2019 Community Health Needs Assessment

OrthoIndy

St. Vincent

Ascension

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Executive Summary

Ortho Indy conducted the 2019 Community Health Needs Assessment (CHNA) to evaluate the health needs of the community served by the hospital. The CHNA will be used to develop community programs and services. As federally required by the Affordable Care Act, this report provides 1) a comprehensive overview of the CHNA process, 2) presentation of secondary data, 3) a description of the methods used to collect survey data, and 4) the results of the prioritization session.

Ortho Indy took into consideration the most pressing health needs of the hospital's service area and the population characteristics of the county. Community members were surveyed to gain further insights to the health needs of those living in the county.

Subsequent to the collection of data, the hospital conducted a prioritization process that involved the consideration of the insights gained during the CHNA activities and that resulted in the selection of local health priorities. This report will cover OrthoIndy in collaboration with St. Vincent that are located in Hamilton, Hendricks, Johnson, and Marion Counties. St. Vincent will be following the guidelines from Catholic Health Association (CHA) to complete the CHNA. These two steps were applied: 1) an assessment of the county-level information was completed and 2) identification of the service area with the highest need was determined by using County Health Rankings. Based on the CHA guidelines, this report will present data from four counties, however, the need was prioritized from Marion County's data.

- Substance Abuse
- Mental Health
- Chronic Health Conditions
- Homelessness/Housing
- Youth Services

These five priorities provide an issue-oriented roadmap for the development of local programs, services, and initiatives that seek to improve the health of the local community. They are based upon an extensive and comprehensive CHNA process that considered data from a range of sources, that utilized a rigorous scientific process, and that was conducted in a participatory manner throughout that sought to include the voices of community members, stakeholders, and hospital leaders.

Your feedback on this report is welcomed and encouraged. Please send any feedback and/or comments about this report to: CommunityDevelopment@stvincent.org.

Introduction

CHNA Purpose and Overview

This report provides a comprehensive overview of the 2019 Community Health Needs Assessment (CHNA) conducted by St. Vincent for OrthoIndy. The sections of this report provide an outline of the methods used to conduct the CHNA, summaries of existing health indicator data that was reviewed, primary data that was collected for purposes of the CHNA, and a description of the process and outcomes of a prioritization process to establish the health priorities that will inform the hospital's community programming for this CHNA cycle.

To conduct the CHNA, the hospital worked with a range of community and academic partners to conduct a comprehensive CHNA. The purpose of the assessment is to identify the significant health needs in the community and gaps that may exist in services provided. It was also developed to provide the community with information to assess essential health care, prevention, and treatment services. This endeavor represents efforts to share information that can lead to improved access and quality of care available to the community, while reinforcing and augmenting the existing infrastructure of services and providers. The CHNA began in 2017, was completed in 2018, and approved by the hospital board in 2019. Table 1 provides an overview of the overall process and specific methods related to each activity.

About Ascension

Ascension is the largest nonprofit health system in the United States and the largest Catholic Health System in the world. It is a collaboration of faith-based healthcare organizations that focus on delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. Throughout the United States, Ascension employs approximately 156,000 associates. There are more than 2,600 sites of care including 151 hospitals and more than 50 senior living facilities in 21 states and the District of Columbia. Ascension also has subsidiaries that provide a variety of services including physician practice management, information services, investment management, biomedical engineering, facilities management, clinical care management, and risk management.

About St. Vincent

As a member of Ascension, St. Vincent is a Catholic healthcare system located in the state of Indiana. St. Vincent operates 24 hospitals in addition to a comprehensive network of affiliated joint ventures, medical practices and clinics. Combined with our exceptional medical expertise, our true legacy lies in the compassionate care given every day and a commitment to put our patients and their well-being first. St. Vincent provided more than $323 million in community benefit and care of persons living in poverty in fiscal year 2018. St. Vincent Hospitals are in central and southern Indiana, serving rural and urban communities. St. Vincent provides a broad range of health care services including, but not limited to, cancer care, cardiovascular services, sports performance, women's health, neuroscience, pediatrics, and transplant services.

About OrthoIndy and Service Area

In 2005, OrthoIndy opened the first orthopedic specialty hospital in Indiana. The hospital provides comprehensive bone, joint, spine, and muscle care. OrthoIndy has over 80 physicians to focus on musculoskeletal care and complex surgical procedures including total joints and spinal operations. There are 10 locations in Central Indiana. Three of the hospitals are located on the grounds of St. Vincent Carmel, St. Vincent Fishers, and St. Vincent Indianapolis Hospitals. In 2009, St. Vincent and OrthoIndy formed a strategic partnership to create open lines of communication and expand the reach into the community. This partnership is formally maintained through the St. Vincent Indianapolis Hospital. OrthoIndy's demographic service area includes Hamilton, Hendricks, Johnson and Marion Counties.

OrthoIndy Hospital's preceding CHNA was made available to the public via the website: https://www.orthoindy.com/outcomes/. In order to collect comments or feedback on the report, a special email address was created: CommunityDevelopment@stvincent.org. No comments had been received on the preceding CHNA at the time this report was being written.

CHNA Process and Methods

CHNA Partners

Conducting the CHNA necessitated collaboration with a range of public health and social service partners to ensure that diverse community-based and scientific insights were included throughout the process. Concerted efforts were made to ensure that individuals who directly or indirectly represent the needs of: 1) those with particular expertise in public health practice and research, 2) those 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.

Key partner organizations included:

- **University of Evansville.** As part of the contracted services, faculty, staff, and students in public health areas collaborated with the hospital on the data-oriented aspects of the project.

- **Indiana University, as part of the contracted services:**

  - **School of Public Health.** Faculty and students collaborated with the hospital throughout the survey process.
  - **Center for Survey Research.** Faculty and staff provided in-depth technical assistance and guidance throughout the survey process.

- **Measures Matter, LLC.** Measures Matter is a community-based research consulting firm based in Bloomington, Indiana and Palm Springs, California. As part of the contracted services, Measures Matter conducted an independent analysis of the survey data and also facilitated the prioritization process with the hospital and its partners.

- **Health System Collaborative.** A collaborative of eight major hospital systems throughout Indiana worked together to complete the CHNA. By sharing data and pooling resources, the health systems efficiently assessed the needs of the community.

Table 1. Description of CHNA Activities

CHNA ACTIVITIES	DESCRIPTION OF ACTIVITIES
Identification of the Service Population	Hospital staff worked together to identify its community served through a review of patient-related data and other geographic boundaries related to the hospital's service area.
Review of Existing Health Indicator Data	In collaboration with public health researchers, the hospital conducted a review of existing data and indicators relevant to this assessment. Following the review of this data, key insights were incorporated into CHNA activities and considered during the selection of health priorities.
Community Health Survey	In collaboration with eight major hospital systems, health department representatives, community organizations, and with faculty researchers from the University of Evansville and Indiana University Bloomington, a survey was developed and conducted to collect data from residents in the hospital's service area. The survey process included; a) a random sample that recruited proportionately from all zip codes in the service area and b) a convenience sample survey that sought to collect the same data from individuals seeking care and services at organizations.
Health Needs Prioritization Session	Hospital staff held a meeting of key stakeholders and organizational leadership in order to review data from all activities conducted for the CHNA. Subsequent to a formal presentation and discussion of the data, attendees in the meeting participated in a nominal group process to identify the top health needs that would inform the development of the implementation strategy.
Review of Resources and Partners	Based upon the results of the CHNA activities, a list of local resources and partnerships that would be relevant to addressing the needs identified via the CHNA and the subsequent implementation strategy (Appendix A).

Demographics

Overview

This section of the report provides an overview of existing data and indicators that offer insight into the health and social issues of the service area. These data were used in a range of ways throughout the CHNA process, including:

- to inform the development of issues that would be further explored in the 2018 CHNA Community Survey,
- to guide specific analyses of data from the 2018 CHNA Community Survey,
- to provide data summaries and other insights to community members, organizational stakeholders, and hospital staff during CHNA related meetings and discussions, and
- as a foundation for the review of ongoing efforts and key decisions about the services offered by the hospital.

Data Sources

To ensure consistency throughout the CHNA process, a review of existing data included the most recently available data related to the following community indicators:

- demographic characteristics of residents in the service area,
- social and economic characteristics of the service area,
- leading health outcomes,
- clinical characteristics of the service area, with a focus on access to care,
- quality of life indicators, and
- health-related behaviors and associated factors.

Data presented in this section of the report were sourced from the 2018 version of County Health Rankings & Roadmaps, a project of the Population Health Institute of the University of Wisconsin that is supported by the Robert Wood Johnson Foundation. Data also included those from the Indiana State Department of Health.

Throughout these data, indicators are presented for the county of interest, the state of Indiana, and the Top U.S. Performers (indicators that represent the top 10% best performing counties in the country). While comparisons across these data are valuable for identifying areas in a particular county where improvements can be made, such comparisons should always be made within the context of the vast differences that exist across the counties in the country.

Demographics - Hamilton County

Population Characteristics

Demographic characteristics of a particular region provide important insights for the development and delivery of health-related services and programs. Hamilton County is largely homogeneous in terms of racial and ethnicity characteristics although it does have a larger Asian population than the typical Indiana county. It is evenly split with regard to gender, with low proportions of individuals living in areas considered rural. Hamilton County's population of 313,373 persons is summarized in Table 2.

Table 2. Characteristics of Hamilton County's Population[1]

County Population Characteristics	Hamilton County	Indiana
Population Size	313,373	6,633,053
% Below 18 years of age	27.8%	23.8%
% 65 and older	11.4%	14.9%
% Non-Hispanic African American	4.0%	9.3%
% American Indian and Alaskan Native	0.2%	0.4%
% Asian	6.0%	2.2%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	3.9%	6.8%
% Non-Hispanic white	84.2%	79.6%
% Not proficient in English	1%	2%
% Females	51.2%	50.7%
% Rural	5.60%	27.6%

Social and Economic Characteristics

Social and economic factors are well established as important determinants of health and well-being. For purposes of the CHNA, these factors provide valuable insight into the context of health and well-being indicators and offer a foundation for considering the manner in which a hospital's programs are connected to a wider social services network. Hamilton County's population fares better than many communities in Indiana, with higher levels of educational attainment, lower levels of poverty, and lower levels of unemployment. The county, on many social and economic indicators, performs at a level equal to or better than the top U.S. performers. Table 3 provides a summary of primary social and economic factors in Hamilton County.

Table 3. Social and Economic Factors, Hamilton County[1]

Social and Economic Factors	Hamilton County	Top US Performers	Indiana
High school graduation	94%	95%	87%
Some college	86%	72%	62%
Unemployment	3.20%	3.20%	4.40%
Children in poverty	5%	12%	19%
Income inequality	3.9	3.7	4.4
Children in single-parent households	18%	20%	34%
Social associations	9.8	22.1	12.3
Violent crime (per 100,000)	37	62	356
Injury deaths (per 100,000)	37	55	70

Quality of Life Indicators

Self-reported rankings of overall health status, and the number of days in a given month for which individuals would rate their physical and mental health as being poor, offer important insights into the factors that often influence individuals to seek care or support, and share well documented associations with care outcomes. Additionally, low birthweight is commonly used as a gauge for the existence of multi-faceted public health problems. Hamilton County performs quite well on each of these important indicators as is summarized in Table 4.

Table 4. Quality of Life Indicators[1]

Quality of Life Indicators	Hamilton County	Top US Performers	Indiana
Poor or fair health	10%	12%	18%
Poor physical health days	2.6	3	3.9
Poor mental health days	3.0	3.1	4.3
Low birthweight	7%	6%	8%

Health Outcomes

Common health indicators that provide insight into the general health state of a community include premature mortality, infant mortality, chronic disease (diabetes), infectious disease (HIV) and both physical and mental distress. On these indicators, Hamilton County largely fares better than the averages for the state of Indiana. However, while these values place Hamilton County within the top quartiles of the state on most indicators, both the state and county have some health outcomes that are worse than the top U.S. performing regions and suggest areas for continuing improvement. Table 5 provides an overview of these leading health indicators for Hamilton County.

Table 5. Health Outcome Indicators, Hamilton County[1]

Health Outcome Indicators	Hamilton County	Top US Performers	Indiana
Premature age-adjusted mortality (per 100,000)	210	270	390
Child mortality (per 100,000)	30	40	60
Infant mortality (per 100,000)	4	4	7
Frequent physical distress	8%	9%	12%
Frequent mental distress	9%	10%	13%
Diabetes prevalence	9%	8%	11%
HIV prevalence (per 100,000)	88	49	196

Clinical Characteristics

Of particular importance to the hospital were data that help to assess and consider issues that are closely aligned with the nation's objectives to continue improving access to care, reducing health care costs, and improving both the proportion of the population that has health insurance (particularly children) and adherence to preventive screenings and chronic disease monitoring. Uninsured rates in Hamilton County, while similar to the state average, are similar to the top performing areas of the U.S., as is the case with many other indicators for Hamilton County.

Hamilton County, based on the availability of healthcare providers, ranks among the best counties in the state, with the exception of mental health providers. Other indicators related to preventive screening and chronic disease management are within the top ranges of both the state and nation. Table 6 provides a summary of these clinical characteristics of Hamilton County.

Table 6. Clinical Care Characteristics, Hamilton County[1]

Clinical Characteristics	Hamilton County	Top US Performers	Indiana
Uninsured	6%	6%	11%
Uninsured adults	7%	7%	13%
Uninsured children	5%	3%	7%
Primary care physicians	710:1	1,030:1	1,500:1
Dentists	1,350:1	1,280:1	1,850:1
Mental health providers	760:1	330:1	700:1
Other primary care providers	1,566:1	782:01	1,367:1
Preventable hospital stays (per 100,000)	33	35	57
Diabetes monitoring	89%	91%	85%
Mammography screening	70%	71%	62%
Health care costs	$9,281		$9,992

Leading Causes of Mortality

An examination of the leading causes of mortality provides valuable insight into the major health issues facing a community. Presented in terms of the rates of disease-specific death by 100,000 members of a population, these data serve as an indicator of the issues most likely to require significant attention from hospitals and other health and social service organizations.

While these data are mortality-specific, they also help to serve as an indicator of a community's morbidity given that many individuals live with these diseases for extended periods of time. They also provide a helpful guide to prevention-focused programs given that behavioral determinants of these leading health issues are fairly understood (see Appendix B).

Behavioral Factors

For purposes of the CHNA, a range of leading health behavior indicators were assessed. Each of the selected indicators share important associations with leading causes of morbidity and mortality in the country. Table 7 provides an overview of the leading health behaviors in Hamilton County. Identification of these health behaviors provides opportunities for the ongoing development and implementation of health and social service programs.

Table 7. Health Behaviors and Behavioral Outcomes, Hamilton County[1]

Health Behaviors	Hamilton County	Top US Performers	Indiana
Adult smoking	13%	14%	21%
Adult obesity	27%	26%	32%
Food environment index	8.8	8.6	7
Physical inactivity	16%	20%	27%
Access to exercise opportunities	89%	91%	77%
Excessive drinking	20%	13%	19%
Alcohol-impaired driving deaths	24%	13%	22%
Sexually transmitted infections	204.5	145.1	437.9
Teen births	8	15	30

Table 8 also provides an overview of additional behavioral factors that are important for the context of the CHNA activities.

Table 8. Other Behavioral Factors, Hamilton County County[1]

Other Behavioral Factors	Hamilton County	Top US Performers	Indiana
Food insecurity	9%	10%	14%
Limited access to healthy foods	4%	2%	7%
Drug overdose deaths (per 100,000)	11	10	20
Motor vehicle crash deaths (per 100,000)	5	9	12
Insufficient sleep	30%	27%	36%

Summary

A review of leading indicators related to the health and well-being of a community provides an important foundation for the remaining CHNA activities. These data offer insights into the factors underlying the health issues that are perceived by providers, organizational stakeholders, and community members as being among those needing priority attention. These data summaries were used during subsequent CHNA activities, receiving particular attention during the prioritization process that is described in section five of this report (Prioritization Process).

Demographics - Hendricks County

Population Characteristics

Demographic characteristics of a particular region provide important insights for the development and delivery of health-related services and programs. Hendricks County is more diverse than most other areas of the state in terms of racial and ethnicity characteristics, evenly split with regard to gender, with the majority of individuals living in areas considered to be urban. Hendricks County's population of 106,610 persons is summarized in Table 9.

Table 9. Characteristics of Hendricks County's Population

County Population Characteristics	Hendricks County	Indiana
Population Size	160,610	6,633,053
% Below 18 years of age	25.6%	23.8%
% 65 and older	13.1%	14.9%
% Non-Hispanic African American	6.4%	9.3%
% American Indian and Alaskan Native	0.3%	0.4%
% Asian	2.7%	2.2%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	3.8%	6.8%
% Non-Hispanic white	85.4%	79.6%
% Not proficient in English	1%	2%
% Females	50.1%	50.7%
% Rural	17.80%	27.6%

Social and Economic Characteristics

Social and economic factors are well established as important determinants of health and well-being. For purposes of the CHNA, these factors provide valuable insight into the context of health and well-being indicators and offer a foundation for considering the manner in which a hospital's programs are connected to a wider social services network. The educational characteristics of Hendricks County's population is similar to the state of Indiana's averages, although rates of high school graduation are quite high compared to the state. The county is also similar to the state average's regarding the indicators that are often closely associated with health outcomes, although rates of childhood poverty are lower compared to the state and top U.S. performing areas.   Rates of violent crime are among the lowest in the state. Table 10 provides a summary of primary social and economic factors in Hendricks County.

Table 10. Social and Economic Factors, Hendricks County

Social and Economic Factors	Hendricks County	Top US Performers	Indiana
High school graduation	97%	95%	87%
Some college	75%	72%	62%
Unemployment	3.50%	3.20%	4.40%
Children in poverty	7%	12%	19%
Income inequality	3.4	3.7	4.4
Children in single-parent households	21%	20%	34%
Social associations	8.9	22.1	12.3
Violent crime (per 100,000)	169	62	356
Injury deaths (per 100,000)	46	55	70

Quality of Life Indicators

Self-reported rankings of overall health status, and the number of days in a given month for which individuals would rate their physical and mental health as being poor, offer important insights into the factors that often influence individuals to seek care or support, and share well documented associations with care outcomes. Additionally, low birthweight is commonly used as a gauge for the existence of multi-faceted public health problems. Hendricks County's performance outpaces the state on most of these important indicators as is summarized in Table 11.

Table 11. Quality of Life Indicators

Quality of Life Indicators	Hendricks County	Top US Performers	Indiana
Poor or fair health	13%	12%	18%
Poor physical health days	3.1	3	3.9
Poor mental health days	3.4	3.1	4.3
Low birthweight	7%	6%	8%

Health Outcomes

Common health indicators that provide insight into the general health state of a community include premature mortality, infant mortality, chronic disease (diabetes), infectious disease (HIV) and both physical and mental distress. On these indicators, Hendricks County performs better than the state of Indiana. Table 12 provides an overview of these leading health indicators for Hendricks County.

Table 12. Health Outcome Indicators, Hendricks County

Health Outcome Indicators	Hendricks County	Top US Performers	Indiana
Premature age-adjusted mortality (per 100,000)	280	270	390
Child mortality (per 100,000)	40	40	60
Infant mortality (per 100,000)	6	4	7
Frequent physical distress	9%	9%	12%
Frequent mental distress	10%	10%	13%
Diabetes prevalence	10%	8%	11%
HIV prevalence (per 100,000)	123	49	196

Clinical Characteristics

Of particular importance to the hospital were data that help to assess and consider issues that are closely aligned with the nation's objectives to continue improving access to care, reducing health care costs, and improving both the proportion of the population that has health insurance (particularly children) and adherence to preventive screenings and chronic disease monitoring. Uninsured rates in Hendricks County, while below the state average, are similar to the top performing areas of the U.S.

Hendricks County, based on the availability of healthcare providers, ranks among the best counties in the state. Other indicators related to preventive screening and chronic disease management are within the top ranges of both the state and nation. Table 13 provides a summary of these clinical characteristics of Hendricks County.

Table 13. Clinical Care Characteristics, Hendricks County

Clinical Characteristics	Hendricks County	Top US Performers	Indiana
Uninsured	8%	6%	11%
Uninsured adults	8%	7%	13%
Uninsured children	6%	3%	7%
Primary care physicians	1,800:1	1,030:1	1,500:1
Dentists	2,090:1	1,280:1	1,850:1
Mental health providers	1,160:1	330:1	700:1
Other primary care providers	1,890:1	782:01	1,367:1
Preventable hospital stays (per 100,000)	40	35	57
Diabetes monitoring	88%	91%	85%
Mammography screening	68%	71%	62%
Health care costs	$9,532		$9,992

Leading Causes of Mortality

An examination of the leading causes of mortality provides valuable insight into the major health issues facing a community. Presented in terms of the rates of disease-specific death by 100,000 members of a population, these data serve as an indicator of the issues most likely to require significant attention from hospitals and other health and social service organizations.

While these data are mortality-specific, they also help to serve as an indicator of a community's morbidity given that many individuals live with these diseases for extended periods of time. They also provide a helpful guide to prevention-focused programs given that behavioral determinants of these leading health issues are fairly understood (see Appendix B).

Behavioral Factors

For purposes of the CHNA, a range of leading health behavior indicators were assessed. Each of the selected indicators share important associations with leading causes of morbidity and mortality in the country. Table 14 provides an overview of the leading health behaviors in Hendricks County. Identification of these health behaviors provides opportunities for the ongoing development and implementation of health and social service programs.

Table 14. Health Behaviors and Behavioral Outcomes, Hendricks County

Health Behaviors	Hendricks County	Top US Performers	Indiana
Adult smoking	16%	14%	21%
Adult obesity	32%	26%	32%
Food environment index	8.6	8.6	7
Physical inactivity	23%	20%	27%
Access to exercise opportunities	67%	91%	77%
Excessive drinking	18%	13%	19%
Alcohol-impaired driving deaths	31%	13%	22%
Sexually transmitted infections	239.7	145.1	437.9
Teen births	14	15	30

Table 15 also provides an overview of additional behavioral factors that are important for the context of the CHNA activities.

Table 15. Other Behavioral Factors, Hendricks County

Other Behavioral Factors	Hendricks County	Top US Performers	Indiana
Food insecurity	10%	10%	14%
Limited access to healthy foods	4%	2%	7%
Drug overdose deaths (per 100,000)	13	10	20
Motor vehicle crash deaths (per 100,000)	7	9	12
Insufficient sleep	35%	27%	36%

Demographics - Johnson County

Population Characteristics

Demographic characteristics of a particular region provide important insights for the development and delivery of health-related services and programs. Johnson County is more diverse than most other areas of the state in terms of racial and ethnicity characteristics, evenly split with regard to gender, with the majority of individuals living in areas considered to be urban. Johnson County's population of 151,982 persons is summarized in Table 16.

Table 16. Characteristics of Johnson County's Population

County Population Characteristics	Johnson County	Indiana
Population Size	151,982	6,633,053
% Below 18 years of age	24.9%	23.8%
% 65 and older	14.4%	14.9%
% Non-Hispanic African American	2.0%	9.3%
% American Indian and Alaskan Native	0.3%	0.4%
% Asian	2.8%	2.2%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	3.5%	6.8%
% Non-Hispanic white	90.0%	79.6%
% Not proficient in English	1%	2%
% Females	50.7%	50.7%
% Rural	13.90%	27.6%

Social and Economic Characteristics

Social and economic factors are well established as important determinants of health and well-being. For purposes of the CHNA, these factors provide valuable insight into the context of health and well-being indicators and offer a foundation for considering the manner in which a hospital's programs are connected to a wider social services network. The educational characteristics of Johnson County's population is similar to the state of Indiana's averages, although rates of high school graduation are elevated compared to the state. The county is also similar to the state average's regarding the indicators that are often closely associated with health outcomes, although rates of childhood poverty are lower compared to the state and top U.S. performing areas.   Rates of violent crime are among the lowest in the state. Table 17 provides a summary of primary social and economic factors in Johnson County.

Table 17. Social and Economic Factors, Johnson County

Social and Economic Factors	Johnson County	Top US Performers	Indiana
High school graduation	91%	95%	87%
Some college	69%	72%	62%
Unemployment	3.60%	3.20%	4.40%
Children in poverty	10%	12%	19%
Income inequality	3.6	3.7	4.4
Children in single-parent households	29%	20%	34%
Social associations	8.8	22.1	12.3
Violent crime (per 100,000)	256	62	356
Injury deaths (per 100,000)	57	55	70

Quality of Life Indicators

Self-reported rankings of overall health status, and the number of days in a given month for which individuals would rate their physical and mental health as being poor, offer important insights into the factors that often influence individuals to seek care or support, and share well documented associations with care outcomes. Additionally, low birthweight is commonly used as a gauge for the existence of multi-faceted public health problems. Johnson County's performance outpaces the state on most of these important indicators as is summarized in Table 18.

Table 18. Quality of Life Indicators

Quality of Life Indicators	Johnson County	Top US Performers	Indiana
Poor or fair health	13%	12%	18%
Poor physical health days	3.4	3	3.9
Poor mental health days	3.7	3.1	4.3
Low birthweight	7%	6%	8%

Health Outcomes

Common health indicators that provide insight into the general health state of a community include premature mortality, infant mortality, chronic disease (diabetes), infectious disease (HIV) and both physical and mental distress. On these indicators, Johnson County performs better than the state of Indiana. Table 19 provides an overview of these leading health indicators for Johnson County.

Table 19. Health Outcome Indicators, Johnson County

Health Outcome Indicators	Johnson County	Top US Performers	Indiana
Premature age-adjusted mortality (per 100,000)	330	270	390
Child mortality (per 100,000)	40	40	60
Infant mortality (per 100,000)	6	4	7
Frequent physical distress	10%	9%	12%
Frequent mental distress	11%	10%	13%
Diabetes prevalence	12%	8%	11%
HIV prevalence (per 100,000)	107	49	196

Clinical Characteristics

Of particular importance to the hospital were data that help to assess and consider issues that are closely aligned with the nation's objectives to continue improving access to care, reducing health care costs, and improving both the proportion of the population that has health insurance (particularly children) and adherence to preventive screenings and chronic disease monitoring. Uninsured rates in Johnson County, while below the state average, are similar to the top performing areas of the U.S.

Johnson County, based on the availability of healthcare providers, ranks among the best counties in the state. Other indicators related to preventive screening and chronic disease management are within the top ranges of both the state and nation. Table 20 provides a summary of these clinical characteristics of Johnson County.

Table 20. Clinical Care Characteristics, Johnson County

Clinical Characteristics	Johnson County	Top US Performers	Indiana
Uninsured	9%	6%	11%
Uninsured adults	11%	7%	13%
Uninsured children	6%	3%	7%
Primary care physicians	1,180:1	1,030:1	1,500:1
Dentists	1,570:1	1,280:1	1,850:1
Mental health providers	1,320:1	330:1	700:1
Other primary care providers	1,288:1	782:01	1,367:1
Preventable hospital stays (per 100,000)	42	35	57
Diabetes monitoring	84%	91%	85%
Mammography screening	64%	71%	62%
Health care costs	$9,149		$9,992

Leading Causes of Mortality

An examination of the leading causes of mortality provides valuable insight into the major health issues facing a community. Presented in terms of the rates of disease-specific death by 100,000 members of a population, these data serve as an indicator of the issues most likely to require significant attention from hospitals and other health and social service organizations.

While these data are mortality-specific, they also help to serve as an indicator of a community's morbidity given that many individuals live with these diseases for extended periods of time. They also provide a helpful guide to prevention-focused programs given that behavioral determinants of these leading health issues are fairly understood.

Behavioral Factors

For purposes of the CHNA, a range of leading health behavior indicators were assessed. Each of the selected indicators share important associations with leading causes of morbidity and mortality in the country. Table 21 provides an overview of the leading health behaviors in Johnson County. Identification of these health behaviors provides opportunities for the ongoing development and implementation of health and social service programs.

Table 21. Health Behaviors and Behavioral Outcomes, Johnson County

Health Behaviors	Hendricks County	Top US Performers	Indiana
Adult smoking	17%	14%	21%
Adult obesity	29%	26%	32%
Food environment index	7.9	8.6	7
Physical inactivity	23%	20%	27%
Access to exercise opportunities	78%	91%	77%
Excessive drinking	18%	13%	19%
Alcohol-impaired driving deaths	20%	13%	22%
Sexually transmitted infections	304.3	145.1	437.9
Teen births	25	15	30

Table 22 also provides an overview of additional behavioral factors that are important for the context of the CHNA activities.

Table 22. Other Behavioral Factors, Johnson County

Other Behavioral Factors	Hendricks County	Top US Performers	Indiana
Food insecurity	12%	10%	14%
Limited access to healthy foods	8%	2%	7%
Drug overdose deaths (per 100,000)	19	10	20
Motor vehicle crash deaths (per 100,000)	8	9	12
Insufficient sleep	32%	27%	36%

Demographics - Marion County

Population Characteristics

Demographic characteristics of a particular region provide important insights for the development and delivery of health-related services and programs. Marion County is more diverse than most other areas of the state in terms of racial and ethnicity characteristics, evenly split with regard to gender, with the majority of individuals living in areas considered to be urban. Marion County's population of 941,229 persons is summarized in Table 23.

Table 23. Characteristics of Marion County's Population[1]

County Population Characteristics	Marion County	Indiana
Population Size	941,229	6,633,053
% Below 18 years of age	24.9%	23.8%
% 65 and older	11.8%	14.9%
% Non-Hispanic African American	27.8%	9.3%
% American Indian and Alaskan Native	0.5%	0.4%
% Asian	3.1%	2.2%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	10.2%	6.8%
% Non-Hispanic white	56.3%	79.6%
% Not proficient in English	3%	2%
% Females	51.8%	50.7%
% Rural	0.60%	27.6%

Social and Economic Characteristics

Social and economic factors are well established as important determinants of health and well-being. For purposes of the CHNA, these factors provide valuable insight into the context of health and well-being indicators and offer a foundation for considering the manner in which a hospital's programs are connected to a wider social services network. The educational characteristics of Marion County's population is similar to the state of Indiana's averages, although rates of high school graduation are quite low compared to top performing areas of the country and lower than the state. The county is also similar to the state average's regarding the indicators that are often closely associated with health outcomes, although rates of childhood

poverty are higher compared to the state and significantly higher than top U.S. performing areas.   Rates of violent crime are among the highest in the state. Table 24 provides a summary of primary social and economic factors in Marion County.

Table 24. Social and Economic Factors, Marion County[1]

Social and Economic Factors	Marion County	Top US Performers	Indiana
High school graduation	72%	95%	87%
Some college	62%	72%	62%
Unemployment	4.40%	3.20%	4.40%
Children in poverty	28%	12%	19%
Income inequality	4.8	3.7	4.4
Children in single-parent households	47%	20%	34%
Social associations	11.6	22.1	12.3
Violent crime (per 100,000)	1,197	62	356
Injury deaths (per 100,000)	83	55	70

Quality of Life Indicators

Self-reported rankings of overall health status, and the number of days in a given month for which individuals would rate their physical and mental health as being poor, offer important insights into the factors that often influence individuals to seek care or support, and share well documented associations with care outcomes. Additionally, low birthweight is commonly used as a gauge for the existence of multi-faceted public health problems. Marion County's performance largely mirrors the state on each of these important indicators as is summarized in Table 25.

Table 25. Quality of Life Indicators[1]

Quality of Life Indicators	Marion County	Top US Performers	Indiana
Poor or fair health	18%	12%	18%
Poor physical health days	3.8	3	3.9
Poor mental health days	4.1	3.1	4.3
Low birthweight	9%	6%	8%

Health Outcomes

Common health indicators that provide insight into the general health state of a community include premature mortality, infant mortality, chronic disease (diabetes), infectious disease (HIV) and both physical and mental distress. On these indicators, Marion County largely mirrors the averages for the state of Indiana. However, while these values place Marion County within the

middle quartiles of the state on most indicators, both the state and county have health outcomes that indicate a level of health worse than the top U.S. performing regions. Table 26 provides an overview of these leading health indicators for Marion County.

Table 26. Health Outcome Indicators, Marion County[1]

Health Outcome Indicators	Marion County	Top US Performers	Indiana
Premature age-adjusted mortality (per 100,000)	460	270	390
Child mortality (per 100,000)	80	40	60
Infant mortality (per 100,000)	9	4	7
Frequent physical distress	12%	9%	12%
Frequent mental distress	13%	10%	13%
Diabetes prevalence	10%	8%	11%
HIV prevalence (per 100,000)	571	49	196

Clinical Characteristics

Of particular importance to the hospital were data that help to assess and consider issues that are closely aligned with the nation's objectives to continue improving access to care, reducing health care costs, and improving both the proportion of the population that has health insurance (particularly children) and adherence to preventive screenings and chronic disease monitoring. Uninsured rates in Marion County, while above the state average, are well above the top performing areas of the U.S., in most cases rates of uninsured are double those of those other areas of the country.

Marion County, based on the availability of healthcare providers, ranks among the best counties in the state. Other indicators related to preventive screening and chronic disease management are within the top ranges of both the state and nation. Table 27 provides a summary of these clinical characteristics of Marion County.

Table 27. Clinical Care Characteristics, Marion County[1]

Clinical Characteristics	Marion County	Top US Performers	Indiana
Uninsured	14%	6%	11%
Uninsured adults	17%	7%	13%
Uninsured children	6%	3%	7%
Primary care physicians	1,250:1	1,030:1	1,500:1
Dentists	1,180:1	1,280:1	1,850:1
Mental health providers	400:1	330:1	700:1
Other primary care providers	811:1	782:01	1,367:1
Preventable hospital stays (per 100,000)	49	35	57
Diabetes monitoring	83%	91%	85%
Mammography screening	62%	71%	62%
Health care costs	$9,782		$9,992

Leading Causes of Mortality

An examination of the leading causes of mortality provides valuable insight into the major health issues facing a community. Presented in terms of the rates of disease-specific death by 100,000 members of a population, these data serve as an indicator of the issues most likely to require significant attention from hospitals and other health and social service organizations.

While these data are mortality-specific, they also help to serve as an indicator of a community's morbidity given that many individuals live with these diseases for extended periods of time. They also provide a helpful guide to prevention-focused programs given that behavioral determinants of these leading health issues are fairly understood (see Appendix B).

Behavioral Factors

For purposes of the CHNA, a range of leading health behavior indicators were assessed. Each of the selected indicators share important associations with leading causes of morbidity and mortality in the country. Table 28 provides an overview of the leading health behaviors in Marion County. Identification of these health behaviors provides opportunities for the ongoing development and implementation of health and social service programs.

Table 28. Health Behaviors and Behavioral Outcomes, Marion County[1]

Health Behaviors	Marion County	Top US Performers	Indiana
Adult smoking	21%	14%	21%
Adult obesity	33%	26%	32%
Food environment index	6.6	8.6	7
Physical inactivity	27%	20%	27%
Access to exercise opportunities	87%	91%	77%
Excessive drinking	19%	13%	19%
Alcohol-impaired driving deaths	20%	13%	22%
Sexually transmitted infections	949.3	145.1	437.9
Teen births	41	15	30

Table 29 also provides an overview of additional behavioral factors that are important for the context of the CHNA activities.

Table 29. Other Behavioral Factors, Marion County[1]

Other Behavioral Factors	Marion County	Top US Performers	Indiana
Food insecurity	19%	10%	14%
Limited access to healthy foods	9%	2%	7%
Drug overdose deaths (per 100,000)	29	10	20
Motor vehicle crash deaths (per 100,000)	11	9	12
Insufficient sleep	35%	27%	36%

Summary

A review of leading indicators related to the health and well-being of a community provides an important foundation for the remaining CHNA activities. These data offer insights into the factors underlying the health issues that are perceived by providers, organizational stakeholders, and community members as being among those needing priority attention. These data summaries were used during subsequent CHNA activities, receiving particular attention during the prioritization process that is described in section five of this report (Prioritization Process).

Survey Methods

Purpose of the Survey

To collect primary data from residents of communities in the hospital's service area of Marion County, a survey was designed, fielded, and analyzed. This section of the report includes a description of the survey methods and the results of the responses to the survey.

Survey Development

To develop the survey used for the CHNA, the hospital partnered with faculty from Indiana-based universities who had particular expertise in community-based survey research. Dr. William McConnell of the University of Evansville served as the lead researcher on the project, in partnership with Dr. Michael Reece and Dr. Catherine Sherwood-Laughlin (both of the Indiana University School of Public Health). The University of Evansville contracted with the Center for Survey Research (CSR) at Indiana University to administer this survey in two phases: phase I was conducted as a paper survey mailed to a random address-based sample and phase II was conducted as a paper survey administered by the hospitals to a convenience sample of their choosing. The survey was conducted with approval of the Institutional Review Board (IRB) of the University of Evansville.

Planning and development for the survey began in the winter of 2017. The university faculty joined a collaborative of eight major hospital systems that served populations in Indiana and Illinois. A goal of the collaborative was to align survey activities in order to increase cost-efficiency and to work toward the development of a data infrastructure that would be useful across the systems and also of enhanced utility to the health and social service organizations with which those hospitals partner on initiatives to improve health in their respective local communities.

Using a construct-based approach that identified the leading areas to be included on the survey, the hospitals and faculty developed a survey. The survey included measures that had been validated for use in similar projects by other researchers and additional measures that were developed by the partners for specific needs of this CHNA. The survey covered ten major areas (see Appendix C). Table 30 provides an overview of the constructs covered in the survey and a description of the measures associated with each construct. A copy of the survey is included as Appendix A.

Sample Development

To collect data, two separate samples were accessed. One sample, described below, included a random sample of individuals representative of the hospital's service area. Additionally, the hospital invited health and social service organizations in the community to participate in the convenience sample by sending them a survey (i.e., link to electronic version or paper copy).

Phase One Random Sample. The target population for Phase I of the 2019 Community Health Needs Assessment Survey consisted of noninstitutionalized adult residents, aged 18 years or older, in the catchment areas the participating hospitals. Sampling was performed on a household basis using an address-based sample. The faculty collaborated with the hospitals to determine catchment areas using county and zip code boundaries. Geographic areas that were shared between hospitals were reduced such that each geographic area was sampled one time. Sampling was determined using a multistage sampling design. At the first stage, sample units were drawn randomly from an address-based sampling frame of each area. Sample frames were limited to residential addresses excluding P.O. boxes (unless marked in the sample frame as 'only way to get mail'), seasonal, vacant, throwback, and drop-off point addresses. At the second stage, a within-household respondent was selected by asking the adult with the most recent birthday to complete the survey.

To develop the hospital's sample area, a set of 2,223 address-based records representing the hospital's service population were purchased from Marketing Systems Group (MSG). MSG used proprietary sampling methods and provided assurance of appropriate and accurate coverage for the target population. The sample list delivered by MSG included postal address information, FIPS code (county designator), and appended demographic information for age, gender, Hispanic surname, Asian surname, number of adults at address, number of children at address, household income class, marital status, ethnicity, and home ownership status. Upon receipt of the sample, it was stored in a secure database created and maintained by the CSR and was reviewed and corrected for any clerical errors. Using these records, a recruitment sample was constructed for the hospital's service population.

Phase Two Convenience Sample. A phase two sample was initiated by the hospital and its community-based partners for purposes of collecting data from those likely to be missed in address-based recruitment. St. Vincent is committed to its mission of serving all persons, with special attention to those who are poor and vulnerable. For the CHNA, there was a concerted effort to reach experts in public health, professionals with special knowledge of the community health needs and those who can be the voice of the medically underserved and vulnerable populations. To reach these individuals, the community resource list included in the 2016 CHNA was updated and used as a reference to identify relevant organizations (see Appendix A). Once identified, surveys were sent either electronically or by mail.

Table 30. Survey Constructs and Measures

SURVEY CONSTRUCTS	DESCRIPTION OF MEASURES
Demographics	This section included measures related to the socio-demographics of the survey participants, including: county of residence, age, gender, ethnicity, race, education, household income, employment, and number of adults and children in household.
Perceived Health and Well-Being	This section included a revised version of the U.S. Centers for Disease Control and Prevention's Health-Related Quality of Life measure. Items included the single-item HRQOL assessment of perceived overall health and additional assessments of physical health, mental health, and social well-being. Also included was a measure of overall life satisfaction and a measure of current level of life stress.
Health Care Coverage and Relationships	This section included a single measure of whether the participant had health insurance or some other type of coverage for health care and a single measure of whether they had a current personal health care provider.
Health Care Engagement	This section included a measure related to the types of care with which the participant had engaged in the previous 12 months. A total of 14 specific types of health care engagement were assessed.
Health-Related Behaviors	This section included a measure that asked participants to self-report their participation in a range of health-related behaviors. A total of 11 health behaviors were assessed.
Health Care Resource Challenges	This section included measures related to the extent to which participants had found themselves in need of avoiding care due to a lack of fiscal resources. Specifically assessed was the extent to which participants had to forego three types of health care, including seeing a medical provider, filling a prescription, and securing transportation for a health purpose or appointment.
Felt Social Determinants	This section included measures to assess the extent to which participants felt the impact of ten specific social determinants, including economics, education, community cohesion, policy, environment, housing, psychosocial, transportation, social ecological, and employment.
Perceived Priority Health Needs	This section included a measure to assess participants' perceptions of the importance of 21 health issues to their local community.
Perceived Resource Allocation Priorities	This section included a measure to assess participants' perceptions of the extent to which 21 health issues were of priority for the allocation of resources in their local community.
Perceived Importance of Social and Health Services	This section included a measure to assess the extent to which participants perceived 20 different health and social service programs to be of importance to their community.

Data Collection

Phase One Random Sample. The questionnaire was printed as a four-page booklet on a single 11" x 17" sheet with a fold in the center. Each questionnaire was printed with a unique, numeric survey identifier that matched up a record in the sample. A separate sheet was folded over the questionnaire and printed with a cover letter, study information sheet, and return mailing instructions. The questionnaire packet was assembled in a 9" x 12" windowed envelope and included an 8¾" x 11½" postage-paid, business reply envelope for survey returns.

The field period for the 2018 Community Health Needs Assessment Survey was April 2, 2018, through June 29, 2018. Each sampled address received up to two questionnaire attempts. The addresses were divided into four batches based on USPS pre-sort, and each batch was mailed one at a time over the course of a two-week period. The second questionnaire for each address was mailed approximately 4 weeks after the first questionnaire. The addresses of returned questionnaires were excluded from the lists for the second questionnaire attempt.

After the second questionnaire attempt, a postcard follow-up was reintroduced in hopes of increasing response. In addition to reminding people to mail in their completed questionnaires, the postcard also provided a website address that allowed people to take the survey online as a member of the secondary convenience sample.

Paper questionnaires were returned to CSR in postage-paid, business reply envelopes provided in the questionnaire packet. Completed survey returns were counted, checked for unclear marks, batched in groups of 50 surveys, and scanned into ABBYY FlexiCapture OCR software for data processing. CSR's scanning partner, DataForce (dba MJT, US), received the scanned survey images electronically and reviewed the data via ABBYY FlexiCapture data verification software to ensure quality control. Missing responses and multiple responses to a single item were flagged. The compiled data was transmitted back to CSR via a secure file transfer protocol (SFTP) server.

Phase Two Convenience Sample. The collection of data in the convenience sample phase utilized the same survey used in the random sample. For this phase of data collection, the survey was available both in English and Spanish. Survey data for the convenience sample were collected between June 15 - July 6, 2018. All data from returned surveys, both online and paper versions, were sent directly to the IU Center for Survey Research in Bloomington, Indiana. Additionally, an online version of the questionnaire was programmed in the Qualtrics survey platform. During data collection at community-based organizations, the hospital had the choice to use the online version of the survey (using a phone or tablet) or the paper-based survey. Once collected, data were shipped to CSR for scanning.

After the data collection period ended for the convenience sample, it was determined that a meaningful analysis of this county-level survey data was not possible given low numbers from specific counties. Therefore, data were considered in the aggregate from all counties in which surveys were returned. Throughout the results section, insights and comparisons from the convenience sample are included.

Data Management

All surveys were returned to CSR for scanning and organization. Data files were stored by CSR on a secure file server and processed using R statistical programming software. Respondent-provided counties and zip codes were cross-checked against the sample file. Discrepancies and misspellings were verified against the original scanned image of the response and, if reasonably similar, corrected prior to final data submission. After data processing, identifiers to allow filtering by hospital catchment area and weighting variables were added (only for the random sample). The final dataset was converted to a format for analysis in STATA statistical analysis software and transmitted to the researchers via Slashtmp, Indiana University's secure file transfer system.

Weighting of Samples

This section provides an overview of weighting activities for the 2018 Community Health Needs Assessment and applies only to the random sample. Two weighting adjustments were made to enhance consistency between the survey sample and the characteristics of the hospital's service population. The first was a base weight adjustment to account for unequal probabilities of selection within household. The second was a post-stratification adjustment to U.S. Census Bureau 2012-2016 American Community Survey five-year population estimates. The two weighting adjustments were multiplied to calculate a preliminary final weight for each hospital's catchment area. These preliminary weights were then trimmed and scaled so that the final weights summed to the number of respondents in each catchment area. Finally, we discuss incorporating weights in analysis of the survey data. Dataset preparation and weighting activities were conducted using SAS Versions 13.1 and 14.1 and Excel. American Community Survey data were obtained using American FactFinder (https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml).

Survey Response Patterns

Regarding the random sample, of the 4,445 address-based records received during sample construction, 4,035 were deemed eligible for participation in the survey and received recruitment materials by mail. Of those households, a total of 359 returned a completed survey. The response rate for Marion County's survey was thus 8.9%. Table 31 & 32 provides an overview of survey responses by zip codes included in the hospital's service population.

Table 31. Summary of Completed Surveys Received by Hamilton, Henricks, & Marion Counties (Random Sample)

County / Zip	Count of Respondent Households	Count of Households Assumed Eligible	Response Rate
HAMILTON	505	4113	12.28%
46030	1	26	3.85%
46031	1	19	5.26%
46032	89	652	13.65%
46033	73	463	15.77%
46034	9	88	10.23%

46037	55	526	10.46%
46038	67	544	12.32%
46040	5	64	7.81%
46055	1	35	2.86%
46060	60	553	10.85%
46062	54	461	11.71%
46069	13	72	18.06%
46074	50	445	11.24%
46077	2	21	9.52%
46250	1	6	16.67%
46256	2	15	13.33%
46260	0	1	0.00%
46280	21	119	17.65%
46290	1	3	33.33%
HENDRICKS	261	2169	12.03%
46103	0	5	0.00%
46112	71	519	13.68%
46113	1	30	3.33%
46118	13	61	21.31%
46121	6	21	28.57%
46122	22	223	9.87%
46123	58	496	11.69%
46147	0	2	0.00%
46149	2	22	9.09%
46158	3	17	17.65%
46165	2	16	12.50%
46167	17	85	20.00%
46168	44	460	9.57%
46180	1	5	20.00%
46231	3	44	6.82%
46234	18	156	11.54%
46278	0	7	0.00%

MARION	359	4035	8.90%
46077	0	1	0.00%
46107	5	56	8.93%
46113	4	27	14.81%
46201	16	134	11.94%
46202	13	92	14.13%
46203	18	150	12.00%
46204	4	46	8.70%
46205	7	120	5.83%
46208	8	94	8.51%
46214	10	111	9.01%
46216	3	15	20.00%
46217	11	129	8.53%
46218	8	126	6.35%
46219	11	154	7.14%
46220	23	179	12.85%
46221	7	99	7.07%
46222	6	139	4.32%
46224	14	159	8.81%
46225	3	29	10.34%
46226	9	184	4.89%
46227	21	250	8.40%
46228	3	64	4.69%
46229	7	99	7.07%
46231	1	24	4.17%
46234	7	63	11.11%
46235	10	132	7.58%
46236	12	106	11.32%
46237	15	178	8.43%
46239	12	114	10.53%
46240	10	112	8.93%
46241	6	124	4.84%
46250	7	101	6.93%
46254	12	172	6.98%
46256	13	99	13.13%
46259	9	43	20.93%
46260	15	155	9.68%
46268	15	121	12.40%
46278	4	34	11.76%
Total	1,125	10,317	10.90%

Table 32. Summary of Completed Surveys Received by Johnson and Marion Counties (Random Sample)

County / Zip	Count of Respondent Households	Count of Households Assumed Eligible	Response Rate
JOHNSON	252	2168	11.62%
46106	8	100	8.00%
46124	3	62	4.84%
46131	40	427	9.37%
46142	53	463	11.45%
46143	105	830	12.65%

46151	0	1	0.00%
46160	5	13	38.46%
46162	0	4	0.00%
46164	7	36	19.44%
46181	13	60	21.67%
46184	18	167	10.78%
46259	0	5	0.00%
MARION	359	4035	8.90%
46077	0	1	0.00%
46107	5	56	8.93%
46113	4	27	14.81%
46201	16	134	11.94%
46202	13	92	14.13%
46203	18	150	12.00%
46204	4	46	8.70%
46205	7	120	5.83%
46208	8	94	8.51%
46214	10	111	9.01%
46216	3	15	20.00%
46217	11	129	8.53%
46218	8	126	6.35%
46219	11	154	7.14%
46220	23	179	12.85%
46221	7	99	7.07%
46222	6	139	4.32%
46224	14	159	8.81%
46225	3	29	10.34%
46226	9	184	4.89%
46227	21	250	8.40%
46228	3	64	4.69%
46229	7	99	7.07%
46231	1	24	4.17%
46234	7	63	11.11%
46235	10	132	7.58%
46236	12	106	11.32%
46237	15	178	8.43%
46239	12	114	10.53%
46240	10	112	8.93%
46241	6	124	4.84%
46250	7	101	6.93%
46254	12	172	6.98%
46256	13	99	13.13%
46259	9	43	20.93%
46260	15	155	9.68%
46268	15	121	12.40%
46278	4	34	11.76%
Total	**611**	**6203**	**9.85%**

Data Analyses

Data analyses were conducted by Measures Matter, LLC, a research consulting group with expertise in community-based participatory research. Prior to analyses, Measures Matter staff consulted with the hospital to develop a preliminary plan for the analysis of data and the presentation of results. To retain the integrity of the phase one random sample and the methodological rigor offered by that sample, analyses were conducted separately for the phase one random sample and the phase two convenience sample.

Survey Results for Hamilton, Hendricks, & Marion Counties

The summary of the survey results primarily reflects the phase one random sample unless otherwise stated. Throughout the summary, comparisons to the phase two convenience sample (at the statewide aggregate level) are also included where appropriate.

Description of Participants

A total of 1,125 participants returned a completed survey from the phase one random sample. In this section of the survey, the primary presentation of results includes these individuals from the random sample.

County of Residence. Of the 1,125 participants, 94.1% (n = 1057) indicated that their primary residence was located in the service area of the hospital. Although all households receiving the survey were located in that area, some participants (5.9%) refused to provide their county of residence or indicated that it was located in an adjacent county. Figure 1 provides an overview of the participants' reported county of residence.
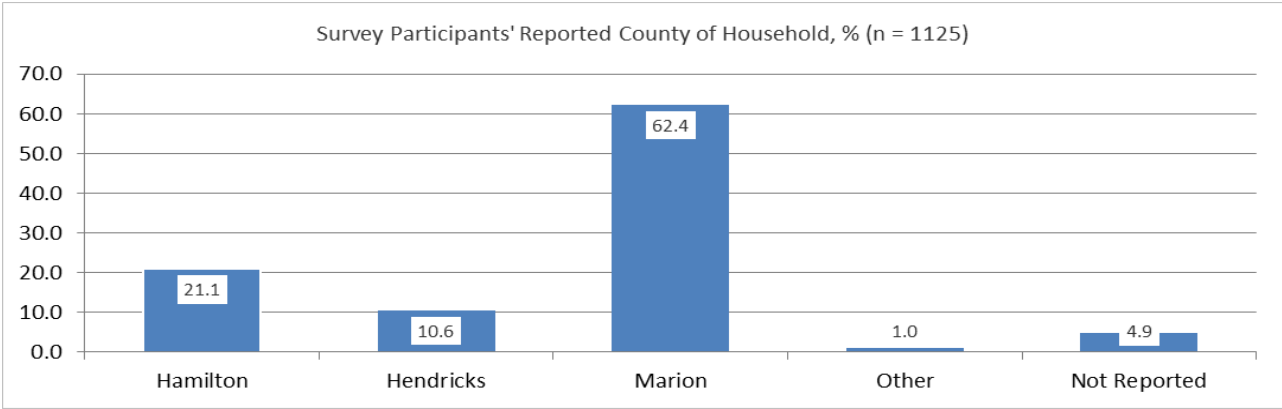
Figure 1. Participants' Reported County of Residence, by % of Participants

Adults and Children in Household. Participants were asked to indicate the number of adults (18 years and over) and children (under 18 years) who lived in their household. Of the participants, 74.3% (n = 835) indicated that two or fewer adults lived in the household. Of those providing a response to the question about children in the household, the majority (70.2%, n = 789)

indicated no children under the age of 18 years in the home. Some participants did report children in the home, with most (23.5%, n = 68) indicated two or fewer children and the remainder (6.3%, n = 21) reporting three or more children in the home.

Gender. Participants were asked to report their gender. More women participated in the survey than did men, and few refused to respond to the question about gender. Figure 2 provides an overview of participant gender. Most participants in the convenience sample were also women.
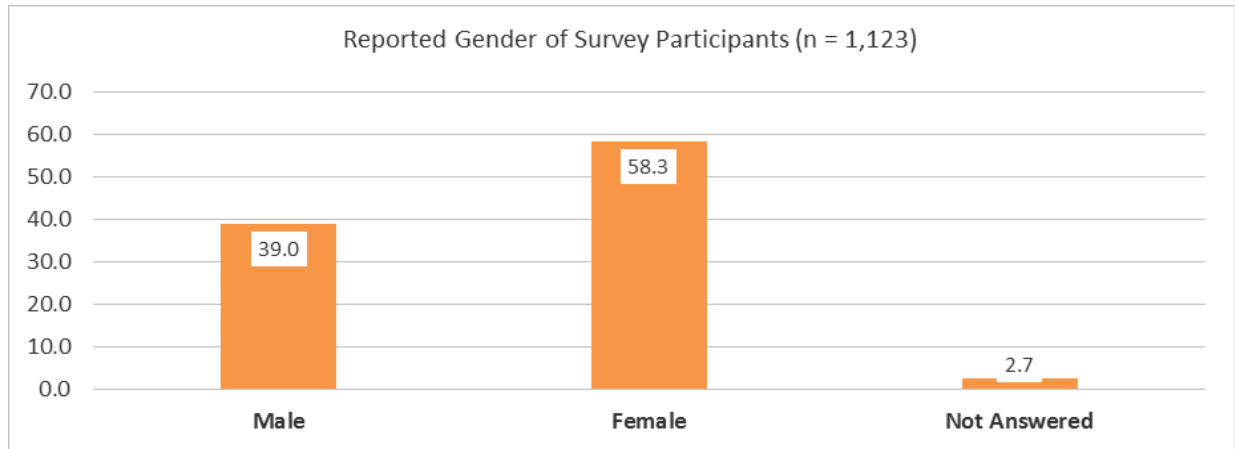
Figure 2. Reported Gender of Survey Participants, by % of Participants

Age. Participants were asked to provide the year in which they were born. Those data were subsequently analyzed to compute the estimated age of the individual at the time the survey was returned. Figure 3 provides a categorical overview of the age of participants.
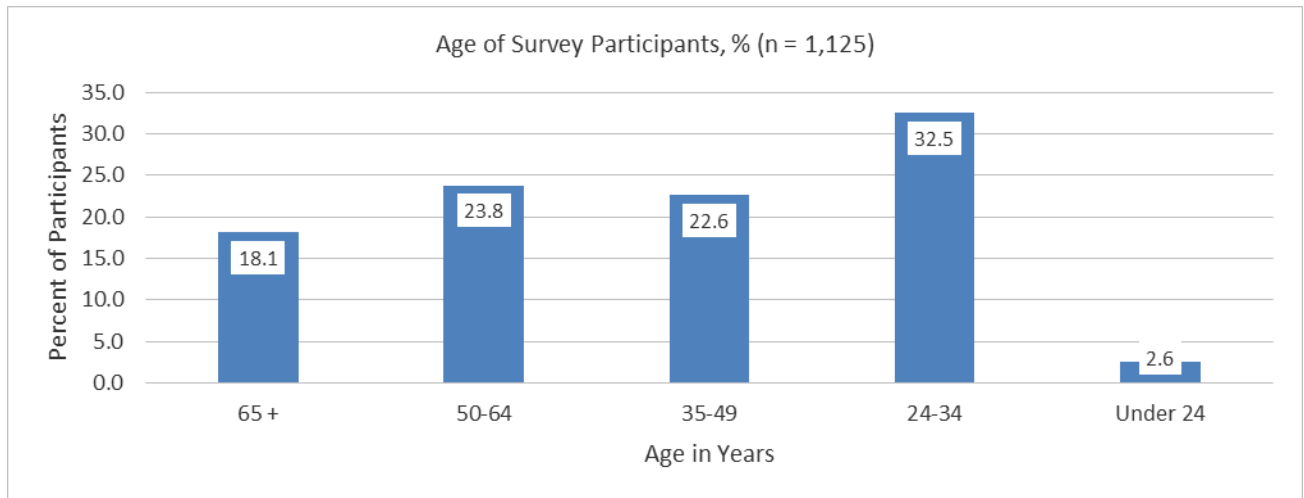
Figure 3. Reported Age of Participants, by % in Years

Race. Participants were asked to respond to a question regarding the race with which the identify. Participants were invited to select more than one race. The vast majority (83.6%, n = 940) indicated that they were of "Caucasian/White" race, with 11.1% (n = 125) describing their race as "Black/African American." Other races reported included "American Indian or Alaska

Native" (1.0%, n = 11), and "Asian" (3.4%, n = 38). Figure 4 provides an overview of the race characteristics and those indicating their ethnicity as Hispanic.
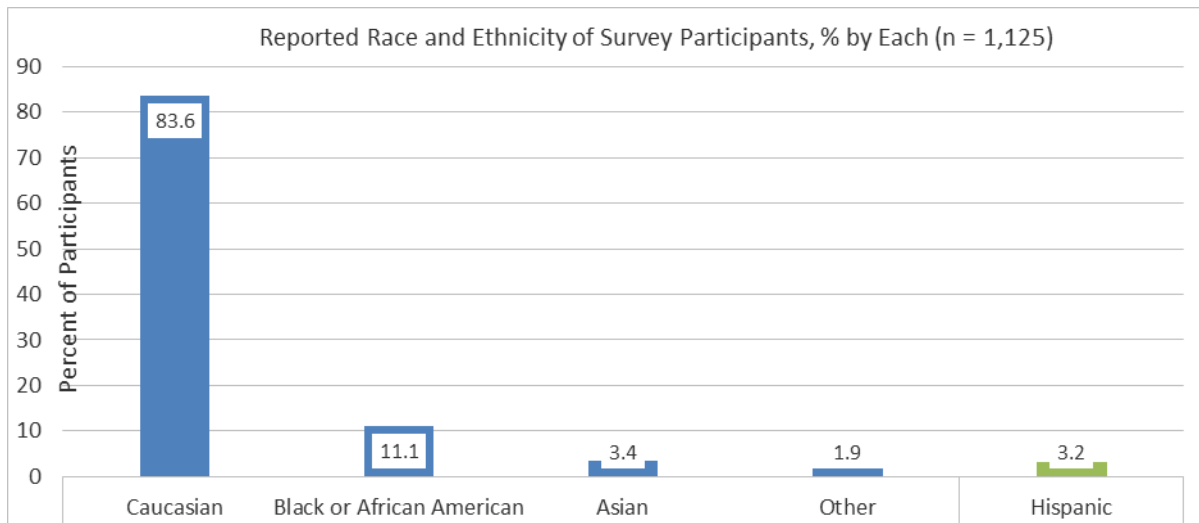

Figure 4. Reported Race and Ethnicity, by Category %

Ethnicity. Participants were asked whether they were of Hispanic, Latino, or Spanish origin. Slightly more than four percent (4.4%, n = 16) responded in the affirmative.

Household Income. Participants were asked to respond to a question regarding the total income of the household in which they lived (including all sources). Thirty-one participants did not provide a response to this question. Some participants (21.2%, n = 231) reported total household income of less than $35,000.00, close to one-quarter (29.8%, n = 326) reported income of between $35,000.00 and $74,999.00, with the remaining participants (46.9%, n = 513) reporting total household income of $75,000.00 or more. Figure 5 provides a categorical summary of the reported household income of participants.
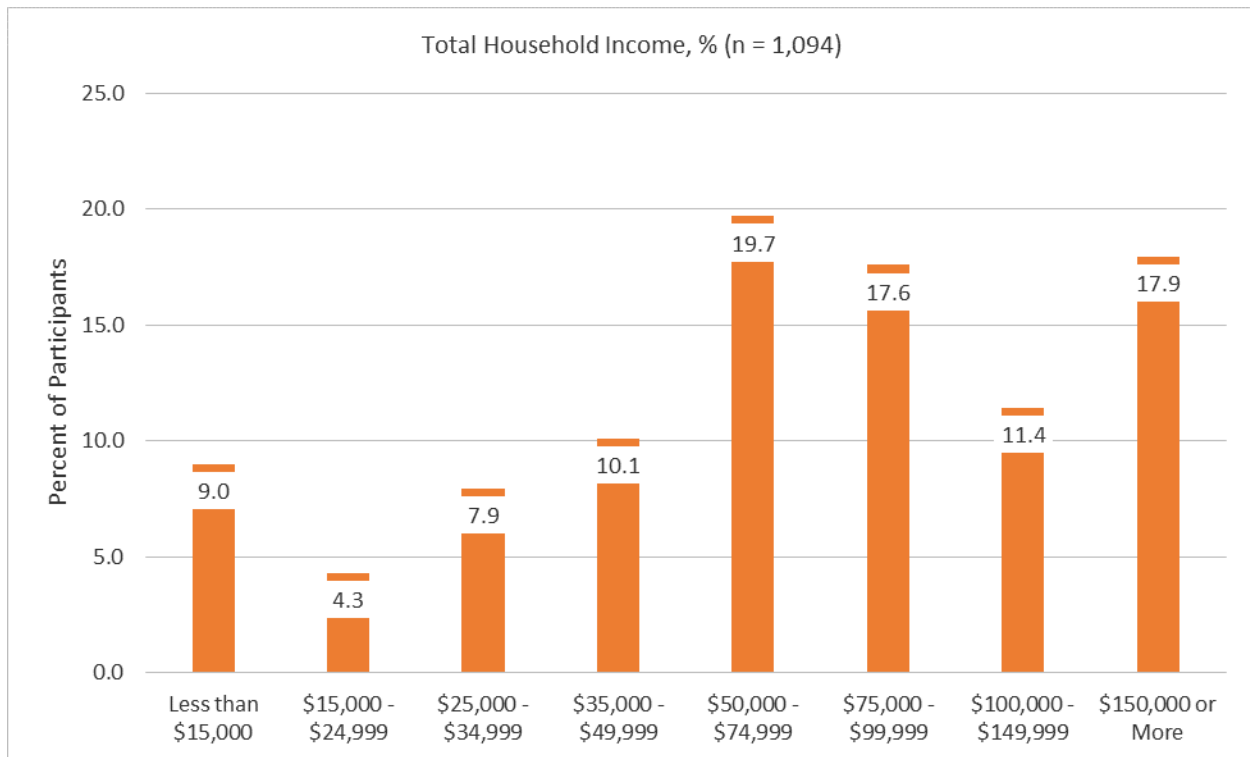
Figure 5. Reported Total Household Income, by Category %

Level of Education. Participants were asked to report their highest level of attained education based on specific categories. A proportion of participants (37.6%, n = 424) reported having completed an associate's or bachelor's degree from a college or university and 30.3% (n = 340) reported having attained a graduate or professional degree. Others (15.2%, n = 171) indicated that they had a diploma or certificate from a technical or vocational school or that they had completed some college. Also, 9.2% (n = 102) reported having received a high school diploma or GED, and only 3.7% (n = 42) reported that they had some high school education but had not graduated. Some individuals (4.0%) chose "other" without clarification and three individuals chose not to provide a response to this question.

Employment. Participants were asked to describe their employment status. Most participants were employed full- or part-time (66.4%, n = 746) and 1.5% (n = 17) described themselves as unemployed. Approximately one-fifth (17.3%, n = 195) were retired, 5.4% were "homemakers," and 4.3% of participants reported being students.

Participants' Perceptions of Health and Well-Being

Participants were asked to respond to four questions that sought to capture their perceptions of their current health status. Participants were asked to provide an assessment of their overall health, their physical health, their mental health, and their social well-being. Additionally, participants were asked about their overall life satisfaction and their level of stress. While

responses to each area assessed are described below, Figures 6, 7, and 8 provide a summary of the participant responses.

Overall Health. Participants were asked "Would you say that in general, your overall health is…" with five response options ranging from poor to excellent. Most participants rated their overall health as very good (39.3%, n = 443), excellent (16.8%, n = 189), or good (29.7%, n = 334). The remainder assessed their overall health as being fair (9.3%, n = 105) or poor (3.6%, n = 41).

Physical Health. Participants were asked "Would you say that in general, your physical health is…" with five response options ranging from poor to excellent. Despite the vast majority who reported their overall health as being positive, participants differentiated their level of health more when being specific to their physical health. Less than one-quarter of individuals collectively rated their physical health as very good (10.9%, n = 123) or excellent (16.8%, n = 189). Larger proportions of participants rated their health as good (32.7%, n = 367), or fair (37.1%, n = 418), with the remainder rating their physical health as poor (15.8%, n = 178).

Mental Health. Participants were asked "Would you say that in general, your mental health is…" with five response options ranging from poor to excellent. The majority of participants rated their overall health as very good (42.1%, n = 474), excellent (24.8%, n = 279), or good (22.4%, n = 253). The remainder assessed their overall health as being fair (8.0%, n = 90) or poor (2.4%, n = 27).

Social Well-Being. Participants were asked "Would you say that in general, your social well-being is…" with five response options ranging from poor to excellent. The majority of participants perceived their overall social well-being to be less than good, with the largest proportion of all participants responding fair (42.0%, n = 473) and 25.2% (n = 284) responding with poor. Remaining participants rated their social well-being as good (23.3%, n = 262), with the remainder responding with very good (7.6%, n = 85) or excellent (1.5%, n = 17).
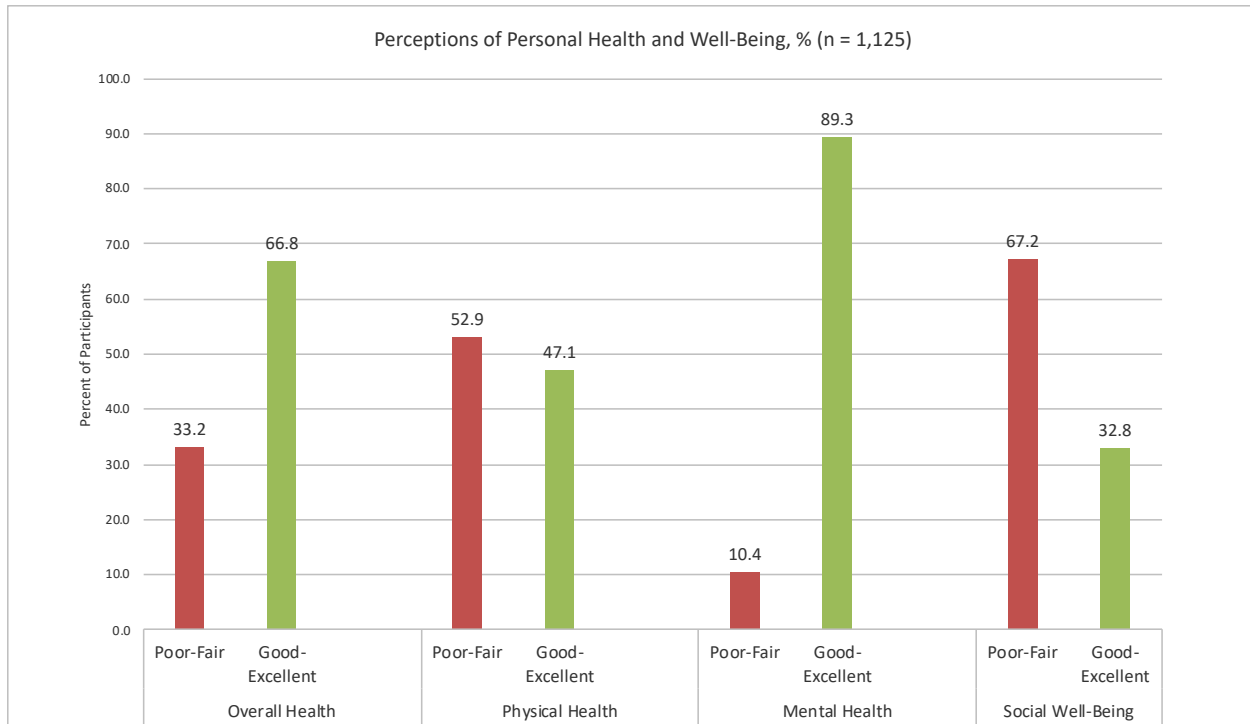
Figure 6. Participants' Perceptions of Health and Well-Being

Overall Life Satisfaction. Participants were asked to respond to a single question "overall I am satisfied with my life" with five response options ranging from strongly disagree to strongly agree. Figure 7 provides an overview of responses to this item.

Level of Life Stress. Participants were asked to rank their current level of life stress by responding to a single item "Please rank yourself on a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress." Figure 8 provides the percentage of respondents who ranked themselves on this measure.
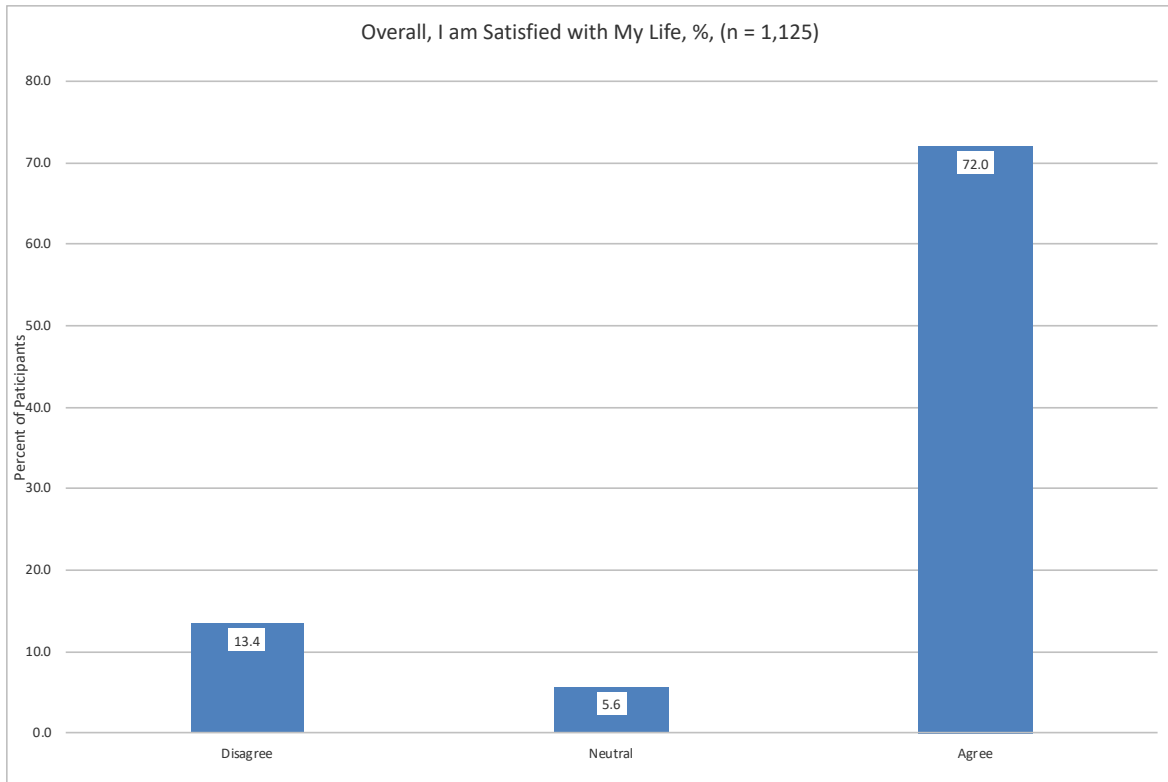
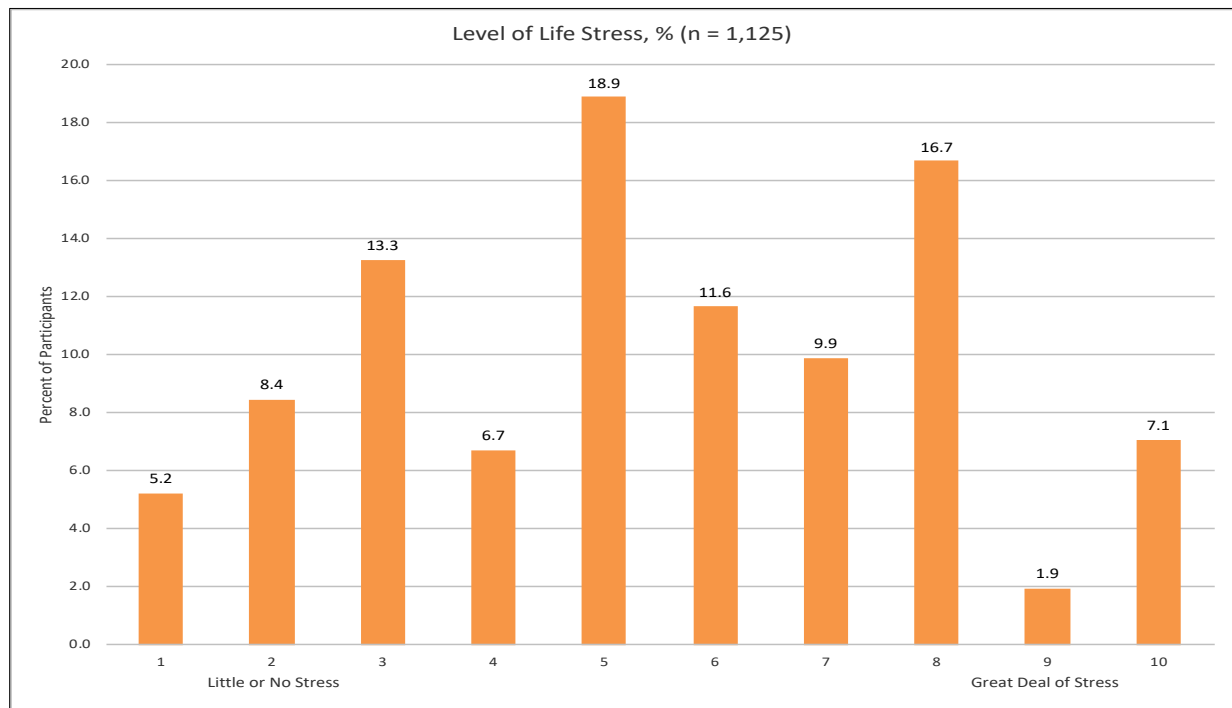Figure 7. Participants Agreement with Life Satisfaction Item

Figure 8. Ranking of Level of Life Stress

Health Care Access and Engagement

Participants were asked to respond to a range of questions related to their current level of health-care coverage and also asked to describe the types of engagement they had with the health care system in their community within the 12 months prior to the survey. Also assessed was whether participants had found themselves in situations within the past year that made it necessary to forego some level of health care based on a lack of financial resources or because they had to prioritize other matters.

Insurance or Health Care Coverage. Participants were asked "do you currently have insurance or coverage that helps with your healthcare costs?" Of the participants, the vast majority (94.8% n = 1,066) reported that they did have such coverage or insurance, while 4.5% (n = 50) responded "no."

Current Personal Provider. Participants were asked "do you currently have someone that you think of as your personal doctor or personal healthcare provider?" Most participants indicated that they did have such a personal provider (84.7%, n = 953), while 14.7% (n = 166) responded "no." Figure 9 provides an overview of the responses to the questions about insurance or healthcare coverage and the presence of a personal healthcare provider.
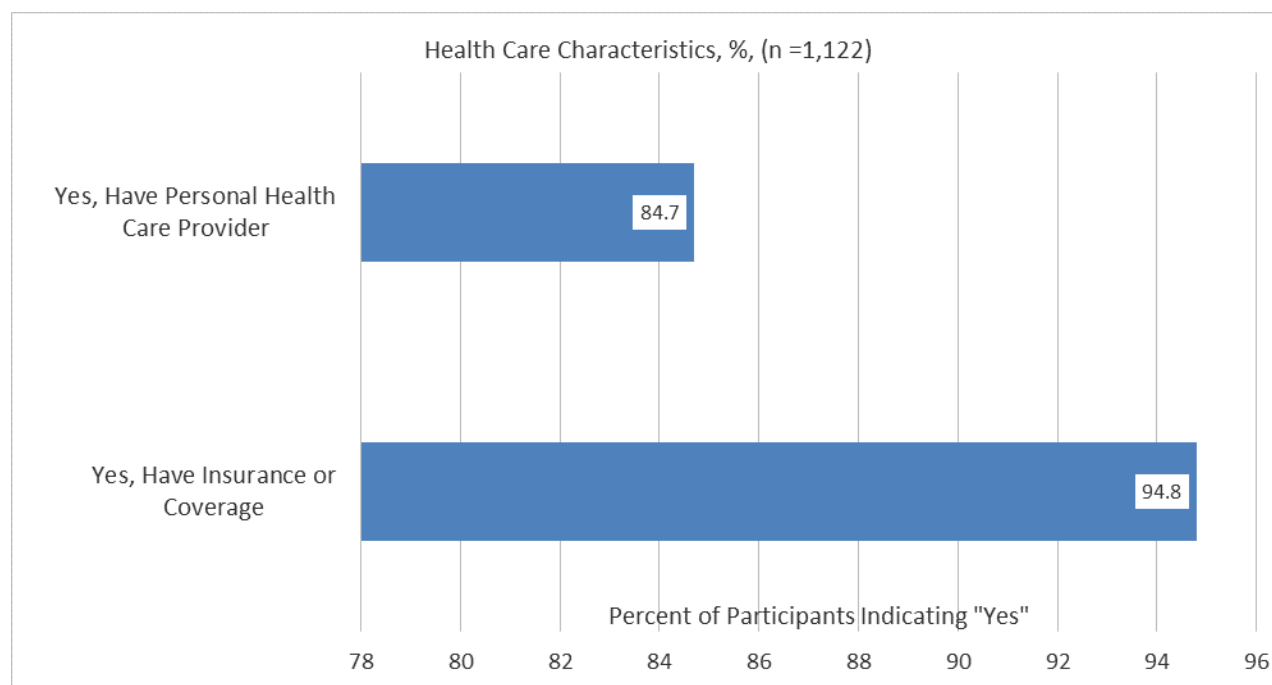

Figure 9. Participants' Reported Insurance and Personal Provider Characteristics

Healthcare Engagement. Participants were provided with a list of 14 health-related services and types of healthcare engagement and asked whether they had received or utilized each of those within the past 12 months. Table 33 provides a summary of the participants' responses to this question, ordered from the highest to lowest levels of care engagement.

Table 33. Participants' Reported Types of Health Care Engagement (n = 1,125)

Type of Healthcare Engagement	Received Past 12 Months (%)	Did Not Receive Past 12 Months (%)
Filled Prescription	67.9	32.1
Physical Exam	64.1	35.9
Dental Care	61.6	38.4
Immunizations or Preventive Care	42.5	57.5
Acute Care	27.4	72.6
Chronic Care	16.3	83.7
Care at Emergency Room	14.4	85.6
Urgent Care	15.7	84.3
Screened for Anxiety or Depression	15.5	84.5
Mental Health Treatment	9.6	90.4
Hospital Inpatient Care	10.3	89.7
Family Planning Care	5.5	94.5
Prenatal Care	8.1	91.9
Addiction Treatment	0.7	99.3

Resources and Healthcare Engagement. Participants were provided a list of three types of healthcare engagement needs including seeing a provider, filling a prescription, and finding transportation for care and asked to indicate whether there had been a time within the past 12 months that they could not act upon that need because "they couldn't afford it or had to prioritize spending money on something else." Less than 20% of participants indicated that it had been the case that they prioritized something over their healthcare across the three types assessed. Figure 10 summarizes this data. Regarding *seeing a medical provider*, 14.2% of participants (n = 159) indicated that they had a need to see a provider but did not due to other needs. Regarding *needing to fill a prescription*, 15.2%, (n = 171) indicated that that they had a need to avoid filling a prescription due to other needs. Regarding *needing transportation for healthcare*, 4.4% of participants (n = 49) indicated that they had not been able to access transportation due to other needs.
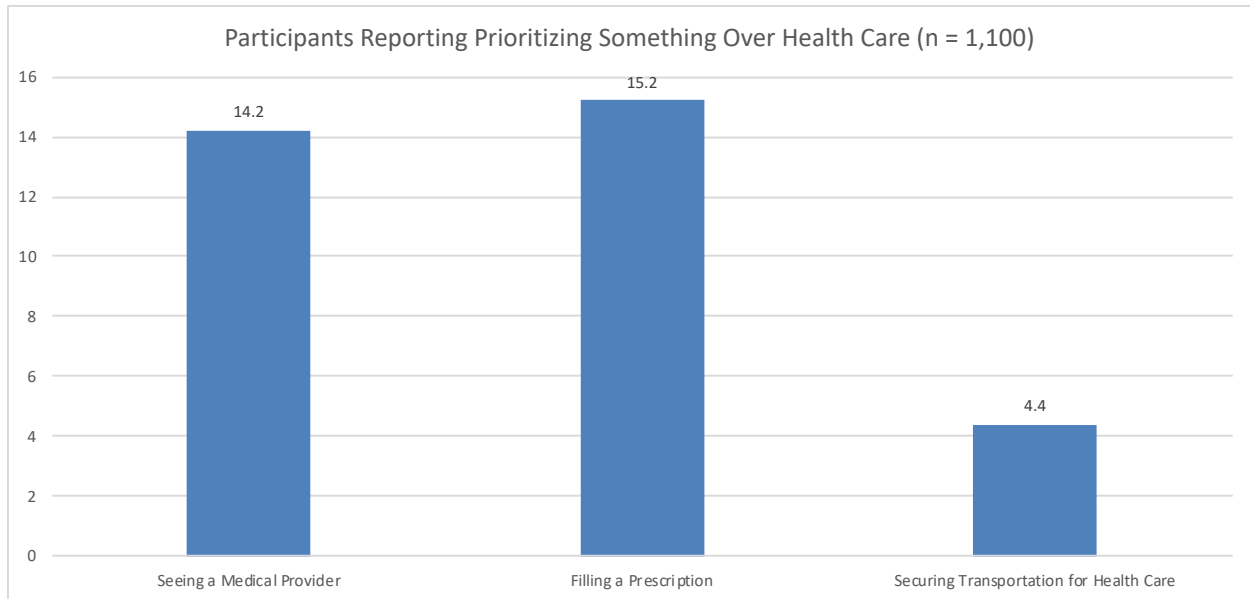
Figure 10. Participants' Reports of Resource Challenges and Health Care

Personal Health-Related Behaviors

Of interest was understanding the extent to which participants had participated in certain behaviors within the past 30 days. Considered were behaviors that were conceptualized as health promoting (e.g., behaviors perceived by the hospital to be supportive of one's health and well-being) or health challenging (e.g., behaviors perceived by the hospital to be challenging to one's health and well-being). Table 34 provides a summary of participants' self-reported behaviors.

Table 34. Participants' Self-Reported Health Behaviors Past 30 Days (n = 1,125)

Health Promoting Behaviors	% Reporting Behavior
Checked Blood Pressure	37.7
Getting Plenty of Sleep	55.7
Being Physically Active	57.2
Eating Balanced Diet	61.9
Tried to Reduce Stress	26.9
Took Prescription for Mental Health	18.7
Health Challenging Behaviors	% Reporting Behavior
Used Tobacco	9.2
Took Opioid Prescribed to Me	6.7
Took Opioid Not Prescribed to Me	0.1
Driving Intoxicated	2.4

Social Determinants of Health

Those conducting the CHNA were particularly interested in a better understanding of whether participants perceived that certain social issues (often considered to be determinant of health status) were impacting their lives. Participants were provided with a list of 10 statements and asked to report the extent to which that statement applied to them. Each statement reflected a particular social determinant of health.

The purpose of these items was to assess the extent to which participants "felt" specific characteristics of social factors known to influence health outcomes. To assess these, some items were worded positively. For example, "I feel safe in the place where I live" is a positively worded item and those reporting "never" or "seldom" to that item are among those who have identified a social factor that could be acted upon in the health and social services infrastructure to work with an individual to has concerns about his or her housing situation. Negatively worded items like "I worry about being able to pay my rent or mortgage" are considered at the other end of the response options, with those responding "sometimes," "often," or "always" being among those who might benefit from economic or employment assistance in ways to reduce the impact on health.

Consistently across these items, there were six participants who did not respond to each item and those participants were not included in the summary provided. Table 35 provides an overview of the extent to which participants perceived those statements to be among those that applied to them. Highlighted in this table are the social determinants with endorsement of 10% or greater that, in a typical social service setting, would indicate a need for further consideration, discussion, or triage.

Table 35. Participants' Reports of Felt Social Determinants (n = 1,125)

Social Determinant	Item Assessed	Total Sample Responses
Positively Worded Social Determinant Items		**Percent Reporting "Never" or "Seldom" Applies to Me**
Social Ecology	I feel those around me are healthy	6.4
Education	I am satisfied with my education	8.8
Community Cohesion	I make efforts to get involved in my community	29.1
Policy	I vote when there is an election in my town	20.5
Environment	I feel that my town's environment is healthy (air, water, etc)	14.4
Housing	I feel safe in the place where I live	5.7
Psychosocial	I try to spend time with others outside of work	14.7
Transportation	I have access to safe and reliable transportation	1.8
Negatively Worded Social Determinant Items		**Percent Reporting "Sometimes," "Often" or "Always" Applies to Me**
Economy	I worry about my utilities being turned off for non-payment	12.4
Employment	I worry about being able to pay my rent or mortgage	16.1

Importance of Community-Based Health and Social Service Programs

Participants were asked to provide the perspectives on the extent to which health and social service programs are important to their local community. During the survey, participants were provided with a list of 20 different programs that are often present in many communities. Participants were inconsistent with regard to the extent to which they provided an assessment of each program type. As a result, results from participants were used to calculate rankings of program endorsement. Of the twenty programs, all were ranked as being either moderately or very important by more than 50% of participants. While these results do provide some insight into the types of programs perceived as most important in their local community, across the board these data do suggest that in general most community members perceive the general network of health and social service programs to be important on the whole. However, considering these data in terms of those services that participants ranked as "very" important does provide valuable insights into those most valued. Table 36 provides a list of the extent to which participants rated a program type as "moderately" or "very" important, presented in order of highest to lowest endorsement. In this table, highlighted separately are those services ranked as "very" important by approximately 50%.

Table 36. Endorsement of Importance of Community Programs (n = 1,125)

Community Programs	Moderately/Very Important %	Moderately Important %	Very Important %
Aging Services	88.2	45.7	42.5
Mental Health Counseling	87.2	37.8	49.4
Physical Activity	87.1	42.3	44.8
Walking Trails/Outdoor Space	83.4	35.2	48.2
Substance Abuse Prevention & Treatment	79.2	26.9	52.3
Services for Women, Infants, Children	76.7	36.5	40.2
Gun Safety Education	73.9	33.2	40.7
Nutrition Education	74.7	46.7	26.0
Job Training/Employment Assistance	72.5	38.7	33.8
Food Pantries	71.5	34.4	37.1
Family Planning	71.1	42.5	28.6
Free/Emergency Childcare	70.4	34.1	36.3
Financial Assistance	69.0	44.7	24.3
Health Insurance Assistance	68.0	37.9	30.1
Food Stamps/SNAP	66.7	35.1	31.6
Housing Assistance	63.0	38.5	24.5
Legal Assistance	62.4	41.2	21.2
Transportation Assistance	61.3	35.2	26.1
Prescription Assistance	57.4	37.3	20.1
Needle Exchange	50.9	28.1	22.8

Community Perceptions of Priority Health Needs

Important to the development of the CHNA and its subsequent Implementation Strategy was to assess the local health issues which community members perceived to be of importance. The

hospital developed a list of 21 different health needs that are common in many communities similar to those in Marion County. Survey participants were asked to select five of those community health issues that they perceived to be among the most important for the hospital and its partners to address. Accompanying the list of health issues was a statement that guided survey participants in their selection. The statement read "Below is a list of health issues present in many communities. Please pick the five that you think pose the greatest health concern for people living in your community." Table 37 provides a summary of the extent to which each health issue was selected as one of the top five issues by survey participants.

Table 37. Priority Health Issues Selected by Participants as Being Among the Top 5 Most In Need of Attention in the Service Population (n = 1,125)

Health Issue	% Selecting Issue as One of Top 5 Needing Attention
Substance use or abuse	46.1
Chronic diseases like diabetes, cancer, and heart disease	45.5
Obesity	44.6
Assault, violent crime, and domestic violence	38.1
Aging and older adult needs	33.7
Poverty	31.9
Food access, affordability, and safety	28.6
Tobacco use	21.6
Alcohol use or abuse	21.2
Child neglect and abuse	19.8
Homelessness	19.6
Environmental issues	17.1
Injuries and accidents	14.4
Sexual violence, assault, rape, or human trafficking	11.8
Disability needs	10.3
Reproductive health and family planning	9.5
Dental care	9.0
Suicide	6.8
Infant mortality	4.6
Mental health	4.6
Infectious diseases like HIV, STDs, and hepatitis	3.4

Survey Results for Johnson & Marion Counties

Description of Participants

A total of 611 participants returned a completed survey from the phase one random sample. In this section of the survey, the primary presentation of results includes those 611 individuals from the random sample and where appropriate, commentary is provided in each section to highlight similarities and differences between the random and convenience sample data. The hospital was also interested in some analyses that compared households with children to those without children. In certain areas of the presentation of results, those comparisons are also included.

County of Residence. Of the 611 participants, 80.7% (n = 493) indicated that their primary residence was located in Marion County and 12.9% (n = 79) reported their county of residence as Johnson County. Although all households receiving the survey were located in the service area, some participants (6.7%) either refused to provide their county of residence or indicated that it was located in an adjacent county. Figure 11 provides an overview of the participants' reported county of residence.

Adults and Children in Household. Participants were asked to indicate the number of adults (18 years and over) and children (under 18 years) who lived in their household. Of the participants providing data related to adults in the home, 73.7% (n = 450) indicated that two or fewer adults lived in the household. Of those providing a response to the question about children in the household, the majority (67.2%, n = 410) indicated no children under the age of 18 years in the home. Some participants did report children in the home, with most (24.2%, n = 148) indicated two or fewer children and the remainder (6.4%, n = 38) reporting three or more children in the home.

Gender. Participants were asked to report their gender. More women participated in the survey than did men, and few refused to respond to the question about gender. Figure 12 provides an overview of participant gender. Most participants in the convenience sample were also women.
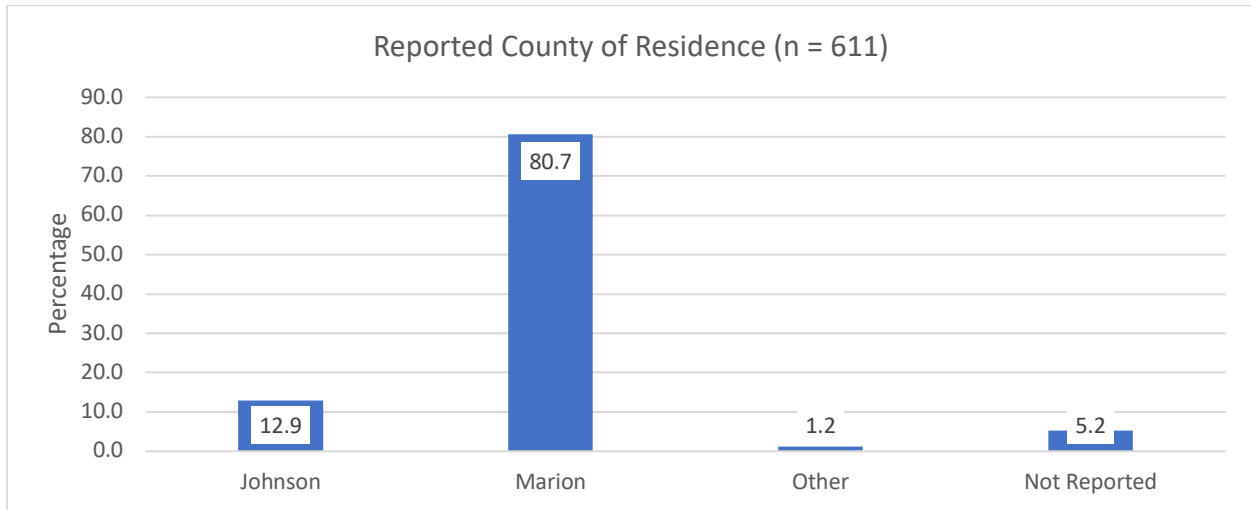
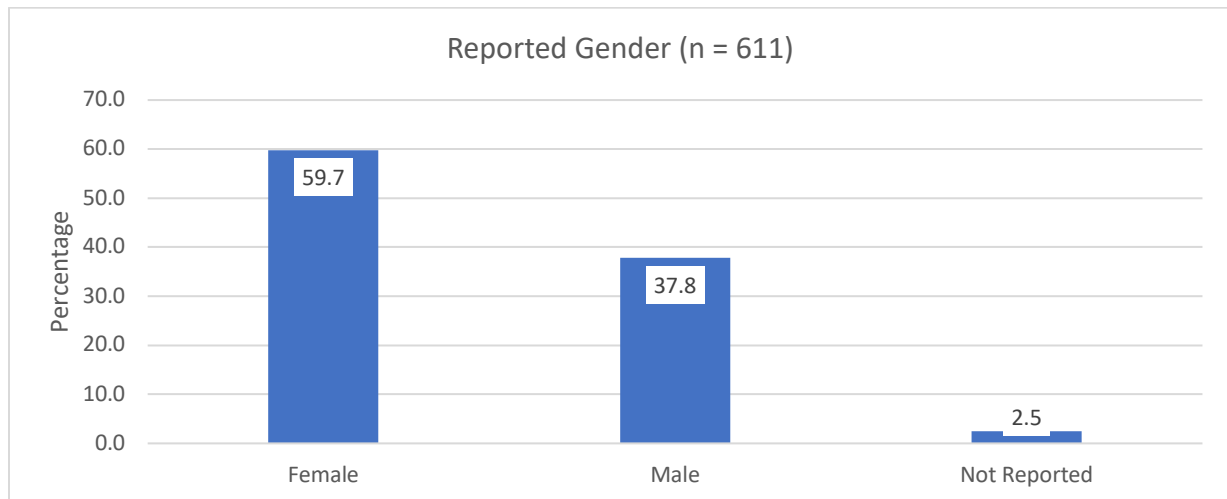Figure 11. Participants' Reported County of Residence, by % of Participants

Figure 12. Reported Gender of Survey Participants, by % of Participants

Age. Participants were asked to provide the year in which they were born. Those data were subsequently analyzed to compute the estimated age of the individual at the time the survey was returned. Figure 13 provides a categorical overview of the age of participants.
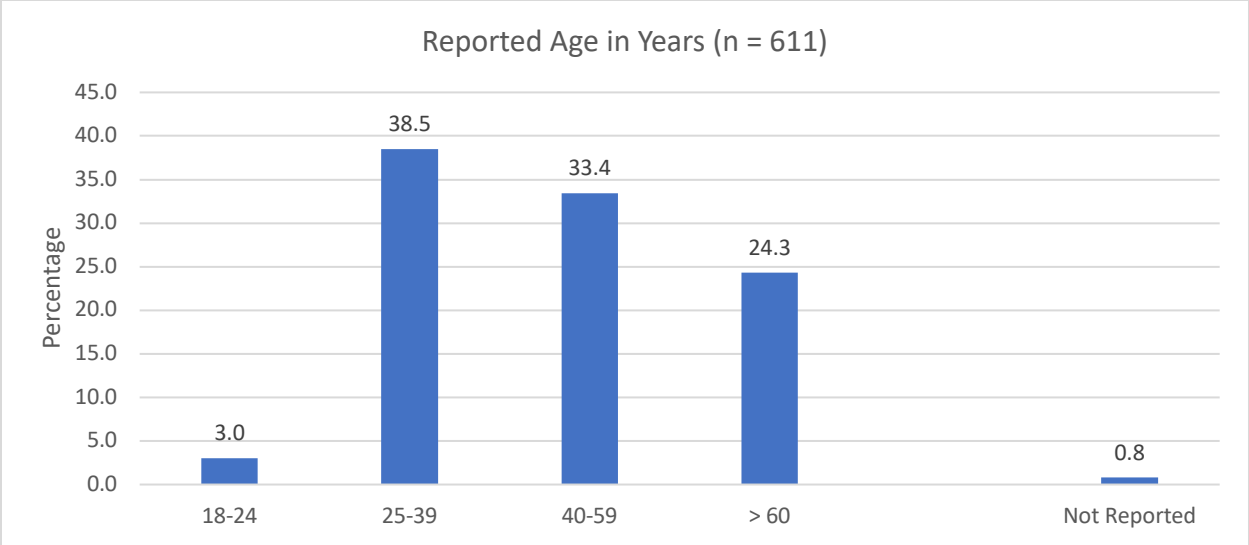
Figure 13. Reported Age of Participants, by % in Years

Race. Participants were asked to respond to a question regarding the race with which the identify. Participants were invited to select more than one race. The vast majority (80.0%, n = 489) indicated that they were of "Caucasian/White" race, with participants choosing other races in smaller proportions, including "Black or African-American" (13.9%, n = 85) and "Asian" (2.9%, n = 18).

Ethnicity. Participants were asked whether they were of Hispanic, Latino, or Spanish origin. A small proportion of participants (4.0%, n = 24) responded in the affirmative. A small portion of participants (2.0%) chose not to respond to the question about ethnicity. Figure 14 provides an overview of participant responses to race and ethnicity items.
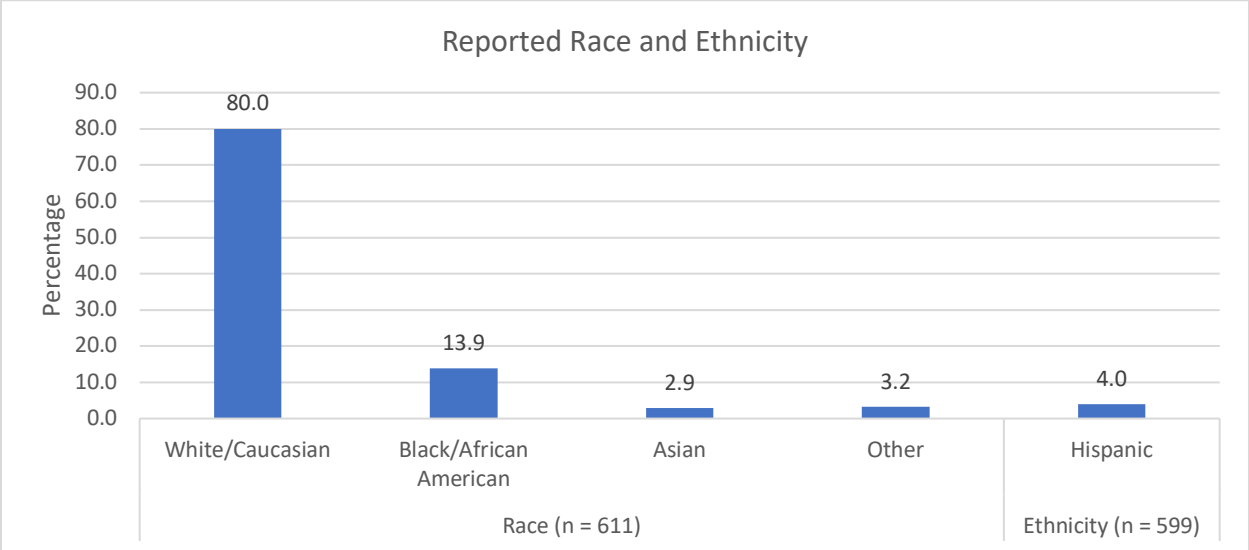

Figure 14. Reported Ethnicity and Race of Survey Participants, by Category %

Household Income. Participants were asked to respond to a question regarding the total income of the household in which they lived (including all sources). One hundred three participants did not provide a response to this question. Slightly more than one-tenth of participants indicated that their total household income was less than $25,000 (12.3%, n = 75). In total, 19.8% (n = 121) reported total household income of less than $35,000.00, one-third (30.5%, n = 114) reported income of between $35,000.00 and $74,999.00, with the largest percentage of participants (47.0%, n = 2878) reporting total household income of over $75,000.00. Figure 15 provides a categorical summary of the reported household income of participants.
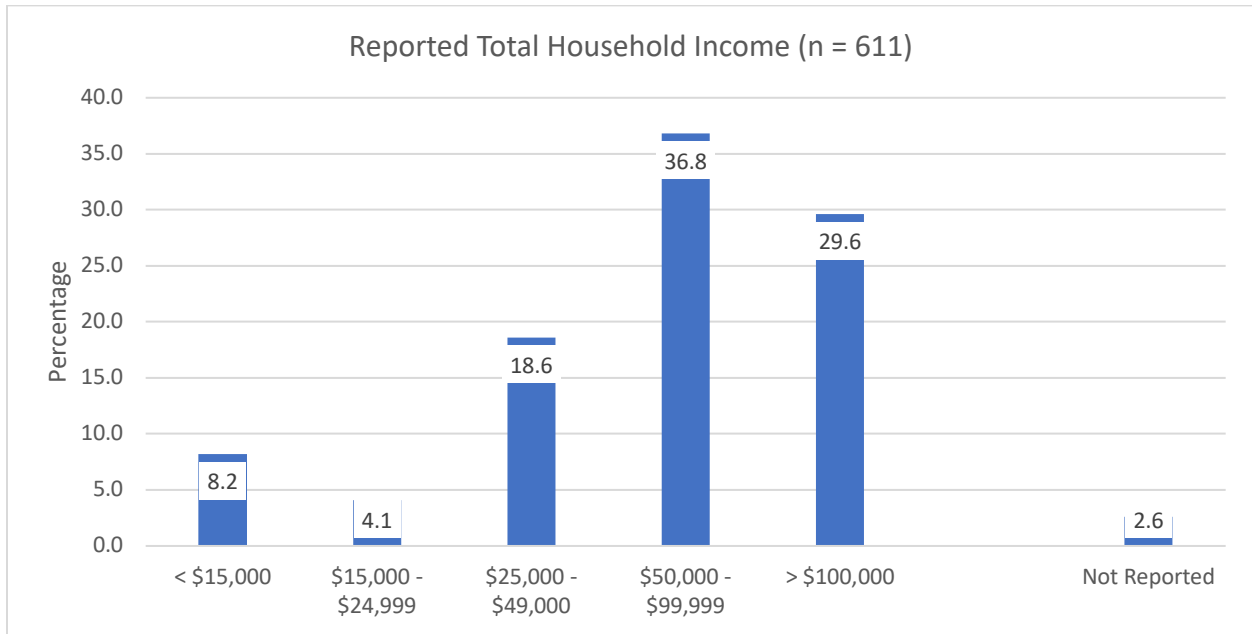

Figure 15. Reported Total Household Income, by Category %

Employment Status. Participants were asked to select from categories of employment or unemployment and given the option to select more than one category. The majority of participants indicated that they were employed, with 66.5% (n = 407) reporting that they work full-time or part-time. Some participants indicated that they were unemployed (5.3%, n = 32), and others reported their status as retired (16.6%, n = 102), or as being a student (4.9%, n = 30) or a homemaker (5.0%, n = 30). Some participants (1.6%) reported multiple categories of employment or chose to not respond to the item.

Level of Education. Participants were asked to report their highest level of attained education based on specific categories. Approximately one-third of participants (33.8%, n = 207) reported having completed an associate's or bachelor's degree from a college or university and 28.0% (n = 171) reported having attained a graduate or professional degree. A smaller proportion of participants (17.6%, n = 107) indicated that they had a diploma or certificate from a technical or vocational school or that they had completed some college. Some, 10.6% (n = 65) reported having received a high school diploma or GED, and 29 participants (4.8%) reported that they had some high school education but had not graduated. Approximately 5.1% of individuals (n =

31) chose "other" without useful clarification, marked multiple categories, or chose not to respond to the question.

Participants' Perceptions of Health and Well-Being

Participants were asked to respond to four questions that sought to capture their perceptions of their current health status. Participants were asked to provide an assessment of their overall health, their physical health, their mental health, and their social well-being. Additionally, participants were asked about their overall life satisfaction and their level of stress. While responses to each area assessed are described below, Figures 16, 17, and 18 provide a summary of the participant responses

Overall Health. Participants were asked "Would you say that in general, your overall health is…" with five response options ranging from poor to excellent. Some participants did not respond to this question or marked multiple responses (1.3%). The vast majority of participants rated their overall health as very good (37.0%, n = 226), excellent (14.5%, n = 89), or good (32.0%, n = 195). The remainder assessed their overall health as being fair (11.1%, n = 68) or poor (4.1%, n = 25).

Physical Health. Participants were asked "Would you say that in general, your physical health is…" with five response options ranging from poor to excellent. Only one participant opted not to respond (0.1%). Despite the vast majority who reported their overall health as being positive, participants differentiated their level of health more when being specific to their physical health. Less than one quarter of individuals collectively rated their physical health as very good (13.0%, n = 79) or excellent (3.8%, n = 23). A large proportion of participants rated their health as good (33.0%, n = 201), with the remaining participant perceiving their health as being fair (34.7%, n = 212) or poor (15.3%, n = 93).

Mental Health. Participants were asked "Would you say that in general, your mental health is…" with five response options ranging from poor to excellent. Two participants did not respond to this question (0.3%). The majority of participants rated their overall health as very good (41.1%, n = 251), excellent (22.8%, n = 139), or good (23.4%, n = 143). The remainder assessed their overall health as being fair (9.5%, n = 58) or poor (2.8%, n = 17).

Social Well-Being. Participants were asked "Would you say that in general, your social well-being is…" with five response options ranging from poor to excellent. Only two participants did not respond to this question (0.4%). The majority of participants perceived their overall social well-being to be less than good, with the largest proportion of all participants responding fair (41.1%, n = 251) and approximately 1/4ᵗʰ of participants (23.0%, n = 141) responding with poor. Other participants rated their social well-being as good (25.3%, n = 154), very good (8.7%, n = 53) or excellent (1.5%, n = 9).
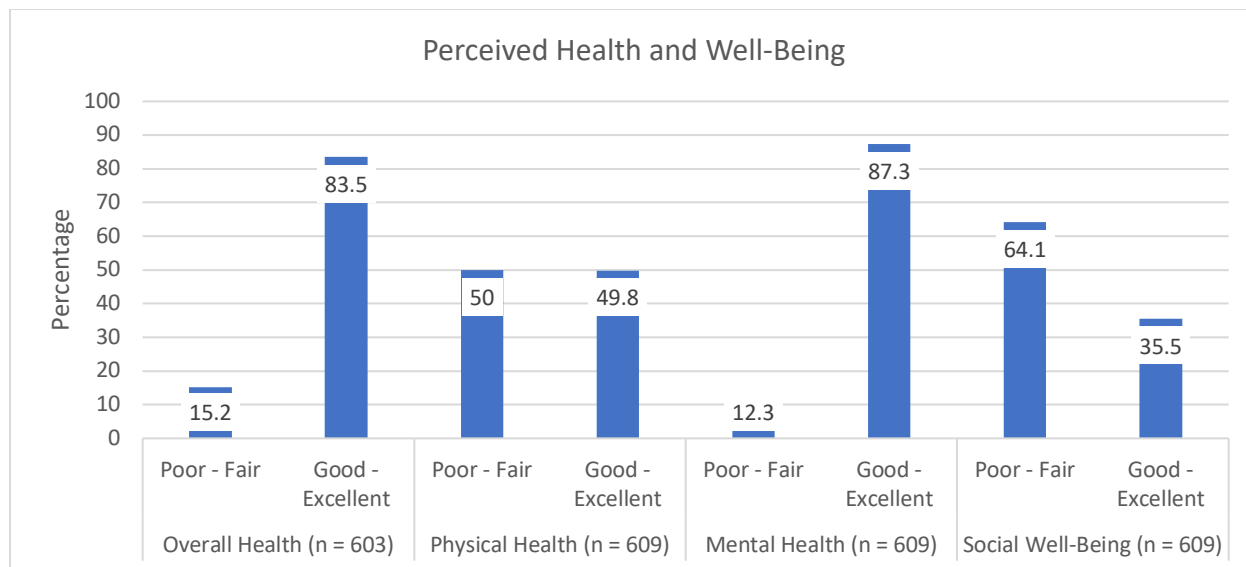
Figure 16. Participants' Perceptions of Health and Well-Being

Overall Life Satisfaction. Participants were asked to respond to a single question that asked them to respond to the statement "overall I am satisfied with my life" with five response options ranging from strongly disagree to strongly agree. Only one participant refused an answer to this question (0.1%). The majority of participants agreed with the statement, with 46.0% (n = 281) responding "strongly agree" and 34.0% (n = 208) responding "somewhat agree." Some participants (6.3%, n = 39) responded "neutral." Those indicating less overall life satisfaction responded with "somewhat disagree" (6.2%, n = 38) or "strongly disagree" (7.3%, n = 44). Figure 17 provides an overview of responses to this item.

Level of Life Stress. Participants were asked to rank their current level of life stress by responding to a single item "Please rank yourself on a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress." Sone participants (24.6%, n = 152) responded with scores in in the top third of possible responses (eight or higher) indicating that a relatively significant proportion of the participants identify with what would be considered an elevated (or greater) level of stress. Figure 18 provides the percentage of respondents who ranked themselves on this measure.
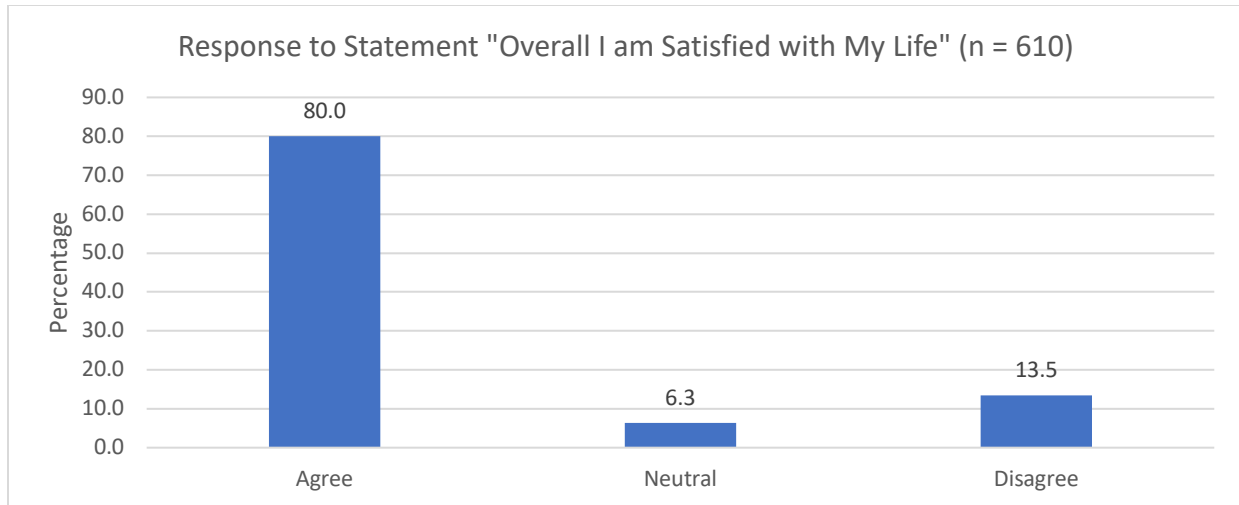
Figure 17. Participants Agreement with Life Satisfaction Item

Participants in the convenience sample were generally similar to those in the random sample with no notable differences.
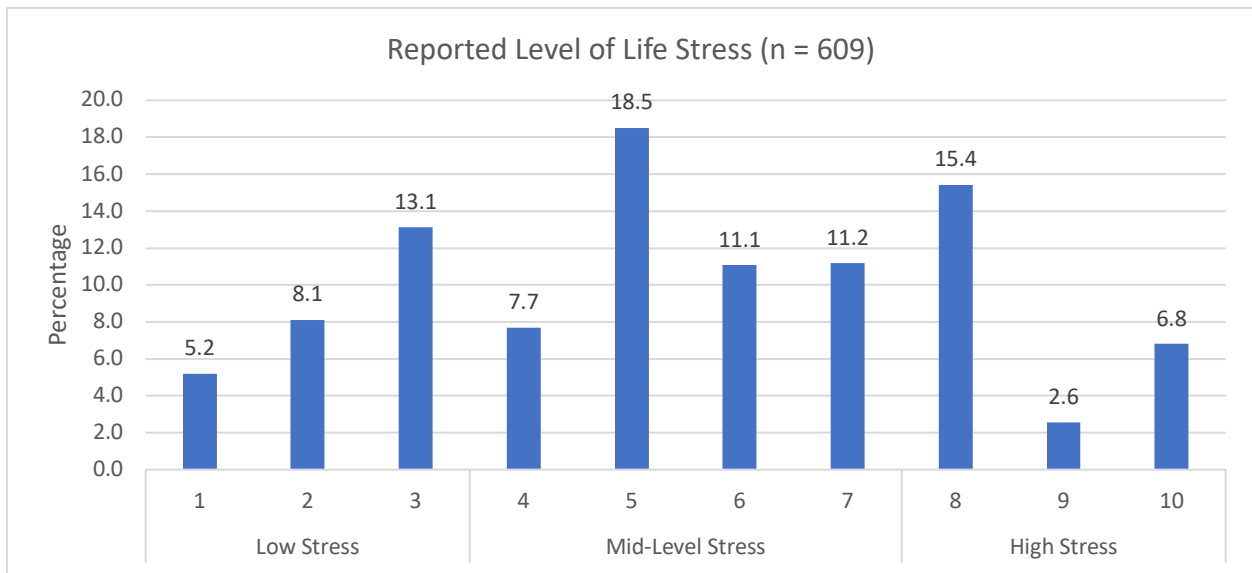

Figure 18. Ranking of Level of Life Stress

Health Care Access and Engagement

Participants were asked to respond to a range of questions related to their current level of health-care coverage and also asked to describe the types of engagement they had with the health care system in their community within the 12 months prior to the survey. Also assessed was whether participants had found themselves in situations within the past year that made it necessary to forego some level of health care based on a lack of financial resources or because they had to prioritize other matters.

Insurance or Health Care Coverage. Participants were asked "do you currently have insurance or coverage that helps with your healthcare costs?" Of the participants, the vast majority (94.5%, n = 577) reported that they did have such coverage or insurance, while 4.8% (n = 29) responded "no."

Current Personal Provider. Participants were asked "do you currently have someone that you think of as your personal doctor or personal healthcare provider?" Most participants indicated that they did have such a personal provider (83.3%, n = 509), while 16.1% (n = 98) responded "no" and three participants (0.5%) indicated that they were "unsure" as to whether they had such a personal provider.
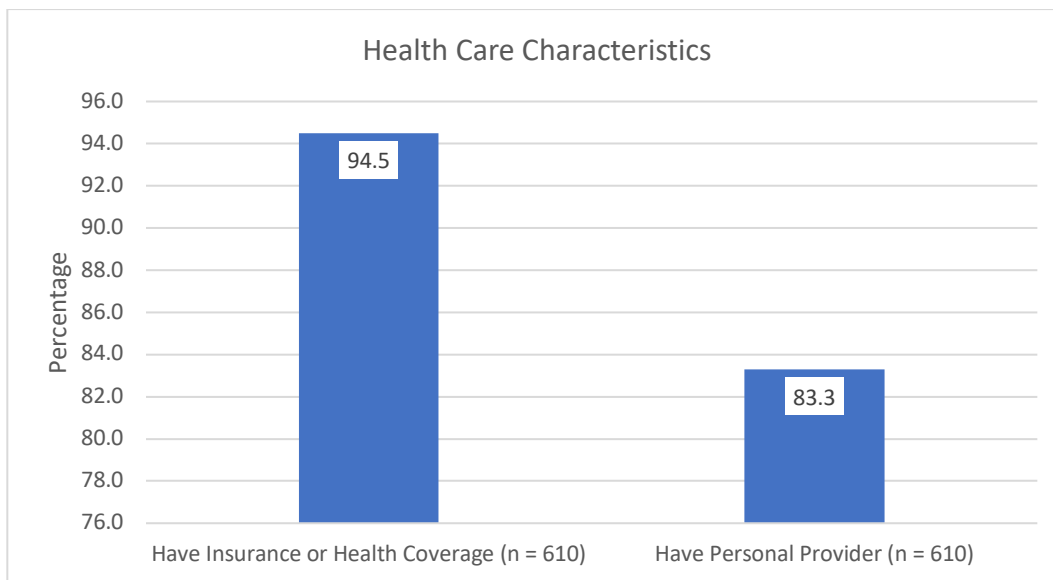

Figure 19. Participants' Reported Insurance and Personal Provider Characteristics

Healthcare Engagement. Participants were provided with a list of 14 health-related services and types of healthcare engagement and asked whether they had received or utilized each of those within the past 12 months. Table 38 provides a summary of the participants' responses to this question.

Table 38. Participants' Reported Types of Health Care Engagement (n = 611)

Type of Healthcare Engagement	Received Past 12 Months (%)	Did Not Receive Past 12 Months (%)
Filled a Prescription	66.2	33.8
Received a Routine Physical Exam	62.8	37.2
Received Dental Care	61.2	38.8
Received Immunizations or other Preventive Care	42.2	57.8
Received Acute Care, Like for an Infection or Injury	27.2	72.8
Received Care for a Chronic Disease	16.7	83.3
Received Care at an Urgent Care Facility	15.6	84.4
Received Care at a Hospital Emergency Room	14.8	85.2
Received a Screening for Anxiety or Depression by a Medical Provider	14.6	85.4
Received Inpatient Care at a Hospital	10.5	89.5
Received Treatment for a Mental Health Diagnosis	9.4	90.6
Received Prenatal or Well-Baby Care	7.8	92.2
Received Care Related to Family Planning	5.0	95.0
Received Treatment for Addiction	0.7	99.3

Resources and Healthcare Engagement. Participants were provided a list of three types of healthcare engagement needs including seeing a provider, filling a prescription, and finding transportation for care and asked to indicate whether there had been a time within the past 12 months that they could not act upon that need because "they couldn't afford it or had to prioritize spending money on something else." Less than 20% of participants indicated that it had been the case that they prioritized something over their healthcare across the three types assessed. Regarding seeing a medical provider, 16.6% of participants (n = 102) indicated that they had a need to see a provider but did not due to other needs. Regarding needing to fill a prescription, 17.1%, (n = 105) indicated that that they had a need to avoid filling a prescription due to other needs. Regarding needing transportation for healthcare, only 5.6% of participants (n = 34) indicated that they had not been able to access transportation due to other needs.
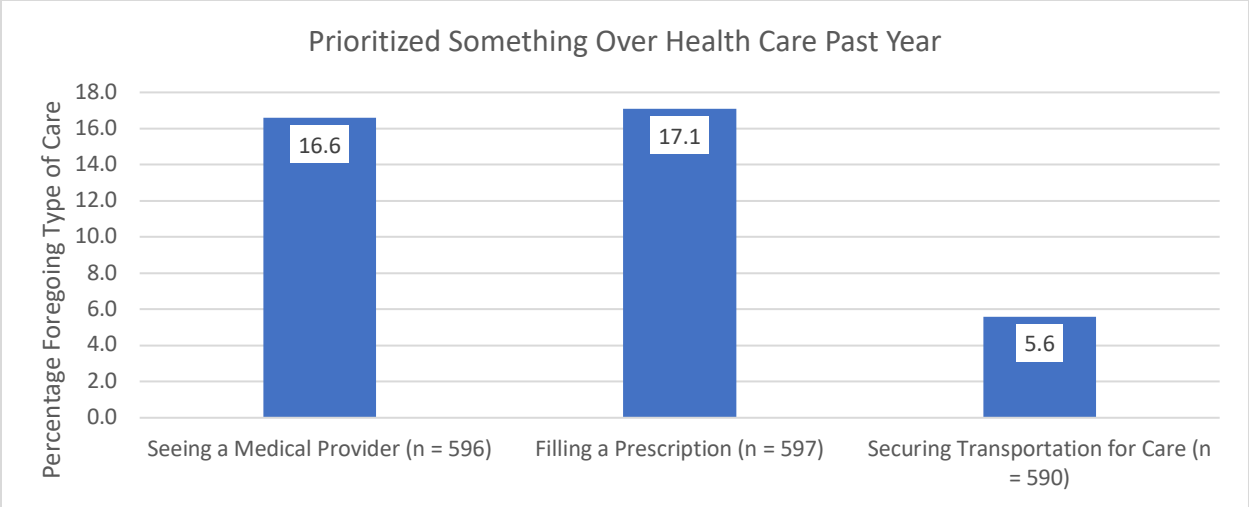
Figure 20. Participants' Reports of Resource Challenges and Health Care

Personal Health-Related Behaviors

The hospital was interested in a general understanding the extent to which participants had participated in certain behaviors within the past 30 days. Of particular interest were behaviors that were conceptualized as health promoting (e.g., behaviors perceived by the hospital to be supportive of one's health and well-being) or health challenging (e.g., behaviors perceived by the hospital to be challenging to one's health and well-being). Table 39 provides a summary of this data.

Table 39. Self-Reported Health Behaviors (n = 611)

Health Promoting Behaviors	% Reporting Behavior
Being Physically Active	56.0
Getting Plenty of Sleep	55.5
Eating Balanced Diet	61.2
Checked Blood Pressure	38.1
Tried to Reduce Stress	42.7
Took Prescription for Mental Health	18.9
Health Challenging Behaviors	% Reporting Behavior
Used Tobacco	11.0
Took Opioid Prescribed to Me	7.8
Driving Intoxicated	2.7
Took Opioid Not Prescribed to Me	0.0

Social Determinants of Health

Of particular interest was a better understanding of whether participants perceived that certain social issues (often considered to be determinant of health status) were impacting their lives. Participants were provided with a list of 10 statements and asked to report the extent to which that statement applied to them. Each statement reflected a particular social determinant of health.

The purpose of these items was to assess the extent to which participants "felt" specific characteristics of social factors known to influence health outcomes. To assess these, some items were worded positively. For example, "I feel safe in the place where I live" is a positively worded item and those reporting "never" or "seldom" to that item are among those who have identified a social factor that could be acted upon in the health and social services infrastructure to work with an individual to has concerns about his or her housing situation. Negatively worded items like "I worry about being able to pay my rent or mortgage" are considered at the other end of the response options, with those responding "sometimes," "often," or "always" being among those who might benefit from economic or employment assistance in ways to reduce the impact on health. Table 40 provides a summary of this data.

Table 40. Participants' Reports of Felt Social Determinants

Social Determinant	Item Assessed	Total Sample Responses
Positively Worded Social Determinant Items		**Percent Reporting "Never" or "Seldom" Applies to Me**
Social Ecology (n = 605)	I feel those around me are healthy	6.3
Education (n = 605)	I am satisfied with my education	9.6
Community Cohesion (n = 607)	I make efforts to get involved in my community	29.9
Policy (n = 599)	I vote when there is an election in my town	19.8
Environment (n = 601)	I feel that my town's environment is healthy (air, water, etc)	13.4
Housing (n = 607)	I feel safe in the place where I live	5.4
Psychosocial (n = 598)	I try to spend time with others outside of work	13.7
Transportation (n = 606)	I have access to safe and reliable transportation	1.8
Negatively Worded Social Determinant Items		**Percent Reporting "Sometimes," "Often" or "Always" Applies to Me**
Economy (n = 605)	I worry about my utilities being turned off for non-payment	11.6
Employment (n = 606)	I worry about being able to pay my rent or mortgage	16.2

Importance of Community-Based Health and Social Service Programs

Participants were asked to provide the perspectives on the extent to which health and social service programs are important to their local community. During the survey, participants were provided with a list of 20 different programs that are often present in many communities. Participants were inconsistent with regard to the extent to which they provided an assessment of each program type. Results from the participants were used to calculate rankings of program endorsement, although the number of participants responding to the items varied throughout the list. Of the twenty programs, 100% were ranked as being either moderately or very important by more than 50% of participants. While these results do provide some insight into the types of programs perceived as most important in their local community, across the board these data do

suggest that in general most community members perceive the general network of health and social service programs to be important on the whole. Table 41 provides a list of the extent to which participants rated a program type as "moderately" or "very" important. Responses from the convenience sample also indicated strong support for all of the programs reflected in the list. Further highlighted are the items for which there were stronger endorsements in the "very" category than the "moderate" category.

Table 41. Participant Ratings of the Importance of Community Resources

Community Programs	Moderately/Very Important %	Moderately Important %	Very Important %
Aging Services (n = 599)	87.1	45.3	41.8
Mental Health Counseling (n = 592)	86.5	35.6	50.9
Physical Activity (n = 593)	85.4	42.9	42.5
Walking Trails/Outdoor Space (n = 590)	83.5	34.0	49.5
Substance Abuse Prevention & Treatment (n = 587)	81.2	28.6	52.6
Services for Women, Infants, Children (n = 597)	77.3	38.3	39.0
Nutrition Education (n = 590)	75.5	48.5	27.0
Gun Safety Education (n = 587)	73.9	33.3	40.6
Job Training/Employment Assistance (n = 596)	73.6	40.2	33.4
Food Pantries (n = 596)	72.7	36.4	36.3
Free/Emergency Childcare (n = 591)	71.4	34.7	36.7
Family Planning (n= 594)	70.2	42.2	28.0
Health Insurance Assistance (n = 593)	68.7	38.1	30.6
Financial Assistance (n = 356)	68.3	45.0	23.3
Food Stamps/SNAP (n = 592)	66.5	36.0	30.5
Housing Assistance (n = 593)	62.5	39.2	23.3
Legal Assistance (n = 596)	61.4	41.6	19.8
Transportation Assistance (n = 593)	61.1	35.9	25.2
Prescription Assistance (n = 592)	56.9	37.4	19.5
Needle Exchange (n = 583)	52.3	29.8	22.5

Community Perceptions of Priority Health Needs

Important to the development of the CHNA and its subsequent Implementation Strategy was to assess the local health issues which community members perceived to be of importance. The hospital developed a list of 21 different health needs that are common in many communities similar to those in the service area. Survey participants were asked to select five of those community health issues that they perceived to be among the most important for the hospital and its partners to address.

Accompanying the list of health issues was a statement that guided survey participants in their selection. The statement read "Below is a list of health issues present in many communities. Please pick the five that you think pose the greatest health concern for people living in your community." Table 42 provides a summary of the extent to which each health issue was selected as one of the top five issues by survey participants.

Table 42. Priority Health Issues Selected by Participants as Being Among the Top 5 Most In Need of Attention (n = 611)

Health Issue	% Selecting Issues As One of Top 5 Needing Attention
Substance use or abuse	49.1
Obesity	47.7
Chronic diseases like diabetes, cancer, and heart disease	46.8
Mental health	39.6
Assault, violent crime, and domestic violence	35.0
Aging and older adult needs	34.2
Poverty	30.0
Food access, affordability, and safety	27.0
Tobacco use	22.6
Alcohol use or abuse	22.1
Child neglect and abuse	20.3
Homelessness	17.4
Environmental issues	15.9
Injuries and accidents	15.2
Sexual violence, assault, rape, or human trafficking	11.8
Disability needs	11.1
Reproductive health and family planning	9.7
Dental care	9.2
Suicide	6.6
Infant mortality	4.2
Infectious diseases like HIV, STDs, and hepatitis	3.3

Community Perceptions of Health Issues Needing Priority Resource Allocation

In addition to assessing the extent to which participants perceived specific needs as being among the most important for action in their community, participants were also asked to provide their perceptions of the extent to which those same 21 issues were also priorities for the allocation of resources in the local community. Participants were given a statement to consider prior to indicating their perceptions. The statement read "Previously you were asked to pick issues that pose the greatest health concern in your community. If you had $3 and could give $1 to help solve some of these, which are the three to which you would give $1?" Table 43 provides a summary of the extent to which participants selected an issue as one of the top three for the allocation of resources.

Table 43. Ranking of Health Issues Selected by Participants as Being Among the Top 3 to Which They Would Allocate Resources (n = 611)

Health Issue	% Selecting as a Top Priority for Resource Allocation
Mental health	28.8
Chronic diseases like diabetes, cancer, and heart disease	27.6
Substance use or abuse	25.4
Child neglect and abuse	23.7
Food access, affordability, and safety	23.6
Poverty	22.8
Assault, violent crime, and domestic violence	21.9
Obesity	20.9
Aging and older adult needs	18.8
Homelessness	14.0
Sexual violence, assault, rape, or human trafficking	9.9
Environmental issues	9.7
Disability needs	8.4
Reproductive health and family planning	6.8
Tobacco use	6.3
Suicide	5.2
Alcohol use or abuse	5.1
Infant mortality	4.8
Dental care	3.4
Injuries and accidents	2.9
Infectious diseases like HIV, STDs, and hepatitis	1.9

Prioritization Process

To consider the CHNA data and to identify the most urgent health issues that would guide the hospital's future priority areas, a comprehensive prioritization process was conducted. Representatives of community health organizations in the service area and hospital staff participated in a meeting to review data collected for the CHNA. A list of community partner organizations from which a representative participated is included in Appendix A.

The session included the following activities:

- There was a review of the purpose of conducting the CHNA and reflections on decisions and actions taken in response to the 2016 CHNA (see Appendix D).
- A review of data was presented by a representative of Measures Matter, LLC. That data review included a summary of the existing health indicators and data from the CHNA survey.
- Hospital solicited and took into account input from those representing the broader community served by the hospital and those with special knowledge and/or expertise in public health.
- A nominal group process facilitated by Measures Matter, LLC guided the group's selection of priority health issues for the 2019 CHNA. That process was conducted in the following way:

  o Participants were provided with the list of health topics that emerged as among those having the most support from both existing data and the CHNA survey. The list of health topics is provided in Figure 21.
  o Participants were given the opportunity to add additional topics.
  o Participants were each provided with 5 "sticky dots" and asked to place their dots on the issues that they each felt were most in need of prioritization.
  o The "dots" on each topic were tallied and a discussion about the topics and any special considerations for each was held.

Resulting Priorities

As a result of both phases of the prioritization process, five issues received endorsement for prioritization for St. Vincent Indianapolis. Those issues included:

- Mental Health
- Homelessness/Housing
- Substance Abuse/Alcohol Abuse
- Chronic Health Conditions
- Youth Services

A list of available community health resources was also reviewed as part of the process and the potential partners for addressing these needs is included as Appendix A.
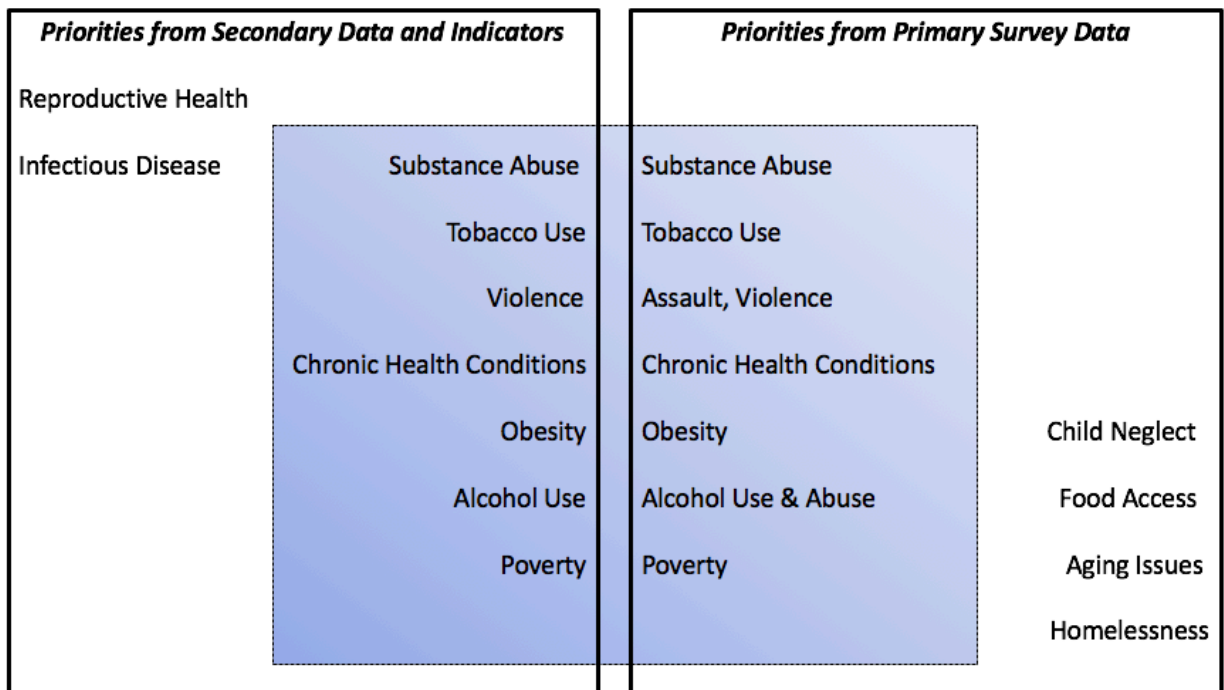
Priorities from Secondary Data and Indicators		Priorities from Primary Survey Data	
Reproductive Health			
Infectious Disease	Substance Abuse	Substance Abuse	
	Tobacco Use	Tobacco Use	
	Violence	Assault, Violence	
	Chronic Health Conditions	Chronic Health Conditions	
	Obesity	Obesity	Child Neglect
	Alcohol Use	Alcohol Use & Abuse	Food Access
	Poverty	Poverty	Aging Issues
			Homelessness

Figure 21. Overlapping health issues that emerged from secondary data and the CHNA survey.

Participating Organizations

In addition to the two staff from St. Vincent Health who coordinated the session and the facilitator, 28 individuals participated in the session representing*:

YMCA of Greater Indianapolis
Morning Dove Therapeutic Riding
Holy Family Shelter
Julian Center
INHP
RGL
Pathway to Recovery
Keep Indianapolis Beautiful
Coalition for our Immigrant Neighbors
Gennesaret Free Clinic
Office of Catholic Schools
Glick Center
Nine 13 Sports

Neighborhood Christian Legal Clinic
Center for Interfaith Cooperation
LISC
St. Monica Church
Crooked Creek Development Corporation
Raphael
St. Vincent de Paul
Gleaners
Ortho Indy
St. Vincent Health (2 participants)
Community Member (no organizational representation)

* unless indicated, each organization had one representative participating

References

1. *Indiana - Rankings*. (2016, November). Retrieved from County Health Rankings & Roadmaps: http://www.countyhealthrankings.org/app/indiana/2018/rankings/randolph/county/outcomes/overall/snapshot

2. *Epidemiology Resource Center*. (2017, 12 September). From Indiana State Department of Health: https://www.in.gov/isdh/25154.htm

Appendix A - Marion County Resource List

Those organizations highlighted were partners in the CHNA process, particularly providing support to the collection of survey data

Marion County Resource List			
Resource Name	**Local Address**	**Phone Number**	**Website**
About Special Kids, Inc	7172 Graham Road, Indianapolis IN, 46250	(317) 257-8683	www.aboutspecialkids.org/
Adult and Child Center	8320 Madison Ave, Indianapolis, IN, 46227	(877) 882-5122	http://adultandchild.org/
African Community International	3737 North Meridian Street, Suite 507, Indianapolis, IN. 46208	(317) 927-9777	http://www.africancommunity.net/
American Cancer Society	5635 W. 96th Street, Suite 100 Indianapolis, Indiana 46278	(317) 344-7800	http://www.cancer.org/MyAcs/index
Archdiocese of Indianapolis -A Promise to Keep	1400 N. Meridian Street, Indianapolis, IN 46237	317-236-1430	http://www.archindy.org/
Archdiocese of Indianapolis - Holy Family Shelter, Catholic Charities	1400 North Meridian Street, Indianapolis, IN, 46237	(317) 236-1400	http://www.archindy.org/
Brooke's Place for Grieving Young People	8935 N Meridian Street, Ste. 200, Indianapolis, IN 46260	317-705-9650	https://www.brookesplace.org
Brothers United	3737 North Meridian Suite 401, Indianapolis IN 46208	(317) 931-0292	http://www.brothersunitedinc.org/
Burmese American Community Institute	4925 Shelby Street #200 Indianapolis, IN 46227	(317) 731-5537	http://www.baci-indy.org/
Chin Community of Indiana	2524 E Stop 11 Rd, Indianapolis, IN 46227	(317) 300-1078	http://chincommunityofindiana.com/
Christian Theological Seminary	1000 W. 42nd Street, Indianapolis, IN 46208	(317) 924-1331	http://www.cts.edu/about-cts/counseling-center.aspx
Community Health Network	7979 N. Shadeland Ave. Indianapolis, IN 46250	(317) 621-4333	https://www.ecommunity.com/
Covering Kids and Families	2951 E. 38th Street Indianapolis IN, 46218	(317) 221-3117	https://www.hhcorp.org/hhc/index.php/programs/covering-kids-and-families
Crooked Creek CDC	7003B N. Michigan Road Indianapolis in 46268	(317) 257-5388	http://crookedcreekcdc.org/
Eskenazi Health	720 Eskenazi Ave. Indianapolis, Indiana 46202	(317) 880-0000	http://www.eskenazihealth.edu/
Exodus Refugee	1125 Brookside Ave, Suite C9 Indianapolis, IN 46202	(317) 921-0836	http://www.exodusrefugee.org/
Families First Indiana	615 N. Alabama St., Suite 320, Indianapolis, IN 46204	(317) 634-6341	http://familiesfirstindiana.org/
Fay Biccard Glick Neighborhood Center at Crooked Creek	2990 W 71st Street, Indianapolis, IN 46268	317-293-2600	https://faybiccardglickcenter.org
Franciscan Health	8111 S. Emerson Ave. Indianapolis, IN 46237	(317) 528-8033	https://www.franciscanhealth.org/

Gennesaret Free Clinic	615 North Alabama St., Ground Floor Suite B, Indianapolis, IN 46204-1414	(317) 639-5645	http://www.gennesaret.org/what-we-do/
Harbor Light Salvation Army	2400 N Tibbs Ave, Indianapolis, IN 46222	(317) 972-1450	http://corps.salvationarmyindiana.org/harborlight/
Health and Hospital Corporation of Marion County	2951 E 38th St #101, Indianapolis, IN 46218	(317) 221-2474	https://www.hhcorp.org/
Homeless & Re-Entry Helpers	916 E Michigan St, Indianapolis, IN 46202 USA		(317) 635-0500	http://www.indianahelpers.com/
Homeless Initiative Program	1835 North Meridian Street Indianapolis, IN 46202	(317) 957-2275	http://www.indyhealthnet.org/HIP/
Horizon House	1033 East Washington Street, Indianapolis, IN 46202	(317) 423-8909	http://www.horizonhouse.cc/
Indiana Institute for Working Families	1845 West 18th Street Indianapolis IN 46202	(317) 638-4232	http://www.incap.org/iiwf.html
Indiana State Department of Health Tobacco Prevention and Cessation	2 North Meridian Street, 5A, Indianapolis IN 46205	(317) 234-1780	http://www.in.gov/isdh/tpc/
IU Health	550 N. University Blvd. Indianapolis, IN 46202	(800) 248-1199	https://iuhealth.org/
Indianapolis-Marion County Public Library	50 East 91st Street, Suite 103, Indianapolis, IN 46240	317-275-4700	www.indyplfoundation.org
Indianapolis Neighborhood Housing Partnership	3550 N. Washington Blvd. Indianapolis, IN 46205	(317) 610-4663	www.inhp.org
Indianapolis OASIS	10800 E Washington St, Indianapolis, IN 46229	(317) 396-3751	http://www.oasisnet.org/Indianapolis-IN
IndyGo transit services	34 N. Delaware Street Indianapolis, IN 46204	(317) 635-3344	http://www.indygo.net/
Joy's house	2028 Broad Ripple Ave, Indianapolis, IN 46220	(317) 254-0828	www.joyshouse.org/
Jump IN for Healthy Kids (part of United Way Central Indiana)	3901 N. Meridian Street Indianapolis, IN 46208-0409	(317) 923-1466	http://www.uwci.org/jump-in-for-healthy-kids
Keep Indianapolis Beautiful Inc.	1029 Fletcher Avenue, Suite 100, Indianapolis, IN 46203	317-264-7555	www.kibi.org
Know Outlets - Professional Blended Street Outreach Teams	sorrtteam@gmail.com	(888) 724-1471	http://www.knowoutlets.org
Marion County Health Department - Healthy Start	3838 North Rural Street Indianapolis, Indiana 46205	(317) 221-2312	http://www.mchd.com/mch.htm
Minority Health Coalition of Marion County	3266 N Meridian St, Indianapolis, In 46208	(317) 926-1170	http://www.minorityhcmc.org/healthy-start.html
Morning Dove Therapeutic Riding Inc.	7444 W 96th Street, Zionsville, IN 46077	317-733-9393	www.morningdovetrc.org
Neighborhood Christian Legal Clinic	3333 N Meridian St. Suite 201, Indianapolis, IN 46208	317-429-4131	www.nclegalclinic.org
Nine13 Inc.	1271 W. 29th Street, Indianapolis, IN 46208	317-735-3121	https://nine13sports.org
Nurse Family Partnership	5901 Lakeside Blvd Indianapolis, IN 46278	(317) 524-3999	http://www.nursefamilypartnership.org/locations/Indiana
Pathway to Recovery Inc.	2135 N Alabama Street, Indianapolis, IN 46202	317-926-8557	https://pathwaytorecovery.org

People's Health Center	2340 E 10th St Indianapolis, IN 46201	(317) 957-2200	
Raphael Health Center	401 E 34th Street, Indianapolis 46205	317-926-1507	www.raphaelhc.org
RUAH Rural & Urban Access to Health Program at St. Vincent	8424 Naab Road, Building 1, Suite 1A Indianapolis, Indiana 46260	(317) 338-2273	http://www.stvincent.org/RUAH/
Safe Kids Indianapolis (led by Marion County Health Department)	3838 N Rural St, Indianapolis, IN 46205	(317) 221-3145	http://www.safekids.org/coalition/safe-kids-indianapolis
Shalom Health Care Center	3400 Lafayette Road, Suite 200 , Indianapolis, IN 46222	(317) 291-7422	http://www.shalom-hcc.org/
Society of St. Vincent De Paul	1201 E Maryland St., Indianapolis, IN 46202	317-687-1006	www.svdpindy.org
St. Vincent Indianapolis Hospital - Women's Hospital, Peyton Manning Children's Hospital, Stress Center	2001 W 86th St Indianapolis, IN 46260	(317) 338-2345	https://www.stvincent.org/Locations/Hospitals/Indianapolis
The Bell Flower Clinic (part of the Marion County Health Department)	640 Eskenazi Ave, Indianapolis, IN 46202	(317) 221-8300	http://www.bellflowerclinic.org/
The Julian Center	2011 N. Meridian St., Indianapolis, IN 46202	(317) 941-2200	http://www.juliancenter.org/
YMCA of Greater Indianapolis	615 N Alabama Street, Suite 200, Indianapolis IN 46204	(317) 266-9622	http://www.indymca.org/classes-programs/teen-programs/

STATEWIDE ORGANIZATIONS				
Resource Name	Local Address	Phone Number	Website	Topic Area
211	3901 N. Meridian St., Ste. 300 Indianapolis, IN 46208	211	http://www.in211.org	Access to Health Services
Alzheimer's Association: Indiana Chapter	50 East 91st Street, Suite 100, Indianapolis, IN 46240	(800) 272-3900	http://www.alz.org/indiana/	Older Adults
Cardiovascular and Diabetes Coalition of Indiana (CADI)	615 North Alabama Street, Suite 426, Indianapolis, IN 46204	(317) 456-7567	http://incadi.org/	Diabetes
Children's Bureau Inc., Community Partners	1575 Dr. Martin Luther King Jr. Street Indianapolis Indiana 46202	(317) 634-5050	http://www.childrensbureau.org/what-we-do/community-partners-for-child-safety	Maternal, Infant, & Child Health
Child's Advocate Network	30 South Meridian Street, Suite 500 Indianapolis, IN 46204	(317) 232-2542	http://www.childadvocatesnetwork.org/find-your-local-program/clay-county/	Maternal, Infant, & Child Health
CHIP- Coalition of Homelessness Intervention and Prevention*	3737 N. Meridian Street, Suite 504, Indianapolis, IN 46208	(317) 630-0853	http://www.chipindy.org/	Social Determinants of Health

STATEWIDE ORGANIZATIONS				
Resource Name	Local Address	Phone Number	Website	Topic Area
CICOA- Aging & In-Home Solutions	Multiple across state- see http://www.cicoa.org/about-cicoa/area-agencies-on-aging.html	(800) 432-2422	http://www.cicoa.org/	Older Adults
Community Action Program of Western Indiana	various locations across the state		http://www.capwi.org/#	Maternal, Infant, & Child Health
Diabetes Prevention Recognition Programs (CDC-endorsed)	Various throughout IN (many at YMCAs)		https://nccd.cdc.gov/DDT_DPRP/State.aspx?STATE=IN	Diabetes
Dining with Diabetes	consult their website for local classes (offered in each county)	(765) 494-4600	http://www.purdue.edu/hhs/extension/programs/detail.aspx?programId=1&category=food	Diabetes
Family and Social Services Administration	402 W. Washington Street P.O. Box 7083 Indianapolis, IN 46207-7083	(317) 233-0826	http://www.in.gov/fssa/index.htm	Access to Health Services
Family Voices	445 N Pennsylvania St, Ste 941Indianapolis, IN 46204	(317) 944-8982	http://www.fvindiana.org	Disability and Health
Health by Design	401 W. Michigan Street, Indianapolis IN 46202	(317) 352-3844	http://www.healthbydesignonline.org/	Environmental Health
Healthy Families Indiana	Various throughout IN (http://www.in.gov/dcs/files/HFI_Contacts_Map.pdf)		http://www.in.gov/dcs/2459.htm	Maternal, Infant, & Child Health
Healthy Indiana Plan (HIP)		1-877-GET-HIP-9	http://www.in.gov/fssa/hip/	Access to Health Services
Hoosier Environmental Council	3951 N. Meridian Suite 100, Indianapolis, IN 46208	(317) 685-8800	http://www.hecweb.org/	Environmental Health
Improving Kids' Environments in Indiana	1915 W. 18th Street, Indianapolis, Indiana 46202		http://ikecoalition.org/	Environmental Health
IN Office of Small Business and Entrepreneurship (OBSE) - Community Entrepreneurship Initiative (CEI)	One North Capitol, Suite 600 Indianapolis, IN 46204	(317) 234-2082	http://www.isbdc.org/cei./	Social Determinants of Health
Indiana Cancer Consortium	615 North Alabama Street, Suite 426, Indianapolis, IN 46204	(317) 520-9344	http://indianacancer.org/	Cancer
Indiana Coalition Against Domestic Violence	1915 W. 18th Street, Suite B Indianapolis, IN 46202	(317) 917-3685	http://www.icadvinc.org/	Injury and Violence Prevention
Indiana Department of Veterans Affairs		1-(844)-480-0009	http://www.in.gov/dva/index.htm	Social Determinants of Health

STATEWIDE ORGANIZATIONS				
Resource Name	Local Address	Phone Number	Website	Topic Area
Indiana Healthy Weight Initiative	615 North Alabama Street, Suite 426, Indianapolis, IN 46204	(317) 456-7565	http://inhealthyweight.org/	Nutrition & Weight Status
Indiana Joint Asthma Coalition	615 North Alabama Street, Suite 426, Indianapolis, IN 46204	(317) 520-9343	http://injac.org/	Respiratory Diseases
Indiana Public Health Association	615 North Alabama Street, Suite 426, Indianapolis, IN 46204	(317) 520-9340	http://inpha.org/	Public Health Infrastructure
Indiana Rural Health Association	2901 Ohio Boulevard, Suite 240 Terre Haute, IN 47803	(812) 478-3919	http://www.indianaruralhealth.org/	Access to Health Services
Indiana State Department of Health	2 N. Meridian Street 6B, Indianapolis IN, 46204	(317) 233-1325	http://www.state.in.us/isdh/	Access to Health Services
Indiana State Refugee Health Program		(317) 233-1325	http://www.in.gov/isdh/24668.htm	Access to Health Services
Indiana Tobacco Quitline		1-800-QUIT-NOW	http://www.in.gov/quitline/	Tobacco Use
Indiana University School of Dentistry	1121 W. Michigan Street Indianapolis, IN, 46202	(317) 274-7433	https://www.dentistry.iu.edu/index.php/patient-services/	Oral Health
Indiana Youth Institute	603 E. Washington Street, Suite 800. Indianapolis, Indiana 46204-2692	(317) 396-2700	http://www.iyi.org	Adolescent Health
InSource Indiana	1703 South Ironwood Drive South Bend, IN 46613	(574) 234-7101	http://insource.org	Disability and Health
IU Health Smoking Cessation Program			http://iuhealth.org/primary-care/smoking-cessation/	Tobacco Use
Kiwanis Indiana	6525 East 82nd Street, Suite 109 Indianapolis, IN 46250-1545	(877) 883-5974	http://www.indkiw.org/	Social Determinants of Health
Leukemia & Lymphoma Society: Indiana Chapter	9075 North Meridian Suite 150, Indianapolis, IN 46260	(317) 860-3840	http://www.lls.org/#/aboutlls/chapters/in	Cancer
Little Red Door Cancer Agency	1801 North Meridian Street, Indianapolis, IN 46202	(317) 925-5595	http://www.littlereddoor.org/	Cancer
Local Initiative Support Coalition (LISC)	The Platform, 202 East Market Street, Indianapolis, Indiana 46204	(317) 454-8486		Social Determinants of Health

STATEWIDE ORGANIZATIONS				
Resource Name	Local Address	Phone Number	Website	Topic Area
Medicaid transportation service- taxis (especially for prenatal visits)			http://member.indianamedicaid.com/programs--benefits/medicaid-programs/traditional-medicaid/traditional-medicaid-covered-services.aspx	Social Determinants of Health
Mental Health America of Indiana	1431 North Delaware Street Indianapolis IN 46202	(317) 638-3501	https://mhai.net/	Mental Health
National Alliance on Mental Illness (NAMI) Indiana	2601 Cold Spring Road Indianapolis, IN 46222	(317) 925-9399	http://www.namiindiana.org/	Mental Health
Stellar Communities Program of Indiana			http://www.stellarindiana.org/	Social Determinants of Health
The Arc of Indiana	107 N. Pennsylvania St. Suite 800 Indianapolis, IN 46204	(317) 977-2375	http://www.arcind.org	Disability and Health

Appendix B - Mortality Indicators for Hamilton, Hendricks, Johnson, & Marion Counties, 2016[2]

Mortality Indicators for Hamilton County, 2016[2]

ICD 10 Description of Mortality Causes	RATES PER 100,000 Population (Age-Adjusted)
Malignant neoplasms (cancer)	**127.95**
Malignant neoplasm of stomach	1.41
Malignant neoplasms of colon, rectum and anus	12.21
Malignant neoplasm of pancreas	9.68
Malignant neoplasms of trachea, bronchus and lung	26.43
Malignant neoplasm of breast	8.07
Malignant neoplasms of cervix uteri, corpus uteri and ovary	8.25
Malignant neoplasm of prostate	7.11
Malignant neoplasms of urinary tract	6.28
Non-Hodgkin's lymphoma	5.28
Leukemia	6.49
Other malignant neoplasms	36.74
Diabetes mellitus	**21.07**
Alzheimer's disease	**27.92**
Major cardiovascular diseases	**186.21**
Diseases of heart	140.69
Hypertensive heart disease with or without renal disease	8.51
Ischemic heart diseases	77.1
Other diseases of heart	55.08
Essential hypertension and hypertensive renal disease	7.08
Cerebrovascular diseases (stroke)	29.86
Atherosclerosis	3.6
Other diseases of circulatory system	4.99
Influenza and pneumonia	**8.75**
Chronic lower respiratory diseases	**36.12**
Peptic ulcer	**0.44**
Chronic liver disease and cirrhosis	**9.8**
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	**11.18**
Pregnancy, childbirth and the puerperium	**0.63**
Certain conditions originating in the perinatal period	**3.89**
Congenital malformations, deformations and chromosomal abnormalities	**3.11**
Sudden infant death syndrome (SIDS)	**1.06**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)	**5.49**
All other diseases	**140.21**
Motor vehicle accidents	**5.07**
All other and unspecified accidents and adverse effects	**31.53**
Intentional self-harm (suicide)	**11.45**
Assault (homicide)	**1.56**
All other external causes	**1.53**

Source: Indiana State Department of Health, Epidemiology Resource Center. Summary Produced September 12, 2017

Mortality Indicators for Hendricks County, 2016[2]

ICD 10 Description of Mortality Causes	RATES PER 100,000 Population (Age-Adjusted)
Malignant neoplasms (cancer)	**148.64**
Malignant neoplasm of stomach	0.72
Malignant neoplasms of colon, rectum and anus	12.9
Malignant neoplasm of pancreas	6.59
Malignant neoplasms of trachea, bronchus and lung	35.24
Malignant neoplasm of breast	12.97
Malignant neoplasms of cervix uteri, corpus uteri and ovary	10.8
Malignant neoplasm of prostate	8.28
Malignant neoplasms of urinary tract	7.03
Non-Hodgkin's lymphoma	5.44
Leukemia	7.27
Other malignant neoplasms	41.40
Diabetes mellitus	**30.14**
Alzheimer's disease	**39.12**
Major cardiovascular diseases	**222.93**
Diseases of heart	159.19
Hypertensive heart disease with or without renal disease	12.81
Ischemic heart diseases	88.29
Other diseases of heart	58.09
Essential hypertension and hypertensive renal disease	11.87
Cerebrovascular diseases (stroke)	47.64
Atherosclerosis	0
Other diseases of circulatory system	4.24
Influenza and pneumonia	**15.86**
Chronic lower respiratory diseases	**52.24**
Peptic ulcer	**1.31**
Chronic liver disease and cirrhosis	**8.19**
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	**19.95**
Pregnancy, childbirth and the puerperium	**0**
Certain conditions originating in the perinatal period	**5.45**
Congenital malformations, deformations and chromosomal abnormalities	**1.02**
Sudden infant death syndrome (SIDS)	**0**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)	**4.95**
All other diseases	**177.2**
Motor vehicle accidents	**5.04**
All other and unspecified accidents and adverse effects	**22.14**
Intentional self-harm (suicide)	**12.19**
Assault (homicide)	**4.18**
All other external causes	**13.25**

Source: Indiana State Department of Health, Epidemiology Resource Center. Summary Produced September 12, 2017

Mortality Indicators for Johnson County, 2016[2]

ICD 10 Description of Mortality Causes	RATES PER 100,000 Population (Age-Adjusted)
Malignant neoplasms (cancer)	**160.46**
Malignant neoplasm of stomach	1.79
Malignant neoplasms of colon, rectum and anus	8.56
Malignant neoplasm of pancreas	13.02
Malignant neoplasms of trachea, bronchus and lung	49.98
Malignant neoplasm of breast	15.39
Malignant neoplasms of cervix uteri, corpus uteri and ovary	5.51
Malignant neoplasm of prostate	8.45
Malignant neoplasms of urinary tract	10.39
Non-Hodgkin's lymphoma	2.36
Leukemia	6.94
Other malignant neoplasms	38.06
Diabetes mellitus	**12.84**
Alzheimer's disease	**56.42**
Major cardiovascular diseases	**209.89**
Diseases of heart	160.31
Hypertensive heart disease with or without renal disease	17.42
Ischemic heart diseases	74.27
Other diseases of heart	68.61
Essential hypertension and hypertensive renal disease	11.15
Cerebrovascular diseases (stroke)	32.74
Atherosclerosis	0.62
Other diseases of circulatory system	5.07
Influenza and pneumonia	**16.51**
Chronic lower respiratory diseases	**58.86**
Peptic ulcer	**0**
Chronic liver disease and cirrhosis	**9.51**
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	**12.43**
Pregnancy, childbirth and the puerperium	**0**
Certain conditions originating in the perinatal period	**5.12**
Congenital malformations, deformations and chromosomal abnormalities	**2.19**
Sudden infant death syndrome (SIDS)	**0**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)	**5.15**
All other diseases	**213.67**
Motor vehicle accidents	**10.77**
All other and unspecified accidents and adverse effects	**24.27**
Intentional self-harm (suicide)	**16.35**
Assault (homicide)	**2.88**
All other external causes	**12.89**

Source: Indiana State Department of Health, Epidemiology Resource Center. Summary Produced September 12, 2017

Mortality Indicators for Marion County, 2016[2]

ICD 10 Description of Mortality Causes	RATES PER 100,000 Population (Age-Adjusted)
Malignant neoplasms (cancer)	**181.99**
Malignant neoplasm of stomach	2.93
Malignant neoplasms of colon, rectum and anus	13.47
Malignant neoplasm of pancreas	12.99
Malignant neoplasms of trachea, bronchus and lung	53.76
Malignant neoplasm of breast	11.91
Malignant neoplasms of cervix uteri, corpus uteri and ovary	8.87
Malignant neoplasm of prostate	9.96
Malignant neoplasms of urinary tract	7.99
Non-Hodgkin's lymphoma	6.61
Leukemia	7.46
Other malignant neoplasms	46.03
Diabetes mellitus	**26.97**
Alzheimer's disease	**32.46**
Major cardiovascular diseases	**232.49**
Diseases of heart	177.71
Hypertensive heart disease with or without renal disease	15.07
Ischemic heart diseases	98.59
Other diseases of heart	64.04
Essential hypertension and hypertensive renal disease	7.48
Cerebrovascular diseases (stroke)	39.41
Atherosclerosis	1.98
Other diseases of circulatory system	5.92
Influenza and pneumonia	**13.04**
Chronic lower respiratory diseases	**61.73**
Peptic ulcer	**0.68**
Chronic liver disease and cirrhosis	**13.49**
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	**22.75**
Pregnancy, childbirth and the puerperium	**1.32**
Certain conditions originating in the perinatal period	**6.76**
Congenital malformations, deformations and chromosomal abnormalities	**4.12**
Sudden infant death syndrome (SIDS)	**0.19**
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)	**4.88**
All other diseases	**196.16**
Motor vehicle accidents	**12.51**
All other and unspecified accidents and adverse effects	**51.06**
Intentional self-harm (suicide)	**15.24**
Assault (homicide)	**18.74**
All other external causes	**1.94**

Source: Indiana State Department of Health, Epidemiology Resource Center. Summary Produced September 12, 2017

Appendix C – Community Health Needs Assessment Survey

MY Community Health Needs Assessment
Because a Healthier Community Means a Healthier Me

Who should fill out this questionnaire? We ask that the **adult (18 years of age or older)** in your household who had the <u>most recent birthday</u> complete this questionnaire.

Instructions: Please mark your answers clearly in the boxes using pencil or dark pen. Examples: ■ ☒ ▤

1 In which county do you live?
(Please print one letter in each box.)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2 What is the zip code of your residence?
(Please print one number in each box.)

☐☐☐☐☐

3 How many adults (18 years or older) live in your household, INCLUDING YOURSELF?
INCLUDE everyone who is living or staying here for more than 2 months. DO NOT include anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

☐☐

4 How many children younger than 18 years of age live in your household?

☐☐

5 What is your gender? (Select only one.)

☐ Male   ☐ Female

6 In what year were you born? (Please print a 4-digit year.)

☐☐☐☐

Please answer both Question 7 about Hispanic origin and Question 8 about race.

7 Are you of Hispanic, Latino, or Spanish origin?

☐ Yes   ☐ No

8 What is your race? (Select all that apply.)

☐ White

☐ Black or African-American

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or other Pacific Islander

☐ Other, please specify:

[   ]

9 Considering all sources, which of the following best describes your total household income before taxes for 2017? (Select only one.)

☐ Less than $15,000

☐ $15,000-$24,999

☐ $25,000-$34,999

☐ $35,000-$49,999

☐ $50,000-$74,999

☐ $75,000-$99,999

☐ $100,000-$149,999

☐ $150,000 or more

10 Which of the following best describes your current employment status? (Select only one.)

☐ Employed full time

☐ Employed part time

☐ Unemployed looking for work

☐ Unemployed not looking for work

☐ Unable to work due to disability

☐ Homemaker

☐ Retired

☐ Student

11 Which of the following best describes the highest level of education you completed? (Select only one.)

☐ Some high school

☐ High school diploma or GED

☐ Some college

☐ Technical or vocational school diploma or certificate

☐ Associate's degree

☐ Bachelor's degree

☐ Graduate or professional degree or beyond

☐ Other, please specify:

[   ]

12 Would you say that in general: (Select only one.)

	Excellent	Very good	Good	Fair	Poor
Your overall health is...	☐	☐	☐	☐	☐

13 Regarding different areas of your health and life, you would say that in general: (Select one answer for EACH row.)

	Excellent	Very good	Good	Fair	Poor
Your physical health is...	☐	☐	☐	☐	☐
Your mental health is...	☐	☐	☐	☐	☐
Your social well-being is...	☐	☐	☐	☐	☐

14 How much do you agree or disagree with the following statement: "In general, I am satisfied with my life." (Select only one.)

☐ Strongly disagree

☐ Somewhat disagree

☐ Neither agree nor disagree

☐ Somewhat agree

☐ Strongly agree

15 On a scale of 01 to 10 where 01 means you have "little or no stress" and 10 means you have "a great deal of stress," how would you rate your average level of stress during the past month? (Please print a 0 in the first box for numbers less than 10.)

☐☐

16 Do you currently have insurance or coverage that helps with your healthcare costs (including private or employer-sponsored insurance or public coverage like Medicare or Medicaid)? (Select only one.)

☐ Yes　　☐ No　　☐ Do not know

17 Do you currently have someone that you think of as your personal doctor or personal healthcare provider? (Select only one.)

☐ Yes　　☐ No　　☐ Do not know

18 Within the past 12 months, which of the following health services have you received? (Select all that apply.)

☐ Chronic care for a disease like diabetes or a disability

☐ Acute care, like for an infection or injury

☐ Immunizations or other preventive care

☐ Routine physical exam

☐ Prenatal or well-baby care

☐ Care related to family planning

☐ Care at a hospital emergency room

☐ Care at an urgent care facility

☐ Inpatient care at a hospital

☐ Filling a prescription

☐ Dental care

☐ Screening for anxiety or depression by a medical provider

☐ Treatment for a mental health diagnosis

☐ Treatment for addiction

19 Thinking about the past month, which of the following behaviors have you participated in regularly (at least 3 days per week on average)? (Select all that apply.)

☐ I smoked cigarettes or used other tobacco

☐ I was physically active on a regular basis

☐ I ate a healthy balanced diet

☐ I got plenty of sleep

☐ I took an opioid or narcotic that was prescribed to me

☐ I took an opioid or narcotic that was NOT prescribed to me

☐ I took a medication for anxiety, depression, or other mental health challenge that was prescribed to me

☐ I had my blood pressure checked

☐ I drank alcohol to the point of intoxication

☐ I drove while under the influence of alcohol or drugs

☐ I took steps to reduce my level of stress

20 During the past 12 months, was there ever a time that you or the family members you live with needed one of the following but couldn't afford it or had to prioritize spending money on something else? (Select one answer for EACH row.)

	Yes	No	Do not know
Seeing a medical provider	☐	☐	☐
Filling a prescription	☐	☐	☐
Transportation for a health purpose or appointment	☐	☐	☐

21 How often would you say that the following statements apply to you? (Select one answer for EACH row.)

	Never	Seldom	Sometimes	Often	Always
I feel those around me are healthy (family, friends, and co-workers)	☐	☐	☐	☐	☐
I worry about my utilities being turned off for non-payment	☐	☐	☐	☐	☐
I feel satisfied with my education	☐	☐	☐	☐	☐
I make efforts to get involved in my community	☐	☐	☐	☐	☐
I vote when there is an election in my town	☐	☐	☐	☐	☐
I feel that my town's environment is healthy (air, water, etc.)	☐	☐	☐	☐	☐
I feel safe in the place where I live	☐	☐	☐	☐	☐
I try to spend time with others outside of work	☐	☐	☐	☐	☐
I have access to safe and reliable transportation	☐	☐	☐	☐	☐
I worry about being able to pay my rent or mortgage	☐	☐	☐	☐	☐

22 Below are some issues present in many communities. Please pick FIVE that you think pose the greatest health concern for people who live in your community. (Select only five out of all options 1 - 21.)

1 ☐ Food access, affordability, and safety

2 ☐ Environmental issues

3 ☐ Tobacco use

4 ☐ Substance use or abuse

5 ☐ Alcohol use or abuse

6 ☐ Assault, violent crime, and domestic violence

7 ☐ Child neglect and abuse

8 ☐ Sexual violence, assault, rape, or human trafficking

9 ☐ Obesity

10 ☐ Chronic diseases, like diabetes, cancer, and heart disease

11 ☐ Suicide

12 ☐ Infectious diseases, like HIV, STDs, and hepatitis

13 ☐ Poverty

14 ☐ Homelessness

15 ☐ Reproductive health and family planning

16 ☐ Infant mortality

17 ☐ Injuries and accidents

18 ☐ Mental health

19 ☐ Aging and older adult needs

20 ☐ Dental care

21 ☐ Disability needs

23 Previously, you were asked to pick issues that pose the greatest health concern in your community. If you had $3 and could give $1 each to help solve some of these, which are the THREE to which you would give $1. (Select only three out of all options 1 - 21.)

1 ☐ Food access, affordability, and safety

2 ☐ Environmental issues

3 ☐ Tobacco use

4 ☐ Substance use or abuse

5 ☐ Alcohol use or abuse

6 ☐ Assault, violent crime, and domestic violence

7 ☐ Child neglect and abuse

8 ☐ Sexual violence, assault, rape, or human trafficking

9 ☐ Obesity

10 ☐ Chronic diseases, like diabetes, cancer, and heart disease

11 ☐ Suicide

12 ☐ Infectious diseases, like HIV, STDs, and hepatitis

13 ☐ Poverty

14 ☐ Homelessness

15 ☐ Reproductive health and family planning

16 ☐ Infant mortality

17 ☐ Injuries and accidents

18 ☐ Mental health

19 ☐ Aging and older adult needs

20 ☐ Dental care

21 ☐ Disability needs

24 Below is a list of programs or services in many communities. Please mark how important these programs or services are for your community. (Select one answer for EACH row.)

	Not at all important for my community ▼	Not very important for my community ▼	Moderately important for my community ▼	Very Important for my community ▼
Nutrition education, like healthy cooking classes	☐	☐	☐	☐
Physical activity programs	☐	☐	☐	☐
Substance abuse prevention and treatment	☐	☐	☐	☐
Needle exchange programs	☐	☐	☐	☐
Mental health counseling and support	☐	☐	☐	☐
Gun safety education	☐	☐	☐	☐
Family planning services	☐	☐	☐	☐
Walking trails and other outdoor spaces	☐	☐	☐	☐
Aging and older adult services	☐	☐	☐	☐
Assistance with filling a prescription	☐	☐	☐	☐
Housing assistance	☐	☐	☐	☐
Financial assistance	☐	☐	☐	☐
Legal assistance	☐	☐	☐	☐
Help getting health insurance	☐	☐	☐	☐
Job training or employment assistance	☐	☐	☐	☐
Transportation assistance	☐	☐	☐	☐
Services for women, infants, and children (WIC)	☐	☐	☐	☐
Food stamps or SNAP	☐	☐	☐	☐
Food pantries	☐	☐	☐	☐
Free or emergency child care	☐	☐	☐	☐

Appendix D - Significant Health Needs Identified in Previous CHNA

Ortho Indy - FY17-19 Implementation Strategy

Significant Health Need Identified in Previous CHNA	Goals and Implementation Strategy	Indicators of Success
Access to Health Services	**Goals** Establish a baseline number of FSSA medical insurance enrollments at the end of FY17. Increase the reported FY17 number of medical insurance enrollments (n=300) by 5% each of the remaining years of the cycle (FY18-19). **Implementation Strategy** The Health Advocate (HA) from the Rural and Urban Access to Health department will educate people about available medical insurance options & assist with the application and submission processes. Enrollment goals by FY are: • FY17=300 (baseline) • FY18=315 • FY19=331	**FY17 – Year 1 Update: Community benefit=$50,782** During the first year of the implementation strategy, the HA helped 300 people obtain medical insurance. Using this number as the baseline, the hospital's overall enrollment goal for this three-year cycle (including FY17) will to help 946 people obtain medical insurance. **FY18 – Year 2 Update: Community benefit=$43,711** In year two of the strategy, the HA helped 309 people obtain medical insurance (FY18 goal=315; FY18 goal attainment=98%). Changes in HA staffing in FY18 may be the reason why the hospital did not fully reach its FY18 goal. **FY19 – Year 3 Update: Community benefit=Not Reported Yet** The hospital is currently in year 3, which is the last year of this CHNA cycle. FY19 will be reported and attached to the FY19 Form 990.

Exercise, Nutrition & Weight Status	**Goal**
	Reduce the number of families in the school's weekend feeding programs who self-report feeling food insecure in FY18 by 5% at the end of FY19.
	
	Implementation Strategy
	The hospital will contribute to a school weekend feeding program, which provides an additional food source for families with school-aged children. The program gives a backpack of nutritious food to a child (family member) enrolled in the participating school.
	
	After calculating 5% reduction of the baseline, the overall goal for the implementation strategy is to have 1 less family reporting to be food insecure in FY19. (NOTE: FY18 baseline=5 families reported being food insecure; 5% reduction=0.3 families, rounded up to 1 family; FY19 goal=4 families report being food insecure).
		FY17 – Year 1 Update: Community benefit=$14,137; Staff time=40.5 hours
		FY17 was structured as a planning year to increase the likelihood of program sustainability and success. In the first year of implementation, the hospital:
		• Completed a program checklist, which assisted in identifying a school, finding potential community partners, and assessing availability of hospital resources (completed by 9/30/16).
		• Met with program stakeholders to determine logistics (completed by 12/31/16).
		• Developed protocol describing how the weekend feeding program works and the hospital's role/contribution to the program over the three-year cycle (completed by 3/31/17). The hospital's described its role/contribution as:
		    o Contribution of funds for the program ($10,000/FY in FY17-19; total funding contribution=~$30,000)
		    o Donate fresh produce for backpacks three times per semester
		    o Provide staff time (1-2 associates) to assemble weekend feeding bags at least twice per FY

Significant Health Need Identified in Previous CHNA	Goals and Implementation Strategy	Indicators of Success
		• Sent a partner commitment letter to the school's principal outlining the hospital's contribution to the weekend feeding program in FY18 and FY19. This letter was signed by the hospital administrator then emailed and mailed via US Postal Service (completed by 6/30/17). **FY18 – Year 2 Update: Community benefit=$12,578; Staff time=39 hours** FY18 was an implementation year. The hospital distributed and collected surveys, then entered survey data into a secured St. Vincent web application at the beginning and end of the school year (twice a year in FY18). Analysis of survey #1-baseline showed (aggregated at the program level): • A total of 50 families participated in the program • 22% (n=11) of families responded to the baseline survey • 55% (n=6) reported being food secure • 45% (n=5) reported being food insecure Surveys #2 was administered in FY18. Consolidation and retirement of antiquated software systems necessitated migration of this data to a new system by the IT department. Analysis of this survey was rescheduled and will be completed in FY19. Additionally, surveys #3-4 will be administered in FY19. **FY19 – Year 3 Update: Community benefit=Not Reported Yet** The hospital is currently in year 3, which is the last year of this CHNA cycle. FY19 will be reported and attached to the FY19 Form 990.
Tobacco Use	**Goal** Increase the number of community training participants who screen and refer to the Indiana Tobacco Quitline by 10% by the end of FY19. **Implementation Strategy** Enhance existing state Quitline (1.800.QUIT.NOW) by offering Rx for Change training and education about referring to the Indiana Tobacco Quitline to any health care professional.	**FY17 – Year 1 Update: Community benefit=$3,220; Staff time=34.5 hours** The first year of this implementation cycle was designated as a planning year to increase the likelihood of program sustainability and success. A template to promote the trainings was developed at the system level. The template was customizable to meet individual market needs. During FY17, the hospital: • Completed a training checklist, which facilitated in identifying associates to become formally trained Rx for Change Trainers (completed by 9/30/16). • Sent 4 associates to attend an in-person Rx for Change "Train-the-Trainer" session. All 4 associates can deliver the Rx for Change curriculum to any health care professional (completed by 3/31/17). • Developed a distribution list of possible training participants (completed by 3/31/17). • Scheduled at least two dates Rx for Change trainings in your community in FY18 (completed by 3/31/17).

Significant Health Need Identified in Previous CHNA	Goals and Implementation Strategy	Indicators of Success
		FY18 – Year 2 Update: Community benefit=$6,177; Staff time=91.5 hours

The hospital offered 2 Rx for Change training to the community on November 1 and 3, 2017. A total of twenty-eight participants attended the training. Participants represented tobacco and cessation groups and St. Vincent Indianapolis (community members=3, 11%; St. Vincent associates=25, 89%). Each participant was eligible to earn two continuing education units for the training. The continuing education unit request form doubled as the baseline survey. To increase the response rate, participants were allotted two weeks to complete the brief, online form. The response rate for the baseline was 50% (n=14). NOTE: Due to a miscommunication between the hospital and Rx for Change teams, baseline questions about "Preferred Provider" status and changes in ask/advise/recommend/refer as a result of the training were not asked at baseline in any training before February 2018. However, all participants were asked to rate their overall ability to discuss cessation with patients. On a scale of 1-5 (Poor-Excellent), 7 (50%) participants rated their overall ability as "Very Good".

Thirty days after the training, a brief, follow-up survey was emailed to all participants (email address provided by participant). To increase the response rate, participants received a friendly reminder message with link to the survey once a week for four weeks. Participants who answered the email within the 4-week follow-up period were removed from the email queue and did not receive subsequent messages. Timestamps indicate that participants completed the survey within the first three weeks of the 4-week follow-up period. No incentives were offered for survey completion. A total of 20 participants completed the 30-day follow-up survey. Of those completing the follow-up survey:
- 5 (28%) participants reported being/working for an organization that is registered with the quitline as a "Preferred Provider"
- 16 (80%) participants reported asking more patients about tobacco use
- 16 (80%) participants reported advising more tobacco users to quit
- 11 (55%) participants reported recommending medications for quitting
- 12 (60%) participants reported referring patients to the tobacco quitline

Participants were also asked to consider the 30 days following the training and approximate the number of patients that they:
- Asked about tobacco use = ~220 (range of approximations = 0-60)
- Advising more tobacco users to quit = ~183 (range of approximations = 0-60) |

Significant Health Need Identified in Previous CHNA	Goals and Implementation Strategy	Indicators of Success
		• Recommending medications for quitting = ~69 (range of approximations = 0-25) • Referring patients to the quitline = ~66 (range of approximations = 0-25) Although the small size precludes detecting changes in screening behaviors with statistical significance, these findings provide may provide insight into: • Respondents awareness of their own/organizational status as a registered quitline "Preferred Provider" • Respondents perception of the number of patients they screen for tobacco use in a 30-day period • Hospital can determine next steps, if any, for similar programs in the future. **FY19 – Year 3 Update: Community benefit=Not Reported Yet** The hospital is currently in year 3, which is the last year of this CHNA cycle. FY19 will be reported and attached to the FY19 Form 990.