

Ascension St. Vincent Anderson

**2021 Community Health Needs Assessment
Madison County, Indiana**



Ascension

The goal of this report is to offer a meaningful understanding of the most significant health needs across Madison County as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

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The 2021 Community Health Needs Assessment report was approved by the Ascension St. Vincent Anderson Board of Directors on May 18, 2022 (2021 tax year), and applies to the following three-year cycle: July 2022 to June 2025 (FY 2023 - FY 2025). This report, as well as the previous report, can be found at our public website.

We value the community's voice and welcome feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comments.

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Acknowledgements / Executive Statement

The 2021 Community Health Needs Assessment (CHNA) represents a true collaborative effort in order to gain a meaningful understanding of the most pressing health needs across Madison County, the community assessed by Ascension St. Vincent Anderson (the hospital). Ascension St. Vincent Anderson is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report, and your interest and commitment to improving the health of Madison County.

Executive Summary

The goal of the 2021 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Madison County. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit, 501(c)(3) hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the community served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

Community Served

For the 2021 CHNA, Ascension St. Vincent Anderson has defined its community served as Madison County, Indiana. Madison County is the hospital's primary service area and in 2020 over 90 percent of the hospital's patients were residents of the county. Community health data are readily available at the county level.

Data Analysis Methodology

The 2021 CHNA was conducted with contracted assistance from Verité Healthcare Consulting from June 2021 to April 2022 and utilized a process that incorporated data from both primary and secondary sources.

Primary data sources included information provided by groups/individuals, e.g., representatives of public health departments, community residents, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. A community input meeting was conducted in June 2021. Fifty-two (52) individuals representing organizations across Madison County were invited. An interview was conducted with a representative of the Madison County Health Department. A hospital input meeting was held with hospital staff members. Special attention was given to the needs of individuals and communities who are more vulnerable and to unmet health needs or gaps in services. Sessions were conducted using virtual meeting platforms and online polls to assess community priorities of significant needs in Madison County.

Secondary data were compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

Community Needs

The significant needs determined through this process are as follows:

- Access to Care
- COVID-19 Pandemic
- Maternal, Infant, and Child Health
- Mental Health Status and Access to Mental Health Services
- Obesity, Physical Inactivity, and Associated Chronic Disease
- Services for Seniors
- Social Determinants of Health, including:
 - Poverty
 - Affordable Housing
 - Food Insecurity
 - Transportation
- Smoking and Tobacco Use
- Substance Use Disorders and Overdoses

About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 2,600 sites of care – including 145 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management and contracting through Ascension's own group purchasing organization.

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

Mission: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit <https://www.ascension.org/>.

Ascension St. Vincent Anderson

As a Ministry of the Catholic Church, Ascension St. Vincent Anderson is a non-profit hospital governed by a local board of trustees represented by community members, medical staff, and sister sponsorships. For many years, the hospital has been providing medical care for residents of Madison County, Indiana and neighboring areas.

In 1894, St. Vincent Anderson, formerly Saint John's Health System, was founded by the Sisters of the Holy Cross. The hospital merged with the St. Vincent system in 2003. Ascension St. Vincent Anderson is a 225-bed acute healthcare facility that offers the following services: blood disorders, cancer, cardiovascular services, dermatology, diabetes care, digestive health, ear nose and throat, emergency medicine, home care, hospice, immediate care, interventional radiology, laboratory services, maternity services, medical imaging, mental & behavioral health, neuroscience, nutrition support, orthopedics, pediatrics, primary care, rehabilitation services, respiratory care, senior services, sleep disorders, spiritual care, sports performance, supportive care services, surgery, trauma, urology, wellness medicine, women's health, and wound treatment. Ascension St. Vincent Anderson's primary service area is Madison County which is in Central Indiana. Ascension St. Vincent Anderson ED is designated a Trauma Center Level III.

For more information about Ascension St. Vincent Anderson, visit <https://healthcare.ascension.org/locations/indiana/ineva/anderson-ascension-st-vincent-anderson>.

About the Community Health Needs Assessment

A community health needs assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs.”¹ The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension St. Vincent Anderson’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit, 501(c)(3) hospitals must conduct a CHNA and adopt an implementation strategy every three years. These CHNA and implementation strategy requirements are described in Internal Revenue Code Section 501(r)(3) and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at <https://healthcare.ascension.org/CHNA> and paper versions can be requested at Ascension St. Vincent Anderson's Information Desk in the main lobby.

¹ Catholic Health Association of the United States (<https://www.chausa.org>)

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

For the purpose of the 2021 CHNA, Ascension St. Vincent Anderson has defined its community served as Madison County, Indiana. Although Ascension St. Vincent Anderson serves Anderson and surrounding areas, the “community served” was defined as such because (a) in 2020 over 90 percent of the hospital’s patients were Madison County residents; (b) most of the hospital’s assessment partners define their service areas at the county level; and (c) community health data are readily available at the county level.

Demographic Data

Located in Indiana, Madison County has a population of 129,569 (2019) and is the 13th most populous county in the state. Below are demographic data highlights for Madison County (2019):

- 18.7 percent of the residents of Madison County are 65 or older, compared to 16.1 percent in Indiana.
- 95.6 percent of residents are non-Hispanic; 4.4 percent are Hispanic or Latino (any race).
- 84.6 percent of residents are White; 0.6 percent are Asian; 8.4 percent are Black or African American.
- The total population is projected to decrease by 0.3 percent from 2019 to 2025; the 65+ population is projected to increase by 13.2 percent during that time period.
- The median household income is 6.1 percent below the state median (\$54,100 for Madison County; \$57,600 for Indiana).
- The percent of people in poverty is higher than the state (16.5 percent for Madison County; 13.4 percent for Indiana).
- The uninsured rate for Madison County is comparable to the state (8.2 percent for Madison County; 8.4 percent for Indiana).

Description of the Community

Demographic Highlights		
Indicator	Madison	Description
Population		
% Living in rural communities	23.1%	
% below 18 years of age	21.4%	
% 65 and older	18.7%	
% Hispanic	4.4%	
% Asian	0.6%	
% Non-Hispanic Black	8.4%	
% Non-Hispanic White	84.6%	
Social and Community Context		
English Proficiency	1.0%	Proportion of community members that speak English "less than well"
Median Household Income	\$54,100	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	19.0%	Percentage of people under age 18 in poverty.
Percent of Population Uninsured	9.0%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	88.0%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	3.7%	Percentage of population ages 16 and older unemployed but seeking work
<i>Data source: County Health Rankings, 2021</i>		

To view additional Community Demographic Data, see Appendix B and Appendix D2.

Process and Methods Used

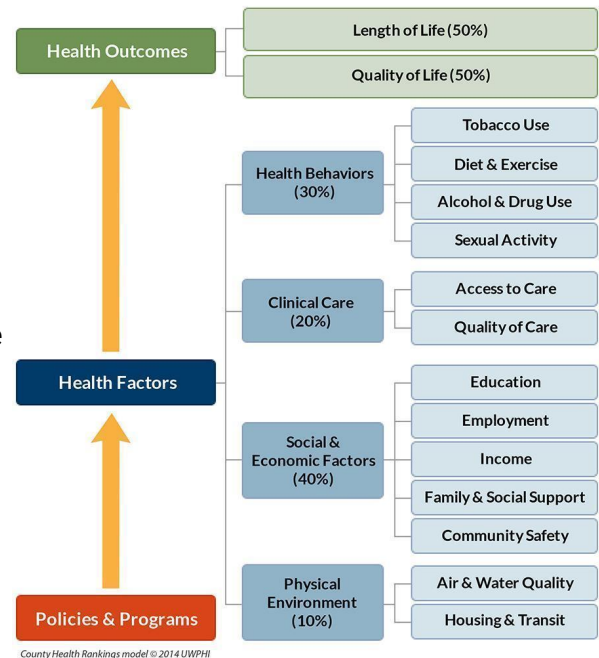
Ascension St. Vincent Anderson is committed to using national best practices in conducting the CHNA. Health needs and assets for Madison County were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs.

Ascension St. Vincent Anderson's approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement.

Collaborators and Consultant

With the contracted assistance of Verité Healthcare Consulting, Ascension St. Vincent Anderson completed its 2021 CHNA in collaboration with the Community Benefit department at Ascension St. Vincent.

Ascension St. Vincent Anderson also collaborated with other Indiana health systems to collect primary data through online community input meetings and key stakeholder interviews. These health systems include IU Health, Community Health Network, Riverview Health, and the Rehabilitation Hospital of Indiana. Ascension St. Vincent Anderson also collaborated with other hospitals that are members of Ascension St. Vincent Indiana.



Data Collection Methodology

In collaboration with various community partners, Ascension St. Vincent Anderson collected and analyzed primary and secondary data for Madison County. A variety of community health indicators for the county were benchmarked against state-wide, peer county, and national averages. The CHNA identifies certain health issues as significant if indicators benchmark unfavorably. For example, if a county's infant mortality rate is above the state average or is higher for Black infants than for White infants, then Maternal, Infant, and Child Health would be considered a significant community health issue. This conclusion would be most supported if a majority of community members who provided input into the CHNA also identified improving Maternal, Infant, and Child Health as a significant need.



Recognizing its vital importance to understanding the health needs and assets of the community, Ascension St. Vincent Anderson consulted with a range of public health and social service providers that represent the broad interests of Madison County residents. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including community input meetings, a hospital input meeting with hospital staff, and key stakeholder interviews. These methods provided important perspectives on how to select and address top health issues facing Madison County.

Summary of Community Input

A summary of the community input process and its results is outlined below.

Community input meeting

A community input meeting was conducted by Verité Healthcare Consulting in June 2021 to gather feedback on the health needs and assets of Madison County. More than fifty individuals were asked to participate in the Madison County community input meetings and thirty-one both attended and completed a survey to identify significant community needs. These individuals represented organizations including local health departments, non-profit organizations, faith-based organizations, health care providers, and local policymakers.

Community Input Meeting

Key Summary Points

- **Mental health status and suicide** are worsening concerns. Access to mental health services is difficult due to cost, transportation challenges, and other barriers.
- **Access to healthy food, nutrition, and knowledge of healthy eating practices** are lacking and contribute significantly to obesity and a higher prevalence of chronic health conditions.
- **Substance use disorders** are prevalent and are closely linked to mental health concerns. Misuse of opioids, methamphetamines, and alcohol were identified as problematic by numerous stakeholders.
- **Transportation options and walkability** are lacking, making access to health services and other basic needs challenging and contributing to physical inactivity.
- **Poverty** is contributing to poor health. Low-income residents disproportionately are experiencing difficulties accessing needed services.
- **Racial and ethnic health disparities** are prevalent. Social Determinants of Health are most problematic for Black/African American and Hispanic (or Latino) community members.

Populations/Sectors Represented	Common Themes
● Community-based organizations ● Education ● Employers ● Faith-based organizations ● First responders ● Health equity organizations ● Local government ● Service providers	● Community health needs are intricately linked. Separating issues such as mental health, substance use disorders, poverty, and access to providers is difficult. ● The COVID-19 pandemic has worsened community health and mental health problems. ● Vulnerable populations in Madison County include low-income residents, racial and ethnic minority groups, children (particularly those experiencing trauma), homeless people, and seniors. ● The seniors population is projected to increase significantly in the next few years, which is likely to increase needs and demands for health and social services. ● Many types of community health education are needed regarding nutrition, how to access needed services and use health insurance, and other issues.

Hospital input meeting

A hospital input meeting was conducted by Verité Healthcare Consulting in November 2021 to gather feedback from hospital staff on the health needs and assets of Madison County. Ten individuals participated. These staff included discharge planners, community navigators, social workers, primary care providers, administrators, and others.

Hospital Input Meeting	
Key Summary Points	
• Behavioral health conditions are worsening. Access to providers is difficult due to problems with affordability and other issues. Residents commonly present at the hospital in crisis and return due to inability to comply with treatment. Poor mental health status is prevalent. • Social Determinants of Health, including poverty are a significant, cross-cutting concern. • Transportation options are lacking, contributing to difficulty in accessing health and providers of basic needs. • Substance use disorders are common and worsening, particularly misuse of opioids.	
Populations/Sectors Represented	Common Themes
• Community navigators • Discharge planners • Emergency department • Leadership and administration • Nurses • Primary care providers	• Madison County is a high-need community. The City of Anderson is the highest need area. • Needs associated with Social Determinants of Health are significant, including poverty, education, unemployment and underemployment, and violence (particularly household violence). • Mental health needs are worsening particularly for vulnerable populations who have fewer treatment options.

Key stakeholder interviews

An interview was conducted with a local public health department representative to obtain subject-matter expertise regarding health needs in Madison County. Questions focused first on identifying and discussing health issues in the community before the COVID-19 pandemic began. Questions then focused on the pandemic's impacts and on what has been learned about the community's health given those impacts.

The key stakeholder identified the issues below as significant before the COVID-19 pandemic began.

- **Obesity** resulting largely from food insecurity and a lack of grocery stores.
- **Smoking** tied to Madison County's culture, historical identity, and demographic characteristics.
- **Low birthweight births** with disparities in birth outcomes for Black infants. More expectant mothers should be accessing prenatal care.
- **Need for health education**, particularly for youth.
- **Need for better collaboration** between providers and social service organizations. Organizations need to provide services locally rather than expecting residents to travel to them.
- **A lack of transportation** resources. Few public transportation options are available outside of Anderson.
- **Prevalent health inequities and disparities** particularly for Black and Hispanic (or Latino) residents. Cultural and language barriers to accessing health services are present for Hispanic populations.
- **Problematic access to mental health care.** Cost, limits on insurance coverage, transportation, and other problems present access barriers. Mental health screening and treatment is not adequately integrated into physical healthcare services.
- **Problems navigating health care resources.** Community members are unsure about how and where to find needed services.

The following impacts of the COVID-19 pandemic were identified as significant.

- **Disparities in vaccine coverage and uptake** particularly among Black residents.
- **Health Department singularly focused on the pandemic.** Other public health services were halted to address needs associated with the pandemic.
- **Unemployment** resulting from business closures.
- **Need to disseminate more information to the public.** There is a need for health departments to be visible in their communities and to maintain communication with all partners.

Summary of Secondary Data

Secondary data are data that have already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data were compiled from various sources that are reputable and reliable.

Health indicators in the following categories were reviewed:

- Health Outcomes
- Social and Economic Factors that impact health
- Health Behaviors
- Access to Healthcare
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined below.

Madison County's total population (129,569 in 2019) is projected to remain steady through 2025 (129,042 in 2025); however, the population 65 years and older is projected to grow over the next few years (13.2 percent between 2019 and 2025).

As of April 7, 2022, there have been 648 deaths for Madison County residents among confirmed COVID-19 cases. Deaths per 100,000 are 499.8, which is higher than the Indiana-wide average of 350.5. 61.8 percent of Madison County residents have been fully vaccinated (compared to 64.8 percent for Indiana and 73.1 percent for the United States).

Data from County Health Rankings and Roadmaps indicate that the following community health issues are significant in Madison County (because the county's data are particularly unfavorable in comparison with Indiana-wide statistics):

- Fall fatalities
- Suicide rates
- Diabetes prevalence
- Poverty and childhood poverty
- Children in single-parent homes
- Limited access to healthy foods
- Supply of primary care physicians
- Supply of other primary care providers
- Supply of mental health providers
- Obesity and physical inactivity
- Teen births

In comparison with "Top U.S. Counties," rates for infant mortality, communicable diseases, adult smoking, and motor vehicle deaths also are particularly high.

Poverty rates in Madison County have been above Indiana and United States averages. Rates are highest for Black and Hispanic (or Latino) residents. In 2019, a number of low-income census tracts were present particularly in Anderson (where the hospital is located).

Madison County's unemployment rates declined steadily from 2016 through 2019. Due to the COVID-19 pandemic, unemployment rates rose in 2020. Unemployment rates fell in 2021 as the economy recovered from the pandemic. Because many obtain health insurance through employer-based coverage, higher unemployment rates contribute to higher numbers of uninsured people.

Crime rates in Anderson have been well above state averages for most crime types, including rape, property crime, burglary, larceny-theft, and motor vehicle theft.

In Madison County, 26 percent of households have been designated as "housing burdened," a level below Indiana and United States averages. However, this percentage is well above average in ZIP codes 46016 (Anderson, 40 percent) and 46048 (Ingalls, 32 percent). The COVID-19 pandemic is known to have increased housing insecurity across the United States.

ZIP Code 46016 (Anderson) has a comparatively high Community Need Index™ score of 4.8. This ZIP Code is in the "highest need category" when compared to all ZIP Codes in the United States. Madison County's overall CNI is 3.4, which is above the United States median of 3.0. The CDC's Social Vulnerability Index also is highest in census tracts in and around Anderson.

In comparison with "peer counties" across the United States, Madison County ranks in the bottom quartile for five community health indicators:

- The percent of adults with obesity,
- Food Environment Index,
- Newly diagnosed Chlamydia Cases per 100,000,
- Births per 1,000 females aged 15-19 years (teen births), and
- The percent of children living in single-parent households.

Madison County also benchmarks poorly for low birthweight births, physical inactivity, rates of violent crime, injury mortality, and the percent of households with severe housing problems.

In Anderson ZIP Code 46016, more than 20 of 30 indicators measured by the CDC's Behavioral Risk Factors Surveillance System are in the bottom quartile nationally. CDC PLACES data indicate that Madison County has issues with rates of asthma, mammography screening (and preventive screening for older women), obesity and physical inactivity, smoking and COPD, diabetes, and access to dental services.

Madison County's mortality rates for Alzheimer's disease, accidental poisoning and exposure to noxious substances, and intentional self-harm (suicide) have been well above Indiana averages. Mortality rates also have been above average due to accidents, cancer (particularly lung cancer), chronic lower respiratory diseases, strokes, drug poisoning, diabetes, kidney disease, septicemia, motor vehicle accidents, and alcohol related causes.

Between 2015 and 2019, drug overdose and poisoning deaths increased in Madison County and Indiana. Mortality rates in Madison County consistently have been higher than state averages.

Madison County benchmarks poorly for several maternal and child health indicators, including the percent of Madison County mothers smoking during pregnancy, preterm births, breastfeeding rates, and ER visits due to asthma for children aged 5-17.

In Madison County, prenatal care rates for Black and Hispanic (or Latino) populations compare unfavorably to rates for Whites. The percent of women smoking during pregnancy has been higher for Whites than for Blacks and Hispanic (or Latino) mothers. In Indiana, infant mortality rates for Black and Hispanic (or Latino) populations have been higher than rates for White populations.

Food deserts are present in Madison County, with most located in and around Anderson.

Numerous indicators that are unfavorable for Madison County are unfavorable for Indiana as a whole. Air pollution, obesity, provider supply, smoking, and other issues appear problematic in the county and on a state-wide basis. Indiana ranks 45th out of U.S. states for per-capita public health funding.

Black populations in Indiana have particularly high mortality rates for diabetes, kidney disease, septicemia, high blood pressure, homicide, and conditions originating at the time of birth.

Indiana's Black populations also have particularly unfavorable rates of children in poverty, chlamydia, low birthweight births, preventable hospitalizations, severe housing problems, teen births, and unemployment. Hispanic populations have particularly unfavorable rates for avoiding healthcare due to cost, children in poverty, crowded housing, percent with high school diploma, non-medical drug use, and severe housing problems. White populations compare unfavorably for arthritis, cancer, COPD, depression, mental distress, high cholesterol, and suicide.

To view secondary data and sources in their entirety, see Appendices B, D1, and D2.

Summary of COVID-19 Impacts

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took the hardest hit for both COVID cases and death. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID than any other age group with 81% of deaths from COVID to people over 65 years of age. There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection and death compared to non-Hispanic White Americans.²

Significant COVID-19 disparities include:

- Hispanic Persons at 2.3 times the risk of death
- Non-Hispanic Black persons at 1.9 times the risk of death
- American Indian or Alaska Native at 2.4 times the risk of death

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to health care
- Higher rates of underlying conditions³

COVID-19 Impact on Madison County (as of April 7, 2022)			
Indicator	Madison	Indiana	Description
Total Cases	32,649	1,692,248	Confirmed cases of COVID-19
Confirmed Cases per 100,000	25,184	25,288	Confirmed cases per 100,000
Total Deaths	648	23,455	Deaths among confirmed cases
Deaths per 100,000	499.8	350.5	Deaths per 100,000
Case Fatality Percentage	2.0%	1.4%	Percent of total confirmed cases of individuals who died of COVID-19
Percent Fully Vaccinated	61.8%	64.8%	Percent of adults fully vaccinated

Source: SparkMap <https://sparkmap.org/>

²Centers for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities>)

³ Ibid

Community Input on Previous CHNA and Implementation Strategy

Ascension St. Vincent Anderson's previous CHNA and implementation strategy were made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>.

No comments were received from the public on the previous CHNA or implementation strategy.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Madison County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

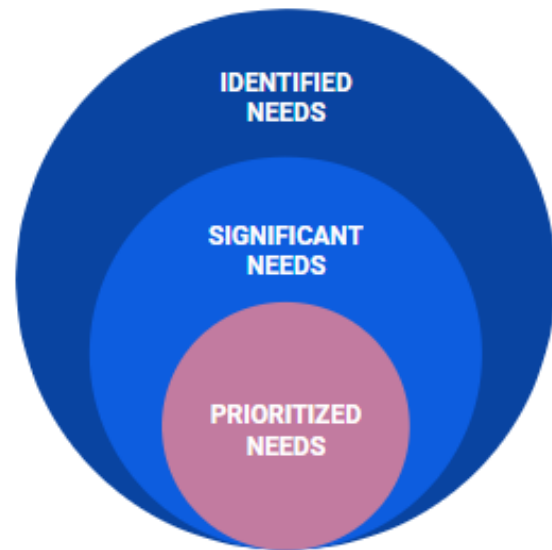
- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data are limited in a number of ways, including timeliness, reach and descriptive ability with groups as identified above.
- An acute community concern may significantly impact a Ministry's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation which may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the 2021 CHNA, the following acute community concern was identified:
 - COVID-19

Despite the data limitations, Ascension St. Vincent Anderson is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

Community Needs

Ascension St. Vincent Anderson, with contracted assistance from Verité Healthcare Consulting, analyzed secondary data of numerous indicators and gathered community input through a community input meeting, a hospital staff input meeting, and a key stakeholder interview to identify the needs in Madison County. In collaboration with community partners, Ascension St. Vincent Anderson used a phased prioritization approach to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** which were determined most crucial for community stakeholders to address.

Following the completion of the CHNA assessment, Ascension St. Vincent Anderson will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting.



Identified Needs

Ascension has defined “identified needs” as the health outcomes or related conditions (e.g., Social Determinants of Health) impacting the health status of Madison County. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In collaboration with various community partners, Ascension St. Vincent Anderson prioritized which of the identified needs were most significant. Ascension has defined “significant needs” as the identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods. Certain identified needs were determined to be “significant” if they were identified as problematic in both: the most recently available secondary data regarding the community’s health, and input from community stakeholders who participated in the community input meeting, hospital input meeting, and key stakeholder interview process.

The significant needs found through this process are as follows:

- Access to Care
- COVID-19 Pandemic
- Maternal, Infant, and Child Health
- Mental Health Status and Access to Mental Health Services
- Obesity, Physical Inactivity, and Associated Chronic Disease
- Services for Seniors
- Smoking and Tobacco Use
- Social Determinants of Health, including:
 - Poverty
 - Affordable Housing
 - Food Insecurity
 - Transportation
- Substance Use Disorders and Overdoses

To view health care facilities and community resources available to address the significant needs, please see Appendix E.

Descriptions (including data highlights community challenges & perceptions, and local assets & resources) of the significant needs are on the following pages.

Access to Care	
Why is it Important?	Data Highlights
When barriers to accessing health care services are present, community health suffers. A wide array of factors can affect access, including provider supply, transportation, language and cultural competency, cost, availability of needed specialty services, limited insurance benefits, limited education regarding available services and how to use them, and others.	Madison County's 65 years and older population is projected to grow 13.2 percent between 2019 and 2025. Population growth will increase need and demand for access to health care services. The per-capita supply of primary care physicians, other primary care providers, and mental health providers has been below Indiana averages (but above average in comparison with "peer counties" across the U.S.). At 3.4, Madison County has a comparatively high Community Need Index™ (CNI). The index ranges from 1.0 to 5.0 (with 5.0 being highest need) and the national median index is 3.0. The CNI is designed to identify ZIP Codes where potential access to care barriers are present. The CNI score in ZIP Code 46016 is 4.8, placing Anderson in the "highest need" category. The CDC's Social Vulnerability Index also is highest in census tracts in and around Anderson. CDC PLACES data (based on the Behavioral Risk Factors Surveillance System) indicates that older women in Madison County have not been accessing mammography and a panel of other preventive screening services at optimal rates. The county also benchmarks poorly for rates of access to prenatal care by Black and Hispanic (or Latino) women.
Local Assets & Resources	
• Ascension St Vincent Anderson • Ascension St Vincent Mercy • Community Hospital of Anderson and Madison County • Federally Qualified Health Centers • Madison County Health Department <i>See Appendix E for Health Care Facilities and Community Resources</i>	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
Poverty, transportation, cost, and language/cultural barriers are negatively affecting access to care. Accessing mental health services is particularly difficult. Many expectant mothers are not accessing needed prenatal care. The COVID-19 pandemic affected access to primary, preventive, and other needed services.	Vulnerable populations include low-income persons, racial and ethnic minorities, people experiencing homelessness, and seniors. The senior population is projected to increase significantly in the next few years, which is likely to increase needs and demands for health and human services.

COVID-19 Pandemic	
Why is it Important?	Data Highlights
The COVID-19 pandemic represents a public health emergency for Indiana and the United States.	Madison County has experienced above average incidence and mortality rates for COVID-19. Vaccination rates have been lower and vaccine hesitancy rates have been higher than state and national averages. Due to the pandemic, the number of people unemployed in Madison County, Indiana, and the United States increased substantially. This rise in unemployment affected access to employer-based health insurance and to health services and increased housing and food insecurity.
Local Assets & Resources • Ascension St Vincent Anderson • Ascension St Vincent Mercy • Community Hospital of Anderson and Madison County • Federally Qualified Health Centers • Madison County Health Department <i>See Appendix E for Health Care Facilities and Community Resources</i>	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
Disparities in vaccine coverage and uptake are evident, particularly for Black residents. The pandemic highlighted problems associated with racial and ethnic health inequities. Economic impacts on providers and businesses been significant. Madison County Health Department services temporarily were halted. Some other social service entities closed entirely.	Populations most at risk include older adults, people with certain underlying conditions, pregnant women, and members of racial and ethnic minority groups. According to the CDC, “long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age.” Men also are more likely to die from COVID-19 than women.

Maternal, Infant, and Child Health	
Why is it Important?	Data Highlights
The health of mothers, infants, and children determines the future health of families, communities, and the health care system.⁴	Madison County compares unfavorably for several infant and maternal health indicators, including rates of low birthweight births and of breastfeeding. The proportion of mothers who smoked during pregnancy has been significantly above the Indiana average.
Local Assets & Resources	Madison County has comparatively high numbers of children in poverty and of single-parent households. Per-capita emergency room visits due to asthma for children aged 5-17 have been significantly above the state average. Childhood cancer incidence rates also are comparatively high.
• Ascension St Vincent Anderson • Ascension St Vincent Mercy • Community Hospital of Anderson and Madison County • Federally Qualified Health Centers • Madison County Health Department <i>See Appendix E for Health Care Facilities and Community Resources</i>	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
The State Health Improvement Plan also identified the need to improve (and reduce racial and ethnic disparities for) birth outcomes across Indiana.	Indicators that measure access to prenatal care, the number of preterm births, and the number of infant deaths are worse for Black and Hispanic (or Latino) populations than for Whites.

⁴ Healthy People 2020. See <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>.

Mental Health Status and Access to Mental Health Services	
Why is it Important?	Data Highlights
Mental disorders are among the top causes of disability and disease burdens. Mental health and physical health are closely connected.⁵	Madison County compares unfavorably to peer county and national averages for the prevalence of mentally unhealthy days. The county's suicide rate has also been significantly above the Indiana average.
Local Assets & Resources • Ascension St Vincent Anderson • Ascension St Vincent Mercy • Community Hospital of Anderson and Madison County • Federally Qualified Health Centers <i>See Appendix E for Health Care Facilities and Community Resources</i>	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
When asked to identify significant community health needs in Madison County, more community members mentioned mental health status, suicide, and access to mental health services than any other need.	Madison County has fewer per-capita mental health providers than Indiana and the U.S. Interviewees stated that access to mental health care is difficult due to an inadequate number of providers, a lack of integration of mental health treatment into primary care, and other issues. Community members with limited financial resources or lacking health insurance have additional difficulties accessing mental health care.

⁵ Healthy People 2020. See <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>.

Obesity, Physical Inactivity, and Associated Chronic Disease	
Why is it Important?	Data Highlights
Good nutrition, physical activity, and a healthy body weight all contribute to overall health and well-being and, collectively, can help manage and decrease the risk of serious health conditions.⁶	Madison County ranks poorly for rates of obesity, physical inactivity, and access to exercise opportunities. The rate of diabetes also is above the Indiana average. In comparison with peer counties across the U.S., Madison County ranks in the bottom quartile for the percent of adults with obesity and for its Food Environment Index. These ranking are confirmed in CDC PLACES data. Nine (9) of Madison County's fourteen ZIP Codes rank in the bottom quartile for the percent of adults with obesity (and six ZIP Codes for rates of physical inactivity). In 2019, the county's mortality rate for diabetes was 36 percent above the Indiana average, and Indiana's obesity rates consistently have been above national averages. Food deserts are present in Madison County, with most located in and around Anderson.
Local Assets & Resources	
• Ascension St Vincent Anderson • Ascension St Vincent Mercy • Community Hospital of Anderson and Madison County • Federally Qualified Health Centers <i>See Appendix E for Health Care Facilities and Community Resources</i>	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
Community input meeting participants cited increasing rates of obesity as a significant concern and mentioned food insecurity and a lack of grocery stores as contributing factors. Residents need better nutrition and information regarding healthy eating practices.	In Indiana, obesity has been described as an epidemic. Indiana has the 5th highest rate in the nation⁷. In Indiana, Black adults have a 31 percent higher prevalence of obesity compared to White adults. People with poor diets and who are physically inactive are most vulnerable.

Services For Seniors	
Why is it Important?	Data Highlights
The senior population (65+ years of age) is projected to grow rapidly in Madison County. This trend will increase needs and demands for	18.7 percent of the residents of Madison County are 65 or older, compared to 16.1 percent in Indiana. The total population is projected to decrease by 0.3 percent from 2019 to 2025; the 65+ population is projected to increase by 13.2 percent during that time period.

⁶ Healthy People 2020. See

<https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity>.

⁷ <https://stateofchildhoodobesity.org/adult-obesity/>

health care and social services.	
Local Assets & Resources	In Madison County, per-capita fall fatalities for those 65+ were 83.0 – almost double the rate for Indiana (42.1).
• Ascension St Vincent Anderson • Ascension St Vincent Mercy • Community Hospital of Anderson and Madison County • Federally Qualified Health Centers • Area Agency on Aging (Planning and Service Area 6) • Indiana 211 <i>See Appendix E for Health Care Facilities and Community Resources</i>	Medicare beneficiaries in Madison County have higher rates of preventable hospital stays than in Indiana and the U.S. Over one-half of Madison County's ZIP Codes are in the bottom quartile nationally for the percent of older women who receive a core set of preventive services (e.g., flu vaccines and mammography).
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
During community input meetings and interviews, the needs of seniors was not identified as among the most significant community health issues in Madison County	Seniors without access to transportation, family and social supports, and living in isolation.

Social Determinants of Health	
Why is it Important?	Data Highlights

Contributors to health outcomes include access to social and economic opportunities, such as community resources, school quality, environment conditions, and social interactions.⁸	Madison County's poverty rate is above average. Low-income census tracts are present throughout Madison County, particularly in Anderson, Elwood, and Alexandria. Community health indices show that ZIP codes and census tracts throughout Anderson rank poorly for community need and vulnerability.
Local Assets & Resources • Ascension St Vincent Anderson • Ascension St Vincent Mercy • Community Hospital of Anderson and Madison County • Federally Qualified Health Centers • Madison County Health Department <i>See Appendix E for Health Care Facilities and Community Resources</i>	In the 2020 County Health Rankings, Madison County ranked 85th out of 92 Indiana counties for food environment index, indicating that problems with food accessibility are present. Madison County's food environment index also is below average when compared to peer counties, Indiana, and the nation. Food deserts are prevalent throughout the county – particularly in Anderson and Elwood. In recent years, unemployment rates in Madison County have been above Indiana averages. The county ranked in the bottom quartile of Indiana counties in 2020. Rates rose significantly in 2020 due to the COVID-19 pandemic. Unemployment negatively impacts access to employer-based health insurance, housing instability, food insecurity, and worsened access to health services. Transportation also is a significant need. Census tracts throughout Madison County ranked in the top quartile for transportation vulnerability.
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
Poverty was identified as a significant community health need by community members and representatives who provided input into this CHNA. They indicated that poverty impacts almost all areas of life, including access to health services, affordable housing, healthy foods, and transportation.	Poverty rates for Black and Hispanic (or Latino) residents are comparatively high. Differences in poverty rates and language and cultural barriers affect access to care. Community input meeting participants, hospital staff, and a representative of the Madison County Health Department identified racial and ethnic disparities in poverty rates and health as significant concerns.

⁸ Healthy People 2020. See <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

Smoking and Tobacco Use	
Why is it Important?	Data Highlights
Tobacco use is scientifically known to negatively impact health, including increases in cancer, cardiovascular disease, lung disease, and reproductive health. Secondhand smoke also negatively impacts the health of non-tobacco users.⁹	While smoking and tobacco use rates have been declining nationally and in Indiana,¹⁰ rates have remained well above average in Madison County. In the 2020 County Health Rankings, the county ranked 78th out of 92 Indiana counties for the rate of adult smoking. A higher proportion of Madison County adults smoke than those living in peer counties, Indiana, and the United States.
Local Assets & Resources	
• Ascension St Vincent Anderson • Ascension St Vincent Mercy • Community Hospital of Anderson and Madison County • Federally Qualified Health Centers • Madison County Health Department • 1-800-QUIT-NOW <i>See Appendix E for Health Care Facilities and Community Resources</i>	In 2018-2019, nineteen (19) percent of Madison County mothers smoke during pregnancy, a rate well above the Indiana-wide average of 11.8 percent. Mortality rates for chronic lower respiratory diseases and lung and bronchus cancer have been significantly higher in Madison County than in the state.
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
Interviewees identified smoking as a persistent issue, tied to culture, historical identity, and demographics of Madison County.	According to the CDC, smoking is most prevalent for the following categories of adults: men, people 45-64 years of age, non-Hispanic American Indian/Alaska Native, those with low levels of educational achievement, those with lower incomes, and lesbian, gay, or bisexual.¹¹ Those exposed to second-hand smoke also are vulnerable.

⁹ Healthy People 2020. See <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use>.

¹⁰ See: https://www.in.gov/health/tpc/files/IN-Youth-Smoking_2021.pdf

¹¹ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm#nation

Substance Use Disorders and Overdoses	
Why is it Important?	Data Highlights
Substance use disorders have a significant impact on individuals, families, and communities. Impacts are cumulative and result in costly social, physical, mental, and public health issues.¹²	Between 2015 and 2019, drug poisoning deaths per 100,000 Madison County residents increased from 28.1 to 39.6 (41 percent) and exceeded Indiana averages in each year. Madison County's mortality rates due to alcohol-related causes also have been above average.
Local Assets & Resources	The Indiana State Health Improvement Plan also prioritized the need to reduce injury and death due to opioid usage.
• Ascension St Vincent Anderson • Ascension St Vincent Mercy • Community Hospital of Anderson and Madison County • Federally Qualified Health Centers • https://www.in.gov/recovery/ <i>See Appendix E for Health Care Facilities and Community Resources</i>	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
Interviewees and community input meeting participants identified substance use disorders as a significant need.	Stakeholders indicated that substance use disorders are becoming more prevalent as people are self-medicating for untreated mental health conditions.

¹² Healthy People 2020. See <https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>.

Prioritized Needs

Following the completion of the community health needs assessment as outlined in this report, Ascension St. Vincent Anderson will develop an implementation strategy. The implementation strategy will focus on all or a subset of the significant needs and will describe how the hospital intends to address those prioritized needs throughout the same three-year CHNA cycle: July 2022 to June 2025. The implementation strategy will also describe why certain significant needs were not selected as a prioritized need to be addressed by the hospital. Ascension has defined “prioritized needs” as the significant needs which have been selected by the hospital to address through the CHNA implementation strategy.

Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Highlights from the Ascension St. Vincent Anderson's previous implementation strategy include:

- **Access to Health Services** – The hospital identified a goal of increasing participation in Medicare or Medicare Savings programs by 2.5 percent through information distribution and enrollment assistance. Although COVID-19 impacted referral activities, the hospital contributed to the 499 Medicare and Medicare Savings program enrollments completed by Ascension St. Vincent Health Advocates during the first two years of the implementation strategy (I.S.). Results from the last year of this I.S. cycle will be reported and attached to the 2021 Form 990.
- **Food Security** – The hospital identified a goal of increasing student participation in School Breakfast Programs by 2.0 percent, which was supported by partnering with the national organization, No Kid Hungry, and other local organizations to advance the statewide initiative, *Indiana Partnership for Hunger Free Students*, which aims to increase food security by improving the availability of school breakfast. However, due to the unanticipated, significant impact COVID-19 had on schools, the scope of the initiative was expanded to include all school nutrition programs, in addition to the school breakfast program. As a result, the hospital contributed by supporting a school's emerging nutritional needs through the purchase of equipment, food, and/or support of programming, such as the weekend feeding program and/or the school breakfast program. Results from the last year of this I.S. cycle will be reported and attached to the 2021 Form 990.
- **Mental Health** – The hospital identified a goal of increasing the number of community members trained to respond to the signs of mental illness and/or substance use by hosting *Mental Health First Aid* (MHFA) training sessions for the community, at no charge. MHFA is an evidence-based program, facilitated by a certified MHFA instructor. The first year of the implementation strategy was dedicated to planning. During the second year, although COVID-19 affected some aspects of implementation, the hospital contributed to Ascension St. Vincent hosting 13 training sessions, resulting in 100 new "Mental Health First Aiders" throughout the state. Results from the last year of this I.S. cycle will be reported and attached to the 2021 Form 990.

A evaluation of our efforts to address the significant health needs identified in the 2019 CHNA can be found in Appendix F.

Approval by Ascension St. Vincent Anderson Board of Directors

To ensure the Ascension St. Vincent Anderson's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 CHNA was presented to the Ascension St. Vincent Anderson Board of Directors for approval and adoption on May 18, 2022. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the community Ascension St. Vincent Anderson serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension St. Vincent Anderson to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension St. Vincent Anderson hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Madison County. As a Catholic health ministry, Ascension St. Vincent Anderson is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension St. Vincent Anderson is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (<https://healthcare.ascension.org/chna>) to submit your comments.

Appendices

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Appendix A: Definitions and Terms

Acute Community Concern

An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g. hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern. Source: Ascension Acute Community Concern Assessment Framework

Collaborators

Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key stakeholders, set the timeline, contribute funds, etc.

Community Focus Groups

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations. Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Input Meetings

Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community input meetings can be targeted towards priority populations. Community input meetings require a skilled facilitator. Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Served

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; Target populations served, such as children, women, or the aged; and Principal functions, such as a focus on a particular specialty area or targeted disease.

Consultants

Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

Demographics

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density. Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Identified Need

Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served

Key Stakeholder Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key stakeholders may include leaders of community organizations, service providers, and elected officials. Individuals with a special knowledge or expertise in public health may include representatives from your state or local health department, faculty from

schools of public health, and providers with a background in public health. See Section V for a list of potential interviewees. Could also be referred to as Stakeholder Interviews.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Medically Underserved Populations

Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Source:

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3>

Prioritized Need

Significant needs which have been selected by the hospital to address through the CHNA implementation strategy

Significant Need

Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods

Surveys

Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The description of the importance of the data is largely drawn from the County Health Rankings and Roadmaps website.

Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Madison	Indiana	U.S.
Total	129,569	6,732,219	328,239,523
Male	50.0%	49.3%	49.2%
Female	50.0%	50.7%	50.8%
Data source: County Health Rankings, 2021			

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	Madison	Indiana	U.S.
Asian	0.6%	2.6%	5.9%
Black / African American	8.4%	9.6%	12.5%
Hispanic / Latino	4.4%	7.3%	18.5%
Native American	0.4%	0.4%	1.3%
White	84.6%	78.4%	60.1%
Data source: County Health Rankings, 2021			

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare and child care. A population with more youths will have greater education needs and child care needs, while an older population may have greater healthcare needs.

Age	Madison	Indiana	U.S.
Median Age	40.4	37.7	38.1
Age 0-17	22%	24%	23%
Age 18-64	60%	61%	62%
Age 65+	18%	15%	16%
Data source: U.S. Census, 2021			

Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Madison	Indiana	U.S.
Median Household Income	\$54,100	\$57,600	\$65,700
Per Capita Income	\$25,557	\$29,777	\$34,103
People with incomes below the federal poverty guideline	17%	13%	13%
ALICE Households	22%	24%	29%
Data source: U.S. Census, 2021, County Health Rankings, 2021, and United for ALICE, 2020			

Education

Why it is important: There is a strong relationship between health, lifespan and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Income	Madison	Indiana	U.S.
High School grad or higher	88%	89%	88%
Bachelor's degree or higher	18%	26%	32%
Data source: U.S. Census, 2021			

Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Madison	Indiana	U.S.
Uninsured	9%	10%	10%
People with Medicaid/Meanst-tested Public Coverage	24%	18%	20%
Data source: County Health Rankings, 2021			

Appendix C: Community Input Data and Sources

A community input meeting was conducted in June 2021 to gather feedback on the health needs and assets of Madison County. Fifty-two (52) individuals were asked to participate in the Madison County community input meeting and thirty-one (31) attended. These individuals represented organizations including local health departments, non-profit organizations, faith-based organizations, health care providers, and local policymakers. Community organizations invited to the community input meetings are presented below.

Invited Organizations	
Alexandria Community Center	Madison County Community Foundation
Alexandria Community School Corporation	Madison County Council of Government
Alternatives Incorporated	Madison County Sheriff
Anderson Community Schools	Madison County Triad
Anderson Housing Authority	Madison Minority Health Coalition
Anderson Preparatory Academy	Meridian Health Services
Anderson University	NAACP - Madison County
Ascension St. Vincent Board of Directors	Office of Rep. Bob Cherry
Ascension St. Vincent Board of Directors	Office of Rep. Terri Austin
Ascension St. Vincent Foundation	Office of Senator Mike Gaskill
Aspire Indiana Health	Office of Senator Tim Lanane
Bridges of Hope	Operation Love
Buckskin Bikes	Purdue Extension
Community Hospital Anderson Foundation Board	Purdue Polytechnic Anderson
Corporation for Economic Development	Salvation Army
East Central Indiana CASA	Second Harvest
Elwood Chamber of Commerce	Sheriff Chaplain
Elwood Community Schools	South Madison Community Schools
First Church of the Nazarene	The Christian Center
Frankton-Lapel Community Schools	The Impact Center
Holy Cross School	The Jane Pauley Community Health Center
Intersect, Inc.	United Way of Madison County
Ivy Tech Anderson	Victoria Guild
Leadership Academy of Madison County	YMCA of Madison County
Madison County Chamber of Commerce	YWCA of Central Indiana

A hospital input meeting also was conducted in November 2021 to gather feedback from hospital staff on the health needs and assets of Madison County. Ten individuals participated. These staff included discharge planners, community navigators, social workers, primary care providers, administrators, and others.

Appendix D1: Secondary Data and Sources – County Health Rankings

The tables below are based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares with the public in March. The data below are from the 2021 publication. It is important to understand that reliable data are generally two to three years behind due to the importance of careful analysis. NOTE: Data in the charts do not reflect the effects that the COVID-19 pandemic has had on communities.

How To Read These Charts

Why they are important: Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of 'why they are important' are largely drawn from the CHRR website.

County vs. State: Describes how the county's most recent data for the health issue compares to state.

Trending: CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

Top US Counties: The best 10 percent of counties in the country. It is important to compare not just with Indiana but important to know how the best counties are doing.

Description: Explains what the indicator measures, how it is measured, and who is included in the measure.

N/A: Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Indicators	Trend	Madison	Indiana	Top US	Description
				Counties	
Length of Life					
Premature Death	Worse	9,500	8,300	5,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy	-	76	77	81	How long the average person should live (in years).
Infant Mortality	-	8	7	4	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or Fair Health	-	21%	18%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days	-	4.5	4.0	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress	-	14%	12%	10%	Percent of adults 14 or more days of poor physical health per month.
Low Birth Weight	-	9%	8%	6%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+	-	83.0	42.1	~	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population.
Mental Health					
Poor Mental Health Days	-	5.1	4.7	3.8	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress	-	17%	15%	12%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide	-	21	15	11	Number of deaths due to suicide per 100,000.

Morbidity					
Diabetes prevalence	-	19%	12%	8%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer Incidence					Number of new cancer diagnoses per 100,000.
Communicable Disease					
HIV Prevalence	-	182	206	50	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections	Same	591.5	523.9	161.2	Number of newly diagnosed chlamydia cases per 100,000.
<i>Data source: County Health Rankings, 2021</i>					

Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Indicators	Trend	Madison	Indiana	Top US	Description
				Counties	
Economic Stability					
Median Household Income	-	\$54,100	\$57,600	\$72,900	Income where half of households in a county earn more and half of households earn less.
Unemployment	Same	4%	3%	3%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty	-	17%	13%	~	Percentage of population living below the Federal Poverty Line.
Childhood Poverty	Worse	19%	15%	10%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Completion	-	91%	88%	95%	Percentage of ninth grade cohort that graduates in four years.
Some College	-	56%	63%	73%	Percentage of adults ages 25-44 with some post-secondary education.

Social/Community					
Children in single-parent homes	-	31%	25%	14%	Percentage of children that live in a household headed by a single parent.
Social Associations	-	13.4	12.3	18.2	Number of membership associations per 10,000 population.
Disconnected Youth	-	4%	7%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Violent Crime	Same	211	385	63	Number of reported violent crime offenses per 100,000 population.
Access to Healthy Foods					
Food Environment Index	-	7.0	7.0	8.7	Index of factors that contribute to a healthy food environment, 0 is worst, 10 is best.
Food Insecurity	-	15%	13%	9%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods	-	10%	7%	2%	Percent of the population who are low-income and do not live close to a grocery store.
<i>Data source: County Health Rankings, 2021</i>					

Physical Environment

Why it is important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicators	Trend	Madison	Indiana	Top US	Description
				Counties	
Physical Environment					
Severe housing cost burden	-	12%	11%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems	-	13%	13%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
Air Pollution - Particulate Matter	Better	8.4	9.0	5.2	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership	-	70%	69%	81%	Percentage of occupied housing units that are owned.
Year Structure Built	-	27%	23%	18%	Percentage of housing units built prior to 1950.
Data source: County Health Rankings, 2021, and U.S. Census, 2021					

Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicators	Trend	Madison	Indiana	Top US	Description
				Counties	
Healthcare Access					
Uninsured	Better	9%	10%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults	Better	10%	11%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children	Better	5%	7%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians	Worse	2,090:1	1,500:1	1,030:1	Ratio of population to primary care physicians.
Other Primary Care Providers	-	1,170:1	990:1	620:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers	-	740:1	590:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays	Same	5,107	4,795	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations	Better	55%	52%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings	Better	43%	42%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Data source: County Health Rankings, 2021					

Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicators	Trend	Madison	Indiana	Top US	Description
				Counties	
Healthy Life					
Adult Obesity	Worse	40%	34%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
Physical Inactivity	Same	32%	27%	19%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities	-	71%	75%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep	-	40%	38%	32%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths	-	14	12	9	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking	-	26%	22%	16%	Percentage of adults who are current smokers.
Excessive Drinking	-	16%	19%	15%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths	Same	19%	19%	11%	Percent of Alcohol-impaired driving deaths.
Sexual Health					
Teen Births	-	33	25	12	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections	Same	591.5	523.9	161.2	Number of newly diagnosed chlamydia cases per 100,000 population.
Data source: County Health Rankings, 2021					

Observations: The CHRR data indicate that the following community health issues are significant in Madison County (because the county's data are particularly unfavorable in comparison with Indiana-wide statistics):

- Fall fatalities
- Suicide rates
- Diabetes prevalence
- Poverty and childhood poverty
- Children in single-parent homes
- Limited access to healthy foods
- Supply of primary care physicians
- Supply of mental health providers
- Obesity and physical inactivity
- Teen births

In comparison with "Top U.S. Counties," rates for infant mortality, communicable diseases, adult smoking, and motor vehicle deaths also are particularly high.

Appendix D2: Additional Secondary Data

Appendix D2 presents and discusses additional, relevant secondary data for Madison County, Indiana, and the United States. All data presented are from credible sources.

Community-Specific Secondary Data

The following section includes the following community-specific secondary data:

- Projected population growth
- Poverty rates by race and ethnicity
- Locations of low-income census tracts
- Unemployment rates
- Crime rates
- Households that are housing burdened
- The Dignity Health Community Need Index™
- The CDC/ATSDR Social Vulnerability Index
- Comparisons of County Health Rankings data to peer counties across the U.S. (based on “Community Health Status Indicators” project methodologies)
- Various BRFSS indicators by ZIP Code (CDC PLACES: Local Data for Better Health)
- Age-adjusted mortality rates by cause
- Age-adjusted mortality rates for cancer by type
- Age-adjusted cancer incidence rates by type
- Rates of drug poisoning mortality
- Communicable disease rates
- Maternal and Child Health indicators in total and by race and ethnicity
- Locations of food deserts
- Locations of Medically Underserved Areas and Populations (MUAs/MUPs)
- Locations of Health Professional Shortage Areas (HPSAs)

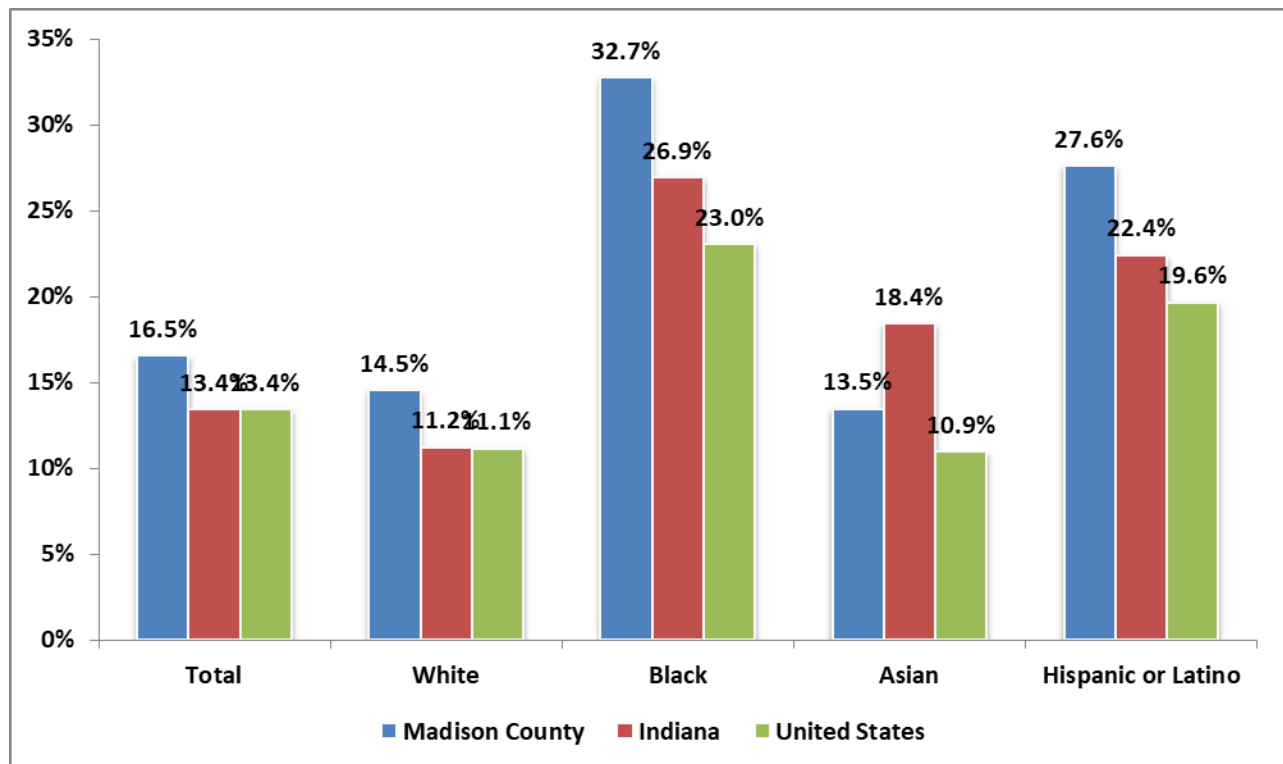
Brief descriptions of each data source and observations based on the data follow.

Projected Population Growth, 2015-2019

Year	Madison County		Indiana	
	Population	Age 65+	Population	Age 65+
2019	129,455	23,226	6,665,703	1,023,588
2025	129,042	26,303	7,043,550	1,196,568
Change	(413)	3,077	377,847	172,980
Percent Change	-0.3%	13.2%	5.7%	16.9%

Description. This table portrays population growth in Madison County and Indiana.

Observations: The total population of Madison County is projected to remain steady at approximately 129,000 persons. However, the 65+ population is projected to grow 13.2 percent between 2019 and 2025.

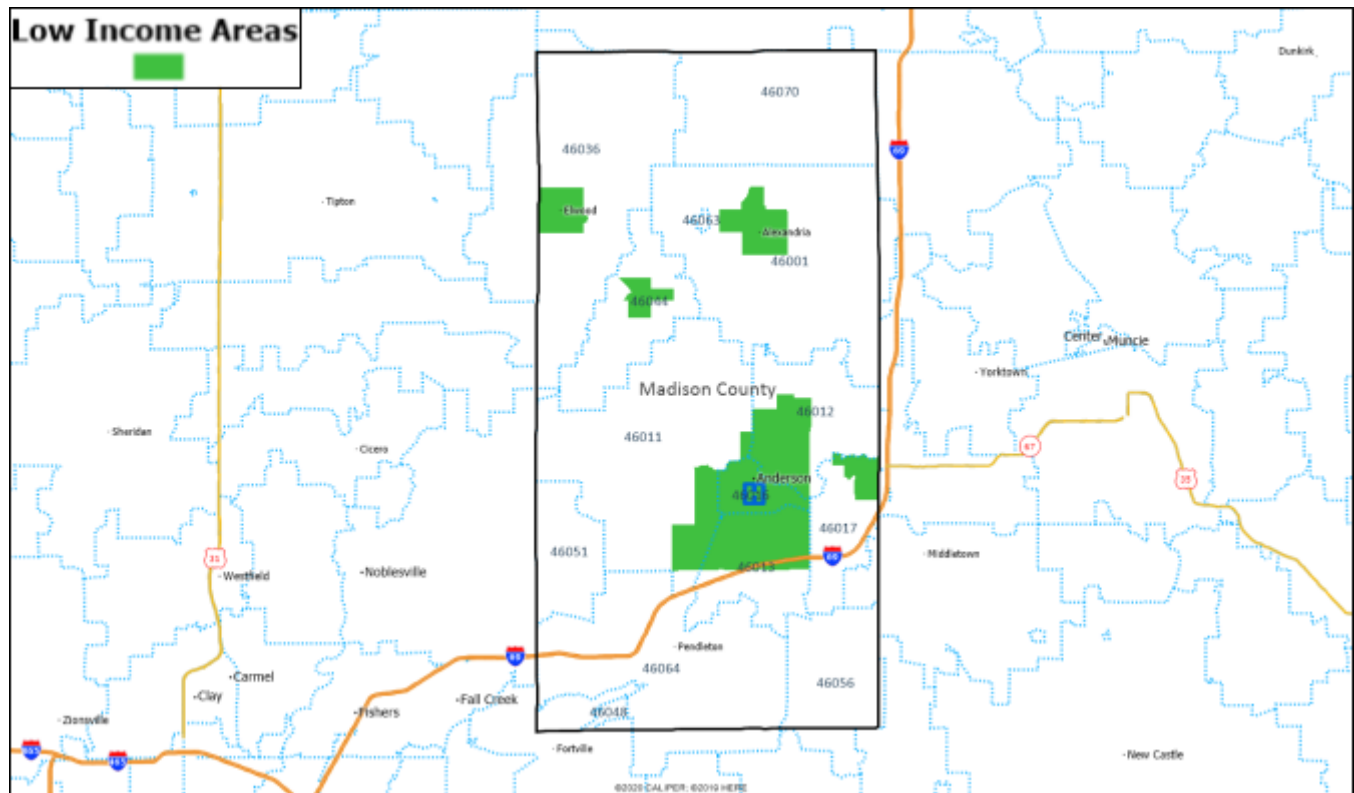
Poverty Rates by Race and Ethnicity, 2015-2019


Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

Description. This graph portrays poverty rates (the percent of people living in poverty) in Madison County, Indiana, and the United States in total and by race and ethnicity.

Observations: Poverty rates in Madison County have been above Indiana and United States averages. Rates are highest for Black and Hispanic (or Latino) residents.

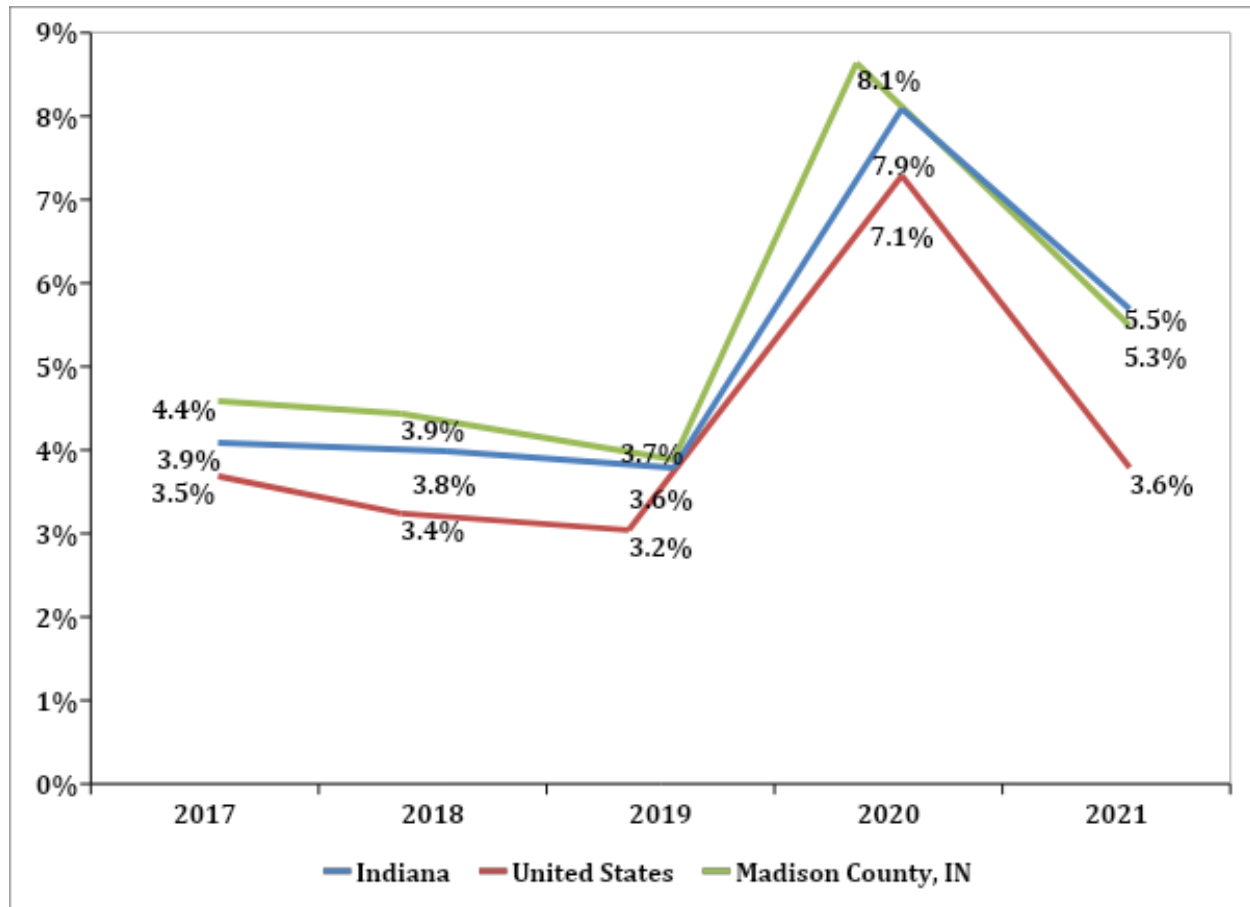
Low Income Census Tracts, 2019



Source: US Department of Agriculture Economic Research Service, ESRI, 2021.

Description. This map portrays the location of federally designated low-income census tracts.

Observations. In 2019, a number of low-income census tracts were present particularly in Anderson (where the hospital is located).

Annual Unemployment Rates, 2017 to 2021


Source: Bureau of Labor Statistics, 2021.

Description. This graph shows unemployment rates for Madison County, Indiana, and the United States for 2017 through 2021.

Observations. Unemployment rates declined steadily from 2017 through 2019. Due to the COVID-19 pandemic, unemployment rates rose in 2020. Unemployment rates fell in 2021 as the economy recovered from the pandemic. Because many obtain health insurance through employer-based coverage, higher unemployment rates contribute to higher numbers of uninsured people.

Crime Rates by Type, Per 100,000 Persons, 2019

Crime Type	City of Anderson	City of Elwood	Madison County	Indiana
Violent Crime	440.8	286.4	28.6	370.8
Murder and Non-Negligent Manslaughter	7.3	-	-	5.6

Rape	112.9	107.4	12.4	36.8
Robbery	112.9	35.8	4.6	79.2
Aggravated Assault	207.7	143.2	11.6	249.3
Property Crime	3,817.9	2,028.9	285.0	1,971.0
Burglary	683.1	346.1	73.4	323.7
Larceny – Theft	2,779.6	1,527.6	192.3	1,443.4
Motor Vehicle Theft	355.2	155.1	19.3	203.8

Source: Federal Bureau of Investigation, 2020.

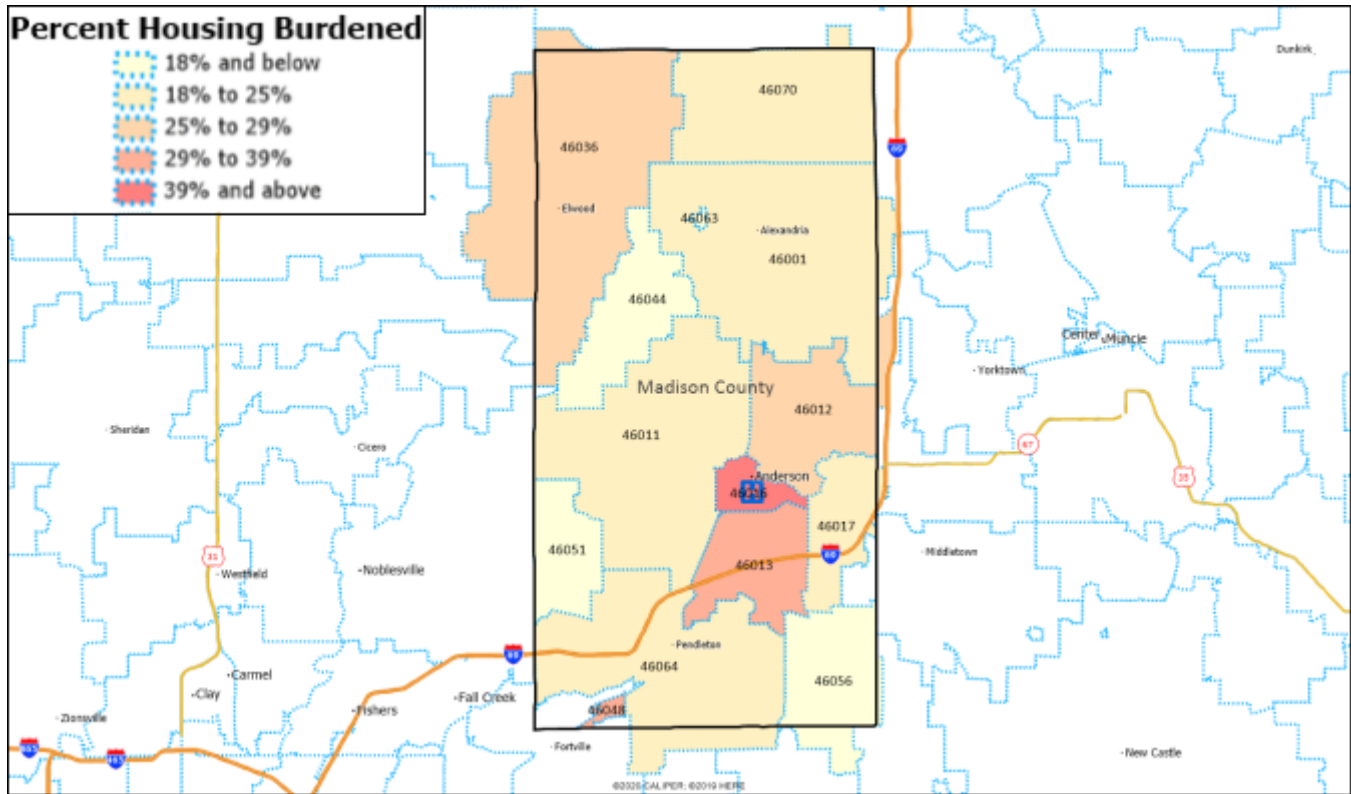
Description. This table provides crime statistics and rates per 100,000 for the City of Anderson, Madison County, and Indiana. Light grey shading indicates that rates are above the Indiana average; dark grey shading indicates that rates are more than 50 percent above the state-wide average.

Observations. Crime rates in Anderson have been well above state averages for most crime types, including rape, property crime, burglary, larceny-theft, and motor vehicle theft.

Percent of Households Housing Burdened, 2015-2019

Indicator	Madison County	Indiana	United States
Occupied Housing Units	51,003	2,570,419	120,756,048
Excessive Housing Costs (30% + of Income)	13,093	626,325	37,249,895
Percent Housing Burdened	25.7%	24.4%	30.8%

Source: US Census, ACS 5-Year Estimates (2015-2019).



Source: US Census, ACS 5-Year Estimates (2015-2019).

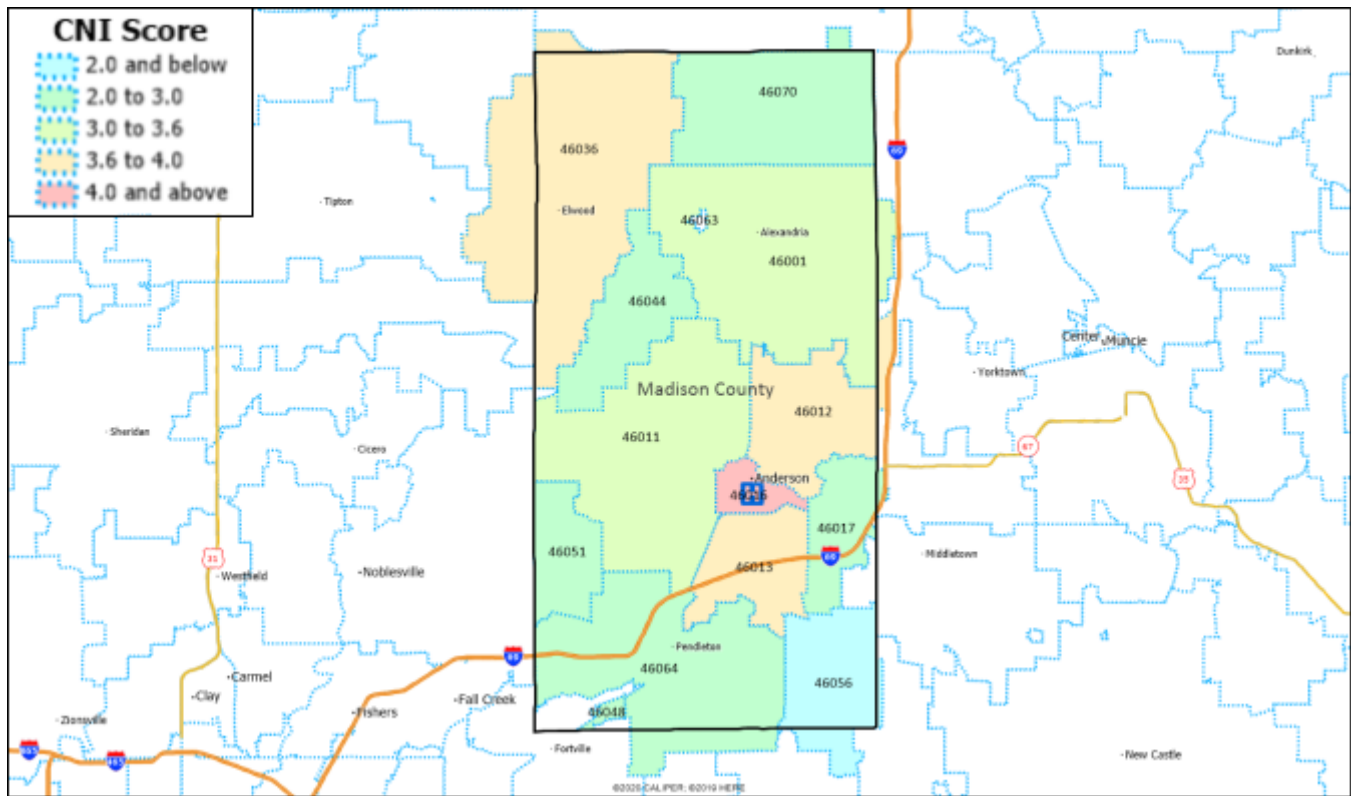
Description. The U.S. Department of Health and Human Services (“HHS”) defines “housing burdened” households as those spending more than 30 percent of income on housing. Spending significant resources on housing costs has been associated with poor health outcomes, because fewer resources are available for other necessities including healthy food and health care services. The table and map include data regarding the percent of households identified as housing burdened.

Observations. In Madison County, 26 percent of households have been designated as “housing burdened,” a level below Indiana and United States averages. However, this percentage is well above average in ZIP codes 46016 (Anderson, 40 percent) and 46048 (Ingalls, 32 percent). The COVID-19 pandemic is known to have increased housing insecurity across the United States.

Community Need Index™, 2021

Indicator	Madison County	United States
Weighted Average CNI Score	3.4	3.0

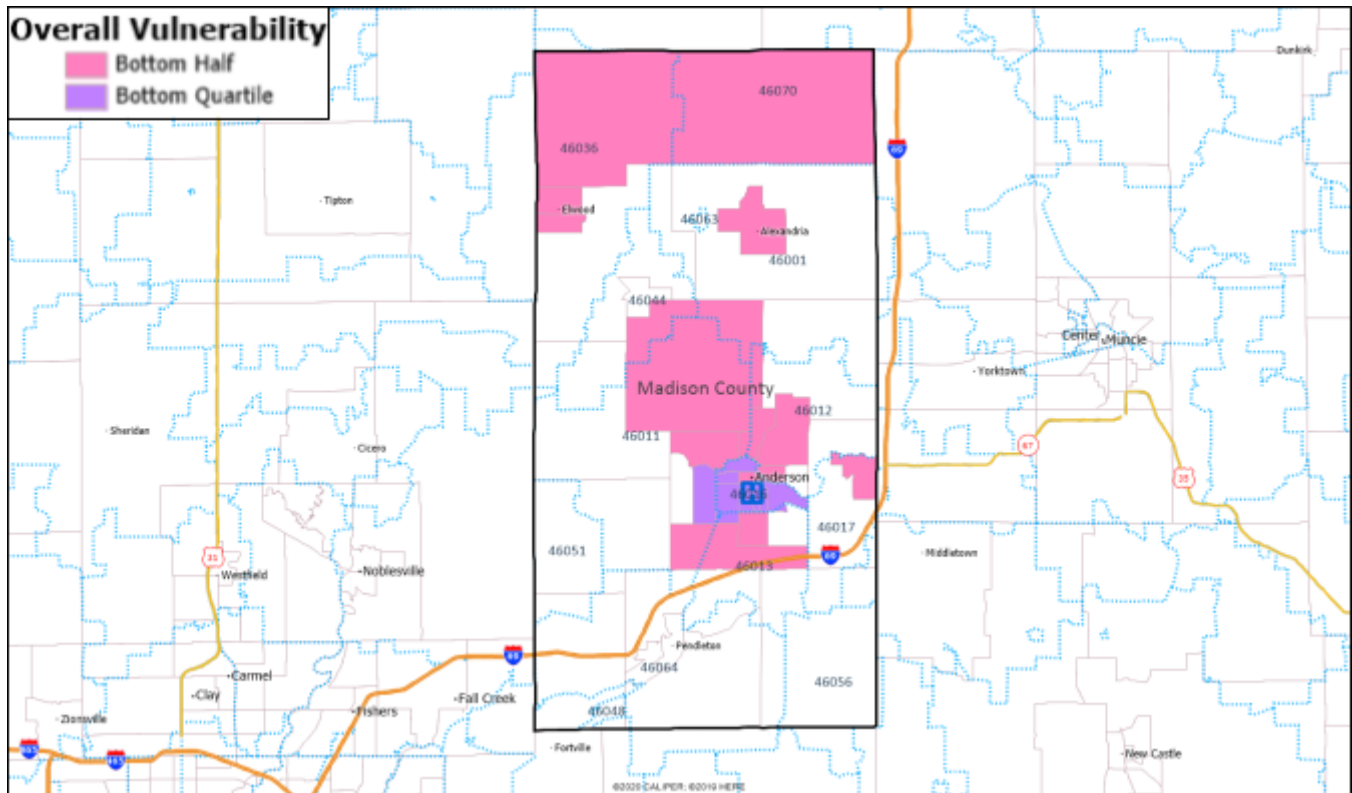
Source: Dignity Health, 2021.



Source: Dignity Health, 2021.

Description. This table and map present Community Need Index™ (CNI) scores. Higher scores indicate the highest levels of community need. Dignity Health (now part of CommonSpirit) developed the CNI to identify where barriers to health care access are most prevalent. The index, available for every ZIP code in the United States, is based on various indicators including poverty rates, the percent of the population non-White and Hispanic, the percent of the population with limited English proficiency, the percent of the population (over 25) without a high school diploma, unemployment and uninsurance rates, and the percent of households renting their home. CNI scores in the 4.2-5.0 range are in the “highest need” category. The national median score 3.0.

Observations. At 3.4, the weighted average CNI score for Madison County is higher than the U.S. median. ZIP Code 46016 (Anderson) has a score of 4.8, the highest in the county and in the highest need category.

Social Vulnerability Index Bottom Half/Bottom Quartile Census Tracts


Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude.

Description. The Centers for Disease Control (Agency for Toxic Substances and Disease Registry, or ATSDR) has calculated the Social Vulnerability Index (SVI) for every census tract in the United States. The above map highlights Madison County census tracts with SVI scores in the bottom half and bottom quartile nationally. The SVI ranks each census tracts on fifteen social factors, “including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes.”¹³

Observations. Census tracts with the highest SVI scores are in and around Anderson.

¹³ https://www.atsdr.cdc.gov/placeandhealth/svi/fact_sheet/fact_sheet.html

Community Health Status Indicators Analysis (Based on County Health Rankings Data)

Category	Indicator	Madison County	Peer Counties Average	Quartile Ranking
Length of Life	Years of Potential Life Lost Before 75 Per 100,000	9,538	9,480	2
Quality of Life	% of Adults Reporting Fair or Poor Health	21.4%	21.0%	3
	Average Number of Physically Unhealthy Days Per Month	4.5	4.6	2
	Average Number of Mentally Unhealthy Days Per Month	5.1	5.0	2
	% of Live Births with Low Birthweight	8.9%	8.5%	3
Health Behaviors	% of Adults who Smoke	25.7%	23.5%	4
	% Adults with Obesity	40.1%	36.9%	4
	Food Environment Index	7.0	7.7	4
	% Physically Inactive	31.9%	29.4%	3
	% With Access to Exercise Opportunities	70.5%	51.8%	1
	% of Adults Reporting Binge or Heavy Drinking	16.4%	18.2%	2
	% Driving Deaths with Alcohol Involvement	19.5%	25.9%	2
	Newly Diagnosed Chlamydia Cases per 100,000	591.5	364.7	4
	Births per 1,000 Females Aged 15-19 Years	33.5	28.0	4
Clinical Care	% of Population Under 65 Uninsured	9.0%	10.1%	2
	Primary Care Physicians Per 100,000	47.8	31.6	1
	Dentists Per 100,000	57.9	29.9	1
	Mental Health Providers Per 100,000	135.1	91.2	1
	Preventable Hospitalizations Per 100,000 Medicare Enrollees	5,107	5,367	2
	% of Females 65-74 With Annual Mammogram	43.0%	40.3%	2
	% of FFS Medicare Beneficiaries with Annual Flu Vaccination	55.0%	46.2%	1
Social & Economic Factors	% of Adults 25+ Who Completed High School	88.4%	86.4%	2
	% of Adults 25-44 with Some College	55.8%	53.3%	2
	% Unemployed	3.7%	3.9%	2
	% Children in Poverty	18.6%	18.9%	2
	Ratio of Income at 80th Percentile to 20th Percentile	4.5	4.6	2
	% Children in Single-Parent Households	31.1%	24.2%	4
	Membership Associations per 10,000	13.4	10.0	1
	Reported Violent Crime Offenses per 100,000	211.5	242.7	3
	Deaths Due to Injury Per 100,000	102.5	96.8	3
Physical Environment	Average Daily Density of Fine Particulate Matter (PM2.5)	8.4	8.6	2
	% of Households with Severe Housing Problems	13.4%	12.9%	3
	% Drive Alone to Work	81.4%	83.9%	1
	% Long Commute - Drives Alone	40.2%	48.9%	1

Source: Verité Healthcare Consulting Analysis of County Health Rankings Data, 2021.

Description. County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's *Community Health Status Indicators* Project (CHSI), County Health Rankings also has published lists of "peer counties," so every county can be compared with its "peers" across the United States. Each U.S. county has 30 to 35 peer counties based on nineteen variables including population size, population growth, population density, household income, unemployment, and other demographic and socioeconomic characteristics. CHSI formerly was available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt and applies the CHSI methodology when helping to conduct CHNAs.

The preceding table compares County Health Rankings indicators for Madison County with peer counties. Light grey shading shows indicators for which Madison County ranks in the third quartile of peer counties; dark grey shading indicates rankings in the fourth (or bottom) quartile.

In general, higher values (e.g., the percent of adults reporting poor or fair health) are unfavorable. However, for several indicators, lower values are unfavorable, including:

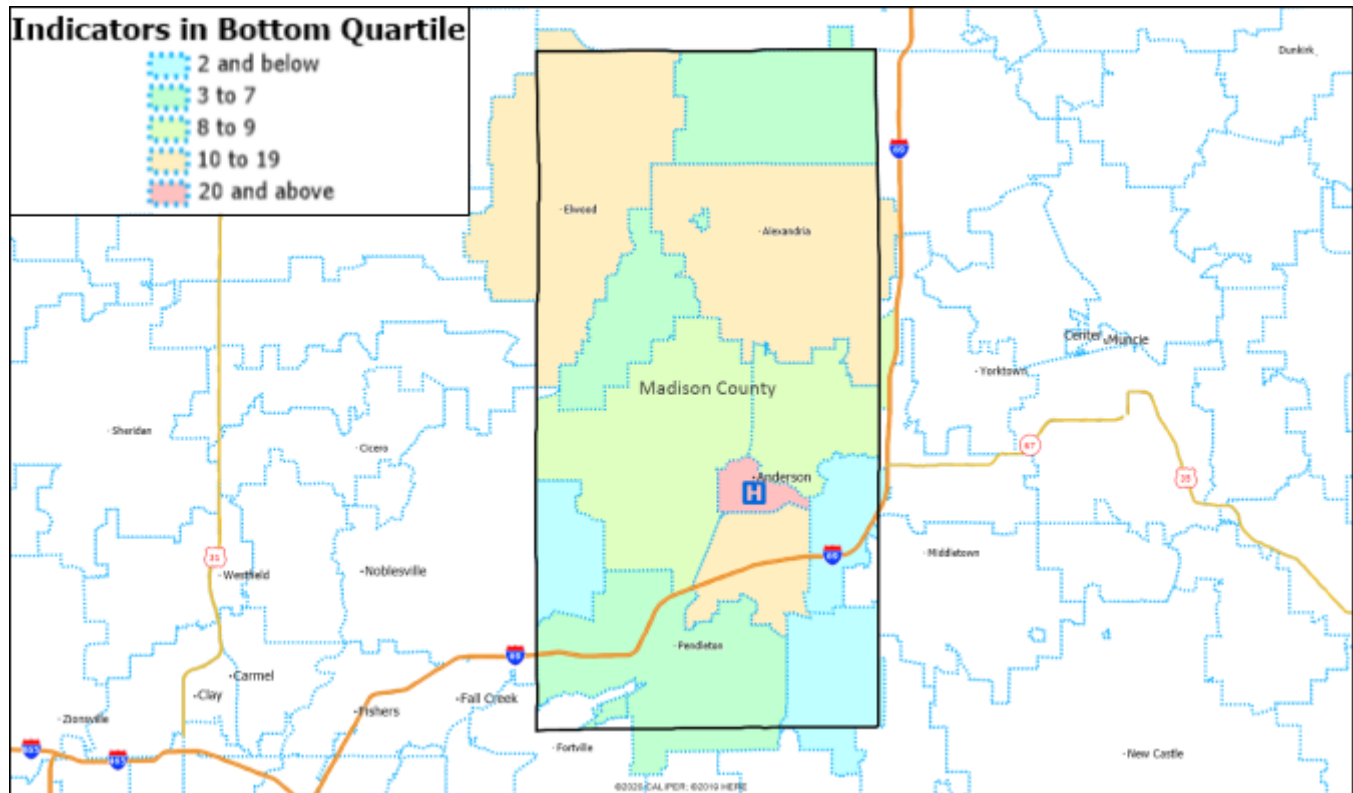
- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

Observations. Madison County ranks in the bottom quartile of peer counties for five indicators:

- The percent of adults with obesity,
- Food Environment Index,
- Newly diagnosed Chlamydia Cases per 100,000,
- Births per 1,000 females aged 15-19 years (teen births), and
- The percent of children living in single-parent households.

Madison County also benchmarks poorly for low birthweight births, physical inactivity, rates of violent crime, injury mortality, and the percent of households with severe housing problems.

BRFSS Indicators in Bottom Quartile Nationally, 2018-2019



Source: CDC PLACES, 2021, and Caliper Maptitude.

Percent of ZIP Codes in Bottom Quartile by BRFSS Indicator, 2018-2019

Indicator	Madison County (N=14)	Ascension St. Vincent Counties (N=134)	Indiana (N=739)
Current Asthma	79%	22%	14%
Mammography	71%	34%	43%
Obesity	64%	22%	21%
Core preventive services for older women	57%	39%	51%
Current Smoking	50%	33%	37%
Cholesterol Screening	43%	32%	32%
Physical Inactivity	43%	41%	33%
COPD	43%	23%	25%
Diabetes	36%	17%	12%
Sleep <7 hours	36%	14%	11%
Dental Visit	36%	17%	16%

Source: Verité Healthcare Consulting Analysis of CDC PLACES Data, 2022.

Description. PLACES, published by the CDC, provides Behavioral Risk Factors Surveillance System (BRFSS) results by state, county, ZIP Code, and census tract. The most recent PLACES data include 30 BRFSS indicators. The preceding map portrays the number of indicators in the bottom quartile nationally by ZIP Code. The above table shows the indicators that are most frequently in the bottom quartile for Madison County. Data also are presented for these same indicators for ZIP Codes in communities served by Ascension St. Vincent hospitals and for Indiana.

Observations. In Anderson ZIP Code 46016, more than 20 BRFSS indicators are in the bottom quartile nationally. CDC PLACES data indicate that Madison County has issues with rates of asthma, mammography screening (and preventive screening for older women), obesity and physical inactivity, smoking and COPD, diabetes, and access to dental services.

Age-Adjusted Mortality Rates Per 100,000, 2019

Indicator	Madison County	Indiana
Major Cardiovascular Disease	228.9	237.5
Diseases of Heart	160.7	178.7
Malignant Neoplasms (Cancer)	162.8	163.3
Ischemic Heart Disease	89.1	93.1

Accidents (Unintentional Injuries)	77.0	56.1
Chronic Lower Respiratory Diseases	74.2	56.1
Cerebrovascular Disease (Stroke)	43.5	41.5
Alzheimer's Disease	51.4	31.7
Drug Poisoning	39.6	26.6
Accidental Poisoning And Exposure To Noxious Substances	40.7	25.4
Diabetes Mellitus	34.2	25.0
Nephritis, Nephrotic Syndrome and Nephrosis (Kidney Disease)	19.7	17.1
Septicemia	15.8	14.3
Intentional Self-Harm (Suicide)	22.7	14.1
Motor Vehicle Accidents	13.4	12.6
Alcohol Related Causes	15.1	10.4
Assault (Homicide)	0.0	7.2

Source: Indiana Department of Health, 2020.

Description. This table provides age-adjusted mortality rates in Madison County and Indiana. Light grey shading highlights rates that were above the Indiana average in 2019; dark grey shading highlights rates more than 50 percent above average.

Observations. Rates of mortality for Alzheimer's disease, accidental poisoning and exposure to noxious substances, and intentional self-harm (suicide) have been well above average. Mortality rates also have been above average due to accidents, chronic lower respiratory diseases, strokes, drug poisoning, diabetes, kidney disease, septicemia, motor vehicle accidents, and alcohol related causes.

Age-Adjusted Cancer Mortality Rates per 100,000 Population, 2014-2018

Indicator	Madison County	Indiana	United States
All Cancers	179.8	173.0	155.6
Lung and Bronchus	59.1	48.8	38.5
Breast	20.5	20.8	20.1
Prostate	19.1	19.5	19.0

Colon and Rectum	13.1	15.1	13.7
Pancreas	12.6	11.6	11.0
Leukemias	7.4	6.9	6.3
Ovary	6.4	6.9	6.7
Non-Hodgkin Lymphoma	5.9	6.1	5.4
Liver and Intrahepatic Bile Duct	4.2	6.0	6.6
Corpus and Uterus, NOS	4.1	5.1	4.9
Esophagus	5.0	4.9	3.9
Brain and Other Nervous System	5.4	4.6	4.4
Urinary Bladder	4.0	4.6	4.3
Kidney and Renal Pelvis	4.5	4.3	3.6
Myeloma	3.7	3.4	3.2
Cervix	N/A	2.5	2.2
Melanomas of the Skin	3.2	2.5	2.3
Oral Cavity and Pharynx	4.0	2.5	2.5
Stomach	1.8	2.5	3.0
Larynx	N/A	1.1	0.9
Thyroid	N/A	0.5	0.5

Source: Centers for Disease Control and Prevention, 2019.

Description. This table provides age-adjusted mortality rates for certain types of cancer. Light grey shading highlights rates above the Indiana average in 2014-2018; dark grey shading highlights rates more than 50 percent above the state average.

Observations. Madison County's overall cancer mortality rate has been above state and national averages. Comparatively high rates of lung cancer contribute significantly to this finding.

Age-Adjusted Cancer Incidence Rates per 100,000 Population, 2013-2017

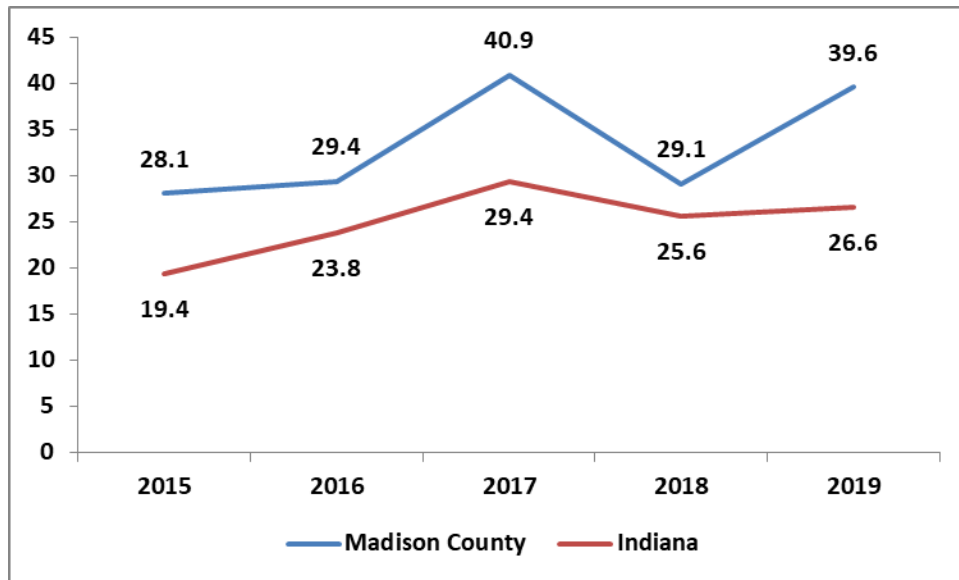
Indicator	Madison County	Indiana	United States
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All Cancer Types	478.5	459.3	448.7
Breast	125.4	122.9	125.9
Prostate	87.0	94.2	104.5
Lung & Bronchus	80.7	72.2	58.3
Colon & Rectum	40.6	42.6	38.4
Uterus (Corpus & Uterus)	28.4	28.2	27.0
Bladder	21.8	21.7	20.0
Melanoma of the Skin	25.2	21.7	22.3
Kidney & Renal Pelvis	19.2	19.0	16.8
Non-Hodgkin Lymphoma	21.0	18.6	19.3
Childhood (Ages <20)	20.7	17.6	18.9
Childhood (Ages <15)	17.1	16.2	17.4
Leukemia	18.7	13.7	14.2
Pancreas	12.7	13.3	12.9
Oral Cavity & Pharynx	18.3	12.7	11.8
Thyroid	8.7	12.5	14.3
Ovary	10.8	10.4	10.9
Cervix	10.0	8.2	7.6
Liver & Bile Duct	6.5	7.2	8.4
Brain & ONS	7.3	6.5	6.5
Stomach	5.0	5.9	6.5
Esophagus	6.5	5.5	4.5

Source: Centers for Disease Control and Prevention, 2019.

Description. This table provides age-adjusted incidence rates for selected forms of cancer in 2013-2017. Light grey shading highlights rates above the state average; dark grey shading highlights indicators more than 50 percent above average.

Observations. Madison County's cancer incidence rates have been above state and national averages overall and for most cancer types.

Age-Adjusted Drug Overdose and Poisoning Mortality Rates per 100,000, 2015-2019


Source: Indiana Department of Health, 2020.

Description. This graph provides age-adjusted mortality rates for drug overdose and poisoning for 2015 through 2019 for Madison County and Indiana.

Observations. Between 2015 and 2019, drug overdose and poisoning deaths increased in Madison County and Indiana. Mortality rates in Madison County consistently have been higher than state averages.

Communicable Disease Incidence Rates per 100,000 Population, 2018-2019

Indicator	Madison County	Indiana
HIV and AIDS	170.5	189.9
Newly Diagnosed - HIV and AIDS	5.2	8.2
Chlamydia	505.5	526.3
Gonorrhea	220.0	177.1
Primary and Secondary Syphilis	-	5.0

Source: Indiana Department of Health, 2020.

Description. This table presents incidence rates for certain communicable diseases. Light grey shading shows indicators worse than the state average; dark grey shading shows indicators more than 50 percent above average.

Observations. The incidence rate of gonorrhea has been above average.

Maternal and Child Health Indicators, 2018-2019

Indicator	Madison County	Indiana
Infant Mortality Rate (per 1,000 births)	7.2	7.2
Preterm Births	10.6%	10.1%
Low Birthweight Infants	8.1%	8.2%
Very Low Birthweight Infants	1.3%	1.3%
Mothers Receiving Prenatal Care (First Trimester)	75.4%	68.9%
Mothers Breastfeeding	75.7%	82.0%
Mothers Smoking during Pregnancy	19.0%	11.8%
Births to Unmarried Mothers	51.6%	44.5%
Mothers on Medicaid Percent	49.4%	38.5%
Child Immunization Percent	76.0%	67.0%
ER Visits due to Asthma (Aged 5-17, per 10,000)	69.9	49.7

Source: Indiana Department of Health, 2020.

Description. This table compares maternal and child health indicators for Madison County with Indiana averages. Light grey shading shows indicators worse than average; dark grey shading shows indicators more than 50 percent worse.

Observations. The percent of Madison County mothers smoking during pregnancy has been significantly above average. Madison County benchmarks poorly for several other maternal and child health indicators, including preterm births, breastfeeding rates, and ER visits due to asthma for children aged 5-17.

Maternal and Child Health Indicators, by Race/Ethnicity, 2013-2019

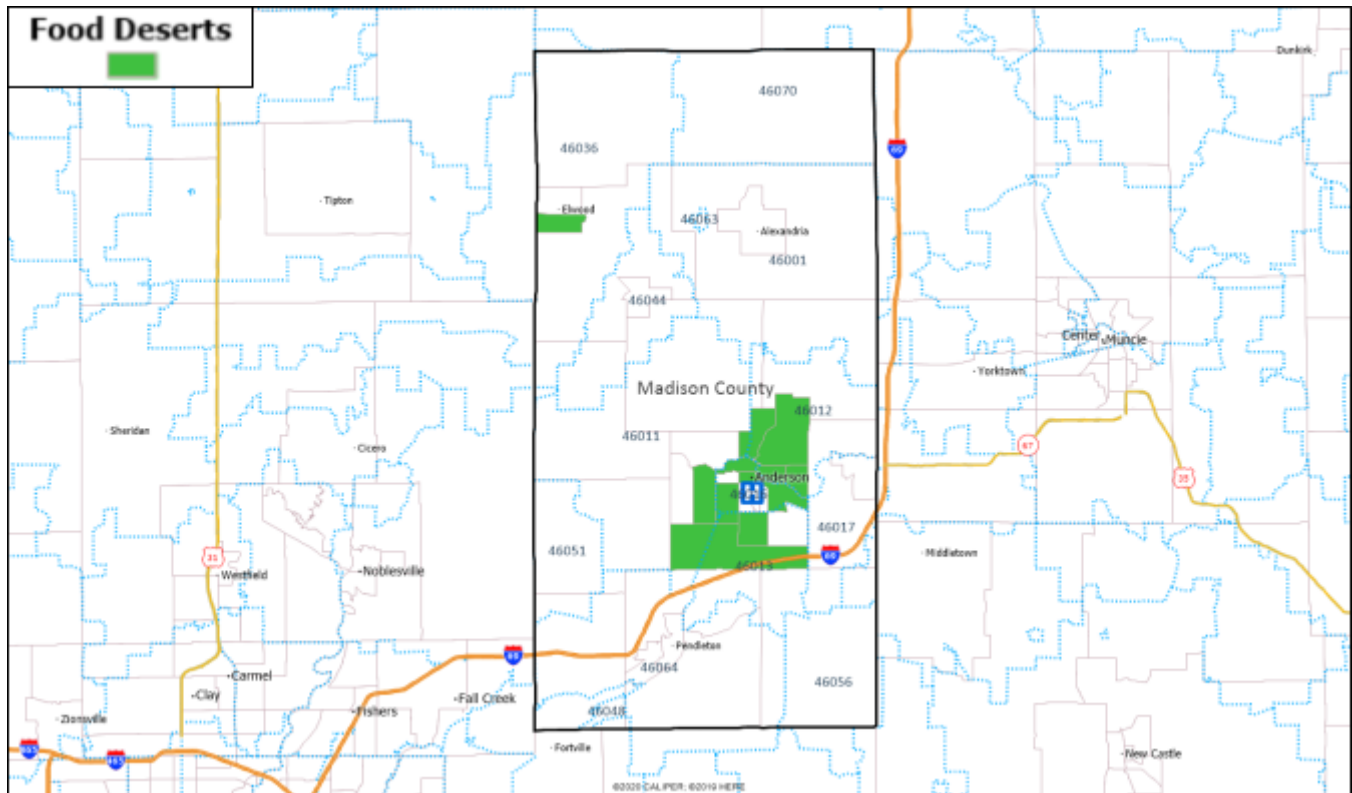
Indicators	Black	Hispanic or Latino	White
Madison County			
Prenatal Care Started in First Trimester	76.4%	69.9%	81.6%
Tobacco Used During Pregnancy	17.2%	N/A	21.2%
Preterm Births	9.8%	9.1%	10.9%
Infant Mortality Rate (2013-2019)	N/A	N/A	6.7
Indiana			
Prenatal Care Started in First Trimester	58.0%	59.5%	77.7%
Tobacco Used During Pregnancy	8.7%	3.3%	14.9%
Preterm Births	13.6%	9.7%	9.5%
Infant Mortality Rate (2013-2019)	13.7	7.4	6.0

Source: Indiana Department of Health, 2020.

Description. This table portrays maternal and child health indicators for Madison County and Indiana by race and ethnicity.

Observations. In Madison County, prenatal care rates for Black and Hispanic (or Latino) populations compare unfavorably to rates for Whites. The percent of women smoking during pregnancy has been higher for Whites than for Blacks and Hispanic (or Latino) mothers. In Indiana, infant mortality rates for Black and Hispanic (or Latino) populations have been higher than rates for White populations.

Locations of Food Deserts, 2019

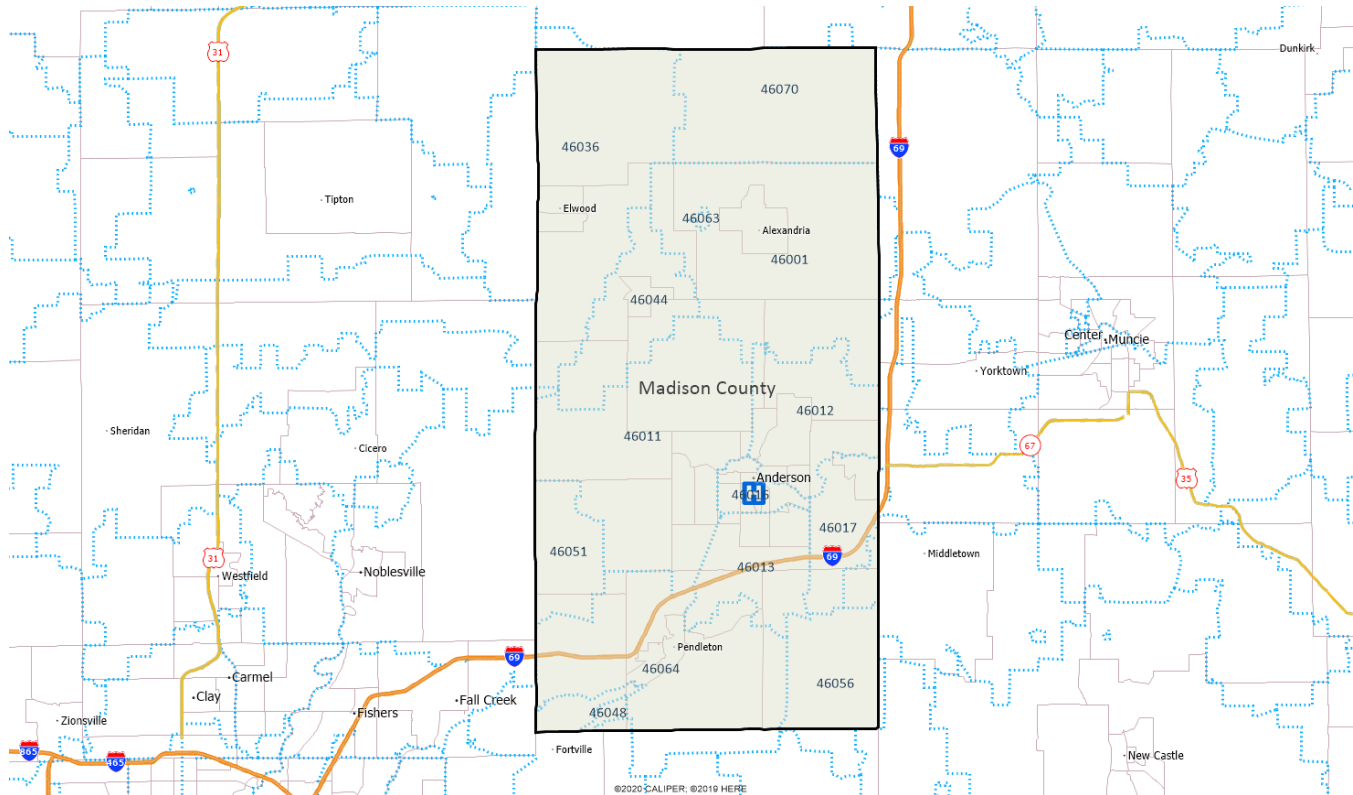


Source: U.S. Department of Agriculture, 2021, and Caliper Maptitude.

Description. The U.S. Department of Agriculture defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store. Rural food deserts are located more than ten miles from these stores. This map identifies where USDA-defined food deserts are located.

Observations. Food deserts are present in Madison County, with most located in and around Anderson.

Medically Underserved Areas and Populations, 2021



Source: Health Resources and Services Administration, 2021 and Caliper Maptitude.

Description. Medically Underserved Areas and Populations (MUA/Ps) are designated by HRSA based on an “Index of Medical Underservice.” The index is based on the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. Areas with a score of 62 or less are considered medically underserved. MUAs and MUPs also may be assigned by HRSA leadership and state government officials.

Observations. No areas or populations currently are considered MUAs or MUPs in Madison County.

Primary Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	County
Low Income - Madison County	Low Income Population HPSA	Madison
Aspire Health Center	Federally Qualified Health Center Look-alike	Madison
Jane Pauley Community Health Center, Inc.	Federally Qualified Health Center	Madison
Meridian Health Services Corp.	Federally Qualified Health Center	Madison

Open Door Health Services, Inc.	Federally Qualified Health Center	Madison
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Source: Health Resources and Services Administration, 2021.

Description. A geographic area can be a Health Professional Shortage Area (HPSA) if shortages of primary medical care, dental care, or mental health care professionals are present. Health care facilities also can receive federal HPSA designations and additional Medicare payments if they provide primary care services to an area or population identified as having inadequate access to primary care, dental, or mental health services. This table lists primary care HPSAs in Madison County.

Observations. The low-income population of Madison County is designated as a Primary Care HPSA. Four community health center sites also are Primary Care HPSAs.

Dental Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	County
Aspire Health Center	Federally Qualified Health Center Look-alike	Madison
Jane Pauley Community Health Center, Inc.	Federally Qualified Health Center	Madison
Meridian Health Services Corp.	Federally Qualified Health Center	Madison
Open Door Health Services, Inc.	Federally Qualified Health Center	Madison
Pendleton Correctional Facility	Correctional Facility	Madison

Source: Health Resources and Services Administration, 2021.

Description. HRSA also designates geographic areas, populations, and facilities as dental care HPSAs.

Observations. Four community health center sites and one correctional facility in Madison County are Dental Care HPSAs.

Mental Health Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	County
Aspire Health Center	Federally Qualified Health Center Look-alike	Madison
Jane Pauley Community Health Center, Inc.	Federally Qualified Health Center	Madison
Meridian Health Services Corp.	Federally Qualified Health Center	Madison
Open Door Health Services, Inc.	Federally Qualified Health Center	Madison
Correctional Industrial Facility	Correctional Facility	Madison

Pendleton Correctional Facility	Correctional Facility	Madison
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Source: Health Resources and Services Administration, 2021.

Description. HRSA also designates geographic areas, populations, and facilities as mental health care HPSAs.

Observations. Four community health center sites and two correctional facilities in Madison County are Mental Health Care HPSAs.

State-Wide and National Data

Some types of important community health data only are reliable (and available) on a state-wide basis. This section includes the following state-wide data:

- Mortality rates by race and ethnicity (State of Indiana)
- America's Health Rankings indicators by race and ethnicity (State of Indiana)
- America's Health Rankings (Indiana versus Other States)

Causes of Death by Race/Ethnicity per 100,000, Indiana, 2017-2019

Indicator	Black	Hispanic (or Latino)	White	Indiana Total
Heart Disease	216.5	92.1	181.8	178.8
Cancer (Malignant Neoplasms)	183.6	91.5	168.8	163.4
Chronic Lower Respiratory Disease (CLRD)	45.4	14.1	58.5	56.1
Accidents / Unintentional Injuries	60.5	34.0	59.3	56.0
Stroke / Cerebrovascular Disease	51.5	29.2	39.8	41.4
Alzheimer's Disease	29.5	16.1	34.2	31.6
Diabetes	48.4	24.1	24.5	25.0
Kidney Disease (Nephritis, Nephrosis)	34.1	16.4	16.6	17.1
Septicemia	21.6	11.9	14.9	14.3
Suicide	8.7	7.0	17.3	14.2
Chronic Liver Disease / Cirrhosis	8.9	12.9	12.5	12.0
Influenza / Pneumonia	11.9	6.7	13.4	11.6
High Blood Pressure / Related Kidney Disease	18.5	5.6	9.6	10.4
Parkinson's Disease	4.7	N/A	10.0	9.9
Homicide	36.8	6.6	3.4	7.2
Pneumonitis (Lung Inflammation)	6.1	N/A	6.3	6.0
Nutritional Deficiencies	3.9	3.9	3.4	4.3
Neoplasms (Abnormal Growth)	3.4	N/A	4.2	4.1
Birth Defects	4.5	2.9	3.7	4.0

Condition Originating Around Time of Birth	8.9	4.3	3.6	3.6
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Source: Indiana Department of Health, 2020.

Description. This table provides mortality rates for a variety of causes by race and ethnicity for the state of Indiana. Light grey shading shows rates that are above the overall state average; dark grey shading shows rates that are more than 50 percent higher.

Observations. Black populations have particularly high mortality rates for diabetes, kidney disease, septicemia, high blood pressure, homicide, and conditions originating in the time of birth. Black populations also had higher rates of mortality for heart disease, cancer, accidents, stroke, and others. Hispanic or Latino population compared unfavorably for mortality due to chronic liver disease and conditions originating in the time of birth. White populations have comparatively high mortality rates for Alzheimer's, CLRD, chronic liver disease/cirrhosis, Parkinson's, suicide, and pneumonia.

America's Health Rankings Indicators by Race/Ethnicity, 2020

Indicator	Black	Hispanic (or Latino)	White	Indiana Total
Arthritis	22.0%	8.8%	28.9%	27.0%
Asthma	12.7%	5.1%	9.8%	9.8%
Avoided Care Due to Cost	13.3%	23.7%	11.2%	12.6%
Cancer	3.6%	N/A	7.9%	7.2%
Cardiovascular Diseases	11.2%	3.8%	10.1%	9.9%
Children in Poverty	37.8%	27.2%	13.7%	18.0%
Chlamydia Rate	1,864.1	559.5	279.4	523.9
Chronic Kidney Disease	4.1%	N/A	3.3%	3.4%
Chronic Obstructive Pulmonary Disease	6.5%	N/A	9.5%	8.7%
Colorectal Cancer Screening	70.0%	42.2%	69.2%	68.2%
Crowded Housing	1.5%	4.7%	1.2%	1.5%
Dedicated Health Care Provider	78.4%	54.3%	80.0%	77.9%
Dental Visit	55.6%	60.8%	65.6%	64.4%
Depression	14.6%	11.1%	22.8%	21.0%
Diabetes	17.9%	9.0%	12.1%	12.4%

Drug Deaths (1-year) Rate	27.0	7.3	27.3	24.9
Education - Less Than High School	12.3%	30.1%	8.7%	10.4%
Excessive Drinking	17.5%	20.9%	16.3%	16.5%
Exercise	21.7%	16.7%	21.1%	21.1%
Flu Vaccination	33.3%	35.7%	44.0%	42.1%
Frequent Mental Distress	13.3%	8.2%	14.5%	14.3%
Frequent Physical Distress	13.4%	12.8%	13.7%	13.8%
Fruit and Vegetable Consumption	8.1%	6.6%	9.1%	9.1%
High Blood Pressure	44.5%	20.5%	35.1%	34.8%
High Cholesterol	30.9%	25.9%	34.9%	33.8%
High Health Status	40.4%	35.5%	49.1%	47.3%
High School Graduation	79.4%	84.3%	90.0%	88.1%
High-speed Internet	79.0%	85.2%	87.2%	86.4%
Insufficient Sleep	47.4%	37.8%	35.4%	36.9%
Low Birthweight	13.7%	7.1%	7.1%	8.1%
Multiple Chronic Conditions	10.6%	5.2%	12.2%	11.7%
Non-medical Drug Use	12.2%	16.7%	10.1%	10.8%
Obesity	36.7%	46.2%	34.9%	35.3%
Per Capita Income	21,824	18,721	33,653	30,988
Physical Inactivity	33.9%	38.0%	30.3%	30.9%
Preventable Hospitalizations	7,542	5,186	4,626	4,810
Severe Housing Problems	24.5%	22.1%	10.9%	12.9%
Smoking	19.6%	13.8%	19.5%	19.2%
Suicide Rate	8.6	6.9	18.2	16.3
Teen Births Rate	37.5	31.5	18.4	21.8
Unemployment	8.7%	4.7%	3.7%	4.3%
Voter Participation (Midterm)	47.2%	36.5%	50.1%	49.3%

Voter Participation (Presidential)	51.6%	46.0%	58.9%	58.3%
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Source: America's Health Rankings, 2021.

Description. The preceding table presents America's Health Rankings indicators by race and ethnicity. America's Health Rankings provides numerous health statistics on a state-by-state basis and publishes national health averages and state rankings. Light grey shading shows indicators worse than the overall Indiana average; dark grey shading shows indicators more than 50 percent worse.

Observations. Indiana's Black populations have particularly unfavorable rates of children in poverty, chlamydia, low birthweight births, preventable hospitalizations, severe housing problems, teen births, and unemployment. Hispanic populations have particularly unfavorable rates for avoiding healthcare due to cost, children in poverty, crowded housing, percent with high school diploma, non-medical drug use, and severe housing problems. White populations compare unfavorably for arthritis, cancer, COPD, depression, mental distress, high cholesterol, and suicide.

America's Health Rankings – Lowest Rankings for Indiana, 2021

Indicator
Air Pollution
Community Immunizations
Community and Family Safety
Mental Health Providers
Obesity
Per Capita Income
Physical Inactivity
Preventable Hospitalizations (Medicare)
Primary Care Providers
Public Health Funding Per Person
Risk-screening Environmental Indicator Score
Smoking
Smoking and Tobacco Use
Social Support and Engagement
Voter Participation

Source: America's Health Rankings, 2022.

Description. This table lists America's Health Rankings indicators for which Indiana received low rankings. For each of these indicators, Indiana ranked in the bottom ten states in the United States. In this Appendix, many statistics are compared to state-wide averages. This table shows that a number of state-wide averages themselves are worse than United States-wide statistics.

Observations. Numerous indicators that are unfavorable for Madison County are unfavorable for Indiana as a whole. Air pollution, obesity, provider supply, smoking, and other issues appear problematic in the county and on a state-wide basis. Indiana ranks 45th out of U.S. states for per-capita public health funding.

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension St. Vincent Anderson has cataloged resources available in Madison County that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed are not intended to be exhaustive.

Organization Name	Phone and Website	
Hospitals		
Ascension St Vincent Anderson	(765) 646-8373	healthcare.ascension.org/locations/indiana/ineva/anderson-ascension-st-vincent-anderson
Ascension St Vincent Mercy	(765) 552-4743	healthcare.ascension.org/locations/indiana/ineva/elwood-ascension-st-vincent-mercy
Community Hospital of Anderson and Madison County	(765) 298-4242	www.ecommunity.com/locations/community-hospital-anderson
Federally Qualified Health Centers (FQHCs)		
ECHO Community Health Care, Inc. Main Campus	(812) 421-7489	www.echochc.org
ECHO Division Street Family Clinic	(812) 436-4501	www.echochc.org
Jane Pauley Community Health Center at Holy Cross North Campus School	(765) 642-1848	www.janepauleychc.org
Jane Pauley Community Health Center at Ebberth	(765) 641-2121	www.janepauleychc.org
Jane Pauley Community Health Center at St. Mary School	(765) 724-4459	www.janepauleychc.org
Meridian Health Services Corp	(765) 442-0570	www.meridianhs.org
Aspire Indiana Health - Bolin	(765) 608-6600	www.aspireindiana.org
Aspire Indiana Health - DeHaven	(877) 574-1254	www.aspireindiana.org

Organization Name	Phone and Website	
Jane Pauley Community Health Center at Alexandria	(765) 298-5263	www.janepauleychc.org
Jane Pauley Community Health Center at Holy Cross South Campus School	(765) 642-8428	www.janepauleychc.org
Meridian Health Services Corp	(765) 641-7499	www.meridianhs.org
Jane Pauley Community Health Center at Anderson	(317)-355-9620	www.janepauleychc.org
Meridian Health Services Corp	(765) 393-0063	www.meridianhs.org
Aspire Indiana Health - Mockingbird Hill	(877) 574-1254	www.aspireindiana.org
Aspire May House	(877) 574-1254	www.aspireindiana.org
Aspire Indiana Health - Mobile Clinic	(877) 574-1254	www.aspireindiana.org
Open Door Family Planning Clinic	(765) 641-1185	www.opendoorhs.org
Open Door Health Services - Anderson Primary Care	(765) 286-7000	www.opendoorhs.org
Jane Pauley Community Health Center at Alexandria-Monroe Junior-Senior High School	(765) 724-4413	www.janepauleychc.org
Meridian Health Services Corp	(765) 552-0841	www.meridianhs.org
Madison County Jail	(765) 747-1164	www.sheriffmadisoncounty.com/county-jail
Jane Pauley Community Health Center at Alexandria-Monroe Intermediate School	(765) 724-4166	www.janepauleychc.org
Jane Pauley Community Health Center at the Wigwam	(765) 298-5263	www.janepauleychc.org
Catholic Charities		
Catholic Charities Archdiocese of Indianapolis	(800) 382-9836	www.archindy.org/cc

Organization Name	Phone and Website	
Catholic Charities Diocese of Evansville	(812) 423-5456	www.ccevanville.org
Catholic Charities Diocese of Fort Wayne-South Bend	(260) 422-5625	www.ccfwsb.org
Catholic Charities Diocese of Gary	(219) 886-3549	www.catholic-charities.org
Information and Referral		
Indiana 211	211 or (866) 211-9966	in211.communityos.org
Neighborhood Resource		neighborhoodresource.findhelp.com

Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

Ascension St. Vincent Anderson's previous CHNA implementation strategy was completed in 2019 and addressed the following priority health needs: Access to Health Services, Food Security, and Mental Health.

The tables below describe the actions taken during 2019-2022 to address each priority need and indicators of improvement.

PRIORITY NEED	Access to Health Services	
SMART GOAL	By June 30, 2022, the hospital will increase its FY20 baseline number of enrollments in Medicare or Medicare Savings programs by 2.5%.	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Health Advocate (HA) assess for eligibility, educate individuals about options, submit application, and verifies eligibility to complete the Enrollment Pathway	Completed - Year 1 & 2 In Progress - Year 3	FY20 - Year 1: Community benefit =\$27,059. During this time, the HA helped 5 people obtain Medicare and/or Medicare Savings insurance (FY20 goal=set baseline) FY21 - Year 2: Community benefit = \$26,196. During this time, the HA helped 8 people obtain Medicare and/or Medicare Savings insurance (FY20 baseline = 5, FY21 goal = 6, FY21 actual = 8, FY21 goal attainment =133%). FY22 - Year 3: In Progress. Community benefit = in progress. Results from the last year of this I.S. cycle will be reported and attached to the 2021 Form 990.
RUAH will use FY20 data to set the baseline value and FY22 target value	Completed	FY22 goal = 3 Medicare and Medicare Savings enrollment

PRIORITY NEED	Food Security	
SMART GOAL	The hospital will partner with a school and/or a school district to increase the percentage of students who eat free/reduced-priced lunch also eating breakfast in the School Breakfast Program by 2% from the baseline established at the beginning of FY21 until the end of FY22 (June 30, 2022).	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
During FY20, the system partnered with the national organization, No Kid Hungry, and other local organizations to launch a statewide initiative to increase food security by improving the availability of school breakfast. Hospital leads were identified, training was provided, regional task forces were formed, and relationships were established with targeted school districts' food service directors.	Completed	FY20 - Year 1: Community benefit = \$440. During this time, a lead was identified, who communicated with the targeted school district's FSD to assess readiness in expanding SBP availability. It is presumed the work of the statewide initiative contributed to the breakfast gap decrease of 2% and the lunch and breakfast participation increase of 1.87% and 1.65%, respectively throughout the state, from October, 2019 through August, 2020.
During FY21, leads worked with food service directors to increase the availability of school breakfast during the 2020-2021 school year.	Revised due to the significant impact COVID-19 had on schools and completed	FY21 - Year 2: Community benefit = \$6,973. Due to the significant impact COVID-19 had on schools, the scope of the initiative expanded to include all school nutrition programs, in addition to the school breakfast program. During this time, the lead worked with Holy Cross School in Anderson to assess the school's needs. The hospital purchased healthy, daily snacks for 150 students and storage supplies for the school.
During FY22, leads continue to work with FSDs to increase SBP availability during the 2021-2022 school year.	Revised due to the significant impact COVID-19 had on schools and in progress	FY22 - Year 2: Community benefit = in progress. Results from the last year of this I.S. cycle will be reported and attached to the 2021 Form 990.

PRIORITY NEED	Mental Health	
SMART GOAL	The hospital will increase the number of community members trained (<i>from the baseline established in FY21</i>) to identify individuals experiencing mental health/substance issues by the end of FY22. NOTE: Additional SMART measurements not included due to the uncertainty of the baseline.	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
During FY20, hospital leads were identified, training was provided, and local resource lists were developed	Completed	FY20 - Year 1: Community benefit dollars = \$0. During this time, a lead was identified and a resource list developed.
During FY21, leads coordinated the hosting of at least one MHFA training for the community at no charge.	Not completed	FY21 - Year 2: Community benefit dollars = \$0. During FY21, Ascension St. Vincent Anderson Hospital was unable to complete the goal due to competing demands, including those resulting from the COVID-19 pandemic.
During FY22, leads coordinated the hosting of at least one MHFA training for the community at no charge.	In process	FY21 - Year 3: Community benefit dollars = in progress. Results from the last year of this I.S. cycle will be reported and attached to the 2021 Form 990.