

4. Highlights

A. Population Demographics

i) Population Changes 2000-2005

Marion County's population increased by 0.3 percent between 2000 and 2005, while the national population increased by 5.3 percent over the same period. The total estimated population of Marion County in 2005 was 863,133. In 2005, Marion County residents made up over half (52.6%) of the Indianapolis metropolitan statistical area (MSA) population. The Indianapolis MSA includes Boone, Brown, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Putnam, and Shelby counties, with an estimated total of 1.64 million persons in 2005.

Population density: 2184.5 persons per square mile, the highest density of any Indiana county.³

Work force commuters: Residents of Hamilton, Hendricks, Johnson, Hancock and Boone County accounted for 21 percent of Marion County's work force in 2005, up slightly from 19 percent in 2000.⁴

Median age increased from 2000 to 2005: The median age of Marion County's population was 34.7 years in 2005, up from 33.6 in 2000⁵ and slightly younger than the 2005 U.S. median age of 36.2 years.

- The number of children under age five increased by 1 percent between 2000 and 2005.
- The number of adults 45-64 years of age increased by 1.4 percent over the same period.
- One in four (23%) of Marion County's 2005 population was under 15 years of age.
- Persons age 65 or older made up one in ten (11%) of the 2005 Marion County population.

Births declined from 2001 to 2005: There were 13,809 births to Marion County residents in 2005, down 3.1 percent from 2004 and a 0.8 percent decline since 2001.

- The number of White births fell from 8219 in 2001 to 7278 in 2005, a decrease of 11 percent.

³ STATS Indiana, Indiana Business Research Center, Indiana University's Kelley School of Business, from US Census Bureau data. <http://www.stats.indiana.edu/profiles/pr18097.html>

⁴ STATS Indiana, Indiana Business Research Center, Indiana University's Kelley School of Business, from Indiana Department of Revenue data. <http://www.stats.indiana.edu/commframe.html>

⁵ U.S. Census Bureau 2000 census U.S. Census Bureau. Annual Estimates of the Population by Selected Age Groups and Sex for Counties: April 1, 2000 to July 1, 2005
<http://www.census.gov/popest/counties/asrh/files/CC-EST2005-agesex-18.csv>

Highlights

- The number of Black births remained stable at about 3900-4000 per year during the five-year period 2001-2005.
- The number of Hispanic births increased over 60 percent between 2001 and 2005, accounting for one in ten Marion County resident births in 2001, and 16 percent of total births in 2005.

ii) Ethnicity Composition

According to the U.S. Census Bureau's population estimates, the 2005 population of Marion County was 66.3 percent non-Hispanic White; 26 percent non-Hispanic Black, 5.9 percent Hispanic or Latino, and 1.7 percent some other race.

The Hispanic population of Marion County increased by 53.6 percent between 2000 and 2005, accounting for 3.9 percent of Marion County's total population in 2000⁶, and 5.9 percent in 2005. The 5.9 percent represented over 50,000 persons.

iii) Language

More than 6 percent of Marion County residents were foreign born in 2005. Over half of them were Spanish speakers, while 45 percent had some other non-English primary language.

Nearly one in ten residents over 5 years of age (9.6%) spoke a non-English language at home in 2005, up from 7.2 percent in 2000.

Three percent of Marion County households in 2005 were considered "linguistically isolated."⁷

iv) Household composition

Regarding Marion County households in 2005:

- Six out of ten (59%) were family households of related individuals.
- Thirty-four percent were one-person households.
- The remainder were comprised of unrelated persons.

One-quarter of family households had a single female head of household, while 7 percent were headed by a single male.

One in five Marion County households (20%) had at least one member 65 year of age or older.

⁶ U.S. Census Bureau 2000 census

http://www.savi.org/savii/comm_info/Community_Profiles/pdf/DEMOGRAPHICS/18097.pdf

⁷ A linguistically isolated household is one in which no member 14 years and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members of the household 14 years and over have at least some difficulty with English.

B. Socio-Economic Status

i) Declining Income

Median annual household income for Marion County in 2005 was \$41,964,⁸ below the 2004 U.S. median household income of \$44,389.⁹

ii) Unemployment

In 2005, 8.8 percent of persons over 16 years of age surveyed in Marion County reported being unemployed, including 6.5 percent of White, 15.4 percent of Black, and 8.9 percent of Hispanic respondents.¹⁰

Marion County's unemployment rate based on unemployment insurance claims varied between 4.5 percent and 5.6 percent from 2001 to 2005.¹¹ These results are comparable to those for similar urban settings.

Families with incomes below 100 percent of the federal poverty guidelines (FPG): 11.5 percent of all Marion County households in 2005, compared to 8.7 percent nationally. Households at or below 100 percent FPG include:

- One in four Black and Hispanic families.¹²
- Twenty-nine percent of female-headed households.
- One in five related children under 18 years of age¹³, and 7 percent of persons 65 years of age and older.

Children under 18 years of age in poverty: One in five (21.4%) for Marion County in 2005, compared to 16 percent for the state, and 17 percent nationally. In 2004, Marion County ranked fourth in the state for children under 18 years of age living in poverty.¹⁴

Total individuals in poverty: 14.8 percent of Marion County residents had family incomes below the federal poverty guidelines (FPG), versus 12.5 percent nationally.

⁸ U.S. Census Bureau, 2005 American Community Survey 2005

http://factfinder.census.gov/servlet/STTable?_bm=y&-context=st&-qr_name=ACS_2005_EST_G00_S1903&-ds_name=ACS_2005_EST_G00_-CONTEXT=st&-tree_id=305&-redoLog=false&-geo_id=05000US18097&-format=&-lang=en

⁹ DeNavas-Walt C, Proctor BD, Lee CH. *Income, Poverty, and Health Insurance Coverage in the United States: 2004*. U.S. Census Bureau, Current Population Reports, P60-229, U.S. Government Printing Office, Washington, DC 2005 <http://www.census.gov/prod/2005pubs/p60-229.pdf>

¹⁰ U.S. Census Bureau, 2005 American Community Survey

http://factfinder.census.gov/servlet/STTable?_bm=y&-context=st&-qr_name=ACS_2005_EST_G00_S2301&-ds_name=ACS_2005_EST_G00_-CONTEXT=st&-tree_id=305&-redoLog=false&-geo_id=05000US18097&-format=&-lang=en

¹¹ Indiana Business Research Center http://www.stats.indiana.edu/laus/laus_view3.html

¹² U.S. Census Bureau, 2005 American Community Survey

http://factfinder.census.gov/servlet/STTable?_bm=y&-context=st&-qr_name=ACS_2005_EST_G00_S1702&-ds_name=ACS_2005_EST_G00_-CONTEXT=st&-tree_id=305&-redoLog=false&-geo_id=05000US18097&-format=&-lang=en

¹³ U.S. Census Bureau, 2005 American Community Survey

http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US18097&-qr_name=ACS_2005_EST_G00_DP3&-ds_name=ACS_2005_EST_G00_-lang=en&-sse=on

¹⁴ U.S. Bureau of Economic Analysis; U.S. Census Bureau; Indiana Family Social Services Administration; Indiana Department of Education; <http://www.stats.indiana.edu/profiles/pr18097.html>

Highlights

One in every five Indiana citizens who depend on some form of assistance program resides in Marion County. The number of residents on Temporary Assistance for Needy Families (TANF) and Food Stamps declined from 2005 to 2007.

In 2005, 13.1 percent of Marion County's population received Food Stamps, compared to 8.8 percent for Indiana.

Estimated population at or below 200 percent FPG in 2005: In 2005, Marion County had almost 290,000 individuals live in households at or below 200 percent of federal poverty guidelines.

iii) Self-reported Health

There were no notable changes in the self-reported health status of Marion County adults between 2000 and 2005.

Just over half (51.3%) of Marion County residents reported their health as very good or excellent in 2005, compared to 54.3% in the United States overall.

One in five reported their health as fair to poor. Sixteen percent of Whites reported fair to poor health, compared to one in four of minority adults.

C. Health Insurance and Access to Care

i) Barriers to Care

Medicaid covered 18.2 percent of Marion County's population in 2006, compared to 16 percent coverage for the state, and 12 percent coverage nationally. The number of Marion County Medicaid recipients increased 30 percent from 2005 to 2006.

- Medicaid covered nearly one in five (19%) hospital visits in Marion County, similar to national percentage.
- Children comprised 58.9 percent of 2006 Medicaid enrollees, over 92,000 in number.
- Medicaid was the major payer for over half of hospitalizations in Marion County for 15-24 year olds.
- Medicaid paid for over one in four (26.6%) hospital discharges of 25-44 year olds.

The Hoosier Healthwise portion of Medicaid¹⁵ covers 39 percent of residents under 18 year of age, compared to 25 percent of children under 18 in Medicaid/medically needy programs nationally.

Discharges with Medicaid as primary payer have increased 23 percent since 1999.

Enrollment in county-funded Health Advantage program¹⁶: County residents at or below 200 percent FPG, who are without other sources of insurance are eligible for this

¹⁵ Hoosier Healthwise (HHW) is the entitlement portion of the Medicaid program which provides full medical services for entitlement Medicaid enrollees, as well as primary and preventive services for children to age 19, pregnant women and low income families not meeting entitlement criteria whose incomes are at or below 200 percent of federal poverty guidelines.

program. Fifty-six thousand (56,000) persons, or roughly 19 percent of the poor and near-poor Marion County population, were enrolled in 2006. Enrollment grew by 137 percent between 2000 and 2005.

Total county-funded Wishard Health Services¹⁷ for low income and uninsured residents provided 190,650 primary care visits to Marion County's underserved and vulnerable populations in 2005, representing about half (48%) of all such visits.

Other Federally Qualified Health Centers (FQHCs) provided 34 percent of all primary care visits¹⁸, while other state-funded community clinics provided 15 percent of the visits to vulnerable populations.¹⁹

Lack of current health insurance coverage, 2001-05:

- 17.5 percent of Marion County residents 18 years of age and older were uninsured in 2005²⁰, up from 12 percent in 2001.
- The Marion County's percentage of uninsured in 2005 exceeded that for Indiana (15.5%) and the U.S. (14.5%).²¹
 - In 2001, over one in five (22%) of 18-24 year olds, and nearly 14 percent of 25-44 year olds were uninsured.
 - 40 percent of all Indiana's uninsured live in the Indianapolis metropolitan statistical area.²²

Self-Pay Hospital Discharges: Individuals without health insurance are categorized as "self-pay" in hospital discharge summaries.

- 6.4 percent of all Marion County resident hospital discharges were "self-pay" in 2005, an 18 percent decrease since 1999 in the proportion of all discharges that were self-pay. Nationally, about five percent of all discharges in 2002 were self-pay patients.²³

¹⁶ The county-funded Health Advantage program provides health insurance coverage in a managed-care environment through Wishard Health Services to persons who 1) reside in Marion County 2) have household incomes under 200 percent of the federal poverty guidelines, and 3) have no other source of health insurance.

¹⁷ Wishard Health Services (WHS), the clinical services division of the Health & Hospital Corporation of Marion County, is a major provider of primary and acute care to both Health Advantage-covered, Medicaid, and other low income and uninsured Marion County residents. The WHS provides services in 9 primary care clinic sites and Wishard Hospital.

¹⁸ Wishard Health Services Task Force Document, Primary Care. Kurt Salmon Associates, 10/ 27/2006

¹⁹ Wishard Health Services Primary Care Task Force Document, 9/29/2006

²⁰ Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2005] <http://apps.nccd.cdc.gov/brfss-smart/MMSACtyRiskChart.asp?MMSA=39&yr2=2005&qkey=868&CtyCode=38&cat=HC#HC>

²¹ Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2005] <http://apps.nccd.cdc.gov/brfss/display.asp?cat=HC&yr=2005&qkey=868&state=IN>

²² 2003 Indiana Family and Social Services Administration (FSSA) Household Survey commissioned by the Health Insurance for Indiana Families Committee <http://www.statecoverage.net/statereports/in14.pdf>

²³ Merrill CT, Elixhauser A. *Hospitalization in the United States, 2002*: HCUP Fact Book No. 6. AHRQ Publication No. 05-0056, June 2005. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/data/hcup/factbk6/>

Highlights

- 11.1 percent of discharges among Marion County adults 25-44 years of age were “self-pay” in 2005.

Racial Disparity: Marion County Blacks were twice as likely as Whites to be “self-pay” hospital patients in 2005 (9.3% versus 4.9%).²⁴

Lack of Usual Source of Care: For Indiana, 16.1 percent of adults reported no usual health care provider in 2005. Indiana adults reporting no usual provider included 25 percent of Black respondents, over 50 percent of Hispanic respondents, and one in three of the unemployed respondents.

ii) Primary Care Physicians (PCPs)

Marion County had a smaller proportion of PCPs in the 2001 practitioner pool than did the state (24.7% versus 33% to 34%). Marion County’s total population-to-PCP ratio improved to an estimated 990:1 in 2005 because the number of physicians stayed relatively constant while the Marion County population declined slightly.

The ratio does not address physician retirement rates, or whether new public-funded or high-risk patients are accepted.

Residents served by Federally Qualified Health Centers (FQHCs): Approximately 46,000 Marion County residents were served in 2004 by Marion County’s nine FQHCs.

iii) Medically Underserved Population

Medically Underserved Areas (MUA) 2006: MUAs²⁵ are areas designated by the Health Resources and Services Administration (HRSA) as locations with high health care needs and few health care facilities or manpower. Health Professional Shortage Areas (HPSAs)²⁶ are areas with relatively high population- to- medical or dental professional ratios. HRSA has designated 103 of Marion County’s census tracts as Primary Care MUAs, and has also designated 61 of those 103 as HPSAs²⁷. HRSA has designated

²⁴ 2005 Indiana Hospital & Health Association Hospital Discharge Survey

²⁵ Medically Underserved Area (MUA) designations are based on the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. The value of each of these variables for the service area is converted to a weighted value, according to established criteria. The four criteria are weighted and summed to obtain the area's Index of Medical Underservice (IMU) score, which is used to determine the area's MUA status.

²⁶ In metropolitan areas, a Health Professional Service Area (HPSA) is usually a group of census tracts representing a neighborhood given homogeneous SES and demographic characteristics. HPSA designation for primary health care depends on the ratio of population to full-time-equivalent (FTE) primary care physicians serving the designated area. PSA status is determined by the Secretary of the U.S. Department of Health and Human Services, based on other characteristics of the area in addition to the ratio of population to licensed medical and dental professionals in an area.

²⁷ To meet Federal Primary Care Health Professional Service Area (HPSA) designation requirements, an area must: Be a rational service area for the provision of primary care services, AND Have a population to primary care physician ratio greater than 3,500:1, AND Show that neighboring area primary care physicians are over-utilized, excessively distant, or inaccessible (e.g. population to physician ratio is already high; travel time to neighboring areas exceeds 30 minutes; the neighboring area significantly differs in demographic or socio-economic characteristics; or neighboring-area resources exhibit economic barriers such as physicians do not accept Medicaid) OR

Dental MUAs for Marion County as well. Marion County had 647 licensed dentists in 2005.²⁸ Marion County's population-to-dentist ratio is 1,304:1.

Marion County underserved population: In 2000, 37 percent of Marion County's population, roughly 320,000 persons, lived in medically underserved areas.²⁹ It is estimated that about 20 percent of the 2007 U.S. population lives in medically underserved areas.³⁰ Seventeen percent of Marion County residents lived in health professional shortage areas, and eight percent lived in dental health professional shortage areas.³¹

D. Health Risk Factors and Prevention

i) Health Behavior Improvements

Smoking prevalence: One in four (25.3%) Marion County adults smoked cigarettes in 2005, down from 28.2 percent in 2001. The prevalence of smoking in Indiana and Marion County showed a non-significant upturn from 2004 to 2005.³²

Hispanic women had the lowest smoking prevalence among Marion County 18-24 year olds in 2005 (10%).

Trying to lose weight: In 2005, nearly half of Marion County adults had attempted to lose weight in the previous 12 months, almost twice the percentage of such adults in 2001.

ii) Health Behavior Challenges

Highest Smoking Prevalence: White males had the highest smoking prevalence among Marion County 18-24 year olds in 2005 at 41 percent, followed by White females at 34.2 percent.

The greatest all-ages increase in smoking prevalence during 2001-2005 occurred among Black males, for whom the prevalence rose from 27.9 percent in 2001 to 30.7 percent in 2005.

Obesity Prevalence: In 2005, 60 percent of Marion County adults 18+ years of age were overweight (BMI 25-29) or obese (BMI 30+). The percentage of obese Marion County adults (26%) was roughly comparable to that for Indiana (27%) and the nation (26%).³³

Have a population to primary care physician ratio of 3,000:1 to 3,499:1, AND
Have a high birth rate, or high infant mortality rate, or more than 20% of the population below 100% FPL
OR, Show evidence of insufficient capacity of existing primary care physicians, as indicated by any 2 of the following: excessive office visits / year per physician, long wait times for routine appointments, excessive waiting room time, excessive emergency room use, physicians not accepting new patients, or low utilization of health services)

²⁸ Indiana State Department of Health http://www.in.gov/isdh/publications/2001report/appendix_f.htm

²⁹ U.S. Census Bureau 2000 Census (Marion County Health Department DR0616)

³⁰ HRSA Bureau of Health Professionals. *Shortage Designation*. <http://bhpr.hrsa.gov/shortage/> (accessed 14Oct2007).

³¹ U.S. Census Bureau 2000 Census (Marion County Health Department DR0616)

³² 2005 Marion County Adult Obesity Needs Assessment (DR0504)

³³ 2005 Marion County Adult Obesity Needs Assessment (DR0504)

Highlights

Ethnic Disparities: Black women had the highest obesity prevalence among Marion County subgroups at 39 percent. Hispanic males had the lowest at 19 percent.

Physical Activity: One in three (38%) Marion County adults, and half of the obese adults failed to achieve the minimum levels of physical activity recommended by the U.S. Centers for Disease Control and Prevention (CDC).

Advice from Medical Providers: One in three obese adults and two in three overweight adults in Marion County reported receiving no advice from physicians to the effect that they had an unhealthy weight.

The highest geographic concentrations of obesity in Marion County occurred in the North Wayne and South Lawrence Health Planning Areas³⁴ (see Figure 7-14 map on page 7-21).

High Blood Pressure: Over one in four (27.3%) Marion County adults were told by a provider in 2005 that they had high blood pressure, a percentage not significantly different from that for adults nationally (25.5%). The prevalence of high blood pressure in Marion County has been increasing since 2001.

Cholesterol:

- As of 2005, 71.5 percent of Marion County adults had had their cholesterol checked at least once in the past five years, a five percent decrease since 2001 but not significantly different from the Indiana (71.3%) and national (73%) adult populations. The HP 2010 objective is that 80 percent of adults have had their cholesterol levels screened within the past 5 years.
- Among Marion County adults who said they had been tested in 2005, 34.2 percent reported being told that their total cholesterol was too high, a percentage similar to self-reported levels for Indiana (38%) and the nation (35.6%). The Healthy People 2010 objective 12-14 is to reduce the prevalence of elevated cholesterol in adult populations to no more than 17 percent.
- High cholesterol levels were most prevalent among Marion County White (25.1%) and Black (22.1%) men.

E. Children's Health

i) Infant Mortality Improvements

- **Black infant mortality rate (IMR)** for Marion County decreased significantly between 2004 and 2005. Marion County's Black IMR during 1999-2002 was below the median for other urban areas with large African-American populations.

³⁴ The Marion County Health Department has designated 19 geographic sub-areas each with approximately equivalent populations.

- The IMR disparity ratio between Blacks and Whites also declined from 2004 to 2005, after several stagnant years, from 2.4:1 to 1.8:1.
- **Births to teen mothers** fell from 8.6 percent of total births in 2001, to 7.7 percent in 2005.

ii) Infant Mortality Challenges

Increased Marion County Infant Mortality Rate (IMR), from 7.5 deaths per 1,000 live births in 2001, to 10 per 1,000 in 2005. IMRs for Indiana and the U.S. changed little during this period: Indiana's rate rose from 7.4 in 2001 to 8.1 in 2005, while the national rate was 6.8 in both 2001 and 2004.

Ethnicity Disparities: In 2005, Marion County's IMR for Whites was 8 deaths per 1,000 live births, 14.3 per 1,000 for Blacks, and 10 per 1,000 for Hispanics.

Hispanics show greatest IMR increase: Marion County's Hispanic IMR increased almost threefold from 3.6 deaths per 1,000 live births in 2001, to 10 per 1,000 in 2005. The rate for Hispanics nationally was fairly stable over the same period.

Less Prenatal Care Access: Between 2000 and 2005 the percentage of Marion County births with no prenatal care doubled for Whites and Blacks. In 2005 only 64 percent of Black, and 54 percent of Hispanic infants' mothers received timely prenatal care (within the first trimester), far below the HP 2010 objective of 90 percent.³⁵

Ethnic disparities: In 2005, births to Marion County's Black mothers were almost three times as likely to be without any prenatal care as births to White mothers (3.4% without care for Whites, vs. 1.2% for Blacks). However, the percentage of Hispanic infants without prenatal care declined from 2001 to 2005. Overall, 1.9 percent of Marion County's babies received no prenatal care.

Low Birth Weight: In 2005, almost one in ten (9.4%) Marion County infants had a birth weight of under 2500 grams (5.5 pounds). 8.4 percent of White, 12.7 percent of Black, and 6.5 percent of Hispanic infants were low birth weight.

Maternal Smoking has decreased in Marion County since 2000, but not significantly. As of 2005, Marion County rates still exceeded national levels and the HP 2010 objective. Smoking is highly prevalent among White teen mothers 10-19 years of age, with rates ranging from 36 percent to 41 percent for age subgroups within this category during 2005.

Overall, 16.6 percent of Marion County's mothers smoked in 2005, including 13.5 percent of Black mothers and 23.2 percent of White mothers.

³⁵ U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000. Objective 16-6b. <http://www.healthypeople.gov/document/html/objectives/16-06.htm>

Highlights

iii) Children's Health Challenges

Dental Health: During the 2002-2003 school year, 49 percent of White, 44 percent of Black and 53 percent of Marion County Hispanic children 6-8 years of age had untreated dental caries.

Medicaid and uninsured children in Marion County have lower rates of dental visits than those with private insurance.

Child Obesity: In 2005, over 22 percent of Marion County school children in grades K-12 met U.S. Centers for Disease Control and Prevention (CDC) criteria for being overweight, and another 18 percent were at risk for overweight.³⁶

- Forty percent of all Marion County 5-17 year olds were overweight or at risk of becoming overweight, including 38 percent of Whites, 42 percent of Blacks and 49 percent of Hispanics.
- Hispanic male children had the highest prevalence of overweight or at risk of becoming overweight (52%) among Marion County's children demographic groups.

Child Mortality (1-14 years of age): The rate for Marion County rose from 33.9 deaths per 100,000 persons in 2001 to 52.6 per 100,000 in 2006, an increase of 55 percent. Marion County's 2005 rate was much higher than the 2005 Indiana rate of 24.5 per 100,000 or the 2004 U.S. rate of 20.4 per 100,000.

Two year olds with completed immunizations: In 2004, 67.9 percent of two year olds countywide had received the complete series of recommended vaccines, a percentage below the national rate for that year and the HP 2010 objective.

iv) Adolescent Health Challenges

Smoking: One in four adolescents smoked (23%) in the Central Indiana region (where Marion County accounts for the largest share of this age group's population) in 2006.

Alcohol: 24.6 percent engaged in **binge drinking** in 2005. Central Indiana's adolescent binge drinking rates did not decline significantly from 2003 to 2005, nor have they differed significantly from state and national rates.

Obesity: Ethnicity-specific prevalence rates for Marion County range from 38 percent for Whites to 49 percent for Hispanics.³⁷

Sexually Transmitted Disease: In 2005, **over one in three sexually active Indiana high school students did not use a condom** in their most recent sexual encounter.

In a 2005 survey, 44 percent of Indiana high school students reported ever having engaged in sexual intercourse. See "F.ii) Sexually Transmitted Disease Challenges", below.

³⁶ Marion County Health Department (DR0228, DR0442, DR0444)
http://www.mchd.com/CHWI_results_report.htm#_Toc148865200

³⁷ Marion County Health Department (DR0228, DR0442, DR0444)
http://www.mchd.com/CHWI_results_report.htm#_Toc148865200

Injury Prevention: Use of seatbelts among Indiana high school students improved from 2003 to 2005 and now approaches the HP 2010 objective that 92 percent of the population will use safety belts. However, the reverse is true for helmet use among bicyclists. Over 92 percent of Indiana high school students who rode bicycles in 2005 rarely or never wore helmets, a percentage significantly lower than the national rate.

F. Communicable Diseases

i) Sexually Transmitted Disease Improvements

Primary and Secondary Syphilis: Marion County rates stabilized at 5.4, 5.7 and 5.3 cases per 100,000 persons in 2003, 2004 and 2005 respectively, following the control of a 2002 outbreak.

HIV/AIDS: Total reported Marion County HIV cases rose from 169 in 2003 to 177 in 2005, while AIDS cases per 100,000 persons declined from 26.1 in 2003 to 19.5 in 2005, likely due to earlier diagnosis and treatment of HIV with anti-retroviral drugs. Marion County's AIDS mortality rate was almost the same as the nation's in 2004.

ii) Sexually Transmitted Disease Challenges

Gonorrhea: The reported incidence increased from 431.9 per 100,000 persons in 2002 to 482.9 per 100,000 for Marion County in 2006, while the incidence in the state and nation were three to four times lower, and remained fairly stable. In 2005, Indianapolis ranked seventh among the 43 of the largest U.S. cities reporting gonorrhea rates, with a rank of 1 corresponding to the highest rate. The incidence in Marion County was 63 percent higher than the average incidence for those cities.³⁸

One new gonorrhea case was reported case for every forty-seven 15 to 24 years olds in 2006. Given the silent nature of many infections, the actual incidence in 2006 may have been one new case for every twenty or twenty-five 15 to 24 years olds.

Chlamydia: Indianapolis ranked tenth worst among 43 of the largest U.S. cities reporting chlamydia incidence in 2005, with an incidence of 846.5 cases per 100,000 persons.³⁹ The 2005 Marion County incidence was two and a half times higher than the 2005 U.S. incidence. The Indianapolis metropolitan statistical area had the fourth highest rate of chlamydia infection during 2001-2005 among the 50 most populous MSAs monitored by the U.S. Centers for Disease Control and Prevention (CDC). Marion County's incidence has fluctuated within ten percent of 785 reported cases per 100,000 persons from 2002 through 2006.

One new chlamydia case was reported for every sixteen 15 to 24 years old females and every forty-seven 15 to 24 years old males in 2006. Given the silent nature of many

³⁸ Several statistics comparing cities in the *Big Cities Health Inventory* report were based on Indianapolis, rather than all of Marion County. Indianapolis contains 96% of the Marion County land area and 92% of the Marion County population, based on the 2000 U.S. Census, so almost all health statistics for Indianapolis and Marion County are very similar.

³⁹ Several statistics comparing cities in the *Big Cities Health Inventory* report were based on Indianapolis, rather than all of Marion County. Indianapolis contains 96% of the Marion County land area and 92% of the Marion County population, based on the 2000 U.S. Census, so almost all health statistics for Indianapolis and Marion County are very similar.

Highlights

infections, the actual incidence in 2006 may have been up to one new case for every four females and eight males in that age range.

Primary and Secondary Syphilis: During 2003-2005, Marion County's primary and secondary syphilis rates ranged from 2.8 to 3.6 per 100,000 residents. These were exceptionally low for an urban area, but exceeded the U.S rates (which ranged from 2.5 to 3 per 100,000 during the period), as well as the Healthy People 2010 objective 25-3 rate of 0.6 per 100,000.

Marion County's AIDS incidence rate in 2005 was 39 percent higher than the national rate (19.5 vs.14 per 100,000 persons).

iii) Other Reportable Diseases

Marion County's reported frequencies for most reportable diseases have remained stable since 2002.

Shigellosis: The number of infections during 2002 through 2005 peaked at 169 in 2004, decreasing to 114 in 2005.

Salmonellosis: The number of cases increased from 60 and 64 during 2003 and 2004, respectively, to 107 in 2005.

Tuberculosis: Annual case counts ranged from 31 to 54 during 2002-2005. Many of these cases occurred among the foreign-born, and were not due to active transmission within the local population.

G. Social and Mental Health

i) Mental Health Improvements

Child Abuse / Neglect: Marion County's number of reported cases per population declined significantly, from 21.9 per 1,000 children under 18 years of age in 2001, to 14.2 per 1,000 in 2005.

Suicide rates: There were 10 suicide deaths per 100,000 persons in 2005 for Marion County, a rate similar to that for Indiana, the U.S. and other urban areas.

Intimate Partner Violence (IPV): An estimated 11.3 percent of Marion County women 15-44 years of age experienced IPV in 2005, a proportion within the nationally estimated range of 8 percent to 17 percent.

ii) Mental Health and Addiction Challenges

Mental Health : Nearly half (46%) of surveyed Marion County adults in 2005 reported having depressive symptoms at least one day per month. Five percent reported having depressive symptoms on a daily basis.

In Indiana, 34.6 percent of adults reported poor mental health in 2004, including one in three Whites (33.7%), 40.3 percent of Blacks and 42.3 percent of Hispanics.

Drug-induced Deaths: The rate of drug-induced deaths for Marion County Whites (13.7 per 100,000 persons) is over twice that for Blacks (6.4) and over tenfold that for

Hispanics (1.0). The overall drug-induced death rate for Marion County (11.0) is similar to that for the U.S. (9.7).

Reported Severe Mental Health or Addictions: There are no data available for Marion County's adult Serious Mental Illness (SMI) rates, other than projections made by the Indiana Family and Social Services Administration Division of Mental Health and Addiction (FSSA/DMHA) from national prevalence rates.

- Indiana's 2002 **SMI prevalence rate**⁴⁰ for adults over 18 years of age is 39 per 1,000.
- The Indiana DMHA's imputed 2006 **SMI rate for Marion County** was 5.4 percent of adult population (34,324 cases).
- **Co-occurring addictions** accounted for 7,963 of Marion County's estimated 34,324 SMI cases.
- Six to ten percent of Marion County **children 9 to 17 years of age** were estimated to have serious emotional disturbance.
- **Treatment:** In 2003, 11.8 percent of Marion County men and 5.2 percent of Marion County women who reported substance abuse problems said they had sought treatment, versus 14.6 percent of men and 21.3 percent of women in Indiana.

Homeless: Each year, 15,000 people are homeless in Indianapolis. Families account for 40 percent, and children 30 percent of this population.⁴¹

- The average period of homelessness is 2.2 years.⁴²
- A 2005 survey found an increase in the first-time homeless, especially among families (the fastest growing segment of the homeless population) and women reporting domestic violence. Incarcerated and foster care clients who are discharged without a stable source of shelter add to the homeless total.

H. Chronic Diseases

i) Chronic Disease Improvements

Asthma: In 2005, 11 percent of Marion County adults over 18 years of age had ever been diagnosed with asthma, a percentage not significantly different from that for U.S. (12.6%) and Indiana adults (12.7%) that year.

The prevalence of asthma in Marion County declined significantly from 2001 to 2002, but the rate of decline slowed over the next three years.

⁴⁰ An adult disorder that cannot be cured and causes difficulty with daily living, forming relationships, concentrating, and adapting to change. The illness is expected to last at least 12 months. Examples: schizophrenia, bipolar disorder, or major depression. <http://mentalhealth.samhsa.gov/>

⁴¹ 2002 Blueprint to End Homelessness <http://www.chipindy.org/pdf/ReaderFormatAll.pdf>

⁴² 2002 Blueprint to End Homelessness <http://www.chipindy.org/pdf/ReaderFormatAll.pdf>

Highlights

Gestational diabetes and pre-diabetes: There were no statistically significant differences between Marion County's rates for 2005 and state or national rates.

Diabetes hospitalizations: Marion County's rate for 2005 was 191 per 100,000 persons, unchanged from 2004.

ii) Chronic Disease Challenges

Asthma

In 2005 Marion County persons over age 65 exceeded the Healthy People 2010 objective 24-2 for asthma-related admissions per 100,000 persons (324.7 versus 110) and national rates of asthma admissions for that age group (287 per 100,000). Marion County's Black children under age 15 were hospitalized 3.5 times more often due to asthma than Whites in that age group, with 2005 rates of 351 and 94 per 100,000 respectively.

Racial disparities: In 2005 Marion County Blacks had a rate of asthma-related hospitalizations (228 per 100,000 persons) over twice that for Whites (97 per 100,000).

There were significant racial disparities in Marion County rates for asthma-related hospital admissions at all ages. *Rates for minorities were always larger.*

Diabetes

Increased adult diabetes prevalence: Over one in ten (10.6%) Marion County adults over 18 years of age had medically recognized diabetes in 2005, up from 9.5 percent in 2001.

Prevalence rate among young adults (18-24 years of age) for Marion County in 2005 was 1.9 percent, two to three times greater than for their Indiana (0.6%) and U.S. (0.8%) age-mates.

Adult prevalence by race for Marion County in 2005 was 15 percent for Blacks, 9.3 percent for Whites and 7 percent for Hispanics.

Diabetes-related lower limb amputations in Marion County rose from a rate of 43 per 100,000 persons in 2004, to 46 per 100,000 in 2005.

Diabetes-related death in Marion County increased from 25 per 100,000 in 2004, to 27 per 100,000 in 2005. Both rates remained fairly stable between 1999 and 2005. As of 2005, Marion County's diabetes-related death rate was above its HP 2010 objective.

In-patient dialysis rates for Marion County rose overall from 2004 to 2005.

Cancer

All-sites cancer incidence rate for Marion County during 2000-2002 exceeded the national rate over the same period.

Lung Cancer: Marion County's incidence rate over 2000-02 was 95.7 new cases per 100,000 persons.

Female Breast cancer rate for Marion County was 137.2 per 100,000 during 2000-2002, higher than the national rate during that time.

Mammography Screening: In 2005, 75 percent of Marion County women 40 years of age and older had been screened in the previous two years, a percentage roughly

comparable to Indiana and U.S. rates; however, screening rates for all three geographies have declined since 2000.

Cervical Cancer Pap Exams: The percentage of Marion County women over 18 years of age receiving pap exams fell from over 94 percent in 2000 to under 87 percent in 2004. Similar declines were seen for Indiana and the U.S.

Colonoscopies and FOBT (fetal occult blood tests): In 2006 22.3 percent of Marion County residents over age 50 had a fecal occult blood test (FOBT) within the past 2 years. This rate was similar to that of Indiana (one in five persons) and of the United States (24 percent). However, 62.3 percent of Marion County residents over age 50 had at least one flexible sigmoidoscopy or colonoscopy examination in the past 2 years, a rate higher than Indiana's rate of just over 50 percent, and the U.S. rate of 57 percent.

I. Hospitalizations

County hospital discharge rates over 2000-2005 increased for Cesarean sections by 32 percent, for chronic obstructive pulmonary disease (COPD) by 5.3 percent, for heart failure and shock by 5.2 percent, and for adult pneumonia by 3.5 percent.

Leading causes of hospitalizations in 2005 for Marion County included circulatory system disorders (accounting for 16.2 percent of all discharges), complications of pregnancy and childbirth (16.4%), respiratory system conditions (10.2%), digestive system diseases (8.2), and injury & poisoning (7.5%). The proportionate contributions of these causes to Marion County's total hospitalizations were generally similar to those found in the 2004 National Hospital Discharge Study (NHDS)⁴³ for the U.S. civilian population.

Complications of pregnancy and childbirth accounted for a slightly higher proportion of all discharges in Marion County (13.4%) than in the NDHS⁴⁴.

Diseases of the circulatory system accounted for 20 percent and 27 percent of all discharges from Marion County hospitals in 2005 for persons 45 to 64 years of age and 65+ years of age, respectively.

The rate of discharges for psychoses increased by 22 percent between 2000 and 2005 for Marion County, following an increase of 35 percent from 1994 to 1999. In 2005, one in 10 discharges (11%) for Marion County patients 15-44 years of age was for mental health or psychiatric conditions.

Ambulatory Care Sensitive (ACS) Admissions: The four leading ACS conditions in Marion County in 2005 were pneumonia, congestive heart failure, asthma, and diabetes (unchanged from 2000).⁴⁵ The percentage of all Marion County hospital admissions in 2005 attributable to these four conditions (10%) was similar to that for the U.S.

Increase in admissions for three major ACS conditions: From 2000 to 2005, Marion County's diabetes related admissions increased by 13 percent, cellulitis cases by 38 percent, and malignant hypertension admissions by six percent.

⁴³ 2005 Indiana Hospital & Health Association Hospital Discharge data set

⁴⁴ 2005 Indiana Hospital & Health Association Hospital Discharge data set

⁴⁵ Hospitalizations that may be prevented by appropriate primary care access.

Highlights

i) Payment Sources of Inpatient Care

Uncovered care: In 2005, 6.4 percent of Marion County discharges were paid for by a combination of patient's resources or charity care (self-pay).

Medicaid covered nearly one in five (19%) of all discharges from Marion County hospitals in 2005. That year, Medicaid covered over half of the hospitalizations of Marion County's 15-24 years olds, and over one-quarter of the hospitalizations of Marion County patients 25-44 years of age.

Medicare: was the primary payer for nearly 90 percent of Marion County hospital discharges in 2005 for persons over 65 years of age.

Commercial insurance was the principal payer in 2005 for 30 percent of admissions for Marion County 25-44 year olds and 29 percent of 45-64 year olds.

Managed care organizations were the principal payer in 2005 for 21 percent of admissions for Marion County 25-44 year olds and 18 percent of 45-64 year olds.

J. Causes of Death

i) Overall Mortality

For a table of the leading causes of mortality, see "Table 13-2: Selected Age-Adjusted* Rates of Death per 100,000 Persons, Marion County, Indiana, and U.S.," on page 13-4.

County rates for leading causes of death in 2005: Cancer (214.4 deaths per 100,000 persons), heart disease (191.5 per 100,000, representing 22 percent of Marion County's total mortality), chronic obstructive pulmonary disease (COPD) (59.1 per 100,000), and stroke (45.1 per 100,000).

Top ranking causes of death for Marion County in 2005:

For Whites: Heart disease, cancer, COPD and stroke.

For Blacks: Cancer, heart disease, stroke and diabetes.

Leading causes of death by age for Marion County in 2005:

Years of Potential Life Lost (YPLL)

Deaths to Marion County residents in 2005 represented over 71,000 years of potential life lost below 75 years of age. Major contributors to untimely death included cancer (accounting for 20.4 percent of the total YPLL), heart disease (13.4%), accidents (6.9%), homicide (6.7%), suicide (4.1%), stroke (3.2%) and COPD (3.9%).

Whites: Of the over 42,000 Years of Potential Life Lost in 2005, major contributing causes include: Cancer (accounting for 23.9% of the total White YPLL), heart disease (15.7%), accidents (7.1%), suicide (5.2%), COPD (4.7%) and stroke (2.7%).

Blacks: Of the over 25,600 Years of Potential Life Lost in 2005, major contributing causes include: Cancer (accounting for 17% of the total Black YPLL), homicide (13.6%), heart disease (11.1%), accidents (6.1%), stroke (4.2%), COPD (3.1%) and diabetes (2.8%).

ii) Cancer Deaths

Cancer was the most common cause of death in Marion County in 2005, primarily due to a decrease in deaths from heart disease.

Lung cancer mortality in 2005 was 71 per 100,000, higher than that of the U.S., Indiana, and comparison counties.

Colorectal cancer mortality in 2005 was 19 per 100,000, about the same as Indiana, and higher than the U.S.

Breast cancer mortality fell from 16.2 per 100,000 in 2000 to 13.7 per 100,000 in 2005, similar to that of the U.S., and higher than that of Indiana.

Prostate cancer mortality fell from 12 per 100,000 in 2000 to 10 per 100,000 in 2005, but was higher than that of the U.S., Indiana, and comparison counties.

Cervical cancer mortality was 1.1 per 100,000 in both 2000 and 2005, slightly lower than that of the U.S., Indiana, and comparison counties.

iii) Mortality Improvements

The overall Marion County age-adjusted mortality rate declined to 864 deaths per 100,000 population in 2005, an 8 percent decrease from 931 deaths per 100,000 in 2001. Marion County's 2005 rate is 8 percent higher than the 2004 national rate, but is within the range of that for other comparable U.S. metropolitan areas.

Marion County's rate for heart disease was 191.5 deaths per 100,000 persons in 2005, a 23 percent decline since 2000 but still above the Healthy People 2010 objective 12-1 of 162 deaths per 100,000. Marion County's 2005 rate was 16 percent lower than the 2005 rate for Indiana of 227.0 and 12 percent below the 2004 national rate of 217.5.

Stroke mortality declined significantly for Marion County, from 61.1 deaths per 100,000 persons in 2000 to 45.1 per 100,000 in 2005. Marion County's 2005 rate is lower than the rate of 50.2 per 100,000 for Indiana in 2005 and the rate of 50 per 100,000 for the U.S. in 2004.

Cancer mortality rates for all causes and for breast and prostate cancers fell from 2000 to 2005 in Marion County. Marion County's prostate cancer mortality rate for 2005 was below the Healthy People 2010 objective.

iv) Mortality Challenges

Cancer (all causes): Marion County's 2005 rate of 214.4 cancer deaths per 100,000 persons was 9 to 10 percent higher than comparable cities, and 17.8 percent above the 2004 U.S. rate. Marion County's **lung cancer mortality rate** of 71 per 100,000 in 2005 exceeded the 2004 U.S. rate by 34 percent and the Healthy People 2010 objective by 64 percent.

Lung cancer and colorectal cancer mortality rates for Marion County increased between 2000 and 2005.

Highlights

Chronic Obstructive Pulmonary Disease (COPD): Marion County's 2005 death rate of 59.1 per 100,000 persons exceeded the 2005 Indiana rate of 54 per 100,000 and the 2004 U.S. rate of 41.8 per 100,000.

Child Mortality (1-14 years of age): The rate for Marion County rose from 33.9 deaths per 100,000 persons in 2001 to 52.6 per 100,000 in 2006, an increase of 55 percent. Marion County's 2005 rate was much higher than the 2005 Indiana rate of 24.5 per 100,000 or the 2004 U.S. rate of 20.4 per 100,000.

v) Ethnicity Disparities in Mortality

Mortality (all causes): Marion County's total mortality for Blacks in 2005 was 35 percent greater than for Whites.

Marion County's total mortality for Hispanics in 2005 was about one-third that for Whites.

Blacks had twice the mortality rate of Whites among Marion County residents 1-14 years of age in 2005, over twice the mortality rate among 15-24 year olds, a 52 percent greater mortality rate among 45-64 year olds, and a 25 percent greater mortality rate among Marion County residents over 65 years of age.

Hispanics had a mortality rate twice that of Whites in 2005 for Marion County residents under 25 years of age, but this rate ratio reverses among 45-64 year olds, and the mortality rate for Hispanics is four times lower than that for Whites among Marion County residents over 65 years of age.

Stroke: Marion County's rate for Blacks was 3 times that for Whites in 2005 among persons 25 to 64 years of age and was 44 percent higher for overall stroke mortality.

Diabetes: Marion County Blacks had a diabetes mortality rate 2.5 times higher than that for Whites in 2005. The Black rate was six times higher than the White rate among 25-44 year olds, twice as high among 45-64 year olds, and 2.5 times greater among persons over 65 years of age.

Cancer(all causes) was 35 percent greater in 2005 for Marion County Blacks than Whites (277 versus 205 per 100,000 persons). The racial disparity was greatest among 45-64 year olds, in which the Black mortality rate was 41 percent greater than that for Whites.

AIDS: In 2005, the mortality rate for Marion County Blacks was three times that for Whites (10.2 versus 3.3 per 100,000 persons) and six times higher among 45-64 year olds.

Homicide: Marion County's 2005 rate of 12.8 per 100,000 persons was more than twice the 2005 rate for Indiana and the 2004 national rate and was four times the revised HP 2010 objective of 2.8. However, Marion County's 2005 rate was within the range spread of comparison metropolitan areas.

Unintentional injury (Accidents): Marion County's 2005 rate was four times greater for Blacks than for Whites among persons under 15 years of age, but was slightly higher for Whites than for Blacks overall.

K. Racial Disparities

There were large **racial and ethnic disparities** in health statistics between persons of different races or ethnicities. Generally speaking, Blacks had worse mortality rate, more chronic disease, and poorer access to health services than Whites. Obesity was most common in Black females, while Whites of either gender were more likely to smoke cigarettes. Hispanics were similar to Whites in their health statistics, although they had higher mortality rates through 24 years of age, and had especially poor access to health care. Compared to Blacks, Whites had greater mortality from substance abuse.

i) Black Disadvantages

The mortality rate of Blacks under 25 years old was twice as high as that of Whites. The total mortality rate among Blacks was 35 percent higher than that of Whites. Especially large mortality differences were found in infant mortality, diabetes, homicide, stroke, influenza and pneumonia, and AIDS. The disparities were especially great among males for cancer, homicide, diabetes, stroke, influenza and pneumonia, and AIDS. AIDS mortality was nine times higher among Black women than White women. Excess homicides accounted for 30 percent of difference in Years of Potential Life Lost per person between Blacks and Whites. Blacks had over twice the rate of asthma-related hospitalizations as Whites. Blacks were half as likely as Whites to have health insurance or government-funded coverage for their hospitalizations. Black mothers were also twice as likely as White mothers to have no prenatal care in the first trimester of pregnancy. Obesity among Black women was 50 percent higher than the prevalence in the next most obese race-gender combination.

ii) Hispanic Disadvantages

The mortality rate of Hispanics under 25 years old is twice that of Whites. In 2005, the Hispanic infant mortality rate surpassed that of Whites, whereas it had been much lower in prior years. Almost half of Hispanic women did not receive prenatal care in the 1st trimester of pregnancy. Despite having an employment rate similar to Whites, almost half of Hispanics in Marion County had no health care coverage, compared to a quarter of Blacks and one-eighth of Whites.

iii) White Disadvantages

Whites had more mental health problems than Blacks, and had twice the drug induced mortality, often caused by overdoses of illegal drugs. Whites less than 25 years old were over 50 percent more likely to smoke cigarettes as were similar Blacks. White women who were under age 20 were over five times more likely to smoke during pregnancy as similar Black women and eighteen times more likely to smoke than pregnant Hispanic women.

