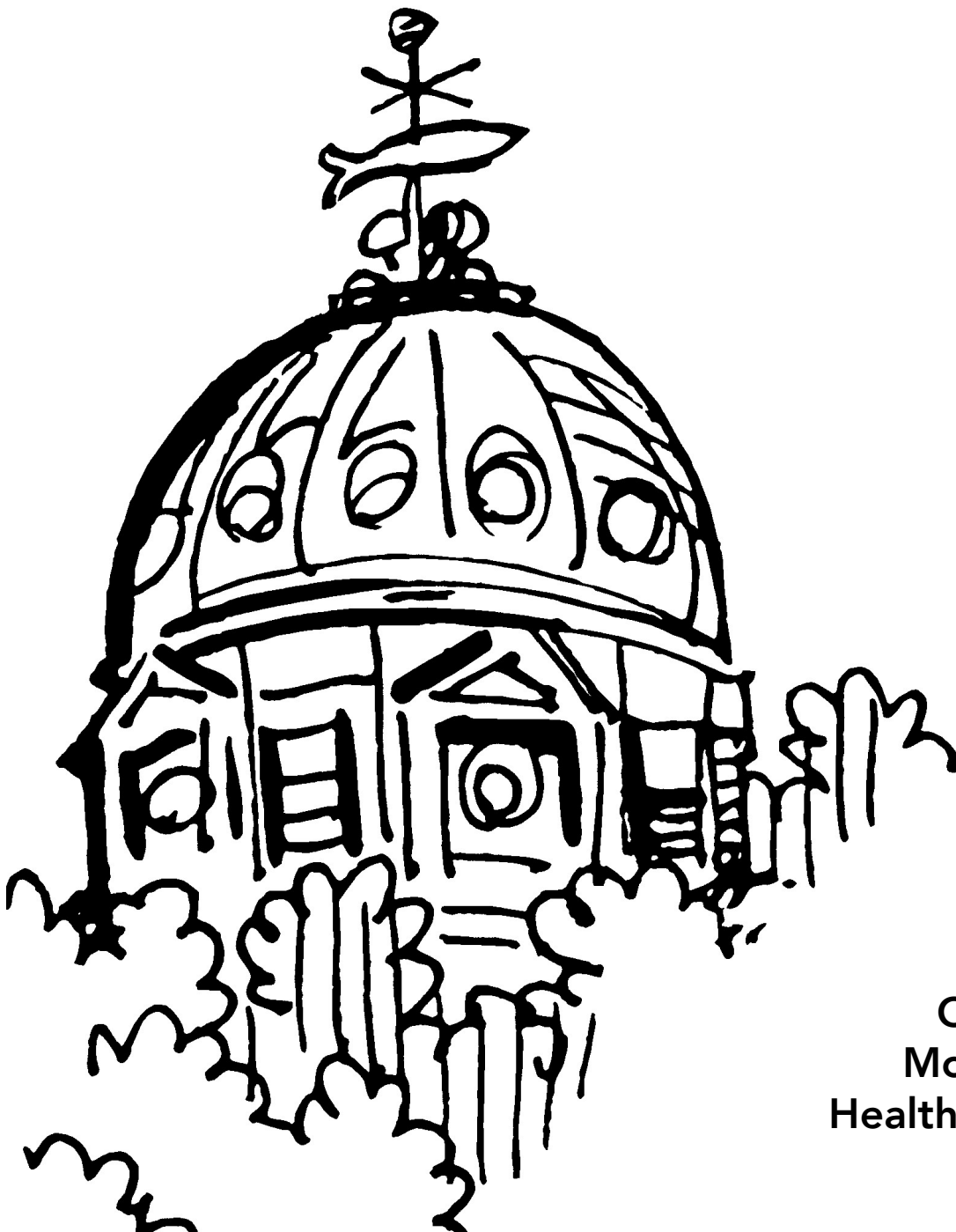


# Monroe County Community Health Assessment & Improvement Plan

2015-2018



Composed by  
Monroe County  
Health Department



# TABLE OF CONTENTS

Message from the Health Officer, Administrator .....	5
WHAT IS PUBLIC HEALTH? .....	7
List of planners, researchers, and participants in the CHA/CHIP .....	10-12
PURPOSE AND SCOPE .....	13
METHODOLOGY.....	15
SECONDARY DATA .....	17
Demographics .....	17
Physical Environment .....	19
Health Outcomes .....	20
Healthcare Access and Affordability .....	23
COMMUNITY ASSETS .....	24
Protective Factors .....	24
Health Risk Behaviors .....	29
PRIORITY DETERMINATION .....	31
Primary Data Collection .....	31
Monroe County Community Health Assessment Survey Summary .....	35
Presentation to Community Think Tank .....	38
Monroe County Community Health Improvement Plan (CHIP) Groups .....	39
CHIP WORK GROUP TIMELINES .....	41-51
Appendix A: Community Health Needs Assessment Survey .....	52-60
Appendix B: Focus Group Facilitator Guide .....	61-63
Appendix C: CHA/CHIP Group Meeting Dates .....	64-65
Appendix D: Community Health Ranking and Roadmaps Data 2016 .....	66-68
References .....	69-71





## Monroe County Health Department

Monroe County, Indiana

Health Department

119 W. 7th Street  
(812) 349-2543

Futures Family Planning Clinic

119 W. 7th Street  
(812) 349-7343

Public Health Clinic

333 E. Miller Drive  
(812) 353-3244

August 30, 2017

Dear Monroe County residents;

Public health is about improving and maintaining the health of populations. Our mission at the Monroe County Health Department is to protect, promote and improve the health of all people in Monroe County. But when you come down to it, public health is really about you.

The health department and its many public health partners work together toward making Monroe County a community where you and your family can be healthy, happy and safe. Our organizations meet to assess challenges and work to create solutions. We work together on many coalitions and teams because, together, we are stronger and can have a larger impact on today's issues.

We want to thank all of the public health partners, as well as community residents, who have worked on this Community Health Assessment and Improvement Plan:

- By researching and analyzing data to find challenges
- By identifying community assets and strengths
- By creating strategies and goals to create a better community
- For the willingness to put those strategies and goals into action.

We could not, and would not have wanted, to do this without you!

A special thank you to the Indiana University School of Public Health for making it possible to have a truly representative Community Health Assessment survey.

Sincerely,

Thomas W. Sharp,  
Monroe County Health Commissioner  
119 W. 7th St, Bloomington IN 47404

Penny Caudill, Administrator  
Monroe County Health Department  
119 W. 7th St, Bloomington, IN 47404



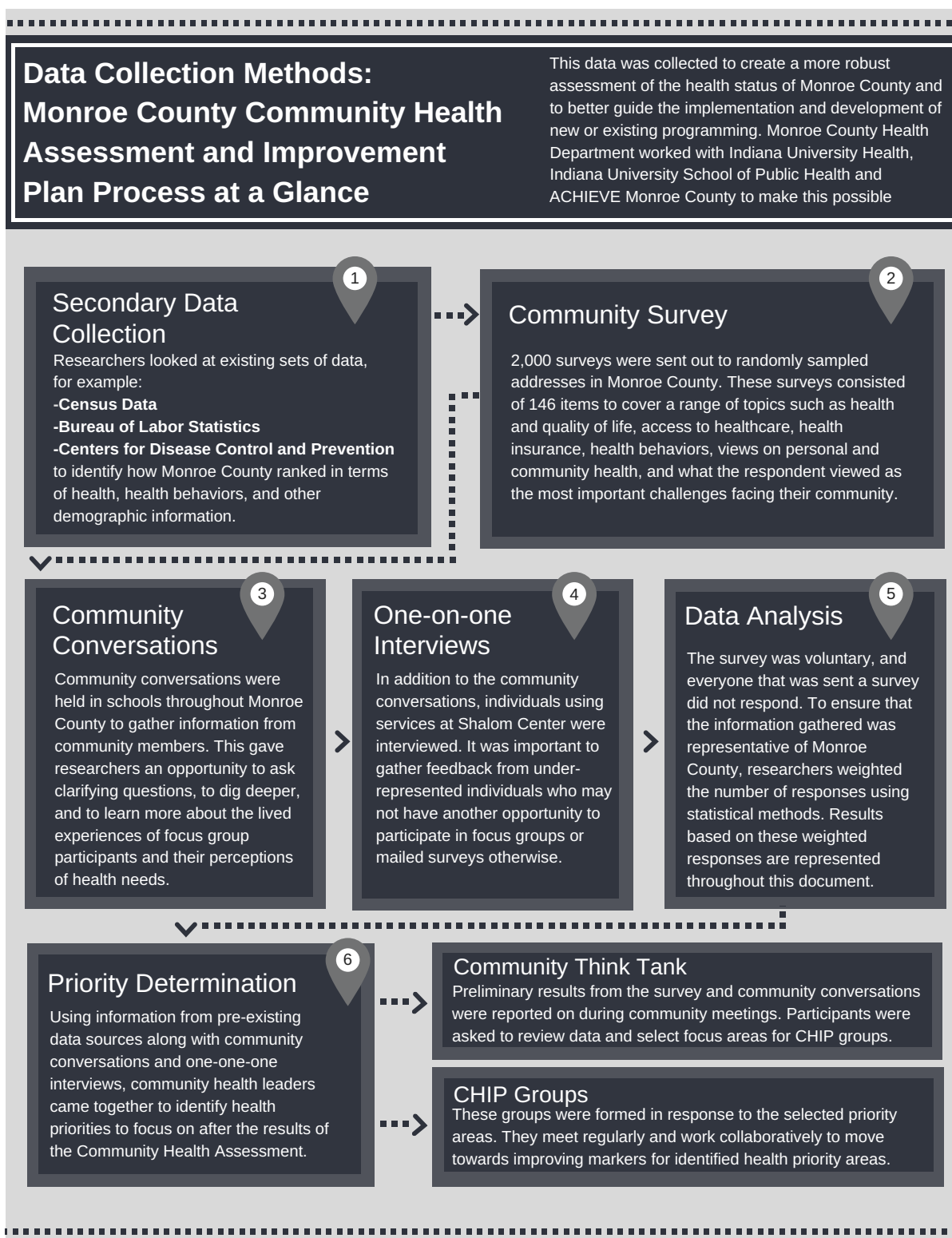


fig. 1  
 Monroe County CHA/CHIP Process At a Glance

## WHAT IS PUBLIC HEALTH?

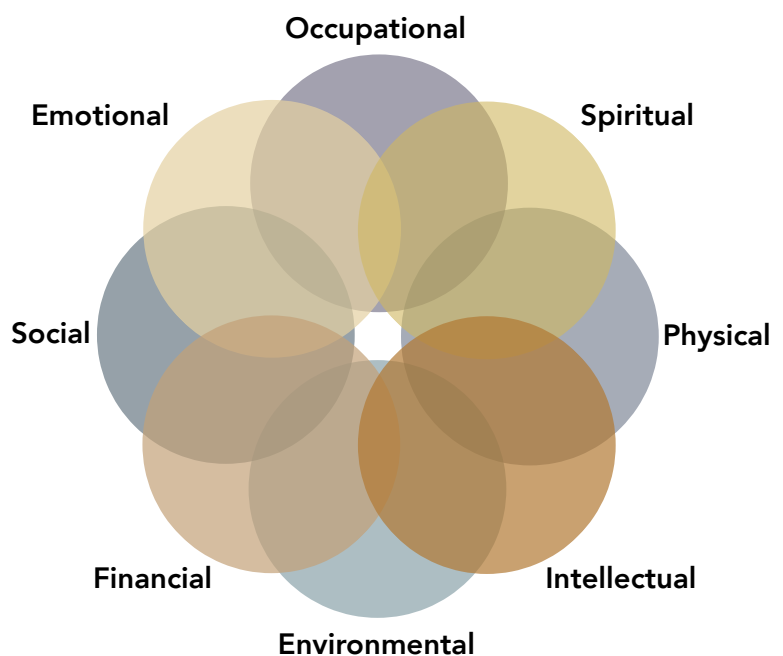
The World Health Organization (WHO) defines public health as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society.” Public health services work to provide conditions for the public to maintain, improve, and prevent deterioration of their health and well-being.

## WHAT IS WELLNESS?

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) wellness is not merely ‘the absence of disease, illness or stress, but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness.’ SAMHSA breaks wellness down into what are known as the ‘Eight Dimensions of Wellness’ (2016). These eight dimensions overlap, affect each other, and are affected by multiple sectors in the community at large. Illustrated in fig. 3, the Social-Ecological Model of Health, all of the institutions and organizations that surround an individual have some influence on them. The individual can reciprocate and influence their surroundings as well.

From the micro to the macro level, there are a number of spheres of influence that affect us as individuals. The workplace has a unique effect on one’s well-being, as does the healthcare system, community institutions like schools, and the built environment. The way in which these sectors of the community influence the eight dimensions of health is unique, and should be strategically considered by anyone involved in community planning efforts.

What else can affect these dimensions of health and wellness? It is important to remember that an individual’s decisions regarding their own health and well-being are dictated by more than just knowing that a behavior is ‘good’ or ‘bad’ for them. One’s intention to participate in a behavior is the greatest predictor of whether they will follow through with that behavior. That intention is the result of a complex interaction between one’s knowledge, attitudes, and beliefs about the behavior according to the Theory of Reasoned Action (Fishbein & Ajzen).



*fig. 2*  
SAMHSA's Eight Dimensions of Wellness

## SOCIAL DETERMINANTS OF HEALTH FRAMEWORK

What and who is responsible for one's knowledge, attitude and belief about both protective and risky health behaviors? These are a result of what are known as the social and environmental determinants of health. Healthy People 2020 describes these determinants as 'the range of personal, social, economic and environmental factors that influence health status'. For example, the people that surround us can shape our ideas and perceptions about whether smoking is an attractive behavior or if it carries a negative stigma. Our physical environment can determine whether it is physically possible and/or safe to drive, bike, or walk to a grocery store or if it is safer/more convenient to stop by a fast food establishment. Legislation can determine whether or not an individual is eligible for certain types of health care and determine caps on wages. These decisions can determine what an individual can afford in terms of food, housing, and healthcare costs. The relationships between these factors create a complex system that is affected by much more than just the traditional healthcare sector.

It is therefore important when developing programming, implementing new initiatives, or proposing legislation to affect the well-being of a population, that stakeholders truly understand not only where members of that community stand in terms of health behaviors and outcomes, but what their perceptions are about those health behaviors and outcomes. In order to improve indicators of health, it is crucial that stakeholders and providers in the community work together in an intentional manner to address public health from multiple angles with the perceptions of the

community members in mind. Sectors within the community (such as Healthcare, School, Worksite, Community Institution/Organization, and Community at Large) already influence the Eight Dimensions of Public Health in different capacities, but by strategically working together, they can address health and well-being in a coordinated effort for maximum impact.

## Social Ecological Model

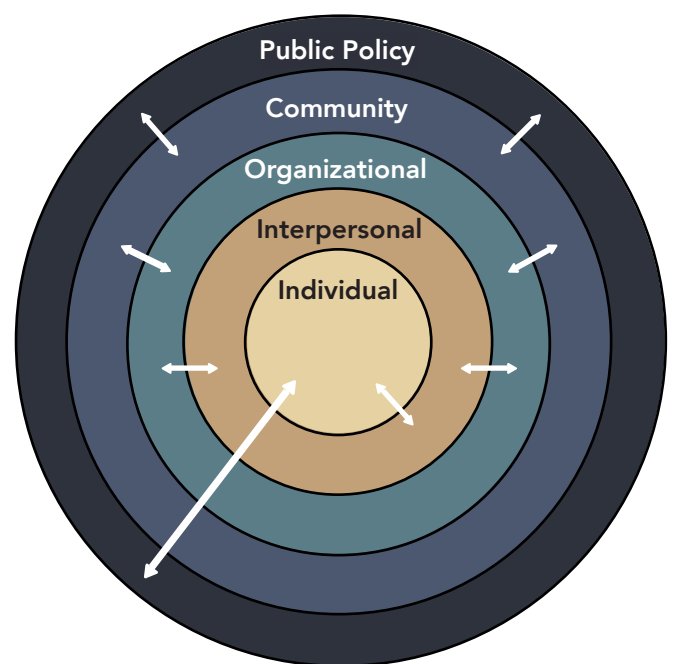


fig. 3  
*Social Ecological Model, McLeroy et. al. 1988*



## WHERE IS PUBLIC HEALTH?

Public Health is everywhere and it includes all of us!

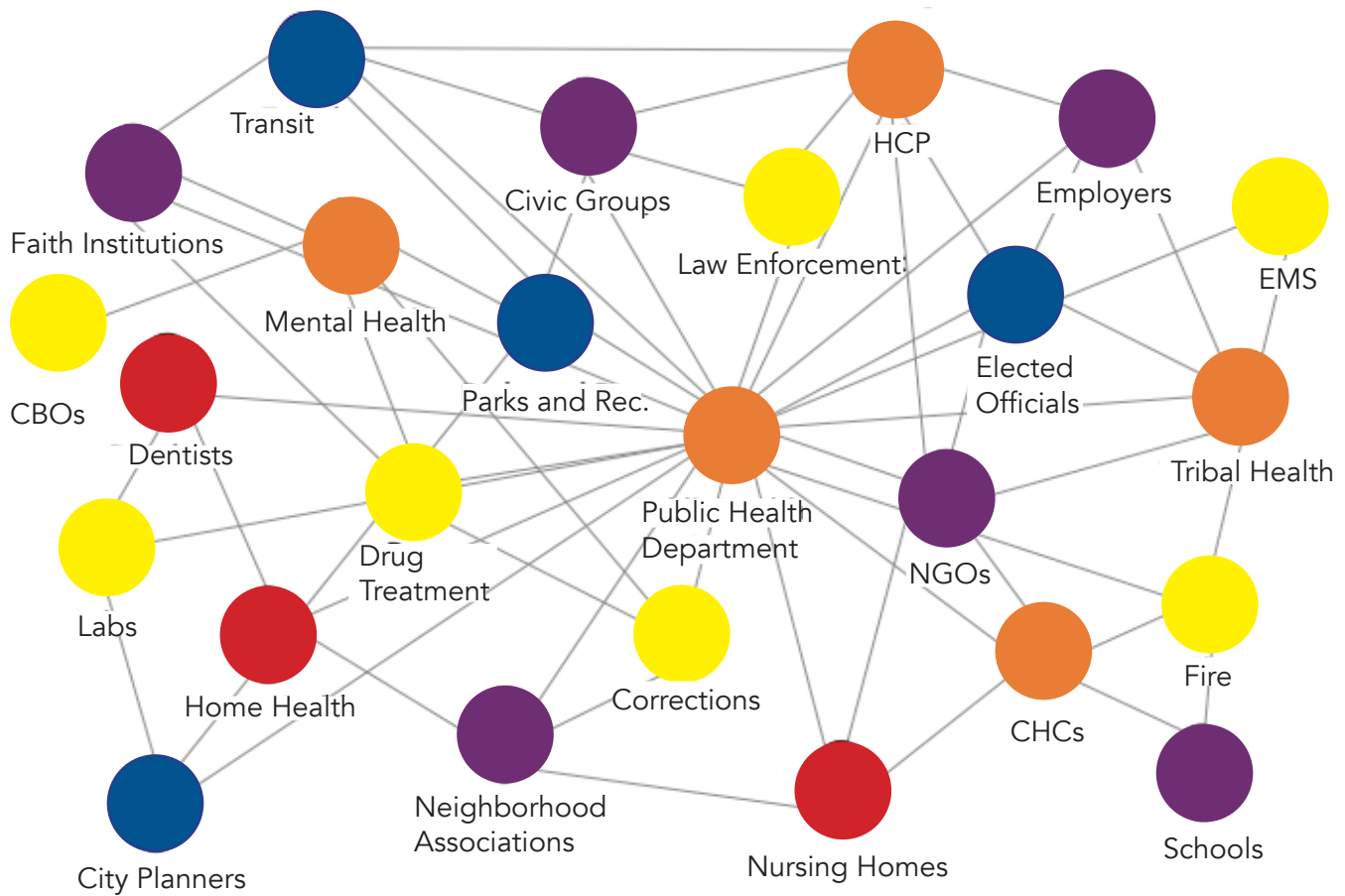


fig. 4  
*The network of a local Public Health System*

## MONROE COUNTY HEALTH ASSESSMENT PLANNING TEAM

### Monroe County Health Department

**Penny Caudill**, Administrator  
**Kathy Hewett**, Lead Health Educator,  
Accreditation Coordinator

### Indiana Public Health Association

**Jerry King**, Director

### IU Health Bloomington Hospital

**Carol Weiss-Kennedy**, Community Health  
Director

### ACHIEVE

**Paula McDevitt**, Director, City of  
Bloomington Parks and Recreation  
**Nancy Parker**, Executive Program Director,  
Monroe County YMCA  
**Allison Miller**, Health and Wellness  
Coordinator, City of Bloomington Parks  
and Recreation

### IU School of Public Health Bloomington

**Michael Reece**, Ph.D., MPH, Professor  
**Dr. Catherine Sherwood-Laughlin**,  
HSD, MPH, Clinical Professor, Assistant  
Department Chair - Applied Health Science

## COMMUNITY CONVERSATIONS

### FACILITATORS

**Barry Lessow** United Way  
**Catherine Sherwood-Laughlin** IU School of Public Health  
**Jason Bletzinger** RBBCSC  
**Alex Purcell** IU Health Bloomington

**Nancy Richman** Volunteers in Medicine  
**Lucia Guerra-Reyes** IU School of Public Health  
**Elizabeth Thompson** IU Health  
**Nancy Woolery** City of Bloomington

### PARTICIPANTS

Joshua Paul	Ricardo Munoz	Zardro Pleimann	Vickie Coffey	Paula McDevitt
Katrina Hawkins	Mandi McKeen	Luz Lopez	Janet Saylor	Lisa Greathouse
Eric Gilpin	Graham McKeen	Eduardo Isidro	LaShanna Wooten	Alison Miller
Emily Roth	Perla Vidaurri	Shirley Fitzgibbons	Lisa Rood	Jackie Braspeninx
Jamie Russell	Sally Hegeman	Nancy White	Rivkah Roby	Nancy Parker
Thomas Hartnett	George Hegeman	Teresa Benassi	Celinda Kay Leach	Kathy Hewett
Alex Crowley	Prisma Lopez-Marin	Steve Fields	Matt Coller	Penny Caudill
Lisa Rood	Patricia Marin-Solis	Lee Strickholm	Alan Balkema	Grace Adams
Penny Austin	Audrey Hicks	Robert Shull	Monica Dignam	Barb Sturbaum
Rod Root	Marsha McCarty	Br. David Smith	Linda Shanks	Serafin Jeronimo-Cortez
Jane Walter	Katelyn Rowe	Mark Norrell	Liz Feitl	
Araceli Gomez	Fiona Taggart	Leah Sinn-Iversen	Carol Weiss-Kennedy	

## COMMUNITY HEALTH ASSESSMENT SURVEY PARTNERS

### Monroe County Health Department

Penny Caudill  
Kathy Hewett

### ACHIEVE

Nancy Parker  
Alison Miller  
Paula McDevitt

### IU School of Public Health Bloomington

Catherine Sherwood-Laughlin  
Michael Reece  
Linda Henderson, MA, Research  
Associate, Community Relations  
Specialist  
Gina Forrest, Doctoral Candidate, MPH,  
CHES, and visiting lecturer  
William McConnell, JD, PhD, MPH,  
Post-Doctoral Fellow IUB SPH

### IU Health Bloomington Hospital

Carol Weiss-Kennedy

### Indiana Public Health Association

Jerry King

**Clark County Health Department**  
**Jackson County Health Department**  
**Dubois County Health Department**  
**Madison County Health Department**  
**Ripley County Health Department**  
**Indiana University Hospital Bedford**

## THINK TANK

### Monroe County Health Department

Penny Caudill  
Kathy Hewett  
Barb Sturbaum  
Grace Adams

### IU Health Bloomington Hospital

Carol Weiss-Kennedy  
Lisa Greathouse  
Emily Brinegar  
Jill Stowers  
Jessica Adams  
Janet Delong  
Carrie Shabahrani  
Amy Meek  
Alex Purcell  
Haliagh Richardson\*

### ACHIEVE

Nancy Parker  
Alison Miller

### IU School of Public Health

Catherine Sherwood Laughlin  
Michael Reece  
Gina Forrest  
Linda Hamilton  
Mandi McKeen  
Margie Walls  
Asghar Gharakhani  
Carrie Docherty

### Indiana University

Nicole Zautra  
Graham McKeen  
Julius Lee\*\*  
Melina Rivera\*

### City of Bloomington

Brenda Hendrix  
Araceli Gomez  
Sarah Gilland\*

### Herald Times

Lauren Slavin

### IU School of Nursing

Kim Decker  
Joyce Krothe  
Derrick Garletts

### Monroe County

Lisa Kane

### MCCSC

Lisa Greathouse  
Nicole Blackwell  
Fredna Homgren

### Centerstone

Greg May  
Matthew Clay  
Kira Richardson  
Olivia Humphreys  
Lindsey Potts  
Maren Sheese

### RBBCSC

Vickie Coffey  
Gabriel Mawusi\*

### Riley Physicians for Children

Christine Sherwood  
Lori Terrell

### SCCAP

Linda Patton  
Laurie Ann Curry  
Shirley Stephens

### Commission on Aging

Gail Londergan  
Julie Hill

### BTCC

Allison Zimpfer-Hoerr

### Area 10 Agency on Aging

Courtney Stewart

### Middleway House

Debra Morrow

### El Centro Comunal Latino

Jane Walter

### YMCA

Margie Kobow

### Volunteers in Medicine

Nancy Richman

### Bloomington Housing Authority

Elizabeth Hacker

### Monroe County Women's Commission

Shirley Fitzgibbons  
Nancy White

### Stepping Stones

Elena Larson

### IN Coalition Against Domestic Violence

Cierra Olivia Thomas-Williams

### Purdue Extension

Emily Roth

### Salvation Army

Monica Clemens

### Health Linc

Kathy Church

### Alkermes

Cheryl Sweeny

### Boys and Girls Club

Jeigh Hockersmith

\* intern

\*\* student

# COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) TEAMS

## **BASIC NEEDS TEAM**

**Facilitators:** Nancy Parker, Kathy Hewett

### **ACHIEVE**

Nancy Parker  
Alison Miller

### **Monroe County Health Department**

Kathy Hewett  
Barb Sturbaum  
Melanie Vehslage  
Vasu Patel \*  
Julius Lee \*

### **Volunteers in Medicine**

Nancy Richman

### **Area 10 Agency on Aging**

Courtney Stewart

### **Purdue Extension**

Courtney Stewart

### **Riley Physicians for Children**

Lori Trowbridge

### **Bloomington Housing Authority**

Elizabeth Hacker  
Maria Anderson  
Shirley Stephens

### **City of Bloomington**

Nancy Woolery  
Brenda Hendrix  
Anzi Talchetti \*  
Madison Taylor \*  
Sammi Davila \*

### **BTCC**

Georg'ann Cattelona  
Cierra Olivia Thomas-Williams  
Allison Zimpfer-Hoerr

### **Indiana University Bloomington**

Nicole Zautra  
Graham McKeen

### **IU Health Bloomington Hospital**

Carrie Shahbahrani  
Janet Delong (also Delong  
Wellness)

### **Salvation Army**

Monica Clemons

### **SCCAP**

Linda Patton  
Laurie Ann Curry  
Katie Rodriguez  
Hannah Watt

### **United Way**

Liz Feitl

### **Monroe County Women's Commission**

Nancy White  
Josh Coker  
Liz Feitl

## **CHRONIC DISEASE/OBESITY TEAM**

**Facilitators:** Alison Miller, Lisa  
Greathouse, Katie Dooley

### **ACHIEVE**

Alison Miller

### **IU Health Bloomington Hospital**

Lisa Greathouse  
Raja Hanania  
Katie Dooley  
Alex Purcell (also IU)  
Janet Delong  
Cheryl Jordan  
Robin Parker  
Carol Weiss-Kennedy

### **MCCSC**

Fredna Homgren

### **City of Bloomington**

Greg Jacobs  
Araceli Gomez  
Nikki Wooten  
Becky Barrick  
Nikki McEachern  
Sammi Davila \*  
Madison Taylor \*  
Ashley Miller \*

### **Monroe County Health Department**

Kathy Hewett  
Christina Kempf  
Grace Adams  
Julius Lee \*

### **Purdue Extension**

Emily Roth

### **YMCA**

Margie Kobow  
Ashley Lowers

### **IU SPH Bloomington**

Catherine Sherwood-Laughlin  
Abdul Balogun  
Meg Weigel  
Rodrigo Armijos  
Alex Maverick \*\*

### **Fairbanks School of Public Health**

Basia Andraka-Christou

### **Monroe County Emergency Mgmt**

Lisa Kane

### **BTCC**

Georg'ann Cattelona

### **El Centro Latino**

Jane Walter

### **Managed Care Services**

Deon Jones

### **Volunteers in Medicine**

Nancy Richman

### **American Heart Association**

Jennifer Nanny

### **Force Fitness**

Ashley Fleming

## **SUBSTANCE ABUSE & MENTAL HEALTH TEAM**

**Facilitators:** Kathy Hewett, Carol  
Weiss-Kennedy

### **Monroe County Health Department**

Penny Caudill  
Kathy Hewett  
Barb Sturbaum  
Julius Lee \*

### **ACHIEVE**

Alison Miller

### **IU Health Bloomington Hospital**

Carol Weiss-Kennedy  
Emily Brinegar  
Jill Stowers  
Janet Delong  
Kimberly Clarke

### **Centerstone**

Matthew Clay  
Kira Richardson  
Olivia Humphreys  
Lindsey Potts  
William Harrington  
Ashley Judge

### **City of Bloomington**

Nancy Woolery

### **Monroe County Women's Commission**

Nancy White  
Shirley Fitzgibbons

### **IU School of Nursing Bloomington**

Joyce Krothe  
Kim Decker  
Derrick Garletts  
Thomas Kuhn

### **Volunteers in Medicine**

Nancy Richman

### **MCCSC**

Lisa Greathouse  
Whitney Thomas  
Rebecca Rose

### **Amethyst House**

Mark Delong  
Niki Angelaki

### **HealthLinc**

Kathy Church

### **Riley Physicians for Children**

Lori Terrell  
Christine Sherwood

### **Villages**

Emily Bock  
Margaret Abrell

### **Keystone Interventions Group, Courage to Change**

Brandon Drake

### **Fairbanks School of Public Health**

Basia Andraka-Christou

### **Alkermes**

Cheryl Sweeney

### **IU SPH Bloomington**

Michael Reece  
Carrie Lawrence

### **IU School of Brain Science**

William Hetrick

### **Indiana Recovery Alliance**

Chris Abert  
David DeBruicker

### **Cook, Inc.**

Raymond Evans

### **New Visions**

Shayne Ault

### **Bloomington Housing Authority**

Tara Todd

### **Managed Health Services**

Deon Jones

### **Indiana Center for Recovery**

Matthew Haynes  
Mitch Brown

### **Wheeler Mission**

Bruce Ervin

### **Indiana Wellness Consultants**

Kelly Lowry

### **Bloomington Meadows Hospital**

Samantha Ginther

### **Bloomington Resident**

Steve Swihart

\* intern  
\*\* student

Note - CHIP Team lists include both members who are attending meetings, as well as those who participate electronically

# PURPOSE AND SCOPE

The Community Health Needs Assessment is an assessment of the needs of all non-institutionalized persons over the age of 18 living in Monroe County. In order to address these multiple sectors in an efficient and effective manner, numerous community partners between sectors and across the social ecology were engaged to conduct this Community Needs Assessment. IU Health Bloomington Hospital, ACHIEVE, IU School of Public Health - Bloomington, and the Indiana Public Health Association were essential partners throughout this process. More information about the role of participating individuals, organizations, and meetings can be found on page 10-12 and in Appendix C.

Provision of effective public health services in Monroe County are made possible by a network of providers and agencies that work together to create conditions that promote the health and well-being of the population. This network was useful in developing the Community Health Assessment Survey by utilizing assets that participants in the network were willing and able to contribute in order to work towards the common goal of improving the health of Monroe County.

### **IU HEALTH BLOOMINGTON HOSPITAL**

The Community Health Assessment (CHA) is important for both the MCHD as well as IU Health Bloomington Hospital. Completion of such an assessment is required by different overseeing entities on separate timelines, though they require similar content. MCHD is required to have completed a CHA in order to become and maintain an accredited health department. IU Health Bloomington Hospital is required to conduct a CHA every 3 years for IRS purposes. The two agencies partnered to increase the efficiency and effectiveness of completing this task.

### **ACHIEVE**

For the purposes of the Health Needs Assessment, it was important for researchers involved to actively break down silos to better understand the lived experiences of both health professionals as well as community members within very different networks in Bloomington/Monroe County. In an effort to involve more of the community in the Community Health Needs Assessment and to broaden the scope of influence, the Bloomington ACHIEVE (Action Communities for Health Innovation and EnVironmental changeE) group was asked to participate. The Monroe County Health Department and IU Health Bloomington Hospital are both member organizations of ACHIEVE. This group strives to bring together local leaders who have the drive and ability to make policy, systems and environmental changes that improve the community's health and wellness.

### **IU SCHOOL OF PUBLIC HEALTH**

The Indiana University School of Public Health provided guidance with the development of the survey tool as well funding for the Center for Survey Research to ensure that the process was carried out with a sound research methodology. According to Michael Reece, PhD, MPH, professor and prior associate dean for research and graduate studies, "Through the support of faculty in the School of Public Health, a range of campus entities are making scientific and human resources available that will ensure that the assessment is rigorous and that the findings are useful to the multitude of organizations in the region who are on the front lines of today's public health challenges facing Indiana's diverse communities."

### **INDIANA PUBLIC HEALTH ASSOCIATION**

IPHA provided a framework in which we could also partner with five fellow health departments with preparation of the same survey and increase the efficiency of all on their journey to understand the health needs of their communities. Nicknamed the G-6 or Six Pack, the six county health departments worked under the guidance of the IPHA to learn and work together to learn about public health accreditation.

# METHODOLOGY

## DATA COLLECTION

Both quantitative (survey) and qualitative methods (focus groups and in-person interviews) were used to gather information and data for this project. While information from existing sources can provide a picture of what the needs are in Monroe County, it was important to provide context from in-person interviews to fully understand the strengths and needs of the community.

### SECONDARY DATA COLLECTION

The researchers began by gathering secondary data from existing datasets, including those from the following organizations:

- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Community Health Status Indicators Project
- Indiana Department of Workforce Development
- Indiana Hospital Association Database
- Indiana State Department of Health
- Kaiser Family Foundation
- Robert Wood Johnson Foundation: County Health Rankings
- STATS Indiana data—the Indiana Business Research Center, IU Kelley School of Business
- US Bureau of Labor Statistics
- US Census Bureau
- US Department of Commerce, Bureau of Economic Analysis
- US Health Resources and Services Administration

Data collected from the above sources was used to guide researchers in identifying where Monroe County was doing well and where there were shortcomings. This helped direct researchers in tailoring questions for focus groups, one-on-one interviews, and the Community Health Assessment Survey to provide a more comprehensive and relevant look at the needs of the community. This secondary data collection was an ongoing process throughout the course of the assessment.

### COMMUNITY SURVEY

The IU School of Public Health (SPH) provided leadership and worked closely with representatives from Monroe and other county health departments along with IU Health and ACHIEVE representatives to develop an original survey to send out as the questionnaire. The IU Center for Survey Research (CSR) utilized their ColdFusion-based web survey tool to test the online version of the questionnaire. This online survey was produced in a mobile-compatible version to ensure it was easily accessible in a variety of formats to suit individual needs.

A combination of paper and paper + online surveys were sent out to 2,000 randomly sampled residential households in the county with \$1 incentives enclosed to encourage responses. These surveys had either a paper form or a paper form + URL to complete the questionnaire online. The questionnaire contained 146 topics that related to perceptions of health, health behaviors, and community need.

Though the surveys were sent to a random sample of addresses, there were limitations in obtaining a random and representative sample of Monroe County as a whole from the responses alone. By sampling only residential addresses, there was no way to obtain responses from those whose mail was undeliverable for reasons such as only utilizing PO boxes or lacking permanent housing. Understanding these limitations, IU Center for Survey research utilized statistical methods to weight the responses from the survey during the analysis of results. By weighting the responses in a manner that reflected the demographic

makeup of Monroe County, the CSR was able to report on survey responses in a way that was much more representative.

A total of 624 responses were received, though only 591 were included as observations in the weighted total. Twenty-one of the responses were coded as a 'Refusal,' whereby the household opted-out via postal mail or email. Twelve responses were coded as 'Implicit Refusal - Breakoff,' as the respondents consented to the survey but did not answer enough items to be considered a partial respondent for the survey.

### COMMUNITY CONVERSATIONS

Community conversations (similar to focus groups) were held at four middle and high schools in Monroe County to provide an opportunity for surveyors to engage with community members directly. By facilitating these conversations, those involved in gathering information would be able to ask follow-up questions to gain a more comprehensive understanding of what respondents thought about the status of health in Monroe County. At the end of every community conversation, each individual was asked to identify what they felt were the top five health concerns in their community. The responses were coded following the meetings into 15 areas of health concerns.

### ONE-ON-ONE INTERVIEWS

In addition to the community conversations, one-on-one interviews were conducted with individuals using Shalom Community Center services. These interviews were conducted to help fill in a gap in understanding the needs of underserved populations in Monroe County.



## SECONDARY DATA

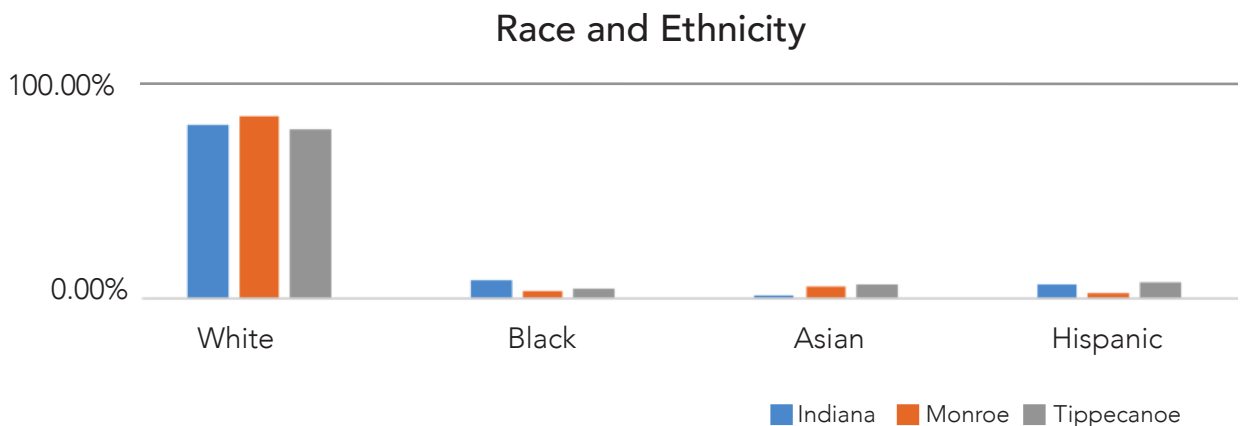
## DEMOGRAPHICS

## WHO LIVES, WORKS, &amp; PLAYS IN MONROE COUNTY?

Monroe County is located in south central Indiana and is the 12th most populated county in the state. The total population is 145,496 (US Census Bureau, 2016). The county seat, Bloomington, has a population of 84,465 and is the 7th largest city in Indiana (US Census Bureau, 2016). The Monroe County Health Department is on the state of Indiana's top ten list for populations served. Indiana University, Bloomington, the largest campus in the state, had a total student population of 32,924 undergraduates and 10,289 graduate and doctoral students for fall enrollment 2016 (Indiana University Newsroom, 2016).

Housing a major university has a large impact on the demographics of an Indiana county. More diverse than most of Indiana's 92 counties, Monroe compares most closely to Tippecanoe County which houses Purdue University, also a large Big Ten University. However, keeping in line with state of Indiana data, there remains a largely homogenous population. In 2016, Indiana Rankings and Roadmaps noted that Indiana as a whole is 9.2% non-Hispanic African American, while Monroe and Tippecanoe counties have 3.3 and 4.5% respectively (RWJF, 2016). More interesting, the Asian population in Monroe County exceeds the Hispanic population.

Over 50 % of the population is between the ages of 18-44. Sixteen percent is under age 18 while 20.1% is between ages 45-64 and 11% is age 64 and older. The median resident age is 28.4 as compared to the national median age of 37.6. (U.S. Census Bureau, ACS 2011-15)



*fig. 5*  
*Comparison of Race and Ethnicity*  
*County Health Rankings & Roadmaps, 2015*

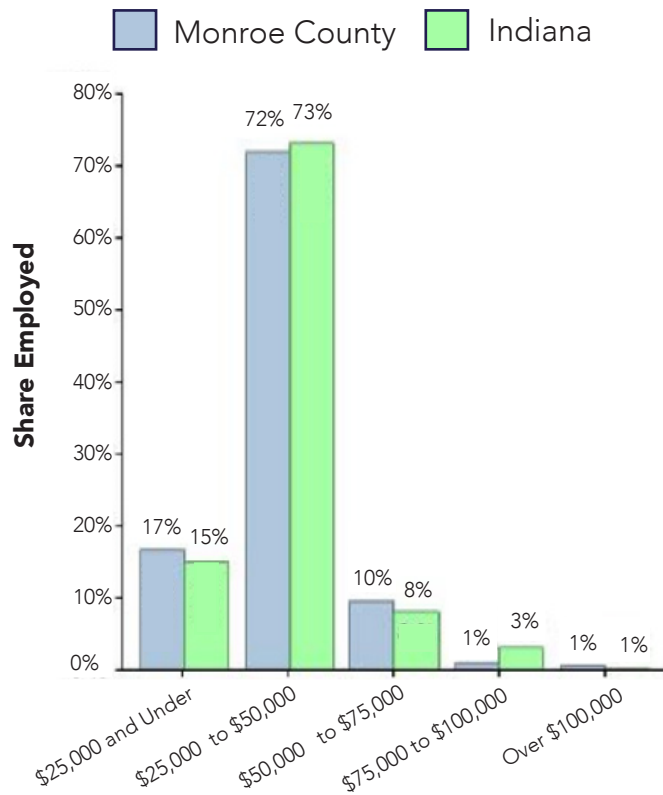
## EDUCATION

Residents in Monroe County are educated. Among people 25 years of age and older, over 45% held a bachelor's degree or higher and 92.4% of people were a high school graduate (US Census Bureau, 2016).

## EMPLOYMENT

The three most common professions in Monroe County in 2015 were categorized as office/ administrative support, education/ library and food preparation/serving related occupations according to the Indiana Department of Workforce Development. Office workers in Indiana made a median yearly wage of \$30,680, Education/library workers' median wage was \$41,580 and the median wage for food prep/ serving occupations was \$18,700 a year. Two of the largest employers in Monroe County have low minimum wages- Indiana University Health Bloomington Hospital raised its minimum wage to \$11.00 an hour in 2016, while Indiana University raised its minimum wage to \$10.00 an hour for eligible employees in 2015.

### Share of Employment by Median Wage



### Top 10 Occupation Types by Employment



fig. 6  
2015 Occupation Mix Summary for Monroe County  
Modeled Estimates from IBRC in partnership with  
Department of Workforce Development

## PHYSICAL ENVIRONMENT

The places that surround where one lives, works and plays help to shape both lived experiences as well as health outcomes. The landscape of the physical environment plays a role in passive exposure to many factors. These can range from the negative, such as pollution, chemicals, and violence to the positive, such as availability of sidewalks, affordable grocery stores and safe housing. The rolling hills of Monroe County are home to numerous parks and trails, as well as part of the Morgan-Monroe State Forest. Bloomington alone hosts 32 parks and 11 trails. Lake Monroe, Lake Griffy, and Lake Lemon are only a few of the 14+ lakes also found in Monroe County to provide a place for recreation and socialization for residents.

### HOUSING

Nearly 99% of Monroe County are living in non-overcrowded housing conditions. One percent are living with more than one person/room and only .11% are living in severely overcrowded housing with more than 2 persons/room (US Census Bureau, ACS 2011-15).

### AIR QUALITY

Monroe County had less than 1% of days in the most recent set of data where fine particulate matter (<2.5 ug) was present in quantities above the National Ambient Air Quality Standard (NEPHTN, 2012).

### SUPERFUND SITES

The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), also known as Superfund, was signed into action in 1980. The taxes imposed by this act were then used to clean up abandoned or uncontrolled hazardous waste sites. To classify a site as a 'Superfund' site, the EPA must identify, evaluate and rank potential for posing a health risk by using the Hazard Ranking System (HRS). The HRS assigns scores on a scale of 0-100 based on 'likelihood that a site has released or has the potential to release hazardous substances into the environment, characteristics of the waste (e.g. toxicity and waste quantity), and people or sensitive environments (targets) affected by the release.'

There are three superfund sites in Monroe County, Bennett Stone Quarry, Lemon Lane Landfill and Neal's Landfill due to contamination by polychlorinated biphenyls (PCBs). All three sites are tested regularly and score below 50 on the HRS (US EPA, 2017).

## HEALTH OUTCOMES

### TOP CAUSES OF DEATH

Cardiovascular disease and cancer consistently ranked as the top two causes of death as seen from county death certificates between 2014 and 2016. A review of 2016 ISDH state-wide mortality data showed that Monroe County matched the state average exactly with the top five causes of death in the state:

- Cardiovascular disease
- Cancer
- Chronic Lower Respiratory Disease
- Stroke
- Alzheimer's Disease

### SUICIDE

There were 30 suicides in 2016, up from 19 in 2015 with the majority of cases involving white males between the ages of 19-60 according to Monroe County death records. No suicides were reported involving youth younger than age nineteen. According to ISDH, Tippecanoe County, home to Purdue University, had 20 suicides in 2015 and 14 in 2016. Statewide, suicide levels were 941 in 2014 and 950 in 2015. (ISDH, 2016).

<b>Deaths in Monroe County</b>			
Cause of Death Per Category	2016	2015	2014
Alzheimer's/Dementia	91	78	68
Cancer	243	253	270
Cirrhosis	16	14	13
COPD	36	27	51
Diabetes	8	7	8
Drug Related*	22	23	*
Cardiovascular Disease	319	274	239
Pneumonia	39	74	137
Renal	66	36	49
Sepsis	21	62	*
Other	427	382	137
<b>Total</b>	<b>1288</b>	<b>1230</b>	<b>972</b>

<b>Suicide Deaths in Monroe County</b>			
2014-2016 Suicide Deaths	2016	2015	2014
Age < 19	0	0	0
19-40	15	7	8
41-60	11	7	8
61-90	2	5	6
91 +	2		
Male	23	14	16
Female	7	5	6
White	28	15	22
Black			
Asian	2		
<b>Total</b>	<b>30</b>	<b>19</b>	<b>22</b>

fig. 7  
Causes of Death 2014-2016  
Monroe County Health Department,  
Vital Records Department

## INFECTIOUS DISEASE

Communicable disease prevention, investigation and treatment is a core duty of public health departments. MCHD has two disease intervention specialists who provide follow-up on sexually transmitted diseases for a 12 county region. Per County Health Rankings, Monroe County's sexually transmitted disease rate (469.4 new chlamydia cases per 100,000 people) is higher than the state average (428.7 per 100,000) and much higher than U.S. top performers (134.1 per 100,000) (RWJF, 2017). Monroe County also compared poorly against its peer counties in the number of cases of syphilis as seen in Community Health Status Indicators (US DHHS, 2015). The syphilis case numbers in fig. 8 do not reflect all the stages of syphilis followed. Also of note, gonorrhea cases have been rising for the last three years, matching a national trend.

MCHD holds a contract with IU Health Bloomington Hospital to provide public health nursing services which includes non-STD communicable disease follow-up. Monroe County had a mumps outbreak in 2016 which mostly involved college students at Indiana University, mirroring similar outbreaks at other local and national colleges.

Hepatitis C virus was the most common non-STD communicable disease reported, encompassing over 50% case investigations during 2014 and 2015. After Hepatitis C was closely linked to HIV cases during the 2015 HIV

outbreak in Scott County, Indiana, the health department gathered community partners, including local government, law enforcement and not-for-profits, to discuss the need for a local syringe services program to prevent the spread of HIV and Hep C. After gaining local community and governmental support, the department applied and received approval from ISDH to operate a program. The department contracted with the Indiana Recovery Alliance to operate the program under health department oversight. The Monroe County Syringe Services Program opened 2/14/16 and its focus is on disease prevention through reducing transmission of disease and increasing referrals to treatment.

### Confirmed Cases of Infectious Diseases in Monroe County

Disease Category	2016	2015	2014
Chlamydia	842	711	771
Gonorrhea	192	129	94
Syphilis, primary and secondary	5	6	<5
HIV, new reports	6	7	9
Hepatitis C, acute and chronic	78*	111	139
Hepatitis B	7*	10	0
Hepatitis A	0*	0	0
Pertussis	0*	5	5
Mumps	75*	0	0
Salmonella	7*	7	14

\*preliminary data

Monroe County Health Department

fig. 8

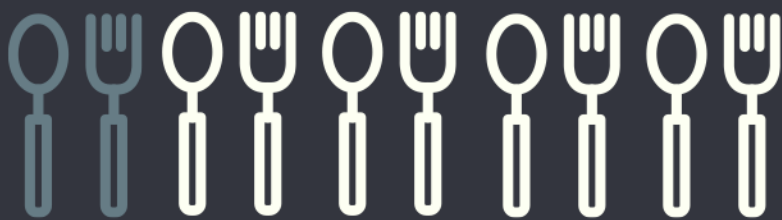
Prevalence Infectious Disease 2014-2016

Indiana State Department of Health

# MONROE COUNTY PERFORMANCE



★ Gold star indicates cutoff point for 10th percentile (top U.S. performers)



**21%** Adults in Monroe County are obese ★ 25%



**37** preventable hospital stays per 1,000 Medicare enrollees ★ 38 per 1,000

High School Graduation Rate

**94%** ★ 93%



Adults with some college education



★ 72%

**77%**

rate of infant mortality per 100,000 population

**5**

★ 5 per 100,000

rate of child mortality per 100,000 population

**40**

★ 40 per 100,000



**12**

Teen Births per 1,000 female pop. ages 15-19

★ 19 per 1,000

**51**

deaths due to injury per 100,000 population

★ 51 per 100,000



## HEALTHCARE ACCESS AND AFFORDABILITY

### HEALTH CARE FACILITIES AND RESOURCES

Monroe County has three hospitals, one of which provides only mental health services; IU Health Bloomington Hospital, Monroe Hospital and Bloomington Meadows Hospital. According to County Health Rankings 2016, the ratio of primary care physicians to patients in Indiana ranges from 14,090:1 - 500:1 with the average being 1490:1. Monroe County's ratio is slightly below the state average at 1710:1, but the gap may be much larger as doctors in Monroe County provide services for many in the surrounding counties. For primary care providers other than physicians, Monroe fared better than the state average (1629:1 vs 1754:1). Monroe County was reported to have 291 mental health providers in 2015, generating a ratio of 490:1. This compares to the state average of 780:1 and the ratio of 830:1 in Tippecanoe County. However, data gained from Community Conversations and CHA survey results identified the need for more practicing psychiatrists as well as more substance abuse treatment options for those seeking help. Although the Patient Protection and Affordable Healthcare Act increased the ability for many people to get insurance, those seeking substance abuse treatment still encounter substantial barriers to care such as high cost, long wait list for programs, and limited options for medication assisted treatment. (RWJF, 2016)

Monroe County was designated as a Health Professional Shortage Area and a Medically Underserved Area according to ISDH in 2016. Monroe also compared unfavorably to its peer counties regarding the high cost of health care being a burden to care. To meet this need, the Volunteers in Medicine Clinic provides services for uninsured persons meeting income guidelines in Monroe and Owen Counties. Matching both the federal and state level, 16% of county residents were uninsured in 2015 as compared to 17% being uninsured in Tippecanoe County. (RWJF, 2016)

When reviewing existing data sources, Monroe County has a number of strengths in the community, and ranks well compared with the rest of counties in the United States for a number of markers. According to County Health Rankings, Monroe is ranked among top US performing counties in the health concern areas seen in fig 9. (RWJF, 2016). The Community Health Status Indicator 2015 report shows Monroe doing well and being in the top quartile among its peer counties in areas such as coronary heart disease, motor vehicle deaths, depression in older adults, on-time high school graduation and (not) living near highways. Monroe residents fall into the middle two quartiles, defined as moderate, among its national peers in regards to levels of adult diabetes, adult obesity, alzheimer's/dementia, cancer, gonorrhea, HIV, older adult asthma and preterm births. It falls in the lowest quartile for syphilis rates. (US DHHS, 2015)



# COMMUNITY ASSETS

## PROTECTIVE FACTORS

Monroe County is fortunate to have many resources and assets that are supportive of health beyond the individual to create a community that supports making healthy choices.

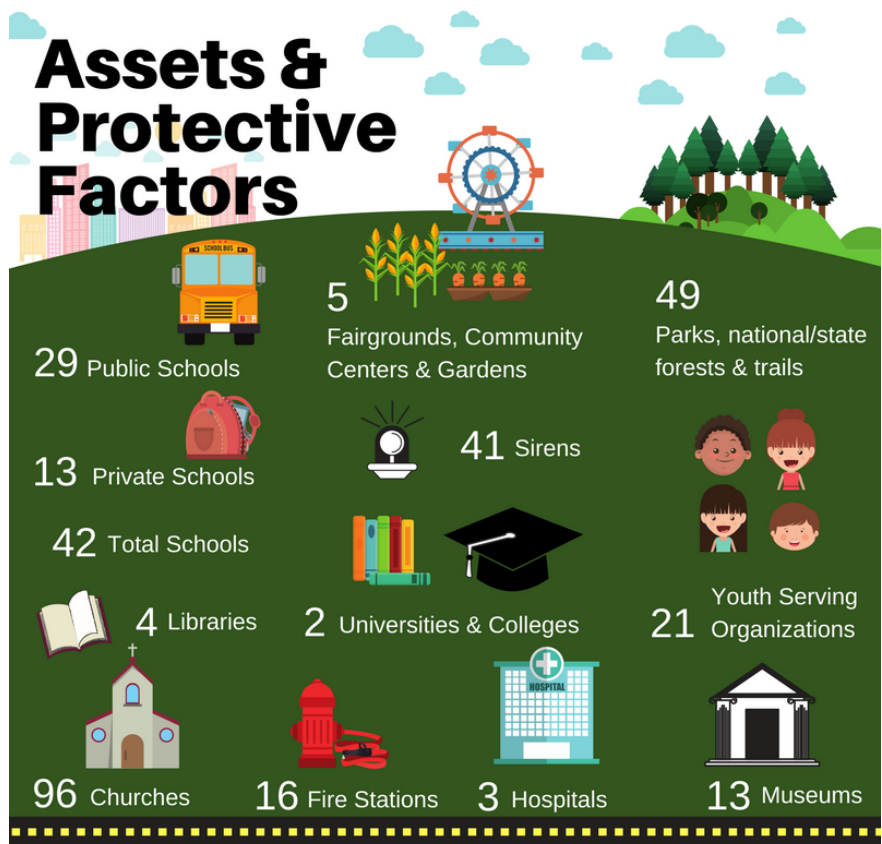
## SOCIAL SERVICE PROVIDERS

The 2012 United Way SCAN reports that community residents benefit from the quality and diversity of local nonprofit service providers. In 2016, there were over 300 not-for profits for which county residents could volunteer.

The majority of the organizations were centered around human services, education and religion. Examples of services provided include emergency, transitional or permanent supportive housing, food distribution, and medical care. Other organizations provided additional volunteer opportunities, with many involving children and family assistance, philanthropy and civic duties. These nonprofit organizations often fill the role of the community safety net as they provide a wide range of services to serve individuals in need. Though each individual organization is limited in resources and staff time, by developing and strengthening inter-organizational relationships, community members served by these organizations can receive more personalized and appropriate services for their needs.

fig. 10

*Assets and Protective Factors in Monroe County  
Data sourced from government and local resources*





Income and Poverty	Number	Rank in State	% of State	Indiana	Indiana Counties	% Residents in Poverty 17.3-24 (18)
Per capita Personal Income (annual) in 2014 <sup>a</sup>	\$33,953	70	85.8%	39,578	Fayette	17.3
Median Household Income in 2014 <sup>b</sup>	43,841	71	88.8%	\$49,384	Miami	17.7
<b>Poverty Rate in 2014<sup>b</sup></b>	<b>24.0%</b>	<b>1</b>	<b>157.9%</b>	<b>15.2%</b>	Lake	17.8
Poverty Rate among Children under 18 <sup>b</sup>	19.0%	52	89.6%	21.2%	Randolph	18.1
Welfare (TANF) Monthly Average Families in 2015 <sup>c</sup>	72	22	0.9%	8,338	Sullivan	18.3
Food Stamp Recipients in 2015 <sup>c</sup>	10,472	18	1.3%	810,606	Vanderburgh	18.7
Free and Reduced Lunch Recipients in 2014 <sup>d</sup>	5,140	23	1.0%	514,128	Crawford	19.3
					Starke	19.4
					Tippecanoe	19.6
					Madison	19.6
					Switzerland	19.9
					St. Joseph	20.1
					Marion	21.3
					Grant	21.7
					Delaware	23
					Wayne	23
					Vigo	23.9
					<b>Monroe</b>	<b>24</b>

fig. 11

Income and poverty in Monroe County compared with other Indiana counties

<sup>a</sup> US Bureau of Economic Analysis; <sup>b</sup> US Census Bureau; <sup>c</sup> Indiana Family Social Services Administration; <sup>d</sup> Indiana Department of Education

Retrieved in 2016 from Stats America

## SOCIAL FACTORS

Monroe County falls in the top 10th percentile of all U.S. counties regarding the high level of education of its residents, with a high school graduation rate of 94% and 77% of adults with at least some college education (RWJF, 2016).

Housing in Monroe County is 53.6% owner occupied and 42.8% renter occupied. The state owner occupied rate is 69% (US Census Bureau, 2016). The average rent in 2016 was \$916 which was among the highest in the state (Tikijian Assc. 2016). This is a trend in most college towns. Student-heavy areas tend to bring down average incomes, and poverty rates are also high in college towns.

Monroe County is listed as having the highest poverty rate among Indiana Counties in 2014, according to the U.S. Census as seen in the fig. 11. Although this may be accurate in a sense, it may also be misleading since approximately one third of the county's population are students

at Indiana University. Furthering this idea is research showing that the 6 counties with the largest state universities were among the top ten counties with the highest rate of poverty.

### **SOCIAL INCLUSION**

Having social associations and connections to people within your environment is a powerful predictor of making better health behavior choices and maintaining better mental health. Not having social support can be very damaging to one's health, but it is difficult to measure. In an attempt to quantify social support, participation in formal voluntary memberships and local organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations has been used as a proxy to score Indiana counties in the Map of Social Associations (fig. 13). Overall, Indiana scores at 12.1 for social associations; Monroe County and Tippecanoe County score very similarly with 9.9 and 10.1, respectively.

### **INCOME INEQUALITY**

As expected because of the large student population, income inequality is higher in Monroe County than the state as a whole, 6.4 as opposed to 4.4 for the state. Of the eight counties with the largest levels of income inequality, five of them hold large universities. Median household income is lower in Monroe County (\$42,404) than in Tippecanoe County (\$47,808) or Indiana (\$47,508). The percent of residents living in poverty is 24.7% and in Indiana, it is 15.9%. (RWJF, 2016)

Monroe County falls well below the state and national numbers of children being eligible for free lunches in 2013-2014, as can be seen in fig 14. From this, we can infer that many of those being counted as being in poverty in Monroe are not school aged children and their families. The rate of children in poverty ranged from 18-20% during 2013-2016. (RWJF, 2016)

A report from the Indiana Institute for Working Families shows that Monroe County is second in the state for the highest self-sufficiency standards. The Center for Women's Welfare defines the self-sufficiency standard as the income required for working families to meet basic needs such as groceries, rent and utilities, health care and child care without government or other assistance. A report released in January, 2016 shows that an adult with one preschool-aged child needs an annual income of \$43,173 to live even a "bare bones" existence. This translates to an hourly wage of \$20.44 - well above that of low-income wage earners.

Perhaps because of the student's influence, poverty and wage issues, topics like food insecurity (17.81% Monroe County, 15.3% Indiana, and 14.91 in the United States) and housing problems appear more severe in Monroe County. (US Census Bureau, ACS 2011-15)

As seen in fig 15, the heaviest burden of poverty fell downtown in portions of Bloomington and Perry Township, especially those portions in which many students live indicated by the darkest shade of blue. In Monroe County, 37.49% of residents were considered cost burdened households as compared to 27.31% in Indiana and 33.93% in the United States. (US Census Bureau, ACS 2011-15)

## Making ends meet in Indiana

According to the Indiana Institute for Working Families, these are the minimum hourly wages a single adult with a preschool aged child needs to be self-sufficient in each county.

Highest Self-Sufficiency Standards By County in 2016			Lowest Self-Sufficiency Standards By County in 2016		
Rank	County	Wage	Rank	County	Wage
1	Hamilton	\$23.18	92	Cass	\$13.58
2	Monroe	\$20.44	91	Wayne	\$13.69
3	Hendricks	\$20.17	90	Crawford	\$13.74
4	Johnson	\$19.86	89	Pike	\$13.77
5	Brown	\$19.59	88	Wells	\$13.81
6	Marion	\$19.34	87	Orange	\$13.85
7	Hancock	\$19.19	86	Adams	\$13.91
8	Porter	\$19.17	85	Jackson	\$13.92
9	Boone	\$19.16	84	Martin	\$13.93
10	Bartholomew	\$19.03	83	Washington	\$14.02

More South Central Counties By County in 2016			Hourly Wage	
Rank	County	Wage		
23	Morgan	\$17.40	\$13.58-14.45	
39	Owen	\$16.25	\$14.45-15.62	
71	Lawrence	\$14.43	\$15.62-17.35	
81	Greene	\$14.04	\$17.40-23.18	

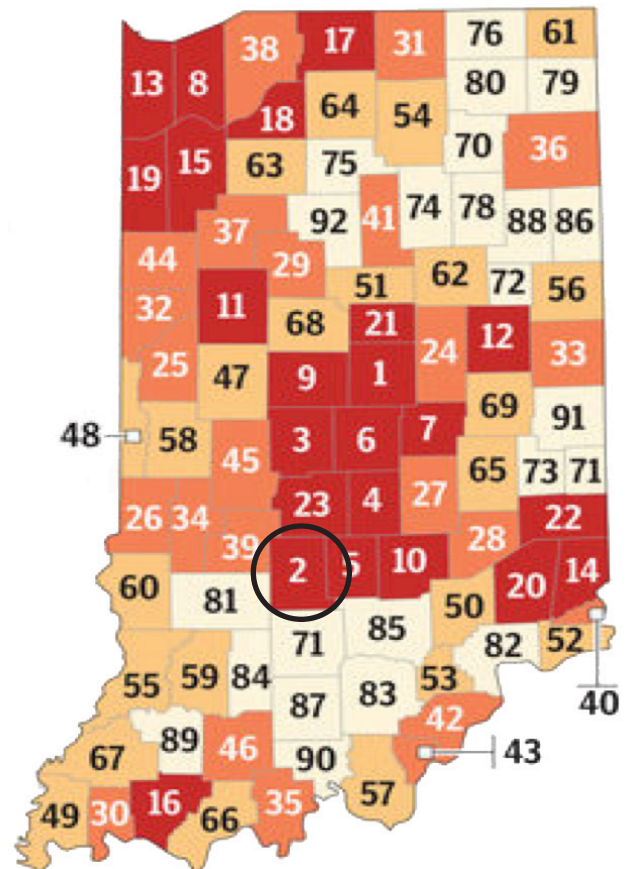
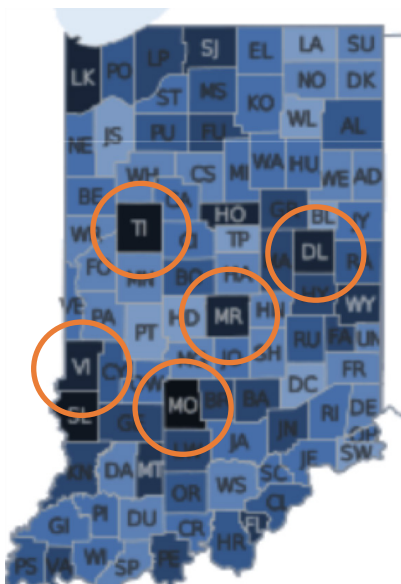


fig. 12 Self-Sufficiency Scores by county  
Indiana Institute for Working Families, 2016

## Income Inequality



Best

Worst

## Social Associations

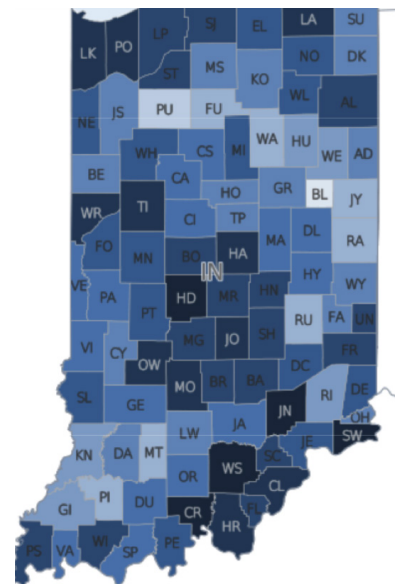


fig. 13 Income Inequality and Social Associations  
County Health Rankings & Roadmaps, 2016

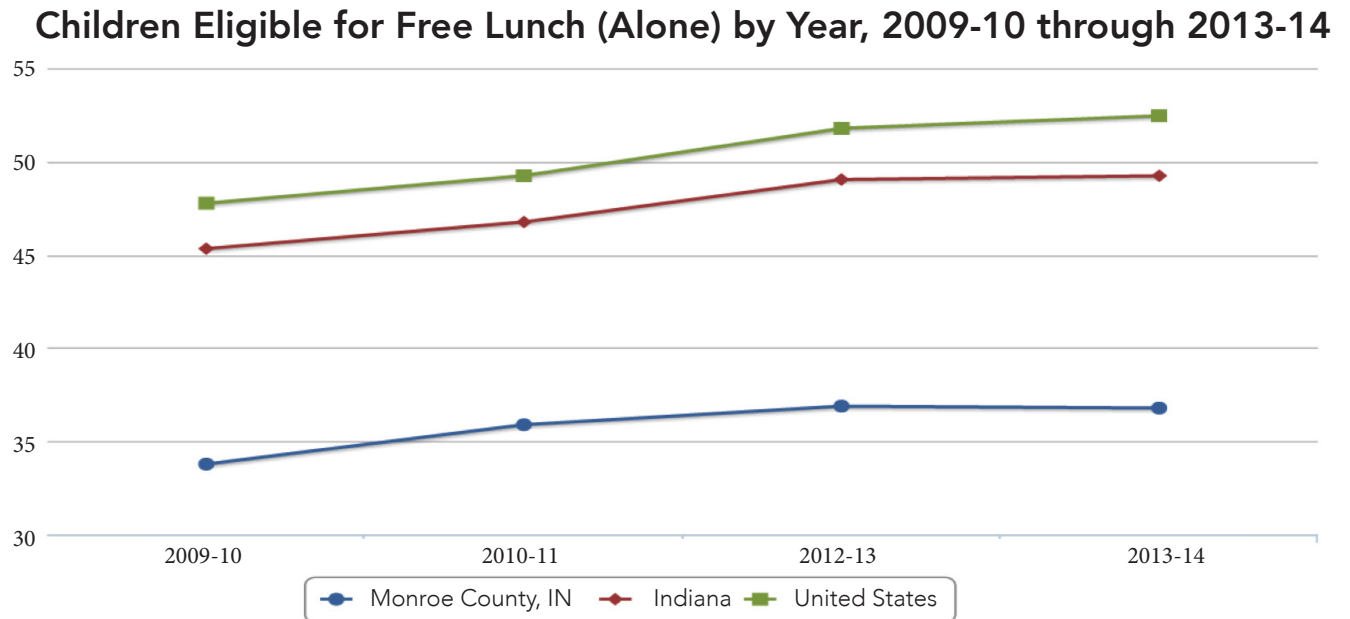


fig. 14 Children Eligible for Free Lunch 2009-2014  
 NCES Common Core of Data (CCD) Public School Universe Survey  
 Sourced from Community Commons

### Cost Burdened Households

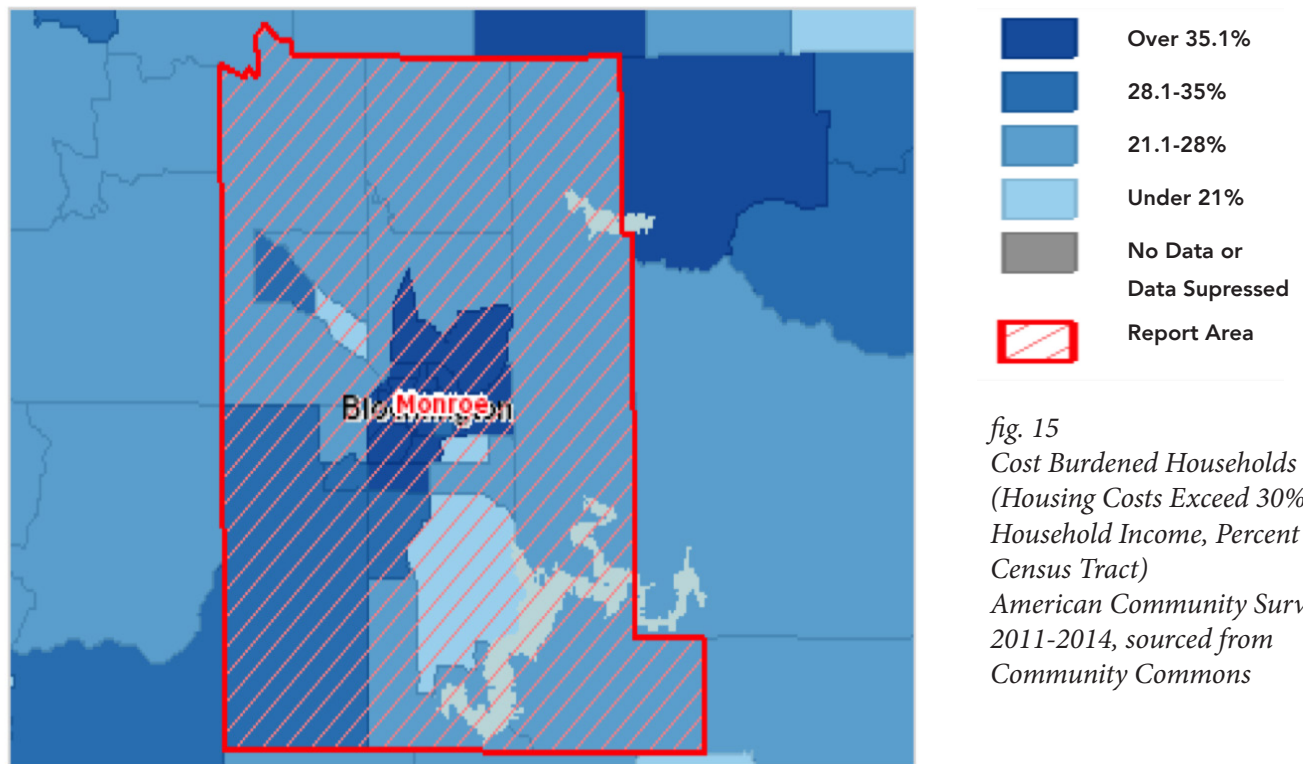


fig. 15  
 Cost Burdened Households  
 (Housing Costs Exceed 30% of Household Income, Percent by Census Tract)  
 American Community Survey 2011-2014, sourced from Community Commons

## HEALTH RISK BEHAVIORS

According to 2016 County Health Rankings, Monroe County was rated 8th of Indiana counties in the area of Health Behaviors. It scored well in prevalence of adult obesity (21%) as compared to top national performers (25%) and the state average (33%). Monroe County also scored very well regarding teen birth rates with 12 per 1,000 live births to girls age 15-19. The national rate is 19 per 1,000 and the state average is 37 per 1000. Other areas in which Monroe fared better than the state average included physical inactivity (21% vs 28%), access to exercise opportunities (88% vs 75%) and adult smoking (20% vs 23%). (RWJF, 2016)

Monroe ranked higher (18%) than the state average (16%) for excessive drinking, meaning binge or heavy drinking (RWJF, 2016). The National Institute on Alcohol and Alcohol Abuse defines binge drinking as a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or higher, typically thought to be 5 or more drinks for men and 4 or more drinks for women in two hours. Monroe County also had two of three state census tracts with the highest alcohol expenditures in 2014. The number one site, as seen in fig. 16, ranked 31st nationally (Nielsen, 2014). High levels of alcohol use have been shown to have a correlation to other measures, such as sexually transmitted diseases, in which Monroe also scores higher than the state average (469.4 vs 428.7). Community Health Status Indicators noted that Monroe compared poorly to its peer counties in its rates of syphilis (US DHHS, 2015).

Monroe County was among the top 10% of all Indiana Counties in five categories of drug/alcohol use in 2013, 2014 and 2016 and 4 categories in 2015 according to the priority scores developed by the Indiana State Epidemiological Outcome Work Group (ISEOW) as seen in fig. 17.

Monroe ranked in the top 25% for priority scores for methamphetamines use. According to the Indiana State Police, 35 meth labs were seized in Monroe County in 2015. The most labs, 245, were seized in Delaware County (ISEOW).

The SEOW created the priority scores tool to be able to measure and compare the severity of substance abuse among Indiana counties. By looking at the severity of consumption and consequences of alcohol and other drugs (measured by the rate and the frequency of occurrence), counties received a priority score based on their need for intervention. Each category was made up of different indicators that all could be found in county level data. The overall substance abuse priority score was developed to assess severity of consumption and consequences of alcohol and other drugs within each county (ISEOW).



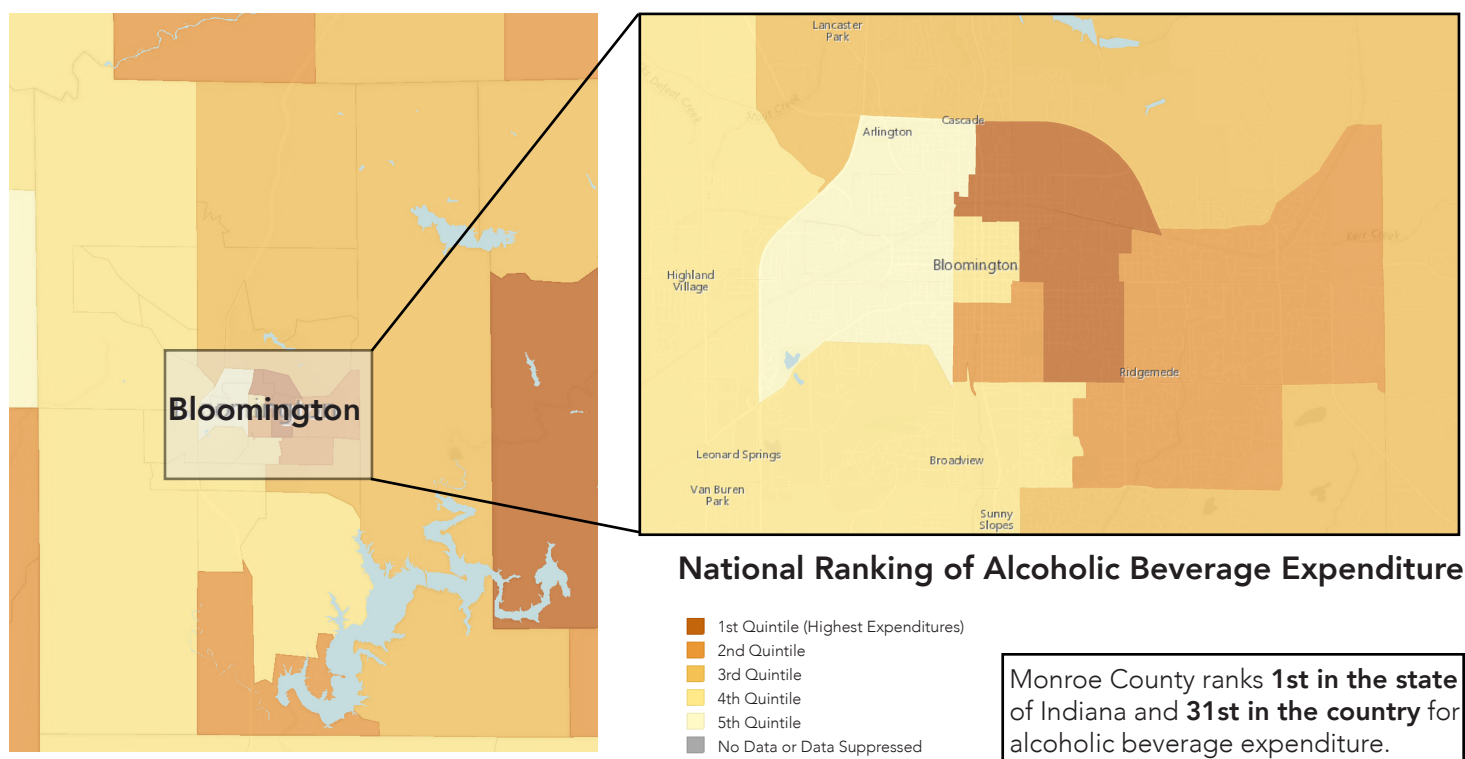


fig. 16 Alcoholic Beverage Expenditures, Percent of Food-at-home Expenditures, National Rank by Tract  
Nielson, 2014, sourced from Community Commons

Priority Ranking for Substance Abuse in Indiana								
Rank	2013 Priority #/ Score		2014 Priority #/ Score		2015 Priority #/ Score		2016 Priority #/ Score	
Top 10% Indiana Counties								
Alcohol	2	240	2	230	2	220	2	230
Marijuana	4	217	4	233	3 (tied)	217	6 (tied)	167
Cocaine=Heroin	7	213	7	200	in top 25%	188	8 (tied)	175
Prescription Drugs	6	200	4	213	3 (tied)	213	3*	200
Overall Substance Abuse	3	199	2	203	2	192	5	174
* four counties tied for 2nd								

fig. 17 Priority Rankings for Substance Abuse in Indiana  
Indiana State Epidemiological Outcome Work Group, 2013-16

# PRIORITY DETERMINATION

## PRIMARY DATA COLLECTION

### COMMUNITY CONVERSATIONS

The Community Conversation participants echoed the concerns indicated by the Community Health Assessment Survey responses. Though the exact ranking of each category of need varied by source, a common theme emerged, suggesting that substance abuse, mental health, chronic disease and basic needs were of greatest importance to residents of Monroe County.

Community Conversations were open to all Monroe County residents, as seen in an advertisement in fig. 18. They were held at four middle and high schools across the county in order to engage residents in prioritizing and analyzing health issues on a local level in order to influence local, county and state health initiatives. The goal of engaging community members in this way was to gain a more comprehensive understanding of how respondents were considering the health needs in Monroe County.

The 54 participants in the Community Conversations were directed to identify the top 5 health concerns for Monroe County.

These responses were completed in a short answer format, and therefore did not fall directly into the categories that were provided on the Community Assessment Survey. Following the completion of Community Conversations, responses were coded according to common terms and grouped based on the categories seen in the Community Assessment Survey. In so doing, the largest area of need identified by the Community Conversations was Basic Needs, followed by Mental Health/Substance Abuse and Chronic Disease.

Basic Needs as an area of need consisted of the following:


- Affordable housing
- Transportation
- Infrastructure
- Rural access
- Personal safety
- Access to healthcare
- Homelessness
- Access and connection to resources

Mental Health/Substance Abuse consisted of the following:

- Mental health
- Access to mental health
- Substance abuse
- Access to substance abuse resources
- Risky behaviors

Chronic Disease consisted of the following:

- Chronic disease
- Access to healthy foods
- Obesity/overweight
- Cancer
- Heart disease



## Monroe County Health Needs Assessment

**Community conversations about health and wellness**


**You're invited** to discuss the everyday events that contribute to the health of your family, friends and communities during our community conversations.

These conversations will be scheduled throughout Monroe County and are open to the public. We'll have light refreshments and goody bags for those who attend.



**Date:** Please see back for dates and locations

**Time:** 6 - 8 pm

**More:** Call 812.353.9300 or [cweisskenned@iuhealth.org](mailto:cweisskenned@iuhealth.org)



Indiana University Health

© 2015 Indiana University Health

## Community Conversations

Talk to us about health and wellness in our community. We'll have light refreshments and goody bags for those who attend.

Date	Location
August 11 6 - 8 pm	Batchelor Middle School, Auditorium and Classroom TBD 900 W. Gordon Pike, Bloomington
August 18 6 - 8 pm	Jackson Creek Middle School, Café and Auditorium 3980 S. Sare Rd., Bloomington
August 20 6 - 8 pm	Edgewood High School, Café and Auditorium 601 S. Edgewood Dr., Ellettsville
August 25 6 - 8 pm	Tri North Middle School, Café and Auditorium 1000 W. 15th St., Bloomington

Fig. 18 Invitation to 2015 Community Conversations



## Top 5 Health Concerns - Community Conversations

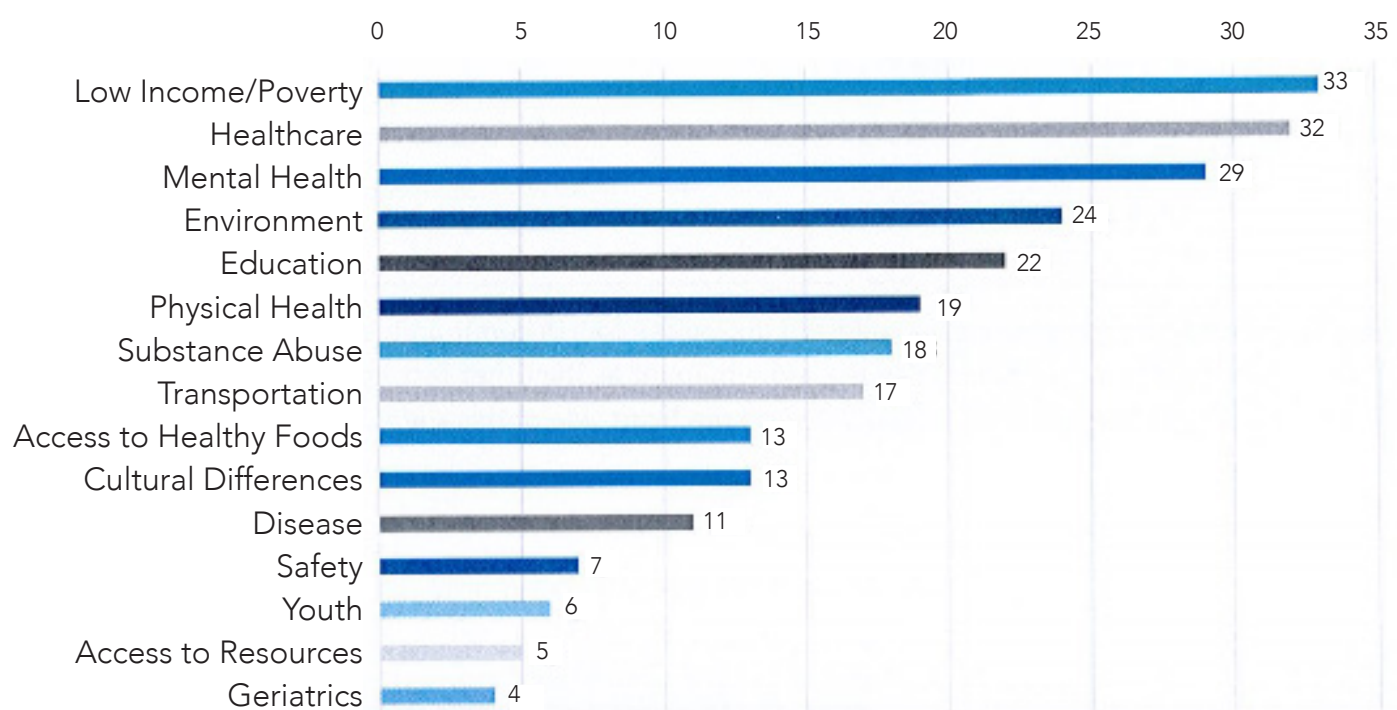


Fig. 19 Top five health concerns established through 2015 Community Conversations

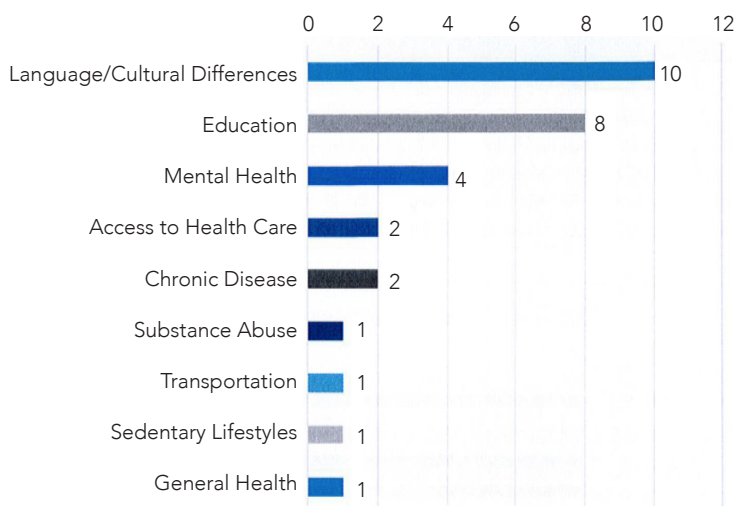
Health Concern	Subcategories included within each health concern
Healthcare	Healthcare, Access to Healthcare, Dental
Low Income/Poverty	Affordable Housing, Money, Poverty, Homelessness, Employment
Mental Health	Mental Health, Access to Mental Health
Environmental	Pollution, Water Quality, PCBs, Community
Physical Health	Physical Health, Obesity/Overweight, Activity Level
Substance Abuse	Substance Abuse, Access to Substance Abuse Resources
Transportation	Transportation, Infrastructure, Rural Access
Education	Education all topics except Youth
Access to Healthy Foods	Access to Healthy Foods - Adults and Youth
Cultural Differences	Cultural Differences and Language Barriers
Disease	Chronic Disease, Cancer, Heart Disease, Communicable Disease
Youth	Youth topics excluding Physical Health and Access to Healthy Foods
Safety	Personal Safety, Accidents, Behaviors, Crime
Access to Resources	Social Services, Case Management, Dental
Geriatrics	Geriatrics Concerns

Fig. 20 Example of coding responses from 2015 Community Conversations into categories from Community Health Assessment Survey

## CONVERSATION WITH HISPANIC RESIDENTS

A focus group consisting of Hispanic residents echoed the rankings of the survey and English-speaking focus groups in terms of mental health, chronic disease and substance abuse. This group had a unique health concern in the top position, Language/Cultural Differences. This ranged from the presence of bilingual staff/ interpreters available in provider offices to feelings of intimidation if they have not yet reached citizen status in the United States.

**Top 5 Health Concerns - Hispanic Focus Group**

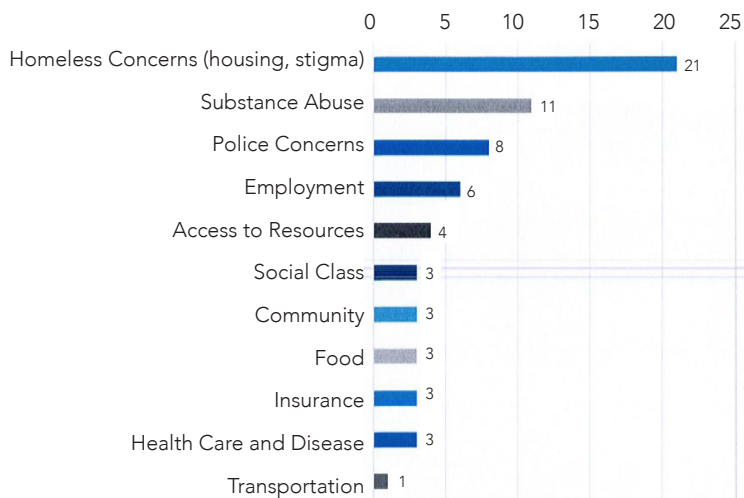


*Fig. 21 Top health concerns as identified by Hispanic participants in specialized Hispanic focus group*

## SHALOM CENTER

Though not included in counts of data due to significant differences in data collection methods, Shalom Center participants interviewed also echoed the larger structural concerns that were identified by the other survey and focus group participants. Shalom Community Center is an "all-inclusive resource center for people who are living in poverty and experiencing its ultimate expressions: hunger, homelessness, and a lack of access to basic life necessities" according to their website. If lack of adequate access to basic needs were identified by the community-at-large as a primary concern, it is important to speak those with direct experience in order to understand how to better provide for those in need. The top five health concerns identified among the Shalom Community Center group were : homeless concerns (housing & stigma), substance abuse, police concerns, employment and access to resources.

**Top 5 Health Concerns - Shalom Visitors**



*Fig. 22 Top health concerns as identified by Shalom Community Center patrons in one-on-one community conversations*

# MONROE COUNTY COMMUNITY HEALTH ASSESSMENT SURVEY RESPONSE SUMMARY

## PERCEPTIONS OF PERSONAL HEALTH

- Most rated overall health as “very good” across all age groups and gender
- Most men and women reported Physical and Social health as “good” or “very good”
- Men reported higher levels of Mental health compared to women

## HEALTHCARE SEEKING AND ACCESS

- Majority of the population is covered by private insurance
- Most have seen a healthcare provider within the past 6 months across age groups and gender though young men more frequently reported seeing one within the past 2 years
- The most commonly used health-related services were dental care, prescriptions, routine physicals, and immunizations
- Community health services were used by less than half
- The majority reported being able to afford prescriptions

## PERSONAL HEALTH BEHAVIORS

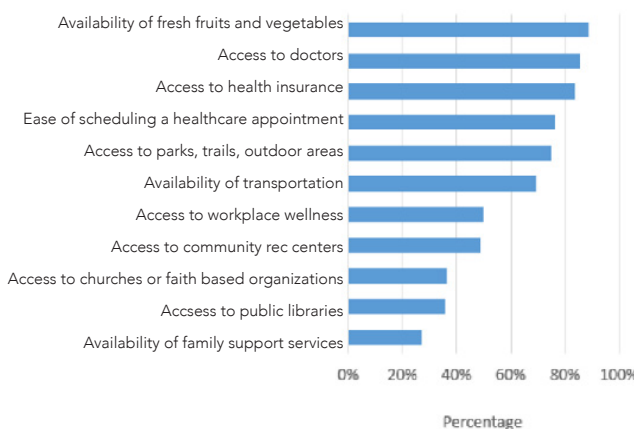
- The most frequent behaviors reported in the past 30 days are behaviors positively associated with health – eating at home, meeting with friends, being physically active, and getting enough sleep
- About 1 in 5 reported eating fruits and veggies, eating at home, maintaining or losing weight, and getting at least 7 hours of sleep a daily activity during the past 12 months

## PERCEIVED COMMUNITY HEALTH AND HEALTH NEEDS

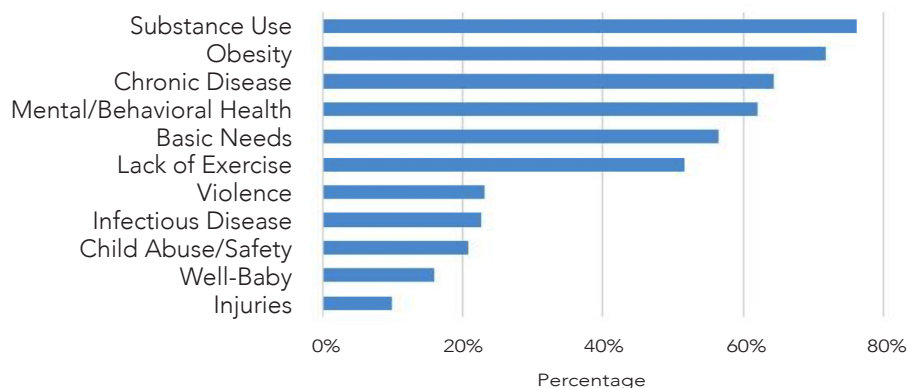
- Substance use, obesity, chronic disease, mental/behavioral health, and basic needs were the Top 5 Rated community health issues (see fig. 24)
- The issues that got the most support for resource allocation were safe drinking water, access to health care, child abuse prevention, access to fresh foods, and clean outdoor air (see fig. 25)
- The issues that got the least support for resource allocation were bike lanes, pest management, access to trails and walking paths, tobacco use prevention, and services for the homeless (see fig. 25)

\*Slides and information created by Indiana University

**Percent participants reporting what helps them stay healthy**



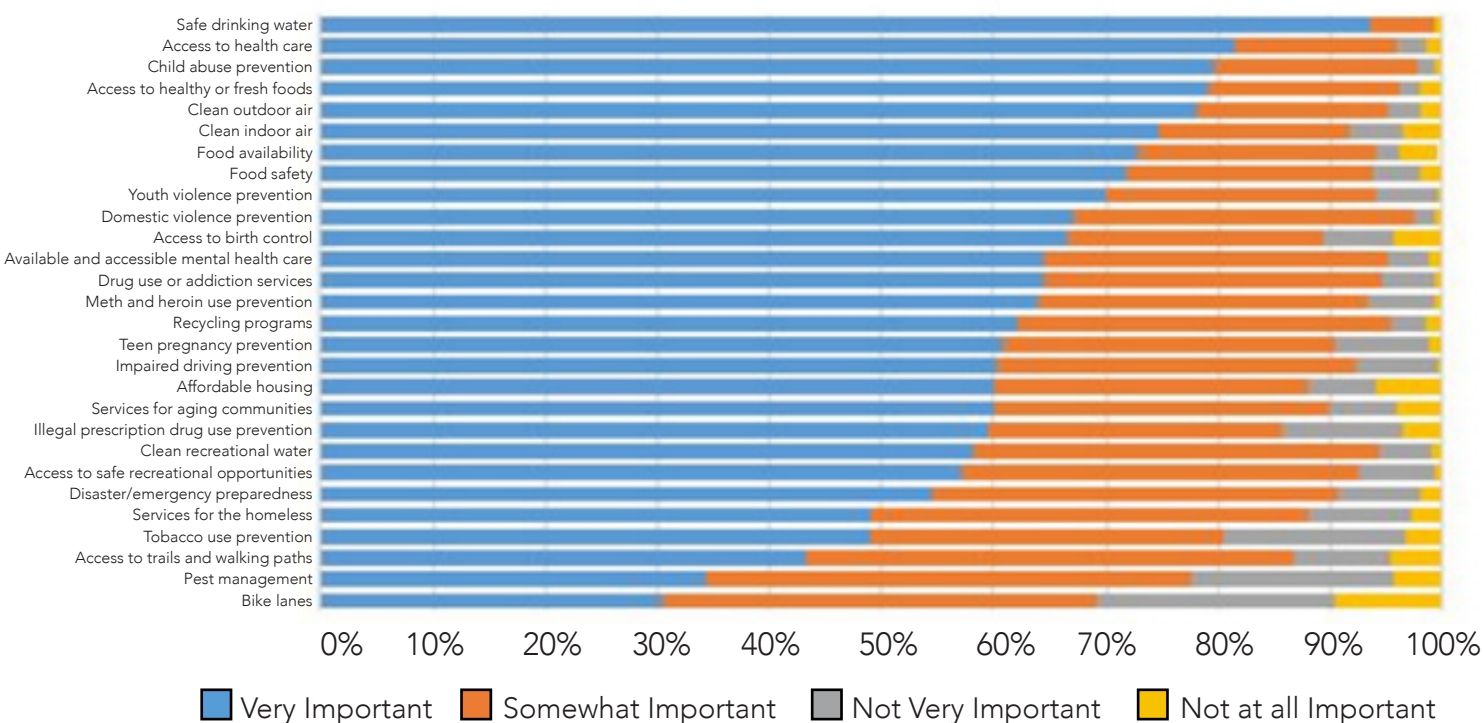
**Percentage of survey participants who said issue is among the Top 5 most important health issues facing Monroe County**



*Fig. 23 Community Health Assessment Survey Responses to question “What helps you to stay healthy?”*

*Fig. 24 Community Health Assessment Survey Responses to question “What are the 5 most important health issues facing Monroe County?”*

**Percent saying where to allocate recourses**



*Fig. 25 Responses to Community Health Assessment Survey Question “Where should resources be allocated?”*

# Demographics of Survey Participants

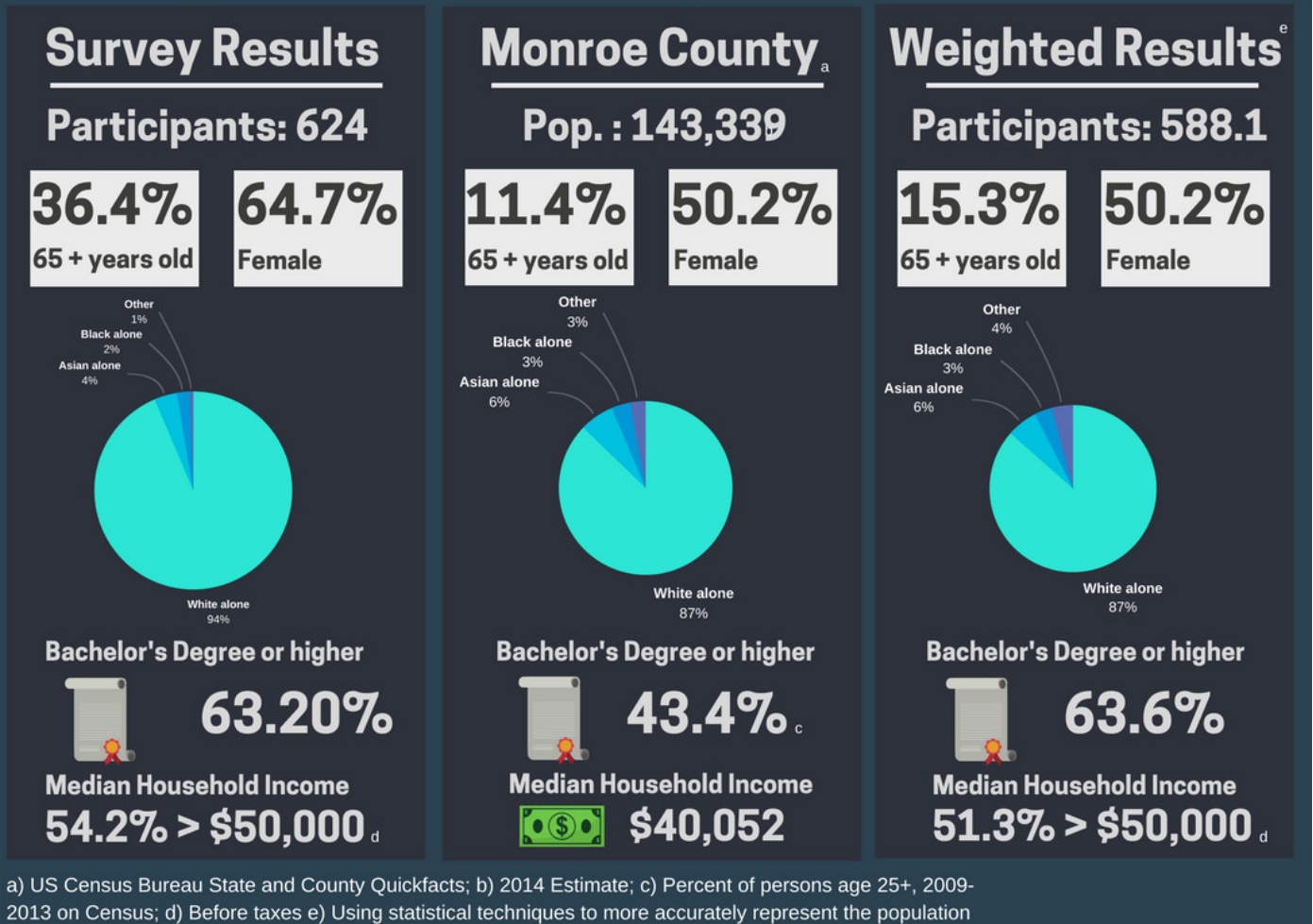


Fig. 25 Demographic information for Community Health Assessment Survey participants, raw and weighted data

What type of health insurance do you have?

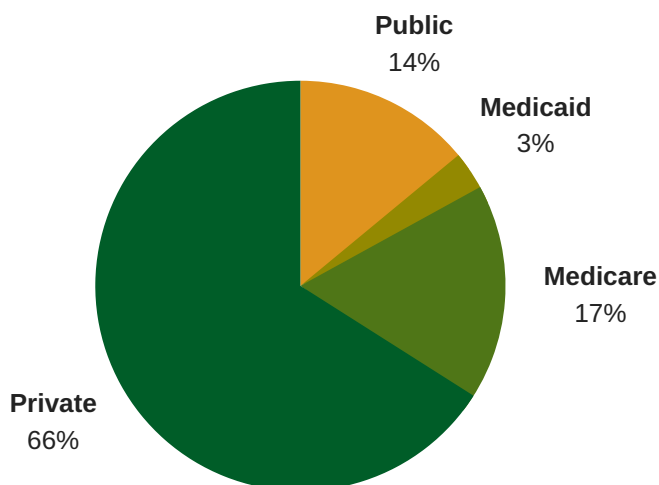


Fig. 26 Community Health Assessment Survey Responses to question of "Which type of health insurance do you have?"



**You're Invited!**

# Community Health THINK TANK



.....

**We are ALL a part of public health.  
Every. one. of. us.**

**We need your public health voice!**

The Monroe County Health Department, IU Health Bloomington Hospital, ACHIEVE and IU Bloomington School of Public Health will share the results of the 2015 Community Health Assessment survey and Community Health Conversations focus groups.

Come learn what your friends and neighbors said about health issues in our community. Join the discussion on how the results compare to local health data. Most importantly, use YOUR public health voice to help select the focus areas for a community health improvement plan!

**WHEN**  
April 6, 2016  
9:00 am- 2:30 pm  
8:30 am registration  
Lunch provided by IUSPH

**WHERE**  
Indiana Center for the  
Life Sciences  
Ivy Tech Community College  
501 N Profile Parkway  
Bloomington, IN 47404

**RSVP**  
Kathy Hewett  
812.349.2722  
khewett@co.monroe.in.us



Fig. 27 Invitation to 2016 Think Tank Sessions

## PRESENTATION TO COMMUNITY THINK TANK

Following a preliminary analysis of the data, community members were invited to come together to consider the results of the survey and the focus groups alongside community health data. Based on this information, participants from over 30 organizations analyzed community needs and voted to select the top three priorities for a community health improvement plan; Substance Abuse-Mental Health, Chronic Disease and Basic Needs. Each sector plays multiple roles in the aforementioned health priority areas. Each provides a nuanced perspective on health priorities in the community and brings a specialized set of skills to Monroe County as a whole. Following the identification of broad priority areas, Community Health Improvement Plan (CHIP) groups were formed to create specific, measurable, actionable, relevant and time-bound goals to improve the wellbeing of the community.

## **MONROE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) GROUPS**

While Monroe County is privileged to have opportunities for assistance when a community member is in need, there is a limited amount that non-profits, county and city government can accomplish when external ‘forces of change’ are pushing and pulling the community at a higher level of the social ecology. Population growth and shifts in demographics bring changes in the needs of the community as a whole. Funding streams may be cut off or be replenished depending on the political environment and budgetary requirements at the federal, state and local level. Collaboration between sectors is essential when managing factors outside of one’s realm of control.

In an effort to utilize the findings of the CHA and improve the health and well-being of the community at large, we have developed what are known as CHIP (Community Health Improvement Plan) groups. These groups of health and wellness professionals and advocates focus on the three areas of most concern in Monroe County as determined by the CHA, (Basic Needs, Chronic Disease and Substance Abuse/Mental Health). Each participant is present voluntarily, and contributes to the best of their ability. They are creating changes at the organizational and community level to impact those living in Monroe County based on residents’ self-identified needs. CHIP groups have been meeting regularly since May 2016 and have been divided into smaller sub-

committees to focus on individual activities or strategies intended to accomplish each community health objective. (see Appendix C for meeting dates).

The CHIP groups followed a similar process to develop their goals and objectives: After identifying group assets and resources, the groups used processes from the Guide to Prioritization Techniques from the National Association of Cities and Counties Health Officials (NACCHO):

1. Brainstorm around needs and gaps using the Nominal Group Technique
2. Use Strategy Grids to help determine which ideas had the highest feasibility and impact
3. Multi-voting Technique – Three to four rounds of voting to help narrow down ideas to choose the final goals, objectives and strategies.

### BASIC NEEDS

The main goal for Basic Needs CHIP group is to reduce health disparities in Monroe County. In order to achieve this goal, sub-committees are working in the following ways:

- Gather and organize local primary data to share in an easy to access web-hosted format
- Identify gaps in local data regarding health disparities to guide future research
- Create and implement programming to address reduction of health disparities by ensuring that they promote safe, stable and nurturing relationships and environments
- Provide trainings on health disparities to community members and stakeholders
- Research current laws, policies and resources to provide recommendations on changes that could be made at the organizational and community level to promote health and well-being

### CHRONIC DISEASE

The main goal of the Chronic Disease CHIP group is to reduce the prevalence of obesity, cardiovascular disease, type 2 diabetes and other chronic diseases in Monroe County. In order to achieve this goal, sub-committees are working together in the following ways:

- Identify gaps and evaluate ways to increase capacity for wellness in preschools
- Identify gaps and determine best practices for building capacity for adults who currently have pre- or type 2 diabetes
- Incentivize and publicize creative ways that preschool providers are impacting health of the community

### SUBSTANCE ABUSE and MENTAL HEALTH

The main goal of the Substance Abuse/Mental Health CHIP group is to increase access to substance abuse/mental health services. To achieve this goal, sub-committees are working together in the following ways:

- Reduce barriers to treatment by supporting the creation of a database of providers to allow residents to more easily find help
- Reduce stigma
- Advocate for policy development to support access to care
- Develop bi/tri-annual meeting calendar with state legislators to advocate and inform key decision makers of local needs and concerns
- Build efficacy in ability to recognize an overdose and administer naloxone
- Build efficacy in seeking recovery and developing harm reduction plan among those experiencing addiction
- Conduct research to identify best evidence-based practices to improve youth health
- Provide education on best practices for addiction and Harm Reduction



# **CHIP Work Group Timelines**

## Monroe County Community Health Improvement Plan

### Basic Needs CHIP Team Timeline – 8/24/17

#### Goal One: Reduce health disparities

#### Objective 1: Develop or utilize survey/focus tool and use with a minimum of 5 groups identified as experiencing health disparities by 12/31/17.

Strategies	Activities	Timeline	Roles/Responsibilities	Resource Needs	Evaluation Metrics	Outcomes
Research	Gather and organize current community surveys, focus group data	2017 – (6/22/17 data sources presented)	Identified CHIP Team. Local organizations Allison: send City Survey Results Melanie: IPRC research Courtney: Area 10 and CDC 500 Cities Katie: Affordable living survey results	Local community surveys, focus group data  Community organizations	Resource list of local primary data available	Resource list of local primary data available
Research And analysis	Identify and prioritize areas of concern by using existing data/surveys, etc.	5/2017 – 12/2017	CHIP team	City of Bloomington 2017 Survey (Affordable Living Committee); Monroe County Community Health Assessment; BHA data; Perry Township survey; BTCC focus groups; COB Community and Family;	Completed analysis of current data with prioritized opportunities for impact	Identify opportunities for affected populations
Evaluation and assessment	Evaluate prioritized opportunities for impact to determine how we can best reduce disparities	8/17 – 3/2018	CHIP Team	Existing data	Final report	Information on how to best provide needed services to people with lived experience in poverty and other health disparities
Program/project Development	Create and implement program/project using SSNRE practices.	2018	CHIP Team	CHIP team and community members	Program/project developed and initiated	Reduced health disparities

## Monroe County Community Health Improvement Plan

<b>Goal One: Reduce health disparities</b>						
<b><u>Objective 2: Provide trainings on health disparities to community members and stakeholders by 12/31/18.</u></b>						
Strategies	Activities	Timeline	Roles/Responsibilities	Resource Needs	Evaluation Metrics	Outcomes
Education, learning from people with lived experience	Poverty simulation	-Target date confirmation of committee: 7/30/17 -Target date for first committee meeting 8/31/17 - Target date of simulation- 1/15/18, Martin Luther King Day	Lead - SCCAP Basic Needs CHIP team Secure location for activity Identify deadline for MLK grant proposals Apply for MLK grant proposal	Grant or funding Location for event Decision makers (such as legislators) and people with lived experience of poverty to take part in simulation	Event held Pretest/posttest regarding understanding of issues of poverty.	- Both people participating in the simulation and those observing will report gained knowledge and understanding of the multifaceted effects of poverty and how it affects the whole life process.

## Monroe County Community Health Improvement Plan

Education	<p>Childhood Summit 2017</p> <p>-Call for Proposals open 7/15-9/1</p> <p>-Youth logo contest -8/16/17</p> <p>Community gathering to share feedback on summit prep -Summit Date: 12/7/17</p>	<p>Lead – BTCC (content and logistics small teams)</p> <p>BN CHIP team, Community partners</p>	<p>Funding</p> <ul style="list-style-type: none"> <li>• Sponsors</li> <li>• Ticket cost</li> <li>• Event space- Convention Center</li> </ul> <p>Speakers</p> <p>Lunch, coffee, water</p> <p>MCCSC faculty support for student attendance</p> <p>Education Material</p> <p>Community organizations, providers</p>	<p>Pre and post questionnaire, evaluations</p>	<p>Attendees will report learning about conditions that impact health and development of children/youth as well as how to recognize and make a positive impact.</p>
Education	<p>Health Ed events</p> <p>Caregiver University</p> <p>SCAAP budgeting workshop</p> <p>Mother Hubbard's Cupboard classes</p>	<p>2017-2018</p> <p>Monthly all will identify activities and educational sessions coming up in our networks</p>	<p>Community organizational requests, disparities</p>	<p>Completed programs, pre-post tests</p>	<p>Increased health knowledge can lead to better health access and outcome and reduce disparities</p>

## Monroe County Community Health Improvement Plan

**Goal One: Reduce health disparities****Objective 3: Identify and implement a minimum of three programs, policies or improvements to reduce barriers to health in disparate populations by 12/31/18.**

Strategies	Activities	Timeline	Roles/Responsibilities	Resource Needs	Evaluation Metrics	Outcomes
Reduce Barriers – Increase efficacy	Work with other organizations to create updated community resource list/database of providers and services to help those in need access services.	2017-2018	Support Systems of Care with local resource information for Lookupindiana.org and provide further updates as needed	Community organizations and resource lists,	Updated community services/providers resource guide/database	Easier identification of services/resources will lead to increased access to care
Reduce barriers – Policy change through research and evaluation -	BTCC and ACHIEVE will organize and hold an event 2/9/17 to review the City of Bloomington Master Comprehensive Plan and provide recommendations on possible changes that could improve health -ACHIEVE will support research efforts by BTCC to explore social inclusion in Monroe County. We will utilize data gathered to guide initiatives.	Event held 2/9/17 Public hearing and approval of recommendations 6/19/17 Focus groups planned for fall of 2017 and spring of 2018	Lead – BTCC, ACHIEVE BTCC, ACHIEVE, Basic Needs Team members will research assigned chapter of City of Bloomington Master Comprehensive Plan, facilitate individual tables (chapters) at event. Create report regarding community members' feedback at table. Lead - BTCC	Event space (City of Bloomington Council Chambers) City of Bloomington Planning Department staff member BTCC, ACHIEVE, community members, community partners, voice recorders	Final report given to City of Bloomington Planning Department provides recommendations on ways increase health in our community by including it in our master plan. Qualitative analysis conducted through partnership with IU SPH faculty	Planning with health in mind will result in healthier and more active residents “Health in All Policies” approach to government. Successful identification of factors that inhibit or promote social inclusion to drive multi-sectoral efforts to improve health and well-being of county residents.

## Monroe County Community Health Improvement Plan

Reduce Barriers- Increase efficacy, education	Research current laws, policies and resources to develop educational material on how to use insurance, community services and resources and hold a minimum of 2 "resource fairs" per year	5/2017- 12/31/18	BN CHIP team members  Covering Kids and Families can pay for training for licensure to train Healthcare Navigators to provide resources in the community	Personnel  internet printer  Brochures, handouts, Community members  Event space	2 completed educational events with local, up-to- date resources for community	Teaching residents how to locate and use services, including insurance, will reduce health disparities in community
---	--	---------------------	---	--	--	--

Chronic Disease						
Goal One: Reduction in prevalence of (obesity, cardiovascular disease, type 2 diabetes)						
Objective One: Identify areas of need for reduction in prevalence of chronic disease and provide recommendations by 12/31/18.						
Strategies	Activities	Timeline	Roles/Responsibilities	Resource Needs	Evaluation Metrics	Outcomes
Identify at risk populations and other trends	Gather data	2017-2018	ACHIEVE, Chronic Disease Task Force, Basic Needs	IU Health, SIP Data, County Health Rankings, Monroe Hospital, IU SPH Epidemiology, Endwright Center, Southern Indiana Worksite Wellness Alliance	Completion and analysis of gathered data	Understanding current practices and trends in order to identify gaps
Identify gaps to increase capacity for wellness in preschools	Gather data of wellness practices in area preschools	2017-2018	ACHIEVE, Chronic Disease Task Force, Basic Needs	Area preschools, Headstart, IU, IU Health, YMCA, MCCSC, CAFCP	Completion and analysis of gathered data	Conduct interviews to get feedback on what preschools need help with
Identify, Incentivize and publicize outstanding and creative ways that different preschool providers are impacting the health of the community	Research best practices and state standards for preschool wellness practices. Identify needs and create next steps path to outstanding wellness practices.	2017-2018	ACHIEVE, Chronic Disease Task Force, Basic Needs	South Central Community Action Program, Center for United Ministries, IU Child Care Center, ISDH	Completed analysis and summary of where each daycare falls in comparison with best practices and standards. Identify gaps and needs.	Create a designation program (gold, silver, bronze, platinum, most improved) to recognize preschool programs for outstanding wellness practices
Identify gaps and determine best practices for building capacity for adults who currently have pre or type 2 diabetes	Gather information on what is already being done in our community for adults with pre or type 2 diabetes	2017-2018	ACHIEVE, Chronic Disease Task Force, Basic Needs	IU Diabetes Center, Endwright Center, YMCA, IU Health, Active Living Coalition	Analyze data and gaps, determine best practices.	Map existing resources and determine how gaps could be filled



Monroe County Community Health Improvement Plan

<b>Substance Abuse/Mental Health Team:</b>	
<b>Goal One: Increase Access to Substance Abuse/Mental Health Services</b>	
<b>Objective 1: Identify four barriers to substance abuse/mental health services and initiate an intervention for each by 12/31/18.</b>	

Strategies	Activities	Timeline	Roles/Responsibilities	Resource Needs	Evaluation Metrics	Outcomes
Lack of knowledge – (Provide information on new medications, treatments and services that increase success rate of recovery from addiction)	2/year - Educational events for Medical, substance abuse/mental health professionals and law enforcement personnel on evidenced based treatment, including MAT	2017-2018	Basia, Carol, Emily, Penny, Janet, Kathy, Cheryl, MHTF	Group members, medical personnel, substance abuse/mental health professionals, law enforcement officials, Dr. Kelley, Event spaces	Completed events	# of prescribers of MAT will increase from 2 to 6.  Judges will allow use of MAT in judicial court programs.
Lack of knowledge (Build understanding and reduce judgement)	Brain science programs for community, law enforcement to reduce stigma, including implicit bias training.	2017-2018	Basia, Nancy, Alison, MHTF, Kathy,	Safety officials, substance abuse/mental health professionals, group members, community members, event space, training materials, implicit bias training.	Completed event, pre-post-tests from officers,	Participants will report Increased awareness and understanding of science behind addiction process and increased support of needle exchange program

Reduce Stigma (Engage people with lived experience to share story, create art to celebrate recovery)	National Recovery Month bulletin board with pictures and stories of local people in recovery to “normalize” recovery and reduce stigma  Have people in recovery create mural that celebrates recovery under direction of artist	September 2017 and September 2018	Basia, Nancy, Alison, MHTE, Kathy, Tom Cox, Monroe County CARES, Rhinos	Recovery community organization bulletin boards, COB local artists, COB Parks and Rec	Celebrate Recovery bulletin boards  Community Art Mural that celebrates recovery	Reduced stigma of addiction, Increased community knowledge and support for those in recovery, Increased sense of community for all.
Reduce Barrier- (Make it easier to know who and how to contact a provider for treatment or services.)	Develop updated list/database of service providers, including at minimum, services provided, ages accepted, insurance, payment methods, how to access, etc.	2017-2018	Brandon, Emily Brinegar, Emily Bock, Kathy. Kathy Church (Health Linc), Lori Terrell	Other community organizations  IU or IVY Tech interns,  Website, computer knowledge	Completed database, program, list	People will be able to more easily find providers, providers can more easily provide referrals
Inform decision makers of need (Advocacy/Policy Development for law changes, funding dollars to increase access to care)	Develop bi/tri-yearly meeting calendar with state legislators to attend our CHIP group meetings, exchange state and local updates, advocate for community needs	2017-2018	Determine timetable of meetings, contact legislators—  Carol, Basia, Nancy Woolery, Nancy White, Shirley Fitzgibbons	State legislators, CHIP group members, meeting space	2/3 yearly meetings with legislature members to share input on local concerns and conditions	Informed legislators will create policy that leads to improved health

**Priority Area:**

**Goal Two: Reduce Harm from substance use**

**Objective 1: Decrease county opiate overdose deaths from 17 to 15/year by 12/31/2018.** (County Health Rankings 2016)

Strategies	Activities	Timeline	Roles/Responsibilities	Resource Needs	Evaluation Metrics	Outcomes
Education, Skill building (Reduce dependency/change mindset on pills for pain/chronic pain)	Community education to change mind-set on dealing with pain/chronic pain	2017-2018	Janet Delong, Health educators	Physical therapist, group members, event space, training materials	2 events/year Pre and post-test. Participants will be able to name alternative ways to manage pain besides medication	People attending pain management programming will be able to manage pain and reduce use of opiates/pain medications
Increase knowledge, skills	Drug and disease Prevention training to increase resiliency, reduce harm	2017-2018	MCHD, Positive Link, Indiana Recovery Alliance, Sober Living	Naloxone kits, prevention materials,	2/year Demonstration of skills	Attendees will know how to reverse opiate overdose with naloxone. Saved Lives
Build efficacy (When providers help people create their own plan for harm reduction, they will be more successful)	Motivational interviewing training for providers	2017-2018	Janet Delong, Centerstone, others?	Training material Event space Community members	1 class/year	Providers better able to interview and motivate those seeking recovery
Build Resilience (Teaching kids how to communicate and how to say no will help them withstand peer pressure to do	Say it Straight programming for youth	2016-2018	Centerstone, Aldrich Project,	Local Schools  Community children's groups	survey	Youth rate of substance abuse will decrease as knowledge and behavioral skills increase from exposure to evidenced-based substance abuse/mental health programming. Student nurses trained as trainers will spread training

unhealthy behaviors.)							to new communities when they graduate.
Research	Provide research to identify best evidenced-based practices to improve youth health	2017-2018	Indiana University School of Nursing Nancy White, Shirley Fitzgibbons			Completed reports ready to be given to school health coordinator by 12/1/18.	Educating administrators/directors will lead to increased use of evidenced based substance abuse/mental health programming for area youth and reduce youth substance use.
Research	Canvas substance abuse/mental health programming in schools	2017-2018	MCCSC School Health Coordinator, Nancy White, Shirley Fitzgibbons	Research, MCCSC staff		Completed report given to school administrators by 12/31/18	Educating administrators/directors will lead to increased use of evidenced based substance abuse/mental health programming for area youth and reduce youth substance use.
Research and education	Research and education on Veterinarian opiate use, dispersal	2017-2018	SA-MH CHIP Team	Research, staff		Completed research regarding common practices of opiate dispersal among local vets as compared to best practices. Determination of need to educate community of potential of opiate diversion.	Risk Reduction of opiate diversion
Research to Target prevention efforts	Receive data from IU Health, IU Health Physicians on all visits, research visit type, admits, diagnosis, treatment to determine and target health needs of community	2017-2018	IU Health, Carol, Kathy, Nancy Woolery	IU Health Data, Monroe Hospital		Annual report	Annual report will support up-to-date analysis and learning.

# Appendix A:

## Community Health Needs Assessment Survey



# Your Community Health Needs Assessment

Working to meet the health needs of Clark, Dubois, Lawrence, Jackson, Madison, and Monroe counties.



- **Who should fill out this questionnaire?** We ask that the **adult (18 years of age or older) in your household who had the most recent birthday** complete this questionnaire.
- **What is this questionnaire about?** These questions will help assess the health needs and available services of your community. Your information and the opinions you provide are very important and will help your county determine where resources and services are needed.
- **Instructions:** Please mark your answers clearly in the boxes using pencil or dark pen. Examples: ☒ ☐ ☐

**We value your responses. Thank you very much for your help!**

- 1 In which county do you live?**  
(Please print one letter in each box.)

--	--	--	--

- 2 What is the zip code of your residence?**  
(Please print one number in each box.)

--	--	--	--	--	--

- 3 How many people live in your household?**

- INCLUDE everyone who is living or staying here for more than 2 months.
- INCLUDE yourself if you are living here for more than 2 months.
- INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
- DO NOT INCLUDE anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

--

- 4 How many children younger than 18 years of age live in your household?**

--

- 5 What is your sex? (Select only one.)**

- ☐ Male  
☐ Female

- 6 What is your year of birth?**

1	9		
---	---	--	--

Please answer both Question 7 about Hispanic origin and Question 8 about race. For this survey, Hispanic origins are not races.

- 7 Are you of Hispanic, Latino, or Spanish origin?**

- ☐ Yes ☐ No

- 8 What is your race? (Select all that apply.)**

- ☐ White  
☐ Black or African-American  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Native Hawaiian or other Pacific Islander  
☐ Other, please specify:

--

- 9 Would you say that in general your overall health is...**  
(Select only one.)

- ☐ Excellent  
☐ Very good  
☐ Good  
☐ Fair  
☐ Poor

- 10 Regarding your health, would you say that in general...**  
(Select one answer for EACH row.)

	Excellent	Very good	Good	Fair	Poor
Your physical health is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your mental health is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your social well-being is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11 Do you currently have any of the following types of healthcare coverage?** (Select one answer for EACH row.)

	Yes ▼	No ▼	Do not know ▼
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private (employer-based, self-insured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public (Healthy Indiana Plan, Marketplace, Obamacare)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12 How long has it been since you visited a healthcare provider (such as a nurse, doctor, nurse practitioner, etc.)?** (Select only one.)

- ☐ Within the past 6 months
- ☐ Within the past year
- ☐ Within the past 2 years
- ☐ Within the past 5 years
- ☐ More than 5 years ago
- ☐ Don't remember/unsure

**13 Do you have a person you think of as your personal doctor or personal healthcare provider?**

- ☐ Yes      ☐ No      ☐ Do not know

**14 Within the past 12 months, have you received any of the following health-related services?** (Select one answer for EACH row.)

	Yes ▼	No ▼	Do not know ▼
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug or alcohol treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco/smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting immunizations, such as a flu shot or others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care related to birth control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal or well-baby care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women, Infants, and Children (WIC) supported services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food stamps or SNAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic disease care, such as for diabetes or heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute care, such as for a cold, ear infection, injury, or fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual routine physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15 During the past 12 months, was there any time you needed prescription medicine but did not get it because you couldn't afford it?**

- ☐ Yes      ☐ No      ☐ Do not know



- 16** There are some things in life that make it easy for us to be healthy and other things that make it more difficult to be healthy. How would you rate the following in terms of whether they have an influence on your ability to be healthy? (Select one answer for EACH row.)

	Makes it easier for me to be healthy ▼	Does not have any influence on my health ▼	Makes it more difficult for me to be healthy ▼	Does not exist in my community ▼
Access to health insurance coverage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Availability of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of scheduling a healthcare appointment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to parks, trails, or outdoor areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to community recreation centers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to public libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to churches or faith-based organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to doctors in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of fresh fruits and vegetables at stores, community gardens, or markets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to workplace wellness or employee wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of family support services, such as those related to domestic or relationship violence or family social services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- 17** Please indicate whether you have engaged in any of the following behaviors within the past 12 months. (Select one answer for EACH row.)

	Yes, within the past 30 days ▼	Yes, within the past 6 months ▼	Yes, within the past 12 months ▼	No, not within the past 12 months ▼	Do not know ▼
I tried to lose weight.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I tried to maintain/keep a healthy weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I smoked or used tobacco products daily or on most days of the week.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I smoked vapor/e-cigarettes daily or on most days of the week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was physically active daily or on most days of the week.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I got 7 or more hours of sleep daily or on most days of the week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I ate home-cooked meals daily or on most days of the week.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I ate fruits and vegetables with most of my meals daily or on most days of the week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consumed sugar-sweetened drinks daily or on most days of the week.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**17 (Continued) Please indicate whether you have engaged in any of the following behaviors within the past 12 months.**  
(Select one answer for EACH row.)

	Yes, within the past 30 days ▼	Yes, within the past 6 months ▼	Yes, within the past 12 months ▼	No, not within the past 12 months ▼	Do not know ▼
I drank at least 2 or more alcoholic drinks daily or on most days of the week (alcohol is beer, wine, and/or liquor).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I used medication from a prescription that was not my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sought medical services at an emergency room.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I sought medical care at an urgent care clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participated in cancer screening.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I was injured from a fall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I met with social groups or friends in my community.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I engaged in unprotected sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I shared needles with another person for medications or drugs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I had sexual activity with another person while under the influence of alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received a flu shot.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I received vaccines other than a flu shot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18 In your opinion, how would you rate your community's overall health?** (Select only one.)

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

**19 What do you think are the FIVE most important health issues affecting your community?** (Select up to FIVE only.)

- ☒ **Basic needs:** food, shelter, safety, transportation, access to primary health care
- ☐ **Injuries:** gun-related, car accidents, 4-wheeler accidents, falls
- ☒ **Substance use:** tobacco, alcohol, meth, heroin, marijuana, stimulants, prescription drugs
- ☐ **Violence:** suicide, homicide, rape, sexual assault, domestic violence
- ☒ **Child abuse/safety:** child abuse, child neglect
- ☐ **Chronic diseases:** diabetes, cancer, heart disease, stroke, COPD, high blood pressure, high cholesterol
- ☒ **Infectious diseases/infections:** HIV, chlamydia, TB, Hep C, food poisoning
- ☐ **Well-baby:** prenatal care, antenatal care, teenage pregnancy, unintended pregnancy, unplanned pregnancy
- ☒ **Obesity:** eating unhealthy foods, lack of healthy food
- ☐ **Lack of exercise:** physical inactivity, access to walking trails, parks, sidewalks, recreational centers, bike lanes
- ☒ **Mental/behavioral health:** depression, stress, anxiety

**20** When thinking about how your county, city, or town allocates resources (staff or programs), how important is it to you that resources are allocated to each item below? (Select one answer for EACH row.)

	Not at all important ▼	Not very important ▼	Somewhat important ▼	Very important ▼
Clean outdoor air	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Clean indoor air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe drinking water	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Clean recreational water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recycling programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to healthy or fresh foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available and accessible mental health care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Teenage pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child abuse prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth violence prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Illegal prescription drug use prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug use or addiction services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meth and heroin use prevention programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impaired driving prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to health care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to birth control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to safe recreational opportunities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pest management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to trails and walking paths	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food availability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bike lanes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Services for aging communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services for the homeless	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disaster/emergency preparedness or response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**21 During the past 12 months, to what extent have the following experiences applied to you personally?**  
(Select one answer for EACH row.)

	Never ▼	Seldom ▼	Sometimes ▼	Often ▼
I have been able to talk with a healthcare provider in the language with which I am most comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt discriminated against by a healthcare provider because of my race, ethnicity, or culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have had negative experiences in health care that caused me to lose trust in medical providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare providers have communicated with me in a respectful and clear manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt discriminated against by a healthcare provider because of my medical condition or lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt discriminated against by a healthcare provider because of my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22 Which of the following best describes your participation in social services within your community within the past 12 months?** (Select one answer for EACH row.)

	I sought and received this type of service. ▼	I tried to find help in the area but did not know where to turn or could not find help. ▼	I felt I needed help in this area but did not look for help or ask anyone for help. ▼	I did not feel the need for this type of service. ▼
Food pantry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free or emergency childcare help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic abuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal programs and breastfeeding support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/behavioral health programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural transit and/or city bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk-in clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Township trustee assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial help, utility bills, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STI/STD testing, treatment, prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help finding health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**23** Considering all sources, which of the following best describes your total household income before taxes for 2014?  
(Select only one.)

- ☐ Less than \$15,000
- ☐ \$15,000-\$24,999
- ☐ \$25,000-\$34,999
- ☐ \$35,000-\$49,999
- ☐ \$50,000-\$74,999
- ☐ \$75,000-\$99,999
- ☐ \$100,000-\$149,999
- ☐ \$150,000 or more

**24** Which of the following best describes your current employment status?  
(Select only one.)

- ☐ Employed for wages
- ☐ Self-employed
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than 1 year
- ☐ Homemaker
- ☐ Student
- ☐ Retired
- ☐ Unable to work

**25** Which of the following best describes the highest level of education you completed?  
(Select all that apply.)

- ☐ Some high school
- ☐ High school diploma or GED recipient
- ☐ Some college
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree or beyond
- ☐ Other, please specify:

**26** How frequently have you used the following websites and search methods on a cell phone (smartphone) to seek health-related information in the past 12 months?  
(Select one answer for EACH row or indicate that you do not have a smartphone.)

	Never ▼	Seldom ▼	Sometimes ▼	Often ▼
Google, Bing, Yahoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical sites (Medline, American Cancer Society, WebMD, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ I do not own or have access to a smartphone.



**Thank you for your help.**

 **Please use the enclosed postage-paid envelope to return your completed survey.** 

**You may also mail it directly to:**

Indiana University  
Center for Survey Research  
1900 E Tenth St 3-South  
Bloomington, IN 47406-7512

# Appendix B:

## Focus Group Facilitator Guide



### **Facilitator Guide**

#### ***Format: Open Discussion***

- Welcome (Introduce yourself and the recorder(s))
- Explain the work session format (open discussion). This is a safe, confidential, judgment free environment.
- Results of these conversations will be used to:
  - Help community members analyze and prioritize health issues on a local level
  - Influence local, county-wide and state health initiatives

#### **Facilitator Questions:**

1. What does quality of life mean to you?
2. What helps you have a high quality of life?
3. What keeps you from having a high quality of life?
4. What are the 5 most important health issues affecting your community?

Questions 1-3 are based on their feelings about their personal quality of life (health; physical, mental, and overall). #4 is about the community they are a part of.

#### **All will require additional questions to tease out more detail. Here are some examples:**

- For instance, if someone says Access to Care, is that lack of providers, lack of insurance coverage, what are the issues with their access to care?
- Tell us more about what makes you feel safe or unsafe in your community?
- Tell us about your thoughts on the local environment as it relates to health.
- What is the easy and difficult part of getting medical care?
- What resources do you have and wish you had nearby?
- What do you wish you had access to; what's missing in your community that could help you have a good quality of life?
- What do you do in your community (fun or need)?
- If Mental or Behavioral Health comes up, ask the group to define more of this area, i.e., access, cost, lack of skilled providers, etc.

#### **Quality of Life Factors to Reference/Discuss:**

- Access/barriers
  - Nutritious food
  - Easy
  - Resources

- Environment
  - Clean air and water
  - Affordable Housing
  - Safety
- Transportation
  - Availability
  - Sidewalks
  - Trails
  - Roads
- Insurance
  - Insured
    - Employer
    - ACA
    - HIP Basic
    - HIP 2.0
  - Hard/easy
  - Resources

*\*If time allows*

- Employment
  - Availability
  - Living wages
  - Benefits

# Appendix C:

## CHA/CHIP Group Meeting Dates

**Community Health Assessment and Improvement Planning meetings**

This is a partial listing of CHA/CHIP planning meetings among members from ACHIEVE, Monroe County Health Department, IU Health Bloomington Hospital, IU School of Public Health-Bloomington, IPHA, and others and includes overall planning as well as planning for the survey, focus groups, community events and CHIP initiatives.

2014 - 7/16/14, 7/21/14, 7/24/14, 8/11/14, 9/12/14, 10/28/14

2015 - 1/21/15, 1/27/15, 2/18/15, 2/24/15, 3/12/15, 4/20/15, 4/23/15, 6/19/15, 7/21/15, 8/4/15, 9/25/15, 10/6/15, 11/11/15, 11/17/15, 12/15/15

2016 – 1/26/16, 1/29/16, 3/30/16, 5/24/16, 6/15/16, 9/13/16, 10/7/16

2017 - 2/17/17, 5/31/17, 5/31/17, 6/21/17, 6/27/17, 7/24/17

**Community Event dates:**

Community Conversation Focus Groups: 8/11/15, 8/18/15, 8/20/15, 8/25/15

Think Tank - 4/6/16

Think Tank 2 – 9/20/16

CHIP Teams Update 3/31/17

**Monroe County CHIP Team Meeting Dates****Chronic Disease CHIP Team:**

6/6/16, 7/12/16, 8/2/16, 8/23/16, 10/12/16, 1/10/17, 3/27/17, 5/24/17, 6/26/17, 7/24/17

**Basic Needs CHIP Team**

5/19/16, 6/30/16, 7/29/16, 8/29/16, 11/1/16, 12/13/16, 1/24/17\*, 1/31/17, 3/7/17, 3/21/17\*, 5/23/17, 6/22/17, 8/24/17

**Substance Abuse/Mental Health CHIP Team**

5/20/16, 6/16/16, 7/12/16, 8/2/16\*, 8/31/16, 10/25/16, 11/30/16, 12/12/16\*, 1/6/17\*, 1/23/17\*, 2/8/17\*, 2/9/17\*, 2/10/17\*, 2/15/17\*, 2/24/17\*, 3/6/17\*, 3/10/17\*, 3/20/17\*, 4/10/17\*, 4/20/17\*, 4/26/17\*, 5/9/17\*, 5/31/17, 6/15/17\*, 6/24/17\*, 6/28/17, 7/24/17\*, 8/14/17\*, 8/31/17

\*Small project team meetings

# Appendix D:

## Community Health Rankings and Roadmaps Data 2016

## County Demographics +

	Monroe County	Error Margin	Top U.S. Performers	Indiana	Rank (of 92) □
Health Outcomes					28
Length of Life					5
Premature death	5,700	5,200-6,200	5,200	7,700	
Quality of Life					66
Poor or fair health	16%	15-16%	12%	18%	
Poor physical health days	4.1	3.9-4.3	3.0	4.0	
Poor mental health days	4.3	4.1-4.5	3.0	4.1	
Low birthweight	7%	7-8%	6%	8%	
Additional Health Outcomes (not included in overall ranking) +					
Health Factors					20
Health Behaviors					39
Adult smoking	19%	19-20%	14%	21%	
Adult obesity	22%	19-26%	26%	32%	
Food environment index	6.6		8.4	7.2	
Physical inactivity	20%	17-23%	19%	26%	
Access to exercise opportunities	88%		91%	75%	
Excessive drinking	20%	19-21%	12%	17%	
Alcohol-impaired driving deaths	28%	19-36%	13%	24%	
Sexually transmitted infections	543.4		145.5	434.0	
Teen births	11	10-12	17	35	
Additional Health Behaviors (not included in overall ranking) +					
Clinical Care					8
Uninsured	14%	12-16%	8%	14%	
Primary care physicians	1,670:1		1,040:1	1,490:1	
Dentists	2,040:1		1,320:1	1,900:1	
Mental health providers	470:1		360:1	730:1	
Preventable hospital stays	31	28-34	36	57	
Diabetes monitoring	90%	84-95%	91%	85%	
Mammography screening	63%	58-68%	71%	62%	
Additional Clinical Care (not included in overall ranking) +					
Social & Economic Factors					48
High school graduation	93%		95%	87%	
Some college	78%	75-82%	72%	61%	
Unemployment	4.9%		3.3%	4.8%	
Children in poverty	18%	14-22%	12%	20%	
Income inequality	6.3	5.8-6.8	3.7	4.4	
Children in single-parent households	31%	27-34%	21%	34%	

	Monroe County	Error Margin	Top U.S. Performers	Indiana	Rank (of 92) □
Social associations	9.7		22.1	12.4	
Violent crime	277		62	356	
Injury deaths	47	42-53	53	67	
Additional Social & Economic Factors (not included in overall ranking) +					
Physical Environment					9
Air pollution - particulate matter	10.4		6.7	11.1	
Drinking water violations	No				
Severe housing problems	23%	22-25%	9%	14%	
Driving alone to work	70%	69-72%	72%	83%	
Long commute - driving alone	16%	15-18%	15%	30%	



# References:

## References

---

- Fishbein, M., & Ajzen, I. (2010). Predicting and changing behavior: the reasoned action approach / Martin Fishbein, Icek Ajzen. New York: Psychology Press, c2010.
- Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health promotion
- Indiana Department of Workforce Development (IDWD). (2015). 2015 Occupation Mix Summary for Monroe County [data file]. Retrieved from <http://www.hoosierdata.in.gov/mix/occ.aspx>
- Indiana State Department of Health (ISDH). (2015). Indiana Mortality Report, State and County Data 2015. Published December 2016  
<http://www.in.gov/isdh/19096.htm>
- Indiana State Epidemiological Outcome Work Group (ISEOW). (2016). State Epidemiological Reports and Profiles from 2013-2016. Retrieved from <https://fsph.iupui.edu/research-centers/centers/health-policy/epi-reports.html>
- Indiana University Newsroom. (2016). Indiana University enrollment remains strong; minority numbers up. Retrieved from <http://archive.news.iu.edu/releases/iu/2016/08/university-census-enrollment.shtml>
- McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An Ecological Perspective on Health Promotion Programs. *Health Education Quarterly*, 15(4). Retrieved from [https://www.researchgate.net/profile/Kenneth\\_Mcleroy/publication/20088489\\_An\\_Ecology\\_Perspective\\_on\\_Health\\_Promotion\\_Programs/links/0d1c84f972a1e3f12d000000/An-Ecology-Perspective-on-Health-Promotion-Programs.pdf](https://www.researchgate.net/profile/Kenneth_Mcleroy/publication/20088489_An_Ecology_Perspective_on_Health_Promotion_Programs/links/0d1c84f972a1e3f12d000000/An-Ecology-Perspective-on-Health-Promotion-Programs.pdf)
- National Environmental Public Health Tracking Network (NEPHTN). (2012). Retrieved from <https://ephtracking.cdc.gov/DataExplorer/#/>
- National Institute on Alcohol Abuse and Alcoholism (NIAAA). "Drinking Levels Defined." Retrieved from <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>
- Nielsen. (2014). Alcoholic Beverage Expenditures, Percent of Food-At-Home Expenditure, National Rank by Tract. Community Commons, (2014) from [communitycommons.org](http://communitycommons.org)
- Robert Wood Johnson Foundation (RWJF). (2016). "County Health Rankings & Roadmaps, Indiana, Monroe County." Retrieved from <http://www.countyhealthrankings.org/app/indiana/2016/rankings/monroe/county/outcomes/1/snapshot>
- Robert Wood Johnson Foundation (RWJF). (2017). County Health Rankings and Roadmaps. <http://www.countyhealthrankings.org/app/indiana/2017/rankings/monroe/county/outcomes/overall/snapshot>
- SAMHSA. (2016). The Eight Dimensions of Wellness. Retrieved from <https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness>
- STATS Indiana. (2016). [Income and Poverty Table]. Monroe County Profile. Retrieved in 2016 from [http://www.stats.indiana.edu/profiles/profiles.asp?scope\\_choice=a&county\\_changer=18105](http://www.stats.indiana.edu/profiles/profiles.asp?scope_choice=a&county_changer=18105)

- Tikijian Associates. (2016). Bloomington Rent Survey Report 2016. Retrieved from <http://tamultihousing.listinglab.com/IndianaMarketStatisticsBloomington/>
- U.S. Census Bureau. (2011). Monroe County, Indiana: Community Facts, 2011-2015 American Community Survey 5-Year Estimates. Retrieved from [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)
- U.S. Census Bureau. (2016). Retrieved from <https://www.census.gov/quickfacts/fact/table/monroecountyindiana/PST045216>
- U.S. Department of Health and Human Services (USDHHS). (2015). Community Health Status Indicators (CHSI). [Rockville, MD] :U.S. Dept. of Health & Human Services, Health Resources and Services Administration. Retrieved from <http://www.countyhealthrankings.org/app/indiana/2017/rankings/monroe/county/outcomes/overall/snapshot>
- U.S. Environmental Protection Agency. (2017). "Introduction to the Hazard Ranking System (HRS). Retrieved from <https://www.epa.gov/superfund/introduction-hazard-ranking-system-hrs>
- United Way of Monroe County. (2012). The Service Community Assessment of Needs (SCAN). Retrieved from <https://www.monroeunitedway.org/scan>