2021

Marion Health Community Health Needs Assessment

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

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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 Community Education Coordinator, Kelley Hochstetler. 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, transportation, 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 66,674as 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
ⓘ **Population, Census, April 1, 2020**	**66,674**
Population	
ⓘ 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%
ⓘ **Population, Census, April 1, 2020**	**66,674**
ⓘ Population, Census, April 1, 2010	70,061
Age and Sex	
ⓘ 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%
Race and Hispanic Origin	
ⓘ 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%

Population, Census, April 1, 2020	66,674
Population Characteristics	
Veterans, 2015-2019	4,489
Foreign born persons, percent, 2015-2019	1.6%
Housing	
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
Families & Living Arrangements	
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%
Computer and Internet Use	
Households with a computer, percent, 2015-2019	87.0%
Households with a broadband Internet subscription, percent, 2015-2019	71.9%
Education	
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
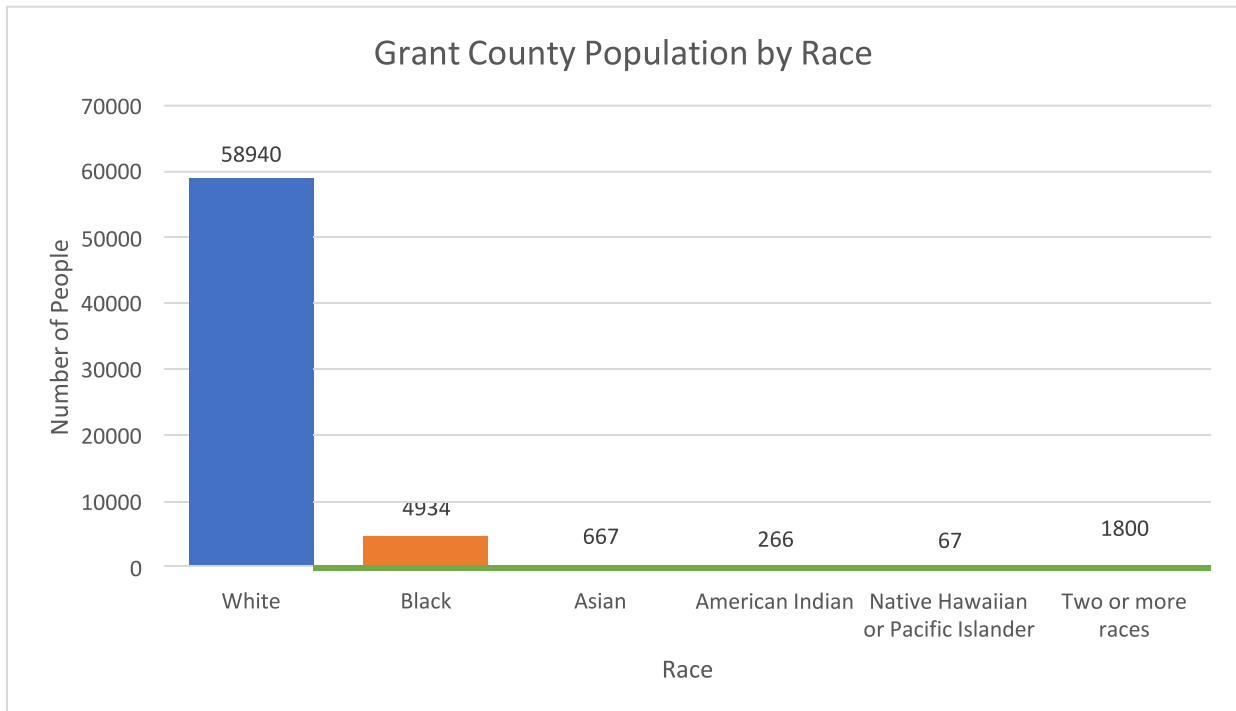
Graph created by the Indiana Rural Health Association and based on data from the U.S. Census Bureau
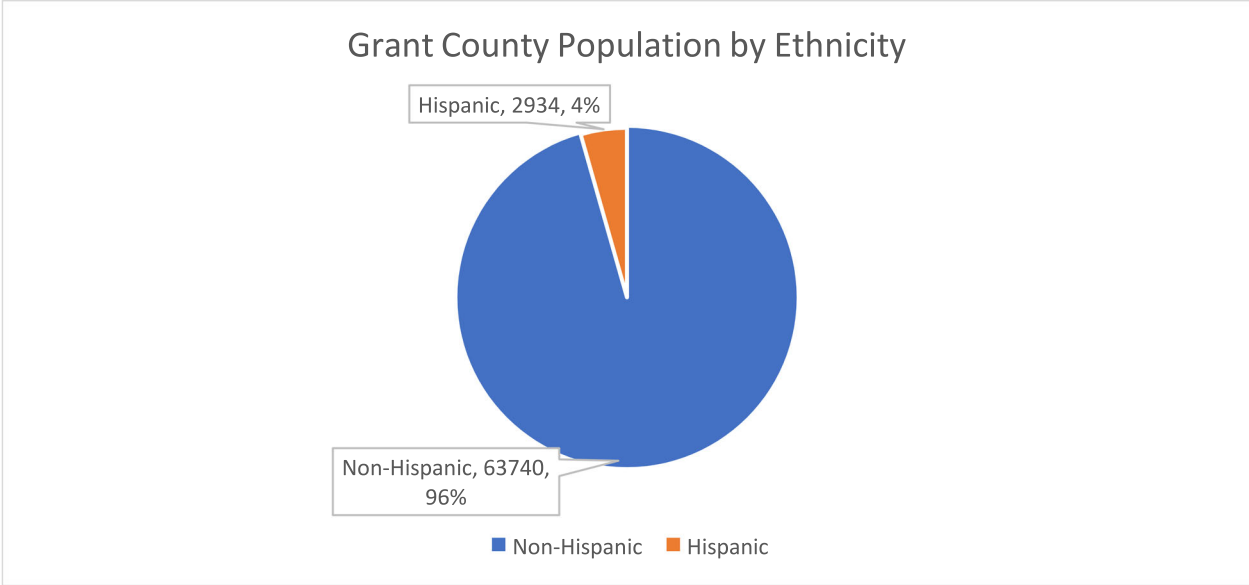
Graph created by the Indiana Rural Health Association and based on data from the U.S. Census Bureau

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 88th in Health Outcomes and 69th in Health Factors out of a total of 92 counties in the State of Indiana.
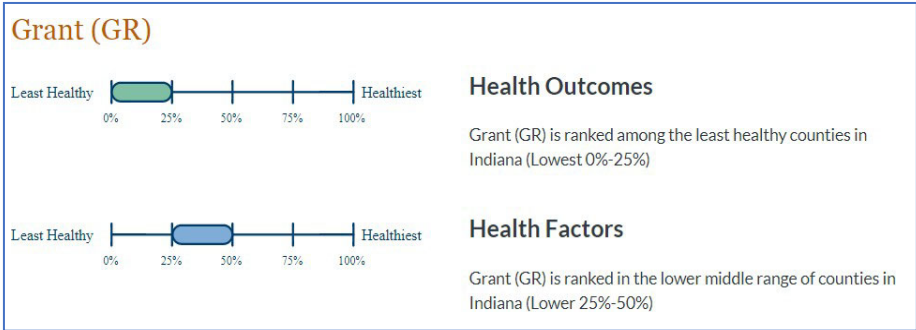
Source: 2021 County Health Rankings & Roadmaps report, Grant County

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	ⓘ	11,100	∿	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		10%		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		27		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	5,857	∿		2,565	4,795
Mammography screening	42%	∿		51%	42%
Flu vaccinations	51%	∿		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 low ranking of 77 out of 92 Indiana counties.

Social & Economic Factors

High school completion	87%		86-89%	94%	89%
Some college	54%		50-58%	73%	63%
Unemployment	3.7%	∿		2.6%	3.3%
Children in poverty	23%	∿	15-30%	10%	15%
Income inequality	4.1		3.9-4.4	3.7	4.3
Children in single-parent households	30%		25-34%	14%	25%
Social associations	16.2			18.2	12.3
Violent crime	234	∿		63	385
Injury deaths	99		89-110	59	80

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%	13%
Driving alone to work	78%		76-80%	72%	83%
Long commute - driving alone	20%		17-22%	16%	32%

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:

- o Sepsis, unspecified organism – 474 cases (82% Medicare and Medicaid)

- o Hypertensive Heart Disease with Heart Failure – 280 cases (87% Medicare and Medicaid)

- o Hypertensive Heart & Chronic Kidney Disease with Heart Failure and Stage 1-4 Unspecified Chronic Kidney Disease – 269 cases (87% Medicareand Medicaid)

- o Non-ST Elevation (NSTEMI) Myocardial Infarction – 172 cases (76% Medicare and Medicaid)

- o Pneumonia, unspecified organism – 168 cases (80% Medicare and Medicaid)

- o 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 MGH
Urology Center of MGH
MGH 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
Wyndmore
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
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 transitional home for men and for women
Grant County Substance Abuse Task ForceGrant 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)
Marion Health Heart Failure 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
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
> Transportation
> 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 atotal 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 mostnegative 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 1being 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.

The full summary of the survey results can be found in Appendix C.

A sampling of the comments from the survey is below. The most common responses dealt with primary care, mental healthcare, behavioral healthcare, transportation, care after discharge, COVID-19, and community activities. All comments have been left as originally submitted unless they have been edited for length or clarity.

Primary care:

Need to recruit primary care physicians. This is an urgent need!

I do not know about many of the services that are available in Marion for low-income people. My husband and I have found medical services we need in the Marion area but travel to Indy or Fort Wayne for anything serious.

Mental healthcare and behavioral healthcare:

I think that there is a lack of education about the opportunities and resources available to people who are in need, this is made even more difficult because of the stigma behind needing the help.

Access to more mental health services is a great need here in Grant County - more Psychiatrists or Psychiatric Mental Health Providers for medication evaluation, case management, and substance abuse support. Mentoring programs for people with fragile support systems would always be helpful for substance recovery, fatherhood/motherhood initiatives, peer mentoring, etc.

Our community has a lot of resources for people seeking recovery after they have detoxed and been to a rehab facility. Mental health is hard to find with availability. There are many mental health needs not being addressed due to the lack of availability for appointments in a timely manner.

Spiritual needs are the root of so many issues, so ministering to hurts in a tangible and spiritual way is a must.

Grant County has done a good job responding to needs but the needs are great, and it takes time to see the impact. Thriving Grant County, the pulling together to help with the drugs issues - I think it is call CORE, Purdue Extension, Family Services life skills and afterschool program, Hope House are examples of forward progress on hard issues.

Transportation and care after discharge:

Working in the ER I am shocked how many people have received a serious diagnosis, but lack of transportation has prevented them from going to larger cities for treatment. And daily, we have people using ambulancesto go to the ER for care because they lack transportation and access to primary care. I didn't previously realize how much of a problem this was for our community. We desperately need transportation to specialists and access/education about telehealth for minor health issues and medication checks/refills.

My child sees specialists in both Cincinnati and Chicago for his complex medical diagnoses and we utilized telehealth all throughout the pandemic and they have opted to keep it available even now. It has been such a blessing to us to not have to travel those 3 to 4 hours for his routine appts, however it would be equally beneficial to our community who doesn't have access to transportation to have the same opportunity to utilize telehealth.

Transportation and navigating healthcare/insurance are the largest barrier to my patients receiving the care and follow-up they need to at my job. It is especially a barrier for VA patients.

Discharge Navigators to help coordinate care of patients.

COVID-19:

It would be great to offer free kits to check for the COVID-19 or variants of it to all!!

Community Activities:

We have got to have more available resources of activities and things that are appealing to teenagers and not associated with a high cost. We need something that attracts teenagers from the entire county, including all school districts. When there is a lack of activities that are positive for teens, it leaves too much opportunity to fill that gap with substances, alcohol, and negative decisions. There are very few free/affordable fitness classes available to the community and very few activities for teens and family to participate in.

We also need the employers in our community to pay a higher wage, especially MGH. I am 49 years old and have not struggled financially until my job of 23 years moved there company out of the country, and I took a job that I actually love at MGH. I have now made the decision to leave MGH, and have started applying for jobs, regardless of hours, or physical difficulty because I only make $13 and hour here. I made $17 an hour 4 years ago on my last job and made tons of money with over time on weekends, getting paid time and half and double time. I thought I could swing it, but I am now at risk of losing everything I've worked my whole life for. MGH needs to pay what other hospitals around our area pay. Ball Memorial and Huntington pay their lowest paid positions starting at $15 an hour. Please make a change to help your employees not live-in poverty or have to work 2 to 3 jobs just to survive.

We need assistance for our elderly patients who have no family in the area. We also need resources forfamilies to aide their loved ones who are suffering from dementia/Alzheimer.

Some more ideas include more affordable childcare options, easily accessible medical equipment and care needs such as wound care supplies, more teamwork with healthcare in schools and local neighborhoods...

Definitely need help in the schools for violence, gun use, and drugs, tobacco, vaping and alcohol classes in schools to know the horrible effects on school age children and later in adults.

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, tobacco use
- Affordable healthcare at all levels
- Transportation
- 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, tobacco use

- **Illegal and/or prescription drugs – treatment, recovery, 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 systemrepresentatives, local employers, EMS providers, local clergy, and healthcare providers.
  - Explore strategies to draw users of illegal drugs into recovery, and back to an engaged participant in their community.
  - Engage recovering patients into presentations; share stories, experiences.
  - Work with various organizations, service groups, and faith-based community to market, create, and host recovery, support, and family groups such as Narcotics Anonymous, Al-Anon, 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 to 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 on tobacco cessation programs.
  - Collaborate with local providers for tobacco use educational forums.
  - Create a "change the culture" program to break the cycle.
  - Organize support local support groups.

Affordable healthcare at all levels

- Explore any and all public aid options for financial resources.
    - Include business entities who secure insurance for those not covered, such as ClaimAid 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.

Transportation

- Collaborate with hospital Foundations for shared joint projects.
- Consider local fundraising event to acquire a vehicle for non-emergency transportation.
- Partner with local businesses, offer advertising on the vehicle, let them sponsor rides.
- Collaborate with local clergy or other organizations who serve the elderly.
- Organize neighborhood "Ride Share" programs to organize localized solutions to assist with transportation needs for non-emergency medical appointments.
- Partner with non-profit organizations like LifeLine Pilots who provide cost-free non-emergency transportation for longer distance medical care needs (https://lifelinepilots.org/).

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 Chamber 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 business to financially support teen activity organizations such as 4H, Scouts, Boys or Girls Club, YMCA, or similar activity-based organization.
- Encourage local law enforcement 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 local 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 business and community service organizations to explore the suggested and other ideas to enhance the quality of life of Grant County residents.