



**Indiana University Health Bedford Hospital
Community Health Needs Assessment**

2011-2012



1 Table of Contents

- 1 INTRODUCTION 5**
 - 1.1 Purpose 5
 - 1.2 Objectives..... 5
- 2 EXECUTIVE SUMMARY..... 6**
 - 2.1 Overall IU Health Bedford Community 6
 - 2.2 Primary Service Area 7
- 3 STUDY METHODS..... 8**
 - 3.1 Analytic Methods..... 8
 - 3.2 Data Sources 8
 - 3.3 Information Gaps 9
 - 3.4 Collaborating Organizations 9
- 4 DEFINITION OF COMMUNITY ASSESSED 10**
- 5 SECONDARY DATA ASSESSMENT 11**
 - 5.1 Demographics 11
 - 5.2 Economic Indicators..... 12
 - 5.2.1 Employment..... 12
 - 5.2.2 Household Income and People in Poverty..... 13
 - 5.2.3 Insurance Coverage..... 15
 - 5.2.4 Indiana State Budget 16
 - 5.3 Discharges for Ambulatory Care Sensitive Conditions 18
 - 5.4 County Level Health Status and Access Indicators 18
 - 5.4.1 County Health Rankings..... 18
 - 5.4.2 Community Health Status Indicators..... 20
 - 5.5 ZIP Code-Level Health Access Indicators 22
 - 5.6 Regional Chronic Conditions and Preventive Behaviors..... 23
 - 5.7 Medically Underserved Areas and Populations 24
 - 5.8 Health Professional Shortage Areas..... 26
 - 5.9 Description of Other Facilities and Resources Within the Community 27
 - 5.10 Review of Other Assessments of Health Needs 28

5.10.1	2008 United Way of South Central Indiana Socioeconomic Profile: Lawrence and Orange Counties, Indiana.....	28
5.10.2	Hoosier Uplands Community Needs Assessment.....	28
6	PRIMARY DATA ASSESSMENT	30
6.1	Focus Group Findings.....	30
6.1.1	Identification of Persons Providing Input	30
6.1.2	Prioritization Process and Criteria.....	31
6.1.3	Description of Prioritized Needs.....	31
6.2	Community Survey Findings.....	33

IU Health Community Health Needs Assessment Team Members

Robin Eggers, MBA

Director

Community Outreach and Engagement

Indiana University Health

reggers1@iuhealth.org

Stephanie Berry, MS

Manager System, Coordination

Community Outreach and Engagement

Indiana University Health

sberry@iuhealth.org

Sarah Moore, MPH, CHES

Project Manager, Community Benefit

Community Outreach and Engagement

Indiana University Health

sketterer@iuhealth.org

April Poteet

Community Outreach Associate

Community Outreach and Engagement

Indiana University Health

apoteet@iuhealth.org

Caroline Hodgkins

Masters of Public Health Intern

Community Outreach and Engagement

Indiana University Health

chodgkins@iuhealth.org

1 INTRODUCTION

1.1 Purpose

This report provides an overview of findings from a community health needs assessment (CHNA) conducted on behalf of Indiana University Health (IU Health) Bedford Hospital (IU Health Bedford) in order to assess health needs in the county service areas served by the hospital. This assessment was initiated by IU Health Bedford to identify the community's most important health issues, both overall and by county, in order to develop an effective implementation strategy to address such needs. It was also designed to identify key services where better integration of public health and healthcare can help overcome barriers to patient access, quality, and cost-effectiveness. The hospital also has assessed community health needs to respond to the regulatory requirements of the Patient Protection and Affordable Care Act of 2010 (PPACA), which requires that each tax-exempt hospital facility conduct an independent CHNA.

IU Health Bedford completed this assessment in order to set out the community needs and determine where to focus community outreach resources. The assessment will be the basis for creating an implementation strategy to focus on those needs. This report ultimately represents IU Health Bedford's efforts to share knowledge that can lead to improved health and the quality of care available to their community residents while building upon and reinforcing IU Health Bedford's existing foundation of healthcare services and providers.

1.2 Objectives

The 2011 IU Health Bedford CHNA has four main objectives:

1. Develop a comprehensive profile of health status, quality of care, and care management indicators overall and by county for those residing within the IU Health Bedford service area, specifically within the primary service area (PSA) of Lawrence County, Indiana.
2. Identify the priority health needs (public health and healthcare) within the IU Health Bedford PSA.
3. Serve as a foundation for developing subsequent detailed recommendations on implementation strategies that can be utilized by healthcare providers, communities, and policy makers in order to improve the health status of the IU Health Bedford community.
4. Supply public access to the CHNA results in order to inform the community and provide assistance to those invested in the transformation of the community's healthcare network.

2 EXECUTIVE SUMMARY

2.1 Overall IU Health Bedford Community

- Service Area Counties: Lawrence, Orange, Jackson, Martin, Greene, Monroe, and Washington
- Service area population in 2010: 318,085
- 83% of the IU Health Bedford's inpatient discharge population resides in Lawrence County
- Of the seven service area counties, only two are expected to decrease in population by 2015: Lawrence and Greene
- The 65+ population is projected to increase substantially by 2015 for all counties, and the Monroe County is the only county in which the population will increase in all age groups
- Similar to poverty rates for Indiana and the US, rates for all of the seven counties have increased from 2008 to 2009
- 12% of community discharges were for patients with Medicaid, 31% were for patients with Medicare, and 8% were for Uninsured/Self-pay patients

IU Health Bedford's entire community service area extends into seven counties: Lawrence, Orange, Jackson, Martin, Greene, Monroe, and Washington. Poor social and economic factors such as low educational attainment, high unemployment, and a rising poverty rate may contribute to the poor lifestyle choices that are prevalent in the community, such as substance abuse, poor diet, and lack of physical activity.

Top Community Health Needs

The needs listed below specify the health issues identified by the assessment as priority needs across the entire community served by the hospital. These problems affect most of the community service area counties, but particularly apply to the PSA of Lawrence County.



Access to healthcare



Parental engagement in child care and development



Social and assistance programs



Transportation infrastructure



Unemployment

2.2 Primary Service Area

Lawrence County comprises the majority of the IU Health Bedford community. It accounts for all of the PSA total population, and 83% of the inpatient discharge population of the total community service area.



Lawrence County has slightly higher rates of unemployment and poverty than the averages for both the state of Indiana and the entire nation. The median household income of Lawrence County is also below the Indiana state and national averages. The county is adversely affected by a combination of chronic health conditions, low educational attainment, and the low availability of higher paying jobs.

Other characteristics of Lawrence County are as follows:

- Lawrence County has seen a 0.5% increase in population since 2000, a rate lower than the average rate for the entire IU Health Bedford service area (6.8%), the state of Indiana (6.6%), and the entire nation (10%)
- The senior population (65+) is projected to increase at a slower rate for Lawrence County compared to the rates for both the total IU Health Bedford service area and the entire state
- Approximately 10% of Lawrence County community discharges were ambulatory care sensitive conditions (ACSC) in 2007, which was the second highest rate in the IU Health Bedford service area
- Based on County Health Rankings, Lawrence County ranked 72nd out of 92 counties in the state of Indiana for overall health outcomes, and 53rd out of 92 counties for overall health factors
- Lawrence County compared unfavorably for many Community Health Status Indicators, and this was especially so for factors related to prenatal and infant care (eg, very low birth weight, premature births, births to women under 18, no care in the first trimester, infant mortality, White non-Hispanic infant mortality, neonatal infant mortality, and post-neonatal infant mortality), chronic/morbid health conditions (eg, colon cancer, lung cancer, coronary heart disease, and stroke), and suicide
- Among the six ZIP code areas included within Lawrence County, the city of Oolitic has the highest community health needs based on CNI assessment of economic and structural health indicators
- 234 Lawrence County community members responded to IU Health Bedford's CHNA survey, and 67% rated their community as "Somewhat Unhealthy" or "Very Unhealthy"

3 STUDY METHODS

3.1 Analytic Methods

In order to provide an appropriate overarching view of the community's health needs, conducting a local health needs assessment requires the collection of both quantitative and qualitative data about the population's health and the factors that affect it. For this CHNA, quantitative analyses assessed the health needs of the population through data abstraction and analysis, and qualitative analyses were conducted through structured interviews and conversations with community leaders in areas served by IU Health Bedford. The qualitative community orientation portion of the analysis was critically important to include in this assessment's methodology, as it provides an assessment of health needs from the view of the community rather than from the perspective of the health providers within the community.

3.2 Data Sources

CHNAs seek to identify priority health status and access issues for particular geographic areas and populations. Accordingly, the following topics and data are assessed:

- Demographics, eg, population, age, sex, race
- Economic indicators, eg, poverty and unemployment rates, and impact of state budget changes
- Health status indicators, eg, causes of death, physical activity, chronic conditions, and preventive behaviors
- Health access indicators, eg, insurance coverage, ambulatory care sensitive condition (ACSC) discharges
- Availability of healthcare facilities and resources

Data sets for quantitative analyses included:

- Dignity Health (formerly Catholic Healthcare West)—Community Needs Index
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Community Health Status Indicators Project
- Dartmouth Atlas of Health Care
- Indiana Department of Workforce Development
- Indiana Hospital Association Database
- Kaiser Family Foundation
- National Research Corporation—Ticker
- Robert Wood Johnson Foundation—County Health Rankings
- STATS Indiana data—Indiana Business Research Center, IU Kelley School of Business
- Thomson Reuters Market Planner Plus and Market Expert
- US Bureau of Labor Statistics
- US Census Bureau
- US Department of Commerce, Bureau of Economic Analysis
- US Health Resources and Services Administration

While quantitative data can provide insights into an area, these data need to be supplemented with qualitative information to develop a full picture of a community's health and health needs. For this CHNA, qualitative data were gathered through surveys of members of the public, and a focus group with health leaders and public health experts.

3.3 Information Gaps

To the best of our knowledge, no information gaps have affected IU Health Bedford's ability to reach reasonable conclusions regarding community health needs. While IU Health Bedford has worked to capture quantitative information on a wide variety of health conditions from a wide array of sources, IU Health Bedford realizes that it is not possible to capture every health need in the community and there will be gaps in the data captured.

To attempt to close the information gap qualitatively, IU Health Bedford conducted community conversations and community input surveys. However, it should be noted that there are limitations to these methods. If an organization from a specific group was not present during the focus group conversations with community leaders (such as seniors or injury prevention groups), then that need could potentially be underrepresented during the conversation.

3.4 Collaborating Organizations

The IU Health system collaborated with other organizations and agencies in conducting this needs assessment for the IU Health Bedford community. These collaborating organizations are as follows:

Bedford Parks Department
Bedford Public Library
DWA Healthcare Communications Group
Girls Club of Bedford
IU Health Bedford Hospital
Keach & Grove Insurance Agency
Office of the Mayor—Mitchell, Indiana
Parkview Intermediate School
Verité Healthcare Consulting, LLC

4 DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by IU Health Bedford. The PSA of IU Health Bedford includes Lawrence County. The secondary service area (SSA) is comprised of six contiguous counties. The community definition is consistent with the inpatient discharges for 2010, as illustrated in *Table 1* and *Figure 1* below.

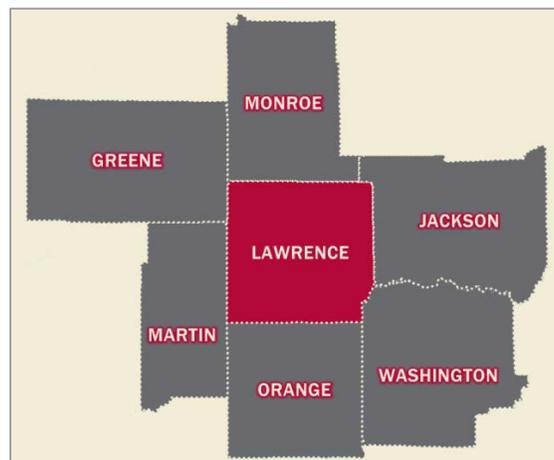
Table 1
IU Health Bedford Inpatient Discharges by County and Service Area, 2010

Discharge Area	County	Discharges	Percent of Total
Primary Service Area	Lawrence	1142	82.5%
	Subtotal	1142	82.5%
Secondary Service Area	Orange	94	6.8%
	Jackson	54	3.9%
	Martin	37	2.7%
	Greene	21	1.5%
	Monroe	14	1.0%
	Washington	12	0.9%
	Subtotal	232	16.8%
All Other Areas	Subtotal	11	0.8%
Total Discharge Population		1385	100.0%

Source: IHA Database, 2010.

In 2010, the IU Health Bedford PSA included 1142 discharges and its SSA included 232 discharges. The community was defined based on the geographic origins of IU Health Bedford inpatients. Of the hospital's inpatient discharges, approximately 83% originated from the PSA and 17% from the SSA (*Table 1*).

Figure 1
Counties in the IU Health Bedford Service Area Community, 2010



5 SECONDARY DATA ASSESSMENT

5.1 Demographics

IU Health Bedford Hospital is located in Lawrence County, a county located in south central Indiana. Lawrence County includes ZIP codes within the towns of Bedford, Heltonville, Mitchell, Oolitic, Springville, and Williams. Based on the most recent Census Bureau (2010) statistics, Lawrence County’s population is 46,134 persons with approximately 51% being female and 49% male. The county’s population estimates by race are 94.5% White, 4.1% Hispanic or Latino, 0.3% Asian, 0.4% Black, 0.3% American Indian or Alaska Native, and 0.6% persons reporting two or more races.

Lawrence County has relatively low levels of educational attainment. A high school degree is the level of education most have achieved (44%). An additional 18% had some college, but no degree. As of 2010, 14% of the population had an associate’s or bachelor’s degree, and 5% hold a graduate or professional degree.

Within the entire service area, the total population for the PSA is 46,134 and the total population for surrounding counties is 271,951, as illustrated in *Table 2* below.

Table 2
Service Area Population, 2010

Service Area	County	Population	Percent of Total
Primary	Lawrence	46,134	14.5%
	Subtotal	46,134	14.5%
Secondary	Orange	19,840	6.2%
	Jackson	42,376	13.3%
	Martin	10,334	3.2%
	Greene	33,165	10.4%
	Monroe	137,974	43.4%
	Washington	28,262	8.9%
	Subtotal	271,951	85.5%
Total Service Area		318,085	100.0%

Source: US Census Bureau, 2012.

Population growth can help to explain changes in community characteristics related to health status, and thus plays a major role in determining the specific services that a community needs. The Lawrence County population has increased by 0.5% since 2000, when the population was estimated to be 45,912 persons. Comparatively, Lawrence County’s population has increased more slowly than the average population across the total service area, which increased by approximately 6.8% from 2000 to 2010. Indiana’s total 2010 population estimate of 6,483,802 was up by 6.6% from 2000, and population growth was up by 10% for the entire nation.

By 2015, Lawrence County’s population is projected to decrease slightly (-0.1%). Its population is expected to decline for all age groups except those aged 20-24 (+4.9%) and 65+ (+13.7%).

At almost 14%, the 65+ population is expected to grow the fastest among all Lawrence County age cohorts between 2010 and 2015. In general, an older population can produce increased demand for healthcare services and a potential increase in the prevalence of certain chronic conditions. The rate of population growth in Lawrence County for persons 65+ is expected to increase at a slower rate than the combined IU Health Bedford service area (+16.3%) and the state of Indiana (+15.4%) as illustrated in *Table 3* below.

Table 3
Projected 2010-2015 Service Area Population Change

Service Area	County	Overall		Projected 2010-2015 Change by Age Cohort					
		2010 Total Population	Projected 2010-2015 Change	0-4	5-19	20-24	25-44	45-64	65+
Primary	Lawrence	46,134	↓ -0.12%	-3.08%	-3.76%	4.87%	-5.43%	-1.30%	13.69%
	Subtotal	46,134	↓ -0.12%	-3.08%	-3.76%	4.87%	-5.43%	-1.30%	13.69%
Secondary	Orange	19,840	↑ 1.10%	0.90%	-2.38%	0.00%	-4.05%	1.47%	13.25%
	Jackson	42,376	↑ 1.61%	2.89%	-3.39%	4.40%	-3.32%	2.07%	15.38%
	Martin	10,334	↑ 0.01%	0.74%	-1.46%	-2.37%	-3.97%	-2.43%	12.80%
	Greene	33,165	↓ -0.21%	-0.81%	-2.32%	-4.92%	-4.32%	-0.04%	10.04%
	Monroe	137,974	↑ 4.96%	0.95%	3.79%	0.14%	6.24%	2.04%	21.56%
	Washington	28,262	↑ 1.73%	2.24%	-1.44%	0.79%	-3.65%	2.23%	15.83%
	Subtotal	271,951	↑ 3.00%	1.21%	0.67%	0.16%	1.27%	1.51%	16.83%
Total Service Area		318,085	↑ 2.55%	0.54%	0.03%	0.44%	0.33%	1.03%	16.26%
Indiana		6,483,802	↑ 3.00%	2.20%	0.10%	3.10%	0.30%	2.00%	15.40%

Source: Indiana Business Research Center, IU Kelley School of Business, 2012 (based on US Census data for 2010).

5.2 Economic Indicators

The following topics were assessed to examine various economic indicators with implications for health: (i) Employment, (ii) Household Income and People in Poverty, (iii) Indiana State Budget; and (iv) Uninsurance.

5.2.1 Employment

In 2010, the share of jobs in Lawrence County was highest within the areas of healthcare and social assistance, manufacturing, retail trade, administrative and support/waste management and remediation services, and accommodation and food services. Lawrence County has a diverse group of major employers reported by the Indiana Department of Workforce Development, including: GM Powertrain, IU Health Bedford, Judah Medical Practice, Dana Corporation, Wal-Mart Supercenter, Times-Mail, Garden Villa, Stone Belt, Bedford-North Lawrence High, and Indiana Limestone Company.

Lawrence County reported a higher unemployment rate than the rates of most surrounding counties, the state of Indiana, and the national average rates. **Table 4** summarizes unemployment rates at December 2010 and December 2011.

Table 4
Unemployment Rates, December 2010 and December 2011

Service Area	County	December 2010	December 2011	% Change from 2010-2011
Primary	Lawrence	10.8%	10.6%	↓ -0.2%
	Orange	10.1%	9.5%	↓ -0.6%
Secondary	Jackson	8.5%	7.7%	↓ -0.8%
	Martin	6.8%	7.6%	↑ 0.8%
	Greene	8.8%	8.9%	↑ 0.1%
	Monroe	6.7%	7.0%	↑ 0.3%
	Washington	9.7%	8.6%	↓ -1.1%
Indiana		9.3%	8.9%	↓ -0.4%
USA		9.4%	8.5%	↓ -0.9%

Source: US Bureau of Labor Statistics, 2012.

5.2.2 Household Income and People in Poverty

Areas with higher poverty rates tend to have poorer access to healthcare, lower rates of preventive care, higher rates of preventable hospital admissions, and poorer health outcomes in general. According to the US Census, in 2009, the national poverty rate was at 14.3%, increasing from 13.2% in 2008. In Indiana, 14.4% of the state population lived in poverty, which was a 1.9% increase from the 2008 poverty rate (12.9%).

For Lawrence County, a poverty rate of 15.4% was reported in 2009, rising from 14.3% from 2008 (+1.1 %). Comparatively for Indiana, Hendricks County has the lowest poverty rate at 5.1% and Monroe County has the highest poverty rate at 21.9%. **Table 5** below illustrates the poverty rates by year between 2007 and 2009.

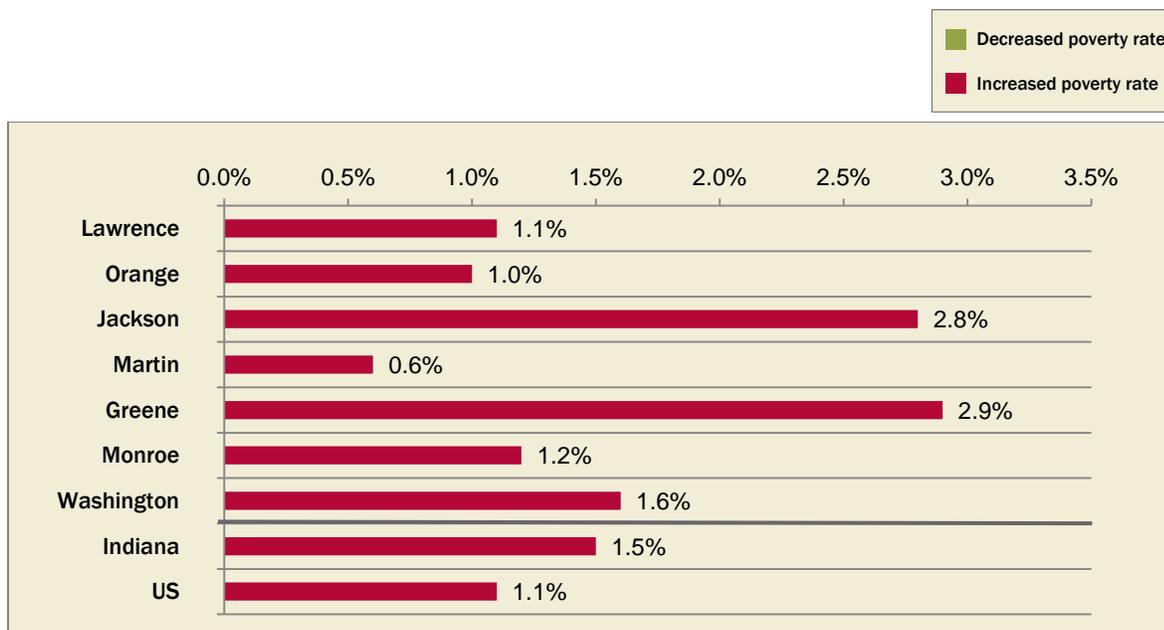
Table 5
Percentage of People in Poverty, 2007-2009

Service Area	County	2007	2008	2009	% Change from 2008-2009
Primary	Lawrence	13.8%	14.3%	15.4%	↑ 1.1%
	Orange	14.2%	15.9%	16.9%	↑ 1.0%
Secondary	Jackson	11.8%	10.5%	13.3%	↑ 2.8%
	Martin	12.3%	12.9%	13.5%	↑ 0.6%
	Greene	13.3%	13.7%	16.6%	↑ 2.9%
	Monroe	26.0%	20.7%	21.9%	↑ 1.2%
	Washington	14.7%	13.9%	15.5%	↑ 1.6%
Indiana		12.3%	12.9%	14.4%	↑ 1.9%
USA		13.0%	13.2%	14.3%	↑ 1.1%

Source: US Census Bureau, 2012.

Martin County had the lowest poverty rate increase (0.6%) in the IU Health Bedford service area between 2008 and 2009. Comparisons of each service area county's poverty rates, as well as those for the state of Indiana and the entire US, are displayed in *Figure 2* below.

Figure 2
Percentage Change in Poverty Rates between 2008 and 2009



Source: US Census Bureau, 2012.

Income level is an additional economic factor that has been associated with the health status of a population. Based on US Census Bureau (2009) data, Lawrence County's per capita personal income was estimated to be \$29,261, with a median household income around \$39,398, which are both below the state and US national rates. The rates are lower than the Indiana state average of per capita income of \$33,323, with a median household income around \$45,427, and the US national average per capita income of \$38,846, with a median household income of \$50,221.

5.2.3 Insurance Coverage

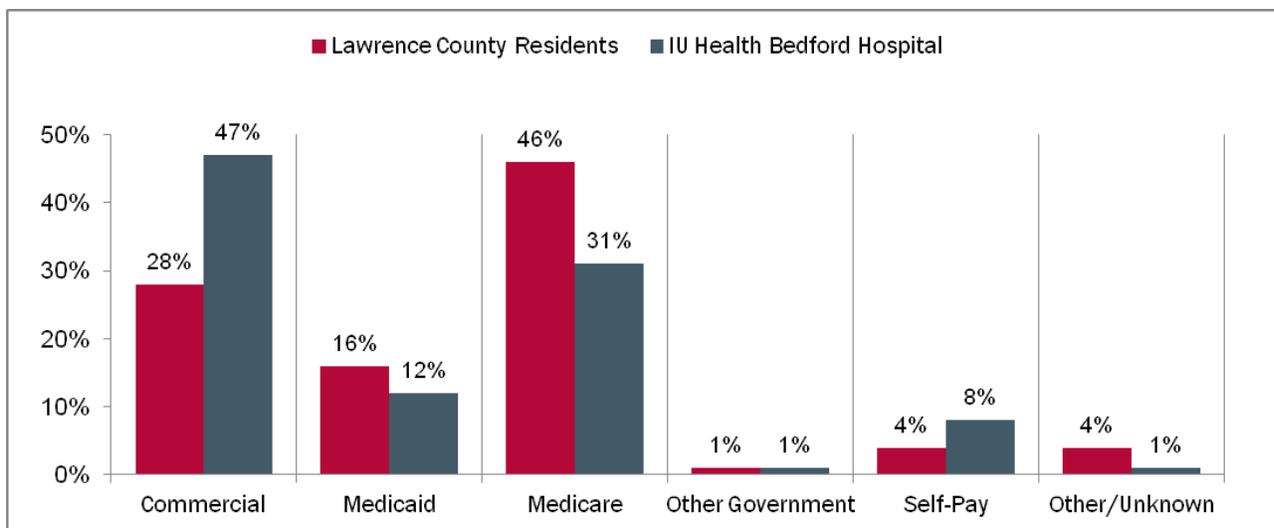
National statistics on health insurance indicate that 16% of the United States population is uninsured. Of the US population that is insured, 49% are insured through an employer, 5% through individual providers, 16% through Medicaid, 12% through Medicare, and 1% through other public providers.

In Indiana, it is estimated that 14% of the population are uninsured, 7% of which are children. Of the Indiana residents who are insured, 16% are insured through Medicaid, 14% through Medicare, 52% through their employer, 3% through individual providers, and 1% through other public providers.¹

Based on inpatient discharge data from the Indiana Hospital Association (IHA), 28% of Lawrence County residents have commercial insurance, 16% are insured through Medicaid, 46% are insured through Medicare, 4% pay out-of-pocket (uninsured), and 5% have other government insurance or are unknown.

At IU Health Bedford Hospital, it is estimated that 47% of discharged patients have commercial insurance, 12% are insured through Medicaid, 31% are insured through Medicare, 8% pay out-of-pocket (uninsured), and 2% have other government insurance or are unknown (see *Figure 3*).

Figure 3
Insurance Coverage
2009 Lawrence County and IU Health Bedford Hospital Inpatient Discharges



Source: IHA Discharge Database, 2010.

1. Kaiser State Health Facts 2009-2010, Kaiser Family Foundation. <http://www.statehealthfacts.org>.

5.2.4 Indiana State Budget

The recent recession has had major implications not only for employment, but also for state budget resources devoted to health, public health, and social services. Outlined below are findings from the fiscal year (FY) 2010-2011 health service expenditures and achievements, as well as pertinent changes related to healthcare within the FY 2012-2013 biennium budget.

Fiscal Year 2010-2011 Health Services

- In FY 2010, Health and Welfare accounted for 38.9% of expenses or \$10.2 billion, of expenses
 - The change in expenses from FY 2009 was a decrease of \$19.1 million, or 0.2%
 - Some of the major expenses were Medicaid assistance (\$6.0 billion), the US Department of Health and Human Services Fund (\$1.4 billion), and the federal food stamp program (\$1.5 billion)
- The Medicaid Assistance Fund received \$4.5 billion in federal revenue in FY 2011, as compared to \$4.0 billion in FY 2010
 - The Fund distributed \$6.0 billion in Medicaid assistance during the year, which is an increase of \$598.3 million over FY 2010
 - The total change in the fund's balance was an increase of \$114.4 million from FY 2010 to FY 2011
- The US Department of Health and Human Services Fund is a new fund created during the 2011 fiscal year with the implementation of the new statewide accounting system to account for federal grants that are used to carry out health and human services programs
 - The fund received \$1.2 billion in federal grant revenues and expended \$1.4 billion
 - The change in fund balance from FY 2010 to FY 2011 was an increase of \$134.9 million
- The Children's Health Insurance Plan (CHIP) spent \$138.1 million in FY 2011
 - At the end of FY 2011, CHIP was serving 83,494 clients, an increase of 4.7% compared to the average number of clients served by CHIP in FY 2010
- From 2005 to 2011, the Department of Child Services (DCS) has increased the total number of filled Family Case Manager (FCM) positions in Indiana by 838, from 792 to 1630
- In January 2010, DCS established the Indiana Child Abuse and Neglect Hotline to serve as the central reporting center for all allegations of child abuse or neglect in Indiana; the Hotline is staffed with 62 FCMs, also known as Intake Specialists, who are specially trained to take reports of abuse and neglect

Fiscal Year 2012-2013 Budget

- Pension obligations are fully met and the Medicaid forecast is fully funded; this 2012-2013 budget increases funding in key areas such as K-12 education, student financial aid, Medicaid, and pensions
- The budget does not include any appropriations for the implementation of the Patient Protection Affordable Care Act (PPACA); however, it is projected that costs will begin to be incurred during this biennium, with General Fund appropriations needed in the FY 2014-2015 biennium budget

- The budget removes statutory restrictions that prevented the Family and Social Services Administration (FSSA) from reducing staffing levels at either the Evansville State Hospital or the Evansville Psychiatric Children’s Center, regardless of the number or type of patients being treated at each facility
- The budget eliminates the Indiana Tobacco Prevention and Cessation (ITPC) Board, and transferred its responsibilities to the Indiana State Department of Health (ISDH) on July 1, 2011; the ISDH totals include annual appropriations of \$8.1 million from the Tobacco Master Settlement Fund for tobacco prevention and cessation efforts
- The ISDH budget saw a 16.6% decrease in general fund appropriations for the FY 2012-2013 biennium budget
- The budget appropriates \$48.8 million annually for The Community and Home Options to Institutional Care for the Elderly and Disabled (C.H.O.I.C.E.) In-Home Services, one of very few programs to not be reduced compared to FY 2011 appropriation levels
- FY 2012 HHS divisional and program budgets that have been reduced as compared to FY 2011 appropriation levels include:
 - Division of Aging Administration (-33%)
 - Tobacco Use Prevention & Cessation Program (-25%)
 - Community Health Centers (-25%)
 - Department of Child Services (-24%)
 - Residential Care Assistance Program for the elderly, blind, and disabled (-22%)
 - Child Psychiatric Services Fund (-17%)
 - Minority Health Initiative (-15%)
 - Prenatal Substance Abuse & Prevention (-15%)
 - Office of Women’s Health (-15%)
 - Children With Special Healthcare Needs (-15%)
 - Cancer Education & Diagnosis—Breast (-15%)
 - Cancer Education & Diagnosis—Prostate (-15%)
 - Disability and Rehabilitation Services (-11%)

5.3 Discharges for Ambulatory Care Sensitive Conditions

Ambulatory care sensitive conditions (ACSC) are health issues that, in theory, do not require hospitalizations if adequate ambulatory (primary) care resources are available and accessed. Methodologies for quantifying ACSC discharges have been well-tested for more than a decade. Disproportionately large numbers of ACSC discharges indicate potential problems with the availability or accessibility of ambulatory care services. *Table 6* illustrates the estimated percentage of 2007 ACSC discharges per Medicare enrollee for the IU Health Bedford PSA, SSA, and the overall service area.

Table 6
Percentage of ACSC Discharges Per Medicare Enrollee in 2007

Service Area	County	ACSC Discharges Per 1000
Primary	Lawrence	101.3
	Subtotal	101.3
Secondary	Orange	79.8
	Jackson	77.3
	Martin	93.0
	Greene	115.8
	Monroe	46.4
	Washington	86.2
	Subtotal	83.1
Total Service Area Average		85.7
Indiana		85.9
USA		76.0

Source: Dartmouth Atlas of Health Care, 2007.

5.4 County Level Health Status and Access Indicators

5.4.1 County Health Rankings

The Robert Wood Johnson Foundation, along with the University of Wisconsin Population Health Institute, created County Health Rankings to assess the relative health of county residents within each state for all 50 states. These assessments are based on health measures of health outcomes, specifically length and quality of life indicators, and health factors, including indicators related to health behaviors, clinical care, economic status, and the physical environment.

Based on the 92 counties in the state of Indiana, counties may be ranked from 1 to 92, where 1 represents the highest ranking and 92 represents the lowest. *Table 7* summarizes County Health Ranking assessments for Lawrence and surrounding counties in Indiana; rankings for counties were converted into quartiles to indicate how each county ranks vs others in the state. The table also illustrates whether a county's ranking worsened or improved from rankings in 2011.

Across all IU Health Bedford service area counties, mortality, morbidity, access to care, built environment, community safety, quality of care, and education indicators are ranked most consistently in the bottom quarter or bottom half of Indiana counties.

Table 7
Relative Health Status Indicators for Lawrence County and Surrounding Counties

Key	
>75th Percentile	
50th to 74th Percentile	
25th to 49th Percentile	
<25th Percentile	
Ranking Worsened Between 2011 and 2012	↓

Indicator	Lawrence	Orange	Jackson	Martin	Greene	Monroe	Washington	Average Ranking for Service Area
Overall Health Outcomes	72 ↓	66 ↓	70	68	81 ↓	17 ↓	64 ↓	63 ↓
<i>Mortality</i>	75 ↓	46 ↓	70	79	73	11	71 ↓	61 ↓
<i>Morbidity</i>	64 ↓	88	68	55	80	21	60	62
Overall Health Factors	53	75	46 ↓	19	48	5	86	47
<i>Health behaviors</i>	20 ↓	84	64	17	44 ↓	2	91	46
<i>Tobacco use</i>	30	83	59 ↓	5	70 ↓	8	92	50
<i>Diet and exercise</i>	13 ↓	81 ↓	57	30	49 ↓	2	48 ↓	40 ↓
<i>Alcohol use</i>	35	39	30	84	9	25 ↓	51	39
<i>Sexual activity</i>	67	46	81	41	47 ↓	9	56	50
<i>Clinical care</i>	55 ↓	47	46 ↓	64	79	9	83 ↓	55
<i>Access to care</i>	53 ↓	41 ↓	38	84 ↓	71	26	77 ↓	56
<i>Quality of care</i>	56	53	52 ↓	39	79	2	86 ↓	52
<i>Social and economic factors</i>	75	69	37 ↓	20	19	10	62	42
<i>Education</i>	76 ↓	58	48 ↓	79 ↓	27	4	63	51 ↓
<i>Employment</i>	75	61 ↓	31	3	19 ↓	3 ↓	45	34
<i>Income</i>	60	78	33 ↓	33	49	28	70	50
<i>Family and social support</i>	83	60	30 ↓	16	20	56	63 ↓	47
<i>Community safety</i>	33	48	79 ↓	42	9	81	71 ↓	52
<i>Physical environment</i>	21 ↓	9	63 ↓	7	89 ↓	48 ↓	76 ↓	45 ↓
<i>Environmental quality</i>	1	1	70	1	81	15	1	24
<i>Built environment</i>	39 ↓	27	50	25	84 ↓	63	92 ↓	54 ↓

Source: County Health Rankings, 2012.

Lawrence County fell within the 25th percentile of Indiana counties, ranking 72nd in the state for overall health outcomes (length and quality of life), which is the second lowest ranking for health outcomes among the seven counties in the IU Health Bedford service area. Comparatively, the counties of Jackson and Green also ranked in the bottom quarter for health outcomes.

In preventable health factors, Lawrence County ranked 53rd in terms of overall health-related factors (determinants of health); individual scores are displayed in *Table 7*. Over half of Lawrence County's rankings fell within the bottom 50% of Indiana counties and several indicator rankings

decreased from 2011 to 2012. For Lawrence County, the specific indicators ranked in the bottom 25% of Indiana counties included family and social support (83rd), education (76th), and employment (75th). In addition to the above, other indicators ranked in the bottom 50% of Indiana counties include sexual activity (67th), income (60th), quality of care (56th), and access to care (53rd). Specific indicator rankings that fell between 2011 and 2012 include diet and exercise, access to care, education, and built environment.

A few indicators ranked in the top 25% of Indiana counties for Lawrence County; these included environmental quality (1st) and diet and exercise (13th). Lawrence County also ranked higher than the overall service area for other indicators, which were diet and exercise (difference of 27), environmental quality (difference of 23), and tobacco use (difference of 20).

5.4.2 Community Health Status Indicators

The Community Health Status Indicators (CHSI) Project of the US Department of Health and Human Services compares many health status and access indicators to both the median rates in the US and to rates in “peer counties” across the US. Counties are considered “peers” if they share common characteristics such as population size, poverty rate, average age, and population density.

Lawrence County has 20 designated “peer” counties in 10 states, including Montgomery, Putnam, and Steuben counties in Indiana, Lee County in Illinois, and Champaign, Madison, and Union counties in Ohio. *Table 8* below highlights the analysis of CHSI health status indicators with highlighting in cells that compare favorably or unfavorably both to the US as a whole and to peer counties. Indicators are found to be unfavorable for a county when its rates are higher than those of the entire nation and designated peer counties, and are considered favorable when the rates for the county are lower than those of the US or peer counties.

Several indicators related to birth and infant care were unfavorable for Lawrence County, including very low birth weight, premature births, births to women under 18, no care in the first trimester, infant mortality, white non-Hispanic infant mortality, and neonatal and post-neonatal infant mortality. Indicators related to suicide were also considered unfavorable for Lawrence County. Lawrence County compared unfavorably to US and peer county benchmarks for chronic health conditions such as colon cancer, lung cancer, coronary heart disease, and stroke; however, indicators for breast cancer (female) were favorable (where rates and percentages for the indicators in Lawrence County are lower than those for the entire nation or for peer counties). Other favorable: (where rates and percentages for the indicators in Lawrence County are lower than those for the entire nation or for peer counties) include indicators for Lawrence County include low birth weight, and births to women age 40-54.

Table 8
Favorable and Unfavorable Health Status Indicators, Lawrence and Surrounding Counties

Key							
Favorable health status indicator							
Neither favorable nor unfavorable indicator							
Unfavorable health status indicator							
Indicator	Lawrence	Orange	Jackson	Martin	Greene	Monroe	Washington
Low Birth Weight							
Very Low Birth Weight							
Premature Births							
Births to Women Under 18							
Births to Women Age 40-54							
Births to Unmarried Women							
No Care in First Trimester							
Infant Mortality							
White Non-Hispanic Infant Mortality							
Black Non-Hispanic Infant Mortality							
Hispanic Infant Mortality							
Neonatal Infant Mortality							
Post-Neonatal Infant Mortality							
Breast Cancer (Female)							
Colon Cancer							
Lung Cancer							
Coronary Heart Disease							
Stroke							
Homicide							
Suicide							
Motor Vehicle Injuries							
Unintentional Injury							

Source: Community Health Status Indicators Project, Department of Health and Human Services, 2009.

The indicators comparing unfavorably to US and peer counties across five or more of the counties within the IU Health Bedford service area include premature births, births to women under 18, no care in the first trimester, lung cancer, coronary heart disease, stroke, and suicide.

5.5 ZIP Code-Level Health Access Indicators

The Community Need Index (CNI) was created in 2005 by Dignity Health (formerly Catholic Healthcare West) in collaboration with Thomson Reuters. CNI identifies the severity of health disparities related to housing, English as a second language (ESL), and education level for ZIP codes in the United States. In addition to health indicators, CNI includes economic and structural indicators in its assessment of the overall health of a community. Scores are assigned on a scale of one to five, with one indicating the least amount of community need and five indicating the most (see *Figure 4*). The CNI assessments illustrate correlations between high need/high scores and high hospital utilization in specific ZIP codes. *Table 9* summarizes the CNI for ZIP codes in Lawrence County.

Figure 4
Community Need Index Rating Scale

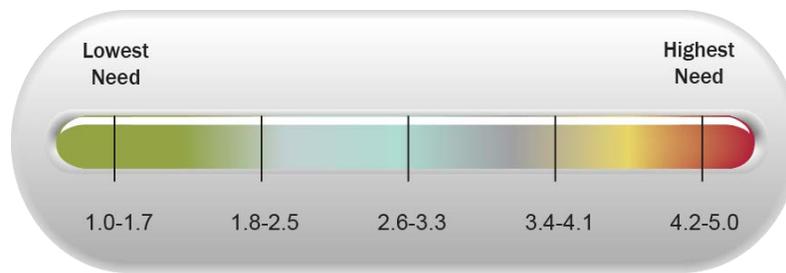
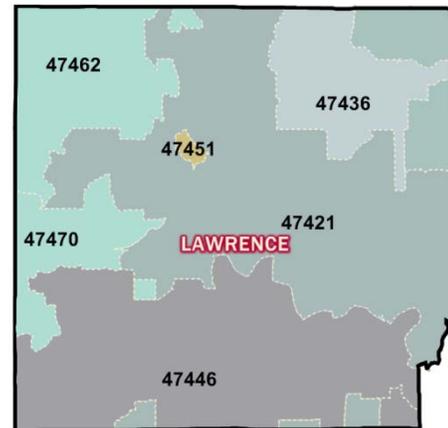


Table 9
CNI Scores for Lawrence County

County	City	ZIP Code	Rank
Lawrence	Oolitic	47451	3.6
	Mitchell	47446	3.2
	Bedford	47421	3.0
	Springville	47462	2.6
	Williams*	47470	2.6
	Heltonville	47436	2.0

*Note that ZIP code 47470 (Williams) is primarily within a county outside of Lawrence County, but is included since a large portion of this ZIP code area extends into Lawrence County.



Source: Community Need Index, 2011.

Within Lawrence County, CNI scores indicate needs are moderately high in ZIP codes 47451 (Oolitic) and 47446 (Mitchell), and community needs are relatively low in ZIP code 47436 (Heltonville).

5.6 Regional Chronic Conditions and Preventive Behaviors

The National Research Corporation, one of the largest online healthcare surveys in the US, measures health needs throughout the country. Its Ticker program provides a wide array of data that measure needs in communities, most notably its Chronic Conditions and Preventive Health Behaviors surveys. These surveys provide estimates of chronic conditions and related behaviors within a population of interest.

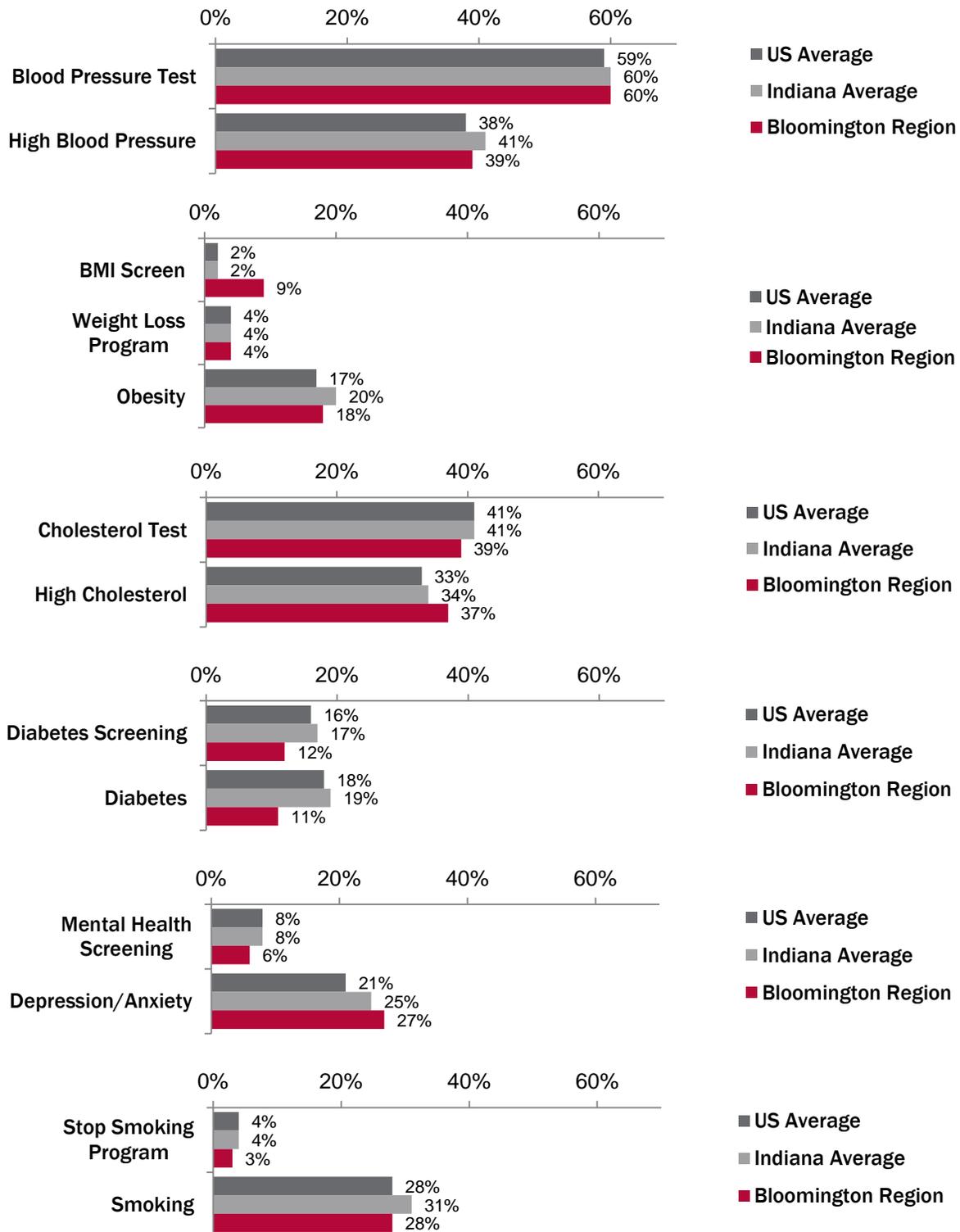
These estimates are based on a monthly Internet survey of over 270,000 individuals across the country. For this CHNA, Ticker data utilized represent the “Bloomington Regional Market.” These Ticker data identified the following top 10 chronic conditions:

- High blood pressure
- High cholesterol
- Allergies—Other
- Arthritis
- Smoking
- Depression/anxiety disorder
- Sinus problem
- Allergies—Hay Fever
- Obesity/weight problems
- Sleep problems/insomnia

Most chronic conditions and corresponding preventive behaviors of interest have been compared to the Indiana and US averages. These comparisons indicate that the Bloomington Region experiences relatively higher percentages of high cholesterol and depression/anxiety disorders than the state or US averages. The region also contains a much higher percentage of BMI screenings than those for the US or state of Indiana; and similarly, the percentage of obesity and weight problems are lower than the Indiana average. The charts in *Figure 5* below illustrate the chronic conditions and preventive behaviors for the Indiana University Health “Bloomington Regional Market”, Indiana, and the entire nation.

Figure 5

Chronic Conditions and Preventive Behaviors in the Indiana University Health “Bloomington Regional Market”



Source: Ticker, National Research Corporation, 2012.

5.7 Medically Underserved Areas and Populations

The Health Resources and Service Administration (HRSA) has calculated an Index of Medical Underservice (IMU) score for communities across the US. The IMU score calculation includes the ratio of primary medical care physicians per 1000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population older than 64. IMU scores range from zero to 100, where 100 represents the least underserved and zero represents the most underserved.

Any area or population receiving an IMU score of 62.0 or below qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving an MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the State where the requested population resides.”² **Table 10** below illustrates the areas that have been designated as MUAs or MUPs in the IU Health Bedford community.

Table 10
MUAs and MUPs in the IU Health Bedford Hospital Community

Key					
—		County does not contain an MUP or MUA designation			
Service Area	County	Medically Underserved Areas		Medically Underserved Populations	
		IMU Score	Detail	IMU Score	Detail
Primary	Lawrence	—		66.4	Low-income population, entire county
	Orange	N/A	Stampers Creek Service Area (Stampers Creek Township)		
Secondary	Jackson	—		0	Low-income population, entire county*
	Martin	57	Martin Service Area (Halbert, Lost River, and Mitcheltree Townships)		—
	Greene	60.8	Washington Service Area (Washington Township)		—
		58.8	Wright Service Area (Wright Township)		—
	Monroe	—		64.6	Low-income population, entire county*
	Washington	58.3	Franklin/Gibson/Pierce Service Area (Franklin, Gibson and Pierce Townships)		—
		54.9	Brown/Jefferson/Madison Service Areas (Brown, Jefferson and Madison Townships)		—
61.1		Posey Service Area (Posey Township)		—	

*Indicates a Government MUP, which is a designation made at the request of a State Governor based to documented based on unusual, local conditions and barriers to accessing personal health services.

Source: Health Resources and Services Administration, US Department of Health and Human Services, 2012.

Orange, Martin, Greene, and Washington counties in the community had service areas designated

2. Guidelines for Medically Underserved Area and Population Designation. US Department of Health and Human Services, Health Resources and Services Administration. <http://bhpr.hrsa.gov/shortage/>.

as MUAs. Counties in the IU Health Bedford service area community with designated MUPs included Lawrence, Jackson, and Monroe, with Government MUPs in Jackson and Monroe.

5.8 Health Professional Shortage Areas

An area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary care, dental care, or mental healthcare professionals is found to be present. HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.” **Table 11** below lists the HPSAs in the IU Health Bedford community.

Table 11
HPSAs in the IU Health Bedford Hospital Community

Key	
—	County does not contain HPSA designation for category

Service Area	County	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA
Primary	Lawrence	—	—	—
	Orange	—	—	Southern Indiana Catchment Area-Milan
Secondary	Jackson	—	—	—
	Martin	Low-income population, entire county	—	—
	Greene	Low-income population, entire county 1 rural health clinic: Ridge Medical Center	1 rural health clinic: Ridge Medical Center	1 rural health clinic: Ridge Medical Center
	Monroe	Low-income population, entire county	—	—
	Washington	Low-income population, entire county	—	—

Source: Health Resources and Services Administration, US Department of Health and Human Services, 2011.

5.9 Description of Other Facilities and Resources Within the Community

The IU Health Bedford community contains a variety of resources that are available to meet the health needs identified through this CHNA. These resources include facilities designated as FQHCs, public health departments, and other organizations. **Table 12** below lists the other facilities and resources in the IU Health Bedford community.

Table 12
Resources in Lawrence and Surrounding Counties

Service Area	County	Public Health Department
Primary	Lawrence	Lawrence County Health Department (Bedford, Indiana)
Secondary	Orange	Orange County Health Department (Paoli, Indiana)
	Jackson	Jackson County Health Department (Seymour, Indiana)
	Martin	Martin County Health Department (Shoals, Indiana)
	Greene	Health Department of Greene County (Bloomfield, Indiana)
	Monroe	Monroe County Health Department (Bloomington, Indiana)
	Washington	Washington County Health Department (Salem, Indiana)

Service Area	County	FQHC
Primary	Lawrence	N/A
Secondary	Orange	N/A
	Jackson	Community Health Center of Jackson County (Seymour, Indiana)
	Martin	N/A
	Greene	N/A
	Monroe	N/A
	Washington	N/A

Service Area	County	Hospital		
Primary	Lawrence	IU Health Bedford Hospital	St. Vincent Dunn Memorial Hospital	
Secondary	Orange	IU Health Paoli Hospital		
	Jackson	Schneck Medical Center		
	Martin	N/A		
	Greene	Greene County General Hospital		
	Monroe		Bloomington Meadows Hospital	Monroe Hospital
			IU Health Bloomington Hospital	
	Washington	St. Vincent Salem Hospital		

Sources: Health Resources and Services Administration, US Department of Health and Human Services, 2011; Indiana State Department of Health, Health Care Regulatory Services, 2011.

5.10 Review of Other Assessments of Health Needs

5.10.1 2008 United Way of South Central Indiana Socioeconomic Profile: Lawrence and Orange Counties, Indiana

This report combines information gathered from the US Census and US Office of Housing and Urban Development, along with state and regional information pertaining to Lawrence and Orange counties collected by the consultant.

Key conclusions were:

- Lawrence County has experienced no measurable population growth since 2000; Orange County's population has similarly had almost no growth over the last century
 - Projections indicating a population that will be both decreasing and aging are troubling if accurate
- Between 2000 and 2007, Lawrence County's median household income declined—its rank in the state dropped from 67 to 71 (out of 92 counties); while Orange County's ranking increased from 91 to 87, the county's median household income declined during that same time
- Employment decreased 3.8% in Lawrence County between 2001 and 2007; the sectors that experienced sharpest declines were transportation and public utilities and services
 - In contrast, Orange County's employment increased 13.0% during that same time
- Diversification of the economy will be extremely important for the community's long-term prosperity
 - Although there have been dramatic increases in the number of jobs in Orange County, the economy is largely dependent on manufacturing and population projections are not positive
- In Lawrence County, the percent of children in poverty increased from 13.3% in 2002 to 18.0% in 2007; it increased from 17.5% to 22.0% in 2007 in Orange County during the same time period
- The Orange County teen birth rate is notably higher than Indiana's; in 2007, Orange County's teen birth rate was 34.0% and Indiana's was 20.8%
- Housing costs also present a challenge for many in the community—especially renters
 - A minimum wage earner (\$6.55 per hour) can afford monthly rent of no more than \$341, but fair market rents are higher than that in both counties
 - Renters must work 77 hours per week in Lawrence County and 65 hours per week in Orange County in order to afford a two-bedroom unit at the fair market rent
- English remains the primary language spoken at home by residents in Lawrence and Orange counties; the percentage of nonnative speakers in the two counties are lower than the state as whole
 - The number of Spanish speaking residents increased—more so in Orange County—but these numbers at both the state and local level may be subject to underreporting
- The child abuse and neglect rate children under 17 increased from 8.2% in 2002 to 9.6% in 2007

5.10.2 Hoosier Uplands Community Needs Assessment

In order to better serve the residents of our community, it is important to maintain an up-to-date picture of who they are and what they need. To do this, the Hoosier Uplands board and staff participated in the statewide Community Needs Assessment study, which was conducted by the

Indiana Community Action Network. The Hoosier Uplands service area includes Lawrence, Martin, Orange, and Washington counties.

The research was conducted in two parts:

- Background research was conducted using secondary data available from federal, state, and local sources
- Client and stakeholder surveys were designed and administered directly to Hoosiers who are served by Hoosier Uplands or who partner with Hoosier Uplands

The client survey was randomly sent to those who had received services from Hoosier Uplands in 2009; 2181 surveys were completed.

Key conclusions were:

- In 2009, of the 44,557 individuals in the Hoosier Uplands' service area, 38% lived in poverty or below the Federal Poverty Guidelines (FPG)
 - Of those individuals in poverty, 5638 were children (under the age of 18 years old) and 2038 were seniors (65 years old and over)
 - According to the 2009 US Census Bureau, Orange County had a poverty rate of 21%
- 97% lived in households with incomes less than 150% of the FPG (\$33,075 for a family of four in 2009)
- 67% had household incomes at or below 100% of the FPG (\$22,050 for a family of four in 2009)
- The client survey identified the top community needs:
 - Help for people who would like to start a business
 - Financial education
 - Financial aid for people to further their education
 - Certificate programs to help people get jobs
 - Support groups
- Client survey results also indicated the following barriers to having their needs met:
 - Physical disability was a barrier to work
 - Cost is a barrier to healthcare, housing (utilities too high), transportation (price of gas), and child care
- Hoosier Uplands offers many programs and services; some of the programs Hoosier Uplands offers that specifically address the community needs and barriers identified by clients include:
 - Energy Assistance Program
 - Home Health Care and Hospice
 - South Central Indiana Area Health Education Center (SCI AHEC)
 - Head Start

6 PRIMARY DATA ASSESSMENT

IU Health Bedford’s approach to gathering qualitative data for its CHNA consisted of a multi-component approach to identify and verify community health needs for the IU Health Bedford service area. This included the following components:

1. Hosting multiple one and a half to two hour community conversation focus groups with public health officials and community leaders in attendance to discuss the healthcare needs of the service area and what role IU Health Bedford could play in addressing the identified needs.
2. Surveying the community at large through the hospital’s website, with special emphasis to garner input from low income, uninsured, or minority groups.

6.1 Focus Group Findings

6.1.1 Identification of Persons Providing Input

Local leaders with a stake in the community’s health were invited to attend a focus group session held at IU Health Bedford Hospital. Attendees who participated in the focus group are listed in **Table 13** below.

Table 13
Focus Group Participants

Name	Title, Affiliation	Expertise
Christina Lambton	<i>Mayor Mitchell Representative</i>	Ms. Lambton is a representative of Mayor Mitchell. As a government official, she is knowledgeable in the community’s needs and resources available to address those needs.
Jeff Nikirk	<i>Commercial Lines Agent, Keach & Grove Insurance</i>	Mr. Nikirk is representative of a community perspective towards healthy living. As a state insurance representative, he is knowledgeable in the community’s housing status, poverty and reduced income levels, foreclosures, and resources available to address those needs.
Gary Dorsett	<i>Recreation Director, Bedford Parks Department</i>	Mr. Dorsett is representative of a community perspective towards healthy living. As Recreation Director of the Bedford Parks Department, he is familiar with obesity prevention and programs in place to help address the issue.
Mark Vice	<i>Principal, Parkview Intermediate School</i>	Mr. Vice is a representative of children’s health and education. As Principal of Parkview Intermediate School, he is knowledgeable in children’s health and well-being as well as the community surrounding them.
Patty Williams	<i>Chief Professional Officer, Girls Club of Bedford</i>	Ms. Williams is a representative of children’s health and education. As Chief Professional Officer at the Girls Club, she is knowledgeable in children’s health and well-being, particularly girls, as well as the community surrounding them.
Susan Miller	<i>Director, Bedford Public Library</i>	Ms. Miller is representative of a community perspective towards education. As Director of the Bedford Public Library, she is familiar with the access to education, educational issues, and community issues.

6.1.2 Prioritization Process and Criteria

To obtain a more complete picture of the factors that play into the Lawrence County community's health, input from local health leaders was gathered through three separate focus group sessions. The one and a half hour live group sessions were held at IU Health Bedford Hospital. IU Health Bedford facilitators mailed letters and made follow-up telephone calls inviting public health officials and community leaders to attend the focus group discussion, paying special attention to including organizations that represent the interest of low-income, minority, and uninsured individuals. The goal of soliciting these leaders' feedback was to gather insights into the quantitative data that may not be easily identified from the secondary statistical data alone.

Upon arrival to the focus group, participants were asked to list their believed five prioritized health needs for the IU Health Bedford community. These responses were collected and aggregated into a comprehensive list of identified needs to be further discussed later in the session and ranked for severity of need within the community. IU Health Bedford facilitators then provided participants with a presentation featuring the mission of IU Health, current outreach priorities, and local health data, including demographics, insurance information, poverty rates, county health rankings, causes of death, physical activity, chronic conditions, preventive behaviors, and community needs index.

Upon completion of the data presentation, IU Health facilitated a discussion on the comprehensive list of identified needs from earlier in the session. The objective of this method was intended to inspire candid discussions prior to a second identification of five prioritized health needs by each participant. The votes on the five prioritized health needs were tallied and final input from the group was encouraged during this process in order to validate the previously identified needs. Following additional discussion, participants were also asked to address what they thought the role of IU Health Bedford could be in meeting the local health needs.

6.1.3 Description of Prioritized Needs

The focus group identified the following five needs as priorities for IU Health Bedford:

1. Access to healthcare.
2. Parental engagement in child care and development.
3. Social and assistance programs.
4. Transportation infrastructure.
5. Unemployment.

These prioritized needs are discussed in more detail below.



1. Access to healthcare was the overwhelming concern for officials in Lawrence County, and consisted of the following discussion points: urgent care centers other than the emergency department, preventive care, dental care, more primary care physicians and general practitioners, a larger hospital, updated medical equipment (including a permanent MRI machine), access to clinics with extended hours for the days and weekends, and the ability to share medical information (EMRs). It was thought that generally there are not enough healthcare options within the community, especially for children. One leader even suggested that maybe the healthcare could go to the children instead of getting the children to the healthcare services. However, the main concern lies in the fact that there are not enough general practitioners, and that most residents under the age of thirty-five do not receive their healthcare from Bedford, but rather seek to receive care in Bloomington instead.



2. Parental engagement in child care and development was the second most prominent concern which was discussed in great detail. Interestingly, community leaders explained how there is a complete sense of apathy among the adults of the community when it comes to their children. For example, one leader stated that there is not a lack of programs within the county, but that individuals just do not use them. Along the same lines, community members mentioned that there is no follow-through on much of anything when it comes to the parents, even using an example that many parents that do not care enough to feed their children during the weekend. When asked what has been done to help address the problem, leaders stated that they now focus all of their resources on the children (not the parents) to help ensure a turnaround and to stop the cycle. The Boys and Girls Club for example said that they had an abundance of resources for about 5000 children if they could just get the children to their facility—as of right now Parkview school is the only school that really has access to their programs.



3. Social and assistance programs were the third highest concern expressed within the focus groups. Leaders addressed the fact that, since the poverty line is so low, any individuals right above the line suffer much more and miss a significant amount of assistance that they truly need. They also addressed the fact that oftentimes the amount of assistance they are missing affects the children more than the parents due to their perceived apathy to care for their children. From there, leaders began conversing about the great lack in Child Protective Services (CPS) and how they could use triple the amount they have now for their county. Leaders also discussed social and assistance programs in the sense of mental health care, as well as suicide, depression, and substance abuse treatment programs. They thought wraparound services could be a huge asset to the community, and that they really need to get current services on the same page, working together. They mentioned groups like Father Coalitions and Center Stone that do good work, but reiterated that they need more programs.



4. Transportation infrastructure is a general issue not only for older adults, but for anyone without access to a car. Being in a rural community, transportation is complicated and oftentimes leaves residents isolated from resources. While Lawrence does have some agencies that assist (eg, the Area 10 Agency on Aging and a few other agencies out of Orange County), there are still not enough programs to solve the problem and most individuals do not know that the services exist. Leaders also addressed the fact that there is a lack of transportation for children to get to after-school programs such as the Boys and Girls Clubs. They used to think that if they could provide the youth with transportation to the programs, their numbers would grow substantially—now they believe that children just go home after school oftentimes without supervision.



5. Unemployment rates and the lack of jobs in the community are major concerns for the leaders of Lawrence County. In fact, it was stated that if community members thought they could do more to create new jobs, this would absolutely be the number one need to address within the community. Instead, they decided to focus more on issues IU Health Bedford and their community could influence. However, it is not just the lack of jobs that concerns the leaders in the community, but also that the employment opportunities pay minimum wage or are part-time, and thus do not offer health insurance benefits. This results in individuals commuting to Bloomington to obtain employment for their insurance benefits. Overall, leaders expressed a great need in their community for increased employment opportunities.

6.2 Community Survey Findings

IU Health also solicited responses from the general public regarding the health of the IU Health Bedford community through an online survey. The survey consisted of approximately 15 close- and open-ended questions that assessed the community members' feedback regarding healthcare issues and barriers to access.

A link was made available on the hospital's website via an electronic survey tool from December 2011 through June 2012. A paper version was distributed to local community centers, health clinics, community health fairs and events, as well as within some hospital patient waiting areas. Additionally, an estimated 25,000 surveys were e-mailed, direct-mailed, or sent via newsletter. In addition to disseminating directly to the general public of the community, the survey was also sent via email to participants in the needs assessment focus groups to provide an opportunity for these community leaders to pass on to their local community members.

Respondent Demographics

234 respondents participated in the survey. All of the participants were from the PSA (Lawrence County). The survey sample was 97% Caucasian (White), and was fairly evenly distributed across age ranges, with 32% of respondents being 40 years of age or less, nearly half (48%) aged 41-59, followed by those aged 60+ (19%).

The educational attainment of the sample was fairly high with a majority of respondents (53%) indicating they had completed either a college undergraduate (36%) or graduate degree (17%). The remaining respondents had earned a high school degree or GED (35%).

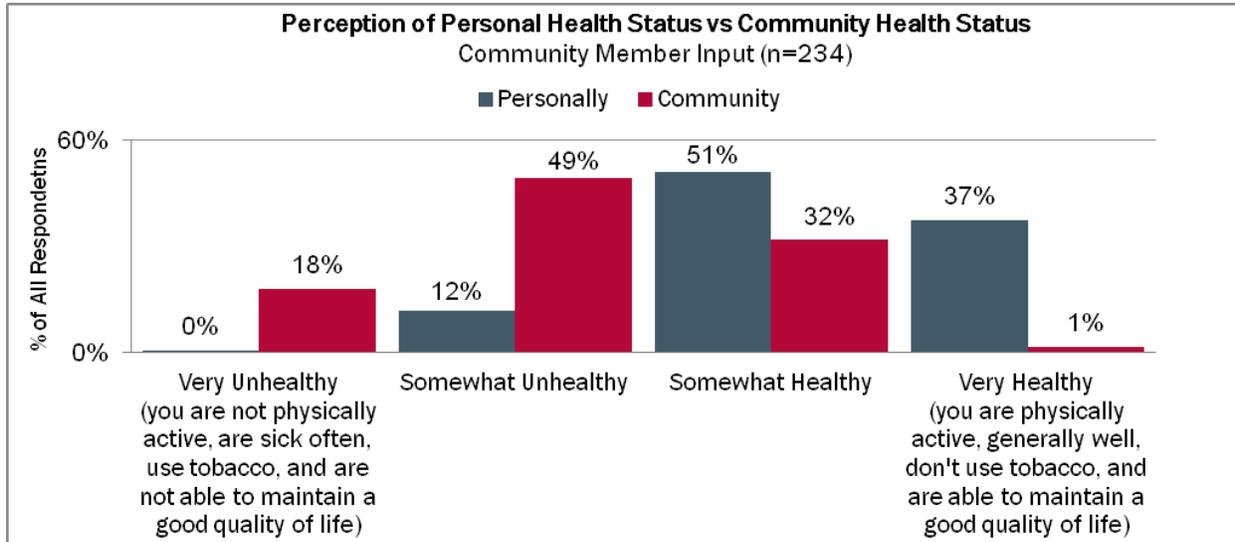
Reported household income of the sample was distributed fairly even across income ranges defined in the survey. 27% of all respondents reported a household income of \$89,401+; another 18% reported \$67,051-\$89,400, 23% reported a household income of \$44,701-\$67,050, 24% reported \$22,351-\$44,700, and the remaining respondents (8%) indicated a household income less than \$22,350.

Survey respondents were also asked to report their insurance status. A majority of respondents had commercial/private insurance (89%), followed by a small percentage that reported having Medicare coverage (6%); (4%) are uninsured/self-pay or are covered by some other government-based program (2%).

Perceptions of Personal and Community Health

Survey respondents were asked to assess both how healthy they thought they were personally, as well as how healthy they thought their overall community was. Four response options were presented, ranging from "Very Healthy (you/community members are physically active, generally well, don't use tobacco, and are able to maintain a good quality of life)" to "Very Unhealthy (you/community members are not physically active, are sick often, use tobacco, and are not able to maintain a good quality of life)." Participant results are summarized in *Figure 6* below.

Figure 6
Web-Based Survey Responses



Source: IU Health Bedford Community Survey, 2012.

The majority of participants rated themselves as either “Somewhat Healthy” (51%) or “Very Healthy” (37%). Conversely, when asked to rate their overall community on the same scale, most participants rated their community’s health as “Somewhat Unhealthy” (49%) or “Very Unhealthy” (18%), as opposed to only 12% rating themselves as “Somewhat Unhealthy” or “Very Unhealthy”. Only 33% of participants rated their community as “Somewhat Healthy” or “Very Healthy”.

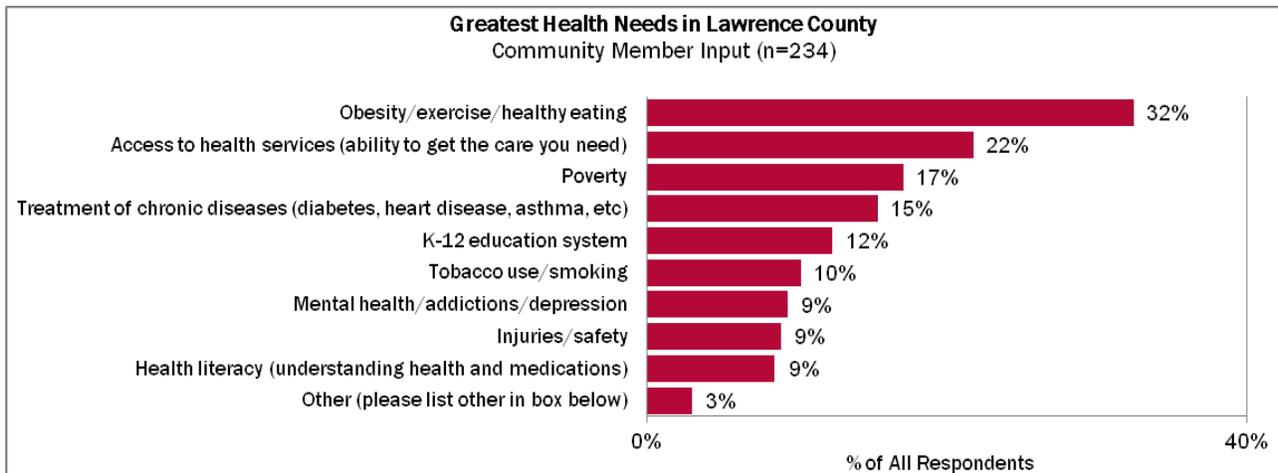
Health Issues

When asked to rate the top health issues in their community on a scale of one to five, the five issues rated most often by respondents as the top need in their community included:

1. Obesity/exercise/healthy eating.
2. Access to health services (ability to get the care you need).
3. Poverty.
4. Treatment of chronic diseases.
5. K-12 education system.

Figure 7 below illustrates the health issues identified most frequently by respondents as the number one health need in the community.

Figure 7
Web-Based Survey Responses

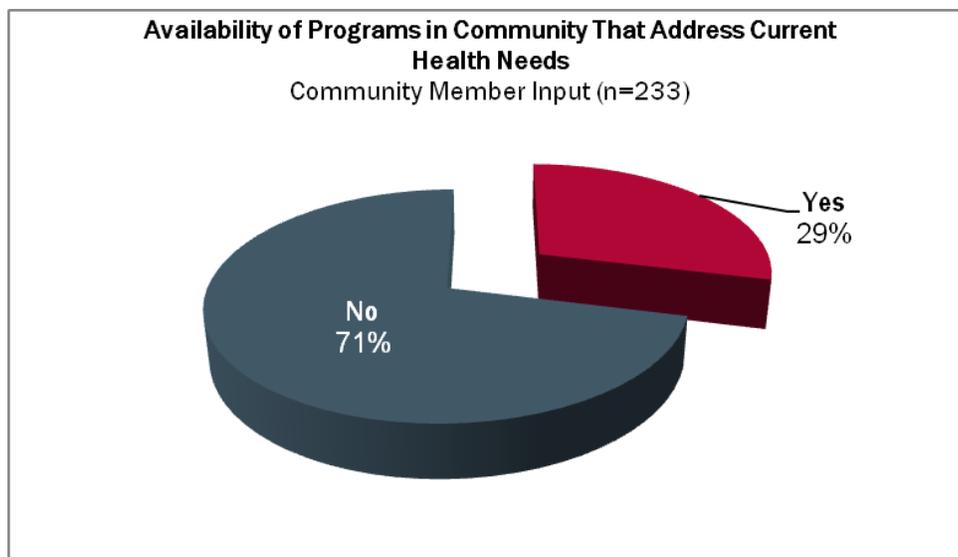


Source: IU Health Bedford Community Survey, 2012.

Community Health Needs

A majority of respondents indicated that their community did not maintain enough programs to help with the identified key community health issues. **Figure 8** below illustrates a detailed view of this feedback with regard to the question “*With the five needs you picked above, do you think there are enough programs in your community to help with these needs?*”

Figure 8
Web-Based Survey Responses



Source: IU Health Bedford Community Survey, 2012.

Those who reported they did not feel like their community had adequate programs available to address current health needs listed the following needs as those they feel the IU Health Bedford community should consider focusing on the most:

- Develop programs for kids in the K-12 education system that enhance their understanding of the benefits of proper diet and exercise
- Provide programs that increase health literacy through patient health education with a focus on nutrition, and the importance of regular check-ups that include health screenings
- Provide more affordable healthcare services/outreach programs to those at the poverty level