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EXECUTIVE SUMMARY

About Hendricks Regional Health

Hendricks Regional Health (HRH) is a nationally recognized, nonprofit, healthcare organization with a deeply rooted legacy of community service. Our culture is built on our vision to be our community's indispensable health and wellness partner and our mission of being dedicated to exceptional healthcare. More than 2,600 associates serve our community through a shared philosophy of patient-centered, high-quality, low-cost healthcare. We are accredited by the Accreditation Commission for Healthcare and have the prestigious Magnet[®] designation from the American Nurses Credentialing Center, the nation's highest honor of nursing excellence. HRH has the highest possible rating from the Centers for Medicare and Medicaid Services (CMS): <u>5-stars for Overall Hospital Quality</u> as of July 2024.

Located in one of Indiana's fastest-growing counties, HRH is the largest employer in Hendricks County. Since opening in 1962, we have evolved to become the preferred, trusted partner for patients, employers, physicians and healthcare professionals, and we are proud to support more than 125 like-minded organizations serving Hendricks County and surrounding communities.

HRH leverages our core competency of building relationships by living our values to meet the growing demand for high-quality, cost-efficient healthcare. The result is an organization that consistently exceeds patients' expectations and fulfills its community's goals. Additional information about HRH is available at <u>hendricks.org</u>.

Health and wellness initiatives at HRH are supported by a detailed organizational strategic plan to progressively increase our ability to impact health and wellness in our community: for our associates, other corporations and organizations, and the population at large. This high-level commitment demonstrates our long-term intention to achieve our mission.

We invite community members to review the CHNA at <u>hendricks.org/CHNA</u>. Comments may be provided to <u>Assistance@hendricks.org</u>.

Introduction & Purpose

HRH is pleased to share the 2024 Community Health Needs Assessment (CHNA). This report provides a comprehensive overview of the 2024 CHNA conducted by HRH in which we assess the wellness and health needs of our community and the available resources to fulfill their needs. Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt a strategy that addresses significant community health needs. In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and consider input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility;
- And make the CHNA report widely available to the public.

The chapters of this report provide an overview of the methods used to conduct the CHNA, summaries of existing health indicator data that was reviewed, primary data that was collected for purposes of the CHNA, and a description of the process and outcomes of a prioritization process to establish the health priorities that will drive our activities in subsequent years.

Assessment Methodology

Community health needs were identified by collecting and analyzing data from multiple sources. Data collection was focused on the three counties that comprise HRH's primary service area: Hendricks, Putnam and Marion counties. We assessed the overall health needs of the HRH region, as well as the needs of each county. Input from the community was received through key informant interviews, community meetings and surveys. Stakeholders participating in the community input processes represented broad interests of the community and included individuals with special knowledge of or expertise in public health.

In addition to seeking direct input from the community, HRH collected and analyzed data from several sources including internal business intelligence platforms and local, state and federal government agencies. Comparisons to benchmarks were made where possible (including measures for Indiana and/or the U.S.).

Several data limitations should be recognized when interpreting results. For example, some data (e.g., County Health Rankings, mortality data and others) exist only at a county-wide level of detail. Those data sources do not allow the assessment of health needs at a more granular level of detail, such as by ZIP Code. In some cases, ratings or other measures are not available for Putnam County due to volume thresholds not being met by the data source for publication (such as CDC volume threshold requirements for public reporting).

Summary of Findings

The 2024 Community Health Needs Assessment (CHNA) highlighted and prioritized the following significant health concerns and needs of the population in our service area:

- Access to Healthcare
- Behavioral Health
- Healthcare Navigation
- Wellness

Evaluation of Progress Since 2021 CHNA

The CHNA is a continual process that rotates through a three-year cycle. A key component of this process is evaluating the impact of the programming implemented in response to the prioritized health concerns. Reflecting on the progress made in priority areas facilitates the development of strategies to implement in the next CHNA cycle.

Priority Health Needs and Impact from 2021 CHNA

The 2021 CHNA identified the following concerns as the community's health priorities:

- Access to Appropriate Healthcare
- Crisis Services
- Awareness/Prevention/Screening

Since the 2021 CHNA was published, HRH has taken action to address these identified community health needs including the following efforts and initiatives:

Access to Appropriate Healthcare

• Collaborating with Mayo Clinic for Treatment of Patients with Rare, Complex Medical Conditions



The journey to become a member of the Mayo Clinic Care Network came to fruition in June 2022 with an historic community announcement. As a Mayo Clinic clinical partner, we now have even more resources to treat and care for patients with complex medical

challenges close to home, **at no additional cost to patients**. For patients in our community, this means their HRH healthcare team can use the latest research, diagnostic and treatment recommendations from Mayo Clinic in developing their treatment plan. Specific resources and benefits to HRH clinicians and our patients include:

- AskMayoExpert offers HRH providers a database of concise clinical information on hundreds of medical conditions, and includes medical protocols, treatment recommendations and medical references.
- **eConsults** enable HRH physicians to contact Mayo Clinic specialists for second opinions on specific patient cases when they believe additional input will benefit their patients.
- **eBoards** are live videoconferences where HRH medical teams virtually review and discuss complex cases with a team of Mayo Clinic specialists and doctors from Mayo Clinic Care Network health systems.

• Recruitment of New Providers and Expansion of Services

Over the past two years, HRH leveraged our clinical collaboration with Mayo Clinic to participate in physician recruitment events at Mayo facilities in Phoenix, Jacksonville and Rochester. In addition, our focus on recruiting highly skilled medical professionals has led to us opening a new primary care office in Brownsburg, our first urogynecology practice, and significantly growing our oncology service line, amongst others. As evidenced by the National Cancer Institute's age-adjusted cancer incidence rates and mortality rates for selected forms of cancer, a significant number of cancer cases is found in every county in our primary service area. With cancer cases growing every year, HRH responded by expanding our medical oncology services so that patients fighting the disease didn't have to travel far for high-quality care.

• Growth of Employer Partnerships for Greater Access to Care

More and more employers in West Central Indiana and beyond are partnering with HRH to help control one of their largest costs – healthcare. HRH has direct relationships with businesses and government entities to not just save on expenses for employers, but also for employees and health plan members. Through innovative healthcare delivery models such as shared wellness clinic scheduling, employees have greater access to high-quality medical services.

Over the past three years, HRH has continued to grow employer partnerships and now operates six employer clinics serving over 12,000 individuals in our primary market area. These clinics provide primary care and other services at convenient hours throughout the day and evening with convenient direct scheduling.

In addition, in January 2023 HRH launched the Orthopedics Center of Excellence (COE) for school systems locally and across Indiana. The COE is an innovative healthcare model to help control costs and deliver exceptional care for advanced orthopedic surgery. The program is available to 165 employers statewide and their 58,000 health plan members – and growing. Some of the many benefits from this program include a concierge-driven patient experience, comprehensive services, low total cost of care for employers and low or no out-of-pocket expenses for employees.

• Expanded School Health & Wellness Partnerships

For over two decades, HRH has maintained a core competency in collaborating with school systems, developing a detailed understanding of the unique challenges they face. Since 2021, we have expanded this program by adding several new school partners. As of fall 2024, these partnerships include 14 K-12 school systems encompassing over 59,000 students and two colleges across five Indiana counties:

- Avon High School and Middle Schools
- Bethesda Christian School
- Brownsburg High School and Middle Schools
- Cascade High School and Middle School
- Crawfordsville High School and Middle School
- Danville High School and Middle School
- Monrovia High School and Middle School
- North Montgomery High School and Middle School
- North Putnam High School and Middle School
- Plainfield High School and Middle School
- Southmont High School and Junior High School
- South Putnam High School and Middle School
- Tri-West High School and Middle School
- Wayne Township Metropolitan School District
- DePauw University
- Wabash College

Like all employers, school corporations are facing significant rising healthcare costs – budgetary resources that could and should go to teacher salaries and programs. Through school partnerships we can work together to find solutions to keep healthcare quality high and the cost as low as possible for school districts and the employees and families they serve.

• Added School Nursing Partnerships

Educators, parents and health professionals can all agree that school nurses play a pivotal role in providing a healthy learning environment. For many students facing medical and developmental challenges, school nurses help lay the foundation of health and academic success. In recent years, despite the budget challenges of school corporations, the roles and responsibilities of school nurses have grown. The perspective that school nurses merely dispense medications and treat minor injuries does not fully describe their role. Today's school nursing professionals serve as Chief Medical Officers within the school, caring for children with a wide variety of chronic and acute medical concerns and providing critical health information to promote the well-being of students. They often are tasked with dispensing prescribed drugs, responding to medical emergencies, providing health interventions and supporting staff and parents in managing student health concerns.

In tandem with this new reality, schools continue to see a steady rise in the number of students with medical and mental health conditions. These challenges can create further stress for teachers, school administrators, parents and students because they may detract from learning. HRH partners with schools to address these challenges, giving educators the opportunity to focus on academic initiatives.

Over the past three years, we have grown this program to include seven school systems with uniquely built partnerships based on their needs. From employing and managing school nurses to serving as expert consultants and providing oversight, our goal is to improve access to care and wellness in our school populations.

Achieved Pediatric Readiness Designation



Many may be surprised to learn that 80% of children receive emergency care in general Emergency Departments (EDs) like the ones at HRH's Danville and Brownsburg Hospitals. The National Pediatric Readiness Project (NPRP) empowers EDs to improve their capability to provide high-quality care for children. This is also known as being "pediatric ready." Improving pediatric care and readiness is important because children have unique needs that require specific care, especially in emergencies.

Following years of hard work and collaboration among team members in our Emergency Department, HRH was recognized as a Pediatric Ready Level Emergency Department by the Indiana Emergency Medical Services for Children. This designation acknowledges our Danville ER's exceptional readiness to provide emergency care to pediatric patients. Work is underway to achieve pediatric readiness at our Brownsburg Hospital ED.

• Enhanced Post-Discharge Services

HRH enhanced post-discharge care and population health programming to further support and connect patients discharged from the hospital with appropriate outpatient care and resources. This program ensures patients needing follow-up care get support in transitioning from hospital to home. Our clinic provides follow-up care for patients recently discharged from our Brownsburg or Danville Hospitals. This also helps patients avoid repeat ER visits and readmission to the hospital, connecting them to care until they can be seen by a new or existing primary care provider.

• Added Technology for Enhanced Care

HRH began offering robotic surgery services in 2024. Robotic surgery has several advantages; at HRH it allows us to do two things we did not have before. We are no longer required to transfer patients to another facility if the standard of care for their surgery calls for robotics. It also enhances our minimally invasive surgical capabilities.

In addition, HRH started performing endobronchial lung volume reduction to COPD and emphysema patients who meet the criteria. The device we use is called the Zephyr Endobronchial Valve. This device can significantly improve the quality of life for these patients. Historically, patients would have had to undergo large thoracic surgeries to remove blockages and then endure long recoveries. Zephyr valves are inserted via bronchoscopy, a very common and much less invasive technique. Designed to fit in the airways of the lungs, the valves allow air trapped in the damaged part of the lungs to be exhaled and prevent more air from becoming trapped. Patients often report feeling a big difference in their recovery on the same day as their procedure.

We have also added the INSPIRE procedure to our ENT and Sleep medicine offerings, which offers a treatment option for patients with obstructive sleep apnea who do not tolerate CPAP treatment.

Crisis Services

HRH partnered with U.S. HealthVest to bring Hendricks Behavioral Hospital to our community. A ribbon cutting ceremony hosted by HRH and Hendricks Behavioral Hospital was held in May 2021 in Plainfield, adjacent to HRH Plainfield Medical Center.



The facility offers a full continuum of specialized inpatient and outpatient addiction and behavioral health services including youth, adult, women and senior programs. The hospital is open 24/7 with a crisis center offering free assessments.

• Approved Creation of Hybrid HRH Police Force

Safety and crisis response is a chief concern in healthcare facilities. The growing instances of threats, hostility and theft impact HRH associates and the patients and families we serve. We want to do all we can to ensure our associates have the support they need to do what they do best – helping our patients heal and prevent illness. In late 2024, HRH will launch a hybrid security/police department with officers trained at the Indiana Law Enforcement Academy. This hybrid program will provide a much more expanded level of service to support HRH now and into the future. Other Indiana hospitals that have created police departments of their own have experienced a deterrent effect, and in the case of a

threatening situation, the police presence dramatically improved response time by trained professionals equipped and empowered to take action.

• Partnering with Mental Health Advocacy Organizations

HRH partners with several nonprofit organizations to support mental health awarenessbuilding initiatives and outreach. Some examples include:

- Partnering with the local Mental Health America team to sponsor and support mental health training for first responders
- Partnering with The Willow Center and local health officials to offer a Mental Health Summit to discuss mental health outcomes and resources in schools
- Collaborating with Putnam County Community Foundation as a community partner and engaged with mental health initiatives
- Partnering with numerous organizations who are collaborating to bring additional crisis services and mental health resources to the populations we collectively serve (but not limited to):
 - Family Support Services of West Central Indiana
 - Montgomery County Youth Services Bureau
 - Plainfield Youth Assistance Fund
 - Putnam County Youth Development Commission
 - Sheltering Wings
 - Susie's Place

Awareness/Prevention/Screening

HRH provides a wide range of health and wellness education, screenings and supportive resources across West Central Indiana. The following community health classes, health improvement programs, and support groups have themes of wellness, managing chronic disease and illness prevention. Examples:

- Heart and Lung Scans (began being offered free for public safety workers and first responders through an HRH Foundation grant in February 2023)
- Colon Cancer Screening
- Dexa/Bone Density Testing
- Breast Cancer Screening
- Skin Cancer Screening
- Cancer Genetic Testing

• Pink and Pearl Campaign to Increase Breast and Lung Cancer Awareness



HRH launched our Pink and Pearl campaign, which combines the pink ribbon, a recognized symbol for breast cancer awareness, with the pearl ribbon representing lung cancer awareness. These two cancers, highly prevalent in the counties we serve, have significantly improved prognoses when caught early.

Lung cancer is the No. 1 killer of both men and women in the United States because it often isn't caught until it has already advanced to Stages 3 or 4.

Screening for lung cancer can reduce deaths by 20% by catching the disease in its earlier stages, when it is most treatable. Similarly, when breast cancer is caught in its earliest, localized stages, the 5-year relative survival rate is 99%.

• EON AI-assisted Technology in Lung Cancer Detection

We took this fight a step further in 2024 with the launch of EON AI-assisted technology to help in the diagnosis of lung cancer. This technology overlays our thoracic CT scans and allows us to find incidental findings that could be early cancers. We can then biopsy the findings and diagnose them earlier, allowing us a chance to change the trajectory of the patient's disease.

• Implemented FibroScans for Earlier Detection of Liver Disease

Data from the Department of Health and Human Services shows liver disease is a growing concern in our community. Since patients often have no symptoms, it is critical to catch this disease early to create a treatment plan to help reverse liver disease. In 2024, HRH launched FibroScan testing at our gastroenterology office. FibroScans help our physicians gauge and monitor liver health. Having this testing on our campus means patients in our community no longer have to travel far distances to benefit from this technology.

Deployed "Survive Don't Drive" Campaign

HRH's Acute Coronary Syndrome committee partnered with local first responder agencies to develop and launch a "Survive Don't Drive" campaign focused on early heart attack education. Using grant money awarded by the American College of Cardiology, the team produced a public safety announcement video on the benefits of utilizing 911 services when experiencing a heart attack, instead of driving to the ER on their own. The video featured representatives from each local agency and was shared on HRH's social media channels in addition to each agency's channels.



Vaccination Efforts in Response to COVID-19

Increasing immunization rates for preventable illnesses is paramount to a healthier community. Since the release of the 2021 CHNA, a milestone achievement was HRH's COVID-19 vaccination initiatives. As a key part of this, we opened a vaccine clinic on December 18, 2020, at the Hendricks County 4-H Fairgrounds in partnership with the Hendricks County Health Department. The clinic ran in sync with HRH's community awareness and educational campaign about the benefits of vaccination for six months. On June 4, 2021, the team administered its final vaccine in the clinic. In total, over 70,000 local residents were vaccinated.



HRH partnered with Putnam County Health Department on vaccination opportunities including a community vaccine event at DePauw University.

In addition, HRH also collaborated with organizations such as Hendricks County Senior Services, Sycamore Services and Aspire House to vaccinate at-risk and marginalized populations in central and West Central Indiana. The HRH Community Paramedicine program furthered outreach efforts by bringing the vaccine to homebound residents and families.

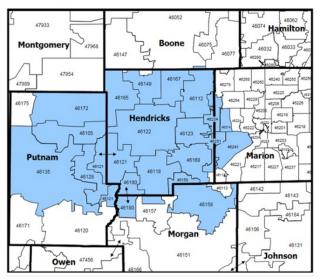
To review HRH's 2021 CHNA, visit www.hendricks.org/CHNA.

Demographics

Community Definition

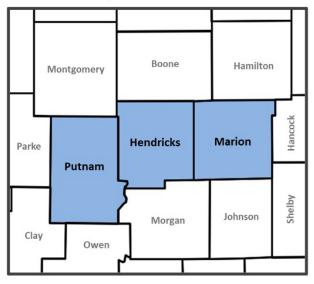
The community HRH assessed was defined by the geographic origins of our patient population. Our Primary Service Area (PSA) is defined by ZIP Code (see Exhibit 1).

Exhibit 1: Hendricks Regional Health Primary Service Area



However, many community health statistics are not available at a ZIP Code level. Therefore, throughout this assessment, the geographic area studied is comprised of Hendricks, Marion and Putnam Counties (see Exhibit 2). This geography is where we have the strongest presence and market share. This 3-county area represented 83.5% of our discharges in 2023.

Exhibit 2: Hendricks Regional Health Three-County Area



Community Facilities and Resources

Hospitals

Marion County is home to a large number of hospitals including the flagship facilities of three of the state's largest systems: Indiana University Health, Community Health Network and Ascension St. Vincent. Four hospitals are located in Hendricks County along with a growing number of outpatient facilities. One hospital is located in Putnam County.

Exhibit 3: Hos	pitals in the	e Three-County Area	

County	Facility
Hendricks	Hendricks Regional Health (Danville)
Hendricks	Hendricks Regional Health (Brownsburg)
Hendricks	IU Health West Hospital (Avon)
Hendricks	Hendricks Behavioral Hospital (Plainfield)
Putnam	Putnam County Hospital (Greencastle)
Marion	Ascension St. Vincent Hospital
Marion	
Marion	Ascension St. Vincent Hospital & Health Services
	Ascension St. Vincent Seton Specialty Hospital
Marion	Assurance Health Psychiatric Hospital
Marion	Community Health Network Rehabilitation Hospital
Marion	Community Hospital East
Marion	Community Hospital North
Marion	Community Hospital South
Marion	Eskenazi Health
Marion	Fairbanks
Marion	Franciscan Health Indianapolis
Marion	Indiana Kidney Institute
Marion	IU Health Methodist Hospital
Marion	IU Health University Hospital
Marion	Riley Hospital for Children at IU Health
Marion	Kindred Hospital Indianapolis
Marion	Kindred Hospital Indianapolis North
Marion	Larue D. Carter Memorial Hospital
Marion	Midland House, Inc.
Marion	Neuropsychiatric Hospital of Indianapolis, LLC
Marion	Neurodiagnostic Institute
Marion	Options Behavioral Health System
Marion	OrthoIndy Hospital
Marion	Rehabilitation Hospital of Indiana

Local Health Departments

Exhibit 4 presents information on Local Health Departments that provide services in HRH's community.

Exhibit 4: Local Health Departments

Public Health Department		
Hendricks County Health Department (Danville)		
Marion County Public Health Department (Indianapolis)		
Putnam County Health Department (Greencastle)		

Other Community Resources

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as "medically underserved." These clinics provide primary care, mental health and dental services for lower-income populations. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act.

According to the Health Resources and Service Administration's health center locator tool¹, there are 106 FQHCs located in Marion County, but none are listed for Hendricks or Putnam Counties.

A wide range of agencies, coalitions and organizations that provide health and social services are available in the region served by HRH. Indiana 211 is a free service that helps Indiana residents and health and human service agencies and resources in their local community. Indiana 211 is a division of the Indiana Family and Social Services Administration (FSSA). To request help, residents can visit the website, (www.in211.org), call 2-1-1 or 1-866-211-9966 (available 24/7), or text their zip code to 898-211 (available Monday – Friday 8 a.m. – 5 p.m.)

The other organizations and resources accessible through Indiana 211 provide the following types of services and resources:

- Housing and utilities
- Food, clothing and household items
- Summer food programs
- Healthcare and disability services
- Health insurance and expense assistance
- Mental health and counseling
- Substance abuse and other addictions
- Support groups
- Tax preparation assistance
- Legal, consumer and financial management services
- Transportation
- Employment and income support
- Family support and parenting
- Holiday assistance
- Disaster services
- Government and community services
- Education, recreation and the arts
- Donations and volunteering

In addition, there are many services and resources available in the counties we serve. Our partners at the Hendricks County Health Department compiled a comprehensive online list of health and other community resources² where people can easily locate resources in several areas including addiction, senior services, food and nutrition,

dental/eye/hearing/medical care, housing, language/translation services, LGBTQ+ support, support groups and legal services. We added a link to it on our website, Hendricks.org, to add visibility to this great resource.

¹ https://findahealthcenter.hrsa.gov/

² <u>https://www.hendrickshealthpartnership.org/resources.html</u>

Secondary Data Summary: County-Level Health Indicators

This section of the assessment summarizes findings from secondary data for HRH's PSA (Exhibit 1) and Three-County Area (Exhibit 2).

Area	Estimate Population 2024	Estimate Population 2029	Percent Change 2024-2029
Hendricks County	168,323	179,642	6.7%
Putnam County	40,115	41,005	2.2%
Marion County	1,008,113	1,027,933	2.0%
Three-County Area	1,216,551	1,248,580	2.6%
HRH Primary Service Area	317,575	333,003	4.9%

Exhibit 5: Percent Change in Community Population, 2024-2029

Source: Sg2-Claritas

Description

Exhibit 5 shows the population forecast for 2024-2029.

- A large increase in population is forecast in Hendricks County with pockets of growth in Marion and Putnam Counties.
- In 2023, Hendricks County was the third fastest-growing county in the state. Experts project Hendricks County's population to increase by 30 percent between now and 2050.

Area	Estimate Population 2024	Estimate Population 2029	Percent Change 2024-2029
Hendricks County	168,323	179,642	6.7%
0-19	44,291	43,811	-1.1%
20-44 Male	26,555	28,930	8.9%
20-44 Female	25,322	26,863	6.1%
45-64	43,386	45,631	5.2%
65+	28,769	34,407	19.6%
Putnam County	40,115	41,005	2.2%
0-19	9,035	8,950	-0.9%
20-44 Male	7,255	7,522	3.7%
20-44 Female	5,626	5,879	4.5%
45-64	10,428	9,684	-7.1%
65+	7,771	8,970	15.4%
Marion County	1,008,113	1,027,933	2.0%
0-19	266,530	263,331	-1.2%
20-44 Male	178,456	177,532	-0.5%
20-44 Female	186,591	183,474	-1.7%
45-64	228,841	233,169	1.9%
65+	147,695	170,427	15.4%
Three-County Area	1,216,551	1,248,580	2.6%
0-19	319,856	316,092	-1.2%
20-44 Male	212,266	213,984	0.8%
20-44 Female	217,539	216,216	-0.6%
45-64	282,655	288,484	2.1%
65+	184,235	213,804	16.0%
HRH PSA	317,575	333,003	4.9%
0-19	83,892	82,511	-1.6%
20-44 Male	50,221	53,351	6.2%
20-44 Female	50,413	52,334	3.8%
45-64	80,012	82,047	2.5%
65+	53,037	62,760	18.3%

Exhibit 6: Percent Change in Population by Age/Sex Cohort, 2024-2029

Source: Sg2-Claritas

Description

Exhibit 6 shows the population forecast by certain age/sex cohorts for 2024-2029.

- The population is aging across all counties.
- The population age 65+ is forecast to grow by 16 percent in the Three-County area and by 18 percent in the ZIP Code-defined PSA.
- Several of Indiana's fastest growing counties are attracting retirees from across the state. This is contributing to the aging of the population in these counties.

Area	Estimate Population 2024	Estimate Population 2029	Percent Change 2024-2029	% Total 2024	
Hendricks County	168,323	179,642	6.7%	100.0%	100.0%
White	130,228	126,840	-2.6%	77.4%	70.6%
Black	15,459	24,155	56.3%	9.2%	13.4%
Hispanic	8,642	11,728	35.7%	5.1%	6.5%
Asian	5,516	6,953	26.1%	3.3%	3.9%
Multiracial	7,485	8,867	18.5%	4.4%	4.9%
Other	993	1,099	10.7%	0.6%	0.6%
Putnam County	40,115	41,005	2.2%	100.0%	100.0%
White	35,955	36,268	0.9%	89.6%	88.4%
Black	1,202	1,449	20.5%	3.0%	3.5%
Hispanic	913	1,031	12.9%	2.3%	2.5%
Asian	316	246	-22.2%	0.8%	0.6%
Multiracial	1,491	1,758	17.9%	3.7%	4.3%
Other	238	253	6.3%	0.6%	0.6%
Marion County	1,008,113	1,027,933	2.0%	100.0%	100.0%
White	487,346	458,732	-5.9%	48.3%	44.6%
Black	276,265	290,599	5.2%	27.4%	28.3%
Hispanic	144,979	166,387	14.8%	14.4%	16.2%
Asian	45,423	52,003	14.5%	4.5%	5.1%
Multiracial	46,551	52,762	13.3%	4.6%	5.1%
Other	7,549	7,450	-1.3%	0.7%	0.7%
Three-County Area	1,216,551	1,248,580	2.6%	100.0%	100.0%
White	653,529	621,840	-4.8%	53.7%	49.8%
Black	292,926	316,203	7.9%	24.1%	25.3%
Hispanic	154,534	179,146	15.9%	12.7%	14.3%
Asian	51,255	59,202	15.5%	4.2%	4.7%
Multiracial	55,527	63,387	14.2%	4.6%	5.1%
Other	8,780	8,802	0.3%	0.7%	0.7%
HRH PSA	317,575	333,003	4.9%	100.0%	100.0%
White	222,286	213,667	-3.9%	70.0%	64.2%
Black	43,977	57,862	31.6%	13.8%	17.4%
Hispanic	26,770	33,086	23.6%	8.4%	9.9%
Asian	8,228	9,802	19.1%	2.6%	2.9%
Multiracial	14,265	16,414	15.1%	4.5%	4.9%
Other	2,049	2,172	6.0%	0.6%	0.7%

Exhibit 7: Percent Change in Population by Race/Ethnicity, 2024-2029

Source: Sg2-Claritas

Description

Exhibit 7 shows the population forecast by racial/ethnic group for 2024-2029. White, Black, Hispanic, Asian, Multiracial & Other groups excluding Hispanics.

- In Hendricks County, populations of all racial/ethnic groups except White are expected to grow significantly. Similar growth is expected in the Three-County area, but at a smaller rate compared to Hendricks County alone.
- In Putnam County, populations of all racial/ethnic groups except Asian are expected to grow.
- In Marion County, populations of all racial/ethnic groups except White and Other are expected to grow.

Area	Population with a disability	Population 25+ without high school diploma	Population linguistically isolated
Hendricks County	9.5%	6.5%	2.5%
Putnam County	14.4%	9.1%	1.2%
Marion County	14.3%	12.7%	6.4%
Indiana	13.7%	10.0%	3.3%
USA	12.9%	10.9%	8.2%

Source: US Census, ACS 5-year estimates, indianaindicators.org

Description

Exhibit 8 shows the percent of the population with a disability, aged 25 years and above without a high school diploma, and who are linguistically isolated.

Observations

- Both Putnam and Marion Counties have a higher percentage of population with a disability compared to Indiana and the U.S.
- Marion County has a higher percentage of residents aged 25 years and older without a high school diploma than Indiana and the U.S.
- Compared to Indiana, Marion County had a higher proportion of population that is linguistically challenged (speaks English less than "very well").

Exhibit 9: Percent of People in Poverty, 2022

Area	2022 Poverty Rate (Total	2022 Poverty Rate
	Pop.)	(Children)
Hendricks County	5.4%	5.5%
Putnam County	9.5%	12.7%
Marion County	15.7%	21.0%
Indiana	12.5%	15.4%
USA	12.6%	16.3%

http://www.indianaindicators.org/profiles

U.S. Census Bureau, American Community Survey 5-year estimates, Indiana FSSA Children = Age 0-17

Description

Exhibit 9 portrays poverty rates for Hendricks, Putnam and Marion Counties in addition to Indiana and the US.

- The poverty rates for Hendricks and Putnam Counties are below the rates for Indiana and the U.S.
- The poverty rate for Marion County is higher than the rates for Indiana and the U.S.

Area	*White	Black	Hispanic	All
Hendricks County	3.4%	15.8%	8.4%	5.2%
Putnam County	9.9%	17.3%	9.8%	9.8%
Marion County	10.9%	24.0%	21.3%	15.9%
Indiana	10.0%	25.8%	19.4%	12.5%
USA	9.2%	21.7%	17.7%	12.6%

Exhibit 10: Poverty Rates by Race/Ethnicity, 2017 to 2021 (in largest groups represented in Hendricks, Putnam and Marion Counties)

*White = White non-Hispanic

U.S. Census Bureau, American Community Survey 5-year estimates

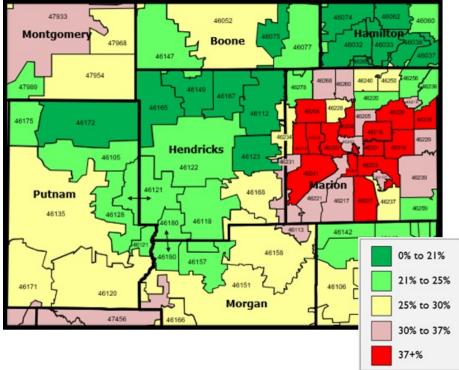
Description

Exhibit 10 portrays poverty rates by race/ethnicity (largest groups) for Hendricks, Putnam and Marion Counties in addition to Indiana and the U.S.

Observations

- The poverty rate in Hendricks County was far lower across all racial/ethnic groups compared to the rates for Indiana and the U.S.
- 21 percent or more of the Black and Hispanic populations in Marion County are living in poverty.

Exhibit 11: Estimate of Percent of Population Uninsured or Medicaid, 2024



Source: Sg2

Exhibit 11 shows Sg2's estimates for the percentage of households covered by Medicaid or are uninsured in 2024.

Observation

• The Zip Codes with the highest percentages of households covered by Medicaid or uninsured are concentrated in Marion County.

Exhibit 12: Percent of Population Under Age 65 without Health Insurance, 2022

Area	Percent Uninsured
Hendricks County	6.1%
Putnam County	4.6%
Marion County	8.7%
Indiana	7.0%
USA	8.0%

Source: US Census, Small Area Health Insurance Estimates (SAHIE), 2022 Civilian noninstitutionalized population

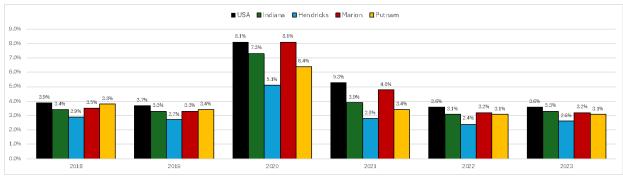
Description

Exhibit 12 shows the percent of population (under age 65) without health insurance in 2022 (as reported by SAHIE) in Hendricks, Putnam and Marion Counties along with Indiana and the U.S. for comparison.

Observations

- The percent of population without health insurance in Marion County is above both the State and National rates.
- Across the U.S., uninsured rates have fallen in most states that decided to expand Medicaid as part of the Affordable Care Act. Indiana was one of those states.

Exhibit 13: Unemployment Rates, 2018-2023



Source: U.S. Bureau of Labor Statistics (www.stats.indiana.edu)

Exhibit 13 shows unemployment rates for 2018 through 2023 for Hendricks, Putnam and Marion Counties along with Indiana and the U.S for comparison.

Observations

- Unemployment rose sharply during the first surge of the COVID-19 pandemic in 2020.
- The unemployment rates declined just as sharply in 2021, and many areas are now facing a labor shortage.
- Unemployment in Hendricks, Putnam and Marion Counties improved from 2021 to 2022, but has remained largely unchanged since then.
- Hendricks County's unemployment rate remains far lower than the Indiana and U.S. rates.

(hibit 14: County Health Ra Measure	Hendricks		Marion
Health Outcomes	2	29	84
Health Factors	5	31	72
Length of Life	4		76
Premature Death	2	37	80
Quality of Life		• • •	
Poor or Fair Health	3	46	80
Poor Physical Health Days	3	51	42
Poor Mental Health Days	5	54	57
Low Birthweight	14	28	92
Health Behaviors		20	
Adult Smoking	3	49	39
Adult Obesity		16	28
Food Environment Index	ğ	24	77
Physical Inactivity		42	56
Access to Exercise Opportunities	19	44	3
Alcohol-impaired Driving Deaths	46	38	78
Sexually Transmitted Infections	42	65	92
Teen Births	3	14	74
Clinical Care			
Uninsured	3	32	73
Primary Care Physicians	34	64	10
Dentists	30	35	1
Mental Health Providers		43	2
Preventable Hospital Stays	31	60	63
Mammography Screenings	5	65	60
Flu Vaccinations		52	27
Social & Economic Factors	_		
High School Graduation		32	73
Some College	6	51	34
Unemployment	14	60	64
Children in Poverty	4	26	86
Income Inequality	1	26	83
Children in Single-parent Household	12	27	91
Injury Deaths	13	27	86
Physical Environment			
Air Pollution	89	76	92
Severe Housing Problems	14	27	91
Driving Alone to Work	29	33	12
Long Commute	62	67	34

Exhibit 14: County Health Rankings, 2024

Source: County Health Rankings, 2024 (<u>www.countyhealthrankings.org</u>) The summary rankings for some categories not yet available as of publication.

Exhibit 14 presents County Health Rankings, which is a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation. The study incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes."

Health factors consist of summary composites that are grouped into the following categories: health behaviors, clinical care, social and economic factors and physical environment. Health outcomes consist of summary composites that are grouped by the categories of length of life and quality of life. Eight County Health Rankings are updated annually.

The exhibit presents 2024 rankings for each available indicator category. Rankings indicate how the county ranked among all 92 counties in Indiana, with 1 indicating the highest (most favorable) ranking and 92 the lowest (least favorable) ranking.

Red shading indicates rankings in the bottom 22 of Indiana counties; Yellow shading indicates rankings in the range of 50 to 70.

- In 2024, Hendricks County had two of the 41 indicators ranked in the bottom half of Indiana counties, down from five in 2021. Of those, one was in the bottom 20: air pollution.
- Putnam County had 12 out of 41 indicators ranked in the bottom half of Indiana counties, up from three in 2021. Of those, one was in the bottom 20: air pollution.
- Marion County had 18 out of 41 indicators ranked in the bottom 20 Indiana counties. Marion County ranked last (92 out of 92 counties) in low birthweight, sexually transmitted infections and air pollution. The county ranked 91st for children in singleparent households and for severe housing problems.

Category	Indicator	rienaricks	Putham	Marion	Indiana	USA
Health Outcomes						
Length of Life	Years of potential life lost before age 75 per 100,000 (age-adjusted)	5,961.8	8,285.1	11,768.7	9,317.1 8	8,000.0
Quality of Life	Percentage of adults reporting fair or poor health (age-adjusted)	12.6	16.8	19.2	16.1	14.0
Quality of Life	Average number of physically unhealthy days reported in past 30 dys (age-adjusted)	3.1	3.9	3.9	3.5	3.3
Quality of Life	Average number of mentally unhealthy days reported in past 30 dys (age-adjusted)	4.8	5.4	5.4	5.2	4.8
Quality of Life Quality of Life Quality of Life	Percentage of live births with low birthweight (<2500 grams)	6.7	7.1	9.8	8.3	8.0
Health Behaviors						
Adult Smoking	Percentage of adults who are current smokers	14.5	20.2	19.6	18.0	15.0
Adult Obesity	Percentage of adults who report BMI of 30 or more	33.8	36.2	37.2	36.7	34.0
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.8	8.4	7.2	6.8	7.7
Physical Inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity	21.8	26.5	27.5	25.1	23.0
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity	77.1	62.5	91.3	76.5	84.0
Excessive Drinking Alcohol-impaired Driving Deaths	Percentage of adults reporting binge or heavy drinking	18.0	17.7	17.1	18.2	18.0
Al cohol-impaired Driving Deaths	Percentage of driving deaths with alcohol involvement	14.8	12.8	23.2	18.3	26.0
Sexually Transmitted Infections	Number of newly diagnosed chlamydia cases per 100,000	268.2	338.0	1, 102.7	510.7	495.5
Teen Births	Number of births per 1,000 female population ages 15-19	7.5	14.5	27.8	20.2	17.0
Clinical Care						
Uninsured	Percentage of population under age 65 without health insurance	5.9	8.3	10.0	8.9	10.0
Primary Care Physicians	Ratio of population to primary care physicians	2062:1	3082:1	1283:1	1524:1	1,330:1
Dentists	Ratio of population to dentists	21.47:1	2194:1	1063:1	1681:1	1,360:1
Mental Health Providers	Ratio of population to mental health providers	770:1	982:1	274:1	500:1	320:1
Preventable Hospital Stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	2,518	3,300	3,372	3,135	2,681
Mammography Screenings	Percentage of female Medicare enrollees ages 67-69 who receive mammography screening Percentage of Medicare enrollees who receive an influenza vaccination	52.0	41.0	44.0	45.0	43.0
Flu Vaccinations	Percentage of Medicare enrollees who receive an influenza vaccination	56.0	47.0	51.0	50.0	46.0
Social & Economic Factors						
High School Graduation Some College	Percentage of 9th-grade cohort that graduates in four years	93.5	90.9	87.3	90.0	89.0
Some College	Percentage of adults age 24-44 with some post-secondary education	73.0	56.4	63.2	63.1	68.0
Unemployment	Percentage of the population age 16 and older unemployed but seeking work	2.4	3.1	3.2	3.0	3.7
Children in Poverty	Percentage of children under age 18 in poverty	5.5	12.7	21.0	15.4	0.2
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	3.2	3.8	4.6	4.3	4.9
Single-parent Household	Percentage of children who lived in a household headed by a single parent	13.4	16.6	34.0	24.1	25.0
Social Associations	Number of membership associations per 10,000	8.4	12.7	11.4	11.8	9.1
Injury Deaths	Number of deaths due to injury per 100,000	66.4	73.6	121.6	90.2	80.0
Physical Environment						
Air Pollution	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) Percenterage of households with at least 1 of 4 housing problems	10.2	9.1	12.6	8.8	7.4
Severe Housing Problems	Percenterage of households with at least 1 of 4 housing problems	8.0	8.8	16.5	12.2	17.0
Severe Housing Problems Driving Alone to Work	Percentage of the workforce who drive alone to work	78.9	79.5	75.9	78.7	72.0
Long Commute	Among workers who commute in their car alone, the percentage who commute more than 30 minutes	41.4	42.4	30.9	32.2	36.0

Exhibit 15: County Health Rankings Comparison to Indiana & USA, 2024

Source: County Health Rankings, 2024 (www.countyhealthrankings.org)

Exhibit 15 presents County Health Rankings scores for 2024 for the Three-County Area and the scores for Indiana and the U.S. for comparison. Red shading indicates the County's score is significantly worse than the State or National scores. Yellow shading indicates other areas of concern.

Observations

- Although Hendricks County has a relatively low ratio of primary care physicians and dentists to population, the county also ranks high for the percentage of workers commuting out of the county. Given this, many residents working in neighboring counties are receiving care from primary care physicians and dentists outside of Hendricks County.
- The ratio of primary care physicians and mental health providers to population is especially low in Putnam County where need for these services is not being met.
- Marion County indicators are especially unfavorable for length of life, low birthweight, alcohol-impaired driving deaths, sexually transmitted infections, teen births, children in poverty, single-parent households, deaths due to injury, air pollution, and severe housing problems.

Exhibit 16: Health Outcomes, 2024

Indicator	Hendricks	Putnam	Marion	Indiana	USA
Poor or Fair Health (2021 survey)	13%	17%	19%	16%	14%
Poor Physical Health Days (2021 survey)	3.1	3.9	<mark>3.9</mark>	3.5	3.3
Poor Mental Health Days (2021 survey)	4.8	5.4	<mark>5.4</mark>	5.2	4.8
Life Expectancy	78.8	76.4	73.8	75.6	77.6
Diabetes Prevalence	9%	11%	12%	11%	10%
Obesity	34%	36%	<mark>37%</mark>	37%	34%
Food Environment Index (10.0 = best)	8.8	8.4	7.2	6.8	7.7
Teen Birth Rate (per 1,000 2016-2022)	8	14	28	20	17
Mammography Screening % Medicare Enrollees (2021)	52%	41%	44%	45%	43%

Source: County Health Rankings, 2024 (www.countyhealthrankings.org)

Description

Exhibit 16 presents Health Outcomes for 2024 for the Three-County Area and the scores for Indiana and the U.S. for comparison. Yellow shading indicates the County's score is significantly worse than the State or National scores.

- Putnam County indicators are especially unfavorable for physical and mental health days, obesity and mammography screenings.
- Marion County indicators are especially unfavorable for poor physical and mental health days, life expectancy, obesity and teen births.

Exhibit 17: Selected Causes of Death, Age-adjusted Rates per 100,000 Population, 2018-2022

Indicator	Hendricks	Putnam	Marion	Indiana
Heart disease	150.8	189.3	184.1	184.2
Cancer	143.7	194.1	171.3	165.0
Accidents & adverseeffects	32.8	48.0	91.2	65.2
Chronic lower respiratory diseases	40.2	70.5	55.3	54.6
Cerebrovascular diseases	34.9	44.3	41.0	41.5
Alzheimer's disease	35.6	23.0	28.4	31.5
Diabetes mellitus	20.2	16.3	30.6	28.4
Kidney disease (Neph. & Nephrosis)	12.7	13.3	20.3	17.8
Suicide & self-inflicted injury	13.9	23.0	14.9	15.5
Chronic liver disease & cirrhosis	9.8	8.4	15.0	13.9
Septicemia	7.5	7.0	12.8	12.8
Pneumonia	8.5	na	8.3	9.8
Homicide & legal intervention	3.3	na	22.1	8.7
Influenza	1.9	na	1.8	1.9

Source: US Dept of Health & Human Services

Description

Exhibit 17 provides age-adjusted mortality rates for selected causes of death from 2018-2022. Yellow shading highlights indicators worse than the Indiana average.

Observations

- Selected causes of death for Hendricks County exceeded the state average for Alzheimer's disease.
- Mortality rates in Putnam County were higher than the state average for heart disease, cancer, heart disease, chronic lower respiratory diseases, cerebrovascular diseases and suicide and self-inflicted injury.
- Marion County rates were especially high for cancer, accidents and adverse effects, diabetes, kidney disease and chronic liver disease.

Exhibit 18: Age-Adjusted Cancer Mortality Rates per 100,000 Population (2016-2020)

Measure	Hendricks	Putnam	Marion	Indiana	US
All Cancers	154.5	188.6	172.1	166.9	149.4
Bladder	3.9	n/a	4.1	4.5	4.2
Brain & ONS	3.4	n/a	3.6	4.5	4.4
Breast (Female)	19.2	18.9 <mark></mark>	20.9 <mark>-</mark>	20.4	19.6
Cervix	n/a	n/a	<mark>3.4</mark>	2.7	2.2
Childhood (age <15)	n/a	n/a	n/a	1.7	2.0
Colon & Rectum	12.7	16.8 <mark>-</mark>	13.8	14.6	13.1
Esophagus Kidney & Renal	4.5	7.7	3.8	4.8	3.8
Kidney & Renal	3.9	n/a	3.6	4.0	3.5
Leukemia	6.9	<mark>8.8</mark>	6.3	6.6	6.0
Liver & Bile Duct	5.9	7.5	<mark>8.6</mark>	6.2	6.6
Lung & Bronchus	40.0	56.0	46.9	44.9	35.0
Melanoma of Skin	2.3	n/a	2.0	2.4	2.1
Non-Hodgkins Lymph.	5.5	7.0	5.1	5.8	5.1
Oral Cavity & Pharynx	2.3	n/a	3.0 <mark>-</mark>	2.7	2.5
Ovary	8.0	n/a	6.1	6.3	6.3
Pancreas	11.5	9.6	12.6	12.0	11.1
Prostate	19.6	21.8	24.0	19.5	18.8
Stomach	2.1	n/a	2.9	2.3	2.8
Thyroid	n/a	n/a	0.5	0.5	0.5
Uterus	4.4	n/a	5.4	5.1	5.1

Source: National Cancer Institute, CDC, Safe Cancer Profiles

Exhibit 18 provides age-adjusted mortality rates for selected forms of cancer from 2016-2020. Yellow shading highlights indicators worse than the Indiana average. The CDC does not provide rates when the total number of cases of a particular type of cancer is less than 10 in that county.

Observations

- Cancer mortality rates in Hendricks County for ovary were higher than the Indiana average.
- Cancer mortality rates in Putnam County for all cancers, colon and rectum, esophagus, leukemia, liver and bile duct, bronchus and lung, non-Hodgkin's lymphoma and prostate were higher than the Indiana averages.
- Cancer mortality rates in Marion County for all cancers, breast, cervix, liver and bile duct, bronchus and lung, oral cavity and pharynx, pancreas, prostate and stomach were higher than the Indiana averages.

Exhibit 19: Age-Adjusted Cancer Incidence Rates per 100,000 Population, 2018-2022

Indicator	Hendricks	Putnam	Marion	Indiana	USA
All Cancers	143.7	194.1	171.3	165.0	146.0
Breast	18.2	20.3	21.3	20.3	19.3
Cervix uteri, corpus uteri & ovary	na	na	2.9	2.8	2.2
Colon, rectum, & anus	10.4	15.1	13.5	14.6	12.9
Leukemia	7.0	10.8	5.8	6.5	5.9
Melanoma of Skin	2.1	na	1.9	2.3	2.0
Non-Hodgkin's lymphoma	5.7	<u>6.8</u>	5.4	5.6	5.0
Pancreas	11.8	12.4	12.5	12.2	11.2
Prostate	20.7	25.6	23.2	20.4	19.0
Stomach	1.9	na	2.8	2.2	2.7
Trachea, bronchus & lung	36.3	58.2	44.3	42.1	32.4
Uterus	4.6	na	6.3	5.4	5.2

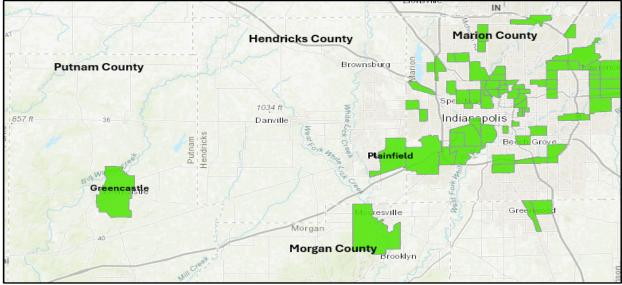
Source: National Cancer Institute, CDC, State Cancer Profiles

Description

Exhibit 19 presents age-adjusted cancer incidence rates in the community. Yellow shading highlights indicators significantly worse than the Indiana average. The CDC does not provide rates when the total number of cases of a particular type of cancer is less than 10 in that county.

- Cancer incidence rates in Putnam County for all cancers, leukemia, non-Hodgkin's lymphoma, prostate and trachea, bronchus and lung were significantly higher than the Indiana averages.
- Cancer incidence rates in Marion County for all cancers, breast, prostate, trachea, bronchus and lung were significantly higher than the Indiana averages.

Exhibit 20: Food Deserts, 2019



Source: US Department of Agriculture

Exhibit 20 shows the location of "food deserts" (green above) in the community.

The U.S. Department of Agriculture's Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

- Many census tracts in Marion County and Putnam County have been designated as food deserts.
- The only census tracts receiving this designation in Hendricks County are in the Plainfield area.

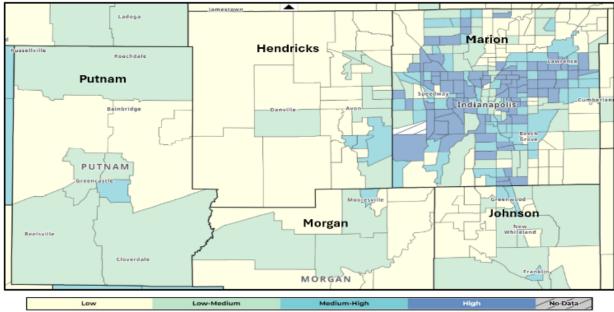


Exhibit 21: Social Vulnerability Index, 2022 (US Census Tracts)

Source: Center for Disease and Prevention

Exhibit 21 portrays Social Vulnerability Index (SVI) for census tracts throughout Hendricks, Putnam and Marion Counties. Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The higher the social vulnerability score, the higher that area has for risk. The CDC Social Vulnerability Index (SVI) map depicts the social vulnerability of communities, at census tract level, within a specified county. CDC SVI groups 15 census-derived factors into four themes that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

Observations

- None of the census tracks in Hendricks or Putnam County rank in the bottom quartile nationally.
- 80 of Marion County's 224 census tracts rank in the bottom quartile nationally.

Exhibit 22: Suicide Rate per 100,000 Population, 2017-2021

Area	Suicide Rate	Suicide Rank IN
Hendricks County	13.7	15
Putnam County	23.4	85
Marion County	14.9	27
Indiana	17.1	

Source: Indiana Department of Health, Vital Records

Exhibit 22 presents suicide rates for the Three-County Area and the score for Indiana for comparison. Rankings indicate how the county ranked among all 92 counties in Indiana, with 1 indicating the lowest rate and 92 the highest rate.

Observations

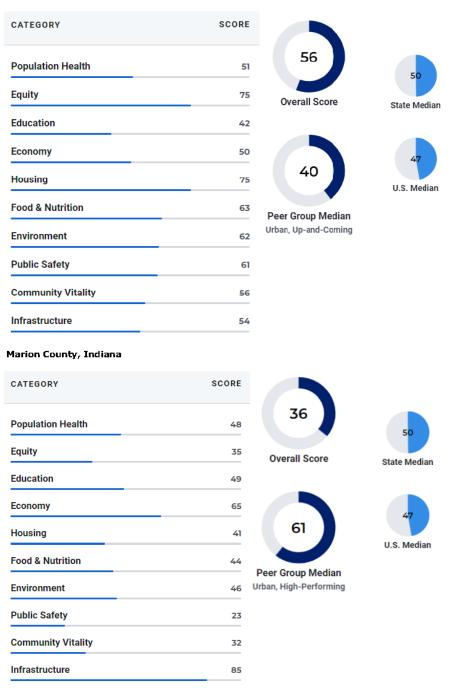
• The suicide rate for Putnam County is higher than the rate for Indiana. Putnam County ranked 85th out of Indiana's 92 counties.

Findings Of Other Community Health Needs Assessments

Exhibit 23: Healthiest Communities

Hendricks County, Indiana			
CATEGORY	SCORE		
Population Health	69	75	50
Equity	59	Overall Score	State Median
Education	75		
Economy	80		47
Housing	64	61	U.S. Median
Food & Nutrition	69	Peer Group Median	
Environment	59	Urban, High-Performing	
Public Safety	67		
Community Vitality	77		
Infrastructure	75		

Putnam County, Indiana



Source: US News Healthiest Communities³

Description

Exhibit 23 presents the Healthiest Communities rankings from U.S. News & World Report. The rankings show how nearly 3,000 U.S. counties and county equivalents perform in 89 metrics across 10 health and health-related categories. The broad framework of categories

³ Https://www.usnews.com/news/healthiest-communities/indiana/

and subcategories is based on factors key to evaluating community health that were identified by the National Committee on Vital and Health Statistics.

Observations

- Hendricks County ranked #124 in the US.
- Putnam County's overall score was above the state and national medians but fell when compared specifically to the Peer Group median.
- Marion County's overall score was lower than the state and national medians, but its Peer Group median scored higher than both.

50

State Average

48

U.S. Average

• For comparison, below is the assessment of Hamilton County's metrics. Hamilton County is ranked as Indiana's Healthiest County by the same source.

CATEGORY	SCORE	
Population Health	85	
Equity	71	
Education	71	90
Economy	93	
Housing	67	Overall Score
Food & Nutrition	83	
Environment	49	
Public Safety	77	61
Community Vitality	73	
Infrastructure	87	Peer Group Average

Primary Data: Survey Methods & Results

HRH service area community member and provider input was gathered via multiple recruitment and data collection methods. The relevant data collection methods are described below.

Community Survey

HRH collaborated with Indiana University Health West (IUH) to host meetings with key stakeholders in June 2024. A total of 50 community members representing schools, local government, civic organizations, nonprofits and advocacy groups participated in these and gave input on community health topics.

A digital, 13-question survey was developed to solicit input from key community stakeholders about what they believe to be the greatest community health challenges and priorities as part of the assessment's primary data collection. In total, 29 responses were gathered and analyzed.

The most significant health needs identified in the survey aligned with the prioritization activity at the stakeholder meetings. These were the needs identified as most significant:

- Behavioral Health
- Access to Healthcare
- Healthcare Navigation
- Social Determinants of Health

As part of this collaboration, Hendricks County Department of Health representatives were also interviewed in May 2024. The following issues were identified as significant:

- Mental health is the greatest need in Hendricks County including integration of mental health services with primary care
- Racial and ethnic health disparities
- Food insecurity and access to affordable, healthy food
- Access to safe and affordable housing
- Poverty and associated community needs
- Smoking and tobacco usage

In 2022, the Putnam County Hospital conducted a survey of key stakeholders in the county including residents. The top issues identified in the survey⁴ include:

- Recreational Outlet Access
- Healthcare Access
- Mental Health Resource Access
- Healthy Food Access
- Maternal Health Resources

Wait times and the high cost of healthcare were identified as barriers to better preventative care effort on the part of residents. Key stakeholders emphasized that there is a need to increase accessibility to recreational facilities, healthcare services and mental healthcare and resources.

⁴ https://irp.cdn-website.com/a3b4d90c/files/uploaded/2022 CHNA.pdf

2024 Prioritization of Health Needs

Once data was collected and analyzed, key findings were refined and a comprehensive list of community needs, services and potential gaps was created.

Access to Appropriate Healthcare

• Senior Leadership Strategies

HRH is located in the third fastest-growing county in the state. To stay true to our vision to be the indispensable health and wellness partner to our community, we must grow, at least at the pace of our community. Senior leadership is focused on a strategy to improve access as we grow to meet the needs of our rapidly growing and aging population. Three key areas of this strategy are:

- Ability to get patients into the office quickly
- New facilities and expansions
- Enhancing direct scheduling, extended hours, telemedicine

• New Facilities and Expansions

Thanks to the successful provider recruitment efforts mentioned in our 2021 CHNA, our tactic to expand access to appropriate healthcare is now moving to physical projects. Now that we've invested heavily in bringing medical expertise to West Central Indiana, we need to create attractive and convenient access points in our patients' hometowns.

• Brownsburg Hospital Expansion

When we first opened Brownsburg Hospital in 2018, we brought much needed services to the area including emergency care, urgent care, OB/GYN and other women's health services, cardiac and physical rehabilitation, primary care, sports medicine, lab and imaging. These services are still needed, but Brownsburg has seen tremendous growth since 2018, and with that growth comes a need for additional healthcare services. We are currently expanding our cardiovascular services to Brownsburg Hospital. This expansion will be complete by the end of 2024.

In 2024, we broke ground on a new Medical Office Building (MOB) on the Brownsburg Hospital campus that will be located directly adjacent to the hospital. When the project is complete in September 2025, physician practices currently located in the hospital will move to new offices in the MOB. They will be joined by many new providers hired specifically to meet the healthcare needs of this community. When the MOB opens to patients, it will house the following services:

- Cardiology
- Cardiovascular testing
- Primary care/Family medicine
- Gastrointestinal
- General Surgery
- Orthopedics
- Nephrology

The space they vacate will be renovated immediately to an oncology office with oncology infusion center, IV therapy infusion center and state of the art pharmacy. This will be our second fully functioning oncology site.

In addition, we are adding another CT scanner and expanding the current lab space to meet the needs of our expanding provider base.

• Greencastle Medical Center Opening

Greencastle, in Putnam County, is an important service area for HRH. Before we had a physical presence in Greencastle, the majority of the population there was already coming to HRH for healthcare services. Access to healthcare services is a vital need for this community and HRH wants to ensure we continue providing them care closer to home.

At the end of 2021, we opened Greencastle Family Health and a combined physical therapy and Hendricks Orthopedics & Sports Medicine Greencastle office. These services were in addition to our services in Bainbridge, also located in Putnam County. The opening of these practices greatly expanded our availability to the community. Since then, we have added specialty services including OB/GYN.

We continue searching for ways to support our patients and associates who live there, as well as the local schools and businesses. We have worked with the city of Greencastle to acquire a vacant building in the heart of Greencastle and are in the process of renovating this building. The end result will be a modern healthcare environment that brings all of our services in the area under one roof.

Once the renovation is complete, HRH will have additional dedicated space to offer other physician specialists and services. Services that will be housed in the new space include:

- Primary Care
- Rehabilitative Services
- Lab
- Radiology
- Rotating Medical Specialists
 - OB/GYN and Orthopedics/Sports Medicine currently available, but the offerings will continue to grow to meet community needs.

This project will provide the necessary room for our providers to see more patients and also allows for future growth. Completion is estimated for May 2025.

• Social Determinants of Health

Related to ensuring we have the providers our community needs in locations that are convenient for our community to access, we are actively working to make our providers more available to the people who need their services.

As part of our social determinants of health efforts, we have been meeting with our providers to discuss their schedules and where they see opportunities for increasing efficiency in the office. We are using the results of these meetings to find places where other members of the staff in our physician practices can support our providers, leaving our providers with the time they need to focus on patient care.

• Partnerships

Our vision is to be the indispensable health and wellness partner to our associates, patients, providers, payers and employers in the community. A large part of attaining our vision is having providers with the expertise needed to provide excellent health care and keep our community healthy.

Something we have long said at HRH is that collaboration delivers the best medicine. It's why collaboration is one of our core values.

We are blessed with an incredibly accomplished medical staff and nursing team. Creating collaborative clinical affiliations with organizations including Mayo Clinic, Community Health Network, Cancer Care Group, Urology of Indiana and Hendricks Radiology helps us provide our patients with meaningful and timely access to some of the best medical specialists in the world.

In addition, we actively work to establish solid bonds with tertiary partners to preserve, grow and innovate local access to the most patient-focused, highest-quality, specialized care possible. This is also why we joined the Suburban Health Organization (SHO), a collaborative effort among 13 community-based hospitals and healthcare providers in Indiana. SHO was incorporated in 1994 with a clear mission: to improve access to high-quality healthcare while preserving local care and deep-rooted connections to hospital communities. By working together, SHO members create value through shared services and innovating solutions to healthcare challenges. The evolution of medicine never stops, and more heads will always be better than one.

Behavioral Health

Mental Health

We know mental health is a concern in all communities we serve. As seen in Exhibit 25, each county in our service area contains sections designated as mental health HPSAs. The demand for behavioral health and addiction treatment services is at an unprecedented level across Hendricks County and the entire state.

As discussed in our 2021 CHNA, we partnered with U.S. HealthVest to open Hendricks Behavioral Hospital on our campus in Plainfield to help bring these much needed services to our area. The hospital offers a full continuum of specialized inpatient and outpatient addiction and psychiatric services including youth, adult, women and geriatric programs. The hospital is open 24/7 with a crisis center offering free assessments.

We are expanding upon these efforts by supporting initiatives such as the Mental Health Summit that occurred this fall. HRH partnered with the Hendricks County Health Department and The Willow Center to gather staff, educators, parents and caregivers at our local school corporations for a discussion on mental health in our schools. The goal of the discussion is to identify gaps along with wins in mental health services in local schools as well as connect our community members with mental health resources available in Hendricks County. We are looking to further expand the facilitation of discussions and the execution and further development of the Mental Health plan the Hendricks County Health Partnership created in 2022.

Healthcare Navigation

Understanding Needs

Healthcare can be a complex system to navigate. That's where healthcare navigation efforts come in – they're like having a friendly GPS for your health journey.

HRH employs several associates whose role is to connect community members to healthcare services, such as scheduling screenings and understanding insurance options.

In addition, several associates in various departments work to address inequalities by identifying obstacles to accessing care. These include providing financial assistance education, writing patient care instructions and education materials at a recommended educational level to ensure they can be understood by all, and making sure necessary patient information, such as our Patient Rights and Responsibilities, Financial Assistance Policy and Financial Assistance Application Packet, are available in different languages. All of this is done to help make this very complex information more easily understandable and build trust with our community. This leads to more empowered individuals who take charge of their health and don't hesitate to come to us when they have a healthcare need.

HRH offers access to a patient portal called MyChart to make it easier for our patients to access their care and to be a part of their health care team. We are proud to be in the 89th percentile among Epic health systems for adoption of MyChart.

- 58.3% of patients seen at HRH in the past five months have MyChart accounts
- 75.5% of patients seen at HRH in the past 12 months have MyChart accounts⁵

Using this free, secure patient portal, patients can view test results, communicate securely with their health team, request prescription refills and manage billing accounts. We continue to optimize and add features to help provide our patients with greater access to care. Since our 2021 CHNA, we have added the following features:

- Patients can now schedule mammography and immunization appointments via MyChart.
- Patients can see important information in the language they best understand by utilizing interpretation services offered through MyChart.
- Patients staying in the hospital, and their caregivers/families, can stay connected with their care team throughout their stay with MyChart Bedside. This feature provides patients access to their inpatient health records and allows them to track their care including their daily schedule like test, procedures and medication updates.
- Through Care Companion, patients have an easier way to monitor their health plans and manage complex health conditions. Acting as an extension of the MyChart patient portal, Care Companion provides interactive tools including personalized notifications, medication reminders, educational content, health tracking and periodic check ins.

• Social Determinants of Health

Identifying significant community health needs involves continuing to recognize and understand every factor that impacts optimal health for all in a community. According to the Centers for Disease Control and Prevention (CDC), "Health equity is achieved when every

⁵ Data from April to June 2024 provided by Epic Systems Corporation

person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances." Addressing social determinants of health reduces health disparities. Examples of social determinants of health include poverty, food insecurity, housing, social isolation, transportation, racism and other forms of discrimination.

Medicare, Medicaid, and the Centers for Medicare and Medicaid Services require healthcare systems to screen for social determinants of health, but each system carries out these requirements differently.

At HRH, we ask these questions once a year of our ambulatory patients when they are in a primary care office. The questions are around housing, transportation, food insecurities, fall screening for patients over age of 65, and depression screening. Patients have the option of answering the questions on MyChart ahead of their appointment or in person at the office.

In addition, all inpatients receive a depression screening once a year. We also perform fall screenings on patients in identified specialties with higher risk of falls.

Anyone whose answers score abnormally are offered a referral to a member of our Transitions of Care or Population Health social work team.

The social determinants of health screenings are helping us identify our patients needs so that we can navigate them to the most appropriate services for their specific situations. The screenings are also tremendously helpful in identifying what the needs in the community truly are. Because we're able to essentially survey a large number of people, we are then able to review that data and identify what needs are present. For example, as noted in our 2021 CHNA, we hear a lot of the transportation problems our community encounters in getting to their medical appointments. We expected transportation to top the list of concerns identified by the screenings. Instead, we learned housing and food insecurity are the most widespread issues impacting our community.

The screenings also helped us identify a challenge when someone screens abnormally in an area. To resolve this, a social worker on our ambulatory quality team is now gathering resources to ensure we have the appropriate and correct information ready when needed.

HRH has set a systemwide goal of screening 85% of our appropriate patient population for fall risk. We consider that population to be any patient over the age of 65. In addition, we have a systemwide goal of screening 85% of patients for depression. Based on our findings so far, we are working on a system that will prevent rescreening someone we already know has screened positively for depression. Instead, we will have a tool to help determine how well the patient's depression treatment is working. The system will include a workflow that would remind providers to use the tool to assess depression symptoms at least once a year.

Our associates are educated on why these screenings are important. We provide them with the education needed to help them answer tough questions from patients curious about the reasoning behind the questions they are being asked.

• Hope Healthcare Partnership

HRH proudly sponsors and collaborates with Hope Healthcare Services. This nonprofit organization offers low-cost, quality healthcare services to people unable to obtain health insurance and who do not qualify for government programs. Patients are treated by both paid staff and medical and dental professionals donating their time to volunteer service. Dr. Kevin Hartzell, MD, HRH Adult Hospitalist and Vice Chief of Staff on our Medical Executive Committee, and Amber Miller-Gath, PA, Westside Physicians for Women, are longtime volunteers who help make sure every member of our community has access to high-quality, affordable healthcare.

Wellness

• Health, Not Healthcare

As a nonprofit health system, HRH believes our mission centers around making our community healthier. We promote a culture of wellness to empower ourselves, our associates and our community to realize their healthiest selves. As such, we offer innovative programs to treat patients when they are sick or injured, in addition to services designed to keep them well.

We are dedicated to improving the health of the community that surrounds our facilities. While many residents in our PSA take a proactive approach and focus efforts on eating well and being active, many of them still need to adopt healthier lifestyles. With this in mind, we have intensified our efforts to focus on wellness and health improvement in the last few years and developed multiple programs geared toward increasing physical activity, reducing obesity and controlling chronic disease.

One of the most noticeable efforts we put forth was redefining our Vision statement in 2023 with the addition of the word "wellness." We are leading the charge in changing how communities think about health by emphasizing wellness, not illness. We are in the beginning stages of creating a new model of healthcare where prevention comes first.

For decades, healthcare systems have taught our communities to think about healthcare when they're sick. That has served us well. We have achieved exceptional expertise in dealing with acute care medicine. Now we need to add to that expertise and start focusing more on wellness and disease prevention. By focusing healthcare wellness, prevention, and early disease detection, we can change the trajectory of the illness and the trajectory of the patient's life. Problems are most treatable (and less costly to treat) when they are identified early. We believe we will see a big difference in how healthy our community can be if we can just catch things before they are out of control.

We must give our communities the knowledge and ability to make health a way of life. We have asked local partners for their help in encouraging people to receive preventative healthcare visits by creating comp time for medical appointments, so people don't have to use their PTO.

HRH is striving to address barriers to wellness and create generational health. We are working to make Hendricks County the healthiest county in Indiana, as well as improving the health of neighboring counties we serve. We have identified several initiatives to help us attain these goals:

- AEDs
 - The American Heart Association reports that immediate CPR and the use of an Automated External Defibrillator (AED) can double, or even triple, survival rates of a cardiac arrest⁶. While AEDs are available in many public places, such as government buildings, schools and airports, and with emergency personnel, they aren't always readily available in locations where they may be the most needed. Spaces without an AED device include youth sports

⁶ https://cpr.heart.org/en/training-programs/aed-implementation

facilities, churches, nonprofit organizations offices or senior centers. Even smaller volunteer firefighter departments may not have the funds needed to purchase a life-saving device.

 HRH leadership saw a way to fill this need in the community and developed an AED grant program where local nonprofits could apply for their own AEDs. Between 2023 and 2024, HRH awarded 53 AEDs to community organizations with additional AEDs to grant in 2025. Our goal is to enhance the availability of AEDs for additional nonprofits and volunteer organizations, enabling them to provide prompt, life-saving assistance when needed.

• Stroke education

- $\circ~$ Our associates volunteer at community events to help us educate attendees on serious health conditions.
- One example is stroke education. They use the phrase "time is brain" to emphasize how brain tissue is rapidly and irretrievably lost as stroke progresses and that therapeutic interventions should be pursued immediately.
- To further drive this home, they use the mnemonic device BE FAST to educate on the warning signs of stroke and to urge the importance of calling 911 at any sign of a stroke.

• Partnership focus

 HRH is proud to currently partner with 125+ local nonprofit organizations in West Central Indiana. We will continue this impact by working together through outreach, health education, wellness screenings, youth enrichment, sponsorships and mutually beneficial collaborations.

• Cardiac education

• Associates in our cardiovascular service lines often volunteer at community events to do CPR demonstrations and teach attendees how to perform CPR.

• Supporting parks and trails

 Through our community sponsorship program, HRH supports all of our local parks departments and greenways to help improve access to recreation, exercise and leisure for area residents.

• Community Project in collaboration with HRH Foundation

 Efforts are underway to complete a community project funded through the HRH Foundation focused on two key determinants of health: nutrition and physical activity.

• Supporting the healthcare professionals of tomorrow

 Continuing to work with regional universities and colleges, as well as K-12 school partners and educational foundations, to provide scholarships for aspiring healthcare professionals