

Table of Contents

County Demographics	4
Primary Survey Results	7
Secondary Data Review	29
Further Conclusions	50

Introduction



The 2018 Hendricks County Community Health Assessment provides a comprehensive look at the health and wellness of Hendricks County residents.

During the year of 2018, local hospital systems and universities including Indiana University Health, Franciscan Alliance, Community Health Network, St. Vincent/Ascension, IU School of Public Health, and University of Evansville School of Health Sciences along with members of the Hendricks County Health Partnership, staff at the Hendricks County Health Department, and staff at Hendricks Regional Health collaborated to conduct a county-wide primary survey of residents' health needs and behaviors. In addition to the primary survey, IU Health West hosted a focus-leader meeting including representatives from various health agencies in the county to discuss and identify the most urgent health needs according to their experience and witness, as well as a key stakeholder interview with a representative from the Hendricks County Health Department to discuss the focus-leaders' conclusions.

Following this, staff members at the Hendricks County Health Department conducted a secondary data review which includes the most recent, county-specific data available from national sources such as the U.S. Census Bureau, the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and the Bureau of Labor Statistics.

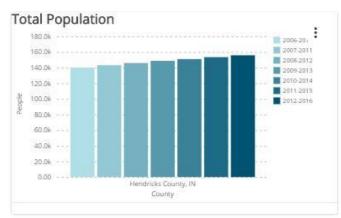
The following assessment is broken down into four reports: 1) Primary Survey Results, 2) Secondary Data Review, 3) Further Conclusions, and the 4) 2019-2021 Hendricks County Community Health Improvement Plan. Button-links for each report can be found at the bottom of this introduction page.

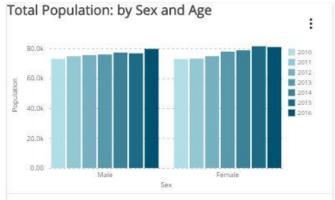
On each graph or chart, you will find a 3-dot icon in the upper right corner. To download a chart as a PNG image file for your own reporting purposes, or to share it on your social media profile, click the 3-dot icon.

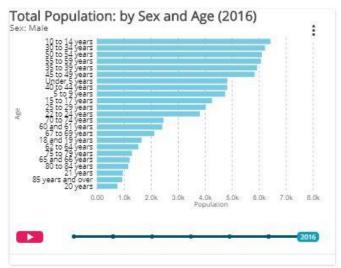
County Demographics

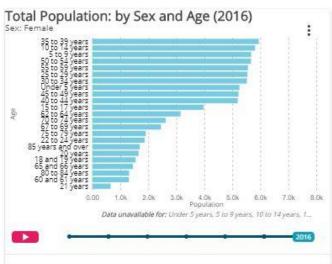


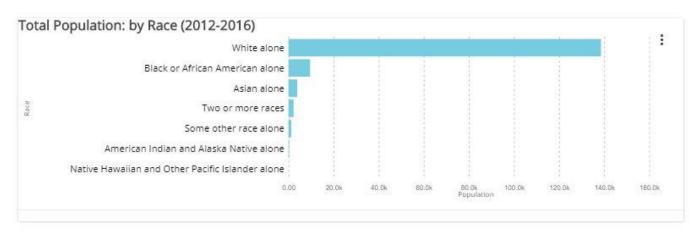
The following demographic information was collected in the secondary data review. All charts and data points reflect Hendricks County only, unless otherwise indicated.

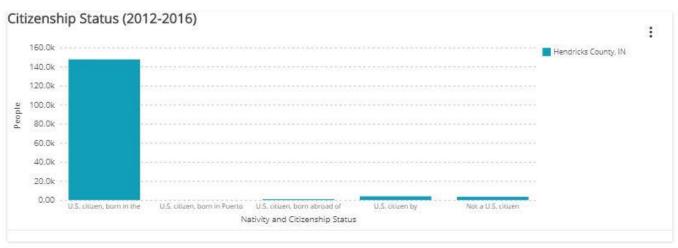












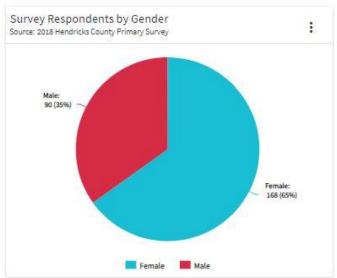
Primary Survey Results

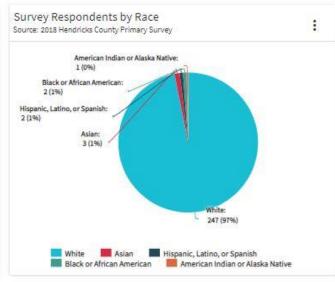


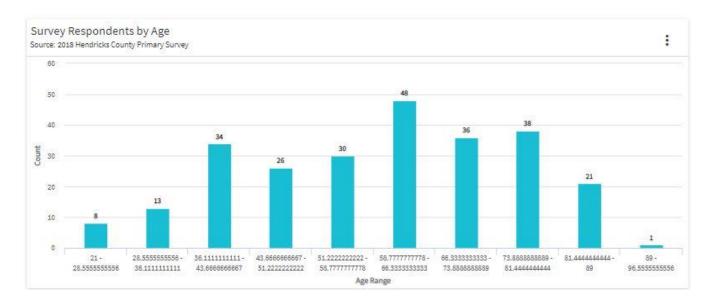
The primary survey received approximately 260 responses from residents of Hendricks County. The relatively low response rate in comparison to the total population of the county is a limitation to these results. Taking this into account, the responses still provide valuable insight to the health concerns and behaviors of a sample of our county's residents. Following each subsection, a brief summary conclusion of significant indicators is included in italics.

Survey Respondents Demographic Indicators

Survey respondents' households have an average of 2 adults per household, and an average of 1 child per household.

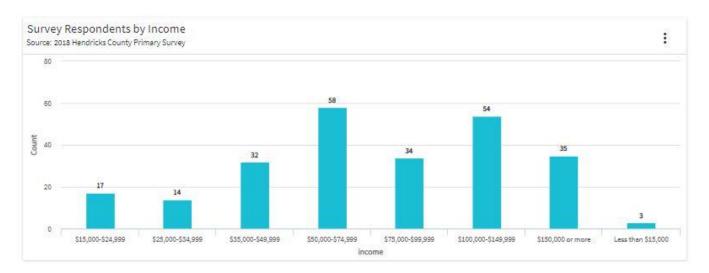


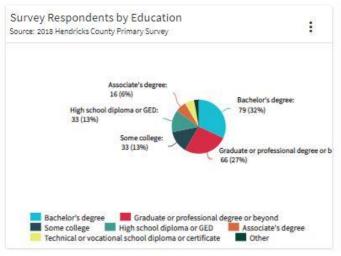


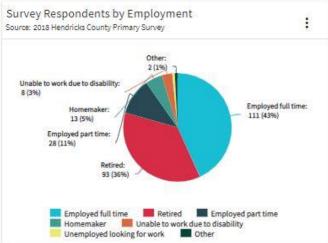


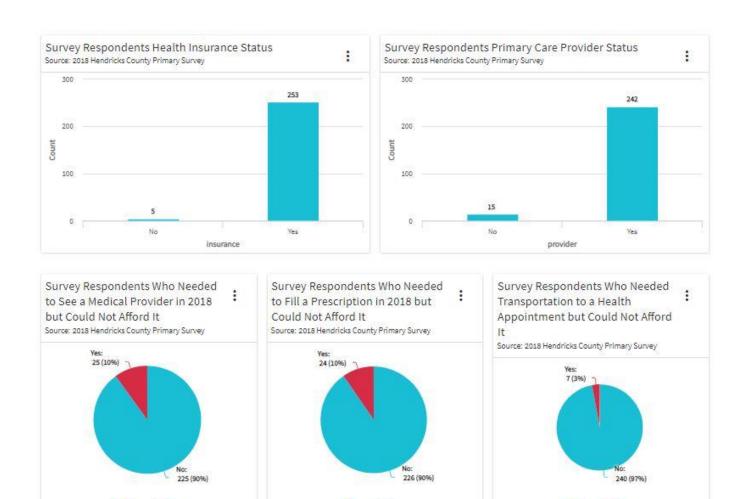
Summary: The majority of survey respondents were female, white, and middle-aged or older. This is also a limitation to these results.

Survey Respondents Economic Indicators







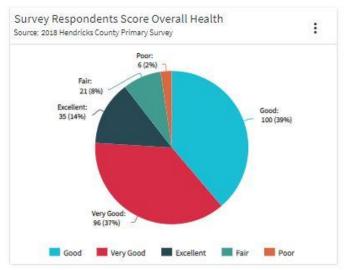


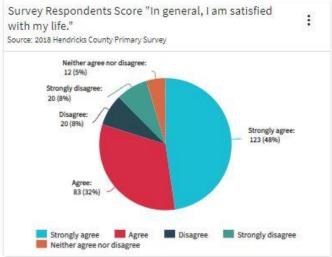
Summary: The majority of survey respondents were middle-to-high-income, well educated, employed full-time or retired, had health insurance, had a primary care provider, and had little trouble affording or accessing care.

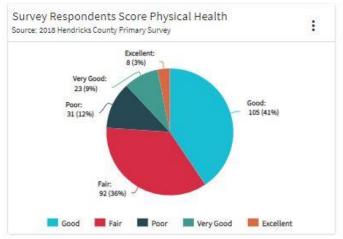
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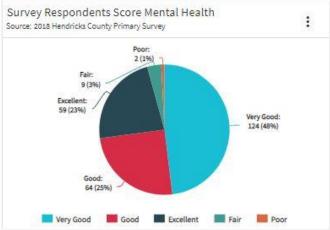
Yes

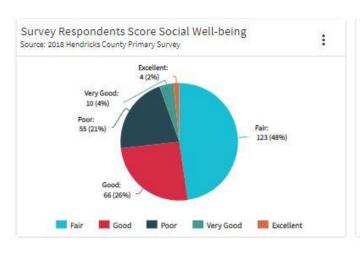
Survey Respondents Overall Health Self-Perception







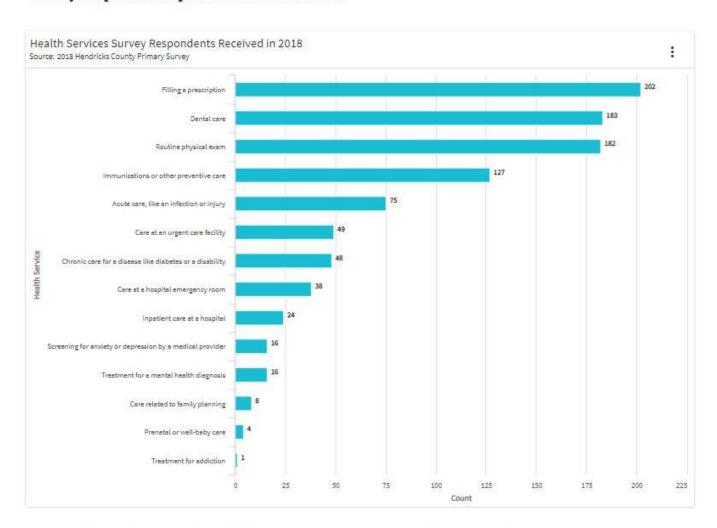




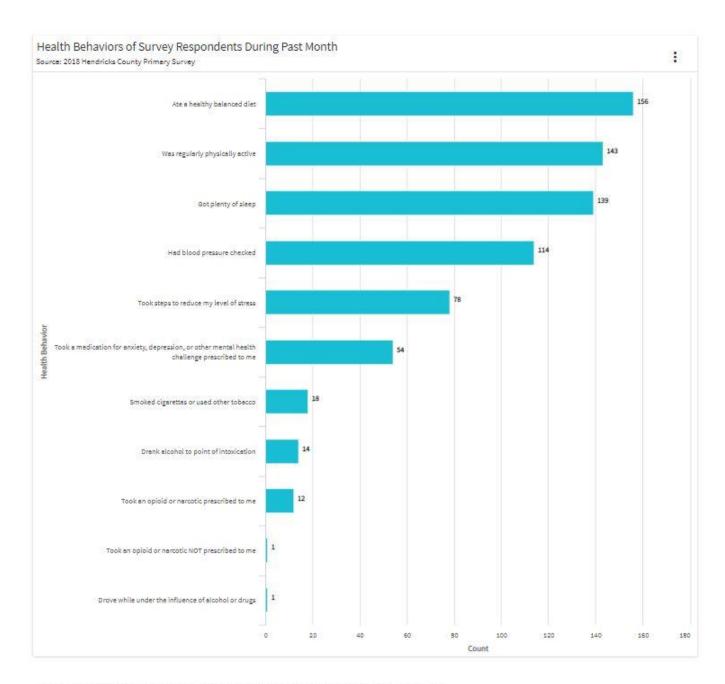


Summary: The majority of survey respondents reported good or very-good overall health, high satisfaction with life, good or very-good mental health, and a median average stress level. However, the majority of survey respondents reported fair or poor physical health, and fair or poor social wellbeing.

Survey Respondents Specific Health Indicators

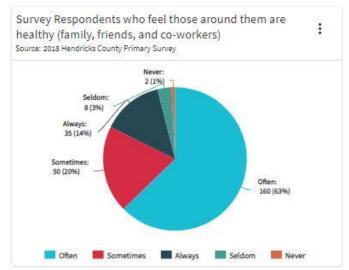


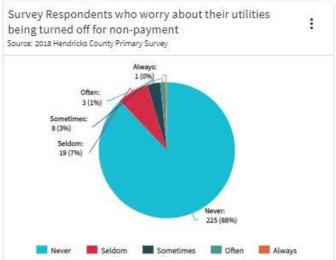
Summary: The majority of survey respondents received dental care or a routine physical exam, both of which are positive prevention measures. Low response numbers for services received related to mental health or addiction may indicate that social stigma surrounding these issues still exists in our community. The majority of survey respondents had a prescription filled, which could indicate either good follow-through on primary care providers' instructions, OR over-prescription of certain medications by some primary care providers.

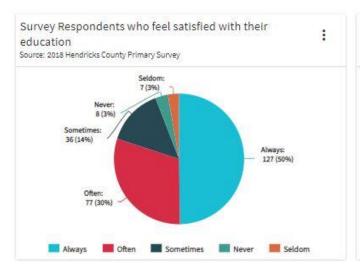


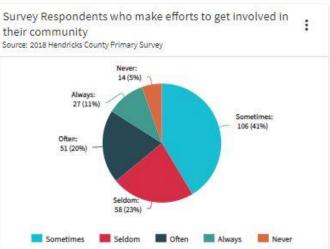
Summary: Very few survey respondents report misuse of alcohol or other substances, which is positive; however, it is likely that misuse is under-reported due to fear or stigma. The majority of survey respondents report eating a healthy balanced diet. Just above 50% of survey respondents report regular physical activity or getting plenty of sleep.

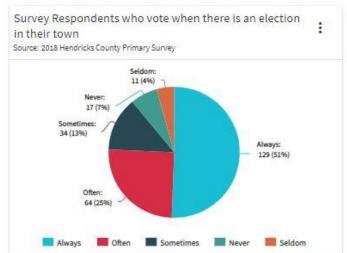
Survey Respondents Social Determinants of Health // Health Concerns

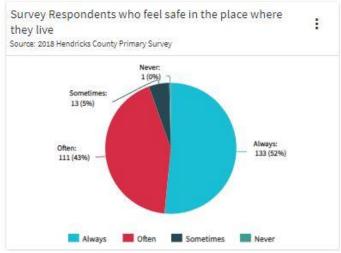


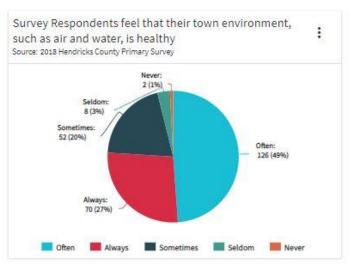


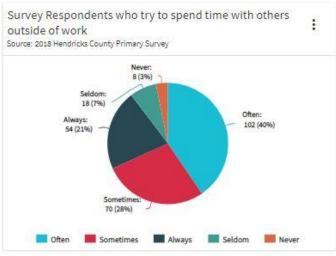


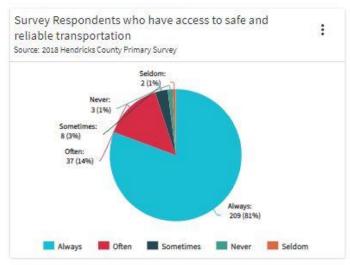


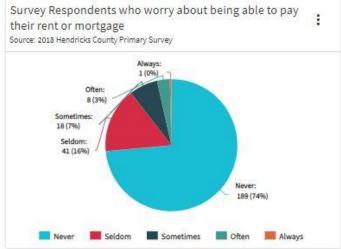




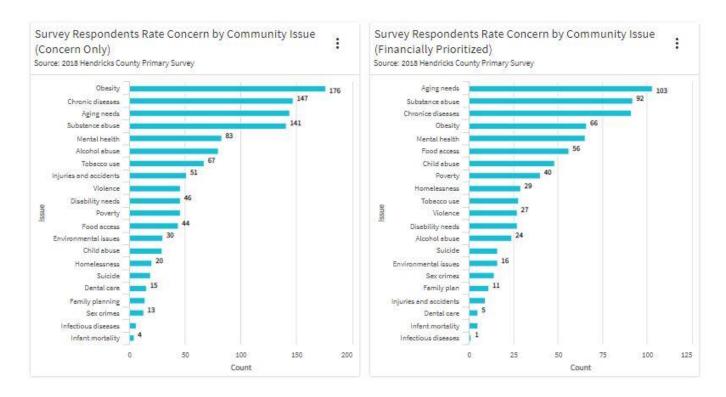






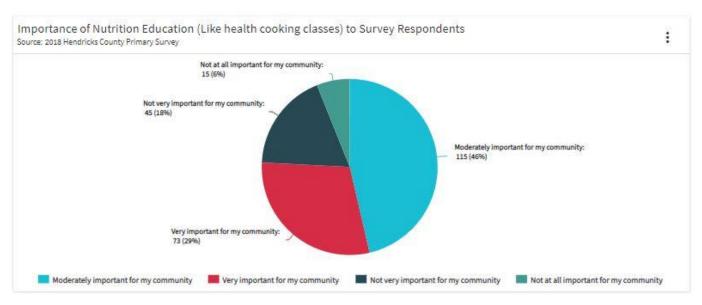


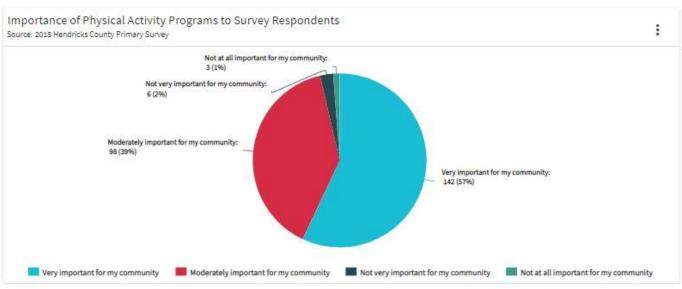
Summary: The majority of survey respondents responded positively to 9 out 10 social determinants of health questions. The only significant indicator is that the majority of survey respondents responded they only sometimes or seldom make efforts to get involved in their community.

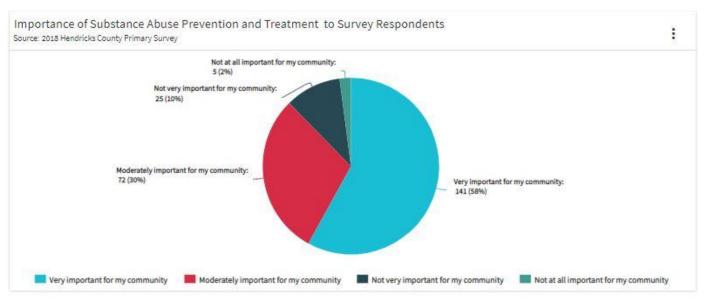


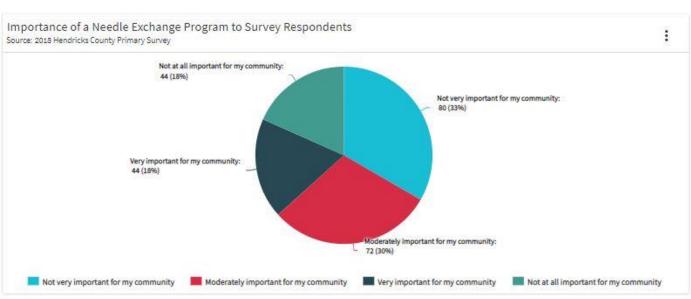
Summary: Survey respondents indicate that the top five community issues of concern to them (including with financial prioritization) are aging needs, substance abuse, chronic diseases, obesity, and mental health.

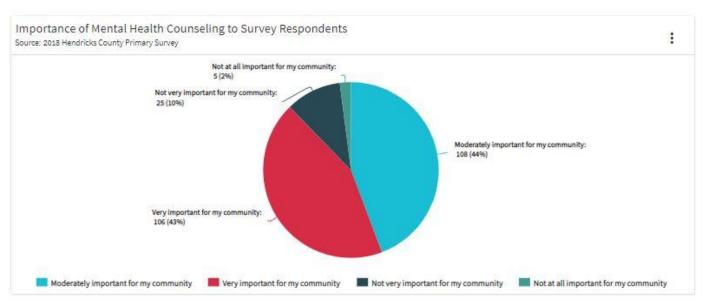
Survey Respondents Perceived Importance

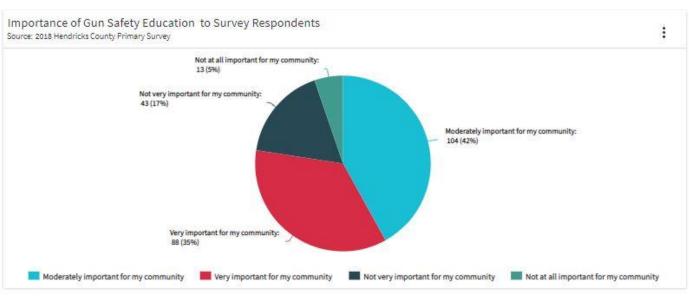


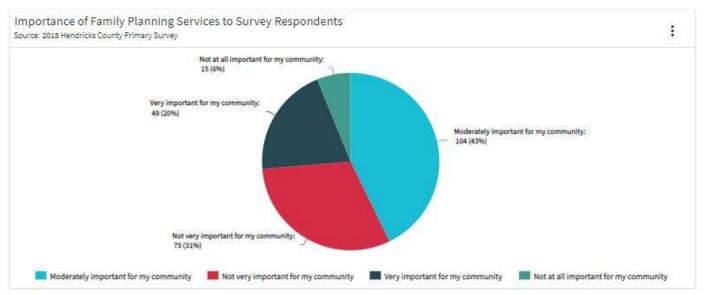


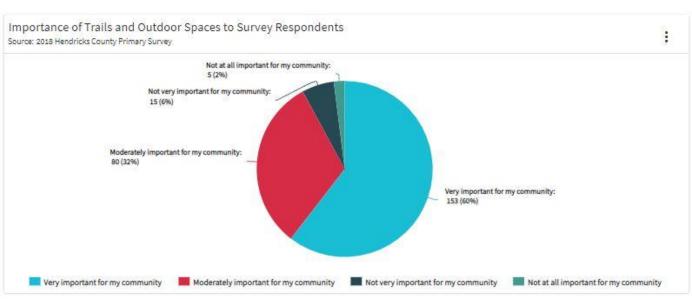


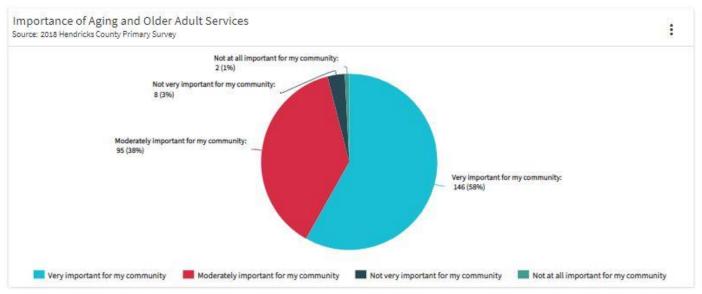


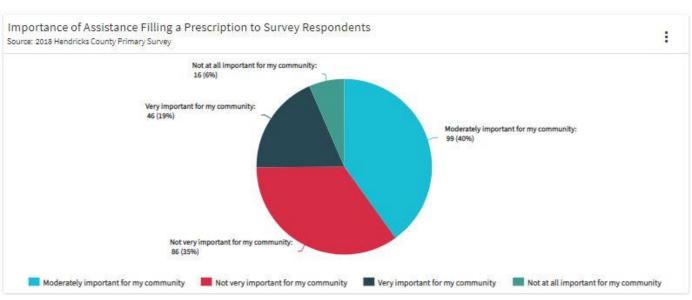


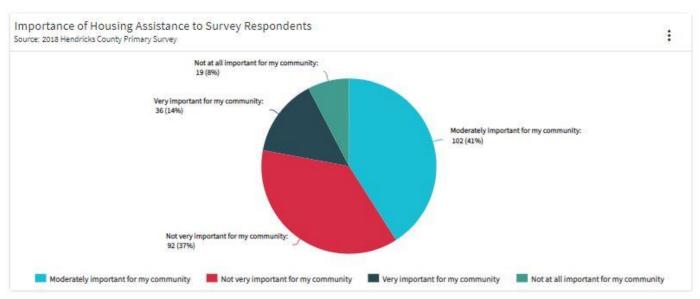


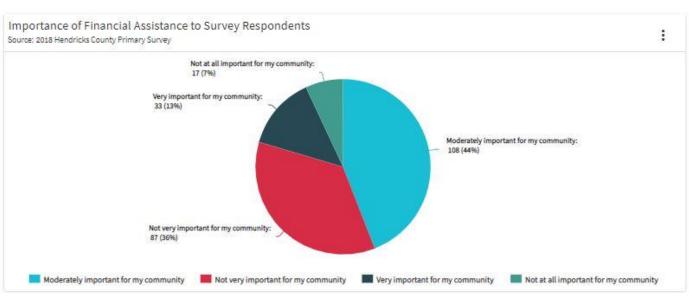


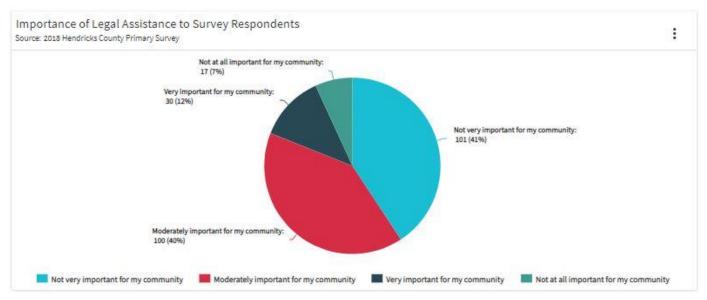


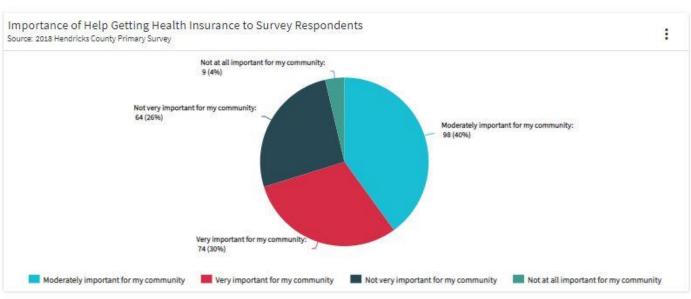


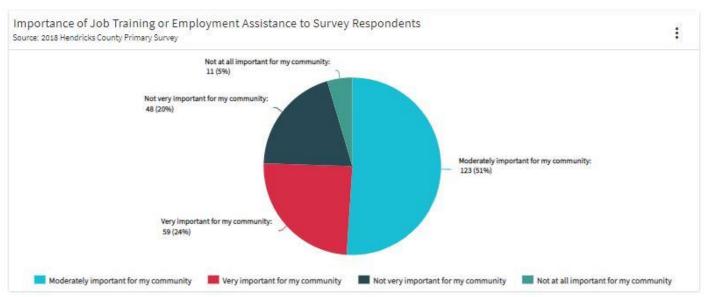


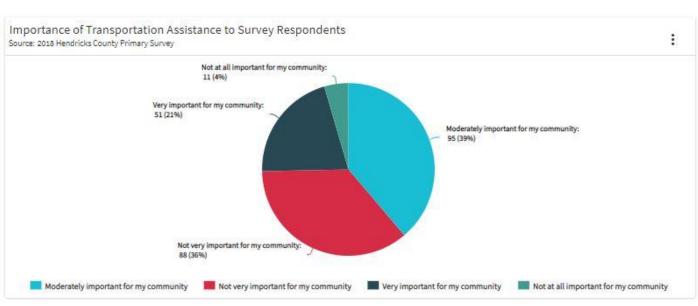


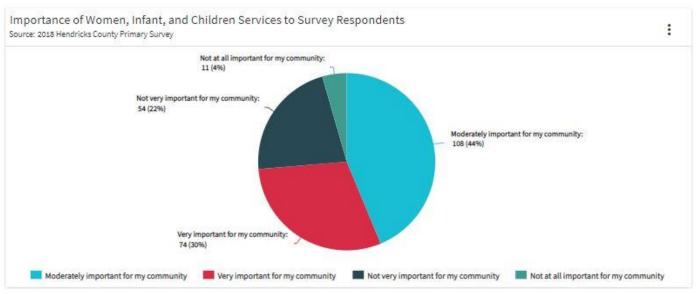


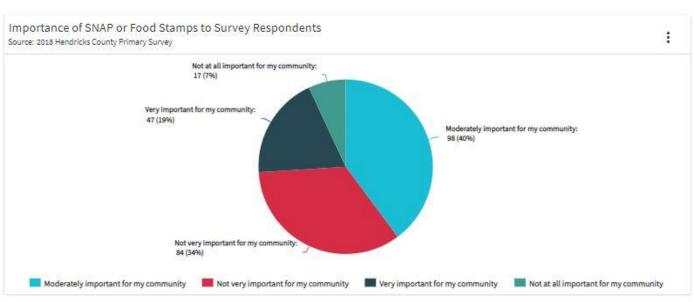


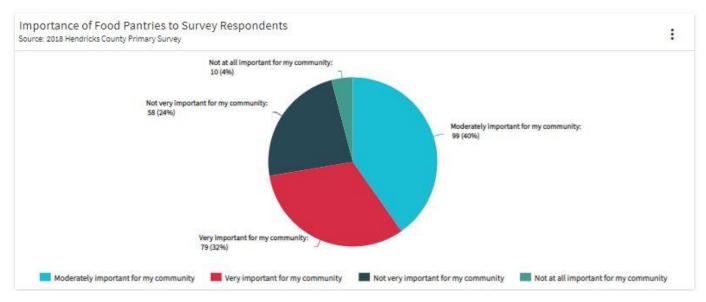


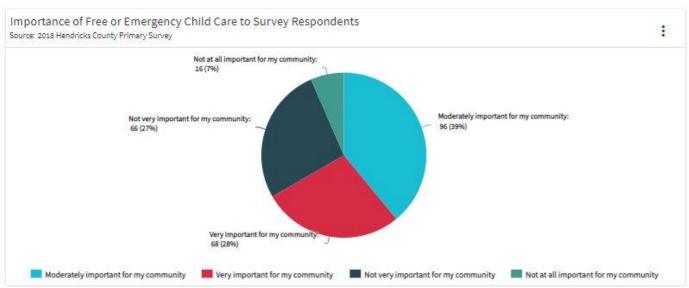






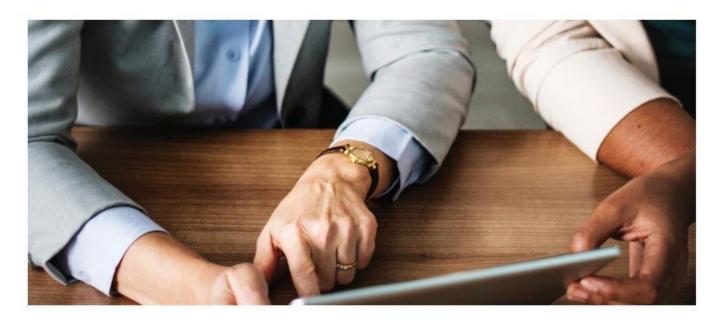






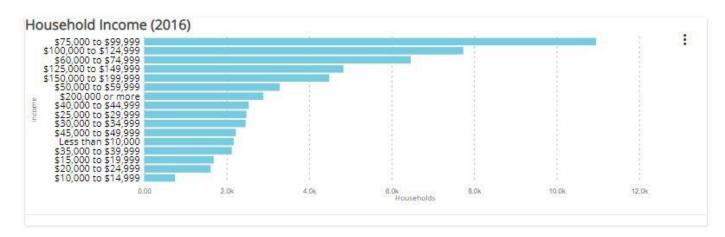
Summary: The top five programs or services that survey respondents selected as most important to their community are physical activity programs, aging and older adult services, trails and outdoor spaces, substance abuse prevention programs, and mental health counseling.

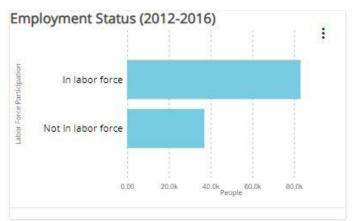
Secondary Data Review

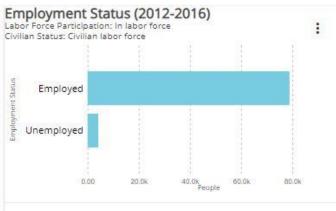


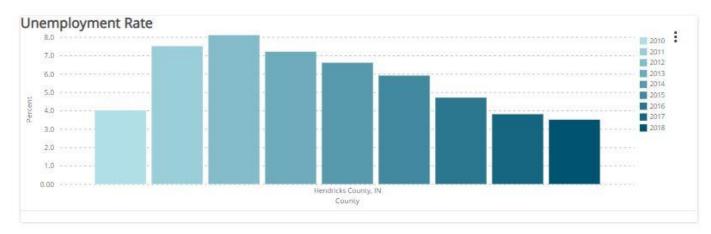
This secondary data review includes the most recent, county-specific data available from national sources such as the U.S. Census Bureau, the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and the Bureau of Labor Statistics.

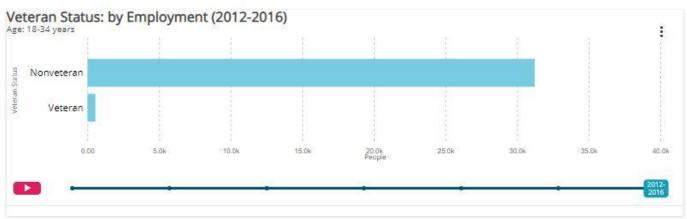
Economic Indicators





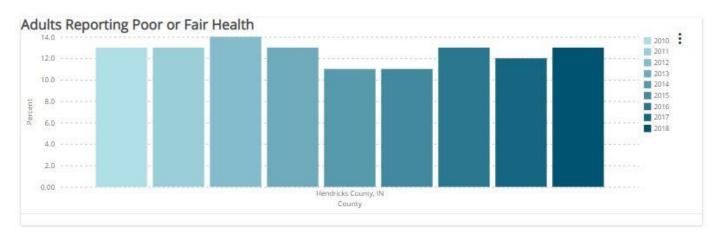


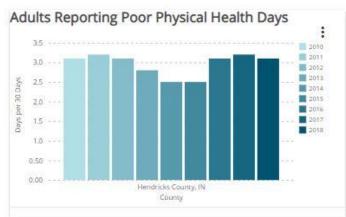


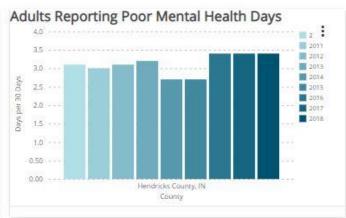


According to the US Census ACS 5-Year Estimates, the 2017 estimated poverty rate of Hendricks County is 5.1%

Overall Health Self-Perceptions







General Health Indicators

According to County Health Rankings, Hendricks County ranked number two of all Indiana counties in 2018. It should be noted, though, that Indiana only ranks 38th of all 50 states in the U.S. according to the United Health Foundation.

County Health Rankings assesses 42 separate health indicators. For eight of these indicators, Hendricks County ranked in the bottom half of Indiana counties, including: excessive drinking, alcohol-impaired driving deaths, social associations, physical environment, air pollution, driving alone to work, long commute driving alone, and sexually transmitted infections.

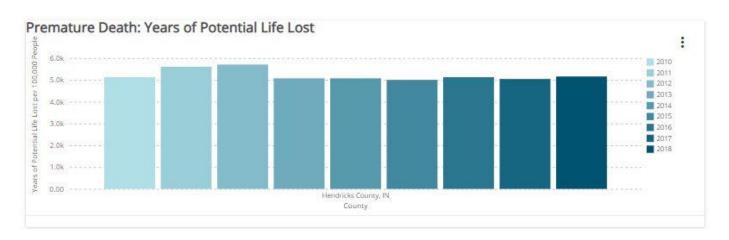
Hendricks County Infant Mortality Rate (per

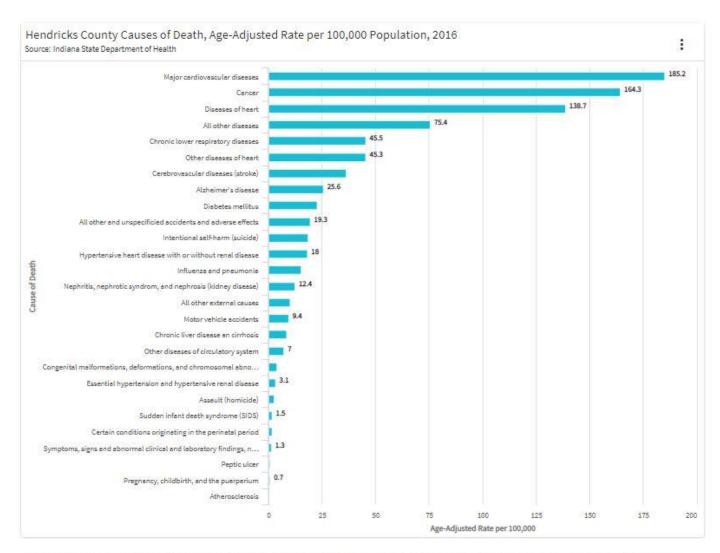
1,000 Live Births): 5.6%

Hendricks County Life Expectancy:

Male = 78.2 years

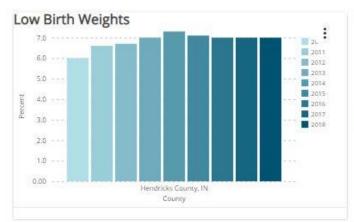
Female = 81.7 years

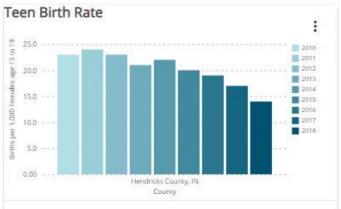


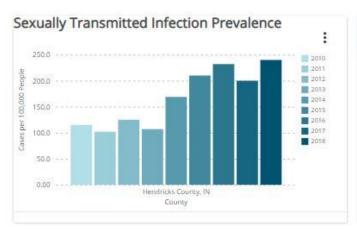


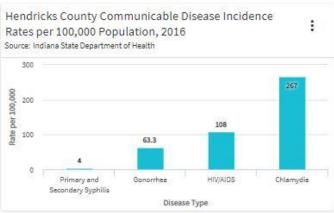
Hendricks County's cause of death rates for hypertensive heart disease, sudden infant death syndrome (SIDS), and all other external causes were 50% worse than the Indiana average. Hendricks County's cause of death rates for self-harm (suicide), influenza and pneumonia, other diseases of the circulatory system, and peptic ulcer also exceeded the state average.

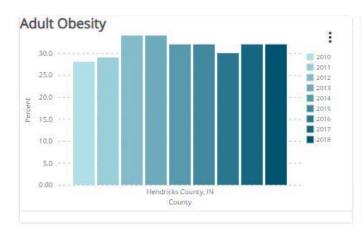
Specific Health Indicators



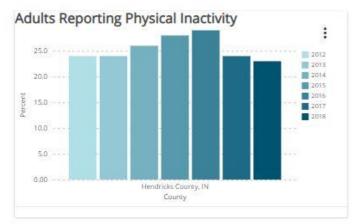


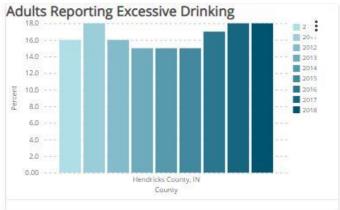


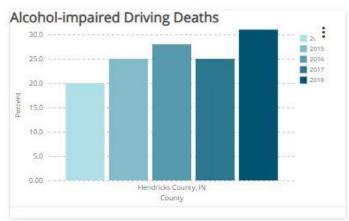


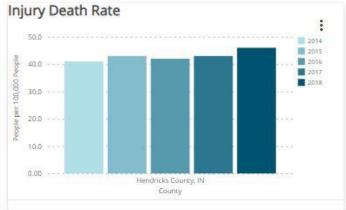


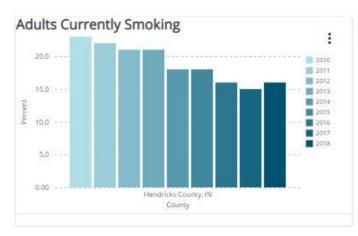


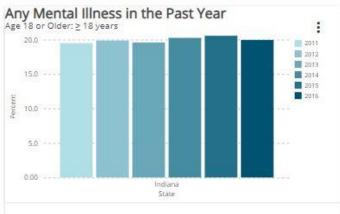




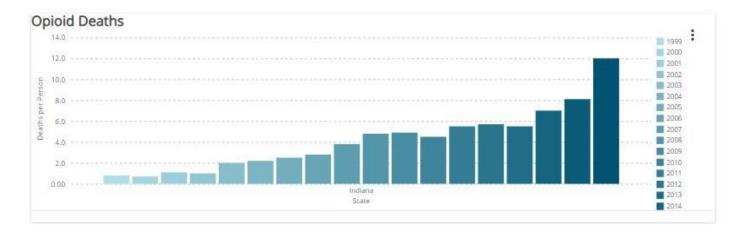






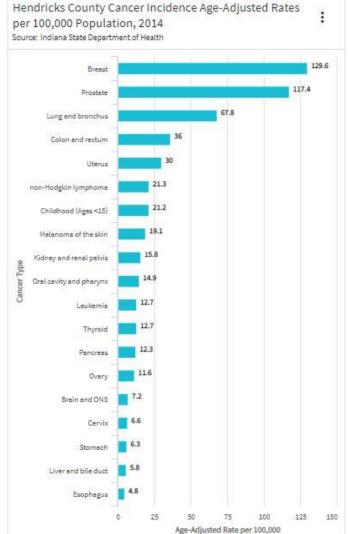


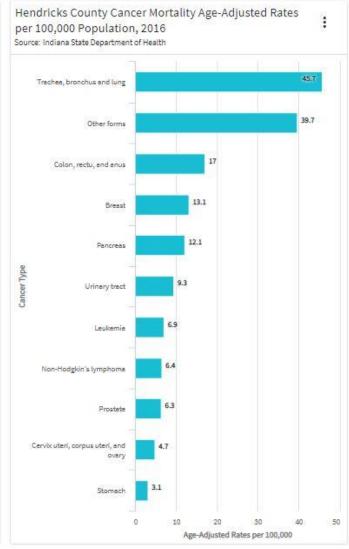
Date	Date	Suicide Attempts Count	Suicidal Ideation Events Coun
2017	2017	35	∃ S8∂
2016	2018	34	28
2015	2015	57	23
2014	2014	48	27



In the state of Indiana and throughout the U.S., the rate of overdose deaths related to opioids has steadily increased for the past 10 years.

In Hendricks County in 2017, there were 373 drug-related overdose visits to an emergency department. There were 31 drug overdose deaths, 20 of which included a narcotic. Fentanyl, heroin, and prescription opioids were the most common narcotics listed in the death reports.

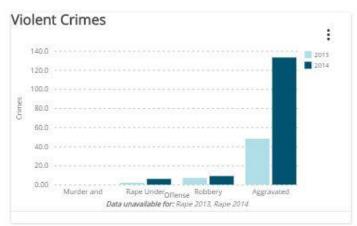


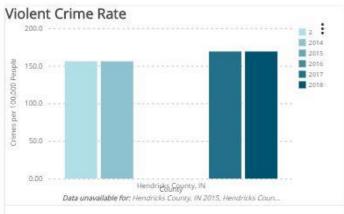


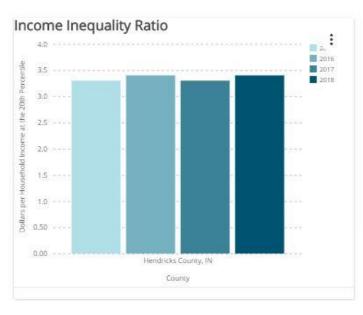
Social Determinants of Health

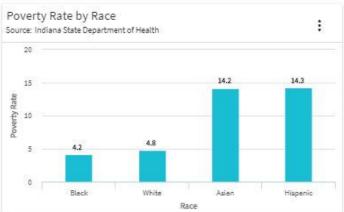
According to the CDC, social determinants of health are "conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes."

For example, one social determinant may be the language someone speaks in comparison the language that is most often spoken in the county. According to the US Census ACS 5-Year estimates, 2.1% of Hendricks County residents are "linguistically isolated".

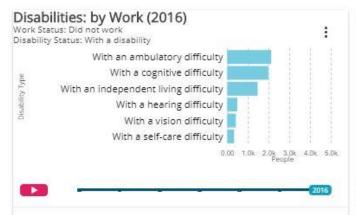


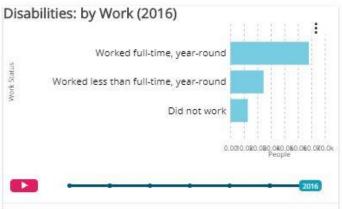


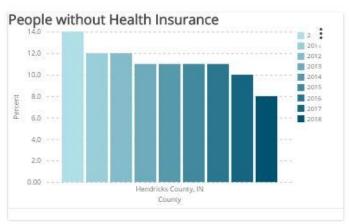


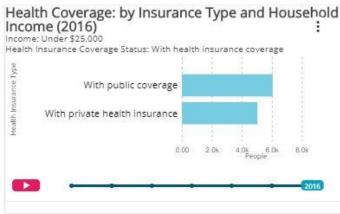


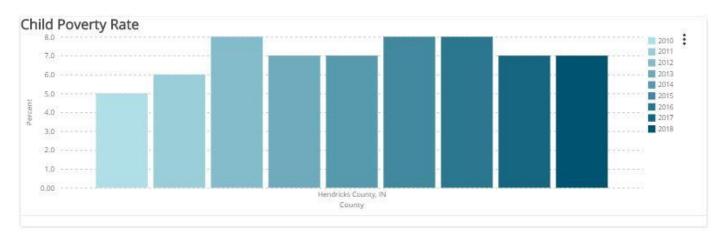
It is notable that Asian and Hispanic residents are disproportionately affected by poverty in Hendricks County.

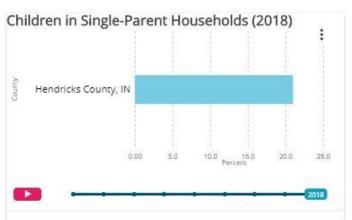


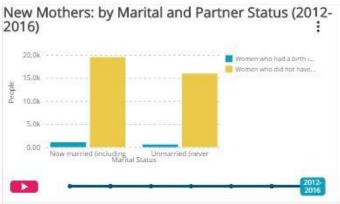


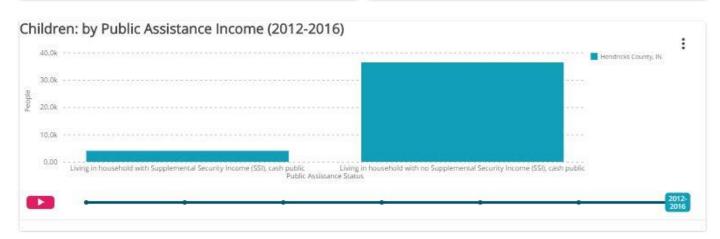


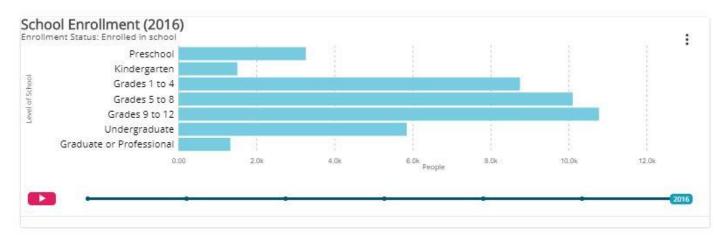


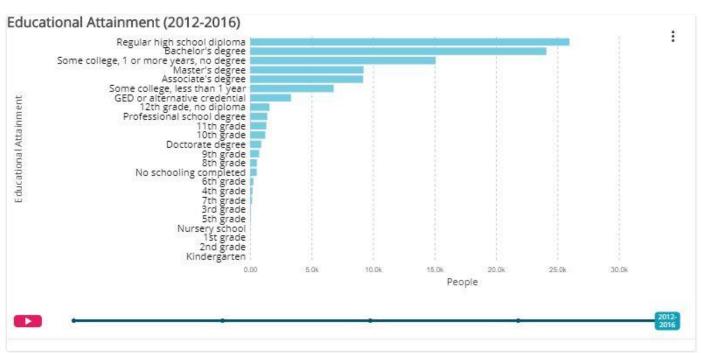


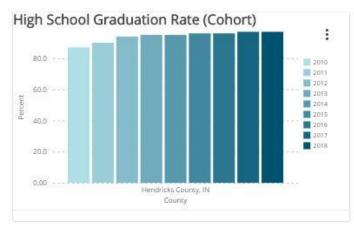


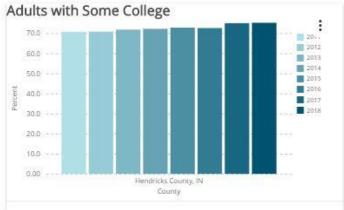


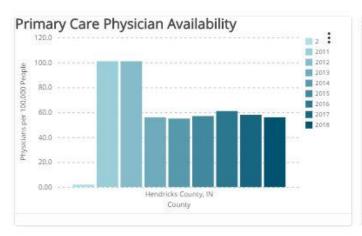




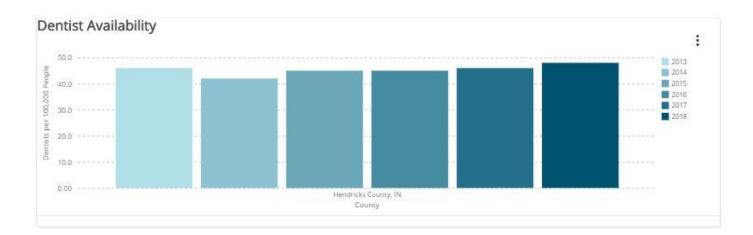


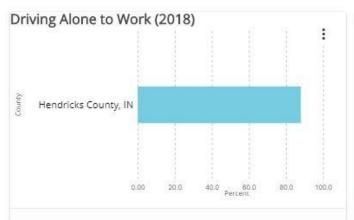


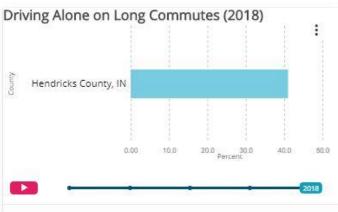


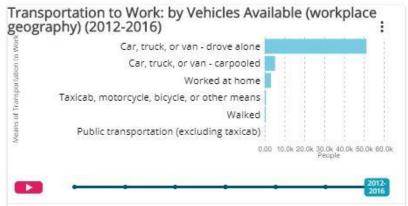


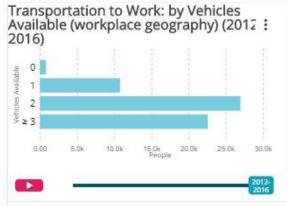


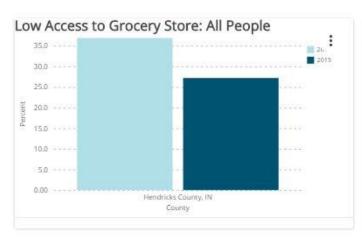


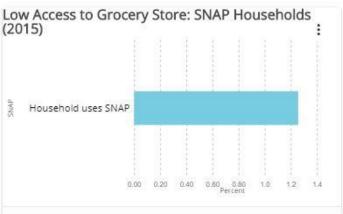


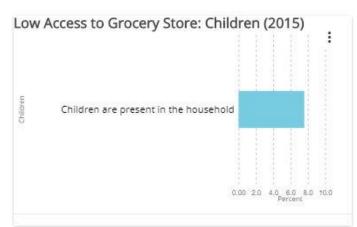


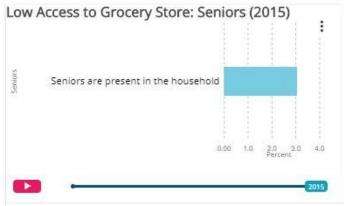


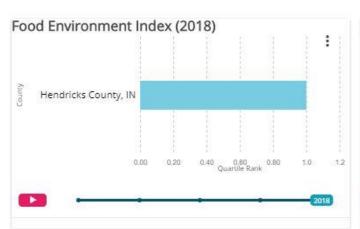


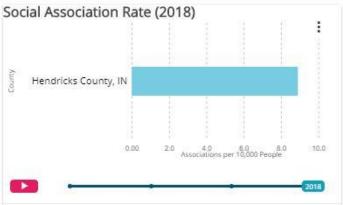


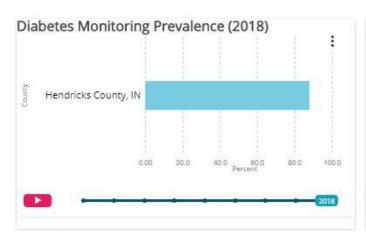


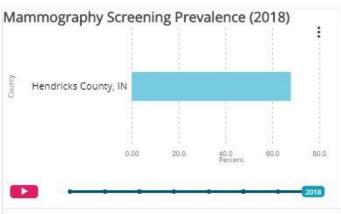


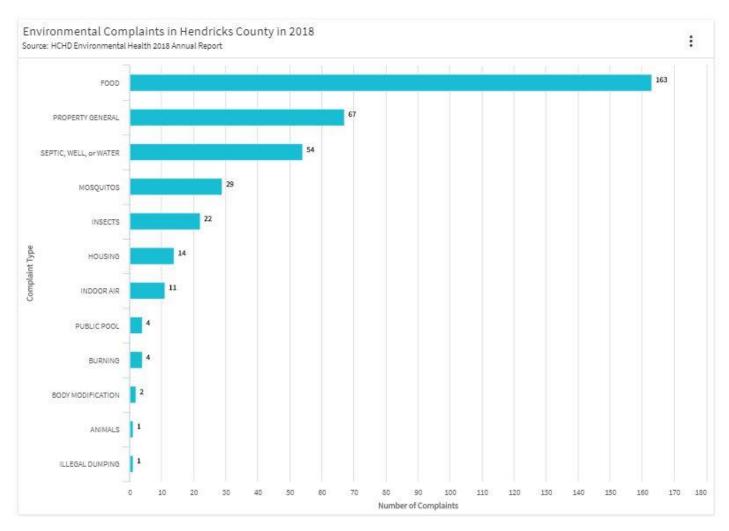


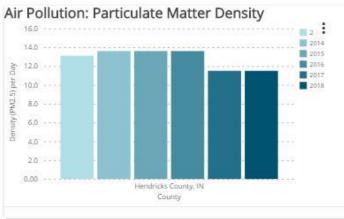


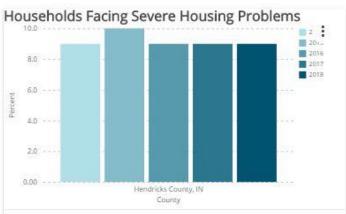


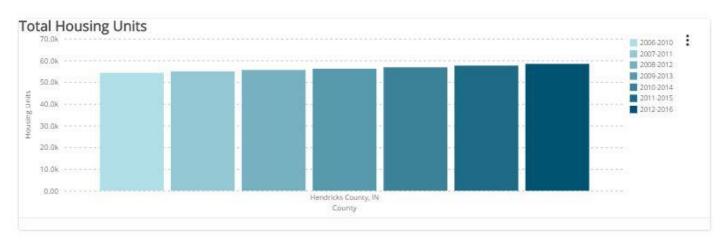


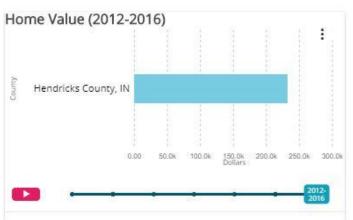


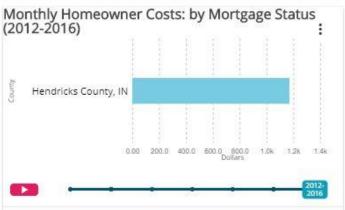


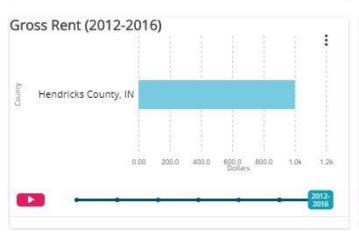


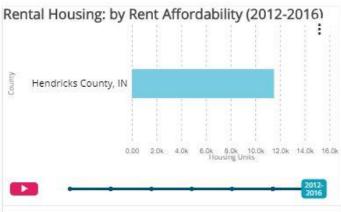












Further Conclusions

Focus-Leader Meeting

(Directly quoted from the IU Health West Hospital Community Health Needs Assessment)

"On July 24, 2018, a meeting of community representatives was held at the IU Health West Hospital in Avon, which is part of Hendricks County. The meeting was attended by 15 community members invited by IU Health because they represent important community organizations and sectors such as: local health departments, police/fire departments, non-profit organizations, business community, health care providers, local policymakers, faith-based organizations, and schools. Through this meeting, IU Health sought a breadth of perspectives on the community's health based. The specific organizations represented at the meeting are listed below:

American Lung Association, Hendricks County Substance Abuse Task Force, Avon Community School Corporation, Hendricks County Tobacco Free Coalition, Avon Washington Township Fire Department, Hendricks Regional Health, Franciscan Alliance, IU Health West Hospital, HOPE Healthcare Services, Indiana Youth Institute/Kids Count, Hendricks County Health Department, Mental Health America of Hendricks County, Hendricks County Senior Services, Susie's Place

The meeting was requested by IU Health to obtain community input into the community's health needs. The session began with a presentation that discussed the goals and status of the CHNA process and the purpose of the community meeting. Then, secondary data were presented, along with a summary of the most "unfavorable" community health indicators. For Hendricks County those indicators were (in alphabetical order):

- Access to healthy food
- Air pollution
- Crime (violent crime)
- Excessive drinking
- Mental health and supply of mental health providers
- Obesity and lack of physical activity

Participants then were asked to discuss whether the identified, unfavorable indicators accurately identified the most significant community health issues and were encouraged to add issues that they believed were significant. Several issues were added, such as: tobacco use, low income, housing, access to affordable healthcare, adverse childhood events, and aging population. Air pollution was removed from the list, and the excessive drinking line item was amended to include substance abuse.

During the meeting, a range of other topics was discussed, including:

- Poverty rate numbers and relationship to 'ALICE' data
- Immigrants in the community and representation in data
- Western part of Hendricks County where food deserts are a bigger issue that didn't seem to come through in secondary data
- Social associations data compared to abundance of churches and civic clubs in Hendricks County
- Mental health services issues facing the sheriff's department/jail population
- Low numbers of providers compared to the population and low number of providers who have spots available for Medicaid patients
- Vaping
- Trauma in childhood as a leading indicator of many of the adult issues discussed
- Challenge of finding affordable housing

After discussing the needs identified through secondary data and adding others to the list, each participant was asked to identify "three" that are most significant. From this process, the group identified the following needs as most significant in Hendricks County:

- 1. Mental health and supply of mental health providers
- 2. Access to affordable healthcare
- 3. Adverse childhood events

- 4. Tobacco use
- 5. Tied: Access to healthy food, excessive drinking & substance abuse, and aging population"

Key Stakeholder Interview

(Directly quoted from the IU Health West Hospital Community Health Needs Assessment)

"The interview was conducted with a representative of the Hendricks County Health Department. The interview was conducted to assure that appropriate and additional input was received from governmental public health officials. The results of the community [focus-leader] meeting were discussed and insights were sought regarding significant community health needs, why such needs are present, and how they can be addressed. The interview was guided by a structured protocol.

The interviewee confirmed that the needs identified by the community meeting participants were significant. These needs were:

- o Mental health and supply of mental health providers
- o Access to affordable healthcare
- o Adverse childhood events
- There is a lack of mental and behavioral health providers, including psychiatrists, substance abuse specialists, inpatient care, and others. It is often difficult to locate resources for those with substance abuse issues or suicidal ideations.
- In general, there is an undersupply of providers in the county, and more programs may be needed to incentivize providers to practice locally.
- Access to affordable care is an issue, especially with a recent closure of a facility that provided services for lower-income residents. Low income populations and those that do not receive healthcare benefits through their employers are disproportionately affected.
- The need for affordable primary care also generates a need for more preventive health care and screenings, as many residents do not go to a provider unless an emergency situation occurs.

- Substance abuse and drug addiction is a major concern, particularly around opioids. Availability of opioids is high and the cost of these drugs has decreased, leading to increased usage. Additionally, pill abuse is also rising as it is often easy to get a prescription for an opioid.
- Pain management treatment in general is difficult to access in the county.
- Obesity and physical inactivity are concerns in the community. Certain areas of the county do not live close to stores selling healthy foods, so often go to fast food instead. Additionally, sidewalks and other healthy-living infrastructure are in short supply.
- Obesity is also leading to chronic issues as the population ages, including bad knees, bad backs, diabetes, hypertension, and other conditions.
- Housing is a concern in the community, particularly affordable housing for low income residents. Current rental units can be unclean, and environmental health issues are common.
- More resources are needed for public health programming, as there are fewer low income clinics, staffing issues exist, and programs are not as widely disseminated as possible."