Ascension St. Vincent Mercy

2024 Community Health Needs Assessment

Madison County, Indiana

Conducted May 1, 2024, to June 30, 2025

Ascension

The goal of this report is to offer a meaningful understanding of the most significant health needs across Madison County with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to respond to those needs. Special attention has been given to the needs of individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk. 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 2024 Community Health Needs Assessment report was approved by theAscension St. Vincent Mercy Board of Directors on June 16, 2025 (2024 tax year), and applies to the following three-year cycle: July 2025 to June 2028 (FY 2026 - FY 2028). 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

The 2024 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Madison County. Ascension St. Vincent Mercy 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 promote a healthier, more equitable place to live, work and play.

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

Executive Summary

The goal of the 2024 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Madison County. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

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

Community Served

Although Ascension St. Vincent Mercy serves Madison County in addition to surrounding areas, Ascension St. Vincent Mercy has defined its “community served” as Madison County for the 2024 CHNA. Madison County was selected as Ascension St. Vincent Mercy’s community served because it is our primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The 2024 CHNA was conducted from May 2024 through June 2025 and utilized a process which incorporated data from both primary and secondary sources. Community input sources included information provided by groups/individuals, e.g., community members, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. During 2024, a community input meeting was held and a total of two local and two state key stakeholder interviews were conducted. Special attention was given to the needs of individuals and populations who are more marginalized and to unmet health needs or gaps in services. Secondary data was 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

Ascension St. Vincent Mercy, with contracted assistance from Verité Healthcare Consulting, analyzed secondary data and gathered community input through interviews and community input to identify the needs of Madison County. In collaboration with community partners, Ascension St. Vincent Mercy used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs identified through this process are as follows:

- Access to Care
- Maternal, Infant, and Child Health
- Mental Health Status and Access to Mental Health Services
- Obesity, Physical Inactivity, and Associated Chronic Disease
- Services for Older Adults
- Social Drivers of Health, including:
    - Poverty
    - Affordable Housing
    - Food Insecurity
    - Transportation
- Substance Use Disorders, including Nicotine

Next Steps and Conclusion

The 2024 CHNA was presented to the Ascension St. Vincent Mercy Board of Directors for approval and adoption on June 16, 2025. Following approval of the CHNA, Ascension St. Vincent Mercy will complete a prioritization matrix and 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 respond to those prioritized needs throughout the same three-year CHNA cycle: July 2025 to June 2028.

Ascension St. Vincent Mercy hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Madison County members. The hospital values the community's voice and welcomes feedback on this report; comments or questions can be submitted via Ascension's public website (https://healthcare.ascension.org/chna).

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 individuals and communities at increased risk for poor health outcomes or affected by social factors that impact health.

Ascension

Ascension is one of the nation's leading non-profit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all with special attention to those most vulnerable and persons living in poverty. In FY 2024, Ascension provided $2.1 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 131,000 associates, 37,000 affiliated providers and 136 hospitals, serving communities in 18 states and the District of Columbia.

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 health care 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 Indiana

Ascension St. Vincent operates 19 hospitals in addition to a comprehensive network of affiliated joint ventures, medical practices and clinics serving Indiana and employs more than 13,000 associates. In Fiscal Year 2024, Ascension St. Vincent provided more than $357 million in community benefit and care of persons living in poverty throughout the state.

Ascension St. Vincent Mercy

As a ministry of the Catholic Church, Ascension St. Vincent Mercy is a non-profit hospital governed by a local board of trustees represented by community members, medical staff, and sister sponsorships. Established in 1926 by the Sisters of St. Joseph of Tipton, Indiana, at the request of Father Biegel of St. Joseph Church in Elwood, the hospital has been providing medical care to residents of Madison County, Indiana, and neighboring areas for many years. The hospital's sponsorship was transferred to St. Vincent in 1994.

Located in Elwood, in the northwest portion of Madison County, Ascension St. Vincent Mercy is a 25-bed critical access hospital offering a wide range of services. These include bariatric care, blood disorder treatment, cancer care, cardiovascular services, diabetes care, digestive health, ear, nose, and throat care, emergency medicine, home care, hospice, immediate care, laboratory services, long-term acute care, medical imaging, mental and behavioral health, neuroscience, nutrition support, orthopedics, pediatrics, primary care, rehabilitation services, respiratory care, senior services, sleep disorder treatment, spiritual care, sports performance, surgery, women's health, and wound treatment.

For more information about Ascension St. Vincent Mercy, visit

https://healthcare.ascension.org/locations/indiana/inasc/elwood-ascension-st-vincent-mercy

About the Community Health Needs Assessment

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

Purpose of the CHNA

A CHNA is defined as "a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority 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 Mercy's commitment to offer programs designed to respond to the health needs of a community, with special attention to persons who are medically underserved and at risk for poorer health outcomes because of social factors that put them at increased risk.

Advancing Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.[2] Progress toward achieving health equity can be measured by reducing health disparities. Health disparities are particular health differences closely linked with economic, social, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced such obstacles to health based on their race or ethnicity; religion; socioeconomic status; gender identity; sexual orientation; age; cognitive, sensory, or physical disability; geographic location; or other characteristics historically linked to discrimination or exclusion.[3]

Focusing on the root causes that have perpetuated these differences contributes to the advancement of health equity. By identifying the conditions, practices, and policies that perpetuate differences in health outcomes, we can better respond to root causes when pursuing health equity.

Ascension acknowledges that health disparities in our communities go beyond individual health behaviors. Ascension's Mission calls us to be "advocates for a compassionate and just society through our actions and words"; therefore, health equity is a matter of great importance to Ascension.

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[1] Catholic Health Association of the United States. (2022). *A guide for planning and reporting community benefit, 2022 (p.146)*.

[2] National Center for Chronic Disease Prevention and Health Promotion. (2023, January 4). *Advancing health equity in chronic disease prevention and management*. Center for Disease Control and Prevention (CDC). Retrieved October 11, 2023, from https://www.cdc.gov/chronicdisease/healthequity/index.htm

[3] Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, *129*(Suppl 2), 5-8. https://doi.org/10.1177/00333549141291S203

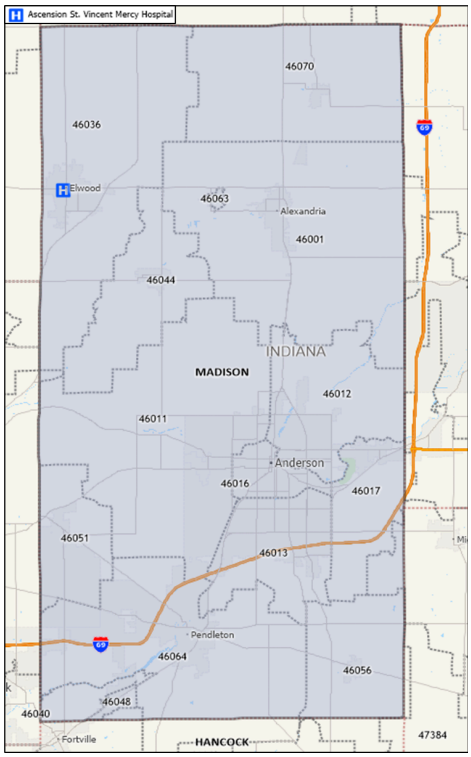
IRS 501(r)(3) and Form 990 Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions 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 hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3), and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic versions of these reports can be accessed at https://healthcare.ascension.org/CHNA, and paper versions can be requested at Ascension St. Vincent Mercy's Information Desk in the main lobby.

Community Served and Demographics

Community Served

For the purpose of the 2024 CHNA, Ascension St. Vincent Mercy has defined its community served as Madison County. Although Ascension St. Vincent Mercy serves Madison County and surrounding areas, the "community served" was defined as such because (a) most of our service area is in the county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.



Demographic Data

Located in Indiana, Madison County has a population of 131,744 and is the 13th most populous county in the state. Below are demographic data highlights for Madison County.

- 19.0 percent of the community members of Madison are 65 or older, compared to 16.9 percent in <state>
- 94.9 percent of community members are non-Hispanic; 5.1 percent are Hispanic or Latino (any race)
- 83.6 percent of community members are non-Hispanic white; 0.7 percent are Asian; 0.1 percent are American Indian or Alaska Native, and 8.4 percent are non-Hispanic Black or African American
- The total population is projected to increase from 2025 to 2030 by 0.7 percent, with the 65 and older population expected to increase by 5.2 percent
- The median household income is below the state median income ($58,926 for Madison County; $66,768 for Indiana)
- The percent of all ages of people in poverty was higher than the state (15.2 percent for <county or community>; 12.6 percent for Indiana)
- The uninsured rate for Marion County is the same as the state (9 percent for Madison County; 9 percent for Indiana

Description of the Community

Demographic Highlights			
Population			
Indicator	**Madison**	**Indiana**	**Description**
Percentage living in rural communities	24.6%	28.8%	
Percentage below 18 years of age	21.2%	23.0%	
Percentage 65 years of age and over	19.0%	16.9%	
Percentage Asian	0.7%	2.8%	
Percentage American Indian or Alaska Native	0.1%	0.1%	
Percentage Hispanic	5.1%	7.9%	
Percentage non-Hispanic Black	8.4%	9.9%	
Percentage non-Hispanic White	83.6%	77.0%	
Social and Community Context			
English proficiency	0.4%	1.4%	Proportion of community members who speak English "less than well"
Median household income	$58,926	$66,768	Income level at which half of households in a county earn more and half of households earn less
Percentage of children in poverty	20.3%	15.4%	Percentage of people under age 18 in poverty
Percentage of uninsured	9%	9%	Percentage of population under age 65 without health insurance
Percentage of educational attainment	89.9%	90.0%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Percentage of unemployment	3.3%	3.0%	Percentage of population ages 16 and older unemployed but seeking work

Source: County Health Rankings, 2024

To view community demographic data in their entirety, see Appendix B (Page 33).

Process and Methods Used

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

Collaborators and/or Consultants

With the contracted assistance of Verité Healthcare Consulting, Ascension St. Vincent Mercy completed its 2024 CHNA in collaboration with the following organizations:

- Dobson DaVanzo & Associates
- Community Health Network
- Indiana University Health
- Rehabilitation Hospital of Indiana
- Other Ascension St. Vincent hospitals

Key stakeholder interviews and community input sessions were conducted as a collaborative effort with the organizations listed above.

Data Collection Methodology

Primary data were gathered through community input sessions with a range of public health and social service providers that represent the broad interests of community members. 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.

Secondary data were gathered from credible sources of reliable metrics. These metrics included a variety of community health indicators for the community, which were benchmarked against Indiana and U.S. averages.

Identified needs were determined to be “significant” if both of the following conditions were met:

- Community Importance - Stakeholders who participated in community input sessions identified the issue as problematic; and
- Unfavorable to Benchmarks - Metrics for the community from secondary data compared unfavorably to metrics for Indiana and/or the U.S.

Summary of Community Input

Community input, also referred to as "primary data," is an integral part of a community health needs assessment (CHNA) and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community's health needs. As previously noted, 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, 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 key stakeholder interviews and a community input session. These methods provided additional perspectives on selecting and responding to top health issues facing Madison County. A summary of the process and results is outlined below.

Community Input Session

A community input session was conducted to gather feedback from the community on the health needs and assets of Madison County. Eleven individuals participated in the session, held in May 2024. Sectors represented by participants included are academia, community-based organizations, employers, health care systems & providers, and philanthropic organizations.

Community Focus Group	
Key Summary Points	
• **Barriers to services** impact many residents but barriers vary and include financial limitations, insurance restrictions, transportation, technology constraints, and, especially for rural community members, distance. • **Mental health** struggles are experienced across Madison County, including children who have behavioral problems in school and homeless community members. • Unmet **basic needs**, such as food and safe housing, and social drivers of health negatively impact health and health outcomes. • **Health-related needs** vary across Madison County and specific geographies and populations have distinct needs. • **Changes in the environment**, notably the end of emergency Medicaid, complicate services, impede continuity of care, and reduce overall trust in the healthcare network.	
Sectors Represented	**Common Themes**
• Academia • Community Based Organizations • Employers • Health Care Systems & Providers • Philanthropic Organizations • Schools	• Navigators are needed because of a lack of knowledge of resources, a lack of collaboration, and lack of understanding of how insurance works. • Social services and health outcomes are linked but there is insufficient collaboration between organizations within the community provided services. • Workforce development is needed to meet the demand for services, especially for the increase in older adults.

Meaningful Quotes
• We are an unwell community. • Health insurance is already difficult to navigate, then add chronic illness and mental health, it's a lot. • Populations that struggle include the not highly educated and elderly. • Students are begging for help, but adults can't, won't or don't know how to help. • We have a high infant mortality rate and the third highest child abuse and neglect in the state. • The police force responds to a lot of mental health calls; firefighters became the taxi service to the hospital.

Key Stakeholder Interviews

Four interviews were conducted to gather feedback from key informants on the health needs and assets of the State of Indiana. Nine representatives from four different organizations and agencies participated in the interviews, held in July 2024. Sectors represented by participants included the Indiana Department of Health and minority health organizations.

Key Stakeholder Interviews	
Key Summary Points	
• Workforce shortages, as well as a lack of trust, impedes access to health care. • Lack of health literacy reduces the effectiveness of health care services when the patient does not understand the issue, and misinformation compounds the impact. • Culturally sensitive education and trust building are crucial in community engagement efforts. • Poor health behaviors, illustrated by rates of obesity and smoking/vaping, continue to be high and are reflected in health outcomes, including a decrease in life expectancy. • Social drivers of health have a direct impact on health outcomes. • Safe and affordable housing is critical to healthy outcomes, including its role in workforce development. • Substance use disorder and poor mental health are big issues and contribute to homelessness, yet services are limited. • Access to health care services, illustrated with access to maternal and infant health, do not meet community members' needs when limited to the standard workday.	
Sectors Represented	**Common Themes**
• Advocacy Groups • Indiana Department of Health • Madison County Health Department	• Mental health issues and stigma can be entrenched within the community. • Poor health status and outcomes continue to be an issue, especially among racial/ethnic minority residents. • Many community members have problems with accessing healthy options, such as grocery stores. • Substance use disorder and poor mental health continue to impact many residents and both are increasing.
Meaningful Quotes	
• I want to acknowledge the loneliness epidemic – isolation is a huge issue, and we should encourage socialization. • Tobacco and vaping products availability is so overwhelming that it can't but spill over into youth and hook kids early. • We need all the data possible to identify emerging issues. • Private/public partnerships were really one of the biggest bright spots during COVID and we need to be continued. • Key social drivers of health influencing community members' well-being are transportation and housing. • Housing is becoming a greater and greater crisis everywhere and definitely a larger issue for populations of color. • We need more social services for formerly incarcerated residents – and Indiana has a very high incarceration rate. • There is a need for training and mentoring to address the steep learning curve when providers transition from the academic environment to practice.	

To view community input data in its entirety, see Appendix C (Page 36).

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources.

Health indicators in the following categories were reviewed:

- Health outcomes
- Social and Economic Factors
- Physical environment
- Clinical care
- Health Behaviors
- Disparities

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

The total population of Madison County is projected to increase by 0.7 percent between 2025 and 2030 to approximately 135,096 persons. The 65+ population is projected to grow 5.2 percent.

Data from County Health Rankings and Roadmaps indicate that many community health issues are problematic in Madison County because the county's data are particularly unfavorable in comparison with overall Indiana and/or overall U.S. measures. The Madison County indicators below are comparatively worse than Indiana and/or U.S. averages.

- Premature death - Years of potential life lost before age 75
- Life expectancy
- Infant mortality
- Poor or fair health
- Poor physical health days
- Frequent physical
- Low birth weight - Percentage of babies born too small (less than 2,500 grams or five lbs 8 oz)
- Poor mental health days
- Frequent mental distress
- Suicide
- Diabetes prevalence
- Cancer deaths
- Sexually transmitted infections
- Median household income
- Poverty
- Childhood poverty
- Some college

- Children in single-parent homes
- Food environment index
- Food insecurity
- Limited access to healthy foods
- Severe housing cost burden
- Severe housing problems
- Air pollution: particulate matter
- Uninsured adults
- Primary care physicians
- Mental healthcare providers
- Preventable hospital stays
- Flu vaccinations
- Mammography screenings
- Adult obesity
- Physical inactivity
- Access to exercise opportunities
- Insufficient sleep
- Motor vehicle crash deaths
- Teen births
- Adult smoking
- Overdose deaths

To view the secondary data and sources in their entirety, see Appendices B, D1, and D2 (Page 33, 37 & 44).

Written Comments on Previous CHNA and Implementation Strategy

Ascension St. Vincent Mercy's previous CHNA and implementation strategy was made available to the public and open for public comment via the website: https://healthcare.ascension.org/chna.No comments were received from the public on the previous CHNA or implementation strategy.

Data Limitations and Information Gaps

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

For this assessment, three types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. For example, these groups may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.

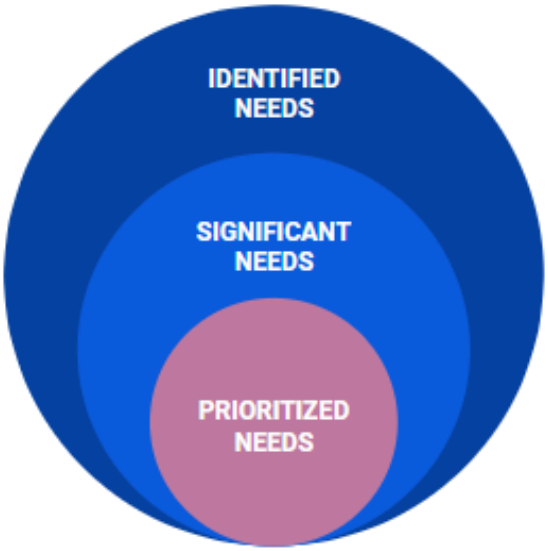
- Secondary data is limited in a number of ways, including timeliness, reach, and ability to fully reflect the health conditions of all populations within the community.
- An acute community concern may significantly impact a hospital's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation that may be severe and sudden in onset or newly affects a community. Such an event or situation 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 2024 CHNA, no acute community concerns were identified.

Despite the data limitations, Ascension St. Vincent Mercy 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 qualitative and quantitative methods, and engaged the hospital and participants from the community.

Community Needs

Ascension St. Vincent Mercy, with contracted assistance from Verité Healthcare Consulting, analyzed secondary data of numerous indicators and gathered community input through a community input session and key stakeholder interviews to identify the needs in Madison County. In collaboration with community partners, Ascension St. Vincent Mercy used a phased prioritization approach to identify the needs.

- First phase: Determine the broader set of **identified needs**.
- Second phase: Narrow identified needs to a set of **significant needs**.
- Third phase (following CHNA completion): Narrow the significant needs to a set of **prioritized needs** to be addressed in the implementation strategy plan.



Following the completion of the CHNA assessment, Ascension St. Vincent Mercy 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 respond to many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. The image above portrays the relationship between the needs categories.

Identified Needs

The first phase was to determine the broader set of **identified needs**. Ascension has defined "identified needs" as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Madison County. The identified needs were categorized into health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In the second phase, identified needs were then narrowed to a set of "significant needs" determined most crucial for community stakeholders to address. In collaboration with various community partners, Ascension St. Vincent Mercy synthesized and analyzed the data to determine which of the identified needs were most significant. Ascension has defined **significant needs** as the identified needs deemed most significant to respond to based on established criteria and/or prioritization methods.

Identified needs were determined to be “significant” if both of the following conditions were met:

- Community Importance - Stakeholders who participated in community input sessions identified the issue as problematic; and
- Unfavorable to Benchmarks - Metrics for the community from secondary data compared unfavorable to metrics for Indiana and/or the U.S.

Based on the synthesis and analysis of the data, the significant needs for the 2024 CHNA are as follows, in alphabetical order:

- Access to Care
- Maternal, Infant, and Child Health
- Mental Health Status and Access to Mental Health Services
- Obesity, Physical Inactivity, and Associated Chronic Disease
- Services for Older Adults
- Social Drivers of Health, including:
    - Poverty
    - Affordable Housing
    - Food Insecurity
    - Transportation
- Substance Use Disorders, including Nicotine

To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix E (Page 51).

The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need.

Access to Care

Significance	Populations Most Impacted
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.	• Immigrants • LGBTQ residents • Low-income persons • Racial and ethnic minorities • Older adults

Community Input Highlights

- Barriers to services impact many residents but barriers vary and include financial limitations, insurance restrictions, transportation, technology constraints, and, especially for rural community members, distance.
- Health-related needs vary across Madison County and specific geographies and populations have distinct needs.
- Changes in the environment, notably the end of emergency Medicaid, complicate services, impede continuity of care, and reduce overall trust in the healthcare network.
- Access to health care services, illustrated with access to maternal and infant health, do not meet community members' needs when limited to the standard workday.

Secondary Data Highlights

- Diabetes prevalence is higher than the overall U.S. averages, 11 percent and 10 percent, respectively.
- Madison County's 65 years and older population is projected to grow 5.2 percent between 2025 and 2030; the population growth will increase need and demand for access to health care services.
- The ratio of primary care physicians to population is higher in Madison County than Indiana and U.S. ratios, 2,080:1, 1,520:1, and 1,330:1, respectively.
- Preventatable hospital stays are higher in Madison County than overall U.S. rates, 3,064 and 2,681, respectively.

Maternal, Infant, and Child Health

Significance	Populations Most Impacted
The health of mothers, infants, and children determines the future health of families, communities, and the health care system.	• Families with low or limited income due to low wages and under-employment or unemployment. • Racial and ethnic disparities exist • Single-parent households, including single-father families

Community Input Highlights

- "Students are begging for help, but adults can't, won't or don't know how to help."
- "We have a high infant mortality rate and the third highest child abuse and neglect in the state."
- Access to health care services, illustrated with access to maternal and infant health, do not meet community members' needs when limited to the standard workday.
- "Tobacco and vaping products availability is so overwhelming that it can't but spill over into youth and hook kids early."

Secondary Data Highlights

- The percentage of residents under 18 in poverty is higher than Indiana and U.S. percentages, 20%, 15%, and 16%, respectively.
- The infant mortality rate in Madison County is higher than the U.S. rate., 7 and 6 per 1,000 live births, respectively.
- The percentage of low birth weight births is higher in Madison County than Indiana and U.S. percentages, 9 percent, 8 percent, and 8 percent, respectively.
- The percentage of children in single parent households is higher than Indiana and U.S. percentages, 30 percent, 24 percent, and 25 percent, respectively.
- The Food Environment Index score in Madison County is lower than the Indiana and U.S. scores., 6.6, 6.8, and 7.7, respectively.
- The teen birth rate in Madison County is higher than Indiana and U.S. rates, 28, 20, and 17 births per 1,000 female population ages 15-19, respectively.

Mental Health Status and Access to Mental Health Services

Significance	Populations Most Impacted
Mental disorders are among the top causes of disability and disease burdens. Mental health and physical health are closely connected.	• Community members with limited financial resources or without mental health insurance benefits have additional difficulties accessing services. • Older adults and other community members who have been experiencing isolation also are particularly vulnerable to poor mental health status.

Community Input Highlights

- Mental health struggles are experienced across Madison County, including children who have behavioral problems in school and homeless community members.
- "The police force responds to a lot of mental health calls"
- Substance use disorder and poor mental health are big issues and contribute to homelessness, yet services are limited.
- Mental health issues and stigma can be entrenched within the community.
- Substance use disorder and poor mental health continue to impact many residents and both are increasing.

Secondary Data Highlights
• The average number of poor mental health days among Madison County residents is higher than Indiana and U.S. averages, 5.3, 5.2, and 4.8 mentally unhealthy days reported in the past 30 days, respectively. • The percentage of adults reporting frequent mental distress is higher among Madison County residents than the Indiana and U.S. percentages, 18 percent, 17 percent, and 15 percent, respectively. • The ratio of mental health providers to population is higher in Madison County than Indiana and U.S. ratios., 660:1, 500:1, and 320:1, respectively. • The Madison County rate of suicide is higher than the overall Indianna and U.S. rates., 21, 16, and 14 deaths due to suicide per 100,000 population, respectively.

Obesity, Physical Inactivity, and Associated Chronic Disease	
Significance	**Populations Most Impacted**
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.	• People with poor diets • People who are physically inactive
Community Input Highlights	
• "We are an unwell community." • Poor health behaviors, illustrated by rates of obesity and smoking/vaping, continue to be high and are reflected in health outcomes, including a decrease in life expectancy. • Many community members have problems with accessing healthy options, such as grocery stores..	
Secondary Data Highlights	
• The percentage of adults reporting poor or fair health is higher than the Indiana and U.S. percentages, 18 percent, 16 percent, and 14 percent, respectively. • The average number of poor physical health days among Madison County residents is higher than Indiana and U.S. averages, 4.1, 3.5, and 3.3, respectively. • .The percentage of adults in Madison County with reported obesity is higher than Indiana and U.S. percentages, .43 percent, 37 percent, and 34 percent, respectively. • The percentage of adults in Madison County with reported physical inactivity is higher than Indiana and U.S. percentages, 31 percent, 25 percent, and 23 percent, respectively. • .The percentage of adults with diagnosed diabetes is higher in Madison County than the overall U.S. percentage, 11 percent and 10 percent, respectively.	

Services for Older Adults	
Significance	**Populations Most Impacted**
The older adult population (65+ years of age) is projected to grow rapidly in Madison County. This trend will increase needs and demands for health care and social services.	• Older adults without access to transportation, family and social supports, and living in isolation.
Community Input Highlights	
• Health-related needs vary across Madison County and specific geographies and populations have distinct needs. • Workforce development is needed to meet the demand for services, especially for the increase in older adults. • "Populations that struggle include the not highly educated and elderly."	

Secondary Data Highlights
• The percentage of the population 65 years of age and over is higher in Madison County than the overall Indiana percentage, 19.0 percent and 16.9 percent, respectively. • The rate of preventable hospital stays is higher in Madison County than the overall U.S. rate, 3,064 and 2,681 hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees, respectively. • The number of older adult residents is expected to increase by 5.2 percent between 2025 and 2030.

Social Drivers of Health, including Poverty, Affordable Housing, Food Insecurity, and Transportation	
Significance	**Populations Most Impacted**
Contributors to health outcomes include access to social and economic opportunities, such as community resources, school quality, environment conditions, and social interactions.	• Children and youth • Low-income community members • New neighbors • Older populations • People living in rural areas • Racial and ethnic minorities • Veterans.
Community Input Highlights	
• Unmet basic needs, such as food and safe housing, and social drivers of health negatively impact health and health outcomes. • Navigators are needed because of a lack of knowledge of resources, a lack of collaboration, and lack of understanding of how insurance works. • Social services and health outcomes are linked but there is insufficient collaboration between organizations within the community provided services. • Social drivers of health have a direct impact on health outcomes. • Safe and affordable housing is critical to healthy outcomes, including its role in workforce development.	
Secondary Data Highlights	
• The percentage of people with incomes below the federal poverty guideline is higher in Madison County than overall Indiana and U.S. percentages, 15.2 percent, 12.6 percent, and 12.8 percent, respectively. • The median household income in Madison county is lower than overall Indiana and U.S. medians, $58,900, $66,80, and $74,800, respectively. • The percentage of adults aged 25-44 with some post-secondary education is lower than overall Indiana and U.S. percentages, 55 percent, 63 percent, and 68 percent, respectively. • The Food Environment Index score is lower in Madison County than overall Indiana and U.S. scores, 6.6, 6.8, and 7.7, respectively. • The percentage of Madison County residents with access to exercise opportunities is lower than overall Indiana and U.S. percentages, 70 percent, 77 percent, and 84 percent, respectively..	

Substance Use Disorders, including Nicotine	
Significance	**Populations Most Impacted**
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.	• 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, adults with a disability, people with severe generalized anxiety disorder, and people with severe depression[4] • People with untreated mental health conditions.
Community Input Highlights	
• Poor health behaviors, illustrated by rates of obesity and smoking/vaping, continue to be high and are reflected in health outcomes, including a decrease in life expectancy. • Substance use disorder and poor mental health are big issues and contribute to homelessness, yet services are limited. • Substance use disorder and poor mental health continue to impact many residents and both are increasing. • Tobacco and vaping products availability is so overwhelming that it can't but spill over into youth and hook kids early.	
Secondary Data Highlights	
• The percentage of adults who are current smokers is higher in Madison County than the overall Indiana and U.S. percentages, 21 percent, 18 percent, and 15 percent, respectively. • The rate of opioid-related deaths by state per 100,000 persons is higher in Madison County than overall Indiana and U.S. rates, 41, 34, and 27, respectively. • The ratio of mental health providers to population is higher in Madison County than Indiana and U.S. ratios, .660:1, 500:1, and 320:1, respectively	

Next Steps

In the third phase, which will take place following the completion of the community health needs assessment as outlined in this report, Ascension St. Vincent Mercy will narrow the significant needs to a set of prioritized needs. Ascension defines "prioritized needs" as the significant needs that the hospital has prioritized to respond to through the three-year CHNA implementation strategy. The implementation strategy will detail how Ascension St. Vincent Mercy will respond to the prioritized needs throughout the three-year CHNA cycle: July 2025 to June 2028. The implementation strategy will also describe why certain significant needs were not selected as prioritized needs to be addressed by the hospital.

[4] Tobacco Product Use Among Adults— United States, 2022; 2022 National Health Interview Survey (NHIS) Highlight, Centers for Disease Control and Prevention; 2024. See https://www.cdc.gov/tobacco/media/pdfs/2024/09/cdc-osh-ncis-data-report-508.pdf.

Summary of Impact of 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 respond to the prioritized 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.

Ascension St. Vincent Mercy's 2021 CHNA Implementation Strategy responded to the following priority health needs: access to care, mental health, and senior services. Additionally, a community engagement initiative was incorportated throughout all strategies.

Highlights from Ascension St. Vincent Mercy's 2021 CHNA Implementation Strategy include:

- The Community Health Workers completed 7 Enrollment Pathways in FY24; thereby, ensuring these individuals obtained health insurance.
- The hospital hosted a virtual Question-Persuade-Refer training for the community, with 6 individuals in attendance. The training, which is an evidence-based suicide prevention program, was widely promoted to the organizations, such as the health department, CASA, food pantries, YMCA and churches.
- The hospital hosted an in-person community outreach event for seniors and caregivers. The event took place at the local YMCA and promoted numerous screenings and services. Approximately 25 individuals attended; of which, approximately 15 individuals were 50 years of age or over.

Written input received from the community and a report on the actions taken to respond to the significant health needs prioritized in the 2021 CHNA implementation strategy can be found in Appendix F (Page 53).

Approval by Ascension St. Vincent Mercy Board of Directors

To ensure Ascension St. Vincent Mercy's efforts meet the needs of the community and have a lasting and meaningful impact, the 2024 CHNA was presented to the Ascension St. Vincent Mercy Board of Directors for approval and adoption on June 16, 2025. 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 reports also demonstrates that the board is aware of the findings from the CHNA, endorses the health needs identified, and supports the strategies developed to respond to those needs.

Conclusion

Ascension St. Vincent Mercy hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Madison County. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other Ascension St. Vincent Mercy community partners to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2024 CHNA will also be available to the broader community as a useful resource for further health improvement efforts.

As a Catholic health ministry, Ascension St. Vincent Mercy 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 underserved and marginalized, we are advocates for a compassionate and just society through our actions and words. Ascension St. Vincent Mercy 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 Ascension's public website (https://healthcare.ascension.org/chna) to submit any comments or questions.

Appendices

Table of Contents

Appendix A: Definitions and Terms

Catholic Health Association of United States (CHA) "is recognized nationally as a leader in community benefit planning and reporting."[5] The definitions in Appendix A are from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II,* which can be found at chausa.org.

Community Input
Federal law (P.L. 111-148) requires that an assessment must take into account "input from persons who represent the broad interests of the community serviced by the hospital facility, including those with special knowledge of or expertise in public health." The proposed rule indicates that in order to meet this requirement the CHNA must at a minimum, take into account input from:

1. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;
2. Members of medically underserved, low-income, and minority populations, in the community, or individuals or organizations serving or representing the interests of such populations and;
3. Written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.

The proposed regulations also provide:

1. That input from persons representing the broad interests of the community includes, but is not limited to, input on any financial and other barriers to access to care in the community and
2. That a hospital facility may take into account input from a broad range of persons located in or serving its community who may have special knowledge of or expertise in public health, including, but not limited to, health care consumers and consumer advocates, nonprofit and community-based organizations, academic experts, local government officials, local school districts, health care providers and community health centers, health insurance and managed care organizations, private businesses, and labor and workforce representatives.

-

Demographics

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

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 (including computer/video calls). In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent

[5] Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition II*.

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 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.

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.

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.

Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community's demographics. The descriptions of the data's importance are largely drawn from the County Health Rankings & Roadmaps website.

Table 1: Population

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

Population	Madison County	Indiana	U.S.
Total	131,744	6,833,037	333,287,557
Male	50.5%	49.7%	49.6%
Female	49.5%	50.3%	50.4%

Source: County Health Rankings, 2024

Table 2: Population by Race and Ethnicity

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

Race or ethnicity	Madison County	Indiana	U.S.
Asian	0.7%	2.8%	6.3%
Non-Hispanic Black / African American	8.4%	9.9%	12.6%
Hispanic / Latino	5.1%	7.9%	19.1%
American Indian or Alaska Native	0.5%	0.4%	1.3%
Non-Hispanic White	83.6%	77.0%	58.9%

Source: County Health Rankings, 2024

Table 3: 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 and childcare needs, while an older population may have greater healthcare needs.

Age	Madison County	Indiana	U.S.
Median age	40.7	38.0	38.5
Ages 0-17	21.2%	23.0%	21.7%
Ages 18-64	59.8%	60.1%	61.0%
Ages 65+	19.0%	16.9%	17.3%

Source: County Health Rankings, 2024

Table 4: 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 as well. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Madison County	Indiana	U.S.
Median household income	$58,900	$66,800	$74,800
Per capita income	$31,556	$35,578	$41,261
People with incomes below the federal poverty guideline	15.2%	12.6%	12.8%
ALICE households	26.2%	27.0%	28.6%

Source: County Health Rankings, 2024; U.S. Census; 2024; United for Alice, 2024

Table 5: Education

Why is it 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 helps create opportunities for healthier choices.

Income	Madison County	Indiana	U.S.
High school diploma or higher	90%	90%	89%
Bachelor's degree or higher	19%	28%	34%

Source: County Health Rankings, 2024; U.S. Census, 2024

Table 6: Insured/Uninsured

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

Income	Madison County	Indiana	U.S.
Uninsured	9%	9%	10%
Medicaid Participation, not Eligible	30.6%	20.7%	21.2%

Source: County Health Rankings, 2024; U.S. Census, 2024

Appendix C: Community Input Data and Sources

Community Input Sessions and Key Stakeholder Interviews

The questions below are examples of questions discussed with participants of community community input sessions.

- Are any of the significant needs identified in 2021 still the most significant in the community in 2024?
- Have any of these areas gotten worse? Better?
- Do you agree or disagree with any of the issues seen in the data?
- What needs are missing from the preliminary ?
- Are any communities or part of the community particularly vulnerable for one or more of the issues we have discussed so far?
- Are there resources and organizations to address some of these needs? Do community members have difficulty finding any specific services or aid?
- If you could make one major change to improve the health and wellbeing of your com-munity members, what would that change be?

Appendix D: Secondary Data and Sources

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 annually and shares it with the public. The data below is from the 2024 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

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 for "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 the state average.

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

- ☒ The measure is worsening in this county.
- ▲ The measure has no significant trend.
- ✅ The measure is improving in this county.
- N/A There is no data trend to share, or the measure has remained the same.

United States (U.S.): Describes how the county's most recent data for the health issue compares to the U.S.

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.

Table 7: 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 members within a community.

Indicators	Trend	Madison County	Indiana	U.S.	Description
Length of Life					
Premature death	☒	11,000	9,300	8,000	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy	N/A	73.8	75.6	77.6	How long the average person is expected to live
Infant mortality	N/A	7	7	6	Number of all infant deaths (within one year) per 1,000 live births
N/A					
Poor or fair health	N/A	18%	16%	14%	Percentage of adults reporting fair or poor health
Poor physical health days	N/A	4.1	3.5	3.3	Average number of physically unhealthy days reported in the past 30 days (age-adjusted)
Frequent physical distress	N/A	13%	11%	10%	Percentage of adults with 14 or more days of poor physical health per month
Low birth weight	N/A	9%	8%	8%	Percentage of babies born too small (less than 2,500 grams or 5 lbs. 8 oz.)
Falls 65+ (by state)	N/A	N/A	30.8%	27.6%	Older adult falls reported by state, 2021
Fall fatalities 65+ (by state)	N/A	N/A	58.2	78.0	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population, 2021
Mental Health					
Poor mental health days	N/A	5.3	5.2	4.8	Average number of mentally unhealthy days reported in the past 30 days
Frequent mental distress	N/A	18%	17%	15%	Percentage of adults reporting 14 or more days of poor mental health per month
Suicide	N/A	21	16	14	Number of deaths due to suicide per 100,000
Morbidity					
Diabetes prevalence	N/A	11%	11%	10%	Percentage of adults ages 20 and above with diagnosed diabetes
Cancer deaths (by state)	N/A	172.9	166.7	149.4	Average annual cancer death rate per 100,000
Communicable Disease					
HIV prevalence	N/A	199	217	382	Number of people ages 13 years and over with a diagnosis of HIV per 100,000
Sexually transmitted infections	☒	526.8	510.7	495.5	Number of newly diagnosed chlamydia cases per 100,000

Source: County Health Rankings, 2024; Centers for Disease Control and Prevention, 2024

Table 8: 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.

Indicator	Trend	Madison County	Indiana	U.S.	Description
Economic Stability					
Median household income	N/A	$58,900	$66,800	$74,800	The income where half of households in a county earn more and half of households earn less
Unemployment	✅	3%	3%	4%	Percentage of population ages 16 and older unemployed but seeking work
Poverty	N/A	15.2%	12.6%	12.8%	Percentage of population living below the federal poverty line
Childhood poverty	☒	20%	15%	16%	Percentage of people under age 18 in poverty
Educational Attainment					
High school completion	N/A	90%	90%	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some college	N/A	55%	63%	68%	Percentage of adults ages 25-44 with some post-secondary education
Social/Community					
Children in single-parent homes	N/A	30%	24%	25%	Percentage of children who live in a household headed by a single parent
Social associations	N/A	12.8	11.8	9.1	Number of membership associations per 10,000 population
Disconnected youth	N/A	6%	6%	7%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Violent crime	N/A	N/A	306.2	369.8	Number of reported violent crime offenses per 100,000 population
Access to Healthy Foods					
Food environment index	N/A	6.6	6.8	7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)
Food insecurity	N/A	13%	11%	10%	Percentage of the population who lack adequate access to food
Limited access to healthy foods	N/A	15%	9%	6%	Percentage of the population who are low-income and do not live close to a grocery store

Source: County Health Rankings, 2024; United for Alice, 2024; Federal Bureau of Investigation, 2024

Table 9: Physical Environment

Why they are 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.

Indicator	Trend	Madison County	Indiana	U.S.	Description
Physical Environment					
Severe housing cost burden	N/A	12%	11%	14%	Percentage of households that spend 50 percent or more of their household income on housing
Severe housing problems	N/A	13%	12%	17%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities
Air pollution: particulate matter	✅	8.4	8.8	7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Home ownership	N/A	70%	70%	65%	Percentage of occupied housing units that are owned

Source: County Health Rankings, 2024

Table 10: 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.

Indicator	Trend	Madison County	Indiana	U.S.	Description
Healthcare Access					
Uninsured	✅	9%	9%	10%	Percentage of population under age 65 without health insurance
Uninsured adults	✅	11%	10%	12%	Percentage of adults under age 65 without health insurance
Uninsured children	✅	4%	6%	5%	Percentage of children under age 19 without health insurance
Primary care physicians	☒	2,080:1	1,520:1	1,330:1	Ratio of the population to primary care physicians
Mental healthcare providers	N/A	660:1	500:1	320:1	Ratio of the population to mental healthcare providers
Hospital Utilization					
Preventable hospital stays	✅	3,064	3,135	2,681	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
Preventive Healthcare					
Flu vaccinations	▲	49%	50%	46%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination
Mammography screenings	▲	41%	45%	43%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening

Source: County Health Rankings, 2024

Table 11: 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.

Indicator	Trend	Madison County	Indiana	U.S.	Description
Healthy Lifestyle					
Adult obesity	N/A	43%	37%	34%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical inactivity	N/A	31%	25%	23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity
Access to exercise opportunities	N/A	70%	77%	84%	Percentage of population with adequate access to locations for physical activity
Insufficient sleep	N/A	40%	36%	33%	Percentage of adults who report fewer than seven hours of sleep on average
Motor vehicle crash deaths	N/A	15	13	12	Number of motor vehicle crash deaths per 100,000 population
Teen births	N/A	28	20	17	Number of births per 1,000 female population ages 15-19
Substance Misuse					
Adult smoking	N/A	21%	18%	15%	Percentage of adults who are current smokers
Excessive drinking	N/A	16%	18%	18%	Percentage of adults reporting binge or heavy alcohol drinking
Alcohol-impaired driving deaths	▲	18%	18%	26%	Alcohol-impaired driving deaths
Overdose deaths: any opioids by state	N/A	41	34	27	Rate of opioid-related deaths by state per 100,000 persons

Sources: County Health Rankings, 2024

Table 12: Disparities

Why they are important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improve health for everyone in the community.

Indicator	Population	Measure
Health Disparities		
Premature death: Years of potential life lost before age 75 per 100,000 population (age-adjusted)	**Overall**	**11,034 per 100,000**
	Asian	N/A
	Non-Hispanic Black / African American	16,260 per 100,000
	Hispanic / Latino	6,738 per 100,000
	American Indian or Alaska Native	N/A
	Non-Hispanic White	10,741 per 100,000
Low birthweight: Percentage of live births with low birthweight (< 2,500 grams or 5 lbs 8 oz.)	**Overall**	9.4%
	Asian	N/A
	Non-Hispanic Black / African American	15.7%
	Hispanic / Latino	5.9%
	American Indian or Alaska Native	N/A/
	Non-Hispanic White	8.8%

Source: County Health Rankings, 2024

Appendix D2: Additional Secondary Data

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

Community-Specific Secondary Data

The following section includes community-specific secondary data identified below.

- Projected population growth
- Mortality, Age-Adjusted Rates Per 100,000
- Cancer Mortality, Crude Rates Per 100,000
- Locations of Medically Underserved Areas and Populations (MUAs/MUPs)
- Area Deprivation Index for Census Blocks
- Low-income and Low-access Census tracts and Low-income Census tracts

Projected Population Growth, 2019-2025

Madison County				Indiana			
Age Cohort	2025	2030	Change	Age Cohort	2025	2030	Change
0 to 24	39,086	38,549	-1.4%	0 to 24	2,229,462	2,207,899	-1.0%
25 to 44	35,402	35,756	1.0%	25 to 44	1,802,599	1,839,566	2.1%
45 to 64	33,293	33,051	-0.7%	45 to 64	1,640,993	1,619,183	-1.3%
65 and older	26,367	27,740	5.2%	65 and older	1,233,963	1,346,861	9.1%
Total	134,148	135,096	0.7%	Total	6,907,017	7,013,509	1.5%

Source: STATS Indiana, 2024

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

Observation. The total population of Marion County is projected to increase by 0.7 percent between 2025 and 2030 to approximately 135,096 persons. The 65+ population is projected to grow 5.2 percent.

Mortality, Age-Adjusted Rates Per 100,000, 2016-2020

Cause	Madison County	Indiana	United States
Major cardiovascular diseases	239.1	239.1	217.7
Diseases of heart	180.4	181.4	164.8
Malignant neoplasms	172.9	166.7	149.4
All other diseases (Residual)	116.1	110.5	88.7
Ischemic heart diseases	105.0	98.1	91.5
Other heart diseases	61.6	69.6	56.8
Other forms of chronic ischemic heart disease	58.5	61.3	63.3
Accidents (unintentional injuries)	73.6	57.7	50.4
Chronic lower respiratory diseases	66.6	55.3	39.1
All other forms of chronic ischemic heart disease	48.5	53.2	46.8
Other chronic lower respiratory diseases	59.4	51.2	36.2
Malignant neoplasms of trachea, bronchus and lung	53.8	44.9	34.9
Nontransport accidents	59.1	44.1	37.6
All other forms of heart disease	35.8	44.0	35.5
Cerebrovascular diseases	42.5	40.2	37.6
Acute myocardial infarction	45.1	35.8	27.1
Alzheimer disease	47.8	33.9	30.8
Accidental poisoning and exposure to noxious substances	36.2	26.9	21.0
Diabetes mellitus	34.6	26.6	22.1
Heart failure	24.7	24.9	20.6
Other and unspecified infectious and parasitic diseases and their sequelae	26.7	23.6	19.9
COVID-19	25.4	21.3	17.7
All other and unspecified malignant neoplasms	18.5	19.6	18.5
Nephritis, nephrotic syndrome and nephrosis	19.6	17.8	12.9
Renal failure	19.3	17.5	12.6
Malignant neoplasms of lymphoid, hematopoietic and related tissue	16.3	16.0	14.6
Intentional self-harm (suicide)	20.6	15.4	13.8
Malignant neoplasms of colon, rectum and anus	14.5	14.9	13.4
Septicemia	17.8	14.9	10.1
Other diseases of respiratory system	16.2	14.2	10.8
Transport accidents	14.5	13.6	12.7
Motor vehicle accidents	13.6	13.0	12.0
Influenza and pneumonia	16.0	12.9	13.6
Chronic liver disease and cirrhosis	14.1	12.4	11.5
Malignant neoplasm of pancreas	11.8	11.9	11.1
Malignant neoplasm of breast	12.9	11.4	10.8
Pneumonia	13.9	10.8	11.9
Hypertensive heart disease	10.0	10.4	13.3
Essential hypertension and hypertensive renal disease	9.3	10.3	9.1
Parkinson disease	9.1	9.8	8.8
Intentional self-harm (suicide) by discharge of firearms	9.6	8.5	6.9
Atherosclerotic cardiovascular disease, so described	9.9	8.1	16.5
Other and unspecified nontransport accidents and their sequelae	8.6	8.0	5.0
Malignant neoplasm of prostate	6.8	7.9	7.8
Assault (homicide)	6.2	7.8	6.4

Source: Centers for Disease Control and Prevention, 2024

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

Observations. In Madison County, mortality rates were more than 50 percent higher than the U.S. averages for multiple causes including chronic lower respiratory diseases' malignant neoplasms of trachea, bronchus and lung; nontransport accidents, acute myocardial infarction, Alzheimer disease; and diabetes mellitus. Numerous other causes were higher than overall U.S.rates.

Cancer Mortality, Crude Rates Per 100,000, 2016-2020

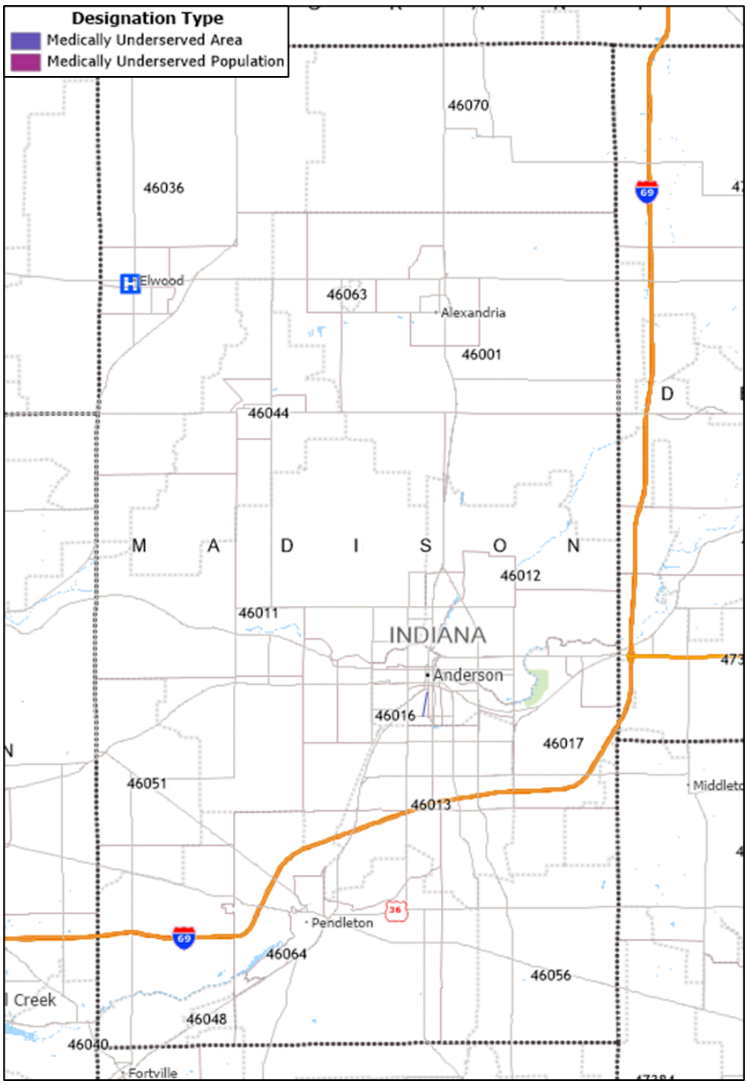
Type of Cancer	Madison County	Indiana	United States
All Cancer Sites Combined	232.7	202.3	182.5
Lung and Bronchus	**70.1**	53.1	41.4
Female Breast	32.4	26.4	25.3
Prostate	20.4	20.1	19.8
Colon and Rectum	19.6	17.6	15.8
Pancreas	16.7	15.2	14.2
Leukemias	10.4	7.6	7.1
Liver and Intrahepatic Bile Duct	6.1	8.0	8.6
Ovary	9.3	7.8	8.1
Non-Hodgkin Lymphoma	6.6	6.7	6.1
Corpus and Uterus, NOS	8.0	7.4	7.2
Esophagus	6.6	6.0	4.8
Urinary Bladder	6.4	5.7	5.1
Brain and Other Nervous System	4.9	5.3	5.3
Kidney and Renal Pelvis	5.5	4.9	4.3
Myeloma	3.2	3.7	3.7
Oral Cavity and Pharynx	4.0	3.5	3.3
Cervix	**6.2**	3.0	2.5
Melanomas of the Skin	3.7	2.7	2.5
Stomach	N/A	2.7	3.3
Larynx	**2.5**	1.4	1.2
Mesothelioma	N/A	0.8	0.7
Thyroid	N/A	0.7	0.6
Hodgkin Lymphoma	N/A	0.4	0.3
Testis	N/A	0.3	0.3

Source: Centers for Disease Control and Prevention, 2024

Description. This table provides crude cancer mortality rates in Madison County and Indiana. Light grey shading highlights rates that were above the U.S. average; dark grey shading highlights rates more than 50 percent above average.

Observations. In Madison County, cancer mortality rates for lung and bronchus, cervix, and larynx were more than 50 percent higher than overall U.S. rates. Numerous other causes in Madison County and numerous causes for Indiana were higher than overall U.S.rates.

Locations of Medically Underserved Areas and Populations, 2024

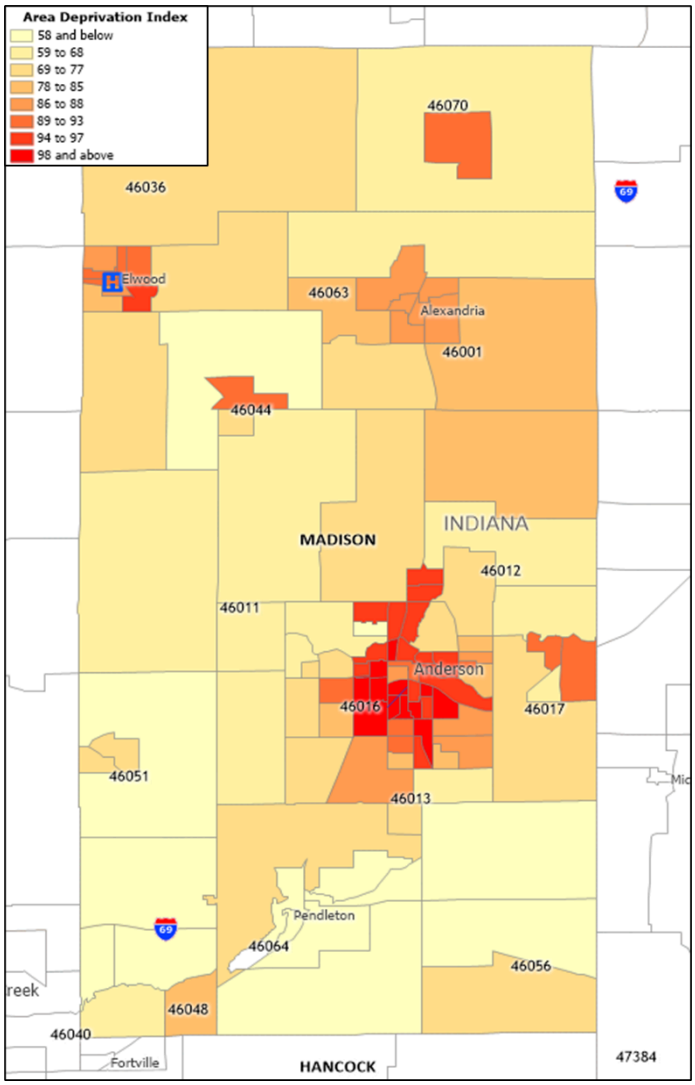


Source: Health Resources and Services Administration, 2024, and Caliper Maptitude.

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

Observations. No census tract in Madison County is designated as a MUA or MUP.

Area Deprivation Index for Census Blocks, 2024

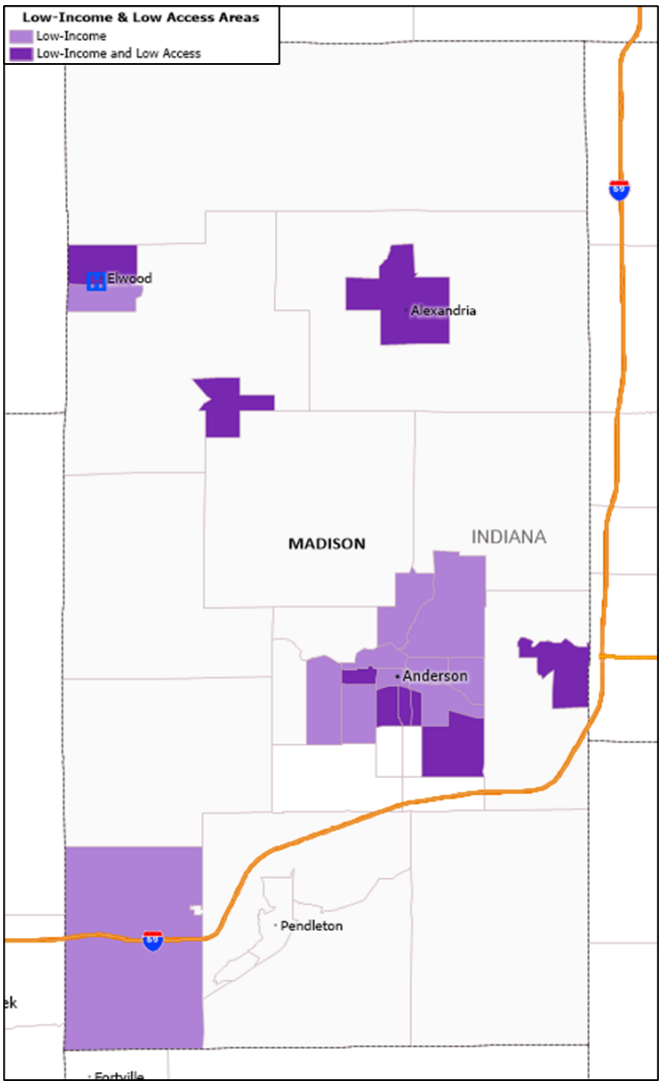


Source: Health Resources and Services Administration, 2024, and Caliper Maptitude.

Description. The Area Deprivation Index (ADI) ranks neighborhoods at the Census block by level of socioeconomic disadvantage and includes factors for income, education, employment, and housing quality. ADI is produced by the University of Wisconsin, School of Medicine and Public Health, Center for Health Disparities Research. ADIs are calculated for census block groups in national percentile rankings from 1 to 100. A block group ranking of 1 indicates the lowest level of disadvantage within the nation and an ADI ranking of 100 indicates the highest level of disadvantage.

Observation. Census blocks in Anderson and throughout Madison County have high levels of socioeconomic disadvantage.

Low-income and Low-access Census tracts and Low-income Census tracts



Source: Source: U.S. Department of Agriculture, 2021, and Caliper Maptitude, 2024.

Description. The U.S. Department of Agriculture's Economic Research Service identifies low-income census tracts with low-access to a supermarket. For urban areas, low-access is defined as more than one mile from a supermarket or large grocery store, and more than 10 miles from a supermarket or large grocery store in a rural area. These census tracts are colloquially referenced as "food deserts." Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations. Several census tracts throughout Madison County have been identified as food deserts, including tracts in the Anderson area. While not "food deserts," numerous other census tracts throughout Madison County have been low-income areas.

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension St. Vincent Mercy has cataloged resources available in Madison County that respond to 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	Phone	Website
Hospitals		
Ascension St Vincent Mercy	765-646-8238	https://healthcare.ascension.org/locations/indiana/inasc/elwood-ascension-st-vincent-mercy
Community Hospital of Mercy and Madison County	765-298-4242	https://www.ecommunity.com/locations/community-hospital-Mercy
Catholic Charities		
Catholic Charities Indianapolis	317-236-1500	https://helpcreatehope.org/
Information and Referral		
Indiana 211 Can Help	Dial 2-1-1 or 1-866-211-9966	https://in211.communityos.org/
Neighborhood Resource by Ascension	N/A	https://neighborhoodresource.findhelp.com/
Federally Qualified Health Centers (FQHCs)		
Aspire Indiana Health - DeHaven	877-574-1254	https://www.aspireindiana.org/
Aspire Indiana Health - Hoak	765-608-6600	https://www.aspireindiana.org/
Aspire Indiana Health - May House	877-574-1254	https://www.aspireindiana.org/
Aspire Indiana Health - Mobile Clinic	877-574-1254	https://www.aspireindiana.org/
Aspire Indiana Health - Mockingbird Hill	877-574-1254	https://www.aspireindiana.org/
Jane Pauley Community Health Center at 1210B Mercy	844-695-7242	https://janepauleychc.org/
Jane Pauley Community Health Center at 1629 Mercy	317-934-0755	https://janepauleychc.org/
Jane Pauley Community Health Center at Alexandria	844-695-7242	https://janepauleychc.org/

Jane Pauley Community Health Center at Alexandria-Monroe Intermediate School	844-695-7242	https://janepauleychc.org/
Jane Pauley Community Health Center at Alexandria-Monroe Junior-Senior High School	844-695-7242	https://janepauleychc.org/
Jane Pauley Community Health Center at the Wigwam	844-695-7242	https://janepauleychc.org/
Meridian Health Services Corp -- 101 N Harrison St	765-442-0570	https://www.meridianhs.org/
Meridian Health Services Corp -- 101 W 29th St	765-288-1928	https://www.meridianhs.org/
Meridian Health Services Corp -- 1518 Main St	765-552-0841	https://www.meridianhs.org/
Meridian Health Services Corp -- 1547 Ohio Ave	765-641-7499	https://www.meridianhs.org/
Meridian Health Services Corp -- 2010 Brentwood Dr STE 1	765-393-0063	https://www.meridianhs.org/
Open Door Health Services - Mercy Primary Care	765-286-7000	https://www.opendoorhs.org/

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

Ascension St. Vincent Mercy's previous CHNA implementation strategy responded to the following priority health needs: access to care, mental health and senior services.

The table below describes the actions taken during fiscal years 2023-2025 (July 1, 2022-June 30, 2025) CHNA implementation strategy cycle to respond to each priority need.

Note: At the time of the report publication, the third year of the cycle will not be complete. The hospital will accommodate for that variable; results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	**Access to Care**
SMART GOAL	1. By June 30, 2025, Ascension St. Vincent Mercy will increase the number of patients established with a medical home by 2.0% each year, amongst individuals who complete a Medical Home Pathway, from baseline established in FY2023.
ACTIONS	**STATUS OF RESULTS**
Community Health Workers (CHWs) assess and address barriers to establishing a medical home, refer patients to a medical home, educate, assist with scheduling, confirm attendance at appointment, and follow up for ongoing concerns to complete the Medical Home Pathway.	**FY23 - Year 1: Baseline Set** ● Although the hospital was unable to connect any individuals to a medical home, the hospital did contribute financially to the sustainability of the Health Access Department, which employs approximately 30 CHWs across the state. (ASV no longer has AMG offices in Elwood, so individuals are referred to other cities.) **FY24 - Year 2: Did Not Meet Goal** ● Partially due to the lack of available primary care providers, the hospital was unable to connect any individuals to a medical home. However, the hospital did contribute financially to the sustainability of the Health Access Department, which employs approximately 30 CHWs across the state. **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Access to Care
SMART GOAL	3. By June 30, 2025, Ascension St. Vincent Mercy will increase the number of people enrolled in a health insurance plan by 5.0% each year, amongst individuals who complete an enrollment pathway, from baseline established in FY2023.
ACTIONS	**STATUS OF RESULTS**
Community Health Workers verify appropriate application is completed, review referrals for social determinants of health (SDOH), assess and address barriers, monitor patient progress, and provide ongoing management to complete the Enrollment Pathway.	**FY23 - Year 1: Baseline Set** ● Although the hospital was unable to connect any individuals to health insurance, the hospital did contribute financially to the sustainability of the Health Access Department, which employs approximately 30 CHWs across the state. **FY24 - Year 2: Met Goal** ● The CHWs assisted 7 individuals with obtaining health insurance through completion of an Enrollment Pathway (FY24 goal=1). **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Mental Health
SMART GOAL	By June 30, 2025, Ascension St. Vincent Mercy, in collaboration with the Stress Center, will provide at least one session of QPR (Question, Persuade, Refer) Training for community members.
ACTIONS	**STATUS OF RESULTS**
Identify a hospital lead, identify partners, and develop a resource list. Plan promotion activities. Promote and offer the event. Obtain applicable outputs and/or outcomes	**FY23 - Year 1: Planning Year** ● The hospital completed the following planning steps: identified a lead, determined individual roles and expectations and updated resource lists from the previous I.S. cycle to reflect possible collaborating organizations. **FY24 - Year 2: Met Goal** ● The hospital hosted an in-person QPR session for the community, with 6 individuals in attendance. The training took place at the local YMCA and was promoted to the general community. **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

SMART GOAL	By June 30, 2025, Ascension St. Vincent Mercy will collaborate with community partners to offer at least one community outreach event focused on education and promotion of recommended, evidence-based preventive health care for older adults.
ACTIONS TAKEN	**RESULTS**
Assemble a rural healthcare planning committee with applicable leaders and community collaborators. Plan, promote, and offer the event. Obtain applicable outputs and/or outcomes	**FY23 - Year 1: Planning Year** ● The hospital identified a lead, determined individual roles and expectations and participated in the regional planning committee. **FY24 - Year 2: Met Goal** ● The hospital hosted an in-person community outreach event for seniors and caregivers. The event took place at the local YMCA and promoted numerous screenings and services. Approximately 25 individuals attended; of which, approximately 15 individuals were 50 years of age or over. **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Senior Services
SMART GOAL	By June 30, 2025, Ascension St. Vincent Mercy will collaborate with community partners to offer at least one community outreach event focused on education and promotion of recommended, evidence-based preventive health care for older adults.
ACTIONS TAKEN	**RESULTS**
Assemble a rural healthcare planning committee with applicable leaders and community collaborators. Plan, promote, and offer the event. Obtain applicable outputs and/or outcomes	**FY23 - Year 1: Planning Year** ● The hospital identified a lead, determined individual roles and expectations and participated in the regional planning committee. **FY24 - Year 2: Met Goal** ● The hospital hosted an in-person community outreach event for seniors and caregivers. The event took place at the local YMCA and promoted numerous screenings and services. Approximately 25 individuals attended; of which, approximately 15 individuals were 50 years of age or over. **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Community Engagement
SMART GOAL	By June 30, 2025, Ascension St. Vincent Mercy will strengthen community engagement to expand the reach of evidence-based programs, advocacy, and/or services through financial support, facilitation, and/or promotion.
ACTIONS TAKEN	**STATUS OF RESULTS**
Identify a lead, assemble a workstream and identify or develop an assessment tool. Assess, identify opportunities, and make recommendations for strengthening community engagement. Develop strategy for community engagement.	**FY23 - Year 1: Planning Year** ● A market-wide workstream was developed with regional leads, individual roles and expectations were determined and an existing assessment tool (survey) was identified. **FY24 - Year 2: On Track** ● The associate community engagement survey was adapted to the Indiana market and was emailed to all associates on numerous occasions throughout August of 2023, with 13% of associates responding. ● The results were analyzed and presented to the market-wide workstream and regional leaders. ● Plans were interrupted due to a system-wide cybersecurity event in May of 2024. Due to the cybersecurity recovery, the timeline for hospitals to conduct a brainstorming session to assess their survey results and identify FY25 opportunities was adjusted to take place in Q1 of FY25. **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.