

Community Context Assessment for Marion County, Indiana



The assessment was conducted by researchers from the Fairbanks School of Public Health at Indiana University Indianapolis and funded by the Marion County Public Health Department.

Research Team:

Marion Greene, PhD, MPH

Shandy Dearth, MPH

Vinita Sharma, PhD, MPH

Lindsey Sanner, MPH

Jyotsna Gutta, MPH

Maya Gutierrez, BSPH



**INDIANA UNIVERSITY
INDIANAPOLIS**

FAIRBANKS SCHOOL OF PUBLIC HEALTH



**MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT**

Prevent. Promote. Protect.

TABLE OF CONTENTS

Table of Contents

Executive Summary	3
Introduction	6
Background.....	7
Approach.....	8
Findings	11
Interviews	11
Concerns and recommendations.....	11
Community strengths, assets, and resources	12
Built environment	13
Forces of change	24
Additional comments	28
Focus Groups	29
Concerns and recommendations.....	29
Community strengths, assets, and resources	32
Built environment	36
Forces of change	40
Additional comments	45
Conclusion	46
Appendices	48
Appendix A.1 - Interview Guide	48
Appendix A.2 - Interview Study Information Sheet	49
Appendix B.1 - Focus Group Guide	50
Appendix B.2 - Focus Group Study Information Sheet	52
Appendix B.3 - Focus Group Recruitment Flyer	53

EXECUTIVE SUMMARY

The Marion County Public Health Department (MCPHD), in partnership with the Richard M. Fairbanks School of Public Health (FSPH) at Indiana University Indianapolis, conducted a Community Context Assessment (CCA) as part of its broader Community Health Assessment strategy. This effort, guided by the Mobilizing for Action through Planning and Partnerships (MAPP 2.0) framework, was designed to provide qualitative insights that complement the quantitative data from the Community Status Assessment and the community-driven perspectives of the Community Partner Assessment. Together, these assessments will inform the development of Marion County's Community Health Improvement Plan.

The CCA aims to explore the lived experiences of diverse community members and stakeholders to better understand the root causes of health disparities in Marion County. Through nine key informant interviews and eight focus groups, the assessment gathered perspectives from professionals across sectors such as youth services, healthcare, corrections, economic development, and culture- or faith-based organizations, as well as from community members representing Black/African American, Hispanic/Latino, Haitian, Burmese, Muslim, immigrant, LGBTQ+, and elderly populations. The findings were organized into three primary domains: community strengths and assets, the built environment, and forces of change.

Community Strengths and Assets - Participants highlighted the resilience, generosity, and leadership present throughout Marion County. Faith-based institutions, recovery programs, and civic coalitions were described as trusted hubs that foster identity and belonging, especially in communities historically excluded from public investment. Informants also noted the wealth of expertise and resources across sectors, including philanthropic support and innovative programs led by healthcare systems, academic institutions, and nonprofits. Many expressed hope that these strengths could be more strategically leveraged through deeper cross-sector collaboration. Additionally, immigrant communities were praised for their cultural richness and entrepreneurial spirit. Though it was recognized that they often face language barriers and bureaucratic challenges in accessing health and social services.

Built Environment - In terms of the built environment, the assessment revealed stark disparities. While some neighborhoods benefited from beautification efforts and access to green spaces, others remained underdeveloped, unsafe, and lacking in

EXECUTIVE SUMMARY

basic infrastructure such as sidewalks, bike lanes, reliable public transportation, and affordable, quality housing. Correctional facilities and shelters for unhoused individuals were identified as particularly high-risk environments, with concerns raised about extreme temperatures, inadequate sanitation, limited access to medical care, and a lack of trauma-informed support.

Forces of Change - The assessment also identified several systemic forces of change affecting community health. Economic shifts, including the decline of manufacturing and the rise of automation, have led to chronic underemployment and economic instability. Policy uncertainty, particularly around federal funding, immigration, and anti-LGBTQ+ legislation has caused concern and contributed to fear and mistrust in many communities. Additionally, social and political polarization, rising costs of living, and increased stigma have exacerbated mental health challenges, especially among youth, older adults, and transgender individuals.

Populations Facing the Greatest Barriers - Several populations were found to face disproportionately high barriers to health and well-being. These include minority and immigrant communities, who often navigate systemic racism and language barriers; low-income and unhoused residents, who lack stable housing and transportation; LGBTQ+ individuals, who face threats to safety and limited access to affirming care; and older adults and people with disabilities, who struggle with mobility, social isolation, and digital exclusion.

Community Recommendations - Community members and stakeholders offered suggestions to improve health equity:

- Deepen community engagement through regular, multilingual listening sessions and the expansion of Community Health Workers drawn from within priority populations.
- Invest equitably in the built environment, including improvements to sidewalks, parks, physical activity spaces, housing, and institutional settings.
- Strengthen cross-sector collaboration, by formalizing relationships between organizations with MCPHD serving as a convener and data hub to align health equity efforts.
- Advocate for policy and funding stability, to sustain public health programs through mechanisms like tobacco taxes and to promote inclusive local policies.
- Support inclusive economic development with strategies that focus on connecting residents to jobs in growth sectors and empowering small businesses in

underserved neighborhoods.

- Expand culturally tailored services, including mental health support in community settings, age-friendly programming, and culturally competent care for immigrants and LGBTQ+ individuals.

Next Steps - The insights gathered through the CCA will directly inform MCPHD's Community Health Improvement Plan and future initiatives. Next steps include prioritizing goals based on both qualitative and quantitative data, establishing measurable equity-focused goals, creating structures for ongoing community engagement, and developing long-term sustainability plans in collaboration with philanthropic, governmental, and community stakeholders.

INTRODUCTION

The Marion County Public Health Department (MCPHD) is located in Indianapolis, Indiana, and serves a diverse county population of more than 980,000 residents according to the 2024 US Census estimates.¹ About 60% of the residents are White/Caucasian, 30% are Black/African American, and 4% are Asian. In Marion County, 13% of the residents identify as Hispanic or Latino. Almost 12% of the county's residents are foreign-born. Marion County is home to nearly 30,000 Burmese,² in addition to the more recent increase in Haitian Creole families, which are estimated to be in the 20,000-30,000 range, according to the Haitian Association of Indiana.³ The Immigrant Welcome Center (IWC) in Indianapolis supports immigrants throughout Central Indiana. According to their 2023 annual report, IWC served 7,412 clients from 76 countries, speaking 65 different languages.⁴

MCPHD regularly conducts community health assessments to stay updated on the needs of the residents they serve so they can accurately allocate public health resources, both through funding and programming. They follow a nationally recognized process for this work, *Mobilizing for Action through Planning and Partnerships (MAPP) 2.0*,⁵ a community-driven strategic planning process to achieve health equity. MAPP was developed by the National Association of County & City Health Officials (NACCHO). It provides a structure for communities to assess their most pressing population health issues and align resources across sectors for strategic action. Furthermore, the framework emphasizes the vital role of broad stakeholders and community engagement, the need for policy, systems, and environmental change, and alignment of community resources toward shared goals. Three different assessment tools are used to tell the community's story:

1. Community Status Assessment
2. Community Partner Assessment
3. Community Context Assessment

¹US Census Bureau. (2024). QuickFacts Marion County, Indiana. Available at <https://www.census.gov/quickfacts/fact/table/marioncountyindiana/PST045224>

²Burmese American Community Institute. (2023). Burmese Population in the USA. Available at <https://thebaci.org/2023/08/04/burmese-population-in-the-usa/>

³Darian Benson. (2024). With an increase in Haitian students, translators bridge gaps. Mirror Indy. Available at <https://mirrorindy.org/haitian-creole-school-translation-culture-east-side-indianapolis-lawrence-township/>

⁴Immigrant Welcome Center. (2023). IWC 2023 annual report summary. Available at <https://immigrantwelcomecenter.org/wp-content/uploads/2024/09/IWC-Annual-Report-3-1.pdf>

⁵National Association of County & City Health Officials. (n.d.). Mobilizing for Action through Planning and Partnerships (MAPP). Available at <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>

The Community Status Assessment is a quantitative assessment (survey) that helps communities identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege and oppression.

The Community Partner Assessment allows the community partners to look at their own individual systems, processes, and capabilities as well as a collective capacity across all partners to address health inequities.

This report focuses on the Community Context Assessment (CCA). The CCA is a qualitative data assessment tool aimed at harnessing the unique insights, expertise, and perspectives of individuals and communities directly impacted by social systems to improve the functioning and impact of those systems. MCPHD asked FSPH to connect with several communities to collect feedback through a standard set of engaging questions asked of all participants in the assessment.

The overall process results in a community health assessment (CHA) and a community health improvement plan (CHIP). Both will be regularly utilized by MCPHD leadership, community partners, and other governmental and academic institutions for future work in the community.

Background

A CCA offers the unique opportunity to explore the root causes of inequities through the perspectives of individuals with lived experiences. As one of the three primary assessments within the Community Health Needs Assessment, the CCA excels in engaging community members whose voices might otherwise go unheard. By qualitatively gathering and synthesizing their insights, CCA brings critical issues to the forefront, ensuring that these perspectives inform and shape our understanding of community health disparities. In doing so, the CCA helps to present the complete story of a community and its needs.

The MAPP 2.0 handbook contains guiding questions to assess the community's context in three different domains:

1. Community strengths and assets: This domain relates to identifying the strengths, assets and resources that community possesses. Some of the examples of these

APPROACH

resources are organizations, agencies, initiatives, programs etc. The rationale behind assessing the community members' perspectives in this domain is to develop a deeper understanding of what resources exist, and whether these resources are equally accessible and utilized by everyone in the community. Engaging community members gives an opportunity to identify who in the community might not benefit the same from the available resources. Ultimately, this leads to discussion about what resources can be utilized to bridge the gap in services.

2. Built environment: This domain refers to physical assets and resources that exist in a community, processes by which members of community interact with these resources and ways in which these interactions affect the community's health. Any aspects of human-made environment such as housing, schools & daycares, workplaces, parks & green space, health care centers, and grocery stores are incorporated in the domain. The rationale behind assessing the community members' insights is to gain understanding on whether these spaces are safe, welcoming and accessible to the community. Affordability of aspects of the built environment is also an important component to consider.
3. Forces of change: This domain addresses past or current events and trends that affect the health of the community. These forces can include changes in policies, laws, or regulations; the occurrence of disastrous events; or any other circumstances beyond an individual's control. Examples include natural disasters (e.g., tornadoes, flooding), public health crises (e.g., COVID-19 pandemic, opioid epidemic), or socio-economic disruptions (e.g., large economic shifts, Medicaid overhaul). The rationale behind assessing community members' perspectives on forces of change is to gain unique insights into events that impact their community's health and identify potential strategies for improvement.

APPROACH

Drawing guidance from the MAPP 2.0 handbook, the study team at the Fairbanks School of Public Health (FSPH) drafted focus group and interview guides to elicit community input on the three domains: community strengths and resources, built environment, and forces of change. MCPHD reviewed and approved the guides. The Indiana University Institutional Review Board (IRB) reviewed and approved the protocol as exempt human subjects research (IRB protocol #25077).

MCPHD and the FSPH study team worked together to determine community groups

and partner organizations whose perspectives would be included in the CCA. These were populations or organizations that are traditionally underserved or who could provide a unique perspective on health in Marion County. MCPHD initiated the contact with the groups, introducing the study and the FSPH team. FSPH then proceeded with scheduling interviews and focus groups. All participants were adults who reside or work in Marion County. Participants verbally consented to participate. All identifiable information was kept in secure, password-protected network drives accessible only to the study team.

Community Group	Method
Asian	Interview
Black/African American	Focus Group
Built environment	Interview
Burmese	Focus Group
Commerce	Interview
Congolese/African Immigrant	Focus Group
Corrections	Interview
Elderly	Focus Group
Haitian	Focus Group
Health care & hospitals	Interview
Hispanic	Focus Group
LGBTQ+	Focus Group
Muslim	Focus Group
Sikh	Interview
Unhoused	Interview
Veterans	Interview
Youth	Interview

APPROACH

Interviews occurred mid-January through early March 2025 and were conducted with key informants or experts, who had extensive knowledge of the community they represented, as identified through MCPHD contacts. An FSPH faculty member led virtual interviews (conducted via web conferencing software, i.e., Zoom or Teams) with experts and leaders in the community. Study information sheets and questions were shared with the participants in advance of the scheduled time. Interviewees verbally consented to participate in the study at the start of the discussion. Interviews lasted an average of 43 minutes (ranging from 24 to 57 minutes). They were recorded and an FSPH staff member was present for notetaking. Interviewees were offered a \$15 gift card in appreciation of their participation.

Focus groups were held late January through early April 2025. Community partners recruited focus groups members directly. Once a date and location were agreed upon, FSPH provided the community partner with a recruitment flyer that included a QR code which linked to the study information sheet. The focus groups were conducted at a location that was comfortable and convenient for the participants. Seven focus groups were conducted in-person at a location suggested by the community contact, while one focus group occurred online via Zoom. The focus group discussion was led by a FSPH faculty member, with at least one other member of the study team present to distribute study information sheets, take notes, and operate the recording devices. Participants verbally consented to participate in the study at the start of the discussion. Focus groups lasted on average one hour and 15 min (ranging from 48 minutes to one hour and 35 minutes) and had an average of 8 community members participating (ranging from 5 to 13 participants). The in-person focus groups were audio-recorded on two devices to capture the voices of all participants. Participants were offered a \$15 gift card in appreciation of their participation.

The interview and focus group audio files were stored on encrypted devices until uploaded to password protected network drives. The audio was transcribed by HIPAA compliant external transcription service. Each transcript was independently reviewed by two coders who systematically identified key themes from the data. After completing their separate coding, the coders met to compare their work, discuss any discrepancies in interpretation, and resolve these differences by consensus.

FINDINGS

Interviews

We conducted nine interviews with experts and community leaders representing a diverse range of sectors and populations. These individuals provided valuable insights from the following areas:

- Youth-serving organization
- Business and commerce
- Health care and hospital systems
- Corrections and incarceration
- Built environment (creating neighborhoods, public spaces, and infrastructure that support walking, biking, public transit, and sustainable land use)
- Organization serving people who are unhoused or homeless
- Veteran Support Services
- Asian American community
- Sikh community

We begin by recapping the primary concerns raised by individual participants, along with their recommendations for addressing these issues. Next, we summarize the key findings from all interviews, organized by question across the three domains.

Concerns and recommendations

Youth-serving organization

Concerns: Unresolved trauma makes the community more susceptible to violence; Marion County is resource rich, but the community needs more trust to connect with them; there is uneven attention to beautifying certain neighborhoods, but not others—though all kids should feel pride in their community.

Suggestions: Community-based mental health interventions; one-stop shop programming where multiple organizations collaborate to give direct services at one event; involve the community in rehabilitating their neighborhoods.

“Change has to come from within the community, but it takes all of us together... grassroots, nonprofit, corporate organizations to be able to prepare the tools, and equip our community with the tools, to be able to utilize them when a situation occurs in their community.”

Business and commerce

Concerns: Poor health is a barrier to economic growth and shared prosperity; long-term under-investment in parks and greenspaces; limited family-sustaining jobs after loss of industrial/manufacturing industry 20-30 years ago.

Suggestions: Build a common vision that is credible for current residents; focusing on inclusivity in economic growth will lead to more sustainable growth; policy should prioritize the choices that will support increased health in the community in the long term.

“But one of the things we’re coming back to now, for a couple of reasons, is a more explicit focus on health being a driver, and also a necessary ingredient to economic prosperity.”

Health care and hospital systems

Concerns: Marion County is more diverse than the rest of state - not sure that all voices are being heard and not sure the receiving end [the county] is ready to provide what they [the community] need; assets are not distributed equally; organizations are competing instead of collaborating.

Suggestions: Change how we listen to the community and avoid making assumptions about what they need; ensure continued investment in public health for prevention; more collaboration, especially among larger health organizations; focus on decreasing disparities and providing services to groups that have not been reached before.

“But it would just be nice to see, see some of these larger organizations just work a little bit more collaboratively together on bigger, transformative initiatives, and kind of get over that, well, our name has to be on it and just get it done, because at the end of the day, who’s really winning are the people in the community.”

Corrections and incarcerations

Concerns: Restrictions in movement and exercise may cause chronic health issue to accumulate; the supplemented commissary food is unhealthy; resources and care are provided during time incarcerated but lost again when they re-enter society; some prisons do not have air conditioning which is unhealthy for medical issues.

Suggestions: Recreation time should not be able to be cancelled; the commissary should offer healthier food, and the standard diet should be improved; improve the continuum of care during re-entry to society.

“These patients are not going to die in prison. They are going to be released back into the community. They’re going to be released into our neighborhoods, and we want to make sure that we...decrease all of those barriers that they might have, anything that we can do. If there’s programs for incarcerated individuals to help with getting ID’s or job program[s], whatever we can do to [be able to] help them reacclimate back into the community.”

Built environment (creating neighborhoods, public spaces, and infrastructure that support walking, biking, public transit, and responsible land use)

Concerns: Inequities in resource distribution and investment; poverty and illness typically follow racial and economic lines; traffic and environmental safety; part of the community involuntarily interacts with the built environment with negative experiences, impacting mental health and quality of life.

Suggestions: Use storytelling to change narratives to support public health; use MCPHD as a hub for a more coordinated systems approach involving other organizations; create more welcoming spaces and emphasize walkable and bikeable oriented communities.

“I think there’s a cadre of people in our community that are forced to engage with the built environment. They’re required because they have lesser resources and can’t transport themselves by their own vehicle, so they have to rely on friends or public transportation or some other form of vehicular transportation outside of the car. And those people I think have a much different experience with the built environment...And they probably have some really interesting innovations to share about their experience with the built environment.”

Organization serving people who are unhoused or homelessness

Concerns: Transportation barriers significantly impact health outcomes; lack of political will and support to address homelessness effectively; urban growth excludes considerations for unhoused populations; inadequate housing, sanitation, and basic services in encampments, insufficient affordable housing and gentrification.

Suggestions: Collect and utilize data effectively to address unmet needs; provide more training/workforce development for professionals on how to recognize and support unhoused populations; increase investment in affordable housing, sanitation facilities (i.e, portable toilets/porta potties”, trash pickup), and public resources; strengthen political commitment to comprehensively address issues

FINDINGS

faced by the unhoused.

“As neighborhoods gentrify, there is more and more pressure to move folks who are vulnerable out and make them less visible. And so, it is driving folks who are highly vulnerable, experiencing homelessness more and more into the shadows and like literally into the woods and into places where they’re less seen because again, as neighborhoods start to gentrify, then there’s more and more calls to the police and law enforcement to remove people from public life. That is the kind of wrong approach.”

Veteran support services

Concerns: Homelessness and isolation causing anxiety and harm within the community; disparities in resource distribution with resources primarily given to areas deemed as deserving; seniors and other groups are not frequently represented in surveys or decision making; negative media portrayal reinforcing stereotypes.

Suggestions: Nurture connections between people and organizations, have conversations within the community about common issues; include affected groups in decision making; consult those with different lived experiences.

“It feels like some parts of Indianapolis are getting more attention...than other parts. And there’s like this “us” thing, we deserve it, and you folks, y’all just need to clean up your act, and then we can give more to you. If all of us are, you know, citizens of the community, then how we spread the love is really, really critical.”

Asian American community

Concerns: Significant barriers due to language, limiting access to healthcare services; lack of targeted community resources and services specific to Asian American needs; gaps in culturally appropriate aging services, particularly assisted living and nursing homes; challenges with accessing insurance, Medicare, and Medicaid; high level of mental health stigma in the community.

Suggestions: Improve networking and connections with healthcare services to overcome language and cultural barrier; develop targeted community-specific resources and programs (especially mental health); establish culturally appropriate assisted living and nursing home facilities.

“There [are] serious challenges with Asian community that it’s a taboo, it is a stigma, and we don’t talk about mental health. We just say it’s part of the family problems or somebody is just being difficult or whatever you want to call it, or we do not talk about these topics publicly. So, mental health awareness is really

lacking.”

Sikh community

Concerns: Low health-seeking behavior due to cultural habits; insufficient culturally competent health services and resources; fewer culturally tailored spaces for community; rapid population growth has led to a very diverse community who may not have equal knowledge of resources available.

Suggestions: Increase community participation through hands-on engagement; improve awareness and education on health-related matters; have culturally sensitive trainings for healthcare providers, and work with leadership from community to guide community members on mental health and medical assistance.

“Not a talking seminar, as you and I are talking about, but a hands-on seminar to prepare them [Sikh community], to educate them, to inform them, to be helpful to them in their own settings. We are never going to come to the, you know, state fairground where you have a health unit, so to speak. They are more comfortable in their own settings. And that’s a huge problem, in a way, a huge challenge in a way.”

Community strengths, assets, and resources

The following information, synthesized from nine interviews, highlights the key themes faced by communities in Marion County.

What do you think are the major strengths, assets, or resources in the community you serve?

The community exhibits a strong sense of **loyalty** and proactive **engagement**. **Places of worship** serve as vital community gathering spots, reinforcing **strong family relations**. The **business community** boasts a long legacy of engagement and entrepreneurial civic mindedness. Marion County residents build communities rooted in culture and faith, supported by a **diverse array of organizations** including MCPHD, city government, non-profits, academic partners, healthcare systems, and community advocates. Substance use programs and addiction recovery services play a crucial role, complemented by peer initiatives and suicide prevention committees. The community benefits from the **expertise of health professionals** in medicine, epidemiology, nursing, and social work, alongside robust support from funders and public health advocates. **Collaboration** is evident across sectors, for example, within the homeless response in terms of

FINDINGS

transportation and healthcare. Asian Americans have a strong presence in healthcare and research, contributing significantly to the community's resources. Veteran services, while sometimes disconnected, are supported by over 40 organizations addressing relevant issues. They offer town hall meetings where dedicated citizens discuss their concerns.

Overall, the community's strengths lie in its engaged residents and business community, supported by diverse partners and organizations who are collaborating across sectors—all contributing to a vibrant and supportive environment.

Key Themes:

1. Community engagement and loyalty
2. Places of worship and social/family support
3. Business and civic involvement
4. Collaborative efforts
5. Expertise and specialized programs

How do you think these strengths, assets, and resources contribute to the community's health?

The connection between community strengths, assets, and resources and the community's health is multifaceted. **Unifying the community and building trust** are essential to effectively leverage the rich resources available. **Family** networks provide informal support during times of stress or illness, although a cultural emphasis on self-reliance can delay medical care, resulting in serious health outcomes. **Health is a critical driver of economic prosperity**, and many health outcomes are influenced by factors outside the clinical environment. These outside factors include having access to transportation (e.g., public transit), engaging in entrepreneurial activity and being able to build individual and community wealth. Providing information to the community helps residents **understand their history** and how it relates to health disparities and the social determinants of health. Residents' insights into structural differences are crucial for addressing health issues. Addressing the needs and underlying issues of incarcerated individuals ensures better reintegration after their release. Support from large organizations like Anthem, healthcare systems, and Eli Lilly is vital for community health. To help **increase access to care**, we need to reduce transportation barriers and improve data sharing and healthcare coordination. Challenges remain for minority groups. For example, American Asians may have limited access to grant opportunities

compared to other minority groups. Informal healthcare support through family and cultural networks is a valuable asset. Anxiety, isolationism, and disconnection are prevalent in the community right now, often leading to harmful behaviors (harming self or others).

Overall, the community's strengths, assets, and resources play a crucial role in shaping health outcomes, requiring a focus on transparency and building trust; addressing health inequities, social determinants of health and economic factors; and leveraging the support from large organizations.

Key Themes:

1. Unifying the community and building trust
2. Family and Culture
3. Interdependence of economy and health
4. Understanding history
5. Improving access

Do you think everyone in the community benefits from these strengths, assets, and resources the same way? Tell us more about those who benefit less.

Deep **inequalities** in resource distribution are evident, with poverty and illness typically following racial and economic lines. **Black and brown populations** face significant burdens, and **unsheltered individuals** are particularly difficult to serve. African American families are deeply impacted, with trauma and mental health challenges being prominent issues. **Migrant populations**, such as **Haitian families**, face significant disadvantages due to cultural differences and language barriers. These **barriers limit their access** to essential resources, making their integration and health-seeking behavior more challenging. Health-seeking behavior among **Sikhs** is lower compared to other Indian immigrants, indicating a need for targeted health interventions. Aside from racial or ethnic inequities, there are other groups who benefit less from community resources, including **people needing regular medical care, the elderly or isolated individuals**, and **those without nearby family support**. These groups often miss out on informal support systems that others might rely on. Furthermore, economic and environmental factors play a crucial role in resource distribution. **Low-income, white individuals** face economic and health-related struggles, often living near environmental contamination and big highways. This proximity to pollution further exacerbates their health issues. Marion County's diversity is both an asset and a burden. While it brings

FINDINGS

a rich cultural mix, it also poses challenges in ensuring that everyone's voice is heard, and their needs are met. Vulnerable populations, including those who do not qualify for programs or are not eligible, often find themselves at a disadvantage. Addressing these inequities requires comprehensive **data** to identify gaps and implement effective solutions.

Overall, the interviews highlight the need for an inclusive and equitable approach to distributing community resources, ensuring that all groups, especially the most vulnerable, receive the support they need.

Key Themes:

1. Disparities and inequities
2. Vulnerable populations
3. Economic and health-related struggles
4. Access and eligibility
5. Data to identify and fill the gaps

Which of the community's strengths, assets, and resources do you think can be used to address health inequities or otherwise improve the community's health?

Addressing **social determinants of health** is crucial, with initiatives like promoting healthier eating and providing access to nutritious foods through local partnerships. Health fairs and "one-stop shops" for education, screenings, and physicals can reduce the burden on the population. Community involvement is essential, with hands-on opportunities to engage residents. Events and spaces at places of worship can be utilized for health education and mobile clinics, fostering a more inclusive approach. **Inclusive economic growth** is vital for sustainable development. Solutions that address the needs of the most disadvantaged groups can benefit the entire community. Education and awareness about healthy outcomes should be prioritized, with health being a driver for broader improvements. Leveraging **political and people capital** can enhance community programs. Innovative approaches are needed to maximize benefits. For incarcerated individuals, providing access to resources and care during incarceration and improving re-entry programs can help maintain continuity of care. A "storytelling" framework can build a positive community narrative, supporting public health initiatives. Incorporating a **coordinated systems approach** can tie together existing efforts, with MCPHD serving as a hub to advance these initiatives. Training and workforce development are crucial, recruiting people of color, and providing

ongoing professional development. **Networking** and access to health services should be improved, with free health camps and partnerships with organizations like the Asian American Alliance. Finally, **building connections** is essential, nurturing relationships between people and organizations and encouraging common conversations, can strengthen the community.

Overall, these strategies emphasize the importance of a holistic and inclusive approach to improving community health and addressing inequities, ensuring that all residents benefit from available resources.

Key Themes:

1. Social determinants of health
2. Inclusive economic growth
3. People and political capital
4. Networking and collaborations
5. Coordinated systems approach

Built environment

What are some of the physical assets that exist in your community's built environment?

Efforts to **beautify neighborhoods** by transforming vacant lots into green spaces and wellness gardens are seen as vital for fostering community pride and cohesion. Facilities such as **community centers, restaurants, places of worship, shopping centers, and hospitals** provide essential services and support. Effective urban planning and the presence of **greenspaces**, along with parks, trailways, and boulevards, play a significant role in determining desirable neighborhoods. Although housing is relatively affordable for some, the supply remains low. Stable housing is either not available or suboptimal for low-income residents. **Public infrastructure** including sidewalks, roadways, rivers, canals, trailways, playgrounds, and public art enhance the community's aesthetic and functional appeal. Public transit and organizational resources like YMCAs, Boys and Girls Clubs, universities, and museums provide additional support. **Permanent housing** can present challenges, with parks and park facilities sometimes doubling as shelters for the unhoused. **Support for homeless** students is shown by Pike High School's provision of showers. **Conditions in prisons and jails** are highlighted, with movement restrictions impacting mental and physical health of those who are incarcerated. Issues

FINDINGS

such as lack of air conditioning, natural light, and limited recreation time are noted, along with unhealthy commissary food options.

Overall, the community's diverse physical assets, including green spaces, essential facilities, and public infrastructure, significantly contribute to residents' well-being and pride, despite challenges such as limited housing and conditions in prisons and jails.

Key Themes:

1. Beautifying neighborhoods and community spaces
2. Parks, trails, and green spaces
3. Community centers and organizations
4. Infrastructure and housing
5. Programs for people who are incarcerated or unhoused

How do these physical assets differ across neighborhoods or by population group?

There are stark **disparities in the distribution and quality of physical assets** across neighborhoods. While areas like 38th Street have seen significant beautification efforts, nearby neighborhoods remain neglected, with boarded-up houses. This uneven investment extends to parks and greenspaces, particularly in Center Township and west of the river, where underinvestment has been a persistent issue. Community facilities such as gyms and playgrounds are utilized by various groups. However, concerns such as **crime and vehicular safety** can affect how comfortable residents are in these spaces. There is competition for desirable housing in certain neighborhoods (e.g., Garfield Park, Midtown, Broad Ripple, Fountain Square, Fletcher Place, Irvington). The **shortage of housing** units for all income levels, coupled with rapidly increasing property taxes, makes housing less affordable for many residents. **Resource allocation is highly inequitable**, with higher income areas of the state receiving more investment compared to Indianapolis. This disparity is partly due to historical policies and discrimination, leading to unequal distribution of physical assets. Additionally, gentrification is displacing **vulnerable populations** to less visible, under-resourced areas.

Overall, the interviews highlight the need for more equitable investment and resource distribution to address these disparities and improve the quality of life across all neighborhoods.

Key Themes:

1. Unequal distribution and investment
2. Safety and accessibility
3. Economic and housing disparities
4. Historical policies and discrimination
5. Displacement and gentrification

In your opinion, how do community members view and interact with their built environment?

During community events such as cleanups and park activities, residents actively participate, demonstrating their **investment and involvement in their neighborhoods**. However, **public safety** remains a critical factor influencing access to the built environment, with crime and vehicular safety playing significant roles. In neighborhoods with adequate infrastructure, such as walkable sidewalks, streetlights, market-rate housing, pharmacies, and grocery stores, residents interact more freely and benefit from their surroundings. Conversely, in areas lacking these amenities or deemed unsafe, interaction with the built environment is limited. This **disparity creates varied experiences** among community members: some have minimal interaction with the built environment, others feel “forced” to interact (e.g., having to use public transit), while some choose to interact voluntarily and enjoy it (e.g., cycling, families in parks). **City growth and gentrification** has not adequately addressed the needs of the unhoused population, often leading to displacement. The prioritization of high-price buildings exacerbates these issues, pushing vulnerable populations to less visible and under-resourced areas. There is a perception that resources are allocated to areas deemed ‘deserving,’ contributing to **inequities in the distribution of physical assets**.

Overall, the interviews reveal that community members’ interaction with their built environment can vary significantly, highlighting the need for more inclusive and equitable development to ensure all community members can interact positively with their built environment.

Key Themes:

1. Varied experiences with the built environment
2. Community investment and involvement
3. Public safety and accessibility
4. City growth and gentrification

5. Inequities in distribution

How does the built environment affect community members' health?

Overgrown lots and abandoned buildings pose significant **environmental risks**, contributing to **illegal activities, asthma, allergies, and increased overdose rates**. Safety is a crucial factor influencing residents' use of space and their willingness to walk in their neighborhoods. Access to a well-maintained built environment significantly improves health outcomes, while its absence can lead to various health challenges. Additional connections between the built environment and community health include its **impact on mental health and quality of life, traffic safety** (e.g., crashes involving cars, bicycles, pedestrians), **vehicle-based pollution affecting air, water, and soil quality, opportunities for physical activity** (e.g., parks, trails), and easy **access to health facilities, grocery stores, pharmacies, and banks**. Access to amenities such as parks, trails, health facilities, grocery stores, pharmacies, and banks is essential for community health. However, there is a **notable gap in housing** services for the aging population, compounded by stigma and barriers related to language, culture, and food.

Overall, the interviews underscore the critical role of the built environment in community health, highlighting how well-maintained spaces and access to amenities can improve health outcomes, while neglected areas contribute to various health risks and disparities, emphasizing the need for intentional infrastructure and equitable resource allocation.

Key Themes:

1. Environmental risk factors
2. Crime and illegal behaviors
3. Physical and mental health
4. Engagement and safety
5. Housing and inequities

What in the built environment do you think needs to be changed, improved, or removed to enhance the community's health?

Empowering residents to take charge of rebuilding and renovating their neighborhoods is essential. It can be problematic when out-of-state organizations buy property without maintaining it. By ensuring residents have a say in development decisions, they feel

empowered; it may also help prevent unnecessary property tax increases, reduce crime, and improve mental and overall health. **Investment decisions should prioritize health and quality of life**, creating healthy living spaces similar to the Monon Boulevard in Carmel. Solutions that address disproportionate barriers will ultimately benefit everyone in the area. Preplanning for easy access to greenspaces and advocating with real estate entrepreneurs to enhance neighborhood vitality are also important. **Infrastructure improvements**, such as adding bike lanes and expanding public transit, are necessary to make transportation more accessible and sustainable. Increasing affordable housing for lower-income families and ensuring regular trash pickup, porta potties, harm reduction options for substance use, handwashing stations, and drinking water are essential for maintaining basic amenities. Improving food options in prison commissaries and standard diets, as well as ensuring recreational time is not canceled arbitrarily, can enhance the health of incarcerated individuals. Changing car-centric driving behaviors to promote walkable and bikeable communities can improve public health outcomes. Addressing the negative impact of built environments on gun violence and chronic diseases is also crucial. **Cultural sensitivity and respect** are vital, particularly in schools, healthcare settings, and nursing homes or assisted living facilities. This includes addressing bullying and ensuring healthcare and nursing home providers respect personal space and cultural practices, such as not touching hair and providing culturally appropriate food options, are crucial steps. Additionally, providing safe storage for religious artifacts and accommodating faith-based practices in hospitals can improve the overall healthcare experience. Finally, **ensuring resources are allocated equally** across all areas is necessary to address disparities and enhance community health.

Overall, empowering residents to participate in neighborhood development, prioritizing health and quality of life, improving infrastructure and affordable housing, and ensuring cultural sensitivity are essential for enhancing community health and addressing disparities.

Key Themes:

1. Empowering the community
2. Cultural sensitivity, respect, and inclusivity
3. Investment in health and quality of life
4. Infrastructure improvements
5. Equity in resource allocations

FINDINGS

Forces of change

What forces of change (events or trends) do you see affecting the health of the community or local public health system?

Undiagnosed **mental health** issues and unawareness of **trauma** triggers make the community more susceptible to **violence, substance use, and domestic violence**. Innovative approaches are needed to address these traumas and empower the community, starting from within and collaborating with grassroots organizations and funders. Rapid population growth in the Sikh community highlights the limited awareness of health services among relatively new immigrants due to education levels. **The long-term impact of federal funding cuts on health services and research is a concern**, along with **potential significant changes to Medicare, Medicaid, and the Healthy Indiana Plan (HIP)**. Despite these challenges, there is increased public health investment from the state, with ongoing efforts to continue funding. The region is doing well in retaining and attracting new residents, with rapid metro growth. However, automation is reducing manufacturing jobs, necessitating preparation for higher skill, higher wage opportunities. Health First Indiana (HFI) legislation supports community health by distributing funding to local health departments. **Federal funding cuts** to the National Institutes of Health (NIH), the Department of Health & Human Services (HHS), and the Centers for Disease Control & Prevention (CDC) have led to **disinvestment in public health**, but there is hope that other organizations will step up to provide the necessary funding. Political will is strong at the community level but eroded at higher levels, creating challenges in data integration and leveraging available resources. Access to insurance, **Medicare, and Medicaid, especially for undocumented individuals**, remains a significant issue. **Media portrayal** of issues and crime reinforces stereotypes, affecting community perception. Legislative decisions are often made by the majority, excluding minority voices, and the lack of representative survey sampling hurts certain groups.

Overall, federal funding cuts to health services and research are negatively impacting community health, necessitating innovative solutions and sustained investment from state and local levels.

Key Themes:

1. Mental Health, substance use, trauma, and violence
2. Healthcare access, especially immigrants

3. Political and social factors
4. Disinvestment in public health due to federal funding cuts
5. Negative media portrayal (stigma and stereotyping)

From your perspective, are some parts of the community (or groups within the community) more impacted by these forces of change than others? If so, which ones?

Various vulnerable groups were mentioned, including **people living in or near poverty, those with limited access to care, the elderly, immigrants, people experiencing homelessness, and communities of color**. Healthcare access is a critical issue for those on **Medicaid, Medicare, and HIP**, as well as retirees and **small business owners** who struggle with healthcare costs and lack of coverage. HFI funding is designed to reduce disparity gaps, primarily benefiting the most vulnerable groups. As these gaps decrease, the entire community stands to benefit from improved services and support. The **media's negative and disproportionate portrayal of Black people and other "out-group" members** further exacerbates these issues, reinforcing stereotypes and affecting community perception.

Overall, the interviews underscore the need for targeted interventions and equitable resource allocation to support the most impacted groups including people living in or near poverty, those with limited access to care, the elderly, immigrants, people experiencing homelessness, and communities of color.

Key Themes:

1. Vulnerable populations including people living in or near poverty, those with limited access to care; the elderly; immigrants; people experiencing homelessness; communities of color; individuals on Medicaid, Medicare, and HIP
2. Small businesses struggling with healthcare costs and lack of coverage
3. Negative media portrayal (stigma and stereotyping)

What historical or structural things do you think have brought about these forces of change mentioned earlier?

Economic policy choices made 20-30 years ago removed many good-paying jobs in central Indiana, leading to the current economic challenges. The failure to replace industrial labor opportunities with family-sustaining jobs has had a lasting impact.

FINDINGS

Political support from allies in the state administration has helped initiatives like HFI, but the **lack of education** continues to affect community development. The voices of unhoused individuals are often excluded from resource allocation discussions. Globalization and healthcare policies from previous administrations have opened opportunities, particularly in the automobile industry and STEM fields. However, healthcare remains complex, with a lack of free quality health clinics. Seniors are frequently **excluded from decision-making processes**, and structural **racism and discrimination** continue to impact community health and development. The legacy of **disproportionate infrastructure and investment** in parks, boulevards, and interurban networks has shaped the community.

Overall, economic policy choices from 20-30 years ago led to the loss of good-paying jobs in central Indiana, creating lasting economic challenges, while political support has aided initiatives like HFI, but issues like inequitable infrastructure and investments, healthcare access, and ongoing discrimination of vulnerable groups continue to impact community development.

Key Themes:

1. Economic shifts and job loss
2. Lack of education
3. Disproportionate investment
4. Political allies and administrative support (this was mentioned as a positive, in support of the community's health)
5. Exclusion and discrimination

How can community partners work with your organization and the community you serve to best create positive change?

Innovative mental health programs that do not require traditional therapy settings (e.g., free meditation sessions, goat yoga, and equestrian therapy) are essential. Building trust and safety for youth, who are often in a constant "fight or flight" mode, is a critical first step. **Community engagement and education** are vital, with leaders giving seminars on civic duties and healthcare interactions. Gatherings at places of worship can be used for dialogues with public leaders and agencies, while new community-led initiatives, such as women's mental health and legal aid groups, should be highlighted. Engaging community partners in **policy advocacy** is also important. Fiscal solutions, like increasing the **cigarette tax**, can address Medicaid budget

shortfalls and reduce smoking rates. Communication about resource needs should go beyond funding to include staff expertise, political capital, and supplies. **Lobbying and educating legislators** to make informed decisions on laws is crucial. Organizations and individuals need to step up to provide and coordinate care, collect and disseminate data locally, and implement a **coordinated systems approach** to minimize negative repercussions. Regular communication through monthly calls and community convenings, **collaboration** with public, private, and philanthropic sectors, and workforce partnerships are essential. Engaging minoritized communities and maintaining open communication with state and health leadership are also key. **Inclusive decision-making processes** should involve those affected by the decisions and consult individuals with different lived experiences.

Overall, these interviews underscore the importance of innovative programs, community engagement, fiscal solutions, coordinated care, regular communication, and inclusive decision-making to bring about positive change in the community.

Key Themes:

1. Innovative mental health programs
2. Collaborations and community engagement
3. Public health advocacy (cigarette tax)
4. Coordinated systems approach
5. Inclusive decision-making processes, consulting people with lived experiences

Where do you see is the community you serve headed in the next 5-10 years? And how might the trends or events affect this journey?

Overall prosperity is expected to increase, driven by **continued investment in health and an economy** fueled by net migration and resident efforts, creating more opportunities for people to be well and do well. **Collaboration** with individual businesses will be crucial in realizing this vision for change. Healthcare collaboration is poised to improve, with potential positive changes in short-term health outcomes if HFI funding continues. Hospitals in Marion County could work together more effectively on implementation strategy plans. **Reentry processes in the justice system are improving**, with a strong emphasis on rehabilitation and providing Medicaid to incarcerated patients to ensure they receive medical care upon release. There is a pressing need to dig deeper into understanding health disparities related to race, ethnicity, disability, LGBTQ+, and other factors. **Climate change** is a significant factor,

FINDINGS

impacting weather patterns and severe weather, which could influence people's decisions on where to live. Housing availability is expected to increase, with efforts to end chronic homelessness and develop shelter-to-housing pathways. Securing additional resources, not just federal, will be essential. The community is experiencing a growth spurt, but **inclusive policies** are needed to retain African American Hoosiers and attract new talent. The direction of this growth though remains uncertain.

Overall, these interviews highlight the importance of collaboration, understanding health disparities, improving healthcare, enhancing reentry processes, increasing housing availability, and implementing inclusive policies to guide the community towards a prosperous future.

Key Themes:

1. Continued investment in community and economic prosperity
2. Collaboration (businesses, hospitals)
3. Impact of climate change
4. Reentry and rehabilitation improvements for people who are incarcerated
5. Inclusive policies

Additional comments

The interviews provide additional comments that highlight several critical themes. Political issues, particularly **laws making guns more accessible, are a significant concern** as they affect and kill communities. There is a call for more meetings and invitations to engage with the community to address these issues. High competition between hospitals, academia, and nonprofits is noted and interviewees express a desire **for larger organizations to collaborate** more effectively to address community needs. **Reentry and support for incarcerated individuals** are crucial, with an emphasis on reducing barriers and providing programs to help them obtain IDs, secure job placements, and reintegrate into the community. Public health advocacy is also a key theme, with a call to rethink resource allocation and work methods. Making a case for public health to government and the broader community, emphasizing evidence-based practices, and supportive legislature are essential steps. The concept of "**housing is health**" is highlighted as a fundamental principle. Concerns about the closing of the social security finance center and delays in benefits are raised, along with an interest in addressing **societal stress** through sleep and connection. Stress can be beneficial if not perceived negatively, and there is a desire to be involved in coalitions to discuss and

address these issues.

Overall, these additional comments underscore the need for political engagement, resource collaboration, support for reentry, public health advocacy, and effective stress management to bring about positive change in the community.

Key Themes:

1. Safety and political advocacy (gun laws)
2. Collaboration and resource sharing
3. Support for reentry and rehabilitation
4. Housing is health
5. Stress management

Focus Groups

We conducted eight focus groups with community members representing the following populations:

- Burmese
- Hispanic/Latino
- Black/African American
- Haitian
- Immigrants
- Muslim
- Elderly
- LGBTQ+

We first recap the primary concerns that were mentioned during each focus group session, followed by participants' recommendations on how to address these concerns. Secondly, we summarize the key findings from all focus groups, organized by each question across the three domains.

Concerns and recommendations

Burmese

Concerns: Alcoholism; access to preferred recreational activities (volleyball/soccer); navigating autism services.

FINDINGS

Suggestions: Partner with community groups to share education via social media (explain how things work/what to expect); collaborate with Indy Parks to add volleyball courts; Burmese African American group, partner with faith-based organizations.

“We love volleyball and soccer, which a lot of people play soccer and there’s no place to play. And sometimes, there’s a conflict happen[ing] because of fighting over the one soccer field.”

“You come out of your apartment and here is a liquor store. It’s not acceptable, I think, you know, they know our weakness.”

Hispanic/Latino

Concerns: Deportation threat; healthcare makes assumptions about Hispanic/Latino patients; affordability of daycare, housing, living expenses.

Suggestions: Provide help navigating health care system and insurance; more programming in Spanish; support leaders in the community; make it easier to get the seven vaccinations required for legal status; Spanish-speaking CHWs, especially to help with infant and senior health.

“The price of food... going up...And it’s so tied into politically what’s happening in this moment.”

“We see a lot of like primary provider-hopping, because they [the community] sometimes don’t feel like they connect with that person, even though it’s just a health care provider. To Latino communities, more than that, it’s just something very personal.”

Black/African American

Concerns: Structural issues with historical roots (“it’s by design”); lack of a spirit of community which causes distrust; not enough quality/affordable housing.

Suggestions: Solutions to problems within a community will be most successful when they come from within the community; improve the communication and referral systems between agencies/organizations so wraparound needs are met; recurring programs in small community settings to build trust.

“We’re valuable as a commodity and a resource, but not valuable enough to keep us healthy.”

“The next five years are going to get worse if this path continues its way. But once we start really realizing the importance of us as human beings – I want you to see me as myself, and then help me. I think from that granular point of view, I think we can start building out, you know, one family, one community, one city at a [time].”

Haitian

Concerns: Deportation threat; access to healthcare (including transportation, costs, and obtaining insurance); lack of employment opportunities causes stress and significant financial strain.

Suggestions: Provide language-appropriate help navigating health care system and health insurance application; connect to resources to address the social determinants of health (employment, education, housing, transportation).

“So, with the executive order...the community has been living with fear...it’s affecting them mentally, it’s affecting how they move about, to the point where children are being kept at home, people are not reporting to work. So economically, those measures that are political are now affecting them economically as well. And one of the main concerns...when people are already sick, then in an environment like this, they tend not to go to seek health [services].”

Immigrants

Concerns: Navigating health care system and insurance (particularly emergency Medicaid); affordable housing and daycare; deportation threat.

Suggestions: More programming/events in the language of the group you’re serving; partner with and support grassroots and faith-based organizations doing the work in the community; open more MCPHD positions for community members.

“People are not socializing right now, because they are afraid. And having these social connections is so important to us, right? It helps us fend off depression, it helps feel part of a community, it’s really necessary. But because of the fear, people are less likely to socialize.”

Muslim

Concerns: Lack of spaces to do physical activity (e.g., gym, swimming pool), especially for women; health and dental insurance; societal perception of Muslims (“growing Islamophobia”).

Suggestions: Solutions to problems within a community will be most successful when they come from within the community; improve the communication and referral systems between agencies/organizations so wraparound needs are met; recurring programs in small community settings to build trust.

“Muslim women, they like to swim, but there’s no place for us to swim. They like to have a gym. They don’t have a gym... we want to go to the gym, but we don’t want to be with men. And especially with swimming, this is the things I miss here. I wish I could go swim whenever I want...”

FINDINGS

"I hate going anywhere by myself. I always like to have my brothers with me... Because I personally did [have] encounters, even though they weren't physical, it would be verbal encounters where somebody's just shouting at me. The first time that I had that I was 12, and then the second time that I was 15."

Elderly

Concerns: Affordable housing; cost-of-living increases on a fixed income; transportation challenges.

Suggestions: Functional partnerships (maybe a regular meeting with MCPHD and community organizations serving seniors in each quadrant of the city); mobile services that go to senior centers.

"I think having access to resources is the key. A lot of people don't have access to resources. They're the ones that are most affected."

"For people who are primarily on a fixed income or SSI or disability, [the high cost of housing] makes it almost impossible to live."

LGBTQ+

Concerns: Housing access and affordability; limited services/resources available for trans women; existing service programs have too many restrictions on funding (narrow groups of population can receive service, limited time frames); current administrations' attitudes towards trans community and gender affirming care.

Suggestions: Convene organizations to collaborate on services; convert abandoned properties to community centers, shelters, or gardens; replicate Saturday event at Central library (coordinated distribution of resources for unhoused individuals) in other areas of the city.

"I think there should be more – like more places for trans women. We're human too..."

"If our funding is stripped and we can't be there for the community, who will be?"

Community strengths, assets, and resources

The following information, synthesized from eight focus groups, highlights the key themes faced by communities in Marion County.

What does a healthy community look like to you?

A healthy community is characterized by low crime rates and a feeling of **safety**. There

is **access to clean water, clean air, and good outdoor spaces**. **Psychological health** is supported through comfort, freedom of expression, and a welcoming environment that fosters a sense of community and social support. **Physical and mental health** are prioritized, with low prevalence of chronic diseases and strong mental health. **Access to education and resources** is crucial, with effective distribution of health information and awareness of existing programs. A healthy community is **active and social**, with visible exercise and networking opportunities. It emphasizes openness, **social justice, and equity in policy and healthcare access**. Trusted places for health questions and care are essential. **Community cohesion and support** are vital, with communication and interaction, economic investment, and community and people empowerment. Social connection and equity are important, with strong community ties regardless of financial status or documentation status. Connection with decision-makers and **equitable access** to extracurricular activities and support in schools are also key components of a healthy community.

Overall, a healthy community is characterized by safety, access to clean water and air, good outdoor spaces, psychological and physical well-being, effective education and resource distribution, social justice, community cohesion, economic investment, strong social connections, and equitable access to healthcare, and opportunities and decision-makers.

Key Themes:

1. Safe and clean environment
2. Access to resources and services
3. Physical, mental, social, spiritual health and wellbeing
4. Economic and educational opportunities
5. Community cohesion and support

Is your community healthy?

The interviews revealed **mixed opinions on the health of their community**, with some describing it as good with strong social support, others rating it as average or below. However, significant challenges exist, especially for immigrants, including **language and cultural barriers, trauma** from refugee journeys, addiction, unemployment, and **health issues** like obesity and pre-diabetes. Premature deaths and alcohol-related problems are also prevalent. The general consensus is that certain aspects within the community are unhealthy. For example, **health outcomes vary by zip code**, and location

FINDINGS

(where a person resides) and availability of transportation impact access to resources. Affordability limits food choices. There is a need for healthcare providers to open more opportunities (times, locations) to the community. Individual health actions depend on systemic support, and despite awareness of health programs, registration remains low. Many people are malnourished in terms of nutrition, education, and connectedness, striving to survive rather than thrive. **Economic and social factors contribute to the community's health challenges**, with a lack of jobs and dependence on SNAP benefits. Local schools are often not emotionally or physically healthy for children, healthcare access is limited, and transportation options are unsafe. Despite strong spiritual and social health, there is a lack of recreational parks, proper sidewalks, and access to organic foods. Community resources like places of worship, schools, daycares, and food pantries provide support. It is often hard to get people to accept help. While some areas show glimmers of hope, the general state of the community's health remains concerning.

Overall, there are strong social supports, though the community faces significant health and economic challenges, particularly for immigrants, with varying health outcomes, limited access to resources, and a general consensus that certain aspects of the community's health are concerning.

Key Themes:

1. Varied perspectives on community's health
2. Language and cultural barriers for new immigrants
3. Physical and mental health concerns
4. Limited access to healthcare, nutritious foods, education, employment
5. Health outcomes vary by zip code, indicating disparities

What community assets or resources help make your community healthier?

Faith-based organizations and community programs play a vital role in strengthening social connections and supporting basic needs, for example, through food pantries and educational classes. Local agencies are crucial in adapting to the community's evolving needs, particularly in response to political changes. **Education** is emphasized as essential for understanding and navigating healthcare and financial systems, with **interpreters and cultural awareness** being critical in healthcare settings. **Healthcare access** remains a significant challenge, especially for undocumented individuals who often rely on home remedies due to high costs and lack of documentation. There is

a strong **need for affordable healthcare** and clearer information on services like emergency Medicaid. **Community centers and outreach programs** provide proactive support and wrap-around services, although resources are often siloed and cater to specific groups. Despite these challenges, the community's rich culture and tradition offer strengths that can be leveraged to improve overall health outcomes.

Overall, faith-based organizations, community programs, local agencies, and education play vital roles in strengthening social connections and supporting basic needs; healthcare access remains a significant challenge, especially for undocumented individuals, highlighting the need for affordable healthcare and clearer information on services.

Key Themes:

1. Community and faith-based organizations
2. Need of cultural awareness and interpreters in healthcare settings
3. Education
4. Healthcare access, especially for undocumented individuals
5. Need for support services and resources

What can be done or changed to improve your community's health?

There is a strong need for **culturally appropriate education and resources**, including interventions tailored to specific communities and funding for health and education. **Healthcare access** remains a critical issue, with calls for more, free mental and physical health services, addressing language barriers, and promoting empathy in medical education. **Affordable housing and improved transportation** infrastructure are essential for better health outcomes. **Collaboration among organizations** and quick response to referrals can build trust and provide **comprehensive wraparound services**. **Grassroots and faith-based groups** play a vital role in community support, and they **need more funding and recognition**. Access to healthcare and insurance is important, particularly for immigrant populations, with a need for non-judgmental and culturally competent care. Education about available resources and a directory of contacts can help navigate the complex health system. Reducing stigma and increasing acceptance for marginalized groups, along with more public outreach, can foster a healthier community.

Overall, improving community health requires culturally appropriate education and

FINDINGS

resources, better healthcare access, affordable housing, improved transportation, collaboration among organizations, support for grassroots groups, non-judgmental and culturally competent care, education about resources, and reducing stigma and increasing acceptance for marginalized groups.

Key Themes:

1. Culturally appropriate education and resources
2. Access to healthcare and insurance
3. Affordable housing and improved transportation
4. Collaboration and wraparound services
5. Support for grassroots and faith-based groups

Built environment

What physical assets and resources in the built environment does your community have?

Several physical assets were mentioned; however, many of them presented challenges to the community. **Housing** emerged as a significant concern, especially with unstable employment. The high cost of rent and required deposits make it difficult for many residents. Other housing-related issues included needing background checks and that investor-owned buildings are not maintained. Immigrant families often face the financial strain of supporting family members both locally and abroad. **Childcare** is another major issue, with long waiting lines and high costs forcing many parents, especially mothers, to stay home despite wanting to work. **Employment** opportunities are available, but the **wages are often insufficient** to meet basic needs. The community has **parks and green spaces, but they are not always easily accessible or safe**. Some parks require payment for entry, and there is a general lack of recreational spaces for youth. **Food access** is inconsistent, with some programs like school partnerships helping, but barriers such as distance and lack of transportation persist. There are culturally appropriate food stores, but there is a need for education on rules and regulations for Burmese-run restaurants. **Transportation** is unreliable, with some residents having to walk long distances to reach bus stops. Sidewalks are lacking, making walking unsafe and uncomfortable. Additionally, there are too many liquor stores in the area, contributing to **safety concerns**.

Overall, the focus groups identified several areas where improvements are needed to

enhance the physical assets and resources in the community's built environment.

Key Themes:

1. Housing challenges
2. Childcare and employment issues
3. Access to parks and green spaces
4. Food access and cultural food education
5. Transportation and safety concerns

How have these assets and resources impacted your community's health?

The community faces significant challenges in **childcare and youth services**. The lack of sports facilities limits the activities available for young people, leaving them with few options for physical and social engagement. Daycare options are scarce, particularly for parents of children with disabilities. These parents often find themselves staying home to care for their children, which leads to a reduction in household income and an increased reliance on food stamps. Food and nutrition are pressing concerns as well. **Access to healthy food** is limited, and food pantries frequently fail to provide culturally appropriate goods. Grocery stores in lower-income areas offer poor quality produce, forcing families to travel to wealthier neighborhoods for basic groceries. The **housing crisis** exacerbates these issues, with affordable options being scarce. Families are often forced to crowd multiple children into single rooms. **Poor infrastructure** contributes to unsafe walking environments due to a lack of sidewalks, which in turn leads to vandalism and overall community deterioration. **Transportation** is another significant hurdle. Public transportation is often unsafe or inaccessible, making it difficult for residents to navigate their surroundings. Many immigrants face additional challenges with rideshare services due to a lack of bank accounts or digital literacy. Social and cultural challenges further deepen health disparities. The prevalence of **liquor stores** leads to increased alcohol use and DUI charges. **Structural racism** contributes to **mental health issues, stress, and depression**, creating a cycle of hardship that affects the entire community.

Overall, the community faces significant challenges including inadequate childcare and youth services, limited access to healthy food, a housing crisis, poor infrastructure, transportation difficulties, and social and cultural issues that exacerbate health disparities and economic hardships.

FINDINGS

Key Themes:

1. Childcare and youth services
2. Access to healthy foods
3. Housing crisis
4. Transportation
5. Structural racism affecting physical and mental health

Do some people in your community benefit more or less than others from physical assets and resources? Who benefits less?

Language ability emerged as a significant factor, with **non-English speakers** requiring translators and facing barriers to accessing resources that are more readily available to those proficient in English. Immigration status also plays a crucial role, as many services are tied to one's documentation and credit history, creating a stark divide between documented and **undocumented individuals**. **Structural racism and poverty** were another major concern, leading to "pockets" of affluent and impoverished areas existing side by side. Affluent individuals receive better housing and resources, while disadvantaged individuals face further challenges. **Gentrification** exacerbates these issues, leading to fears of displacement and inequitable investment in new buildings without improving existing infrastructure. High housing costs further hinder young people and low-income individuals from establishing themselves independently. Lastly, **geographical disparities** were evident, with resources in certain cities being far superior to those in Indianapolis. Food quality also varied significantly, with better produce and meat available up north, forcing residents in poorer areas to travel for quality food.

Overall, vulnerable groups in the community benefit less from the built environment than others, underscoring the complex and multifaceted nature of resource distribution within the community and the need for targeted interventions to address these inequities.

Key Themes

1. Non-English speakers
2. Undocumented individuals
3. Structural racism and poverty
4. Gentrification and housing inequities
5. Geographical disparities

What do you think needs to be changed, added, or removed in the built environment to improve your community's health?

Public transportation emerged as a significant concern, with participants expressing a strong desire for better public transport options, including more bus routes to employment areas like Plainfield. They also emphasized the need for translating public transportation resources into multiple languages to improve accessibility for non-English speakers. **Safety** was a recurring theme, with calls for fewer liquor stores, safer roads, and better **upkeep of neighborhoods**. Enhancing pedestrian safety through more sidewalks, stop signs, and crosswalks, as well as creating more areas for children to ride bikes, were also highlighted. Improving water quality in inner-city areas was another critical point raised, where some participants felt that they only consume bottled or filtered water because of the lack of water quality in certain zip codes. **Affordable housing and daycare** were identified as essential needs, with suggestions to repurpose abandoned properties into community centers and shelter houses and provide housing resources for maintenance and accessibility. Participants stressed the importance of making homes and daycare options more affordable. **Community services** were seen as vital for improving health outcomes. Expanding food pantries, ensuring free access to parks, and providing programs for people with disabilities and funding for elderly-focused services were suggested. Also, increasing the number of community advocates who speak multiple languages was deemed necessary. **Education and employment opportunities** were highlighted as key areas for improvement. Participants called for the expansion of free education programs to include long-term access to higher education, partnerships between community organizations and universities, and computer literacy programs for older adults and people with disabilities. More job fairs and coordinated community outreach events were proposed to empower the community and contribute positively to its development.

Overall, to improve community health, participants emphasized the need for better public transportation, enhanced safety measures, affordable housing and daycare, expanded community services, and increased education and employment opportunities.

Key Themes:

1. Public transportation
2. Safety and neighborhood upkeep
3. Affordable housing and daycare
4. Community services

FINDINGS

5. Education and employment opportunities

Forces of change

What are some of the forces of change (trends or events) that have affected your community and its health over time?

Rising food and gas prices, influenced by the political climate, have significantly impacted the community's financial stability. **Economic hardship** is exacerbated by policies that threaten essential services like Medicaid and social security, leaving many vulnerable and struggling to meet basic needs. **Social isolation** is a major issue, with a need for more accessible community spaces and social activities. The reliance of healthcare providers on phone interpretation limits effective communication, particularly for culturally specific needs. Some communities (e.g., the Latino community) value personal connections with providers. Not having these connections can lead to frequently switching providers. Additionally, children being sent to schools outside their neighborhoods disrupts **community cohesion** and parental involvement in school activities. Political polarization affects immigrants and creates widespread fear and confusion. The community experiences high levels of stress due to the current **political view and executive orders**. This can lead to mental health issues such as anxiety and depression. People are afraid to go to work or send their children to school and may not access healthcare services. Immigrants face **barriers to employment** despite high qualifications, primarily due to **limited English proficiency**. The African American community, in particular, **struggles with trust** in systems that historically have not supported their wellbeing. Additionally, cultural clashes between Latino openness and American individualism contribute to loneliness and depression. The community's **mental health is at an all-time low**, influenced by social isolation, economic instability, and political polarization. Growing Islamophobia and animosity toward the Muslim community exacerbate these issues, making individuals afraid to engage in public life. The pushback on DEI initiatives has also made some feel unsafe and unwelcome.

Overall, these themes highlight the complex interplay of economic, social, political, and cultural factors affecting the community's health and wellbeing over time.

Key Themes:

1. Economic hardship

2. Social isolation and community disconnect
3. Political views and executive orders creating fear
4. Cultural barriers
5. Mental health

Have some people in your community been more or less affected than others by these forces of change?

There is a pervasive sense of **distrust** in programming, which often feels temporary, and a lack of trust in people, leading to a diminished sense of community [this refers to the larger community of Marion County]. Many in the community need information translated to use resources effectively. A lack of daycares means that the mothers have to stay home with the children; this affects their income. Those most affected by the forces of change include: **Individuals with lower education levels and limited English proficiency** face significant barriers in accessing resources and opportunities, leading to increased vulnerability and isolation. Especially non-English speaking youth feel particularly defeated and fearful, exacerbating their challenges. **Newer immigrants** often lack familiarity with available services, making it difficult for them to navigate and utilize resources. This increases their vulnerability and isolation. **Families with children affected by autism or mental health issues** need professionals who speak their language to effectively support their children. The lack of such services adds to their struggles. The trans community faces heightened negative impacts from societal changes, contributing to their vulnerability and mental health challenges. **Elderly and disabled individuals** are more affected by changes than younger, working people. They face greater challenges in accessing services and maintaining their wellbeing. **Economically disadvantaged Individuals:** Economic privilege allows some to navigate challenges more easily, while those on fixed incomes struggle. Rent-to-buy housing programs and lack of daycares with multilingual staff further exacerbate their difficulties.

Overall, the community faces several interconnected challenges that contribute to a sense of distrust and isolation, with several vulnerable groups having been impacted by the current forces of change.

Key Themes

1. Issues of trust and community cohesion (larger community of Marion County)
2. Access to reliable information and services (translators and translated resources)

FINDINGS

3. Vulnerable groups including individuals with lower education levels and limited English proficiency, newer immigrants, families with children affected by autism or mental health issues, the trans community, elderly and disabled individuals, economically disadvantaged Individuals

How can change be made possible in your community? What makes change difficult to occur?

Focus group participants highlighted the importance of **cultural and language inclusivity** through tailored presentations, workshops, and multi-lingual educational materials. Some mentioned the need for Alcoholics Anonymous services (Burmese) and education on domestic violence and sexual assault, which remain taboo in certain cultures. **Community empowerment and connection** emerged as another key theme, with calls to foster trust and social connections through neighborhood events like block parties. Participants emphasized reinvesting within the community and maintaining a sense of belonging, believing in the resilience and indomitable spirit of the community. **Policy and political representation** were deemed essential for equity, with suggestions to make policies more inclusive of a specific community's values and contributions. Increased political openness and representation were seen as crucial for achieving fairness and justice. To provide **education** and engage in **advocacy in multiple languages** were identified as vital for improving health and financial literacy. Participants proposed using technology, such as telehealth, to connect people and organizing interfaith meetings to promote understanding and awareness of diverse communities. A need for support was expressed, focused on providing consistent services at the community level, investing in support rather than penalization, and encouraging donations of time and money. Participants stressed the need for more translation options and clear lists of required documents for medical care and insurance approval, aiming to empower individuals with better access to resources.

Overall, there is a need for culturally tailored education, inclusive policies, community empowerment, political representation, and building social connections to foster resilience and improvement within diverse communities.

Key Themes

1. Cultural and language inclusivity
2. Community empowerment and connection
3. Policy and political representation

4. Education and advocacy in multiple languages
5. Support and services

How can community organizations such as the health department and other community partners work with your community to best create positive change?

Participants emphasized the importance of **collaborating with faith-based and community-led organizations** to foster trust and effectively reach diverse populations. Engaging trusted community leaders and uplifting respected individuals were seen as effective strategies for outreach and awareness. There is a strong need for bilingual/multilingual health fairs, educational events, and resources. Providing **culturally relevant materials** and translation options, along with training on navigating American culture, were highlighted as essential for better integration and support. Focus group members stressed the importance of **supporting youth programs** including sports, internships, and other activities to prevent boredom and risky behavior. Increasing access to mental health services for youth and families was also seen as crucial for fostering positive change. **Better communication** from organizations is needed, with many participants only aware of a few key service providers. Regularly scheduled events that serve multiple purposes, such as health fairs, job fairs, and legal information sessions, were suggested to improve community engagement. Advertising through billboards, faith-based communities, and direct engagement with families through schools and community hubs were recommended. Participants called for more **flexible funding** to allow grassroots organizations to address actual community needs. Removing funding restrictions for grants and increasing salaries at public agencies were seen as ways to improve service delivery. Policies supporting home ownership, mediation, and community-led revitalization efforts were also suggested to help people invest in their future and their community.

These themes reflect a comprehensive approach to creating positive change through collaboration, cultural sensitivity, youth support, effective communication, and adaptable funding and policies.

Key Themes

1. Partnering with community organizations
2. Culturally relevant and accessible resources
3. Youth engagement and support
4. Improved communication and outreach

5. Flexible funding and policy support

Where do you see your community headed in the next 5-10 years? How might the trends or events affect this journey?

Participants highlighted significant concerns related to **mental health, addiction, and autism**. These challenges are seen as critical issues that need to be addressed to ensure the well-being of the community. There is also a growing awareness and recognition of previously hidden issues like **developmental disorders**, which could lead to better support and resources. **Increasing divorce rates** are perceived as a threat to family and community bonds. However, there is optimism that better outcomes can be achieved if family unity is prioritized, and culturally grounded resources are expanded. The return to multi-generational housing and familial inter-reliance for support is seen as a potential positive change. The growth in the Latino population presents an opportunity for greater political involvement and representation. However, **current political trends are creating fear**, especially around **deportation** and the **ending of critical programs** for all immigrant communities. This has led to rising uncertainty and insecurity within the community, with fears that companies will avoid hiring undocumented individuals, reducing job opportunities. The **cost of living is rising**, making food and rent unaffordable, and participants expect the crime rate to go up as people struggle to survive. There is also a fear that many people will die because they can't afford to live. There is a notable lack of trust in authorities and institutions. Participants expressed a desire for **collaboration between health departments and grassroots organizations** already doing community work. They want the health department to engage with their work and their community directly. Funding often goes to organizations that don't provide direct services, leading to endless referral cycles. Grassroots groups providing direct support are underfunded and overwhelmed, and excessive referrals frustrate residents and reduce trust in the system. Despite the challenges, **there is hope for positive change**. Participants believe that change will come from communities coming back together as a people. There is hope that the younger generation will bring sparks of brilliance and ingenuity. Participants expect a great change and believe they will need to be able to shift to meet people "where they are." However, the trajectory of the current administration is difficult to predict, and there is a lot of fear about the future.

Overall, the community is facing significant health, social, political, and economic challenges, yet holding onto hope for positive change through resilience, collaboration,

and the strength of family and community bonds.

Key Themes

1. Mental health challenges
2. Family dynamics and community bonds
3. Political and economic uncertainty
4. Collaboration between MCPHD and grassroots organizations
5. Hope and resilience

Additional comments

Participants expressed frustration with the **slow and difficult process** of obtaining vaccinations required by the **United States Citizenship and Immigration Services (USCIS)**, highlighting the lengthy wait times for appointments with approved doctors. They suggested that the Department of Health could help **streamline or ease this process**.

“So, the process that they have to go through to get...the seven required vaccinations that are required by USCIS or those organizations to have legal status. They had to wait a really, really long time to get an appointment with one of the kind of approved doctors that can do that.”

There was a strong sentiment about the need to **bring back CHWs**, especially to support infant and senior health among Spanish-speaking residents. Participants recalled the positive impact CHWs had in the past and emphasized their importance in the community. A significant concern was the **lack of dedicated resources for Spanish-speaking individuals**. Participants noted that when calling clinics, they often receive incorrect or inconsistent information about required documents, indicating a need for more clarity and consistency. The importance of social connections was a recurring theme. Participants shared that people are not socializing due to fear, which negatively impacts mental health and community cohesion. They stressed that **social connections** are essential for fending off depression and feeling part of a community. Participants appreciated MCPHD’s efforts to listen to the community and suggested more **education and outreach** at meal sites to inform people about available resources and how to access them.

Overall, this underscores the need for improved access to the required vaccination

CONCLUSION

processes, stronger community support, better resource allocation, and enhanced social and educational outreach.

Key Themes

1. Slow USCIS vaccination process
2. Need for community health workers
3. More resources for Spanish-speaking individuals
4. Importance of social connections
5. Education and outreach at meal sites

CONCLUSION

FSPH did successfully connect with representatives from each of the populations requested by MCPHD. Overall, participants expressed gratitude in being invited to share their experiences and were interested in seeing the final results of the report and next steps in addressing the issues identified throughout the process. All groups identified both strengths and areas for improvement in their communities. Despite being from a variety of backgrounds, there were some shared findings among the groups.

Common themes across all domains: The need and opportunity for meaningful engagement and collaboration at multiple levels was recognized as a major strength. This includes partnerships among community members, between service agencies, and between agencies and the community itself. Such collaborative efforts were seen as vital contributors to the overall health and well-being of the community. In contrast, a siloed approach to service delivery was widely viewed as ineffective and counterproductive.

A recurring theme across multiple domains was the lack of equitable economic opportunities and accessible and affordable housing options. Whether due to gentrification, limited availability of handicap-accessible spaces, or broader affordability issues, housing was consistently cited as a major challenge. These housing-related barriers were seen as having both direct and indirect impacts on community health.

Perceived stigma and discrimination also emerged as common concerns. Participants reported that culturally appropriate and disability-friendly health services were not readily available, and when available, were not easily accessible. Experiences of being

stigmatized while seeking care often discouraged individuals from accessing services, thus becoming a barrier to care, unless faced with life-threatening emergencies. This, in turn, contributed to the underutilization of preventive services and exacerbated the need to seek emergency medical care, often leading to worsening health conditions that might have been mitigated with earlier intervention.

Despite widespread concerns about the uncertainty of service coverage and funding, participants expressed a strong sense of hope for the future. This optimism reflects the community's resilience and its desire for systemic improvements that promote equity, accessibility, and collaboration.

Limitations and future directions: There is a possibility that participants who are vocally expressive were more likely to participate in the focus group discussions, potentially limiting the diversity of perspectives captured. Future efforts could benefit from additional measures to recruit participants more widely. Additionally, all discussions were conducted in person.

While this approach supported the rigor and validity of data collection, it may have inadvertently excluded individuals facing transportation challenges, childcare responsibilities, or other barriers, and hence, the most vulnerable may have been less likely to participate. Incorporating alternative methods such as virtual meetings or hybrid formats in future engagements could help mitigate these limitations and enhance accessibility.

Continuous meaningful engagement with community members paired with active listening will help MCPHD and their partners to address disparities and improve the health of all residents of the county, despite the barriers some groups may encounter.

Appendix A.1: Community Context Assessment Interview Guide

CCA Domain: Community Strengths and Assets

The first few questions will be about the strengths, assets, and resources in the community. These could be organizations, agencies, initiatives, programs, etc. We will then talk about how they can be used to improve the community's health.

1. What do you think are the major strengths, assets, or resources in the community you serve?
2. How do you think these strengths, assets, and resources contribute to the community's health?
3. Do you think everyone in the community benefits from these strengths, assets, and resources the same way?
 - a. Probing question: Tell us more about those who benefit less.
4. Which of the community's strengths, assets, and resources do you think can be used to address health inequities or otherwise improve the community's health?

CCA Domain: Built Environment

We will now talk about the human-made surroundings, also called the "built environment," which can affect the community's overall health. This includes physical assets and infrastructure such as housing, schools & daycares, workplaces, parks & green space, health care centers, and grocery stores.

5. What are some of the physical assets that exist in your community's built environment?
6. How do these physical assets differ across neighborhoods or by population group?
7. In your opinion, how do community members view and interact with their built environment?
8. How does the built environment affect community members' health?
9. What in the built environment do you think needs to be changed, improved, or removed to enhance the community's health?

CCA Domain: Forces of Change

Now I am going to ask you about the forces of change in the community. Forces of change are events or trends that can significantly impact a community and the local public health system. These can include legislative changes, technological or scientific advancements, and political or societal trends.

10. What forces of change (events or trends) do you see affecting the health of the community or local public health system?
11. From your perspective, are some parts of the community (or groups within the community) more impacted by these forces of change than others? If so, which ones?
12. What historical or structural things do you think have brought about these forces of change mentioned earlier?
13. How can community partners work with your organization and the community you serve to best create positive change?
14. Where do you see is the community you serve headed in the next 5-10 years?
 - a. How might the trends or events (the forces of change discussed earlier in this interview) affect this journey?
15. Is there anything that we might have missed that you would like to add?

Community Context Assessment Key Informant Interview: What You Need to Know

Why We're Doing This

We want to learn more about what people think their community's strengths and weaknesses are in Marion County, IN. We want to hear your thoughts and experiences about the resources, environment, and changes in your community. Your ideas and feedback will help us identify needs and improve the system and services offered. This effort will add individual stories and insights to the Marion County Public Health Department's Community Health Assessment.

Your Rights

- **Voluntary:** Participating in the interview is voluntary. You can leave anytime.
- **Confidential:** What you say is confidential. We will not use your name. All comments will be summarized, and nobody will know what you said.
- **Safe:** This is a safe environment where everyone is treated with respect. You can stop participating, or you can refuse to answer any questions that make you feel uncomfortable. We want you to feel safe and respected.
- **One time contact:** This is a one-time participation. We will not contact you afterwards.

What Will Happen

The interview will take 30-60 minutes. As a thank-you for your time, you will be offered a \$15 electronic gift card.

- **Introduction:** At the beginning of the interview, we will explain what the questions are going to address and how we keep your information private.
- **Recording:** The interview will be audio-recorded by the research team. We will announce when the recording begins and ends. We will destroy the recordings 3 years after the study is completed.
- **Discussion:** You will share your thoughts and experiences about your community, environment, and forces of change. Our team will guide the interview through a series of questions.
- **Conclusion:** We will wrap up our interview, thank you for your time, stop the recording device, and inform you about our next steps.

What We Do with Your Information

- **Transcribe:** We will create a transcript from the interview recording. Your name will not be included; you will be labeled as "Representative of [name of organization]" or something similar.
- **Summarize:** We use the transcript to summarize the major discussion points.
- **Report:** We will summarize findings from our interview and make recommendations to the funders of this study: Marion County Public Health Department.

Contact Us

If you have questions, please contact **Dr. Marion Greene**

- **Phone:** (317) 278-3247
- **Email:** msgreene@iu.edu

CCA Domain: Community Strengths and Assets

The first few questions will be about the strengths and assets of the community and how they can be used to improve the [specific] community's health.

1. Different people have different thoughts about what a healthy community looks like.
 - a. What does a healthy community look like to you?
 - b. Is your community healthy?
2. What community assets or resources (organizations, agencies, initiatives, programs, culture/tradition, information outlet etc.) help make your community healthier?
3. What can be done or changed to improve your community's health?

CCA Domain: Built Environment

We will now talk about the human-made surroundings, also referred to as built environment—that affects your community's overall health. Some of examples of physical assets in the built environment include housing, schools and daycares, workplaces, parks and greenspaces, health care centers, healthy and culturally appropriate food access, sidewalks, roadways, or other infrastructure.

4. What physical assets and resources in the built environment does your community have?
5. How have these assets and resources impacted your community's health?
 - a. Do some people in your community benefit more or less than others from physical assets and resources?
6. What do you think needs to be changed, added, or removed in the built environment to improve your community's health?

CCA Domain: Forces of Change

Now we will talk about the things that might have happened in the past, are currently happening or might happen in the future that might affect your community and the local public health system. These are called forces of change. Please turn the page again, examples of forces of change include trends, factors, or events that are social, economic, political, technological, environmental, scientific, legal, or ethical in nature.

7. What are some of the trends or events that have affected your community and its health over time? Probing question: Is there anything else?

8. Have some people in your community been more or less affected than others by these changes?
 - a. Probing question: Tell us more about who is more or less affected and why.
9. How can change be made possible in your community? What makes change difficult to occur?
10. How can community organizations such as the health department and other community partners work with your community to best create positive change?
11. Where do you see your community headed in the next 5-10 years? How might the trends or events (the forces of change discussed earlier in this focus group) affect this journey?
12. Is there anything that we might have missed that you would like to add?

Community Context Assessment Focus Groups: What You Need to Know

Why We're Doing This

We want to learn more about what people think their community's strengths and weaknesses are in Marion County, Indiana. We want to hear your thoughts and experiences about the resources, environment, and changes in your community. Your ideas and feedback will help us identify needs and improve the system and services offered. This effort will add individual stories and insights to the Marion County Public Health Department's Community Health Assessment.

Your Rights

- **Voluntary:** Participating in the focus group is voluntary. You can leave anytime.
- **Confidential:** What you say is confidential. We will not use your name. All comments will be summarized, and nobody will know what you said.
- **Safe:** This is a safe environment where everyone is treated with respect. You can stop participating, or you can refuse to answer any questions that make you feel uncomfortable. We want you to feel safe and respected.
- **One time contact:** This is a one-time participation. We will not contact you afterwards.

What Will Happen

The focus group will take between 60 and 90 minutes. As a thank-you for your time, you will receive a \$15 gift card.

- **Introduction:** At the beginning of the focus group, we will explain what the group is going to talk about and how we keep your information private.
- **Recording:** The discussion will be audio-recorded by the research team. We will announce when the recording begins and ends. We will destroy the recordings 3 years after the study is completed.
- **Discussion:** You and others share your thoughts and experiences about your community, environment, and forces of change. Our team will guide the discussion.
- **Conclusion:** We will wrap up our discussion, thank you for your time, stop the recording device, pass out gift cards, and inform you about our next steps.

What We Do with Your Information

- **Transcribe:** We will create a transcript from the focus group recording. Your name will not be included; you will be labeled as "Participant 1" or something similar.
- **Summarize:** We use the transcript to summarize the major discussion points.
- **Report:** We will summarize findings from our focus groups and make recommendations to the funders of this study: Marion County Public Health Department.

Contact Us

If you have questions, please contact **Dr. Marion Greene**

- **Phone:** (317) 278-3247
- **Email:** msgreene@iu.edu

COMMUNITY CONTEXT FOCUS GROUP

As part of the Community Health Assessment, Marion County Public Health Department (MCPHD) is seeking to better understand the **strengths and assets of your community**. Your input will support MCPHD’s efforts to build on the assets in your community.

Are you...

- **A resident of Marion County?**
- **18 years or older?**
- **And a member of the [specific] Community?**



Join us [day], [month] [day], 2025 at [time] for a 60-90 minute focus group.

Location: [location name]
[street address],
Indianapolis, IN [zip]





Scan for more information:

As a thank you for your time, you’ll receive a **\$15 gift card**.

To sign up, contact [contact name] at [e-mail] or [phone]



Your Voice + Your Community Needs + Bold Action. It All Adds Up To Better Health.

<p>To sign up, Contact [contact] at [email] or [phone]</p> 	<p>To sign up, Contact [contact] at [email] or [phone]</p> 	<p>To sign up, Contact [contact] at [email] or [phone]</p> 	<p>To sign up, Contact [contact] at [email] or [phone]</p> 	<p>To sign up, Contact [contact] at [email] or [phone]</p> 	<p>To sign up, Contact [contact] at [email] or [phone]</p> 	<p>To sign up, Contact [contact] at [email] or [phone]</p> 	<p>To sign up, Contact [contact] at [email] or [phone]</p> 	<p>To sign up, Contact [contact] at [email] or [phone]</p> 	<p>To sign up, Contact [contact] at [email] or [phone]</p> 
---	--	--	--	--	--	---	--	--	--