

MONROE COUNTY COMMUNITY HEALTH ASSESSMENT

2018-2019

LED BY:

MONROE COUNTY HEALTH DEPARTMENT
IU HEALTH COMMUNITY HEALTH
CITY OF BLOOMINGTON PARKS & RECREATION
BLOOMINGTON HEALTH FOUNDATION

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MONROE COUNTY HEALTH ASSESSMENT

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Bloomington Health Foundation

Jon Barada, President and CEO
Karin St. John, Vice President and CDO

A Note from Our Leaders

“The MCHD has a long history of collaboration and strives to be a partner and leader in making Monroe County a safer and healthier community. The partnerships with IU Health, City of Bloomington Parks and Recreation & the Community Foundation on the Community Health Assessment is one example of how a community can come together to identify needs and work in tandem to find solutions. Ensuring that community members have input in the process gives credibility to the findings and the plans.”

Penny Caudill, Administrator

Monroe County Health Department

“Collaborating with the Monroe County Health Department, City of Bloomington Parks and Recreation Department and Bloomington Health Foundation supports a community wide health needs assessment ensuring that we reach all populations across our county for their feedback.”

Carol Weiss-Kennedy, Director of Community Health

IU Health South Central Region

” The City of Bloomington Parks and Recreation Department values the long standing collaboration with the Monroe County Health Department, IU Health, and the Bloomington Health Foundation. This community collaboration provides the valuable assessment data, strategic planning opportunity, and identifies the necessary resources to meet the health needs of our community.”

Paula McDevitt

Director, Parks & Recreation Department
City of Bloomington, IN

“The Bloomington Health Foundation is one of the many problem solvers who join in a fight to make our community successful by making it healthy. We are proud to join forces with others who share our passion, like the Monroe County Health Department, IU Health and the City of Bloomington Parks Department, to tackle tough problems and to find innovative solutions.”

Jon Barada, President and CEO

Bloomington Health Foundation

COMMUNITY HEALTH SURVEY

IU Health

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Penny Caudill - Monroe County Health Department

Kathy Hewett - Monroe County Health Department

Other Collaborators:

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COMMUNITY FOCUS GROUPS AND INTERCEPT INTERVIEWS

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THINK TANK 2019

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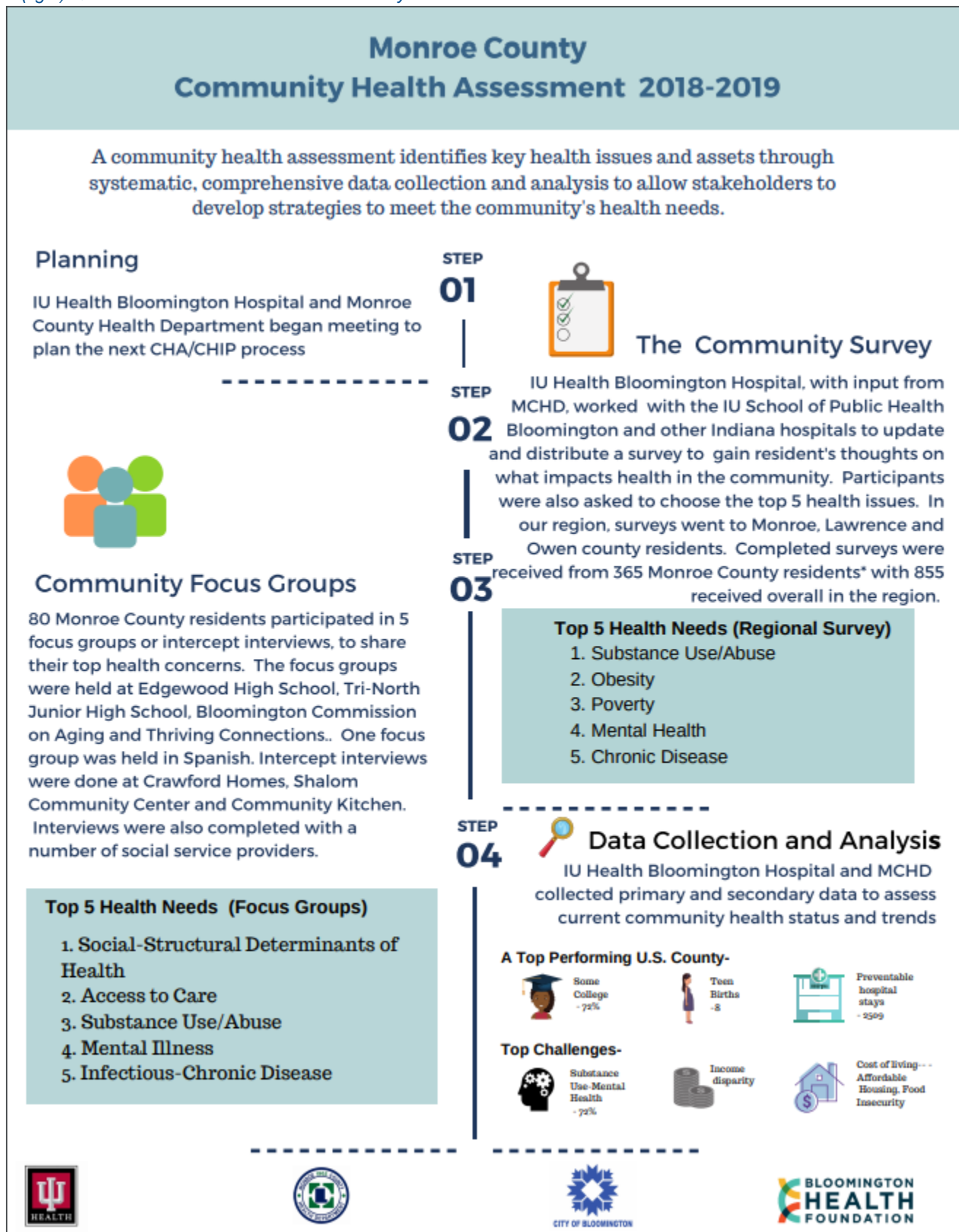
The Villages Healthy Families Emily Bock

**Building a Thriving
Compassionate Community** Tara Green

United Way Amy Leyenbeck
Efrat Feferman

Monroe County Health Board George Hegeman

(fig 1) Quick Glance at the 2018-2019 Community Health Assessment Process





The Think Tank - 4/2/2019

The public health partners, along with the City of Bloomington and the Bloomington Health Foundation, invited community residents to a Think Tank in April to learn about and analyze the collected community health data in order to help select priorities for the next community health needs assessment or CHIP.

After data presentations, community residents and staff from 19 different agencies were led through an analytic process to consider current gaps, assets, and opportunities for impact. After consideration, the group chose to continue working on the priorities selected in the 2016 CHIP.

STEP 05



Think Tank - Top Priorities Identified

1. Substance Use/Abuse - Mental Health
2. Chronic Disease
3. Basic Needs



STEP

06

2019 CHIP Groups Outline of Initial Goals and Strategies

Theme - Access, Advocacy, Action/Prevention

Substance Use-Mental Health

Goal 1: Reduce Stigma

Objective: Create Stigma Reduction Programming

Strategies:

- Develop and provide training on CIT*, LEAD** and MHFA***
- Develop outreach materials and messaging for criminal justice system

Goal 2: Increase Access to Care

Objective: Increase community knowledge of how to access services

Strategies:

- Develop/maintain community repository of local resources and services that help people access care (examples, transportation, insurance navigation).
- Develop and hold health fairs to allow service providers an opportunity to educate the community about services.

Basic Needs

Goal 1: Increase Access to Care

Objective: Create places in community where people can find resource information to help meet basic needs

Strategies:

- Create/maintain resource guide to communicate information on community resources and services
- Create and build brand for community hubs as places people can locate information on needed resources and services

Chronic Disease

Goal 1: Prevent/Limit Development of Chronic Disease

Objective: Increase access to healthy food

Strategies:

- Develop Year of Food Campaign
- Decrease food waste
- Increase consumption of fruits and vegetables
- Increase knowledge of how to access food resources (SNAP, WIC, etc.)

Objective: Create Advocacy Campaign

Strategies:

- Review/give input on how drafted city/county plans affect health
- Stay informed on legislative bills and keep others informed of impact on health
- Advocate for legislation that improves local health by educating/contacting legislators. Encourage others to advocate.

*Crisis Intervention Team **Law Enforcement Assisted Diversion ***Mental Health First Aid

Introduction

WHAT IS A COMMUNITY HEALTH ASSESSMENT?

Community Health, according to the Public Health Accreditation Board, is the study and improvement of the health-related characteristics of the relationships between people and their physical and social environments. Being healthy is not simply a state free from disease but is the capacity of people to be resilient and manage life's challenges and changes. (Public Health Accreditation Board, 2011) The field of community health considers the many different areas of life that affect the health of the community, such as the environment, housing, socio-economic status, resources, and social inclusion.

One of the most important practices of community health is the development of community partnerships of organizations and community residents that work together with the goal of improving the health of the community. One of the key tools used is a community health assessment, which is important as it allows researchers to create a comprehensive view of community resources, needs, issues and gaps.

(fig. 2) socio-ecological model, as adapted by CDC



WHY ARE PARTNERSHIPS IMPORTANT?

The Socio-Ecological Model (SEM) is a theoretical framework (fig. 1) that shows how a person's behavior both affects and is affected by both the individual and the organizational levels of influences in their lives. According to Healthy People 2020, an ecological approach focuses on both individual-level and population-level determinants of health and interventions (Healthy People 2020), including personal, organizational/institutional, environmental and policy levels. Because of the significant

interrelationships that exist among these different areas of health determinants, interventions are most likely to be effective when they address determinants at all levels (Healthy People 2020). By working together with community partners from many different organizations and areas of expertise, we can maximize the reach and impact within the different levels to improve community health.



(fig 3)
The network of organizations that make up the local public health system

Working together also allows us to share the benefit of the work of individual programs and projects. The Affordable Care Act requires all nonprofit hospitals to complete a community health needs assessment (CHNA) with input from the local health department every three years in order to receive a legal benefit. Local health departments seeking accreditation status are required to complete a community health assessment with community input every five years. The Community Health Assessment (CHA) is important for both the Monroe County Health Department (MCHD) as well as IU Health Bloomington Hospital as described above. The two agencies continue to partner, along with the City of Bloomington Parks and Recreation Department and other agencies, to increase the efficiency and effectiveness of completing this task as they did in the prior community health assessment and community health improvement plan.

PURPOSE AND SCOPE

The Monroe County Community Health Assessment is an assessment of the needs of all non-institutionalized persons over the age of 18 living in Monroe County, as well as the overall environment in which they live.

The purpose of doing a community health assessment is to help public health partners collect and analyze data along with community input to determine the current health landscape and identify where improvement efforts should be focused in a systematic and efficient way. It allows the assessment of community strengths and resources as well as health disparities and gaps. It also allows the partners to leverage resources and build shared goals and objectives toward community health improvement.

The community health assessment survey tool was adapted from the survey created for the 2016-2018 Monroe County Community Health Assessment. Both surveys were created with the assistance of the Indiana University School of Public Health and were administered by the Indiana University Center for Survey Research to ensure sound methodology.

METHODOLOGY

Both quantitative (survey) and qualitative methods (focus groups and in-person interviews) were used to gather information and primary data for this project. The collection of input from community residents is important in order to have a more complete picture of the community as well as to add understanding and meaning to health data from other sources. It also helps ensure that the final improvement plan results in services and programs that are meaningful and valued by community residents.

SECONDARY DATA COLLECTION:

The team members began by gathering and reviewing secondary data from many federal, state and organizational datasets to complete an analysis regarding measures impacting community health, including those below from the following organizations (complete source list found in Appendix). The secondary data collected continued to be analyzed and updated throughout the assessment processes. This data analysis helped the partners identify community strengths and gaps, as well as where opportunities may exist for improvement.

- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Indiana Business Research Center
- Indiana Department of Workforce Development
- Indiana Family and Social Services Administration
- Indiana Hospital Association Database
- Indiana State Department of Health
- 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

QUALITATIVE DATA: COMMUNITY SURVEY, FOCUS GROUPS, INTERVIEWS

The IU School of Public Health (IUSPH) and the University of Evansville guided the Indiana Hospital Collaborative through the process of updating the community survey developed during the prior Monroe

County Community Health Assessment. The hospital collaborative is made up out of IU Health Hospitals, Franciscan Health Network, St. Vincent Deaconess, Community Health Network and North Central Health Service. Staff from the Monroe County Health Department were involved as part of IU Health Bloomington's team.

COMMUNITY HEALTH SURVEY

The survey was administered by the Indiana University Center for Survey and Research. In total, the survey was mailed out to 82,000 households within Indiana in a convenience sampling between April through June, 2018. According to the IU Health Bloomington Hospital report, 9161 completed questionnaires were received across the state by all participating hospitals. IU Health Bloomington Hospital received 855 completed surveys from households in their coverage area with 365 being from Monroe County residents.

The questionnaire included questions on demographics, health status, access to health services and community conditions that impact health. It also asked about the responder's perceptions of health, health behaviors, and community health needs.

FOCUS GROUPS/INTERCEPT INTERVIEWS

Three focus groups (one in Spanish) were held at a Monroe County middle school and high school to provide an opportunity to engage with community members and explore what impacts health in Monroe County. Other focus groups were held at Thriving Connections and the Bloomington Commission on Ageing.

At the end of each focus group or interview, individuals were asked to identify what they felt were the top five health concerns in their community.

In addition to the focus groups, one-on-one intercept interviews were conducted with individuals using the services at the Shalom Community Center and Community Kitchen as well as with health and other professionals. The interviews were conducted to help ensure that responses were obtained from a variety of recipients as well as those who may not often get a chance to share their views.

Altogether, over 80 people participated in the focus groups and interviews. Their answers were scored and coded to determine what the participants perceived to be the highest areas of need.

SECONDARY DATA

DEMOGRAPHICS

Monroe County is located in the rolling hills of south central Indiana, about 45 minutes south west of Indianapolis, the state capitol. It was founded in 1818 and is the 12th largest county in Indiana with a population of 146,917, according to US Census 2019 estimates.

The county seat and largest city is Bloomington, which is home to Indiana University, the largest college campus in the state. The population of Bloomington is 84,981 (U.S. Census Quick Facts, 2019) and it has grown 5.8% since the 2010 census.

Monroe County is said to be a regional hub for surrounding counties, whose residents travel to Bloomington for services, shopping and activities.

Indiana University, a Big 10 University, lies just on the outskirts of downtown Bloomington. It is almost like a small city of its own with 32,794 undergraduates enrolled in the fall 2019 semester (Indiana University Bloomington, 2019) and a total enrollment of 43,503 in 2019 (National Center for Education Statistics, 2019). With over 60% of students living off campus, the university has a large impact on county and city demographics, which results in a diverse and vibrant make-up of residents (U.S. News Best Colleges Rankings 2019, 2018).

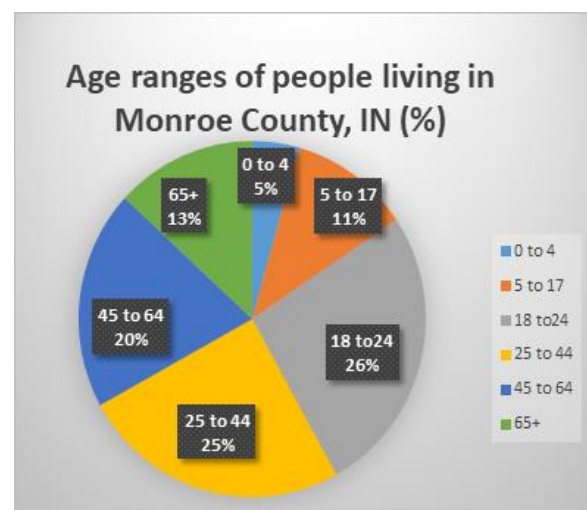
Monroe County's third largest population center is the town of Ellettsville (population 6676), which is located about 8 miles from Bloomington by car. Stinesville, the other incorporated town in the county, is located about 15 miles northwest of Bloomington. Its population is estimated to be 223 (United States Census Bureau American Fact Finder, 2018).

There are 30 unincorporated communities within the county. The largest in 2017 were the communities of Smithville-Sanders, with population of 3362, and Harrodsburg, with a population of 790 (2013-2017 American Community Survey, 2018).

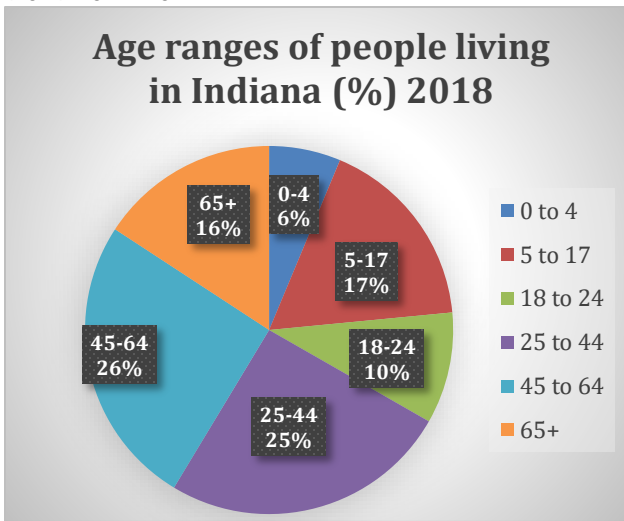
AGE

Having a large university within the county heavily influences the age make-up of the community. The largest age-groups are the two most closely associated with college age students; those being 18-24 and 25-44 years of age. These groups together represent over 50% of the community residents. The next largest age group is made up of 45 – 64 year olds. The smallest groups are comprised of those under age 18.

(fig 4) Age ranges of Monroe County residents 2018 - U.S. Census Bureau, Indiana Business Research Center (StatsAmerica 2018)



(fig 5) Age ranges of Indiana residents 2018



U.S. Census Bureau, Indiana Business Research Center 2018

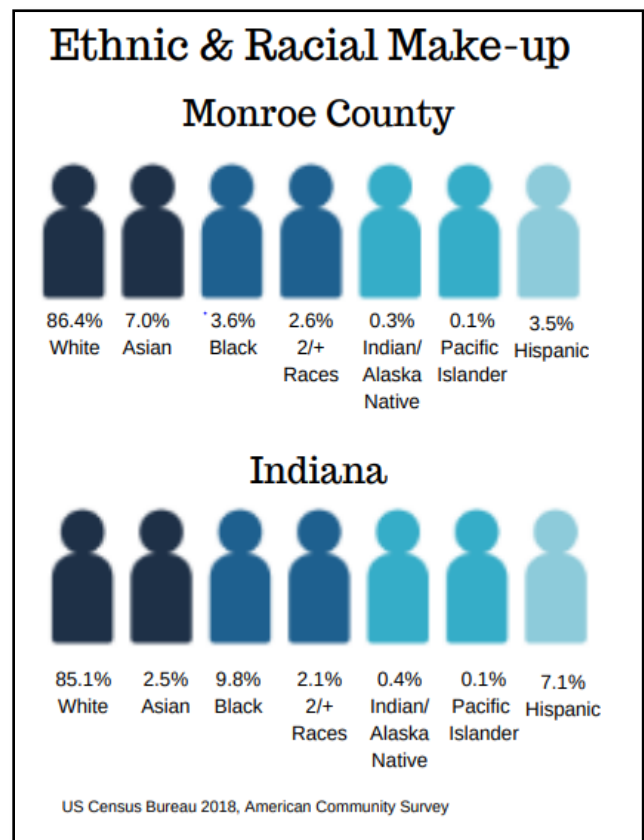
In comparison, the largest age groups overall in Indiana is the 25 - 44 and 45 - 64 age groups while the 18 - 24 age group makes up only 10% of the state as a whole. Children aged 5 to 17 make up the third highest cohort at 17% as compared to only 11% of the population in Monroe County.

ETHNIC AND RACIAL MAKE-UP

Monroe County (86.4%), like most of Indiana (85.1%), is predominantly white, followed by Asian (7%), Black (3.6%), those identifying as two or more races (2.6%), American Indian/Alaska Native (0.3%), and Pacific Islander (0.1%). Over 96% of county residents identify as non-Hispanic. Because of the influence of the University, the community appears to be more diverse than many of the state's other communities. For example, Asians make up 7% of the population of Monroe County but only 2.5% of Indiana.

According to the American Community Survey (2013-2017), almost 11% of county residents speak another language besides English at home. The most common languages spoken, other than English, are Asian and Pacific Islander languages, followed by Indo-European languages and then, Spanish.

(fig 6) Ethnic and Racial Make-up; Monroe vs. IN

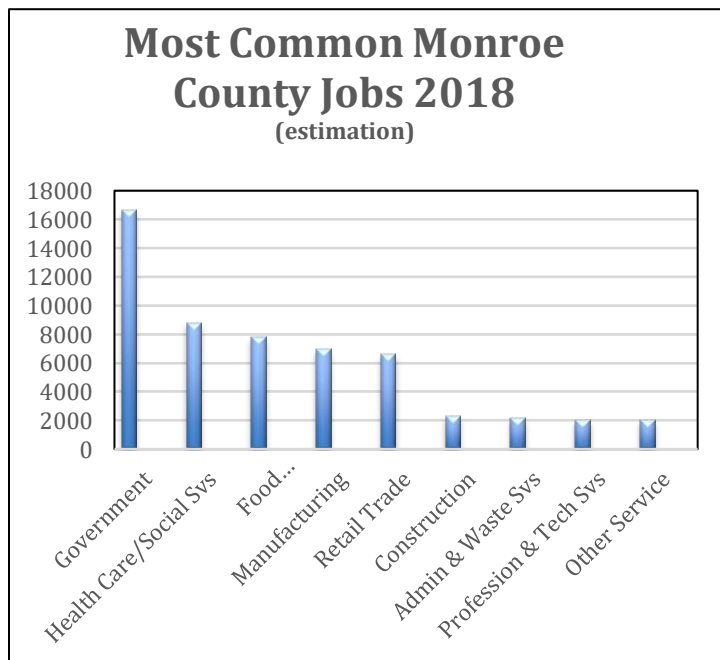
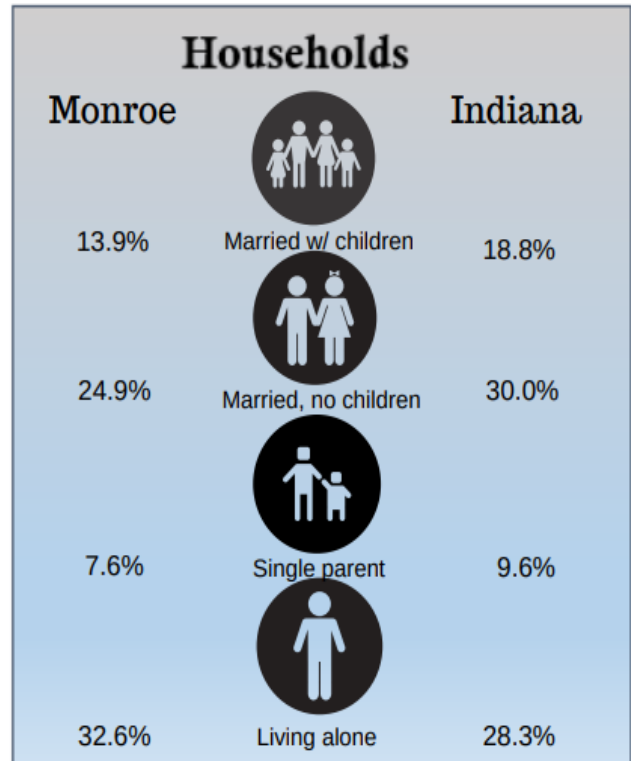


(fig) 7 Household make-up; Monroe compared to Indiana Stats IN 2018

There were 55,014 estimated households in the county in 2018, with the largest number of them being married without children. The other groups, in order of descending numbers are those living alone, married with children and single parents (Stats Indiana, n.d.).

EDUCATION

In general, the populace in Monroe County has a high level of education as compared to populations in other counties within the state. Monroe County is home to the largest university in the state as well as a branch of Ivy Tech Community College. Among people 25 years of age and older, over 46% held a bachelor's degree or higher, 78% have taken some college classes and 93% of people were a high school graduate. In comparison, the high school graduation rate in Indiana overall is 84% and 62% of adults in the state took some college courses. (County Health Rankings, 2019)



EMPLOYMENT AND INCOME

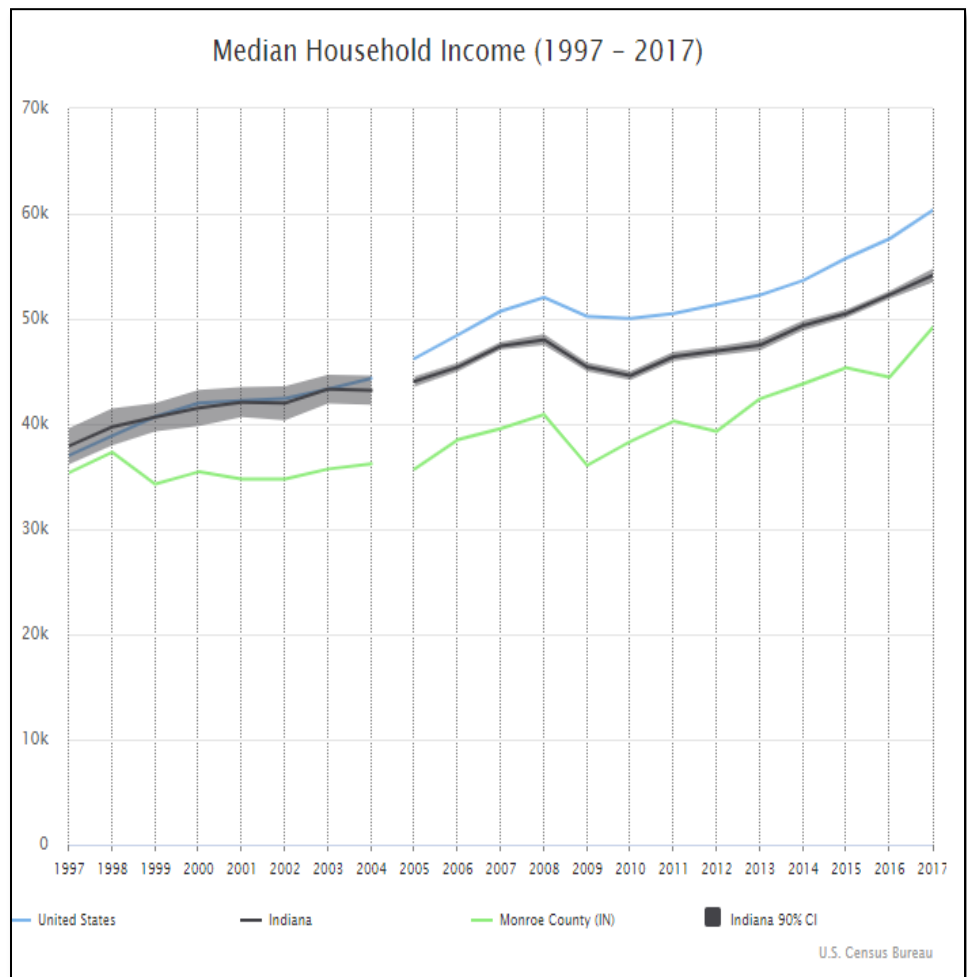
The most common jobs in Monroe County in 2018 were categorized as government, health care/social services and food service (Indiana Department of Workforce Development, 2019). The average annual earnings listed as \$57,415 for government workers (federal, state and local), \$47,205 for healthcare and social service, and \$15,424 for those working in food service and accommodations. The highest average annual earnings (\$139,785) were made by those who managed companies (Indiana Department of Workforce Development, 2019).

(fig 8) Most Common Jobs - Indiana Department of Workforce Development

(fig 9)

Median Income; Monroe, Indiana and the United States

The median household income for Monroe County in 2018 was \$47,075. This compares to the median household income in Indiana at \$54,325 (U.S. Census Quick Facts, 2019). The mean annual wage for all occupations in 2018 was \$45,290 (United States Department of Labor, 2018). Possibly because of the high number of students within its boundaries, Monroe County ranks high for income inequality as compared to Indiana overall (6.3 vs 4.4).



PHYSICAL ENVIRONMENT AND INFRASTRUCTURE: (fig 10)

Parks and recreational assets, Monroe County

The physical environment in which we live can have a major impact on our health. “Urban green space, such as parks, playgrounds, and residential greenery, can promote mental and physical health and reduce morbidity and mortality in urban residents by providing psychological relaxation and stress alleviation, stimulating social cohesion, supporting physical activity, and reducing exposure to air pollutants, noise and excessive heat.” (Braubach M., 2017)

Parks & Recreation

For an Active Lifestyle

Local park and recreation agencies provide health and wellness opportunities for all populations in communities across the country. As America continues to face serious health issues, parks and recreation offer an affordable and accessible solution.

Organized activities in parks in low-income neighborhoods can **increase park use by as much as 25%**.

73% of adults believe parks, trails, and open space are an essential part of the healthcare system.

People who use parks and open spaces are **3 times more likely** to achieve the recommended levels of physical activity than nonusers.

- National Recreation and Park Association (NRPA), 2019

PARKS

In Bloomington and Monroe County there are

37

parks, including nature parks, neighborhood parks, and multi-use parks.

TRAILS

In Bloomington there are more than

11

trails, including fitness, hiking, and multi-use trails.

AQUATICS

2 outdoor pools

3 lakes

2 splash pads

In Bloomington and Monroe County are open seasonally.

AND MORE!

5 sport complexes
4 community gardens
2 greenways
3 dog parks
1 disc golf course
1 golf course
1 ice arena

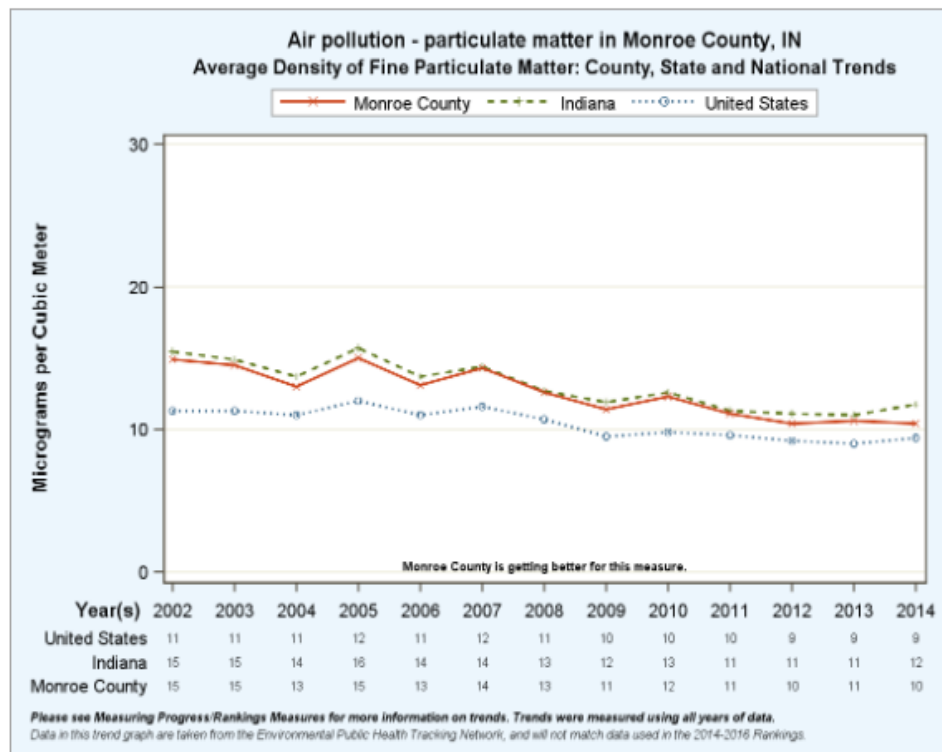


For more information on the role of parks & recreation in public health, visit: nrpa.org/out-work/three-pillars/health-wellness

Monroe County is fortunate to have many types of green spaces that residents can enjoy. According to 2019 U.S. News Healthiest Communities, 50.3% of residents live within 0.5 miles of a park as compared to 21% for Indiana residents overall. The county has 12+ walking trails and two greenways for residents to enjoy for transportation and recreation along with over 36 parks. The B-line trail, one of the most popular trails, traverses downtown and links the downtown area to the outer southern and northern neighborhoods. Monroe County also has three large lakes and 11+ smaller lakes.

Monroe County has three Superfund Sites within the county caused by the disposal of waste electrical equipment and parts that contained polychlorinated biphenyls (PCBs); Neal's Landfill, Bennett's Stone Quarry and Lemon Lane Landfill. All have been remediated and are regularly tested and reviewed. The last review of the Lemon Lane Landfill was done in 2015 and Bennett Stone Quarry and Neal's Landfill were reviewed in 2017. (Gibbs, 2019)

According to 2019 US News Healthiest Communities, Monroe County scored 0.38 for air-quality hazards as compared to 0.52 for Indiana and 1.44 for the U.S. overall. Scores that fall below one have a minimal risk of developing serious respiratory complications over a lifetime.



TRANSPORTATION

Monroe County ranks well for residents not having a long transit to work (17% as compared to 31% for Indiana overall) (County Health Rankings 2019).

Bloomington has a city bus transit system that offers 13 routes that operate within city limits. Regular services are offered through the week with limited services on Saturday and no services on Sunday. It connects with the Indiana University transit system that is offered on campus for students.

Rural Transit provides bus travel in rural areas in Monroe and neighboring Owen County. They provide fixed express routes that run from Spencer in Owen County to Monroe County through Ellettsville to bring people to Bloomington as well as all day transit between Bloomington and Ivy Tech. Residents can also schedule pick-up for busses to take them directly to an appointment or shopping.

Bloomington received a gold medal in 2018 for being a bicycle friendly community from the League of American Bicyclists. It was rated as very good for having bicycle-friendly laws and ordinances. Indiana University, Bloomington, received a silver medal as a bicycle friendly university (League of American Bicyclists, 2019). Monroe County is home to two large annual events that celebrate biking – the 3 day Hilly Hundred biking event and the Indiana University Little 500 bike race.

HOUSING

Monroe County has a higher number of renters than most counties in Indiana. In 2018, Monroe County had 61,114 housing units and almost half of which were owner occupied. This compares to 61.3% in Indiana, overall (2013-2017 American Community Survey, 2018). There were 369 building permits filed in Monroe County in 2018; 207 were for single-family, 56 for 2-family and 106 for units for five+ families. (United States Census Bureau, 2019)

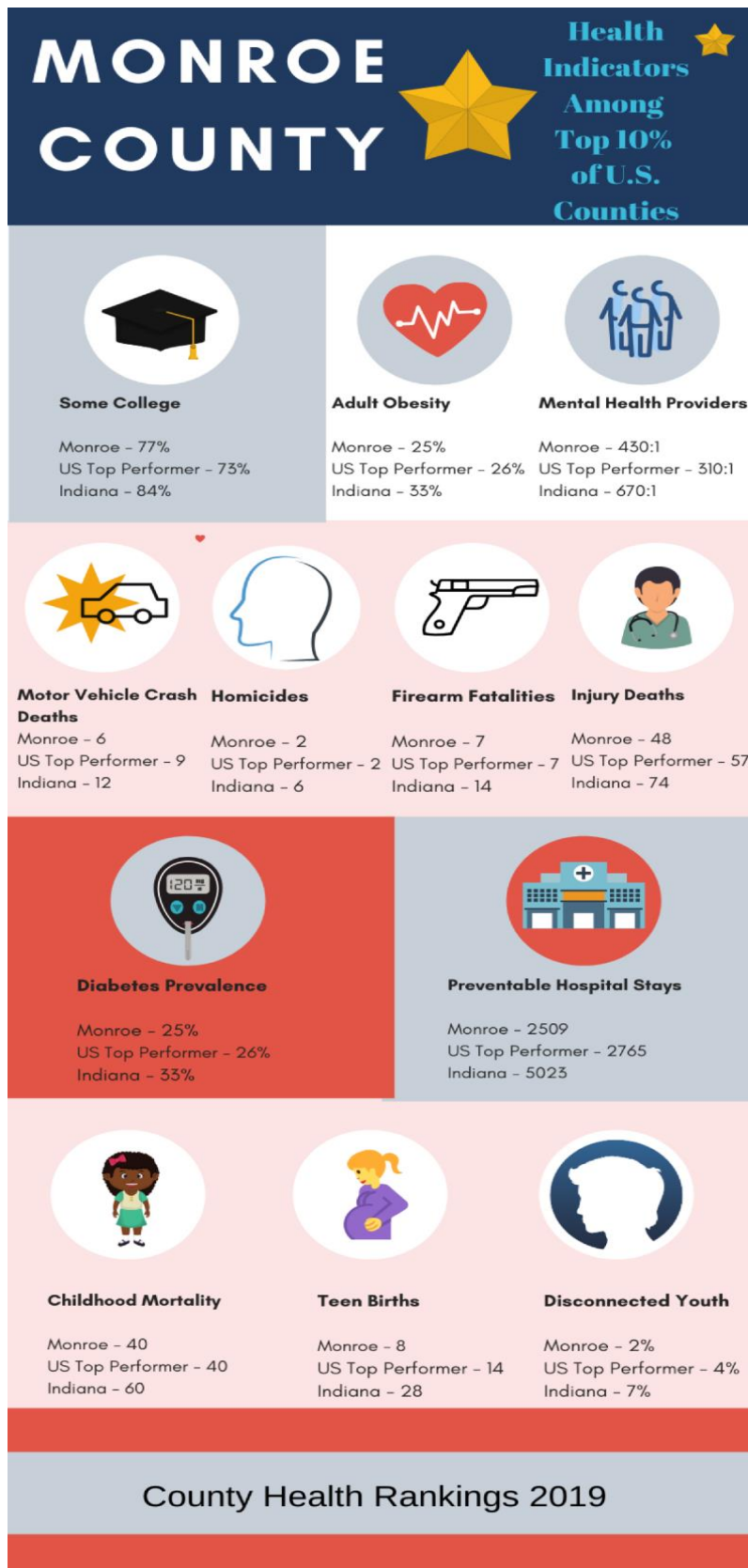
OTHER INFRASTRUCTURE

According to the US Census, 91.6% of households had a computer and 80.1% had a broadband connection (2013-2017 American Community Survey, 2018). A section of the northwest part of the county was selected to be part of the Indiana Next Level Broadband infrastructure project in 2019, according to county commissioners.

SAFETY

Monroe County has five police departments: The City of Bloomington Police Department, the Monroe County Sheriff's Department, Ellettsville Police Department, Stinesville Police Department and Indiana University Police (for IU only). It has city fire departments within Bloomington and Ellettsville, as well as fire departments in townships/territories covering those residing in non-incorporated areas in Monroe.

Monroe County a top performing U.S. county in these health indicators



HEALTH OUTCOMES

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 as seen at the right.

According to County Health Rankings 2019, Monroe is ranked among the top 10% of U.S. counties in the following health indicator measures:

EDUCATION

- # of adults who have taken some college classes

HEALTH/DISEASE

- Adult obesity levels
- Diabetes Prevalence
- Preventable Hospital Stays

MENTAL HEALTH

- # of mental health providers

ENVIRONMENT

- Motor vehicle crash deaths
- Homicides
- Firearm fatalities
- Injury deaths

YOUTH

- Childhood mortality
- Teen births
- Disconnected youth

(Fig 12)

MONROE COUNTY BIRTHS AND DEATHS

There were 1989 registered births in Monroe County in 2018; 1000 males and 989 females. The average age of the mother was 28.4 years, but 97 births were from moms aged 14-19 and 48 births were from mothers aged 44 – 48 years.

fig 13 Monroe County Vital Records Deaths 2016 - 2018

TOP CAUSES OF DEATH

Monroe County Health Department Vital Records Dept.			
Cause of Death per Category	2016	2017	2018
Alzheimer's/Dementia	91	64	49
Cancer	243	243	232
Cirrhosis	16	16	15
COPD	36	40	41
Diabetes	8	3	2
Drug Related*	23	31	25
Heart Disease	320	302	297
Pneumonia	39	50	58
Renal	66	43	53
Sepsis	22	63	62
Other	431	416	457
Total	1295	1258	1291

Heart disease and cancer continue to be the top causes of death tracked by the health department during the years studied. They are also the top causes of death in the United States during the same period (*fig 13*). The "Other" category contained all causes not individually identified in the chart.

CORONER CASES - MANNER OF DEATH

fig. 14

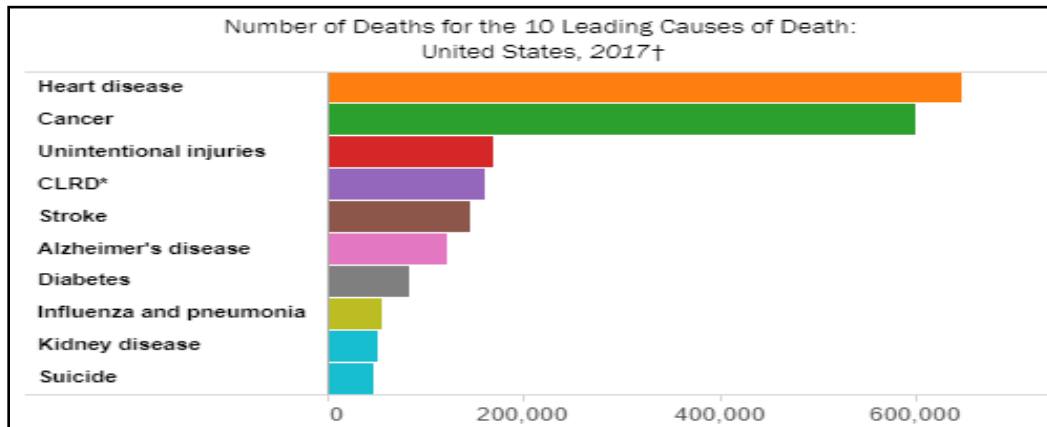
Monroe County Coroner- manner of death 2016-2018

Monroe County, IN Coroner Report – Manner of Death			
	2016	2017	2018
Accident	42	60	45
Homicide	4	3	6
Natural	98	95	113
Suicide	30	22	27
Undetermined	8	1	4
Total	182	181	195

(fig 15)

TOP 10 LEADING CAUSES OF DEATH – UNITED STATES 2017

Centers for Disease Control and Prevention/National
Center for Health Statistics



*Chronic Lower Respiratory Disease

SUICIDE

(fig16) Suicide Data, Monroe County Health Department
Vital Records Department

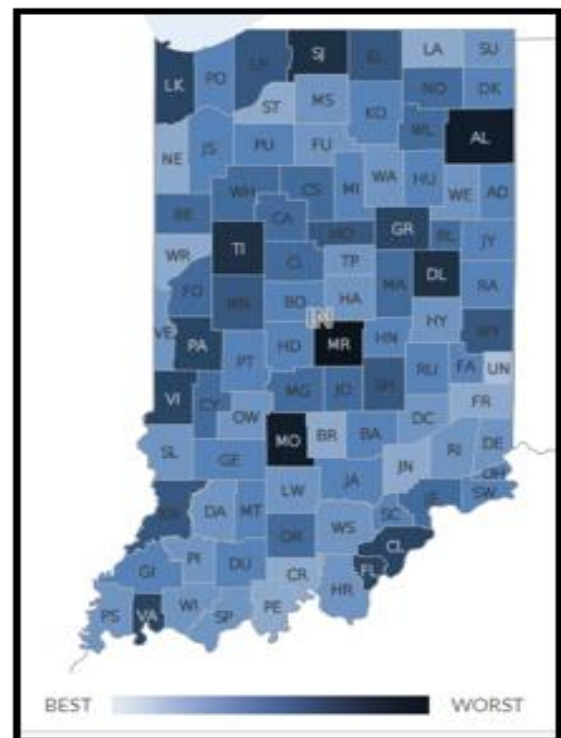
Monroe County Health Department Suicide Data by Year					
Monroe County Age -	2015	2016	2017	2018	2019*
- <19	0	0	2	3	2
- 19-40	7	15	6	9	9
- 41-60	7	11	12	8	8
- 61-90	4	2	2	6	2
- 91 & over	0	2	0	0	0
Male	13	23	19	17	15
Female	5	7	3	9	6
Caucasian	16	28	18	21	17
Black	1	0	1	2	3
Asian	1	2	1	2	0
Other	0	0	2	1	1
Total Number	18	30	22	26	21

*preliminary data.

Among deaths examined by the Monroe County coroner, natural deaths signified the largest category during the three-year period followed by accidental deaths. Coroners in Indiana are responsible for investigating any deaths that happen in a suspicious, unusual or unnatural manner. They also may investigate natural deaths in which a physician was not involved.

There were 26 suicides in 2018 as compared to 22 in 2014 with the majority of cases involving white males between the ages of 19-60 according to the Monroe County Health Department Vital Records Department. Two suicides in 2019, 3 suicides in 2018 and 2 suicides in 2017 were reported as involving youth younger than age nineteen.

(fig 17) Communicable Disease, Indiana Counties,
County Health Rankings 2019



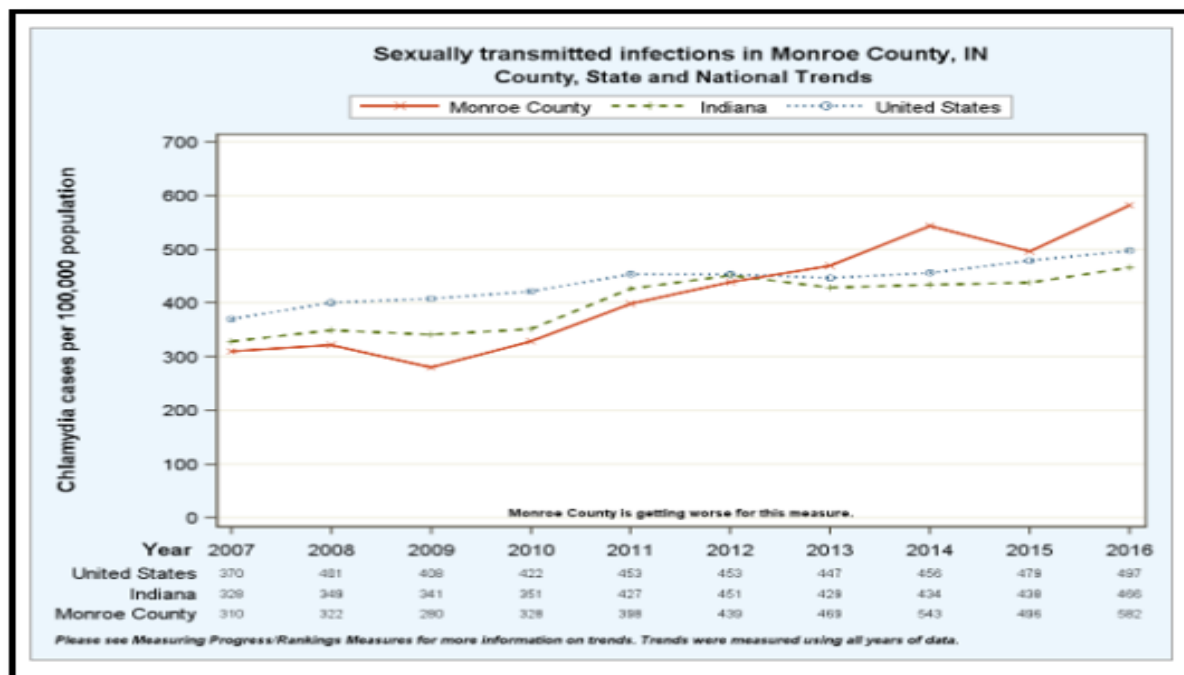
Infectious and Communicable Disease

Communicable disease prevention, investigation and treatment is one of the core functions of public health. The Monroe County Health Department has two county disease intervention specialists (DIS), as well as a state DIS, that work to prevent the spread of sexually transmitted infections (STI) within a 12 county region. Per the County Health Rankings 2019, Monroe County continues to rank high in STI infections.

Monroe County had 581.9 newly diagnosed chlamydia infections per 100,000 population as compared to 466 in Indiana overall and 152.8 in best performing U.S. counties. According to the MCHD 2018 Annual Report, STI infections were the most reported communicable disease cases in 2018, followed by cases of hepatitis C infections.

State, County and National STD Trends

County Health Rankings 2019 (fig 18)



The Monroe County Health Department provides oversight, as well as funding and a staff person for testing and outreach for a syringe service program as a means to prevent the spread of hepatitis C and HIV. The program is operated by the Indiana Recovery Alliance, a non-profit community based organization. Participants receive harm reduction education and materials as well as referrals to needed services or treatment.

The health department's harm reduction program also provides naloxone and overdose training to community residents and organizations.

COMMUNICABLE DISEASE

(fig 19) Monroe County Communicable Disease Cases

Monroe County Reportable Communicable Disease: Confirmed Cases – 2018 Annual Report			
		2017	2018
1	Chlamydia	901	938
2	Gonorrhea	204	253
3	Hepatitis C	91	85
4	Hepatitis A	<5	18
5	Hepatitis B	25	12
6	Streptococcus Pneumonia	8	10
7	Early Syphilis	31	9
8	Mumps	8	0
9	Pertussis	5	6
10	Salmonella	6	<5
11	E. Coli (Shiga toxin)	<5	5

The Monroe County Health Department contracts with Indiana University Health Bloomington to provide public health nursing services, which includes non-STD communicable disease follow-up. Monroe County has experienced several disease outbreaks within the last several years. Indiana has been a part of a multi-state hepatitis A outbreak since November of 2017. Since the start of the Indiana outbreak, Monroe County has experienced 57 hepatitis A cases, according to the Indiana State Department of Health (ISDH). (Indiana State Department of Health -HIV/STD/Viral Hepatitis, 2019). Monroe County normally has less than 5 hepatitis cases per year.

While hepatitis A has been historically spread through contaminated food or water, no food or drink items have been linked to the outbreak. This outbreak has been determined to be spread person to person with those most at risk identified as being

homeless, using illicit drugs, being incarcerated, men who have sex with men or people who have close contact with high risk individuals.

Monroe County also had a mumps outbreak in 2017 with 8 cases reported (3 or more cases of mumps is considered an outbreak). Early syphilis (primary and secondary) cases also rose sharply in 2017 to 31 cases from a level of 5 in 2016 and 6 in 2015. Cases of early syphilis fell again to 9 cases in 2018.

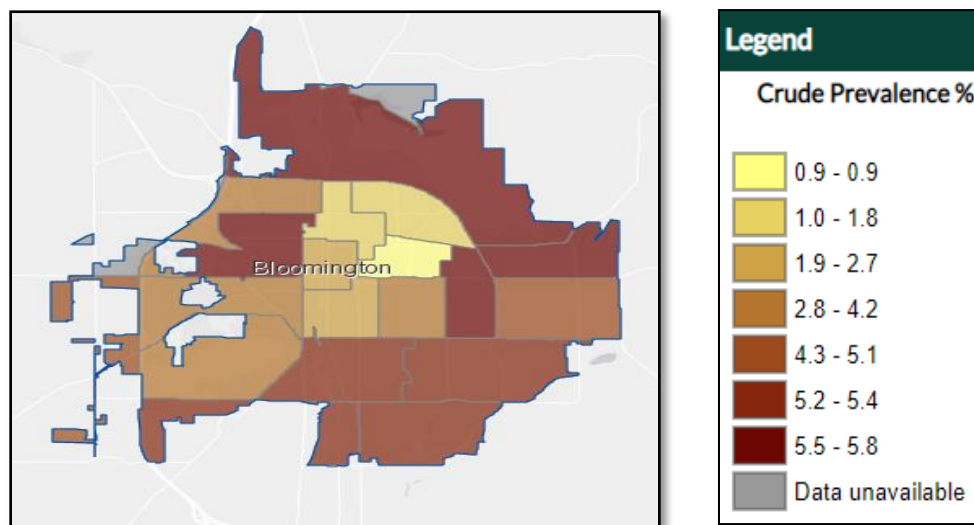
CHRONIC DISEASE

According to the Monroe County Vital Records Department, heart disease and cancer are the #1 and #2 identified causes of death in Monroe County as it is for many counties in the United States. Per the model below (fig. 20), the highest levels of heart disease are estimated to be in census tracts located just on the outskirts of the central city to the north, east and west, with the west having the highest levels. This tract also has been identified as having the highest number of low income residents within city limits when removing residents 18-24 years of age. The lowest levels of coronary heart disease were found in the census tracts most closely associated with off-campus student housing.

The model was derived by using survey responses from the Behavioral Risk Factor Surveillance System (BRFSS) that compared the number of people who said they were told by health professionals that they had angina or heart disease to those who have not been told.

(fig 20) **Estimate Coronary Heart Disease by Census Tract, Bloomington, IN**

500 Cities Project: Local Data for Better Health <https://www.cdc.gov/500cities/>



CANCER

Comparison of cancer rates – Monroe, Indiana and the United States

There were 2867 new cases (441 per 100k) of cancer diagnosed in Monroe County and 1052 deaths from 2012 – 2016 (162 per 100k). Cancer rates represent the number of new cases of cancer per 100,000 people (incidence) or the number of cancer deaths per 100,000 people (mortality) during a specific period. This compares to 171,209 new cases of cancer in the U.S. and 67,080 in Indiana overall during the same time frame. (U.S. Cancer Working Group, 2019)

Monroe County had less incidence than Indiana and the U.S. overall in 9 of the 20 categories examined from 2012-2016. These include cancers of the bladder, brain, esophagus, ovaries, stomach, thyroid and uterus as well as leukemia and non-Hodgkin's Lymphoma. Monroe fared worse than both in incidence rates for five different cancer sites. Of note, prostate and melanoma were substantially higher than state and national rates while the rates for liver/bile, oral cavity/ pharynx and pancreas were much more similar.

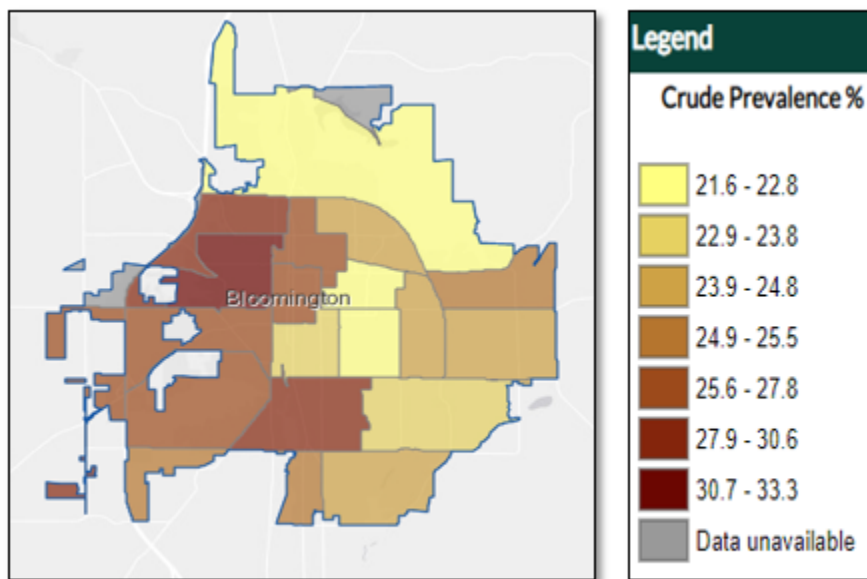
(fig 21) U.S. Cancer Working Group 2019

Age-Adjusted Incidence Rates by Cancer Site, All Stages 2012-2016	Monroe	IN	U.S.
All cancer types	440.9	457.1	448.0
Bladder	15.4	21.6	20.1
Brain & ONS	6.1	6.6	6.5
Breast (female)	124.3	121.9	125.2
Cervix (female)	8.0	8.0	7.6
Childhood (Ages < 20, all sites)	18.7	18.5	18.9
Colon & Rectum	41.3	42.7	38.7
Esophagus	3.8	5.5	4.5
Kidney and Renal Pelvis	17.1	18.7	16.6
Leukemia	12.3	13.9	14.1
Liver & Bile Duct	8.7	7.1	8.3
Lung and Bronchus	60.3	72.9	59.2
Melanoma of the Skin	27.8	20.1	21.8
Non-Hodgkin Lymphoma	18.6	18.8	19.2
Oral Cavity & Pharynx	12.5	12.3	11.7
Ovary (female)	9.2	10.6	11.1
Pancreas	14.5	13.3	12.8
Prostate (Male)	111.8	91.8	104.1
Stomach	3.7	5.8	6.6
Thyroid	10.0	12.4	14.5
Uterus (Female)	23.8	27.6	26.6

National Cancer Institute/Center for Disease Control and Prevention

OBESITY

(fig 22) - Modeled Estimate of Obesity by Census Tracts, Bloomington, IN



500 Cities Project: Local Data for Better Health
https://nccd.cdc.gov/500_Cities retrieved 12/2019

Monroe County's obesity rate (23%) falls in the top performing 10% of U.S. counties. The obesity rate in Indiana is 33% overall (County Health Rankings 2019). However, with Monroe being home to Indiana University, the large number of young student residents can affect the outcome of a community's health status. With more than half of Monroe County residents falling between the ages of 18-44, it is likely that the county demographics impacts the obesity rate for

the better. Without the impact of the student population, it is probable that Monroe County would more closely resemble its surrounding counties whose obesity rate ranges from 30% to 36%.

This is important to remember, as obesity can cause or worsen many health conditions, including heart disease, hypertension, diabetes, arthritis, and obesity related cancers. Obesity has also been linked with poverty. This is demonstrated in the model above with the census track with the highest prevalence of obesity also having the highest (non-student) level of low-income residents and coronary heart disease.

OTHER CHRONIC DISEASES

Monroe County (7%) is one of the two lowest counties in the state (12% overall) in the prevalence of diabetes per County Health Rankings 2019. The 2019 Healthiest Communities study found that life expectancy was most closely tied with diabetes prevalence among the health metrics studied across the U.S. (Healthiest Communities - U.S. News and World Report, 2019).

Seventeen percent of Monroe County residents rated themselves as having poor or fair health (County Health Rankings 2019) as compared to 18% for Indiana overall and 12% for U.S. top performing counties. This ranking is used to measure health-related quality of life, which helps to indicate the load caused by chronic disease or disability. Monroe residents rated themselves higher for poor physical (4.1 vs. 3.9) and mental health days (4.4 vs. 4.3) than Indiana residents did overall.

HEALTHCARE ACCESS AND AFFORDABILITY

Monroe County has three hospitals located within its boundaries. IU Health Bloomington Hospital is a member hospital of a statewide system of care based in Indianapolis. It is currently located in downtown Bloomington. IU Health is building a new teaching hospital on the Indiana University campus that will replace the downtown site when it is completed. Monroe Hospital is located just outside of city boundaries and is part of a multi-state organization that includes 45 hospitals. Bloomington Meadows Hospital, located on the northwest side of the city, provides services limited to mental health.

Access to care was the #1 priority identified in focus groups and one on one intercept interviews. Area residents reported a long wait time in order to get appointments with new primary care physicians and psychiatrists. They also reported that barriers to accessing care exist beyond the actual appointment. These barriers include having adequate financial means/insurance, transportation, childcare and flexible work schedules. According to County Health Rankings 2019 data, Monroe ranks lower for access to primary care providers than Indiana (1710:1 compared to 1500:1). It also has less dentists than Indiana overall (2100:1 vs 1810:1).

Monroe County was designated as a Health Professional Shortage Area in 2017 for mental health (Health Resources and Services Administration (HRSA), 2019). Monroe ranks higher than Indiana overall for mental health providers to patients (430:1 vs 670:1 - County Health Rankings 2019).

The availability of treatment for substance use disorder increased substantially within the last few years, due to changes in federal policies and funding. The State of Indiana authorized the placement of a methadone clinic in Bloomington in 2017 and the facility opened in 2018. Other new organizations opened in the community to offer medication assisted treatment or to augment the facilities offering abstinence based or other therapies.

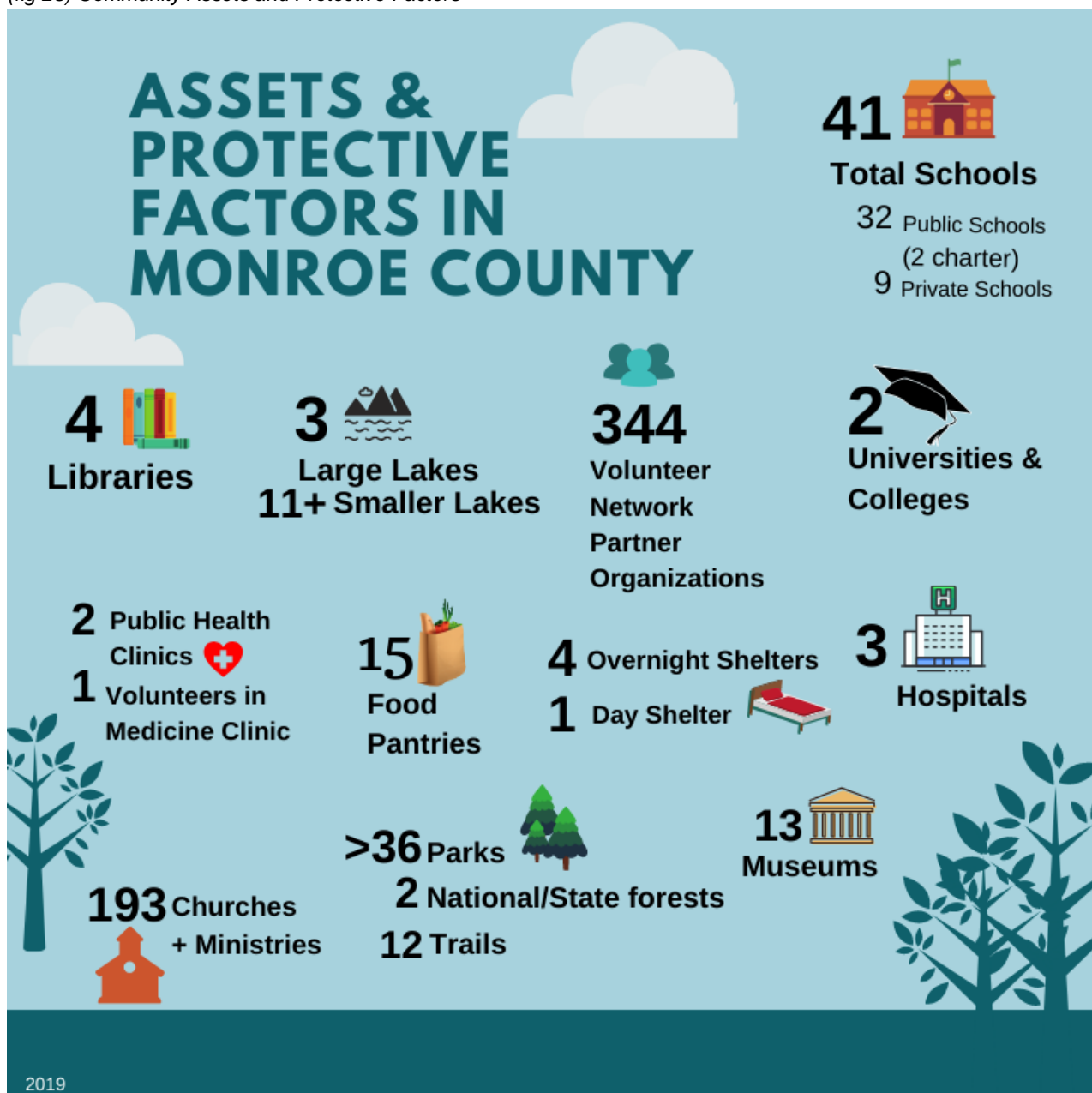
Only 9% of adults in Monroe County are currently not covered by insurance (County Health Rankings 2019). This number has decreased from 16% in 2015 and is slightly higher than the percentage in Indiana overall.

Those residents without insurance eligibility are able to access healthcare or assistance in getting insurance at the Volunteers in Medicine Clinic (VIM). VIM provides a safety net for residents of Monroe and Owen Counties who fall at or below 200% of the federal poverty level. VIM will become part of HealthNet, a federally qualified health center based in Indianapolis, at the end of 2019.

COMMUNITY ASSETS AND PROTECTIVE FACTORS

Monroe County has made a name for itself among surrounding counties for the number of social service agencies that serve its residents. Many provide services that support those without basic needs or resources. These include overnight and day shelters, food banks, community meals, and childcare. There are also agencies that focus on providing education for adults and children in many categories, such as scholastics, finances, parenting and many more. The City of Bloomington Volunteer Network alone has 344 partner agencies that support local residents where people could volunteer in 2019.

(fig 23) Community Assets and Protective Factors



HEALTH CHALLENGES- LOOKING AT THE SOCIAL DETERMINANTS OF HEALTH

Healthy People 2020 describes the social determinants of health as conditions in the environment in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Healthy People 2020, 2019). These include the different settings and the type of environments people interact with in their day to day lives and how they engage with them.

Another way to look at it is that someone's health is a result of the many different influences that impact their lives. These influences are entwined and impact each other - education, housing, safety, employment, income and social support – and all play a factor in a person's health. According to County Health Rankings, the largest area of impact on health (40%) is believed to be from social and economic factors that an individual or a family experiences. This is followed by health behaviors (30%), clinical/medical care (20%) and finally, their physical environment (10%).

POVERTY

According to Stats Indiana, Monroe County was ranked as having the highest poverty rate in Indiana in 2017 (21.6%) out of the 92 counties. Although Monroe County does have residents living in poverty, this ranking is misleading and likely due to the high numbers of college students living within the community.

According to data from the American Community Survey 2012-2016, Monroe County's poverty rate drops 10% if students living off campus are excluded from the calculation (from 25% to 15%). The poverty rate for the City of Bloomington (38.0%) falls almost 17% to 21.3% when off campus students were excluded from the count (U.S. Census, 2012-2016 American Community Survey, 2017).

The ACS 2012-2016 survey determined the poverty status for residents living in housing units and non-institutional group living spaces (poverty universe). Those not included were people living in institutional group quarters, college dormitories, military barracks and children under age 15 not related to the householder.

(fig 24)

Impact of Excluding Off-Campus Students on Poverty Rates – Monroe County and Bloomington: 2012-2016

2012-2016 American Community Survey – Places	Total Number of People in the Poverty Universe	Percent of off- campus college students	Poverty Rates				Differences	
			All People		All People <u>minus</u> off- campus college students			
			Estimate	Margin of Error	Estimate	Margin of error	Estimate	Margin of Error
Bloomington (City), Indiana	68,625	29.1	38.0	1.7	21.3	1.8	16.7	2.4
Monroe County, Indiana	128,344	16.3	25.0	1.2	14.9	1.2	10.1	1.6

Source: (U.S. Census, 2012-2016 American Community Survey, 2017)

INCOME AND POVERTY: Comparison between Monroe County and Indiana

(fig 25) Stats Indiana 2018

Income and Poverty	Number	Rank in State	% of State	Indiana
Per Capita Personal Income (annual) in 2018	\$42,212	45	89.5%	47,149
Median Household Income in 2017	49,180	62	90.8%	\$54,134
Poverty Rate in 2017	21.6%	1	162.4%	13.3%
Poverty Rate among Children under 18	17.2%	46	96.6%	17.8%
Welfare (TANF) Monthly Average Families in 2018	55	22	0.9%	6,032
Food Stamps Recipients in 2018	7612	18	1.3%	605.854
Free and Reduced Fee Lunch Recipients in 2018/2019	5,300	22	1.0%	514,915

Sources: Stats Indiana 2018 (U.S. Bureau of Economic Analysis, U.S. Census Bureau, Indiana Family Social Services Administration, Indiana Department of Education)

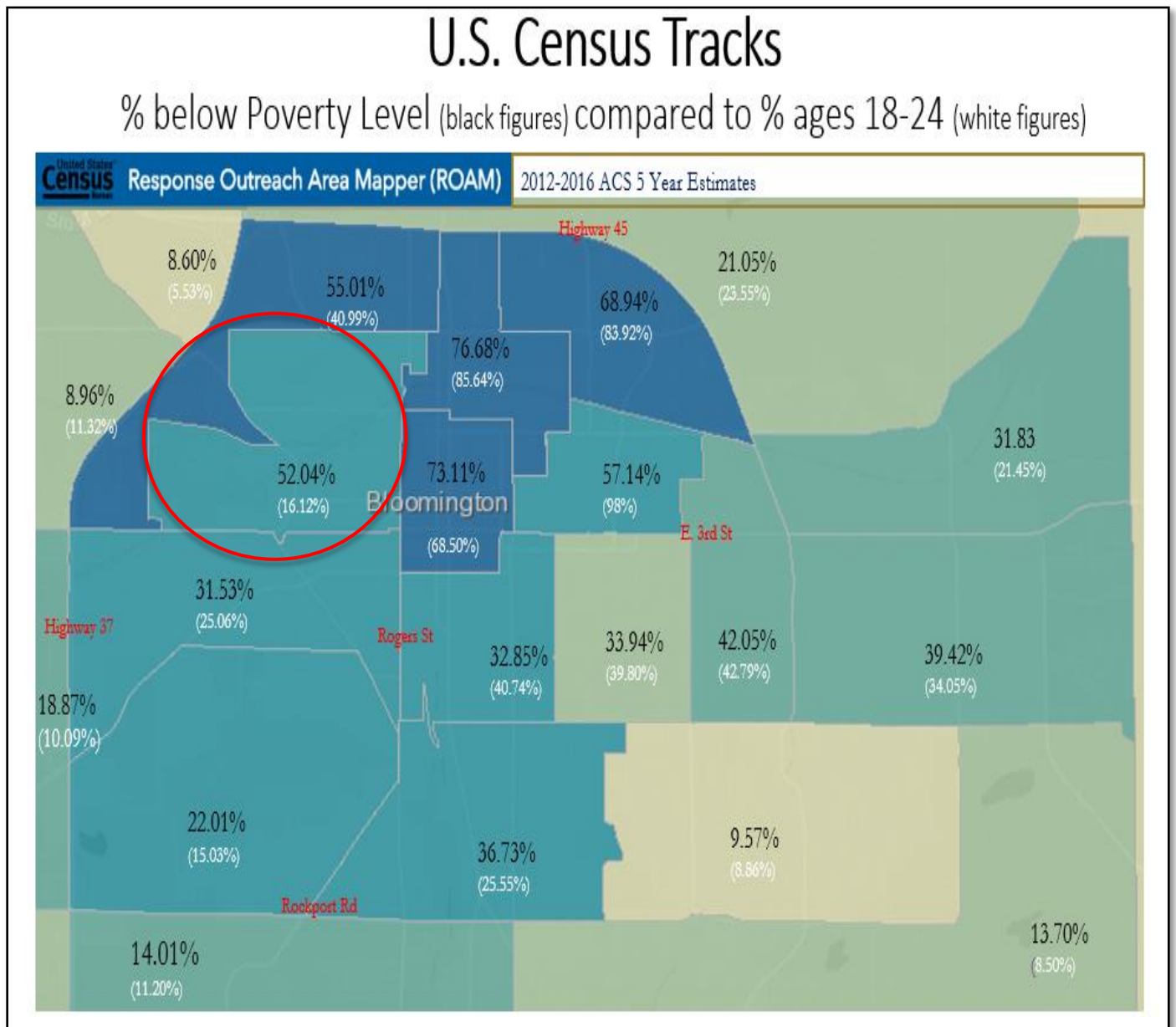
When looking at the poverty rate in 2017 among children under 18 (17.2%), Monroe County was ranked in the middle of Indiana counties at #46. Grant County had the highest rate at 27.3% while Indiana's rate was 17.8%. In addition, Monroe County children qualifying for free and reduced fee school lunch support in 2017 (34.9%) ranked #12 out of 92, with #92 being the county with the most children receiving support. Overall, in Indiana, 47.1% of children receive free or reduced fee school lunches in 2017 (Kids Count Data Center,

2019).

To identify areas where residents may be most at risk, the percentage of city residents living below the poverty level by census tract was examined and then compared to the number of people aged 18-24 (college aged) living there. Not surprising, the tracts with the highest rates of poverty were also those that had the most people aged 18-24 years of age and they were located in areas most closely associated with Indiana University.

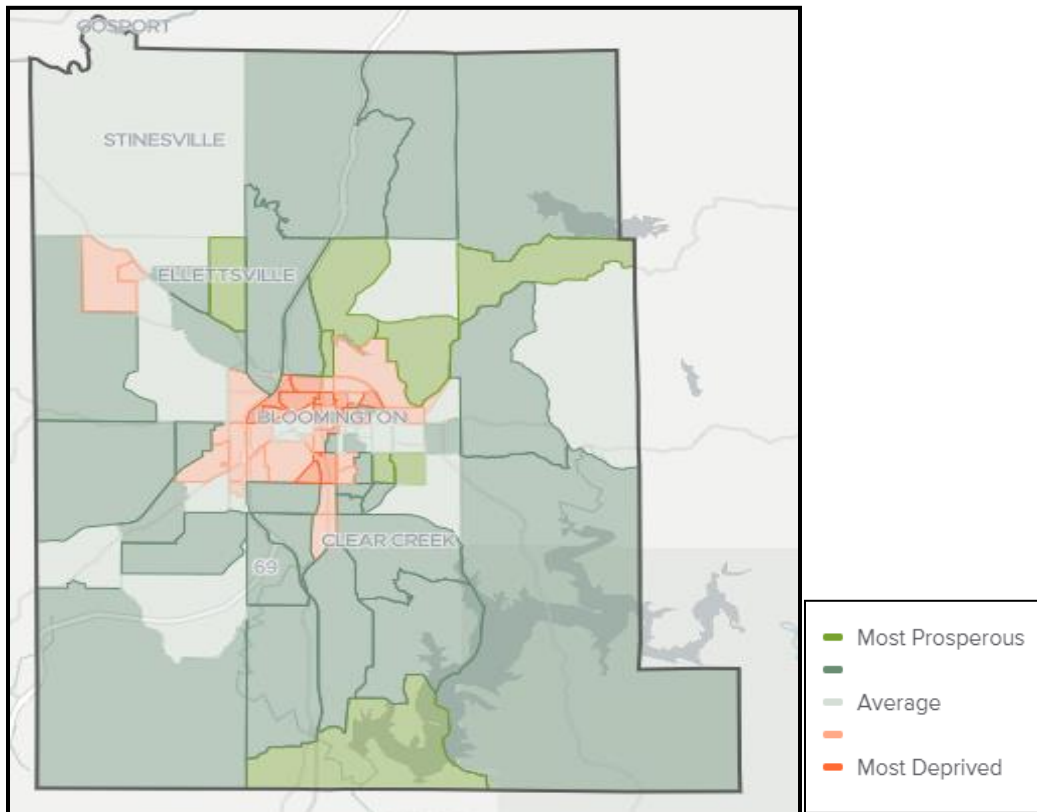
Areas of town with high poverty rates that corresponded with lower levels of college aged residents were explored to help verify areas with more broadspread need. The census tracts located in the northwest part of the city fit this description and they are home to the Bloomington Housing Authority (BHA). The BHA provides housing assistance and supportive services within 3 affordable housing communities and by the provision of Housing Choice (Section 8) vouchers for income eligible families.

(fig. 26) **Comparison between the % of census track residents living below the poverty level and those aged 18-24 years of age (college – aged).**



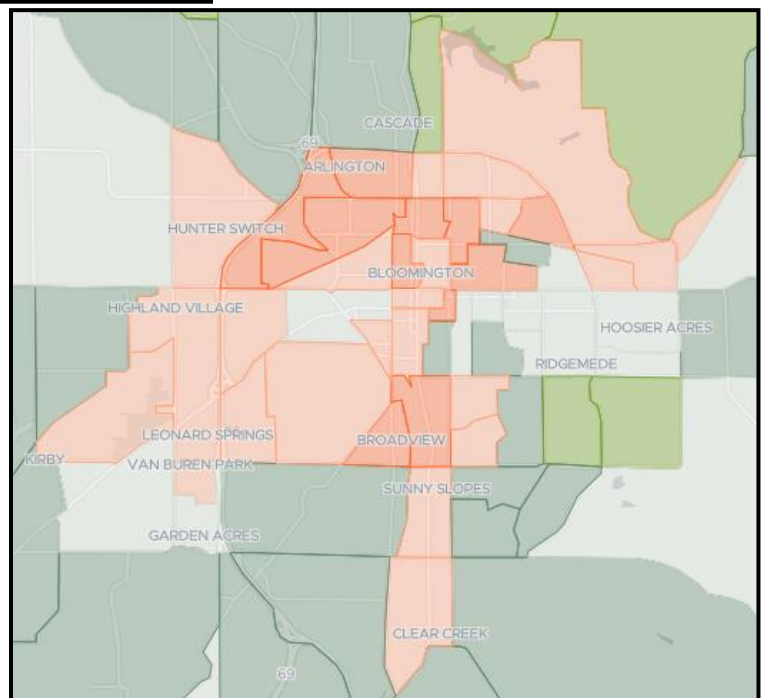
Monroe County was found to have a large disparity of incomes among census tracts as compared to Indiana (Us News Healthiest Communities 2019). The study found less income disparity among racial groups in Monroe County (0.09) than that in Indiana (0.18) or in national comparisons (0.18).

Area Deprivation Index - BroadStreet 2018



(fig. 27 & 28) - Resource Deprivation in Monroe County, Community Commons

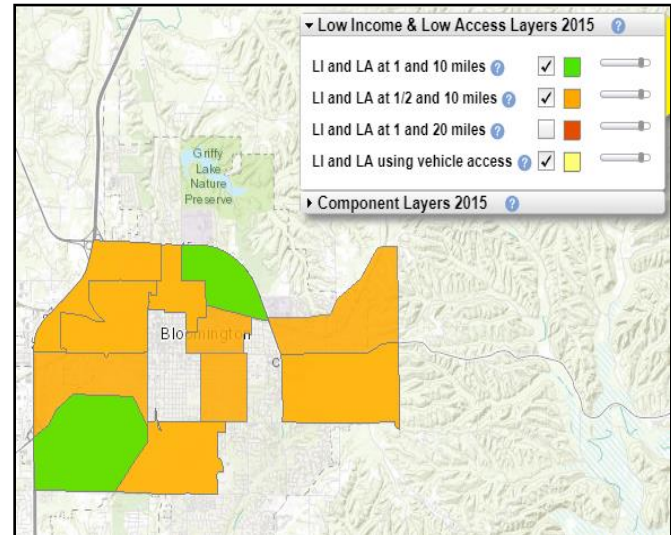
According to the Broadstreet Area Deprivation Project 2018, the Area Deprivation Index (ADI) identifies vulnerable populations with a higher risk of poor health outcomes, such as heart disease, cancer, increased hospitalizations, and higher mortality rates (Community Indicator Report, n.d.). Community Commons used data from the American Community Survey on 17 health indicators to calculate scores, with higher scores indicating higher levels of deprivation (with the darkest orange-red indicating the most deprived).



Food Deserts in Bloomington, Indiana

(fig. 29) - USDA Food Access Research Atlas, Bloomington, IN

Monroe County ranked higher than Indiana overall in food insecurity (18% vs 14% - County Health Rankings 2019). Eleven census tracts in Monroe County are labeled as food deserts because of residents having low income and lower access to food (USDA Food Access Research Atlas, n.d.). Food deserts are described as neighborhoods without easy access to groceries. While some of these neighborhoods do have gas/convenience stores, these stores often offer only a limited amount of healthy food choices.

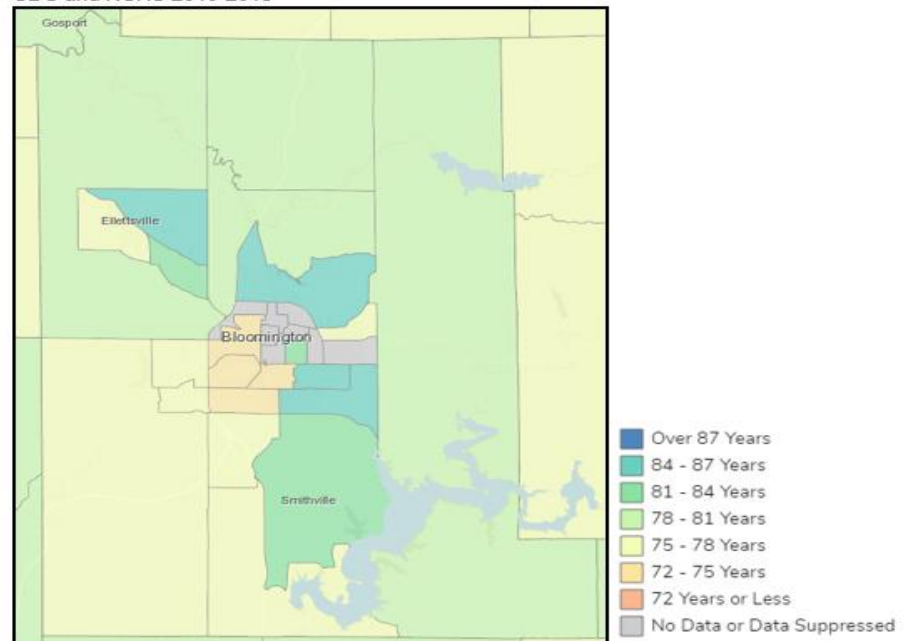


According to Feeding America, there were 24,260 food insecure people living in Monroe County in 2017 with 4,070 of those being children. Forty percent were above the SNAP threshold of 130% poverty (Feeding America, 2019).

Life Expectancy

Fig. 30 looks at Monroe County life expectancy at birth by census tract. When comparing *fig. 27* to *fig. 30*, you can see that the areas of lower life expectancy often correlate with the higher level tracts of deprivation. The areas of town identified as having the most deprivation includes an area with subsidized housing as well as a day shelter that allows participants experiencing homelessness to use it as their mailing residence.

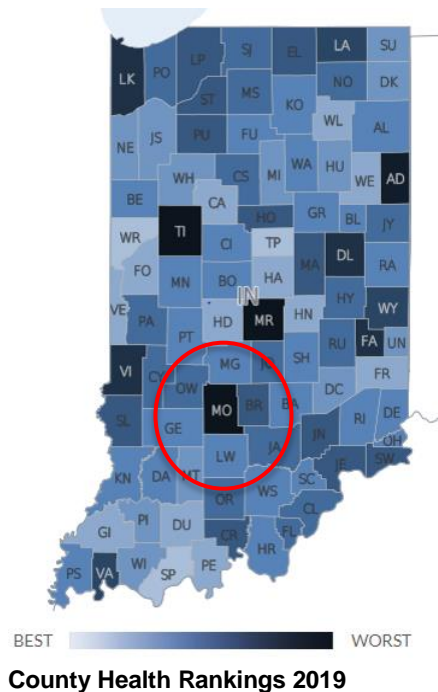
Life Expectancy at Birth, Years by Tract, CDC and NCHS 2010-2015



CARES Engagement Network, Community Commons

(fig 30)

(fig. 31) **Severe Housing Concerns**



Housing

The stability, quality, safety and affordability of housing can have a large impact on a person's health. For example, if a child lives in a home in a neighborhood with yards, sidewalks and parks, he may be more likely to play outside and get exercise than a child who lives in an area without these. Being able to afford a home in an area that is safe can create a sense of security and support good mental health.

Housing costs in Monroe County are high as compared to the rest of Indiana and it is one of the most expensive housing markets in the state. Being a college town, Monroe County has artificial pressure from students' needs that keep housing costs high. Additionally, Monroe County (\$10.32/hr.) falls in the bottom third of Indiana Counties for the estimated hourly mean wage (National Low Income Housing Coalition Out of Reach, 2019).

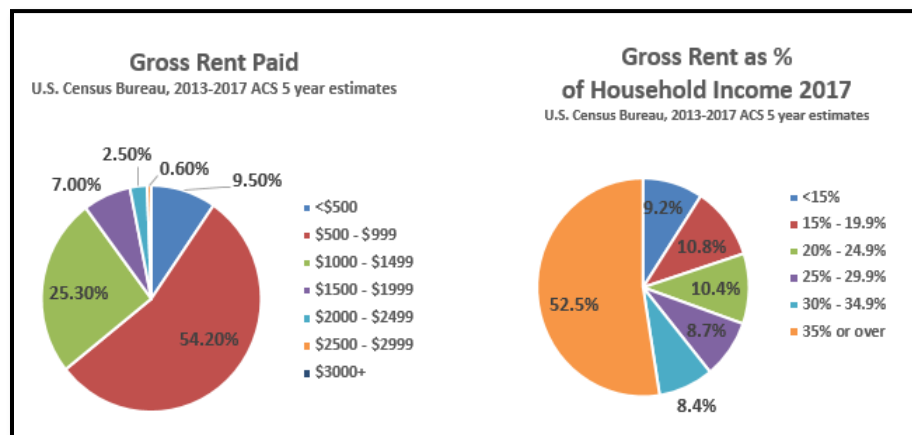
According to the National Low Income Housing Coalition, Bloomington metro and county residents need to make at least \$18.17 an hour in wages in order to afford a 2- bedroom apartment at the fair market price of \$945 without being considered cost burdened. This compares to the statewide estimate of \$16.03 for the same 2-bedroom apartment. Monroe was ranked as the least affordable Indiana county in terms of rentals in both 2018 and 2019 by the National Low Income Housing Coalition (fig. 32 and fig. 34).

(fig 32) **Indiana Counties with high housing costs by rank 2019**

2019 Indiana counties with highest housing wage/costs	Hourly wage necessary to afford a 2 BR at Fair Market Rate (FMR)	Cost of 2 Bedroom at FMR	Full-time jobs at minimum wage to afford 2 BR at FMR	Estimated hourly mean renter wage	Monthly rent affordable at mean renter wage	Full-time jobs at mean renter wage needed to afford 2 BR at FMR
1. Monroe	\$18.17	\$945	2.5	\$10.32	\$537	1.8
2. Lake	\$17.67	\$919	2.4	\$13.42	\$698	1.3
3. Newton	\$17.67	\$919	2.4	\$14.97	\$778	1.2
4. Porter	\$17.67	\$919	2.4	\$11.81	\$614	1.5
5. Boone	\$17.65	\$918	2.4	\$11.30	\$587	1.6
6. Brown	\$17.65	\$918	2.4	\$7.06	\$367	2.5
7. Hamilton	\$17.65	\$918	2.4	\$15.37	\$799	1.1
8. Hancock	\$17.65	\$918	2.4	\$12.37	\$643	1.4
9. Hendricks	\$17.65	\$918	2.4	\$11.39	\$592	1.6
10. Johnson	\$17.65	\$918	2.4	\$11.52	\$599	1.5

Out of Reach 2019/National Low Income Housing Coalition

(fig. 33) **Monroe County Cost of Rent and % of Income 2017**



Almost 60% of renters in Monroe County paid over 30% of their gross income for rent in 2017, according to the US Census Bureau. Households that spend more than 30% of their income on housing costs are said to be cost burdened.

(fig 34) **The Status of Working Families in Indiana, 2018 report**

Fig. 35 (next page) shows a closer look at housing costs in Monroe County by zip-code. The zip-code with the highest housing wage is 47401 (\$20.58) which covers the south-east side of the county and includes areas by Lake Monroe. The zip-code with the lowest housing wage (\$15.96) is 47433 in the northeast corner of the county where it borders Owen County. Conversely, this area had the highest median household income of the listed zip-codes (\$58,575.00) as well one of the lowest listed poverty rates. The highest poverty rate was found in 47408 (42.8%), which has a high concentration of students at IU. (No information on poverty rates for the zip-codes encompassing IU (47405, 47506) was given).

	2BR fair market monthly rent	Housing wage needed to afford a 2BR apt	Estimated average renter wage	Avg renter income as % of wage needed	Rental affordability county rank
Monroe County	\$884	\$17.00	\$10.66	62.70%	92
Sullivan County	\$770	\$14.81	\$9.65	65.20%	91
Crawford County	\$666	\$12.81	\$8.59	67.10%	90
Posey County	\$787	\$15.13	\$11.23	74.20%	89
Fayette County	\$674	\$12.96	\$9.81	75.70%	88
Delaware County	\$693	\$13.33	\$10.10	75.80%	87
Howard County	\$745	\$14.33	\$11.02	76.90%	86
Wayne County	\$694	\$13.35	\$10.49	78.60%	85
Martin County	\$666	\$12.81	\$10.12	79%	84
Lake County	\$864	\$16.62	\$13.25	79.80%	83
Harrison County	\$793	\$15.25	\$12.22	80.10%	82
Clay County	\$758	\$14.58	\$11.74	80.60%	80
Vigo County	\$758	\$14.58	\$11.74	80.60%	80
Tippecanoe County	\$827	\$15.90	\$13.05	82%	79
Madison County	\$775	\$14.90	\$12.33	82.70%	78
Floyd County	\$793	\$15.25	\$12.82	84.10%	77
Adams County	\$666	\$12.81	\$10.80	84.30%	76
Marion County	\$850	\$16.35	\$13.80	84.40%	75
St. Joseph County	\$792	\$15.23	\$12.94	84.90%	74

Source: National Low-Income Housing Center

The Housing and Urban Development sponsors an annual Point –in –Time count of people experiencing homelessness. The Point-in-Time count for 2019 was 380 persons experiencing homelessness in Monroe County and 3904 in Indiana, overall – excluding Indianapolis. (United Way of Monroe County, 2019).

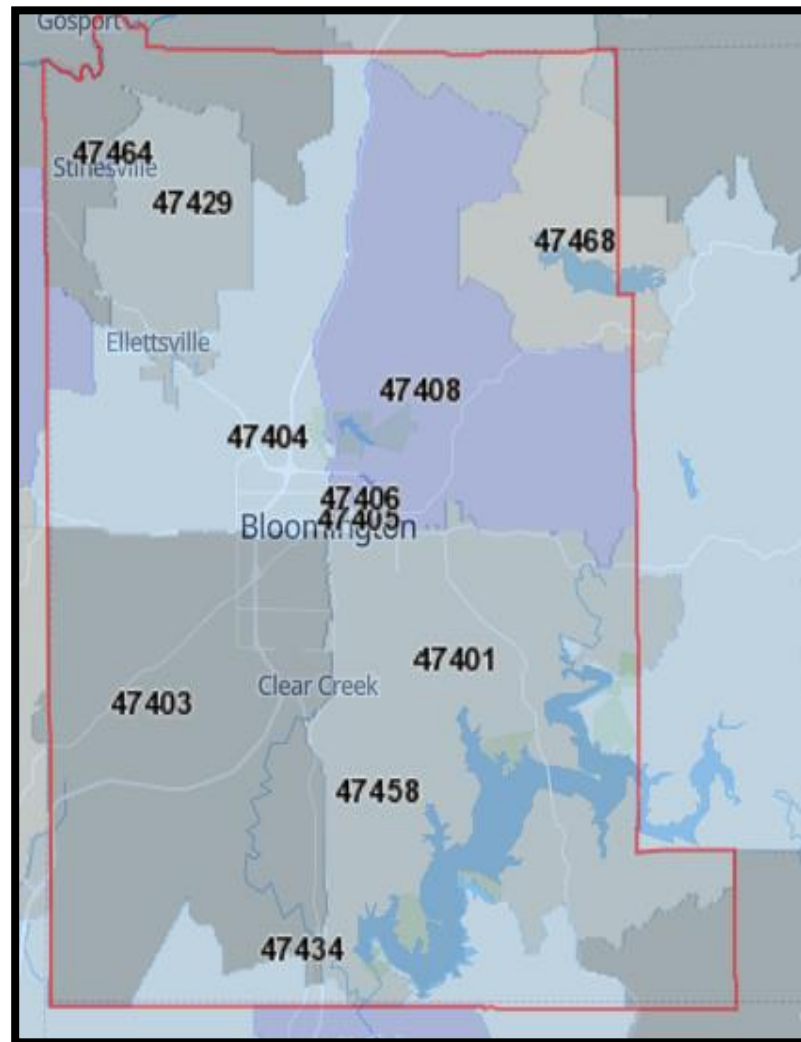
(Fig 35)

Comparison between rental costs, income and poverty rate between Monroe County Zipcodes

47433 NE Monroe County/Owen	
Two BR Housing Wage	\$15.96
Fair Market Rent – 2 BR home	\$830.00
Poverty Rate	9.6%
Median Household Income	\$58,575.00
Labor Force Participation	66.1%
Unemployment	5.4%

47429 Ellettsville	
Two BR Housing Wage	\$17.50
Fair Market Rent – 2 BR home	\$910.00
Poverty Rate	11.1%
Median Household Income	\$57,900.00
Labor Force Participation	70.8%
Unemployment	2.9%

47468 Unionville Area	
Two BR Housing Wage	\$18.46
Fair Market Rent – 2 BR home	\$960.00
Poverty Rate	6.1%
Median Household Income	\$56,319.00
Labor Force Participation	57.9%
Unemployment	1.7%



47408 Bloomington	
Two BR Housing Wage	\$17.88
Fair Market Rent – 2 BR home	\$930.00
Poverty Rate	42.8%
Median Household Income	\$29,981.00
Labor Force Participation	54.7%
Unemployment	7.4%

47406 Bloomington (IU)	
Two BR Housing Wage	\$18.27
Fair Market Rent – 2 BR home	\$950.00
Poverty Rate	
Median Household Income	
Labor Force Participation	26.3%
Unemployment	21.7%

47405 Bloomington (IU)	
Two BR Housing Wage	\$18.27
Fair Market Rent – 2 BR home	\$950.00
Poverty Rate	
Median Household Income	
Labor Force Participation	31.8%
Unemployment	17.6%

47401 Bloomington	
Two BR Housing Wage	\$20.58
Fair Market Rent – 2 BR home	\$1070.00
Poverty Rate	23.3%
Median Household Income	\$52,366.00
Labor Force Participation	62.7%
Unemployment	5.4%

47458	
Two BR Housing Wage	\$18.27
Fair Market Rent – 2 BR home	\$950.00
Poverty Rate	
Median Household Income	
Labor Force Participation	100%
Unemployment	

47403 Bloomington	
Two BR Housing Wage	\$16.92
Fair Market Rent – 2 BR home	\$880.00
Poverty Rate	15.8%
Median Household Income	\$49,891.00
Labor Force Participation	70.7%
Unemployment	6.5%

47404 Bloomington	
Two BR Housing Wage	\$17.88
Fair Market Rent – 2 BR home	\$930.00
Poverty Rate	30.6%
Median Household Income	\$37,464.00
Labor Force Participation	65.7%
Unemployment	6.3%

47434 Harrodsburg Area	
Two BR Housing Wage	\$18.27
Fair Market Rent – 2 BR home	\$950.00
Poverty Rate	
Median Household Income	
Labor Force Participation	
Unemployment	

Zip code Data from <https://reports.nlihc.org/oor/zip?code> retrieved 11/2019 (National Low Income Housing Coalition, 2019)
Map from <https://www.unitedstateszipcodes.org/> (United States Zip Codes, 2019)

Social Inclusion

Having social associations and connections to people within one's environment is a powerful indicator of being able to make better health behavior choices and maintaining better mental health. People who feel isolated are more likely to have poor self-esteem, mental and physical health. In fact, social isolation is now regarded as being as damaging to health as smoking cigarettes. Per the Health Resources and Services Administration (HRSA), "loneliness and social isolation can be as damaging to health as smoking 15 cigarettes a day". (Health Resources and Services Administration (HRSA), 2019)

Monroe County was ranked among the lower tier of the state's counties (9.7) for social inclusion while Indiana, overall, is at 12.3 (County Health Rankings 2019). This may be in part to the high number of students, who as a rule, don't join the type of organizations tracked in this measure. These include formal voluntary memberships in local groups such as civic, business, religious, professional or sports organizations.

HEALTH RISK BEHAVIORS

Substance Use

Substance Use Treatment Episodes 2018		
Source: Indiana Family and Social Services Administration, Division of Mental Health and Addiction		
	Monroe	Indiana
Total number of admissions for treatment	1428	33,399
Number of admissions with alcohol use reported	689	15,250
Percent of admissions with alcohol use reported	48.2%	45.7%
Number of admissions with marijuana use reported	788	16,489
Percent of admissions with marijuana use reported	55.2%	49.4%
Number of admissions with cocaine use reported	124	3,934
Percent of admissions with cocaine use reported	8.7%	11.8%
Number of admissions with heroin use reported	357	7,131
Percent of admissions with heroin use reported	25.0%	21.4%
Number of admissions with methamphetamine use reported	557	9,976
Percent of admissions with methamphetamine use reported	39%	29.9%
Number of admissions with prescription opioid use reported	388	6,818
Percent of admissions with prescription opioid use reported	27.2%	20.4%

Treatment data represent the number of admissions to treatment, not the number of individuals (who may be admitted to treatment more than once a year). The data include only admissions to state-funded treatment (individuals who are 200% below the federal poverty level).

According to the 2018 and 2019 County Health Rankings data, 21% of Monroe County residents over the age of 18 reported binge or heavy drinking as compared to 18% in 2016. Monroe also ranked higher than the state average (19%). 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 g/dL or higher, typically thought to be 5 or more drinks for men and 4 or more drinks for women in two hours. The Indiana Family and Social Service Administration (FSSA) collected substance use treatment episode data for 2018 that showed that almost 50% of admissions reported alcohol use (fig 37).

According to Health Indicators Warehouse (2006-2012), Monroe County ranked #3 of Indiana counties for the number of alcohol related treatment episodes per Indiana County in 2018. It also ranked 92 out of 92 counties for the most alcohol expenditures.

(fig 36) Substance Use Treatment Episodes 2018

The Indiana State Epidemiological Outcomes Workgroup 2017 report found that Monroe County ranked #1 among Indiana counties for the number of liquor law violation arrests charged against businesses violating alcohol-related policies, such as selling alcohol to minors. Monroe County tied with two other Indiana counties in the #3 spot for arrests for public intoxication.

(fig 37) **Indiana State Epidemiological Outcomes Workgroup 2017,**
gathered from the Uniform Crime Reporting program, 2014

Monroe County, IN	Number	Rate per 1000	Rank in State
Liquor Law Violations Arrests	639	4.5	#1
Public Intoxication Arrests	267	1.9	#3 (tied with two other counties)
DUI Arrests	431	3.0	#56 (tied with 4 other counties)
Alcohol Related Collisions (2016)	192	1.32	#53 (tied with 1 other county)
Child Removals due to Parental Alcohol Use	27 (of 260)		

Like many counties in Indiana and the U.S., Monroe County has been impacted by the opioid and drug epidemic. The table below shows mortality results from drug and alcohol use and how they have changed in the last eight years. Deaths resulting from opiate use grew from one in 2011 to 17 in 2018.

(fig 38)
Substance Related Mortality, Monroe County, IN 2011-2018

Monroe County, IN	Deaths from drug overdoses	Deaths from Drugs Containing Any type of Opioids	Deaths From Drugs containing Synthetic Opioids	Deaths from Heroin	Deaths from Benzo-diazepines	Deaths From Cocaine	Deaths from Psychostimulants other than Cocaine	Deaths from Alcohol Related Causes
2011	20	1	0	1	0	0	0	11
2012	23	6	2	1	1	0	0	15
2013	19	7	0	3	1	0	0	5
2014	30	8	0	4	0	0	0	17
2015	19	10	4	3	1	0	1	11
2016	26	17	7	7	1	2	0	16
2017	28	16	9	4	5	0	6	11
2018P*	26	17	11	2	7	2	5	NA

*Preliminary data 2018. Data from IN Stats Explorer. Data updated 12-17-19

Fig 41 shows data from IU Health Bloomington Hospital regarding ER and hospital visits for alcohol and drug use in 2018. There were 2241 visits to the ER in 2018 from alcohol and drug use. Of the 209 alcohol/drug overdoses treated in the ER, 85 were caused by opiates.

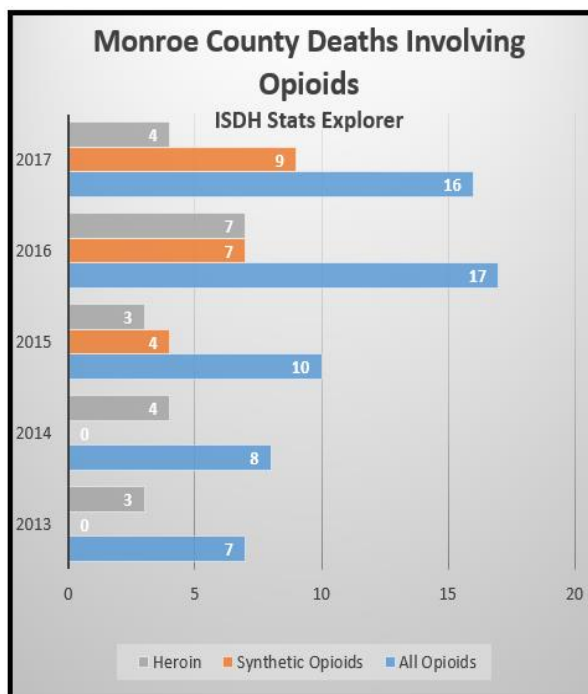
(fig. 39) **Indiana University Health Bloomington Hospital**

Patients with Alcohol/Drug Abuse or Overdose Diagnosis -		
IU Health Bloomington Hospital 2018	ER visits	All IUH Bloomington Hospital Visits
# Visits from alcohol and/or drug use	2241	2551
# Alcohol/drug overdose cases treated	209	236
# Aged 18-25	391	440
# Overdoses caused by Opiates	85	88
# Deaths from all overdoses	11	11
# Overdose deaths from opiates	1	1

Indiana State Police Bloomington District Clandestine Lab Seizures 2008 – 2017

Year	Number of meth labs Seized
2008	3
2009	3
2010	18
2011 (6 th in state)*	54
2012 (4 th in state)*	60
2013 (6 th in state)*	62
2014 (7 th in State)*	43
2015	35
2016	12
2017	4

(fig. 40) *in top 10 Indiana counties
Retrieved from ISP website 3/13/19



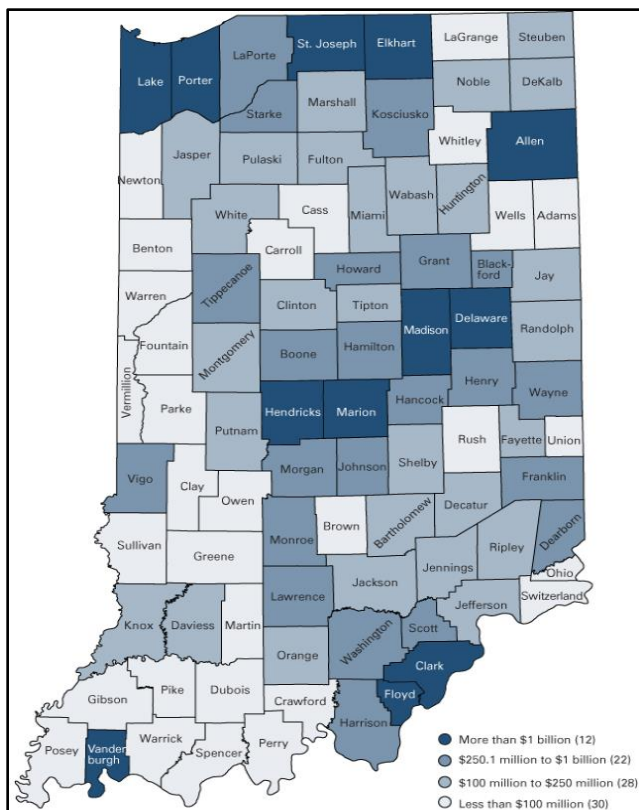
(fig.41) ISDH Stats Explorer

Monroe County is no longer in the top 10 counties in Indiana for methamphetamine lab seizures, as it was from 2011-2014. Law enforcement reports that while the use of the drug appears to be going up as noted by arrest reports, the main supply of the drug is no longer being made in clandestine labs.

Local residents have joined and formed commissions and coalitions to help determine needs and how they can help fight the epidemic; including the Monroe County Opioid Commission, the Monroe County Substance Use/Mental Health Community Health Improvement Team, the Monroe County Mental Health Task Force and the STRIDE Coalition. These groups have provided research, education and support for the community and those dealing with substance use disorder.

Treatment options for those with substance use disorder have increased since the last health assessment, especially concerning medication assisted treatment (MAT). In 2016, access to MAT was extremely limited. Now Monroe County has a methadone clinic and several facilities and physicians that prescribe Vivitrol and Suboxone.

Cumulative Economic Damages Arising from the Opioid Epidemic, 2003-2017



According to the Indiana Business Review, Monroe County is among the top 20 counties in terms of what it has spent involving Indiana's opioid epidemic, estimated at \$683,848,188. This includes direct costs, such as funerals, emergency responses, hospitalizations, police/court costs, neonatal abstinence syndrome, HIV and overdose wage loss (Brewer, 2018) as well as other indirect costs.

(fig. 42) Cumulative Economic Damages Arising from the Opioid Epidemic, 2003-2017

Tobacco Use

Monroe County residents rank better than the state (19% vs 21%) for tobacco use but fall well short of top performing U.S. counties (14%). The CDC 500 Cities project created a model to estimate the smoking prevalence in Bloomington census tracts in 2017. The model projected the highest level of smoking to be in a census tract just northwest of the downtown that is made up of a lower income population. The surrounding census tracts, many which are typically housed with student populations, were also projected to have a higher smoking rate than Bloomington overall.

According to the Indiana State Department of Health (ISDH) 2017 Natality Report (Indiana Natality Report 2017, 2018), 15.4% of live births in Monroe County were to mothers who smoked during pregnancy. This is higher than the state average of 13.5%, and much higher than the national average of 7.8%. In Bloomington, almost 17.4% of live births were to mothers who smoked during pregnancy. This is significantly higher than both the county and state average of maternal smoking, and much closer to the average of the surrounding counties; Brown (17.5%), Greene (20.3%) and Owen (23.3%).

Monroe County has a 7% rate of babies born with low birthweight, which can be affected by smoking. This compares to a rate of 8% in Indiana overall.

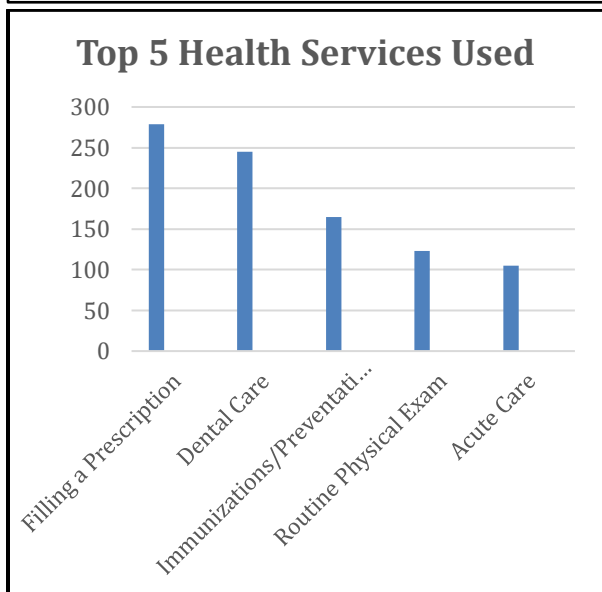
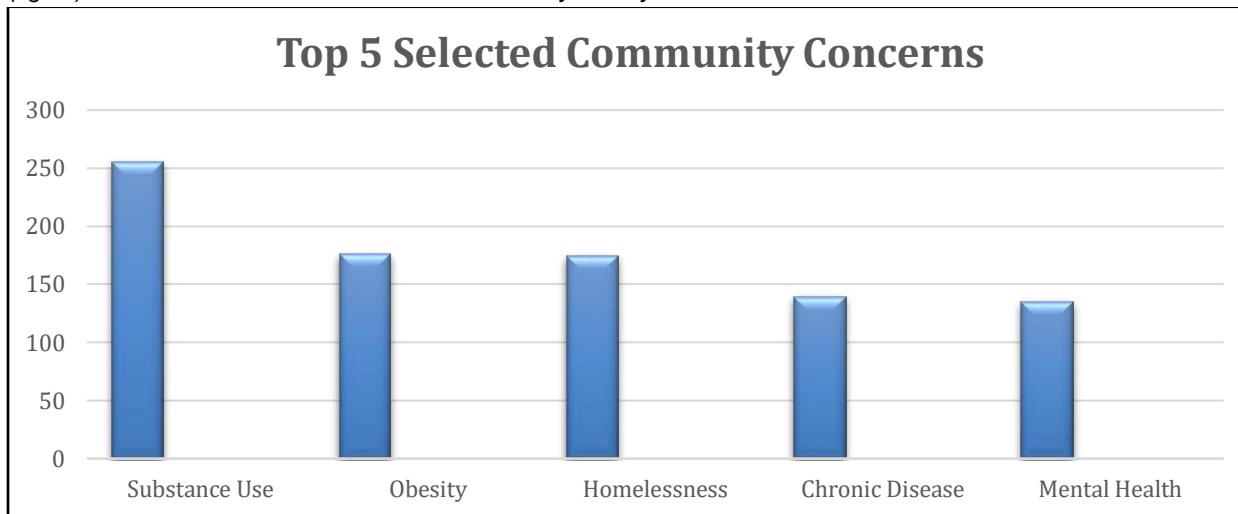
Both the City of Bloomington and Monroe County were among Indiana leaders when it comes to smoking cessation. The state of Indiana passed a state-wide smoking ban in 2012. The City of Bloomington passed an ordinance in 2003 prohibiting smoking in all public places and places of employment. In 2017, the City added the prohibition of e-cigarette use where smoking is already prohibited. Monroe County passed its smoke-free ordinance in 2005.

COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

IU Health Bloomington Hospital received 855 completed surveys from households in their coverage area with 365 being from Monroe County residents. The questionnaire included questions on demographics, health status, access to health services and community conditions that impact health. It also asked about perceptions of health, health behaviors, and perceptions of community need. According to the survey results, the top concerns from Monroe County residents are substance use, obesity, homelessness, chronic disease and mental health. The least selected categories for concern were infant mortality, injuries, infectious disease such as HIV/STD/hepatitis, suicide and dental care.

(fig 43)

Community Survey Results



(fig 44)



(fig 45)

Community Health Assessment Survey – Questions on Social Determinants of Health

(Fig. 46) Community Health Needs Survey

Directions – Select one answer per row	Never	Seldom	Sometimes	Often	Always	Multiple Choices	NA
I feel that those around me are healthy	2	14	79	231	37	0	2
I worry about my utilities being shut off for non-payment	304	33	12	4	5	4	3
I feel satisfied with my education	15	9	52	113	166	0	10
I make efforts to get involved in my community	24	59	151	90	38	0	3
I vote when there is an election in my town	28	11	36	92	191	1	6
I feel that my town's environment is healthy (air/water/etc.)	6	13	95	183	65	0	3
I feel safe in the place I live	1	6	36	156	166	0	0
I try to spend time with others outside of work	9	27	95	154	70	1	9
I have access to safe and reliable transportation	2	2	16	72	273	0	0
I worry about being able to pay my rent or mortgage	256	55	31	7	14	0	2

(fig 48) *One answer was selected for each row – the highest number of selections for each answer is highlighted

To summarize the social determinants section of the survey:

- Most survey recipients said they always have access to safe and reliable transportation and feel safe where they live. They also always vote in an election and are always happy with their education.
- Most said they often felt that the people and environment around them were healthy and they try to spend time with others outside of work.
- Most people who completed the survey said they sometimes try to get involved in the community.
- Most responders said they never worry about being able to pay their mortgage, rent or utilities.

FOCUS GROUPS AND INTERCEPT INTERVIEWS

Focus groups, or conversations, and intercept interviews were done with community residents to gain a more comprehensive understanding of how participants discern the health needs of the community and its residents. These activities gave valuable input on participants’ perceptions of their quality of life and the significant community issues that impact health.

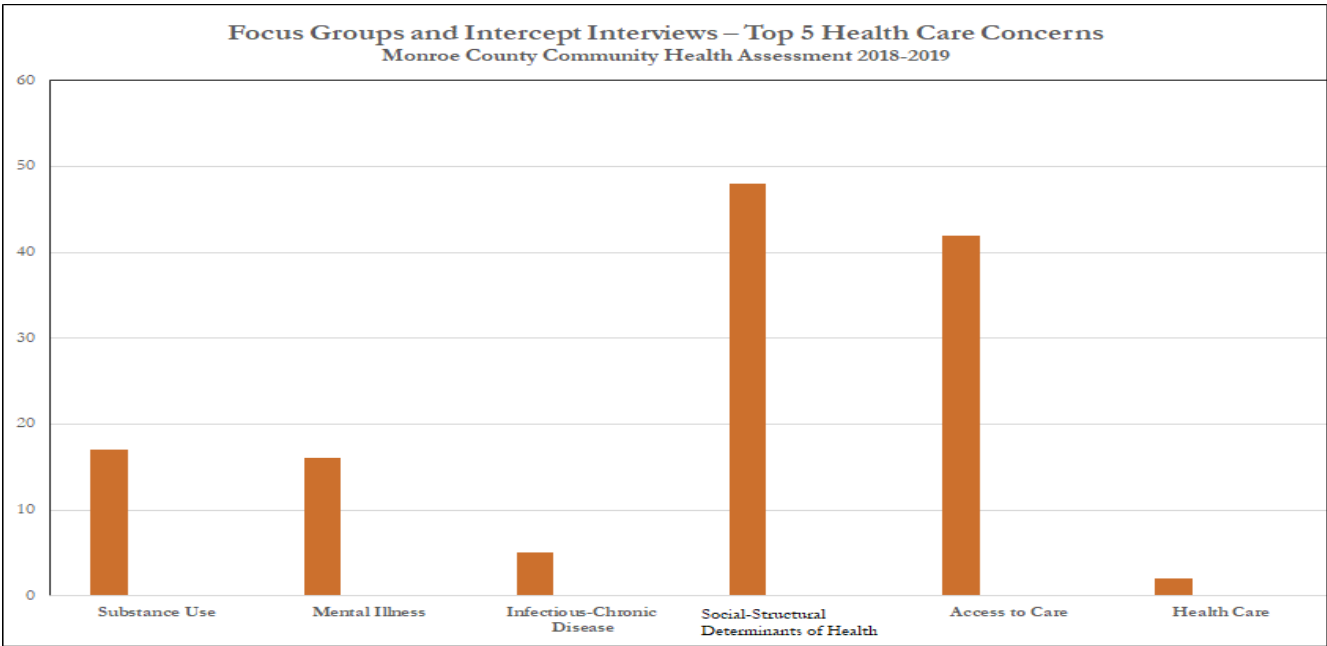
Five focus groups were held overall. Two focus groups, held at Tri-North Middle School and Edgewood High School, were open to all Monroe County residents. Another focus group held at Tri-North was held in Spanish. Two other conversations were held with the Bloomington Commission on Ageing and the South Central Community Action Thriving Connections program in order to ensure many different voices were heard.

Team members also did individual intercept interviews with people experiencing poverty and/or homelessness and with human service providers. These interviews allowed the capture of information from those who may not have another way to share their views.

Over 80 people participated in a focus group or intercept interview. The top concerns identified were those considered to be social determinants of health and basic needs such as housing, food, transportation, environment, safety, income/employment, resources, and education. The 2nd highest concern was access to healthcare, followed by substance use, mental health and infectious/chronic disease.

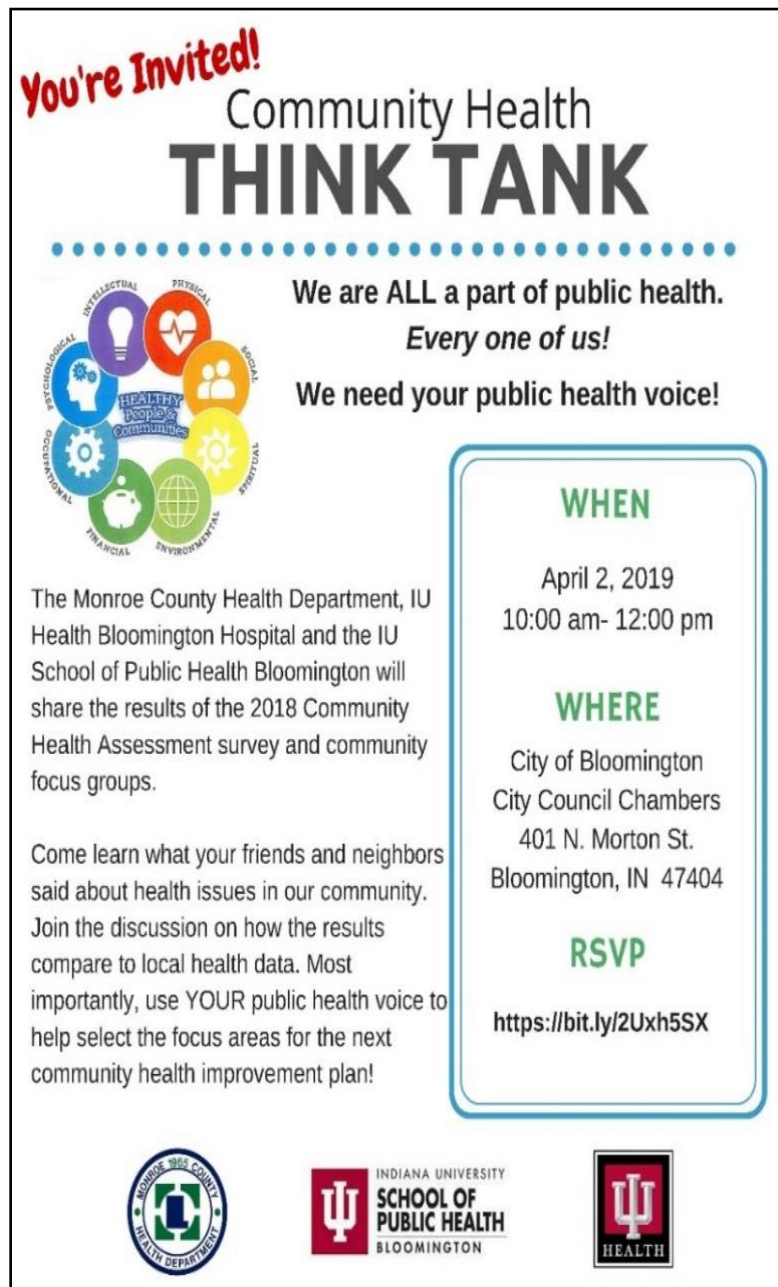
The focus group methodology and more detailed information is available in the appendix.

(fig. 47) Top 5 health concerns identified by focus groups, intercept interviews



Presentation to Community through the Think Tank

(fig. 48) Think Tank Invitation flyer




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 and the IU School of Public Health Bloomington will share the results of the 2018 Community Health Assessment survey and community 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 the next community health improvement plan!

WHEN




April 2, 2019
10:00 am- 12:00 pm

WHERE

City of Bloomington
City Council Chambers
401 N. Morton St.
Bloomington, IN 47404

RSVP

<https://bit.ly/2Uxh5SX>



The IU Health Bloomington Hospital, City of Bloomington Parks and Recreation, IU School of Public Health, Bloomington Health Foundation and the Monroe County Health Department invited community organizations and residents to learn about the community health assessment process. Team members shared the results of the community survey, focus groups and interviews, as well as secondary health data and community resource availability.

Based on this information, residents and participants from 20 agencies analyzed the data and voted to select the top three priorities for the next community health improvement plan based on the assessed vulnerability for health risk. The participants chose to continue work in the same areas as the previous plan:

- 1. Substance Abuse-Mental Health**
- 2. Chronic Disease and**
- 3. Basic Needs**

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Appendix A

Focus Group and Intercept Interviews Methodology

About

The Monroe County Community Health Needs Assessment (CHNA) represents collaboration between IU Health Bloomington Community Health, the Monroe County Health Department, the IU School of Public Health, and other invaluable partners. Focus groups, also known as Community Conversations, encourage valuable community input. We use the CHNA as a tool to identify and begin addressing the top health issues in our community. Hearing from community members is essential as the process aims to serve the broad population in Monroe County. Through the focus group process, we were interested to learn community perceptions on quality of life and preeminent health issues. During the focus group process, we aimed to engage with a wide-ranging group of community members, including those sometimes excluded from community engagement. We conducted two open focus groups at local schools in Monroe County, individual interviews with people experiencing or recently experiencing homelessness and with service providers. We also did focus groups with the Bloomington Commission on Aging and the South Central Community Action Thriving Connections group. The following document provides details including participants, dates, locations, and the process.

Dates & Locations

- 3.22.2018
 - Format: Intercept Interviews with Individuals
 - Interviewers: Lauren Zelman, Meredith Short, & Laura Thomason
 - Location: Crawford Apartments (housing for those recently experiencing homelessness)
- 3.23.2018
 - Format: Individual interviews
 - Interviewers: Lauren Zelman, Lauren Baney & Laura Thomason
 - Location: Shalom Community Center
- 3.29.2018
 - Format: Focus Groups open to all Monroe County community members
 - Facilitators: Dr. Priscilla Barnes & Georg'ann Cattelona
 - Location: Tri-North Middle School, Bloomington
- 3.29.18
 - Format: Open to all community members
 - Held using Spanish Language as main language
 - Facilitator: Lucia Guerra
 - Location: Tri-North Middle School, Bloomington
- 4.05.2018
 - Format: Open to all community members
 - Facilitator: Nancy Woolery
 - Location: Edgewood High School, Ellettsville

- 4.10.2018
 - Format: Commission on Aging Meeting
 - Facilitator: Laura Thomason
 - Location: Bloomington City Hall
- 4.12.2018
 - Format: open to all community members
 - Facilitator: Carol Weiss-Kennedy
 - Location: Owen County YMCA, Spencer (counts not included in Monroe County Report)
- 4/2018 and 5/2018
 - Format: Individual intercept interviews for providers
 - Facilitators: Basic Needs Group
 - Location: varied
- 5.24.19
 - Format: Open to all Thriving Connections members
 - Facilitators: Melanie Vehslage, Katie Rodriguez, Kathy Hewett
 - Location: St. Marks Church, Bloomington, IN

Methodology

Planning – Focus group planning began in February 2018 and continued through March 2018. To begin, IU Community Health and Monroe County Health Department staff and interns selected dates and locations. Marketing materials, paper and digital flyers, were created and distributed to the community. Approximately 35-45 paper flyers were distributed across Monroe County for each focus group date. Additionally, fliers were shared digitally via email with community non-profits & leaders and on social media. Next, discussion facilitators were invited from community organizations. Student interns and volunteers from Indiana University assisted by greeting participants and transcribing focus group discussion.

Focus Groups – There were many volunteers and facilitators ready at each group. We prepared for a large number of participants to be cautious. In most cases, we did not need all facilitators and ended up with one to two groups of participants. Each facilitator began the group by reading guidelines and ensuring all participants approved of an audio recording device and typed transcript.

Data Review & Analysis – For greater accuracy, two volunteers transcribed each focus group and interview in real-time. Afterward, the transcripts were reviewed using an audio recording to ensure accuracy of content. Next, the comments function of Microsoft Word was used to code each statement under the topic or issue described. For example, if someone mentioned relationships with friends as a quality of life piece, the statement was coded as *Social Connections* with the tags, *family* and *quality of life*. Next, the main topics from each transcript were placed into a Word table to consolidate similar topics and tally the number of times a specific concept or issue was mentioned across each group. Ultimately, the file was made into an Excel file for easy manipulation and coded separately and together by four individuals.

Facilitators & Interviewers

- Priscilla Barnes, Assistant Professor, IU School of Public Health
- Nancy Woolery, Health Projects Manager, City of Bloomington
- Lucia Guerra-Reyes (Spanish Facilitator), Assistant Professor, IU School of Public Health
- Georg'ann Cattelona, Chair, City of Bloomington Commission on the Status of Children and Youth
- Carol Weiss-Kennedy, Director of Community Health, IU South Central Region
- Laura Thomason, Intern, IU Community Health
- Lauren Zelman, Intern, Monroe County Health Department
- Lauren Baney, IU Student
- Meredith Short, Social Worker, Positive Link, IU Community Health
- Katie Rodriguez, Health Insurance Navigator, South Central Community Action Program
- Melanie Vehslage, Health Educator, Monroe County Health Department
- Kathy Hewett, Lead Health Educator, Monroe County Health Department

Focus Group Volunteers

- Carlee LaRue, Centerstone
- Olivia Myers, Centerstone
- Wyatt Beckman, IU Master of Public Health Assembly
- Susan Caman, IU Master of Public Health Assembly
- Melanie Vehslage, Monroe County Health Department
- Lauren Zelman, Monroe County Health Department
- Mackenzie Jones, IU Master of Public Health Assembly
- Jane Walter, El Centro Comunal

Interviewer and/or Contributor - Focus Groups and Intercept Interviews:

Members from the Monroe County 2016-2018 Basic Needs Team:

- Courtney Stewart, Purdue Extension Monroe County
- Elizabeth Hacker, Bloomington Housing Authority
- Georg'ann Cattelona, Chair, City of Bloomington Commission on the Status of Children and Youth
- Melanie Vehslage, Monroe County Health Department
- Katie Rodriguez, South Central Community Action Program
- Hannah Watt, South Central Community Action Program
- Janet Delong, IU Health Bloomington, Delong Wellness
- Amatu Karich, Bloomington Housing Authority
- Kathy Hewett, Monroe County Health Department
- Rachel Byer, Purdue Extension

Appendix B

2018 Focus Group Facilitator Guide

Format: Open Discussion

- **Welcome** (Introduce yourself and the recorder(s))
- **Ground Rules:** Explain the work session format (open discussion).
 - Participation is voluntary, and participants can leave at any time.
 - We will be recording audio and our recorder will be typing the conversation. However, no names or identifiers will be kept with the conversation recording.
 - This is a safe, confidential, judgment free environment where everyone's contributions will be respected.
 - There are no right or wrong answers we're looking for, so feel free to speak your mind.
 - Share as much as you feel comfortable, but avoid sharing details about your personal health.
 - Help protect others' privacy by not discussing details outside this group.
- **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
 - Participants will be able to view the 2018 Community Health Needs Assessment online in the fall of 2018 (probably by November).

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
- Employment
 - Availability
 - Living wages
 - Benefits

**If time allows*

Additional Tips

- **Paraphrase** participants' words occasionally by repeating back key statements to ensure you have a clear understanding of their point
- Pay attention to **non-verbal signals**—someone might be sending a cue that she/he is uncomfortable or might have something to say.
- **Ask clarifying questions** when necessary. For example, someone might say access to a resource is “challenging,” when they actually perceive it as inaccessible altogether.
- Ask **open-ended questions**, one at a time. Probe when a response is unclear. Ask, “Can you say more about...” instead of “Why do you think...” The latter may make participants feel they need to defend their point of view.
- Interviewing is a balancing act requiring **empathy and listening skills**. While it's important to make participants feel comfortable, it's also essential to **stay on track and focused** on the questions at hand. Redirect the discussion when it strays too far off topic. Say something like, “These are important and interesting points. However, we need to bring the discussion back to our main focus on....”

Appendix C

IU Health Bloomington Community Survey Methodology

Source: IU Health Bloomington Hospital Community Health Needs Assessment

To inform the CHNA, a community survey was conducted. The survey was sponsored by a collaborative of Indiana hospital systems, under contract with the University of Evansville and the Indiana University School of Public Health-Bloomington. Researchers from Indiana University and University of Evansville contracted with the Center for Survey Research at Indiana University to administer the survey.

The survey was conducted in two phases, with Phase 1 conducted as a paper survey mailed to an address-based sample, and Phase 2 administered by some of the hospitals to a convenience sample they selected. IU Health participated in Phase 1.

A questionnaire was developed, with input provided by the Indiana hospital systems, and included a number of questions about general health status, access and utilization of services, personal behaviors, social determinants of health, and also respondent demographic information (e.g., ZIP code, income level, employment status, race and ethnicity, household size, gender, and age). The survey was mailed to approximately 82,000 households, and the “field period” was April 2, 2018 through June 29, 2018). The process included two mailings to each address; a post care mailing also took place to encourage responses.

Overall, 9,161 completed questionnaires were received by all participating hospitals in the Indiana Hospital Collaborative, for an overall response rate of 11.6 percent; 5,030 questionnaires were received from the 17 Indiana counties served by one or more IU Health hospitals. A dataset was created from the IU Health survey responses, and the responses were adjusted for two factors:

The number of adults in each household (i.e., a survey from a household with two adults received a base weight of “2” and a survey from a household with one adult received a base weight of “1”).

A post-stratification adjustment designed to make the results more representative of the population in each community (i.e., female and older adults were overrepresented among survey respondents when compared to census data, and the adjustment made corrections).

For IU Health Bloomington Hospital, surveys were received from 855 community households. According to the responses, these households included 1,600 adults.

Appendix D

Indiana University Health (IU Health) Community Health Needs Assessment Team Members

IU Health Team

Levi Brown
Associate
Community Outreach and Engagement

Brenda Chamness, M.S., MCHES®
Manager, Community Benefit/Mission
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Kathy Chapuran, M.Ed., CHES®
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Joyce M. Hertko, Ph.D.
Director
Community Outreach and Engagement

Julie May
Community Benefit Coordinator
IU Health Bloomington Hospital

Amanda Pabody
Community Benefit Project Manager
Community Outreach and Engagement

Lori Satterfield, MBA
Community Benefit Project Manager
Community Outreach and Engagement

Laura Thomason
IU Bloomington MPH Candidate

Carol Weiss-Kennedy
Director of Community Health
IU Health Bloomington Hospital

Monroe County Health Department

Penny Caudill
Kathy Hewett

Verité Healthcare Consulting

Keith Hearle, MBA
Founder and President

Patrick McMahon, MBA, CPA
Vice President

Alex Wallace, MPP
Senior Associate

For the 2018 Community Health Needs Assessment, Indiana University Health conducted the community survey data collection in collaboration with Indiana University, University of Evansville and an Indiana Hospital Collaborative, including Community Health Network, Franciscan Alliance, St. Vincent Health and other hospital partners.

Additional IU Health collaborators included:

- April Grudi, Deployment Leader-Expert, System Office of Transformation
- Adam Hillsamer, Deployment Leader, System Office of Transformation
- Dawn Parks, Senior Data Analyst-Business/Clinical Intelligence, Decision Support & Analytics
- Brian Reed, Transformation Officer, IU Health East Central Region Office of Transformation
- Sandra Ryder-Smith, Director, Market Analytics & Insight

(fig 49) Source: IU Health Bloomington Hospital Community Health Needs Assessment

Appendix E:

COMMUNITY HEALTH ASSESSMENT PARTNER PLANNING MEETINGS and COMMUNICATIONS

2/12/2018	3/25/2019
3/1/2018	3/29/2019
3/2/2018	4/2/2019
3/5/2018	5/15/2019
3/23/2018	5/21/2019
3/27/2018	5/28/2019
3/29/2018	6/24/2019
4/5/2018	8/15/2019
5/1/2018	9/16/2019
5/15/2018	10/27/2019
5/29/2018	10/28/2019
6/20/2018	11/6/2019
6/21/2018	11/22/2019
11/27/2018	11/20/2019
	12/5/2019

Appendix F

Sources of Secondary Data

Centers for Disease Control and Prevention
Centers for Medicare & Medicaid Services
Indiana Department of Workforce Development
Indiana Family and Social Services Administration
Indiana Hospital Association Database
Indiana State Department of Health
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
Indiana 211
Monroe County Community School Corporation
Richland Bean Blossom Community School Corporation
Visit Bloomington
IU Health Bloomington Hospital
Indiana University
Monroe County Library
U.S. News Healthiest Communities
U.S. News Best Colleges
Healthy People 2020
Health Resources and Services Administration
League of American Bicyclists
National Center for Education Statistics

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