



2021

# Marion Health Community Health Needs Assessment

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Prepared by the Indiana Rural Health Association  
in Partnership with Marion Health

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## **Process**

Marion General Hospital [DBA Marion Health (MH)] contracted with the Indiana Rural Health Association (IRHA) to conduct the 2022 Grant County, Indiana Community Health Needs Assessment (CHNA) as directed by the IRS Guidelines through the Affordable Care Act of 2010. Marion Health is a provider of high-quality medical services in rural Grant County with designations as a Leapfrog A Grade facility and a five-star CMS healthcare organization, among other prestigious awards. For nearly 120 years, MH has gone above and beyond to make the community a happier and healthier place to live. With longstanding roots in the area, Marion Health is one of the largest local employers and partners with many community leaders, organizations, and agencies. The IRHA is committed to enhancing the health and well-being of rural populations in Indiana through leadership, education, advocacy, collaboration, and resource development.

IRHA and Marion Health staff identified the community to be assessed. The decision was made to include all Grant County, Indiana zip codes. Located in the midpoint between Indianapolis and Fort Wayne on the Interstate 69 corridor, Grant County is home to a diverse blend of people, businesses, industry, and history. Peaceful small towns, urban centers of Marion and Gas City, two world class universities, a state-of-the-art IVY Tech campus, large corporations, and family-owned businesses are part of the landscape.

## **Community Definition**

To quantifiably describe the community, census reports were obtained from the United States Census Bureau Reports. Quantifiable statistics and reports for health-related community data were provided from Marion Health, as well as the Community Health Rankings & Roadmaps from the Robert Wood Johnson Foundation. The full versions of these reports can be viewed in Appendix A. Additional reports on chronic disease were reviewed from the Centers for Disease Prevention and Control website. Excerpts from these reports can also be found in Appendix A.

Next, a focus group representative of the Grant County community was organized with assistance from the Marion Health staff. Business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, health department staff, and other interested residents were invited to attend and discuss health-related needs of the community to identify the greatest assets and greatest concerns.

From the information obtained from the steering committee, conversations with MH staff, and the three focus groups, a 63-question survey was developed. Questions included queries about the effect and impact of various factors (including community resources, substance use, and poverty), as well as probes into the perceived need for services and facilities in the county. An online survey posted on SurveyMonkey.com was made available to the public. The survey was widely disseminated to the residents of Grant County through inclusion on the Marion Health website, social media, newsletters, and community partner social media. The survey may be viewed in Appendix C.

The IRHA contacted Marion Health staff to ascertain the healthcare facilities that are currently available to the residents of Grant County. MH staff provided a listing of the facilities and resources, including

but not limited to, clinics, family practices, home care and hospice agencies, assisted living residences, acute rehabilitation centers, and nursing care facilities. The list of existing community resources can be found in Appendix D.

At this time, the entirety of the collected data was submitted to Marion Health to explain the needs and assets identified by the CHNA, as well as to write a plan (Implementation Plan) of action for unmet needs. The dissemination of the survey and ability of community leaders to participate was limited due to COVID challenges, staff shortages, inability to meet face-to-face, and technology complications. These hindered the number of participants for focus groups and surveys completed.

The completed CHNA was then publicly posted on the hospital's website. Hard copies of the full report were made available to the community upon request at the hospital.

## **Community Served**

The community served by Marion Health is defined as follows: All people living within Grant County, Indiana, at any time during the year. To be determined as living within the service area of Grant County, a person must reside, work, or go to school within one of the following postal zip codes: 46919, 46928, 46933, 46938, 46952, 46953, 46986, 46987, 46989, and 46991.

## **Description of Community**

### **Physical**

Grant County is in north central Indiana. The county is designated rural by the U.S. Health Resources & Services Administration and is the thirtieth largest county in Indiana at approximately 414.07 square miles in area and 0.82 square miles in water. Interstate 69 runs along the entire Eastern portion/area of the county, and the Mississinewa River runs from the southeast to northwest through the center of the county.

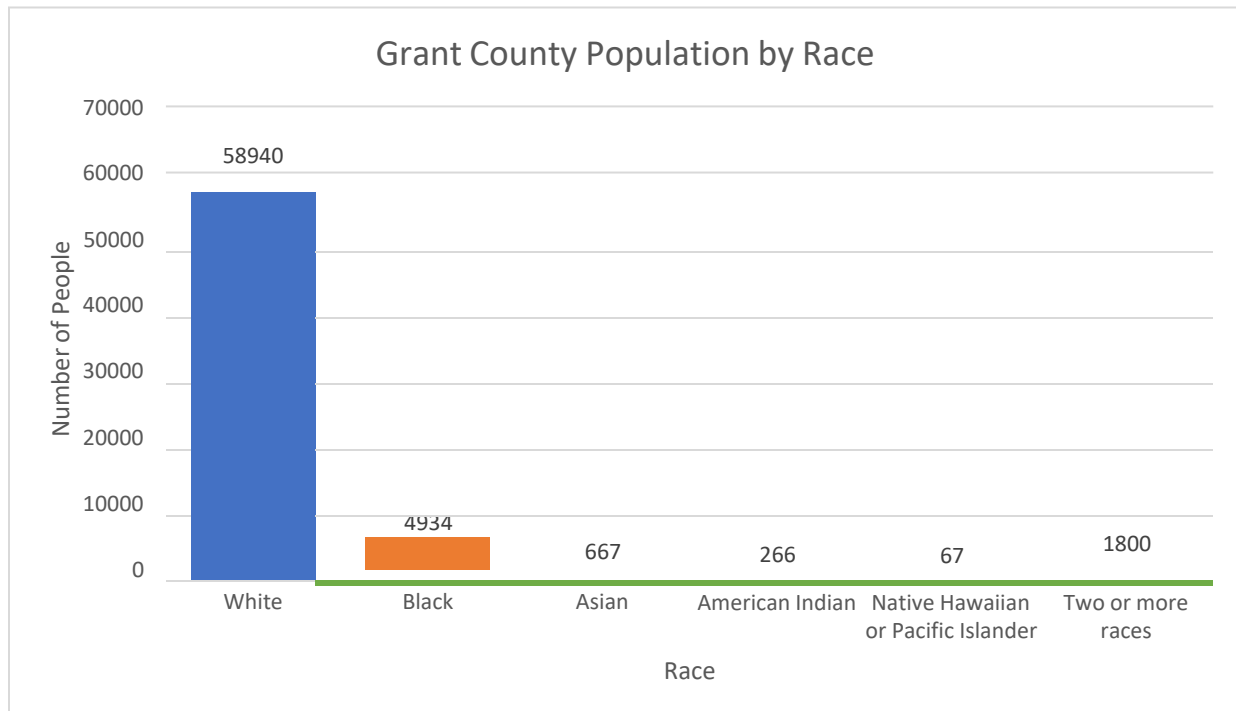
### **Population – Race, Ethnicity, Age, Housing**

According to the 2020 U.S. Census Report, the total population of Grant County is approximately 66,674 as of April 1, 2020. Females make up 52.1% of the overall populace. Minority populations make up approximately 11.6% of the total inhabitants of the county according to census data estimates. There are 30,527 housing units in the county.

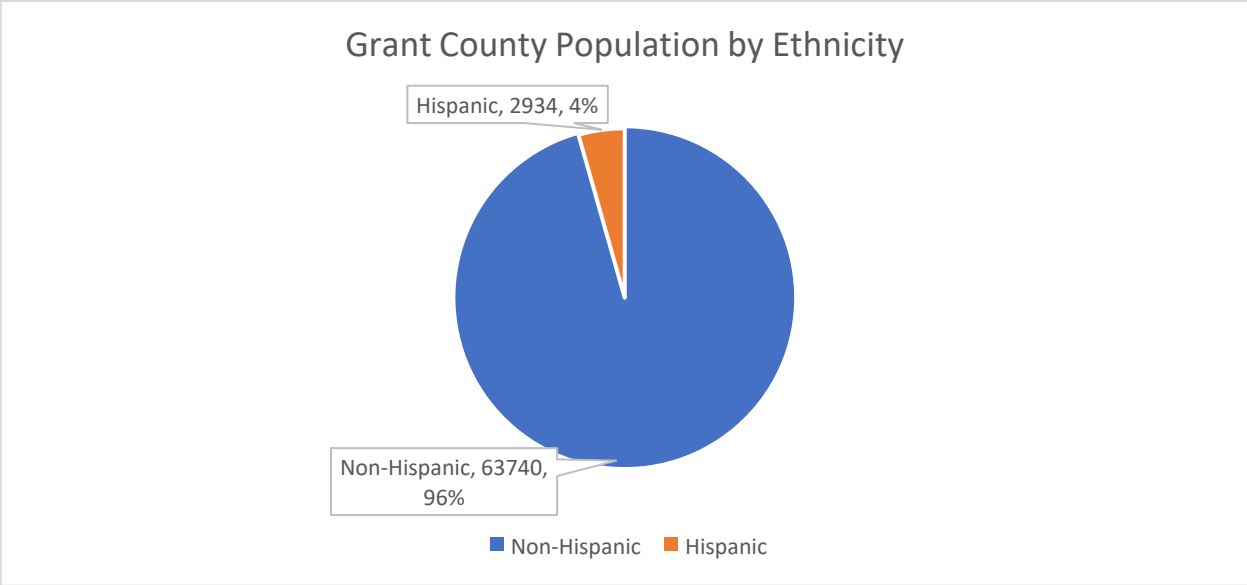
|                                                                                      |                       |
|--------------------------------------------------------------------------------------|-----------------------|
| All Topics                                                                           | Grant County, Indiana |
| <b>Population, Census, April 1, 2020</b>                                             | <b>66,674</b>         |
| <b>Population</b>                                                                    |                       |
| Population estimates, July 1, 2019, (V2019)                                          | 65,769                |
| Population estimates base, April 1, 2010, (V2019)                                    | 70,063                |
| Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019) | -6.1%                 |
| <b>Population, Census, April 1, 2020</b>                                             | <b>66,674</b>         |
| Population, Census, April 1, 2010                                                    | 70,061                |
| <b>Age and Sex</b>                                                                   |                       |
| Persons under 5 years, percent                                                       | 5.7%                  |
| Persons under 18 years, percent                                                      | 20.7%                 |
| Persons 65 years and over, percent                                                   | 19.4%                 |
| Female persons, percent                                                              | 52.1%                 |
| <b>Race and Hispanic Origin</b>                                                      |                       |
| White alone, percent                                                                 | 88.4%                 |
| Black or African American alone, percent (a)                                         | 7.4%                  |
| American Indian and Alaska Native alone, percent (a)                                 | 0.4%                  |
| Asian alone, percent (a)                                                             | 1.0%                  |
| Native Hawaiian and Other Pacific Islander alone, percent (a)                        | Z                     |
| Two or More Races, percent                                                           | 2.7%                  |
| Hispanic or Latino, percent (b)                                                      | 4.4%                  |
| White alone, not Hispanic or Latino, percent                                         | 84.7%                 |

|                                                                                        |               |
|----------------------------------------------------------------------------------------|---------------|
| <b>Population, Census, April 1, 2020</b>                                               | <b>66,674</b> |
| <b>Population Characteristics</b>                                                      |               |
| Veterans, 2015-2019                                                                    | 4,489         |
| Foreign born persons, percent, 2015-2019                                               | 1.6%          |
| <b>Housing</b>                                                                         |               |
| Housing units, July 1, 2019, (V2019)                                                   | 30,527        |
| Owner-occupied housing unit rate, 2015-2019                                            | 68.4%         |
| Median value of owner-occupied housing units, 2015-2019                                | \$92,700      |
| Median selected monthly owner costs -with a mortgage, 2015-2019                        | \$917         |
| Median selected monthly owner costs -without a mortgage, 2015-2019                     | \$347         |
| Median gross rent, 2015-2019                                                           | \$700         |
| Building permits, 2020                                                                 | 76            |
| <b>Families &amp; Living Arrangements</b>                                              |               |
| Households, 2015-2019                                                                  | 26,372        |
| Persons per household, 2015-2019                                                       | 2.31          |
| Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019             | 86.7%         |
| Language other than English spoken at home, percent of persons age 5 years+, 2015-2019 | 2.6%          |
| <b>Computer and Internet Use</b>                                                       |               |
| Households with a computer, percent, 2015-2019                                         | 87.0%         |
| Households with a broadband Internet subscription, percent, 2015-2019                  | 71.9%         |
| <b>Education</b>                                                                       |               |
| High school graduate or higher, percent of persons age 25 years+, 2015-2019            | 87.2%         |
| Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019               | 17.9%         |

Source: U.S. Census Bureau 2010-2020



Graph created by the Indiana Rural Health Association and based on data from the U.S. Census Bureau



Graph created by the Indiana Rural Health Association and based on data from the U.S. Census Bureau

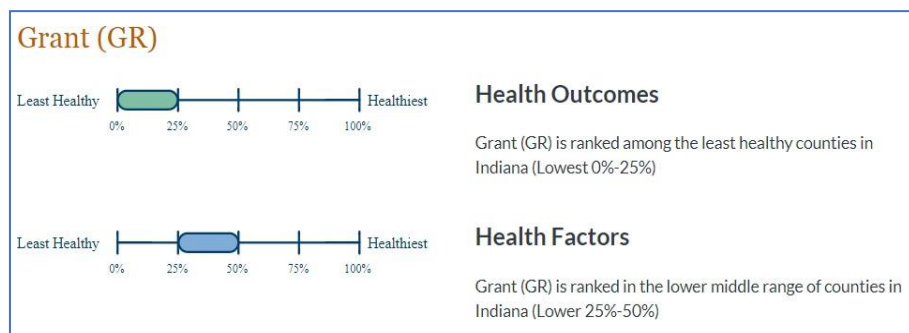
**Education**

The Robert Wood Johnson County Rankings & Roadmaps for 2021 reports that approximately 87% of the county residents have high school diplomas compared with a statewide average of 89%. In addition, 17.9% of Grant County residents over 25 years old have a bachelor's degree or higher. The national average is 32.1% of adults older than 25 years of age have a bachelor's degree or higher and a statewide average of 26.9% of adults older than 25 years of age have a bachelor's degree or higher, according to the U.S. Census Bureau.

The full reports from U.S. Census Bureau, Community Survey Briefs from US Census, and the Robert Wood Johnson Foundation can be viewed in Appendix A.

## Health Summary

Based on 2019 data from the 2021 County Health Rankings & Roadmaps report, Grant County ranks 88<sup>th</sup> in Health Outcomes and 69<sup>th</sup> in Health Factors out of a total of 92 counties in the State of Indiana.



*Source: 2021 County Health Rankings & Roadmaps report, Grant County*

The Health Outcomes ranking determines Grant County is ranked among the least healthy Indiana counties based on respondent data. Health Outcomes data is defined by 2 measures: Length of Life and Quality of Life. Length of Life includes premature death as a data point and Quality of Life includes Poor/Fair Health, Poor Physical Health Days, Poor Mental Health Days, and Low Birthweight as data points. Grant County has a higher rate of premature death with years of potential life lost before age 75 per 100,000 (11,100 years) than the statewide average (8,300 years). 21% of Grant County respondents reported having poor physical health, which is higher than Indiana's average of 18%. Grant County respondents reported 4.7 days out of 7 days being poor physical health days and 4.9 days out of 7 days being poor mental health days. This is compared to the Indiana average of 4.0 days out of 7 days being poor physical health days and 4.7 days out of 7 days being poor mental health days. Grant County resident data is higher than the statewide average for both poor physical and mental health days. Grant County's percentage of live births with low birthweight is 10% of infants compared to Indiana's average of 8% of live births being low birthweight.

| Health Outcomes           |                                                                                                          |                                                                                   |               |       |       |
|---------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------|-------|-------|
| Length of Life            |                                                                                                          |                                                                                   |               |       |       |
| Premature death           |  <a href="#">11,100</a> |  | 10,100-12,100 | 5,400 | 8,300 |
| Quality of Life           |                                                                                                          |                                                                                   |               |       |       |
| Poor or fair health       |  21%                    |                                                                                   | 19-24%        | 14%   | 18%   |
| Poor physical health days |  4.7                    |                                                                                   | 4.3-5.2       | 3.4   | 4.0   |
| Poor mental health days   |  4.9                    |                                                                                   | 4.5-5.3       | 3.8   | 4.7   |
| Low birthweight           | <a href="#">10%</a>                                                                                      |                                                                                   | 9-11%         | 6%    | 8%    |

*Source: 2021 County Health Rankings & Roadmaps report, Grant County*

The Health Factors ranking determines Grant County is ranked in the lower middle range compared to other Indiana counties based on respondent data. Health Factors outcome ranking is defined by 4 measures: Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment.

Ranked Health Behaviors include adult smoking, adult obesity, physical inactivity, alcohol-impaired crashes, Sexually Transmitted Infections (STIs), and teen births. Grant County has a higher rate of adult smoking with 26% of the adult population being smokers compared to a statewide average of 22%. Grant County is reported to have higher rates of adult obesity (37%) compared to the statewide average (34%). Physical inactivity in Grant County is also higher than the average in Indiana (32% of Grant County adults over age 20 report no leisure-time physical activity versus 27% statewide). Grant County has higher alcohol-impaired driving deaths compared to the Indiana average (23% versus 19% of driving deaths that involve alcohol). STIs in Grant County are 598.6 Chlamydia cases per 100,000, which is higher than the state rate of 523.9 Chlamydia cases per 100,000. Teen births in Grant County is comparable to the Indiana average with 27 births per 1,000 Grant County female population ages 15-19 years old and 25 per 1,000 for statewide Hoosier female population ages 15-19 years old. All combined Health Behavior measures rank Grant County 77 out of 92 Indiana counties.

| Health Factors                   |           |                                                                                   |        |       |       |
|----------------------------------|-----------|-----------------------------------------------------------------------------------|--------|-------|-------|
| Health Behaviors                 |           |                                                                                   |        |       |       |
| Adult smoking                    | 26%       |  | 22-29% | 16%   | 22%   |
| Adult obesity                    | 37%       |  | 31-43% | 26%   | 34%   |
| Food environment index           | 7.0       |                                                                                   |        | 8.7   | 7.0   |
| Physical inactivity              | 32%       |  | 27-37% | 19%   | 27%   |
| Access to exercise opportunities | 64%       |                                                                                   |        | 91%   | 75%   |
| Excessive drinking               | 15%       |  | 15-16% | 15%   | 19%   |
| Alcohol-impaired driving deaths  | 23%       |  | 16-31% | 11%   | 19%   |
| Sexually transmitted infections  | 598.6     |  |        | 161.2 | 523.9 |
| Teen births                      | <u>27</u> |                                                                                   | 25-30  | 12    | 25    |

Source: 2021 County Health Rankings & Roadmaps report, Grant County

Clinical Care measures addressed in this report include percentage of uninsured Grant County residents, ratio of mental health providers, ratio of primary care physicians, and preventable hospital stays. Grant County is comparable to the Indiana statewide average for uninsured residents (9% of Grant County residents are uninsured. 10% of Hoosiers are uninsured). Mental health provider ratio in Grant County is 390:1, which is better than the Indiana average of 590:1 but still higher than the top U.S. performers at 270:1. The largest detriment to the Clinical Care scoring is the high patient-to-primary care physicians' ratio at 2,350:1 compared with the Indiana average ratio of 1,500:1. An additional detriment to this scoring is preventable hospital stays for ambulatory-care sensitive conditions. Grant County had a preventable hospitalization rate of 5,857 per 100,000 Medicare enrollees, which is higher than the rate of Indiana preventable hospitalization of 4,795 per 100,000 Medicare enrollees. All Clinical Care measures ranked Grant County 47 out of the 92 Indiana counties.

| Clinical Care              |              |                                                                                     |       |         |         |
|----------------------------|--------------|-------------------------------------------------------------------------------------|-------|---------|---------|
| Uninsured                  | 9%           |  | 7-10% | 6%      | 10%     |
| Primary care physicians    | 2,350:1      |  |       | 1,030:1 | 1,500:1 |
| Dentists                   | 1,690:1      |  |       | 1,210:1 | 1,750:1 |
| Mental health providers    | 390:1        |                                                                                     |       | 270:1   | 590:1   |
| Preventable hospital stays | <u>5,857</u> |  |       | 2,565   | 4,795   |
| Mammography screening      | <u>42%</u>   |  |       | 51%     | 42%     |
| Flu vaccinations           | <u>51%</u>   |  |       | 55%     | 52%     |

Source: 2021 County Health Rankings & Roadmaps report, Grant County

Social and Economic factors in this report include high school completion, unemployment, children in poverty, children in single-parent households, injury deaths, and violent crime measures. There was a lower but comparable percentage for completion of high school diploma or equivalent for

adults ages 25 and over in Grant County compared to Indiana (87% versus 89%). Grant County has a higher but comparable 2019 unemployment rate (3.7%) than the State of Indiana (3.3%). Children under 18 years old living in poverty is higher in Grant County (23%) than the statewide average of 15%. 30% of Grant County children live in a household headed by a single parent, which is higher than the statewide average(25%) and double when compared to top U.S. performers (14%). Deaths from injuries in Grant County was 99 per 100,000, and again is higher than the Indiana average of 80 injury deaths per 100,000. There were 234 reported violent crime offenses per 100,000, which is lower than the state rate of 385 reported violence crime offenses per 100,000. All Social and Economic factors contributed to Grant County's lowranking of 77 out of 92 Indiana counties.

| Social & Economic Factors            |            |                                                                                   |         |      |
|--------------------------------------|------------|-----------------------------------------------------------------------------------|---------|------|
| High school completion               | 87%        |                                                                                   | 86-89%  | 94%  |
| Some college                         | 54%        |                                                                                   | 50-58%  | 73%  |
| Unemployment                         | 3.7%       |  |         | 2.6% |
| Children in poverty                  | <b>23%</b> |  | 15-30%  | 10%  |
| Income inequality                    | 4.1        |                                                                                   | 3.9-4.4 | 3.7  |
| Children in single-parent households | 30%        |                                                                                   | 25-34%  | 14%  |
| Social associations                  | 16.2       |                                                                                   |         | 18.2 |
| Violent crime                        | 234        |  |         | 63   |
| Injury deaths                        | <b>99</b>  |                                                                                   | 89-110  | 59   |

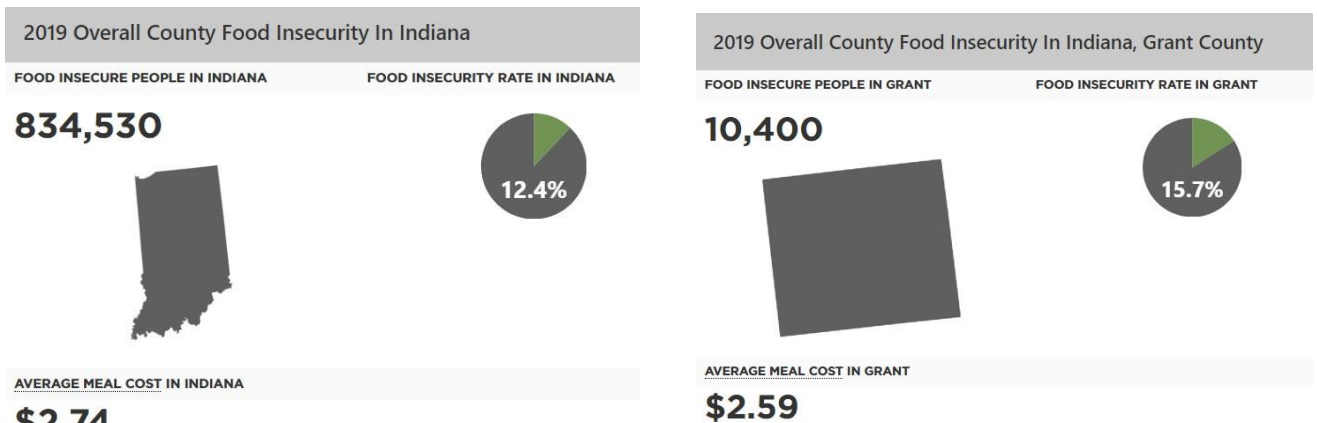
Source: 2021 County Health Rankings & Roadmaps report, Grant County

Physical Environment factors in this report include air pollution, drinking water violations, severe housing problems, and long commute times alone. Air pollution, specifically the average daily density of fine particulate matter (PM 2.5) is 9.0 micrograms per cubic meter in Grant County, which is the same as the Indiana average. Grant County had no drinking water violations. 12% of Grant County households reported at least 1 of 4 housing problems (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities); this is slightly lower than the statewide average of 13%. 20% of Grant County residents report they commute more than 30 minutes to work in their car alone, which is less than the statewide percentage of 32%. All Physical Environment factors resulted in Grant County having a higher score of 17 out of 92 Indiana counties.

| Physical Environment               |            |                                                                                     |        |     |
|------------------------------------|------------|-------------------------------------------------------------------------------------|--------|-----|
| Air pollution - particulate matter | 9.0        |  | 5.2    | 9.0 |
| Drinking water violations          | No         |                                                                                     |        |     |
| Severe housing problems            | 12%        |                                                                                     | 11-14% | 9%  |
| Driving alone to work              | <b>78%</b> |                                                                                     | 76-80% | 72% |
| Long commute - driving alone       | 20%        |                                                                                     | 17-22% | 16% |

Source: 2021 County Health Rankings & Roadmaps report, Grant County

Feeding America's *Map the Meal Gap* study reported that in 2019, 10,400 people were food insecure in Grant County with a rate of 15.7%, which is higher than the Indiana statewide rate of 12.4%. The average meal cost in Grant County is \$2.59. This is less expensive than the average meal cost for the state of \$2.74.



*Data visualization from Feeding America's Map the Meal Gap*

### Primary and Chronic Diseases

Marion Health generated a report of the Most Common Diagnosis from their most recent full calendar year, January 1, 2020, through December 31, 2020. From this report, the top ten most common diagnoses for their service area were identified. A further examination of the payer mix for each diagnosis resulted in additional data to identify the issues that were most often seen in low-income, disabled, and/or older populations. (\*Note: It is important to understand the key characteristics of the MH population. This includes identifying the low-income, disabled, and/or elderly population. The population trends help provide an indication of patterns within the residents of the community and assist in identifying the needs around this populace.)

The following list contains the top ten most common diagnoses and the percentage of Medicare and Medicaid patients for each diagnosis:

- Sepsis, unspecified organism – 474 cases (82% Medicare and Medicaid)
- Hypertensive Heart Disease with Heart Failure – 280 cases (87% Medicare and Medicaid)
- Hypertensive Heart & Chronic Kidney Disease with Heart Failure and Stage 1-4 Unspecified Chronic Kidney Disease – 269 cases (87% Medicare and Medicaid)
- Non-ST Elevation (NSTEMI) Myocardial Infarction – 172 cases (76% Medicare and Medicaid)
- Pneumonia, unspecified organism – 168 cases (80% Medicare and Medicaid)

- Acute and Chronic Respiratory Failure with Hypoxia- 155 cases (88% Medicare and Medicaid)
- Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation – 145 cases (92% Medicare and Medicaid)
- Acute Kidney Failure, unspecified – 144 cases (82% Medicare and Medicaid)
- Acute Respiratory Failure with Hypoxia—109 cases (72% Medicare and Medicaid)
- Urinary Tract Infection, site not specified – 108 cases (91% Medicare and Medicaid)

The full list of top discharge diagnoses and payer mix report can be found in Appendix A.

### **Cancer**

According to the Centers for Disease Control and Prevention's (CDC), National Cancer Institute, the following cancer data was collected between 2014 - 2018 and is the most up-to-date data for these measures. The incidence rate of all cancer cases per 100,000 people in Grant County comes in at 506.3 cases compared to a statewide rate of 457.9 cases. Grant County has higher incidence rates of prostate cancer cases (108.8 cases per 100,000 versus a statewide rate of 96.5 cases per 100,000) and higher statewide average incidence rates for lung and bronchus cancer (83.6 cases per 100,000 versus a statewide rate of 69.9 cases per 100,000). Female breast cancer incidence rate is slightly lower than the state average, with a breast cancer rate of 122.5 cases per 100,000 versus a statewide rate of 124.5 cases per 100,000. Grant County's incidence rate of colon and rectum cancers is 47.6 cases per 100,000, which is higher than the statewide incidence rate of 36.5 cases per 100,000.

The following data is compiled from the 2018 Indiana Cancer Facts and Figures report and provides data collected between the years 2011-2015. The overall all-cancer mortality rates in Grant County are 200.9 deaths per 100,000 people, which is significantly higher than the Indiana mortality rate for all cancers (180.4 deaths per 100,000 people). Prostate cancer mortality rate in Grant County is 19.0 deaths per 100,000 people, which is slightly lower than the statewide prostate mortality rate of 20.4 deaths per 100,000 people. Lung cancer mortality for Grant County is higher at 59.9 deaths per 100,000 people compared to the statewide mortality rate of 53.3 deaths per 100,000. Grant County's colon and rectal cancer mortality rate is 18.8 deaths per 100,000 people, which is higher than the statewide mortality rate of 15.9 deaths per 100,000 people. The mortality rate of breast cancer is similar in Grant County compared to statewide mortality rate (21.6 deaths per 100,000 people versus a statewide rate of 21.4).

### **Heart Disease and Stroke**

Data collected between 2017-2019, the CDC's Division for Heart Disease and Stroke Prevention reports Grant County's mortality from cardiovascular diseases at a value of 256.7 deaths per 100,000 people from all races, which is higher than Indiana's overall cardiovascular disease mortality rate of 238.5 deaths per 100,000 people.

### **Diabetes**

The CDC Division of Diabetes Translation reported that 2018 data for Grant County comes in slightly above the state average percentage of diagnosed diabetes (12.8% in Grant County versus 11.2% in Indiana). Utilizing 2019 data, Grant County showed a decrease in percentage of diagnosed diabetes of 11.5%. The percentage of diagnosed diabetes for both Grant County and the State of Indiana remain well above the 2018 national average percent (9.1%).

The Indiana State Cancer Registry's Indiana Cancer Facts & Figures, as well as portions of the CDC reports, can be found in Appendix A.

### **Existing Healthcare Resources**

Marion Health provided a current listing of the available healthcare facilities and services that are accessed by those living in Grant County. MH will be able to use this listing when creating their action plan to fully incorporate all available resources.

### **Health care providers**

Marion General Hospital DBA as Marion Health

Primary care practices and clinics in Gas City, Swayzee, Converse, South Marion, and Fairmount

VA Northern Indiana Health Care System - Marion Campus

### **Clinics**

Grant Blackford Mental Health/ Cornerstone Behavioral Health Center

Indiana Health Center – (FQHC)

Indiana Wesleyan Health Center

MGH Express – Urgent Care

Progressive Cancer Care

Bridges to Health – Free Clinic

Lung Center of MH

Urology Center of MH

MH Specialty Physicians

Wound Care & Hyperbaric Medicine

Summit Pain Management

Serenity Clinic

IU Upland Health and Diagnostics Center

Community Medical Services

### **Acute Rehabilitation**

Marion Health Rehabilitation Hospital – Marion Health

### **Rehab, Skilled Care, Long-term Care, & Assisted Living**

Colonial Oaks Health & Rehab Center

Aperion Care Marion

Miller's Merry Manor

Twin City Healthcare

University Nursing Center

Wesleyan Health Care Center

### **Assisted living Only**

Suite Living

Wyndmoor

York Place  
Northwood Manor

**Home Care and Hospice**

Home Helpers Home Care  
Premier Home Health Care  
New Horizons Home Healthcare  
Heart to Heart Hospice  
Faithful Friends Home Healthcare  
Comfort Keepers  
Angels of Mercy Home Health Care  
Advantage Home Health Care  
Above and Beyond Home Care Inc  
Able Hands Homecare

**Community Organizations**

Grant County Minority Health Coalition  
Family Services Society, Inc.  
Carey Services  
Cancer Services of Grant County  
Grant County Community Foundation  
Gilead Ministries  
Circles of Grant County

**Substance Use Disorder Programs for Prevention, Treatment, and Recovery**

Hope House Marion transitional home for men and for women  
Grant County Substance Abuse Task Force  
Grant County Rescue Mission Life Change Program for men and women  
Agape Recovery House  
In God's Corner Boxing  
CORE Program (Community Opioid Response Endeavor)  
Systems of Care  
Bowen Center  
Meridian Services  
Botvin Life Skills (Family Services Society, Inc.)  
Employee Assistance Programs  
Faith Community and Clergy Connect  
Pro-social Family Support Activities

**Heart Disease and Stroke**

American Heart Association  
Indiana Tobacco Quit Line  
Breathe Easy Grant County (tobacco prevention education, and cessation)  
Grant County Minority Health Tobacco Coalition  
Marion Health Heart Failure Clinic  
Marion Health Anticoagulation Clinic

**Injury and Violence**

Court Appointed Special Advocates Association  
Police Departments

First Light Child Advocacy Center  
Hands of Hope (Domestic Violence)  
Problem Solving Courts  
Anger Management Programs

**Nutrition, Physical Activity, and Weight**

Marion Health Diabetes Nurse Educator & Dieticians  
YMCA  
Cardinal Greenway  
Boys & Girls Club  
Organized sports programs for kids – PAL Club  
Purdue Extension  
Food banks  
Community Garden  
Matter Park & Other County Recreation Facilities  
Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The complete listing of the facilities can also be found in Appendix D.

**Identifying Health & Service Needs**

A steering committee of Grant County representatives was organized with the help of the Marion Health Community Education Coordinator, Kelley Hochstetler. Business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, and other interested residents were invited to attend the meeting to discuss the health-related needs of the county to identify the areas of greatest concern. If unable to attend a focus group, individuals were invited to submit a letter detailing the needs of the community. The invitation letter is included in Appendix B.

The steering committee was encouraged to brainstorm challenges and opportunities for improving health and wellbeing for Grant County residents. A master list of concerns was agreed upon by the committee. All were asked to prioritize the greatest strengths and values in their county. Finally, they were asked to identify the highest priorities from the master list of challenges.

After analyzing both prioritized lists, the IRHA team determined the items that appeared most frequently and the community's areas of greatest concern:

- Mental/Behavioral Health
- Substance Use/Addiction
- Cost of care and medications
- Attracting medical specialists to Grant County
- Housing
- Poverty
- Access to dental care
- Low rates of vaccination against COVID-19

The master list, each group's priority list, and the list of areas that were determined to be of the greatest need can be found in Appendix B.

The identified areas of greatest need and additional conversations with MH staff were used to create a 63-question survey, addressing demographics, county issues, and community services and amenities (Appendix C). The survey was widely disseminated via a publicly available survey posted on the Marion Health website and social media. The survey was also sent through listservs, internal newsletters, and invitations to focus group participants with the request to share with their contacts in the county, as well. At the end of polling, there was a total of 197 total responses. Results included 42.13% of the respondents were from zip code 46952, 22.84% of the respondents were from zip code 46953, and the distribution of the rest of respondents' zip codes can be found in Appendix C. Also, 81.22% of respondents identified as female, and 90.36% of respondents identified as White.

Respondents were first asked to assess the effect of various factors on their community by selecting, "very negative impact, some negative impact, no impact, some positive impact, or very positive impact." The second portion of the survey required respondents to assess the need for various services and facilities in their community by selecting "no need, some need, no opinion either way, definite need, or extreme need."

There was also a section for open comments at the end of the survey for any additional information the respondents wanted to share.

When asked, "How do these issues impact the health of your county," the factors that received the most negative rankings (out of a 5-point scale, with 1 being the most negative impact and 5 being the most positive impact) were:

1. Opioid misuse – with a weighted average of 1.51
2. Methamphetamine use – with a weighted average of 1.52
3. Other illegal drug use – with a weighted average of 1.53
4. Tobacco use – with a weighted average of 1.66
5. e-Cigarette use, "vaping" – with a weighted average of 1.67
6. Alcohol misuse – with a weighted average of 1.69
7. Adult obesity – with a weighted average of 1.73
8. Stress/anxiety – with a weighted average of 1.75
9. Depression – with a weighted average of 1.77
10. Homelessness – with a weighted average of 1.81

When asked, "Do you see a need for the following in your community," (out of a 5-point scale, with 1 being the least needed and 5 being the most needed) the standout responses were:

1. Mental/behavioral healthcare providers – with a weighted average of 4.31
2. Recovery and rehabilitation programs for individuals with Substance Use Disorder – with a weighted average of 4.29
3. Inpatient services for individuals with Substance Use Disorder – with a weighted average of 4.28
4. Inpatient services for mental/behavioral healthcare – with a weighted average of 4.25
5. More availability of activities for teenagers – with a weighted average of 4.23
6. More affordable medications – with a weighted average of 4.22
7. Substance use education/resources – with a weighted average of 4.21

8. Insurance coverage for mental/behavioral healthcare – with a weighted average of 4.19
9. Residential or recovery housing for individuals with Substance Use Disorder – with a weighted average of 4.17
10. More affordable healthcare services – with a weighted average of 4.07

The responses to the needs in the community closely mirror the responses to what areas are challenging or present opportunities to improve in Grant County. It is also worth noting that respondents seem to support treating the use, misuse, or abuse of substances and mental/behavioral health, possibly as they related to each other.

A complete summary of the survey results can be found in Appendix C.

## **Summary of Findings**

Based on the information gathered as part of the Community Health Needs Assessment, the Indiana Rural Health Association identified the areas of greatest need in Grant County. Through the collection of health data and community input on the county's strengths, values, and challenges within the hospital's service area, the following needs were identified as being of the highest importance.

### **Identified Areas of Need**

- Mental health treatment and facilities
- Prevention, education, and wide-ranging treatment for illegal drug use, prescription drug/opioid misuse, alcohol abuse, methamphetamine use, and tobacco use
- Affordable healthcare at all levels
- Engaging teenagers in the community

### **IRHA Ideas to Include in Implementation Plan**

Additionally, to aid Marion Health in the creation of an action plan, the IRHA has made preliminary suggestions for addressing the defined areas of need. \*\*\*Please note these are opportunities for improvement and in no way constitute required actions, but rather are recommendations for further attention.

Note: references below of specific organizations are examples only and in no way meant to convey an exhaustive list.

#### **Mental health treatment and facilities**

- Collaborate with regional behavioral and mental health providers to enable telehealth treatment options. Examples include:
  - IN Medicaid: <https://www.in.gov/fssa/dmha/apply-for-services/mental-health-services/>
  - LifeSprings: <https://www.lifespringhealthsystems.org/>
  - Bloomington Meadows: <https://www.bloomingtonmeadows.com/>
  - Mental Health of America (IN): <https://mhai.net/>
  - IU and their IN Behavioral Health Access Plan for Youth:

<https://medicine.iu.edu/psychiatry/clinical-care/behavioral-health>

- IRHAHELP: <https://www.findhelp.org/>
- Organize support groups for peers, such as recovering patients and patients' families.
  - Pursue National Health Service Corp designation, or leverage existing designation, to recruit mental health providers.
  - Work with local employers and evaluate existing employee benefit plans and coverage for mental health.
  - Evaluate insurance coverage with state programs for the indigent with mental health issues.
  - Explore use of telehealth options which include mental health providers; Access Physicians: <https://accessphysicians.com/>
  - Identify organizations who serve specific mental health areas (suicide, violent acts, dietary reactions, senior depression, etc.), and partner to host educational events and form support groups.
  - Collaborate with various suicide prevention organizations (American Federation of Suicide Prevention, etc.). Topics may include:
    - How to identify individuals who are thinking about suicide
    - How to provide support to survivors
  - Host events to provide education with parents, educators, clergy, etc. Focus on how to identify signs of possible suicide ideation.

**Prevention, education, and wide-ranging treatment for illegal drug use, prescription drug/opioid misuse, alcohol abuse, methamphetamine use, and tobacco use**

- **Illegal and/or prescription drugs – treatment, recovery, prevention education:**
  - Create an extensive education and awareness teams:
    - Educational classes for families
    - Educational classes for people with OUD/SUD
  - Collaborate with local agencies to explore deeper means of solutions and recovery as a collective team, including, but not limited to local law enforcement, local judicial system representatives, local employers, EMS providers, local clergy, and healthcare providers.
  - Explore strategies to draw users of illegal drugs into recovery and return to engaged participants in their communities.
  - Engage recovering patients into sharing presentations, stories, and experiences.
  - Work with various organizations, service groups, and faith-based communities to market, create, and host recovery, support, and family groups such as Narcotics Anonymous, Al-Anon, Celebrating Recovery, etc.
  - Offer specific drug education classes:
    - Methamphetamine

- Over-the-counter medications
- Collaborate with local providers to present at health and educational events.
- Contact successful treatment facilities and recovery houses in similar communities to partner and learn best practices (see “Mental health treatment and facilities” section above for examples).
- Collaborate with other regional rural hospitals to share providers in a network of educational meetings. Create and host educational meetings in various communities to provide education to identify those at risk, treatment options, and other resources.
- Bring activity focused organizations together to expand and promote activities for all ages, expand the list of alternative activities.
- Explore online educational services, telehealth, etc. to bring professional counselors to local provider offices, schools, wherever patients and families are in an appropriate setting.
- Collaborate with community organizations to create safe activities for all ages and help avoid boredom.
- **Tobacco and electronic nicotine use – education and prevention:**
  - Obtain resources from IRHA on tobacco cessation programs from Taylor Kenyon, MPH, Tobacco Prevention & Cessation Quality Advisor.
  - Obtain from IN Department of Health programs on tobacco cessation.
  - Collaborate with local providers for tobacco use educational forums.
  - Create a “change the culture” program to break the cycle.
  - Organize and develop local support groups.

### **Affordable healthcare at all levels**

- Explore all public aid options for financial resources.
  - Include business entities that secure insurance for those not covered, such as Claim Aid <https://www.claimaid.com/>.
  - Include non-profit organizations with “insurance navigators” who help the uninsured explore options including public assistance such as Connecting Kids to Coverage Indiana, <https://www.indianaruralhealth.org/services/connecting-kids-to-coverage-indiana/> (Federal grant funded by HRSA).
  - Consult with local clergy to explore faith-based financial support programs.
  - Collaborate with local employers on programs to provide basic healthcare services at acceptable rates.
  - Discuss options with the medical staff and financial executives to explore discounted fee models.
    - i. What type of discount models are available for qualifying patients?
    - ii. Identify the organizations that employ the underinsured and explore mutually beneficial pricing models that help the patients but do not financially harm any of the parties.

### **Engaging teenagers in the community**

- Create a community-wide stakeholder group of all constituents to identify activities for teens

that includes local business, school staff, law enforcement, civic groups, faith-based groups, etc. to accept the challenge of creating opportunities for teens to grow.

- Collaborate with commercial businesses, both for profit and non-profit organizations (including local Chambers of Commerce). Explore opportunities for teens to get involved where they can learn basic skills, earn a modest income, and support the local employer.
- Encourage local businesses to financially support teen activity organizations such as 4H, Scouts, Boys or Girls Club, YMCA, or similar activity-based organization.
- Encourage local law enforcement groups to host activities for teens, such as recreational athletic events, family games (Kids vs “Cops & Pops”), etc.
- Work with local schools to offer a tutoring program (as both students and tutors).

Marion Health has earned the trust and respect of many residents. Having spent many years with this community, the IRHA staff recognizes the focused desire and commitment of both the hospital staff, as well as members of the community who share in their passion to improve the lives of residents of Grant County. Through a focused effort involving collaboration of hospital leadership and community leaders to improve health outcomes, lives will be changed. This can be leveraged with providers and local businesses and community service organizations to explore the results, suggestions, and ideas to enhance the quality of life of Grant County residents.