



**JOHNSON
MEMORIAL
HEALTH**

Community Health Needs Assessment

2017

Community Health Needs Assessment 2017

I. Executive Summary:

Johnson Memorial Hospital, a division of Johnson Memorial Health, has a long tradition of community outreach in Johnson County, Indiana. In 1995 it joined forces with Community Health Network and Franciscan Health in Indianapolis to form the Partnership for a Healthier Johnson County.

Using community experts and volunteers, organized around specific health improvement initiatives, Partnership for a Healthier Johnson County has been a conduit for the Hospital to impact the quality of health and wellness in the community for 22 years. Partnership has become a model for community health improvement for the State of Indiana and has been cited by numerous national sources and experts in this field.

With thousands of volunteers serving on Action Teams and/or working to support scores of initiatives, Partnership has developed a sustainable system of health improvement outreach and the hospital has played and continues to play a strong participating role.

Among the services created through the Partnership and given significant annual support by JMH is a clinic for the uninsured in Whiteland, Indiana, located at St. Thomas Episcopal Church. The Hospital provides access to hospital services and testing to those patients, as well as granting operational subsidies to the St. Thomas Clinic through an endowment from the Johnson Memorial Hospital Foundation.

The Hospital also played a pivotal role in expanding health care services to the southern third of Johnson County in Hensley, Nineveh and Blue River townships, which, for many years were federally designated as medically underserved areas.

In 1996 the Hospital worked with leaders in the Trafalgar, Indiana area and secured funding to establish a Federally Qualified Health Clinic (FQHC) there. The Hospital committed significant resources to make the clinic operational and for several years provided thousands of dollars in operational loans and subsidies.

In 1999, using the same model as developed for the Trafalgar FQHC, the hospital worked with community leaders in Edinburgh, Indiana to secure partial funding and establish a clinic. This clinic was also subsidized and supported by the Hospital for several years.

In 2005, in order to formalize the operational structure of the two clinics, the leadership, ownership and operation of both facilities was transferred to a newly created organization, Windrose Health. Operational subsidies from the Hospital eventually ended with this transition, and the remaining loan indebtedness to the Hospital was forgiven, but the Hospital continues to provide hospital services and other clinical support to Windrose clinics.

Since then, Windrose has been able to expand its reach of services to several other areas. Windrose Health currently has clinics in Franklin, Whiteland and Trafalgar (Johnson County), Hope (Bartholomew County) and Indianapolis (Marion County). Often, Windrose clients who reside in Johnson County receive services at clinics located outside the county. The Edinburgh clinic has closed.

In 2016, the Johnson Memorial Hospital Foundation embarked on a new mission to improve access to behavioral health services in Johnson County. An inaugural Gala event occurred in February 2017 and raised funds dedicated to this new mission. A second Gala event is planned for 2018 and annually thereafter to raise additional funds. Proceeds from the inaugural Gala have already resulted in the funding of a social worker who will work directly with local primary care physicians to help navigate their patients in need of behavioral health services to the proper specialists. Additional programs are under development as are general awareness and education campaigns targeted at eliminating the negative stigma that surrounds those impacted with behavioral health disorders.

Thus, the Hospital brings to the Community Health Needs Assessment process a longstanding record of commitment and achievement in identifying community health needs, implementing community-based solutions to those needs and encouraging ongoing advocacy for continued improvements in community health and wellness.

II. Description of Johnson Memorial Health:

Johnson Memorial Hospital opened its doors on June 29, 1947 as an ongoing memorial to those who had served in the armed services, past and present. It has been a county-owned hospital since its inception and operates under the county hospital laws of the State of Indiana. As such, it is a common asset of the people of Johnson County and the core of its mission is providing quality healthcare services to the community, regardless of the patient's needs or ability to pay.



Since 1957 the Hospital has operated solely on its patient services revenue and has not used any taxpayer subsidies, as allowed in Indiana law, to support the operation of the Hospital.

The Hospital is licensed for 100 beds but routinely staffs about 40 beds and employs a staff of about 900. The Hospital now generates approximately 80% of its revenue from a wide range of ambulatory services at its main campus in Franklin, Indiana; at the Franklin Primary Care Center and Immediate Care and Occupational Health Clinic on the north side of Franklin; satellite physician offices at the Greenwood Primary Care Center, Stones Crossing Health Pavilion, and Whiteland Primary Care Center in Johnson County.

In addition to medical/surgical inpatient services, the hospital operates a 24/7 Emergency Department and Surgical Service, a comprehensive Cancer Care Center, a Cardiovascular Care Center, a Wound Care Center, Breast Care Center, Sleep Center, an Acute Rehabilitation Unit, home care, maternity services, pain relief services, and provides space for an independently operated renal dialysis service.

The Hospital enjoys the support of a wide range of specialists including cardiology, dermatology, emergency medicine, ENT, family medicine, general surgery, gastroenterology, hand surgery, infectious diseases, internal medicine, nephrology, neurology, OB/GYN, oncology/hematology, ophthalmology, orthopedic spine surgery, orthopedics and sports medicine, pathology, pain management, pediatrics, plastic surgery, physiatry, podiatry, pulmonology, radiology, radiation oncology, urology, vascular surgery, and wound care.

Johnson Memorial Health is an owner member in the Suburban Health Organization, www.suburbanhealth.com, an organization composed of eleven central Indiana hospitals working together to promote quality, efficiency and patient access in the communities they serve. Suburban Health Organization supports its hospitals, physicians and the communities they serve through the development of strategic initiatives and shared services. From quality initiatives and physician recruitment, to managed care contracting, and a risk retention group, the strength and diversity of these services help make the member hospitals and physicians one of the leading provider networks in central Indiana.

In August of 2013 the Hospital joined with Community Health Network in opening the Stones Crossing Health Pavilion, replacing the Hospital's Center Grove Professional Office Building. The Pavilion is a joint project of both organizations and provides northwest Johnson County residents access to comprehensive medical imaging and physical rehabilitation, lab services and a wide range of medical specialists.

In 2016, the Johnson Memorial Health Board of Trustees approved a \$47 million project, the largest in the Hospital's history, which will completely reshape the Hospital's main Franklin campus. Plans include a new, state-of-the-art emergency/outpatient services facility on the east side of the Franklin campus and a new, comprehensive rehabilitation center on the campus' undeveloped west side which opened in late 2016. Completion of the entire project is expected by 2020 and no local or county tax dollars will be used to fund the project.

To accommodate the new emergency/outpatient services facility, demolition of the oldest part of the Johnson Memorial Health campus will begin in early 2018. Built as the original Johnson County Memorial Hospital in 1947, the aging structure housed Hospital administrative offices and other non-clinical departments.

During this time, non-clinical departments and administrative offices will be temporarily moved to other locations on the main campus and to the former Center Grove Professional Office Building.

Project Highlights

- The new emergency/outpatient services addition will feature:
 - A 17,400 square-foot emergency department with a new ambulance drive and bay
 - More than 33,000 square feet of additional space for outpatient services including radiology, laboratory, and other outpatient services on the ground level of the building.
 - A wellness suite and other services, located on the second level of the new addition, with room for future expansion.
 - A separate, canopy-covered entrance will allow for easy and safe patient access.
- The new rehabilitation center contains 20,400 square feet of space for orthopedic care, and physical, occupational and speech therapy/rehabilitation and pain relief services.

The chart below shows that charity care allowances have significantly exceeded the net operating income of the hospital for the previous three years. However, charity care as a percentage of net revenue has fallen to 4.8%, almost half of what it was in 2011. This can be partly attributed to the increase in enrollment in health care coverage as a result of the Affordable Care Act. What will happen in the future with health care is unknown.

Net income increased in 2016 due to bringing the billing and collections for physician hospitalists in-house. Net income decreased mainly due to Health Insurance Expense and newly recruited primary care physicians.

Five-Year Comparison of Net Income to Charity Allowances					
	2012	2013	2014	2015	2016
Net Patient Revenue	\$71,906,039	\$62,706,954	\$69,076,388	\$69,706,417	\$79,390,902
Net Operating Income	\$2,127,440	\$143,514	\$425,539	\$1,237,399	\$45,643
Net Operating Income as a % of Net Patient Revenue	2.9%	0.2%	0.7%	2.1%	.0057%
Patient Revenue Total Charity Care Allowance	\$6,163,748	\$5,854,364	\$5,961,390	\$3,638,631	\$3,806,152
Charity Care as a % of Net Revenue	8.6%	9.3%	10.2%	6.2%	4.8%

III. Description of the Hospital's Service Area:

As the only full-service hospital physically located in Johnson County, Johnson Memorial has always considered its service area to be the county and the border areas to the west, south and east of the county's boundary lines. These areas outside Johnson County are largely rural and have significant socio-economic connection to Johnson County and the Franklin area.

Johnson County has a population of approximately 152,000 (2016 Estimate). Using available inpatient and outpatient market share data from the Indiana Hospital Association, two distinct service areas emerge in the county for the Hospital.

The primary service area of the Hospital, where approximately 80% of its patient volume comes from, includes the southern two-thirds of the county and includes the communities of Bargersville, Edinburgh, Franklin, New Whiteland, Nineveh, Trafalgar, and Whiteland. Total population in this area is approximately 71,000.

The Hospital's secondary service area where about 20% of its volume originates has a population of about 81,000 and covers Greenwood, the suburban area of northwest Johnson County that is generally referred to as Center Grove and communities outside

of Johnson County including Columbus, Martinsville, Morgantown, Morristown, Nashville and Shelbyville.

Johnson County has experienced strong population and economic growth over the past 20 years. Johnson County ranks 2nd in the State of Indiana in net domestic migration and its population grew by 8.7% between 2010 and 2016.

The average age of homes in the northern half of the county, nearest the border with Indianapolis, is much younger than the southern half of the county. In Bargersville, Whiteland, Greenwood and Center Grove less than 5% of the housing stock pre-dates 1950 and the leading edge of the post-war boom. The county has a significant outflow of workers each day with 56% of employed residents working outside of Johnson County (2010 U.S. Census Bureau Data). However, approximately 38% of persons employed in Johnson County live elsewhere.

Median household income exceeds the median for Central Indiana, in some zip codes by very significant margins. The median for Central Indiana is \$50,510 (2015 data). The median income for the county is \$68,256.

IV. Data Collection

Secondary data, collected over an 11-month period ending in November 2017, were used in this assessment from the following sources:

- Healthy Communities Institute Community Dashboard for Johnson County
- Healthy People 2020 project
- Robert Wood Johnson County Health Rankings
- CHANGE tool –This survey was conducted in early 2016 to gain a snapshot of community assets and opportunities in the Franklin area. Partnership for a Healthier Johnson County’s wellness team used the Community Health Assessment and Group Evaluation (CHANGE) tool to conduct interviews of various stakeholders representing five sectors: community at large, organizations, schools, worksites, and healthcare.

Additionally, primary data collection occurred through a nine-question Community Survey emailed to 190 key informants / community constituents (Johnson Memorial Hospital staff and physicians, social service professionals, community volunteers and task force members for Partnership for a Healthier Johnson County, school nurses, and other public health and area health care providers). A copy of the survey questions and the Summary of Results are included in Appendix A and B, respectively. The survey was conducted in October/November 2017 and resulted in a 37% response rate.

Through the survey we tracked the respondent's residential zip code, age range and ethnic group. They were asked to rate the seriousness of health, public health and safety, access and community safety factors and given an opportunity to offer specific comments and suggestions.

V. Data Analysis and Priority of Community Needs

In analyzing the data, we looked at the following factors:

- Healthy Communities Institute Community Dashboard for Johnson County / Healthy People 2020 project / Robert Wood Johnson County Health Rankings
 - Johnson County ranks 8th in the state of Indiana for overall health, according to the Robert Wood Johnson County Health Rankings.
 - However, Indiana ranks 39th of the 50 states according to the United Health Foundation's America's Health Ranking 2016 annual report.
 - As a result, in analyzing the Community Dashboard data, we looked not only at Johnson County's ratings, but also at:
 - The county's status in relation to Healthy People 2020 goals
 - Areas where both Indiana and Johnson County rank poorly. These include (in order of negative impact, according to the United Health Foundation's America's Health Ranking 2016 annual report):
 - Smoking
 - Air Pollution
 - Cancer Deaths
 - Infant Mortality
 - Diabetes
 - Cardiovascular Deaths
 - Frequent Mental Distress
 - Obesity
 - Physical Inactivity
 - Drug Deaths
 - The Robert Wood Johnson (RWJ) health rankings' "areas to explore."
- 2013 Community Health Needs Assessment
 - We looked at results from the previous CHNA to determine if the same community health needs appeared in the 2013 and 2017 assessments.
- Key Informant / Community Survey
 - Respondents were asked to rate the various issues on a scale of 5 (Definitely a Problem) to 1 (Definitely Not a Problem). Only those issues which received a composite score over 4.0, or were included in the 2013 CHNA, were considered to be community health needs.

Based upon the 2017 data collection and the 2013 CHNA, the following issues were determined to be significant community issues:

- Access to Care
 - # of Mental Health providers per population (RWJ)
 - Johnson county Population to Provider ratio – 1,510:1 (99 actual providers / 149,633 actual population)
 - Indiana Population to Provider ratio – 730:1
 - Top U.S. Performers Population to Provider ratio – 360:1
 - Health Insurance = 4.0 (Community Survey)
- Cancer
 - Cancer = 4.21(Community Survey)
 - Colorectal Cancer Incidence Rate (Community Health Dashboard)
 - Johnson County – 45.5
 - Indiana – 43.2
 - HP 2020 Target – 39.9
 - Age Adjusted Death rate due to Lung Cancer (Community Health Dashboard)
 - Johnson County – 51.3
 - Indiana – 55.1
 - US Value – 44.7
 - HP 2020 Target – 45.5
 - Lung and Bronchus Cancer Incident Rate (Community Health Dashboard)
 - Johnson County - 67
 - Indiana – 72.8
 - US Value – 61.2
 - Cancer – Medicare Population (Community Health Dashboard)
 - Johnson County – 7.9%
 - Indiana – 7.5%
 - US Value – 7.8%
- Cardiovascular Disease
 - High Blood Pressure = 4.1(Community Survey)
 - Heart Disease and Stroke = 4.04(Community Survey)
 - Atrial Fibrillation – Medicare Population(Community Health Dashboard)
 - Johnson County – 8.6
 - Indiana – 8.0
 - Trend – Up
 - Heart Failure – Medicare Population (Community Health Dashboard)
 - Johnson County – 14.4
 - Indiana – 14.5

- Trend – Down
 - Hyperlipidemia – Medicare Population (Community Health Dashboard)
 - Johnson County – 48.5
 - Indiana – 44.4
 - Trend – Up
- Children’s Social Environment
 - Child Abuse = 3.88(Community Survey)
 - Child Abuse Rate (Community Health Dashboard)
 - Johnson County – 7.6
 - Prior Value – 5.6
 - Trend – going up
- Diabetes
 - Diabetes = 4.3(Community Survey)
 - Impact of diabetes on overall health and wellness (2013 CHNA)
- Maternal and Child Health
 - Prenatal care and infant wellness (2013 CHNA)
- Mental Health
 - Mental Health = 4.51(Community Survey)
 - Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury (Community Health Dashboard)
 - Johnson County – 109.5
 - Indiana – 73.9
 - Age-Adjusted Hospitalization Rate due to Pediatric Mental Health (Community Health Dashboard)
 - Johnson County – 55.2
 - Indiana – 44.5
 - Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted Injury (Community Health Dashboard)
 - Johnson County – 36.8
 - Indiana – 32.4
 - Depression – Medicare Population (Community Health Dashboard)
 - Johnson County – 18.8%
 - Indiana – 19.0%
 - Prior Value – 17.9%
 - Trend – going up
 - Social Associations (Community Health Dashboard and RWJ)
 - Johnson County rate – 9.2
 - Indiana rate – 12.4

- Top U.S. performers – 22.1
- Nutrition
 - Nutrition = 4.07(Community Survey)
 - Accept SNAP at farmer’s markets (CHANGE)
 - Promote healthier concession offerings (CHANGE)
- Obesity
 - Obesity/Overweight = 4.64(Community Survey)
 - Adult Obesity (RWJ)
 - Chronic obesity and the long-term effects of being overweight (2013 CHNA)
- Other Diseases / Issues
 - Elderly Wellness = 4.01(Community Survey)
 - Age-Adjusted Death Rate due to Kidney Disease (Community Health Dashboard)
 - Johnson County – 17.1
 - Indiana – 18.4
 - US Value – 13.3
 - Chronic Kidney Disease – Medicare Population (Community Health Dashboard)
 - Johnson County – 19.5%
 - Indiana – 18.8%
 - US Value – 18.1%
 - Osteoporosis – Medicare Population (Community Health Dashboard)
 - Johnson County – 7.5%
 - Indiana – 5.8%
 - US Value – 6.0%
 - Rheumatoid Arthritis or Osteoarthritis – Medicare Population (Community Health Dashboard)
 - Johnson County – 32.0%
 - Indiana – 31.1%
 - US Value – 30.0%
- Physical Activity
 - Physical Activity = 4.29(Community Survey)
 - Incentivize biking or walking; bike share programs (CHANGE)
 - Promote joint use agreements for recreational facilities (CHANGE)
 - Safe Routes to School (CHANGE)
 - Partnerships for trails/walking path/biking infrastructure (CHANGE)
- Physical Environment

- Physical Environment (air pollution, driving alone to work, long commute/driving alone) (RWJ)
- Mean Travel to Work – in minutes (Community Health Dashboard)
 - Johnson County – 26.2
 - Indiana Value – 23.3
 - Trend – going up
- Solo Drivers with Long Commute (Community Health Dashboard)
 - Johnson County – 41.3%
 - Indiana Value – 30.2%
 - US Value – 34.0%
- Toxic Chemicals / PBT Released (Community Health Dashboard)
 - Johnson County – 1,014
 - Prior Value – 803
 - Trend – going up
- Recognized Carcinogens Released into Air (Community Health Dashboard)
 - Johnson County – 1,722
 - Prior Value – 627
 - Trend – going up
- Respiratory Diseases
 - Pulmonary Disease (2013 CHNA)
 - Age-adjusted Death Rate due to Chronic Lower Respiratory Disease (Community Health Dashboard)
 - Johnson County – 66.8
 - Indiana – 55.9
 - US Value – 41.4
- Substance Abuse
 - Drugs = 4.79(Community Survey)
 - Alcohol = 4.01(Community Survey)
 - Age-Adjusted Hospitalization Rate due to Alcohol Abuse(Community Health Dashboard)
 - Johnson County – 9.3
 - Indiana – 12.3
 - Age-adjusted Hospitalization Rate due to Substance Abuse (Community Health Dashboard)
 - Johnson County – 16.0
 - Indiana – 11.4
- Tobacco
 - Tobacco / Smoking = 4.23(Community Survey)

- Tobacco use and related incidents of cancer (2013 CHNA)
- Mothers Who Smoked During Pregnancy (Community Health Dashboard)
 - Johnson County – 13.7%
 - Indiana – 14.3%
 - HP 2020 Target -1.4%
 - Trend – going down
- Adults who smoke (Community Health Dashboard)
 - Johnson County – 16.8%
 - Indiana – 22.9%
 - US Value – 17.5%
 - HP 2020 Target – 12.0%
 - Prior Value – 19.4%
 - Trend – going down
- Adult Smoking (RWJ)

Appendix C shows the various issues in chart format by data source.

VI. Priority of Community Needs

To establish the priority of community needs the major health needs categories identified in the data analysis, the priorities identified in the community leaders survey and the “hot spots” detected in the data analysis were cross referenced.

Once cross referenced, the subject matter was reviewed based on the following criteria:

- The Hospital’s ability to impact the issue
- availability of local resources to address the need
- past involvement by the Hospital or the Partnership for a Healthier Johnson County
- perceived importance placed on that category by the community served

Through this process, three areas of health needs emerged as dominant over all others. Most of the health needs and “hot spots” fell logically under one or more of our dominant categories:

- Mental Health and Substance Abuse / Tobacco
- Obesity / Diabetes / Nutrition / Physical Activity / Cardiovascular Disease
- Cancer

Under the category of **Mental Health and Substance Abuse / Tobacco**:

- Mental Health

- Mental Health = 4.51
- # of Mental Health providers per population
- Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury
- Age-Adjusted Hospitalization Rate due to Pediatric Mental Health
- Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted
- Depression – Medicare Population
- (lack of) Social Associations
- Substance Abuse/ Tobacco
 - Drugs = 4.79
 - Alcohol = 4.01
 - Tobacco / Smoking = 4.23
 - Age-Adjusted Hospitalization Rate due to Alcohol Abuse
 - Age-adjusted Hospitalization Rate due to Substance Abuse
 - Tobacco use and related incidents of cancer
 - Mothers Who Smoked During Pregnancy
 - Adults who smoke

Under the category of **Obesity / Diabetes / Nutrition / Physical Activity / Cardiovascular Disease:**

- Obesity
 - Obesity/Overweight = 4.64
 - Adult Obesity
 - Chronic obesity and the long-term effects of being overweight
- Diabetes
 - Diabetes = 4.3
 - Impact of diabetes on overall health and wellness
- Nutrition
 - Nutrition = 4.07
 - Accept SNAP at farmer's market
 - Promote healthier concession offerings
- Physical Activity
 - Physical Activity = 4.29
 - Incentivize biking or walking; bike share programs
 - Promote joint use agreements for recreational facilities
 - Safe Routes to School

- Partnerships for trails/walking path/biking infrastructure
- Cardiovascular Disease
 - High Blood Pressure = 4.1
 - Heart Disease and Stroke = 4.04
 - Atrial Fibrillation – Medicare Population
 - Heart Failure – Medicare Population
 - Hyperlipidemia – Medicare Population
 - Adults who smoke

Under the category of **Cancer**:

- Cancer = 4.21
- Colorectal Cancer Incidence Rate
- Age Adjusted Death rate due to Lung Cancer
- Lung and Bronchus Cancer Incident Rate
- Cancer – Medicare Population
- Adults who smoke

The long-term medical impact of diabetes was identified as a major priority issue in the 2013 Community Health Needs Assessment and multiple initiatives were created as a result. Diabetes did not score as high in the 2017 CHNA, in part due to the work done in the last three years. However, because it impacts several other medical conditions, it is still considered a priority.

Based on this review, the health needs priorities that would yield the greatest results and benefits for the community as a whole were determined to be:

- education regarding, and access to, mental health services, substance abuse prevention and treatment, and tobacco cessation
- further expansion of outreach to address healthy nutrition, weight reduction, exercise
- expanding access to primary care services for diabetes control, cardiovascular disease and cancer

VII. Review of available community resources

Partnership for a Healthier Johnson County Resources

In 1994, Johnson Memorial Hospital became actively engaged in outreach and advocacy with the creation of two community advisory groups (one comprised of health care professionals and providers and one comprised of community members) who met to

share their vision for a healthier community. They envisioned the development of a coalition of health care providers and like-minded individuals that would be willing to help meet the health needs of Johnson County residents.

These advisory groups led to the formation of Partnership for a Healthier Johnson County in 1995 with the addition of new members, including representatives from the two other hospitals which provide medical service to county residents –Community Health Network and St. Francis Hospital in Indianapolis (now Franciscan Health).

Following their thorough examination of a community health needs assessment, they identified more than 18 community health issues such as asthma education, safe sleep and breastfeeding for newborns, medical, dental and prescription services, healthy eating and reducing tobacco use.

The Partnership they formed began extensive community outreach efforts to educate and assist the community in addressing the identified health issues by forming Action Teams, developing strategies with the help of health care professionals and other community member volunteers, and increasing communication and awareness of health needs in the community.

Working through this collaboration with two competing healthcare providers in the community allowed the Partnership to evolve into a long-standing coalition capable of demonstrating how community health improvement can be achieved when key elements and support is in place. In 1997, Partnership became funded by tithing dollars from Johnson Memorial Hospital and additional financial support from Franciscan Health and Community Health Network. Partnership for a Healthier Johnson County has been recognized as one of the longest standing community coalitions in the state ever since.

Johnson Memorial Hospital is committed to improving the health of Johnson County residents outside of the hospital's walls through the support of Partnership. Larry Heydon, Hospital President and CEO, serves on Partnership's Executive Advisory board. Sandy Huddleston, Board member, also serves on the Advisory Board and is a liaison between Partnership and the Hospital Board of Trustees. Beginning in 2016, Eileen Williams, RN, JMH Wellness Services Coordinator, and Judy Jacobs, Director of Outreach and Community Relations for Windrose Health Network, act as Co-Directors of the Partnership, lead program development and serve as liaisons with its many volunteers. Several other Hospital employees are in leadership roles with Partnership including Maternity Center charge nurse Kim Gallman, who chairs the Maternal and Child Health Team.

For more than 20 years, Partnership has been able to build relationships with leaders and core entities within Johnson County. Some of the individuals and groups that have come forward to improve the community include the Indiana State and Johnson County Health Departments, state legislators and county commissioners, the city governments of Franklin and Greenwood as well as both cities' Chambers of Commerce, Franklin College, all six county school districts, substance abuse professionals, the Franklin and Greenwood Parks and Recreation Departments, concerned citizens and healthcare and human services providers. Hundreds of volunteers and dozens of businesses work with Partnership in the development and implementation of health initiatives.

Partnership also has an intimate relationship with the St. Thomas Clinic, which Partnership created in collaboration with St. Thomas Episcopal Church where it resides. This clinic is open Wednesdays and Saturdays and serves low income and uninsured adults of Johnson County at no charge. It is staffed by more than 100 volunteers and the Hospital provides access to hospital services and testing to the clinic's patients.

Partnership also has a strong relationship with Windrose Health Network, which has expanded its services throughout Johnson and other counties. The strong relationship between Partnership and Windrose is still vital to the success of both entities.

Partnership's four Action Teams (Access to Care/Behavioral Health, Maternal & Child Health, Tobacco Free Johnson County and Wellness) work to continually identify health issues within the community and take action to address those issues as they arise.

Partnership's **Access to Care/Behavioral Health Team** focuses on:

- prevention before treatment
- closing gaps in services
- maximizing resources
- avoiding duplication

The team accomplishes this through collaborations, engaging a diverse group of stakeholders, having one centralized point of coordination and communication about access to insurance, new health concerns and taking a comprehensive view of health – physical, mental and emotional. Eleven health care navigators work with county residents to access insurance and health services.

The **Maternal & Child Health Team's** mission is to reduce infant mortality by:

- reducing smoking among pregnant women
- increasing breast feeding

- reducing violence to infants

Previous initiatives have included partnerships with breast feeding support groups, “Great Expectations” classes for expectant parents and the Period of Purple Crying Campaign.

Tobacco Free Johnson County works to reduce adult smoking rates through:

- promotion of the 1-800-QUIT-NOW Indiana Tobacco Quitline
- cessation systems for health professionals, businesses and organizations
- free local resources
- education programs
- participation in health, community and school fairs

In recent years, Tobacco Free Johnson County educated 66 county health care providers about tobacco cessation resources, enrolled 990 county residents in Quit4Life, conducted 48 educational presentations for youth, adults and youth-serving organizations on youth tobacco use and industry marketing to youth, and partnered with all six county school corporations to implement and strengthen tobacco-free policies.

The **Wellness Team**, which focuses on physical activity, healthy weight, and nutrition, spent much of 2017 re-invigorating itself after a period of inactivity. Recent accomplishments include:

- Completing 20 community assessments in the areas of worksite, healthcare, school, community and institutions/organizations
- Partnering with Purdue Extension to hold an Active Living Workshop in Whiteland which will result in a 1.5 mile path to be built around Whiteland Community High School in conjunction with Aspire Johnson County’s Growth and Planning Team
- Hosting a Local Food Summit where 58 county residents gathered to discuss local food in Johnson County
- Secured a Youth Physical Activity grant from the Indiana State Department of Health to support increased physical activity at eight schools in the Edinburgh, Franklin and Nineveh Hensley Jackson school corporations. In the first month of the “Go Noodle” program, 106 teachers used 1,641 activities to achieve 101,000 active minutes for children in these schools.
- Promoted community wide Healthy Wages Jackpot Challenge

Partnership's Wellness initiatives have also been the birthplace of many other community initiatives such as the *Get Healthy Franklin!* key tag program and *Dump Your Plump* to fight obesity and encourage wellness.

Get Healthy Franklin was created as a community-wide wellness initiative by Johnson Memorial, the City of Franklin, Franklin College and the Franklin Community School Corporation. An online tool allowed any community member to register for a free key tag that could be used at more than 40 local businesses to receive deals, discounts and special healthy menus at restaurants.

Dump Your Plump is a nationally recognized, award-winning worksite wellness program designed to promote weight-loss and fitness by focusing on exercise, nutrition, team building and behavior modification techniques.

In 2015-16 Partnership began assessing its role as a convener of volunteers and developer of community programs, rather than a provider of ongoing programs. As a result, *Dump Your Plump* was discontinued in 2015 and has been replaced by community competitions organized by JMH Wellness Services. *Get Healthy Franklin!* transitioned to a program of Franklin Parks and Recreation Department in 2016.

Johnson Memorial Hospital Resources

The Hospital addresses Corporate wellness through JMH Wellness Services which works with corporations such as Mutual Savings Bank, City of Franklin employees, Johnson County REMC, and Johnson County government employees to encourage wellness among their employees and provide screenings and other services. A health coach was hired by JMH Wellness Services in 2016 to work with both businesses and individuals to improve health outcomes.

Dana Lindsay, M.D., Medical Director of JMH Wellness Services, is a board certified Surgical Specialist and a member of the Johnson Memorial Physician Network. She has performed more than 700 bariatric procedures and works with patients who seek both surgical and non-surgical weight loss options. She works alongside Wellness Services coordinator Eileen Williams, RN, to meet with the businesses involved in corporate wellness and work with each patient throughout their screenings. She assesses the health of each member of the corporate wellness program, identifying their specific area of need.

There are also non-surgical weight loss programs such as the Healthy Lifestyles Class that Dr. Lindsay, along with the staff of JMH Wellness Services, provides for patients. It

is a 6-week course that focuses on nutrition, exercise and behavior modification. The once weekly classes range from cooking demonstrations, grocery store tours, and exercise routines. The course costs \$150 per person. Other non-surgical weight loss and wellness options offered include one-on-one sessions in home or at JMH Wellness Services with the Registered Dietitian and/or Health Coach and using the body composition machine in the Center.

The Johnson Memorial Hospital Foundation has also been instrumental in assisting the Hospital to better address the healthcare needs through its financial support of the St. Thomas Clinic and other initiatives over the years. Beginning in 2016, the Foundation placed a mission focus on increasing access to behavioral health services in the county. Raised funds have and will continue to be dedicated to enhancing access for both outpatient and inpatient behavioral health services through collaboration agreements with external parties or direct services development by the Hospital. In addition, various awareness and education campaigns targeted toward elimination of the negative stigma that surrounds those impacted with a behavioral health disorder will also be funded.

The Hospital's Diabetes Care Center has an education program that is accredited by the American Association of Diabetes Educators (AADE). This program meets the National Standards for Diabetes Self-Management Education. The program is tailored to the patient to meet the needs of their schedule and lifestyle. It allows the diabetes educator to educate the patient on eating habits, medications, exercise and blood-glucose monitoring.

The Johnson Memorial Health Cancer Care Center brings together oncologists, pathologists, radiologists and surgeons to ensure comprehensive and timely cancer care. The team is complemented by cancer navigation services for guidance, support and education throughout the course of care. Johnson Memorial Health has expanded its partnership with American Health Network (AHN) Oncology in order to continually improve services and offerings. The following are a few examples of the types of cancers the team has diagnosed and treated: breast cancer, lung cancer, prostate cancer, sarcoma, skin cancer and melanoma, hematologic (blood) cancer, gynecologic cancer, gastrointestinal cancer and many other types. Patients at the Cancer Care Center have access to state of the art, multi-specialty care and access to ongoing clinical trials, new treatment options and support networks. The team also consists of a cancer registrar for the collection of data on types, stages and treatment results of all cancer patients in the healthcare system.

The Cardiovascular Care Center at the Hospital continues to expand as a nationally accredited program. The program earned a three-year accreditation by the IAC (Intersocietal Accreditation Commission) in 2017. The intensive application and review process along with ongoing performance improvement initiatives compliment the diagnostic cardiology services offered by the team of cardiovascular professionals. The cardiovascular services offered are Holter monitoring, event monitoring, cardiac stress testing, echocardiology, cardiac rehabilitation and anti-coagulation services. Recently, Johnson Memorial Health partnered with IU Health to compliment a strong cardiovascular service-line and to build upon the momentum for continued future growth in diagnostic and interventional cardiovascular services.

To insure that the CHNA does not become a “static” planning document that is relegated to an office shelf, the Hospital will make a concerted effort to keep access to the plan open to the public and to encourage ongoing comment and public input on the plan.

To accomplish this, the plan will be placed on the hospital’s website, www.johnsonmemorial.org and will also be accessible via a link on the hospital’s Facebook page.

In this way, an adequate opportunity is created for the public to comment on the CHNA and provide continuous input for use in future updates of the CHNA.

VIII. Implementation Plan

With the identification of these priority community needs, the Hospital staff and Partnership Action Teams will use this information in the coming year to prepare a complete action plan for each area. However, there are certain initiatives which have already been planned or undertaken in each area.

Mental Health and Substance Abuse / Tobacco

- Through funds raised at the 2017 Johnson Memorial Hospital Foundation Gala, a social worker will work directly with local primary care physicians to help their patients in need of behavioral health services to the proper specialists.
- Additional programs are under development as are general awareness and education campaigns targeted at eliminating the negative stigma that surrounds those impacted with behavioral health disorders.
- Tobacco free Johnson County will continue its work in reducing adult and youth smoking and vaping rates through:
 - Hosting a Town Hall Summit on Electronic Nicotine Delivery Systems (ENDS) and partner with other Partnership teams in conducting an Opioid Summit

- Increasing health care provider referrals to the Quitline
- Partnering with the Communities that Care Youth Council to educate and advocate regarding big tobacco, point of sale, other tobacco products and smoke-free air policy.
- Protect and maintain a state and local infrastructure necessary to lower tobacco use rates
- Increase proportion of Hoosiers not exposed to secondhand smoke
- The Maternal & Child Action Team has received a grant to implement the “Baby and Me Smoke Free” program and has begun its implementation.
- The new Chair of the Access to Care / Behavioral Health Team is Tara Elsner from Adult & Child Services. Specific initiatives for 2018 include:
 - Continue to update the Mental Health guide
 - Use social media to communicate available services and programs
 - More programs for the homeless
 - Build focus groups to address trauma recovery as a mental health issue and engage churches to work together on grassroots efforts to provide information and support for substance abuse
 - Determine specific needs of vulnerable populations, especially seniors
- Partnering with Erika Garrity, Systems of Care Coordinator with Adult & Child in promoting the LookUpIndiana.org on-line mental health resource service

Obesity / Diabetes / Nutrition / Physical Activity / Cardiovascular Disease

- The Partnership’s Wellness Team’s goals for 2018 are:
 - Pursue internship opportunities with Franklin college to develop a health promotion campaign
 - Continue updates for the wellness team section of the Partnership website (www.healtheirjc.org) and create a Facebook page
 - Support Needham/Webb community garden project and look at ways to expand to other schools. A grant has been submitted to Kids Gardening for a Youth Gardening Grant. Notification is expected in January 2018.
 - Implement SNAP EBT at Franklin Farmers Market and collaborate for farmers market events including cooking and physical activity options
 - Support the Johnson County Local Food Mini-Series
 - Pursue opportunities to collaborate with more entities
- JMH Wellness Services will continue to collaborate with physicians, patients and businesses to promote healthy activities

Cancer

- See initiatives above regarding reducing adult and youth smoking
- Investigate CHNA data and create initiatives to address specific cancer rates

Appendices

Appendix A – Community Health Needs Assessment Survey Questions

1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 46184 or 46227)
2. Circle the answer that best describes your race.
 - White
 - Black or African-American
 - Hispanic or Latino
 - American Indian or Alaskan Native
 - Asian
 - Native Hawaiian or other Pacific Islander
 - Multiracial
 - Other
3. Please indicate which category below includes your age:
 - 17 or younger
 - 18-24
 - 25-39
 - 40-54
 - 55-64
 - 65 or older
4. Please tell us your affiliation.
 - Board of Trustees
 - Physician
 - Employee
 - Person with special knowledge of or expertise in public health
 - Representative of a federal, regional, state or local health department
 - Representative of a social or human services agency
 - Community leader or representative
 - Other community member
 - Health care consumer
 - Member or representative of a medically underserved, low income or minority population
 - Other (please specify)
5. Health
 - Please indicate below how serious you think the following **Health issues** are in **your community (zip code)**.
 - 5 = Definitely a Problem
 - 4 = Somewhat of a problem
 - 3 = Neutral/I do not know

2 = Not a significant problem
1 = Definitely NOT a problem

Alcohol
Arthritis
Asthma
Cancer
Diabetes
Drugs
Elderly Wellness
Family Planning
Heart Disease and Stroke
High Blood Pressure
HIV/AIDs
Mental Health
Nutrition
Obesity/Overweight
Oral Health
Physical Activity
Pregnancy and Birth
Sexually Transmitted Disease
Tobacco/Smoking
Other (please specify)

6. Public Health and Safety

Please indicate below how serious you think the following **Public Health and Safety issues** are in **your community (zip code)**.

5 = Definitely a Problem
4 = Somewhat of a problem
3 = Neutral/I do not know
2 = Not a significant problem
1 = Definitely NOT a problem

Child abuse
Drinking Water
Fire, police and emergency protection
Food Safety
Gun Safety
Hazardous Materials
Hazardous Waste
Healthy Homes
Lead Poisoning
Personal Safety

Radon Control
Traffic Safety
Violent Crimes
Other (Please specify)

7. Access

Please indicate below how serious you think the following **Access issues** are in **your community (zip code)**.

5 = Definitely a Problem
4 = Somewhat of a problem
3 = Neutral/I do not know
2 = Not a significant problem
1 = Definitely NOT a problem

Access to primary health services
Availability of a doctor
Health insurance
Language barriers
Transportation
Workforce Development

8. Community

Please indicate below how serious you think the following **Community issues** are in **your community (zip code)**.

5 = Definitely a Problem
4 = Somewhat of a problem
3 = Neutral/I do not know
2 = Not a significant problem
1 = Definitely NOT a problem

Access to public transportation
After school youth programs
Civic centers and/or churches
Farmers markets
Parks & recreational facilities
Senior outreach programs

9. Additional Comments

Appendix B – Community Health Needs Assessment Survey Responses

Sent – 190

Responded – 71

Response Rate – 37%

Zip Code	#	%
46106	3	4%
46107	1	1%
46124	3	4%
46131	21	30%
46142	8	11%
46143	14	20%
46151	2	3%
46158	1	1%
46164	3	4%
46173	1	1%
46181	5	7%
46184	3	4%
46217	2	3%
46239	1	1%
46259	1	1%
47203	1	1%
No Answer	1	1%
Total	70	100%

Race/Ethnicity	#	%
White / Caucasian	70	99%
Black or African-American		
Hispanic or Latino	1	1%
American Indian or Alaskan Native		

Asian		
Native Hawaiian / Pacific Islander		
Multiracial		
Other		
Total	71	100%

Age	#	%
17 or younger	0	0%
18-24	0	0%
25-39	10	14%
40-54	27	38%
55-64	26	37%
65 or older	8	11%
Total	71	100%

Affiliation	#	%
Member, JMH Board of Trustees	3	4%
Physician	2	3%
Employee	17	24%
Person with special knowledge of or expertise in public health	7	10%
Representative of a federal, regional, state or local health department	0	0%
Representative of a social or human services agency	10	14%
Representative of a federal, regional, state or local government agency	7	10%
Community leader or representative	14	20%
Health care consumer	5	7%
Member or representative of a medically under-served, low income or minority populations	1	1%
School nurse	3	4%
Mental health professional	2	3%
Total	71	100%

Health: Please indicate below how serious you think the following HEALTH issues are in your community (ZIP Code).

Drugs	4.79
Obesity/Overweight	4.64
Mental Health	4.51
Diabetes	4.3
Physical Activity	4.29
Tobacco/Smoking	4.23
Cancer	4.21
High Blood Pressure	4.1
Nutrition	4.07
Heart Disease and Stroke	4.04
Alcohol	4.01
Elderly Wellness	4.01
Asthma	3.56
Oral Health	3.48
Arthritis	3.4
Sexually Transmitted Disease	3.34
Family Planning	3.33
Pregnancy and Birth	3.26
HIV/AIDs	2.91

Public Health and Safety: Please indicate below how serious you think the following Public Health and Safety issues are in your community (zip code).

Child Abuse	3.88
Healthy Homes	3.2
Traffic safety	3.23
Violent crimes	3.14
Gun safety	3.04
Personal safety	2.97
Drinking Water	2.79
Hazardous Materials	2.78
Hazardous Waste	2.77
Lead Poisoning	2.73
Radon control	2.71
Food safety	2.59
Fire, Police and Emergency protection	2.27

Access: Please indicate below how serious you think the following Access issues are in your community (zip code).

Health insurance	4
Transportation	3.63
Access to primary health services	3.45

Workforce Development	3.37
Language barriers	3.34
Availability of a doctor	3.27

Community: Please indicate below how serious you think the following Community issues are in your community (zip code).

Access to public transportation	3.47
After school youth programs	3.13
Senior Outreach Programs	3.07
Farmers Markets	2.51
Civic centers and/or churches	2.39
Parks & Recreational Facilities	2.24

Additional Comments

- I feel there is a large need for affordable, available mental health care; probably the basis for many of drug problems locally.
- Need more residential inpatient services for adolescents
- Enhanced access to behavioral health services
- Access to behavioral health services will help minimize many other issues faced
- Community health workers/outreach is needed to communicate to residents what is available
- There is a definite need for more mental health care providers in this area along with more education/awareness of mental health in the community. I am aware of many adults in our community that although they have some awareness of suicide prevention/treatment they have expressed a profound need for education/awareness of how to support someone during bouts of depression/anxiety. There seems to be a gap on the mental health continuum between mental well-being to suicide, with depression resources/knowledge lacking in between. Schools, also, should be focusing more attention on mental health in schools – education, mindfulness, recognizing symptoms in themselves and others, treatment including self-care tools, etc. Children and teens are desperate for more mental health resources in the school.
- Although my zip code includes a lot of affluent households, there is still some distinct needy households where access to health care and mental health care is difficult. Especially for those on disability or Medicaid. Although these people have health care, they have inconsistent health care due to few providers in this area, or have an extreme difficulty finding mental health care locally. Although there are a couple agencies, the wait list for these services are often lengthy and aren't equipped to deal with the frequency of care needed
- I am noticing a widening disparity once again between those in the higher income levels and those on the lower end. It saddens me to see that while our county is rich in resources we still have a growing population, especially among the elderly, in need.

- Reaching out to young families/children to stress/educate them on healthy lifestyle habits (i.e. healthy diet, exercise, fresh foods) would significantly aid in lowering incidents of obesity/health problems later in life.
- I would love to see JMH play a larger role with prevention and wellness of the community (healthy food access, promoting healthier options in the cafeteria, etc.).
- We need trails; we are completely dependent on cars.
- Keep working on inter-town trail connectivity!
- Many community members express desire for more trails for walking, jogging, bike riding, yet we have very few (I know of one) in this area. How come other communities have figured out how to find the funding, etc.?
- Air pollution of our school buildings by parents who disregard the sign indicating "No Idling Zone" as they wait for even hours with their vehicle running to pick up their student from school (or drop off in the morning.) Studies have shown that the vehicle exhaust pollutes the indoor air quality of the school building.
- I am not aware of any particular needs; maybe sidewalks.
- Social Media and Internet safety

Appendix C – 2017 CHNA Data Analysis Chart

Indiana ranks 39th of 51 (includes District of Columbia) in health measurements according to America’s Health Rankings

World Health Organization definition of health: “Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

	2013 CHNA	American’s Health Ranking 2016 annual report Indiana ranking – Negative Impact	Community Health Dashboard	Robert Wood Johnson Foundation County Health Rankings	Purdue Extension CHANGE Tool (Franklin)	Community Survey (Rated on scale of 5=Definitely a Problem to 1=Definitely Not a Problem)
Access to Care				# of Mental Health Providers / population		Health Insurance = 4.0
Cancer		Cancer Deaths – #4	Colorectal Cancer Incidence Rate Age Adjusted Death rate due to Lung Cancer Lung and Bronchus Cancer Incident Rate Cancer – Medicare Population			Cancer = 4.21
Cardiovascular Disease		Cardiovascular Deaths – #12	Atrial Fibrillation – Medicare Population Heart Failure – Medicare			High Blood Pressure = 4.1 Heart Disease and Stroke = 4.04

	2013 CHNA	American's Health Ranking 2016 annual report Indiana ranking - Negative Impact	Community Health Dashboard	Robert Wood Johnson Foundation County Health Rankings	Purdue Extension CHANGE Tool (Franklin)	Community Survey (Rated on scale of 5=Definitely a Problem to 1=Definitely Not a Problem)
			Population Hyperlipidemia - Medicare Population			
Children's Social Environment			Child Abuse Rate			Child Abuse = 3.88
Diabetes	Impact of diabetes on overall health and wellness	Diabetes - #10				Diabetes = 4.3
Maternal and Child Health	Prenatal care and infant wellness	Infant Mortality - #5				
Mental Health		Frequent Mental Distress - #13	Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury Age-Adjusted	Social Associations		Mental Health = 4.51

	2013 CHNA	American's Health Ranking 2016 annual report Indiana ranking - Negative Impact	Community Health Dashboard	Robert Wood Johnson Foundation County Health Rankings	Purdue Extension CHANGE Tool (Franklin)	Community Survey (Rated on scale of 5=Definitely a Problem to 1=Definitely Not a Problem)
			Hospitalization Rate due to Pediatric Mental Health Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted Injury Social Associations			
Nutrition					Accept SNAP at farmer's markets, Promote healthier concession offerings	Nutrition = 4.07
Obesity	Chronic obesity and the long-term effects of being overweight	Obesity - #14		Adult Obesity		Obesity/Overweight = 4.64

	2013 CHNA	American's Health Ranking 2016 annual report Indiana ranking - Negative Impact	Community Health Dashboard	Robert Wood Johnson Foundation County Health Rankings	Purdue Extension CHANGE Tool (Franklin)	Community Survey (Rated on scale of 5=Definitely a Problem to 1=Definitely Not a Problem)
Other Diseases / Issues			Age-Adjusted Death Rate due to Kidney Disease Chronic Kidney Disease – Medicare Population Osteoporosis – Medicare Population Rheumatoid Arthritis or Osteoarthritis – Medicare Population			Elderly Wellness = 4.01
Physical Activity		Physical Inactivity – #15			Incentivize biking or walking; bike share programs Promote joint use agreements for recreational facilities	Physical Activity = 4.29

	2013 CHNA	American's Health Ranking 2016 annual report Indiana ranking - Negative Impact	Community Health Dashboard	Robert Wood Johnson Foundation County Health Rankings	Purdue Extension CHANGE Tool (Franklin)	Community Survey (Rated on scale of 5=Definitely a Problem to 1=Definitely Not a Problem)
					Safe Routes to School Partnerships for trails/walking path/biking infrastructure	
Physical Environment		Air Pollution – #2	Mean Travel to Work (in minutes) Solo Drivers with Long Commute Toxic Chemicals / PBT Released Recognized Carcinogens Released into Air	Physical Environment (air pollution, driving alone to work, long commute/driving alone)		
Respiratory Diseases	Pulmonary Disease		Age-adjusted Death Rate due to Chronic Lower Respiratory Disease			
Substance		Drug Deaths –	Age-Adjusted			Drugs = 4.79

	2013 CHNA	American's Health Ranking 2016 annual report Indiana ranking - Negative Impact	Community Health Dashboard	Robert Wood Johnson Foundation County Health Rankings	Purdue Extension CHANGE Tool (Franklin)	Community Survey (Rated on scale of 5=Definitely a Problem to 1=Definitely Not a Problem)
Abuse		#17	Hospitalization Rate due to Alcohol Abuse Age-adjusted Hospitalization Rate due to Substance Abuse			Alcohol = 4.01
Tobacco	Tobacco use and related incidents of cancer	#1	Mothers Who Smoked During Pregnancy Adults who smoke	Adult Smoking		Tobacco / Smoking = 4.23

Appendix D –Partnership Advisory Board

Becky Allen, Access Johnson County / Gateway Services
John Auld, Franklin Insurance
Terresa Branham, St. Thomas Clinic
Lisa Brown RN, Johnson County Health Department
Cathe DeCleene, Franklin College
Tara Elsner, Adult & Child
Kim Gallman RN, Johnson Memorial Hospital
Margarita Hart, Esperanza Ministries
Larry Heydon, Johnson Memorial Health
Kate Hill-Johnson, Franciscan St. Francis Health
Jennifer Hollingshead, Johnson County Development Corp
Sandi Huddleston, Johnson Memorial Health Board of Trustees
Judy Jacobs, WindRose Health Network
Priscilla Keith, Community Health Network
Charleen Kennedy, Office Pride
Kim Lakin, Gateway Services
Michelle McMahon, Empower Johnson County
Amanda Meyers, DC, Optimal Vitality Chiropractic
Lori Meyers, Johnson County Community Corrections
Suzanne Miller, Johnson County Unified Probation
Loren Minnix, Warriors Hope
Bea Northcott, Triple Impact
Carmen Parker, City of Whiteland
Keri Lyn Powers, Valle Vista Health System
Eve Pressnell, Gateway Services
Lee Rollett, SocialMedia Consultant
Linda Ruskowski, Community Hospital South
Ryan Skora, Johnson Memorial Hospital
Erin Slevin, MPH, CHES, Purdue Extension
Doreen St. Clair, Community Volunteer
Doug Stewart, Raymond James
Jennifer Tennell, Johnson Memorial Hospital Foundation
Nancy Voris, Tobacco *Free* Johnson County
Sarah J. Ward, Community Health Network
Amber Welsh MS, Franciscan Health
Eileen Williams, Johnson Memorial Hospital