



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

2011-2012



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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) Blackford Hospital (IU Health Blackford) in order to assess health needs in the county service areas served by the hospital. This assessment was initiated by IU Health Blackford 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 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 Blackford 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 Blackford'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 Blackford's existing foundation of healthcare services and providers.

1.2 Objectives

The 2011 IU Health Blackford 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 Blackford service area, specifically within the primary service area (PSA) of Blackford County, Indiana.
2. Identify the priority health needs (public health and healthcare) within the IU Health Blackford 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 Blackford community.
4. Supply public access to the CHNA results in order to inform the community and provide assistance to those invested in the transformation to the community's healthcare network.

2 EXECUTIVE SUMMARY

2.1 Overall IU Health Blackford Hospital Community

- Service Area Counties: Blackford, Grant, Delaware, Jay, and Wells
- Service area population in 2010: 249,387
- 75% of the IU Health Blackford's inpatient discharge population resides in Blackford County
- Of the five service area counties, all except Wells County are expected to decrease in total population by 2015
- Although population is expected to decrease for all of the service area counties across almost all of the age cohorts, the 65+ population is projected to increase substantially by 2015 for all counties; and the 20-24-year-old college-age population is anticipated to increase for Jay County
- Similar to poverty rates for Indiana and the US, rates for all five counties have increased from 2008 to 2009
- 5% of community discharges were for patients with Medicaid, 73% were for patients with Medicare, and 6% were for uninsured/self-pay patients

IU Health Blackford's entire community service area extends into five counties: Blackford, Grant, Delaware, Jay, and Wells. Poor social and economic factors 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 Blackford County.



Access to healthcare



Cancer



Obesity



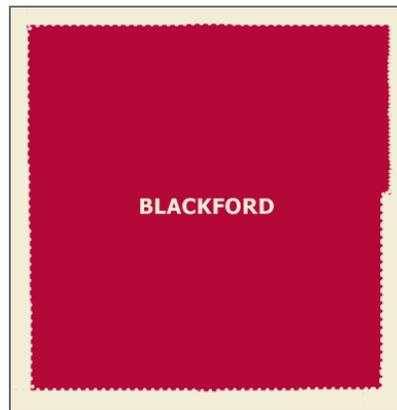
Mental health



Senior health

2.2 Primary Service Area

Blackford County comprises the majority of the IU Health Blackford Hospital community. It accounts for all of the primary service area (PSA) population, and 75% of the inpatient discharge population of the total community.



Blackford County has higher rates of unemployment than the state of Indiana and the national average. The median household income of Blackford County is also below the Indiana state average and the national average. 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 Blackford County are as follows:

- Blackford County has seen a 9.09% decrease in population since 2000, a rate higher than the rate of change for the entire IU Health Blackford service area (-2.45%), the state of Indiana (6.6%), and the entire nation (10%)
- The senior population (65+) is projected to increase for Blackford County between 2010 and 2015, but at a slightly lower rate than for the total IU Health Blackford service area and for the entire state
- Approximately 9% of Blackford County community discharges were ambulatory care sensitive conditions (ACSC) in 2007, which was one of the highest rates for all the service area counties
- Based on County Health Rankings, Blackford County ranked 78th out of 92 counties in the state of Indiana for overall health outcomes, and 83rd out of 92 counties for overall health factors
- Blackford County compared unfavorably for many Community Health Status Indicators, and this was especially so for factors related to prenatal and infant care (eg, births to women under 18, births to unmarried women, infant mortality, white non-Hispanic infant mortality, and post-neonatal infant mortality) as well as chronic health conditions (eg, cancer and coronary heart disease)
- Both of the two ZIP code areas included within Blackford County, Hartford City, and Montpelier, have the same community health needs based on the Community Needs Index (CNI) assessment of economic and structural health indicators; additionally, the community need was scored as moderate for both
- 72 Blackford County community members responded to IU Health Blackford's CHNA survey, and 70% 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 Blackford Hospital. 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 Blackford Hospital's ability to reach reasonable conclusions regarding community health needs. While IU Health Blackford has worked to capture quantitative information on a wide variety of health conditions from a wide array of sources, IU Health Blackford 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 Blackford 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. Furthermore, due to the community survey's small sample size, extrapolation of these results to the entire community population is limited.

3.4 Collaborating Organizations

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

- 3M Corporation
- Blackford County Economic Foundation
- Blackford County Health Department
- Blackford County Schools
- Blackford County Sheriff's Department
- City Government of Montpelier, Indiana
- DWA Healthcare Communications Group
- Hearts with Integrity (Home Health)
- IU Health Ball Memorial Hospital
- IU Health Blackford Hospital
- Pacesetter Bank
- Verité Healthcare Consulting, LLC

4 DEFINITION OF COMMUNITY ASSESSED

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

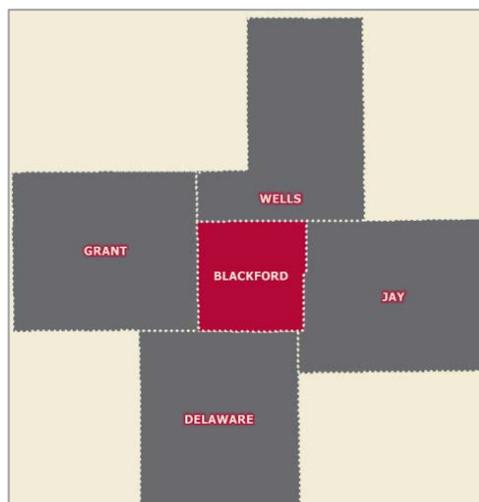
Table 1
IU Health Blackford Hospital Inpatient Discharges by County and Service Area, 2010

Discharge Area	County	Discharges	Percent of Total
Primary Service Area	Blackford	411	75.0%
	Subtotal	411	75.0%
Secondary Service Area	Grant	92	16.7%
	Delaware	23	4.2%
	Jay	12	2.2%
	Wells	1	0.2%
	Subtotal	128	23.3%
All Other Areas	Subtotal	11	2.0%
Total Discharge Population		550	100.0%

Source: IHA Database, 2010.

In 2010, the IU Health Blackford PSA included 411 discharges and its SSA 128 discharges. The community was defined based on the geographic origins of IU Health Blackford inpatients. Of the hospital's inpatient discharges, approximately 75% originated from the PSA and 23% from the SSA (*Table 1*).

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



5 SECONDARY DATA ASSESSMENT

5.1 Demographics

IU Health Blackford Hospital is located in Blackford County, a county located in east-central Indiana. Blackford County includes ZIP codes within the towns of Hartford City and Montpelier. Based on the most recent Census Bureau (2010) statistics, Blackford County's population is 12,766 persons with approximately 51% being female and 49% male. The county's population estimates by race are 97.7% White, 1.1% Hispanic or Latino, 0.7% Black, 0.2% Asian, 0.2% American Indian or Alaska Native, and 1.2% persons reporting two or more races.

Blackford County has relatively low levels of educational attainment. A high school degree is the level of education most have achieved, and the percentage of those with a high school degree has dropped 0.4% from 2000 to 2010 (49.45% to 49.1%). An additional 18% had some college in 2010, but no degree. Also as of 2010, 13% of the population had an associate's or bachelor's degree, and only 4.5% hold a graduate or professional degree.

Within the entire service area, the total population for the PSA is 12,766 and the total population for surrounding counties is 236,621, as illustrated in *Table 2* below.

Table 2
Service Area Population, 2010

Service Area	County	Population	Percent of Total
Primary	Blackford	12,766	5.1%
	Subtotal	12,766	5.1%
Secondary	Grant	70,061	28.1%
	Delaware	117,671	47.2%
	Jay	21,253	8.5%
	Wells	27,636	11.1%
	Subtotal	236,621	94.9%
Total Service Area		249,387	100.0%

Source: US Census Bureau, 2012.

Population growth can help to explain a change in community characteristics related to health status, and thus plays a major role in determining the specific services that a community needs. The Blackford County population has decreased 9.09% since 2000, when the population was estimated to be 14,042 persons. Comparatively, Blackford County's population has decreased faster than the average population across the total service area, which decreased by approximately 1.89% 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.

Blackford County's overall population is projected to decrease (-4.54%) by 2015. Its population is expected to decline the most for persons aged 5-19 (-10.14%), followed by persons aged 25-44 (-8.89%).

At almost 8%, the 65+ population is expected to grow the fastest among all Blackford 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. However, the rate of population growth in Blackford County for persons 65+ is expected to increase more slowly than the combined IU Health Blackford service area (9.13%) 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	Blackford	12,766	↓ -4.54%	-5.27%	-10.14%	-3.00%	-8.89%	-4.96%	7.63%
	Subtotal	12,766	↓ -4.54%	-5.27%	-10.14%	-3.00%	-8.89%	-4.96%	7.63%
Secondary	Grant	70,061	↓ -2.05%	-0.32%	-5.88%	-0.95%	-4.16%	-4.65%	8.71%
	Delaware	117,671	↓ -0.38%	-1.05%	-2.65%	-0.92%	-1.91%	-2.83%	9.80%
	Jay	21,253	↓ -0.98%	-2.89%	-4.09%	11.21%	-6.07%	-0.30%	6.86%
	Wells	27,636	↑ 0.75%	-3.26%	-3.68%	-1.40%	-2.02%	-0.60%	15.55%
	Subtotal	236,621	↓ -0.80%	-1.33%	-3.86%	-0.41%	-2.97%	-2.88%	9.88%
Total Service Area		249,387	↓ -0.99%	-1.54%	-4.16%	-0.48%	-3.28%	-3.00%	9.75%
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 average share of jobs in Blackford County was highest within the industry sectors manufacturing, retail trade, healthcare and social assistance, accommodation and food services, wholesale trade, and transportation and warehousing. Of these top industry sectors, those with the highest rates of hiring growth between 2010 and 2011 were within wholesale trade (+50%), transportation and warehousing (+15%), and healthcare and social assistance (+14%).

Blackford County has a diverse group of major employers reported by the Indiana Department of Workforce Development, including: 3M Corporation, IU Health Blackford Hospital, Key Plastics LLC,

5 Star Commercial Roofing, Emhart Teknologies, Blackford County High School, BRC Rubber Group, Cadence Innovation, Hartford City Paper LLC, and Indiana Veneer.

Blackford County reported a relatively similar unemployment rate with the rates of some surrounding counties, but had a slightly higher rate of unemployment than 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	Blackford	11.0%	10.8%	↓ -0.2%
Secondary	Grant	10.3%	10.1%	↓ -0.2%
	Delaware	10.1%	9.8%	↓ -0.3%
	Jay	8.3%	7.4%	↓ -0.9%
	Wells	8.3%	8.0%	↓ -0.3%
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 Blackford County, a poverty rate of 14.1% was reported in 2009, rising from 13.9% from 2008 (0.2%). This was the lowest poverty rate increase within the IU Health Blackford service area between 2008 and 2009. 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.

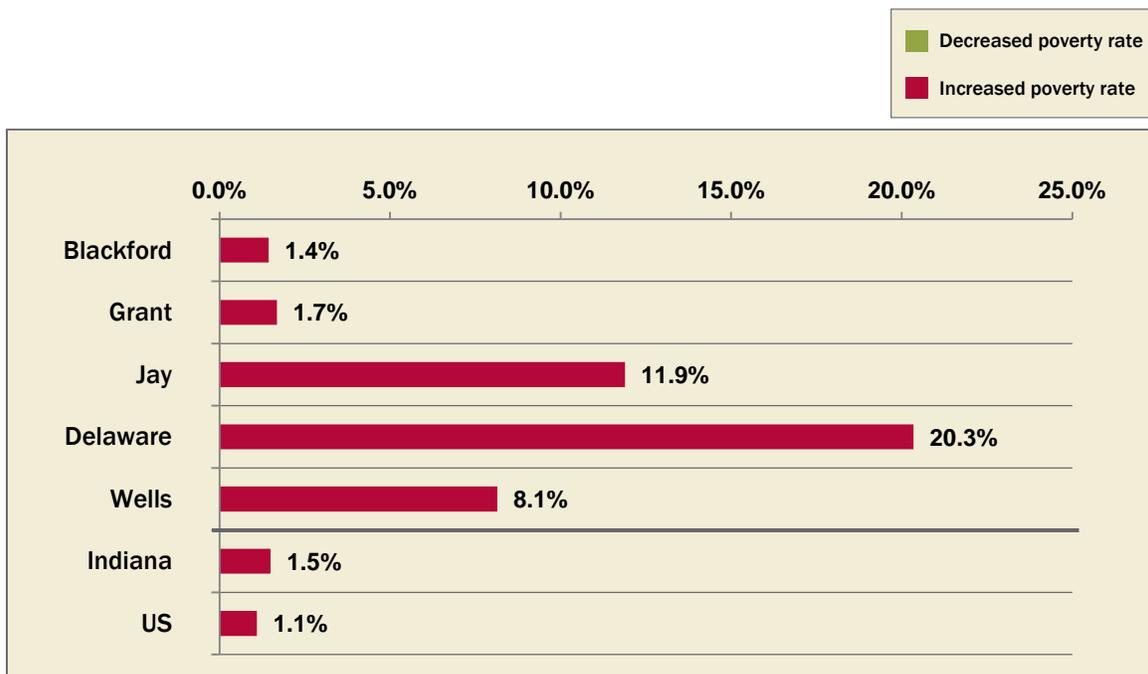
Table 5
Percentage of People in Poverty, 2007-2009

Service Area	County	2007	2008	2009	% Change from 2008-2009
Primary	Blackford	12.6%	13.9%	14.1%	↑ 0.2%
	Grant	17.4%	17.8%	18.1%	↑ 0.3%
Secondary	Jay	10.8%	14.3%	16.0%	↑ 1.7%
	Delaware	18.0%	17.2%	20.7%	↑ 3.5%
	Wells	8.5%	8.6%	9.3%	↑ 0.7%
	Indiana	12.3%	12.9%	14.4%	↑ 1.9%
USA		13.0%	13.2%	14.3%	↑ 1.1%

Source: US Census Bureau, 2012.

Grant County had the second lowest poverty rate increase in the IU Health Blackford service area between 2008 and 2009 (0.3%), followed by Wells County (0.7%). 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, Blackford County's per capita personal income was estimated to be \$27,948, with a median household income around \$38,371, both of which are below the state rates. The rates are compared to the Indiana state average of per capita income of \$33,323, with a median household income around \$45,427, and the US national average of per capita income of \$38,846, with a median household income of \$50,221.

5.2.3 Insurance Coverage

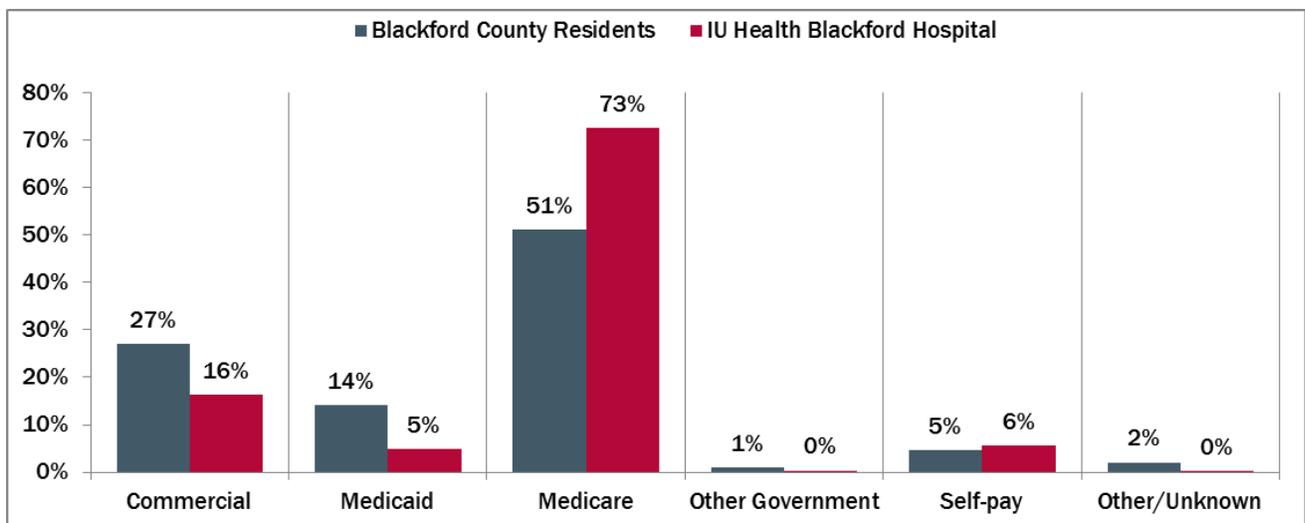
National statistics on health insurance indicate that 16% of the United States population is uninsured. Of the US population that is insured, 49% are insured through an employer, 5% through individual providers, 16% through Medicaid, 12% through Medicare, and 1% through other public providers.

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% residents 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), 27% of Blackford County residents have commercial insurance, 14% are insured through Medicaid, 51% are insured through Medicare, 5% pay out-of-pocket (uninsured), and 3% have other government insurance or are unknown.

At IU Health Blackford Hospital, it is estimated that 16% of discharged patients have commercial insurance, 5% are insured through Medicaid, 73% are insured through Medicare, 6% pay out-of-pocket (uninsured), and 1% have other government insurance or are unknown (see *Figure 3*).

Figure 3
Insurance Coverage
 2009 Blackford County and IU Health Blackford 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 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%, 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 JFY 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 (CHOICE) 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, 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 Blackford Hospital PSA, the 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	Blackford	94.4
	Subtotal	94.4
Secondary	Grant	85.2
	Delaware	77.4
	Jay	94.7
	Wells	88.4
	Subtotal	86.4
Total Service Area Average		88.0
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* below summarizes County Health Ranking assessments for Blackford and surrounding counties in Indiana; rankings for counties were converted into quartiles to indicate how each county ranks versus others in the state. The table also illustrates whether a county's ranking worsened or improved from rankings in 2011.

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

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

Indicator	Blackford	Grant	Delaware	Jay	Wells	Average Ranking for Service Area
Overall Health Outcomes	78 ↓	79	85 ↓	58	8	62
<i>Mortality</i>	61 ↓	68	76	59	6	54
<i>Morbidity</i>	87 ↓	81	85 ↓	58	30 ↓	68
Overall Health Factors	83	73 ↓	47 ↓	65	11 ↓	56
<i>Health behaviors</i>	88 ↓	54	62	65 ↓	13 ↓	56 ↓
<i>Tobacco use</i>	89	73 ↓	51 ↓	33 ↓	26 ↓	54 ↓
<i>Diet and exercise</i>	73 ↓	43 ↓	71	85	51 ↓	65 ↓
<i>Alcohol use</i>	45	18 ↓	16	21 ↓	5 ↓	21
<i>Sexual activity</i>	79 ↓	69 ↓	80 ↓	63	10	60 ↓
<i>Clinical care</i>	54	28	8	75 ↓	12 ↓	35
<i>Access to care</i>	34 ↓	63	17 ↓	75 ↓	13 ↓	40 ↓
<i>Quality of care</i>	73	9	8	64 ↓	25	36
<i>Social and economic factors</i>	82	84 ↓	65 ↓	64	14 ↓	62
<i>Education</i>	73	74 ↓	8	71	17 ↓	49
<i>Employment</i>	88 ↓	67 ↓	61 ↓	29	28	55
<i>Income</i>	68	89	83 ↓	75	13	66
<i>Family and social support</i>	90 ↓	85	73 ↓	79 ↓	17 ↓	69 ↓
<i>Community safety</i>	22	44	83 ↓	29 ↓	2	36
<i>Physical environment</i>	32 ↓	39	33 ↓	6	75	37
<i>Environmental quality</i>	72	39	12	72	72	53
<i>Built environment</i>	15 ↓	33	54 ↓	3	78	37

Source: County Health Rankings, 2012.

Blackford County fell within the bottom 25th percentile, ranking 78th in the state for overall health outcomes (length and quality of life), which is above the average ranking for health outcomes among the five counties in the IU Health Blackford Hospital service area. Comparatively, the counties of Grant and Delaware ranked below the 25th percentile as well.

In preventable health factors, Blackford County ranked 85th in terms of overall health-related factors (determinants of health); individual scores are displayed in **Table 7**. More than half of Blackford County's health factor rankings fell in the bottom 50% of Indiana counties.

For Blackford County, the specific overall health indicators ranked in the bottom 25% of Indiana counties were family and social support (90th), tobacco use (89th), employment (88th), sexual activity (79th), diet and exercise (73rd), education (73rd), quality of care (73rd), and environmental quality (72nd). In addition to the above, income (68th) ranked in the bottom half of all Indiana counties.

Many health indicator rankings for Blackford County fell between 2011 to 2012, including those of diet and exercise, sexual activity, access to care, employment, family and social support, and built environment. Blackford County ranked lower than the overall service area for many indicators, but especially for those of quality of care (difference of 37), tobacco use (difference of 35), employment (difference of 33), alcohol use (difference of 24), education (difference of 24), and family and social support (difference of 21).

Across all IU Health Blackford service area counties, family and social support, income, diet and exercise, sexual activity, employment, and tobacco use are the health factors ranked most consistently in the bottom quarter or bottom half of Indiana counties.

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.

Blackford County has 46 designated "peer" counties in 15 states, including: Carroll, Fountain, Fulton, Perry, Tipton, and Vermillion counties in Indiana; Carroll, Crawford, DeWitt, Edwards, Ford, Hancock, Marshall, Piatt, and Shelby counties in Illinois; and Charlevoix and Leelanau counties in Michigan. **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.

Blackford County compared unfavorably to US and peer county benchmarks for many chronic health conditions, including breast cancer (female), colon cancer, lung cancer, and coronary heart disease. Several indicators related to birth and infant care were also unfavorable for Blackford County, including births to women under 18, births to unmarried women, infant mortality, white non-Hispanic infant mortality, and post-neonatal infant mortality. Favorable indicators for Blackford County (where rates and percentages for the indicators in Blackford County are lower than those for the entire nation or for peer counties) include very low birth weight, births to women age 40-54, no care in the first trimester, and unintentional injury.

The indicators comparing unfavorably to US and peer counties across all five of the counties within the IU Health Blackford Hospital service area (except Wells) include infant mortality, white non-Hispanic infant mortality, colon cancer, and lung cancer.

Table 8

Favorable and Unfavorable Health Status Indicators, Blackford and Surrounding Counties

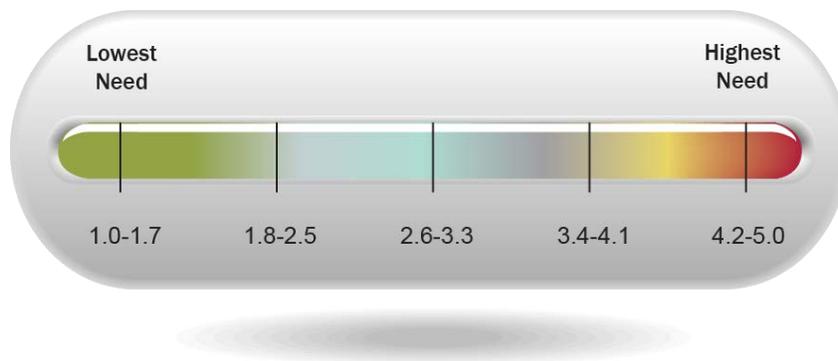
Key					
Favorable health status indicator					
Neither favorable nor unfavorable indicator					
Unfavorable health status indicator					
Indicator	Blackford	Grant	Delaware	Jay	Wells
Low Birth Weight					
Very Low Birth Weight					
Premature Births					
Births to Women Under 18					
Births to Women Age 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.

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* below summarizes the CNI for ZIP codes in Blackford County.

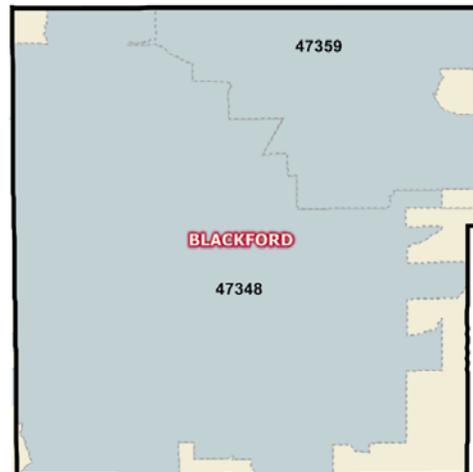
Figure 4
Community Need Index Rating Scale



Within Blackford County, CNI scores indicate needs are moderate within both ZIP codes.

Table 9
CNI Scores for Blackford County

County	City	ZIP Code	Rank
Blackford	Montpelier	47359	2.8
	Hartford City	47348	2.8



Source: Community Need Index, 2011.

5.6 Regional Chronic Conditions and Preventive Behaviors

The National Research Corporation, one of the largest online healthcare surveys in the United States, 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.

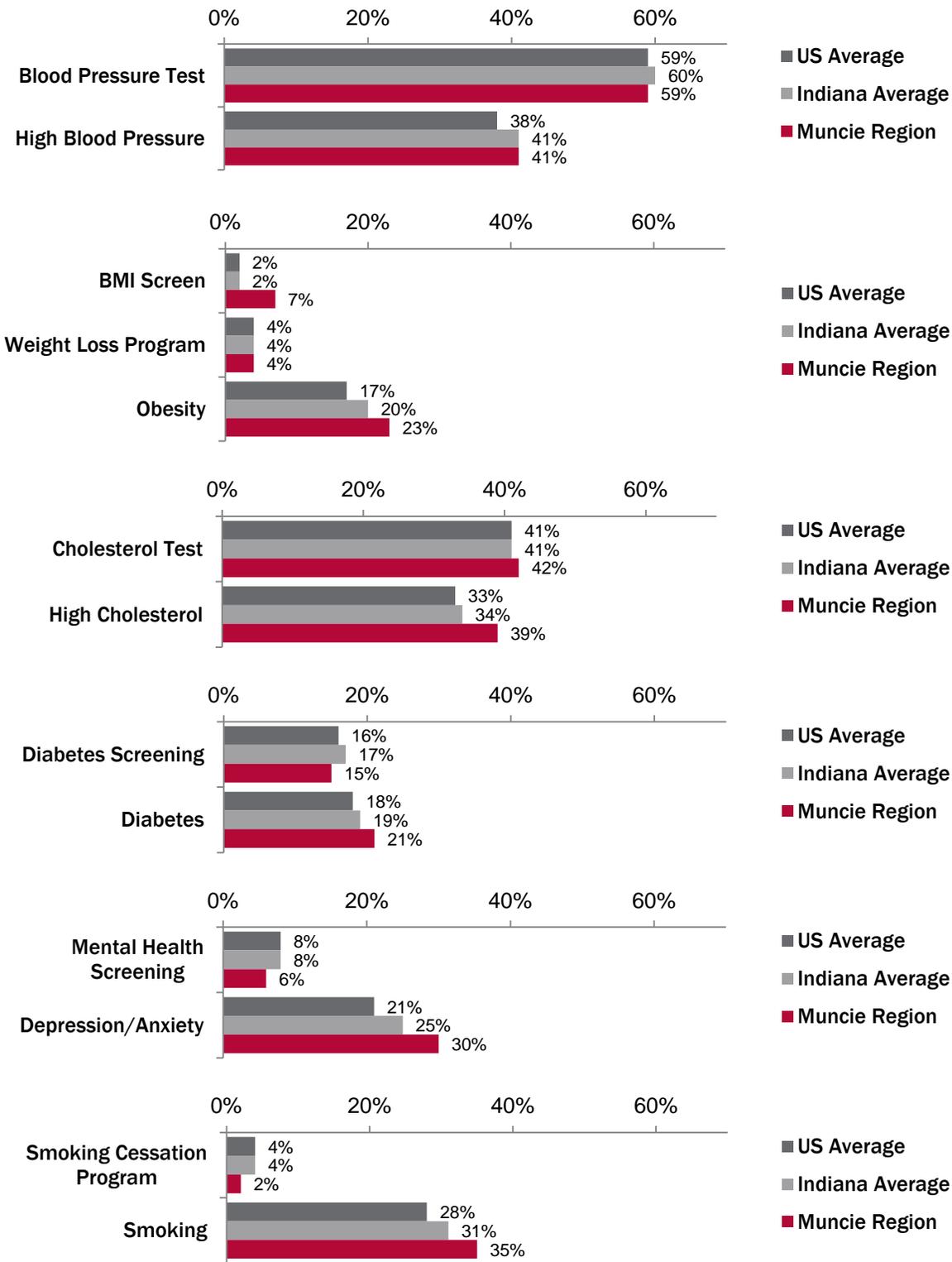
These estimates are based on a monthly internet survey of over 270,000 individuals across the country. For this CHNA, Ticker data utilized represent the “Muncie Regional Market.” These Ticker data identified the following top ten chronic conditions:

- High blood pressure
- High cholesterol
- Smoking
- Allergies—other
- Arthritis
- Depression/anxiety disorder
- Asthma
- Obesity/weight problems
- Allergies—hay fever
- Diabetes

Most chronic conditions and corresponding preventive behaviors of interest have been compared to the Indiana and US averages. These comparisons indicate that the Muncie Regional Market experiences relatively higher percentages of high blood pressure, high cholesterol, and smoking; and relatively lower percentages of cancer (both skin and other), as well as heart disease. Diabetes and obesity/weight problems are consistent with state and national trends. The charts in *Figure 5* below illustrate the chronic conditions and preventive behaviors for the Indiana University Health “Muncie Regional Market”, Indiana, and the entire nation.

Figure 5

Chronic Conditions and Preventive Behaviors in the Indiana University Health “Muncie 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** illustrates the areas that have been designated as MUAs or MUPs in the IU Health Blackford community.

Table 10
MUAs and MUPs in the IU Health Blackford 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	Blackford	—		60.0	Low-income population, entire county
Secondary	Grant	—		59.4	Low-income population, entire county
	Delaware	—		57.8	Low-income population, entire county
	Jay	—		61.9	Low-income population, entire county
	Wells	—		—	

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

All of the counties in the community service area except for Wells County had low-income populations for the entire county designated as an MUP. No counties in the IU Health Blackford service area community included designated MUAs.

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/>.

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 Blackford Hospital community.

Table 11
HPSAs in the IU Health Blackford Hospital Community

Service Area	County	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA
Primary	Blackford	Entire county	—	Grant/Blackford County Mental Health Catchment Area
	Grant	Low-income population, entire county	—	Grant/Blackford County Mental Health Catchment Area
Secondary	Delaware	Entire county	Low-income population, entire county	Low-income population, Mental Health Catchment Area 6
		2 health centers: Open Door Health Services, Inc. and Meridian MD - North Tillotson (FQHC Look-a-Like)	2 health centers: Open Door Health Services, Inc. and Meridian MD - North Tillotson (FQHC Look-a-Like)	2 health centers: Open Door Health Services, Inc. and Meridian MD - North Tillotson (FQHC Look-a-Like)
	Jay	—	—	Low-income population, Mental Health Catchment Area 6
	Wells	—	—	Entire county

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

5.8 Description of Other Facilities and Resources Within the Community

The IU Health Blackford Hospital 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 Blackford community.

Table 12
Resources in Blackford and Surrounding Counties

Service Area	County	Public Health Department
Primary	Blackford	Blackford County Health Department (Hartford City, Indiana)
Secondary	Grant	Grant County Health Department (Marion, Indiana)
	Delaware	Delaware County Health Department (Muncie, Indiana)
	Jay	Jay County Health Department (Portland, Indiana)
	Wells	Wells County Health Department (Bluffton, Indiana)

Service Area	County	Hospital	
Primary	Blackford	IU Health Blackford Hospital	
Secondary	Grant	Marion General Hospital	VA Northern Indiana Health Care System
	Delaware	IU Health Ball Memorial Hospital	
	Jay	Jay County Hospital	
	Wells	Bluffton Regional Medical Center	

Service Area	County	FQHC	
Primary	Blackford	N/A	
Secondary	Grant	Indiana Health Center at Marion (Marion, Indiana)	
	Delaware	Gateway Health Center (Muncie, Indiana)	Open Door/BMH Health (Walnut Street, Muncie, Indiana)
		Meridian MD, North Tillotson (Muncie, Indiana)	Southway Urgent Care (Muncie, Indiana)
		Open Door Family Planning Clinic (Muncie, Indiana)	Suzanne Gresham Center Division of Meridian Services (Muncie, Indiana)
		Open Door/BMH Health (Madison Street, Muncie, Indiana)	
	Jay	N/A	
Wells	N/A		

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

5.9 Review of Other Assessments of Health Needs

5.9.1 2011 Community and Family Services, Inc. (CFSI) Community Needs Assessment

In Indiana, there are 23 Community Action Agencies (CAAs) that serve all 92 counties of Indiana and comprise the Indiana Community Action Network (Network). In 2009, 831,709 low-income Hoosiers turned to the Network for help. In 2009, CFSI served 9590 individuals in their service area of Adams, Blackford, Huntington, Jay, Randolph, and Wells counties.

The client survey was randomly sent in September 2010 to those who had received services from CFSI in 2009. There were 13,772 surveys returned statewide, of which 544 were from CFSI clients. Clients who received the survey were asked what their community needs were and what the barriers were to clients having those needs met.

Key conclusions were:

- CFSI saw the number of clients who were homeowners increase 18% since 2007 and the number of clients who were renters increased 2% during this same time period
- The following were identified by CFSI's client survey respondents as top community needs:
 - Assistance to pay their electric/gas bills
 - Health insurance coverage
 - Assistance to pay their water bills
 - Assistance to pay their rent or mortgage
 - Food assistance
- The following were identified by CFSI's client survey respondents as barriers to having their top community needs met:
 - Cost was a barrier for child care, health insurance, and transportation (price of gas)
 - The cost of utilities was a barrier to housing
 - Physical disability was a barrier to work
- CFSI offers many programs and services; some of the programs CFSI offers that specifically address the community needs and barriers identified by clients include:
 - Energy Assistance Program
 - Head Start
 - Supplemental Nutrition Program for Women, Infants, and Children (WIC)

5.9.2 2011 Central Indiana Community Action Program (CICAP) Community Needs Assessment

In Indiana, there are 23 Community Action Agencies (CAAs) that serve all 92 counties of Indiana and comprise the Indiana Community Action Network (Network). In 2009, 831,709 low-income Hoosiers turned to the Network for help. In 2009, CICAP served 12,177 individuals in their service area of Grant and Madison counties.

The client survey was randomly sent in September 2010 to those who had received services from CICAP in 2009. There were 13,772 surveys returned statewide, of which 1414 were from CICAP clients. The survey asked what their community needs were and what the barriers were to clients having those needs met.

Key conclusions were:

- Nearly 35% of survey respondents statewide, and 23% of CICAP client survey respondents, said they had no problems with their housing
- The following were identified by CICAP's client survey respondents as top community needs:
 - Assistance to pay their electric/gas bills
 - Health insurance coverage
 - Assistance to pay their water bills
 - Assistance to pay their rent or mortgage
 - Food assistance
- The following were identified by CICAP's client survey respondents as barriers to having their needs met:
 - Cost was a barrier for child care, health insurance, and transportation (price of gas)
 - The cost of utilities was a barrier to housing
 - Physical disability was a barrier to work
- CICAP offers many programs and services; some of the programs CICAP offers that specifically address the community needs and barriers identified by clients include:
 - Energy Assistance Program
 - Home Weatherization
 - Family Development
 - Employment and training
- Only 60% of those surveyed responded to the question asking if they had utilized any of these assistance programs and services
 - Out of those, over one-third stated they had received services four or more times
 - About 20% had only received services once

5.9.3 A Health Needs Assessment Study of the Minority Population in Grant County by the Indiana Minority Health Coalition, May 2005

This report presents results of a comprehensive community health needs assessment for minority populations in Grant County, directed by the Indiana Minority Health Coalition with technical assistance from the Indiana University Bowen Research Center. Initial project planning activities began in 2003, with most of the data collected in 2004. Data for the health needs assessment were collected from existing data containing health indicators, targeted population surveys, focus groups, and key informant surveys. Existing data from birth and death certificates, and hospitalizations that have health indicators were gathered and analyzed for minority groups.

Targeted surveys were also developed and administered to 101 local residents in a variety of settings (ie, churches, community centers, ethnic food markets, grocery stores, health fairs, neighborhood events, and retail stores) in order to obtain community input on important health issues, needs, values, and beliefs. Local residents from selected minority populations with an understanding of significant needs, solutions, and expectations were identified to participate in focus groups and/or key informant interviews.

Key conclusions were:

- Health disparities exist by race and ethnic group in Grant County
- Most rates for Grant County need to be improved in order to meet the Healthy People 2010 objectives and benchmarks provided by the US government

- **The black population in Grant County is disproportionately affected when comparing health indicators among racial groups**
 - **The black population perceives high blood pressure, stroke, cancer, diabetes, and heart disease as the top five worst health problems in their neighborhood**
 - **7% of the black population indicated they had difficulty obtaining the services of a doctor, nurse or other health professional in the past year**
 - **For the black population in Grant County, the top five barriers attributing to the lack of healthcare access include:**
 - **Lack of money**
 - **Waiting too long for an appointment**
 - **Doctor would not accept new patients**
 - **Doctor or clinic would not take Medicaid**
 - **Doctor or nurse would not listen**
- **All surveyed Grant County community residents perceive diabetes, obesity, heart disease, and hypertension as major health problems**
- **The most frequently noted barriers to accessing healthcare encountered by minority residents in Grant County were culture, communication between provider and patient, lack of health knowledge and promotion, personal and economic situation, and system problems**
- **Suggestions for improving healthcare access and/or health status for minority residents include:**
 - **Educate and make the community more aware of available resources**
 - **Improve healthcare system**
 - **Improve communication between healthcare consumers and providers**

6 PRIMARY DATA ASSESSMENT

IU Health’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 Blackford Hospital 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 Blackford 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 Blackford Hospital. Attendees who participated in the focus group are listed in **Table 13** below.

Table 13
Focus Group Participants

Name	Title, Affiliation	Expertise
Ted Leas	<i>President, Pacesetter Bank</i>	Mr. Leas is representative of a community perspective regarding healthy living. As President of the bank, he is familiar with the market and income of the community, as well as the issues surrounding low income individuals.
Cheryl Heflin	<i>Patient Access Specialist, IU Health Blackford Hospital</i>	Ms. Heflin is representative of a community perspective regarding access to care. As a patient access specialist, she is familiar with the barriers to care that are present in the community and the type of individuals affected.
Kathy Bantz	<i>Mayor of Montpelier, Indiana</i>	Mayor Bantz is representative of a community perspective regarding healthy living. As a government official, she is knowledgeable of the community’s needs and resources available to address those needs.
Carol Robles	<i>Administrator, Hearts with Integrity (Home Health)</i>	Ms. Robles is representative of a community perspective on senior health. As a senior care administrator, she works to provide access to various services for seniors within the community.
John Lancaster	<i>Sheriff, Blackford County</i>	Mr. Lancaster is representative of a community perspective regarding safety within the community. As a sheriff, he is familiar with the safety issues in Blackford County and the well-being of the community as a whole.
Rob Cleveland	<i>Executive Director, Blackford County Economic Foundation</i>	Mr. Cleveland is representative of a community perspective regarding economic development. As a community foundation director, he is knowledgeable in the financial stability of the community and the resources available.
Patty Poulson	<i>Executive Director, Blackford County Community Foundation</i>	Ms. Poulson is representative of a community perspective regarding community development. As a community foundation director, she is knowledgeable in the financial stability of the community and the resources available.
Ken Kline	<i>Superintendent, Blackford County Schools</i>	Mr. Kline is representative of a community perspective regarding children’s health and education. As a public school superintendent, he is knowledgeable in the area of children’s health and well-being, as well as the overall health of the community surrounding them.

Dan Borgenheimer	<i>Environmental Health and Safety, 3M</i>	Mr. Borgenheimer is representative of a community perspective regarding environmental health. As an employee of 3M, he is knowledgeable in environmental safety practices and related issues.
Robyn Clamme	<i>Blackford County Health Department</i>	Ms. Clamme is representative of a community perspective regarding general public health. As an employee of the health department, she understands the issues and obstacles involved in public health and ways to improve it.
John Disher	<i>Administrator, Marketing, PR, Community Benefit, IU Health Ball Memorial Hospital</i>	Mr. Disher is representative of a community perspective regarding overall community health. As a community benefit and education coordinator at IUH Ball Memorial Hospital, he is well-versed in the community's' needs and how they are currently being addressed.

6.1.2 Prioritization Process and Criteria

To obtain a more complete picture of the factors that play into the Blackford County community's health, input from local health leaders was gathered through two separate focus group sessions. The first was a two hour live group session at IU Health Blackford Hospital, and another held via conference call for those who were not able to meet in person. To get a more complete picture, including the factors that play into the community's health, input from local health leaders was gathered through focus group sessions. Leaders provided insights into the quantitative data, and looked for needs not easily identified from the data, such as health literacy that may not be obvious when looking at population health statistics.

Upon arrival to the focus group, participants were asked to list their believed top five health needs for Blackford County. These responses were collected to create a comprehensive list of needs. The list was then used during the discussion period later in the session and ranked for severity of need within the community.

After top needs were collected, the reason for the session, along with the community's demographics, insurance information, poverty rates, county health rankings, causes of death, physical activity, chronic conditions, preventative behaviors, and community needs index were presented. Also presented to community leaders attending the session was the mission of IU Health, current outreach priorities to public health.

After the presentation, a discussion to gain consensus of the top five health needs of the community was conducted. This was intended to inspire candid discussions and was followed by giving the leaders another chance to vote for their top five needs from the overall list. Votes were tallied as a group and input from the group was encouraged during this process in order to validate the needs.

6.1.3 Description of Prioritized Needs

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

1. Access to healthcare.
2. Cancer.
3. Obesity.
4. Mental health.
5. Senior health.

These prioritized needs are discussed in more detail below.



1. Access to healthcare was the greatest community need identified by community leaders. A specific problem mentioned is that there is currently not a free clinic in the area to provide care, which is a contributing factor in the inappropriate use of the emergency room (ER). The ER is the only form of urgent care the area has, even though the cases that arrive are not always emergencies. A lack of access to specialists in the area was also expressed as a concern, and many uninsured patients are not seen by doctors at all. The choice of doctors within the community is limited, especially when it comes to primary care providers (PCPs); therefore, a low number of appointments are available within the community at any given time.

The physicians also have a patient quota to meet, and thus quality of care is often sacrificed for the sake of attaining high numbers. Subsequently, patient perceptions of the community's doctors are burdened by this. There are also no pediatricians in the area. The focus group participants stated that the area perceives the hospital as a "band-aid" station, and due to a lack of beds and doctors, many patients transfer to Ball Memorial hospital. Another healthcare access issue expressed for the area is the high cost of prescription medications, which has discouraged patients from refilling their prescriptions.



2. Cancer rates in the community were agreed upon by the focus group participants as something that needed to be addressed and reduced, making it the second greatest community need identified. Blackford County is considered a possible "hot spot" for cancer, as indicated in messaging from the health department, with east-central Indiana having the highest cancer rates of the entire state. Blackford County also has the highest rate of lung cancer in the state, which has caused some concern and blame among the community's residents as they look to determine why the cancer rate in their area is so much higher than the surrounding communities.



3. Obesity was a community need identified by leaders as one that is present in both adults and children. The service area lacks health education, nutrition awareness, and recreational areas that promote physical activity such as walking trails and greenways. Focus group participants felt that incentive programs may spark the community's interest in engaging in increased healthy behaviors.



4. Mental health was the fourth greatest need identified in the community, primarily in the form of access to care. Although there are counseling services provided at Blackford Mental Health and Life Center Counseling, there are still limited psychiatric services available to the community. Primarily, the area lacks affordable drug and alcohol treatment for youths, and for those sources of treatment that do exist, there is often a long wait to get an appointment. Currently, those in need of services are transported out of the county for evaluations and then transported back to the county for treatment, but services are very limited. Most PCPs in the community are also not familiar with mental health issues, and there is typically not enough time to properly screen patients for these problems during primary care examinations. Cost of mental health treatment is another major issue, as insurance coverage for mental health care is often minimal and patients cannot afford the care.



5. Senior health was the last topic briefly discussed, but leaders from the focus group agreed it is the fifth greatest health need in the community. Focus group participants believed the specific concerns to be addressed should include assisted living, long-term care needs, and nutritional assistance for shut-ins.

6.2 Community Survey Findings

IU Health Blackford Hospital solicited responses from the general public regarding the health of their 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 February 2012 through May 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, surveys were mailed to 10,000 randomly selected households, and another 10,000 surveys were sent via email or e-newsletters. 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 onto their local community members.

Respondent Demographics

72 respondents participated in the survey. All of the respondents were from the PSA (Blackford County). The survey sample was 100% Caucasian (White), and was fairly evenly distributed across age ranges, with the majority of respondents being 41-69 (67%) years of age, followed by 30-40 (13%), 70+ (11%), and 18-29 (9%) years of age.

The educational attainment of the sample was fairly high and made up of high school- through college-educated participants, with 61% of respondents indicating they had completed either a college undergraduate (52%) or graduate degree (9%). The remaining respondents had completed a high school degree/GED (26%), or vocational or technical schooling (13%).

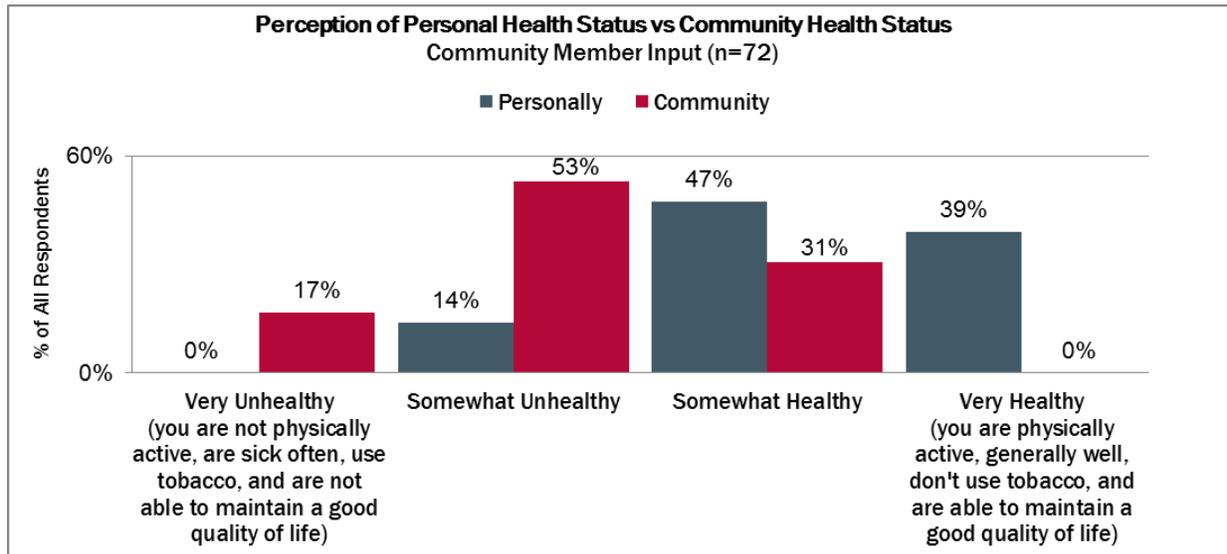
Reported household income of the sample was also fairly high. A large number of respondents (57%) reported a household income above \$44,701, which is higher than the median household income for Blackford County of \$38,731. The upper household income range of \$89,401+ accounted for one quarter of the survey respondents. The remaining respondents reported a household income of \$67,051-\$89,400 (13%), \$44,701-\$67,050 (19%), \$22,351-\$44,700 (21%), or lower than \$22,350 (22%).

Survey respondents also were asked to report their insurance status. The majority of respondents reported having commercial or private insurance (83%), followed by a small percentage reporting that they had Medicare (9%) or Medicaid (2%), and Uninsured/self-pay (4%).

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*.

Figure 6
Web-Based Survey Responses



Source: IU Health Blackford Hospital Community Survey, 2012.

The majority of participants rated themselves as either “Somewhat Healthy” (47%) or “Very Healthy” (39%). Conversely, when asked to rate their overall community on the same scale, most participants rated their community’s health as “Somewhat Unhealthy” (53%) or “Very Unhealthy” (17%), as opposed to only 14% rating themselves as “Somewhat Unhealthy” or “Very Unhealthy”. Only 31% of participants rated their community as “Somewhat Healthy” and none rated it as “Very Healthy”. Overall, survey respondents’ perceive their personal health positively and feel their community’s health is lacking.

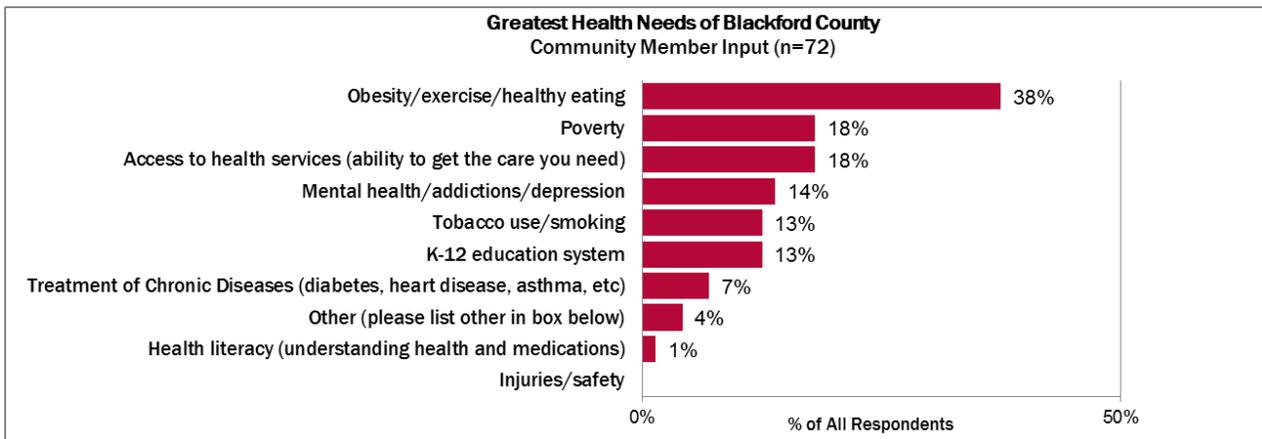
Health Issues

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. Poverty.
3. Access to health services.
4. Mental health/addictions/depression.
5. Tobacco use/smoking.
6. 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

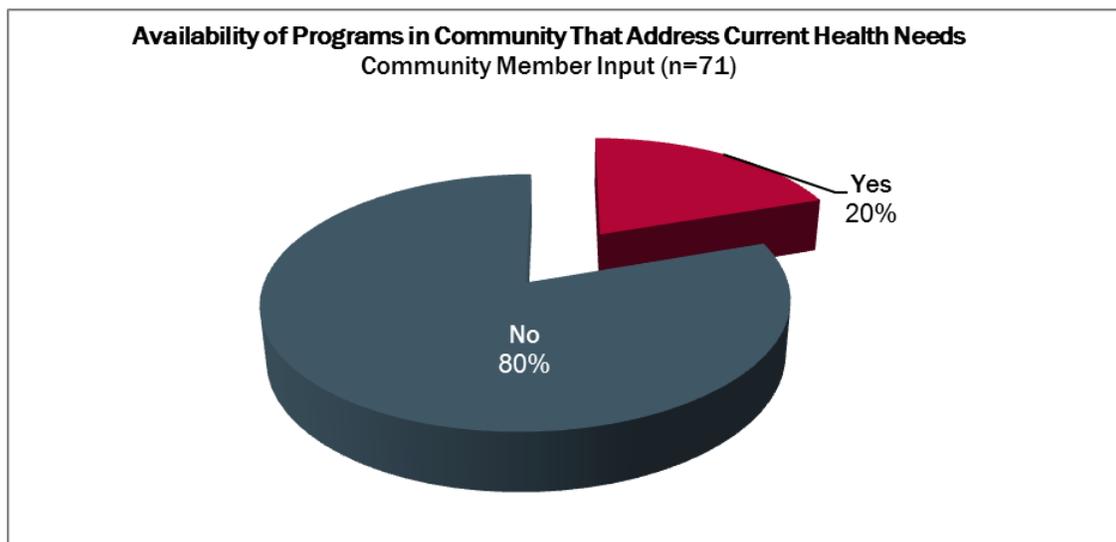


Source: IU Health Blackford Hospital Community Survey, 2012.

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** 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 Blackford Hospital Community Survey, 2012.

Of those that reported they did not feel like their community had adequate programs available to address current health needs, they listed the following needs as those they feel the IU Health Blackford community should considering focusing on the most:

- **Programs to increase health literacy through patient health education, with a focus on healthy eating, nutrition, and diet geared toward an overall goal of reducing high obesity rates**
- **Programs to reduce smoking rates through public education**
- **Accessible and affordable care for mental health and addiction issues**
- **Increased youth outreach and programs oriented toward recreational opportunities and other initiatives that promote healthy lifestyle behaviors**