

# Ascension St. Vincent Carmel

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



**Ascension**

The goal of this report is to offer a meaningful understanding of the most significant health needs across Hamilton 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 Carmel Board of Directors on April 26, 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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**Ascension St. Vincent Carmel**

## **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 Hamilton County, the community assessed by Ascension St. Vincent Carmel (the hospital). Ascension St. Vincent Carmel 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 Hamilton 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 Hamilton 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 Carmel has defined its community served as Hamilton County, Indiana. Hamilton County is the hospital's primary service area and, in 2020, 75 percent of emergency room visits were made by Hamilton County residents. 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. Two community input meetings were held in May 2021. Numerous individuals representing organizations across Hamilton County were invited. A key stakeholder interview was conducted with a representative of the Hamilton 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 Hamilton 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
- Alcohol Misuse
- COVID-19 Pandemic
- Mental Health and Adverse Childhood Experiences (ACEs)
- Services for Seniors
- 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 Carmel

As a Ministry of the Catholic Church, Ascension St. Vincent Carmel 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 Hamilton County, Indiana and neighboring areas.

In 1985, St. Vincent Carmel was built in Hamilton County. Since then, there have been several expansions to meet the needs of the growing county. Ascension St. Vincent Carmel hospital is a 125-bed, acute care facility and offers the following services: bariatric services, cancer, cardiovascular services, cosmetics & plastic surgery, digestive health, emergency medicine, interventional radiology, laboratory services, maternity services, medical imaging, neuroscience, nutrition support, orthopedics, pediatrics, post-acute care, primary care, rehabilitation services, respiratory care, spiritual care, surgery, wellness medicine, and women's health. Ascension St. Vincent Carmel's primary service area is Hamilton County which is in Central Indiana.

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



## 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.”<sup>1</sup> 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 Carmel’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 the Ascension St. Vincent Carmel’s information desk located in the main lobby.

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<sup>1</sup> 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 Carmel has defined its community served as Hamilton County, Indiana. Although Ascension St. Vincent Carmel serves Carmel and surrounding areas, the “community served” was defined as such because (a) in 2020, 75 percent of the hospital’s emergency room visits were made by Hamilton 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.

A detailed map of Hamilton County, Indiana, and its surrounding areas. The county is highlighted in yellow. Major cities and towns within the county include Sheridan, Washington, Westfield, Carmel, Clay, Zionsville, Noblesville, Fall Creek, Fishers, Delaware, and Pike. ZIP codes shown include 46031, 46030, 46034, 46062, 46060, 46074, 46033, 46038, 46037, 46040, 46039, 46032, 46290, 46280, 46036, 46035, 46034, 46033, 46032, 46031, 46030, 46029, 46028, 46027, 46026, 46025, 46024, 46023, 46022, 46021, 46020, 46019, 46018, 46017, 46016, 46015, 46014, 46013, 46012, 46011, 46010, 46009, 46008, 46007, 46006, 46005, 46004, 46003, 46002, 46001. Major roads shown include I-65, I-69, I-74, I-85, I-90, I-94, I-96, I-98, I-99, I-100, I-101, I-102, I-103, I-104, I-105, I-106, I-107, I-108, I-109, I-110, I-111, I-112, I-113, I-114, I-115, I-116, I-117, I-118, I-119, I-120, I-121, I-122, I-123, I-124, I-125, I-126, I-127, I-128, I-129, I-130, I-131, I-132, I-133, I-134, I-135, I-136, I-137, I-138, I-139, I-140, I-141, I-142, I-143, I-144, I-145, I-146, I-147, I-148, I-149, I-150, I-151, I-152, I-153, I-154, I-155, I-156, I-157, I-158, I-159, I-160, I-161, I-162, I-163, I-164, I-165, I-166, I-167, I-168, I-169, I-170, I-171, I-172, I-173, I-174, I-175, I-176, I-177, I-178, I-179, I-180, I-181, I-182, I-183, I-184, I-185, I-186, I-187, I-188, I-189, I-190, I-191, I-192, I-193, I-194, I-195, I-196, I-197, I-198, I-199, I-200, I-201, I-202, I-203, I-204, I-205, I-206, I-207, I-208, I-209, I-210, I-211, I-212, I-213, I-214, I-215, I-216, I-217, I-218, I-219, I-220, I-221, I-222, I-223, I-224, I-225, I-226, I-227, I-228, I-229, I-230, I-231, I-232, I-233, I-234, I-235, I-236, I-237, I-238, I-239, I-240, I-241, I-242, I-243, I-244, I-245, I-246, I-247, I-248, I-249, I-250, I-251, I-252, I-253, I-254, I-255, I-256, I-257, I-258, I-259, I-260, I-261, I-262, I-263, I-264, I-265, I-266, I-267, I-268, I-269, I-270, I-271, I-272, I-273, I-274, I-275, I-276, I-277, I-278, I-279, I-280, I-281, I-282, I-283, I-284, I-285, I-286, I-287, I-288, I-289, I-290, I-291, I-292, I-293, I-294, I-295, I-296, I-297, I-298, I-299, I-300, I-301, I-302, I-303, I-304, I-305, I-306, I-307, I-308, I-309, I-310, I-311, I-312, I-313, I-314, I-315, I-316, I-317, I-318, I-319, I-320, I-321, I-322, I-323, I-324, I-325, I-326, I-327, I-328, I-329, I-330, I-331, I-332, I-333, I-334, I-335, I-336, I-337, I-338, I-339, I-340, I-341, I-342, I-343, I-344, I-345, I-346, I-347, I-348, I-349, I-350, I-351, I-352, I-353, I-354, I-355, I-356, I-357, I-358, I-359, I-360, I-361, I-362, I-363, I-364, I-365, I-366, I-367, I-368, I-369, I-370, I-371, I-372, I-373, I-374, I-375, I-376, I-377, I-378, I-379, I-380, I-381, I-382, I-383, I-384, I-385, I-386, I-387, I-388, I-389, I-390, I-391, I-392, I-393, I-394, I-395, I-396, I-397, I-398, I-399, I-400, I-401, I-402, I-403, I-404, I-405, I-406, I-407, I-408, I-409, I-410, I-411, I-412, I-413, I-414, I-415, I-416, I-417, I-418, I-419, I-420, I-421, I-422, I-423, I-424, I-425, I-426, I-427, I-428, I-429, I-430, I-431, I-432, I-433, I-434, I-435, I-436, I-437, I-438, I-439, I-440, I-441, I-442, I-443, I-444, I-445, I-446, I-447, I-448, I-449, I-450, I-451, I-452, I-453, I-454, I-455, I-456, I-457, I-458, I-459, I-460, I-461, I-462, I-463, I-464, I-465, I-466, I-467, I-468, I-469, I-470, I-471, I-472, I-473, I-474, I-475, I-476, I-477, I-478, I-479, I-480, I-481, I-482, I-483, I-484, I-485, I-486, I-487, I-488, I-489, I-490, I-491, I-492, I-493, I-494, I-495, I-496, I-497, I-498, I-499, I-500, I-501, I-502, I-503, I-504, I-505, I-506, I-507, I-508, I-509, I-510, I-511, I-512, I-513, I-514, I-515, I-516, I-517, I-518, I-519, I-520, I-521, I-522, I-523, I-524, I-525, I-526, I-527, I-528, I-529, I-530, I-531, I-532, I-533, I-534, I-535, I-536, I-537, I-538, I-539, I-540, I-541, I-542, I-543, I-544, I-545, I-546, I-547, I-548, I-549, I-550, I-551, I-552, I-553, I-554, I-555, I-556, I-557, I-558, I-559, I-560, I-561, I-562, I-563, I-564, I-565, I-566, I-567, I-568, I-569, I-570, I-571, I-572, I-573, I-574, I-575, I-576, I-577, I-578, I-579, I-580, I-581, I-582, I-583, I-584, I-585, I-586, I-587, I-588, I-589, I-590, I-591, I-592, I-593, I-594, I-595, I-596, I-597, I-598, I-599, I-600, I-601, I-602, I-603, I-604, I-605, I-606, I-607, I-608, I-609, I-610, I-611, I-612, I-613, I-614, I-615, I-616, I-617, I-618, I-619, I-620, I-621, I-622, I-623, I-624, I-625, I-626, I-627, I-628, I-629, I-630, I-631, I-632, I-633, I-634, I-635, I-636, I-637, I-638, I-639, I-640, I-641, I-642, I-643, I-644, I-645, I-646, I-647, I-648, I-649, I-650, I-651, I-652, I-653, I-654, I-655, I-656, I-657, I-658, I-659, I-660, I-661, I-662, I-663, I-664, I-665, I-666, I-667, I-668, I-669, I-670, I-671, I-672, I-673, I-674, I-675, I-676, I-677, I-678, I-679, I-680, I-681, I-682, I-683, I-684, I-685, I-686, I-687, I-688, I-689, I-690, I-691, I-692, I-693, I-694, I-695, I-696, I-697, I-698, I-699, I-700, I-70

## **Demographic Data**

Located in Indiana, Hamilton County has a population of 338,011 (2019) and is the 4<sup>th</sup> most populous county in the state. Below are demographic data highlights for Hamilton County (2019):

- 12.8 percent of the residents of Hamilton County are 65 or older, compared to 16.1 percent in Indiana.
- 95.7 percent of residents are non-Hispanic; 4.3 percent are Hispanic or Latino (any race).
- 82.8 percent of residents are White; 6.5 percent are Asian; 4.4 percent are Black or African American.
- The total population is projected to increase by 23.4 percent from 2019 to 2025; the 65+ population is projected to increase by 32.0 percent during that time period.
- The median household income is 91.3 percent higher the state median (\$107,700 for Hamilton County; \$57,600 for Indiana).
- The percent of people in poverty is lower than the state (4 percent for Hamilton County; 13 percent for Indiana).
- The uninsured rate for Hamilton County is lower than the state (5.5 percent for Hamilton County; 9.7 percent for Indiana).

**Description of the Community**

<b>Demographic Highlights</b>		
<b>Indicator</b>	<b>Hamilton</b>	<b>Description</b>
<b>Population</b>		
% Living in rural communities	5.6%	
% below 18 years of age	26.6%	
% 65 and older	12.8%	
% Hispanic	4.3%	
% Asian	6.5%	
% Non-Hispanic Black	4.4%	
% Non-Hispanic White	82.8%	
<b>Social and Community Context</b>		
English Proficiency	1.0%	Proportion of community members that speak English "less than well"
Median Household Income	\$107,710	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	4.3%	Percentage of people under age 18 in poverty.
Percent of Population Uninsured	5.5%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	96.8%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	2.5%	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

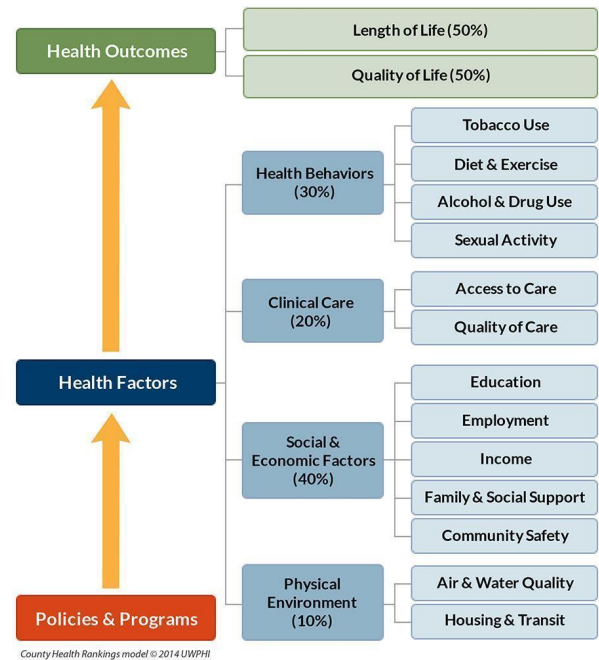
Ascension St. Vincent Carmel is committed to using national best practices in conducting the CHNA. Health needs and assets for Hamilton County were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant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

Ascension St. Vincent Carmel'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 Carmel completed its 2021 CHNA in collaboration with the Community Benefit department at Ascension St. Vincent.

Ascension St. Vincent Carmel 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 Carmel also collaborated with other hospitals that are members of Ascension St. Vincent.



## Data Collection Methodology

In collaboration with various community partners, Ascension St. Vincent Carmel collected and analyzed primary and secondary data for Hamilton 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 Carmel consulted with a range of public health and social service providers that represent the broad interests of Hamilton 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 Hamilton 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 Hamilton County. More than fifty individuals were invited to participate in the Hamilton County community input meetings and thirty both attended and completed a post-meeting 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

- **Access to care** is challenging for some members of the community, particularly low-income residents. Transportation is a barrier, with limited public options and routes. Insurance barriers are significant, with uninsured populations having few options and providers not accepting certain plans such as Medicaid. The working poor often are vulnerable as they do not qualify for many programs but still live paycheck to paycheck.
- **Senior populations** are an increasing segment of the community. Specific needs of this growing population include assistance to age in place and access to cognitive care.
- **Food insecurity** and access to healthy food is challenging for some residents.
- **Mental health** concerns are widespread, including an increase in child mental health needs. Young people struggle with high expectations and stress in school. Substantial population growth has contributed to an undersupply of providers. Access to and supply of mental health providers is especially difficult, particularly for low-income populations.
- **Substance use disorders, including** alcohol misuse and excessive drinking, are significant concerns. Opioid usage is widespread. Primary care physicians are not often integrating behavioral health checks into care.

### Populations/Sectors Represented

- Community-based organizations
- Education
- Employers
- Faith-based organizations
- First responders
- Health equity organizations
- Local government
- Service providers

### Common Themes

- 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. The pandemic highlighted the need for accurate health information, and providers need to focus on maintaining communication after COVID-19.
- Vulnerable populations in Hamilton County include low-income residents, racial and ethnic minority groups, children (particularly those experiencing trauma), homeless people, 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 social services.
- More collaboration is needed between health systems, health departments, providers, and social service organizations.

**Hospital staff 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 Hamilton County. Hospital staff from Ascension St. Vincent Fishers were included in the hospital input meeting. Five individuals participated. These staff included discharge planners, community navigators, social workers, primary care providers, administrators, and others.

Internal Hospital input meeting	
Key Summary Points	
<ul style="list-style-type: none"> <li>● <b>Alcohol Misuse</b> is a significant issue in the county. Excessive drinking is prevalent.</li> <li>● <b>COVID-19 Pandemic</b> and its associated shocks have impacted the physical and mental health of all community members. Navigating access to basic needs and health care services has been challenging.</li> <li>● <b>Mental Health &amp; ACEs</b> are worsening due to the pandemic. Access to providers is difficult for some members of the community due to problems with affordability.</li> <li>● <b>Services for Seniors</b> may need to be increased as the population ages. Service needs include transportation.</li> </ul>	
Populations/Sectors Represented	Common Themes
<ul style="list-style-type: none"> <li>● Community navigators</li> <li>● Discharge planners</li> <li>● Emergency department</li> <li>● Leadership and administration</li> <li>● Nurses</li> <li>● Primary care providers</li> </ul>	<ul style="list-style-type: none"> <li>● Hamilton County is comparatively affluent but vulnerable populations are present.</li> <li>● Mental health and substance use disorders have worsened during the pandemic.</li> </ul>



**Key stakeholder interview**

An interview was conducted with a local public health department representative to obtain subject-matter expertise regarding health needs in Hamilton 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 as significant before the COVID-19 pandemic began.

- **Mental health.** Mental health has been at the top of community health assessments for the past few years and will likely continue to be at the top. Access to mental health services is a challenge even though there are a lot of providers. One barrier to access is the cost of mental health services. Most people pay for these types of services out-of-pocket, which creates cost barriers. Residents have high levels of anxiety and depression, especially among children. Stigma, especially among high-achieving residents, reduces utilization of mental health services.
- **Substance abuse.** There are high rates of alcohol abuse in the area. Much of the community's alcoholism is a result of stress.
- **Long-work related hours.** Work related issues, including long commutes, impinge on personal time. Work-related issues contributed to physical and mental health issues.
- **Limited services for vulnerable residents.** There are no free/low-cost clinics or community shelters in Fishers. There is a high percentage of children on free/reduced lunches in the Fishers schools, which is an indicator that there may be more health needs in the area that aren't currently being recognized.

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

- **Social isolation.** Isolation is challenging for mental health. Although vaccinations have reduced social isolation for many community residents, others are unable to or feel uncomfortable with pre-pandemic activities.
- **Caregiver fatigue.** Caregiver fatigue was exacerbated during pandemic isolation. Prior respite activities have diminished.
- **Chronic disease and other medical needs.** Pandemic-caused delays in chronic disease management and other healthcare interventions have worsened the health of some residents. Such treatment delays compound health issues.
- **Unemployment.** Changes in employment resulting from business closures affected mental health, physical health, and access to needed services.
- **Public health communication.** The pandemic illuminated the need for health departments to be visible in their communities and to maintain communication with all partners.
- **Invisibility of need.** There are portions of the underserved communities that are unseen and unheard. Recognizing these populations and their health needs is a key component to community health.

## 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.

Hamilton County's total population (338,011 in 2019) is projected to increase by 23.4 percent through 2025 (398,587 in 2025) – a rate well above Indiana as a whole. The county's 65 years and older population is projected to grow 32.0 percent.

Overall, secondary data indicate that Hamilton County is comparatively healthy.

As of April 12, 2022, there have been 659 deaths for Hamilton County residents among confirmed COVID-19 cases. Deaths per 100,000 are 199.6, which is lower than the Indiana-wide average of 350.9. 83.1 percent of Hamilton County residents have been fully vaccinated (compared to 64.9 percent for Indiana and 73.2 percent for the United States).

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

- The number of membership (social) associations per 10,000 persons
- The per-capita supply of mental health providers
- The percent of adults who engage in excessive drinking
- The percent of driving deaths with alcohol involvement

In comparison with "Top U.S. Counties," rates for infant mortality, low birth weight, poor mental health days, suicide, diabetes prevalence, communicable diseases (including HIV and sexually transmitted infections), access to healthy foods, severe housing cost burden, air pollution, and preventable hospital stays, also are comparatively high.

Overall poverty rates in Hamilton County have been under 5 percent – significantly lower than the Indiana average of over 13 percent. Rates for Black and Hispanic (or Latino) residents have been well above the county-wide average. Few low-income census tracts are present in the county.

Unemployment rates in the county and state-wide declined from 2017 through 2019. Rates rose in 2020 due to the COVID-19 pandemic. Rates fell in 2021 as the economy recovered. Because many

obtain health insurance through employer-based coverage, higher unemployment rates contribute to higher numbers of uninsured people.

In Hamilton County, 19.6 percent of households have been designated as “housing burdened,” a level below Indiana and United States averages. However, ZIP Codes 46069 (Sheridan at 24.7 percent) and 46280 (Carmel at 25.4 percent) are higher than the state average. The COVID-19 pandemic is known to have increased housing insecurity across the United States.

At 1.8, the weighted average Community Need Index™ (CNI) score for Hamilton County is lower than the U.S. median. ZIP Code 46030 (Arcadia) has a score of 2.6, the highest in the county.

In comparison with “peer counties” across the United States, Hamilton County ranks in the bottom quartile of its peer counties for four indicators:

- Adults reporting binge or heavy drinking;
- Ratio of income at 80th percentile to 20th percentile (income inequality);
- Average daily density of fine particulate matter (PM2.5); and
- Percent who drive alone to work.

Hamilton County has comparatively few ZIP Codes with BRFSS indicators that are in the bottom quartile nationally. In four of the county’s 13 ZIP Codes (31 percent), the percent of people taking needed blood pressure medication is in the bottom quartile. In two, fewer older men appear to be receiving a core set of prevention services than nationally.

Hamilton County’s overall mortality rates and overall cancer incidence rates have been below Indiana averages.

Between 2015 and 2019, drug overdose and poisoning deaths decreased in Hamilton County but increased in Indiana. Mortality rates in Hamilton County consistently have been below state averages.

Hamilton County’s overall maternal and child health indicators benchmark favorably in comparison to Indiana-wide statistics. More mothers receive prenatal care and breastfeed. Fewer have smoked during pregnancy. However, prenatal care rates for Black and Hispanic (or Latino) populations are unfavorable when compared to prenatal care rates for Whites. In Indiana, infant mortality rates for Black and Hispanic (or Latino) populations consistently have been higher than rates for White populations.

In the county, there are no food deserts, Medically Underserved Areas, or Medically Underserved Populations that have been designated by the federal government.

The low-income population in Hamilton County is designated as a Mental Health Professional Shortage Area (HPSA). No population or facility in Hamilton County is designated as a Primary Care or Dental Care HPSA.

Secondary data for Indiana as a whole also have been reviewed. Air pollution, obesity, provider supply, smoking, and other issues appear problematic on a state-wide basis. Indiana ranks 45<sup>th</sup> 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.<sup>2</sup>

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 conditions<sup>3</sup>

COVID-19 Impact on Hamilton County (as of April 7, 2022)			
Indicator	Hamilton	Indiana	Description
Total Cases	81,852	1,693,078	Confirmed cases of COVID-19
Confirmed Cases per 100,000	24,797	25,300	Confirmed cases per 100,000
Total Deaths	659	23,483	Deaths among confirmed cases
Deaths per 100,000	199.6	350.9	Deaths per 100,000
Case Fatality Percentage	0.8%	1.4%	Percent of total confirmed cases of individuals who died of COVID-19
Percent Fully Vaccinated	83.1%	64.9%	Percent of adults fully vaccinated

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

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

<sup>3</sup> Ibid

## Community Input on Previous CHNA and Implementation Strategy

Ascension St. Vincent Carmel'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 Hamilton County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

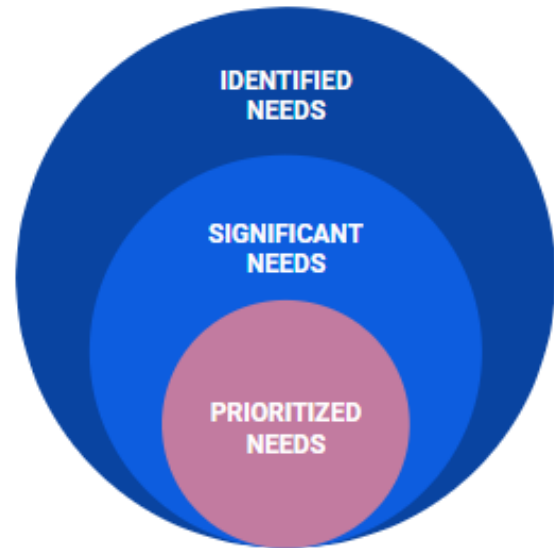
- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary 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 Carmel 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 Carmel, with contracted assistance from Verité Healthcare Consulting, analyzed secondary data of numerous indicators and gathered community input through a community input meeting, a hospital input meeting, and a key stakeholder interview to identify the needs in Hamilton County. In collaboration with community partners, Ascension St. Vincent Carmel 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 Carmel 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 Hamilton 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 Carmel 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/or interview process.

The significant needs found through this process are as follows:

- Access to Care
- Alcohol Misuse
- COVID-19 Pandemic
- Mental Health / ACEs
- Services for Seniors
- 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.



<b>Access to Care</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>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.</p>	<p>Hamilton County's total population (338,011 in 2019) is projected to increase by 23.4 percent through 2025 (398,587 in 2025) – a rate well above Indiana as a whole. The county's 65 years and older population is projected to grow 32.0 percent. Population growth will increase need and demand for access to health care services.</p> <p>In comparison with "Top U.S. Counties," Hamilton County's rate of preventable hospital stays (for Medicare beneficiaries) is comparatively high. This indicates possible problems with access to high-quality primary care.</p>
<b>Local Assets &amp; Resources</b>	<p>Hamilton County's overall maternal and child health indicators benchmark favorably in comparison to Indiana-wide statistics. More mothers receive prenatal care and breastfeed. Fewer have smoked during pregnancy. However, prenatal care rates for Black and Hispanic (or Latino) populations compare unfavorably to rates for Whites.</p>
<ul style="list-style-type: none"> <li>• Ascension St Vincent Carmel</li> <li>• Ascension St Vincent Fishers</li> <li>• Other hospital facilities located in Hamilton County</li> <li>• Federally Qualified Health Centers located in Hamilton County</li> <li>• Hamilton County Health Department</li> <li>• See Appendix E</li> </ul>	
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
<p>Most Hamilton County residents are able to access the health care services they need, but access is challenging for some, particularly low-income residents and those with transportation and insurance-related barriers. There are few free or low-cost clinics available to county residents.</p>	<p>Low-income persons, racial and ethnic minorities, homeless people, 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.</p>

<b>Alcohol Misuse</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>The CDC has identified several short-term and long-term risks associated with alcohol misuse.<sup>4</sup> These include injuries including motor vehicle crashes, risky sexual behaviors, poor birth outcomes, development of chronic diseases, job-related problems, and others.</p>	<p>Secondary data confirm input received from community representatives and hospital staff members regarding alcohol misuse.</p> <p>Hamilton County benchmarks unfavorably in comparison with Indiana as a whole for the percent of adults who engage in excessive drinking and the percent of driving deaths with alcohol involvement.</p> <p>In comparison with “peer counties” across the United States, Hamilton County’s percentage of adults who engage in binge or heavy drinking places the county in the bottom quartile when compared with peer counties across the United States.</p>
<b>Local Assets &amp; Resources</b>	
<ul style="list-style-type: none"> <li>• Ascension St Vincent Carmel</li> <li>• Ascension St Vincent Fishers</li> <li>• Other hospital facilities located in Hamilton County</li> <li>• Federally Qualified Health Centers located in Hamilton County</li> <li>• Hamilton County Health Department</li> <li>• See Appendix E</li> </ul>	
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
<p>Alcohol misuse is a significant issue in Hamilton County. Excessive drinking is prevalent. Stress is a major contributor to the county’s high rates of alcohol misuse. The COVID-19 pandemic has made this problem worse.</p>	<p>This issue affects all Hamilton County residents. The CDC indicates that in the U.S., risks are highest for those who are younger than age 21, pregnant or may be pregnant, driving (or planning to drive or participate in other activities that require coordination and alertness), taking certain medications, suffering from certain medical conditions, and recovering from alcoholism or unable to control the amount they drink.</p>

<sup>4</sup> <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

<b>COVID-19 Pandemic</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
The COVID-19 pandemic represents a public health emergency for Indiana and the United States.	<p>As of April 12, 2022, there have been 659 deaths for Hamilton County residents among confirmed COVID-19 cases. Deaths per 100,000 are 199.6, which is lower than the Indiana-wide average of 350.9. 83.1 percent of Hamilton County residents have been fully vaccinated (compared to 64.9 percent for Indiana and 73.2 percent for the United States).</p> <p>Due to the pandemic, the number of people unemployed in Hamilton County, the state of 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.</p>
<b>Local Assets &amp; Resources</b>	
<ul style="list-style-type: none"> <li>• Ascension St Vincent Carmel</li> <li>• Ascension St Vincent Fishers</li> <li>• Other hospital facilities located in Hamilton County</li> <li>• Federally Qualified Health Centers located in Hamilton County</li> <li>• Hamilton County Health Department</li> <li>• See Appendix E</li> </ul>	
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
The pandemic and its associated economic impacts have affected the physical and mental health of all community members. Navigating access to basic needs and health care services has been challenging. Social isolation, caregiver fatigue, and risks associated with delays in treatment of chronic diseases are prevalent. Local health departments need to communicate consistently and accurately with residents.	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.

<b>Mental Health and Adverse Childhood Experiences (ACEs)</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>Mental disorders are among the top causes of disability and disease burdens. Mental health and physical health are closely connected.<sup>5</sup></p>	<p>Hamilton County's per-capita supply of mental health providers has been below the Indiana average.</p> <p>In comparison with "Top U.S. Counties," rates for poor mental health days and suicide are comparatively high.</p>
<b>Local Assets &amp; Resources</b>	
<ul style="list-style-type: none"> <li>• Ascension St Vincent Carmel</li> <li>• Ascension St Vincent Fishers</li> <li>• Other hospital facilities located in Hamilton County</li> <li>• Federally Qualified Health Centers located in Hamilton County</li> <li>• Hamilton County Health Department</li> <li>• See Appendix E</li> </ul>	
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
<p>Mental health is a top concern. Problems are widespread, including an increase in child mental health needs. Young people struggle with high expectations and stress in school. Fast population growth has contributed to an undersupply of mental health providers. Access is particularly difficult for low-income persons. Mental health has worsened during the COVID-19 pandemic.</p>	<p>According to the National Institute of Mental Health, nearly one in five U.S. adults live with a mental illness.<sup>6</sup> The prevalence of "Any Mental Illness" (AMI) is highest among adults reporting two or more races, followed by white adults. AMI prevalence is higher for females than males. Seniors and others experiencing isolation due to the COVID-19 pandemic are more vulnerable, as are young people. Recent data show that more than one-third of high school students experienced poor mental health during the pandemic.<sup>7</sup></p>

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

<sup>6</sup> <https://www.nimh.nih.gov/health/statistics/mental-illness>

<sup>7</sup> <https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html>

<b>Services For Seniors</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
<p>The senior population (65+ years of age) is projected to grow rapidly in Hamilton County. This trend will increase needs and demands for health care and social services.</p>	<p>Hamilton County's 65 years and older population is projected to grow 32.0 percent between 2019 and 2025. Population growth will increase need and demand for access to health care services.</p> <p>In eight (8) of the county's 13 ZIP Codes, the percentage of older men receiving a set of "core preventive services" has been below the U.S. average. The percentage of older women receiving "core preventive services" has been below average in five (5) ZIP Codes.<sup>8</sup></p>
<b>Local Assets &amp; Resources</b>	
<ul style="list-style-type: none"> <li>• Ascension St Vincent Carmel</li> <li>• Ascension St Vincent Fishers</li> <li>• Other hospital facilities located in Hamilton County</li> <li>• Federally Qualified Health Centers located in Hamilton County</li> <li>• Hamilton County Health Department</li> <li>• See Appendix E</li> </ul>	
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
<p>Senior populations are an increasing segment of the community. Specific needs include assistance to help seniors age in place and access to cognitive care. Community and hospital staff meeting participants identified "Needs of Seniors" as a top community health need.</p>	<p>Seniors without access to transportation, family and social supports, and living in isolation.</p>

<sup>8</sup> Core preventive services for men are: an influenza vaccine, a pneumococcal vaccine, a colonoscopy or fecal occult blood test or sigmoidoscopy (all at recommended time intervals). Core preventive services for women are the same but also include a mammogram.

<b>Substance Use Disorders and Overdoses</b>	
<b>Why is it Important?</b>	<b>Data Highlights</b>
Substance use disorders have significant impacts on individuals, families, and communities. Impacts are cumulative and result in costly social, physical, mental, and public health issues. <sup>9</sup>	Substance use disorders and overdoses have been problematic across Indiana. Between 2015 and 2019, drug overdose and poisoning deaths decreased in Hamilton County but increased in Indiana. While mortality rates in Hamilton County have been lower than state averages, local public health officials continue to raise concerns about opioid-related injuries and deaths.
<b>Local Assets &amp; Resources</b>	The Indiana State Health Improvement Plan has prioritized the need to reduce injury and death due to opioid usage.
<ul style="list-style-type: none"> <li>• Ascension St Vincent Carmel</li> <li>• Ascension St Vincent Fishers</li> <li>• Other hospital facilities located in Hamilton County</li> <li>• Federally Qualified Health Centers located in Hamilton County</li> <li>• Hamilton County Health Department</li> <li>• See Appendix E</li> </ul>	
<b>Community Challenges &amp; Perceptions</b>	<b>Individuals Who Are More Vulnerable</b>
Opioid usage is widespread in Hamilton County. Primary care physicians are not integrating behavioral health checks into care.	National studies show that drug use is most prevalent in the 18-25 age group. People with mental health issues and people with Adverse Childhood Experiences also have been shown to be at higher risk.

<sup>9</sup> 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 Carmel 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 Carmel'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 full 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 Carmel Board of Directors**

To ensure the Ascension St. Vincent Carmel'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 Carmel Board of Directors for approval and adoption on April 26, 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 Carmel serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension St. Vincent Carmel 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 Carmel hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Hamilton County. As a Catholic health ministry, Ascension St. Vincent Carmel 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 Carmel 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 B: Community Demographic Data and Sources

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Appendix D1: Secondary Data and Sources – County Health Rankings

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Appendix F: Evaluation of Impact from Previous CHNA Implementation Strategy

## **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 informants, set the timeline, contribute funds, etc.

### **Hospital Input Meeting**

Group discussions with selected individuals. A skilled moderator is needed to lead hospital input meeting discussions. Members of a hospital input meeting 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.

### **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 informants 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	Hamilton	Indiana	U.S.
Total	338,011	6,732,219	328,239,523
Male	48.8%	49.3%	49.2%
Female	51.2%	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	Hamilton	Indiana	U.S.
Asian	6.5%	2.6%	5.9%
Black / African American	4.4%	9.6%	12.5%
Hispanic / Latino	4.3%	7.3%	18.5%
Native American	0.2%	0.4%	1.3%
White	82.8%	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	Hamilton	Indiana	U.S.
Median Age	37.1	37.7	38.1
Age 0-17	27.4%	23.6%	22.6%
Age 18-64	60.7%	61.1%	61.7%
Age 65+	11.9%	15.4%	15.6%
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	Hamilton	Indiana	U.S.
Median Household Income	\$107,710	\$57,617	\$65,712
Per Capita Income	\$49,287	\$29,777	\$34,103
People with incomes below the federal poverty guideline	17%	24%	13%
ALICE Households	4%	13%	29%
Data sources: 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.

Education	Hamilton	Indiana	U.S.
High School grad or higher	96.8%	88.8%	88.0%
Bachelor's degree or higher	59.3%	26.5%	32.1%
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.

Insurance	Hamilton	Indiana	U.S.
Uninsured	5.5%	9.7%	5.8%
People with Medicaid/Meanst-tested Public Coverage	5.8%	17.6%	20.2%
Data sources: U.S. Census, 2021, and County Health Rankings, 2021			

## Appendix C: Community Input Data and Sources

Two community input meetings were conducted in May 2021 to gather feedback on the health needs and assets of Hamilton County. More than fifty individuals were invited to participate in the Hamilton County community input meetings and thirty both attended and completed a post-meeting 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 organizations invited to the community input meetings are presented below.

Invited Organizations	
Aspire Indiana Health	HAND
Breathe Easy Hamilton County	Heart and Soul Free Clinic
Carmel Clay School District	HOPE Family Care Center
CICOA Aging and In-Home Solutions	Meals on Wheels Hamilton County
City of Noblesville, Common Council	Noblesville Chamber of Commerce
City of Noblesville, Mayor's Office	Noblesville Schools
Fishers Health Department	Prevail of Hamilton County
Good Samaritan Network of Hamilton County	PrimeLife Enrichment
Hamilton County Community Foundation	Shepherd's Center of Hamilton County
Hamilton County Council on Alcohol and Other Drugs	Sheridan Community Schools
Hamilton County Government	St. Elizabeth Seton Parish
Hamilton County Harvest Food Bank	The Villages Healthy Families
Hamilton County Head Start	Trinity Free Clinic
Hamilton County Health Department	

A meeting also was conducted in January 2022 to gather feedback from hospital staff on the health needs and assets of Hamilton County. Hospital staff from both Ascension St. Vincent Carmel and Ascension St. Vincent Fishers participated in the meeting. Five individuals participated. These staff included discharge planners, community navigators, social workers, primary care providers, and administrators.



## **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	Hamilton	Indiana	Top US	Description
				Counties	
Length of Life					
Premature Death	Better	4,192.8	8,251.6	5,581.3	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy	-	82.0	77.1	81.1	How long the average person should live (in years).
Infant Mortality	-	4.8	7.1	4.3	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or Fair Health	-	12.0%	18.2%	13.9%	Percent of adults reporting fair or poor health.
Poor Physical Health Days	-	3.0	4.0	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress	-	8.9%	12.3%	10.3%	Percent of adults 14 or more days of poor physical health per month.
Low Birth Weight	-	6.7%	8.1%	6.0%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+	-	40.0	42.1	N/A	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	-	3.9	4.7	3.8	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress	-	11.8%	14.7%	12.0%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide	-	12.1	15.2	11.4	Number of deaths due to suicide per 100,000.
Morbidity					

Diabetes prevalence	-	8.4%	12.1%	8.1%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer Incidence		N/A	N/A	N/A	Number of new cancer diagnoses per 100,000.
<b>Communicable Disease</b>					
HIV Prevalence	-	91.5	206.4	50.7	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections	Worse	232.6	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	Hamilton	Indiana	Top US	Description
				Counties	
Economic Stability					
Median Household Income	-	107,710	57,617	72,876	Income where half of households in a county earn more and half of households earn less.
Unemployment	Same	2.5%	3.3%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty	-	4%	13%	29%	Percentage of population living below the Federal Poverty Line.
Childhood Poverty	Same	4.3%	15.1%	10.1%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Completion	-	96.8%	88.8%	93.6%	Percentage of ninth grade cohort that graduates in four years.
Some College	-	87.2%	62.8%	73.4%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					

Children in single-parent homes	-	13.4%	25.1%	13.8%	Percentage of children that live in a household headed by a single parent.
Social Associations	-	9.9	12.3	18.2	Number of membership associations per 10,000 population.
Disconnected Youth	-	3.4%	6.5%	4.0%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Violent Crime	Better	33.0	385.1	63.5	Number of reported violent crime offenses per 100,000 population.
<b>Access to Healthy Foods</b>					
Food Environment Index	-	9.0	7.0	8.7	Index of factors that contribute to a healthy food environment, 0 is worst, 10 is best.
Food Insecurity	-	7.7%	13.2%	8.6%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods	-	3.9%	6.9%	1.6%	Percent of the population who are low-income and do not live close to a grocery store.
Data source: County Health Rankings, 2021					

### 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	Hamilton	Indiana	Top US	Description
				Counties	
Physical Environment					
Severe housing cost burden	-	8.1%	10.9%	7.0%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems	-	8.9%	12.9%	8.9%	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	9.0	9.0	5.2	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership	-	76.9%	69.1%	80.7%	Percentage of occupied housing units that are owned.
Year Structure Built	-	4.8%	22.9%	N/A	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	Hamilton	Indiana	Top US	Description
				Counties	
Healthcare Access					
Uninsured	Better	5.5%	9.7%	5.8%	Percentage of population under age 65 without health insurance.
Uninsured Adults	Better	6.2%	11.0%	6.8%	Percentage of adults under age 65 without health insurance.
Uninsured children	Better	4.0%	6.6%	2.9%	Percentage of children under age 19 without health insurance.
Primary Care Physicians	Better	145.4	66.8	96.7	Ratio of population to primary care physicians.
Other Primary Care Providers	-	82.2	100.6	161.0	Ratio of the population to primary care providers other than physicians.
Mental Health Providers	-	150.3	168.3	368.5	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays	-	3,033	4,795	2,571	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations	Better	61%	52%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings	Better	51%	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	Hamilton	Indiana	Top US	Description
				Counties	
Healthy Life					
Adult Obesity	Worse	25.7%	33.9%	25.5%	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	Better	17.4%	26.7%	19.3%	Percentage of adults aged 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities	-	91.3%	75.2%	91.4%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep	-	33.1%	38.0%	31.6%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths	-	4.6%	12.3%	8.8%	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking	-	13.9%	21.7%	16.2%	Percentage of adults who are current smokers.
Excessive Drinking	-	20.8%	18.6%	14.8%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths	Same	23.6%	18.8%	11.1%	Percent of Alcohol-impaired driving deaths.
Sexual Health					
Teen Births	-	5.4	24.8	11.6	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections	Worse	232.6	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 Hamilton County (because the county's data are particularly unfavorable in comparison with Indiana-wide statistics):

- The number of membership (social) associations per 10,000 persons
- The per-capita supply of mental health providers
- The percent of adults who engage in excessive drinking
- The percent of driving deaths with alcohol involvement

In comparison with "Top U.S. Counties," rates for infant mortality, low birth weight, poor mental health days, suicide, diabetes prevalence, communicable diseases (including HIV and sexually transmitted infections), access to healthy foods, severe housing cost burden, air pollution, and preventable hospital stays, also are comparatively high.



## **Appendix D2: Additional Secondary Data**

Appendix D2 presents and discusses additional, relevant secondary data for Hamilton 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)

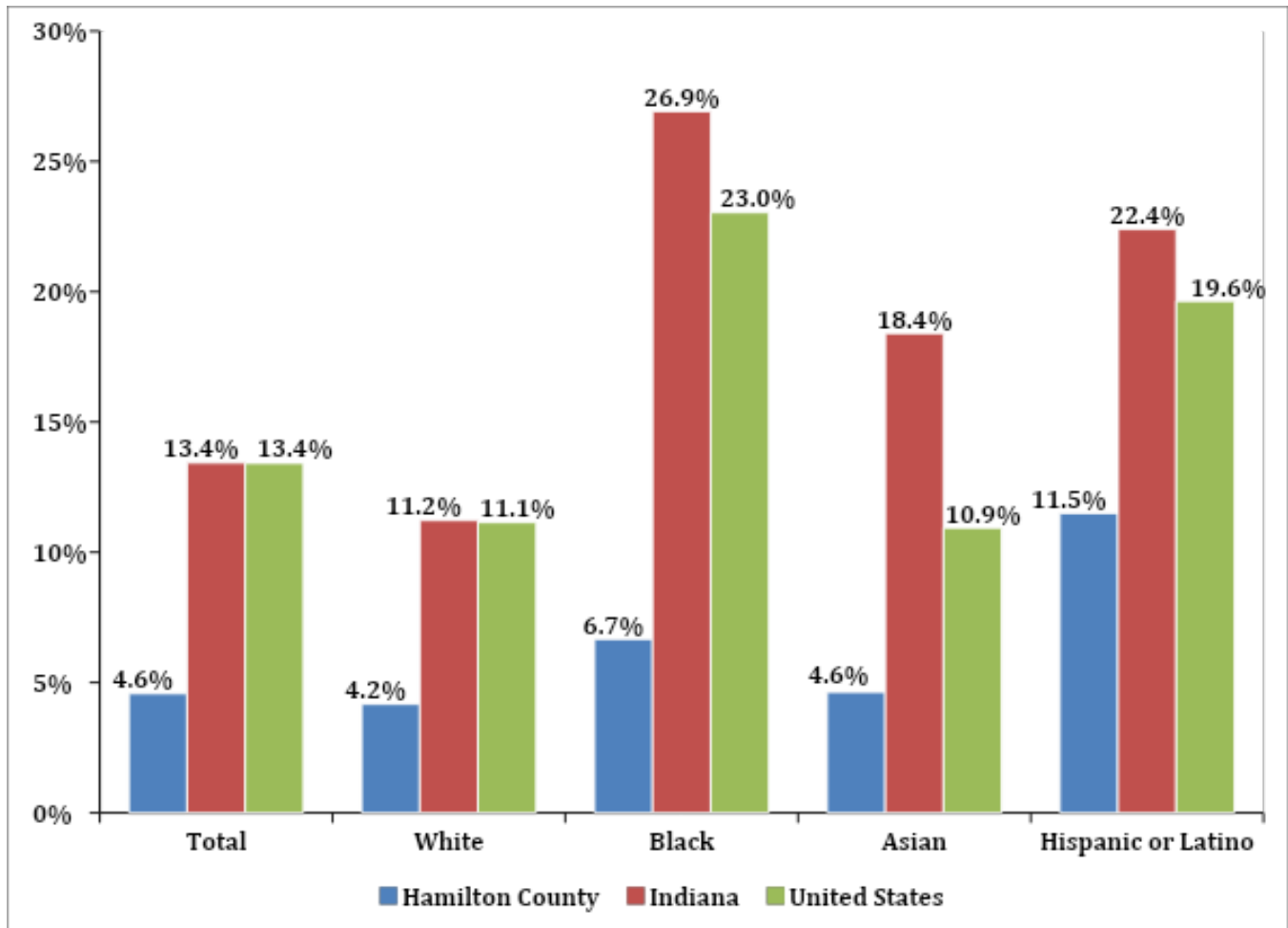
Brief descriptions of each data source and observations based on the data follow.

**Projected Population Growth, 2015-2019**

Year	Hamilton County		Indiana	
	Population	Age 65+	Population	Age 65+
2019	323,117	38,362	6,665,703	1,023,588
2025	398,587	50,656	7,043,550	1,196,568
Change	75,470	12,294	377,847	172,980
Percent Change	23.4%	32.0%	5.7%	16.9%

**Description.** This table portrays population growth in Hamilton County and Indiana.

**Observations:** The total population of Hamilton County is projected to increase by 23.4 percent between 2019 and 2025 to almost 400,000 persons. The 65+ population is projected to grow 32.0 percent.

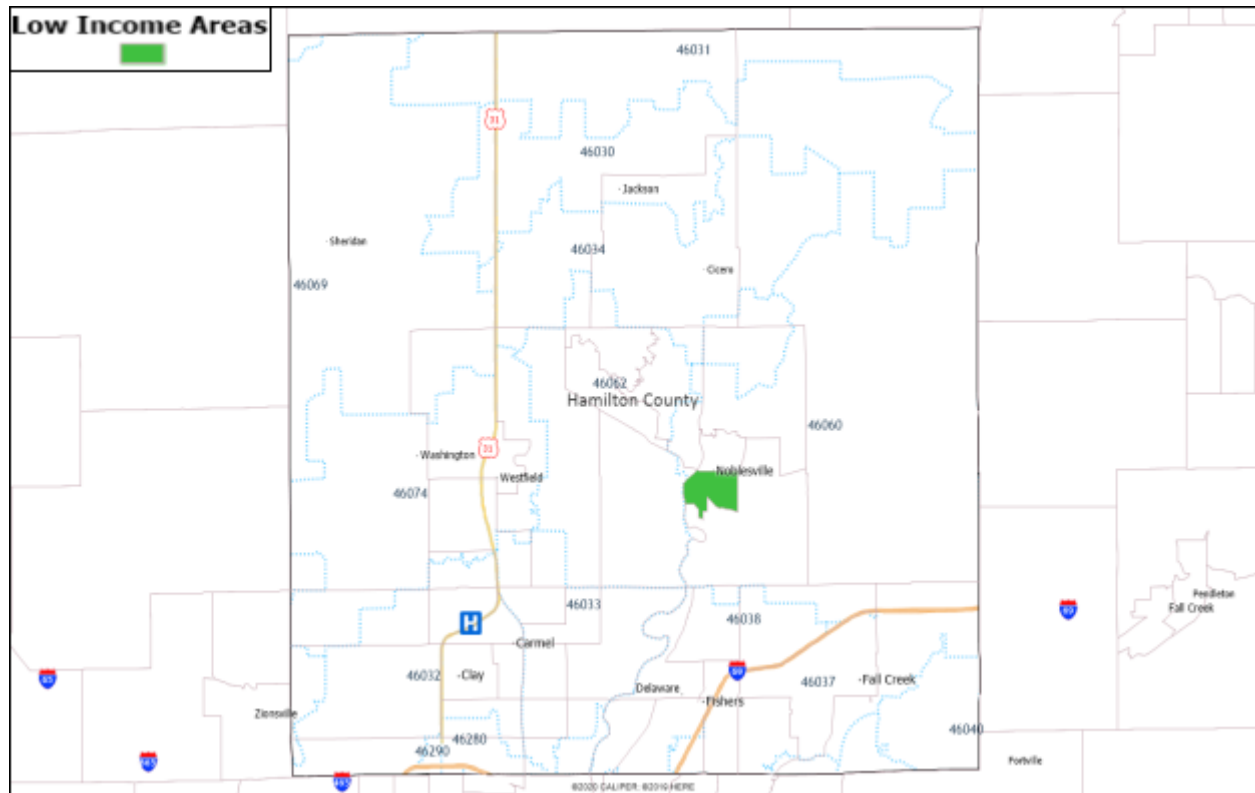
**Poverty Rates by Race and Ethnicity, 2015-2019**


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

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

**Observations:** Poverty rates in Hamilton County have been highest for Black and Hispanic (or Latino) residents.

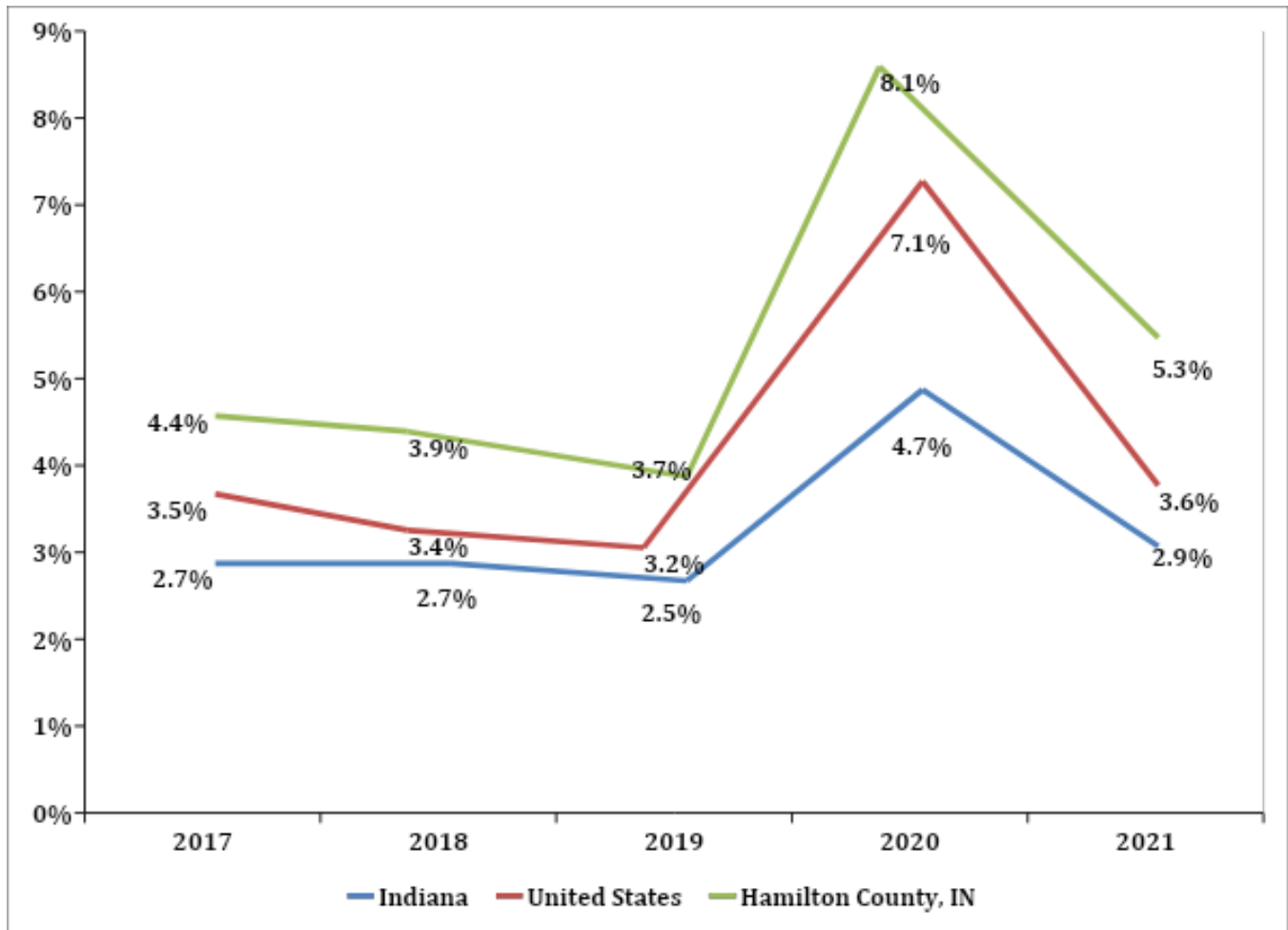
### Low Income Census Tracts, 2019



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 low-income census tract was present in Noblesville.

**Annual Unemployment Rates, 2017-2021**


Source: Bureau of Labor Statistics, 2021.

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

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

**Percent of Households Housing Burdened, 2015-2019**

Indicator	Hamilton County	Indiana	United States
Occupied Housing Units	121,388	2,570,419	120,756,048

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

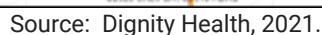


**Observations.** In Hamilton County, 19.6 percent of households have been designated as “housing burdened,” a level below Indiana and United States averages. However, ZIP Codes 46069 (24.7 percent) and 46280 (25.4 percent) are higher than the state average. The COVID-19 pandemic is known to have increased housing insecurity across the United States.

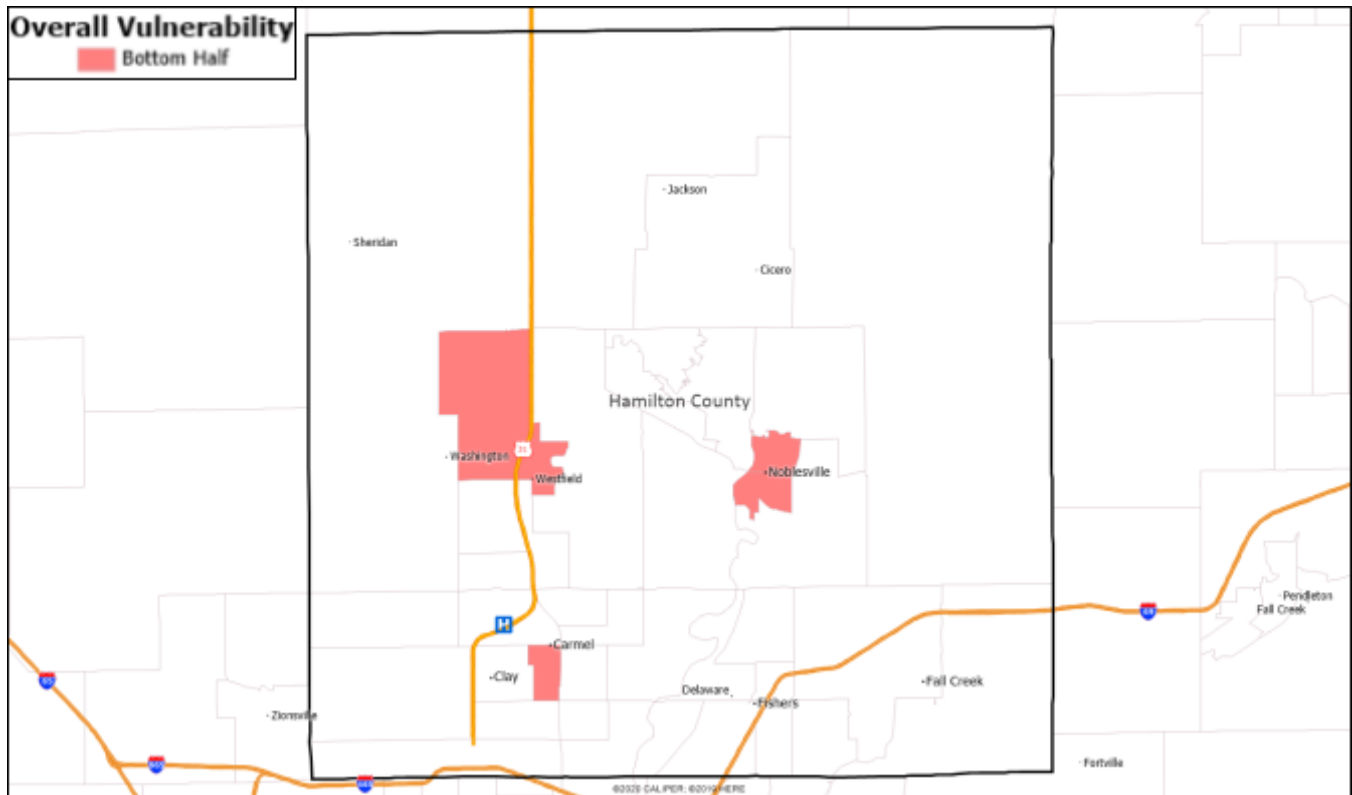
## Community Need Index™, 2021

Indicator	Hamilton County	United States
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Source: Dignity Health, 2021.



**Observations.** At 1.8, the weighted average CNI score for Hamilton County is lower than the U.S. median. ZIP Code 46030 has a score of 2.6, the highest in the county.

**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 Hamilton 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.”<sup>10</sup>

**Observations.** Census tracts with the high SVI scores are in and around Carmel and Noblesville.

<sup>10</sup> [https://www.atsdr.cdc.gov/placeandhealth/svi/fact\\_sheet/fact\\_sheet.html](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	Hamilton County	Peer Counties Average	Quartile Ranking
Length of Life	Years of Potential Life Lost Before 75 Per 100,000	4,193	4,994	1
Quality of Life	% of Adults Reporting Fair or Poor Health	12.0%	13.5%	2
	Average Number of Physically Unhealthy Days Per Month	3.0	3.2	1
	Average Number of Mentally Unhealthy Days Per Month	3.9	3.8	3
	% of Live Births with Low Birthweight	6.7%	7.2%	2
Health Behaviors	% of Adults who Smoke	13.9%	14.2%	2
	% Adults with Obesity	25.7%	29.2%	1
	Food Environment Index	9.0	8.8	2
	% Physically Inactive	17.4%	19.4%	2
	% With Access to Exercise Opportunities	91.3%	87.5%	2
	% of Adults Reporting Binge or Heavy Drinking	20.8%	19.2%	3
	% Driving Deaths with Alcohol Involvement	23.6%	28.1%	1
	Newly Diagnosed Chlamydia Cases per 100,000	232.6	299.2	2
	Births per 1,000 Females Aged 15-19 Years	5.4	10.8	1
Clinical Care	% of Population Under 65 Uninsured	5.5%	8.5%	2
	Primary Care Physicians Per 100,000	145.4	81.7	1
	Dentists Per 100,000	76.0	58.5	1
	Mental Health Providers Per 100,000	150.3	142.9	2
	Preventable Hospitalizations Per 100,000 Medicare Enrollees	3,033	4,039	1
	% of Females 65-74 With Annual Mammogram	51.0%	43.6%	1
	% of FFS Medicare Beneficiaries with Annual Flu Vaccination	61.0%	53.2%	1
Social & Economic Factors	% of Adults 25+ Who Completed High School	96.8%	93.4%	1
	% of Adults 25-44 with Some College	87.2%	76.4%	1
	% Unemployed	2.5%	2.9%	1
	% Children in Poverty	4.3%	6.7%	1

	Ratio of Income at 80th Percentile to 20th Percentile	3.9	3.8	3
	% Children in Single-Parent Households	13.4%	15.9%	1
	Membership Associations per 10,000	9.9	7.5	1
	Reported Violent Crime Offenses per 100,000	33.0	157.3	1
	Deaths Due to Injury Per 100,000	42.5	52.9	1
Physical Environment	Average Daily Density of Fine Particulate Matter (PM2.5)	9.0	8.5	3
	% of Households with Severe Housing Problems	8.9%	11.6%	1
	% Drive Alone to Work	82.4%	80.6%	3
	% Long Commute - Drives Alone	41.7%	46.8%	2

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 Hamilton County with peer counties. Light grey shading shows indicators for which Hamilton 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.

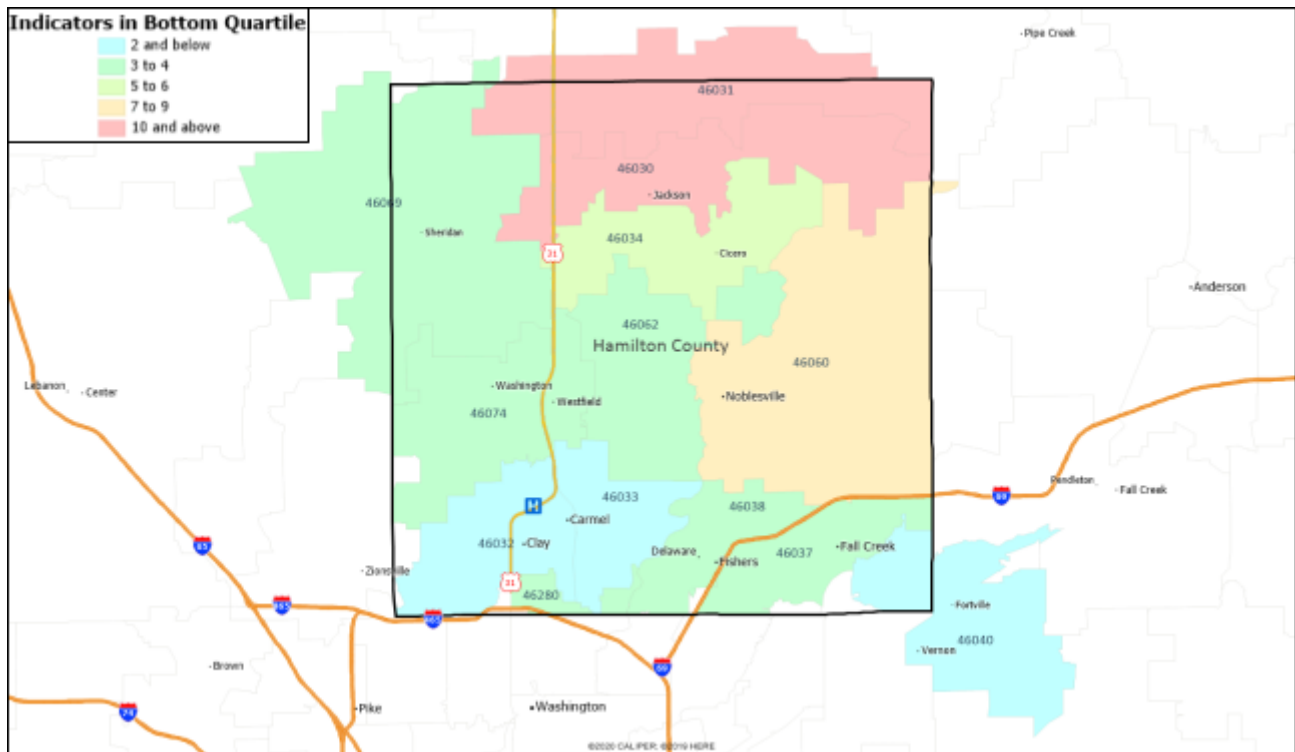
**Observations.** Hamilton County ranks in the bottom quartile of its peer counties for four indicators:

- Adults reporting binge or heavy drinking;
- Ratio of income at 80th percentile to 20th percentile;
- Average daily density of fine particulate matter (PM2.5); and
- Percent who drive alone to work.



**Ascension St. Vincent Carmel**

BRFSS Indicators in Bottom Quartile Nationally, 2018-2019



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

Indicator	Hamilton County (N=13)	Ascension St. Vincent Counties (N=134)	Indiana (N=739)
Taking Blood Pressure Medication	31%	15%	7%
Core preventive services for older men	15%	62%	64%
Arthritis	8%	4%	2%
Cancer (except skin)	8%	4%	7%
Chronic Kidney Disease	8%	10%	7%
Coronary Heart Disease	8%	7%	8%
High Blood Pressure	8%	11%	8%
High Cholesterol	8%	7%	7%
All Teeth Lost	0%	31%	27%
Annual Checkup	0%	13%	7%

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 table shows the indicators that are most frequently in the bottom quartile for Hamilton County. Data also are presented for these same indicators for ZIP Codes in communities served by Ascension St. Vincent hospitals and for Indiana.

**Observations.** Hamilton County has comparatively few ZIP Codes with BRFSS indicators that are in the bottom quartile nationally. In four ZIP Codes (31 percent), the percent of people taking needed blood pressure medication is in the bottom quartile. In two, fewer older men appear to be receiving a core set of prevention services than nationally.

**Age-Adjusted Mortality Rates Per 100,000, 2019**

Indicator	Hamilton County	Indiana
Major Cardiovascular Disease	167.2	237.5
Diseases of Heart	119.9	178.7
Malignant Neoplasms (Cancer)	125.9	163.3
Ischemic Heart Disease	67.4	93.1

Accidents (Unintentional Injuries)	28.8	56.1
Chronic Lower Respiratory Diseases	33.2	56.1
Cerebrovascular Disease (Stroke)	36.2	41.5
Alzheimer's Disease	19.5	31.7
Drug Poisoning	11.4	26.6
Accidental Poisoning And Exposure To Noxious Substances	12.0	25.4
Diabetes Mellitus	12.4	25.0
Nephritis, Nephrotic Syndrome and Nephrosis (Kidney Disease)	14.5	17.1
Septicemia	9.1	14.3
Intentional Self-Harm (Suicide)	12.3	14.1
Motor Vehicle Accidents	4.4	12.6
Alcohol Related Causes	6.4	10.4
Assault (Homicide)	0.0	7.2

Source: Indiana Department of Health, 2020.

**Description.** This table provides age-adjusted mortality rates in Hamilton 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.** No mortality rates for Hamilton County were above the Indiana averages.

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

Indicator	Hamilton County	Indiana	United States
All Cancers	130.7	173.0	155.6
Lung and Bronchus	29.0	48.8	38.5
Breast	18.1	20.8	20.1
Prostate	16.7	19.5	19.0
Colon and Rectum	10.6	15.1	13.7
Pancreas	11.4	11.6	11.0

Leukemias	7.1	6.9	6.3
Ovary	6.8	6.9	6.7
Non-Hodgkin Lymphoma	4.5	6.1	5.4
Liver and Intrahepatic Bile Duct	3.8	6.0	6.6
Corpus and Uterus, NOS	3.6	5.1	4.9
Esophagus	2.7	4.9	3.9
Brain and Other Nervous System	5.5	4.6	4.4
Urinary Bladder	3.9	4.6	4.3
Kidney and Renal Pelvis	3.4	4.3	3.6
Myeloma	4.1	3.4	3.2
Cervix	N/A	2.5	2.2
Melanomas of the Skin	2.8	2.5	2.3
Oral Cavity and Pharynx	1.7	2.5	2.5
Stomach	2.1	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.** Hamilton County's cancer mortality rates for leukemias, brain and other nervous system, and myeloma have been slightly above state and national averages.

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

Indicator	Hamilton County	Indiana	United States
All Cancer Types	440.2	<b>459.3</b>	448.7
Breast	148.1	<b>122.9</b>	125.9

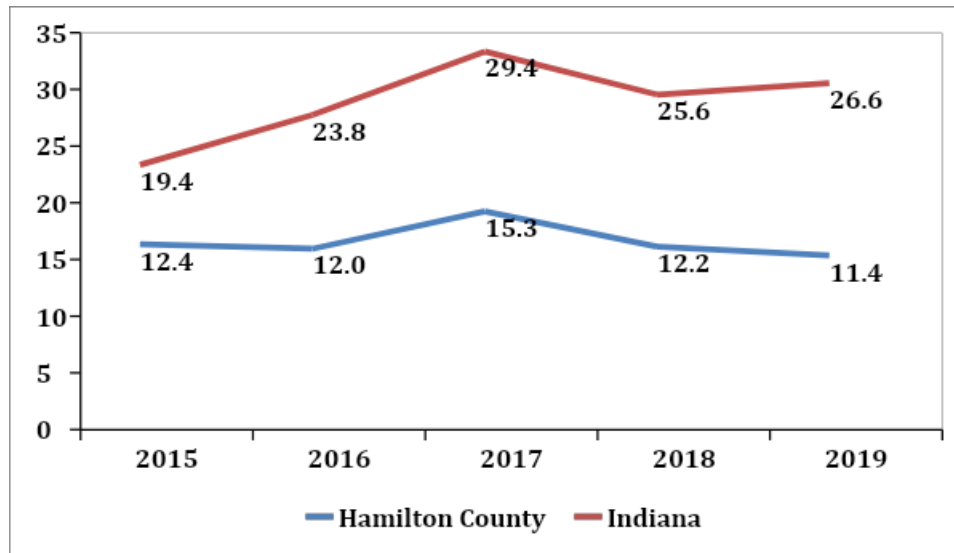
Prostate	118.8	<b>94.2</b>	104.5
Lung & Bronchus	44.2	<b>72.2</b>	58.3
Colon & Rectum	31.7	<b>42.6</b>	38.4
Uterus (Corpus & Uterus)	21.7	<b>28.2</b>	27.0
Bladder	18.2	<b>21.7</b>	20.0
Melanoma of the Skin	33.7	<b>21.7</b>	22.3
Kidney & Renal Pelvis	15.2	<b>19.0</b>	16.8
Non-Hodgkin Lymphoma	19.3	<b>18.6</b>	19.3
Childhood (Ages <20)	20.8	<b>17.6</b>	18.9
Childhood (Ages <15)	18.1	<b>16.2</b>	17.4
Leukemia	15.0	<b>13.7</b>	14.2
Pancreas	10.9	<b>13.3</b>	12.9
Oral Cavity & Pharynx	10.8	<b>12.7</b>	11.8
Thyroid	14.9	<b>12.5</b>	14.3
Ovary	9.8	<b>10.4</b>	10.9
Cervix	4.0	<b>8.2</b>	7.6
Liver & Bile Duct	4.9	<b>7.2</b>	8.4
Brain & ONS	7.3	<b>6.5</b>	6.5
Stomach	5.2	<b>5.9</b>	6.5
Esophagus	4.0	<b>5.5</b>	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.

**Observation.** Hamilton County's cancer incidence rates overall have been below state and national averages, but have been above average for breast, prostate, and skin cancers.



**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 Hamilton County and Indiana.

**Observations.** Between 2015 and 2019, drug overdose and poisoning deaths decreased in Hamilton County but increased in Indiana. Mortality rates in Hamilton County consistently have been below state averages.

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

Indicator	Hamilton County	Indiana
HIV and AIDS	76.6	189.9
Newly Diagnosed - HIV and AIDS	3.3	8.2
Chlamydia	240.5	526.3
Gonorrhea	46.7	177.1
Primary and Secondary Syphilis	1.8	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.

**Observation.** The incidence rates of communicable diseases have been below the Indiana average.

### Maternal and Child Health Indicators, 2018-2019

Indicator	Hamilton County	Indiana
Infant Mortality Rate (per 1,000 births)	4.9	<b>7.2</b>
Preterm Births	8.7%	<b>10.1%</b>
Low Birthweight Infants	6.4%	<b>8.2%</b>
Very Low Birthweight Infants	1.4%	<b>1.3%</b>
Mothers Receiving Prenatal Care (First Trimester)	84.5%	<b>68.9%</b>
Mothers Breastfeeding	94.3%	<b>82.0%</b>
Mothers Smoking during Pregnancy	2.0%	<b>11.8%</b>
Births to Unmarried Mothers	14.8%	<b>44.5%</b>
Mothers on Medicaid Percent	8.5%	<b>38.5%</b>
Child Immunization Percent	66.0%	<b>67.0%</b>
ER Visits due to Asthma (Aged 5-17, per 10,000)	23.9	<b>49.7</b>

Source: Indiana Department of Health, 2020.

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

**Observations.** Hamilton County's overall maternal and child health indicators benchmark favorably in comparison to Indiana-wide statistics. More mothers receive prenatal care and breastfeed. Fewer have smoked during pregnancy.

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

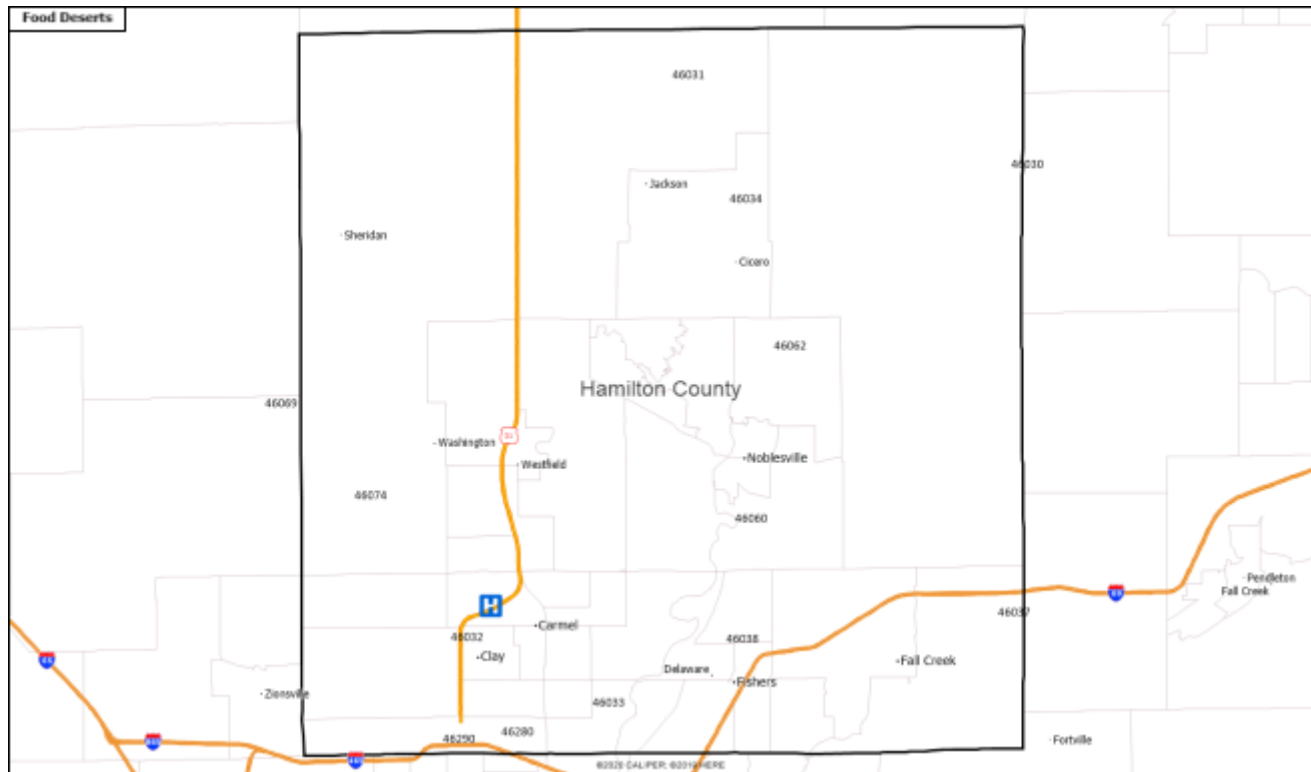
Indicators	Black	Hispanic or Latino	White
<b>Hamilton County</b>			
Prenatal Care Started in First Trimester	75.8%	69.8%	81.6%
Tobacco Used During Pregnancy	N/A	N/A	21.2%
Preterm Births	10.1%	9.0%	10.9%
Infant Mortality Rate (2013-2019)	N/A	N/A	6.7
<b>Indiana</b>			
Prenatal Care Started in First Trimester	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 Hamilton County and Indiana by race and ethnicity.

**Observations.** In Hamilton County, prenatal care rates for Black and Hispanic (or Latino) populations compare unfavorably to rates for Whites. 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

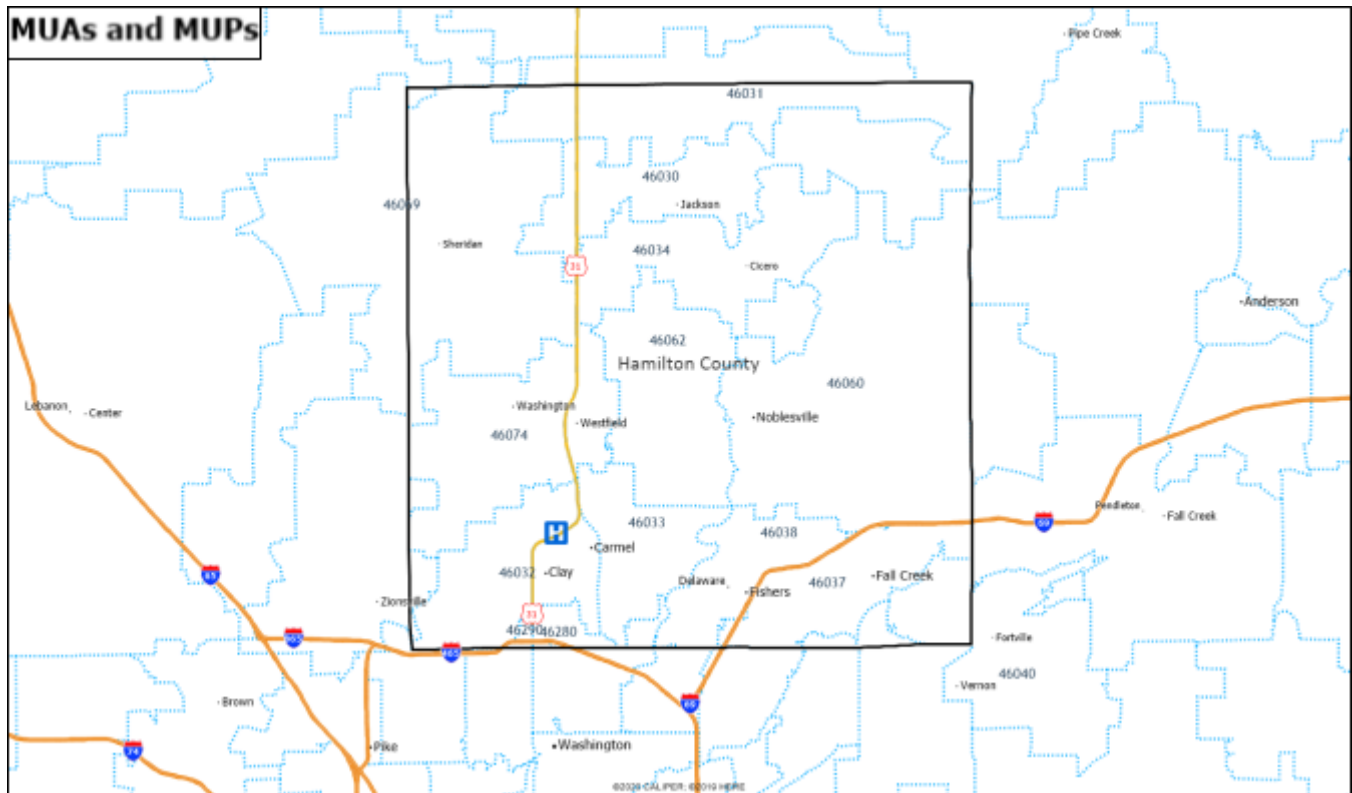


Source: U.S. Department of Agriculture, 2021, and Caliper Maptitude.

**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.** No food deserts are identified in Hamilton County.

### 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 Hamilton County.

### Primary Care Health Professional Shortage Areas, 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.

**Observations.** No area or population in Hamilton County is designated as a Primary Care HPSA.

### Dental Care Health Professional Shortage Areas, 2021

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

**Observations.** No area or population in Hamilton County is designated as a Dental Care HPSA.

### Mental Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	County
LI - Central Indiana MHCAs	HPSA Population	Hamilton

Source: Health Resources and Services Administration, 2021.

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

**Observations.** Hamilton County, as part of the Central Indiana Mental Health Catchment Areas, is designated as a Mental Health HPSA.

## 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	<b>178.8</b>
Cancer (Malignant Neoplasms)	183.6	91.5	168.8	<b>163.4</b>
Chronic Lower Respiratory Disease (CLRD)	45.4	14.1	58.5	<b>56.1</b>
Accidents / Unintentional Injuries	60.5	34.0	59.3	<b>56.0</b>
Stroke / Cerebrovascular Disease	51.5	29.2	39.8	<b>41.4</b>
Alzheimer's Disease	29.5	16.1	34.2	<b>31.6</b>
Diabetes	48.4	24.1	24.5	<b>25.0</b>
Kidney Disease (Nephritis, Nephrosis)	34.1	16.4	16.6	<b>17.1</b>
Septicemia	21.6	11.9	14.9	<b>14.3</b>
Suicide	8.7	7.0	17.3	<b>14.2</b>
Chronic Liver Disease / Cirrhosis	8.9	12.9	12.5	<b>12.0</b>
Influenza / Pneumonia	11.9	6.7	13.4	<b>11.6</b>
High Blood Pressure / Related Kidney Disease	18.5	5.6	9.6	<b>10.4</b>
Parkinson's Disease	4.7	N/A	10.0	<b>9.9</b>
Homicide	36.8	6.6	3.4	<b>7.2</b>
Pneumonitis (Lung Inflammation)	6.1	N/A	6.3	<b>6.0</b>
Nutritional Deficiencies	3.9	3.9	3.4	<b>4.3</b>
Neoplasms (Abnormal Growth)	3.4	N/A	4.2	<b>4.1</b>
Birth Defects	4.5	2.9	3.7	<b>4.0</b>
Condition Originating Around Time of Birth	8.9	4.3	3.6	<b>3.6</b>

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%	<b>27.0%</b>
Asthma	12.7%	5.1%	9.8%	<b>9.8%</b>
Avoided Care Due to Cost	13.3%	23.7%	11.2%	<b>12.6%</b>
Cancer	3.6%	N/A	7.9%	<b>7.2%</b>
Cardiovascular Diseases	11.2%	3.8%	10.1%	<b>9.9%</b>
Children in Poverty	37.8%	27.2%	13.7%	<b>18.0%</b>
Chlamydia Rate	1,864.1	559.5	279.4	<b>523.9</b>
Chronic Kidney Disease	4.1%	N/A	3.3%	<b>3.4%</b>
Chronic Obstructive Pulmonary Disease	6.5%	N/A	9.5%	<b>8.7%</b>
Colorectal Cancer Screening	70.0%	42.2%	69.2%	<b>68.2%</b>
Crowded Housing	1.5%	4.7%	1.2%	<b>1.5%</b>
Dedicated Health Care Provider	78.4%	54.3%	80.0%	<b>77.9%</b>
Dental Visit	55.6%	60.8%	65.6%	<b>64.4%</b>
Depression	14.6%	11.1%	22.8%	<b>21.0%</b>
Diabetes	17.9%	9.0%	12.1%	<b>12.4%</b>
Drug Deaths (1-year) Rate	27.0	7.3	27.3	<b>24.9</b>
Education - Less Than High School	12.3%	30.1%	8.7%	<b>10.4%</b>
Excessive Drinking	17.5%	20.9%	16.3%	<b>16.5%</b>
Exercise	21.7%	16.7%	21.1%	<b>21.1%</b>
Flu Vaccination	33.3%	35.7%	44.0%	<b>42.1%</b>
Frequent Mental Distress	13.3%	8.2%	14.5%	<b>14.3%</b>
Frequent Physical Distress	13.4%	12.8%	13.7%	<b>13.8%</b>
Fruit and Vegetable Consumption	8.1%	6.6%	9.1%	<b>9.1%</b>
High Blood Pressure	44.5%	20.5%	35.1%	<b>34.8%</b>



High Cholesterol	30.9%	25.9%	34.9%	<b>33.8%</b>
High Health Status	40.4%	35.5%	49.1%	<b>47.3%</b>
High School Graduation	79.4%	84.3%	90.0%	<b>88.1%</b>
High-speed Internet	79.0%	85.2%	87.2%	<b>86.4%</b>
Insufficient Sleep	47.4%	37.8%	35.4%	<b>36.9%</b>
Low Birthweight	13.7%	7.1%	7.1%	<b>8.1%</b>
Multiple Chronic Conditions	10.6%	5.2%	12.2%	<b>11.7%</b>
Non-medical Drug Use	12.2%	16.7%	10.1%	<b>10.8%</b>
Obesity	36.7%	46.2%	34.9%	<b>35.3%</b>
Per Capita Income	21,824	18,721	33,653	<b>30,988</b>
Physical Inactivity	33.9%	38.0%	30.3%	<b>30.9%</b>
Preventable Hospitalizations	7,542	5,186	4,626	<b>4,810</b>
Severe Housing Problems	24.5%	22.1%	10.9%	<b>12.9%</b>
Smoking	19.6%	13.8%	19.5%	<b>19.2%</b>
Suicide Rate	8.6	6.9	18.2	<b>16.3</b>
Teen Births Rate	37.5	31.5	18.4	<b>21.8</b>
Unemployment	8.7%	4.7%	3.7%	<b>4.3%</b>
Voter Participation (Midterm)	47.2%	36.5%	50.1%	<b>49.3%</b>
Voter Participation (Presidential)	51.6%	46.0%	58.9%	<b>58.3%</b>

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.** Air pollution, obesity, provider supply, smoking, and other issues appear problematic on a state-wide basis. Indiana ranks 45<sup>th</sup> 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 Carmel has cataloged resources available in Hamilton 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	Website
<b>Hospitals</b>		
Riverview Health	(317) 773-0760	<a href="https://riverview.org/">https://riverview.org/</a>
St Vincent Heart Center	(317) 583-5000	<a href="https://healthcare.ascension.org/locations/indiana/ineva/indianapolis-ascension-st-vincent-heart-center">https://healthcare.ascension.org/locations/indiana/ineva/indianapolis-ascension-st-vincent-heart-center</a>
Ascension St Vincent Carmel	(317) 582-7000	<a href="https://healthcare.ascension.org/locations/indiana/ineva/carmel-ascension-st-vincent-carmel">https://healthcare.ascension.org/locations/indiana/ineva/carmel-ascension-st-vincent-carmel</a>
Indiana University Health North Hospital	(317) 688-2000	<a href="https://iuhealth.org/find-locations/iu-health-north-hospital">https://iuhealth.org/find-locations/iu-health-north-hospital</a>
Ascension St Vincent Fishers	(317) 415-9000	<a href="https://healthcare.ascension.org/locations/indiana/ineva/fishers-ascension-st-vincent-fishers">https://healthcare.ascension.org/locations/indiana/ineva/fishers-ascension-st-vincent-fishers</a>
<b>Federally Qualified Health Centers (FQHCs)</b>		
Aspire Indiana Health - Carmel	(877) 574-1254	(877) 574-1254 <a href="https://www.aspireindiana.org/">https://www.aspireindiana.org/</a>
IHC Hamilton County WIC	(317) 776-3445	(317) 776-3445 <a href="https://www.wicprograms.org/ci/in-noblesville">https://www.wicprograms.org/ci/in-noblesville</a>
Aspire Indiana Health - Noblesville	(877) 574-1254	(877) 574-1254 <a href="https://www.aspireindiana.org/">https://www.aspireindiana.org/</a>

Organization Name	Phone	Website
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 Carmel'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 describes 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	<p>Completed - Year 1 &amp; 2</p> <p>In Progress - Year 3</p>	<p><b>FY20 - Year 1: Community benefit =\$17,808</b> During this time, the HA helped one person obtain Medicare and/or Medicare Savings insurance (FY20 goal=set baseline)</p> <p><b>FY21 - Year 2: Community benefit = \$17,580</b> During FY21, the hospital assisted zero people with obtaining Medicare and/or Medicare Savings insurance (FY20 baseline = 1, FY21 goal = 2, FY21 goal attainment =did not meet). During FY21, the Health Advocate was working remotely due to COVID-19, which slowed referrals significantly.</p> <p><b>FY22 - Year 3: In Progress</b> Community benefit = in progress.</p> <p>Results from the last year of this I.S. cycle will be reported and attached to the FY22 Form 990.</p>
RUAH will use FY20 data to set the baseline value and FY22 target value	Completed	FY22 goal = Two completed Medicare and/or Medicare enrollments

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	<p><b>FY20 - Year 1: Community benefit = \$56.</b> During this time, a lead was identified, who communicated with the targeted school district's FSD to assess readiness in expanding SBP availability.</p> <p>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.</p>
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	<p><b>FY21 - Year 2: Community benefit = \$4,735.</b> 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.</p> <p>Consequently, during FY21, Ascension St. Vincent Carmel worked with Hamilton Southeastern Schools to purchase a fruit and vegetable slicer for the cafeteria to simplify preparation and increase the quantity being offered to students.</p>
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	<p><b>FY22 - Year 3: Community benefit = in progress.</b> Results from the last year of this I.S. cycle will be reported and attached to the FY22 Form 990.</p>

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	<b>FY20 - Year 1: Community benefit dollars = \$30.</b> 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	<b>FY21 - Year 2: Community benefit dollars = \$861.</b> During FY21, Ascension St. Vincent Carmel Hospital contributed \$861 to this initiative through its hosting of a virtual MHFA training for four individuals.
During FY22, leads coordinated the hosting of at least one MHFA training for the community at no charge.	In process	<b>FY21 - Year 3: Community benefit dollars = in progress.</b> Results from the last year of this I.S. cycle will be reported and attached to the FY22 Form 990.