



# Community Health Report

Created for Riverview Health



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## 1. Introduction, Organizational Background, and Service Area

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### **Introduction**

This report provides a comprehensive overview of the 2021 Community Health Needs Assessment (CHNA) conducted collaboratively by Riverview Health. The chapters of this report provide an overview of the methods used to conduct the CHNA, summaries of existing health indicator data that was reviewed, primary data that was collected for purposes of the CHNA, and a description of the process and outcomes of a prioritization process to establish the health priorities that will drive the hospital's activities in the subsequent years.

### **About Riverview Health**

Riverview Health is a comprehensive healthcare network. Riverview Health is comprised of a full-service, 156-bed hospital in Noblesville, a 16-bed hospital in Westfield, as well as three freestanding combined ER and urgent care facilities. Also included are more than 25 primary, immediate and specialty-care facilities in Hamilton County. Within the Riverview Health system, more than 350 physicians—many who are board-certified or fellowship-trained—provide healthcare services in 35 medical specialties. Their expertise, coupled with exceptional specialists and nursing staff, is one of the many reasons they're frequently recognized for clinical and service excellence.

Riverview Health aims to provide compassionate, patient-centered care to everyone in the community. They continually promote a progressive, nurturing environment—and support the community through educational seminars, screenings and other events aimed at helping patients and families stay well.

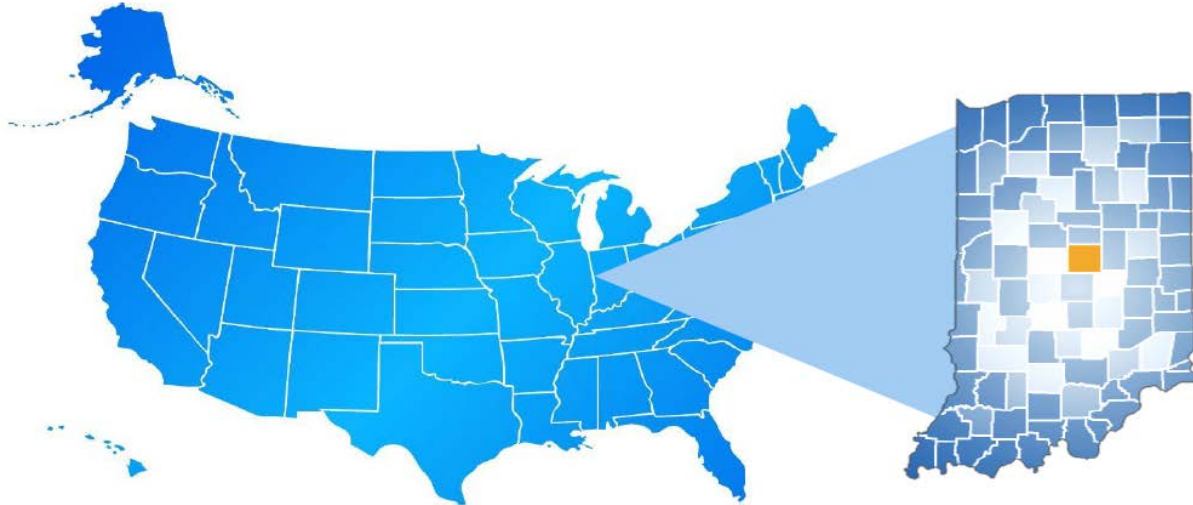
As one of the largest employers in Hamilton County, Riverview Health plays an important role in the local business community as well. Although a non-profit organization owned by Hamilton County, Riverview Health receives no tax dollars for operating expenses. The health system is governed by a seven-member Board of Trustees—appointed by the Hamilton County commissioners—who oversees hospital policy and strategic direction.

Riverview Health is accredited by several leading regulatory agencies, including:

- Accreditation Commission for Health Care (ACHC)
- American Academy of Sleep Medicine (AASM)
- American Association of Blood Banks (AABB)
- American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)
- American College of Radiology (ACR)
- American Diabetes Association (ADA)
- College of American Pathologists (CAP)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Society of Chest Pain Centers (SCPC)

## About the Service Area

Riverview Health provides services to populations in Hamilton County, Indiana and surrounding areas. The service area defined for data collection in this CHNA was Hamilton County.



## 2. CHNA Process and Methods

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### CHNA Overview

To conduct the comprehensive community health needs assessment (CHNA), the hospitals worked with a range of community and academic partners.

The purpose of the assessment is to identify the significant health needs in the community and gaps that may exist in services provided. It was also developed to provide the community with information to assess essential health care, preventive care, and treatment services. This endeavor represents efforts to share information that can lead to improved access to care and quality of care available to the community, while reinforcing and augmenting the existing infrastructure of services and providers.

### CHNA Activities and Methods

The CHNA was conducted and completed in 2021, the results of which are reflected in this report. Table 1 provides an overview of the process and specific methods related to each activity. Within each respective section of this report, additional details regarding methods, participants, and measures are provided.

Collaborators on this CHNA include the following organizations:

- **Verité Healthcare Consulting** – through a collaboration with **Ascension St. Vincent, Community Health Network**, and **Indiana University Health**, Verité, an independent, non-profit, civil society organization (CSO), provided consulting and secondary data gathering and analysis.
- **County Health Department.** Representatives of the Hamilton County Health Department and Fishers Health Department were active participants in the CHNA activities.
- **Community Health and Social Service Organizations.** A wide range of community-based health and social service organizations collaborated throughout the CHNA process to consider data from the CHNA, make decisions regarding health priorities, and initiate considerations of subsequent actions based on the CHNA. In particular, a wide and diverse range of organizational partners and community constituents participated in the focus group discussions. Listings of those community partners are included in the Appendices section of this report and also listed in the Prioritization Process section as applicable (Section 6).
- **Practical Insights**, an independent market research and consulting firm, synthesized the data collected for this CHNA.

Table 1. Description of CHNA Activities

<b>CHNA ACTIVITIES</b>	<b>DESCRIPTION OF ACTIVITIES</b>
<b>Identification of the Service Population</b>	Hospital staff worked together to identify its community served through a review of patient-related data and other geographic boundaries related to the hospital's service area. As the county hospital, Riverview Health has historically defined its service area as being Hamilton County.
<b>Review of Existing Health Indicator Data</b>	In collaboration with public health researchers, the hospital conducted a review of existing data and indicators relevant to this assessment. After this review of data, key insights were incorporated into subsequent CHNA activities and considered during the selection of health priorities.
<b>Community Group Discussions and Health Needs Prioritization</b>	In collaboration with other local health systems - Ascension St. Vincent, Community Health Network, and IU Health – two community meetings were held in May 2021 to receive input from stakeholders regarding the health needs in Hamilton County. Secondary data and a preliminary list of community health need priorities was presented at both meetings. The presentation used in those meetings is included in the appendix. Each group was then asked questions about the preliminary list, including their reactions, additions to the proposed needs, thoughts regarding the causes of the needs, impacts of COVID-19, and others.
<b>Health Needs Prioritization Session</b>	Secondary data and a preliminary list of community health need priorities was presented at both meetings. Each group was then asked questions about the preliminary list, including their reactions, additions to the proposed needs, thoughts regarding the causes of the needs, impacts of COVID-19, and others.
<b>Interviews with Local Health Departments</b>	Two additional interviews were conducted with representatives of the Hamilton County Health Department and Fishers Health Department to obtain subject-matter expertise into the health needs in Hamilton County.
<b>Review of Resources and Partners</b>	Based upon the results of the CHNA activities, a list of local resources and partnerships relevant to addressing the needs identified via the CHNA was created, along with the subsequent implementation plan for Riverview Health.

### 3. Review of Existing Health Indicators

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#### Introduction

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

- to inform the development of issues
- to guide specific analyses of data
- to provide data summaries and other insights to community members, organizational stakeholders, and Riverview Health staff during CHNA related meetings and discussions
- as a foundation for the review of ongoing efforts and key decisions about the services offered by Riverview Health

#### Data Sources

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

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

Data presented in this section of the report were sourced from multiple sources:

- STATS Indiana
- U.S. Census (Census)
- Bureau of Labor Statistics (BLS)
- County Health Rankings (CHR)
- Community Health Status Indicators (CHSI)
- Centers for Disease Control and Prevention
- Behavioral Risk Factor Surveillance System (BRFSS)
- Indiana Department of Health
- Dignity Health Community Need Index™ (CNI)
- U.S. Department of Agriculture (USDA)
- Agency for Healthcare Research and Quality (Ambulatory Care Sensitive Conditions/Prevention Quality Indicators)
- Health Resources and Services Administration (HRSA)
- Assessments prepared by others (e.g., IDOH, Counties)

Throughout these data, indicators are presented for the county of interest, the state of Indiana, and the United States. While comparisons across these data are valuable for identifying areas in a particular county where improvements can be made, such comparisons should always be made within the context of the vast differences that exist across the counties in the country.

## Population Characteristics

Demographic characteristics of a particular region provide important insights for the development and delivery of health-related services and programs. Hamilton County is largely homogeneous in terms of racial and ethnicity characteristics. Compared to the rest of Indiana, it is generally younger and in a better health and socio-economic state, and is also growing at a considerably faster rate. Hamilton County's population is summarized by various characteristics in the following tables.

*Table 2. Projected Percent Change in Population by Age/Sex Cohort, 2020-2025*

Age/Sex Cohort	Estimated Population 2020	Projected Population 2025	Percent Change 2020-2025
Hamilton County	343,179	379,478	11%
0-19	97,594	103,294	6%
20-44 Male	54,278	59,503	10%
20-44 Female	56,715	62,459	10%
45-64	89,147	95,579	7%
65+	45,445	58,643	29%

Source: State of Indiana by the Indiana Business Research Center, February 2021

*Table 3. Current and Projected Population Ratios by Race*

Race	Hamilton County		Indiana	
	2019	2025	2019	2025
White	86%	82%	83%	76%
Black	4%	4%	10%	10%
Hispanic*	4%	5%	7%	8%
All Other	6%	9%	3%	6%

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

Note: There can be overlap with Hispanic/Latino and other races

*Table 4. Select Socio-Economic Indicators, 2015-2019*

Measure	Hamilton County	Indiana	United States
Population with a Disability	8%	14%	13%
Population 25+ without High School Diploma	3%	12%	12%
Population Linguistically Isolated	3%	3%	8%

Source: US Census, ACS 5-Year Estimates, 2020



## Social and Economic Characteristics

Social and economic factors are well established as important determinants of health and well-being. For purposes of the CHNA, these factors provide valuable insight into the context of health and well-being indicators and offer a foundation for considering the way a hospital's programs are connected to a wider social services network. Hamilton County's population fares better than many communities in Indiana, with higher levels of educational attainment, lower levels of poverty, and low levels of unemployment.

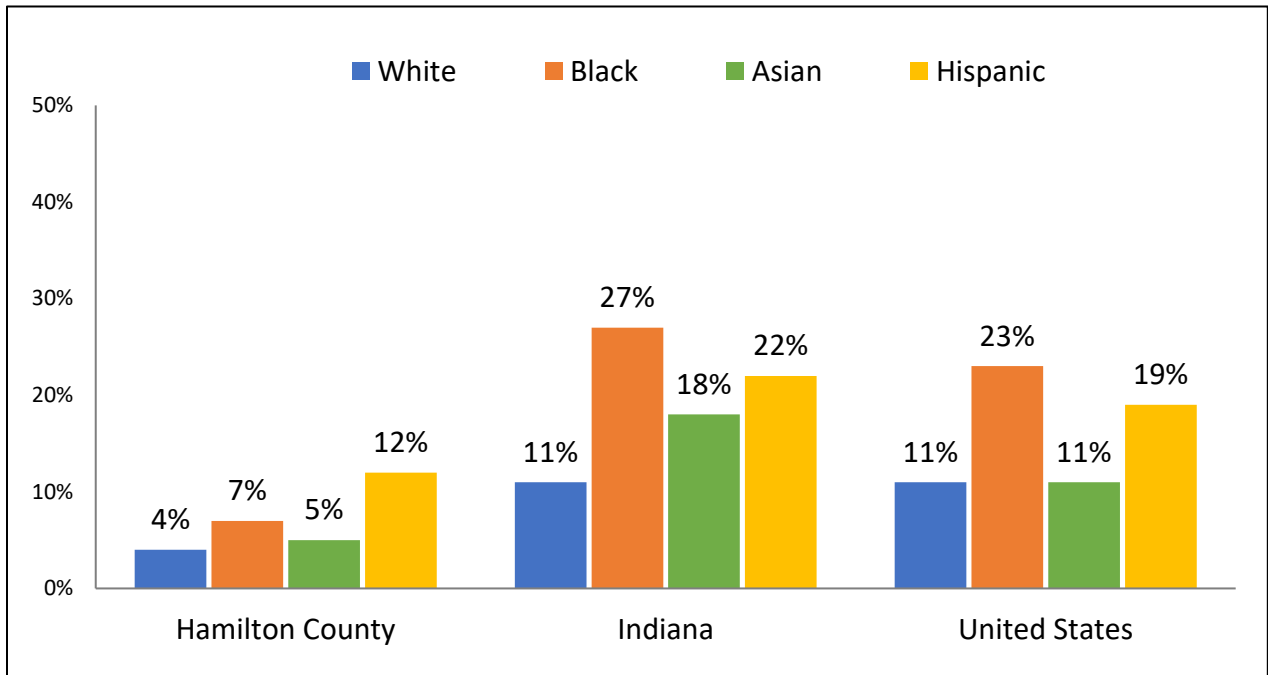
The following tables and exhibits provide a summary of primary social and economic factors in Hamilton County.

*Table 5. Percent of People in Poverty*

Area	Percent of People in Poverty
Hamilton County	5%
Indiana	13%
United States	13%

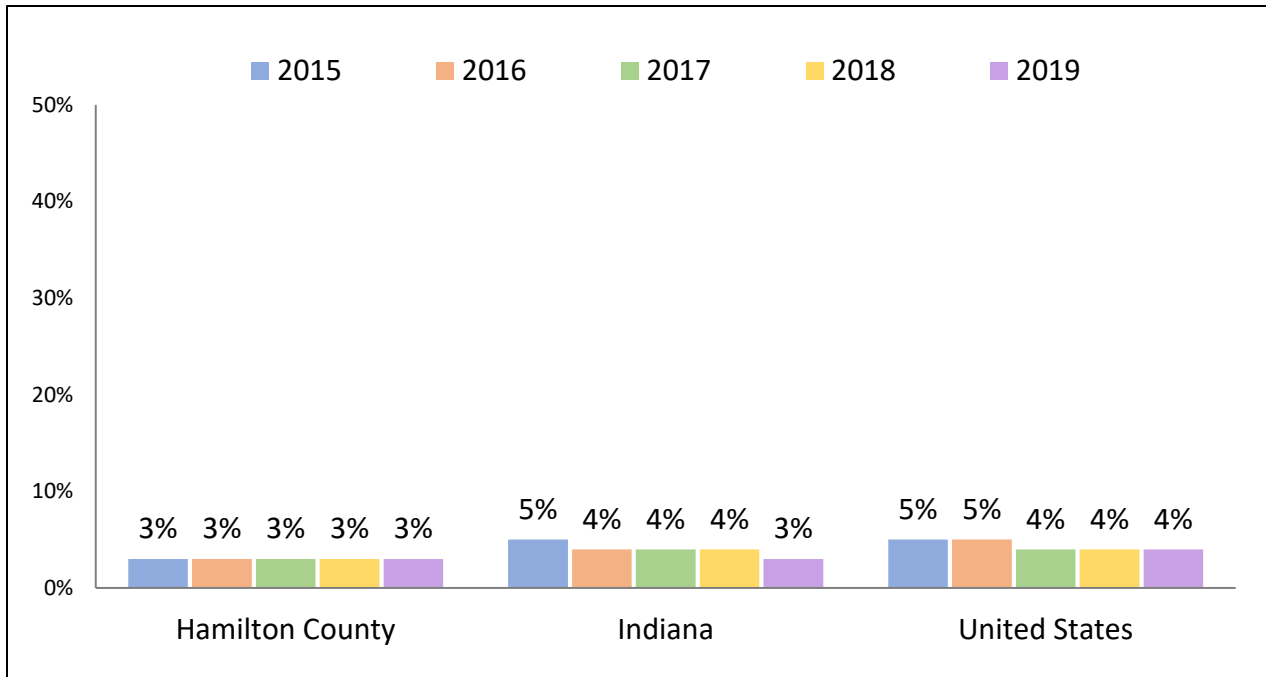
Source: US Census, ACS 5-Year Estimates, 2020

*Chart 6. Poverty Rates by Race/Ethnicity*



Source: US Census, ACS 5-Year Estimates, 2020

Chart 7. Unemployment Rates, 2015-2019



Source: Bureau of Labor Statistics, 2020

### Health Outcomes

Common health indicators that provide insight into the general health state of a community include premature mortality, infant mortality, chronic disease (diabetes), infectious disease (HIV) and both physical and mental distress. While these values place Hamilton County within the top quartiles of the state on most indicators, both the state and county have some health outcomes that are low performers and suggest areas for continuing improvement.

Table 8 illustrates County Health Rankings, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, which incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." Indicators and composites are grouped into the following categories: health behaviors, clinical care, social and economic factors, and physical environment. County Health Rankings is updated annually. County Health Rankings 2019 relies on data from 2007 to 2019.

The table presents 2019 rankings for each available indicator category. Rankings indicate how the county ranked among all 92 counties in Indiana, with 1 indicating the highest (most favorable) ranking and 92 the lowest (least favorable).

Light grey shading indicates rankings in the bottom half of Indiana counties; dark grey shading indicates rankings in bottom quartile of Indiana counties.

In 2019, Hamilton County ranked at the top of all Indiana counties for all health outcomes combined, including variables such as poor mental health days, adult smoking, teen births, uninsured and children in poverty. It also achieved very high rankings in availability of primary care physicians (#2) (no locations in Hamilton County have been designated as Primary Care Health Professional Shortage Areas or HPSAs) children in poverty (#3), and preventable hospital stays (#6) among others. It ranks 16 for mammography screenings and 20 out of 92 for mental health providers. However, for four of the 39 indicators assessed, the county ranked in the bottom half of Indiana counties. Of those four, three were in the bottom quartile, including excessive drinking, alcohol-impaired driving deaths, and social associations.

Table 8. Local Health Status and Access Indicators, Hamilton County Rank out of 92 counties in Indiana

Measure	Hamilton County
<b>Health Outcomes</b>	<b>1</b>
<b>Health Factors</b>	<b>1</b>
<b>Length of Life</b>	<b>1</b>
Premature death	1
<b>Quality of Life</b>	<b>1</b>
Poor or fair health	1
Poor physical health days	1
Poor mental health days	1
Low birthweight	19
<b>Health Behaviors</b>	<b>1</b>
Adult smoking	1
Adult obesity	2
Food environment index	4
Physical inactivity	1
Access to exercise opportunities	2
Excessive drinking	91
Alcohol-impaired driving deaths	84
Teen births	1
<b>Clinical Care</b>	<b>1</b>
Uninsured	1
Primary care physicians	2
Dentists	3
Mental health providers	20
Preventable hospital stays	6
Mammography screening	12
<b>Social &amp; Economic Factors</b>	<b>3</b>
Some college	1
Unemployment	7
Children in poverty	1
Income inequality	37
Children in single-parent households	3
Social associations (# of membership associations per 10,000 population)	79
Violent crime	6
Injury deaths	1
<b>Physical Environment</b>	<b>18</b>
Air pollution	38
Severe housing problems	8
Driving alone to work	42
Long commute - driving alone	68

Source: County Health Rankings, 2019

Table 9 displays incidence rates for various communicable diseases. Hamilton County had lower communicable disease rates than the Indiana averages in 2019.

*Table 9. Communicable Disease Incidence Rates per 100,000 Population, 2019*

Indicator	Hamilton County	Indiana
Chlamydia	240.5	526.3
Gonorrhea	46.7	177.1
HIV/AIDS	76.6	189.9
Primary and Secondary Syphilis	1.8	5.0

Source: Indiana Department of Health, 2019

Table 10 shows various maternal and infant health indicators. In Hamilton County, all the indicators were better than the Indiana averages.

*Table 10. Maternal and Child Health Indicators, 2013-2017*

Indicator	Hamilton County	Indiana
Breastfeeding Percent	94.3%	82.0%
Infant Mortality Rate (per 1,000 Live Births)	5.2	6.5
Low Birthweight Percent	6.4%	8.2%
Mothers on Medicaid Percent	8.5%	38.5%
Mothers Under 19 (per 1,000 Mothers)	3.7	20.7
Prenatal Care Percent	84.5%	68.9%
Preterm Births Percent	8.7%	10.1%
Smoked during Pregnancy Percent	2.0%	11.8%
Unmarried Mothers Percent	14.8%	44.5%

Source: Indiana Department of Health, 2017

Table 11 depicts the extent of uninsured in Hamilton County, Indiana, and the U.S. After the Affordable Care Act's passage, a June 2012 Supreme Court ruling provided states with discretion regarding whether to expand Medicaid eligibility. Indiana was one of the states that expanded Medicaid. Across the U.S., uninsured rates have fallen in most states that decided to expand Medicaid.

*Table 11. Percent of Population without Health Insurance, 2019*

County	Population	Population Uninsured	Percent Uninsured
Hamilton County	291,666	15,941	6%
Indiana	5,474,844	532,695	10%
United States	319,706,872	28,248,613	9%

Source: U.S. Census, Small Area Health Insurance Estimates (SAHIE), 2019

## Leading Causes of Mortality

An examination of the leading causes of mortality provides valuable insight into the major health issues facing a community. Presented in terms of the rates of disease-specific death by 100,000 members of a population, these data serve as an indicator of the issues most likely to require significant attention from hospitals and other health and social service organizations. While these data are mortality-specific, they also help to serve as an indicator of a community's morbidity given that many individuals live with these diseases for extended periods of time. They also provide a helpful guide to prevention-focused programs given that behavioral determinants of these leading health issues are fairly understood.

Table 12 provides age-adjusted mortality rates for causes of death in 2019. Light grey shading highlights indicators worse than the Indiana average. The Indiana Department of Health does not provide rates when total deaths for a particular cause of death are <10 in a county.

*Table 12: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2019*

Indicator	Hamilton County	Indiana
Major cardiovascular diseases	167.2	237.5
Diseases of heart	119.9	178.7
Cancer	125.9	163.3
Other diseases of circulatory system	4.6	80.7
Other diseases of heart	44.5	72.6
Chronic lower respiratory diseases	33.2	56.1
All other and unspecified accidents and adverse effects	25.5	45.3
Cerebrovascular diseases (stroke)	36.2	41.5
Alzheimer's disease	19.5	31.7
Diabetes mellitus	12.4	25.0
Nephritis, nephrotic syndromes and nephrosis (kidney disease)	14.5	17.1
Intentional self-harm (suicide)	12.3	14.1
Influenza and pneumonia	6.2	11.6
Motor vehicle accidents	4.4	12.6
Chronic liver disease and cirrhosis	6.9	12.0
Hypertensive heart disease with or without renal disease	8.0	13.1
Essential hypertension and hypertensive renal disease	4.6	10.4
Assault (homicide)	<10	7.2
Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)	<10	6.0
Certain conditions originating in the perinatal period	<10	3.6
Congenital malformations, deformations, and chromosomal abnormalities	4.3	4.0
All other external causes	<10	2.4
Atherosclerosis	<10	2.3
Pregnancy, childbirth, and the puerperium	<10	0.9
Sudden infant death syndrome (SIDS)	<10	0.7
Peptic ulcer	<10	0.7

Source: Indiana Department of Health, 2019

## Summary

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

## 4. Coronavirus Disease (COVID-19) Impact

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COVID-19 is a very contagious virus that has become a major threat to the health and well-being of all people around the world. In March 2020, the Indiana Department of Health confirmed the first case of COVID-19 in Indiana and the first reported death. The coronavirus outbreak was declared a state, national, and international public health emergency in the same month. It has had tremendous health and economic impacts on Indiana and its residents. As of August 16, 2021, there have been 806,094 total positive cases of COVID-19 and 13,743 total deaths from COVID-19 in the state of Indiana (Table 13). The virus has spread to every county in Indiana, and it is certain the numbers will increase.

*Table 13. COVID-19 Indicators – Hamilton County, Indiana, and U.S., Results as of August 16, 2021*

Indicator	Hamilton	Indiana	United States
Total Positive Cases	38,848	806,094	36,951,181
Total Case Rate per 100,000	11,493.1	11,934	11,273.00
Total Deaths	430	13,743	620,493
Total Death Rate per 100,000	127.2	210	187
Total Population Vaccinated	210,505	3,019,608	168,689,357
Percent of Population	75	51.5	50.8

Source: Indiana Department of Health Indiana COVID-19 Dashboard and Map, Centers for Disease Control and Prevention COVID Data Tracker, Indiana Department of Health COVID-19 Vaccination Dashboard, COVID-19 Data Tracker – Vaccinations in the United States

Certain groups are particularly vulnerable to the effects of COVID-19 and are at greater risk of severe illness and outcomes including hospitalization and death. The Centers for Disease Control and Prevention continues to review and update information on the groups most at risk. The current groups, of which some are listed below, can all be found in communities throughout Indiana. Of particular concern is that some of the underlying conditions and risk factors are significantly prevalent in Indiana.

- People aged 65 and older - risk increases with age
- Many racial and ethnic minority groups who have long been impacted by health and social inequities
- Adults with underlying medical conditions including:
  - Cancer
  - Cerebrovascular disease
  - Chronic kidney disease
  - Chronic lung disease, including COPD (chronic obstructive pulmonary disease) and asthma
  - Dementia or other neurological conditions
  - Diabetes
  - Down Syndrome
  - Heart conditions
  - HIV infection
  - Immunocompromised state (weakened immune system)
  - Liver disease
  - Overweight and obesity
  - Pregnancy and recent pregnancy
  - Sickle cell disease or thalassemia
  - Smoking, current and former
  - Solid organ or blood stem cell transplant
  - Stroke or cerebrovascular disease
  - Substance use disorders
- Children with underlying medical conditions including:
  - Children with medical complexity, with genetic, neurologic, metabolic conditions, or with congenital heart disease
  - Obesity
  - Diabetes
  - Asthma or chronic lung disease
  - Sickle cell disease
  - Immunosuppression

The above conditions and risk factors were not the only threats to the health and well-being of people. Many lost jobs or income in 2020 because of temporary or permanent business closures due to stay-at-home orders or shutdowns to help reduce the spread of COVID-19 (e.g., Governor Holcomb issued a “Stay-at-Home” order that went into effect on March 24, 2020). This made it difficult for individuals and families to cover the expenses for basic needs such as food, housing, childcare, and healthcare services. The Indiana unemployment rate in the first few months of 2020 averaged 3.2 percent but rose significantly in April 2020 to 16.9 percent. The rate remained higher than the beginning of the year for the rest of 2020. The number of people unemployed in Indiana increased from 111,373 in March 2020 to 544,935 in April 2020, which was the highest for the year. Subsequently, the number of people unemployed in Indiana from April to the end of 2020 never fell as low as March 2020. The Indiana Department of



Workforce Development processed 7.8 million unemployment insurance (IU) claims in 2020 compared to about 1 million claims in 2019.

Employment is just one factor influencing social determinants of health. In April 2020, the U.S. Census Bureau started measuring household experiences across the nation during the coronavirus pandemic through an experimental data system called the Household Pulse Survey. These measures represent how people were managing across a range of social determinants of health. Below is a selection of metrics specific to Indiana mostly from the period of April 23, 2020, to May 5, 2020 – shortly after COVID-19 was confirmed in Indiana.

37.8 percent of adults reported symptoms of anxiety or depressive disorder. This peaked at 43.7 percent later in 2020.

- 11.9 percent of adults reported they were uninsured. This peaked at 13.5 percent later in 2020.
- 34.2 percent of adults reported delaying or not getting medical care because of the COVID-19 pandemic in the last four weeks. This peaked at 44.9 percent later in 2020.
- 9.4 percent of adults reported there was either sometimes or often not enough to eat in the last seven days. This peaked at 13.2 percent in 2021.
- 21.2 percent of adults missed last month's rent or mortgage payment or were not confident they could pay next month's rent or mortgage on time. This peaked at 29.3 percent in 2020.
- 46.1 percent of adults reported the likelihood of eviction or foreclosure (period - August 19-31, 2020). This peaked at 54.0 percent almost a year later in 2021.
- 32.8 percent of adults reported that it was somewhat or very difficult to pay for usual household expenses in the last seven days (period - August 19-31, 2020). This peaked at 36.8 percent later in 2020.

There are multiple steps people can take to protect themselves from the virus including getting a vaccine. Though people may not be able to receive a vaccine due to age, weakened immune system, or underlying medical condition, it is widely available to people 12 years of age or older. In December 2020, the first vaccinations for COVID-19 were received and administered in Indiana. Out of an estimated 5.7 million people who are eligible for the vaccine in Indiana, as of August 16, 2021, 3,019,608 (51.5 percent) are fully vaccinated for COVID-19 (Table 13). In Indiana, 16.1 percent of those aged 18 and over reported being hesitant about receiving a COVID-19 vaccine when compared to 10.5 percent of the United States (data as of August 2, 2021). The main reasons reported for the hesitancy in Indiana include concerned about side effects, don't trust the government, and don't trust COVID-19 vaccines. These are the same top reasons reported across the U.S.

## 5. Community CHNA Group Discussions

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To provide for additional opportunities for community members to share valuable insights into the decisions made during the 2021 CHNA process, Riverview Health, in collaboration with partner organizations and other hospital systems including IU Health, Ascension St. Vincent Health and Community Health Network, held a series of focus group discussions. These group discussions provided opportunities to gather community members, providers of local health and social services, and other stakeholders to review information, have open conversations about local health needs, and to offer suggestions for priority health topics that should be considered as the hospitals make decisions about their priorities and subsequent implementation plans.

This section of the report provides an overview of the focus group discussions and the recommendations emerging from those discussions. The Appendix includes a listing of those participating in the focus groups and a summary of the process and outcomes of each focus group.

Riverview Health, in collaboration with the three other health systems, conducted two community meetings in May 2021 to receive input from stakeholders regarding the health needs in Hamilton County. Secondary data and a preliminary list of community health need priorities was presented at both meetings. Each group was then asked questions about the preliminary list, including their reactions, additions to the proposed needs, thoughts regarding the causes of the needs, impacts of COVID-19, and others.

After this discussion, participants were given the opportunity to make additional comments before being asked to vote on what they believed were the most significant needs in the county. Participants were asked to choose three to five significant health needs via an online poll during and after the meeting.

Preliminary needs identified include several topics, including COVID-19, alcohol abuse, immunization rates, elderly needs, smoking and tobacco use, access to mental health services, and statewide issues such as health disparities and obesity.

In addition to these topics, participants focused discussion on substance abuse and overdoses, mental health concerns, access to care disparities for various segments of the population, aging in place resources, transportation, limited clinical hours of providers, limited mental health providers, a continuum of care between various health services, and food insecurity.

From this process, participants identified the following needs as most significant for Hamilton County:

- Access to and supply of mental health providers, particularly for low-income populations
- Needs of a growing senior population, including aging in place and cognitive care
- Mental health
- Alcohol use and excessive drinking

- Access to care disparities, particularly for low-income populations

Two additional interviews were conducted with representatives of the Hamilton County Health Department to obtain subject-matter expertise into the health needs in Hamilton County. The following issues were discussed as significant:

- Access to behavioral health services – both mental health and substance abuse – is a significant need, with few providers in the area and primary care physicians not often integrating behavioral health checks into care (a large increase in population has led to an undersupply of providers)
- Mental health concerns are widespread, including an increase in child mental health needs (youth struggle with high expectations and stress in school)
- Substance abuse and overdoses are significant concerns, with opioid usage being widespread (alcohol abuse is also common)
- Transportation is a barrier in the community, with limited public options and routes
- Insurance barriers are significant, with uninsured populations having few options and providers not accepting certain plans such as Medicaid (while free and low-cost clinics exist, they cannot keep up with demand)
- Food insecurity and access to healthy food is challenging for some groups, exacerbated by poverty and transportation (low-income housing is also limited)
- The working poor often are vulnerable as they do not qualify for many programs but still live paycheck to paycheck (while Hamilton County compares well for poverty, the needs of low-income populations are often overlooked due to this, creating pockets of need)
- Prevention is not a priority for most, and more programs and access to preventive health are needed
- Sexually transmitted infections are an issue, particularly chlamydia
- Cultural differences lead to unmet need for several immigrant communities, due to language barriers and others
- LGBTQ+ populations are also underserved, often feeling uncomfortable going to available providers
- Public health funding is limited, and service levels are impacted due to financial constraints
- Time is a big barrier to optimal health, as parents are often too busy with work and children to pursue healthy living measures
- More collaboration is needed between health systems, health departments, providers, and social service organizations

Regarding COVID-19, a wide array of impacts was noted, including:

- A lack of resources at local health departments – both funding and staff – led to difficulties throughout the pandemic, and many other services were foregone to focus on the pandemic (a need for a more robust public health infrastructure is highlighted)
- The politicization of public health was widespread, and many guidelines and measures were met with criticism
- Mental health issues worsened due to isolation, with children at particular risk
- STI rates rose substantially
- The pandemic highlighted the need for accurate health information, and providers need to focus on maintaining communication after COVID-19

## 6. Prioritization Process

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To consider the CHNA data and to identify the most urgent health issues that would guide future priority areas for Riverview Health, a comprehensive prioritization process was conducted.

The Riverview Health executive steering group participated in a meeting to review data collected for the CHNA.

The session included the following activities:

- A review of the purpose of conducting the CHNA and reflections on decisions and actions taken in response to the 2018 CHNA.
- A review of data was presented during the 2021 CHNA. That data review included a summary of the existing health indicators gathered from a variety of primary sources.
- Upon review of a multitude of factors, the group determined the priority health issues for the 2021 CHNA. That process was conducted in the following way:
  - Participants were provided with the list of health topics that emerged as among those having the most support from the existing data. Additionally, participants were provided a summary of the outcomes of the focus groups as presented in the previous section of this report.
  - Participants were given the opportunity to add additional topics.

### Resulting Priorities

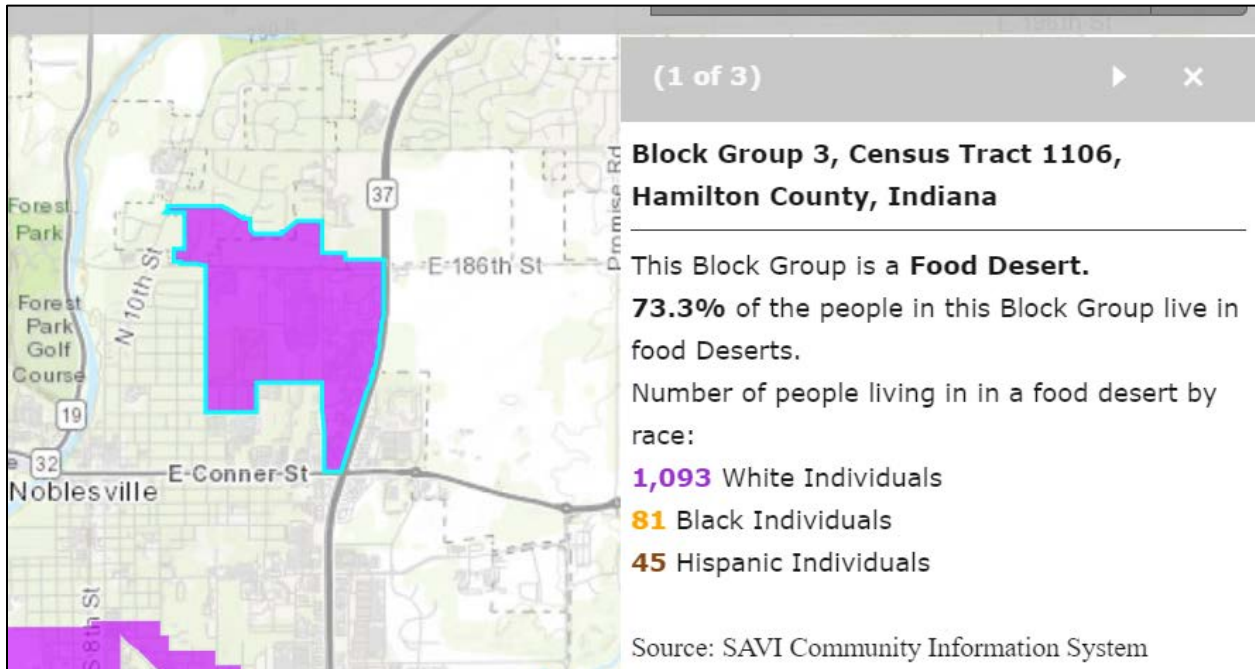
As a result of both phases of the prioritization process, 14 issues received endorsement for prioritization for Riverview Health. Those issues included:

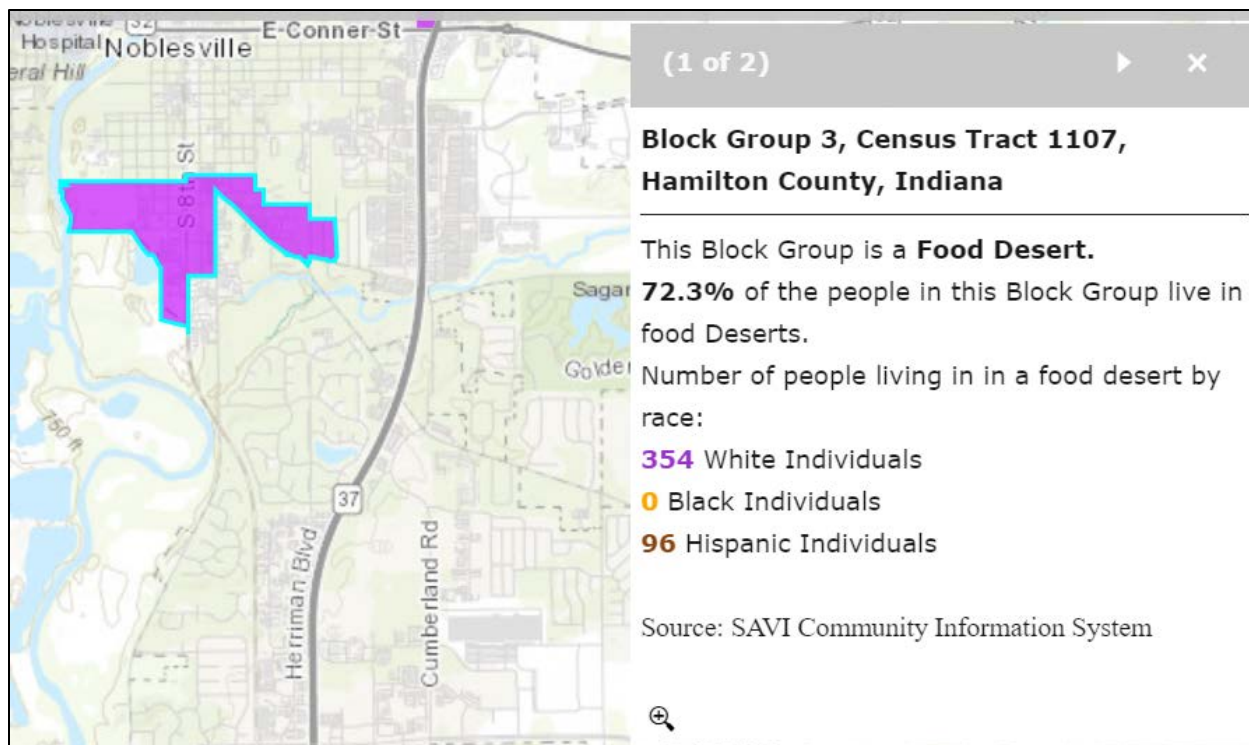
- Access to and supply of mental health providers
- Needs of a growing senior population
- Substance abuse and overdoses

- Access to care disparities, particularly for low-income populations
- Transportation barriers
- Food insecurity and access to healthy food
- Significant insurance barriers with uninsured populations having few options and providers not accepting Medicaid
- Sexually transmitted infection rates
- Need for accurate health information, communication regarding COVID-19, vaccines, etc
- Working poor are often vulnerable as they do not qualify for many programs but still live paycheck to paycheck
- Cultural differences lead to unmet need for several immigrant communities due to language barriers
- LGBTQ+ populations are underserved, often feeling uncomfortable going to available providers
- Time is a barrier to optimal health as parents are often too busy with work and living to pursue healthy living measures
- More collaboration needed between health systems, health departments, providers and social service organizations

## Appendix

The U.S. Department of Agriculture’s Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas. Two areas of Noblesville are designated as a food desert in Hamilton County.





Individuals from a wide variety of organizations and communities participated in the interview process, and community meetings. Participants included representatives from the following organizations:

- Ascension St. Vincent
- Aspire Indiana Health
- Breathe Easy Hamilton County
- Carmel Clay Schools
- Central Indiana Council on Aging (CICOA)
- City of Noblesville
- Community Health Network
- Fishers Health Department
- Good Samaritan Network of Hamilton County
- Hamilton County Community Foundation
- Hamilton County Council on Alcohol and Other Drugs
- Hamilton County Government
- Hamilton County Harvest Food Bank
- Hamilton County Head Start
- Hamilton County Health Department
- Hamilton County Meals on Wheels

- HAND, Inc. (assists with local housing resources)
- Heart and Soul Free Clinic
- HOPE Family Care Center
- IU Health
- IU Health Indy Suburban Region
- IU Health North Hospital
- IU Health Saxony
- Noblesville Chamber of Commerce
- Noblesville Schools
- Noblesville Town Council
- Prevail, Inc. (works with those who have experienced trauma)
- Prime Life Enrichment (senior support)
- Purdue Extension
- Riverview Health
- Shepherd's Center of Hamilton County
- St. Elizabeth Seton Parish
- The Villages Health Families
- Trinity Free Clinic



# 2021 Community Health Needs Assessments

## *Community Meeting: Hamilton County*



May 20, 2021



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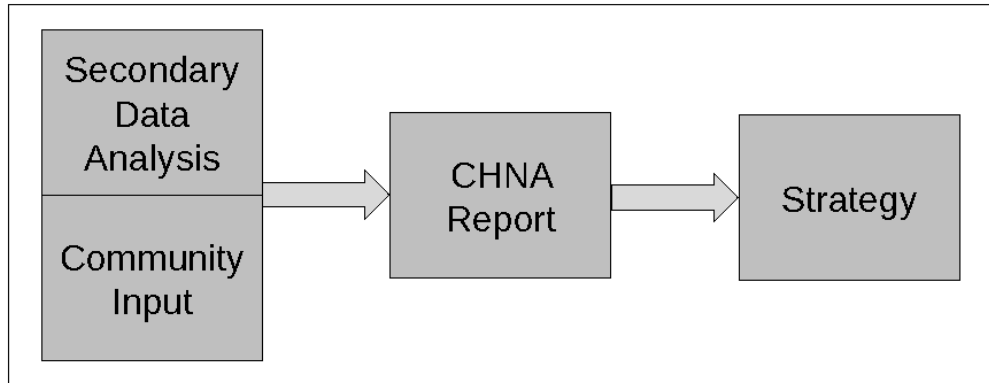
## Meeting Agenda and Goals

- Welcome and Introductions
- Review CHNA Purpose and Process
- Hear from You
  - Feedback on Preliminary Secondary Data Analysis
  - Identify and Prioritize Community Health Needs
- Next Steps

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## CHNA Purpose and Process



- Identify *significant* community health needs
- Inform hospital Implementation Strategies

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## CHNA Data Analysis Methods

- **Secondary Data**
  - Identify/document community served by each hospital
  - Assess benchmarks and trends
    - Demographics
    - Health status
    - Disparities/Inequities
    - Access to care
- **Community Input**
  - Community meetings
  - Interviews
- **Identification of *Significant* Community Health Needs**

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## Note: Secondary Data Sources

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>▪ STATS Indiana</li> <li>▪ U.S. Census (Census)</li> <li>▪ Bureau of Labor Statistics (BLS)</li> <li>▪ County Health Rankings (CHR)                             <ul style="list-style-type: none"> <li>▪ Community Health Status Indicators (CHSI)</li> </ul> </li> <li>▪ Centers for Disease Control and Prevention                             <ul style="list-style-type: none"> <li>▪ Behavioral Risk Factor Surveillance System (BRFSS)</li> </ul> </li> <li>▪ Indiana Department of Health</li> </ul> | <ul style="list-style-type: none"> <li>▪ Dignity Health Community Need Index™ (CNI)</li> <li>▪ U.S. Department of Agriculture (USDA)</li> <li>▪ Agency for Healthcare Research and Quality (Ambulatory Care Sensitive Conditions/Prevention Quality Indicators)</li> <li>▪ Health Resources and Services Administration (HRSA)</li> <li>▪ [Assessments Prepared by Others (e.g., IDOH, Counties)]</li> </ul> |
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## Community Population

Year	Hamilton County		Indiana	
	Population	Aged 65+	Population	Aged 65+
2019	323,117	38,362	6,665,703	1,023,588
2025	398,587	50,656	7,043,550	1,196,568
Change	75,470	12,294	377,847	172,980
Annual % Change	3.6%	4.7%	0.9%	2.6%

Year	Percent 65+	
	Hamilton County	Indiana
2019	12.3%	15.4%
2025	13.3%	17.0%

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

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## Population Change by Race/Ethnicity

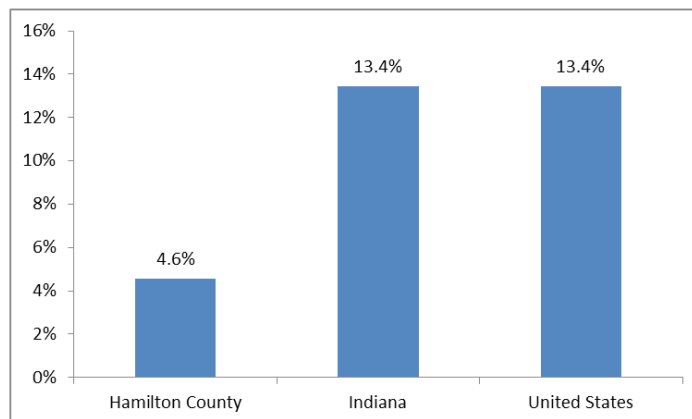
Year	Hamilton County		Indiana	
	2019	2025	2019	2025
White	83.7%	82.0%	79.1%	76.1%
Black	3.9%	4.3%	9.2%	9.8%
Hispanic (or Latino)	4.0%	4.4%	6.9%	8.4%
Other	8.4%	9.3%	4.7%	5.7%

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

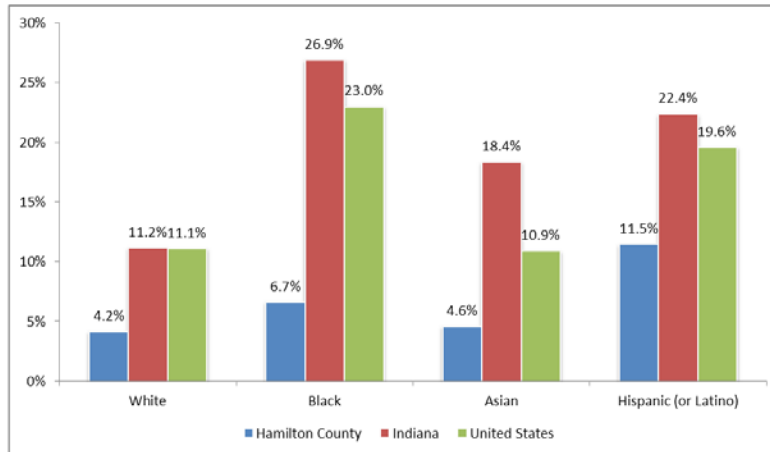


Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.  
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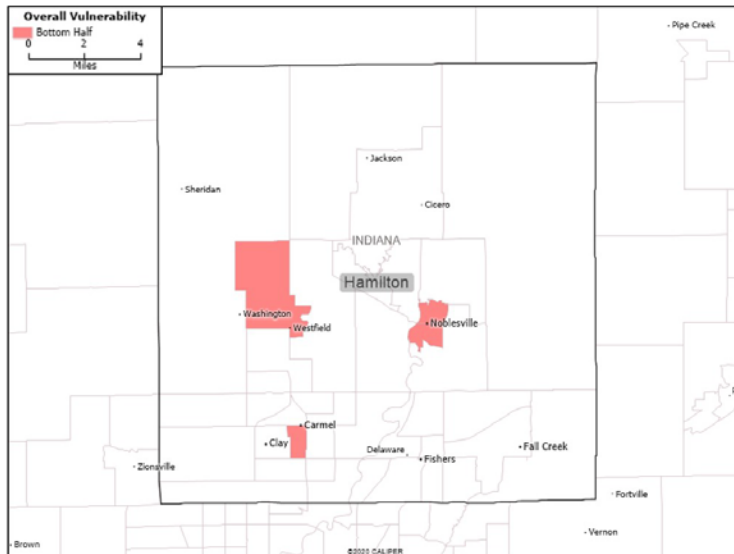
## Poverty Rates by Race and Ethnicity



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.  
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## Social Vulnerability Index (SVI) Census Tracts in the Bottom Half (vs. US)



Source: Caliper Maptitude and CDC, 2018.  
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## COVID-19 Indicators (As of May 12, 2021)

Indicator	Hamilton County	Indiana	United States
Total Confirmed Cases	35,659	731,810	32,347,191
Confirmed Cases (per 100,000 Population)	10,803	10,936	9,914
Total Deaths	408	13,028	575,477
Deaths (per 100,000 Population)	123.6	194.7	176.4
Percent of Adults Fully Vaccinated	26.4%	39.9%	44.9%
Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	13.0%	18.1%	16.1%
Vaccine Coverage Index	0.24	0.58	0.43

Source: SparkMap, 2021.

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## Community Health Status Indicators (CHSI) (Cells Shaded if County is in Bottom 3<sup>rd</sup> or 4<sup>th</sup> Quartiles)

Category	Indicator	Hamilton County
Length of Life	Years of Potential Life Lost Rate	
	% Fair/Poor Health	
Quality of Life	Physically Unhealthy Days	
	Mentally Unhealthy Days	
	% Births - Low Birth Weight	
Health Behaviors	% Smokers	
	% Obese	
	Food Environment Index	
	% Physically Inactive	
	% With Access to Exercise Opportunities	
	% Excessive Drinking	
	% Driving Deaths Alcohol-Impaired	
	Chlamydia Rate	
	Teen Birth Rate	
	Clinical Care	% Uninsured
Primary Care Physicians Rate		
Dentist Rate		
Mental Health Professionals Rate		
Preventable Hosp. Rate		
% Mammography Screening		
	% Flu Vaccination	

Source: Verité Healthcare Consulting Analysis of County Health

Rankings Date: 2020

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## Community Health Status Indicators (Cont.) (Cells Shaded if County is in Bottom 3<sup>rd</sup> or 4<sup>th</sup> Quartiles)

Category	Indicator	Hamilton County
Social & Economic Factors	High School Graduation Rate	
	% Some College	
	% Unemployed	
	% Children in Poverty	
	Income Ratio	
	% Children in Single-Parent Households	
	Social Association Rate	
	Violent Crime Rate	
	Injury Death Rate	
Physical Environment	Average Daily PM2.5	
	% Severe Housing Problems	
	% Drive Alone to Work	
	% Long Commute - Drives Alone	

High school graduation rate statistic is under review.

Source: Verité Healthcare Consulting Analysis of County Health  
Rankings Data, 2020.

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## Note: CHSI Peer Counties for Hamilton County

- Broomfield County, Colorado
- Douglas County, Colorado
- Cherokee County, Georgia
- Forsyth County, Georgia
- Kendall County, Illinois
- Boone County, Indiana
- Hamilton County, Indiana
- Johnson County, Kansas
- Boone County, Kentucky
- Oldham County, Kentucky
- Charles County, Maryland
- Frederick County, Maryland
- Howard County, Maryland
- Carver County, Minnesota
- Scott County, Minnesota
- Washington County, Minnesota
- Union County, North Carolina
- Delaware County, Ohio
- Warren County, Ohio
- Canadian County, Oklahoma
- Williamson County, Tennessee
- Comal County, Texas
- Denton County, Texas
- Fort Bend County, Texas
- Kendall County, Texas
- Montgomery County, Texas
- Rockwall County, Texas
- Williamson County, Texas
- Tooele County, Utah
- Loudoun County, Virginia
- Prince William County, Virginia
- Spotsylvania County, Virginia
- Stafford County, Virginia
- York County, Virginia

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## County Health Rankings, 2020 (Out of 92 Counties – Measures Ranked in Bottom Half or Quartile)

Measure	Hamilton County
Excessive drinking	92
Alcohol-impaired driving deaths	52
High school graduation	90
Social associations	74
<b>Physical Environment</b>	<b>81</b>
Long commute - driving alone	66

ool graduation rate statistic is under review.

Source: County Health Rankings, 2020.

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## Selected Causes of Death per 100,000, 2019

Indicator	Hamilton County	Indiana
Major Cardiovascular Disease	167.2	237.5
Diseases of Heart	119.9	178.7
Malignant Neoplasms (Cancer)	125.9	163.3
Ischemic Heart Disease	67.4	93.1
Accidents (Unintentional Injuries)	28.8	56.1
Chronic Lower Respiratory Diseases	33.2	56.1
Cerebrovascular Disease (Stroke)	36.2	41.5
Alzheimers Disease	19.5	31.7
Drug Poisoning	11.4	26.6
Accidental Poisoning And Exposure To Noxious Substances	12.0	25.4
Diabetes Mellitus	12.4	25.0
Nephritis, Nephrotic Syndrome and Nephrosis (Kidney Disease)	14.5	17.1
Septicemia	9.1	14.3
Intentional Self-Harm (Suicide)	12.3	14.1
Motor Vehicle Accidents	4.4	12.6
Alcohol Related Causes	6.4	10.4
Assault (Homicide)	0.0	7.2

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Source: Indiana Department of Health, 2020.

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## Communicable Disease Rates per 100,000

Indicator	Hamilton County	Indiana
HIV and AIDS	76.6	189.9
Newly Diagnosed - HIV and AIDS	3.3	8.2
Chlamydia	240.5	526.3
Gonorrhea	46.7	177.1
Primary and Secondary Syphilis	1.8	5.0

Source: Indiana Department of Health, 2020.

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## Maternal and Child Health Indicators

Indicator	Hamilton County	Indiana
Infant Mortality Rate (per 1,000 births)	4.9	7.2
Preterm Births	8.7%	10.1%
Low Birthweight Infants	6.4%	8.2%
Very Low Birthweight Infants	1.4%	1.3%
Mothers Receiving Prenatal Care (First Trimester)	84.5%	68.9%
Mothers Breastfeeding	94.3%	82.0%
Mothers Smoking during Pregnancy	2.0%	11.8%
Births to Unmarried Mothers	14.8%	44.5%
Mothers on Medicaid Percent	8.5%	38.5%
Child Immunization Percent	66.0%	67.0%
ER Visits due to Asthma (Aged 5-17, per 10,000)	23.9	49.7

Source: Indiana Department of Health, 2020.

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## Maternal and Child Health Indicators By Race and Ethnicity

Indicator	Hamilton County			Indiana		
	Black	Hispanic (or Latino)	White	Black	Hispanic (or Latino)	White
Prenatal Care Started in First Trimester	75.8%	69.8%	89.3%	58.0%	59.5%	77.7%
Tobacco Used During Pregnancy	N/A	N/A	2.3%	8.7%	3.3%	14.9%
Preterm Births	10.1%	9.0%	8.5%	13.6%	9.7%	9.5%
Infant Mortality Rate (2013-2019)	N/A	N/A	N/A	13.7	7.4	6.0

Source: Indiana Department of Health, 2020.

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## Federally-Designated Food Deserts, HPSAs, MUAs, MUPs

- Hamilton County has no:
  - Food Deserts (USDA)
  - Primary Care Health Professional Shortage Areas (HRSA)
  - Dental Care HPSAs (HRSA)
  - Medically Underserved Areas (MUAs) or Medically Underserved Populations (MUPs)
- The entire county is a Mental Health Care HPSA for low-income persons

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## State-Wide Data

- BRFSS Measures by Race/Ethnicity
- Causes of Death per 100,000 by Race/Ethnicity
- America's Health Rankings
- CHSI Analysis of All Indiana Counties

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## Selected Indiana BRFSS Indicators by Race/Ethnicity

Indicator	Black	Hispanic (or Latino)	White	Indiana
Avoided Care Due to Cost	13.3%	23.7%	11.2%	<b>12.6%</b>
Children in Poverty	37.8%	27.2%	13.7%	<b>18.0%</b>
Chlamydia Rate	1,864.1	559.5	279.4	<b>523.9</b>
Crowded Housing	1.5%	4.7%	1.2%	<b>1.5%</b>
Education - Less Than High School	12.3%	30.1%	8.7%	<b>10.4%</b>
Low Birthweight	13.7%	7.1%	7.1%	<b>8.1%</b>
Non-medical Drug Use	12.2%	16.7%	10.1%	<b>10.8%</b>
Preventable Hospitalizations	7,542	5,186	4,626	<b>4,810</b>
Severe Housing Problems	24.5%	22.1%	10.9%	<b>12.9%</b>
Teen Births Rate	37.5	31.5	18.4	<b>21.8</b>
Unemployment	8.7%	4.7%	3.7%	<b>4.3%</b>

Source: America's Health Rankings, 2020.

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## Selected Causes of Death per 100,000, Indiana By Race/Ethnicity

Indicator	Black	Hispanic (or Latino)	White	Indiana Total
Heart Disease	216.5	92.1	181.8	178.8
Cancer (Malignant Neoplasms)	183.6	91.5	168.8	163.4
Chronic Lower Respiratory Disease (CLRD)	45.4	14.1	58.5	56.1
Accidents / Unintentional Injuries	60.5	34.0	59.3	56.0
Stroke / Cerebrovascular Disease	51.5	29.2	39.8	41.4
Alzheimer's Disease	29.5	16.1	34.2	31.6
Diabetes	48.4	24.1	24.5	25.0
Kidney Disease (Nephritis, Nephrosis)	34.1	16.4	16.6	17.1
Septicemia	21.6	11.9	14.9	14.3
Suicide	8.7	7.0	17.3	14.2
Chronic Liver Disease / Cirrhosis	8.9	12.9	12.5	12.0
Influenza / Pneumonia	11.9	6.7	13.4	11.6
High Blood Pressure / Related Kidney Disease	18.5	5.6	9.6	10.4
Parkinson's Disease	4.7	N/A	10.0	9.9
Homicide	36.8	6.6	3.4	7.2
Pneumonitis (Lung Inflammation)	6.1	N/A	6.3	6.0
Nutritional Deficiencies	3.9	3.9	3.4	4.3
Neoplasms (Abnormal Growth)	3.4	N/A	4.2	4.1
Birth Defects	4.5	2.9	3.7	4.0
Condition Originating Around Time of Birth	8.9	4.3	3.6	3.6

Source: CDC, 2020.  
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## America's Health Rankings, 2020 Indiana vs. Other States

Measure Name	Rank
HPV Vaccination	49
Immunizations - Annual	48
Public Health Funding	48
Air Pollution	46
Childhood Immunizations	44
Social Support and Engagement - Annual	44
Mental Health Providers	43
Physical Inactivity	43
Providers - Annual	42
Residential Segregation	42
Voter Participation (Midterm)	42
Dental Care Providers	41
Diabetes	41
Per Capita Income	41
Risk-screening Environmental Indicator Score	41
Smoking	41
Tobacco Use - Annual	41
Chronic Obstructive Pulmonary Disease	40
High Health Status	40
Obesity	40
Preventable Hospitalizations	40
Risk Factors - Annual	40
Voter Participation (Presidential)	40
Community and Family Safety - Annual	39
Teen Births	39

Measure Name	Rank
Cardiovascular Diseases	38
Clinical Care	38
Food Insecurity	38
Occupational Fatalities	38
Premature Death	38
Dental Visit	37
High-speed Internet	37
Behaviors	36
Chronic Kidney Disease	36
Climate Change Policies	36
Frequent Physical Distress	36
Health Outcomes	36
High Blood Pressure	36
Multiple Chronic Conditions	36
Adverse Childhood Experiences	35
All Determinants	35
Drive Alone to Work	35
Exercise	35
Frequent Mental Distress	35
Neighborhood Amenities	35
Physical Health - Annual	35
Quality of Care	35
Nutrition and Physical Activity	34
Primary Care Providers	34
Access to Care - Annual	33

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## Community Health Status Indicators (CHSI) Indiana Counties in Bottom Half of Peers

Indicator	Counties Ranked In Bottom Half	Hamilton County In Bottom Half	Percent In Bottom Half
% Smokers	92	●	100.0%
Mentally Unhealthy Days	89		96.7%
Average Daily PM2.5	89	●	96.7%
% Fair/Poor Health	80		87.0%
Physically Unhealthy Days	76		82.6%
Teen Birth Rate	68		73.9%
% Some College	67		72.8%
Years of Potential Life Lost Rate	64		69.6%
% Drive Alone to Work	64	●	69.6%
Mental Health Professionals Rate	62		67.4%
% Uninsured	60		65.2%
% Mammography Screening	59		64.1%
% Physically Inactive	58		63.0%
% With Access to Exercise Opportunities	54		58.7%
% Obese	53		57.6%
Violent Crime Rate	53		57.6%
Dentist Rate	52		56.5%
Primary Care Physicians Rate	51		55.4%

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## Preliminary Secondary Data Findings: Significant Community Health Needs

- COVID-19 Pandemic
  - Excessive Drinking
  - Immunization Rates
    - COVID-19
    - Other (Children, Adults)
  - Cognitive needs of seniors and aging in place
  - Smoking (Tobacco Use and Vaping)
  - Supply of and Access to Mental Health Providers
- State-wide Issues
    - Air Pollution
    - Obesity/Physical Inactivity
    - Racial/Ethnic Health Disparities
    - Substance Abuse, Particulate Overdoses
    - Mental health status
    - Access to Care Disparities

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## Discussion Questions

- Does the data analysis to date seem accurate, complete?
- From your experience, what other community health needs could or should be added to those that may be identified as *significant*?
- If only five issues were identified as *significant*, which ones should they be?

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## Prioritization Exercise

- Group **vote** to identify *significant* community health needs
  - Survey Monkey Link: SEE CHAT BOX
- Criteria to consider:
  - Scope (number of people affected)
  - Disparity/inequity
  - Severity
  - Urgency
  - Feasibility of possible intervention(s)

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## Contacts

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