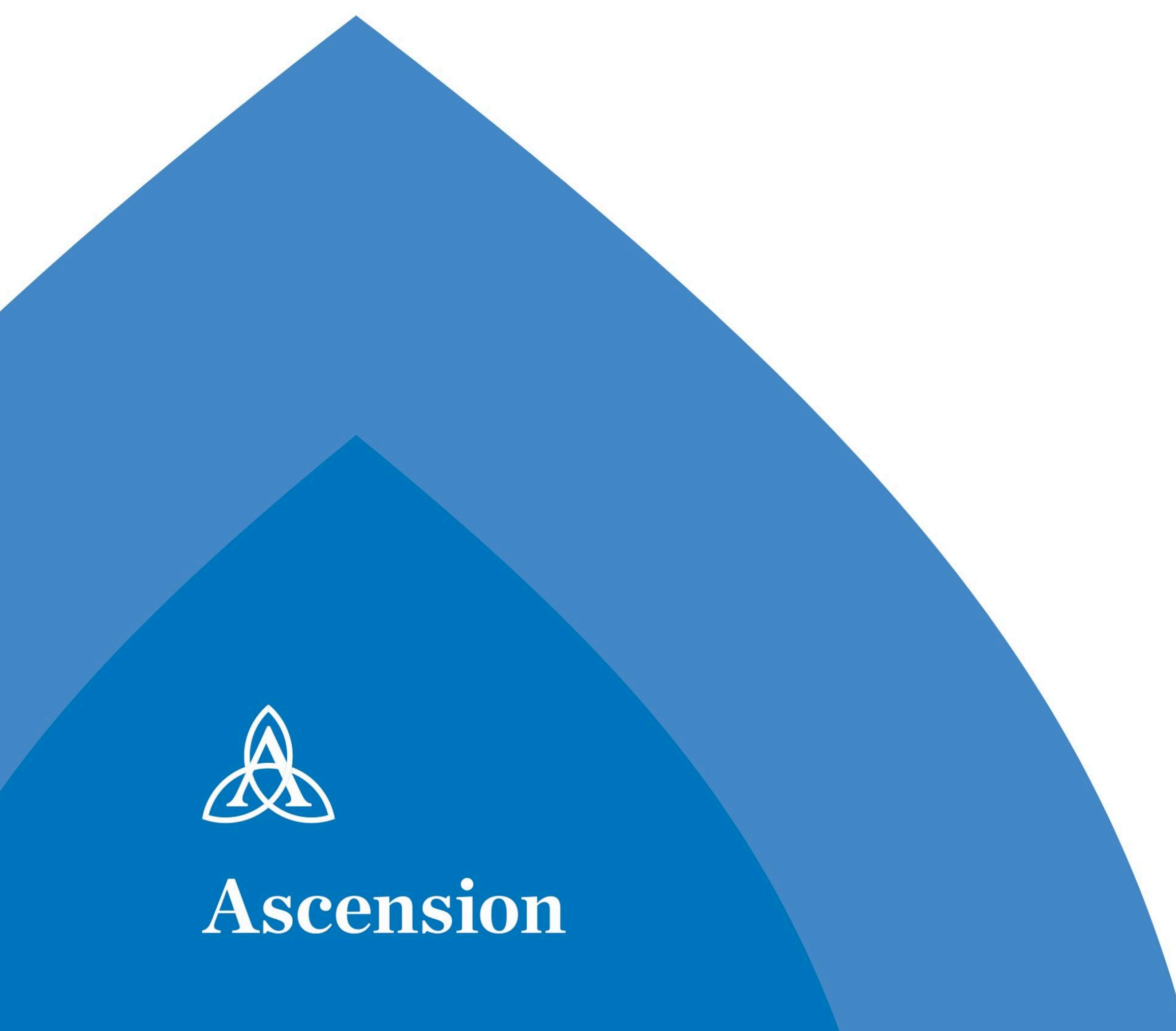
OrthoIndy

2024 Community Health Needs Assessment

Marion County, Indiana

Conducted July 1, 2024, to June 30, 2025



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The goal of this report is to offer a meaningful understanding of the most significant health needs across Marion County with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to respond to those needs. Special attention has been given to the needs of individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

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The 2024 Community Health Needs Assessment report was approved by the OrthoIndy Board of Directors on May 23, 2025, and applies to the following three-year cycle: July 2025 to June 2028 (FY 2026 - FY 2028). This report, as well as the previous report, can be found at their public website.

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

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Acknowledgements

The 2024 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Marion County. OrthoIndy is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to promote a healthier, more equitable place to live, work and play.

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

Executive Summary

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

Purpose of the CHNA

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

Community Served

Although OrthoIndy serves Marion County in addition to the surrounding areas, OrthoIndy has defined its “community served” as Marion County for the 2024 CHNA. Marion County was selected as OrthoIndy’s community because it is the primary service area of the hospital and its partners, and health data is readily available at the county level.

Data Analysis Methodology

The 2024 CHNA was conducted from July 2024 through June 2025, and utilized a process which incorporated data from both primary and secondary sources. Primary data sources included information provided by groups/individuals, e.g., community members, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and populations who are more marginalized and to unmet health needs or gaps in services. During 2024, a total of six community input meetings were held, eight key stakeholder interviews were conducted and 12 key stakeholders electronic surveys were completed. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

Community Needs

OrthoIndy, with contracted assistance from Verité Healthcare Consulting, analyzed secondary data and gathered community input through interviews, a key stakeholder survey and community input sessions to identify the needs of Marion County. In collaboration with community partners, OrthoIndy used a phased prioritization approach to determine the most crucial needs for community stakeholders to

address. The significant needs identified through this process are as follows, in alphabetical order:

- Access to Care
- Communicable Diseases / Sexually Transmitted Infections
- Food Security
- Maternal, Infant, and Child Health
- Mental Health Status and Access to Mental Health Services
- Obesity, Physical Inactivity, and Associated Chronic Disease
- Racial and Ethnic Health Disparities
- Social Drivers of Health, including:
    - Poverty
    - Affordable Housing
    - Food Insecurity
    - Transportation
- Substance Use Disorders, including Nicotine
- Violence and Crime

Next Steps and Conclusion

The 2024 CHNA was presented to the OrthoIndy Board of Directors for approval and adoption on May 23, 2025. Following approval of the CHNA, OrthoIndy will complete a prioritization matrix and develop an implementation strategy. The implementation strategy will focus on all or a subset of the significant needs, and will describe how the hospital intends to respond to those prioritized needs throughout the same three-year CHNA cycle: July 2025 to June 2024.

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

About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to individuals and communities at increased risk for poor health outcomes or affected by social factors that impact health.

Ascension

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

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

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

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

Ascension St. Vincent Indiana

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

OrthoIndy

In 2005, OrthoIndy established Indiana's first orthopedic specialty hospital, offering comprehensive care for bones, joints, spine, and muscles. With over 90 physicians, OrthoIndy specializes in leading-edge bone, joint, spine and muscle care, operating 11 locations across Central Indiana including two clinics situated on the campuses of Ascension St. Vincent Carmel and OrthoIndy Hospitals. Their service area encompasses Hamilton, Hendricks, Johnson, and Marion Counties. OrthoIndy is highly respected and has received numerous national and statewide honors from Healthgrades and serves as the official

orthopedic provider for the Indiana Pacers and Indiana Fever, and serves as the preferred provider for employees of the State of Indiana and Indianapolis Public Schools.

In 2009, OrthoIndy and St. Vincent formed a strategic partnership to enhance communication and extend their community outreach. This collaboration is formally maintained through Ascension St. Vincent Indianapolis Hospital.

For more information about OrthoIndy, visit OrthoIndy.com

About the Community Health Needs Assessment

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

Purpose of the CHNA

A CHNA is defined as "a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority community health needs."[1] The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with OrthoIndy' commitment to offer programs designed to respond to the health needs of a community, with special attention to persons who are medically underserved and at risk for poorer health outcomes because of social factors that put them at increased risk.

Advancing Health Equity

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

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

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

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

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

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

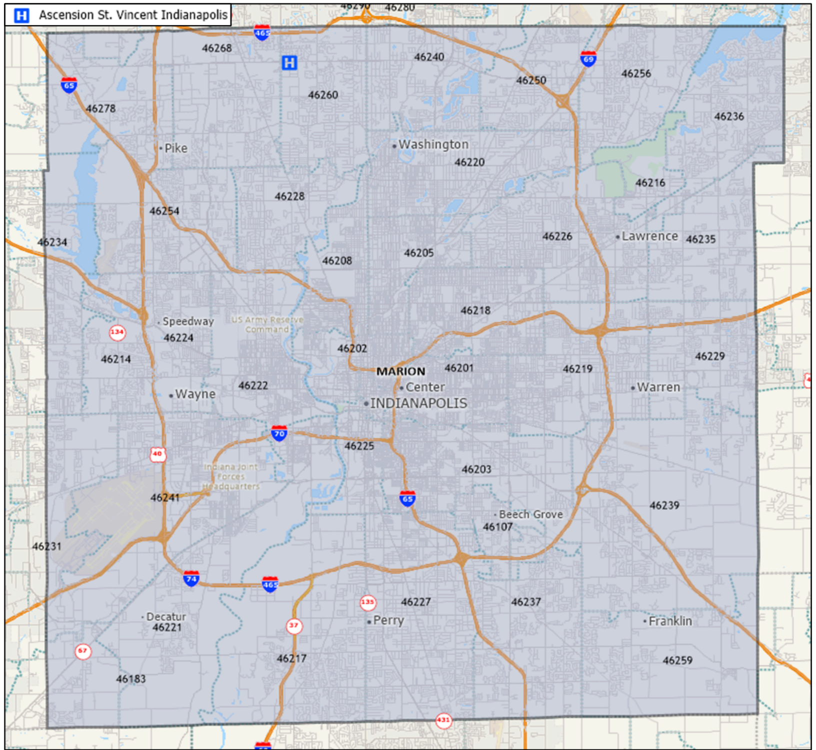
IRS 501(r)(3) and Form 990 Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3), and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic versions of these reports can be accessed at https://healthcare.ascension.org/CHNA, and paper versions can be requested at OrthoIndy's Information Desk in the main lobby.

Community Served and Demographics

Community Served

For the purpose of the 2024 CHNA, OrthoIndy has defined its community served as Marion County. Although OrthoIndy serves the surrounding areas, the "community served" was defined as such because (a) most of the service area is in the county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level. The map below portrays the community that was assessed.



Demographic Data

Located in Indiana, Marion County has a population of 969,466 and is the most populous county in the state. Below are demographic data highlights for Marion County.

- 24.4 percent of the community members of Marion County are 65 or older, compared to 16.9 percent in Indiana
- 88.4 percent of community members are non-Hispanic; 11.6 percent are Hispanic or Latino (any race)
- 51.8 percent of community members are non-Hispanic white; 4.4percent are Asian; 0.0 percent are American Indian or Alaska Native, and 29.1 percent are non-Hispanic Black or African American
- The total population is projected to increase from 2025 to 2030 by 1.7 percent, with the 65 and older population expected to increase by 9.2 percent
- The median household income is 6.0 percent below the state median income ($62,800 for Marion County; $66,800 for Indiana)
- The percent of all ages of people in poverty was higher than the state (15.2 percent for Marion County; 12.6 percent for Indiana)
- The uninsured rate for Marion County is higher than the state (10 percent for Marion County; 9 percent for Indiana)

Description of the Community

Demographic Highlights			
Population			
Indicator	**Marion County**	**Indiana**	**Description**
Percentage living in rural communities	0.9%	28.8%	
Percentage below 18 years of age	24.4%	23.0%	
Percentage 65 years of age and over	13.5%	16.9%	
Percentage Asian	4.4%	2.8%	
Percentage American Indian or Alaska Native	0.0%	0.1%	
Percentage Hispanic	11.6%	7.9%	
Percentage non-Hispanic Black	29.1%	9.9%	
Percentage non-Hispanic White	51.8%	77.0%	
Social and Community Context			
English proficiency	3.2%	1.4%	Proportion of community members who speak English "less than well"
Median household income	$62,776	$66,768	Income level at which half of households in a county earn more and half of households earn less
Percentage of children in poverty	21.0%	15.4%	Percentage of people under age 18 in poverty
Percentage of uninsured	10%	9%	Percentage of population under age 65 without health insurance
Percentage of educational attainment	87.3%	90.0%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Percentage of unemployment	3.2%	3.0%	Percentage of population ages 16 and older unemployed but seeking work

Source: County Health Rankings, 2024

To view community demographic data in their entirety, see Appendix B (Page 35).

Process and Methods Used

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

Collaborators and/or Consultants

With the contracted assistance of Verité Healthcare Consulting, OrthoIndy completed its 2024 CHNA in collaboration with the following organizations:

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

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

Data Collection Methodology

Primary data were gathered through community input sessions with a range of public health and social service providers that represent the broad interests of community members. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

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

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

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

Summary of Community Input

Community input, also referred to as "primary data," is an integral part of a community health needs assessment (CHNA) and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community's health needs. As noted previously, a concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research; 2) individuals who are medically underserved, low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including eight key stakeholder interviews, six community input sessions (four were conducted for general health needs and two were conducted for maternal, child, and infant health needs) and a key stakeholder electronic survey, for which 12 individuals completed. These methods provided additional perspectives on selecting and responding to top health issues facing Marion County. A summary of the process and results is outlined below.

Community Input Sessions

Four general community input sessions were conducted to gather feedback from the community on the health needs and assets of Marion County. Sixty-two individuals participated in the community input sessions, held between April 2024 and June 2024. Sectors represented by participants included academia, community-based organizations, faith-based organizations, health care systems & providers, local government, media, philanthropic organizations, the Public Health Department of Marion County, and research institutions.

Community Input Sessions
Key Summary Points
• **Access to health care services** is problematic across the community, irrespective of insurance coverage. • Case management of individuals with **chronic disease and/or medical complexity** can be especially challenging. • **Mental health services** are difficult to access and holistic approaches that integrate mental health, chronic disease, and substance use disorder are needed. • **Substance misuse** remains an ongoing issue, and many community members do not understand the risks of using tobacco, vapes, and marijuana. • **Social drivers of health**, such as inadequate housing and transportation, compound health needs. • **Vulnerable populations** that are especially susceptible to disparate health outcomes include racial and ethnic minorities, older adults, LGBTQ residents, and immigrants. • **Workforce shortages** have substantial impacts on the ability of health care providers to meet demands for services.

Sectors Represented	Common Themes
● Academia ● Community Based Organizations ● Faith-based Organizations ● Health Care Systems & Providers ● Local Government ● Media ● Philanthropic Organizations ● Public Health Department of Marion County ● Research Institutions	● More chronic disease and behavioral health services are needed. ● Financial constraints limit access to basic needs and health care services. ● Reliable transportation increases access to food, services, and supplies. ● Cultural competence in native languages improves outcomes. ● Navigating changing services provided by different community organizations is difficult. ● Some residents hesitate to seek assistance because of stigma. ● ALICE (Asset Limited, Income Constrained, Employed) families struggle. ● Racial/ethnic minorities, immigrants, older adults, children, and lower-income residents are especially vulnerable to unmet needs.
Meaningful Quotes	
● We have resources but we are lacking long-term solutions and/or connection between resources. ● Bridge gaps between social and health care worlds to build a holistic approach to patient care. ● When your caseload is 200+ people, you cannot help each person individually.	

Community Input Sessions - Maternal, Infant, and Child Health

Two community input sessions for maternal, child, and infant health were conducted to gather feedback from the community on the health needs and assets of Marion County. Forty-six individuals participated in the community input sessions, held in June 2024. Sectors represented by participants included advocacy groups, community-based organizations, health care systems & providers, local government, public health, and schools.

Community Input Sessions - Maternal, Infant, and Child Health	
Key Summary Points	
● **Poor access to high-quality services**, including education, contribute to long-lasting disparities in health outcomes. ● **Gaps in social infrastructure** negatively impact the health of pregnant women, infants and children. ● Families most likely to experience insecurity with **basic needs of food, housing, and safety** are those comprised of racial/ethnic minorities, low-income residents, and/or immigrants. ● **Food deserts** and **pharmacy deserts** hinder well-being, and wellness can be fostered through available **community resource**s, such as grocery stores and pharmacies, as well as **environmental resources**, such as sidewalks, parks, and recreational resources. ● Challenges to healthy outcomes are exacerbated by **substance misuse** within the family. ● Inadequate **health literacy** can complicate pregnancies and outcomes. ● **Affordable childcare** is difficult to find.	
Sectors Represented	**Common Themes**
● Advocacy Groups ● Community Based Organizations ● Health Care Systems & Providers ● Local Government ● Public Health Department of Marion County ● Schools	● Food and housing insecurities negatively impact health. ● Reliable transportation is key to getting medical services and groceries. ● Navigators can help residents receive a range of community-based services. ● Residents fail to thrive when there are gaps in basic needs
Meaningful Quotes	
● There are lots of requests for housing but no resources for single fathers in need of transitional housing or assistance. ● Frontline workers need access to continuing education. ● Relatively small grant dollars to community organizations can get resources to community folks.	

Key Stakeholder Survey

A key stakeholder survey, developed and administered by the hospital's collaborator, IU Health, was conducted to understand the community's perception of needs based on key stakeholders' experiences and feedback from clients/patients. Twelve key stakeholders participated in the survey, held in July 2024. The data gathered and analyzed provides valuable insight into the issues of importance to the community.

<table>
<tr><th colspan="2">Key Stakeholder Survey</th></tr>
<tr><th colspan="2">Key Summary Points</th></tr>
<tr><td colspan="2">● Chronic diseases and contributing lifestyle factors are prevalent throughout the community.
● Inadequate access to primary health care is compounded by financial and insurance barriers.
● Lack of access to behavioral health services contributes to poor mental health in residents across the community.
● Disparities in health outcomes are linked to poverty and social drivers of health, such as food and housing insecurities, violence, and limited health and English language literacy.
● Residents most likely to be underserved are people experiencing homelessness and poverty, racial/ethnic minorities, and undocumented immigrants.
● Infant mortality, an indicator of a community's health, is increasing due, in part, to substance use and lack of providers.</td></tr>
<tr><th>Sectors Represented</th><th>Common Themes</th></tr>
<tr><td>● Academia
● Community Based Organizations
● Faith-based Organizations
● Health Care Providers
● Media
● Philanthropic Organizations
● Public Health Department of Marion County</td><td>● Chronic diseases, such as diabetes and hypertension, are exacerbated by behaviors, including unhealthy eating and tobacco use.
● Mental and behavioral health care needs exceed the supply of providers, are compounded by stigma, and are impacted by insurance coverage restrictions.
● Basic needs insecurity includes lack of safe and affordable housing.
● Health outcomes could be improved by increasing collaboration among providers across the spectrum of health-related services.</td></tr>
<tr><th colspan="2">Meaningful Quotes</th></tr>
<tr><td colspan="2">● Newcomers to the area often lack transportation to services.
● Financial institutions are missing in vulnerable neighborhoods.
● Families in this area are being left behind from health education due to language barriers and health illiteracy.
● Citizens are eager to contribute to the community.
● To improve the health of Marion County/Indianapolis, ask community members what's needed.</td></tr>
</table>

Key Stakeholder Interviews

Eight interviews were conducted to gather feedback from key stakeholders on the health needs and assets of the State of Indiana and Marion County. Eight representatives from eight different organizations and agencies participated in the interviews, held between June 2024 and August 2024. Sectors represented by participants included advocacy groups, community-based organizations, a state minority health organization, the Indiana Department of Health, and the Marion County Public Health Department.

<table>
<tr><th colspan="2">Key Stakeholder Interviews</th></tr>
<tr><th colspan="2">Key Summary Points</th></tr>
<tr><td colspan="2">

- **Poor health behaviors**, illustrated by rates of obesity and smoking/vaping, continue to be high and are reflected in health outcomes, including a decrease in life expectancy.
- **Social drivers of health**, including English literacy, have a direct impact on health outcomes.
- **Safe and affordable housing** is critical to healthy outcomes, including home ownership, as well as housing that allows older adults to age in place.
- Access to **affordable primary care** outside of work hours is challenging, as is access to medical specialists at any time.
- **Substance use disorder** and **poor mental health** are experienced throughout the community and illustrated with high suicide rates among young adults, yet services are limited.
- **Workforce shortages** are big issues and aging populations will increase demand, yet younger people are not entering social care and healthcare positions in sufficient numbers to meet current and projected future demand.
- **Regulatory requirements and payment rates** limit the ability of providers to serve the community.
- **Maternal and infant health issues**, including infant mortality, are especially prevalent among immigrant community members.

</td></tr>
<tr><th>Sectors Represented</th><th>Common Themes</th></tr>
<tr><td>

- Advocacy Groups
- Community Based Organizations
- Health Care Systems & Providers
- Indiana Department of Health
- Marion County Public Health Department

</td><td>

- Basic need insecurities, including food and housing, are increasing and these insecurities negatively impact health.
- Lack of adequate transportation hinders access to basic needs.
- Populations of concern include racial and ethnic minorities, children and youth, older populations, veterans, people living in rural areas, new neighbors, and low-income community members.

</td></tr>
<tr><th colspan="2">Meaningful Quotes</th></tr>
<tr><td colspan="2">

- I want to acknowledge the loneliness epidemic – isolation is a huge issue, and we should encourage socialization.
- Time is limited among organizations so sometimes partnerships are hard to develop.
- The pandemic proved that the government can be a force of good.
- People with medically complex conditions usually have basic need insecurities and may have behavioral health issues.
- There is a need for training and mentoring to address the steep learning curve when providers transition from the academia environment to an underserved community environment.

</td></tr>
</table>

To view community input data in its entirety, see Appendix C (Page 38).

Summary of Secondary Data

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

Health indicators in the following categories were reviewed:

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

- Health Behaviors
- Disparities

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

The total population of Marion County is projected to increase by 1.7 percent between 2025 and 2030 to approximately 982,759 persons. The 65+ population is projected to grow 9.2 percent.

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

- Premature death - Years of potential life lost before age 75
- Life expectancy
- Infant mortality
- Poor or fair health - Percentage of adults reporting fair or poor health
- Poor physical health days - Average number of physically unhealthy days reported
- Frequent physical distress - Percentage of adults with 14 or more days of poor physical health per month
- Low birth weight - Percentage of babies born too small (less than 2,500 grams or five lbs 8 oz)
- Poor mental health days - Average number of mentally unhealthy days reported
- Suicide
- Diabetes prevalence
- Cancer deaths
- HIV prevalence
- Sexually transmitted infections
- Median household income
- Poverty
- Childhood poverty
- High school completion
- Some college
- Children in single-parent homes
- Disconnected youth
- Violent crime
- Food environment index
- Food insecurity
- Limited access to healthy foods
- Severe housing cost burden
- Severe housing problems
- Air pollution: particulate matter
- Home ownership

- Uninsured adults
- Preventable hospital stays
- Mammography screenings
- Adult obesity
- Physical inactivity
- Insufficient sleep
- Motor vehicle crash deaths
- Teen births
- Adult smoking
- Alcohol-impaired driving deaths
- Overdose deaths: any opioids by state

Additional details are below.

- Numerous census tracts are identified as Medically Underserved Areas or Medically Underserved Populations (MUA/Ps)
- Census blocks in Indianapolis and throughout Marion County are identified as areas with high levels of socioeconomic disadvantage
- Numerous census tracts throughout Marion County have been identified as food deserts, and numerous other census tracts throughout Marion County have been low-income areas.

To view the secondary data and sources in their entirety, see Appendices B, D1, and D2 (Pages 35, 39 & 46).

Written Comments on Previous CHNA and Implementation Strategy

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

Data Limitations and Information Gaps

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

For this assessment, three types of limitations were identified:

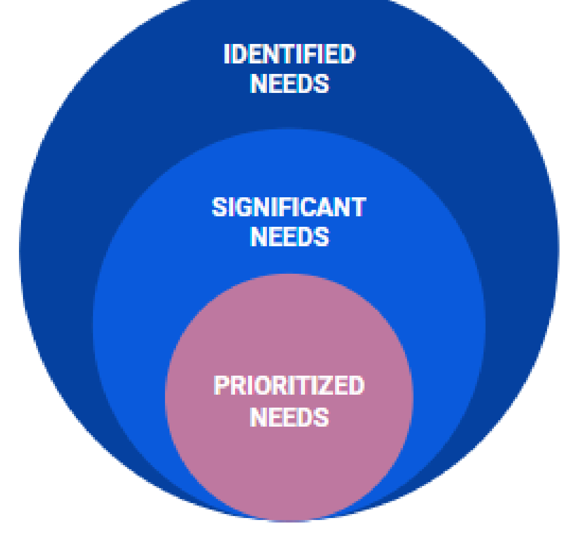
- Some groups of individuals may not have been adequately represented through the community input process. For example, these groups may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach, and ability to fully reflect the health conditions of all populations within the community.

- An acute community concern may significantly impact a hospital's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation that may be severe and sudden in onset or newly affects a community. Such an event or situation may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the 2024 CHNA, no acute community concerns were identified.

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

Community Needs

OrthoIndy, with contracted assistance from Verité Healthcare Consulting, analyzed secondary data of numerous indicators and gathered community input through six community input meetings with community representatives, eight key stakeholder interviews and 12 key stakeholder electronic surveys to identify the needs in Marion County. In collaboration with community partners, OrthoIndy used a phased prioritization approach to identify the needs.



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

Following the completion of the CHNA assessment, OrthoIndy will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may respond to many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. The image above portrays the relationship between the needs categories.

Identified Needs

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

Significant Needs

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

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

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

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

- Access to Care
- Communicable Diseases/STDs
- Food Security
- Maternal, Infant, and Child Health
- Mental Health Status and Access to Mental Health Services
- Obesity, Physical Inactivity, and Associated Chronic Disease
- Racial and Ethnic Health Disparities
- Social Drivers of Health, including:
  - Poverty
  - Affordable Housing
  - Food Insecurity
  - Transportation
- Substance Use Disorders, including Nicotine
- Violence and Crime

To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix E (Page 53).

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

Access to Care	
Significance	**Populations Most Impacted**
When barriers to accessing health care services are present, community health suffers. A wide array of factors can affect access, including provider supply, transportation, language and cultural competency, cost, availability of needed specialty services, limited insurance benefits, limited education regarding available services and how to use them, and others.	• Immigrants • LGBTQ residents • Low-income persons • Racial and ethnic minorities • Older adults
Community Input Highlights	
• Access to health care services is problematic across the community, irrespective of insurance coverage. • Workforce shortages have substantial impacts on the ability of health care providers to meet demands for services. • Chronic diseases, such as diabetes and hypertension, are exacerbated by behaviors, including unhealthy eating and tobacco use.	
Secondary Data Highlights	
• The percentage of adults reporting diagnosed diabetes prevalence is higher in Marion than overall Indiana and U.S. percentages, 12 percent, 11 percent, and 10 percent, respectively. • Marion County's 65 years and older population is projected to grow 9.2 percent between 2025 and 2030. Population growth will increase need and demand for access to health care services. • Preventatable hospital stays are higher in Marion County than overall Indiana and U.S. rates, 3,372, 3,135, and 2,681 hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees, respectively. • Diabetes prevalence and cancer deaths in Marion County are higher than overall Indiana and U.S. averages. • Marion County's 65 years and older population is projected to grow 9.2 percent between 2025 and 2030. Population growth will increase need and demand for access to health care services. • Preventatable hospital stays are higher in Marion County than overall Indiana and U.S. rates	

Communicable Diseases / Sexually Transmitted Infections	
Significance	**Populations Most Impacted**
Sexually transmitted infections (STIs) are infections that require treatment, are highly contagious, and can develop into serious diseases. Some STIs, such as HIV cannot be cured and can be deadly. Many STIs are chronic conditions such as herpes and Hepatitis B. Pelvic inflammatory disease is a complication of gonorrhea and chlamydia and can leave women unable to have children and can also be deadly. If an STI is passed on to a newborn, the baby can suffer permanent harm or death.	• Persons with more than one sex partner • Persons who have sex with someone who has had many partners • Persons not using a condom when having sex • Persons who share needles when injecting intravenous drugs • Persons who trade sex for money or drugs
Community Input Highlights	
• Some residents hesitate to seek assistance because of stigma. • Chronic diseases and contributing lifestyle factors are prevalent throughout the community. • There's a really steep learning curve to working with disadvantaged communities.	
Secondary Data Highlights	
• The rate of HIV prevalence in Marion County is higher than Indiana and U.S. rates • The rate of sexually transmitted infections is higher in Marion County than Indiana and U.S. rates.	

Food Security	
Significance	**Populations Most Impacted**
Food insecurity is a disruption of food intake or eating patterns because of lack of money or other resources. Adults who are food insecure can be at risk for a variety of negative health outcomes and disparities, including rates of obesity and chronic diseases. Food insecure children may also be at an increased risk of obesity, developmental problems, and mental health issues.	● High risk populations include those with low or limited income due to low wages and under-employment or unemployment. ● Children with unemployed parents have higher rates of food insecurity than children with parents who are employed. ● Racial and ethnic disparities exist related to food insecurity ● Adults with disabilities.
Community Input Highlights	
● Food deserts and pharmacy deserts hinder well-being, and wellness can be fostered through available community re ● ALICE (Asset Limited, Income Constrained, Employed) families struggle. ● Food and housing insecurities negatively impact health.	
Secondary Data Highlights	
● More than one-in-four households in Marion County are ALICE households. ● 10 percent of Marion County residents are food insecure. ● Numerous census tracts throughout Marion County have been identified as food deserts.	

Maternal, Infant, and Child Health	
Significance	**Populations Most Impacted**
The health of mothers, infants, and children determines the future health of families, communities, and the health care system.	● Families with low or limited income due to low wages and under-employment or unemployment. ● Racial and ethnic disparities exist ● Single-parent households, including single-father families
Community Input Highlights	
● Challenges to healthy outcomes are exacerbated by substance misuse within the family. ● Inadequate health literacy can complicate pregnancies and outcomes. ● Affordable childcare is difficult to find. ● Infant mortality is increasing due, in part, to substance use and lack of providers. ● Maternal and infant health issues, including infant mortality, are especially prevalent among immigrant community members.	
Secondary Data Highlights	
● The infant mortality rate in Marion County is higher than Indiana and U.S. rates. ● The percentage of low birth weight births is higher in Marion County than Indiana and U.S. percentages. ● The percentage of residents under 18 in poverty is higher than Indiana and U.S. percentages. ● The percentage of children in single parent households is higher than Indiana and U.S. percentages.	

Mental Health Status and Access to Mental Health Services	
Significance	**Populations Most Impacted**
Mental disorders are among the top causes of disability and disease burdens. Mental health and physical health are closely connected.	● Community members with limited financial resources or without mental health insurance benefits have additional difficulties accessing services. ● Older adults and other community members who have been experiencing isolation also are particularly vulnerable to poor mental health status.
Community Input Highlights	
● Mental health services are difficult to access and holistic approaches that integrate mental health, chronic disease, and substance use disorder are needed. ● Some residents hesitate to seek assistance because of stigma. ● Mental and behavioral health care needs exceed the supply of providers, are compounded by stigma, and are impacted by insurance coverage restrictions. ● People with medically complex conditions may be at risk for basic need insecurities and may have behavioral health issues.	
Secondary Data Highlights	
● The average number of poor mental health days among Marion County residents is higher than Indiana and U.S. averages. ● The Marion County rate of suicide is higher than the U.S. rate.	

Obesity, Physical Inactivity and Associated Chronic Disease	
Significance	**Populations Most Impacted**
Good nutrition, physical activity, and a healthy body weight all contribute to overall health and well-being and, collectively, can help manage and decrease the risk of obesity and serious health conditions.	● People with poor diets and who are physically inactive are most vulnerable.
Community Input Highlights	
● Poor health behaviors, illustrated by rates of obesity and smoking/vaping, continue to be high and are reflected in health outcomes, including a decrease in life expectancy. ● Chronic diseases and contributing lifestyle factors are prevalent throughout the community. ● Chronic diseases, such as diabetes and hypertension, are exacerbated by behaviors, including unhealthy eating and tobacco use.	
Secondary Data Highlights	
● 37 percent of Marion County adults aged 20 and over report a body mass index (BMI) greater than or equal to 30 kg/m2, the same percentage as Indiana and higher than the 34 percent for the U.S. overall. ● 27 percent of Marion County adults aged 20 and over report no leisure time physical activity, higher than both the Indiana percentage of 25 percent, and U.S. percentage of 23 percent. ● 12 percent of Marion County adults aged 20 and above have diagnosed diabetes, higher than both the Indiana percentage of 11 percent, and U.S. percentage of 10 percent.	

Racial and Ethnic Health Disparities	
Significance	**Populations Most Impacted**
The data show that racial and ethnic minority groups, throughout the United States, experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their White counterparts. Additionally, the life expectancy of non-Hispanic/Black Americans is four years lower than that of White Americans.	• Racial and ethnic minority groups including Black, Hispanic (or Latino), Asian and refugee populations.
Community Input Highlights	
• Vulnerable populations that are especially susceptible to disparate health outcomes include racial and ethnic minorities, older adults, LGBTQ residents, and immigrants. • Families most likely to experience insecurity with basic needs of food, housing, and safety are those comprised of racial/ethnic minorities, low-income residents, and/or immigrants. • Populations of concern include racial and ethnic minorities, children and youth, older populations, veterans, people living in rural areas, new neighbors, and low-income community members.	
Secondary Data Highlights	
• The premature death rate for Non-Hispanic Black / African American residents is higher than other population cohorts. • The percentage of low-birth weight births for Non-Hispanic Black / African American residents is higher than percentages for other population cohorts.	

Social Drivers of Health, including Poverty, Affordable Housing, Food Insecurity, and Transportation	
Significance	**Populations Most Impacted**
Contributors to health outcomes include access to social and economic opportunities, such as community resources, school quality, environment conditions, and social interactions.	• Children and youth • Low-income community members • New neighbors • Older populations • People living in rural areas • Racial and ethnic minorities • Veterans
Community Input Highlights	
• Social drivers of health, such as inadequate housing and transportation, compound health needs. • Financial constraints limit access to basic needs and health care services. • Food deserts and pharmacy deserts hinder well-being, and wellness can be fostered through available community resources, such as grocery stores and pharmacies, as well as environmental resources, such as sidewalks, parks, and recreational resources. • Reliable transportation is key to getting medical services and groceries.	

Secondary Data Highlights
• The percentage of people with incomes below the federal poverty guideline is higher in Marion County than the overall Indiana and U.S. percentages, 15.2 percent, 12.6 percent, and 12.8 percent, respectively. • The median household income in Marion County is lower than the overall Indiana and U.S. medians, $62,800, $66,800, and $74,800, respectively. • The percentage of households in Marion County that spend 50 percent or more of their household income on housing is higher than the overall U.S. percentage, 15 percent and 14 percent, respectively. • Census blocks in Indianapolis and throughout Marion County have high levels of socioeconomic disadvantage. • Numerous census tracts throughout Marion County have been identified as food deserts, while numerous other census tracts throughout Marion County have been identified as low-income areas.

Substance Use Disorders, including Nicotine	
Significance	**Populations Most Impacted**
Substance use disorders have a significant impact on individuals, families, and communities. Impacts are cumulative and result in costly social, physical, mental, and public health issues.	• According to the CDC, smoking is most prevalent for the following categories of adults: men, people 45-64 years of age, non-Hispanic American Indiana/Alaska Native, adults with a disability, people with severe generalized anxiety disorder, and people with severe depression[4] • People with untreated mental health conditions.
Community Input Highlights	
• Substance misuse remains an ongoing issue, and many community members do not understand the risks of using tobacco, vapes, and marijuana. • Challenges to healthy outcomes are exacerbated by substance misuse within the family. • Substance use disorder and poor mental health are experienced throughout the community and illustrated with high suicide rates among young adults, yet services are limited.	
Secondary Data Highlights	
• The percentage of adults who are current smokers is higher in Marion County than the overall Indiana and U.S. percentages, 20 percent, 18 percent, and 15 percent, respectively. • The percentage of alcohol-impaired driving deaths is higher in Marion County than the overall Indiana percentage, 23 percent and 18 percent, respectively. • The overdose death rate by any opioids per 100,000 persons is higher in Marion County than the overall rates of Indiana and the U.S., 59, 34, and 27 opioid-related deaths by state per 100,000 persons, respectively.	

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

Violence and Crime	
Significance	**Populations Most Impacted**
Crime and violence experienced by individuals living in a community is a critical public health issue. Violence can lead to premature death and cause injuries. Many who survive violent crime have ongoing physical pain and suffering as well as mental distress and reduced quality of life. People who are fearful of crime in their community may engage in less physical activity and social activities.	● Youth and young adults (ages 10-34), particularly those in Black and Latino communities, are disproportionately impacted.[5]
Community Input Highlights	
● Gaps in social infrastructure negatively impact the health of pregnant women, infants and children. ● Families most likely to experience insecurity with basic needs of food, housing, and safety are those comprised of racial/ethnic minorities, low-income residents, and/or immigrants. ● Basic needs insecurity includes lack of safe and affordable housing.	
Secondary Data Highlights	
● The number of reported violent crime offenses per 100,000 population is higher in Marion County than the overall Indiana and U.S. rates, 1,027.6, 306.2, and 369.8 violent crime offenses per 100,000 population, respectively. ● The percentage of disconnected youth is higher in Marion County than the overall Indiana and U.S. percentages, 8 percent, 6 percent, and 7 percent, respectively. ● The 2016-2020 mortality rate for homicide in Marion County is more than double the overall Indiana rate and more than triple the overall U.S. rate, 19.6, 7.8, and 6.4 per 100,000 per 100,000, respectively.	

Next Steps

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

[5] About Community Violence, Centers for Disease Control and Prevention; 2024. See https://www.cdc.gov/community-violence/about/index.html.

Summary of Impact of the Previous CHNA Implementation Strategy

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

OrthoIndy 's 2021 CHNA Implementation Strategy responded to the following priority health needs: access to care and mental health.

Highlights from OrthoIndy 's 2021 CHNA Implementation Strategy include:

- The hospital's foundation exceeded its goal by increasing financial support of organizations addressing access to care from $673,748 in FY23 to $722,958 in FY24, for a 7% increase.
- The hospital's foundation exceeded its goal by increasing financial support of organizations addressing mental health from $26,140 from FY23 to $105,500 in FY24, for a 304% increase.

Written input received from the community and a report on the actions taken to respond to the significant health needs prioritized in the 2021 CHNA implementation strategy can be found in Appendix F (Page 55).

Approval by OrthoIndy Board of Directors

To ensure OrthoIndy's efforts meet the needs of the community and have a lasting and meaningful impact, the 2024 CHNA was presented to the OrthoIndy Board of Directors for approval and adoption on May 23, 2025. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the reports also demonstrates that the board is aware of the findings from the CHNA, endorses the health needs identified, and supports the strategies developed to respond to those needs.

Conclusion

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

As a Catholic health ministry, OrthoIndy is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals but the communities it serves. With special attention to those who are underserved and marginalized, we are advocates for a compassionate and just society through our actions and words. OrthoIndy is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit Ascension's public website (https://healthcare.ascension.org/chna) to submit any comments or questions.

Appendices

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Appendix A: Definitions and Terms

Catholic Health Association of United States (CHA) "is recognized nationally as a leader in community benefit planning and reporting."[6] The definitions in Appendix A are from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II,* which can be found at chausa.org.

Community Input

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

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

The proposed regulations also provide:

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

Demographics

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

Key Stakeholder Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone (including computer/video calls). In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key Stakeholders may include leaders of community

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

organizations, service providers, and elected officials. Individuals with special knowledge or expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health.

Medically Underserved Populations

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

Surveys

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

Appendix B: Community Demographic Data and Sources

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

Table 1: Population

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

Population	Marion County	Indiana	U.S.
Total	969,466	6,833,037	333,287,557
Male	48.5%	49.7%	49.6%
Female	51.5%	50.3%	50.4%

Source: County Health Rankings, 2024

Table 2: Population by Race and Ethnicity

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

Race or ethnicity	Marion County	Indiana	U.S.
Asian	4.4%	2.8%	6.3%
Non-Hispanic Black / African American	29.1%	9.9%	12.6%
Hispanic / Latino	11.6%	7.9%	19.1%
American Indian or Alaska Native	0.5%	0.4%	1.3%
Non-Hispanic White	51.8%	77.0%	58.9%

Source: County Health Rankings, 2024

Table 3: Population by Age

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

Age	Marion County	Indiana	U.S.
Median age	34.4	38.0	38.5
Ages 0-17	24.4%	23.0%	21.7%
Ages 18-64	62.1%	60.1%	61.0%
Ages 65+	13.5%	16.9%	17.3%

Source: County Health Rankings, 2024

Table 4: Income

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

Income	Marion County	Indiana	U.S.
Median household income	$62,800	$66,800	$74,800
Per capita income	$34,796	$35,578	$41,261
People with incomes below the federal poverty guideline	15.2%	12.6%	12.8%
ALICE households	27.7%	27.0%	28.6%

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

Table 5: Education

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

Income	Marion County	Indiana	U.S.
High school diploma or higher	87%	90%	89%
Bachelor’s degree or higher	33%	28%	34%

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

Table 6: Insured/Uninsured

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

Income	Marion County	Indiana	U.S.
Uninsured	10%	9%	10%
Medicaid Participation, not Eligible	26.5%	20.7%	21.2%

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

Appendix C: Community Input Data and Sources

Community Input Sessions and Key Stakeholder Interviews

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

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

Appendix D1: Secondary Data and Sources

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

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

How to Read These Charts

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

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

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

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

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

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

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

Table 7: Health Outcomes

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

Indicators	Trend	Marion County	Indiana	U.S.	Description
Length of Life					
Premature death	☒	11,800	9,300	8,000	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy	N/A	73.8	75.6	77.6	How long the average person is expected to live
Infant mortality	N/A	8	7	6	Number of all infant deaths (within one year) per 1,000 live births
Physical Health					
Poor or fair health	N/A	19%	16%	14%	Percentage of adults reporting fair or poor health
Poor physical health days	N/A	3.9	3.5	3.3	Average number of physically unhealthy days reported in the past 30 days (age-adjusted)
Frequent physical distress	N/A	12%	11%	10%	Percentage of adults with 14 or more days of poor physical health per month
Low birth weight	N/A	10%	8%	8%	Percentage of babies born too small (less than 2,500 grams or 5 lbs. 8 oz.)
Falls 65+ (by state)	N/A		30.8%	27.6%	Older adult falls reported by state, 2021
Fall fatalities 65+ (by state)	N/A		58.2	78.0	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population, 2021
Mental Health					
Poor mental health days	N/A	5.4	5.2	4.8	Average number of mentally unhealthy days reported in the past 30 days
Frequent mental distress	N/A	17%	17%	15%	Percentage of adults reporting 14 or more days of poor mental health per month
Suicide	N/A	15	16	14	Number of deaths due to suicide per 100,000
Morbidity					
Diabetes prevalence	N/A	12%	11%	10%	Percentage of adults ages 20 and above with diagnosed diabetes
Cancer deaths (by state)	N/A	172.0	166.7	149.4	Average annual cancer death rate per 100,000
Communicable Disease					
HIV prevalence	N/A	625	217	382	Number of people ages 13 years and over with a diagnosis of HIV per 100,000
Sexually transmitted infections	☒	1,102.7	510.7	495.5	Number of newly diagnosed chlamydia cases per 100,000

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

Table 8: Social and Economic Factors

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

Indicator	Trend	Marion County	Indiana	U.S.	Description
Economic Stability					
Median household income	N/A	$62,800	$66,800	$74,800	The income where half of households in a county earn more and half of households earn less
Unemployment	▲	3%	3%	4%	Percentage of population ages 16 and older unemployed but seeking work
Poverty	N/A	15.2%	12.6%	12.8%	Percentage of population living below the federal poverty line
Childhood poverty	▲	21%	15%	16%	Percentage of people under age 18 in poverty
Educational Attainment					
High school completion	N/A	87%	90%	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some college	N/A	63%	63%	68%	Percentage of adults ages 25-44 with some post-secondary education
Social/Community					
Children in single-parent homes	N/A	34%	24%	25%	Percentage of children who live in a household headed by a single parent
Social associations	N/A	11.4	11.8	9.1	Number of membership associations per 10,000 population
Disconnected youth	N/A	8%	6%	7%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Violent crime	N/A	1,027.6	306.2	369.8	Number of reported violent crime offenses per 100,000 population
Access to Healthy Foods					
Food environment index	N/A	7.2	6.8	7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)
Food insecurity	N/A	11%	11%	10%	Percentage of the population who lack adequate access to food
Limited access to healthy foods	N/A	12%	9%	6%	Percentage of the population who are low-income and do not live close to a grocery store

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

Table 9: Physical Environment

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

Indicator	Trend	Marion County	Indiana	U.S.	Description
Physical Environment					
Severe housing cost burden	N/A	15%	11%	14%	Percentage of households that spend 50 percent or more of their household income on housing
Severe housing problems	N/A	17%	12%	17%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities
Air pollution: particulate matter	✅	12.6	8.8	7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Home ownership	N/A	55%	70%	65%	Percentage of occupied housing units that are owned

Source: County Health Rankings, 2024

Table 10: Clinical Care

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

Indicator	Trend	Marion County	Indiana	U.S.	Description
Healthcare Access					
Uninsured	✅	10%	9%	10%	Percentage of population under age 65 without health insurance
Uninsured adults	✅	12%	10%	12%	Percentage of adults under age 65 without health insurance
Uninsured children	✅	5%	6%	5%	Percentage of children under age 19 without health insurance
Primary care physicians	⚠	1,280:1	1,520:1	1,330:1	Ratio of the population to primary care physicians
Mental healthcare providers	N/A	270:1	500:1	320:1	Ratio of the population to mental healthcare providers
Hospital Utilization					
Preventable hospital stays	✅	3,372	3,135	2,681	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
Preventive Healthcare					
Flu vaccinations	✅	51%	50%	46%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination
Mammography screenings	✅	44%	45%	43%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening

Source: County Health Rankings, 2024

Table 11: Health Behaviors

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

Indicator	Trend	Marion County	Indiana	U.S.	Description
Healthy Lifestyle					
Adult obesity	N/A	37%	37%	34%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical inactivity	N/A	28%	25%	23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity
Access to exercise opportunities	N/A	91%	77%	84%	Percentage of population with adequate access to locations for physical activity
Insufficient sleep	N/A	38%	36%	33%	Percentage of adults who report fewer than seven hours of sleep on average
Motor vehicle crash deaths	N/A	14	13	12	Number of motor vehicle crash deaths per 100,000 population
Teen births	N/A	28	20	17	Number of births per 1,000 female population ages 15-19
Substance Misuse					
Adult smoking	N/A	20%	18%	15%	Percentage of adults who are current smokers
Excessive drinking	N/A	17%	18%	18%	Percentage of adults reporting binge or heavy alcohol drinking
Alcohol-impaired driving deaths	✅	23%	18%	26%	Alcohol-impaired driving deaths
Overdose deaths: any opioids by state	N/A	59	34	27	Rate of opioid-related deaths by state per 100,000 persons

Source: County Health Rankings, 2024

Table 12: Disparities

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

Indicator	Population	Measure
Health Disparities		
Premature death: Years of potential life lost before age 75 per 100,000 population (age-adjusted)	**Overall**	11,769 per 100,000
	Asian	4,026 per 100,000
	Non-Hispanic Black / African American	15,986 per 100,000
	Hispanic / Latino	7,620 per 100,000
	American Indian or Alaska Native	N/A
	Non-Hispanic White	11,072 per 100,000
Low birthweight: Percentage of live births with low birthweight (< 2,500 grams or 5 lbs. 8 oz)	**Overall**	9.8%
	Asian	7.5%
	Non-Hispanic Black / African American	14.0%
	Hispanic / Latino	7.4%
	American Indian or Alaska Native	0.0%
	Non-Hispanic White	7.9%

Source: County Health Rankings, 2024

Appendix D2: Additional Secondary Data

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

Community-Specific Secondary Data

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

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

Projected Population Growth, 2019-2025

Marion County				Indiana			
Age Cohort	2025	2030	Change	Age Cohort	2025	2030	Change
0 to 24	324,297	326,519	0.7%	0 to 24	2,229,462	2,207,899	-1.0%
25 to 44	293,911	298,622	1.6%	25 to 44	1,802,599	1,839,566	2.1%
45 to 64	209,082	206,352	-1.3%	45 to 64	1,640,993	1,619,183	-1.3%
65 and older	138,584	151,266	9.2%	65 and older	1,233,963	1,346,861	9.1%
Total	965,874	982,759	1.7%	Total	6,907,017	7,013,509	1.5%

Source: STATS Indiana, 2024

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

Observation. The total population of Marion County is projected to increase by 1.7 percent between 2025 and 2030 to approximately 982,759 persons. The 65+ population is projected to grow 9.2 percent.

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

Cause	Marion County	Indiana	United States
Major cardiovascular diseases	238.3	239.1	217.7
Diseases of heart	180.4	181.4	164.8
Malignant neoplasms	172.0	166.7	149.4
All other diseases (Residual)	119.0	110.5	88.7
Ischemic heart diseases	91.3	98.1	91.5
Other heart diseases	68.6	69.6	56.8
Other forms of chronic ischemic heart disease	66.1	61.3	63.3
Accidents (unintentional injuries)	72.9	57.7	50.4
Chronic lower respiratory diseases	58.0	55.3	39.1
All other forms of chronic ischemic heart disease	49.4	53.2	46.8
Other chronic lower respiratory diseases	54.1	51.2	36.2
Malignant neoplasms of trachea, bronchus and lung	46.8	44.9	34.9
Nontransport accidents	59.1	44.1	37.6
All other forms of heart disease	39.3	44.0	35.5
Cerebrovascular diseases	39.7	40.2	37.6
Acute myocardial infarction	24.7	35.8	27.1
Alzheimer disease	29.9	33.9	30.8
Accidental poisoning and exposure to noxious substances	41.7	26.9	21.0
Diabetes mellitus	28.8	26.6	22.1
Heart failure	28.3	24.9	20.6
Other and unspecified infectious and parasitic diseases and their sequelae	29.8	23.6	19.9
COVID-19	27.0	21.3	17.7
All other and unspecified malignant neoplasms	20.0	19.6	18.5
Nephritis, nephrotic syndrome and nephrosis	20.0	17.8	12.9
Renal failure	19.4	17.5	12.6
Malignant neoplasms of lymphoid, hematopoietic and related tissue	15.6	16.0	14.6
Intentional self-harm (suicide)	14.8	15.4	13.8
Malignant neoplasms of colon, rectum and anus	14.3	14.9	13.4
Septicemia	15.3	14.9	10.1
Other diseases of respiratory system	15.0	14.2	10.8
Transport accidents	13.8	13.6	12.7
Motor vehicle accidents	13.4	13.0	12.0
Influenza and pneumonia	11.4	12.9	13.6
Chronic liver disease and cirrhosis	14.6	12.4	11.5
Malignant neoplasm of pancreas	12.6	11.9	11.1
Malignant neoplasm of breast	12.2	11.4	10.8
Pneumonia	9.7	10.8	11.9
Hypertensive heart disease	16.6	10.4	13.3
Essential hypertension and hypertensive renal disease	9.8	10.3	9.1
Parkinson disease	8.0	9.8	8.8
Intentional self-harm (suicide) by discharge of firearms	8.1	8.5	6.9
Atherosclerotic cardiovascular disease, so described	16.6	8.1	16.5
Other and unspecified nontransport accidents and their sequelae	8.2	8.0	5.0
Malignant neoplasm of prostate	9.3	7.9	7.8
Assault (homicide)	19.6	7.8	6.4

Source: Centers for Disease Control and Prevention, 2024

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

Observations. In Marion County, mortality rates for accidental poisoning and assault (homicide) were more than 50 percent higher than the U.S. averages for nontransport accidents; accidental poisoning and exposure to noxious substances; COVID-19; nephritis, nephrotic syndrome and nephrosis; renal failure' septicemia; other and unspecified nontransport accidents and their sequelae; and assault (homicide). Numerous other causes were higher than overall U.S.rates.

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

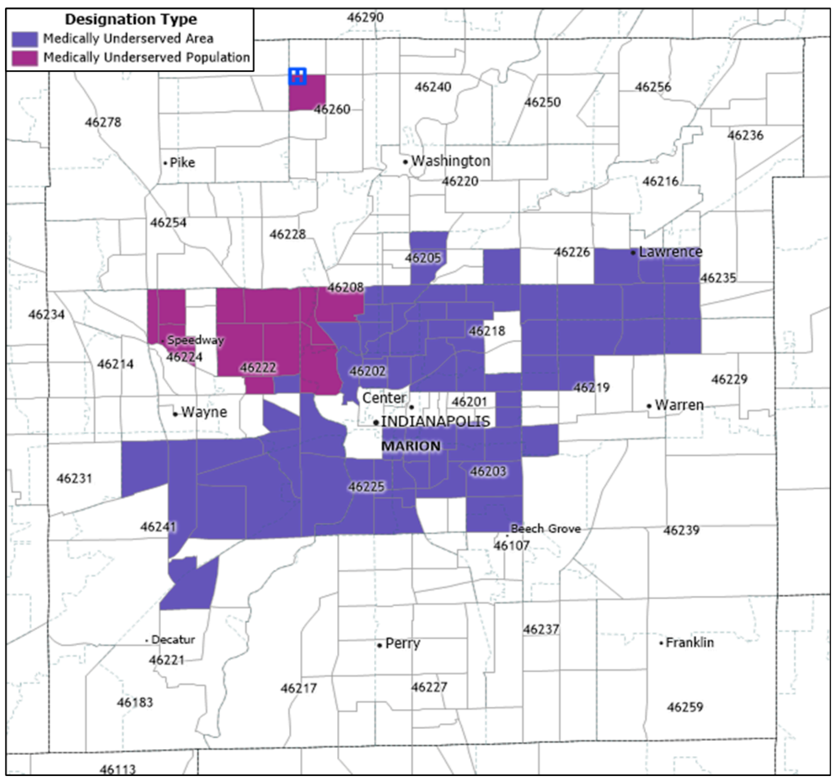
Type of Cancer	Marion County, IN	Indiana	United States
All Cancer Sites Combined	173.6	202.3	182.5
Lung and Bronchus	45.7	53.1	41.4
Female Breast	23.6	26.4	25.3
Prostate	17.9	20.1	19.8
Colon and Rectum	13.7	17.6	15.8
Pancreas	12.9	15.2	14.2
Leukemias	5.6	7.6	7.1
Liver and Intrahepatic Bile Duct	9.0	8.0	8.6
Ovary	6.5	7.8	8.1
Non-Hodgkin Lymphoma	5.3	6.7	6.1
Corpus and Uterus, NOS	7.0	7.4	7.2
Esophagus	4.4	6.0	4.8
Urinary Bladder	4.0	5.7	5.1
Brain and Other Nervous System	3.7	5.3	5.3
Kidney and Renal Pelvis	3.8	4.9	4.3
Myeloma	3.5	3.7	3.7
Oral Cavity and Pharynx	3.0	3.5	3.3
Cervix	3.1	3.0	2.5
Melanomas of the Skin	1.8	2.7	2.5
Stomach	2.9	2.7	3.3
Larynx	1.4	1.4	1.2
Mesothelioma	0.4	0.8	0.7
Thyroid	0.6	0.7	0.6
Hodgkin Lymphoma	0.4	0.4	0.3
Testis	N/A	0.3	0.3

Source: Centers for Disease Control and Prevention, 2024

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

Observations. In Marion County, cancer mortality rates for lung and bronchus, liver and interhepatic bile duct, cervix, larynx, and hodgkin lymphoma were higher than overall U.S. rates. Numerous causes for Indiana were higher than overall U.S.rates.

Locations of Medically Underserved Areas and Populations, 2024

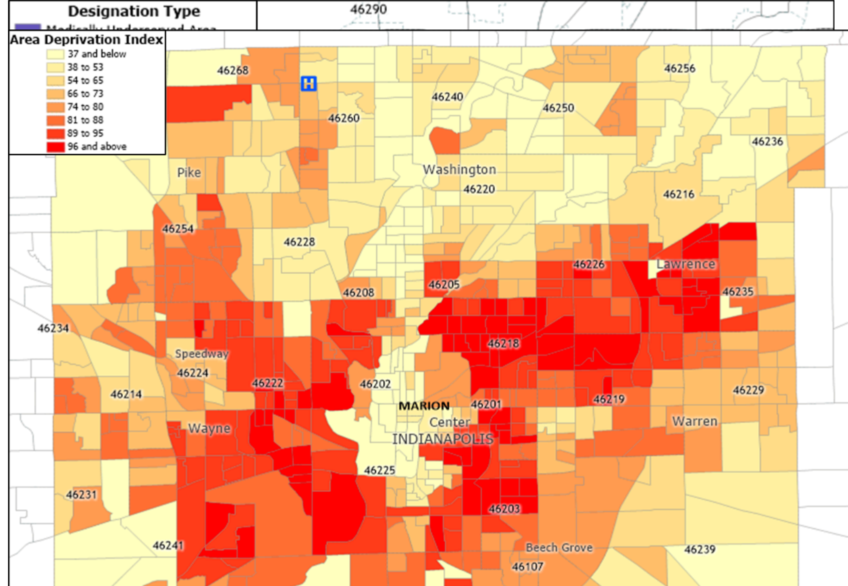


Source: Health Resources and Services Administration, 2024, and Caliper Maptitude.

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

Observations. Census tracts in Indianapolis and central Marion County are designated as MUAs or MUPs. Additionally, the Indiana Hemophilia & Thrombosis Center Side has been designated as an MUP.

Area Deprivation Index for Census Blocks, 2024

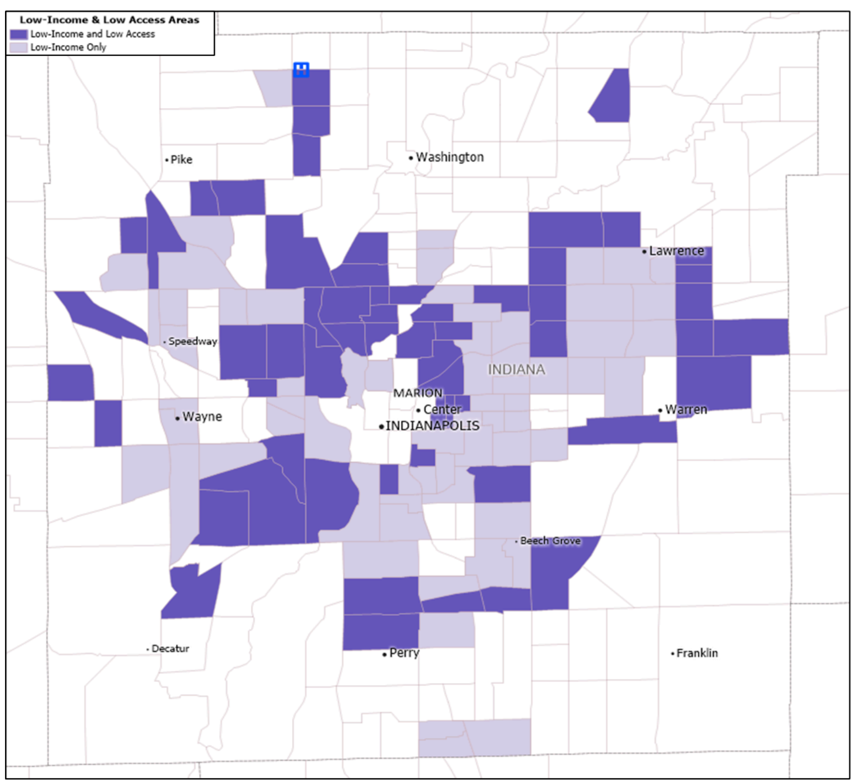


Source: University of Wisconsin School of Medicine and Public Health, 2024, and Caliper Maptitude.

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

Observation. Census blocks in Indianapolis and throughout Marion County have high levels of socioeconomic disadvantage.

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



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

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

Observations. Numerous census tracts throughout Marion County have been identified as food deserts. While not "food deserts," numerous other census tracts throughout Marion County have been low-income areas..

Appendix E: Health Care Facilities and Community Resources

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

The resources listed are not intended to be exhaustive.

Organization	Phone	Website
Hospital		
Ascension St. Vincent Hospital Indianapolis	317-338-7000	https://healthcare.ascension.org/locations/indiana/inasc/indianapolis-ascension-st-vincent-hospital
Ascension St. Vincent Seton Specialty Hospital	317-415-8500	https://healthcare.ascension.org/locations/indiana/inasc/indianapolis-ascension-st-vincent-seton
Assurance Health Psychiatric Hospital	317-982-3715	https://assurancehealthsystem.com/
Community Hospital East	317-355-5411	https://www.ecommunity.com/locations/community-hospital-east
Community Hospital South	317-887-7000	https://www.ecommunity.com/locations/community-hospital-south
Eskenazi Health	317-880-4818	https://www.eskenazihealth.edu/locations/main-campus
Franciscan Health Indianapolis	317-528-5000	https://www.franciscanhealth.org/find-a-location/franciscan-health-indianapolis-218334
Hickory Treatment Center at Meridian	314-258-1037	https://hickorytreatmentcenters.com/indianapolis-drug-alcohol-rehab/
Indiana University Health	317-962-2000	https://iuhealth.org/find-locations/iu-health-university-hospital
Indiana University Health Transplant	317-962-8677	https://iuhealth.org/
Kindred Hospital Indianapolis	317-636-4400	https://www.kindredhospitals.com/locations/indiana/indianapolis
Midland House	317-257-2201	https://midlandathome.org/
Neurodiagnostic Institute	317-941-4000	https://www.in.gov/fssa/dmha/state-psychiatric-hospitals/neurodiagnostic-institute/
Neuropsychiatric Hospital of Indianapolis	317-744-9200	https://www.neuropsychiatrichospitals.net/
Options Behavioral Health System	317-544-4340	https://www.optionsbehavioralhealthsystem.com/about/location/
Rehabilitation Hospital of Indiana	317-329-2000	https://www.rhirehab.com/
Catholic Charities		
Catholic Charities Indianapolis	317-236-1500	https://helpcreatehope.org/

Organization	Phone	Website
Information and Referral		
Indiana 211 Can Help	Dial 2-1-1 or 1-866-211-9966	https://in211.communityos.org/
Neighborhood Resource by Ascension	N/A	https://neighborhoodresource.findhelp.com/
Federally Qualified Health Centers (FQHCs)		
The Damien Center	317-632-0123	www.damien.org
Shalom Health Care Center	317-291-7422	www.shalomhealthcenter.org
Adult and Child Health (7 locations)	877-882-5122	https://adultandchild.org/locations/
Damar Services, Inc- Damar Health Services	317-455-2366	www.damarhealth.org
The Health & Hospital Corporation of Marion County (operates operates Marion County Public Health Department, Eskenazi Health, Eskenazi Health Foundation, Indianapolis EMS and Long Term Care)	317-221-2000	https://hhcorp.org/
Jane Pauley Community Health Center	844-695-7242	https://janepauleychc.org/
Raphael Health Center	317-926-1507	www.raphaelhc.org
Indiana Health Centers, Inc.	317-576-1335	https://indianahealthonline.org/
HealthNet (10 locations)	317-957-2070	https://www.indyhealthnet.org/locations

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

OrthoIndy 's previous CHNA implementation strategy responded to the following priority health needs: access to care and mental health.

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

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

PRIORITY NEED	Access to Care
SMART GOAL	By June 30, 2025, OrthoIndy will expand the reach of evidence-based programs, advocacy, and/or services addressing access to care by providing financial support, facilitation, and/or promotion.
ACTIONS	**STATUS OF RESULTS**
Identify a lead and planning group. Determine baseline of financial support. Maintain support of community partnerships by supporting evidence-based programs, advocacy, and/or services through financial support, facilitation, and/or promotion.	**FY23 - Year 1: Baseline Set** ● The hospital's foundation donated $673,748 to organizations addressing access to care. **FY24 - Year 2: Met Goal** ● The hospital's foundation increased the donations made to organizations addressing access to care to $722,958. **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Mental Health
SMART GOAL	By June 30, 2025, OrthoIndy will expand the reach of evidence-based programs, advocacy, and/or services addressing mental health by providing financial support, facilitation, and/or promotion.
ACTIONS	**STATUS OF RESULTS**

Identify a lead and planning group. Determine baseline of financial support. Maintain support of community partnerships by supporting evidence-based programs, advocacy, and/or services through financial support, facilitation, and/or promotion.	**FY23 - Year 1: Baseline Set** ● The hospital's foundation donated $26,140 to organizations addressing mental health. **FY24 - Year 2: Met Goal** ● The hospital's foundation increased the donations made to organizations addressing mental health to $105,500. **FY25 - Year 3: In Progress** ● The results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.