

2. Introduction

What is the purpose of this report?

This report describes the health status of the Marion County population, as compared to the populations of other major U.S. cities, Indiana, and the nation. It examines trends and patterns in the health of Marion County over the past few years. The report is intended to be a useful reference for health care providers, local government, and community organizations in planning services and programs. The data come from various sources, including birth and death certificates, hospital discharge records, the U.S. Census, and local, state, or national surveys.

What time period is reported?

The report presents statistics for the years 2001 through 2005. Statistics from 2006 are presented, if that data was available at the time the data were analyzed. Statistics from earlier than 2001 are sometimes presented to illustrate trends over longer periods of time.

How is this report organized?

The report contains three summary sections: the Executive Summary, the Summary Tables, and the Highlights.

- The Executive Summary reviews the most notable issues arising from this report. It includes the most promising findings and the most worrisome findings, and discusses issues that have large impacts on our current health, as well as issues that, unless modified, will have detrimental effects on our community's health in the coming years.
- The Summary Tables present key measures from each of the report's topical sections. It contains no interpretive text, but uses a format that may help the reader quickly get a sense of our strengths and weaknesses within each area of health. The Highlights list and summarize notable findings from each section of the report, and may be a more useful summary of the report than is the Executive Summary for persons interested in specific topics.
- The Highlights follow the general organization of the topical sections of the report.

Following the three summary sections are nine major topical sections, each of which provide the detailed documentation, graphs, tables and interpretation for the major highlights given in the Executive Summary, Summary Tables, and Highlights sections. These sections are:

- Population Demographics
- Access to Care
- Health Risk Factors and Prevention
- Children's Health

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- Communicable Diseases
- Social and Mental Health
- Environmental Health
- Morbidity and Hospitalizations
- Causes of Death

Population Demographics, outlines Marion County's rate of growth, immigration, geographic concentration, and socio-economic status of the Marion County population. Marion County's growth within the larger context of the Indianapolis Metropolitan Statistical Area (MSA) is also discussed.

Access to Care, examines the prevalence of health insurance coverage, medically underserved areas of Marion County for primary care, and programs that address primary care access among persons in poverty or near poverty.

Health Risk Factors and Prevention, relates data from local MCHD-developed surveys and national BRFSS surveys on behavioral risk factors such as smoking, physical activity and obesity, and self-reported use of important public health screening tests such as mammography and blood pressure screening.

Children's Health, provides both behavioral risk factors for children ages through 18, as well as factors affecting infant and child mortality rates.

Communicable Diseases, covers the major reportable diseases, with special emphasis on historically important conditions such as tuberculosis, syphilis, and HIV/AIDS.

Social and Mental Health, covers issues of self-reported mental health indicators for adults, state projections for serious conditions among adults and children, and related social outcomes of homelessness, psychiatric hospitalizations and treatment use, violence and suicide rates.

Environmental Health, briefly describes measures of air and water quality and workplace safety.

Morbidity and Hospitalizations, focuses on two major leading causes of avoidable and high-cost acute care use: diabetes and asthma, both from self-reported data from the general population, and the utilization of in-patient care for these conditions. In addition, Hospital Discharge data for hospitals in Marion County are used to highlight those age/gender/race groups using common in-patient care and procedures.

Causes of Death, incorporates population census data and birth and death certificate data collected by the health department, to examine the major contributors to premature mortality for both the very young, and for the total population. Disparities and differences in mortality by race and gender are also addressed.

Among the appendices, readers will find Appendix I: Methods, detailing procedures used in analyses of U.S. and MCHD surveys, vital statistics, census, and hospital data sources, and for making comparisons to other populations or time periods. Other appendices list how specific codes were grouped to create the categories used for discharges and procedures in Section 12, and for causes of death listed in section 13.

The MAPP Community Assessment Framework

Mobilizing for Action through Planning and Partnerships (or MAPP) is an approach to community health improvement through use of standard assessment tools and community-driven strategic planning. It has been adopted as a model “best practice” by the Centers for Disease Control and Prevention (CDC) at the national level, and at local levels by the National Association of County and City Health Officers (NACCHO).¹ It relies on a systems-based, data-informed, strategic planning process involving a variety of community stakeholders.

This report does not represent the result of a full MAPP assessment. The complete MAPP process would require that a much larger, broader community coalition be assembled, and would involve extensive qualitative discussions about health issues with community groups and other stakeholders. In this report, we have used just one aspect of the MAPP assessment: the core measures from the *Community Health Status Assessment* (CHSA) portion of the MAPP process. This is a comprehensive set of measures to describe health in a community. The measures are grouped in three broad categories which include the following key areas:

- The Community: Who are we and what assets do we have?
 - Demographic Characteristics
 - Socioeconomic Characteristics
 - Health Resource Availability
- What are the population and environmental strengths and risks affecting our community health?
 - Quality of Life
 - Behavioral Risk Factors
 - Environmental Health Indicators
- What is our community’s health status?
 - Social and Mental Health
 - Maternal and Child Health
 - Communicable Disease
 - Sentinel Events
 - Death, Illness and Injury

The core indicators have national or comparative goals or values.² A full list of the core MAPP indicators may be found in Appendix II: MAPP Core Indicators.

Using standardized measures allows decision-makers to compare this community’s health status with others and to monitor change over time. The indicators are cross-referenced with other major public health initiatives, including 25 indicators recommended by the Institute of Medicine³ and adopted by the U.S. Health Resources and Services

¹ Achieving Healthier Communities through MAPP: A User’s Handbook
http://mapp.naccho.org/MAPP_Handbook.pdf

² MAPP Core Indicators overlap with the CDC’s Leading Health Indicators At a Glance
(<http://www.cdc.gov/nchs/about/otheract/hpdata2010/2010indicators.htm>)

³ 1997 Institute Of Medicine Report, *Improving Health in the Community: A Role for Performance Monitoring* <http://books.nap.edu/html/improving/>

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Administration (HRSA) for funding of county-level health programs.⁴ The MAPP process recommends collecting trend data over five years, and comparison data for state, national, and as relevant, peer-county data to highlight the community's outstanding health issues, which in most sections, has been accomplished in this report.

The key findings in the Executive summary of this report provide a more focused "community health profile". These data serve as a baseline against which future trends can be continually assessed. The CDC recommends this health profile be shared with the public and discussed with key stakeholders to elicit major priorities for action.

Why does the report use percents and rates?

Data are frequently presented using percentages and rates to facilitate comparisons across groups of different sizes. It is sometimes more convenient and customary to express occurrences as rates per 1,000 or per 100,000 population. Rates standardize the number of events within a particular timeframe. For example, information regarding mothers younger than age 20 is reported as a percent of all new mothers, births are reported as a rate per 1,000 population, infant mortality is reported as a rate per 1,000 births, and deaths are reported per 100,000 population.⁵

⁴ www.communityhealth.hrsa.gov

⁵ Multnomah County Health Department. *The Health of Multnomah County 2004*. Portland, Oregon. http://www.co.multnomah.or.us/health/hra/reports/health_of_mc_2004.pdf