



**Aspire Indiana Health  
Community Health Needs Assessment  
2022**

**“Together... making health and well-being a reality!”**

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## 1. INTRODUCTION

### 1.1. About Aspire Indiana Health

A fully integrated health care provider, Aspire Indiana Health (AIH) offers primary medical and behavioral health care, but also addresses social drivers of health like employment and housing. AIH is nonprofit, financially strong – and growing. Our health centers are located in Central Indiana, but our reach extends to helping Hoosiers all across the state.

Our journey into integrated care started over a dozen years ago when we became the very first Community Mental Health Center (CMHC) in the nation to receive grant funds from the Health Resource Service Administration (HRSA). Since then, we have been branded as an innovator by our peers and a leader in health care reform. We are proud to hold Federally Qualified Health Center (FQHC) look-alike status at our locations in central Indiana.

Today, our mission statement is “Together...Making Health and Well-Being a Reality”. That reality can only be achieved by taking healthcare out of its traditional silos of behavioral health (including mental health and substance use), primary health and managing health from a whole person perspective. Our professionals work as a team to develop individualized and comprehensive treatment plans for the primary, behavioral healthcare, and social needs of each individual that we serve. Many of our services are offered on a sliding-fee scale for those who don’t have insurance.

### 1.2. Purpose

This report provides the findings from a community health needs assessment (CHNA) conducted by Aspire Indiana Health (AIH). The purpose of the CHNA is to identify the leading health needs in Boone, Grant, Hamilton, Madison, and Marion counties and to describe the needs AIH can address through development of effective implementation strategies.

### 1.3. Objectives

The Aspire Indiana Health (AIH) 2022 Community Health Needs Assessment has the following objectives:

1. To identify the priority health needs in Boone, Grant, Hamilton, Madison and Marion counties.
2. To serve as a guide for developing strategies that can be implemented by AIH healthcare providers, communities, and policy makers to improve the health status of residents in the designated areas.
3. To supply public access to the results of this assessment in order to inform the community and provide assistance to those committed to the transformation of the community’s healthcare.

## 2. EXECUTIVE SUMMARY

### 2.1. Top Community Needs

Top community needs for Aspire Indiana Health’s (AIH) service area include substance abuse, mental health, and obesity. While COVID-19 has had direct effects on the AIH service area, it has exponentially exacerbated all of our existing community needs. These needs, and more, will be explored in more detail in “Priority Health Issues” section (page 10).

## 2.2. Primary Service Area

Aspire Indiana Health's primary service area includes Boone, Grant, Hamilton, Madison, and Marion counties, Indiana. While the majority of our patients come from our primary service area, patients from a variety of other areas are seen, including Tipton, Henry, Hancock counties. While this report focuses on data from our primary service area, we incorporated the overall health of Indiana in order to include all patients we may serve.

## 3. STUDY METHODS

### 3.1. Data Sources

Community Health Needs Assessments seek to identify priority health needs and access issues for particular geographic areas and populations. Accordingly, the following topics and data are assessed:

- Demographics, e.g., population, age, race, primary language
- Economic indicators, e.g., poverty, unemployment, income, housing
- Education
- Health Issues, e.g. primary care, substance abuse, mental health
- Health access barrier, e.g., insurance, transportation
- Aspire Indiana Health resources and healthcare locations

Data sets for quantitative analyses included:

- Centers for Disease Control and Prevention (CDC)
- [The Center for Neighborhood Technology's Housing and Transportation \(H+T\) Affordability Index](#)
- [Common Wealth Fund](#)
- Community Health Network - Community Health Needs Assessment 2021 - North Region
- Community Health Network - Community Health Needs Assessment 2018 - Anderson Region
- [County Health Rankings & Roadmaps](#)
- [Division of Mental Health and Addictions](#)
- Hamilton County Behavioral Health Needs Assessment June 2021
- Implementation Strategy FY 2020-22 - St. Vincent Anderson
- Implementation Strategy FY 2020-22 - St Vincent Indianapolis Hospital, Peyton Manning Children's Hospital at St. Vincent, St. Vincent Stress Center, St. Vincent Women's Hospital
- [Indiana Business Research Center](#)
- [Indiana Housing and Community Development Authority](#)
- [Indiana State Department of Health](#)
- IU Health Methodist Hospital - Community Health Needs Assessment 2021

- IU Health North Hospital - Community Health Needs Assessment 2021
- IU Health University Hospital - Community Health Needs Assessment 2018
- Marion General Hospital - Implementation Plan with Summary of Community Health Improvement for 2019-2022
- The Rand Institute
- Riverview Health - Community Health Report 2021
- [SAVI](#) - a community information system program through the Polis Center at IUPUI
- Substance Abuse and Mental Health Services Administration
- Uniform Data System Mapper
- [US Census Bureau](#)
- Witham Health Services - 2018 Community Health Needs Assessment Report

### 3.2. How Data was Prioritized

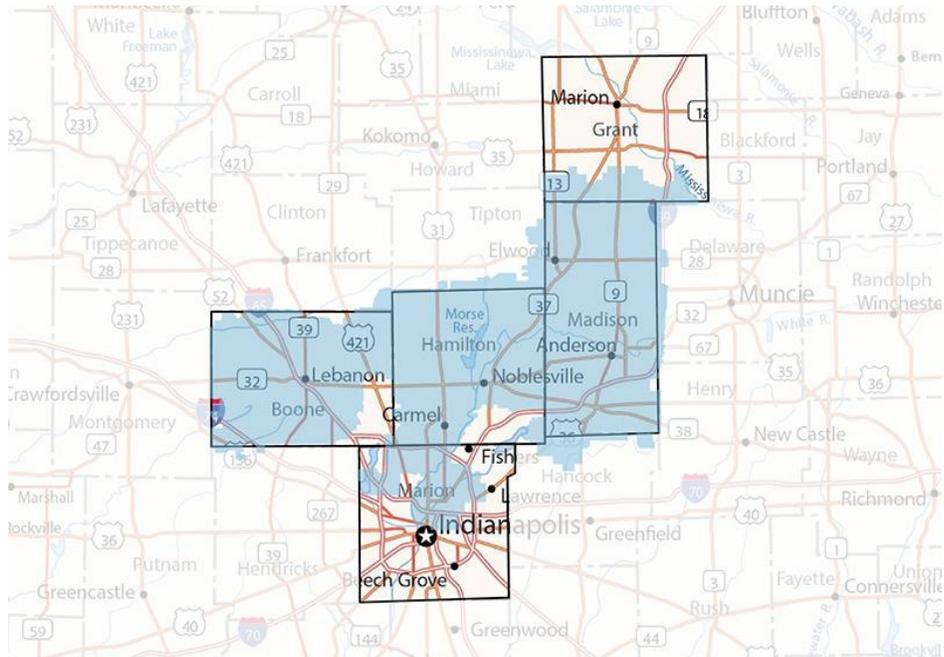
The quantitative, secondary data sources from hospitals, health departments, and county stakeholder groups within our primary service area counties identified health needs based on approximately 7,015 survey responses from community leaders, health care providers, and patient stakeholders, in addition to about a dozen community focus groups. Qualitative information from numerous data sources assisted in the presentation of the overall data. The Aspire Indiana Health Community Health Needs Assessment committee prioritized the leading health needs.

### 3.3. Information Gaps

To the best of our knowledge, no obtainable information gaps have affected Aspire Indiana Health's (AIH) ability to reach practical conclusions regarding community health needs. While AIH has worked to capture quantitative information on a wide variety of health conditions from a broad array of sources, AIH realizes that it is not possible to capture every health need in the community and there will be gaps in the data captured. Additionally, the most recent updated resources don't include data at the state or local level. Many reports of COVID-19 health related concerns, such as increased substance abuse and mental health disorders, as well as delayed preventative care, have been relayed. At the time of this publication no centralized, validated county level data is available for the changes in these health needs as a result of COVID-19.

## 4. DEFINITION OF COMMUNITY ASSESSED

The exact service area for Aspire Indiana Health (AIH), in accordance with the requirements of the Health Resources Service Administration (HRSA), is determined by AIH locations and zip codes in which 75% of our FQHC patient population live. This is the shaded area in the map below. The outlined counties make up our primary service areas representing those we serve in our primary care and behavioral health service lines. Additionally, Aspire Indiana Health serves dozens of counties with specialty services such as HIV care coordination and Workforce Incentive Planning and Assistance (WIPA).



AIH’s area of service covers a wide range of health needs, from Hamilton and Boone counties, which rank #1 and #3 in overall health within Indiana; to Grant, Madison, Marion counties, which rank respectively #88, #78 and #80 (out of 92 counties), according to the [2021 County Health Rankings and Roadmaps](#). This ranking system is built on two ranking outcomes of “Quality of Life” and “Length of Life”; the latter includes “Infant Mortality Rates” (See Table 4A).

**TABLE 4A: Overall, Quality of Life, and Length of Life Ranking within the 92 Counties in Indiana**

	Overall Rank	Quality of Life	Length of Life
Boone	3	2	8
Grant	88	90	85
Hamilton	1	1	1
Madison	78	85	71
Marion	80	82	75

## 5. DEMOGRAPHICS

### 5.1. Population

The administrative office of Aspire Indiana Health (AIH) is located in Noblesville, a city within Hamilton County, Indiana. The total population of Indiana is 6,805,985, while our service area covers a total population of 1,595,672 individuals across Boone, Grant, Hamilton, Madison and Marion counties. Total population estimates were obtained from the American Community Survey 2020, performed by the US Census Bureau, while the estimated population growth estimates were obtained from the [Indiana Population Projections](#) from 2018 by the Indiana Business Research Center (the results can be seen in Table 5.1A)

Marion and Hamilton counties have the largest populations and are expected to grow over the next 35 years. While Madison county is our third most populous county, this population is projected to decrease, as is Grant County.

**TABLE 5.1A: Forecasted Percent Change in Population by 2025 & 2050**

	Est. Total Population	Est Population Growth By 2025	Est Population Growth By 2050
Indiana	6,805,985		10.00%
Boone	70,812	10.1% - 22.7%	>30%
Grant	70,061	-8.8% - 0.0%	<-10%
Hamilton	347,467	10.1% - 22.7%	>30%
Madison	130,129	-8.8% - 0.0%	<-10%
Marion	977,203	.01% - 5.0%	10-30%

## 5.2. Age

To facilitate the identification of age demographics, the ranges are separated into three categories: under 18, between 18 and 64, and over 65; along with median age (collected by the US Census Bureau). The median age by 2025 was obtained through the [Indiana Population Projections](#) from 2018 by the Indiana Business Research Center. (See Table 5.2A & 5.2B)

While Indiana median age (37.4) is younger than the overall US (37.8), within the service area of Aspire Indiana Health (AIH), only Hamilton and Marion counties are below the US median age. By 2050, all of the counties in the AIH service area, except Marion County, are expected to exceed the state's median age; which identifies an aging population, specifically, in Boone and Hamilton counties (See Table 5.2B).

**TABLE 5.2A: Age Cohorts and 65+ % Change by 2025**

	Under 18	18 - 64	Over 65	% change in Population for those 65+ by 2025
Indiana	29.5%	54.4%	16.1%	
Boone	26.0%	60.2%	13.8%	100.1% - 237.2%
Grant	26.4%	54.2%	19.4%	-11.6% - 0.0%
Hamilton	26.6%	60.6%	12.8%	100.1% - 237.2%
Madison	21.4%	59.9%	18.7%	.01% - 50%
Marion	24.6%	62.5%	12.9%	50.1% - 100%

**TABLE 5.2B: Median Age and Change**

	Median Age	Median Age by 2025	Median Age by 2050
Indiana	37.4		39.9
Boone	38.9	35.1 - 40.0	42.43.9
Grant	39.8	40.1 - 45.0	40-41.9
Hamilton	36.3	35.1 - 40.0	42.43.9
Madison	40	40.1 - 45.0	40-41.9
Marion	34.1	35.1 - 40.0	30 - 39.9

### 5.3. Race/Ethnicity

For the Aspire Indiana Health (AIH) service area, the race and ethnicity of the populations vary significantly based on county; according to the 2020 US Census Data (Table 5.3A)

Marion County is the most diverse county being served by AIH, with 36.5% of the population identifying as a race other than White. The majority (29.1%) of those identified as African American or Black. All other counties in the service area of AIH have higher percentages of people identifying as white than the overall Indiana Population (84.8%).

**TABLE 5.3A: Race Identification by County**

	White	African American / Black	Asian	One or More Race	Other
Indiana	84.80%	9.90%	2.60%	2.20%	0.90%
Boone	92.60%	2.10%	3.40%	1.60%	0.30%
Grant	88.40%	7.40%	0.80%	2.70%	0.70%
Hamilton	86.60%	4.50%	6.50%	2.10%	0.30%
Madison	88.30%	8.60%	0.60%	2.00%	0.50%
Marion	63.50%	29.10%	3.80%	3.00%	0.60%

### 5.4. Language Spoken at Home

Overall, the primary language spoken at home by those over 4 years old among the population in the Aspire Indiana Health (AIH) service area is English, based on the 2020 US Census responses. The same is true throughout Indiana (91.2%). Hamilton and Marion counties have more people reporting they speak a language other than English at home than the state average. Hamilton County has the highest rate of people reporting they speak a language other than English or Spanish (6.9%). While the 2020 US Census did not have a question in regards to individuals who are deaf, it is estimated by the [Indiana Association of the Deaf](#) that there are more than 400,000 individuals who are deaf or hard of hearing; which accounts for about 6% of Indiana residents.

**TABLE 5.4A: Languages Spoken at Home by County**

	English	Spanish	Language Other than English or Spanish
Indiana	91.20%	4.34%	4.46%
Boone	94.40%	2.30%	3.30%
Grant	97.40%	1.60%	1.00%
Hamilton	90.40%	2.70%	6.90%
Madison	96.20%	2.70%	1.10%
Marion	86.40%	8.50%	5.10%

## 6. ECONOMIC INDICATORS

### 6.1. Below Poverty Level

Approximately, 11.6% of Indiana’s population lives under the federal poverty level, per the 2020 US Census. Within Aspire Indiana Health’s(AIH) service area, Hamilton and Boone counties are two of the wealthiest counties in the state. Grant, Madison, and Marion counties have a higher percentage of their population living below the poverty level than the state average; which is echoed at 200% of the poverty level (the level at which the sliding fee scale begins at AIH).

**TABLE 6.1A : Rates of Living Below Poverty**

	% Living Below Poverty Level	% Living Below 200% of Poverty Level
Indiana	11.6%	34.3%
Boone	5.2%	18.8%
Grant	17.0%	42.5%
Hamilton	4.2%	14.3%
Madison	12.1%	38.5%
Marion	14.1%	42.2%

### 6.2. Unemployment

The unemployment rate of individuals over the age of 16, who are considered eligible to work, in Indiana is 4.5%, which is higher than the national average of 4.2%, based on the 2020 US Census.

In Marion and Madison counties, unemployment rates are 1.5 percentage points higher than the state average. Meanwhile, counties with the lowest rates in the Aspire Indiana Health (AIH) service area are Hamilton and Boone. Unemployment rates were high and volatile during the COVID - 19 pandemic, however these have resumed to pre-covid levels during the data gathering of this needs assessment.

### 6.2A : Unemployment Rates

	Unemployment Rate
Indiana	4.5%
Boone	2.0%
Grant	4.4%
Hamilton	3.0%
Madison	6.0%
Marion	6.0%

### 6.3. Per Capita Income

Per capita income is the average income earned per person in a year in a specific area. America's Health Rankings by United Health Foundation ranks Indiana at 41 out of the 50 states. Within our service area, Hamilton County has the highest income average, at \$50,783. Boone County is second in the service area, with an average income of \$45,946. Grant, Madison, and Marion counties are close to the state average.

### 6.3A: Per Capita Income

	Avg Income
Indiana	\$29,777
Boone	\$48,295
Grant	\$23,046
Hamilton	\$49,287
Madison	\$25,557
Marion	\$28,566

## 7. EDUCATION

Education is divided into six categories, based on the Census Bureau's 2019 American Community Survey. These statistics are based on the total population over the age of 25. (Table 7A)

**TABLE 7: Education Attainment**

	Without HS Diploma	HS Diploma Only	Some College	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Indiana	6.8%	33.90%	19.90%	8.80%	17.30%	9.70%
Boone	6.8%	25.40%	15.80%	7.40%	26.10%	18.50%
Grant	11.2%	39%	21.60%	7%	12.80%	8.40%
Hamilton	2.8%	13.60%	13.80%	6.70%	38.60%	24.40%
Madison	11.5%	38.70%	21.70%	9.50%	12.10%	6.50%
Marion	12.8%	29.80%	18.50%	7.80%	20%	11.10%

Boone and Hamilton counties are at or below Indiana’s statistics in regards to people without a high school diploma (6.8%) and those with only a high school diploma or equivalency (33.9%). This means that a majority of the population has some kind of experience in college, with or without a degree. Over one-quarter of these have a Bachelor’s degree. Hamilton County leads with 69.7% of the surveyed population with a college degree (associates, bachelors, and/or graduate).

While Marion County has the highest percentage of the population without a high school diploma (12.8%), within the service area of Aspire Indiana Health (AIH) and compared to the state; Grant and Madison have the highest rate of those with only a high school diploma or equivalency with over 38%. Similarly, approximately 22% of those populations have some college experience, but no degree. The remaining have a college degree.

## 8. INFANT MORTALITY

Given how sensitive infant mortality is to demographic, economic, and social factors; it becomes an important barometer to the health of the service areas. Within the US, Indiana ranks 39th when compared to the other 50 states within the United States (America’s Health Rankings) with 7 deaths per 1,000 live births. In a deeper dive, according to [County Health Rankings and Roadmaps](#), Grant, Madison and Marion counties exceed the state average; with Grant county having the highest rate with 9 deaths per 1,000 live births. (See Table 8A)

**Table 8A: Infant Mortality Rates (per 1,000 live births)**

	Infant Mortality
Indiana	7
Boone	4
Grant	9
Hamilton	5
Madison	8
Marion	8

## 9. PRIORITY HEALTH ISSUES

### 9.1. Substance Abuse

Substance abuse is a shared concern in the Aspire Indiana Health (AIH) service areas as it is listed as a significant community health need in the Community Health Needs Assessments completed by all major hospitals (11) in the counties AIH serves. This concern is also shared on the national level.

The National Safety Council reported that in 2019, the odds of dying of an opioid drug overdose is the sixth highest cause of death in the US. Since the last Community Needs Assessment completed by AIH in 2017, the odds of dying from an opioid drug overdose went from 1-in-96 to 1-in-92.

According to the Center for Disease Control and Prevention (CDC), in 2019, drug overdoses accounted for 70,630 deaths in the US, which is a 4% increase from 2018. Based on the CDC’s findings, 70.6% of these deaths in 2019 involved opioids.

The [Stats Explorer](#) by the Indiana State Department of Health (ISDH)’s data for AIH’s service areas concurred with the national data, in regards to opioid involvement being the leading contributor to

overdose deaths (See Table 9.1A). It should be noted that zeros do not mean there were no deaths, but the rate was not within a 100th decimal.

There are many reports of increased overdoses and substance use during the COVID-19 pandemic. Many surveys and polls are being reported by the media. No central data source at the Indiana county level is reporting the impact of COVID-19 and substance use disorders.

**TABLE 9.1A: Deaths related to Substance Abuse in 2019  
(Crude Death Rate Per 100,000)**

	Deaths from Alcohol Related Causes	Deaths from Drug poisoning involving any opioid	Deaths from Drug Poisoning Involving Synthetic opioids	Deaths from Drug Poisoning Involving Psychostimulants other than cocaine
Boone	0	23.6	17.7	0
Grant	0	0	0	0
Hamilton	6.4	9.2	5.3	0
Madison	15.1	23.2	14.7	14.7
Marion	13.4	30.4	23.1	11.8

While Grant county reported 0 deaths per 100,000 due to substance abuse, ISDH reports show that within the AIH service area, Grant County has the highest number of “Non-Fatal Emergency Department Visits Involving any Drug Overdose” in 2019, and the second highest rate of Substance Abuse Treatment in 2015. (See Table 9.1B)

**TABLE 9.1B: Non-Fatal Drug Overdose in 2019 and Treatment in 2015  
Involving Substance Abuse (Incidence Rate Per 100,000)**

	2019 Non-fatal Emergency Department Visits (Any Drug Overdose)	2019 Non-fatal Inpatient hospitalizations (Any Drug Overdose)	2015 Substance Abuse Treatment - Total
Boone	165.1	72.2	361.7
Grant	323.9	65.4	711.1
Hamilton	115.1	9.5	306.6
Madison	248.5	145.1	762.7
Marion	280.8	88.1	518.3

The ISDH reports all of AIH service areas have overdose prevention and harm reduction programs (Table 9.1C). Boone County has the fewest number of programs (1); while Marion County has responded with 4, including a syringe exchange program (Table 8.1A & 8.1B). While Boone County has the lowest number of programs, it does not have the lowest rate of deaths, ER visits, inpatient hospitalizations, nor treatment involving substance abuse.

**TABLE 9.1C: Overdose Prevention and Harm Reduction Programs in Our Service Area**

	Overdose Response Project	Overdose Fatality Review Team	LHD Naloxone County	First Responder Naloxone County	Syringe Exchange
Boone			x		
Grant		x		x	
Hamilton		x	x		
Madison	x		x		x
Marion	x	x	x		x

## 9.2. Mental Health

Mental health has many factors that play into the overall issue. In this section, those factors will be explored, however will exclude substance abuse, given it was covered in the previous section.

One factor identified in the survey and community focus group responses is access to mental health providers. All counties in our service area have been identified by HRSA as experiencing a shortage of providers.

Another factor is the reported number of people being mentally unhealthy or being in poor mental health in the population of the Aspire Indiana Health (AIH) service area, according to the [County Health and Rankings & Roadmaps](#) (See Table 9.2A). Indiana averages 4.7 days of “Mentally Unhealthy Days in the Past 30 days”; however Grant, Madison, and Marion counties report higher average days. At the same time, 15% of adults in Indiana reported having 14 or more days of poor mental health per month; with Grant and Marion counties having an equal or higher rate. Recalling a previously used quality of life ranking, when it comes to quality of life, Grant County has the lowest ranking of 90 out of 92.

**TABLE 9.2A: Mentally Unhealthy Days and % of Adults reporting Poor Mental Health Compared to Quality of Life State Ranking**

	Average # of Mentally Unhealthy days in past 30 days	% of Adults reporting 14+ days of Poor Mental Health per Month	Quality of Life (State Ranking)
Indiana	4.7	15%	NA
Boone	4.0	12%	2
Grant	4.9	17%	90
Hamilton	3.9	12%	1
Madison	5.1	14%	85
Marion	4.9	15%	82

With regards to suicide, Indiana (14.6%) has a slightly higher rate of suicide than the national average (14.5%) per the [America’s Health Rankings by United Health Foundation](#). Over the past 10 years, Indiana has exceeded the national average with a wider gap on an upward trend, however, the national average has been trending more severely upward. The CDC reported for the deaths in 2019, suicide supercedes opioid overdoses, with 1-in-88 odds of dying by suicide in the US.

### 9.3. Obesity

Based on the [County Health and Rankings & Roadmaps](#), the average percentage of the population over 18 with obesity in Indiana has grown by two percentage points since the last Community Needs Assessment completed by Aspire Indiana Health (AIH) in 2017. The disparity of rates within the AIH service area also rose from 12% to 14%. So, not only is this a growing problem for the overall population, but AIH, again, shows increased diversity of levels of need within the service counties. (See Table 9.3A)

Grant and Madison counties are the most impacted areas served by AIH, in regards to obesity. In addition to rates of obesity, they share similarities in reporting the highest rates of physical inactivity and diabetes; higher rates of limited access to healthy food; and lowest rates of access to exercise opportunities.

**TABLE 9.3A : Rates of Obesity and Related Factors**

	Adult obesity	Physical Inactivity	Diabetes Prevalence	Limited Access of Healthy Foods	Access to Exercise Opportunity
Indiana	34%	27%	12%	7%	75%
Boone	27%	21%	8%	1%	77%
Grant	37%	32%	16%	8%	64%
Hamilton	26%	17%	8%	4%	91%
Madison	40%	32%	19%	10%	71%
Marion	33%	27%	12%	9%	89%

### 9.4. Access to Care

Three out of the five counties Aspire Indiana Health (AIH) services exceed the Indiana state average of preventable hospital stays (also called Ambulatory Care Sensitive Conditions (ACSC)) (See Table 9.4A). When compared to the rest of the US in 2021, America’s Health Ranking ranks Indiana as 42 out of 50. In addition, the CDC reports that the odds of dying from a preventable death is 1-in-24. The cause of this gap may be access to care.

**TABLE 9.4A : Preventable Hospital Stays in Aspire Indiana Service Area**

	Preventable Hospital Stays
Indiana	4,795
Boone	3,542
Grant	5,857
Hamilton	3,033
Madison	5,107
Marion	4,873

One barrier for access is a lack of insurance that keeps individuals from seeking healthcare. [County Health and Rankings & Roadmaps](#) reported Indiana averages at 10% of the population being uninsured; with Madison and Marion counties exceeding this rate. However, most concerning is that

Marion county surpasses the state average overall in adult and children populations. America’s Health Rankings placed Indiana at 29th out of 50 US states. It should be noted that one side effect of COVID-19 was layoffs, which would have impacted insurance for the AIH population. At best, a lack of insurance while unemployed would have delayed medical visits until new employment and/or insurance was obtained.

**TABLE 9.4B : Uninsured Rates in Service Area**

	Uninsured	Uninsured Adults	Uninsured Children
Indiana	10%	11%	7%
Boone	7%	8%	5%
Grant	9%	10%	5%
Hamilton	5%	6%	4%
Madison	12%	10%	5%
Marion	13%	14%	8%

In addition to lack of insurance, there are provider shortages throughout the AIH service area for both Primary Care Physicians (PCP) and Mental Health Care Providers (MHCP) (see Table 9.4C). Grant and Madison counties have the highest disparity for PCP; and Grant, Hamilton, and Madison counties exceed the state average for other primary care providers (NP, PA, nurses, etc). Meanwhile, Boone, Hamilton and Madison counties have the highest disparities for MHCP. On the national perspective, Indiana ranks 34 out of 50 in regards to PCP and 43 out of 50 in regards to MHCP. Staff shortages can lead to less appointment availability and inconvenient office hours.

**TABLE 9.4C: Ratios for Primary Care Physicians and Mental Health Care Providers to County Population**

	Primary Care Physicians Ratio	Other Primary Care Providers	Mental Health Care Provider Ratio
Indiana	1500:1	990:1	590:1
Boone	470:1	960:1	880:1
Grant	2350:1	1030:1	390:1
Hamilton	690:1	1220:1	670:1
Madison	2090:1	1170:1	740:1
Marion	1210:1	620:1	330:1

Cost is another barrier to healthcare. The Rand Institute [published findings](#) that Indiana was among the 6 highest states in regards to relative healthcare costs, which are 250 to 350+ of Medicare rates in 2017. [IndyStar](#) reported Indiana lawmakers were targeting healthcare costs; which highlights the issue, however also shows progress may be made in the near future.

**9.5. Social Drivers of Health**

A few social drivers of health are the poverty rate and disparities based on race and ethnicity (Table 9.5A) Based on data from [County Health and Rankings & Roadmap](#), the Aspire Indiana Health (AIH) service area includes three (Grant, Madison, and Marion) counties that are above the state poverty

rate. While the rates for the AIH population who identify as White only are closely related to the overall county poverty rates, there are disparities when it comes to race and ethnicity of those identifying as African American/Black and Hispanic. Given previous discussion on cost effects to access, it can be extrapolated to assume cost would be a greater barrier to those in poverty, which would account for a larger portion of those who identify as African American/Black or Hispanic.

**TABLE 9.5A: Poverty Rates by Race and Ethnicity**

	Overall	White	African American or Black	Hispanic
Indiana	11.6%	11.8%	30.9%	27.1%
Boone	5.2%	5.9%	29.6%	4.3%
Grant	17.0%	16.7%	35.9%	35.8%
Hamilton	4.2%	4.3%	11.8%	15.4%
Madison	12.1%	14.6%	31.8%	31.2%
Marion	14.1%	13.5	28.7%	37.6%

This disparity based on race goes beyond poverty and into health outcomes. Table 9.5B shows some examples of outcomes based on the [Common Wealth Fund 2021 Scorecard](#) in Indiana.

**TABLE 9.5B Disparity in Health Outcomes based on Race/Ethnicity**

	Black	Hispanic	White
Adults who are Obese (%)	41%	40%	37%
Infant Mortality (per 1,000 live births)	13	6	6
Breast Cancer Deaths (per 100,000female population)	27	13	20

Indiana ranks 35 out of 50 in regards to food insecurity (based on the American Health Rankings), with 13% of the population experiencing food insecurity (County Health Rankings and Roadmaps). Within the AIH service area, Grant, Madison, and Marion counties all surpassed the state average in this regard and when it comes to access to healthy foods. (See Table 9.5C)

**Table 9.5C Rates Food Insecurity and Limited Access to Healthy Food**

	Food Insecurity	Limited Access of Healthy Foods
Indiana	13%	7%
Boone	9%	1%
Grant	16%	8%
Hamilton	8%	4%
Madison	15%	10%
Marion	15%	9%

An additional social driver of health is having a stable and affordable place to live. If safe and secure housing becomes an obstacle, people are less likely to live in a healthy environment or seek healthcare. Regarding safety, while Indiana averages at 385 reported violent crimes per 100,000 population (ranking 27 in the US), all but one AIH county fall below this average. Generally, this could be viewed as a nonissue for the AIH service area population, however Marion County exceeds the state average at 11,459 reported violent crimes per 100,000 population.

According to the [County Health and Rankings & Roadmaps](#), 11% of Indiana households have a severe housing cost burden; with Madison and Marion exceeding this percentage from 2015-2019 (See Table 8.5C). "Severe Housing Cost Burden" is defined as "households that spend 50% or more of their household income on housing". In a 2021 Point in Time (PIT) report by the Indiana Housing and Community Development Authority, 2,343 households experienced homelessness (sheltered and unsheltered) and accounted for 3,029 individuals. This PIT report is a single day count on a date in January in Indiana.

**TABLE 9.5C: Comparison of Severe Cost Burden**

	% Households with Severe Cost Burden
Indiana	11%
Boone	8%
Grant	11%
Hamilton	8%
Madison	12%
Marion	16%

The final social driver to address is transportation. According to the 2020 US census, 2.76% of Hoosiers 16 years and older do not have access to at least one vehicle. Within the AIH service areas, Grant is the only county over this state rate, at 2.93% of Grant County citizens not having access to a vehicle (See Table 9.5D). While this is a low rate of the population, it should be noted that [The Center for Neighborhood Technology's Housing and Transportation Affordability Index](#) gave the public transportation options in all but Marion County a rate of 0 - indicating that these counties are "Car-dependent with very limited or no access to public transportation". Even though Marion County outdoes the other counties, it is rated as 3.9, which means "Car-dependent with limited access to public transportation". In other words, within the AIH service area, if there is no access to a vehicle (or drivers license), there is a lack of transportation options; including, but not limited to, transportation to health-related services.

**TABLE 9.5D Vehicle Access & Public Transit Performance Score**

	No vehicle	Transit Performance Score
Indiana	2.76%	
Boone	2.70%	0
Grant	2.93%	0
Hamilton	1.35%	0
Madison	2.14%	0
Marion	2.63%	3.9

## 10. ADDRESSING HEALTH ISSUES

### 10.1. Scope of Services

Aspire Indiana Health (AIH) is an Integrated Care Entity that addresses complex health needs through merging behavioral health, primary care and services to address social drivers of health. AIH provides dozens of service lines to support the health and wellbeing of people served. Services are patient centered, designed and delivered to holistically support the physical, emotional, financial, vocational, community, environmental, and spiritual wellbeing of the people we serve.

#### **Wellness and Prevention**

AIH provides wellness and prevention services through participation in screening for mental or physical health conditions at public health fairs, safe touch and sex trafficking educational programs through our KidsTalk program, and education and wellness to those at risk of HIV and AIDS. Disease prevention care gap monitoring is a component of the medical encounters and prevention of more severe disease states are also a focus of our care. We provide wellness visits through our primary care providers. Social Drivers of Health services (described below) also serve to prevent the development or exacerbation of medical or behavioral health conditions.

#### **Acute and Chronic Physical Illness Care**

Acute and Chronic Illness care at AIH provides ongoing primary care treatment services to ensure our patients receive the immediate and ongoing care they need for their health concerns and chronic conditions. Integration of behavioral health and social drivers of health services occurs during these visits.

#### **Behavioral Health Treatment Services**

AIH is the designated Community Mental Health Center in Boone, Hamilton, and Madison counties and portions of Marion county .We provide a continuum of mental health and substance use disorder treatment services for adults and youth including: Individual, group and family counseling; psychiatric medication evaluation; consultation and treatment (including medication assisted treatment (MAT) for substance use disorders; and behavioral health consultation services within our primary care service delivery.

These services are provided within an integrated care model where primary care, behavioral health, and services to address social drivers of health providers work together to provide comprehensive care.

#### **Social Drivers of Health Services**

A large component of AIH's well-being effort include services to address social factors that contribute to wellbeing through teams which offer housing services and legal service assistance to everyone we serve; as well as, supported employment for people with mental illness, and social security disability payee services. These services are provided directly or in partnership with various partners such as vocational rehabilitation, the Department of Housing and Urban Development (HUD), city/county governments, grants, etc., and are designed in an integrated manner within a team approach to behavioral health and primary care providers.

#### **Infectious Disease Management**

Our Infectious Disease Management services provide housing and treatment options for individuals living with or at high risk of HIV/AIDS and Hepatitis C. This team also provides non-medical case management for HIV and PrEP clients. Our Harm Reduction programs offer needle exchange, treatment engagement, and education for IV drug uses.

## **Crisis Services**

AIH provides 24 hour crisis services to patients with Serious Mental Illness (SMI) and Substance Use Disorders (SUD), as well as to members of the communities we serve. AIH is expanding its crisis services into a mobile crisis service, which includes a telehealth component for contact with our crisis team. Like most medical clinics, our primary care services also provide 24 hour emergency services for patients who receive their services from AIH.

## **Home/Community/School Based Services**

AIH provides licensed social workers, care coordinators, and life skills trainers to provide psychiatric rehabilitation care within the community, including schools, as well as to provide care to address concerns with child abuse and neglect, and engage with clients who require services outside of the office. We provide high fidelity child/family wraparound services.

## **Supported Group Living for Adults with Mental Illness**

AIH provides psychiatric rehabilitation and medical services through May House, Hartung, Hudson and Questend houses. Individuals who take part in supported group living receive medical care, behavioral health services, social drivers of health services, and structured living arrangements.

## **Whole Health Residential Recovery Services For Substance Use Disorders**

AIH provides a continuum of residential recovery services for people suffering from substance use disorders (SUD). These include licensed and accredited ASAM level 3.5 and 3.1 residential services for adult men, as well as certified and accredited recovery residences. Primary care services are provided at these locations and integrate medical care into the SUD treatment and programming and the services to address social drivers of health available to these residents.

## **Deaf Services**

AIH is the designated provider for behavioral health services to the Deaf community across Indiana, via a contract with the Indiana Division of Mental Health and Addiction. Deaf individuals may receive the fully integrated primary care and social drivers of health service, as well. Behavioral health Services are provided by trained deaf staff or hearing people who have been immersed in the deaf culture. Additionally, interpreter and translation services are available at all of our locations through interpreters based out of our Marion County - Washington Township location. Deaf services also utilize telehealth to ensure their interpretive services are immediately accessible.

## **Support Services for Veterans and Families**

AIH provides support services for veterans and families through a multi-agency partnership. Veterans and/or their families are provided assistance with employment, housing, short-term living needs, such as food or clothing, as well as coordinated access to social services, medical care and behavioral health care.

## **Work Incentives Planning and Assistance**

Through a grant from Social Security, AIH provides individualized planning and assistance to people receiving Social Security Disability or supplemental security income. This assists the person to determine the effect employment earnings will have on their benefits and identify resources in their pursuit of employment goals.

## **10.2. Sliding Fee Scale**

Aspire Indiana Health (AIH) accepts Medicare, Medicaid, and Private Insurance. However, in the instance that an individual is uninsured and on a restricted income, AIH offers a sliding fee schedule

with the potential of reducing the standard charge to a flat nominal fee as low as \$10 per visit, depending on the household income. Discounts begin at 200% of the Federal Poverty Limit. AIH does not refuse services based upon an individual's ability to pay.

### 10.3. 340B/Prescription Assistance

Aspire Indiana Health (AIH) is part of the 340B drug program and is able to provide improved access to medications. Rebates identified from this program are used to provide additional clinical services needed for the communities we serve.

### 10.4. Multiple Locations

Aspire Indiana Health (AIH) has 12 facilities throughout Boone, Grant, Hamilton, Madison, and Marion County. Integrated behavioral health, primary care, and services to address social drivers of health are offered at all locations through medical staff, licensed therapists, and trained service providers. In addition, and not listed here, AIH also provides 50 beds of structured group living (SGL) within 4 homes. We have capacity for 127 residents among 6 apartment settings with occupancy targeted toward those with behavioral health needs or disability.

#### Madison County

Chase Street	1933 Chase Street, Anderson, IN 46016
DeHaven Health Center	2020 Brown St, Anderson, IN 46016
Elwood Health Center	10731 SR 13, Elwood, IN 46036
Hoak Health Center	2009 Brown Street, Anderson, IN 46016
Mockingbird Hill Recovery Center	4038 Ridgeview Drive, Anderson, IN 46013
Ward Building	215 West 19th Street, Anderson, IN 46016

#### Grant County

Madison-Grant Health Center	11640 S E 00 W, Fairmount, IN 4692
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#### Boone County

Lebanon Health Center	1600 W. Main Street, Lebanon, IN 46052
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#### Hamilton County

Carmel Health Center	697 Pro-Med Lane, Carmel, IN 46032
Noblesville Health Center	17840 Cumberland Rd., Noblesville, IN 46060

**Marion County**

Indianapolis Health Center  
& Deaf Services

2506 Willowbrook, Parkway, Ste 300, Indianapolis, IN 46205

Progress House

201 Shelby Street, Indianapolis, IN 46202

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*Approved by Aspire Indiana Health, Inc. Board: March 23, 2022*