Ascension St. Vincent Indianapolis

2021 Community Health Needs Assessment
Marion County, Indiana

Ascension

The goal of this report is to offer a meaningful understanding of the most significant health needs across Marion 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 Indianapolis Board of Directors on June 16, 2022 (2021 tax year) and applies to the following three-year cycle: July 2022 to June 2025 (FY 2023 – FY 2025). This report, as well as the previous report, can be found at our public website.

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

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Acknowledgements / Executive Statement

The 2021 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Marion County, the community assessed by Ascension St. Vincent Indianapolis (the hospital). Ascension St. Vincent Indianapolis 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 Marion 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 Marion 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 Indianapolis has defined its community served as Marion County, Indiana. Marion County is the hospital's primary service area and in 2020 over 75 percent of the hospital's emergency room patients were Marion 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. A community input meeting was held in June 2021. Numerous individuals representing organizations across Marion County were invited. A key stakeholder interview was conducted with a representative of the Marion County Health Department. Two hospital input meetings were 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 Marion 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
- Communicable Diseases/STDs
- COVID-19 Pandemic
- Food Security
- Maternal, Infant, and Child Health
- Mental Health Status and Access to Mental Health Services
- Obesity
- Racial and Ethnic Health Disparities
- Social Determinants of Health, including:
    - Poverty
    - Affordable Housing
    - Food Insecurity
    - Transportation
- Smoking and Tobacco Use
- Substance Use Disorders and Overdoses
- Violence and Crime

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 Indianapolis

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

In 1881, Bishop Silas Chatard invited four Daughters of Charity to start a hospital in Indianapolis. The Daughters arrived with $34.77 and converted St. Joseph's Seminary into a hospital. The hospital grew and two of the former locations, Capital Avenue and Vermont Street have Indiana Historical Markers to commemorate those locations. ASV Indianapolis built the current location in 1972. ASV Indianapolis Hospital is a 935-bed, full-service hospital and offers the following services: blood disorders, cancer, cardiovascular services, cosmetics & plastic surgery, dermatology, diabetes care, digestive health, ear nose and throat, emergency medicine, home care, hospice, immediate care, interventional radiology, laboratory services, maternity services, medical imaging, mental & behavioral health, nutrition support, orthopedics, pediatrics, primary care, rehabilitation services, respiratory care, senior services, sleep disorders, spiritual care, supportive care services, surgery, transplant – kidney & pancreas, trauma, urology, wellness medicine, women's health, and wound treatment. ASV Indianapolis includes St. Vincent Hospital and Health Care Center, which operates the following four specialty entities under one license: St. Vincent Indianapolis Hospital, St. Vincent Women's Hospital, Peyton Manning Children's Hospital at St. Vincent, and St. Vincent FSEDs. Additional sites on this campus include ASV Seton LTAC

and ASV Stress Center. ASV Indianapolis' primary service area is Marion County which is in Central Indiana. For more information about Ascension St. Vincent Indianapolis, visit https://healthcare.ascension.org/locations/indiana/ineva/indianapolis-ascension-st-vincent-indianapolis.

About the Community Health Needs Assessment

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

Purpose of the CHNA

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

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

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

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

Community Served and Demographics

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

Community Served

For the purpose of the 2021 CHNA, Ascension St. Vincent Indianapolis has defined its community served as Marion County, Indiana. Although Ascension St. Vincent Indianapolis serves the surrounding areas, the "community served" was defined as such because (a) in 2020, over 75 percent of the hospital's emergency room patients were Marion 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.

The following map portrays the community that was assessed.

Demographic Data

Located in Indiana, Marion County has a population of 964,582 (2019) and is the 1st most populous county in the state.[2] Below are demographic data highlights for Marion County (2019):

- 12.9 percent of the residents of Marion County are 65 or older, compared to 16.1 percent in Indiana.
- 89.1 percent of residents are non-Hispanic; 10.1 percent are Hispanic (or Latino).
- 54.1 percent of residents are non-Hispanic White; 3.8 percent are Asian; 28.4 percent are non-Hispanic Black or African American.
- The total population is projected to increase by 0.9 percent from 2019 to 2025; the 65+ population is projected to increase by 2.3 percent during that time period.
- The median household income is 12.0 percent lower than the state median ($50,707 for Marion County; $57,617 for Indiana).
- The percent of people in poverty is higher than the state (17.8 percent for Marion County; 13.4 percent for Indiana).
- The uninsured rate for Marion County is higher than the state (12.0 percent for Marion County; 9.7 percent for Indiana).

[2] Indiana has 92 counties.

Description of the Community

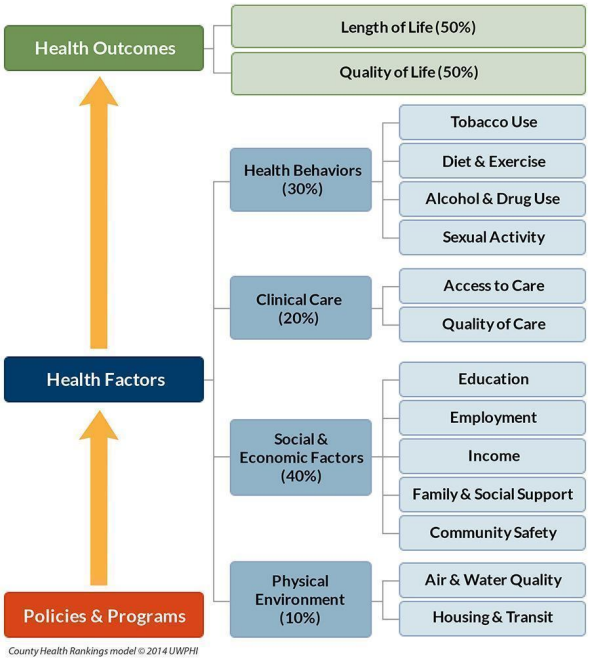
Demographic Highlights		
Indicator	**Marion**	**Description**
Population		
% Living in rural communities	0.6%	
% Below 18 years of age	24.6%	
% 65 and older	12.9%	
% Hispanic	10.9%	
% Asian	3.8%	
% Non-Hispanic Black	28.4%	
% Non-Hispanic White	54.1%	
Social and Community Context		
English Proficiency	3.6%	Proportion of community members that speak English “less than well”
Median Household Income	$50,707	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	19.4%	Percentage of people under age 18 in poverty.
Percent of Population Uninsured	12.0%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	86.1%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	3.3%	Percentage of population ages 16 and older unemployed but seeking work
Data source: County Health Rankings, 2021		

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

Process and Methods Used

Ascension St. Vincent Indianapolis is committed to using national best practices in conducting the CHNA. Health needs and assets for Marion 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 Indianapolis'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 Indianapolis completed its 2021 CHNA in collaboration with the Community Benefit department at Ascension St. Vincent.

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

Data Collection Methodology

In collaboration with various community partners, Ascension St. Vincent Indianapolis collected and analyzed primary and secondary data for Marion 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 Indianapolis consulted with a range of public health and social service providers that represent the broad interests of Marion 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, two hospital input meetings with hospital staff, and key informant interviews. These methods provided important perspectives on how to select and address top health issues facing Marion County.

Summary of Community Input

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

Community input meeting
Four community input meetings were conducted by Verité Healthcare Consulting in May and June 2021 to gather feedback on the health needs and assets of Marion County. Fifty-three (53) individuals participated in the Marion County community meetings. These individuals represented organizations including local health departments, non-profit organizations, faith-based organizations, health care providers, and local policymakers.

Community Focus Groups

Key Summary Points

- Racial and ethnic health disparities are prominent and linked to disparities in Social Determinants of Health and poverty.
- Access to behavioral health providers – including mental health and substance use disorder treatment - is difficult due to shortage of providers, financial barriers, and others.
- Food insecurity and limited access to affordable, healthy food are problems, particularly among low-income residents, and a significant contributor to obesity and chronic health conditions.
- Access to safe and affordable housing is increasingly a significant issue.
- Worsening mental health status of residents is widespread, impacted by the COVID-19 pandemic.
- Poverty is an underlying concern throughout all other health needs, with low-income residents experiencing difficulties accessing many needed services.

Populations/Sectors Represented	Common Themes
• Community-based organizations • Education • Employers • Faith-based organizations • First responders • Health equity organizations • Local government • Service providers	• Needs are intricately linked, and separating issues such as mental health, substance use disorders, poverty, and access to providers is difficult. • The COVID-19 pandemic worsened conditions, particularly around mental health and substance use disorder. • Poverty impacts a variety of Social Determinant of Health issues, including food insecurity, housing, transportation, community violence, and transportation. • While Marion County has many resources, certain communities are underserved and navigating existing resources and their barriers is difficult.

Hospital input meeting

Two focus groups were conducted by Verité in November and December 2021 to gather feedback from internal hospital staff and residents on the health needs and assets of Marion County. Twenty-four (24) individuals provided input in the ASV Indianapolis internal meetings. These individuals represented roles such as physician residents, discharge planners, community navigators, primary care providers, residents, administration, and others.

Internal Hospital Focus Groups

Key Summary Points

- Social Determinants of Health - including poverty, affordable housing, access to food, and transportation – were identified as significant needs more often than any other health need.
- Mental health conditions are worsening, and access to mental health providers is difficult due to affordability and a lack of providers.
- Obesity and physical inactivity are significant issues leading to poor health outcomes.
- Maternal and child health concerns are prevalent, including disparities in birth outcomes and early access to prenatal care.
- The COVID-19 pandemic and its effects, including worsening physical and mental health, continue to be significant concerns.
- There is a need for better health education and resources to ensure health literacy and the ability to navigate health information, such as available resources and misinformation.

Populations/Sectors Represented	Common Themes
• Community navigators • Discharge planners • Emergency department • Leadership and administration • Nurses • Primary care providers • Residents	• Access to care and other resources is challenging because of low incomes and is exacerbated by unmet transportation needs. • Mental health and substance use disorders have worsened during the pandemic. • Social determinants of health are associated with numerous community health needs.

Key stakeholder interview

An interview was conducted with a local public health department representative to obtain subject-matter expertise regarding health needs in Marion County. Community health needs identified during the interview are outlined below.

1. Poverty. People in poverty have difficulties with:
    a. Obtaining safe housing
    b. Accessing health care services
    c. Achieving good nutrition
    d. Stress
    e. Chronic diseases (asthma, hypertension, heart disease)
    f. Transportation
    g. All of these will be worse when federal benefits associated with the pandemic end
    h. Note also that people who are getting back to work and earning the minimum wage won't be able to escape poverty
2. Mental health.
    a. Depression and anxiety
    b. People are self medicating; substance abuse diagnoses have been rising rapidly; annual overdose deaths doubled between 2010 and 2017
3. Obesity – and diabetes which is a consequence of diabetes
    a. Rates for adults have been increasing
    b. 4 of every 10 adults in Marion County are obese
    c. Obesity rates for children and adolescents have been declining
    d. Diabetes is the sixth leading cause of death in Marion
4. Infant and (importantly) maternal mortality
5. HIV infection – "we can eradicate HIV by 2030 if we use all of the available tools" including PrEP
6. Tobacco and vaping
7. Environmental health
    a. Lots of old housing stock contributing to lead poisoning
    b. Old housing stock – also arsenic risk

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.

The total population of Marion County is projected to increase by 0.9 percent between 2019 and 2025 to approximately 1,006,918 persons. The 65+ population is projected to grow 2.3 percent.

As of June 15, 2022, there were 3,007 deaths for Marion County residents among confirmed COVID-19 cases. Deaths per 100,000 were 315.0, which was approximately 12 percent lower than the Indiana-wide average (354.9 per 100,000).

Data from County Health Rankings and Roadmaps indicate that many community health issues are significant in Marion County (because the county's data are particularly unfavorable in comparison with Indiana-wide statistics). Overall, Marion County is ranked amongst the least healthy counties in Indiana for health outcomes and health factors. The following Marion County indicators are below Indiana averages:

- Years of potential life lost before age 75
- Life expectancy
- Infant mortality
- Percent of adults reporting fair or poor health
- Percent of adults with 14 or more days of poor physical health per month
- Low birth weight
- Fall fatalities 65+
- HIV prevalence
- Sexually transmitted infections
- Median household income
- Poverty
- Childhood poverty
- Children in single-parent homes
- Disconnected youth
- Violent crime
- Food insecurity
- Limited access to healthy food
- Severe housing cost burden

- Severe housing problems
- Homeownership
- Uninsured adults and children
- Teen births

In comparison with "Top U.S. Counties," the following indicators were particularly unfavorable in Marion County: premature death, life expectancy, infant mortality, poor or fair health, poor physical health days, frequent physical distress, low birth weight, frequent mental distress, suicide, diabetes prevalence, HIV prevalence, sexually transmitted infections, median household income, childhood poverty, educational attainment, children in single-parent homes, social associations, disconnected youth, violent crime, food environment index, food insecurity, limited access to healthy food, severe housing cost burden, severe housing problems, air pollution, homeownership, uninsured, preventable hospital stays, adult obesity, physical inactivity, insufficient sleep, motor vehicle crash deaths, adult smoking, excessive drinking, alcohol impaired driving deaths, and teen births.

Poverty rates in Marion County have been above Indiana and U.S. averages for all races/ethnicities. Poverty rates for White, Black, Asian, and Hispanic (or Latino) populations were higher than the U.S. averages.

In 2019, low-income census tracts were present throughout Marion County.

Marion County's 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. In 2021, unemployment rates in Marion County were higher than Indiana and the United States.

In Marion County, more than one-third of households have been designated as "housing burdened," a level above Indiana (24.4 percent) and United States (30.8 percent) averages. The COVID-19 pandemic is known to have increased housing insecurity across the United States.

At 3.8, the weighted average CNI score for Marion County is the higher than the U.S. median. Numerous ZIP Codes in Marion County have high CNI scores.

Census tracts with comparatively high Social Vulnerability Index scores are located throughout Marion County.

In comparison with "peer counties" across the United States, Marion County ranks in the bottom quartile for seven indicators:

- Percent of adults with obesity
- Food environment index
- Percent with access to exercise opportunities
- Births per 1,000 females aged 15-19 years
- Reported violent crime offenses per 100,000
- Average daily density of fine particulate matter (PM2.5)
- Percent who drive alone to work

The county also is in the bottom one-half of peer counties for a number of other indicators, including adults reporting fair or poor health, number of physically and mentally unhealthy days, percent physically inactive, binge or heavy drinking, chlamydia cases, population under 65 uninsured, primary care physicians per 100,000, percent of adults who completed high school, percent of adults with some college, children in single-parent households, and deaths due to injury.

Twenty-five of thirty-eight Marion County ZIP Codes, ranked in the bottom quartile nationally for the percentage of older men who have received a set of core preventive services at recommended intervals (flu shot, pneumococcal vaccine, colonoscopy or sigmoidoscopy or Fecal Occult Blood Test) and 19 ranked in the bottom quartile for cholesterol screening and all teeth lost.

In Marion County, mortality rates for accidental poisoning and assault (homicide) were more than 50 percent higher than the Indiana averages. Mortality for cancer, accidents, chronic lower respiratory diseases, drug poisoning, diabetes, and alcohol related causes were above the Indiana averages.

Marion County's mortality rate for oral cavity and pharynx cancer was more than fifty percent above the state average. Mortality rates were higher for all cancers, lung and bronchus, pancreas, leukemias, esophagus, brain and other nervous system, kidney and renal pelvis, myeloma, and melanomas of the skin.

Marion County's cancer incidence rates were above state and national averages for all cancer types combined and most specific cancer types.

Between 2015 and 2019, drug overdose and poisoning deaths in Marion County have increased and were higher than Indiana in 2019.

The incidence rates of HIV and AIDS, chlamydia, gonorrhea, and primary and secondary syphilis have been more than 50 percent higher than Indiana averages.

Marion County's overall maternal and child health indicators compare unfavorably to Indiana averages. The rate of ER visits due to asthma was more than 50 percent above the state averages.

In Marion County and Indiana as a whole, preterm birth and infant mortality rates for Black and Hispanic (or Latino) populations have been higher than rates for White populations. Rates of prenatal care started in the first trimester have been lower.

Numerous census tracts throughout Marion County have been identified as food deserts.

Census tracts in Indianapolis and central Marion County are designated as a medically underserved area. Additionally, the Indiana Hemophilia & Thrombosis Center and the lower income population of the Indianapolis Northwest Side have been designated as MUPs.

Secondary data for Indiana also have been reviewed. Air pollution, obesity, provider supply, smoking, and other issues appear problematic on a state-wide basis. Indiana ranks 45th out of U.S. states for per-capita public health funding. Black populations in Indiana have particularly high mortality rates for diabetes, kidney disease, septicemia, high blood pressure, homicide, and conditions originating at the time of birth. In Indiana as a whole, infant mortality rates for Black and Hispanic (or Latino) populations have been higher than rates for White populations.

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.[3]

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[4]

COVID-19 Impact on Marion County (as of June 15, 2022)

Indicator	Marion	Indiana	Description
Total Cases	232,605	1,750,973	Confirmed cases of COVID-19
Confirmed Cases per 100,000	24,364	26,165	Confirmed cases per 100,000
Total Deaths	3,007	23,753	Deaths among confirmed cases
Deaths per 100,000	315.0	354.9	Deaths per 100,000
Case Fatality Percentage	1.3%	1.4%	Percent of total confirmed cases of individuals who died of COVID-19
Percent Fully Vaccinated	67.8%	65.2%	Percent of adults fully vaccinated

Source: SparkMap https://sparkmap.org/

[3]Centers for Disease Control and Prevention (https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities)
[4] Ibid

Community Input on Previous CHNA and Implementation Strategy

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

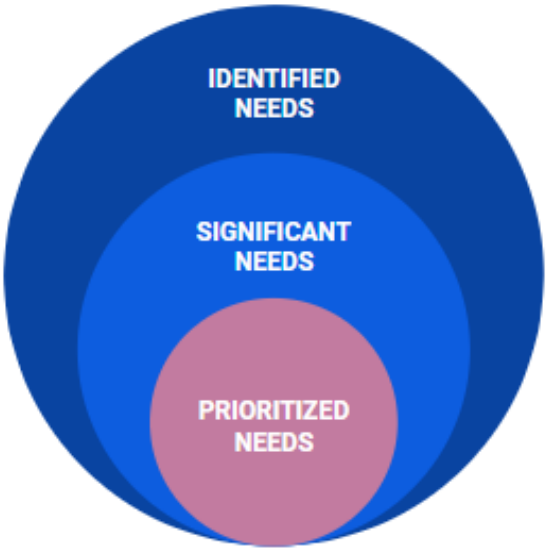
For this assessment, three types of limitations were identified:

- 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 Indianapolis 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 Indianapolis, with contracted assistance from Verité Healthcare Consulting, analyzed secondary data of numerous indicators and gathered community input through a community input meeting, two hospital input meetings, and a key stakeholder interview to identify the needs in Marion County. In collaboration with community partners, Ascension St. Vincent Indianapolis 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 Indianapolis 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 Marion 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 Indianapolis 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 meetings, and/or key stakeholder interview process.

The significant needs found through this process are as follows:

- Access to Care
- Communicable Diseases/STDs
- COVID-19 Pandemic
- Food Security
- Maternal, Infant, and Child Health
- Mental Health Status and Access to Mental Health Services
- Obesity
- Racial and Ethnic Health Disparities
- Social Determinants of Health, including:
    - Poverty
    - Affordable Housing
    - Food Insecurity
    - Transportation
- Smoking and Tobacco Use
- Substance Use Disorders and Overdoses
- Violence and Crime

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

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

Access to Care

Why is it Important?

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.

Local Assets & Resources

- Ascension St Vincent Indianapolis
- Other Health Systems, Hospitals, FQHCs, and Healthcare Professionals
- Marion County Health Department

See Appendix E for Health Care Facilities and Community Resources

Data Highlights

Marion County's 65 years and older population is projected to grow 2.3 percent between 2019 and 2025. Population growth will increase need and demand for access to health care services.

The per-capita supply of primary care physicians and other primary care providers has been below Indiana and "peer county" averages.

At 3.0, Marion County's Community Need Index™ (CNI) is above the U.S. median. The index ranges from 1.0 to 5.0 (with 5.0 being highest need) and the national median index is 3.0. The CNI is designed to identify ZIP Codes and communities where potential access to care barriers are present. Numerous Marion County ZIP Codes were in the "high need" category.

Many census tracts throughout Marion County had comparatively higher Social Vulnerability Index scores.

CDC PLACES data (based on the Behavioral Risk Factors Surveillance System) indicates that older men in Marion County have not been accessing a panel of preventive screening services at optimal rates. The county also benchmarks poorly for cholesterol screening and all teeth lost.

Community Challenges & Perceptions

Access to care will be challenged by increasing need for services by the aging population. Providers also have been leaving the community to seek higher compensation. The COVID-19 pandemic has affected how community members access services and how providers practice. Low-income residents face particular barriers when seeking access to services.

Individuals Who Are More Vulnerable

Vulnerable populations include low-income persons, racial and ethnic minorities, 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.

Communicable Diseases/Sexually Transmitted Diseases

Why is it Important?

Sexually transmitted diseases (STDs) are serious illness that require treatment and are highly contagious. Some STDs, such as HIV cannot be cured and can be deadly. Many STDs are chronic conditions such as herpes and Hepatitis B. Pelvic inflammatory disease is a complication of gonorrhea and chlamydia and can leave women unable to have children and can also be deadly. If an STD is passed on to a newborn, the baby can suffer permanent harm or death.

Local Assets & Resources

- Ascension St Vincent Indianapolis
- Other Health Systems, Hospitals, FQHCs, and Healthcare Professionals
- Marion County Health Department

See Appendix E for Health Care Facilities and Community Resources

Data Highlights

HIV and AIDS incidence rates per 100,000 population were more than 65 percent higher in Marion County than Indiana.

Newly diagnosed HIV and AIDS cases were almost three times the rate of Indiana.

Chlamydia incidence rates are almost double in Marion County compared to Indiana and gonorrhea rates are almost 2.5 times that of Indiana.

Incidence rates for primary and secondary syphilis are three times that of Indiana.

Community Challenges & Perceptions

STDs are socially stigmatized, meaning people are judged or condemned for being infected with STDs.

STDs can contribute to self-hatred and depression.

Stigma can contribute to spread of STDs because it decreases the desire to talk openly with partners about infection.

Individuals Who Are More Vulnerable

High risk individuals include persons with more than one sex partner, persons who have sex with someone who has had many partners, persons not using a condom when having sex, persons who share needles when injecting intravenous drugs, and those who trade sex for money or drugs.

COVID-19 Pandemic

Why is it Important?

The COVID-19 pandemic represents a public health emergency for Indiana and the United States.

Local Assets & Resources

- Ascension St Vincent Indianapolis
- Other Health Systems, Hospitals, FQHCs, and Healthcare Professionals
- Marion County Health Department

See Appendix E for Health Care Facilities and Community Resources

Data Highlights

Marion County has experienced below average mortality rates for COVID-19, compared to Indiana. Deaths per 100,000 population were 315.0 in Marion County compared to 354.9 per 100,000 in Indiana.

Marion County had a slightly higher percent of adults who are fully vaccinated than that of Indiana, 67.8 percent, compared 65.2 percent.

Due to the pandemic, the number of people unemployed in Marion County, Indiana, and the United States increased substantially. This rise in unemployment affected access to employer-based health insurance and to health services and increased housing and food insecurity.

Community Challenges & Perceptions

The pandemic worsened community health and mental health problems.

The pandemic also highlighted the need for accurate health information. Providers need to keep communicating effectively with patients and communities even after the impacts of COVID-19 become less acute.

Economic impacts on providers and businesses have been significant.

Individuals Who Are More Vulnerable

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.

Food Security

Why is it Important?

Food insecurity is a disruption of food intake or eating patterns because of lack of money or other resources.

Adults who are food insecure can be at risk for a variety of negative health outcomes and disparities, including rates of obesity and chronic diseases.

Food insecure children may also be at an increased risk of obesity, developmental problems, and mental health issues.

Data Highlights

Marion County's (7.0) Food Environment Index, an index of factors that contribute to a healthy food environment, is the same as Indiana (7.0); however, lower than top U.S. counties (8.7). Zero is worst and 10 is best. Marion County's Food Environment Index was in the bottom quartile compared to peer counties.

The percent of population that lacks adequate access to food is significantly higher in Marion County (15.3 percent) compared to both Indiana (13.2 percent) and the U.S (8.6 percent).

In Marion County, 8.8 percent of the population were low-income and did not live close to a grocery store, compared to 6.9 percent of the population in Indiana and only 1.6 percent of the U.S. population.

Local Assets & Resources

- Ascension St Vincent Indianapolis
- Other Health Systems, Hospitals, FQHCs, and Healthcare Professionals
- Marion County Health Department

See Appendix E for Health Care Facilities and Community Resources

Community Challenges & Perceptions

Food insecurity increased for many households during the COVID-19 pandemic.

Significant health disparities exist among the food insecure. Those who are food insecure tend to have disproportionately poorer health and functional status, and less access to healthcare services.

Individuals Who Are More Vulnerable

The risk for food insecurity increases for populations where money to buy food is limited or not available. High risk populations include those with low or limited income due to low wages and under-employment or unemployment. Children with unemployed parents have higher rates of food insecurity than children with parents who are employed.

Racial and ethnic disparities exist related to food insecurity, with Black households being twice as likely to be food insecure than the national average. Hispanic households are also more likely to be food insecure.

Disabled adults may be at a higher risk for food insecurity due to limited employment opportunities and health care related expenses.[5]

[5] Healthy People 2020. See https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity

Maternal, Infant, and Child Health

Why is it Important?

The health of mothers, infants, and children determines the future health of families, communities, and the health care system.[6]

Local Assets & Resources

- Ascension St Vincent Indianapolis
- Other Health Systems, Hospitals, FQHCs, and Healthcare Professionals
- Marion County Health Department

See Appendix E for Health Care Facilities and Community Resources

Data Highlights

Marion County's overall maternal and child health indicators compare unfavorably to Indiana averages including infant mortality, preterm births, low birthweight infants, mothers receiving prenatal care in the first trimester, mothers breastfeeding, births to unmarried mothers, and mothers on Medicaid. The rate of ER visits due to asthma was more than 50 percent above the state averages.

In Marion County and Indiana as a whole, preterm birth and infant mortality rates for Black and Hispanic (or Latino) populations have been higher than rates for White populations. Rates of prenatal care started in the first trimester have been lower.

Marion County has comparatively high numbers of children in poverty, single-parent households, children who are uninsured, and disconnected youth.

Community Challenges & Perceptions

Maternal and child health (including child immunization rates) have been negatively affected by the lack of transportation options within the community.

Many children have unmet needs. Documentation status, family poverty, and unstable family structures with absent parents are contributing factors.

The State Health Improvement Plan also identified the need to improve (and reduce racial and ethnic disparities for) birth outcomes across Indiana.

Individuals Who Are More Vulnerable

Indicators that measure access to prenatal care, the number of preterm births, and the number of infant deaths were worse for Black and Hispanic (or Latino) populations than for Whites.

Residents who lack transportation options (e.g., transportation to prenatal care and immunization services) also are more vulnerable.

[6] Healthy People 2020. See https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health.

Mental Health Status and Access to Mental Health Services

Why is it Important?

Mental disorders are among the top causes of disability and disease burdens. Mental health and physical health are closely connected.[7]

Local Assets & Resources

- Ascension St Vincent Indianapolis
- Other Health Systems, Hospitals, FQHCs, and Healthcare Professionals
- Marion County Health Department

See Appendix E for Health Care Facilities and Community Resources

Data Highlights

Residents of Marion County had comparatively poor mental health status. Fifteen percent of Marion County adults reported frequent mental distress (defined as 14 or more days of poor mental health per month), which was slightly above the Indiana average of 14.7 percent.

Residents of Marion County reported a higher number of mentally unhealthy days (4.9 days) per month compared to Indiana (4.7 days) and the U.S. (3.8 days).

The county has an undersupply of mental health providers (301.3 providers per 100,000 persons in comparison to the U.S. average of 368.5 per 100,000).

Community Challenges & Perceptions

Mental health concerns are widespread and worsened by an undersupply of providers.

Isolation during the COVID-19 pandemic worsened mental health problems.

Access to mental health providers is difficult for some due to problems with affordability.

Individuals Who Are More Vulnerable

Community members with limited financial resources or without mental health insurance benefits have additional difficulties accessing services.

Seniors and other community members who have been experiencing isolation during the COVID-19 pandemic also are particularly vulnerable to poor mental health status.

[7] Healthy People 2020. See https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders.

Obesity

Why is it Important?

Good nutrition, physical activity, and a healthy body weight all contribute to overall health and well-being and, collectively, can help manage and decrease the risk of obesity and serious health conditions.[8]

Data Highlights

Approximately 33 percent of Marion County's adult population reports a body mass index (BMI) of 30 or greater, compared to 25.5 percent nationally. The county ranks poorly for rates of physical inactivity, and only 88.9 percent of the population has adequate access to locations for physical activity, compared to 91.4 percent of U.S. population.

Twelve percent of adults have been diagnosed with diabetes in Marion County which is higher than the U.S. benchmark of 8.1 percent.

About 15 percent of the county's population lack adequate access to healthy food, compared to the national average of 8.6 percent. Marion County's percent of population who are low-income and do not live near a grocery store was more than four times the U.S. rate.

Food deserts are present throughout Marion County.

Local Assets & Resources

- Ascension St Vincent Indianapolis
- Other Health Systems, Hospitals, FQHCs, and Healthcare Professionals
- Marion County Health Department

See Appendix E for Health Care Facilities and Community Resources

Community Challenges & Perceptions

Weight status contributes to the prevalence of diabetes and other chronic diseases.

Existing patterns of daily activities, such as poor diets and physical inactivity, are difficult to change due to longstanding, generational health behaviors.

Poor health status results from multiple, interrelated factors.

Individuals Who Are More Vulnerable

In Indiana, obesity has been described as an epidemic. Indiana has the 5th highest rate in the nation[9]. In Indiana, Black adults have a 31 percent higher prevalence of obesity compared to White adults.

People with poor diets and who are physically inactive are most vulnerable.

Racial and Ethnic Health Disparities

Why is it Important?

Data Highlights

[8] Healthy People 2020. See https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity.
[9] https://stateofchildhoodobesity.org/adult-obesity/

The data show that racial and ethnic minority groups, throughout the United States, experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their White counterparts. Additionally, the life expectancy of non-Hispanic/Black Americans is four years lower than that of White Americans.

Poverty rates for Black (25.0 percent), Asian (18.3 percent) and Hispanic or Latino (28.8 percent) residents is significantly higher in Marion County compared to that of White residents (13.7 percent).

Community Need Index™ (CNI) scores by ZIP Code. Higher scores indicate the highest levels of community need. CNI scores were developed identify where barriers to health care access are most prevalent. CNI scores in the 4.2-5.0 range are in the "highest need" category. The national median score 3.0. The weighted score for Marion County is 3.8, indicating a higher need than the median U.S.

In Marion County and Indiana as a whole, preterm birth and infant mortality rates for Black and Hispanic (or Latino) populations have been higher than rates for White populations. Rates of prenatal care started in the first trimester have been lower.

Indiana's 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.

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.

Local Assets & Resources

- Ascension St Vincent Indianapolis
- Other Health Systems, Hospitals, FQHCs, and Healthcare Professionals
- Marion County Health Department
- Indiana 211

See Appendix E for Health Care Facilities and Community Resources

Community Challenges & Perceptions

There is a need to deliver health care and programs that are culturally and linguistically tailored to specific individuals or groups. Interventions that address discrimination, access to care, and quality of care are all necessary. Other drivers of disparities are neighborhood conditions and poverty

Individuals Who Are More Vulnerable

Racial and ethnic minority groups including Black, Hispanic (or Latino), Asian and refugee populations.

Social Determinants of Health

Why is it Important?

Contributors to health outcomes include access to social and economic opportunities, such as community resources, school quality, environment conditions, and social interactions.[10]

Local Assets & Resources

- Ascension St Vincent Indianapolis
- Other Health Systems, Hospitals, FQHCs, and Healthcare Professionals
- Marion County Health Department

See Appendix E for Health Care Facilities and Community Resources

Data Highlights

Poverty rates in Marion County have been higher than Indiana and U.S. averages for all race/ethnicities combined.

In 2019, low-income census tracts were present in throughout Marion County

Marion County's 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. In 2021, unemployment rates in Marion County were higher than Indiana and national rates.

At 3.8, the weighted average CNI score for Washington County is higher than the U.S. median. Numerous ZIP Codes have high CNI scores.

Community Challenges & Perceptions

Access to care and other needed services and resources is challenging due to low incomes and unmet transportation needs.

Low-income residents can have multiple health concerns that are compounded by poor housing, food insecurity, and related issues. However, providers have been unable to address all the social determinants that contribute to poor health status.

Individuals Who Are More Vulnerable

Poverty rates for Black and Hispanic (or Latino) residents are comparatively high. Differences in poverty rates and language and cultural barriers affect access to care.

Community input meeting participants and hospital staff identified racial and ethnic disparities in poverty rates and health as significant concerns.

[10] Healthy People 2020. See https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health.

Smoking and Tobacco Use

Why is it Important?

Tobacco use is scientifically known to negatively impact health, including increases in cancer, cardiovascular disease, lung disease, and reproductive health. Secondhand smoke also negatively impacts the health of non-tobacco users.[11]

Data Highlights

While smoking and tobacco use rates have been declining nationally and in Indiana,[12] rates have remained above average in Marion County, compared to U.S.

A higher proportion of Marion County adults smoke (21.7 percent) than United States (16.2 percent). The Marion County percentage of adults smoking is the same as Indiana-wide average (21.7 percent)

The mortality rates for two cancers linked to smoking, lung and bronchus cancer, and esophagus cancer, have been significantly higher in Marion County than in the state and nation.

Local Assets & Resources

- Ascension St Vincent Indianapolis
- Other Health Systems, Hospitals, FQHCs, and Healthcare Professionals
- Marion County Health Department
- 1-800-QUIT-NOW

See Appendix E for Health Care Facilities and Community Resources

Community Challenges & Perceptions

Smoking persists in Marion County despite efforts to reduce tobacco use.

Individuals Who Are More Vulnerable

According to the CDC, smoking is most prevalent for the following categories of adults: men, people 45-64 years of age, non-Hispanic American Indiana/Alaska Native, those with low levels of educational achievement, those with lower incomes, and lesbian, gay, or bisexual.[13]

Those exposed to second-hand smoke also are vulnerable.

[11] Healthy People 2020. See https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use.
[12] See: https://www.in.gov/health/tpc/files/IN-Youth-Smoking_2021.pdf
[13] https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm#nation

Substance Use Disorders and Overdoses

Why is it Important?

Substance use disorders have a significant impact on individuals, families, and communities. Impacts are cumulative and result in costly social, physical, mental, and public health issues.[14]

Data Highlights

Between 2015 and 2019, drug overdose and poisoning deaths in Marion County increased and were above Indiana rates. Marion County's age-adjusted drug overdose and mortality rate was 39.7 per 100,000 population compared to 26.6 per 100,000 for Indiana, about 33 percent higher.

The Indiana State Health Improvement Plan prioritized the need to reduce injury and death due to opioid usage.

Local Assets & Resources

- Ascension St Vincent Indianapolis
- Other Health Systems, Hospitals, FQHCs, and Healthcare Professionals
- Marion County Health Department
- https://www.in.gov/recovery/

See Appendix E for Health Care Facilities and Community Resources

Community Challenges & Perceptions

Substance use disorders are prevalent and are closely linked to mental health concerns.

Opioid usage is widespread and has contributed to increases in hepatitis.

Individuals Who Are More Vulnerable

People with untreated mental health conditions.

[14] Healthy People 2020. See https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse.

Violence and Crime

Why is it Important?

Crime and violence experienced by individuals living in a community is a critical public health issue. Violence can lead to premature death and cause injuries. Many who survive violent crime have ongoing physical pain and suffering as well as mental distress and reduced quality of life.

People who are fearful of crime in their community may engage in less physical activity and social activities.[15]

Data Highlights

The number of reported violent crime offenses per 100,000 was significantly higher in Marion County than both the U.S. and Indiana. Violent crime offense for Marion County was 1,251.2 per 100,000, more than triple the rate of Indiana and over 19 times that of the U.S.

Reported violent crime offenses also compared unfavorably to peer counties, ranking in the bottom quartile with 1,251.7 offenses per 100,000 compared to 743.5 offenses per 100,000.

Mortality rates for homicide in Marion County were more than 50 percent above the Indiana rate, 17.6 per 100,000 compared to 7.2 per 100,000.

Local Assets & Resources

- Ascension St Vincent Indianapolis
- Other Health Systems, Hospitals, FQHCs, and Healthcare Professionals
- Marion County Health Department

See Appendix E for Health Care Facilities and Community Resources

Community Challenges & Perceptions

Addressing root causes including racism, poverty, education, and other social determinants are critical to reducing violence.

Individuals Who Are More Vulnerable

Populations that have experienced systemic racism, bias, and discrimination; economic instability; concentrated poverty; and limited housing, education, and healthcare access are at higher risk of crime and violence. [16]

[15] Healthy People 2020. See Healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/crime-and-violence

[16] Centers for Disease Control and Prevention

Prioritized Needs

Following the completion of the community health needs assessment as outlined in this report, Ascension St. Vincent Indianapolis 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 Indianapolis'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 Indianapolis Board of Directors

To ensure the Ascension St. Vincent Indianapolis'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 Indianapolis Board of Directors for approval and adoption on June 16, 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 Indianapolis serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension St. Vincent Indianapolis 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 Indianapolis hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Marion County. As a Catholic health ministry, Ascension St. Vincent Indianapolis 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 Indianapolis is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (https://healthcare.ascension.org/chna) to submit your comments.

Appendices

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Appendix A: Definitions and Terms

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

Collaborators
Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key 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	Marion	Indiana	U.S.
Total	964,582	6,732,219	328,239,523
Male	48.2%	49.3%	49.2%
Female	51.8%	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	Marion	Indiana	U.S.
Asian	3.8%	2.6%	5.9%
Black / African American	28.4%	9.6%	12.5%
Hispanic / Latino	10.9%	7.3%	18.5%
Native American	0.4%	0.4%	1.3%
White	54.1%	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	Marion	Indiana	U.S.
Median Age	34.3	37.7	38.1
Age 0-17	24.7%	23.6%	22.6%
Age 18-64	63.0%	61.1%	61.7%
Age 65+	12.3%	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	Marion	Indiana	U.S.
Median Household Income	$50,707	$57,617	$65,712
Per Capita Income	$28,566	$29,777	$34,103
People with incomes below the federal poverty guideline	26%	13%	13.0%
ALICE Households	15%	24%	29.0%
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	Marion	Indiana	U.S.
High School grad or higher	86.1%	88.8%	88.0%
Bachelor's degree or higher	30.9%	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	Marion	Indiana	U.S.
Uninsured	12.0%	9.7%	5.8%
People with Medicaid/Means-tested Public Coverage	24.2%	17.6%	20.2%
Data sources: U.S. Census, 2021, and County Health Rankings, 2021			

Appendix C: Community Input Data and Sources

Four community input meetings were conducted in April and May 2021 to gather feedback on the health needs and assets of Marion County. Individuals from a wide variety of organizations and communities participated in community meetings and surveys. These individuals represented organizations including local health departments, non-profit organizations, faith-based organizations, health care providers, and local policymakers. Community organizations participating in the community input meetings are presented below.

Organization or Affiliation	
Allen Chapel A.M.E. Church	Indianapolis City Council
Anthem Medicaid	Indianapolis City-County Council
Broadway United Methodist Church	Indianapolis Neighborhood Housing Partnership
City of Indianapolis, Division of Community Nutrition and Food Policy	Indianapolis Public Transportation Corporation (IndyGo)
Coalition for Our Immigrant Neighbors	Indianapolis Urban League
Concerned Clergy of Indianapolis	Indy Hunger Network
Connections IN Health	Jump IN for Healthy Kids
Connections IN Health - IU School of Medicine	Managed Health Services (MHS)
Covering Kids & Families of Indiana	Marian University
Crossroads A.M.E. Church	Marian University - College of Osteopathic Medicine
First Baptist Church North Indianapolis	Marion County Public Health Department
Gennesaret Free Clinic	Neighborhood Christian Legal Clinic
Gleaners Food Bank of Indiana	Nine13sports
Habitat for Humanity of Greater Indianapolis	Nurse Family Partnership - Goodwill of Central and Southern Indiana
Health by Design	Office of Representative André Carson
Horizon House	Pathway to Recovery
Immigrant Welcome Center	Playworks Indiana
Indiana Civil Rights Commission (American Indian and Asian)	Raphael Health Center

Indiana Clinical and Translational Sciences Institute (CTSI)	Richard M. Fairbanks Foundation
Indiana Legal Services	The Julian Center
Indiana Public Health Association	Top 10 Coalition
Indiana State Department of Health	University of Indianapolis
Indiana University Richard M. Fairbanks School of Public Health	YMCA of Greater Indianapolis

Two meetings also were conducted in November 2021 and January 2022 to gather feedback from hospital staff on the health needs and assets of Marion County. Twenty-four individuals participated. These staff included physician residents, 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	Marion	Indiana	Top US Counties	Description
Length of Life					
Premature Death	Same	9,842.6	8,251.6	5,581.3	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy	-	76.0	77.1	81.1	How long the average person should live (in years).
Infant Mortality	-	8.2	7.1	4.3	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or Fair Health	-	21.5%	18.2%	13.9%	Percent of adults reporting fair or poor health.
Poor Physical Health Days	-	4.3	4.0	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress	-	13.5%	12.3%	10.3%	Percent of adults 14 or more days of poor physical health per month.
Low Birth Weight	-	9.3%	8.1%	6.0%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+	-	32.1	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	-	4.9	4.7	3.8	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress	-	15.0%	14.7%	12.0%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide	-	14.7	15.2	11.4	Number of deaths due to suicide per 100,000.
Morbidity					

Indicators	Trend	Marion	Indiana	Top US Counties	Description
Diabetes prevalence	-	12.0%	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.
Communicable Disease					
HIV Prevalence	-	600.6	206.4	50.7	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections	Worse	1,095.5	523.9	161.2	Number of newly diagnosed chlamydia cases per 100,000.
Data source: County Health Rankings, 2021					

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	Marion	Indiana	Top US Counties	Description
Economic Stability					
Median Household Income	-	$50,707	$57,617	$72,876	Income where half of households in a county earn more and half of households earn less.
Unemployment	Same	3.3%	3.3%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty	-	15%	13%	29%	Percentage of population living below the Federal Poverty Line.
Childhood Poverty	Worse	19.4%	15.1%	10.1%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Completion	-	86.1%	88.8%	93.6%	Percentage of ninth grade cohort that graduates in four years.

Indicators	Trend	Marion	Indiana	Top US Counties	Description
Some College	-	62.7%	62.8%	73.4%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in single-parent homes	-	36.9%	25.1%	13.8%	Percentage of children that live in a household headed by a single parent.
Social Associations	-	11.4	12.3	18.2	Number of membership associations per 10,000 population.
Disconnected Youth	-	8.9%	6.5%	4.0%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Violent Crime	Worse	1,251.2	385.1	63.5	Number of reported violent crime offenses per 100,000 population.
Access to Healthy Foods					
Food Environment Index	-	7.0	7.0	8.7	Index of factors that contribute to a healthy food environment, 0 is worst, 10 is best.
Food Insecurity	-	15.3%	13.2%	8.6%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods	-	8.8%	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	Marion	Indiana	Top US Counties	Description
Physical Environment					
Severe housing cost burden	-	15.6%	10.9%	7.0%	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems	-	17.7%	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	-	10.4	9.0	5.2	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership	-	53.9%	69.1%	80.7%	Percentage of occupied housing units that are owned.
Year Structure Built	-	22.1%	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	Marion	Indiana	Top US Counties	Description
Healthcare Access					
Uninsured	Better	12.0%	9.7%	5.8%	Percentage of population under age 65 without health insurance.
Uninsured Adults	Better	13.7%	11.0%	6.8%	Percentage of adults under age 65 without health insurance.
Uninsured children	Better	7.6%	6.6%	2.9%	Percentage of children under age 19 without health insurance.
Primary Care Physicians	Better	82.9	66.8	96.7	Primary care physicians per 100,000 persons.
Other Primary Care Providers	-	162.6	100.6	161.0	Other primary care providers per 100,000 persons.
Mental Health Providers	-	301.3	168.3	368.5	Mental health providers per 100,000 persons.
Hospital Utilization					
Preventable Hospital Stays	-	4,873	4,795	2,571	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations	Better	52%	52%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings	Better	43%	42%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Data source: County Health Rankings, 2021					

Health Behaviors

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

Indicators	Trend	Marion	Indiana	Top US Counties	Description
Healthy Life					
Adult Obesity	Worse	33.0%	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	Same	26.5%	26.7%	19.3%	Percentage of adults aged 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities	-	88.9%	75.2%	91.4%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep	-	38.5%	38.0%	31.6%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths	-	11.9%	12.3%	8.8%	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking	-	21.7%	21.7%	16.2%	Percentage of adults who are current smokers.
Excessive Drinking	-	19.0%	18.6%	14.8%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths	Better	19.7%	18.8%	11.1%	Percent of Alcohol-impaired driving deaths.
Sexual Health					
Teen Births	-	33.5	24.8	11.6	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections	Worse	1,095.5	523.9	161.2	Number of newly diagnosed chlamydia cases per 100,000 population.
Data source: County Health Rankings, 2021					

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

- Years of potential life lost before age 75
- Life expectancy
- Infant mortality
- Percent of adults reporting fair or poor health
- Percent of adults with 14 or more days of poor physical health per month
- Low birth weight
- Fall fatalities 65+
- HIV prevalence
- Sexually transmitted infections
- Median household income
- Poverty
- Childhood poverty
- Children in single-parent homes
- Disconnected youth
- Violent crime
- Food insecurity
- Limited access to healthy food
- Severe housing cost burden
- Severe housing problems
- Homeownership
- Uninsured adults and children
- Teen births

In comparison with "Top U.S. Counties," the following indicators were particularly unfavorable in Marion County: premature death, life expectancy, infant mortality, poor or fair health, poor physical health days, frequent physical distress, low birth weight, frequent mental distress, suicide, diabetes prevalence, HIV prevalence, sexually transmitted infections, median household income, childhood poverty, educational attainment, children in single-parent homes, social associations, disconnected youth, violent crime, food environment index, food insecurity, limited access to healthy food, severe housing cost burden, severe housing problems, air pollution, homeownership, uninsured, preventable hospital stays, adult obesity, physical inactivity, insufficient sleep, motor vehicle crash deaths, adult smoking, excessive drinking, alcohol impaired driving deaths, and teen births.

Appendix D2: Additional Secondary Data

Appendix D2 presents and discusses additional, relevant secondary data for Marion 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.

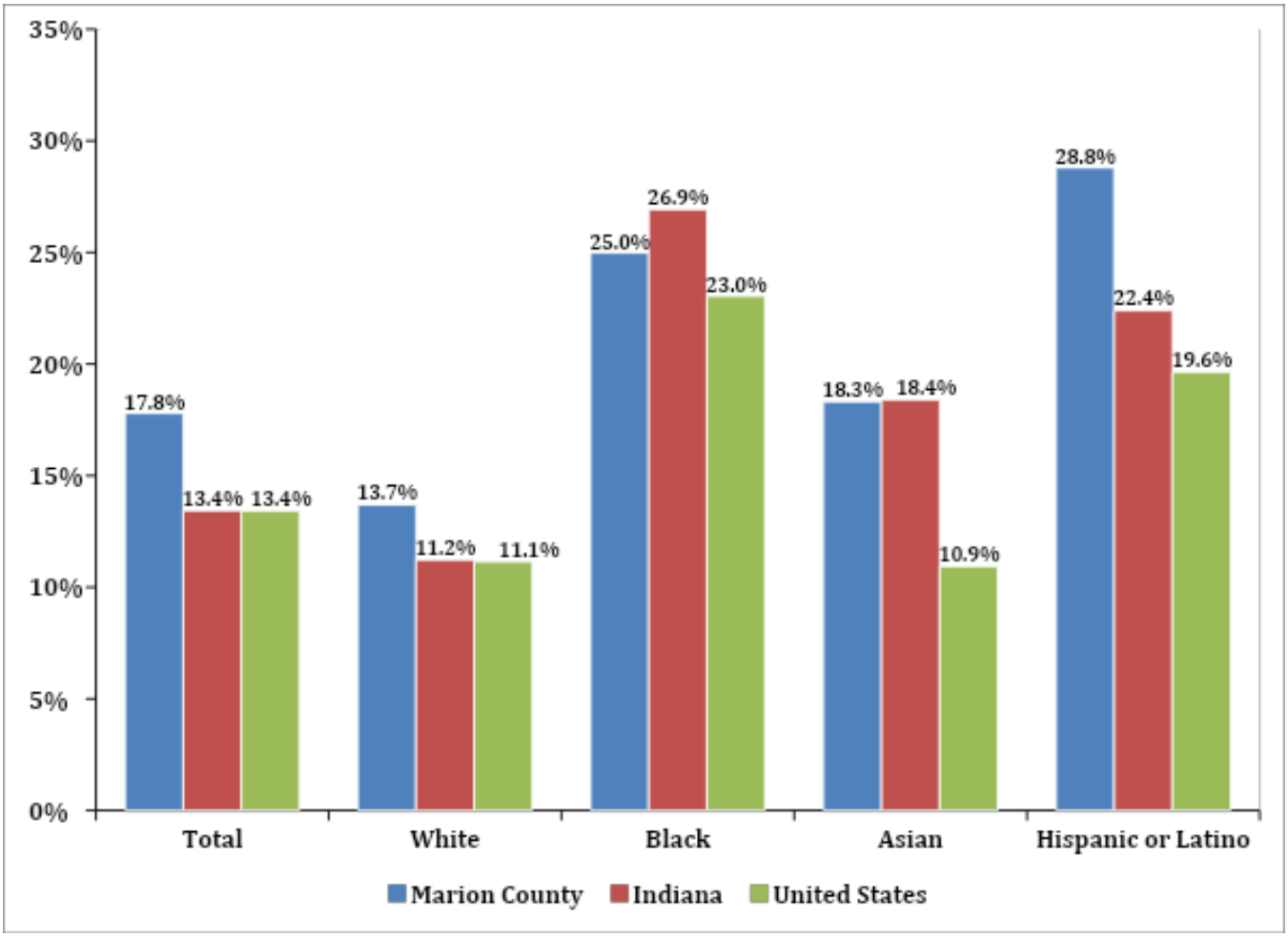
Projected Population Growth, 2019-2025

Year	Marion County		Indiana	
	Population	Age 65+	Population	Age 65+
2019	951,869	116,806	6,665,703	1,023,588
2025	1,006,918	133,970	7,043,550	1,196,568
Change	55,049	17,164	377,847	172,980
Percent Change	0.9%	2.3%	5.7%	16.9%

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

Observations: The total population of Marion County is projected to decrease slightly between 2019 and 2025 to approximately 1,006,918 persons. The 65+ population is projected to grow 2.3 percent.

Poverty Rates by Race and Ethnicity, 2015-2019

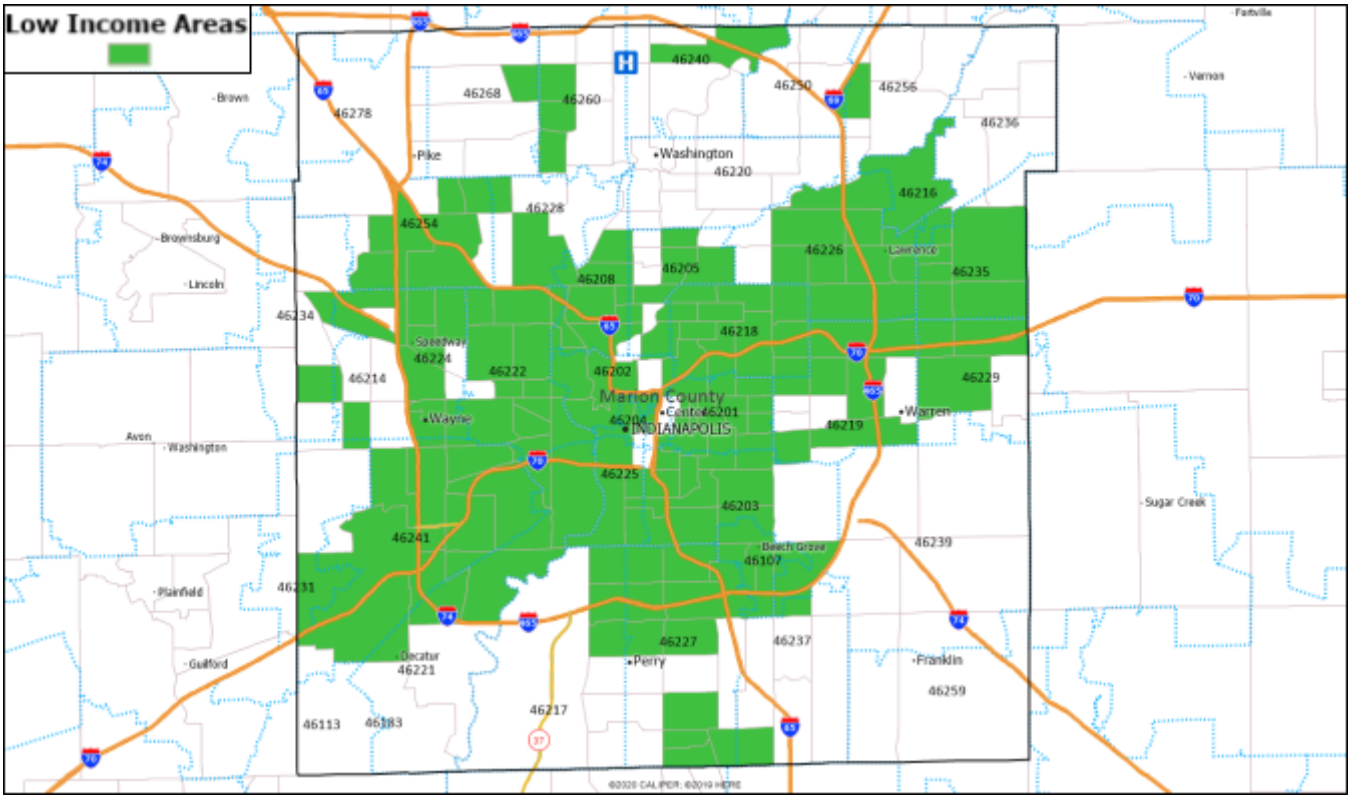


Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

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

Observations: Poverty rates in Marion County have been slightly above Indiana and U.S. averages for all races/ethnicities combined, as well as higher than the U.S. average for Black and for Hispanic (or Latino) residents.

Low Income Census Tracts, 2019

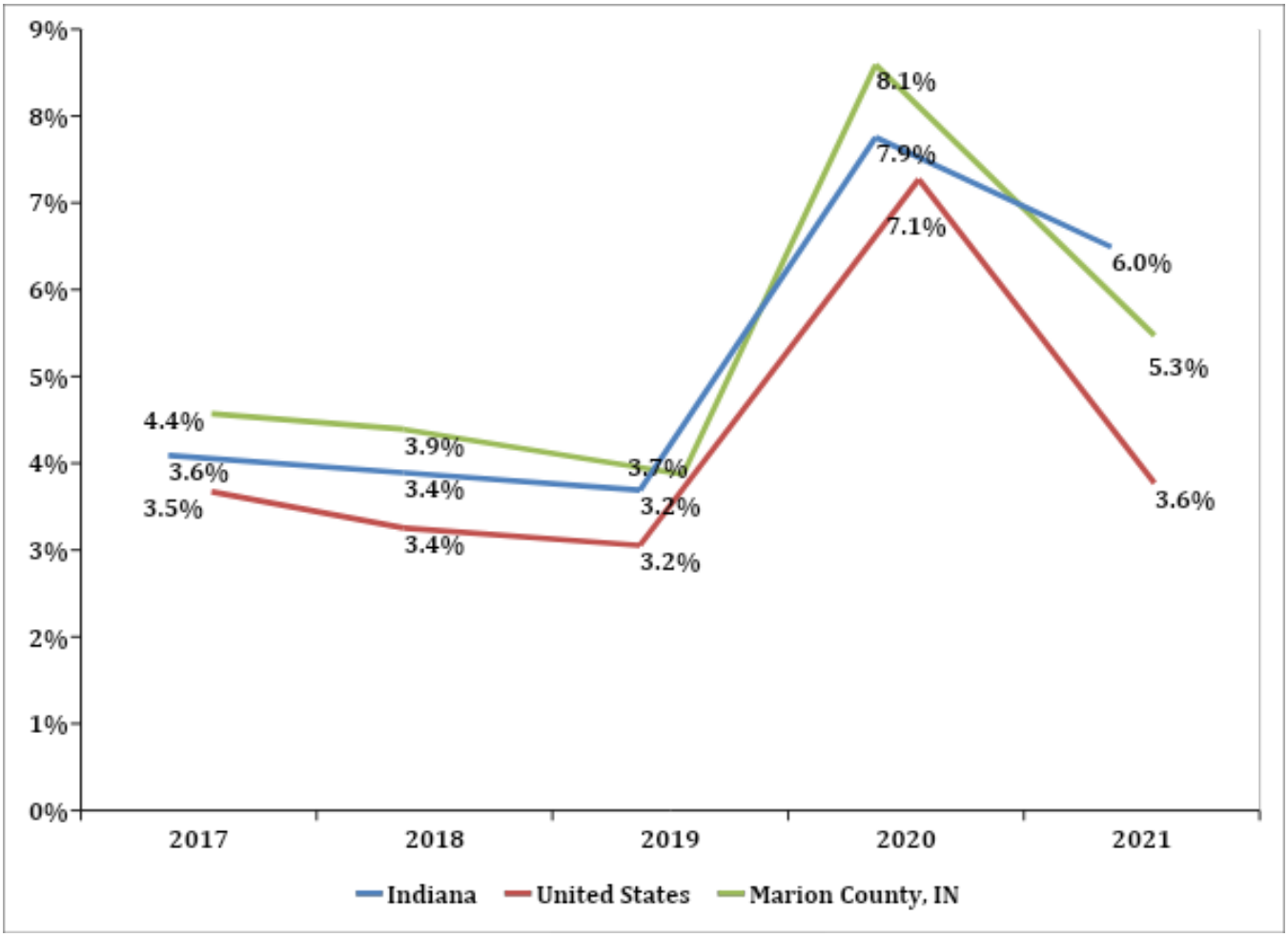


Source: US Department of Agriculture Economic Research Service, ESRI, 2021.

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

Observations. In 2019, low-income census tracts were present throughout Marion County.

Annual Unemployment Rates, 2017-2021



Source: Bureau of Labor Statistics, 2021.

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

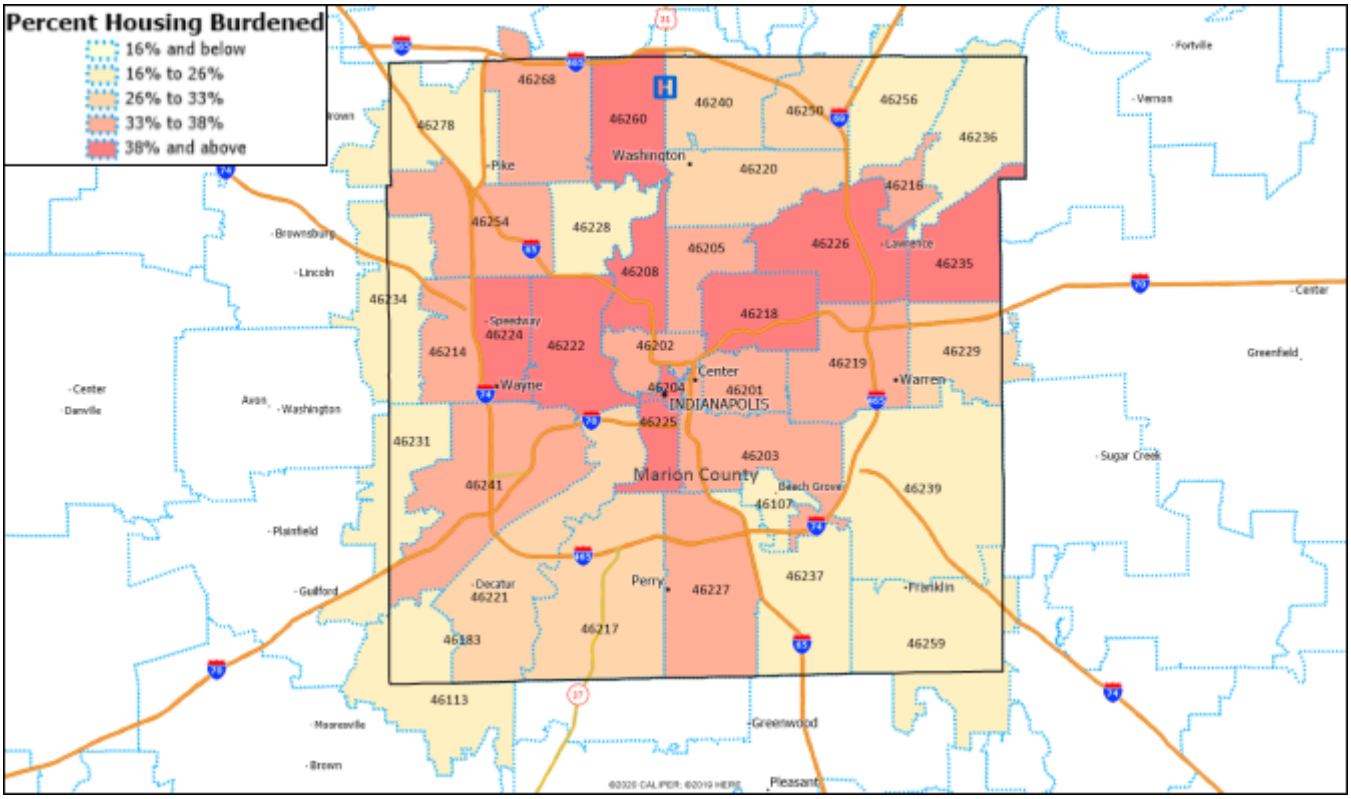
Observations. Unemployment declined from 2017 through 2019. Rates rose in 2020 due to the COVID-19 pandemic. Rates fell in 2021 as the economy recovered. Because many obtain health insurance through employer-based coverage, higher unemployment rates contribute to higher numbers of uninsured people.

Percent of Households Housing Burdened, 2015-2019

Indicator	Marion County	Indiana	United States
Occupied Housing Units	358,627	2,570,419	120,756,048

Excessive Housing Costs (30% + of Income)	122,920	626,325	37,249,895
Percent Housing Burdened	34.3%	24.4%	30.8%

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



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

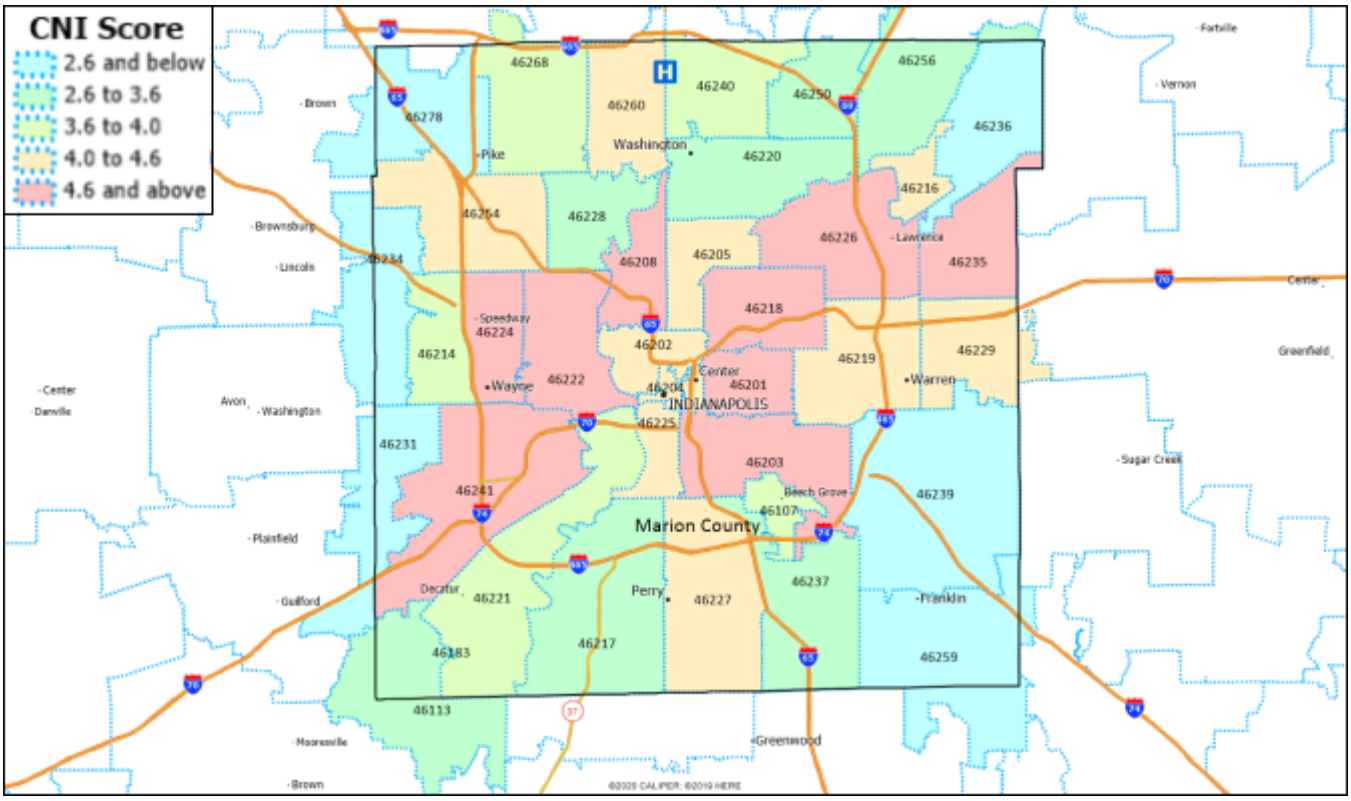
Description. The U.S. Department of Health and Human Services ("HHS") defines "housing burdened" households as those spending more than 30 percent of income on housing. Spending significant resources on housing costs has been associated with poor health outcomes, because fewer resources are available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

Observations. In Marion County, more than one-third of households have been designated as "housing burdened," a level above Indiana (24.4 percent) and United States (30.8 percent) averages. The COVID-19 pandemic is known to have increased housing insecurity across the United States.

Community Need Index™, 2021

Indicator	Marion County	United States
Weighted Average CNI Score	3.8	3.0

Source: Dignity Health, 2021.

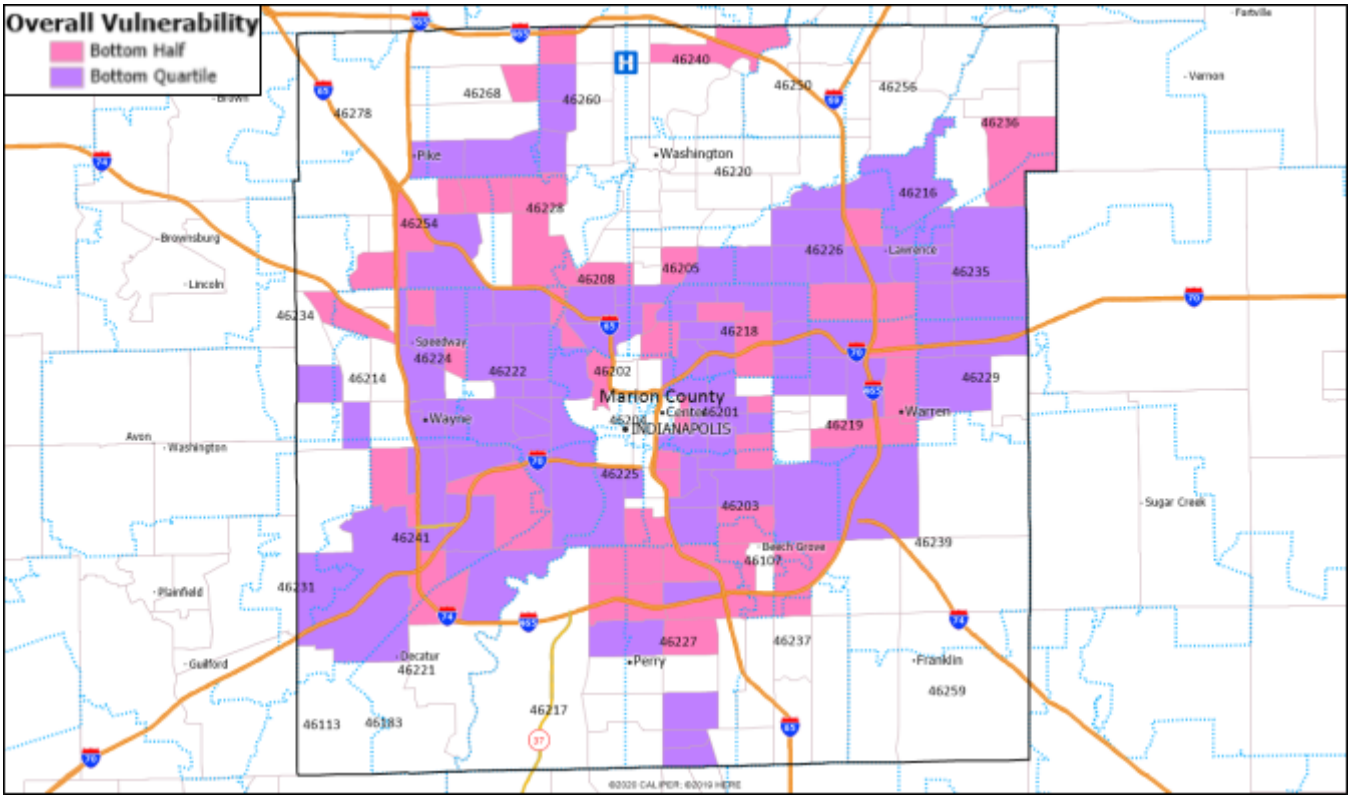


Source: Dignity Health, 2021.

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

Observations. At 3.8, the weighted average CNI score for Marion County is higher than the U.S. median. Numerous ZIP Codes in Marion County have high CNI scores.

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 Marion 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."[17]

Observations. Census tracts with comparatively high SVI scores are located throughout Marion County.

[17] 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	Marion County	Peer Counties Average	Quartile Ranking
Length of Life	Years of Potential Life Lost Before 75 Per 100,000	9,843	7,751	4
Quality of Life	% of Adults Reporting Fair or Poor Health	21.5%	20.5%	3
	Average Number of Physically Unhealthy Days Per Month	4.3	4.2	3
	Average Number of Mentally Unhealthy Days Per Month	4.9	4.5	3
	% of Live Births with Low Birthweight	9.3%	9.5%	2
Health Behaviors	% of Adults who Smoke	21.7%	17.6%	4
	% Adults with Obesity	**33.0%**	28.7%	4
	Food Environment Index	**7.0**	7.7	4
	% Physically Inactive	26.5%	23.8%	3
	% With Access to Exercise Opportunities	**88.9%**	95.7%	4
	% of Adults Reporting Binge or Heavy Drinking	19.0%	19.1%	3
	% Driving Deaths with Alcohol Involvement	19.7%	24.6%	2
	Newly Diagnosed Chlamydia Cases per 100,000	1,095.5	887.6	3
	Births per 1,000 Females Aged 15-19 Years	**33.5**	23.3	4
Clinical Care	% of Population Under 65 Uninsured	12.0%	10.9%	3
	Primary Care Physicians Per 100,000	82.9	88.3	3
	Dentists Per 100,000	90.3	87.4	2
	Mental Health Providers Per 100,000	301.3	318.8	2
	Preventable Hospitalizations Per 100,000 Medicare Enrollees	4,873	4,912	2
	% of Females 65-74 With Annual Mammogram	43.0%	39.1%	1
	% of FFS Medicare Beneficiaries with Annual Flu Vaccination	52.0%	45.5%	1
Social & Economic Factors	% of Adults 25+ Who Completed High School	86.1%	85.9%	3
	% of Adults 25-44 with Some College	62.7%	67.0%	3
	% Unemployed	3.3%	3.9%	1
	% Children in Poverty	19.4%	22.4%	2

	Ratio of Income at 80th Percentile to 20th Percentile	4.7	5.8	1
	% Children in Single-Parent Households	36.9%	36.6%	3
	Membership Associations per 10,000	11.4	9.1	1
	Reported Violent Crime Offenses per 100,000	**1,251.2**	743.5	4
	Deaths Due to Injury Per 100,000	98.3	77.9	3
Physical Environment	Average Daily Density of Fine Particulate Matter (PM2.5)	**10.4**	9.3	4
	% of Households with Severe Housing Problems	17.7%	23.2%	1
	% Drive Alone to Work	**82.3%**	64.6%	4
	% Long Commute - Drives Alone	30.3%	42.6%	1

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

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

The preceding table compares County Health Rankings indicators for Marion County with peer counties. Light grey shading shows indicators for which Marion 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.

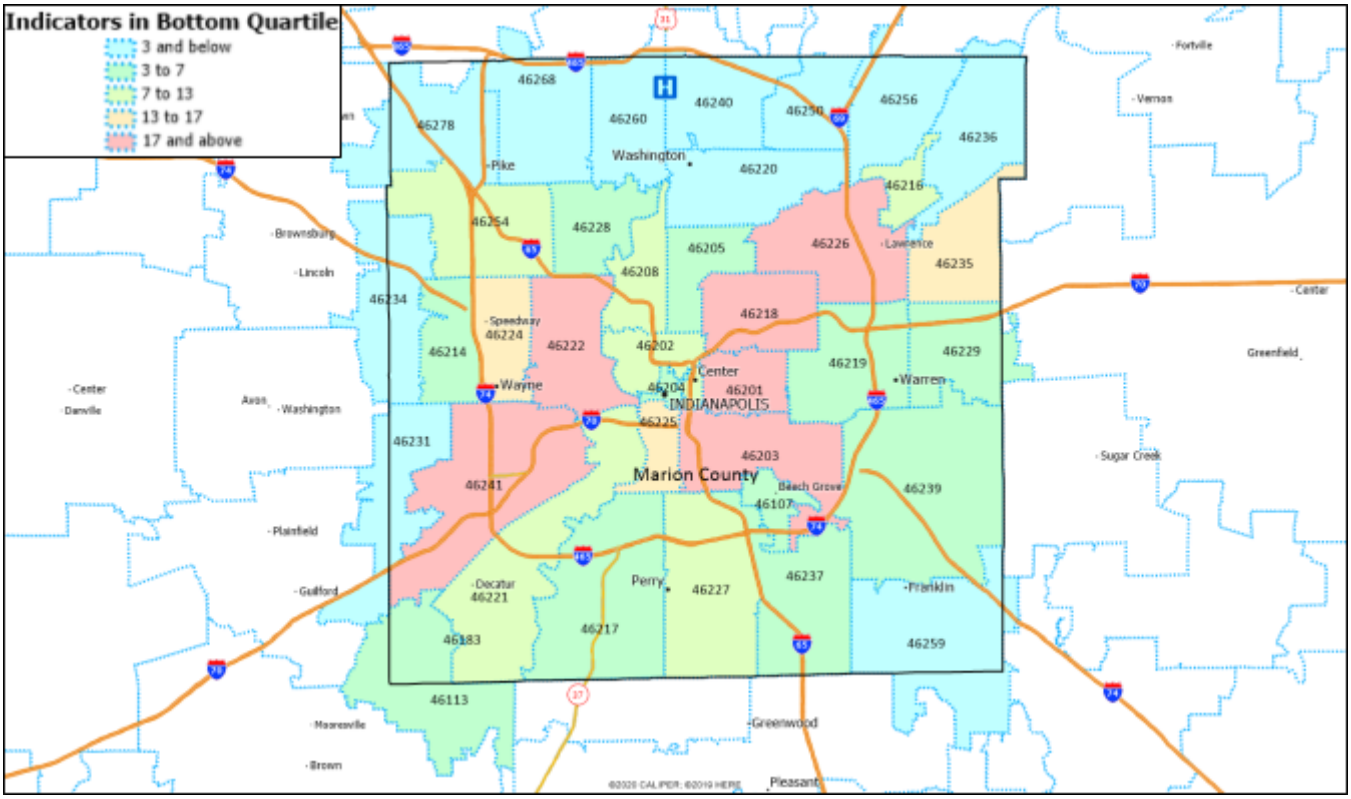
Observations. Marion County ranks in the bottom quartile of its peer counties for seven indicators:

- Adults with obesity
- Food environment index
- Access to exercise opportunities
- Births per 1,000 females aged 15-19 years
- Reported violent crime offenses per 100,000

- Average daily density of fine particulate matter (PM2.5)
- Drive alone to work.

The county also is in the bottom one-half of peer counties for a number of other indicators, including adults reporting fair or poor health, average number of physically unhealthy days per month, average number of mentally unhealthy days per month, physically inactive, adults reporting binge or heavy drinking, newly diagnosed chlamydia cases, population under 65 uninsured, primary care physicians, adults 25+ who completed high school, adults 25-44 with some college, children in single-parent households, and deaths due to injury.

BRFSS Indicators in Bottom Quartile Nationally, 2018-2019



Source: CDC PLACES, 2021, and Caliper Maptitude.

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

Indicator	Marion County (N=38)	Ascension St. Vincent Counties (N=134)	Indiana (N=739)
Core preventive services for older men	65.8%	61.9%	63.6%
Cholesterol Screening	50.0%	41.0%	33.0%
All Teeth Lost	50.0%	23.1%	25.2%
Physical Inactivity	44.7%	38.8%	51.2%
Annual Checkup	39.5%	7.5%	6.8%
Taking BP Medication	36.8%	11.2%	8.5%
Current Asthma	34.2%	22.4%	20.7%
Mental Health	31.6%	17.2%	12.4%
Sleep <7 hours	31.6%	13.4%	28.0%
Diabetes	28.9%	17.2%	12.4%
Health Insurance	26.3%	9.0%	6.5%
Binge Drinking	26.3%	9.7%	4.6%

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 Marion County. Data also are presented for these same indicators for ZIP Codes in communities served by Ascension St. Vincent hospitals and for Indiana.

Observations. Twenty-five of thirty-eight Marion County ZIP Codes, ranked in the bottom quartile nationally for the percentage of older men who have received a set of core preventive services at recommended intervals (flu shot, pneumococcal vaccine, colonoscopy or sigmoidoscopy or Fecal Occult Blood Test) and 19 ranked in the bottom quartile for cholesterol screening and all teeth lost.

Age-Adjusted Mortality Rates Per 100,000, 2019

Indicator	Marion County	Indiana

Major Cardiovascular Disease	234.8	237.5
Diseases of Heart	178.5	178.7
Malignant Neoplasms (Cancer)	166.6	163.3
Ischemic Heart Disease	83.9	93.1
Accidents (Unintentional Injuries)	71.1	56.1
Chronic Lower Respiratory Diseases	57.5	56.1
Cerebrovascular Disease (Stroke)	40.0	41.5
Alzheimer's Disease	26.8	31.7
Drug Poisoning	39.9	26.6
Accidental Poisoning And Exposure To Noxious Substances	**39.3**	25.4
Diabetes Mellitus	25.4	25.0
Nephritis, Nephrotic Syndrome and Nephrosis (Kidney Disease)	19.3	17.1
Septicemia	13.2	14.3
Intentional Self-Harm (Suicide)	13.0	14.1
Motor Vehicle Accidents	12.6	12.6
Alcohol Related Causes	13.4	10.4
Assault (Homicide)	**17.6**	7.2

Source: Indiana Department of Health, 2020. N/A means rate not calculated due to small numbers.

Description. This table provides age-adjusted mortality rates in Marion 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. In Marion County, mortality rates for accidental poisoning and assault (homicide) were more than 50 percent higher than the Indiana averages. Mortality for cancer, accidents, chronic lower respiratory diseases, drug poisoning, diabetes, and alcohol related causes were above the Indiana averages.

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

Indicator	Marion County	Indiana	United States

All Cancers	179.8	**173.0**	d155.6
Lung and Bronchus	59.1	**48.8**	38.5
Breast	20.5	**20.8**	20.1
Prostate	19.1	**19.5**	19.0
Colon and Rectum	13.1	**15.1**	13.7
Pancreas	12.6	**11.6**	11.0
Leukemias	7.4	**6.9**	6.3
Ovary	6.4	**6.9**	6.7
Non-Hodgkin Lymphoma	5.9	**6.1**	5.4
Liver and Intrahepatic Bile Duct	4.2	**6.0**	6.6
Corpus and Uterus, NOS	4.1	**5.1**	4.9
Esophagus	5.0	**4.9**	3.9
Brain and Other Nervous System	5.4	**4.6**	4.4
Urinary Bladder	4.0	**4.6**	4.3
Kidney and Renal Pelvis	4.5	**4.3**	3.6
Myeloma	3.7	**3.4**	3.2
Cervix	N/A	**2.5**	2.2
Melanomas of the Skin	3.2	**2.5**	2.3
Oral Cavity and Pharynx	4.0	**2.5**	2.5
Stomach	1.8	**2.5**	3.0
Larynx	N/A	**1.1**	0.9
Thyroid	N/A	**0.5**	0.5

Source: Centers for Disease Control and Prevention, 2019.

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

Observations. Marion County's mortality rate for Oral Cavity and Pharynx was more than fifty percent above the state average. Rates were higher for all cancers, lung and bronchus, pancreas, leukemias, esophagus, brain and other nervous system, kidney and renal pelvis, myeloma, and melanomas of the skin.

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

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

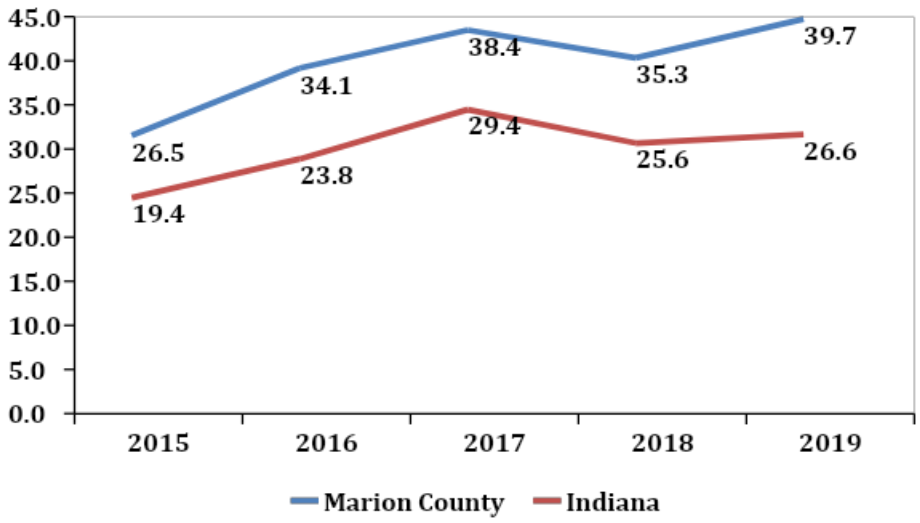
Esophagus	6.5	**5.5**	4.5

Source: Centers for Disease Control and Prevention, 2019.

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

Observations. Marion County's cancer incidence rates for numerous cancers have been above state and national averages.

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



Source: Indiana Department of Health, 2020 and 2022, and Verité analysis

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

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

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

Indicator	Marion County	Indiana
HIV and AIDS	**546.1**	**189.9**
Newly Diagnosed - HIV and AIDS	**22.6**	**8.2**
Chlamydia	**1,114.0**	**526.3**

Gonorrhea	**433.9**	**177.1**
Primary and Secondary Syphilis	**15.7**	**5.0**

Source: Indiana Department of Health, 2020.

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

Observations. The incidence rates of communicable diseases have been more than 50 percent higher than Indiana averages.

Maternal and Child Health Indicators, 2018-2019

Indicator	Marion County	Indiana
Infant Mortality Rate (per 1,000 births)	8.1	**7.2**
Preterm Births	11.0%	**10.1%**
Low Birthweight Infants	9.6%	**8.2%**
Very Low Birthweight Infants	1.6%	**1.3%**
Mothers Receiving Prenatal Care (First Trimester)	61.3%	**68.9%**
Mothers Breastfeeding	81.7%	**82.0%**
Mothers Smoking during Pregnancy	8.4%	**11.8%**
Births to Unmarried Mothers	53.7%	**44.5%**
Mothers on Medicaid Percent	49.2%	**38.5%**
Child Immunization Percent	67.0%	**67.0%**
ER Visits due to Asthma (Aged 5-17, per 10,000)	**121.0**	**49.7**

Source: Indiana Department of Health, 2020.

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

Observations. Marion County's overall maternal and child health indicators compare unfavorably to Indiana averages. The rate of ER visits due to asthma was more than 50 percent above the state averages.

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

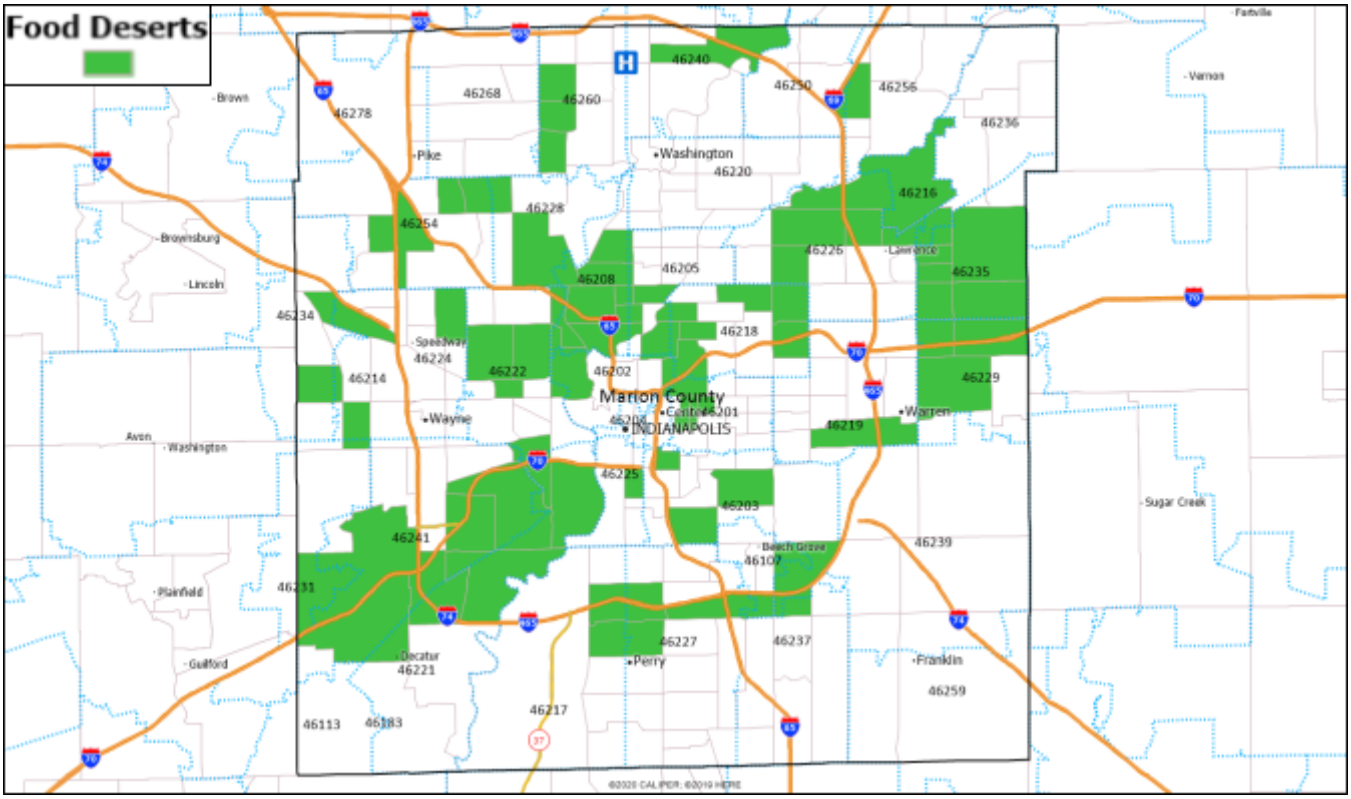
Indicators	Black	Hispanic or Latino	White
Marion County			
Prenatal Care Started in First Trimester	55.8%	49.2%	78.1%
Tobacco Used During Pregnancy	7.4%	1.8%	14.7%
Preterm Births	13.7%	10.3%	9.8%
Infant Mortality Rate (2013-2019)	12.4	7.0	5.5
Indiana			
Prenatal Care Started in First Trimester	58.0%	59.5%	77.7%
Tobacco Used During Pregnancy	8.7%	3.3%	14.9%
Preterm Births	13.6%	9.7%	9.5%
Infant Mortality Rate (2013-2019)	13.7	7.4	6.0

Source: Indiana Department of Health, 2020.

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

Observations. In Marion County and Indiana as a whole, preterm birth and infant mortality rates for Black and Hispanic (or Latino) populations have been higher than rates for White populations. Rates of prenatal care started in the first trimester have been lower.

Locations of Food Deserts, 2019

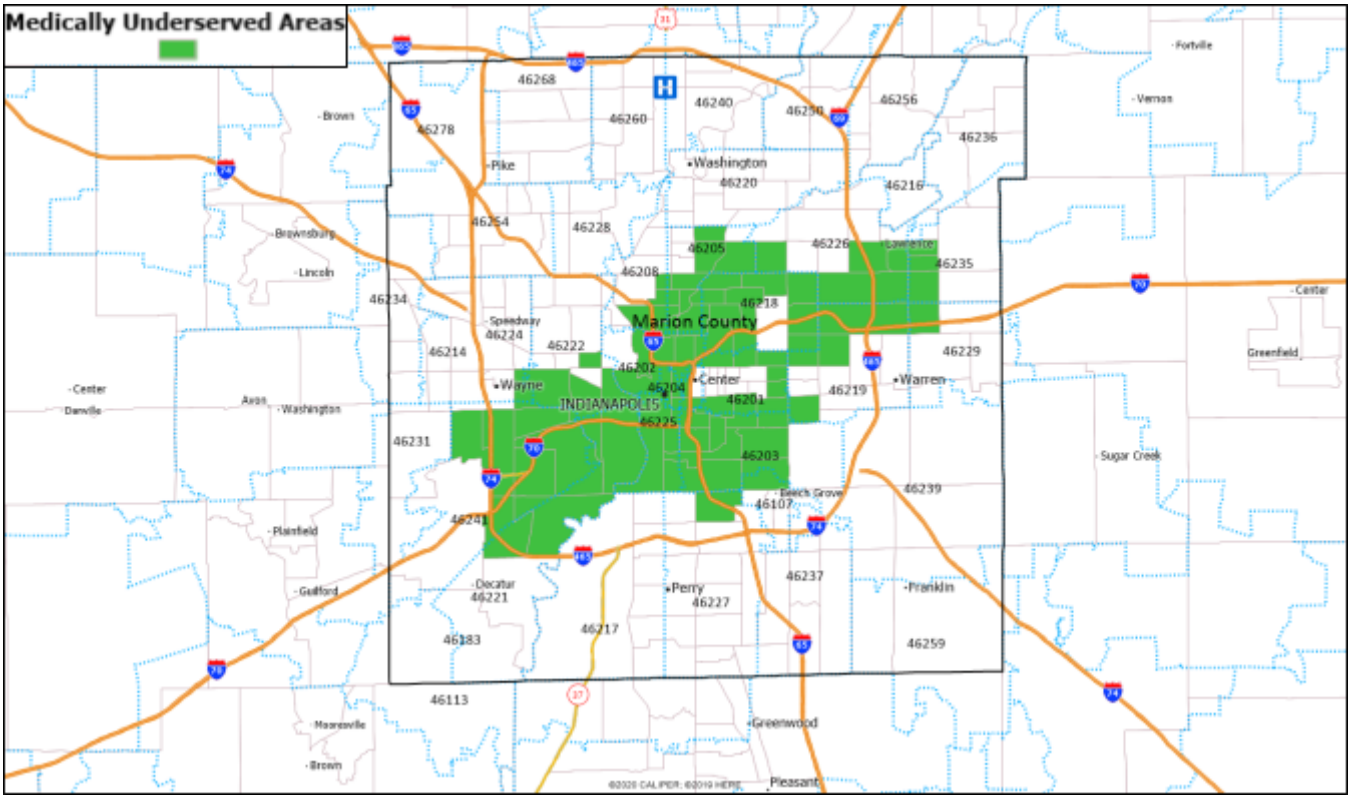


Source: U.S. Department of Agriculture, 2021, and Caliper Maptitude.

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. Numerous census tracts throughout Marion County have been identified as food deserts.

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. Census tracts in Indianapolis and central Marion County are designated as a medically underserved area. Additionally, the Indiana Hemophilia & Thrombosis Center and the lower income population of the Indianapolis Northwest Side have been designated as MUPs.

Primary Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	County
Marion County-Indianapolis *Multiple Census tracts*	High Needs Geographic HPSA *Proposed For Withdrawal*	Marion
Raphael Health Center, Inc.	Federally Qualified Health Center	Marion
Shalom Health Care Center, Inc.	Federally Qualified Health Center	Marion
The Health & Hospital Corp of Marion County	Federally Qualified Health Center	Marion
Indiana Health Centers Incorporated	Federally Qualified Health Center	Marion
HealthNet, Inc.	Federally Qualified Health Center	Marion
Adult And Child Mental Health Center Inc	FQHC Look A Like	Marion
Jane Pauley Community Health Center, Inc.	Federally Qualified Health Center	Marion

Source: Health Resources and Services Administration, 2021.

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

Observations. Census tracts in Marion County are designated as Primary Care HPSAs, and the designations are "Proposed For Withdrawal." Federally Qualified Health Centers (FQHCs) and Look a Like are designated as Primary Care HPSAs.

No area or population in Marion County is designated as a Primary Care HPSA.

Dental Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	County
Aspire Health Center	FQHC Look A Like	Marion
Pendleton Correctional Facility	Correctional Facility	Marion

Source: Health Resources and Services Administration, 2021.

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

Observations. A Look a Like and correctional facility are designated as Dental Care HPSAs.

Mental Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	County
LI - Central Indiana MHCAs	HPSA Population	Marion
Adult And Child Mental Health Center Inc	FQHC Look A Like	Marion
Jane Pauley Community Health Center, Inc.	Federally Qualified Health Center	Marion
HealthNet, Inc.	Federally Qualified Health Center	Marion
Shalom Health Care Center, Inc.	Federally Qualified Health Center	Marion
Raphael Health Center, Inc.	Federally Qualified Health Center	Marion
The Health & Hospital Corp of Marion County	Federally Qualified Health Center	Marion
INDIANA HEALTH CENTERS INCORPORATED	Federally Qualified Health Center	Marion
Indiana Women's Prison	Correctional Facility	Marion

Source: Health Resources and Services Administration, 2021.

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

Observations. The Low-Income Population of Marion County, as part of the Central Indiana Mental Health Catchment Area, is designated as a Mental Health HPSA. Federally Qualified Health Centers (FQHCs), Look a Like, and a Correctional Facility are designated as Mental Health HPSAs.

State-Wide and National Data

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

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

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

Indicator	Black	Hispanic (or Latino)	White	Indiana Total
Heart Disease	216.5	92.1	181.8	**178.8**
Cancer (Malignant Neoplasms)	183.6	91.5	168.8	**163.4**
Chronic Lower Respiratory Disease (CLRD)	45.4	14.1	58.5	**56.1**
Accidents / Unintentional Injuries	60.5	34.0	59.3	**56.0**
Stroke / Cerebrovascular Disease	51.5	29.2	39.8	**41.4**
Alzheimer's Disease	29.5	16.1	34.2	**31.6**
Diabetes	48.4	24.1	24.5	**25.0**
Kidney Disease (Nephritis, Nephrosis)	34.1	16.4	16.6	**17.1**
Septicemia	21.6	11.9	14.9	**14.3**
Suicide	8.7	7.0	17.3	**14.2**
Chronic Liver Disease / Cirrhosis	8.9	12.9	12.5	**12.0**
Influenza / Pneumonia	11.9	6.7	13.4	**11.6**
High Blood Pressure / Related Kidney Disease	18.5	5.6	9.6	**10.4**

Parkinson's Disease	4.7	N/A	10.0	**9.9**
Homicide	36.8	6.6	3.4	**7.2**
Pneumonitis (Lung Inflammation)	6.1	N/A	6.3	**6.0**
Nutritional Deficiencies	3.9	3.9	3.4	**4.3**
Neoplasms (Abnormal Growth)	3.4	N/A	4.2	**4.1**
Birth Defects	4.5	2.9	3.7	**4.0**
Condition Originating Around Time of Birth	8.9	4.3	3.6	**3.6**

Source: Indiana Department of Health, 2020.

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

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

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

Indicator	Black	Hispanic (or Latino)	White	Indiana Total
Arthritis	22.0%	8.8%	28.9%	**27.0%**
Asthma	12.7%	5.1%	9.8%	**9.8%**
Avoided Care Due to Cost	13.3%	23.7%	11.2%	**12.6%**
Cancer	3.6%	N/A	7.9%	**7.2%**
Cardiovascular Diseases	11.2%	3.8%	10.1%	**9.9%**
Children in Poverty	37.8%	27.2%	13.7%	**18.0%**
Chlamydia Rate	1,864.1	559.5	279.4	**523.9**
Chronic Kidney Disease	4.1%	N/A	3.3%	**3.4%**
Chronic Obstructive Pulmonary Disease	6.5%	N/A	9.5%	**8.7%**
Colorectal Cancer Screening	70.0%	42.2%	69.2%	**68.2%**
Crowded Housing	1.5%	4.7%	1.2%	**1.5%**
Dedicated Health Care Provider	78.4%	54.3%	80.0%	**77.9%**
Dental Visit	55.6%	60.8%	65.6%	**64.4%**
Depression	14.6%	11.1%	22.8%	**21.0%**
Diabetes	17.9%	9.0%	12.1%	**12.4%**
Drug Deaths (1-year) Rate	27.0	7.3	27.3	**24.9**
Education - Less Than High School	12.3%	30.1%	8.7%	**10.4%**
Excessive Drinking	17.5%	20.9%	16.3%	**16.5%**
Exercise	21.7%	16.7%	21.1%	**21.1%**
Flu Vaccination	33.3%	35.7%	44.0%	**42.1%**
Frequent Mental Distress	13.3%	8.2%	14.5%	**14.3%**
Frequent Physical Distress	13.4%	12.8%	13.7%	**13.8%**
Fruit and Vegetable Consumption	8.1%	6.6%	9.1%	**9.1%**
High Blood Pressure	44.5%	20.5%	35.1%	**34.8%**

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

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 45th out of U.S. states for per-capita public health funding.

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension St. Vincent Indianapolis has cataloged resources available in Marion 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
Hospitals		
Ascension St Vincent Indianapolis	(765) 452-5611	https://healthcare.ascension.org/locations/indiana/ineva/indianapolis-ascension-st-vincent-indianapolis
IU Health Methodist Hospital	(317) 962.2000	https://iuhealth.org/find-locations/iu-health-methodist-hospital
Community Health Network Marion	(765) 776-8000	https://www.ecommunity.com
Information and Referral		
Indiana 211	211 or (866) 211-9966	in211.communityos.org
Neighborhood Resource		neighborhoodresource.findhelp.com

Federally Qualified Health Centers (FQHCs)		
Southwest Health Center	317-957-2500	www.indyhealthnet.org
Eskenazi Health Center 1650 College Avenue	317-880-0888	https://www.eskenazihealth.edu/locations/north-college
IPS School 43 - James Whitcomb Riley	317-226-4243	
Jane Pauley Community Health Center at Arlington	317-934-0755	
Charles W. Fairbanks IPS School 105	317-226-4105	
Wheeler Shelter for Women and Children Clinic	317-687-3630	
Salvation Army Family Shelter Clinic (for women and children)	317-637-5551	www.usc.salvationarmy.org
Washington Irving School 14	317-226-4214	www.shalomhealthcenter.org
IPS School 79 - Carl Wilde	317-226-4279	
Homeless Initiative Program (HIP) Northeast	317-957-2275	
Adult and Child Health - Admin Only	317-882-5122	http://adultandchild.org
IPS 54 School Based Clinic - Brookside Academy	317-229-4254	
West Health Center	317-957-2550	www.indyhealthnet.org
IPS School 107 - Lew Wallace	317-226-4107	
Enlace Academy	317-226-4108	www.shalomhealthcenter.org
Barrington Health Center	317-957-2100	www.indyhealthnet.org
Harshman Middle School	317-226-4101	www.indyhealthnet.org
Eskenazi Health Center Pecar	317-266-2901	http://www.eskenazihealth.edu/find-a-location/pecar
Windrose Health Network - Epler Parke	317-534-4660	http://www.windrosehealth.net
Temporary Site - Town Place Suites by Marriott	317-253-5510	

Federally Qualified Health Centers (FQHCs)		
Shortridge High School	317-226-2822	http://raphaelhc.org/
Southeast Health Center	317-957-2400	www.indyhealthnet.org
Shalom Health Care Center PHC Mobile Clinic	317-291-7422	
William McKinley School 39	317-226-4239	www.shalomhealthcenter.org
Jane Pauley Community Health Center at Shadeland	317-355-3232	www.janepauleychc.com
Homeless Initiative Program (HIP) Northwest	317-957-2275	
IPS School 34 - Eleanor Skillen	317-226-4876	www.shalomhealthcenter.org
Eskenazi Health Center Blackburn	317-931-4300	http://www.eskenaihealth.edu/find-a-location/blackburn
Eskenazi Health Center Barton Annex	317-880-5175	https://www.eskenazihealth.edu/locations/barton-annex
Thomas D. Gregg School 15	317-226-4615	
George Washington Community School	317-692-5526	www.indyhealthnet.org
RAPHAEL HEALTH CENTER	317-926-1507	www.raphaelhc.org
Kipp Indy Legacy Clinic	317-957-2000	www.indyhealthnet.org
Adult and Child Health	317-882-5122	www.adultandchild.org
Fisher Elementary School	317-241-6543	
SHALOM HEALTH CARE CENTER, INC.	317-291-7422	www.shalom-hcc.org
Jane Pauley Community Health Center at Post	317-355-9320	www.janepauleychc.com
Martindale Brightwood Health Center	317-957-2300	www.indyhealthnet.org
Path School (67)	317-226-4267	www.shalom-hcc.org
Salvation Army Harbor Light Center Clinic	317-972-1450	www.usc.salvationarmy.org

Federally Qualified Health Centers (FQHCs)		
Eskenazi Health Center Primary Care	317-880-7000	https://www.eskenazihealth.edu/locations/sandra-eskenazi-outpatient-care-center
Matchbook Learning at No 63	317-226-4263	
Ralph Waldo Emerson IPS School 58	317-226-4258	www.shalomhealthcenter.org
Wheeler Elementary School	317-291-4274	
Aspire Indiana Health - Willowbrook	877-574-1254	
Aspire Indiana Health - Progress House Main	887-574-1254	
Louis B. Russell #48	317-226-4248	
Holy Family Shelter Clinic	317-923-5750	
IPS School 46 - Daniel Webster	317-226-4246	
Tech Teen Clinic	317-693-5420	www.indyhealthnet.org
Kindezi Academy - Charter School	317-226-4269	www.shalomhealthcenter.org
Indiana Math and Science Academy North	317-259-7363	
Peoples Health Center	317-957-2200	www.indyhealthnet.org
Eskenazi Health Center Grassy Creek	317-890-2100	http://www.eskenazihealth.edu/find-a-location/grassy-creek
Eskenazi Health Center W 38th Street	317-880-3838	www.eskenazihealth.edu
SHALOM PRIMARY CARE CENTER	317-291-7422	www.shalom-hcc.org
Adult and Child Health - Garfield Park	317-882-5122	
IPS School 88 - Anna Brochhausen	317-229-4288	www.shalomhealthcenter.org
Jane Pauley Community Health Center Administrative Offices	317-355-9337	
Northeast Health Center	317-957-2150	
INDIANA HEALTH CENTERS, INC.	317-576-1335	None
KIPP School Based Health Center	317-957-2972	

Federally Qualified Health Centers (FQHCs)		
Eskenazi Health Center North Arlington	317-554-5200	http://www.eskenazihealth.edu/find-a-location/north-arlington
Avondale Meadows Academy School-Based Health Center	317-803-3182	
Care Center at the Tower	317-296-7832	
Sankofa at Arlington Woods#99	317-226-4299	
Vision Academy at Riverside School-Based Health Center	317-632-2006	
Newby Elementary School	317-241-0572	www.shalomhealthcenter.org
Jane Pauley Community Health Center at 16th Street	317-355-9320	
HealthNet Administration	317-957-2000	
Eskenazi Health Center Westside	317-554-4600	http://www.eskenaihealth.edu/find-a-location/westside
James Russel Lowell IPS School 51	317-226-4251	
Dayspring Center Clinic	317-635-6780	www.dayspringcenter.org
Indiana Math and Science Academy West	317-298-0025	www.shalomhealthcenter.org
Meridian Health Services Corp	317-803-2270	
Allison Elementary School	317-244-9836	www.shalomhealthcenter.org
Interfaith Hospitality Network	317-261-1562	
Global Preparatory Academy - Charter School	317-226-4266	
Jane Pauley Community Health Center at Castleton	317-934-0755	
Arlington Community High School Based Clinic - IPS	317-822-7980	www.shalomhealthcenter.org
Windrose Health Network - Countyline	317-884-7820	www.windrosehealth.net
FARRINGTON MIDDLE SCHOOL	317-226-4194	www.shalom-hcc.org

Federally Qualified Health Centers (FQHCs)		
Eskenazi Health Center Forest Manor	317-541-3400	https://www.eskenazihealth.edu/locations/forest-manor
Eskenazi Health Center Pedigo	317-880-1900	https://www.eskenazihealth.edu/locations/primary-care-sites
IPS 31 School Base Clinic - James A. Garfield	317-226-4231	
Shalom 56th Street - New Access Point	317-291-7422	
Temporary Site - Crowne Plaza Indianapolis Airport Hotel	317-957-2005	
Meridian Health Services - Suite 102A	317-803-2270	
The Julian Center Clinic	317-920-9320	www.juliancenter.org
IPS School 27 - Center for Inquiry	317-226-4227	www.shalomhealthcenter.org
Adult and Child Health - Greenwood	317-882-5122	

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

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

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

PRIORITY NEED	**Access to Health Services**	
SMART GOAL	By June 30, 2022, the hospital will increase its FY20 baseline number of enrollments in Medicare or Medicare Savings programs by 2.5%.	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Health Advocate (HA) assess for eligibility, educate individuals about options, submit application, and verifies eligibility to complete the Enrollment Pathway	Completed - Year 1 & 2 In Progress - Year 3	**FY20 - Year 1: Community benefit =$161,217.** During this time, the HA helped 16 people obtain Medicare and/or Medicare Savings insurance (FY20 goal=set baseline) **FY21 - Year 2: Community benefit = $160,008.** During FY21, the hospital assisted 36 people with obtaining Medicare and/or Medicare Savings insurance (FY20 baseline = 16, FY21 goal = 17, FY21 goal attainment =211%). **FY22 - Year 3: Community benefit = in progress.** Results from the last year of this I.S. cycle will be reported and attached to the FY22 Form 990.
RUAH will use FY20 data to set the baseline value and FY22 target value	Completed	FY22 goal = 17 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	**FY20 - Year 1: Community benefit =$63.** During this time, a lead was identified, who communicated with the targeted school district's FSD to assess readiness in expanding SBP availability. It is presumed the work of the statewide initiative contributed to the breakfast gap decrease of 2% and the lunch and breakfast participation increase of 1.87% and 1.65%, respectively throughout the state, from October, 2019 through August, 2020.
During FY21, leads worked with food service directors to increase the availability of school breakfast during the 2020-2021school year.	Revised due to the significant impact COVID-19 had on schools and completed	**FY21 - Year 2: Community benefit = $11,000.** Due to the significant impact COVID-19 had on schools, the scope of the initiative expanded to include all school nutrition programs, in addition to the school breakfast program. During this time, the hospital supported the Metropolitan School District of Pike Township by purchasing food and equipment for the school/community food pantry.
During FY22, leads continue to work with FSDs to increase SBP availability during the 2021-2022 school year.	Revised due to the significant impact COVID-19 had on schools and in progress	**FY22 - Year 2: Community benefit = in progress.** Results from the last year of this I.S. cycle will be reported and attached to the FY22 Form 990.

PRIORITY NEED	Mental Health	
SMART GOAL	The hospital will increase the number of community members trained *(from the baseline established in FY21*) to identify individuals experiencing mental health/substance issues by the end of FY22. NOTE: Additional SMART measurements not included due to the uncertainty of the baseline.	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
During FY20, hospital leads were identified, training was provided, and local resource lists were developed	Completed	**FY20 - Year 1: Community benefit dollars = $83.** During this time, a lead was identified and a resource list developed.
During FY21, leads coordinated the hosting of at least one MHFA training for the community at no charge.	Not completed	**FY21 - Year 2: Community benefit dollars = $0.** During FY21, the hospital was unable to complete the goal due to competing demands, including those resulting from the COVID-19 pandemic. However, the hospital did schedule a virtual MHFA but had to cancel the training session due to a lack of participation.
During FY22, leads coordinated the hosting of at least one MHFA training for the community at no charge.	In process	**FY21 - Year 3: Community benefit dollars = in progress.** Results from the last year of this I.S. cycle will be reported and attached to the FY22 Form 990.