



**INDIANA ORTHOPAEDIC HOSPITAL MARION COUNTY
SERVICE AREA COMMUNITY HEALTH NEEDS
ASSESSMENT REPORT**

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CommunityDevelopment@stvincent.org



Executive Summary

Indiana Orthopaedic Hospital is pleased to present its 2016 Community Health Needs Assessment (CHNA) Report. As federally required by the Affordable Care Act, this report provides an overview of the methods and process used to identify and prioritize significant health needs in Marion County, Indiana. Indiana Orthopaedic Hospital has prepared this CHNA with the assistance of and in collaboration with St. Vincent Hospital and Health Care Center (St. Vincent Indianapolis) and its parent organization, St. Vincent Health.

DEMOGRAPHICS

According to the 2015 County Health Rankings, Marion County ranks 74th out of 92 Indiana counties in overall health outcomes. Marion County is more diverse compared to the overall Indiana state population. By percentage, there are more African-Americans (27.1%), more Hispanic or Latinos (10.3%), and fewer Whites (61.1%) living in Marion when compared to the state. Income and poverty levels in the county are dissimilar compared to the state. The median household income of Marion is about \$43,000, which is about \$6,000 lower than the state. And roughly 17% of Marion County families are living in poverty, which is about 6% higher than the state. HCI's SocioNeeds[®] Index identified several zip codes within the city of Indianapolis as having the greatest socioeconomic need.

IDENTIFYING COMMUNITY HEALTH NEEDS – METHODOLOGY

In preparing this CHNA Indiana Orthopaedic Hospital collaborated with and utilized the assistance of St. Vincent Indianapolis and its parent organization, St. Vincent Health.

SECONDARY DATA

The secondary data used in this assessment were obtained and analyzed from the St. Vincent Health Community Dashboard (<http://www.stvincent.org/chna>), which includes a comprehensive dashboard of over 100 community health and quality of life indicators covering over 20 topic areas. Indicator values for Marion County were compared to other counties in Indiana and nationwide to score health topics and compare relative areas of need. Other considerations for health areas of need included trends over time, Healthy People 2020 targets, and disparities by gender and race/ethnicity.

PRIMARY DATA – COMMUNITY INPUT

The needs assessment was further informed by interviews with community members who have a fundamental understanding of Marion County's health needs and represent the broad interests of the community. Seven key informants provided valuable input on the county's health challenges, the sub-populations most in need, and existing resources for county residents.

SIGNIFICANT COMMUNITY HEALTH NEEDS

Primary and secondary data were evaluated and synthesized to identify the significant community health needs in Marion County. These needs span the following topic areas and are often inter-related:

Access to Health Services	Kidney & Urinary Tract Diseases	Mental Health & Mental Disorders	Social Environment	Transportation
Exercise, Nutrition, & Weight	Maternal, Fetal, & Infant Health	Prevention & Safety	Substance Abuse	Women's Health

PRIORITIZATION PROCESS & PRIORITY NEEDS

To prioritize the significant community health needs of Marion County, Indiana Orthopaedic Hospital considered several criteria: alignment with St. Vincent strategies of healthcare that leaves no one behind; care for the poor and vulnerable; opportunities for partnership; availability of existing programs and resources; opportunities for partnership; addressing disparities of subgroups; availability of evidence-based practices; and community input. The following six health and/or quality of life topics were selected as the top priorities:

Access to Health Services	Behavioral Health	Exercise, Nutrition, & Weight	Maternal, Fetal, & Infant Health	Social Environment	Transportation
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AVAILABLE RESOURCES

A variety of resources exist in Marion County, Indiana to address the top priorities identified above, including but not limited to, government programs, unaffiliated non-profit organizations and programs, and programs available through St. Vincent, as represented by the community members who provided input for this CHNA.

CONCLUSION

This report describes the process and findings of a comprehensive health needs assessment for the residents of Marion County, Indiana. The prioritization of the identified significant health needs will guide the community health improvement efforts of Indiana Orthopaedic Hospital and St. Vincent Indianapolis. From this process, each hospital will outline how they will address the top prioritized health needs in their Implementation Strategy.

NOTE TO THE READER

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

Introduction

ABOUT INDIANA ORTHOPAEDIC HOSPITAL

Indiana Orthopaedic Hospital, LLC is an orthopaedic specialty hospital located in Indianapolis, Indiana. The mission of Indiana Orthopaedic Hospital is to be the leader in advancing quality bone, joint, spine and muscle care and technology while providing superior access, service and care to patients and their families. In furtherance of its mission, Indiana Orthopaedic Hospital adheres to the values of outcomes, innovation, excellence, teamwork, and accountability. St. Vincent Indianapolis is a minority owner of Indiana Orthopaedic Hospital. As partners in healthcare with substantially similar service areas, St. Vincent Indianapolis, and its parent organization, St. Vincent Health, collaborated with Indiana Orthopaedic Hospital to assist in the completion of this CHNA.

ABOUT HEALTHY COMMUNITIES INSTITUTE

Healthy Communities Institute, now part of Midas+, a Xerox Company, was retained by St. Vincent Health to conduct the 2016 Community Health Needs Assessment (CHNA) for Marion County.

To learn more about Healthy Communities Institute please visit www.HealthyCommunitiesInstitute.com.

Service Area

Marion is the largest county in the state, with an estimated population of 940,939. The county includes Indianapolis, the 14th largest city in the United States. According to the 2015 County Health Rankings, Marion County ranks 74th out of 92 Indiana counties in overall health outcomes. Despite residential and commercial development, the northern part of the county remains primarily agricultural. Residents of the county primarily work in healthcare or social assistance, retail and manufacturing.

Demographics

The demographics of a community significantly affect its health profile. Different race/ethnic, age and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All estimates are sourced from the 2015 Nielsen Claritas data unless otherwise indicated.

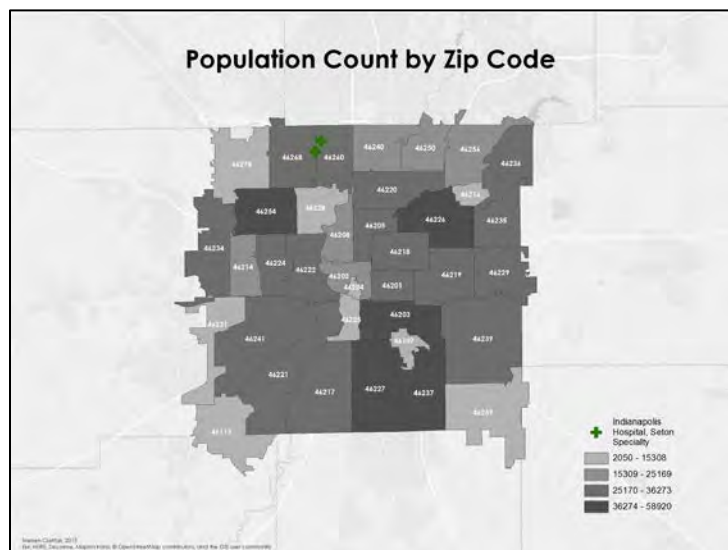
POPULATION

Marion County has a population of 940,939. Figure 1 shows the population count by zip code, with the hospitals being located near the northern border of the county.

RACE/ETHNICITY

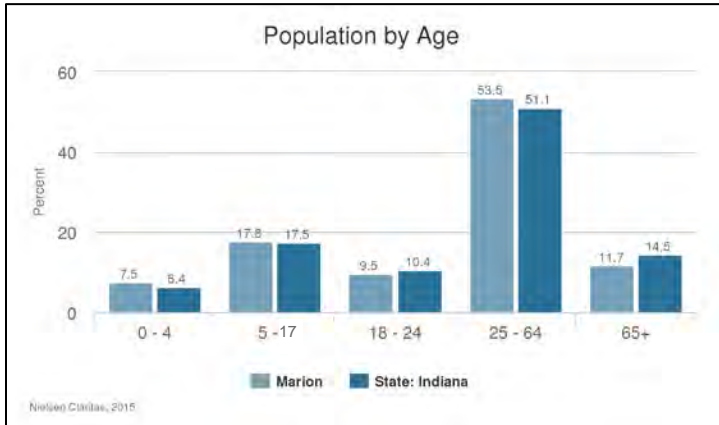
Marion County's population is more diverse than that of the statewide population. The county population is 61.1% White, 27.1%

Figure 1.



African-American, 2.4% Asian, 3.2% Two or More Races, and 10.3% Hispanic or Latino.

Figure 2.



AGE

As shown in Figure 2, the age distribution of Marion County differs slightly from the rest of Indiana for most age groups. Proportionally, there are more children aged 0 to 4 years old, less young adults aged 18 to 24 years old, and there are more adults aged 25 to 64 when compared to Indiana state. There are approximately 3% fewer older adults in Marion County than in Indiana overall.

ECONOMY

INCOME

The median household income of Marion County is \$42,577, which is approximately \$6,000 lower than Indiana as a whole. At a more granular level, there are variations in income levels among Marion County zip codes. In Figure 3, several zip codes in Indianapolis are shown as having the lowest median household income when compared to other zip codes and the county. In contrast, five zip codes in three corners of the county boundary have a median household income that ranges from \$65,154 to \$84,521.

Figure 3.

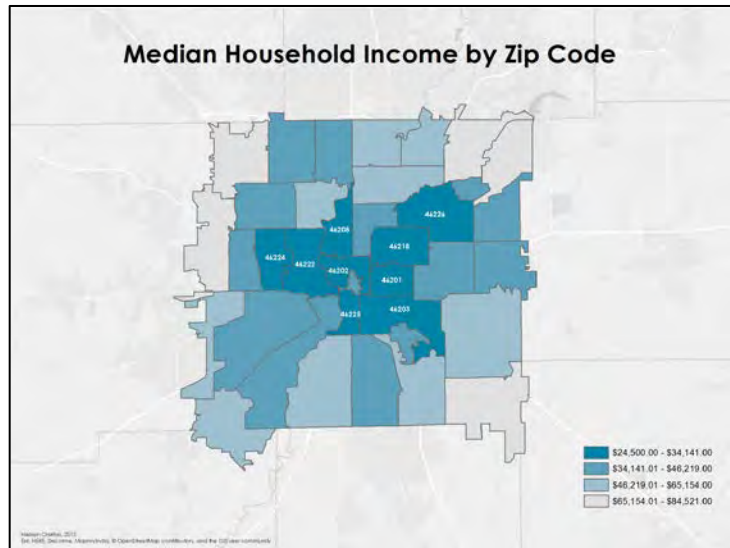
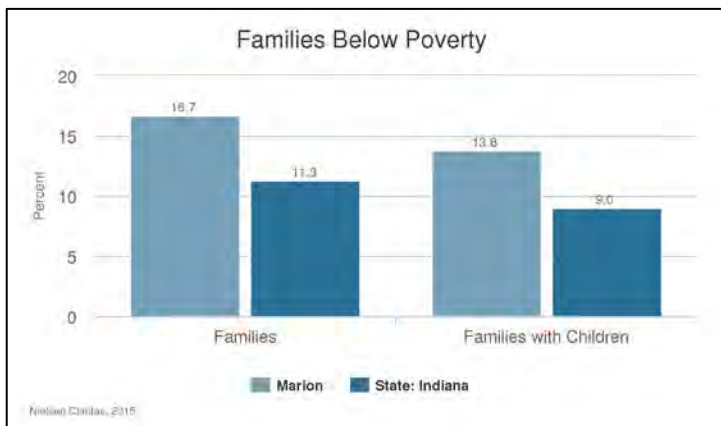


Figure 4.



POVERTY

As shown in Figure 4, the family poverty rates in Marion County are substantially higher than the rest of the state. The rate for families without children is about 3% higher than those with children.

UNEMPLOYMENT

The unemployment rate in Marion County ranges from 4.0% to 23.5% among the county’s zip codes, with an overall county value of 5.0%. The map in Figure 5 shows zip codes 46201, 46208, 46218 and 46222—all surrounding downtown Indianapolis—as having the highest unemployment rates in the county. The unemployment rate is essentially equal between males and females in Marion County (see Figure 6). However, the county unemployment rate is 2% higher than the rate of Indiana.

Figure 5.

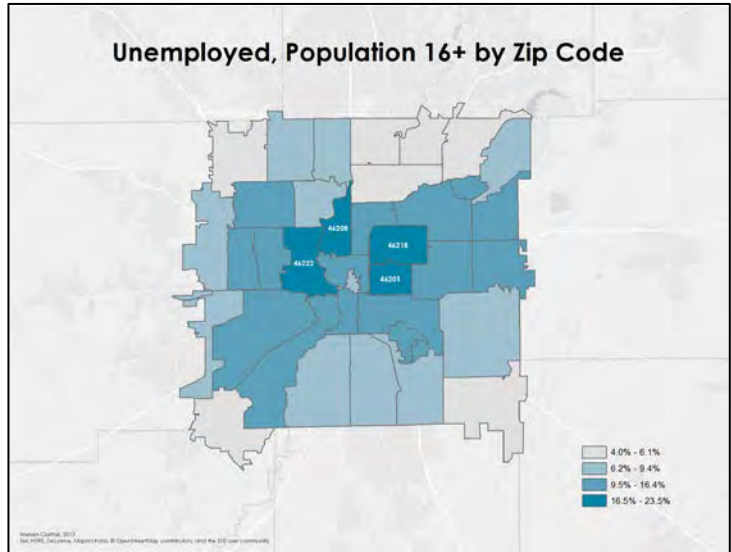
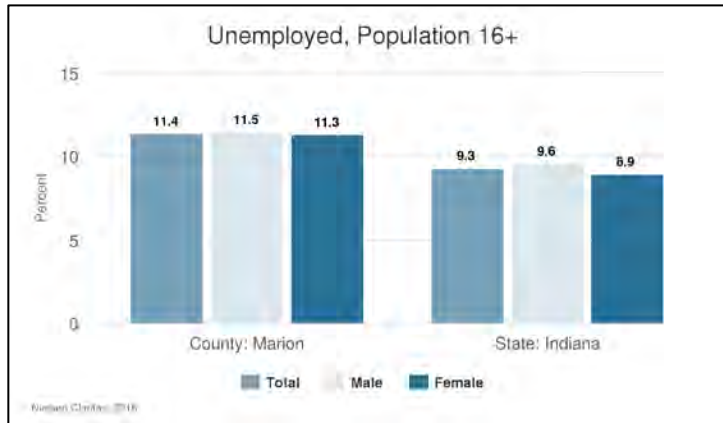


Figure 6.

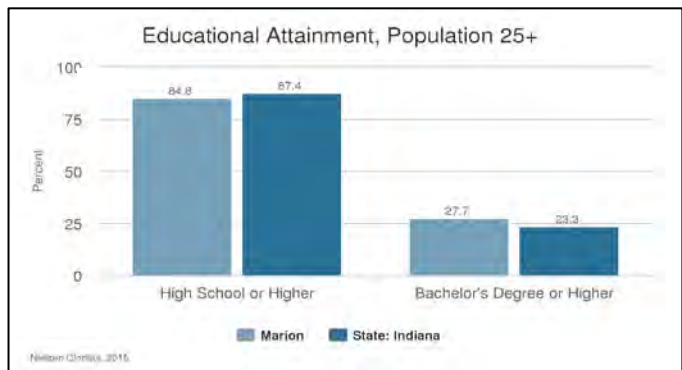


EDUCATION

In the chart under Figure 7, high school degree attainment in the adult population among Marion County residents is just less than 3% shy of the state value. Bachelor’s degree attainment is 4% higher than the overall Indiana rate.

Figures 8 and 9 show maps of High School Degree or Higher and Bachelor’s Degree or higher by zip code for the 25 years and older population of Marion county. Several zip codes in Indianapolis have the lowest high school degree attainment, ranging from 68% to 75%. Even more widespread

Figure 7.



across Marion County are zip codes with low percentages of bachelor’s degree attainment compared to the rest of the county; several Indianapolis zip codes, as well as the neighborhood of Camby (46113) and the city of Beech Grove (46107) have bachelor’s degree rates ranging from 9% to 21%.

Figure 8.

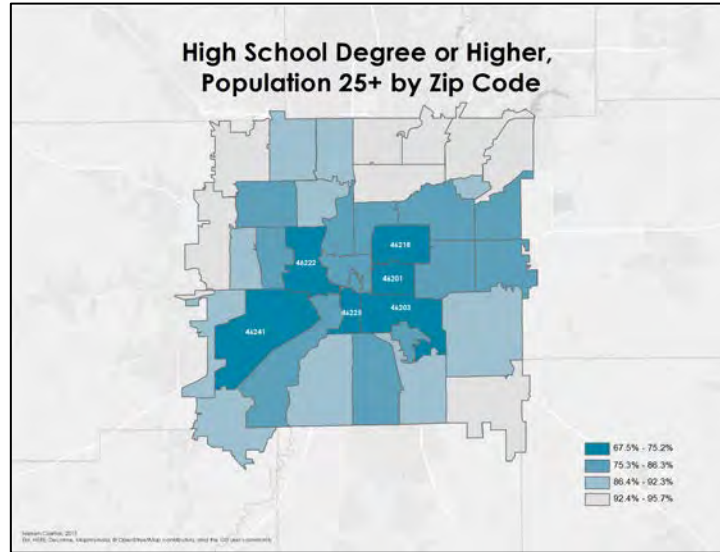
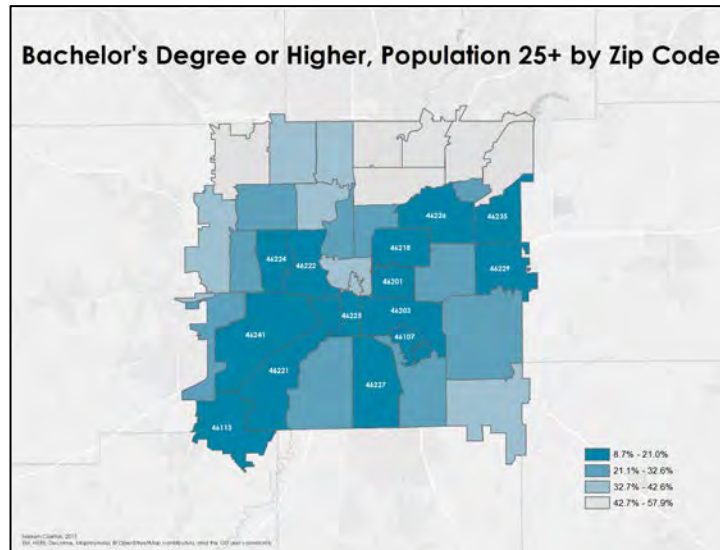


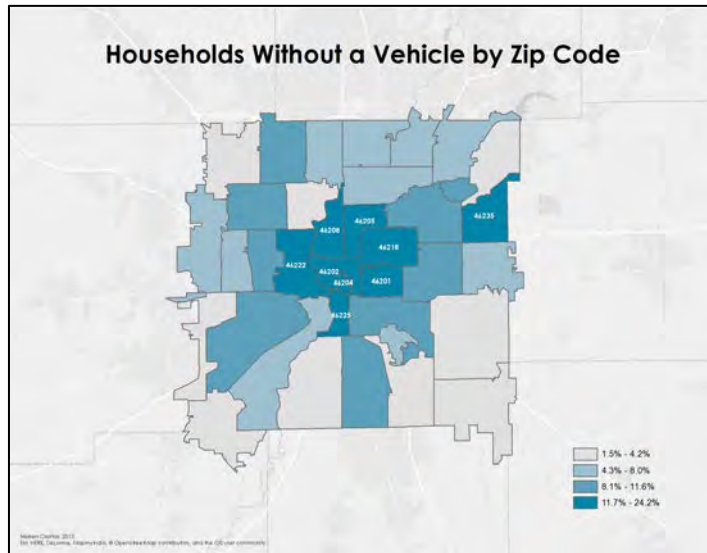
Figure 9.



TRANSPORTATION

Several areas in Indianapolis, including the city center, have the highest percentages of households without a vehicle when compared to other Marion County zip codes (see Figure 10). Residents of these areas who do not have a household car may be more likely to experience difficulties in accessing services provided by Indiana Orthopaedic Hospital and St. Vincent Indianapolis.

Figure 10.



Preceding CHNA Efforts & Progress

The CHNA process should be viewed as a three-year cycle (Figure 11). An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the community, it is possible to better target your resources and efforts during your next round of the CHNA cycle.

Pursuant to the Final Regulations interpreting Section 501(r) of the Internal Revenue Code, as added by the Affordable Care Act, Indiana Orthopaedic Hospital became subject to the requirements of Code Section 501(r) beginning in 2016 through its relationship to St. Vincent Indianapolis.

While Indiana Orthopaedic Hospital was not required to complete a CHNA prior to 2016, information regarding the prior CHNA conducted by St. Vincent Indianapolis is presented below for reference purposes.

Figure 11. 3-Year CHNA Cycle



PRIORITY HEALTH TOPICS IN PRECEDING CHNA OF ST. VINCENT INDIANAPOLIS

St. Vincent Indianapolis priority health topics for FY 14-16 were:

- **Obesity (Nutrition & Exercise)**
- **Access to Healthcare**
- **Behavioral Health**
- **Cancer Care/Tobacco Cessation**

The majority of the above health topics correlate well to the priority health topics selected for the current CHNA (detailed below). Thus, Indiana Orthopaedic Hospital and St. Vincent Indianapolis will be building upon efforts of previous years. A detailed table describing the strategies/action steps and indicators of success for each of the preceding priority health topics can be found in Appendix A.

COMMUNITY FEEDBACK ON PRECEDING CHNA & IMPLEMENTATION PLAN OF ST. VINCENT INDIANAPOLIS

The preceding CHNA for St. Vincent Indianapolis was made available to the public via the website: stvincent.org. To collect comments or feedback on the report, a special email address was created: communitydevelopment@stvincent.org. No comments had been received on the preceding CHNA at the time this report was being written.

Identifying Significant Community Health Needs: Methodology

Significant community health needs for Marion County were determined using a combination of secondary and primary data (community input) with the assistance of and in collaboration with St. Vincent Indianapolis and its parent organization, St. Vincent Health.

SECONDARY DATA

OVERVIEW

Secondary data used for this assessment were collected and analyzed with the St. Vincent Community Dashboard (<http://stvincent.org/chna/>), a web-based community health data platform developed by Healthy Communities Institute and sponsored by St. Vincent. The community dashboard brings non-biased data, local resources and a wealth of information to one accessible, user-friendly location. It includes a comprehensive dashboard of over 100 community indicators covering over 20 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally or locally set targets, and to previous time periods.

HCI's Data Scoring Tool was used to systematically summarize multiple comparisons across the Community Dashboard to rank indicators based on highest need. For each indicator, the community value was compared to a distribution of Indiana and US counties, state and national values, Healthy People 2020 (HP2020) and significant trends were noted. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher level ranking of community health needs. More detailed methodology used by the Data Scoring Tool is described in Appendix B: Secondary Data Analysis.

Figure 12. HCI Data Scoring

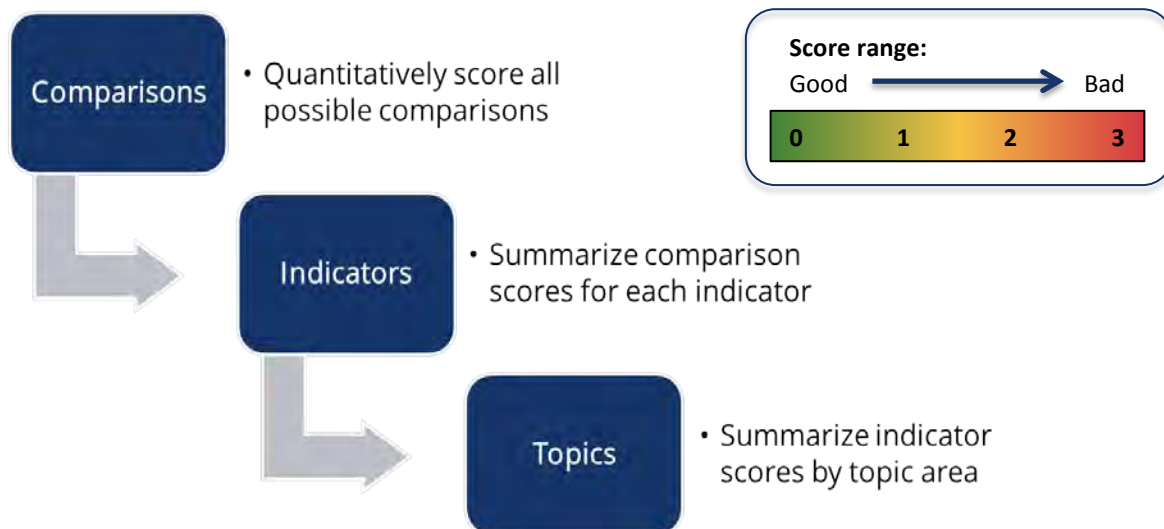


Table 1. Quality of Life and Health Topics

Quality of Life	Health	
Economy	Access to Health Services	Men’s Health
Education	Cancer	Mental Health & Mental Disorders
Environment	Children’s Health	Older Adults & Aging
Public Safety	Diabetes	Prevention & Safety
Social Environment	Exercise, Nutrition, & Weight	Respiratory Diseases
Transportation	Heart Disease & Stroke	Substance Abuse
	Immunization & Infectious Diseases	Women’s Health
	Kidney & Urinary Tract Diseases	Wellness & Lifestyle
	Maternal, Fetal & Infant Health	

Indicators were categorized into 23 topic areas, which were further classified as a quality of life or health topic.

Please note that the most recent period of measure was used for all secondary data presented in this report (as publicly available on January 20, 2015).

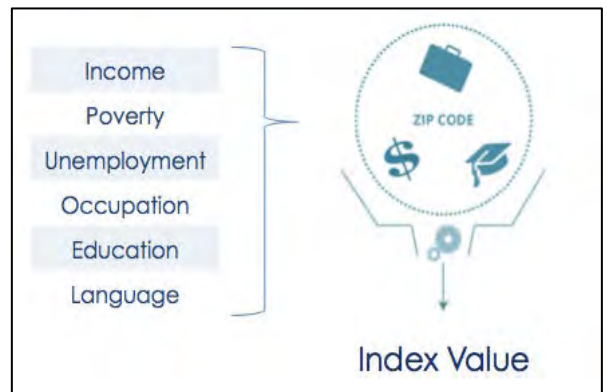
ANALYZING DISPARITIES

Outside of topic area scoring, a separate analysis was conducted to determine if disparities exist among sub-populations within Marion County. If gender- or race/ethnicity-specific values were available, then the indicator was evaluated for the presence of substantial disparities. For details on the methods used to analyze disparities, please see Appendix B: Secondary Data Analysis.

IDENTIFYING GEOGRAPHIC AREAS OF HIGHEST NEED

The SocioNeeds Index®—developed by Healthy Communities Institute and available on the St. Vincent Health data platform—is a tool used to help determine which communities of Marion County are in most need of services and interventions. The Index summarizes multiple socioeconomic indicators, ranging from poverty to education, which may affect health or access to care. All zip codes in the United States are given an Index value from 0 (low need) to 100 (high need). Within Marion County, zip codes are ranked based on their Index value. These ranks are used to identify the relative level of need within the county.

Figure 13. The SocioNeeds Index®



PRIMARY DATA: COMMUNITY INPUT

To expand upon the information gathered from the secondary data, Healthy Communities Institute conducted key informant interviews to collect community input. Interviewees who were asked to participate were recognized as

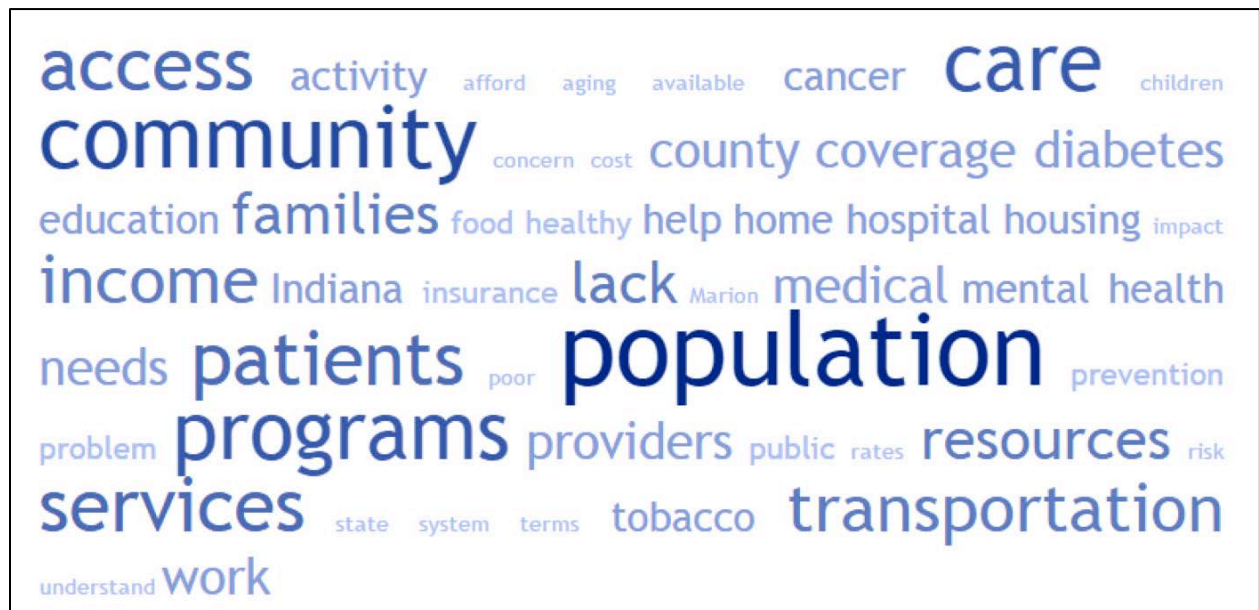
having expertise in public health, special knowledge of community health needs and/or represented the broad interest of the community served by the hospital, and/or could speak to the needs of medically underserved or vulnerable populations. Twenty-two individuals were contacted for the service area, and 18 agreed to participate and scheduled an interview. The following organizations were contacted to provide community input through key informant interviews with HCI. Those in bold were able to provide an interview:

- **About Special Kids, Inc.**
- **Alliance for Health Promotion/Health by Design**
- **Archdiocese of Indianapolis**
- Brooke’s Place
- **Central Indiana’s Area Agency on Aging**
- **Covering Kids and Families**
- **Crooked Creek Community Development Corporation**
- **Gennesaret Free Clinic**
- **Holy Family Shelter**
- Horizon House
- **Indiana Minority Health Coalition**
- **Indiana State Department of Health**
- **Indianapolis OASIS**
- **The Julian Center**
- **Leukemia & Lymphoma Society**
- **Little Red Door Cancer Agency**
- **Marion County Health Department**
- Morning Dove Therapeutic Riding
- **National Alliance of Mental Illness Indiana**
- Neighborhood Christian Legal Clinic
- New Hope of Indiana
- **YMCA of Greater Indianapolis**

Interviews were conducted during the months of March to May 2015 by telephone and ranged from 17-47 minutes in length. During the interview, questions were asked to learn about the interviewee’s background and organization, biggest health needs and barriers of concern in the community, as well as the impact of health issues on vulnerable populations. A list of the questions asked during the interviews can be found in Appendix C.

Each interview included both an interviewer and a note taker from HCI, so much of the conversation was captured verbatim. Notes taken during the interviews were uploaded to a summary qualitative data analysis tool, TagCrowd.com, to create a word cloud. Word clouds help to identify the words or phrases mentioned most often in the interviews, and appear in the largest and darkest font in Figure 14 below.

Figure 14. Primary Data Word Cloud



The word cloud was used to get an initial sense of the major issues in the community. The interview notes were also uploaded to the web application Dedoose, a qualitative data analysis software. Using the major issues from the word cloud, themes from the interview questions (such as needs, barriers and advice), and secondary data health and quality of life topics, a code list was created. Interview notes were coded using this list, which allows for comparison and inclusion of the primary data with the secondary data throughout the report. Input from key informants is included in each relevant topic area. The code cloud below (Figure 15) was created from the key informant interview transcripts, where the size and darkness of the words reflect the relative number of times the word appeared. The figure provides an overall picture of the themes that were most prominent in community input.

Figure 15. Primary Data Code Cloud



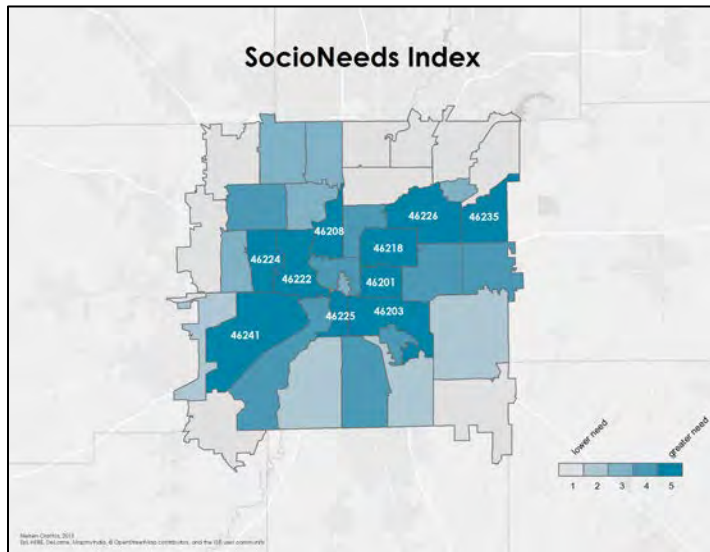
Significant Community Health Needs Assessment Findings

The secondary data summary and key informant interview findings are presented together to capture a more holistic assessment of health needs in Marion County. Quality of life topics are presented first, as they are key to understanding the barriers to health in the community. Furthermore, the availability of socioeconomic data for specific sub-populations and sub-county geographies provides a framework for identifying the populations most vulnerable to the poor health outcomes identified.

GEOGRAPHICAL AREAS OF HIGHEST NEED

Social and economic factors are well known to be strong determinants of health outcomes. The HCI SocioNeeds Index[®] summarizes multiple socioeconomic indicators, ranging from poverty to education, which may affect health

Figure 16. HCI SocioNeeds Index[®] by Zip Code, Marion County



or access to care. All zip codes in the United States are given an Index value from 0 (low need) to 100 (high need). Within Marion County, zip codes are ranked based on their Index value (see Table 2). These ranks are used to identify the relative level of need within the county.

Geographically, there are parts of Marion County for which quality of life issues are of greater concern (Figure 16). The Index shows that zip codes 46201, 46218, and 46222 not only have the highest socioeconomic need within Marion County, but also are among communities within the United States with the highest need; they are more likely to be affected by poor health outcomes.

Table 2. HCI SocioNeeds Index[®] Values & Rankings by Zip Code, Marion County








Zip Code	Index	Rank	Zip Code	Index	Rank
46201	98.8	5	46214	57	3
46218	98.3	5	46216	49	3
46222	97.1	5	46260	47.1	3
46225	96	5	46268	43.8	3
46203	95.7	5	46228	39.6	3
46241	92.3	5	46237	29.1	2
46224	90.8	5	46217	27.1	2
46226	90	5	46231	24.9	2
46208	86.9	5	46239	24.9	2
46235	86.9	5	46113	17.6	1
46202	82.2	4	46240	16.6	1
46221	79.5	4	46250	15.4	1
46205	78	4	46234	13.9	1
46227	76.8	4	46220	10.9	1
46254	72.5	4	46236	9.8	1
46219	71.2	4	46259	7.2	1
46107	66.6	4	46256	6.7	1
46229	63.4	4	46278	2.8	1
46204	58.9	3			

QUALITY OF LIFE FINDINGS

Socioeconomic indicators across the quality of life topic areas point to multiple barriers to health, and the effect of these drivers was noted in both the secondary data and key informant interviews – specifically around social environment and the economy (Table 3). Social Environment scored poorest due to a high percentage of children who live below the poverty level, single-parent households, and older adults who live alone. Four key informants cited Social Environment as a key issue in Marion County; issues with Social Environment are mainly centered around children affected by poverty and housing instability, and rising domestic and sexual violence among immigrant and LGBTQ populations.

Despite having a low topic score, Transportation was highly cited by key informants as an important issue in their community. Key informants stated that transportation is a barrier to receiving healthcare, especially for families with children; they stated that Marion County has a decent transportation system, but it is unreliable and needs improvements.

Table 3. Quality of Life Topics
















Topic	Score	Community Input
Social Environment	2.34	
Economy	2.26	
Education	1.65	
Environment	1.63	
Public Safety	1.54	
Transportation	1.33	
Key Informant Total:		

HEALTH NEEDS FINDINGS

The outcomes of the primary and secondary data analysis were combined to identify the significant community needs in Marion County. The analysis revealed that there were significant needs across the majority of the topic areas considered.

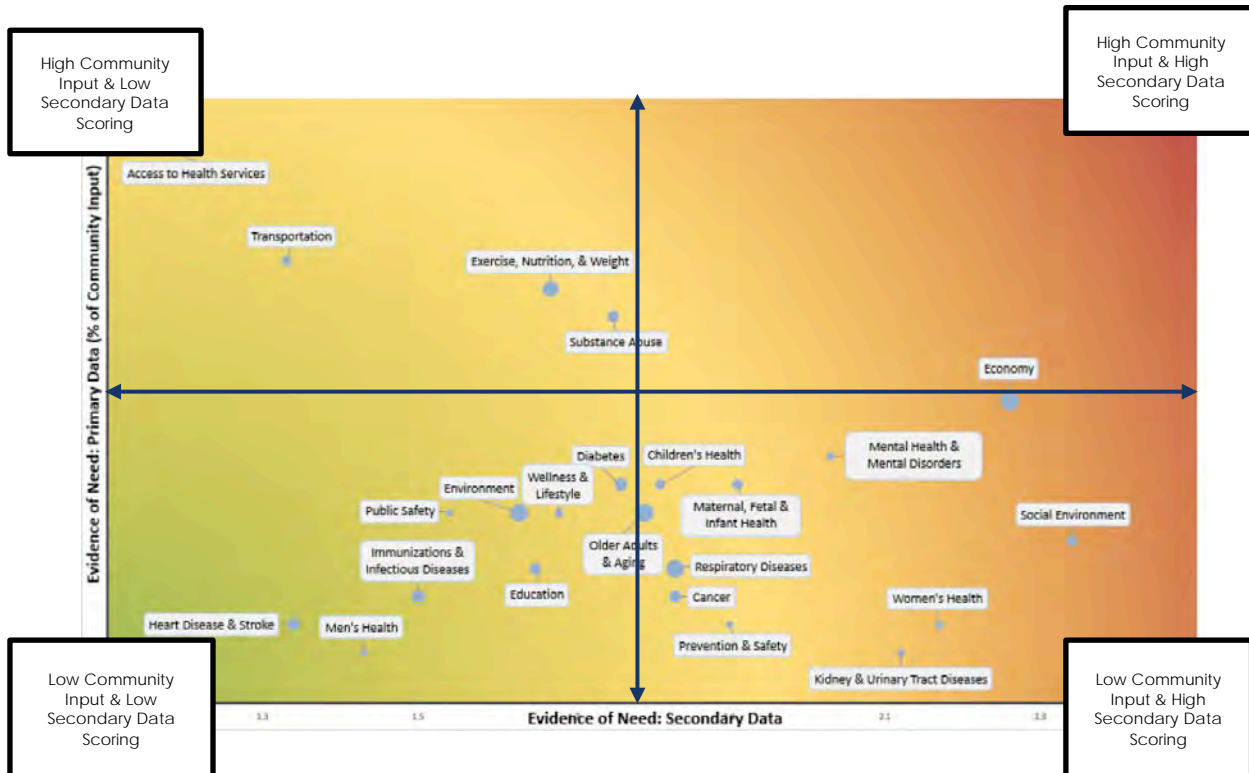
Table 4 briefly summarizes the findings by topic area, where topics are sorted by secondary data summary score range, areas are identified with a high disparity score by category, and the number of times the area was identified as a top need by a key informant. Some topic areas which did not score high or did not have a score in the secondary data summary were identified as a top need by key informants, underlining the importance of considering both quantitative data and community input when assessing health issues.

Table 4. Health Topics

Disparities	Topic	Score	Community Input
	Women's Health	2.17	
G	Kidney & Urinary Tract Diseases	2.12	
G	Mental Health & Mental Disorders	2.03	
R	Maternal, Fetal & Infant Health	1.91	
G	Prevention & Safety	1.90	
R	G Cancer	1.83	
R	G Respiratory Diseases	1.83	
R	G Children's Health	1.81	
R	G Older Adults & Aging	1.79	
R	Diabetes	1.76	
G	Substance Abuse	1.75	
	Wellness & Lifestyle	1.68	
	Exercise, Nutrition, & Weight	1.67	
R	Immunizations & Infectious Diseases	1.50	
R	Men's Health	1.43	
G	Heart Disease & Stroke	1.34	
	Access to Health Services	1.18	
<p>R indicates Disparity by Race</p> <p>G indicates Disparity by Gender</p>		<p>Key Informant Total:</p>	

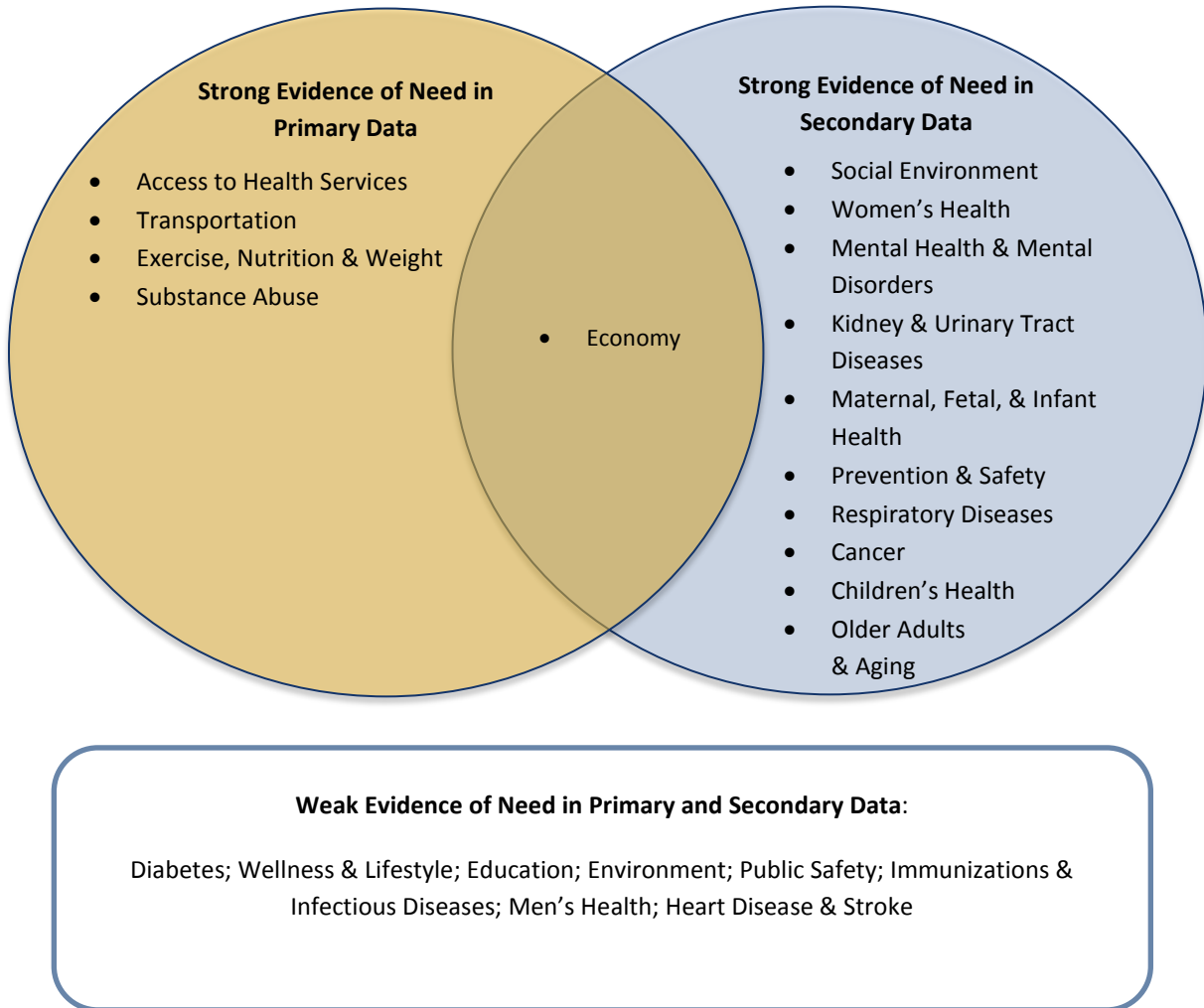
The graph in Figure 17 below provides an overall synthesis of the primary and secondary data for all quality of life and health topics available for the Marion County analysis. The X-axis demonstrates the evidence of need based on secondary data scores, and the Y-axis displays evidence of need based on the percentage of key informants indicating the topic as a health concern. The size of the circles provides another level of evidence—larger circles indicate more indicators were available for that secondary data topic.

Figure 17. Secondary and Primary Data Synthesis



Taking the information displayed on the graph above, the Venn Diagram below shows the health topic areas demonstrating strong evidence of need in the primary data, secondary data or both. It is important to consider all three areas when determining a community's pressing health needs.

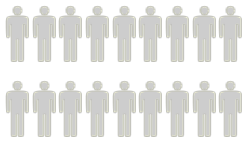
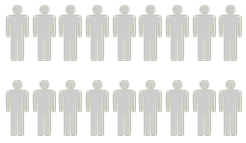
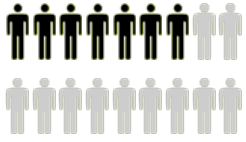
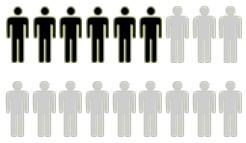
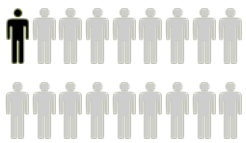
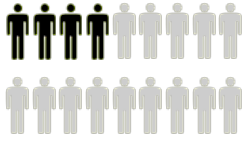
Figure 18. Venn Diagram of Topic Areas and Data Support

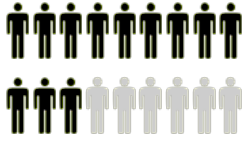
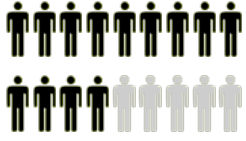
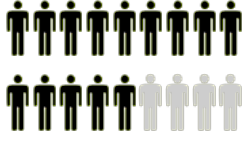



SIGNIFICANT HEALTH NEEDS

The list of health needs in Table 5 below highlights the most significant health needs based on the analysis and synthesis of the primary and secondary data. This list represents 10 of the most pressing health and quality of life topics to be considered for the prioritization process.

Table 5. Significant Health and Quality of Life Needs for Prioritization

Secondary Data			Primary Data	
Topic Score	Health Topic	Disparities in Data	Community Input (Total N=18)	Key Themes from Community
Top 5 Health Needs/Concerns from Secondary Data				
2.17	Women’s Health			<i>N/A, not mentioned as a top health need/concern during community input process</i>
2.12	Kidney & Urinary Tract Diseases	Women have ↑ hospitalization and ER rates due to urinary tract infections		<i>N/A, not mentioned as a top health need/concern during community input process</i>
2.03	Mental Health & Mental Disorders	Males have higher death rate due to suicide		Limited mental health services and lack of awareness about available resources; stigma with seeking care; suicide among LGBTQ population is rising; depression
1.91	Maternal, Fetal, & Infant Health	African Americans & Other race infants have the highest mortality rates		High infant mortality rate among black infants; many women delay prenatal care initiation and difficulties accessing prenatal services
1.90	Prevention & Safety	Males have ↑ death rate due to unintentional injuries		Prevention and safety in community a top health issue
Top Quality of Life Need				
2.34	Social Environment			Domestic violence/abuse, especially among immigrant & LGBTQ populations; Children affected by poverty, housing instability

Top 4 Needs/Concerns from Community Input			
1.75	Substance Abuse	Males have ↑ hospitalization and ER rates due to Alcohol Abuse	 <p>Smoking in general population and during pregnancy contributing to chronic disease burdens; Spikes in heroin, prescription drug use; not enough treatment options for substance abuse</p>
1.67	Exercise, Nutrition & Weight		 <p>Obesity and malnutrition; food deserts and very little access to fruits and vegetables; not enough awareness about healthy eating habits; lack of safe environments for exercise</p>
1.33	Transportation	Males have ↑ death rate due to motor vehicle traffic collisions; Workers Commuting by Public Transportation low among Whites	 <p>Transportation a barrier to receiving health care, especially for families with children; Marion County has decent system but is unreliable and needs improvements</p>
1.18	Access to Health Services		 <p>Health insurance and copays unaffordable; many residents need help navigating healthcare system and coverage options; plenty of community resources but issues with hours and geographic distribution; language and trust are barriers to seeking care</p>

Prioritization of Top Health Needs

To better target community resources on Marion County’s most pressing health needs, a group discussion was facilitated by HCI to hone in on up to five health needs. Those health needs will be under consideration for the development of an implementation plan that will address some of the community’s most pressing health issues.

PRIORITIZATION SESSION PARTICIPANTS

- Sheila Day, St. Vincent Indianapolis, Child Protection Team
- Karen Terrell, St. Vincent Indianapolis, School Wellness Coordinator
- Dawn Haut, Eskenazi Health, Medical Director for Population Health
- Nanette Roberts, St. Vincent Seton Specialty, Revenue Cycle Auditor
- Danette Short, St. Vincent Health, Lung Health Coordinator
- Marc McAleavey, Playworks, Executive Director
- Sherry Gray, St. Vincent Medical Group/Rural and Urban Access to Health, Director
- Nancy Ruschman, Crooked Creek Community Development Corporation, Executive Director
- Melanie Holt, St. Vincent Seton Specialty, Executive Director
- Kimberly Rance, St. Vincent Seton Specialty, Manager, Case Management
- Heidi Harris Bromund, St. Vincent Health, Family Medicine Residency Program
- Kraig Kinney, St. Vincent Indianapolis, EMS/EMT Education
- Linda Carroll, St. Vincent Health, System Director/Mission Integration
- Rebecca Adkins, St. Vincent Health, Population Health
- George Zhang, St. Vincent Health, Administrative Fellow
- Sue Anne Gilroy, St. Vincent Health Foundation, Executive Director
- Dan Hoyt, St. Vincent Health Foundation, Chair of Board
- Joel Feldman, St. Vincent Indianapolis Hospital President
- Patrice Duckett, Fay Biccard Glick Neighborhood Center, Executive Director
- Annie Shaynak, St. Vincent Cancer Care, Director, Screening and Diagnosis
- Anne Coleman, St. Vincent Indianapolis, Service Line Leader, Women’s & Children’s Hospital
- Niceta C. Bradburn, St. Vincent Indianapolis, Service Line Leader, Women’s & Children’s Hospital
- Beth Petrucce, St. Vincent Indianapolis, Director of Medical Social Services
- Sheila Mishler, St. Vincent Indianapolis, Executive Director, Stress Center and Patient Services
- Thomas Lange, Lion Catcher, Executive Director
- Stephanie Berry, IU Health, Manager System Coordination
- Loraine M. Brown, St. Vincent Health, Interim SVP Mission Integration
- Kathy Hahn Keiner, Gleaners Food Bank of Indiana, Chief Programs & Agency Relations Officer
- James Long, St. Vincent Indianapolis, Manager at Medication Management Services
- Lance Kruger, Purdue University, Doctor of Pharmacy Candidate

PRIORITIZATION PROCESS

On August 6, 2015, the above participants convened at St. Vincent Indianapolis to review and discuss the results of HCl’s primary and secondary data analysis leading to the preliminary top 10 significant health needs highlighted in Table 5 above. From there, participants examined how well each of the 10 significant health needs met the criteria set forth by St. Vincent. The criteria for prioritization can be seen in Figure 19 below:

Figure 19: St. Vincent System-Wide Criteria for Prioritization

- Alignment with St. Vincent Health Strategies – *Healthcare that Leaves No One Behind & Care for the Poor & Vulnerable*
- Community Input
- Opportunity for Partnership
- Availability of Existing Resources or Programs
- Availability of Evidence-Based Practices
- Addresses Disparities of Sub-Groups

To take into consideration for the community input criterion for prioritization, additional information was presented from the 2012 Marion County Community Health Survey conducted by the Marion County Public Health Department for their [2014 Community Health Assessment](#). From June to September 2012, over 5,000 Marion County residents age 18 or older were surveyed regarding their personal health status, their children’s health, and concerns within their community. Prioritization participants were informed if any of the significant health or quality of life needs considered for prioritization were cited by respondents of the health survey as a concern.

Participants ranked the top 10 health needs. Participants were encouraged to use their own judgment and knowledge of their community in the event of a tie score. After completing their individual ranking of the 10 health needs, participants submitted their ranking into an online polling platform that collates the submissions and results in an aggregate ranking of the health topics. The aggregate ranking can be seen below in Figure 20.

Figure 20. Group Ranking of Marion County’s Most Pressing Health Needs



Upon seeing the group ranking above, prioritization participants had in-depth discussion about the topics that make most sense to prioritize for Marion County. As mental health and substance abuse are often linked together, the group decided to combine them into the topic of Behavioral Health to address root causes. The creation of a new topic area, Behavioral Health, allowed Social Environment to move into the top five. However, there were strong arguments in favor of Transportation instead of Social Environment. Many participants saw Transportation as a key issue that not only affects access to health services, but also access to healthy foods and quality of life for many Marion County families and older adults. Others argued in favor of prioritizing Social Environment by bringing up issues of family instability, domestic violence, and poverty and their effect on children. Eventually, all participants agreed to prioritize six needs. Therefore, the top six health priorities for Marion County to consider for subsequent implementation planning are:

- **Behavioral Health**
- **Maternal, Fetal, & Infant Health**
- **Access to Health Services**
- **Exercise, Nutrition, & Weight**
- **Social Environment**
- **Transportation**

These six health needs will be broken down in further detail below to understand how findings in the secondary data and community input led to each issue becoming a high priority health need for Marion County.

Health Priorities for Marion County

BEHAVIORAL HEALTH

SECONDARY DATA FINDINGS

Behavioral Health’s Poorest Performing Indicators and Rankings

- Marion County ranks in the worst quartile among Indiana and US counties for **Depression: Medicare Population**. According to the National Comorbidity Survey, people over the age of 60 have lower rates of depression than the general population—10.7 percent in people over the age of 60 compared to 16.9 percent among all ages. The Center for Medicare Services estimates that depression in older adults occurs in 25 percent of those with other illnesses, including: arthritis, cancer, cardiovascular disease, chronic lung disease, and stroke.
- In Marion County, there are about **17 liquor stores** per 100,000 population. This value places Marion in the worst quartile among Indiana counties; and the number of liquor stores per population has been increasing significantly over time. High alcohol outlet density has been shown to be related to increased rates of drinking and driving, motor vehicle-related pedestrian injuries, and child abuse and neglect. Also, the **ER Rate due to Alcohol Abuse** in Marion County is much higher than the state value (**46.4** versus 29.4 visits per 10,000 population 18 and older) and is in the worst quartile of Indiana counties. According to the CDC, excessive alcohol use can lead to increased risk of health problems such as liver disease or unintentional injuries. There are approximately 75,000 deaths attributable to excessive alcohol use each year in the United States.

Tables 6 and 7 below show all health indicators for both Mental Health and Mental Disorders and Substance Abuse respectively. As highlighted in the Prioritization Process section, the health topic of “Behavioral Health” was created to focus on the root causes of mental health and substance abuse. The gauges illustrate how Marion County is faring compared to the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 (if a target is available), and the time trend score. A gauge in the green received a score of 0-1 (good), yellow a score of 1-2 (fair), and red a score of 3 (poor).

Table 6. Comparison Scores for Mental Health & Mental Disorders

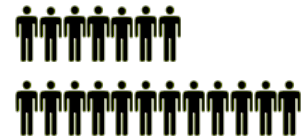
Mental Health & Mental Disorders									Topic Score 2.03
Indicator:	Marion County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
<i>Depression: Medicare Population</i>	18.7%	16.6%							2.85
<i>Alzheimer’s Disease or Dementia: Medicare Population</i>	10.2%	9.7%							2.15

Adults who Drink Excessively	15.7%	15.9%		1.18
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^a Value represents the number of stores per 100,000 population
^b Value represents the number of ER visits per 10,000 population ages 18+
^c Value represents the number of deaths per 100,000 population
^d Value represents Marion County’s rank out of 92 Indiana Counties
^e Value represents the number of hospitalizations per 10,000 population ages 18+

COMMUNITY INPUT

Seven out of 18 key informants and 12 out of 18 Key Informants cited mental health and substance abuse as needs for Marion County, respectively.



The most pressing issues in regard to behavioral health, as cited by key informants, were lack of mental health and substance abuse treatment services and coverage; mental health and substance abuse within families; rise of heroin use; and co-occurrence of mental health, substance abuse and trauma. In addition, Marion County Health Survey respondents cited Mental Health & Mental Disorders, and Substance Abuse as health concerns.

The figure below includes some direct quotes from key informants regarding the topic area of behavioral health in their community and the populations most affected.

Quotes from Key Informants

- “The major health needs are all connected to **tobacco**.”
- “**Little coverage** in health plans for **tobacco cessation programs** etc., which minimizes participation possibilities... employers and other health plans continue to not advocate for coverage of these programs, or they end up charging large copays for cessation courses or programs, which makes **affordability** a concern.
- “**Increased use of tobacco** products among those with mental illness, those within **LGBT communities, low income, poverty** – much higher proportion among these populations.”
- “**Co-occurring** mental health, substance abuse, trauma.”
- “Not enough **treatment** for **substance use disorders** – heroin, prescription drug use, alcoholism, poly-substance abuse—a little bit of everything. A lot more heroin than they were seeing 10 years ago.”
- “Many users are **parents**, which is putting the lives of their **children at risk**.”
- “The issue with **mental health treatment and access** is always **reimbursement**.”
- “What I’m hearing every day is mental and behavioral health. Before, people called and needed childcare, a ramp for my house, or a nearby support group... now it’s parents calling about **mental and behavioral health emergencies**”
- “Many **single mothers** are not able to get back to a functioning state because the care they need is **not available**”
- Problem biggest for those who **are low income** but don’t have public insurance and their insurance **won’t cover** those services. Also people aren’t always **aware** of the services that are offered.

Indicator:	Marion County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Mothers who Smoked During Pregnancy	14.2%	16.5%							1.25

^a Value expressed is the number of deaths per 1,000 live births

^b Value expressed is the birth rate in live births per 1,000 females aged 15-19 years



COMMUNITY INPUT

Six out of 18 Key Informants cited **Maternal, Fetal, & Infant Health** as a need in Marion County.

The most pressing issues in regard to maternal, fetal and infant health—as cited by key informants—were high infant mortality rates among black infants, delay in prenatal care initiation, and difficulties in accessing prenatal health services.

Key informants also provided insight to the experiences of poor and vulnerable populations pertaining to maternal, fetal, and infant health. The figure to the right includes some direct quotes from key informants regarding the health of mothers and infants in their community and the populations most affected.

Quotes from Key Informants

- **“Black infants die at a rate 3 times higher** than white infants in our community”
- [Regarding prenatal care services] **“If you’re very low income and homeless,** just trying to survive, not worrying too much about **access to care,** you have other things on your plate. Just trying to get through the day... so may not have **resources to access prenatal care.** May not have **transportation** to get there.”
- **“The population they are often seeing are women in their eighth and ninth month of pregnancy** a lot of moms who wait until **the last minute** to get health coverage—can sometimes mean difficult birthing or poor infant health. People come to their service and are **completely confused when it comes to coverage options.** Educating people early is what we need to do to improve health.”

ACCESS TO HEALTH SERVICES

SECONDARY DATA FINDINGS

Access to Health Service’s Poorest Performing Indicators and Rankings

- Marion County ranks in the worst quartile among Indiana counties for **Adults with Health Insurance**—at **76%** of residents aged 18 to 64. Medical costs in the United States are extremely high, so people without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat.

Since Access to Health Services made the initial shortlist for pressing health needs in Marion County due to community input evidence, the indicators available in the secondary data for this topic are not quite as poor performing compared to some other topics that were presented for consideration. Table 9 below shows all Access to Health Services indicators that contributed to the topic receiving an overall topic score of 1.18. The gauges illustrate how Marion County is faring compared to the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 (if a target is available), and the time trend score. A gauge in the green received a score of 0-1 (good), yellow a score of 1-2 (fair), and red a score of 3 (poor).

Access to Health Services									Topic Score 1.18
Indicator:	Marion County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
<i>Adults with Health Insurance</i>	76.1%	80.1%							2.30
<i>Children with Health Insurance</i>	90.6%	91.3%							1.83
<i>Clinical Care^a Ranking</i>	18								1.20
<i>Preventable Hospital Stays^b</i>	67	76							0.88
<i>Primary Care Provider Rate^c</i>	81	65							0.68
<i>Non-Physician Primary Care Provider Rate^c</i>	89	49							0.68
<i>Dentist Rate^c</i>	76	48							0.68

^a From the County Health Rankings, this value is the Marion County Ranking out of 92 total Indiana Counties

^b Indicates the hospital discharge rate for ambulatory care-sensitive conditions (ACSC) per 1,000 Medicare enrollees

^c Rates are expressed as the number of providers per 100,000 population

COMMUNITY INPUT



All **18** key informants cited **Access to Health Services** as a need in Marion County.

The most pressing issues in regard to access to health services, as cited by key informants, were lack of knowledge of available healthcare programs or resources, the need for better quality of patients visits and follow-up, and the impact of healthcare costs on low-income populations.

Key informants also provided insight to the experiences of poor and vulnerable populations pertaining to accessing health services. The figure below includes some direct quotes from key informants regarding accessing health services in their community and the populations most affected. In addition, Marion County Health Survey respondents cited Access to Health Services as a health concern.



Quotes from Key Informants

- “Community is program rich in potential participation and potential community connections, but the infrastructure isn’t there to support it – people **don’t know about the resources or available programs** or can’t get there.”
- “[Cancer] treatment centers compete too hard for oncologists and staff – patients on conveyer belts, **not spending enough time working with the patients or clients and helping them navigate the health system**... Impossible to care for a patient holistically and not just from point A to point B.”
- “**Lack of health insurance** – people are afraid that they **don’t have the money to pay**. Even with the affordable payment options – even with the smaller copays people are very apprehensive about signing up for health coverage.”
- “**Low income** folks across the board are more affected by these issues. **Immigrant** communities are highly affected, a lot of **barriers to care** for those folks. We see this a lot with undocumented immigrants, who **are fearful of seeking help** because of their status.”
- “**Communication** with patient population a key issue...most do a poor job of understanding their needs in a way that the patient can understand. We also don’t allot enough **time** or have **flexible** schedule for patients. We need to allot ample time for **follow-up visits** to allow that relationship to form.”

EXERCISE, NUTRITION, & WEIGHT

SECONDARY DATA FINDINGS

Exercise, Nutrition, & Weight’s Poorest Performing Indicators and Rankings

- Marion County ranks in the worst quartile in Indiana and in the US for **Food Insecurity Rate, Food Environment Index, and Fast Food Restaurant Density**. Almost **one-fifth** of the Marion population experienced food insecurity at some point during the year. The Food Environment Index combines Food Insecurity with **Low-Income and Low Access to a Grocery Store** into one composite score ranging from 0 (worst) to 10 (best)—Marion County scored **6** on this index. A lack of access to healthy foods is often a significant barrier to healthy eating habits. Low-income and underserved areas often have limited numbers of stores that sell healthy foods. People living farther away from grocery stores are less likely to access healthy food options on a regular basis and thus more likely to consume foods which are readily available at convenience stores and fast food outlets. **Fast Food Restaurant Density** in Marion is almost **one restaurant** per 1,000 population.

The topic of Exercise, Nutrition, & Weight has evidentiary support from both the secondary data and community input as being a key issue in Marion County. Table 10 below shows all Exercise, Nutrition, & Weight indicators that contributed to the topic receiving an overall topic score of 1.67. The gauges illustrate how Marion County is faring compared to the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 (if a target is available), and the time trend score.

Exercise, Nutrition, & Weight									Topic Score 1.67
Indicator:	Marion County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
<i>Food Insecurity Rate</i>	19.2%	15.7%							2.55
<i>Food Environment Index^a</i>	6	8							2.33
<i>Farmers Market Density^b</i>	0.0								2.23
<i>Fast Food Restaurant Density^b</i>	0.9								2.10
<i>Low-Income and Low Access to a Grocery Store</i>	8.1%								1.90
<i>Children with Low Access to a</i>	6.6%								1.90

Grocery Store									
Indicator:	Marion County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Health Behaviors Ranking ^c	87								1.80
Grocery Store Density ^b	0.2								1.80
Adults who are Obese	31.9%	31.4%							1.73
Child Food Insecurity Rate	21.9%	21.8%							1.65
SNAP Certified Stores ^d	0.7								1.60
People 65+ with Low Access to a Grocery Store	2.7%								1.50
Low-Income Preschool Obesity	14%								1.20
Adults who are Sedentary	27.2%	27.9%							1.18
Recreation and Fitness Facilities ^b	0.1								1.18
Households with No Car and Low Access to a Grocery Store	1.5%								1.10
Access to Exercise Opportunities	78.5%	63.9%							0.68

^a Index ranges from 0 (worst) to 10 (best)

^b Value expressed as number of facilities per 1,000 population

^c From the County Health Rankings, this value is the Marion County Ranking out of 92 total Indiana Counties

^d Indicator shows the number of stores certified to accept Supplemental Nutrition Assistance Program benefits per 1,000 population

COMMUNITY INPUT

Thirteen out of 18 key informants cited **Exercise, Nutrition & Weight** as a need for Marion County.

The most pressing issues in regard to Exercise, Nutrition & Weight, as cited by key informants were



food deserts and healthy food access, lack of knowledge on how to prepare healthy food, limited availability of walking paths, and encouragement of residents to take advantage of exercise opportunities around them. In addition, Marion County Health Survey respondents cited Exercise, Nutrition, & Weight as a health concern.

Key informants also provided insight to the experiences of poor and vulnerable populations pertaining to Exercise, Nutrition & Weight. The figure to the right includes some direct quotes from key informants regarding the topic area of Exercise, Nutrition, & Weight in their community and the populations most affected.



Quotes from Key Informants

- “We’re not particularly pedestrian friendly. **Walking paths, healthy food access are issues.** Our one healthy grocery store is closing.”
- “**Access to fresh fruits and vegetables** in both urban and rural areas – many people have to shop at CVS, which doesn’t give them the options that a regular grocery store does. **Food deserts** are an issue.”
- “Need to stop drinking sugary beverages. More than just access to healthy food—knowing how to prepare healthy food, having utensils to cook and eat healthy food, etc.”
- “I think in some areas there are lots of opportunities for physical activities. We aim to build physical activity into people’s daily lives, encourage people to bike or walk to work, etc. Many people think of physical activity opportunities as building more gyms. Our work focuses on the built environment part of physical activity and health.”

SOCIAL ENVIRONMENT

SECONDARY DATA FINDINGS

The Social Environment’s Poorest Performing Indicators and Rankings

- Marion County ranks in the lowest quartile for **Children Living Below Poverty** when comparing to Indiana and US counties—**30.7%** of children in Marion County live below poverty. Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning, and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement test scores, and are less likely to complete basic education.
- Marion County also ranks in the lowest quartile for **Single-Parent Households** when comparing to Indiana and US Counties—Almost **one-half** of Marion households with children are headed by a single parent. Adults and children in single-parent households are at a higher risk for adverse health effects, such as emotional and behavioral problems, compared to their peers. Children in such households are more likely to develop depression, smoke, and abuse alcohol and other substances.

Social Environment was the poorest performing quality of life health topic for Marion County based on secondary data. Additionally, the social environment was mentioned by four key informants as being an issue in the county. Table 11 below shows the poorest performing social environment indicators that contributed to the topic receiving an overall topic score of 2.34. The gauges illustrate how Marion County is faring compared to the following six comparisons: the Indiana State Value, Indiana Counties Value, US Value, US Counties Value, HP2020 (if a target is available), and the Time Trend Score. A gauge in the green received a score of 0-1 (good), yellow a score of 1-2 (fair), and red a score of 3 (poor).

Social Environment									Topic Score 2.34
Indicator:	Marion County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
<i>Children Living Below Poverty Level</i>	30.7%	21.8%							2.85
<i>Single-Parent Households</i>	46.8%	33%							2.85
<i>Young Children Living Below Poverty Level</i>	34.4%	26.1%							2.65
<i>People 65+ Living Alone</i>	31.8%	28.2%							2.55
<i>Child Abuse Rate ^a</i>	21.7	14.2							2.03

Indicator:	Marion County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Social and Economic Factors Ranking ^b	90								1.80
Voter Turnout	56%	58%							1.65

^a Value represents the number of cases of child abuse per 1,000 children

^b Value represents the Marion County ranking out of 92 Indiana Counties


COMMUNITY INPUT

Four out of 18 key informants cited the **Social Environment** as a need in Marion County.



Key themes from the informants about the social environment expressed concern about domestic violence among subpopulations in the community, children living below poverty, and housing instability. In addition, Marion County Health Survey respondents cited Social Environment as a quality of life concern.

Key informants also provided insight to the experiences of poor and vulnerable populations pertaining to the social environment. The figure to the right includes some direct quotes from key informants regarding the social environment in their community and the populations most affected.



Quotes from Key Informants

- **“Preventive** measures need to be taken toward reducing **violence** in the home, community. [Child] population needs to be approached and **educated** about violence to end the cycle.”
- **“Domestic violence and sexual violence** are also rising among **immigrant and LGBTQ** populations”
- **“Children of transient** individuals: We see a lot of kids in our shelters who have moved many times in past year, which compromises their **healthcare. Stable housing** a big barrier.”

TRANSPORTATION

SECONDARY DATA FINDINGS

Transportation’s Poorest Performing Indicators and Rankings

- Marion County ranks in the worst quartile of US and Indiana counties for **Households without a Vehicle**. The rate of **9%** of Marion households without a vehicle has been increasing significantly over time. In general, people living in a household without a car make fewer than half the number of journeys compared to those with a car. This limits their access to essential local services such as supermarkets, post offices, doctors' offices and hospitals. Most households with above-average incomes have a car while only half of low-income households do.

The topic of transportation has evidentiary support from community input as being a key issue in Marion County. Table 12 below shows the poorest performing transportation indicators that contributed to the topic receiving an overall topic score of 1.33. The gauges illustrate how Marion County is faring compared to the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 (if a target is available), and the time trend score.

Transportation									Topic Score 1.33
Indicator:	Marion County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
<i>Households without a Vehicle</i>	9.4%	6.7%							2.70
<i>Workers who Drive Alone to Work</i>	82%	83.1%							1.40
<i>Solo Drivers with a Long Commute</i>	28.1%	29.8%							1.23
<i>Households with No Car and Low Access to a Grocery Store</i>	1.5%								1.10
<i>Mean Travel Time to Work ^a</i>	22.7	23.2							1.10
<i>Workers Commuting by Public Transportation</i>	1.9%	1.1%							0.95

Indicator:	Marion County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions ^b	10	11.3							0.85

^a Value expressed is time traveled in minutes

^b Value expressed number of deaths per 100,000 population

COMMUNITY INPUT

Fourteen out of 18 key informants cited **Transportation** as a need for Marion County.

Key themes from the informants indicate that issues with transportation are mainly centered around the lack of reliable and affordable transportation, and difficulties in being able to get to medical appointments.

Key informants also provided insight to the experiences of poor and vulnerable populations pertaining to transportation. Children and low-income families were specifically quoted as being more affected when it comes to the lack in transportation in Marion County. The figure below includes some direct quotes from key informants regarding transportation in their community and the populations most affected .

Quotes from Key Informants






- **“Transportation system is decent, but not great.”**
- **“Transportation is a huge barrier, especially for families... difficult and expensive to take bus with kids.”**
- 'We have good evidence that people aren’t **accessing primary care** because not having access to **transportation.**”
- **Northern Indianapolis** is the main part of town with many **low income** residents, and those people have issues **getting to the hospital for care**, even paying for parking is a barrier.


OTHER SIGNIFICANT COMMUNITY HEALTH NEEDS

As part of the community health needs assessment process, the primary and secondary data analysis identified additional significant community health needs (Table 13). While these health needs have not been prioritized for this CHNA cycle, Indiana Orthopaedic Hospital, and other community partners will still continue to work hard to address the following issues:

- **Prevention & Safety**
- **Women’s Health**
- **Kidney & Urinary Tract Diseases**

Table 13. Other Significant Community Health Needs for Marion County

Health or Quality of Life Topic	Insights from Secondary Data		Insights from Primary Data/ Community Input		
	Topic Score	Warning Indicators Contributing to Topic Score	Number of Community Members Citing Topic as Pressing Health Concern (Total # interviewed=18)  =issue cited  =issue <u>not</u> cited	Key Themes from Community Input	
Prevention & Safety	1.90	Severe Housing Problems	2.33		<ul style="list-style-type: none"> • Prevention and safety is community a top health issue.
		Death Rate due to Drug Poisoning	1.93		
		Age-Adjusted Death Rate due to Unintentional Injuries	1.45		
Women’s Health	2.17	Age-Adjusted Death Rate due to Breast Cancer	2.80		<ul style="list-style-type: none"> • N/a, not mentioned as a top health need/concern during community input process
		Breast Cancer Incidence Rate	2.35		
		Life Expectancy for Females	1.95		
Kidney & Urinary Tract Diseases	2.12	Chronic Kidney Disease: Medicare Population	2.85		<ul style="list-style-type: none"> • N/a, not mentioned as a top health need/concern during community input process
		Age-Adjusted Death Rate due to Kidney	2.10		

		Diseases			
		Age-Adjusted ER Rate due to Urinary Tract Infections	1.83		

Conclusion

This community health needs assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs of Marion County, Indiana, residents and was further informed with community input from knowledgeable persons representing the broad interests of the community. The prioritization of the identified health needs will guide the community health improvement efforts of Indiana Orthopaedic Hospital with the assistance of and in collaboration with St. Vincent Indianapolis and its parent organization, St. Vincent Health. From this process, the Indiana Orthopaedic Hospital will outline how it plans to address their prioritized health needs of Behavioral Health; Maternal, Fetal, & Infant Health; Access to Health Services; Exercise, Nutrition, & Weight; Social Environment; and Transportation into their Implementation Strategy. In addition, we hope to incorporate any feedback on this report into our next Community Health Needs Assessment process. Please send your feedback and/or comments to CommunityDevelopment@stvincent.org.

Appendix A: Evaluation of Preceding CHNA Priorities

FY14 – FY15 St. Vincent Indianapolis Hospital

Significant health need identified in previous CHNA	Strategy/Action Step	Indicators of Success
<p>Obesity (Nutrition & Exercise)</p>	<ol style="list-style-type: none"> 1) St. Vincent staff will offer three one-hour educational presentations regarding healthy food choices and/or fitness at the Crooked Creek Farmer’s Market. 2) St. Vincent staff will be informed of volunteer opportunities available at Crooked Creek Farmer’s Market via weekly reminders, from May-October, in the online newsletter sent to the St.Vincent Indianapolis system. 3) As a partnership with Pike Township Schools and as part of their award of a PEP Grant, Peyton Manning Children’s Hospital will coordinate a week-long summer camp geared to students in grades 3-5 for 2012, 2013 and 2014. 4) To better serve our Spanish-speaking population, the L.I.F.E (Lifetime Individual Fitness & Eating) program will develop a healthy cookbook in Spanish featuring traditional Hispanic dishes. 5) Provide at least 30 educational 	<p>The hospital presented information about fruits and vegetables in season and provided a samples of a salsa made with relevant ingredients at the Crooked Creek Farmer’s Market. The market did not operate in the summer of 2015.</p> <p>A notice was posted encouraging associates to work, and/or attend, the Famer’s Market, via the intranet for St.Vincent associates. Additionally, St.Vincent supported the efforts by making 2,500 color flyers to distribute in the Crooked Creek neighborhood, focusing mainly on low-income housing.</p> <p>The camp occurred every year for the three years of Pike’s PEP grant, with the number of campers increasing each year. In 2012, 31 students attended camp; in 2013, 77 students attended camp and in 2014, 80 students attended camp. Camp was offered daily for one week from 8 am – 12:30 pm. The goals were to provide campers with 2-3 physical activities daily as well as a nutrition lesson, breakfast, snack and lunch.</p> <p>The L.I.F.E Program is no longer in existence at SV Indianapolis.</p>

	<p>presentations regarding nutrition and 30 educational presentations a year regarding physical activity to youth, K-12.</p>	<p>During FY14, approximately 38 nutrition presentations and 55 physical activity presentations were provided to school-aged children.</p>
<p>Access to Healthcare</p>	<ol style="list-style-type: none"> 1) Each of the 3 outreach workers will complete at least 55 applications for assistance a month. 2) Each of the 3 outreach workers will make at least 10 outreach efforts a month by visiting community centers, such as shelters, unemployment offices, and LaPlaza (resource center for Hispanic community). 	<p>St. Vincent continues to partner with Covering Kids and Families of Central Indiana to provide enrollment opportunities for the community. The CKF staff complete at least 60 applications per month. They also average 32 hours of onsite coverage at the Primary Care Center to assist individuals with the enrollment process.</p> <p>The outreach workers completed 10-12 community events/month since July 1, 2013.</p>
<p>Behavioral Health</p>	<ol style="list-style-type: none"> 1) Representative(s) from St. Vincent Stress Center will meet with at least 5 district representatives in the State House and Senate to discuss behavioral health issues. 	<p>As of 3/14, the community outreach position was eliminated. However, the Executive Director has completed the following: 1) contacted legislators via phone and in writing to discuss the impact and importance of behavioral health issues and legislation, 2) attends the IHA (Indiana Hospital Association) Psych Council meetings where all proposed and pending legislative issues pertaining to behavioral care are discussed and action plans are developed for grass roots initiatives, 3) serves as the Executive Sponsor of the hospital's Magnet Program Shared Governance Legislative Council, 4) participated in initial planning meetings and discussion with Public Safety Director, Mayor and others to work on solutions to the community impact of drastic increase in heroin use. Additionally, Stress Center staff were actively involved in a number of planning</p>

		<p>meetings for a Comprehensive Counseling program for public safety employees.</p> <p>St. Vincent Indianapolis was one of six local hospitals to work with the Department of Public Safety to offer support services to first responders and their families at no charge.</p> <p>A community forum was conducted by Indianapolis Public Safety Director and the Stress Center on 9/15/14 to discuss heroin in our community.</p> <p>An Associate represents St. Vincent Stress Center on the state-wide task force on neonatal abstinence syndrome (Senate bill 408).</p> <p>An Associate was interviewed on 7/9/14 by Rafael Sanchez regarding the heroin issue and was broadcast on 10/15/14 on Channels 6 and 13 multiple times.</p> <p>An associate represents St. Vincent Stress Center on the state-wide initiative on "Zero Teen Suicide," started in January 2015.</p> <p>EMS Director and an Associate conducted a community forum on the heroin issue at the Phoenix Theater on 6/15/15.</p>
<p>Cancer Care (lung, breast, colon)</p>	<p>1) A BCCP (Breast and Cervical Cancer Program) will be established at our Flagship hospital to support the financial needs of our underserved, high-risk populations and ensure the completion of appropriate screenings and recommended follow-ups for detected Breast</p>	<p>The organization applied for and was granted status as a BCCP provider in the state of Indiana. Unfortunately, recent work force restructuring, and the subsequent elimination of key clerical positions, has prohibited the organization from moving forward due to complex approval processes</p>

	<p>Cancers.</p> <p>2) At least 5 colon cancer educational presentations will be offered each fiscal year to underserved, high-risk and/or elderly populations related to the prevention and early detection of Colon Cancer, with promotional efforts at locations such as the United Soccer Alliance of Indiana, which includes a large Hispanic population and large African American church communities within Central Indiana.</p> <p>3) At least 5 free fecal blood screenings events will be offered each fiscal year to underserved, high risk and/or elderly populations in central Indiana related to the prevention and early detection of Colon Cancer.</p> <p>4) Train at least 1 existing associate to become a tobacco cessation counselor each year for a total of 11 counselors on staff.</p> <p>5) Increase the number of participants completing the program during a 3-year time frame by 5% or a total of 126 individuals.</p>	<p>and excessive paperwork required during a patient’s screening and diagnostic phases of care.</p> <p>To ensure that the financial needs of our underserved, high risk populations continue to be supported and to ensure the completion of appropriate screenings and recommended follow-ups, the organization has set up a Breast Care fund through the St.Vincent Foundation. This fund enables the Mobile Screening Program to offer free mammograms to women, throughout the community, identified as uninsured or underinsured. Leaders of the Mobile Screening Program have also worked with Financial Services to develop a program that supports women requiring further imaging.</p> <p>Although the organization was not able to move forward with plans to integrate BCCP into existing screening programs, since November 24, 2014, St.Vincent has provided an additional 476 women free screening mammograms on the St.Vincent Mobile Screening Van. Additionally, St. Vincent has provided an additional 6 educational offerings, focused on the prevention and early detection of colon cancer, reaching 395 underserved, high-risk and/or elderly individuals.</p> <p>Year to date, colon cancer educational sessions have been provided to underserved, high risk and/or elderly populations at Purpose of Life Ministries, the Raphael Health Center, a Crooked Creek Hispanic Community Event, a CNO Financial Health Fair, an Angie’s List Health Fair, and the Ivy Tech</p>
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		<p>Health Fair. Education was also offered to the broader community through our March Check-up 13 program, a public health program offered in collaboration with WTHR-TV.</p> <p>Year to date, two hundred and twenty-one individuals identified as underserved, high risk and/or elderly, during screening events were offered free fecal blood screening by St.Vincent Cancer Care. Free screenings were also offered through the March Check-up 13 program to individuals identified at high risk for colon cancer and/or greater than 50 years of age.</p> <p>The Tobacco Management Center, which is part of Medication Management Services, now has 12 counselors who have been trained in the Mayo Clinic method to offer individual and group tobacco cessation services.</p> <p>To date, the Tobacco Management Center has served 167 individuals.</p> <p>*The last year of the FY14-FY16 implementation strategy will be reported and attached to the FY16 Form 990.</p>
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Appendix B: Secondary Data Analysis

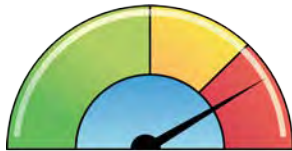
SCORING METHOD

For each indicator, the county was assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators were categorized into 29 topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

COMPARISON TO A DISTRIBUTION OF COUNTY VALUES: WITHIN STATE AND NATION

For ease of interpretation and analysis, indicator data on the St. Vincent Health Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in Indiana or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.



HCI Platform County Distribution Gauge

COMPARISON TO VALUES: STATE, NATIONAL, AND TARGETS

The county value is compared to the state value, the national value, and Healthy People 2020 (HP2020) target values. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

TREND OVER TIME

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

MISSING VALUES

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator’s weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

INDICATOR SCORING

Indicator scores are calculated as a weighted average of all included comparison scores. More weight was given to comparison to US counties, comparison to Indiana counties, and trend over time.

If neither of the included comparison types are possible for an indicator, then a score is not calculated and the indicator is excluded from the data scoring results.

TOPIC SCORING

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data.

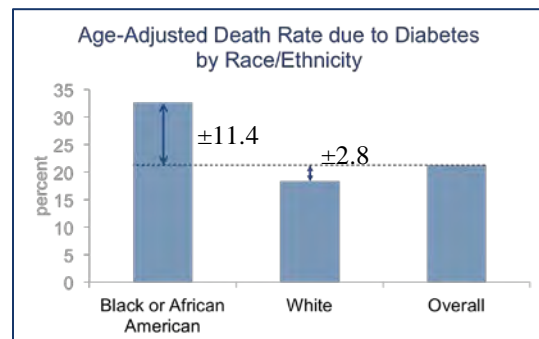
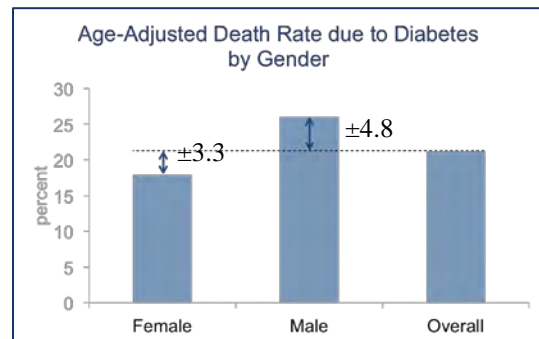
A topic score is only calculated if it includes at least three indicators. These scores were used to categorize the topics as red (score ≥ 1.5), yellow ($1.25 \leq \text{score} < 1.5$), or green (score < 1.25).

DISPARITIES

To identify indicators with the largest disparities by gender or race/ethnicity, the Index of Disparity¹ measure was used to calculate the average of the absolute differences between rates for each subgroup within a sub-population category and the overall county rate, divided by the county rate. The index of disparity summarizes disparities across groups within a population that can be applied across indicators. The measure is expressed as a percentage.

Across all indicators, an Index of Disparity score that ranked in the top 25% of all disparities scores—in either gender or race/ethnicity category—was identified as having a high disparity. The availability of sub-population data varies by source and indicator.

In this example to the right, Age-Adjusted Death Rate due to Diabetes by Gender has county values for the female and male subgroups that are closer to each other and close to the overall county value when compared to the subgroup values for Age-Adjusted Death Rate due to Diabetes by Race/Ethnicity. The absolute difference between the Black or African American value and the overall value is much larger than the difference between the White value and overall value, resulting in a higher Index of Disparity score than the score calculated for the gender subgroups.



SCORING RESULTS

The following table lists all indicators by topic area, with the most recent value for Marion County and comparison scores (0-3 or good to bad). The county value is compared to a distribution of Indiana and US counties, state and national values, and the HP2020 target. Indicators are also compared across four time periods and are scored under the trend column. If data was not available for a comparison or disparity score, then the cell is left blank.

Source: <http://www.stvincent.org/chna> as of January 20, 2015.

¹ Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

	Indicator	Period	Score
Access to Health Services Topic Score: 1.18	Adults with Health Insurance	2012	2.30
	Children with Health Insurance	2012	1.83
	Clinical Care Ranking	2014	1.20
	Preventable Hospital Stays	2011	0.88
	Primary Care Provider Rate	2011	0.68
	Dentist Rate	2012	0.68
	Non-Physician Primary Care Provider Rate	2013	0.68
Cancer Topic Score: 1.83	Age-Adjusted Death Rate due to Breast Cancer	2007-2011	2.80
	Breast Cancer Incidence Rate	2007-2011	2.35
	Age-Adjusted Death Rate due to Lung Cancer	2007-2011	2.20
	Age-Adjusted Death Rate due to Prostate Cancer	2007-2011	2.20
	Oral Cavity and Pharynx Cancer Incidence Rate	2007-2011	2.15
	Lung and Bronchus Cancer Incidence Rate	2007-2011	1.90
	Cancer: Medicare Population	2012	1.80
	Age-Adjusted Death Rate due to Colorectal Cancer	2007-2011	1.70
	Mammography Screening: Medicare Population	2011	1.58
	Colorectal Cancer Incidence Rate	2007-2011	1.15
	Prostate Cancer Incidence Rate	2007-2011	0.35
Children's Health Topic Score: 1.74	Age-Adjusted ER Rate due to Pediatric Asthma	2010-2012	2.03
	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	2010-2012	2.03
	Child Abuse Rate	2013	2.03
	Children with Low Access to a Grocery Store	2010	1.90
	Children with Health Insurance	2012	1.83
	Child Food Insecurity Rate	2012	1.65
	Low-Income Preschool Obesity	2009-2011	1.20
Diabetes Topic Score: 1.76	Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	2010-2012	2.03
	Age-Adjusted Hospitalization Rate due to Diabetes	2010-2012	2.03
	Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	2010-2012	2.03
	Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	2010-2012	2.03
	Age-Adjusted ER Rate due to Diabetes	2010-2012	2.03
	Diabetes: Medicare Population	2012	1.95
	Age-Adjusted ER Rate due to Long-Term Complications of Diabetes	2010-2012	1.83
	Age-Adjusted ER Rate due to Uncontrolled Diabetes	2010-2012	1.83
	Diabetic Screening: Medicare Population	2011	1.48
	Age-Adjusted Death Rate due to Diabetes	2010-2012	1.10
	Age-Adjusted ER Rate due to Short-Term Complications of Diabetes	2010-2012	0.98
Economy Topic Score: 2.26	People Living Below Poverty Level	2009-2013	2.85
	Homeownership	2009-2013	2.85
	Children Living Below Poverty Level	2009-2013	2.85

	Indicator	Period	Score
	Families Living Below Poverty Level	2009-2013	2.85
	Median Household Income	2009-2013	2.65
	People Living 200% Above Poverty Level	2009-2013	2.65
	Young Children Living Below Poverty Level	2009-2013	2.65
	Students Eligible for the Free Lunch Program	2011-2012	2.63
	Renters Spending 30% or More of Household Income on Rent	2009-2013	2.55
	Food Insecurity Rate	2012	2.55
	People 65+ Living Below Poverty Level	2009-2013	2.50
	Severe Housing Problems	2006-2010	2.33
	Households with Cash Public Assistance Income	2009-2013	2.05
	Homeowner Vacancy Rate	2009-2013	2.05
	Persons with Disability Living in Poverty	2013	2.00
	Low-Income and Low Access to a Grocery Store	2010	1.90
	Social and Economic Factors Ranking	2014	1.80
	Unemployed Workers in Civilian Labor Force	Oct 2015	1.75
	Per Capita Income	2009-2013	1.70
	Child Food Insecurity Rate	2012	1.65
	SNAP Certified Stores	2012	1.60
	Low-Income Preschool Obesity	2009-2011	1.20
Education			
Topic Score: 1.65	8th Grade Students Proficient in English/Language Arts	2013	2.03
	Student-to-Teacher Ratio	2011-2012	1.98
	4th Grade Students Proficient in English/Language Arts	2013	1.93
	4th Grade Students Proficient in Math	2013	1.78
	High School Graduation	2013	1.73
	8th Grade Students Proficient in Math	2013	1.58
	People 25+ with a High School Degree or Higher	2009-2013	1.55
	People 25+ with a Bachelor's Degree or Higher	2009-2013	0.65
Environment			
Topic Score: 1.72	Liquor Store Density	2012	2.65
	Severe Housing Problems	2006-2010	2.33
	Food Environment Index	2014	2.33
	Farmers Market Density	2013	2.23
	Fast Food Restaurant Density	2011	2.10
	Low-Income and Low Access to a Grocery Store	2010	1.90
	Children with Low Access to a Grocery Store	2010	1.90
	Annual Ozone Air Quality	2010-2012	1.90
	Annual Particle Pollution	2010-2012	1.80
	Grocery Store Density	2011	1.80
	SNAP Certified Stores	2012	1.60
	Physical Environment Ranking	2014	1.60
	People 65+ with Low Access to a Grocery Store	2010	1.50
	Recognized Carcinogens Released into Air	2013	1.40
	Houses Built Prior to 1950	2009-2013	1.35
	Drinking Water Violations	FY 2012-13	1.28
	Recreation and Fitness Facilities	2011	1.18
	Households with No Car and Low Access to a Grocery Store	2010	1.10

	Indicator	Period	Score
	Access to Exercise Opportunities	2014	0.68
	PBT Released	2013	
Exercise, Nutrition, & Weight	Food Insecurity Rate	2012	2.55
Topic Score: 1.67	Food Environment Index	2014	2.33
	Farmers Market Density	2013	2.23
	Fast Food Restaurant Density	2011	2.10
	Low-Income and Low Access to a Grocery Store	2010	1.90
	Children with Low Access to a Grocery Store	2010	1.90
	Health Behaviors Ranking	2014	1.80
	Grocery Store Density	2011	1.80
	Adults who are Obese	2010	1.73
	Child Food Insecurity Rate	2012	1.65
	SNAP Certified Stores	2012	1.60
	People 65+ with Low Access to a Grocery Store	2010	1.50
	Low-Income Preschool Obesity	2009-2011	1.20
	Adults who are Sedentary	2010	1.18
	Recreation and Fitness Facilities	2011	1.18
	Households with No Car and Low Access to a Grocery Store	2010	1.10
	Access to Exercise Opportunities	2014	0.68
Heart Disease & Stroke	Age-Adjusted Hospitalization Rate due to Heart Failure	2010-2012	2.03
Topic Score: 1.34	Stroke: Medicare Population	2012	1.95
	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2010-2012	1.85
	Heart Failure: Medicare Population	2012	1.40
	Atrial Fibrillation: Medicare Population	2012	1.25
	Age-Adjusted ER Rate due to Heart Failure	2010-2012	1.18
	Hypertension: Medicare Population	2012	1.15
	Age-Adjusted Death Rate due to Coronary Heart Disease	2010-2012	1.05
	Hyperlipidemia: Medicare Population	2012	0.90
	Ischemic Heart Disease: Medicare Population	2012	0.65
Immunizations & Infectious Diseases	Chlamydia Incidence Rate	2012	2.85
Topic Score: 1.65	Gonorrhea Incidence Rate	2012	2.55
	Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	2010-2012	2.03
	Age-Adjusted Hospitalization Rate due to Hepatitis	2010-2012	2.03
	Age-Adjusted ER Rate due to Hepatitis	2010-2012	1.73
	Age-Adjusted ER Rate due to Bacterial Pneumonia	2010-2012	1.33
	Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	2010-2012	1.18
	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	2010-2012	1.18
	Age-Adjusted Death Rate due to Influenza and Pneumonia	2010-2012	0.85

	Indicator	Period	Score
	Salmonella Infection Incidence Rate	2012	0.73
Kidney & Urinary Tract Diseases		2012	2.85
Topic Score: 2.12	Chronic Kidney Disease: Medicare Population	2012	2.85
	Age-Adjusted Death Rate due to Kidney Disease	2010-2012	2.10
	Age-Adjusted ER Rate due to Urinary Tract Infections	2010-2012	1.83
	Age-Adjusted Hospitalization Rate due to Urinary Tract Infections	2010-2012	1.68
Maternal, Fetal & Infant Health		2008-2012	2.30
Topic Score: 1.91	Infant Mortality Rate	2008-2012	2.30
	Mothers who Received Early Prenatal Care	2012	2.15
	Babies with Low Birth Weight	2012	2.10
	Babies with Very Low Birth Weight	2012	2.10
	Teen Birth Rate	2012	1.95
	Preterm Births	2012	1.50
	Mothers who Smoked During Pregnancy	2012	1.25
Men's Health		2007-2011	2.20
Topic Score: 1.43	Age-Adjusted Death Rate due to Prostate Cancer	2007-2011	2.20
	Life Expectancy for Males	2010	1.75
	Prostate Cancer Incidence Rate	2007-2011	0.35
Mental Health & Mental Disorders		2012	2.85
Topic Score: 2.03	Depression: Medicare Population	2012	2.85
	Alzheimer's Disease or Dementia: Medicare Population	2012	2.15
	Poor Mental Health Days	2006-2012	1.78
	Age-Adjusted Death Rate due to Suicide	2010-2012	1.75
	Age-Adjusted Death Rate due to Alzheimer's Disease	2010-2012	1.60
Older Adults & Aging		2012	2.85
Topic Score: 1.79	Depression: Medicare Population	2012	2.85
	Chronic Kidney Disease: Medicare Population	2012	2.85
	People 65+ Living Alone	2009-2013	2.55
	Asthma: Medicare Population	2012	2.55
	People 65+ Living Below Poverty Level	2009-2013	2.5
	Alzheimer's Disease or Dementia: Medicare Population	2012	2.15
	Diabetes: Medicare Population	2012	1.95
	Stroke: Medicare Population	2012	1.95
	Cancer: Medicare Population	2012	1.80
	COPD: Medicare Population	2012	1.75
	Osteoporosis: Medicare Population	2012	1.65
	Age-Adjusted Death Rate due to Alzheimer's Disease	2010-2012	1.60
	Mammography Screening: Medicare Population	2011	1.58
	People 65+ with Low Access to a Grocery Store	2010	1.50
	Diabetic Screening: Medicare Population	2011	1.48
	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2012	1.45
	Heart Failure: Medicare Population	2012	1.40

	Indicator	Period	Score
	Atrial Fibrillation: Medicare Population	2012	1.25
	Hypertension: Medicare Population	2012	1.15
	Hyperlipidemia: Medicare Population	2012	0.90
	Ischemic Heart Disease: Medicare Population	2012	0.65
Prevention & Safety Topic Score: 1.9	Severe Housing Problems	2006-2010	2.33
	Death Rate due to Drug Poisoning	2004-2010	1.93
	Age-Adjusted Death Rate due to Unintentional Injuries	2010-2012	1.45
Public Safety Topic Score: 1.54	Child Abuse Rate	2013	2.03
	Alcohol-Impaired Driving Deaths	2008-2012	1.73
	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	2010-2012	0.85
Respiratory Diseases Topic Score: 1.83	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	2010-2012	2.55
	Asthma: Medicare Population	2012	2.55
	Age-Adjusted Death Rate due to Lung Cancer	2007-2011	2.20
	Age-Adjusted ER Rate due to Pediatric Asthma	2010-2012	2.03
	Age-Adjusted ER Rate due to Adult Asthma	2010-2012	2.03
	Age-Adjusted ER Rate due to Asthma	2010-2012	2.03
	Age-Adjusted Hospitalization Rate due to Adult Asthma	2010-2012	2.03
	Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	2010-2012	2.03
	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	2010-2012	2.03
	Age-Adjusted Hospitalization Rate due to Asthma	2010-2012	2.03
	Lung and Bronchus Cancer Incidence Rate	2007-2011	1.90
	COPD: Medicare Population	2012	1.75
	Age-Adjusted Hospitalization Rate due to COPD	2010-2012	1.68
	Age-Adjusted ER Rate due to COPD	2010-2012	1.48
	Age-Adjusted ER Rate due to Bacterial Pneumonia	2010-2012	1.33
	Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	2010-2012	1.18
	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	2010-2012	1.18
	Age-Adjusted Death Rate due to Influenza and Pneumonia	2010-2012	0.85
Social Environment Topic Score: 2.34	Children Living Below Poverty Level	2009-2013	2.85
	Single-Parent Households	2009-2013	2.85
	Young Children Living Below Poverty Level	2009-2013	2.65
	People 65+ Living Alone	2009-2013	2.55
	Child Abuse Rate	2013	2.03
	Social and Economic Factors Ranking	2014	1.80
	Voter Turnout	2012	1.65
Substance Abuse	Liquor Store Density	2012	2.65

	Indicator	Period	Score
Topic Score: 1.75	Age-Adjusted ER Rate due to Alcohol Abuse	2010-2012	2.03
	Death Rate due to Drug Poisoning	2004-2010	1.93
	Health Behaviors Ranking	2014	1.80
	Alcohol-Impaired Driving Deaths	2008-2012	1.73
	Adults who Smoke	2006-2012	1.63
	Age-Adjusted Hospitalization Rate due to Alcohol Abuse	2010-2012	1.53
	Mothers who Smoked During Pregnancy	2012	1.25
	Adults who Drink Excessively	2006-2012	1.18
Transportation Topic Score: 1.33	Households without a Vehicle	2009-2013	2.70
	Workers who Drive Alone to Work	2009-2013	1.40
	Solo Drivers with a Long Commute	2008-2012	1.23
	Households with No Car and Low Access to a Grocery Store	2010	1.10
	Mean Travel Time to Work	2009-2013	1.10
	Workers Commuting by Public Transportation	2009-2013	0.95
	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	2010-2012	0.85
	Wellness & Lifestyle Topic Score: 1.68	Life Expectancy for Females	2010
Morbidity Ranking		2014	1.80
Life Expectancy for Males		2010	1.75
Self-Reported General Health Assessment: Poor or Fair		2006-2012	1.68
Poor Physical Health Days		2006-2012	1.23
Women's Health Topic Score: 2.17	Age-Adjusted Death Rate due to Breast Cancer	2007-2011	2.80
	Breast Cancer Incidence Rate	2007-2011	2.35
	Life Expectancy for Females	2010	1.95
	Mammography Screening: Medicare Population	2011	1.58

DATA SOURCES

The St. Vincent Data Platform utilizes indicator data from the following data sources:

- American Community Survey
- American Lung Association
- Annie E. Casey Foundation
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- County Health Rankings
- Feeding America
- Indiana Hospital Association
- Indiana Secretary of State
- Indiana State Department of Health
- Indiana University Center for Health Policy
- Institute for Health Metrics and Evaluation
- National Cancer Institute
- National Center for Education Statistics
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Nielsen Claritas
- Small Area Health Insurance Estimates
- US Bureau of Labor Statistics
- US Census County Business Patterns
- US Department of Agriculture: Food Environment Atlas
- US Environmental Protection Agency

Appendix C: Community Input – Key Informant Interview Questions

Questions that were asked during the Key Informant Interviews are presented below:

Q1. Could you tell me a little bit about yourself, your background, and your organization?

Q2. What are the major health needs/issues you see in the community?

Q3. Who in your community appears to struggle most with these issues you've identified and how does it impact their lives?

Q4. Are there any barriers to receiving care in the community?

Q5. Could you tell me about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs?

Q6. What advice do you have for a group developing a plan to address these needs?

Q7. Is there anything else you'd like us to note?

Appendix D: Authors

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Appendix E: Community Input Report for Marion County

The purpose of this work is to provide a report of the input from community members about the health needs of Marion County. It is designed to be either a stand-alone report or appendix to the Community Health Needs Assessment (CHNA) report prepared by the Healthy Communities Institute (HCI). Using results from the CHNA report, the top three system-wide health priorities were identified as:

- Behavioral Health
- Access to Health Services
- Exercise, Nutrition and Weight

For this reason, this report will focus on the interpretation of the sample results for these priorities. NOTE: Behavioral health consists of the health needs: mental health/mental disorders, substance abuse, and smoking/tobacco use. The decision to fold these health needs into one health priority was obtained through group consensus during sessions. Details about the methods and analysis, results, interpretation, and a conclusion comprise the report.

METHODS

“Take the Survey – Your Input Counts!” survey is an online, opinion tool designed by a collaborative of four hospital systems to gather community input about the health needs in Indiana (n=92 counties) (CHNA Hospital Collaborative, 2014). The survey contains 29 closed questions (with optional Comment box) and collects information at the county level from October 1, 2014 to August 31, 2015 (see Supplement - Survey). Questions for this survey and those used by HCI in the CHNA prioritization session and key informant interview were developed independently of each other. This sample’s respondents were not administered the same survey given in the session and interview; however, questions assessing similar health needs were identified. Areas of apparent differences and congruency are highlighted in this report.

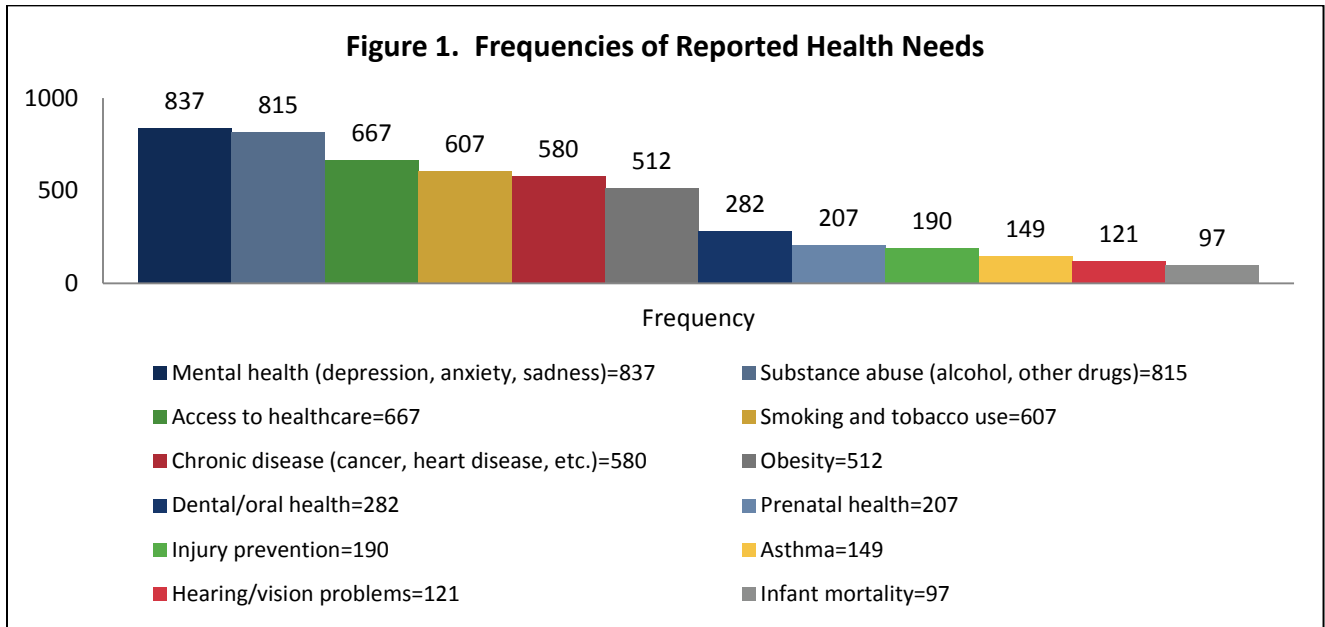
A total of 7,102 responses were received from Indiana residents. For this report, county (county=Marion) and zip code within the county were used as inclusion criteria for this report (see Supplement – Zip Codes) (Zip-Codes.com, 2015). The initial sample included 1,148 respondents. Exclusion criteria applied to the initial sample were records outside data collection period, zip codes outside of the county, or incomplete/incorrect zip codes (n=18). After applying the exclusion criteria, 1,130 respondents (15.90%) self-identified as Marion County residents. Descriptive statistics were performed using Microsoft Excel© and analytic tools within Survey Monkey©.

RESULTS

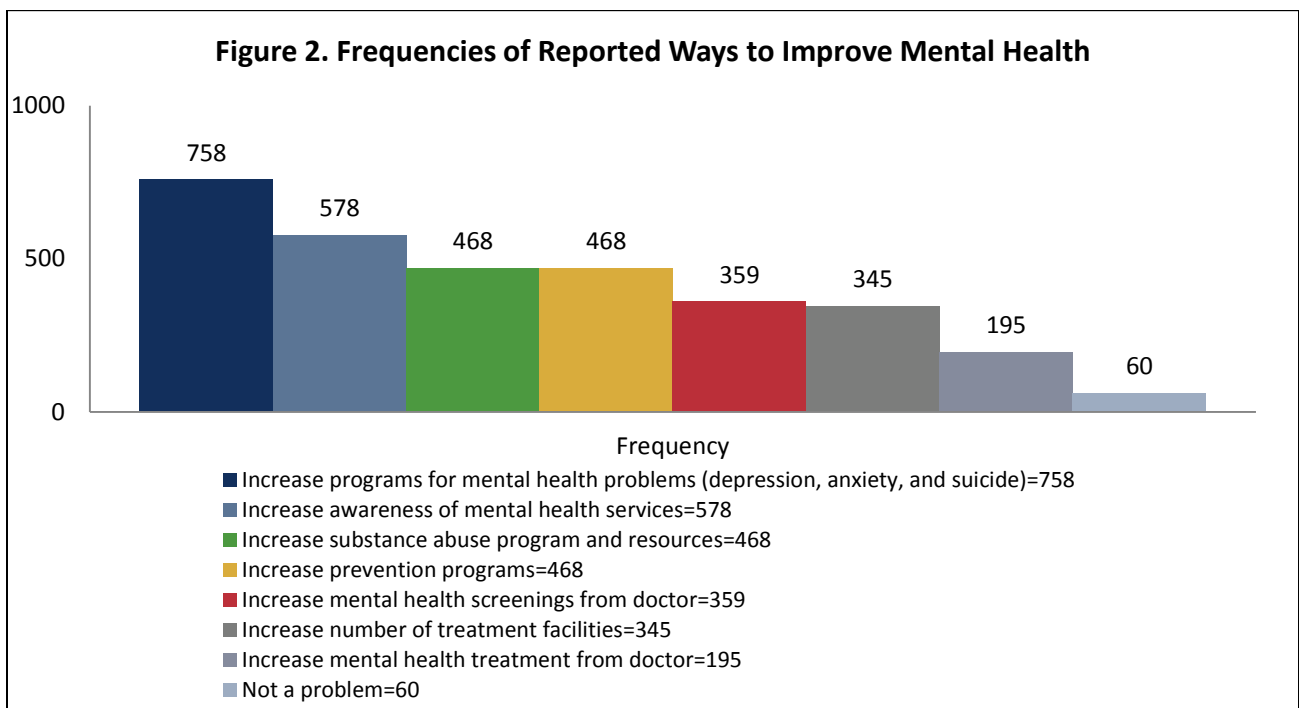
Table 1 provides demographic results for the sample’s respondents. Race and ethnicity were reflective of HCI findings (Health Communities Institute, 2015). Most of the respondents self-identified as Caucasian (n=805, 71.24%) or African American (n=266, 23.54%). Ethnicity was 5.04% (n=57). The majority of respondents were between 55-64 years old (n=262, 23.19%). The most frequently reported household income range was \$25,000-49,999 (n=276, 25.32%). About two-thirds of those who answered the education question had least obtained an associate’s degree (n=604, 64%).

Table 1. Respondent Demographics		
Characteristics		n (%)
Race/Ethnicity	American Indian/Alaskan Native	34 (3.01%)
	Asian/Pacific Islander	23 (2.04%)
	Black/African American	266 (23.54%)
	White/Caucasian	805 (71.24%)
	Burmese	3 (0.27%)
	Hispanic	57 (5.04%)
Age Range (years)	18-24	75 (6.64%)
	25-34	210 (18.58%)
	35-44	191 (16.90%)
	45-54	233 (20.62%)
	55-64	262 (23.19%)
	65-74	159 (14.07%)
Household Income Range	\$0-24,999	196 (17.98%)
	\$25,000-49,999	276 (25.32%)
	\$50,000-74,999	221 (20.28%)
	\$75,000-99,000	141 (12.94%)
	\$100,000-124,999	121 (11.10%)
	\$125,000-149,999	42 (3.85%)
	\$150,000-174,999	38 (3.49%)
	\$175,000-199,999	20 (1.83%)
	\$200,000 and up	35 (3.21%)
		Respondents=969 (85.75%)
Education	Did not finish high school/No GED	32 (3.42%)
	High school diploma/GED	74 (7.90%)
	Some college	141 (15.05%)
	Technical/trade school	39 (4.16%)
	Associate's degree	47 (5.02%)
	Bachelor's degree	319 (34.04%)
		285 (30.42%)
		Respondents=937 (84.18%)
*The survey allowed multiple selections for race/ethnicity.		

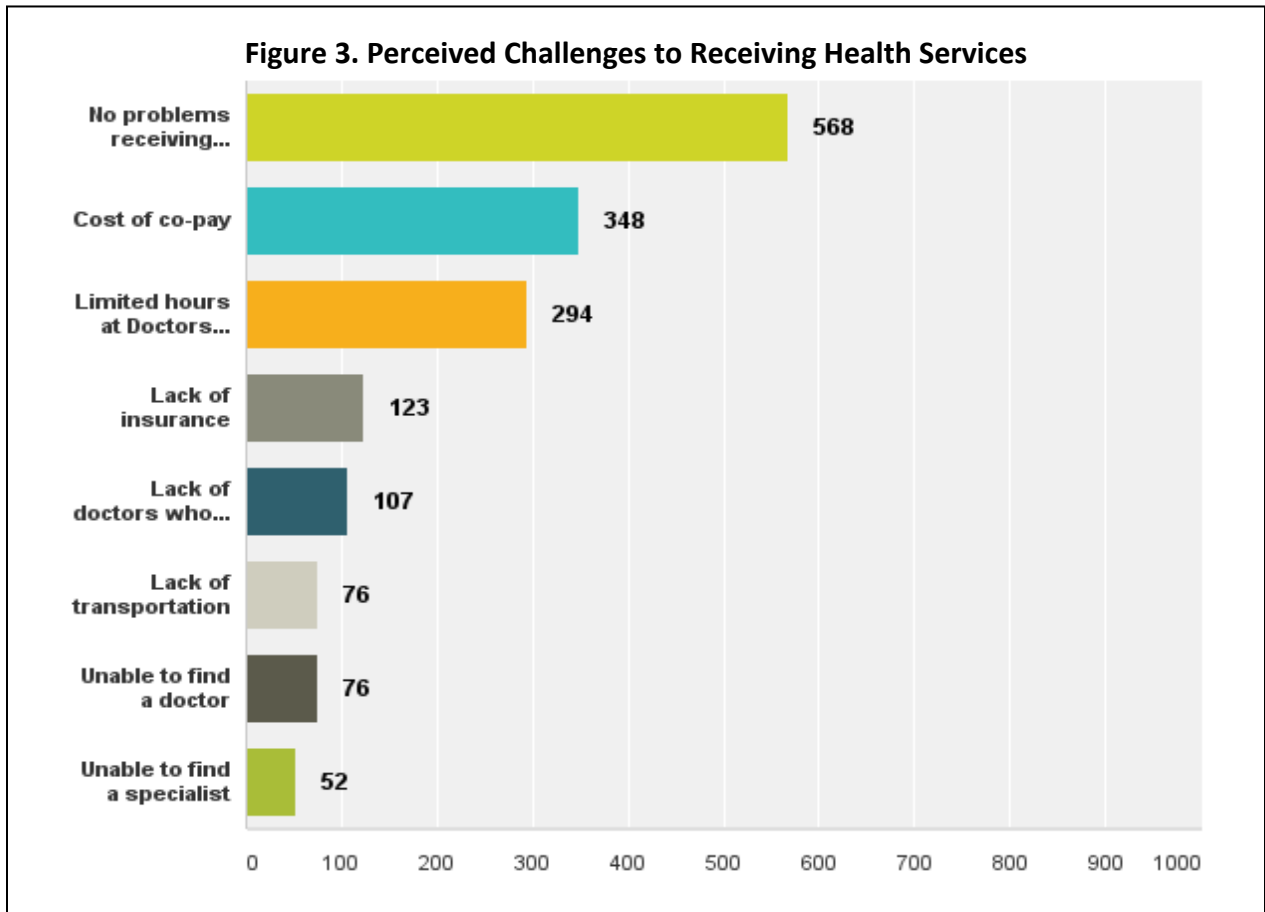
Respondents were asked in Question 3 to “Select the top five health needs in your community (city/town/neighborhood/zip code)” (CHNA Hospital Collaborative, 2014). Predetermined needs were presented and ranked by respondents from 1 to 5 (top health need=1, descending scale to 5). The majority (n=837, 74.07%) ranked Mental Health as the top health need in Marion County. The four other identified health needs were Substance Abuse (n=815, 72.12%), Access to Healthcare (n=667, 59.03%), Smoking and Tobacco Use (n=607, 53.72%), and Chronic Disease (n=580, 51.33%) Aggregate rankings for the remaining health needs are provided in Figure 1.



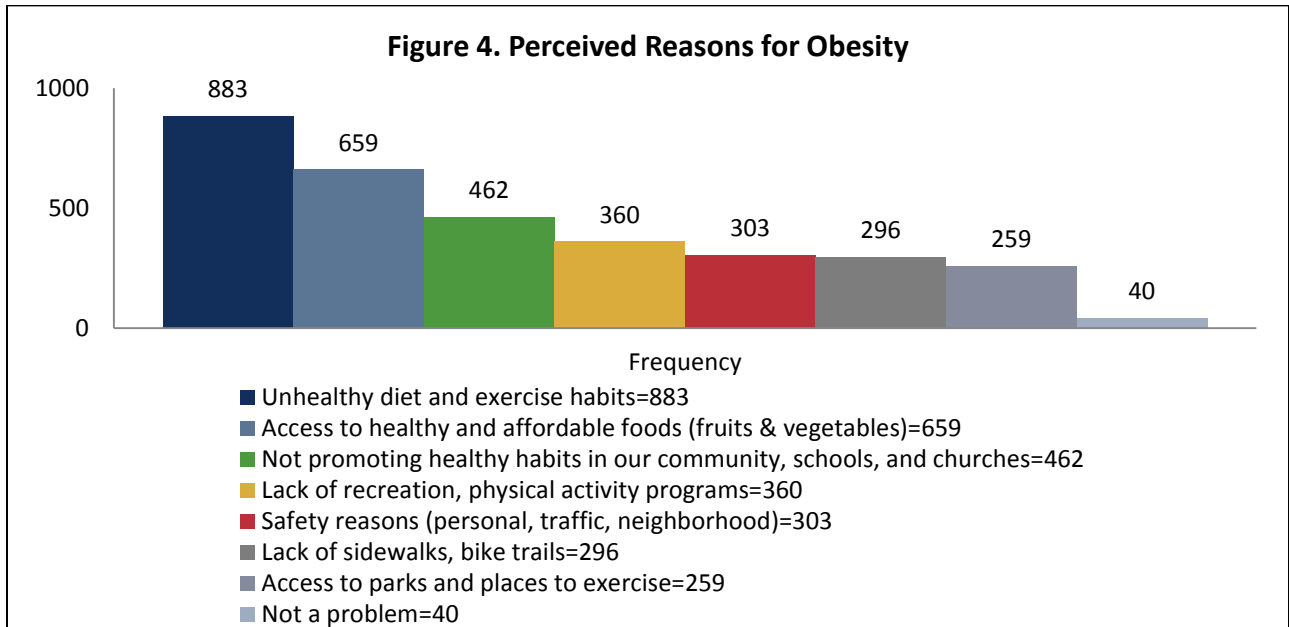
Question 5 of the survey asked respondents to “Select the top 3 ways to improve mental health in your community” (CHNA Hospital Collaborative, 2014). Response scheme was similar to Question 3. Ways to improve mental health were presented in a list format and respondents ranked each way in order from 1 to 3 (top way=1, descending scale to 3). Most respondents indicated that an “increase programs for mental health problem” was the top way to improve mental health in Marion County (n=758, 67.08%). The two other ways that rose to the top were increased awareness of mental health services (n=578, 51.15%) and increased substance abuse programs/resources and prevention programs (n=468, 41.42%, respectively). Findings for the remaining ways to improve mental health are provided in Figure 2.



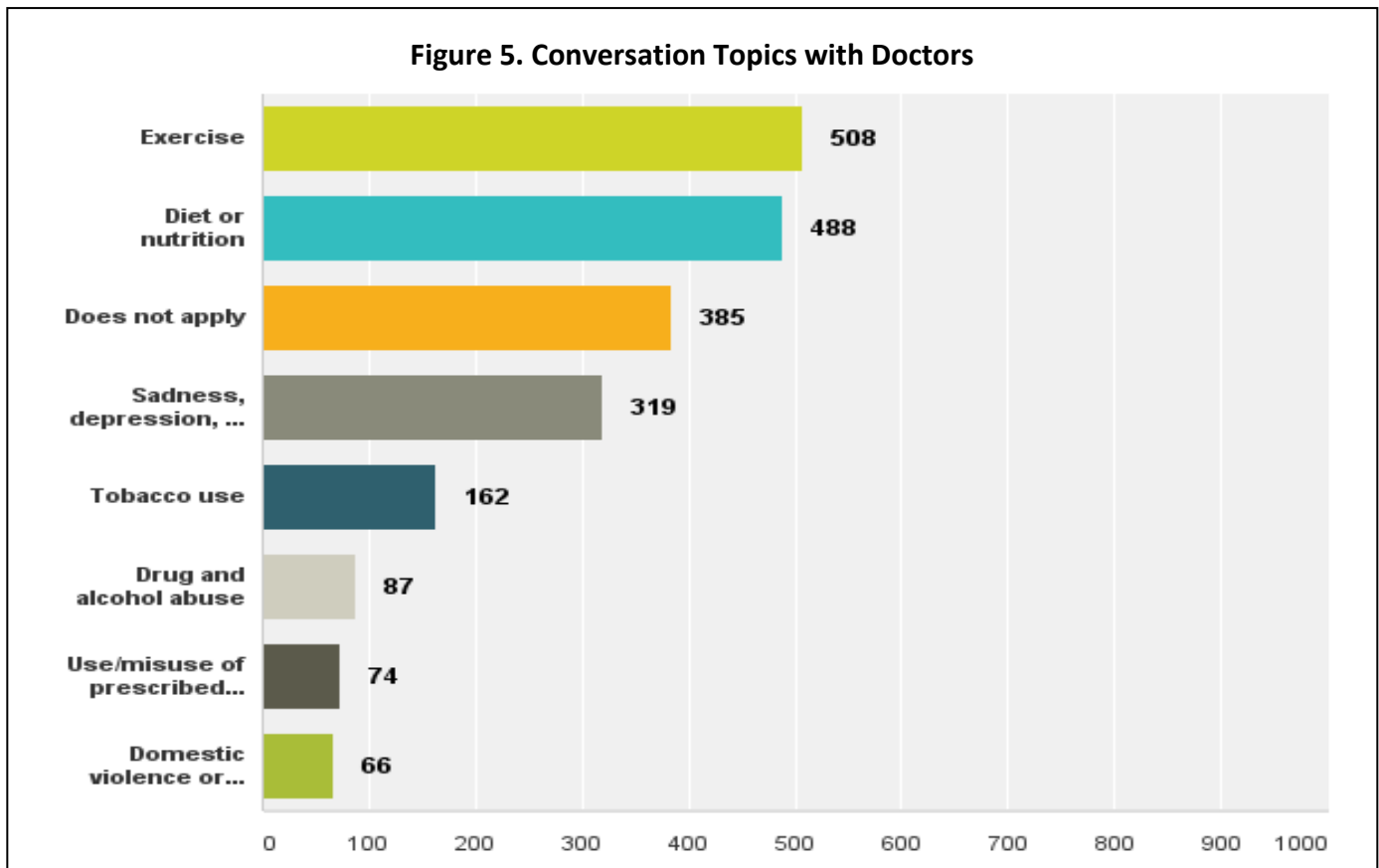
Access to healthcare services was assessed in Question 12 (see Figure 3). Respondents chose the top three challenges to their household when receiving healthcare and ranked them in order from 1 to 3 (top challenge=1, descending scale to 3). No problems receiving health services (n=568, 50.27%) was the most frequent response. Cost of co-pay (n=348, 30.80%) and limited hours at doctor’s office (n=294, 26.02%) were the most common challenges to health services indicated by respondents.



Question 4 collected respondents’ opinions about reasons why obesity was a health problem in their community. Respondents ranked perceived reasons in order from 1 to 3 (top challenge=1, descending scale to 3). Most respondents indicated that an “unhealthy diet and exercise habits” was the main reason for obesity in Marion County (n=883, 78.14%). The two other reasons that rose to the top were access to healthy and affordable foods (n=659, 58.32%) and not promoting healthy habits in the community, schools and churches (n=462, 40.88%). Findings for the remaining opinions about reasons for obesity are provided in Figure 4.



Question 10 assess the conversation topics that respondents are having with their doctors. A “select all that apply” response scheme was used to collect the data (CHNA Hospital Collaborative, 2014). Exercise (n=508, 44.96%) and diet or nutrition (n=488, 43.19%) were the most frequently reported conversation topics. Use/misuse of prescribed medication (n=74, 6.55%) and domestic violence or abuse (n=66, 5.84%) were the least reported topics (see Figure 5).



INTERPRETATION

HEALTH NEEDS

The main difference between the top five community health needs identified by respondents and in the prioritization session was chronic disease (respondents) and maternal, fetal & infant health and social environment (session). Possible factors that may explain the difference might be, but not limited to, the current health needs of respondents and the professional backgrounds of those at the prioritization session. It is noteworthy that respondents confirmed four needs identified in the session (see side-by-side comparison).

Community Respondents (n=1,130):

1. Behavioral Health (BH)
2. Obesity (ENW)
3. Access to Healthcare (AHS)
4. Smoking & Tobacco Use (BH)
5. Chronic Disease

Prioritization Session:

1. Behavioral Health (BH)
2. Maternal, Fetal & Infant Health
3. Access to Health Services (AHS)
4. Exercise, Nutrition & Weight (ENW)
5. Social Environment

BEHAVIORAL HEALTH

In conversations with doctors, respondents indicated that topics largely centered on exercise and diet/nutrition – not substance abuse or mental health. When asked to consider ways to improve mental health, respondents suggested that more substance abuse and mental health programming, as well as increasing awareness of programming would help the problems. This is congruent with the feedback from key informants about addressing behavioral health problems (Health Communities Institute, 2015).

ACCESS TO HEALTHCARE SERVICES

The majority of respondents reported having no problems to receiving health services. Of those reporting challenges to accessing services, cost of co-pay was ranked the highest. This challenge, in addition to location, language, and trust barriers were supported by key informants' comments (Health Communities Institute, 2015).

EXERCISE, NUTRITION, & WEIGHT

In contrast to behavioral health, respondents do report having conversations with their doctors about exercise and diet/nutrition. This finding is suggestive of a possible relationship with the majority of respondents' opinions that unhealthy eating and exercise habits are the prime reason for obesity in Marion County (e.g., A person has unhealthy eating habits and their doctor talks to them about eating healthier). This feedback is consistent with key informants' comments about exercise, nutrition and weight (Health Communities Institute, 2015).

STRENGTHS AND LIMITATIONS OF THE ANALYSIS

This analysis has several strengths. First, the survey used was collaboratively developed by the four hospital systems serving Indiana. Because development was a team effort, survey bias toward any one specific system was reduced. The second and third strengths were the reach survey distribution (online) and its availability for completion at approximately the same time as the HCI interviews. These two strengths encourage the capture of many comments, as well as provide a variable (timeframe) to align responses with key informants' input on same/similar questions.

The limitations of the analysis were the opt-in nature of the survey (volunteer bias); no control over the number of times a person responded (repeat responders); collection of race and ethnicity in the same survey field; gender was not collected; and some data were only collected at the aggregate level (unable to view at record level). Although no strategy was put into place to mitigate these limitations, this omission was determined to be acceptable for this iteration of community input. It is noteworthy that the collaborative between the four hospital systems is considered by those involved to be a successful working relationship with the potential to bring about positive health changes in Indiana.

CONCLUSION

Community input provides information critical to the successful development, launch and sustainability of health programming. Overall, this report supports the findings in the HCI Community Health Needs Assessment for Marion County. Moving forward, the Community Development Liaison and Data Analyst will work with the Marion County team to start development of an implementation strategy based on the results of the Community Health Needs Assessment.

REFERENCES

- [1] CHNA Hospital Collaborative, "Take the Survey – Your Input Counts!," 14 October 2014. [Online]. Available: <https://www.surveymonkey.com/home/>. [Accessed 10 September 2015].
- [2] "Zip-Codes.com," 2015. [Online]. Available: <http://www.zip-codes.com/county/IN-MARION.asp>. [Accessed 10 September 2015].
- [3] Health Communities Institute, "St. Vincent Marion County Community Health Needs Assessment 2015," HCI, Berkley, 2015.

SUPPLEMENT - SURVEY: "TAKE THE SURVEY YOUR INPUT COUNTS!"

1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)
2. Select the top three social issues in your community (city/town/neighborhood/zip code).
3. Select the top five health needs in your community (city/town/neighborhood/zip code).
4. Select the top 3 reasons why obesity is an issue in your community (city/town/neighborhood/zip code).
5. Select the top 3 ways to improve mental health in your community.
6. In the past 12 months have you or anyone in your household visited the Emergency Room (ER) for any of the following?
7. In the past 12 months, have you or anyone in your household missed school/work due to the following?
8. How do you pay for your health needs?
9. What keeps you from your healthy weight? (Select all that apply)
10. Has your doctor talked to you about: (Select all that apply)
11. In the past 30 days have you or anyone in your household used any of the following?
12. What are the top three challenges for you and your household when receiving healthcare?
13. When you have a doctor's appointment, lab work, x-rays etc., how do you get to your appointment?
14. What is your primary way for receiving health information?
15. What can hospitals and healthcare organizations do to help improve the health of your community?
16. In the past 12 months what positive changes have you made for your own health?
17. What is your age?
18. What is your ethnicity? (Please select all that apply.)
19. What is your average household income?
20. In what county do you reside?
21. Which of the following basic needs do you regularly have difficulty paying? (Please check all that apply.)
22. Which financial resources do you utilize regularly? (Please check all that apply.)
23. What is your highest level of education?
24. How concerned are you about joint health, osteoporosis, arthritis, or back pain?
25. Which of the following services are covered by most health insurance policies, including Medicare and other government programs, at no cost to you?
26. Was there any time during the past 12 months when you put off or postponed getting medical care that you thought you needed?
27. If you did put off or postpone getting medical care that you thought you needed, please list examples below.
28. Have you or an immediate family member been the victim of physical violence in the past five years (domestic/street/gang/criminal violence)?
29. Do you have difficulty getting around your home? For example, do you have difficulty using the stairs, bathing safely, accessing the bathroom, opening and getting through all doorways, or moving comfortably between different rooms in the house?

SUPPLEMENT - MARION COUNTY ZIP CODES (ZIP-CODES.COM, 2015)

46077, 46107, 46113, 46163, 46183, 46201, 46202, 46203, 46204, 46205, 46206, 46207, 46208, 46209, 46210, 46211, 46213, 46214, 46216, 46217, 46218, 46219, 46220, 46221, 46222, 46224, 46224, 46225, 46226, 46227, 46228, 46229, 46230, 46231, 46234, 46235, 46236, 46237, 46239, 46240, 46241, 46242, 46244, 46247, 46249, 46250, 46251, 46253, 46254, 46255, 46256, 46259, 46260, 46262, 46266, 46268, 46274, 46275, 46277, 46278, 46282, 46283, 46285, 46291, 46295, 46296, 46298