Franciscan
ST. FRANCIS HEALTH
Carmel • Indianapolis • Mooresville



Community Health Implementation Plan--Indianapolis

Franciscan St. Francis Health-Indianapolis

2016-2018

Community Health Improvement Plan

CONTENTS

Community Health Improvement Plan 2

Executive Summary of CHNA 3

Franciscan St. Francis Health-Indianapolis 4

Top Health Needs and FSFH-Indianapolis Selections 5

Approach and Methodology 6

Principles and Methodology 6

Intervention Design 7

Evidence Base 8

Evaluation 8

Documentation 9

Implementation Plans 9

2013-2016 Results 9

2016-2018 Implementation Plan 10

Executive Summary of CHNA

The Community Health Needs Assessment (CHNA) is designed to provide an understanding of the current health status and needs of the residents in the communities served by Franciscan St. Francis Health-Indianapolis (FSFH-Indianapolis). This report meets the current Internal Revenue Service's requirement for tax-exempt hospitals, which is based on the Patient Protection and Affordable Care Act of 2010. More importantly, this document assists FSFH-INDIANAPOLIS in providing essential services to those most in need. Based on the findings in this report, FSFH-INDIANAPOLIS will develop a three year strategic plan on meeting community health needs as capacity and resources allow.

This report focuses on Marion and Johnson Counties, which is the geographical location of a majority of FSFH-Indianapolis' patients. Also, it focuses on the south side of Marion County and Northern Johnson County. In many ways, these two counties are drastically different. Marion County's socio-economic ranking is 92, out of 92 counties, whereas Johnson County ranks seventh. As the most populated county in Indiana and home to Indianapolis, Marion County is quite diverse in all demographic traits.

Marion County overall is ranked as the 89th county in terms of good health. Clinical care is readily available for those with insurance and the ability to pay co-pays, as 16 hospitals are located within the county including an academic medical health care center, a Veteran's Administration hospital, and specialty hospitals. The public hospital has the highest market share. However, poverty levels and crime run high; the built environment is lacking; unemployment is high; and almost half of those aged 0-17 have Medicaid. Throughout the county, suicide, substance abuse, mental health issues, obesity, and cardiovascular diseases are the most frequently reported health issues in primary and secondary data.

In Marion County, two special populations in the southern portion must be recognized. First, over 14,000 Burmese refugees live in 46227 and less than five miles from FSFH-Indianapolis. Based on collected data, there are several pressing health issues for this community. Difficulty securing full-time employment leads to high poverty, lower access to health care, and food insecurity. Cultural differences provide language barriers, lack of understanding of child care expectations, and difficulty understanding the US health system. In this fairly young population, substance abuse (primarily alcohol), domestic violence, and mental health issues are quite common, yet many Burmese Americans will not discuss these issues.

Second, the Near East Side neighborhood has recently become a federally designated Promise Zone. Because of the placement of our parish nurse program, the southern end of this neighborhood, within the zip code 46201, is also important. This neighborhood has a large transient Hispanic population. The area has a very high rate of poverty, poor housing, lack of access to nutritious food, and public safety challenges. Residents of this area have particularly high rates of alcoholism, diabetes, substance abuse, depression, and suicide across all ages.

Johnson County fairs much better, with most social determinants ranking in the top 15 of counties in Indiana, with the exception of food insecurity. The built environment is lacking and physical activity is a bit low, possibly contributing to high rates of child obesity, diabetes, and cardiovascular diseases. In addition, substance abuse, primarily alcohol, is prevalent. Smoking rates are slightly below the state average, but respiratory and lung conditions are higher than average. Suicide and substance abuse were frequently mentioned as a top concern in the survey and key informant interviews.

Because Indiana is a home rule state, data by zip code is difficult to obtain. Through available data and a focus group, several commonalities of Southern Marion and Northern Johnson counties were discovered. Breathing issues, such as

COPD and asthma, are higher due to the type of manufacturing in this area. Obesity, diabetes, a trend towards e-cigarettes, substance abuse (primarily heroine), and transportation difficulties are common. Lack of community engagement, family wellness programs, mental health providers, and health literacy complicate the whole health of residents.

Franciscan St. Francis Health-Indianapolis

A trusted leader in providing faith-based, integrated health care, FSFH-Indianapolis is a full-service, acute-care medical center. Founded in 1914, FSFH-Indianapolis provides nationally recognized heart, vascular, cancer and orthopedic care. The hospital is Indianapolis' only Distinguished Hospital three years running by Health Grades and has been ranked Top 5% in the nation for overall clinical excellence and patient care for the third consecutive year. FSFH was ranked by U.S. News & World Report as being fifth overall in Indiana and high-performing in gastroenterology and gastroenterology surgery, geriatrics, gynecology, nephrology, neurology and neurosurgery and pulmonology.

FSFH-Indianapolis is a member of the Mishawaka, Indiana-based Franciscan Alliance, one of the largest Catholic health care systems in the Midwest with 14 growing hospitals, approximately 20,000 employees and a number of nationally recognized Centers of Health Care Excellence.

FSFH-Indianapolis is located in southern Marion County, 8111 South Emerson Ave, Indianapolis, IN. The President and CEO is Dr. James Callaghan, who succeeded Robert J. Brody on July 1, 2015. This hospital is one of three Franciscan Alliance hospitals in Central Indiana that work collaboratively. The Central Indiana Region statistics include:

Licensed Bed Capacity	416—Indianapolis 98—Mooresville 6—Carmel
Average Annual Inpatient Admissions	21,000
Annual Outpatient Visits	1,546,913
Annual Emergency Department Visits	101,822
Annual Surgical Procedures	23,460
Births (Indianapolis and Mooresville)	2,491
Employees	4,007
Volunteers	572
Total Physicians (includes Franciscan Physician Network and affiliated doctors)	1,339
Average length of patient stay	4.5 days
Franciscan Visiting Nurse Service Employees	300
Franciscan Immediate Care Centers Physicians	25

FSFH-Indianapolis Services Include:

- Cancer Care
- Clinical Trials
- Family Doctor
- Heart & Vascular
- Imaging
- Immediate Care Center
- Joint & Spine Care
- Laboratory Services
- Mammography
- Women's Health/ObGyn

- Orthopedics
- Outpatient Services
- Primary Care Physicians
- Rehabilitation Services
- Sleep Disorders
- Sports Medicine
- Surgical Services
- Urgent Care
- Visiting Nurse Service

The FSFH-Indianapolis mission is To Continue Christ's Ministry in our Franciscan Tradition. Values include:

Respect for Life
The gift of life is so valued that each person is cared for with such joy, respect, dignity, fairness and compassion that he or she is consciously aware of being loved.

Fidelity to Our Mission
Loyalty to and pride in the health care facility are exemplified by members of the health care family through their joy and respect in empathetically ministering to patients, visitors and co-workers.

Compassionate Concern
In openness and concern for the welfare of the patients, especially the aged, the poor and the disabled, the staff works with select associations and organizations to provide a continuum of care commensurate with the individual's needs.

Joyful Service
The witness of Franciscan presence throughout the institution encompasses, but is not limited to, joyful availability, compassionate, respectful care and dynamic stewardship in the service of the Church.

Christian Stewardship
Christian stewardship is evidenced by just and fair allocation of human, spiritual, physical and financial resources in a manner respectful of the individual, responsive to the needs of society, and consistent with Church teachings.

Top Health Needs and FSFH-Indianapolis Selections

Based on the CHNA, several priority health needs, including social determinants of health, were identified. Per IRS guidelines, the table below provides a list of the priority needs, which needs FSFH-Indianapolis will commit to working on, and justification of why the other needs were not selected. Selection of priority health needs was based on the magnitude, impact, feasibility, cost, and partnerships.

Health Need	Description	FSFH-Indiana-polis Priority?	Justification/Explanation
Food Insecurity	Food insecurity is evident in the urban centers of Marion County and within the rural communities in Johnson County.	Indirectly	Food insecurity is a priority health issues amongst the government, health systems, and service providers in Marion County. FSFH-Indianapolis will collaborate when possible. Financial literacy, shopping, and healthy food choices will be addressed in the 'physical activity and nutrition'

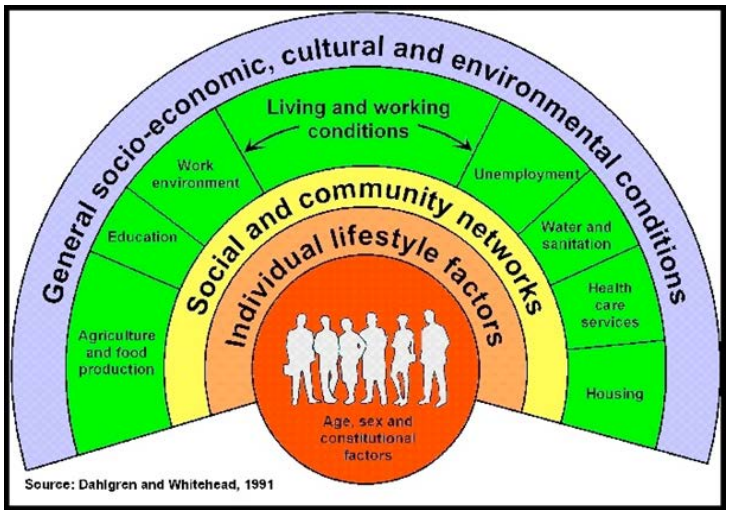
			priority area.
Poverty	Poverty is a concern and disparities are apparent throughout the county.	No	FSFH -Indianapolis does not have the financial or personnel resources to address this issue.
Access to Health Care	Survey responses and key leader focus groups identified cost of co-pays, medication expenses, transportation, and related costs are challenges throughout the county.	Yes	An existing medication assistance program will be improved and broadened.
Substance Abuse (illegal drugs, prescription abuse, and alcohol)	Par for a majority of Indiana counties, all types of substance abuse are at a dangerous level.	No	FSFH-Indianapolis behavioral health staff do not have the resources to adequately address substance abuse as a community health issue. However, as the state government and other safety net programs address this issue, FSFH-Indianapolis will participate to the fullest extent possible.
Chronic Disease	Incident rates of heart disease, diabetes, obesity, arthritis, and cancer are average or above the state average.	Yes	A common cause of chronic disease is the lack of physical activity. Instead of focusing on one disease, FSFH--Indianapolis will focus on engaging more individuals in physical activity and proper nutrition to assist with prevention and management of chronic disease.
Suicide	Suicide rates are high throughout Indiana.	Yes	FSFH-Indianapolis will provide training related to suicide prevention to health and service professionals in the communities it serves.
Lung Cancer/Tobacco Use/Asthma	Tobacco use rates are highest. The County does have average air quality.	Not as a priority	FSFH-Indianapolis does have a tobacco cessation program and works with the Indiana State Health Department on state-wide efforts. However, this has not been selected as a priority program.
Stress and Depression	Survey results show stress and depression is a concern for residents.	Indirectly	Stress management, depression, and anxiety education will be included in physical activity and nutrition programming.

Approach and Methodology

Principles and Methodology

In determining community health interventions for the selected priority health needs, health equity, sustainability, and consideration of the social determinants of health are key priniciples. While most interventions focus on the individual lifestyle factors, knowledge, skills, and behaviors, consideration of the cultural and environmental contexts are just as important. FSFH-Indianapolis acknowledges that true change comes with major shifts in all areas. Therefore, while this report documents interventions that are mostly at the individual efforts, participating in collective impact is also vital.

The models below represent the need for multiple interventions:



Social Determinants of Health

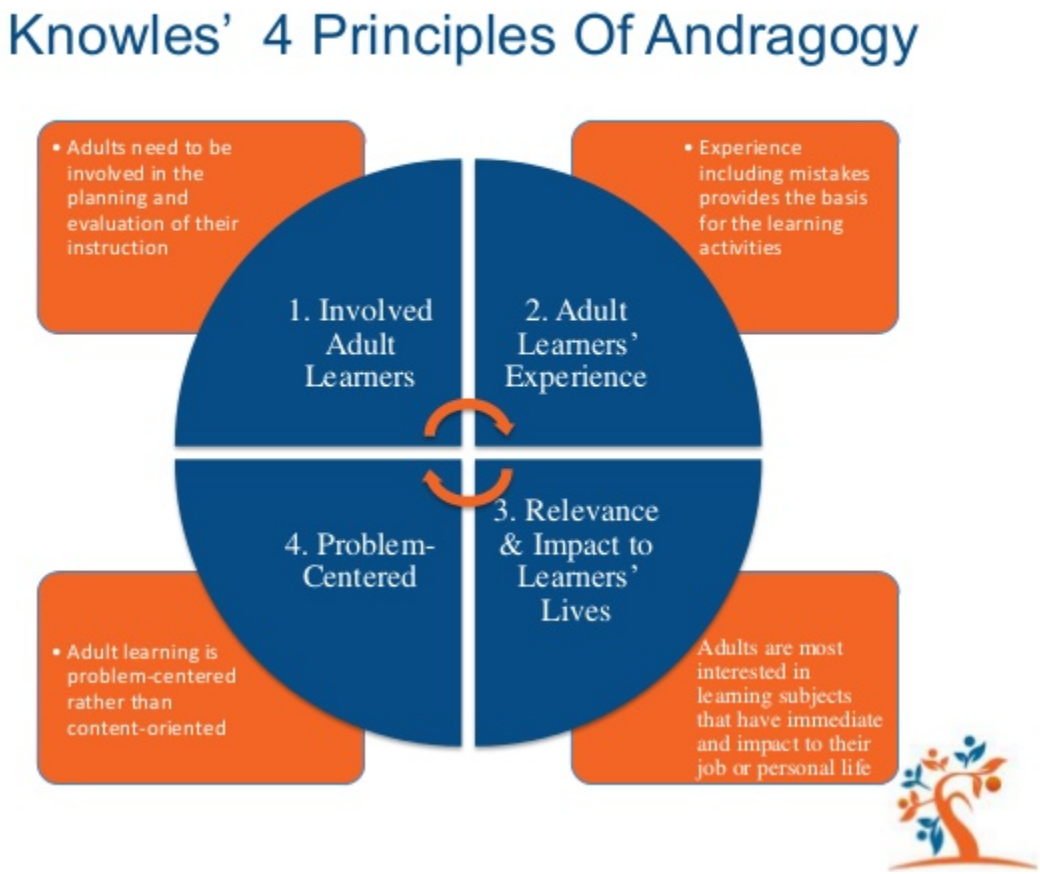


Socio-Ecological Model

FSFH-Indianapolis contributes to the broader societal change by co-hosting the Healthy Southside Initiative, with the Baxter Branch of the YMCA of Greater Indianapolis and Community Health-South and through participation in the Partnership for Healthy Johnson County. With all major health systems represented and inclusion of social service agencies, the Initiative and Partnership allows for FSFH-Indianapolis to move beyond the individual intervention level.

Intervention Design

Interventions implemented by FSFH-Indianapolis are person-centered and designed to create lasting change. Malcolm Knowles' Principles of Andragogy provides the frame work (image courtesy of eLearning Industry):



While this model is based on educational programming, it applies to all types of interventions. For example, in the provision of clinical care or medication assistance, participants not only receive the care or medication, they also learn to better manage their own health or access components of the health system or assistance program. Reflection, teach-back, and communication techniques are utilized to empower the participant to move beyond a one-time interaction or assistance.

Evidence Base

FSFH-Indianapolis uses evidence-based practices in planning interventions whenever possible, as these programs have been thoroughly tested and proven efficacy. When evidence-based programs are not available, best practices and documented research guides the development and implementation of the intervention.

Evaluation

Implementation activities presented in this document will be evaluated to the fullest extent. Using Kirkpatrick's model as a guide, evaluation of not only the program, but its impact and results will be reviewed. This process allows for changes to be made to improve the program on an ongoing basis. While it can be difficult to determine the exact cause of individual behavior change, biometrics, post-follow up surveys, and other methods will be used to capture

qualitative and quantitative data. The model below (image courtesy of LeanLearn) notes the type of evaluation that will be used:



Documentation

Documentation of interventions, including financial resources, supplies, staff time, and individuals served, will be collected internally through CBISA Plus, a software product of Lyons Software. Annually, results will be published in an external document housed on the hospital's website.

Implementation Plans

2013-2016 Results

In the 2013-2016 cycle, FSFH-Indianapolis had several priority areas. When the implementation plan was written, FSFH-Indianapolis had more staff and financial resources. However, as economic changes occurred, a lack of resources to made it challenging adequately accomplish the goals set forth in the first implementation plan. The following table reviews the previous priority areas, results, and future efforts:

Priority	Results	Continuation?	Future Efforts
Alignment with Community	The goal of enhancing partnerships, especially within ACO activities, has	Indirectly	Most of the future programming is in partnership with organizations and other health systems. It is not

Partners	been met.		necessary for this to be a specific goal.
Breast Cancer	Breast cancer education and mammography events did meet the goals with very positive results.	Not as a priority	The activities of this priority will continue, but will not be listed as a priority area.
Tobacco Use	The stated goal is related to decreasing lung cancer rates and promotion of tobacco cessation programs.	No	FSFH-Indianapolis will continue to promote tobacco cessation programs to patients.
Diabetes Education	This goal has been met.	Indirectly	While diabetes specifically is not included in the implementation plan, a comprehensive physical activity and nutrition program will address the root cause of prediabetes and poor diabetes management.
Cardiovascular Health	Comprehensive educational programs were offered with survey results indicating an above-average transfer of learning. The goal in this area also included an increase in screening, implementation of best clinical practices, weight loss, and diabetes prevention.	Yes and No	While cardiovascular health specifically is not included in the implementation plan, a comprehensive physical activity and nutrition program will address the root cause of many cardiovascular conditions.

2016-2018 Implementation Plan

Three priority areas have been identified for the 2016-2018 timeframe—physical activity and nutrition; medication assistance; and suicide prevention. A comprehensive wellness program focused on physical activity and nutrition will take an interdisciplinary approach to wellness, disease prevention, and disease management. To address access to health care challenges, a medication assistance program will be improved and expanded.

It should be noted that two priority areas are developmental in 2016—physical activity and nutrition and medication assistance. Much of the activity will center on the development of sustainable programs. Because details are not complete, additional actions will be added to the strategic plans.

The following plans document the anticipated activities and outcomes.

Date Created: 1/22/2016					Date Updated:	1/22/2016
PRIORITY AREA: Access to Health Care-Medication Assist						
Goal:	To provide medication assistance to 250 individuals between 2016-2018.					
HP 2020 Alignment:	Access to Health Services					
Other Alignment:	Indiana Patient Safety Coalition					
Comments:						

PERFORMANCE MEASURES How will we know that we're making a difference?			
	Indicator	Source	Frequency
Short Term:	Number of prescriptions Number of individuals linked to prescription plans or insurance post-assistance	Program Coordinator	As scheduled
Intermediate Term:	Increase in medication adherence	Three month interval follow up	Annual
Long Term:	Increase in number of individuals reporting access to medication	Tri-Annual Survey	Every 3 years

2016

OBJECTIVES	
Objective #1: **DEVELOPMENTAL**	Develop a robust patient assistance program, through the outpatient pharmacy and links to free clinics
Evidence Base:	Best practices via HP 2020; Good News, St. Thomas, and Trinity Recommendations

ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Develop interdepartmental committee to design intervention	3/15/2016	N/A	Developing	Team Development	Free clinics	
Internal infrastructure to support program	6/1/2016	Materials	Committee	Procedures	N/A	
Pilot program, serving 50 individuals	6/1-11/31/2016	Materials	Committee	Prescription coverage	N/A	
Adjust internal processes	12/31/2016	Materials	Committee	Procedures	N/A	

2017

OBJECTIVES	
Objective #1:	Provide prescription assistance for 100 individuals
Evidence Base:	Best practices via HP 2020; Good News, St. Thomas, and Trinity Recommendations

ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Provide gap prescriptions for 100 individuals	1/1-12/31/2017	Materials	Committee; Marketing; Community Benefit	Prescription coverage	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Community Benefit	Results	N/A	

2018

OBJECTIVES	
Objective #1:	Provide prescription assistance for 100 individuals
Evidence Base:	Best practices via HP 2020; Good News, St. Thomas, and Trinity Recommendations

ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Provide gap prescriptions for 100 individuals	1/1-12/31/2018	Materials	Committee; Marketing; Community Benefit	Prescription coverage	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Community Benefit	Results	N/A	

PRIORITY AREA: Physical Activity and Nutrition	
Goal:	To improve the number of adults meeting physical activity and nutrition benchmarks by 10% by 2018.
HP 2020 Alignment:	Physical Activity; Nutrition and Weight Status
Other Alignment:	Healthy Southside Initiative
Comments:	

PERFORMANCE MEASURES
How will we know that we're making a difference?

	Indicator	Source	Frequency
Short Term:	Attendance at programs Satisfaction Survey	Program Coordiantor	As scheduled
Intermediate Term:	Individual behavior change Decrease in diagnosis of overweight; obesity	Three month interval follow up Indiana Hospital Association data	Annual
Long Term:	Increase in number of adults reporting improved physical activity Decrease in number of poor health days	HCI/CDC/BRFSS data Tri-Annual Survey	As reported Every 3 years

2016

OBJECTIVES	
Objective #1: DEVELOPMENTAL	Develop a wellness program focused on physical activity, nutrition, and emotional health; pilot program for 40 people
Evidence Base:	Best practices via HP 2020, No Kid Hungry, American Diabetes Association, American Heart Association, YMCA

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Develop interdepartmental committee to design intervention.	3/15/2016	N/A	Developing	Team Development	ADA, AHA	
Design curriculum and support materials	9/1/2016	Materials	Committee	Curiculum	N/A	
Pilot curriculum	10/1-12/31/2016	Materials	Committee	Trained participants	N/A	
Adjust curriculum and support materials	12/31/2016	Materials	Committee	Curiculum	N/A	

2017

OBJECTIVES	
Objective #1:	Provide new program for 200 people
Evidence Base:	Best practices via HP 2020, No Kid Hungry, American Diabetes Association, American Heart Association, YMCA

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hold program continuously	1/1-12/31/2017	Materials	Committee; Marketing; Community Benefit	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Community Benefit; program coordinator	Results	N/A	

2018						
OBJECTIVES						
Objective #1:	Provide new program for 200 people					
Evidence Base:	Best practices via HP 2020, No Kid Hungry, American Diabetes Association, American Heart Association, YMCA					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hold program continuously	1/1-12/31/2018	Materials	Committee; Marketing; Community Benefit	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Community Benefit; program coordinator	Results	N/A	

PRIORITY AREA: Suicide Prevention	
Goal:	To reduce the number of suicide attempts and completions in Marion and Johnson Counties by 10%.
HP 2020 Alignment:	Mental Health and Mental Disorders
Other Alignment:	Healthy Southside Initiative; Partnership for Healthy Johnson County
Comments:	

PERFORMANCE MEASURES
How will we know that we're making a difference?

	Indicator	Source	Frequency
Short Term:	Attendance at educational programs Satisfaction Survey	Program Coordinator	As scheduled
Intermediate Term:	Participant feedback and response Decrease in ED visits for suicide attempt	Three month interval follow up Indiana Hospital Association data	Annual;
Long Term:	Decrease in suicide attempts and completions	HCI/CDC data Tri-Annual Survey	As reported Every 3 years

2016

OBJECTIVES	
Objective #1:	Provide QPR training for 50 people
Evidence Base:	QPR Institute; SAMHSA

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hire public health or behavioral health student to design tracking mechanisms and schedule logistics	5/1/2016	Student	Community Benefit	Tracking program	N/A	
Hold two QPR trainings	8/1-12/31/2016	Materials	Behavioral Health; Marketing	Trained participants	N/A	
Develop trainer network (10) and support materials	8/1/2016	Trainers	Behavioral Health; Marketing	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Behavioral Health; Community Benefit	Results	N/A	

OBJECTIVES	
Objective #2:	Provide Mental Health First Aid training for 50 people
Evidence Base:	SAMHSA

ACTION PLAN

Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hire public health or behavioral health student to design tracking mechanisms and schedule logistics	5/1/2016	Student	Community Benefit	Tracking program	N/A	
Hold two Mental Health First Aid trainings	8/1-12/31/2016	Materials	Behavioral Health; Marketing	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Behavioral Health; Community Benefit	Results	N/A	

2017

OBJECTIVES						
Objective #1:	Provide QPR training for 150 people					
Evidence Base:	QPR Institute; SAMHSA					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hold four QPR trainings	1/1-12/31/2017	Materials	Behavioral Health; Marketing	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Behavioral Health; Community Benefit	Results	N/A	
OBJECTIVES						
Objective #2:	Provide Mental Health First Aid training for 150 people					
Evidence Base:	SAMHSA					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hold three Mental Health First Aid trainings	1/1-12/31/2017	Materials	Behavioral Health; Marketing	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Behavioral Health; Community Benefit	Results	N/A	

2018

OBJECTIVES						
Objective #1:	Provide QPR training for 100 people					
Evidence Base:	QPR Institute; SAMHSA					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hold four QPR trainings	1/1-12/31/2018	Materials	Behavioral Health; Marketing	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Behavioral Health; Community Benefit	Results	N/A	
OBJECTIVES						
Objective #2:	Provide Mental Health First Aid training for 100 people					
Evidence Base:	SAMHSA					
ACTION PLAN						
Action	*Target Date*	*Resources Needed*	*Team*	*Anticipated Product/Result*	*External Partners*	*Progress Notes*
Hold three Mental Health First Aid trainings	1/1-12/31/2018	Materials	Behavioral Health; Marketing	Trained participants	N/A	
Follow participants for feedback; tracking	Continuous	Survey	Behavioral Health; Community Benefit	Results	N/A	