention.
By December 31, 2018, decrease the percentage of Hendricks County residents with inadequate fruits and vegetable consumption from 75.9% to 75.4% as reported by the Behavioral Risk Factor Surveillance System.

TOBACCO USE GOAL
By December 31, 2018, decrease the percentage of Hendricks County adults who smoke from 18% to 17% as reported by the County Health Rankings.

COMMUNITY RESOURCES

Below is information about some of the community resource databases and local health and social service agencies providing resources to address the priority areas listed above.

COMMUNITY RESOURCE DATABASES	
DATABASE	**INFORMATION PROVIDED**
Connect2Help 2-1-1	Phone and web-based database of health, social, and quality of life services and community resources available in central Indiana
Hendricks County Rainbow Book	Downloadable and printable resource guide with information on health, social, and quality of life programs and services within or serving Hendricks County
Hendricks County Resource Guide	Printable guide with information on community programs and services within Hendricks County, with an emphasis on mental health crisis and social support services
Hendricks County Charity Check	Provides information about local non-profit and charitable organizations serving Hendricks County

ACCESSING AND UTILIZING HEALTH CARE RESOURCES AND ASSETS	
RESOURCE/ASSET	**SERVICE(S) PROVIDED**
Hope Healthcare Services	Provides medical and dental care for uninsured county residents
Hendricks Regional Health's Partners in Care	Provides primary care and women's health services for infants, children, and adults who are uninsured or on Medicaid
Hendricks Regional Health	Provides primary, specialty, urgent, and emergency care; wellness screenings; health insurance plans; health insurance enrollment
IU Health West	Provides primary, specialty, urgent, and emergency care; wellness screenings; health insurance plans; health insurance enrollment
American Health Network	Provides primary, specialty, and urgent care
Hendricks County Health Department Nursing Division	Provides immunizations and basic health screenings to uninsured and insured county residents
Indiana Rural Health Association	Provides health insurance enrollment
Hendricks County Department of Family Resources	Provides Medicaid and Hoosier Healthwise enrollment
MDWise	Provides health insurance plans through the Health Insurance Marketplace; health insurance enrollment

Managed Health Services	Provides health insurance plans through the Health Insurance Marketplace; health insurance enrollment
Hendricks County Seniors Services	Connects older adults to Medicare, home health, and other health care resources

MENTAL WELLNESS RESOURCES AND ASSETS	
RESOURCE/ASSET	**SERVICE(S) PROVIDED**
Mental Health America of Hendricks County	Provides some counseling, suicide prevention and other mental health training, and referral to mental health services
Cummins Behavioral Health Services	Provides counseling, wraparound services, and other mental health and wellness services
The Hamilton Center	Provides counseling, wraparound services, and other mental health and wellness services
Children's Mental Health Initiative	Assesses children for needed mental health services and provides or refers families to available services
Children's Mental Health Wraparound	Provides mental health and social services to children and families to keep family units intact
STAR Behavioral Health Services	Provides mental health services to service members and veterans from specially-trained mental health care providers
Hendricks Therapy	Provides mental health and wellness services
Hendricks County Systems of Care Coalition	Coalition of local partners who work together to fill service gaps for children and families in need of mental health and social services

SUBSTANCE ABUSE RESOURCES AND ASSETS	
RESOURCE/ASSET	**SERVICE(S) PROVIDED**
Cummins Behavioral Health Services	Provides substance abuse treatment
Fairbanks	Provides substance abuse treatment
The Hamilton Center	Provides substance abuse treatment
Hendricks County Substance Abuse Task Force	Coordinates local initiatives to reduce the burden of substance abuse on the Hendricks County community
The Willow Center	Provides substance abuse treatment
Hendricks County Drug Court	Provides substance abuse treatment and accountability for qualifying offenders

Office of U.S. Senator Joe Donnelly	Advocates for substance abuse resources at the national level and connects local, state, and national partners addressing substance abuse
Stopping Minors with Alcohol Response Team (SMART) Program	Conducts compliance checks on local businesses who sell or serve alcohol to prevent sale to minors and responds to social events involving minors and alcohol
Tox-Away Days	Collects unused and/or expired medications and sharps
Hendricks County Sheriff's Department	Collects unused and/or expired medications and sharps
Plainfield Police Department	Collects unused and/or expired medications and sharps
Avon Police Department	Collects unused and/or expired medications and sharps

PHYSICAL ACTIVITY AND NUTRITION RESOURCES AND ASSETS	
RESOURCE/ASSET	**SERVICE(S) PROVIDED**
Hendricks Regional Health	Provides nutrition education, physical activity, and physical therapy services
IU Health West	Provides nutrition education, physical activity, and physical therapy services
Hendricks Regional Health YMCA	Provides nutrition education, physical activity, and physical therapy services
Plainfield Recreation and Aquatic Center	Provides physical activity and recreation services
Danville Athletic Club	Provides physical activity and recreation services
Purdue Extension – Hendricks County	Provides nutrition education and coordinates local food pantry coalition
Hendricks County Food Pantry Coalition	Facilitates collaboration among food pantries in Hendricks County to reduce food insecurity
Brownsburg Farmers Market	Provides vendor space for local farmers to sell fresh produce
Danville Farmers Market	Provides vendor space for local farmers to sell fresh produce
Pittsboro Farmers Market	Provides vendor space for local farmers to sell fresh produce
Avon Farmers Market	Provides vendor space for local farmers to sell fresh produce
Hendricks County Parks and Recreation	Provides trails and other outdoor facilities for physical activity
Brownsburg Parks and Recreation	Provides fitness classes, trails, and other facilities for physical activity

Danville Parks and Recreation	Provides trails and other outdoor facilities for physical activity
Avon Town Hall Park	Provides trails and other outdoor facilities for physical activity
Plainfield Parks and Recreation	Provides trails and other outdoor facilities for physical activity
Washington Township Park	Provides fitness classes, trails, and other facilities for physical activity
Hummel Park	Provides trails and other outdoor facilities for physical activity
Hendricks County Senior Services	Provides exercise equipment and fitness classes at the Hendricks County Senior Center
Vandalia Trail	Provides walking and biking trails across parts of Hendricks County
B&O Trail	Provides walking and biking trails across parts of Hendricks County

TOBACCO USE RESOURCES AND ASSESTS	
RESOURCE/ASSET	**SERVICE(S) PROVIDED**
Tobacco Free Hendricks County	Coordinates collaboration among local partners to reduce tobacco use and secondhand smoke exposure in Hendricks County
BABY & ME – Tobacco Free™ at the Hendricks County Health Department	Provides tobacco cessation services to pregnant women before and after birth
Indiana Tobacco Quitline	Provides free phone, web, and text-based tobacco cessation services
Indiana Tobacco Quitline Preferred Provider Network	Provides resources to health care providers, employers, and community agencies to refer patients and clients to the Indiana Tobacco Quitline and help them quit tobacco
Hendricks Regional Health	Provides screening and direct referral to the Indiana Tobacco Quitline via electronic medical records

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APPENDIX A: 2015 HENDRICKS COUNTY COMMUNITY HEALTH ASSESSMENT SURVEY

HENDRICKS COUNTY HEALTH PARTNERSHIP
2015 COMMUNITY HEALTH ASSESSMENT SURVEY

The Hendricks County Health Partnership, Franciscan St. Francis Health, IU Health, St. Vincent Health, and Community Health Network are seeking input on health concerns facing residents across the state, including Hendricks County. Please take 5-10 minutes to complete this survey for you. If you have any questions regarding this survey, please contact Rachel Buckman, coordinator of the Hendricks County Health Partnership, at HendricksHealthPartnership@gmail.com or call (317) 745-9372. Thank you for your input.

1. In what ZIP code is your home located (enter 5-digit ZIP code; for example, 00544 or 94305)?	

2. Select the top three social issues in your community, defined as your city, town, neighborhood, or ZIP code (mark the box on the left of your answers with a 1, 2, or 3):

	Public Safety		Hunger
	Health		Transportation
	Poverty		Housing
	Education		Environment (parks, sidewalks, roads, biking paths)
	Pollution (clean, safe air quality)		

Other (please specify):

3. Select the top five health needs in your community, defined as your city, town, neighborhood, or ZIP code (mark the box on the left of your answers with a 1, 2, 3, 4, or 5):

	Access to healthcare		Mental health (depression, anxiety, sadness)
	Substance abuse (alcohol, other drugs)		Smoking and tobacco use
	Prenatal health		Dental/oral health
	Hearing/vision problems		Obesity
	Chronic disease (cancer, heart disease, etc.)		Asthma
	Injury prevention		Infant mortality

Other (please specify):

4. Select the top three reasons why obesity is an issue in your community, defined as your city, town, neighborhood, or ZIP code (mark the box on the left of your answers with a 1, 2, or 3):

	Access to parks and places to exercise		Access to healthy and affordable foods (fruits and vegetables)
	Safety reasons (personal/traffic/neighborhood)		Lack of sidewalks/bike trails
	Not promoting healthy habits in our community, schools, and churches		Lack of recreation/physical activity programs
	Unhealthy diet and exercise habits		Not a problem

Other (please specify):

5. Select the top three ways to improve mental health in your community, defined as your city, town, neighborhood, or ZIP code (mark the box on the left of your answers with a 1, 2, or 3):

	Increase programs for mental health problems (depression, anxiety, suicide)		Increase the number of treatment facilities
	Increase substance abuse programs and resources		Increase prevention programs
	Increase mental health screenings from doctors		Increase mental health treatment from doctors
	Increase awareness of mental health services		Not a problem

Other (please specify):

6. In the past 12 months, have you or anyone in your household visited the Emergency Room (ER) for any of the following (choose all that apply by marking the box on the left of your answers):

	Breath problems (asthma, COPD)		Blood sugar (diabetes)
	Depression/anxiety/substance abuse		Dental/oral health
	Chronic disease (cancer, heart problems)		Common illnesses (colds, ear infections, rash, flu)
	Injury		Did not visit the ER in the past 12 months

Other (please specify):

7. In the past 12 months, have your or anyone in your household missed school/work due to the following (choose all that apply by marking the box on the left of your answers):

	No one has missed school/work in the past 12 months		Breathing problems (asthma, COPD)
	Blood sugar (diabetes)		Depression/anxiety/substance abuse
	Chronic disease (cancer, health problems)		Common illnesses (colds, ear infections, rash, flu)
	Injury		

Other (please specify):

8. How do you pay for your health needs (choose all that apply by marking the box on the left of your answers):

	Private insurance		Medicare
	Medicaid		Employer provided insurance
	Other government programs		Self-pay (cash)

Other (please specify):

9. What keeps you from your healthy weight (choose all that apply by marking the box on the left of your answers):

	Eating habits (fried foods, unhealthy snacking, fast food, overeating)		Not enough safe parks, sidewalks, walking trails, and low cost gym memberships
	Cost and lack of healthy foods (fruits and vegetables)		Don't like to exercise
	Don't like fruits and vegetables		Unsure of nutritional value in restaurant meals (calories, fat grams)
	Stress		Not a problem

Other (please specify):

10. Has your doctor talked to you about (choose all that apply by marking the box on the left of your answers):			
	Sadness, depression, or anxiety		Domestic violence or personal safety
	Drug and alcohol abuse		Tobacco use
	Use/misuse of prescribed medicine		Diet or nutrition
	Exercise		Does not apply
Other (please specify):			

11. In the past 30 days, have you or anyone in your household used any of the following (choose all that apply by marking the box on the left of your answers):			
	Cigarettes/cigars		E-cigarettes
	Hookah		Chewing tobacco
	Other tobacco products		Does not apply
Other (please specify):			

12. What are the top three challenges for you and your household when receiving healthcare (mark the box on the left of your answers with a 1, 2, or 3):			
	Lack of transportation		Lack of insurance
	Cost of co-pay		Limited hours at doctor's office/clinic
	Unable to find a doctor		Unable to find a specialist
	Lack of doctors who accept my insurance		No problems receiving healthcare
Other (please specify):			

13. When you have a doctor's appointment, lab work, x-rays, etc., how do you get to your appointment (choose all that apply by marking the box on the left of your answers):			
	My car		Public transportation
	Taxi		Family or friend
	Walk		I miss my appointments due to lack of transportation
Other (please specify):			

14. What is your primary way for receiving health information (mark the box on the left of your answer):			
	My doctor (doctor's office, local clinic)		Family
	Friends/co-workers/neighbors		School clinic or nurse
	Community center		Church
	Internet		Media (radio, TV, magazines, etc.)
Other (please specify):			

15. What can hospitals and healthcare organizations do to help improve the health of your community?

16. In the past 12 months, what positive changes have you made for your own health?

17. What is your age (mark the box on the left of your answer):

	18 to 24		25 to 34		35 to 44		45 to 54
	55 to 64		65 to 74		75 or older		

18. What is your ethnicity (choose all that apply by marking the box on the left of your answers):

	American Indian or Alaskan Native		Asian or Pacific Islander
	Black or African American		Hispanic or Latino
	White/Caucasian		Burmese
Other (please specify):			

19. What is your average household income (mark the box on the left of your answer):

	$0 - $24,999		$25,000 - $49,999		$50,000 - $74,999
	$75,000 - $99,999		$100,000 - $124,999		$125,000 - $149,999
	$150,000 - $174,999		$175,000 - $199,999		$200,000 and up

20. In what county do you currently reside?

IF YOU DO NOT CURRENTLY RESIDE IN HENDRICKS COUNTY, PLEASE DO NOT ANSWER QUESTIONS 21-30. THANK YOU FOR YOUR INPUT.

21. Have you or anyone in your household ever served in the military (mark the box on the left of your answer):		Yes		No

22. What are the top three challenges for you and your household when receiving mental health care, such as counseling for loss, divorce, stress, depression, substance abuse, or other issues (mark the box on the left of your answers):

	Lack of transportation		Lack of insurance
	Cost of co-pay		Unable to find a provider
	Lack of providers who accept my insurance		No problem getting services
	I/We don't need services		
Other (please specify):			

23. What are the top three environmental health issues in your community (mark the box on the left of your answers):

	Animal issues (bites, overpopulation)		Illegal burning
	Food safety		Indoor air (mold, radon, secondhand smoke)
	Vector control (mosquitoes, insects)		Water quality (waterways, drinking water, recreation/pool water)
	Property mismanagement (unsafe housing, weeds and overgrowth)		Untreated sewage
Other (please specify):			

24. What are the top three public health and safety issues in your community (mark the box on the left of your answers):

	Rape/sexual assault		Motor vehicle crashes
	Infectious disease (whooping cough, measles)		Violent crime
	Child abuse/neglect		Domestic violence/teen dating violence
	Natural disasters (tornado, flood, severe winter weather)		Man-made disasters (chemical spills, explosives)
	Substance abuse		

Other (please specify):

25. Please select which services you and your household use and where you go for those services (check all that apply):

	Get in Hendricks County	Get Outside Hendricks County	Need Service but Don't Get It	Don't Need Service
Primary care (family doctor, nurse practitioner)				
Mental health care (counseling, treatment, testing, diagnosis)				
Prenatal care				
Dental/oral health care				
Eye/vision care				
Social services (Medicare/Medicaid, Veteran's Affairs, unemployment)				
Health care specialist (cardiologist, pulmonologist)				

Other (please specify):

26. Please select who in your household has participated in these health prevention activities in the last 12 months to stay healthy (check all that apply):

	Myself	Spouse/ Domestic Partner	Child/ Children	Adult Dependent(s)	Not Needed for Anyone in Household
Annual physical/check-up					
Age-appropriate screenings (colonoscopy, pap smear)					
Flu shot					
Age-appropriate immunizations (chicken pox shot, shingles shot)					
Stayed physically active two or more days of the week					
Ate fruits and vegetables more than once a day					
Routine dental exam/check-up					

Routine eye exam/vision screening					
Quit smoking/using tobacco					

Other (please specify):

27. What places do you go for recreation and physical activity most often (choose up to two by marking the box on the left of your answers):

	Parks/rivers/lakes/woods		Dance studios
	Swimming pool		Health/fitness clubs
	Yoga/tai chi/fitness studio		Home/apartment complex/neighborhood

Other (please specify):

28. What places do you go most often for food (choose up to two by marking the box on the left of your answers):

	Grocery store		Convenience store/gas station
	Food pantry		Farmers market
	Online ordering		Fast food/restaurants
	Grow my own		

Other (please specify):

29. If you have a child who was born between January 1, 2009, and December 31, 2013, how many months did they breastfeed (mark the box on the left of your answer):

	0 – 3 months		4 – 6 months		7 – 9 months
	10 – 12 months		12 + months		Never breastfed
	Not applicable				

Other (please specify):

30. What is your gender (mark the box on the left of your answer):		Female		Male

THANK YOU FOR YOUR INPUT. PLEASE SEND YOUR COMPLETED SURVEY IN THE ACCOMPANYING POSTAGE-PAID ENVELOPE.

IF YOU DO NOT HAVE AN ACCOMPANYING POSTAGE-PAID ENVELOPE, PLEASE DROP OFF OR SEND YOUR COMPLETED SURVEY TO:

RACHEL BUCKMAN, HEALTH EDUCATOR
HENDRICKS COUNTY HEALTH DEPARTMENT
355 S. WASHINGTON ST. #210
DANVILLE, IN 46122

FOR MORE INFORMATION, CALL OR EMAIL:

PHONE: (317) 745-9372
EMAIL: HENDRICKSHEALTHPARTNERSHIP@GMAIL.COM

APPENDIX B: FOCUS GROUP AND TOWN HALL MEETING MATERIALS

HENDRICKS COUNTY HEALTH PARTNERSHIP
FOCUS GROUP QUESTIONS

1. What makes a community healthy?

2. What are the three biggest problems that **<POPULATION>** faces when trying to live long and healthy lives?

3. What are the three things that could be done in Hendricks County to help **<POPULATION>** live longer and healthier lives?

4. How can we improve programs and services that already exist in Hendricks County to help **<POPULATION>** live longer and healthier lives?

5. What programs, services, agencies, or businesses would you send a friend or family member to if they needed help living a longer and healthier life?

HENDRICKS COUNTY HEALTH PARTNERSHIP
FOCUS GROUP QUESTIONS

1. What makes a community healthy?
   Probe: When you think about what makes a community healthy, think about the types of services it provides, types of facilities it has, how and where people live, and the type of activities people do in their free time.

2. What are the three biggest problems that **<POPULATION>** faces when trying to live long and healthy lives?
   Probe: When you think about these problems that make it harder to live a long and healthy life, think about everything that could cause a negative effect on someone's life such as poor physical health; lack of mental health care; limited transportation, housing, or employment options.

3. What are the three things that could be done in Hendricks County to help **<POPULATION>** live longer and healthier lives?
   Probe: If we had all the money and resources in the world, what types of programs, services, businesses, or changes to the environment would you want to see?

4. How can we improve programs and services that already exist in Hendricks County to help **<POPULATION>** live longer and healthier lives?
   Probe: Is there something that is already in place that you don't think is working well that you think could work better? What could we do to make it better?

5. What programs, services, agencies, or businesses would you send a friend or family member to if they needed help living a longer and healthier life?
   Probe: If someone needed help, where would you recommend they go or who would you recommend they talk to?

****FACILITATOR AND NOTE TAKER COPIES ONLY****

HENDRICKS COUNTY HEALTH PARTNERSHIP
PUBLIC MEETINGS AND KEY INFORMANT INTERVIEWS SUMMARY

TOP CONCERNS (ALL GROUPS)

Transportation (lack of mass transit; walkability; mobility)	Property Management (blight; rentals)
Mental Health (stress; substance abuse; support groups)	Access to Health Services and Resources (location; affordability; lack of insurance)
Environmental Health (water quality; sewage; air quality; vector control)	Nutrition (breastfeeding support; food deserts; accurate information; healthy food options/restaurants)
Health Communication (lack of knowledge about available services; information overload on certain health topics, i.e. nutrition)	Tobacco Use (low tax on tobacco; smoking establishments)
Economic Development/Financial Health (low wages/lack of jobs; high cost of goods/services; small tax base)	Physical Inactivity (expensive recreation facilities; limited variety of types; locations; and times for exercise classes; lack of parks systems in rural areas)

COMPONENTS OF A HEALTHY COMMUNITY (ALL GROUPS)

Walking/biking trails (connectivity)	Location
Parks	"Healthy choice is the easy choice" (e.g. food choices)
Support services for mental/emotional health	Health-minded attitudes/values
Access to reasonably-priced health care	Employee assistance and wellness
Access to reasonably-priced recreation facilities	Resident involvement and community support (e.g. sense of responsibility, respect, and helpfulness for neighbors, personal property, and self)
Access to fresh fruits, vegetables, and healthy foods	Economic development (e.g. businesses people will go to, use, and/or visit with neighbors)
Education/communication about services	See people being active
Adequate amount of and convenient access to services for entire	Shared use agreements with schools

UPDATED: 06/25/2015

county	
Low crime	Clean restaurants
Low level of substance abuse	Presence of senior center
Healthy lifestyle programming (e.g. screenings, exercise classes) for all ages - kids-seniors)	Availability of hospitals, clinics, and general care
Clean water, air, and environment	Transportation (e.g. Hendricks County LINK)
Good schools	Convenient health facilities
Well-maintained housing	Good church involvement
Active social support and groups	Good traffic flow
Good roads	

KNOWN RESOURCES (ALL GROUPS)

Hendricks Regional Health's Breastfeeding Support Group	IU Health West
Avon Fire Department (free exercise classes)	CICOA
Hendricks Regional Health YMCA (including free child care)	They're Our Kids
Hendricks County Senior Services	WebMD
Sheltering Wings	Local churches (rural areas)
Local food pantries (rural areas)	Township Trustee
Connect 2 Help 211	Hendricks Regional Health
Hendricks County Health Department	

INFANTS AND PARENTS

ALL CONCERNS	IDEAS FOR NEW PROJECTS/IMPROVEMENTS TO CURRENT PROJECTS
High cost/fees for recreational services	Connect trails/sidewalks between communities (make more walkable)
Lack of variety in times for classes, doctor's appointments, etc.	Create fund to reduce the cost of recreation services
Work-life balance (i.e. too many obligations,	Local donation and distribution of breast milk

UPDATED: 06/25/2015

not enough hours)	
Lack of regulated breaks for breastfeeding	Awareness/education for employers re: laws on breaks for breastfeeding
Lack of access to breast milk	New parent "swaps"/events with information on doctors, daycares, transportation options
Lack of transportation (i.e. mass transit)	More variety in times (i.e. weekend, night, early morning variety) for recreation services, doctor's appointments, family-friendly events
Mental health	Increased access to counseling for short-term problems (e.g. feeling overwhelmed as a new parent) with referral to longer-term counseling when needed
[redacted]	Increased social support groups with a physical presence (i.e. not web-based forums or groups)
	Low cost/free counseling and recreational services
	More nutrition classes with focus on new parents
	Extended support and education on breastfeeding including more support groups throughout the county, more lactation consultants available during pregnancy, and more education during pregnancy on all feeding options
	Additional prenatal counseling with information on parenting and what to expect during the first year

SENIORS

ALL CONCERNS	IDEAS FOR NEW PROJECTS/IMPROVEMENTS TO CURRENT PROJECTS
Lack and cost of insurance	Maintain a strong Senior Center and expand to include more rooms (soundproofed and divided) for activities, pedestal/higher tables and table height variety, automatic doors for bathrooms, etc., larger tornado shelter room, better scheduling between activities (need a little more time between activities), and offer cooking classes/demos
Lack of funding, infrastructure for transportation	Ability to take fewer vouchers for food program
Lack of mobility (within the home and getting out of the home)	Visiting nurse/doctor programs
Living alone (e.g. lack of caregivers, affordable and reliable security/call services, lack of dependability in	Ability to install ramps outside of homes

emergency response, taking care of the home)	
Cost of care, especially EMS	More low-cost/reduced-price swimming exercise classes (YMCA is too expensive; utilize schools and parks)
Lack of income	More advertising on free/discounted senior services
Lack of dependability in emergency response (e.g. falling in a public bathroom)	More handicap parking around community (e.g. stores, doctor's offices, fairs, events)
Transportation	Expand LINK so it can go into Marion County, operate on evenings and weekends
Staying out of the hospital	Identify other mass transit, non-LINK services (e.g. church vans)
Finding caring doctors	More handicap stalls in restrooms
	More sidewalks
	More service events (e.g. health fairs, Garden on the Go, health screenings with a doctor)
	Shuttle services in parking lots at events, fair, etc.

RURAL COMMUNITIES (PITTSBORO, LIZTON, NORTH SALEM, CLAYTON, STILESVILLE, AMO, COATESVILLE)

ALL CONCERNS	IDEAS FOR NEW PROJECTS/IMPROVEMENTS TO CURRENT PROJECTS
Lack of services	More jobs/employment opportunities in rural communities, especially jobs that offer a living wage (i.e. enough funds to get people off assistance programs)
No/little source of income for towns (e.g. small portion of tax base; grant restrictions; financial cuts/restraints)	Financial counseling for residents
High taxes	Provide information on available services/resources at access points (e.g. trustee's office, food pantry, post office, fire departments, council meetings)
Money/income for residents	Restrictions to "handouts"
Transportation	More general and wraparound services based on towns' demographics/where services are actually needed
Not knowing what services are available	More town events/health fairs at church, town hall, etc. with information on programs/services, visiting nurse or doctor/screenings, family-friendly activities, play/physical activity

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Distance from services	Better communication across jurisdictional lines
Government regulation	Easy access to services
Walkability and related safety issues	Remove blight/improve blighted properties/areas (e.g. Tox Away Days, large item disposal; encourage property care, weed and pest control)
Blight (e.g. property maintenance and trash)	Increase funding, make funding opportunities easier to obtain, and educate on funding opportunities
Apathy	More programs/sponsors for schools and students
Lack of exercise programs	More bike paths, sidewalks, and park equipment/systems
Health care costs	Retail businesses that allow people to take "personal pride" (e.g. laundromat, car wash)
Poor behavior choices	Commercial amenities
Lack of economic development	Municipal water system and utilities
Affordable health services	Concentration on building and zoning in small towns with same zeal as suburban areas
Distance from resources	Encourage church attendance and helping friends/neighbors; more church involvement and social engagement
Lack of education	Recycling programs
Lack of self-responsibility (e.g. lack of caring about appearance and health; laziness; financial mismanagement)	Involvement with school systems
Generational poverty	Farmers markets/community gardens
Older population	Healthier restaurants/restaurant options
Environmental health hazards (e.g. water quality because of no municipal water system; vector control)	Non-smoking establishments
Transient population due to excess rentals	Public transportation, especially for seniors
Substance abuse	Inexpensive youth center/programs (e.g. Boys and Girls Club)
Lack of time to take care of oneself	Better knowledge of where to donate time, money, resources
Resentment between "haves" and "have-nots"	More rural business strategies/support
	Research what has worked in other towns and inform towns what works

UPDATED: 06/25/2015

SUBURBAN COMMUNITIES (AVON, PLAINFIELD, BROWNSBURG, DANVILLE)

ALL CONCERNS	IDEAS FOR NEW PROJECTS/IMPROVEMENTS TO CURRENT PROJECTS
Large population of fast food	Better and free access to mental health resources
Lack of useful nutrition education (e.g. health illiteracy; overload of information)	Free access to stress reduction resources (e.g. coping, parenting, time management, financial)
Large portion sizes	Connectivity and access to parks, trails, sidewalks
Tobacco	Nurse helpline
Physical inactivity	Tobacco prevention
Stress	More health screenings and wellness checks
Food deserts/limited options for healthy food choices	Advertise the good going on and available programs
Transportation	Parking for BO Trail (Brownsburg)
No community supported agriculture	Quick index of resources by category/community
Farmers market issues (e.g. lack of variety; no winter markets)	Increase tax/cost of tobacco products
Environmental health issues (e.g. old homes; old septic systems; drainage issues)	Consistently available programs that provide data/actionable information, "train the trainer" activities, outline best practices, identify specific content experts, etc.
Lack of knowledge about available resources (i.e. who do you call?)	Improve generational health – across the lifespan
	Expand the STOP Taking on Pounds Program at YMCA
	More discussion and more follow-up on activity prescriptions

VETERANS

ALL CONCERNS	IDEAS FOR NEW PROJECTS/IMPROVEMENTS TO CURRENT PROJECTS
High cost of living versus low wages and veterans benefits	Better representation from the VA
VA representatives not available locally	Cheaper housing
High health costs	More discounts for veterans

UPDATED: 06/25/2015

Diabetes	More retirement and wage options, especially for older veterans
Lack of assistive services	Funeral planning services – databank of options
Lack of participation from young veterans due to lack of family programs	Discounts on health equipment
Transportation	Better understanding of available benefits
Lack of connection between trails, sidewalks, etc. (relating to exercise)	American Legion changing structure, specifically more chaplains and service officers, less gaming and more restaurant service, exercise facilities, and more services to/for the youth (e.g. competitions; target the kids, get the veterans) and families (e.g. child care)

APPENDIX C: 2015 HENDRICKS COUNTY LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT MATERIALS

Hendricks County Local Public Health System Assessment

Essential Service 1: Monitor Health Status to Identify Community Health Problems

The LPHS is charged with:

- Completing a detailed community health assessment (CHA) to allow an overall look at the community's health. This is accomplished by assessing the health of the community regularly; continuously updating the CHA with current information; and promoting the use of the CHA among community members and partners.

- Providing the public with a clear picture of the current health of the community. This is accomplished by using the best available technology and methods to combine and show data on the public's health; analyzing health data (including geographic information to see where problems exist); and using computing software to create charts, graphs, and maps which show trends over time and compare data for different population groups.

- Collecting data on health-related events for use in population health registries. This is accomplished by collecting data on specific health concerns to provide to population health registries in a timely manner and consistent with current standards; and using information from population health registries in CHAs or other analyses.

1. At what level does the Hendricks County Local Public Health System (LPHS):

	No Activity	Minimal	Moderate	Significant	Optimal	Unknown
Conduct regular community health assessments (CHAs)?	○	○	○	○	○	○
Update the CHA with current information continuously?	○	○	○	○	○	○
Promote the use of the CHA among community members and partners?	○	○	○	○	○	○
Use the best available technology and methods to display data on the public's health?	○	○	○	○	○	○
Analyze health data, including geographic information, to see where health problems exist?	○	○	○	○	○	○
Use community software to create charts, graphs, and maps to display complex public health data (trends over time, sub-populations analyses, etc.)?	○	○	○	○	○	○
Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries?	○	○	○	○	○	○
Use information from population health registries in CHAs or other analyses?	○	○	○	○	○	○

Comments - Feel free to include any strengths, weaknesses, and short or long-term improvement opportunities regarding your answers:

Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards

The LPHS is charged with:

- Conducting surveillance to watch for outbreaks of disease, disasters, and emergencies (both natural and man-made), and other emerging threats to the public's health. This is accomplished by participating in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging public health problems and threats; providing and collecting timely and complete information on reportable diseases, potential disasters and emergencies, and emerging threats; and ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise.

- Staying ready to handle possible threats to public health. This is accomplished by maintaining written instructions on how to handle communicable disease outbreaks and toxic exposure incidents; developing written rules to follow in the immediate investigation of public health threats and emergencies; designating a jurisdictional Emergency response coordinator; rapidly and effectively responding to public health emergencies according to emergency operations coordination guidelines; identifying personnel with the technology expertise to rapidly respond to possible biological, chemical, or nuclear public health emergencies; and evaluating emergency response exercises and incidents for effectiveness and opportunities for improvement.

- Producing timely and accurate laboratory results for public health concerns. This is accomplished by having ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring; maintaining constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards; using only licensed or credentialed laboratories; and maintaining a written list of rules related to laboratories.

2. At what level does the Hendricks County Local Public Health System (LPHS):

	No Activity	Minimal	Moderate	Significant	Optimal	Unknown
Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?	○	○	○	○	○	○
Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and man-made)?	○	○	○	○	○	○
Ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	○	○	○	○	○	○
Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case findings, contact tracing, and source identification and containment?	○	○	○	○	○	○
Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	○	○	○	○	○	○
Designate a jurisdictional Emergency Response Coordinator?	○	○	○	○	○	○
Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	○	○	○	○	○	○
Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	○	○	○	○	○	○
Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)?	○	○	○	○	○	○
Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	○	○	○	○	○	○
Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	○	○	○	○	○	○
Use only licensed or credentialed laboratories?	○	○	○	○	○	○
Maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results?	○	○	○	○	○	○

Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards

Comments - Please feel free to include strengths, weaknesses, and short and long-term improvement opportunities regarding your answers:

Essential Service 3: Inform, Educate, and Empower People about Health Issues

The LPHS is charged with:

- Designing and putting in place health promotion and health education activities to create environments that support health. This is accomplished by providing policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies; coordinating health promotion and health education activities at the individual, interpersonal, community, and societal levels; and engaging the community in setting priorities, developing plans, and implementing health education and health promotion activities.

- Using health communication strategies to contribute to healthy living and health communities. This is accomplished by developing health communication plans for media and public relations and for sharing information among LPHS organizations; using relationships with different media providers (e.g. print, radio, television, and the Internet) to share health information, matching the message with the target audience; and identifying and training spokespersons on public health issues.

- Using health risk communications strategies to allow individuals, groups, organizations, or an entire community to make optimal decisions about their health and well-being in emergency events. This is accomplished by developing an emergency communications plan for each stage of an emergency to allow for the effective creation and dissemination of information; making sure that systems and mechanisms are in place and enough resources are available for a rapid emergency communication response; and providing crisis and emergency communication training for employees and volunteers.

3. At what level does the Hendricks County Local Public Health System (LPHS):

	No Activity	Minimal	Moderate	Significant	Optimal	Unknown
Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	○	○	○	○	○	○
Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?	○	○	○	○	○	○
Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?	○	○	○	○	○	○
Develop health communication plans for media and public relations and for sharing information among LPHS organizations?	○	○	○	○	○	○
Use relationships with different media providers (e.g., print, radio, television, the Internet) to share health information, matching the message with the target audience?	○	○	○	○	○	○
Identify and train spokespersons on public health issues?	○	○	○	○	○	○
Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	○	○	○	○	○	○
Make sure resources are available for a rapid emergency communication response?	○	○	○	○	○	○
Provide risk communication training for employees and volunteers?	○	○	○	○	○	○

Comments - Please feel free to include strengths, weaknesses, and short and long-term improvement opportunities regarding your answers:

Essential Service 4: Mobilize Community Partnership to Identify and Solve Health Problems

The LPHS is charged with:

- Actively identifying and involving community partners with opportunities to contribute to the health of communities. This is accomplished by following an established process for identifying key constituents related to overall public health interests and particular health concerns; encouraging constituents to participate in CHA, planning, and improvement efforts; maintaining a complete and current directory of community organizations; and creating forums for communication of public health issues.

- Encouraging individuals and groups to work together so that community health may be improvement. This is accomplished by establishing community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community; establishing a broad-based community health improvement committee; and assessing how well community partnerships and strategic alliances are working to improve community health.

4. At what level does the Hendricks County Local Public Health System (LPHS):

	No Activity	Minimal	Moderate	Significant	Optimal	Unknown
Maintain a complete and current directory of community organizations?	○	○	○	○	○	○
Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	○	○	○	○	○	○
Encourage constituents to participate in activities to improve community health?	○	○	○	○	○	○
Create forums for communication of public health issues?	○	○	○	○	○	○
Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	○	○	○	○	○	○
Establish a broad-based community health improvement committee?	○	○	○	○	○	○
Assess how well community partnerships and strategic alliances are working to improve community health?	○	○	○	○	○	○

Comments - Please feel free to include strengths, weaknesses, and short and long-term improvement opportunities regarding your answers:

Essential Service 5: Develop Policies and Plans That Support Individual and Community Health Efforts

The LPHS is charged with:

- Working with the community to make sure a strong local health department exists and that is it doing its part in providing 10 Essential Public Health Services. This is accomplished by supporting the work of the local health department to make sure the 10 Essential Public Health Services are provided; seeing that the local health department is accredited; and ensuring that the local health department has enough resources to do its part in providing essential public health services.

- Developing policies that prevent, protect, or promote the public's health. This is accomplished by contributing to new or modified public health policies by engaging in activities that inform the policy development process and facilitate community involvement; alerting policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies; and reviewing existing policies at least every three to five years.

- Improving community health by looking at its from many sides, such as environmental health, healthcare services, business, economic, housing, land use, health equity, and other concerns that affect public health. This is accomplished by establishing a community health improvement plan (CHIP), with broad-based and diverse participation that uses information from a community health assessment; developing strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps; and connecting organizational strategic plans with the CHIP.

- Adopting an emergency preparedness and response plan that describes what each organization in the system should be ready to do in a public health emergency. This is accomplished by working together to support a workgroup to develop and maintain preparedness response plans; developing a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed; and testing the plan through regular drills and revise the plan as needed, at least every two years.

5. At what level does the Hendricks County Local Public Health System (LPHS):

	No Activity	Minimal	Moderate	Significant	Optimal	Unknown
Support the work of the local health department (or other governmental local public health entity) to make sure the 10 Essential Public Health Services are provided?	○	○	○	○	○	○
See that the local health department is accredited through the PHAB's voluntary, national public health department accreditation program?	○	○	○	○	○	○
Ensure that the local health department has enough resources to do its part in providing essential public health services?	○	○	○	○	○	○
Contribute to public health policies by engaging in activities that inform the policy development process?	○	○	○	○	○	○
Alert policymakers and the community of the possible public health effects (both intended and unintended) from current and/or proposed policies?	○	○	○	○	○	○
Review existing policies at least every three to five years?	○	○	○	○	○	○
Establish a CHIP, with broad-based diverse participation, that uses information from the CHA, including the perceptions of community members?	○	○	○	○	○	○
Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	○	○	○	○	○	○
Connect organizational strategic plans with the CHIP?	○	○	○	○	○	○
Support a workgroup to develop and maintain emergency preparedness and response plans?	○	○	○	○	○	○
Develop an emergency preparedness and response plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	○	○	○	○	○	○
Test the plan through regular drills and revise the plan as needed, at least every two years?	○	○	○	○	○	○

Essential Service 5: Develop Policies and Plans That Support Individual and Community Health Efforts

Comments - Please feel free to include strengths, weaknesses, and short and long-term improvement opportunities regarding your answers:

Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

The LPHS is charged with:

- Reviewing existing laws, regulations, and ordinances related to public health, including laws that prevent health problems, promote, and protect public health. This is accomplished by identifying public health issues that can and should be addressed through laws, regulations, or ordinances; staying up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels; reviewing existing public health laws, regulations, and ordinances at least once every three to five years; having access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances; and involving the local public health governing entity and other local government in reviewing and developing laws, regulations, or ordinances related to public health.

- Working to change existing laws, regulations, or ordinances - or create new ones - when they have determined that changes or additions would better prevent health problems or protect or promote public health. This is accomplished by identifying local public health issues that are inadequately addressed in existing laws, regulations, and ordinances; participating in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health; providing technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances; and evaluating the effects of policies, laws, regulations, and ordinances.

- Seeing that public health laws, regulations, and ordinances are followed. This is accomplished by identifying organizations that have the authority to enforce public health laws, regulations, and ordinances; ensuring that a local public health department (or other governmental public health entity) has authority to act in public health emergencies; ensuring that all enforcement activities related to public health codes are done within the law; informing and educating individuals and organizations about relevant laws, regulations, and ordinances; and evaluating how well local organizations comply with public health laws.

6. At what level does the Hendricks County Local Public Health System (LPHS):

	No Activity	Minimal	Moderate	Significant	Optimal	Unknown
Identify public health issues that can be addressed through laws, regulations, or ordinances?	○	○	○	○	○	○
Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels?	○	○	○	○	○	○
Review existing public health laws, regulations, and ordinances at least once every three to five years?	○	○	○	○	○	○
Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	○	○	○	○	○	○
Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	○	○	○	○	○	○
Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?	○	○	○	○	○	○
Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	○	○	○	○	○	○
Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	○	○	○	○	○	○
Ensure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	○	○	○	○	○	○
Ensure that all enforcement activities related to public health codes are done within the law?	○	○	○	○	○	○
Educate individuals and organizations about relevant laws, regulations, and ordinances?	○	○	○	○	○	○
Educate individuals and organizations about relevant laws, regulations, and ordinances?	○	○	○	○	○	○
Evaluate how well local organizations comply with public health laws?	○	○	○	○	○	○

Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Comments - Please feel free to include strengths, weaknesses, and short and long-term improvement opportunities regarding your answers:

Essential Service 7: Link People to Needed Health Services and Assure the Provision of Healthcare

The LPHS is charged with:

- Identifying the personal health service needs of the community and identifying the barriers to receiving these services. This is accomplished by identifying groups of people in the community who have trouble accessing or connecting to personal health services; identifying all personal health service needs and unmet needs throughout the community; defining roles and responsibilities for partners to respond to the unmet needs of the community; and understanding the reasons that people do not get the health services and healthcare they need.

- Working together to meet the diverse needs of all populations. This is accomplished by connecting/linking people to organizations that can provide the personal health services they may need; helping people access personal health services, in a way that takes into account the unique needs of different populations; helping people sign up for public benefits that are available to them (e.g. Medicaid or medical and prescription assistance programs); and coordinating the delivery of personal health and social services so that everyone has access to the care they need.

7. At what level does the Hendricks County Local Public Health System (LPHS):

	No Activity	Minimal	Moderate	Significant	Optimal	Unknown
Identify groups of people in the community who have trouble accessing or connecting to personal health services?	○	○	○	○	○	○
Identify all personal health service needs and unmet needs throughout the community?	○	○	○	○	○	○
Defines partner roles and responsibilities to respond to the unmet needs of the community?	○	○	○	○	○	○
Understand the reasons that people do not get the care they need?	○	○	○	○	○	○
Connect or link people to organizations that can provide the personal health services they may need?	○	○	○	○	○	○
Help people access personal health services in a way that takes into account the unique needs of different populations?	○	○	○	○	○	○
Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	○	○	○	○	○	○
Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?	○	○	○	○	○	○

Comments - Please feel free to include strengths, weaknesses, and short and long-term improvement opportunities regarding your answers:

Essential Service 8: Assure a Competent Public Health and Personal Healthcare Workforce

The LPHS is charged with:

- Assessing the local public health workforce - all who contribute to providing these 10 Essential Public Health Services for the community. This is accomplished by assessing over time the numbers and types of LPHS jobs in the public or private sector and the knowledge, skills, and abilities that they require; reviewing the information from the workforce assessment and use it to find and address gaps in the local public health workforce; and providing information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning.

- Maintaining standards to see that workforce members are qualified to do their jobs, with certificates, licenses, and education that are required by law or by local, state, or federal guidance. This is accomplished by ensuring that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet all legal obligations; developing and maintaining job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services; and basing hiring and performance review of members of the local public health workforce in public health competencies.

- Encouraging lifelong learning for the local public health workforce. This is accomplished by identifying education and training needs and encouraging the workforce to participate in available education and training; providing ways for workers to develop core skills related to the 10 Essential Public Health Services; developing incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases; and creating and supporting collaborations between organizations within the LPHS for training and education.

- Demonstrating leadership through organizations and individuals that are committed to improving the health of community. This is accomplished by providing access to formal and informal leadership development opportunities for employees at all organizational levels; creating a shared vision of community health and the LPHS, welcoming all leaders and community members to work together; ensuring that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources; and providing opportunities for the development of leaders that reflect the diversity of the community.

8. At what level does the Hendricks County Local Public Health System (LPHS):

	No Activity	Minimal	Moderate	Significant	Optimal	Unknown
Complete a workforce assessment, a process to track the numbers and types of LPHS jobs—both public and private sector—and the associated knowledge, skills, and abilities required of the jobs?	○	○	○	○	○	○
Review the information from the workforce assessment and use it to identify and address gaps in the LPHS workforce?	○	○	○	○	○	○
Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	○	○	○	○	○	○
Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements?	○	○	○	○	○	○
Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services?	○	○	○	○	○	○
Base the hiring and performance review of members of the public health workforce in public health competencies?	○	○	○	○	○	○
Identify education and training needs and encourage the public health workforce to participate in available education and training?	○	○	○	○	○	○
Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services?	○	○	○	○	○	○
Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases?	○	○	○	○	○	○

Essential Service 8: Assure a Competent Public Health and Personal Healthcare Workforce

Create and support collaborations between organizations within the LPHS for training and education?	○	○	○	○	○	○
Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health?	○	○	○	○	○	○
Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	○	○	○	○	○	○
Create a shared vision of community health and the LPHS, welcoming all leaders and community members to work together?	○	○	○	○	○	○
Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	○	○	○	○	○	○
Provide opportunities for the development of leaders who represent the diversity of the community?	○	○	○	○	○	○

Comments - Please feel free to include strengths, weaknesses, and short and long-term improvement opportunities regarding your answers:

Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Health Services

The LPHS is charged with:

- Evaluating population-based health services, which are aimed at disease prevention and health promotion for the entire community. This is accomplished by evaluating how well population-based health services are working, including whether the goals that were set for programs and services were achieved; assessing whether community members, including vulnerable populations, are receiving services and are satisfied with the approaches to promoting health and preventing disease, illness, and injury; identifying gaps in providing population-based health services; and using evaluation findings to improve plans and services.

- Regularly evaluating the accessibility, quality, and effectiveness of personal health services. This is accomplished by evaluating the accessibility, quality, and effectiveness of personal health services; comparing the quality of personal health services to established guidelines; measuring satisfaction with personal health services; using technology, like the Internet or electronic health records, to improve quality of care or communication among healthcare providers; and using evaluation findings to improve services and program delivery and modifying organizational strategic plans, as needed.

- Evaluating itself to see how well it is working as a whole. This is accomplished by identifying all public, private, and voluntary organizations that contribute to providing the 10 Essential Public Health Services; evaluating how well the LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services; assessing how well the organizations in the LPHS are communicating, connecting, and coordinating services; and using results from the evaluation process to improve the LPHS.

9. At what level does the Hendricks County Local Public Health System (LPHS):

	No Activity	Minimal	Moderate	Significant	Optimal	Unknown
Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved?	○	○	○	○	○	○
Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury?	○	○	○	○	○	○
Identify gaps in the provision of population-based health services?	○	○	○	○	○	○
Use evaluation findings to improve plans, processes, and services?	○	○	○	○	○	○
Evaluate the accessibility, quality, and effectiveness of personal health services?	○	○	○	○	○	○
Compare the quality of personal health services to established guidelines?	○	○	○	○	○	○
Measure user satisfaction with personal health services?	○	○	○	○	○	○
Use technology, like the Internet or electronic health records, to improve quality of care?	○	○	○	○	○	○
Use evaluation findings to improve services and program delivery?	○	○	○	○	○	○
Identify all public, private, and voluntary organizations that contribute to the delivery of the 10 Essential Public Health Services?	○	○	○	○	○	○
Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services?	○	○	○	○	○	○
Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	○	○	○	○	○	○
Use results from the evaluation process to improve the LPHS?	○	○	○	○	○	○

Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Health Services

Comments - Please feel free to include strengths, weaknesses, and short and long-term improvement opportunities regarding your answers:

Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

The LPHS is charged with:

- Trying new and creative ways to improve public health practice. This is accomplished by providing staff with the time and resources to pilot test or conduct studies that test new solutions to public health problems and see how well they actually work; suggesting ideas about what currently needs to be studied in public health to organizations that conduct research; keeping up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health; and encouraging community participation in research, including deciding what will be studied, conducting research, and sharing results.

- Establishing relationships with colleges, universities, and other research organizations. This is accomplished by developing relationships with colleges, universities, or other research organizations to create formal and informal arrangements to work together; partnering with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research; and encouraging colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education.

- Taking part in research to help improve the performance of the LPHS. This is accomplished by collaborating with researchers who offer the knowledge and skills to design and conduct health-related studies; supporting research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources; sharing information with public health colleagues and the community broadly, through journals, Web sites, community meetings, etc.; and evaluating public health systems' research efforts throughout all stages of work from planning to effect on local public health practice.

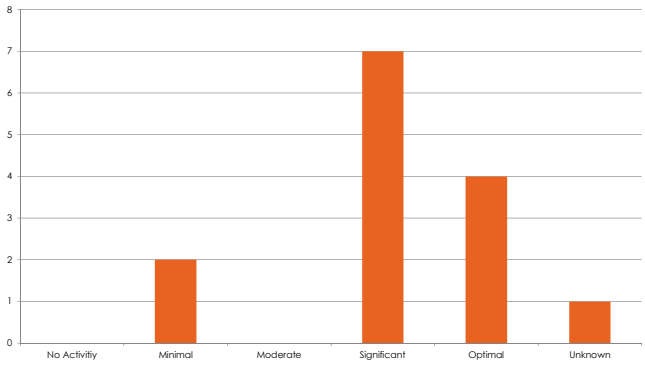
10. To what level does the Hendricks County Local Public Health System (LPHS):

	No Activity	Minimal	Moderate	Significant	Optimal	Unknown
Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	○	○	○	○	○	○
Suggest ideas about what currently needs to be studied in public health to organizations that conduct research?	○	○	○	○	○	○
Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	○	○	○	○	○	○
Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results?	○	○	○	○	○	○
Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	○	○	○	○	○	○
Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research?	○	○	○	○	○	○
Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	○	○	○	○	○	○
Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	○	○	○	○	○	○
Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	○	○	○	○	○	○
Share findings with public health colleagues and the community broadly, through journals, Web sites, community meetings, etc.?	○	○	○	○	○	○
Evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practice?	○	○	○	○	○	○

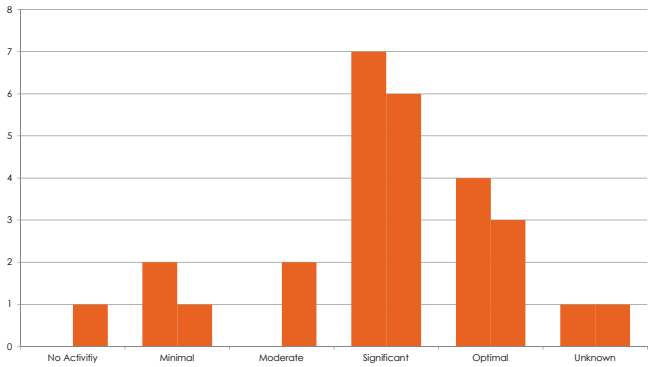
Comments - Please feel free to include strengths, weaknesses, and short and long-term improvement opportunities regarding your answers:

ESSENTIAL SERVICE 1: MONITOR HEALTH STATUS TO IDENTIFY COMMUNITY HEALTH PROBLEMS

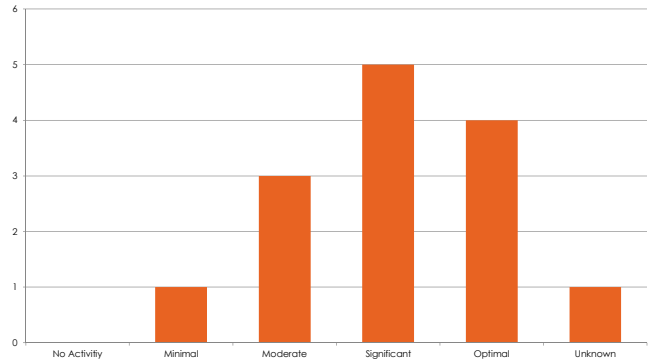
Conduct Regular Community Health Assessments



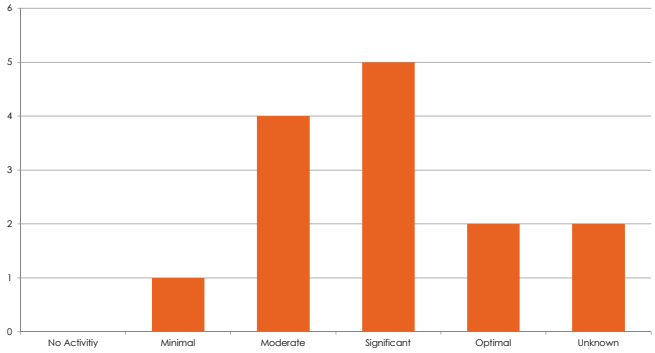
Update the CHA with Current Information Continuously



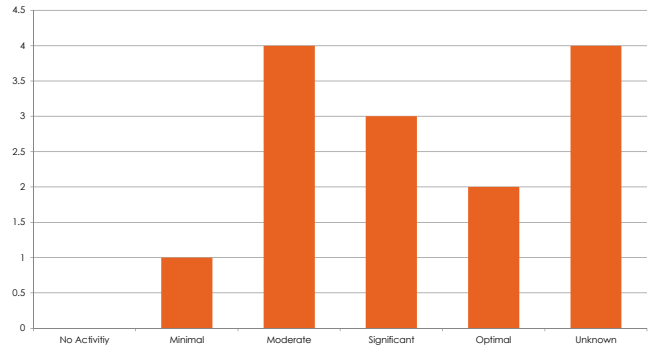
Promote the Use of the CHA Among Community Members and Partners



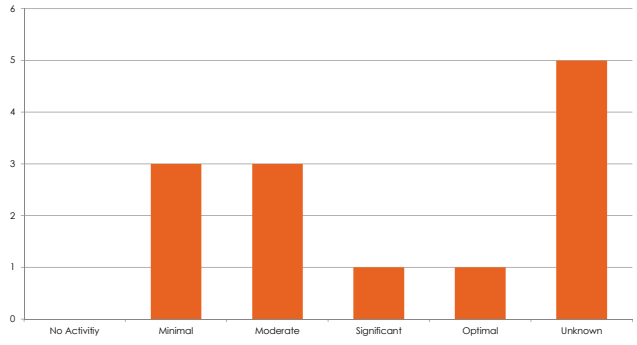
Use the Best Available Technology and Methods to Display Data on the Public's Health



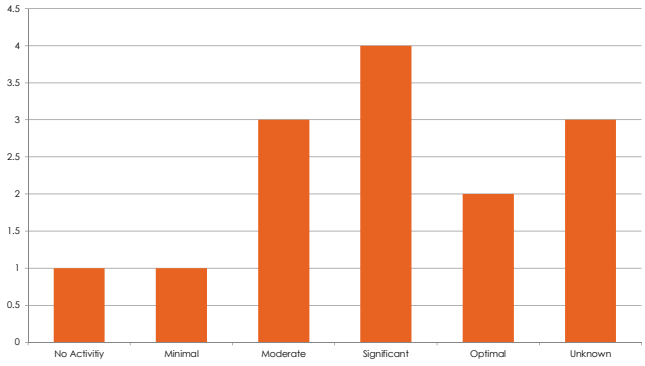
Analyze Health Data, including Geographic Information, to See Where Health Problems Exist



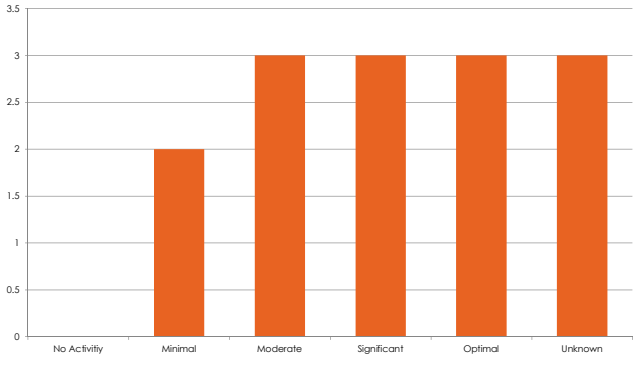
Use Community Software to Create Charts, Graphs, and Maps to Display Complex Public Health Data



Collect Timely Data Consistent with Current Standards on Specific Health Concerns

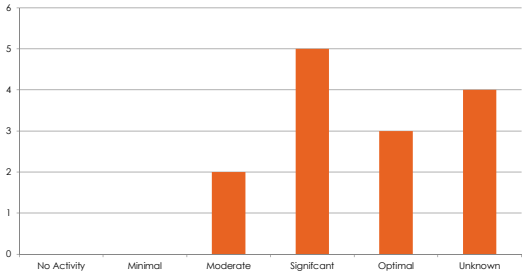


Use Information from Population Health Registries in CHAs or Other Analyses

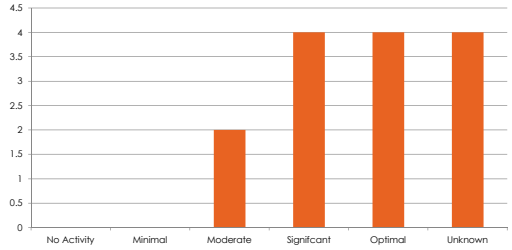


ESSENTIAL SERVICE 2: DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS

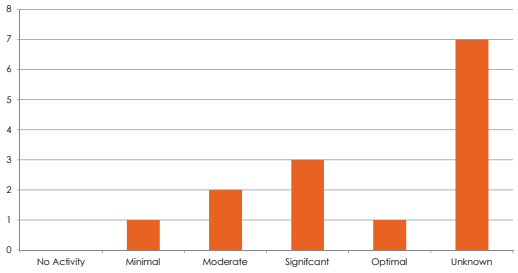
Participate in a Comprehensive Surveillance System with National, State, and Local Partners



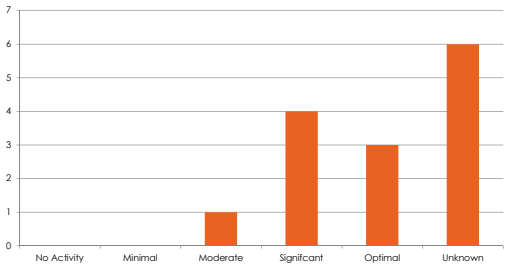
Provide and Collect Timely and Complete Information on Reportable Diseases and Disasters, Emergencies, and Emerging Threats



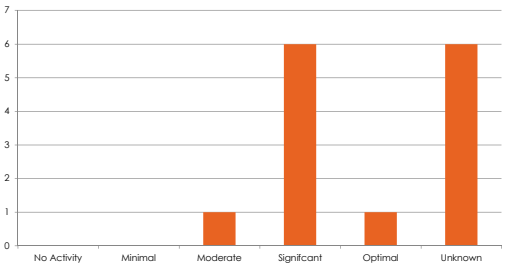
Ensure that the Best Available Resources are Used to Support Surveillance Systems and Activities



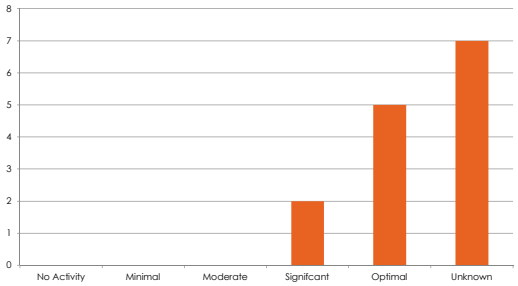
Maintain Written Instructions on How to Handle Communicable Disease Outbreaks and Toxic Exposure Incidents



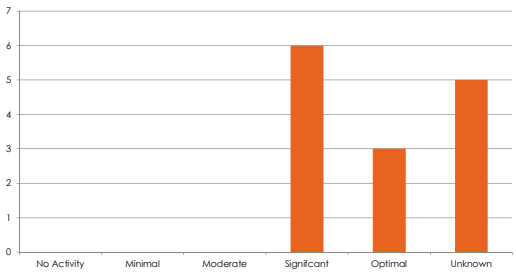
Develop Written Rules to Follow in the Immediate Investigation of Public Health Threats and Emergencies



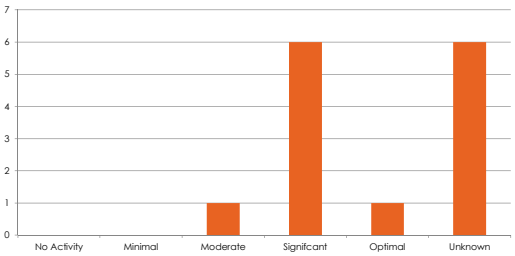
Designate a Jurisdictional Emergency Response Coordinator



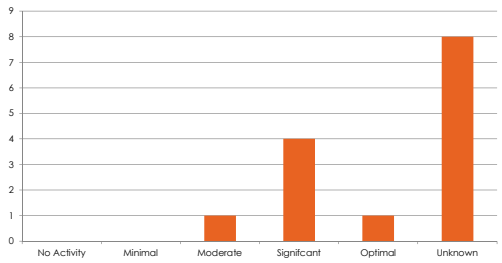
Prepare to Rapidly Respond to Public Health Emergencies According to Emergency Operations Coordination Guidelines



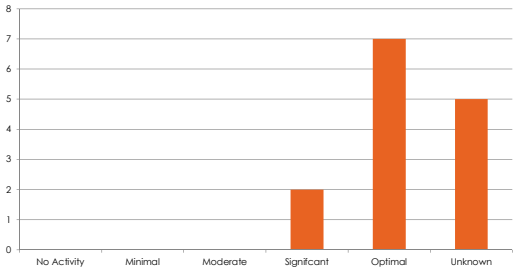
Identify Personnel with the Technical Expertise to Rapidly Respond to Possible Biological, Chemical, or Nuclear Public Health Emergencies



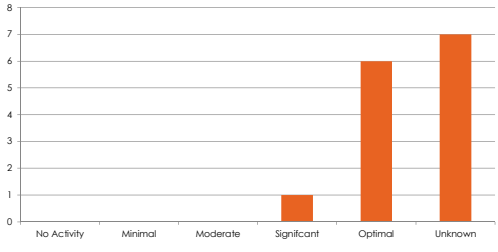
Evaluate Incidents for Effectiveness and Opportunities for Improvement



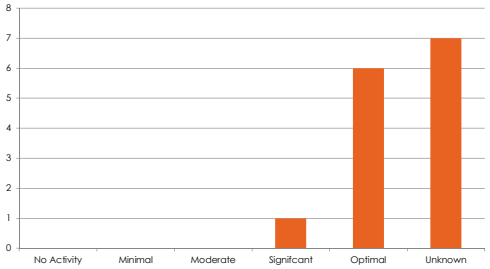
Have Ready Access to Laboratories that can Meet Routine Public Health Needs



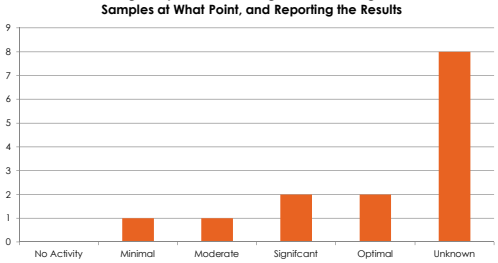
Maintain Constant (24/7) Access to Laboratories that can meet Public Health Needs during Emergencies, Threats, and Other Hazards



Use Only Licensed or Credentialed Laboratories

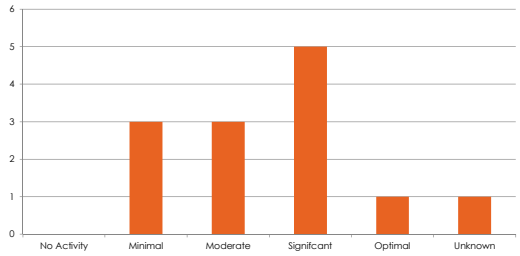


Maintain a Written List of Rules related to Laboratories, for Handling Samples, Determining Who is In Charge of the Samples at What Point, and Reporting the Results

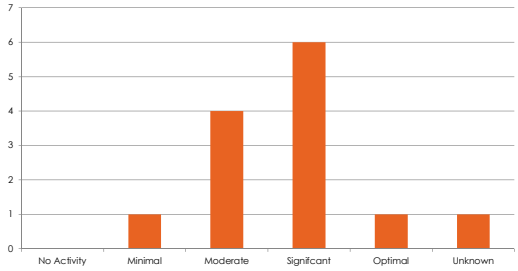


ESSENTIAL SERVICE 3: INFORM, EDUCATE, AND EMPOWER PEOPLE ABOUT HEALTH ISSUES

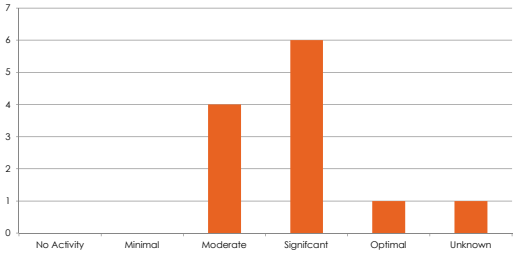
Provide Policymakers, Stakeholders, and the Public with Ongoing Analyses of Community Health Status and Related Recommendations for Health Promotion Policies



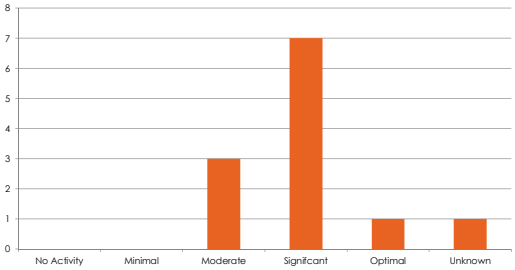
Coordinate Health Promotion and Health Education Activities at the Individual, Interpersonal, Community, and Societal Levels



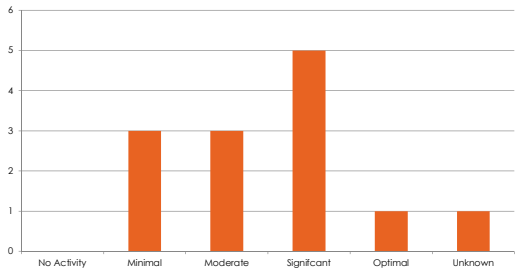
Engage the Community throughout the Process of Setting Priorities, Developing Plans, and Implementing Health Education and Health Promotion Activities



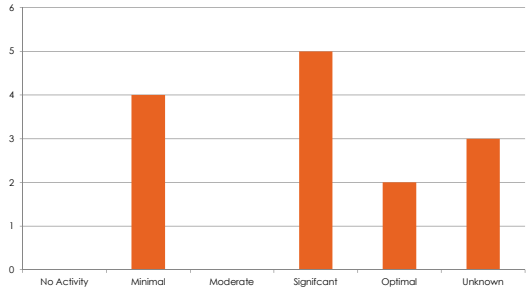
Develop Health Communication Plans for Media and Public Relations and for Sharing Information among LPHS Organizations



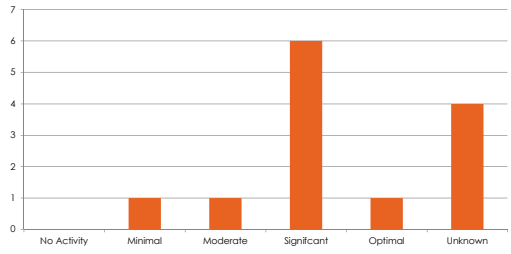
Use Relationships with Different Media Providers to Share Health Information, Matching the Message with the Target Audience



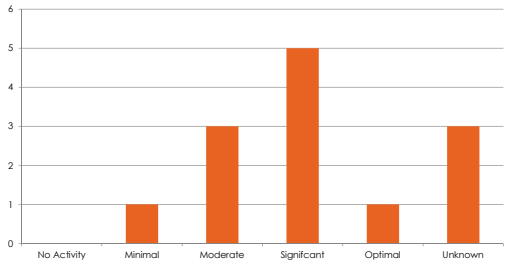
Identify and Train Spokespersons on Public Health Issues



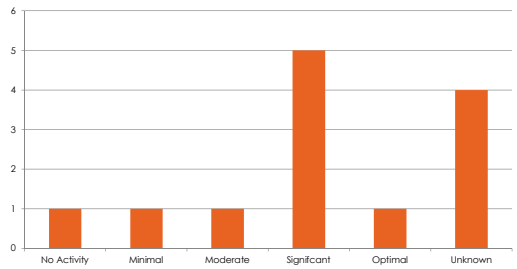
Develop an Emergency Communications Plan for Each Stage of an Emergency to Allow for the Effective Dissemination of Information



Make Sure Resources are Available for a Rapid Emergency Communication Response

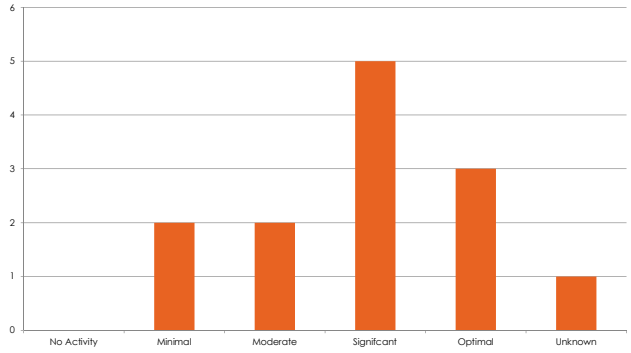


Provide Risk Communication Training for Employees and Volunteers

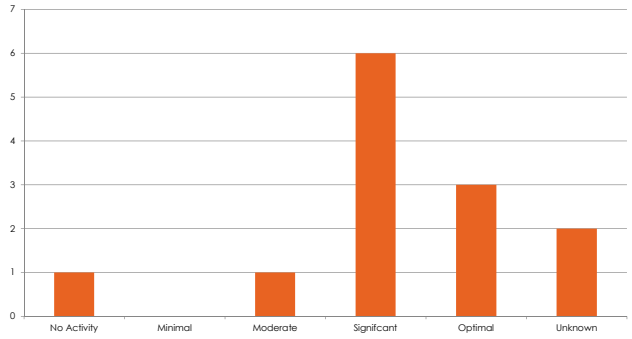


ESSENTIAL SERVICE 4: MOBILIZE COMMUNITY PARTNERSHIP TO IDENTIFY AND SOLVE HEALTH PROBLEMS

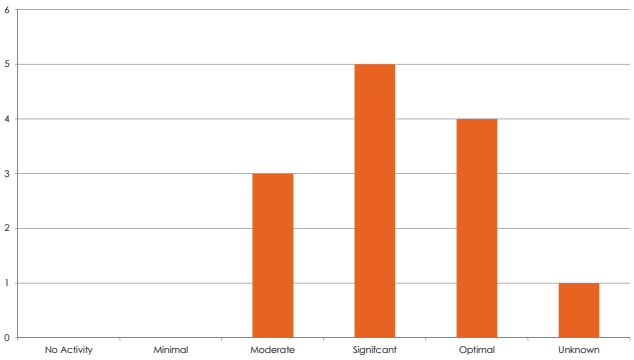
Maintain a Complete and Current Directory of Community Organizations



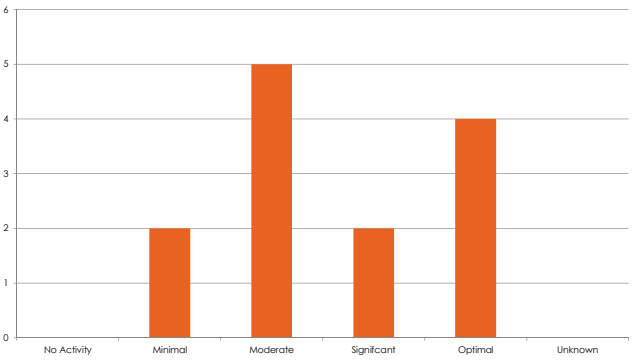
Follow an Established Process for Identifying Key Constituents Related to Overall Public Health Interests and Particular Health Concerns



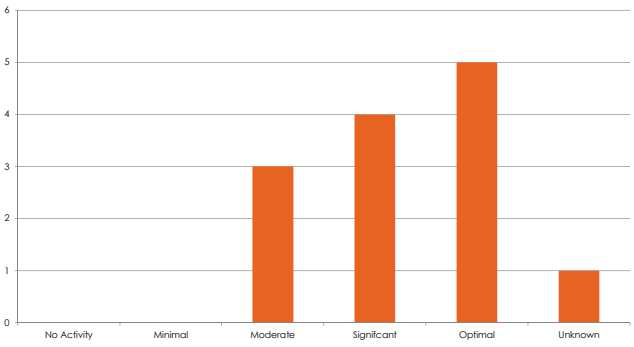
Encourage Constituents to Participate in Activities to Improve Community Health



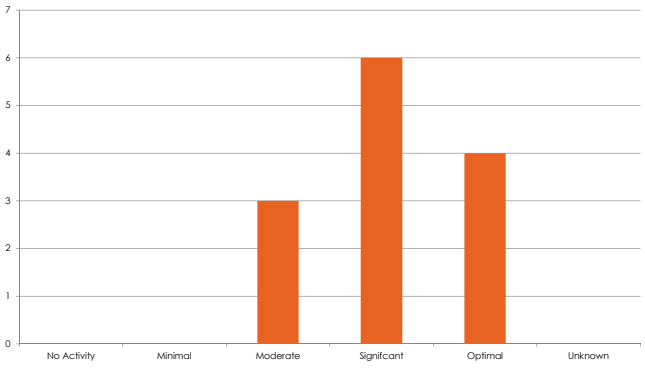
Create Forums for Communication of Public Health Issues



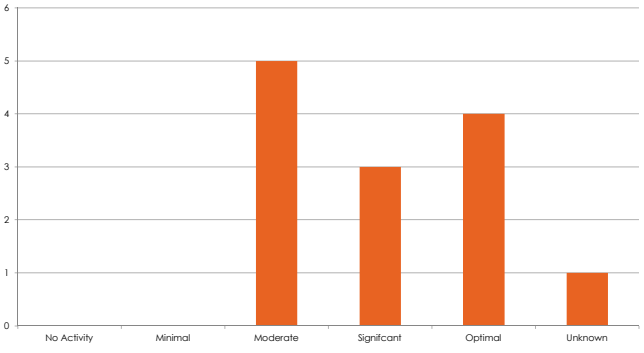
Establish Community Partnerships and Strategic Alliances to Provide a Comprehensive Approach to Improving Health in the Community



Establish a Broad-Based Community Health Improvement Committee

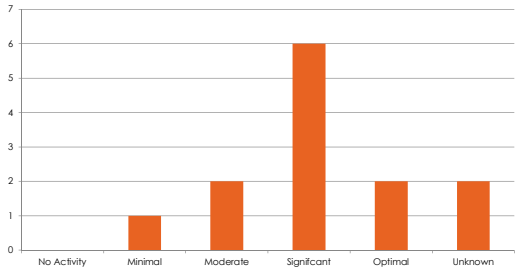


Assess How Well Community Partnerships and Strategic Alliances are Working to Improve Community Health

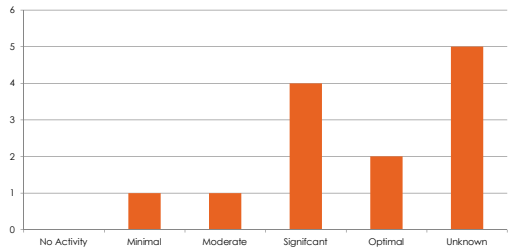


ESSENTIAL SERVICE 5: DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS

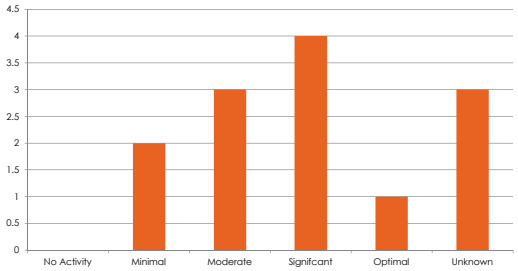
Support the Work of the Local Health Department to Make Sure the 10 Essentials Public Health Services are Provided



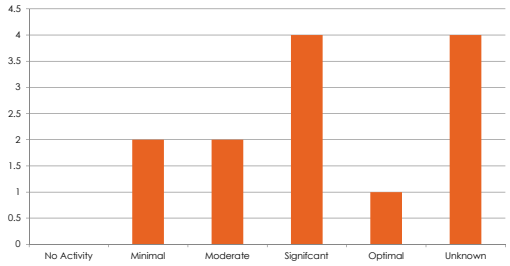
See that the Local Health Department is Accredited through the PHAB's Voluntary, National Public Health Department Accreditation Program



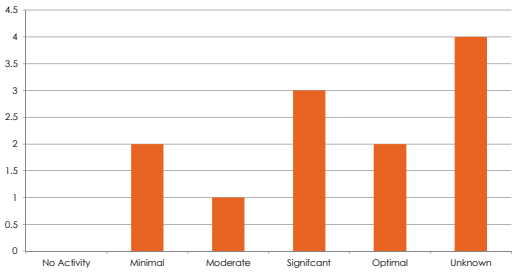
Ensure that the Local Health Department has Enough Resources to Do Its Part in Providing Essential Public Health Services



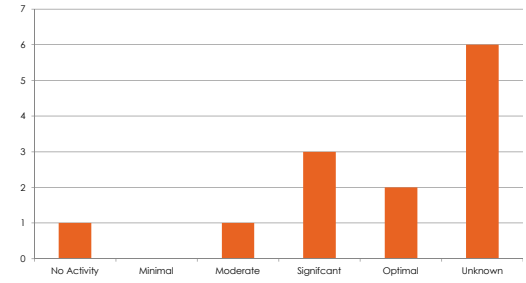
Contribute to Public Health Policies by Engaging in Activities that Inform the Policy Development Process



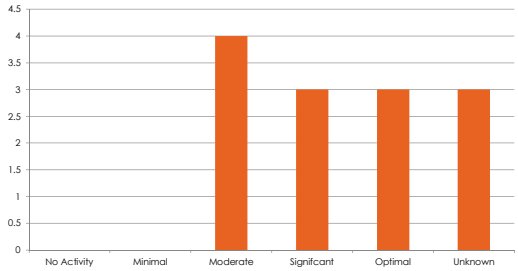
Alert Policymakers and the Community of the Possible Public Health Effects from Current and/or Proposed Policies



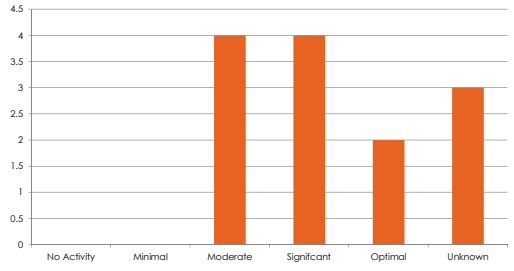
Review Existing Policies at Least Every Three to Five Years



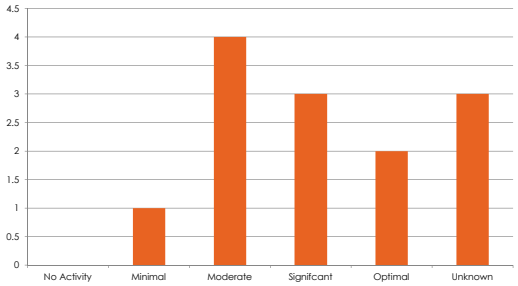
Establish a CHIP, with Broad-Based Diverse Participation, that Uses Information from the CHA



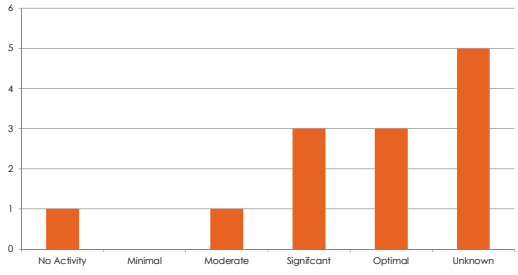
Develop Strategies to Achieve Community Health Improvement Objectives



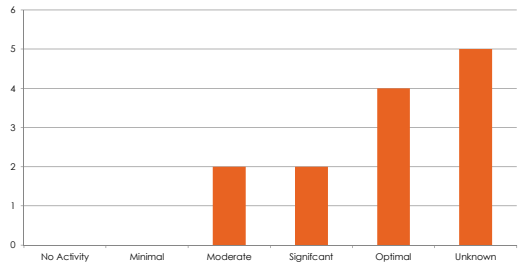
Connect Organizational Strategic Plans with the CHIP



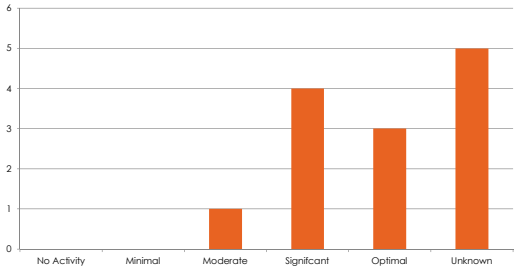
Support a Workgroup to Develop and Maintain Emergency Preparedness and Response Plans



Develop an Emergency Preparedness and Response Plan that Defines When It Would Be Used, Who Would Do What Tasks, What Standard Operating Procedures Would be Put in Place, and What Alert and Evacuation Protocols Would Be Followed

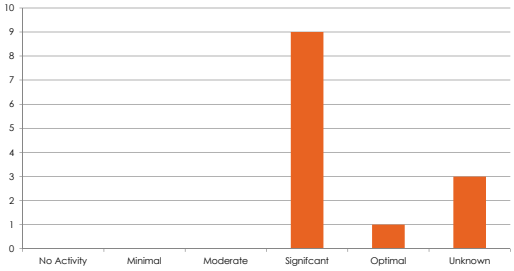


Test the Plan through Regular Drills and Revise the Plan As Needed, At Least Every Two Years

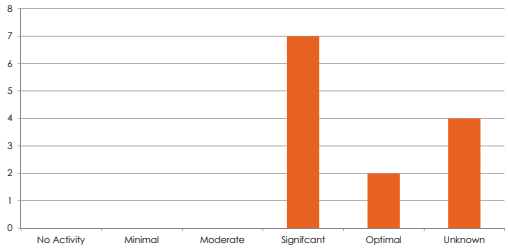


ESSENTIAL SERVICE 6: ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENSURE SAFETY

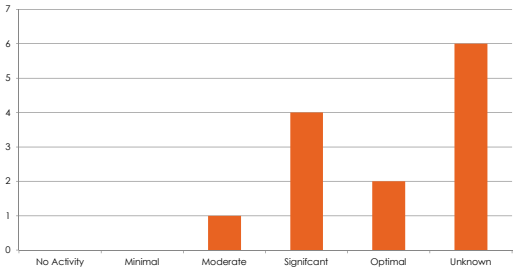
Identify Public Health Issues that Can be Addressed through Laws, Regulations, or Ordinances



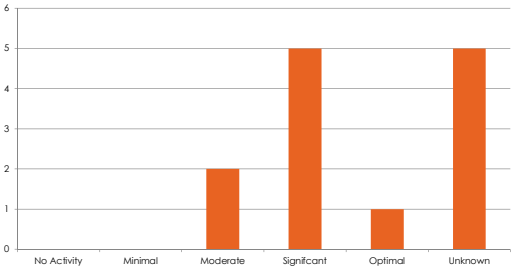
Stay Up-to-Date with Current Laws, Regulations, and Ordinances that Prevent Health Problems or that Promote Public Health on the Federal, State, and Local Levels



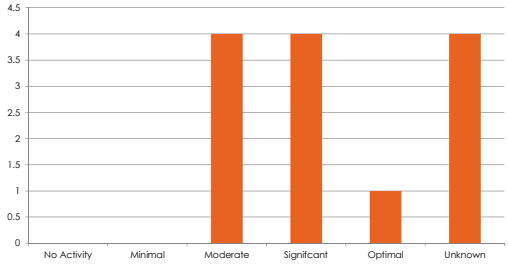
Review Existing Public Health Laws, Regulations, and Ordinances At Least Once Every Three to Five Years



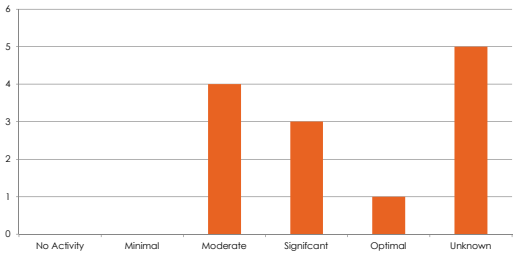
Have Access to Legal Counsel for Technical Assistance when Reviewing Laws, Regulations, or Ordinances



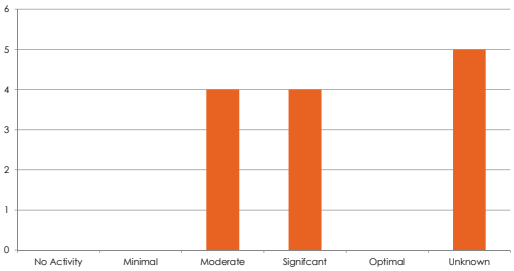
Identify Local Public Health Issues that are Inadequately Addressed in Existing Laws, Regulations, and Ordinances



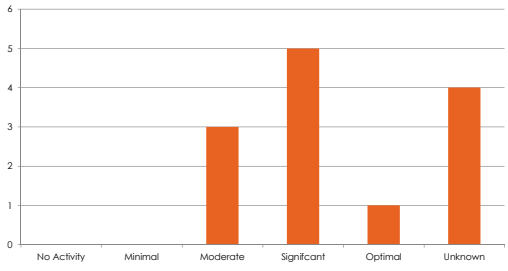
Participate in Changing Existing Laws, Regulations, and Ordinances and/or Creating New Laws, Regulations, and Ordinances to Protect and Promote Public Health



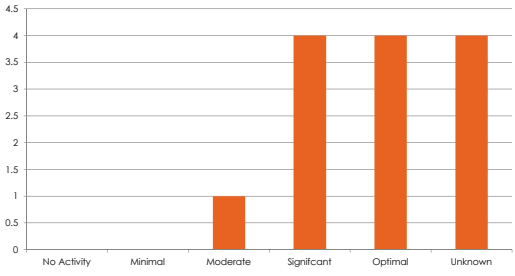
Provide Technical Assistance in Drafting the Language for Proposed Changes or New Laws, Regulations, and Ordinances



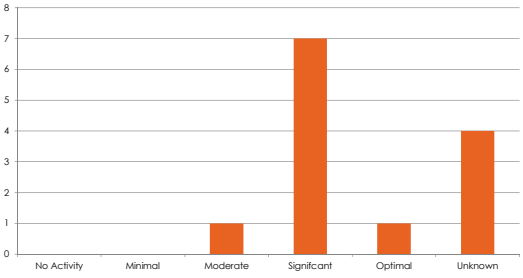
Identify Organizations that have the Authority to Enforce Public Health Laws, Regulations, and Ordinances



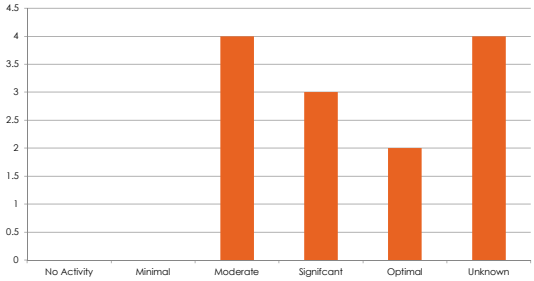
Ensure that a Local Health Department has the Authority to Act in Public Health Emergencies



Educate Individuals and Organizations about Relevant Laws, Regulations, and Ordinances

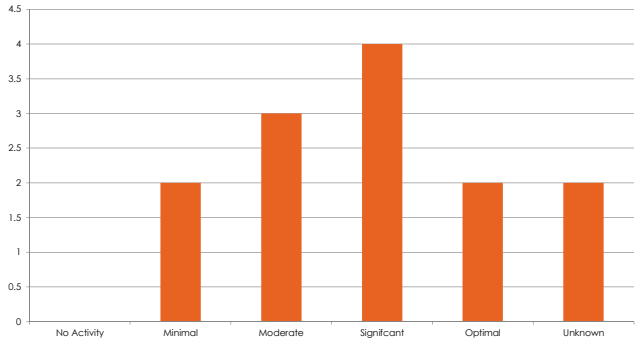


Evaluate How Well Local Organizations Comply with Public Health Laws

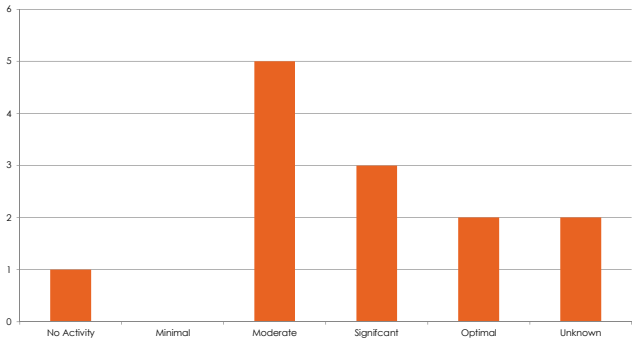


ESSENTIAL SERVICE 7: LINK PEOPLE TO NEEDED HEALTH SERVICES AND ASSESS THE PROVISION OF HEALTHCARE

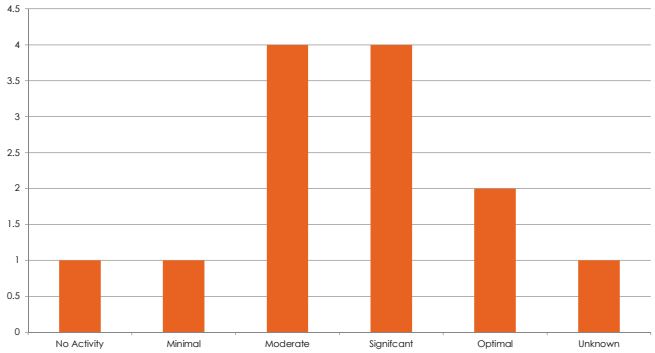
Identify Groups of People in the Community Who Have Trouble Accessing or Connecting to Personal Health Services



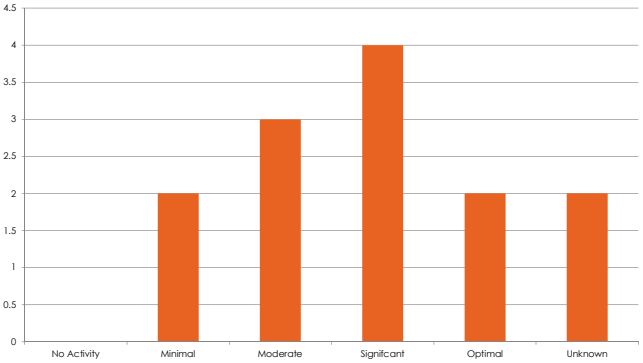
Identify All Personal Health Service Needs and Unmet Needs throughout the Community



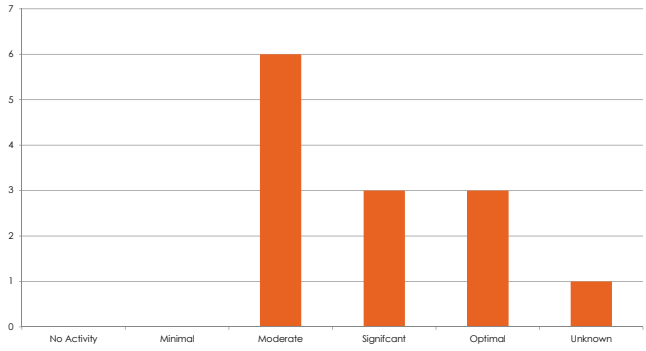
Define Partner Roles and Responsibilities to Respond to the Unmet Needs of the Community



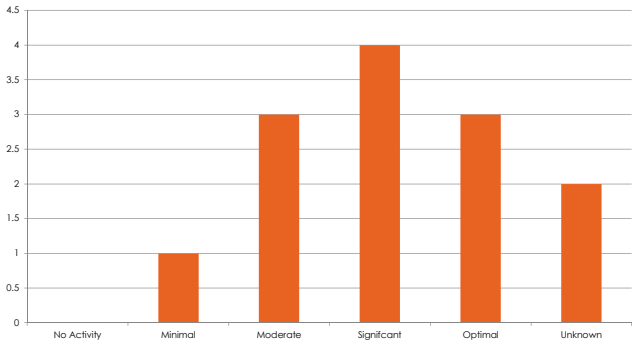
Understand the Reason that People Do Not Get the Care They Need



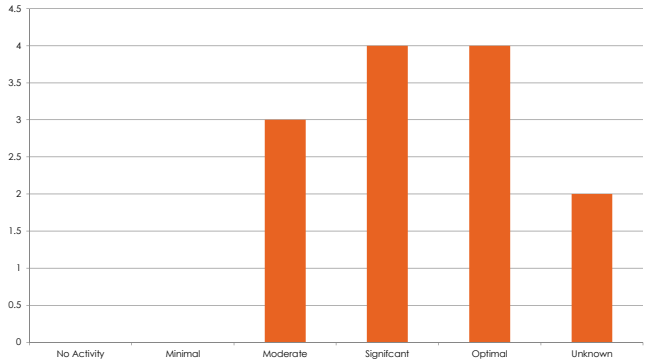
Connect or Link People to Organizations that can Provide the Personal Health Services They May Need



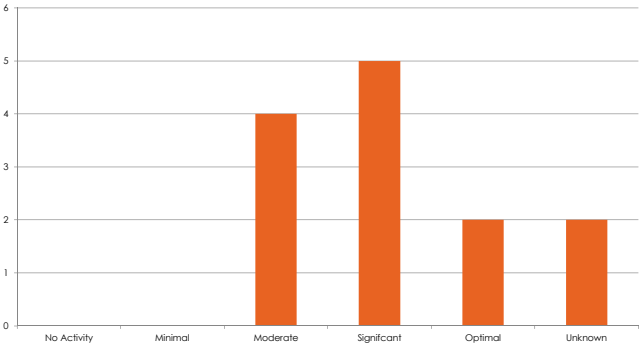
Help People Access Personal Health Services in a way that Takes Into Account the Unique Needs of Different Populations



Help People Sign Up for Public Benefits that are Available to Them

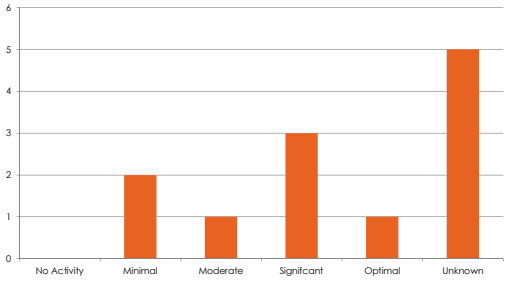


Coordinate the Delivery of Personal Health and Social Services so that Everyone in the Community has Access to the Care They Need

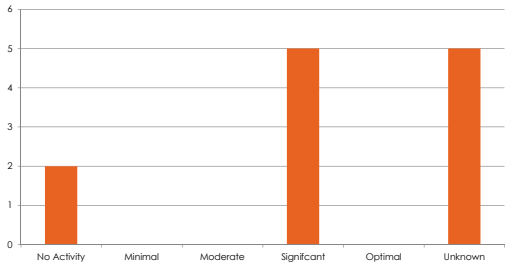


ESSENTIAL SERVICE 8: ASSURE A COMPETENT PUBLIC HEALTH AND PERSONAL HEALTHCARE WORKFORCE

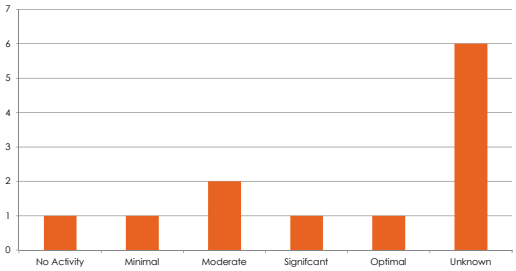
Complete a Workforce Assessment



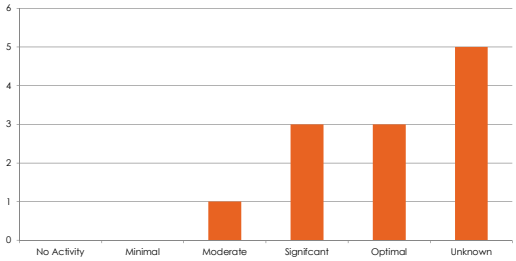
Review the Information from the Workforce Assessment and Use It to Identify and Address Gaps in the LPHS Workforce



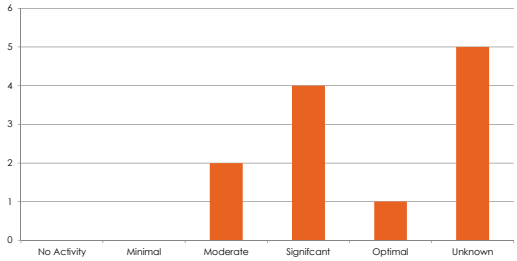
Provide Information from the Workforce Assessment to Other Community Organizations and Groups



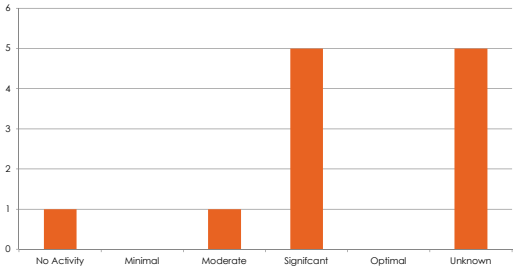
Ensure that All Members of the Local Public Health Workforce have the Required Certificates, Licenses, and Education Needed to Fulfill Their Job Duties and Comply with Legal Requirements



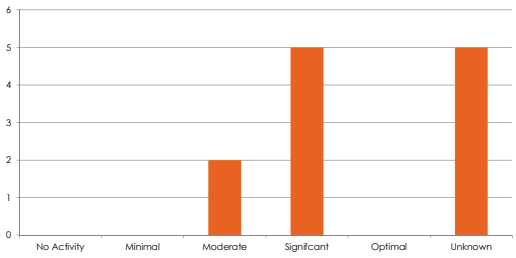
Develop and Maintain Job Standards and Position Descriptions based in the Core Knowledge, Skills, and Abilities Needed to Provide the 10 Essential Public Health Services



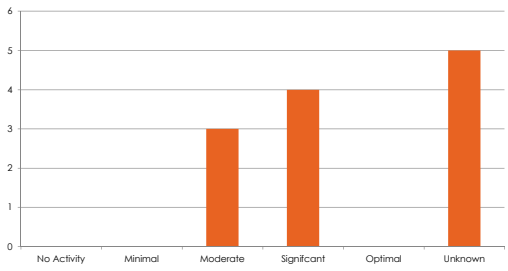
Base the Hiring and Performance Review of Members of the Public Health Workforce in Public Health Competencies



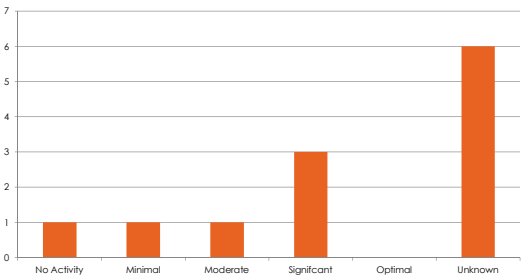
Identify Education and Training Needs and Encourage the Public Health Workforce to Participate in Available Education and Training



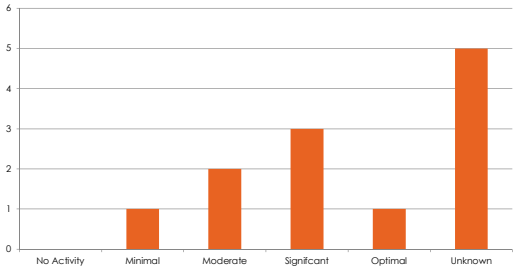
Provide Ways for Public Health Workers to Develop Core Skills Related to the 10 Essential Public Health Services



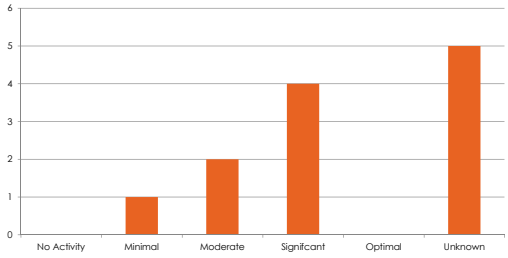
Develop Incentives for Workforce Training, such as Tuition Reimbursement, Time Off for Attending Class, and Pay Increases



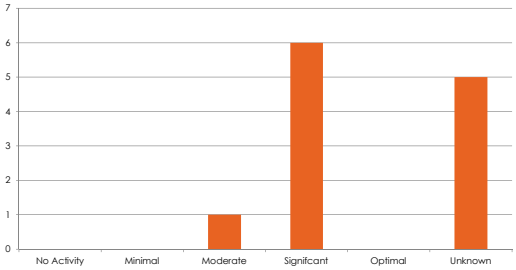
Create and Support Collaborations between Organizations within the LPHS for Training and Education



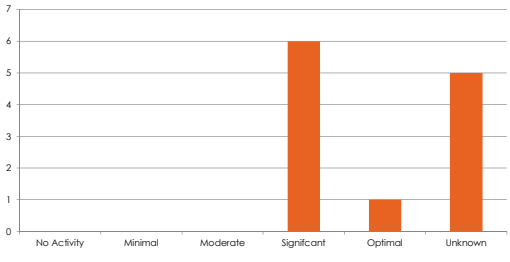
Continually Train the Public Health Workforce to Deliver Services in a Culturally Competent Manner and Understand the Social Determinants of Health



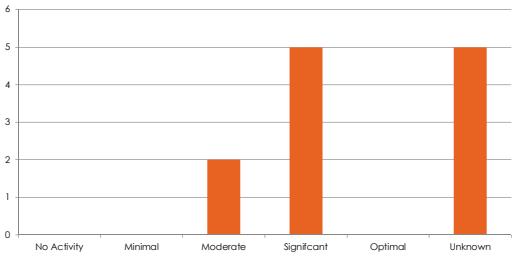
Provide Access to Formal and Informal Leadership Development Opportunities for Employees at All Organizational Levels



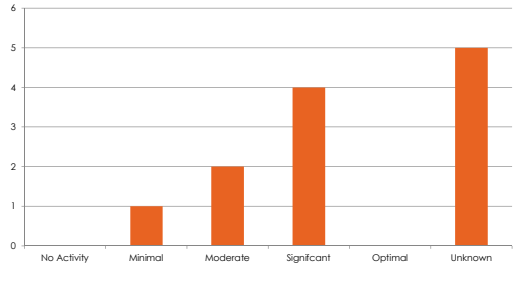
Create a Shared Vision of Community Health and the LPHS, Welcoming All Leaders and Community Members to Work Together



Ensure that Organizations and Individuals have Opportunities to Provide Leadership in Areas where They have Knowledge, Skills, or Access to Resources

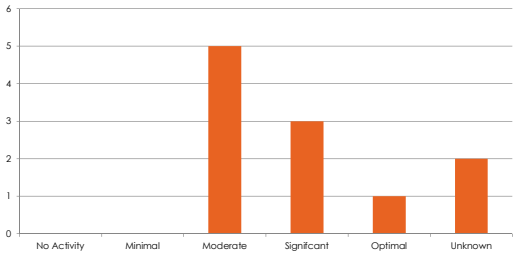


Provide Opportunities for the Development of Leaders who Represent the Diversity of the Community

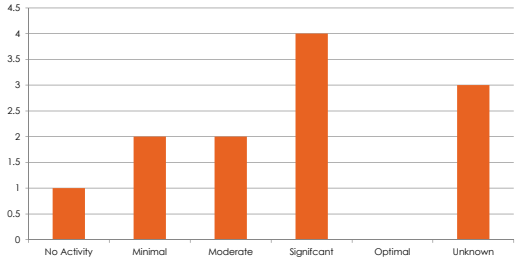


ESSENTIAL SERVICE 9: EVALUATE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF HEALTH SERVICES

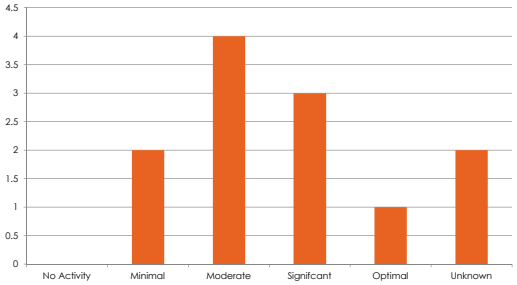
Evaluate How Well Population-Based Health Services are Working, Including Whether the Goals that were Set for Programs and Services were Achieved



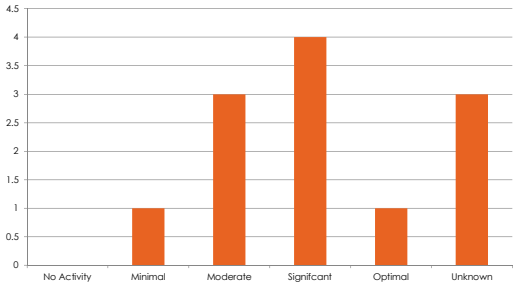
Assess Whether Community Members, including Vulnerable Populations, are Satisfied with the Approaches Taken Toward Promoting Health and Preventing Disease, Illness, and Injury



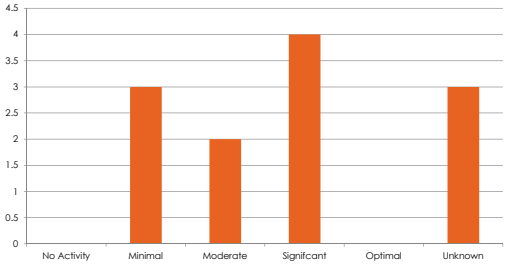
Identify Gaps in the Provision of Population-Based Health Services



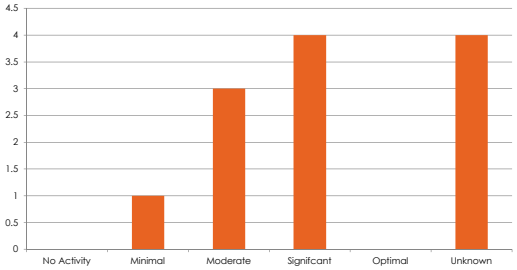
Use Evaluation Findings to Improve Plans, Processes, and Services



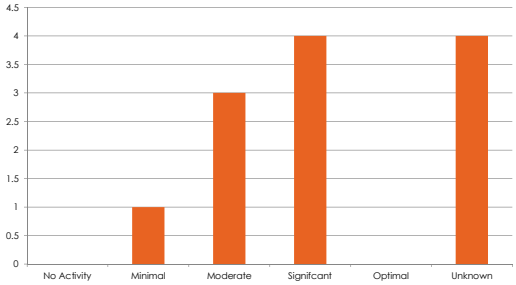
Evaluate the Accessibility, Quality, and Effectiveness of Personal Health Services



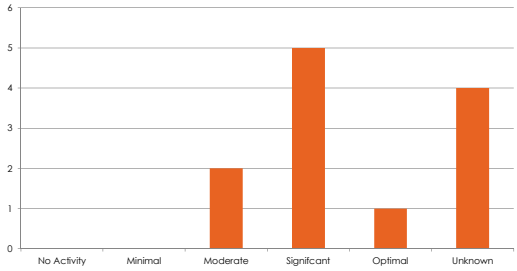
Compare the Quality of Personal Health Services to Established Guidelines



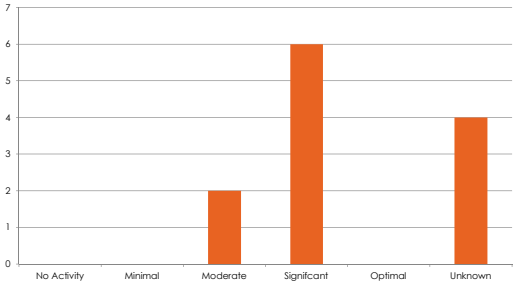
Measure User Satisfaction with Personal Health Services



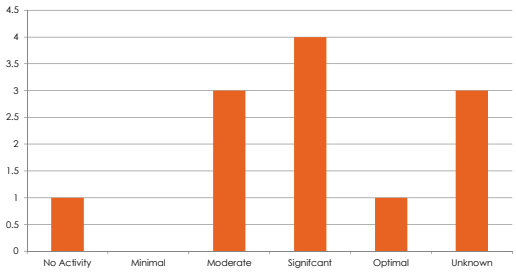
Use Technology, like the Internet or Electronic Health Records, to Improve Quality of Care



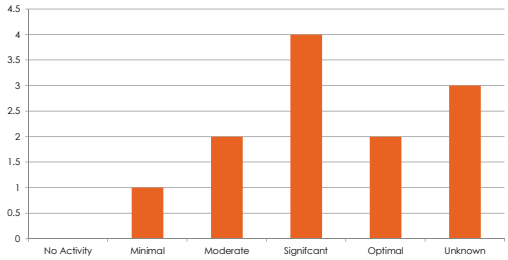
Use Evaluation Findings to Improve Services and Program Delivery



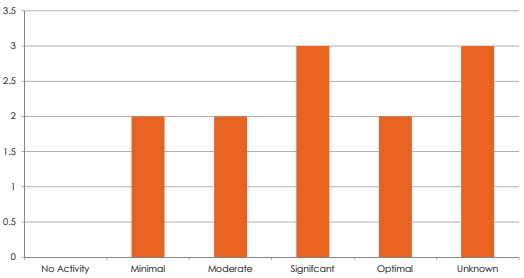
Identify All Public, Private, and Voluntary Organizations that Contribute to the Delivery of the 10 Essential Public Health Services



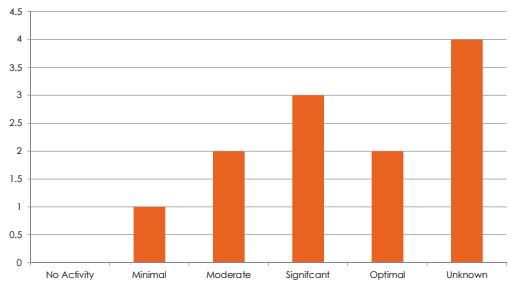
Evaluate How Well LPHS Activities Meet the Needs of the Community At Least Every Five Years, Using Guidelines that Describe a Model LPHS and Involving All Entities Contributing to the Delivery of the 10 Essential Public Health Services



Assess How Well the Organizations in the LPHS are Communicating, Connecting, and Coordinating Services

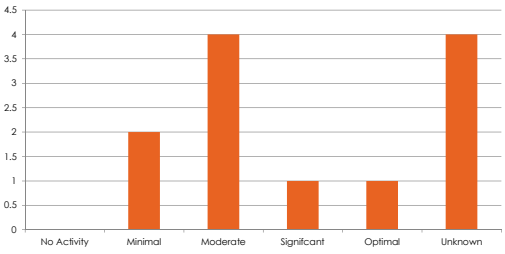


Use Results from the Evaluation Process to Improve the LPHS

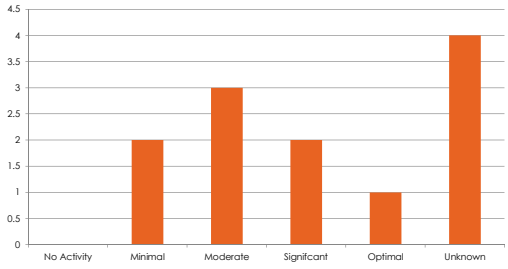


ESSENTIAL SERVICE 10: RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

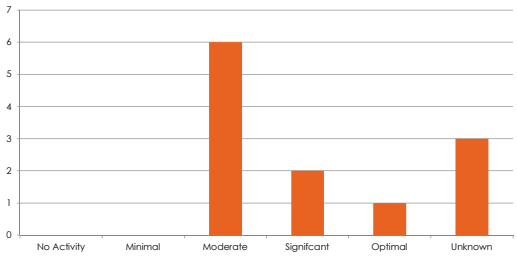
Provide Staff with the Time and Resources to Pilot Test or Conduct Studies to Test New Solutions to Public Health Problems and See How Well They Actually Work



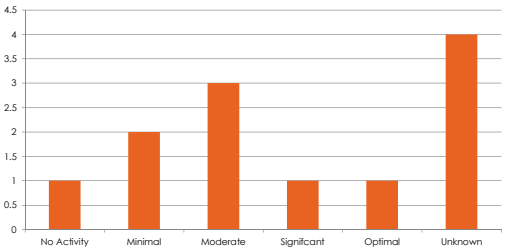
Suggest Ideas about What Currently Needs to be Studied in Public Health to Organizations that Conduct Research



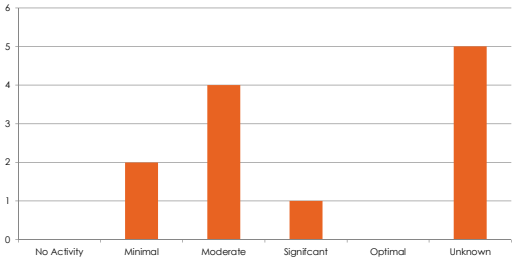
Keep Up with Information from Other Agencies and Organizations at the Local, State, and National Levels about Current Best Practices in Public Health



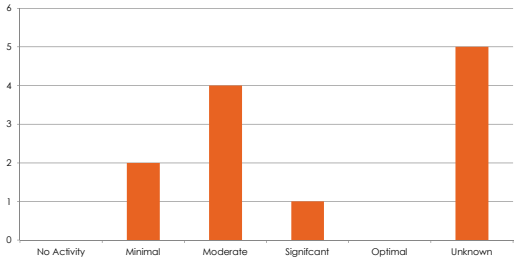
Encourage Community Participation in Research, including Deciding What will be Studied, Conducting Research, and Sharing Results



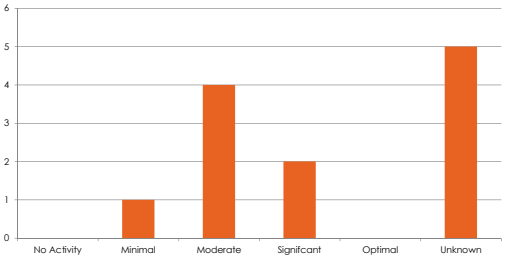
Develop Relationships with Colleges, Universities, or Other Research Organizations, with a Free Flow of Information to Create Formal and Informal Arrangements to Work Together



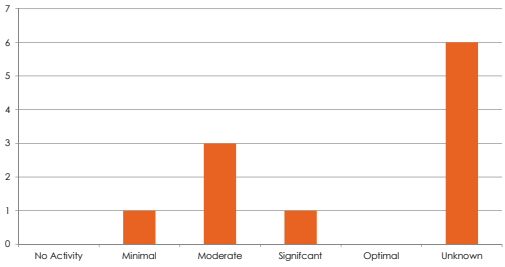
Partner with Colleges, Universities, or Other Research Organizations to Conduct Public Health Research, including Community-Based Participatory Research



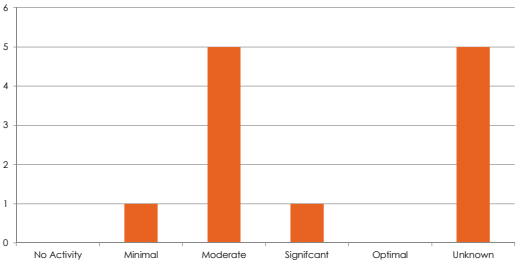
Encourage Colleges, Universities, and Other Research Organizations to Work Together with LPHS Organizations to Develop Projects, including Field Training and Continuing Education



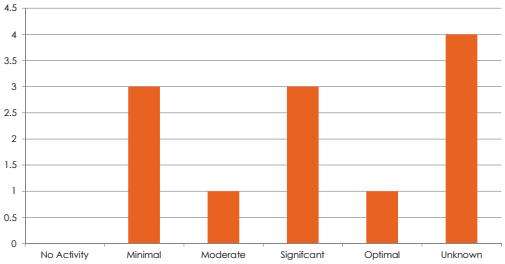
Collaborate with Researchers Who Offer the Knowledge and Skills to Design and Conduct Health-Related Studies



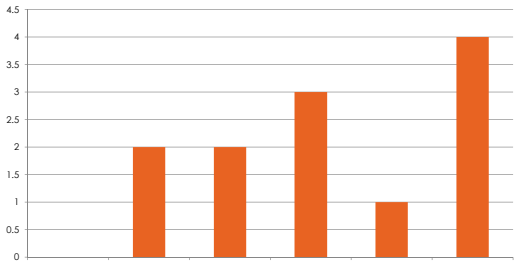
Support Research with the Necessary Infrastructure and Resources, including Facilities, Equipment, Databases, Information Technology, Funding, and Other Resources



Share Findings with Public Health Colleagues and the Community Broadly, through Journals, Web Sites, Community Meetings, Etc.



Evaluate Public Health Systems Research Efforts Throughout All Stages of Work from Planning to Effect on Local Public Health Practice



APPENDIX D: 2015 FORCES OF CHANGE ASSESSMENT MATERIALS

HENDRICKS COUNTY HEALTH PARTNERSHIP FORCES OF CHANGE ASSESSMENT BRAINSTORMING WORKSHEET

The following two-page worksheet was created by the National Association of County and City Health Officials (NACCHO) for local communities to use in preparing for the Forces of Change assessment. Please review this document and complete the Brainstorming Worksheet on Page 2.

WHAT ARE FORCES OF CHANGE?

Forces are a broad all-encompassing category that includes trends, events, and factors:

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

WHAT KIND OF AREAS OR CATEGORIES ARE INCLUDED?

Be sure to consider any and all types of forces, including:

- **Social**
- **Economic**
- **Political**
- **Technological**
- **Environmental**
- **Scientific**
- **Legal**
- **Ethical**

HOW TO IDENTIFY FORCES OF CHANGE

Think about forces of change — outside of your control —that affect the local public health system or community:

1. **What has occurred recently that may affect our local public health system or community?**
2. **What may occur in the future?**
3. **Are there any trends occurring that will have an impact? Describe the trends.**
4. **What forces are occurring locally? Regionally? Nationally? Globally?**
5. **What characteristics of our jurisdiction or state may pose an opportunity or threat?**
6. **What may occur or has occurred that may pose a barrier to achieving the shared vision?**

Also, consider whether or not forces identified were unearthed in previous discussions:

1. **Was the MAPP process spurred by a specific event such as changes in funding or new trends in public health service delivery?**
2. **Did discussions during the Local Public Health System Assessment reveal changes in organizational activities that were the result of external trends?**
3. **Did brainstorming discussions during the Visioning or Community Themes and Strengths phases touch upon changes and trends occurring in the community?**

FORCES OF CHANGE BRAINSTORMING WORKSHEET

Using the information from the previous page, list all brainstormed forces, including factors, events, and trends. Continue onto another page if needed. Bring the completed worksheet to the brainstorming session on Monday, August 24.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

HENDRICKS COUNTY HEALTH PARTNERSHIP
FORCES OF CHANGE ASSESSMENT
BRAINSTORMING DISCUSSION

1. Anthem/Cigna merger causing changes to available health care plans

2. Presidential election in 2016 – effect on legislation

3. More insured = more underinsured

4. Lack of psych detention site in Hendricks County – have to transport out of county; outside county sites are becoming overwhelmed and diverting patients

5. New medical school can graduate new doctors for Indiana

6. New technology (FitBit) help people self-monitor and work out more; telemedicine is helping health care providers reach patients

7. New technology is leading to less active kids

8. Switch in type of tobacco use – from cigarettes to e-cigarettes/vaping

9. Market responding with more "quick clinics"/retail medicine – possibility of losing a medical home

10. Population growth and access to available services – retail medicine

11. Cost and availability of post-secondary education in Hendricks County

12. Development of mental health courts = positive impact

13. Aging population – greater demand on healthcare system; end of life care and issues; not using hospice, distrust of hospice, hospice use is really low (3 days of care)

14. Diminishing support for mass transportation

15. Effects of property tax caps – threatening transportation fleets for school corporations; broader availability of social services

16. Public health funding – 49th in the nation

17. Increase in costs of medications and therapies

18. Lack of adult/all population day care

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19. Leak of trends from other counties – High rate of teen suicide in Morgan County; even fewer services in neighboring counties taxing services within Hendricks County

20. Work day increases = decrease in time for sleep, physical activity, family, vacation

21. Dialysis treatment increases due to increase in rate of diabetes

22. Regionalization of services vs. county-only services – infrastructure to spread out resources by working at a regional approach

23. Lack of mental health care providers – not building a pipeline to fill in shortage areas

24. Increase in young disabled (50-65)

25. Increase in substance abuse – presumptive eligibility for substance abuse and mental health at arrest for state residents = fewer offenses and adherence to treatment (House Bill 1006)

26. "No Wrong Door" pilot program to help eliminate barriers to receiving nursing home care

27. Shift in population from rural to urban

28. Carbon Tax = increase costs for anyone using utilities

29. Increase in noise, air, and light pollution

30. Increase in trails, parks, etc.

31. Increase in population = impact on flooding, storm water, water quality

32. New smoke-free air law across the state; working toward stronger local ordinances

33. Presumptive eligibility – health care

34. Mental health funding and institutional care = gone

HENDRICKS COUNTY HEALTH PARTNERSHIP
FORCES OF CHANGE ASSESSMENT
THREATS AND OPPORTUNITIES DISCUSSION

INCREASE IN SUBSTANCE ABUSE

THREATS: E-cigarettes = unregulated; reduction in cost of substances; higher prescription drug use

OPPORTUNITIES: House Bill 1006 – provides an opportunity for different agencies to collaborate; INSPECT; faith community taking active role in substance abuse awareness; Drug Court

LESS FEDERAL, STATE, AND LOCAL FUNDING

THREATS: Property tax caps = less funding

OPPORTUNITIES: Strategic aligning of services = better utilization of available resources

INCREASING VULNERABLE POPULATIONS/DEMOGRAPHIC SHIFTS

THREATS: Aging population is growing; spiraling health problems; outdated information in a growing county; growing population; growing population in poverty

OPPORTUNITIES: Increase in non-profits and community groups who are working with these populations

DIFFICULTY IN ACCESSING CARE

THREATS: Lack of public transportation; lack of available health care providers; cost of using insurance/increase in cost of care

OPPORTUNITY: Blue River Pharmacy delivery; mobile doctors and telemedicine technology

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APPENDIX E: PRIORITY AREA SELECTION MATERIALS

Choosing Priority Areas for the Community Health Assessment and Community Health Improvement Plan

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What is MAPP?

- Community-driven strategic planning tool for improving community health
- Helps apply strategic thinking to prioritize health issues and identify resources
- NOT an agency-focused tool, but an interactive process

MAPP Phases

1. Organizing

2. Visioning

3. Assessments

4. Strategic Issues

5. Goals and Strategies

6. Action Cycle

Phase 4: Strategic Issues

- Participants develop an ordered list of the most important issues facing the community
- Identified by exploring the convergence of the results of the four MAPP assessments
- Determine how those issues affect the achievement of the shared vision

Top Health Priority Areas

- Substance Abuse
- Mental Health
- Physical Activity and Built Environment
- Nutrition
- Tobacco Use
- Healthy Housing and Properties
- Accessing and Utilizing Health Care
- Personal and Public Safety

Ranking Priority Areas

- Visit each priority area station around the room – 25 minutes
  - Review the posters, data packet, and additional data sheets at each station
- Vote on your top four priority areas - 10 minutes
  - Take four Post-It notes and place notes on the "Votes" sheets located at each station
  - When choosing priority areas, take into consideration the available data, your willingness to participate in activities to address that priority area, and available resources to adequately impact the priority area
- Rank and discuss – 25 minutes
  - Who should be involved in developing strategies for each priority area?
  - Where can strategies, statewide/national work plans, or evidence-based programming for each priority area be found?

HENDRICKS COUNTY HEALTH PARTNERSHIP
PRIORITY AREA RANKINGS

1. **Mental Health – 29 Votes**
   a. Huge overlap between mental health and substance abuse
   b. Don't want to silo substance abuse and mental health – when it's separated too much, you end up with stigma; "chicken and egg" – did substance abuse or mental health issues come first?
   c. Patients may rather state they have a substance abuse problem versus a mental health problem (goes back to issues with stigma)
   d. Chronically mentally ill = 25 year shorter lifespan
   e. Focus on mental health and substance abuse = trickle down to other areas

2. **Accessing and Utilizing Health Care – 28 Votes**

3. **Substance Abuse – 26 Votes**
   a. Emerged on 2015 CHA Survey as a top concern – residents need help in this area
   b. Adding "Tobacco Use" may reduce the impact of "Substance Abuse"
   c. If addressing tobacco use, focus on youth since it is illegal for them to use

4. **Physical Activity and Built Environment – 24 Votes**
   a. Need to do physical activity/built environment and nutrition collectively; don't pick one over the other – don't leave nutrition out
   b. Add "Nutrition" to "Physical Activity and Built Environment"

5. **Nutrition – 15 Votes**

6. **Healthy Housing and Properties – 7 Votes**
   a. Should be ranked higher – homelessness, housing, affordability

7. **Tobacco Use – 3 Votes**
   a. Should be added with "Substance Abuse" – nicotine is a drug, how as a community do we separate these things out?
   b. Still a huge economic impact – taking time off from work, getting sick, etc.
   c. Long-term problem – substance abuse has emerged as a top problem more recently

8. **Personal and Public Safety – 2 Votes**

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