



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

**2015**



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# **1 INTRODUCTION**

## **1.1 Purpose**

This report provides the findings from a community health needs assessment (CHNA) conducted on behalf of Indiana University Health Bloomington Hospital (IU Health Bloomington) in order to identify the leading health needs in the counties served by the hospital. The purpose of the CHNA is to identify the leading health needs in Monroe County and surrounding counties, to describe the needs IU Health Bloomington will address by developing effective implementation strategies and 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.

## **1.2 Objectives**

The 2015 IU Health Bloomington CHNA has three main objectives:

- 1. Identify the priority health needs within Monroe County, Indiana.**
- 2. Serve as a foundation for developing implementation strategies that can be utilized by healthcare providers, community, agencies and policy makers in order to improve the health status of people in the Monroe County community.**
- 3. 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

IU Health Bloomington's entire community service area extends into 11 counties: Monroe, Brown, Daviess, Greene, Jackson, Lawrence, Martin, Morgan, Orange, Owen and Washington. Although Monroe County fared well on most indicators, poor social and economic factors in surrounding service area counties may contribute to the poor lifestyle choices that are prevalent in the overall 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 Monroe County.



**Substance Abuse**



**Health Equity/ Basic Needs**



**Obesity / Chronic Disease**



**Mental Health**



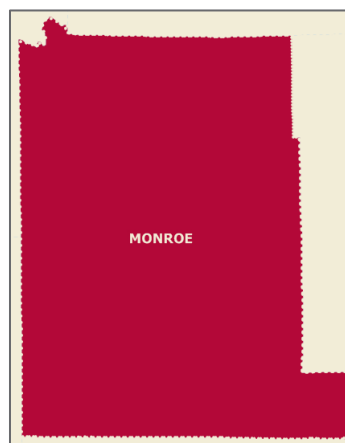
**Senior Health**

To identify these needs, IU Health Bloomington collected comments, surveyed residents, conducted a focus group which included public health officials and representatives of medically underserved groups and reviewed available resources about health status indicators. From these sources, the Hanlon Method was used to identify the priority needs.

IU Health Bloomington addresses the priority community health needs in Monroe County. In addition, there are two other hospitals, physician practices and community partners that also address these priority needs.

## **2.1 Primary Service Area**

Monroe County comprises the majority of the IU Health Bloomington Hospital community. It accounts for all of the primary service area's (PSA) total population and 51.8% of the inpatient discharge population of the total community service area.



Monroe County has slightly lower rates of unemployment than the state of Indiana. The median household income is also below state level and national levels. Most notably, the poverty rate in Monroe County is the highest in the state at 24% in 2013, compared with 15.8% in Indiana and 14.8% nationally.

## **3 STUDY METHODS**

### **3.1 Analytical Methods**

In order to identify the community's leading health needs, both quantitative and qualitative data it was utilized. For this CHNA, quantitative analyses assessed the health needs of the population through data abstraction and analysis and qualitative analyses were conducted by gathering input from community members through a survey and through structured focus groups with community leaders and healthcare providers in Monroe County.

## 3.2 Data Sources

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

- Demographics, e.g., population, age, sex, race
- Economic indicators, e.g., poverty and unemployment rates
- Health access indicators, e.g., insurance coverage, ambulatory care sensitive conditions (ACSC) discharges
- Availability of healthcare facilities and resources

Data sets for quantitative analyses included:

- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Community Health Status Indicators Project
- Indiana Department of Workforce Development
- Indiana Hospital Association Database
- Kaiser Family Foundation
- Robert Wood Johnson Foundation—County Health Rankings
- STATS Indiana data—the Indiana Business Research Center, IU Kelley School of Business
- 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 community leaders, health leaders and public health experts.

## 3.3 Process for Determining Priorities

The quantitative, secondary data sources identified health needs for which Indiana or Monroe County is above or below average. Qualitative information from survey results, which included responses from under-served or underrepresented groups, supplemented the secondary data. Survey results and secondary data findings were shared with a focus group of community health leaders. This group prioritized leading health needs. The priorities from the focus groups, plus survey results and health indicator data were compiled. IU Health Bloomington Hospital representatives used the Hanlon Method to identify the top five needs.

The Hanlon Method seeks ratings from 0 to 10 on three criteria: size of the health problem based on the percentage of the population affected seriousness or magnitude of the health problem and the effectiveness of potential interventions.<sup>1</sup> With the ratings compiled, analysts identify specific health problems that can feasibly be addressed by the community served. From that list, priority

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<sup>1</sup> The Hanlon Method is one of the possible prioritization methods presented in material from the National Association of County and City Health Officials. For more information, see <http://www.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf>.

scores are calculated, where the seriousness of the problem is given the most weight. Ranks are assigned based on the priority scores.

### **3.4 Information Gaps**

To the best of our knowledge, no information gaps have affected IU Health Bloomington's ability to reach reasonable conclusions regarding community health needs. While IU Health Bloomington has worked to capture quantitative information on a wide variety of health conditions from a wide array of sources, IU Health Bloomington 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, this collaboration conducted focus groups with public health experts and community health leaders, members of the community and distributed community surveys to gather input from general and underserved community members. Additional focus groups were held at our Shalom Center, which serves our homeless population and a focus group was held specifically for the Spanish speaking population. 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, such as seniors or injury prevention groups, then that need could potentially be underrepresented in the focus group.

### **3.5 Collaborating Organizations**

IU Health Bloomington collaborated with other organizations and agencies in conducting this needs assessment for the Monroe County community. These collaborating organizations are as follows:

- IU School of Public Health
- IU Center for Survey Research
- El Centró
- City of Bloomington
- ACHIEVE of Monroe County
- IU Health Bloomington Hospital
- Monroe County Health Department
- United Way of Monroe County
- Volunteers in Medicine



#### 4 DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by IU Health Bloomington Hospital. The community was defined as Monroe County, the county where IU Health Bloomington Hospital is located. The secondary service area (SSA) is comprised of 10 contiguous counties.

**Figure 1: Counties in the IU Health Bloomington Hospital Service Area Community, 2014**



# 5 SECONDARY DATA ASSESSMENT

## 5.1 Demographics

IU Health Bloomington Hospital is located in Monroe County, a county located in south central Indiana. Monroe County includes ZIP codes within the towns of Bloomington, Ellettsville and Unionville. Based on the most recent Census Bureau (2014) statistics, Monroe County’s population is 143,339 and approximately 50% were female and 50% male. The county’s population estimates by race are 87.3% White, 3.5% Black, 6.4% Asian, 0.1% American Indian or Alaska Native and 2.4% persons reporting two or more races. In the county, in addition to the above categorizations, 3.3% reported Hispanic or Latino heritage.

Monroe County has relatively high levels of educational attainment, as compared to other Indiana counties. Almost half (43.3%) of the population had bachelor’s degree or graduate/professional degree. An additional quarter (25.1%) had some college, including an associate’s degree. Another quarter (23.2%) completed their education with high school. Just 7.5% had less than a high school education.

Within the entire service area, the total population for the PSA is 143,339 and the total population for surrounding counties is 247,226, as illustrated in **Table 1** below.

**Table 1: Service Area Population, 2014**

Service Area	County	Population	Percent of Total
Primary	Monroe	143,339	36.7%
	<b>Subtotal</b>	<b>143,339</b>	<b>36.7%</b>
Secondary	Lawrence	45,704	11.7%
	Owen	20,969	5.4%
	Green	32,726	8.4%
	Orange	19,626	5.0%
	Morgan	69,693	17.8%
	Brown	14,962	3.8%
	Jackson	43,705	11.2%
	<b>Subtotal</b>	<b>247,385</b>	<b>63.3%</b>
<b>Total Service Area</b>		<b>390,724</b>	<b>100.0%</b>

Source: US Census Bureau, 2014.

## 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 and (iii) Uninsured.

### 5.2.1 Employment

In 2015, the share of jobs in Monroe County was highest within the areas of healthcare and social assistance, accommodation and food services, retail trade, administrative support for waste management/remediation services, professional and scientific services, construction and wholesale trade. Monroe County has a diverse group of major employers reported by the Indiana Department of Workforce Development, including: Indiana University-Bloomington, IU Health

Bloomington Hospital, Cook Group, Inc., , Baxter Healthcare Pharmaceuticals, Stone Belt and Wal-Mart Supercenter

Monroe County reported a somewhat lower unemployment rate than the rates in most surrounding counties. Monroe County also had lower unemployment rates than in the state and lower for 2013 than nationally. **Table 2** summarizes unemployment rates at December 2013 and December 2014.

**Table 2: Unemployment Rates, December 2013 and December 2014**

Service Area	County	Dec-13	Dec-14	% Change from 2013-2014
<b>Primary</b>	Monroe	5.5%	5.4%	-0.1%
<b>Secondary</b>	Lawrence	8.5%	7.4%	-0.9%
	Owen	8.2%	7.3%	-0.9%
	Greene	8.1%	7.5%	-0.6%
	Orange	8.4%	7.3%	-1.1%
	Morgan	6.0%	5.7%	-0.3%
	Brown	6.0%	6.0%	0.0%
	Jackson	5.2%	4.9%	-0.3%
<b>Indiana</b>		6.3%	5.7%	-0.6%
<b>USA</b>		6.5%	5.4%	-1.1%

Source: US Bureau of Labor Statistics, 2015.

### 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 2013, the national poverty rate was at 14.8%, decreasing from 15.0% in 2012. In Indiana, 15.8% of the state population lived in poverty, which was a 0.3% increase from the 2012 poverty rate (15.5%). For Monroe County, however, a poverty rate of 24.0% was reported in 2013, falling from 24.3% from 2012 (-0.3%). Comparatively for Indiana, Hamilton County has the lowest poverty rate at 5.5% and Monroe County has the highest poverty rate at 24.0%. **Table 3** illustrates the poverty rates by year between 2011 and 2013.

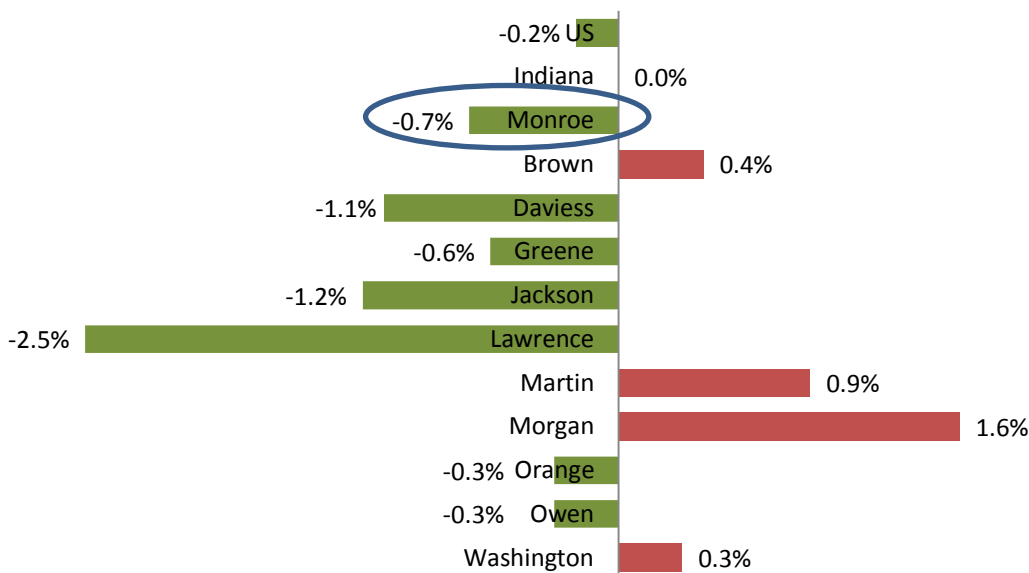
**Table 3: Percentage of People in Poverty, 2011-2013**

Service Area	County	2011	2012	2013	Change '12- '13
<b>Primary</b>	Monroe	24.7%	24.3%	24.0%	-0.3%
<b>Secondary</b>	Lawrence	15.4%	17.0%	12.9%	-4.1%
	Owen	15.3%	16.3%	15.0%	-1.3%
	Green	14.3%	15.9%	13.7%	-2.2%
	Orange	17.1%	17.4%	16.8%	-0.6%
	Morgan	11.1%	12.6%	12.7%	0.1%
	Brown	13.0%	13.7%	13.5%	-0.2%
	Jackson	14.1%	12.7%	12.9%	0.2%
	Daviess	15.0%	15.5%	13.9%	-1.1%
	Martin	14.0%	12.8%	14.9%	0.9%
	Washington	15.2%	16.8%	15.5%	0.3%
<b>Indiana</b>		15.8%	15.5%	15.8%	0.3%
<b>US</b>		15.0%	15.0%	14.8%	-0.2%

Source: US Census Bureau, 2015.

Monroe County was among seven counties in the IU Health Bloomington service area to have a decrease in poverty rates between 2011 and 2013 (-0.7%). Davis, Greene, Jackson, Lawrence, Orange and Owen Counties also saw a decrease. 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**.

**Figure 2: Percentage Change in Poverty Rates between 2011 and 2013**



Source: US Census Bureau, 2015.

Income level is an additional economic factor that has been associated with the health status of a population. Based on US Census Bureau (2013) data, Monroe County's per capita personal income was estimated to be \$23,032 with a median household income around \$40,052 which are both below the state levels. For Indiana, per capita income was \$24,635 and the median household income was \$48,248. Indiana results are below the US figures: Nationally, per capita income was \$28,155, with a median household income of \$53,046.

### 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 11% of the population are uninsured. Of the Indiana residents who are insured, 51% receive health insurance through their employer, 17% of residents are insured through Medicaid, 15% through Medicare, 5% through individual providers and 1% through other public providers.<sup>2</sup>

Based on inpatient discharge data from the Indiana Hospital Association (IHA), 38% of Monroe County residents have commercial insurance, 18% are insured through Medicaid, 35% are insured through Medicare, 7% pay out-of-pocket (uninsured) and 2% have other government insurance or are unknown.

2. Kaiser State Health Facts 2015, Kaiser Family Foundation. <http://www.statehealthfacts.org>.

At IU Health Bloomington Hospital, it is estimated that 36% of discharged patients have commercial insurance, 18% are insured through Medicaid, 38% are insured through Medicare, 7% pay out-of-pocket (uninsured) and 1% have other government insurance or are unknown.

### 5.3 County Level Health Status and Access Indicators

#### 5.3.1 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 4** summarizes County Health Ranking assessments for Monroe and surrounding counties in Indiana; rankings below 23 are in the top quartile, among the best in the state. Values above 68 are in the lowest quartile.

**Table 4: Relative Health Status Indicators for Monroe County and Surrounding Counties, Summary**

Key: Best Good Fair Poor Rankings are divided into quartiles and coded here.

	County										
	Monroe	Brown	Daviess	Greene	Jackson	Lawrence	Martin	Morgan	Orange	Owen	Washington
Health Outcomes	14	7	49	64	65	80	44	48	82	40	89
Length of Life	8	31	45	82	78	72	42	53	62	43	89
Quality of Life	29	1	57	41	46	80	42	43	92	35	67
Health Factors	7	30	45	69	41	67	32	50	73	77	82
Health Behaviors	3	15	44	54	72	45	12	55	79	90	84
Clinical Care	11	28	88	85	45	43	34	35	64	46	56
Social and Economic Factors	23	47	21	60	19	75	45	44	68	74	78
Physical Environment	71	74	14	83	45	73	91	80	65	59	64

Source: County Health Rankings, 2015.

Monroe County ranks within the top 25th percentile, ranking 14th in the state for overall health outcomes (length and quality of life), which is the second highest ranking for health outcomes among the 11 counties in the IU Health Bloomington service area. Comparatively, Brown County rank of 7th in the state for health outcomes.

For Monroe County plus the three next most populous counties in the service area—Jackson, Lawrence and Morgan—individual scores are displayed in **Table 5** on the next page. Monroe County ranks well in general, but has a much higher number of premature deaths (at 1,112 compared with less than 1,000 in the other counties). Monroe County also has a higher rate of sexually transmitted disease. Also an unfavorable indicator, 24% of Monroe County residents live in housing that is overcrowded, lacks plumbing or a kitchen, or is costly. One of the other counties in the area, Lawrence, ranks toward the bottom on most indicators, including 80 (of 92) for overall health outcomes and for quality of life. Among the counties shown in **Table 5**, Lawrence has the lowest rate of high school graduation, highest rate of unemployment and highest percentage of children living in poverty.

**Table 5: Relative Health Status Indicators for Monroe County and Surrounding Counties, Summary**

Indicator	Monroe	Jackson	Lawrence	Morgan	Average for All 11 Counties in Service Area
<b>Health Outcomes</b>	14	65	80	48	N/A
<b>Length of Life</b>	8	78	72	53	N/A
Premature death per 100,000	1,112	634	717	910	520.0
<b>Quality of Life</b>	29	46	80	43	N/A
Poor or fair health	14%	17%	21%	18%	19%
Poor physical health days reported in the past 30 days	3.5%	3.9%	4.0%	3.8%	4.0%
Poor mental health days reported in the past 30 days	3.8%	4.1%	4.0%	2.7%	3.8%
Low birth weight (<2500 grams)	7.2%	7.2%	8.9%	7.9%	7.3%
<b>Health Factors</b>	7	41	67	50	N/A
<b>Health Behaviors</b>	3	72	45	55	N/A
Adult smoking	18%	23%	20%	24%	24.0%
Adult obesity (BMI of 30 or more)	23%	38%	34%	34%	32.0%
Food environment index 0 (worst) 10 (best)	6.6	7.8	7.4	7.9	7.8
Physical inactivity age 20 and over	19%	30%	29%	30%	29.1%
Access to exercise opportunities	88%	5570%	74%	65%	64.3%
Excessive drinking	17%	15%	11%	18%	15.6%
Alcohol-impaired driving deaths	26%	14%	37%	22%	30.5%
Sexually transmitted infections (chlamydia) per 100,000	439	320	276	293	271.8
Teen female births ages 15-19 per 1,000	13	56	50	38	39.2
<b>Clinical Care</b>	11	19	45	35	N/A
Uninsured (under the age of 65)	17%	18%	17%	15%	17.4%
Ratio of population to primary care physicians	1,763:1	1,873:1	2,710:1	2,167:1	2,668.9 to 1
Ratio: Population to dentists	2,087:1	1,739:1	2,547:1	2,406:1	3,945.0 to 1
Ratio: Population to mental health providers	478:1	1,358:1	1,528:1	2,115:1	1,958.8 to 1
Preventable hospital stays per 1,000	43	69	71	75	66.0
Diabetic monitoring of Medicare enrollees ages 65-75 that receive HbA1c	88%	85%	87%	83%	84.7%
Mammography screening ages 67-69 of female Medicare enrollees	62.5%	59.0%	64.2%	64.4%	58.7%

Table 5 – continued					
Indicator	Monroe	Jackson	Lawrence	Morgan	Average for All 11 Counties in Service Area
<b>Social and Economic Factors</b>	23	45	75	44	N/A
High school graduation	90%	92%	86%	88%	87.6%
Some college ages 25-44	77.9%	47.3%	50.3%	54%	52.6%
Unemployment population ages 16 and older	6.4%	6.2%	9.7%	7.1%	7.40%
Children in poverty (under the age of 18)	18%	18%	20%	19%	21.6%
Income inequality ratio: Income at the 80th percentile to income at the 20th percentile	6.5	3.7	4.4	3.9	4.2
Children in single-parent households	29%	31%	30%	28%	28.9%
Social associations per 10,000	9.5	16	17.1	10.2	13.6
Violent crime per 100,000	272	263	193	no data	139*
Injury deaths per 100,000	53	62	78	71	72
<b>Physical Environment</b>	71	75	73	80	N/A
Air pollution - particulate matter in micrograms per cubic meter (PM2.5)	13.7	13.6	13.8	13.7	13.7
Drinking water violations during the past year (Percentage of population with violation)	0	0	0	8%	2.8%
Severe housing problems with at least 1 of 4 problems: overcrowding, high housing costs, lack of kitchen or plumbing facilities	24%	12%	12%	10%	13.3%
Driving alone to work	71%	84%	86%	84%	81.1%
Long commute - driving alone for more than 30 minutes	16%	25%	36%	51%	38.6%

\* no data for four of the 11 counties

N/A = No average generated for ranking scores

### 5.3.2 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.

Monroe County has 39 designated “peer” counties in 22 states, including Delaware and Madison counties in Indiana, Clark and Richland counties in Ohio, Champaign County in Illinois, Bay, Calhoun, Jackson and Kalamazoo counties in Michigan and Fayette County in Kentucky. Jackson County has 58 peer counties; Lawrence has 14 and Morgan has 14.

**Table 6** below illustrates the CHSI health status indicators with highlighting in cells that compare favorably or unfavorably with 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. These cells are colored light red. A favorable rating occurs when the rates for the county are lower than those of the US or peer counties. These cells are green. When a county is in the middle 50%, it is “moderate” and the cell shows as yellow. Not all counties are shown in **Table 6** but all were tallied for the text summary that precedes the table.

### **Mortality**

Monroe County compared favorably with its peer counties for death from coronary heart disease and from motor vehicle accidents. Jackson County, however, compared unfavorably with its peer counties for nearly all causes of death. Morgan County, by contrast, compares favorably on three mortality measures: Diabetes, motor vehicle accidents and unintentional injury. Lawrence County had lower (more favorable) mortality from Alzheimer’s than in its peer counties.

### **Morbidity**

Monroe County is in the middle of the group of peer counties for all conditions except for syphilis, where the county scores unfavorably and older adult depression, where it is in the top quartile. In Jackson County, rates of asthma and syphilis are lower than in peer counties, giving it a favorable rating. However, four other conditions—adult obesity, cancer, HIV and preterm births—occurred more frequently in Jackson County than its peer counties, leading to unfavorable scoring. In Lawrence County, five conditions compare favorably—adult obesity, asthma, HIV, Alzheimer’s and syphilis. The county compared unfavorably only for adult diabetes. In Morgan County, most measures were in the middle range; however four compared favorably with peer counties: adult obesity, Alzheimer’s, preterm births and syphilis.

### **Health care access and quality**

“Cost as a barrier to care” compared unfavorably in Monroe, Jackson and Lawrence counties compared with their peer counties. Primary care access was favorable in Jackson and Morgan counties and unfavorable for Monroe.

### **Health behaviors**

In health behaviors, Monroe County compared unfavorably based on adult smoking and was in the middle group of its peer counties for all other metrics. In Jackson County, adult female pap tests, physical inactivity and teen births compared unfavorably with peer counties. Pap tests compared unfavorably in Lawrence County but smoking scored favorably there compared with peer counties. Morgan County was in the middle range for all of these compared with its peer counties.

### **Social factors**

Monroe County compared unfavorably to peer county benchmarks for several social factors, specifically poverty, unemployment, high housing costs and inadequate social support. Inadequate social support was also unfavorable in Jackson and Lawrence counties. Morgan County was in the middle range for all of these compared with its peer counties.

### **Physical environment**

Three of the counties shown (Monroe, Jackson and Morgan) compare unfavorably with their peer counties and the US for the average annual PM2.5 concentration. Two compare unfavorably for “living near highways” (Jackson and Lawrence). In the single favorable rating for these four counties in this group, Monroe County received a favorable rating for living near highways.



**Table 6: Favorable and Unfavorable Health Status Indicators, Monroe, Jackson, Lawrence and Morgan Counties\***

Key	
Favorable	
Moderate	
Unfavorable	

Indicator	Monroe	Jackson	Lawrence	Morgan
<b>Mortality</b>				
Alzheimer's Disease				
Diabetes				
Cancer				
Chronic Kidney Disease				
Chronic Lower Respiratory Disease				
Coronary Heart Disease				
Female Life Expectancy				
Male Life Expectancy				
Motor Vehicle				
Stroke				
Unintentional Injury (including motor vehicle)				
<b>Morbidity</b>				
Adult Diabetes				
Adult Obesity				
Adult Overall Health Status				
Alzheimer's Disease/Dementia				
Cancer				
Gonorrhea				
HIV				
Older Adult Asthma				
Older Adult Depression				
Preterm Births				
Syphilis				
<b>Health Care Access and Quality</b>				
Cost Barrier to Care				
Older Adult Preventable Hospitalization				
Primary Care Provider Access				
Uninsured				

Table 6 - Continued

Indicator	Monroe	Jackson	Lawrence	Morgan
<b>Health Behaviors</b>				
Adult Binge Drinking				
Adult Female Routine Pap Tests				
Adult Physical Inactivity				
Adult Smoking				
Teen Births				
<b>Social Factors</b>				
Children in Single-Parent Households				
High Housing Costs				
Inadequate Social Support				
On Time High School Graduation				
Poverty				
Unemployment				
Violent Crime				
<b>Physical Environment</b>				
Access to Parks				
Annual Average PM2.5 Concentration				
Housing Stress				
Limited Access to Healthy Food				
Living Near Highways				

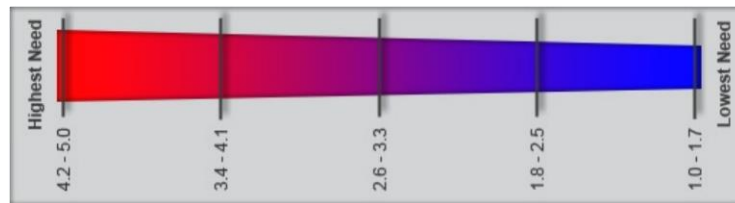
Source: Community Health Status Indicators Project, Department of Health and Human Services, 2015.

\*Selected from the 11 counties in the IU Bloomington Community Service Area as the counties with the most residents.

## 5.4 ZIP Code-Level Health Access Indicators

The Community Need Index (CNI) was created in 2005 by Dignity Health (formerly Catholic Health 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 3**). The CNI assessments illustrate correlations between high need/high scores and high hospital utilization in specific ZIP codes. **Table 7** below summarizes the CNI for ZIP codes in Monroe County.

**Figure 3: Community Need Index Rating Scale**

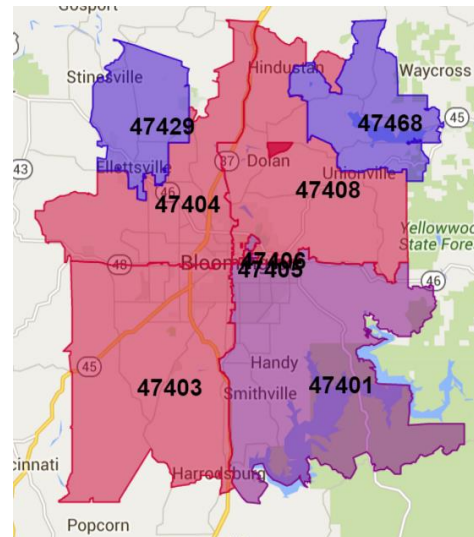


**Table 7: CNI Scores for Monroe County**

PSA County	City	ZIP Code	Score
Monroe	Bloomington	47401	3.0
		47403	3.4
		47404	4.0
		47405	3.8
		47406	3.2
		47408	3.6
	Ellettsville	47429	2.2
	Unionville	47468	2.0

Source: CNI, 2015

**Figure 4: CNI Scores Mapped for Monroe County**



Within Monroe County, CNI scores indicate needs are moderately high in Bloomington (ZIP codes 47403, 47404, 47405, 47406 and 47408). Community needs are relatively low in ZIP codes 47468 (Unionville) and 47429 (Ellettsville). Needs are moderate in ZIP code 47401 (also Bloomington).

## 5.5 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 1,000 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.”<sup>3</sup> **Table 8** below illustrates the areas that have been designated as MUAs or MUPs in the IU Health Bloomington community.

**Table 8: MUAs and MUPs in the IU Health Bloomington 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	Monroe			64.6	Entire county*
Secondary	Brown	54.8	Brown Service Area		
	Daviess	54.0	Daviess Service Area		
	Greene	60.8	Washington Service Area		
		58.8	Wright Service Area		
	Jackson	0.0	Low income – entire county		
	Lawrence			66.4	Low income – entire county
	Martin	57.0	Martin Service Area		
	Morgan				
	Orange			59.80	Low income – entire county
	Owen	52.9	Owen Service Area		
Washington	58.3	Franklin/Gibson/Pierce Service Area	61.5	Low Income-Salem Service Area	
	61.1	Posey Service Area			

Source: Health Resources and Services Administration, US Department of Health and Human Services, 2015.

Brown, Daviess, Green, Jackson, Martin, Owen and Washington counties had service areas designated as a MUA. The entire county was designated as an MUP in Monroe, Lawrence and Orange counties. The Salem Service area in Washington County was also designated an MUP.

3. 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/>.

## 5.6 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 9** below lists the HPSAs in the IU Health Bloomington community.

**Table 9: HPSAs in the IU Health Bloomington Hospital Community**

Service Area	County	Primary Care HSPA	Dental Care HSPA	Mental Health HSPA
Primary	Monroe	Low Income population, entire county		
	Brown	Entire county (proposed for withdrawal)		
Secondary	Daviess	Entire county		
	Greene	Low Income population, entire county; 1 Rural Health Clinic: Ridge Medical Center	1 Rural Health Clinic: Ridge Medical Center	Entire county; 1 Rural Health Clinic: Ridge Medical Center
	Jackson			
	Lawrence	Low Income population, entire county		
	Martin	Entire county		
	Morgan	Entire county		
	Orange	Low Income population, entire county		Southern Indiana Catchment Area
	Owen	Low Income population, entire county		
	Washington			

Source: Health Resources and Services Administration, US Department of Health and Human Services, 2015

## 5.7 Description of Other Facilities and Resources within the Community

The IU Health Bloomington 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, hospitals, public health departments and other organizations.

Service Area	County	Public Health Department
Primary	Monroe	Monroe County Health Dept. (Bloomington, IN)
Secondary	Lawrence	Lawrence County Health Dept. (Bedford, IN)
	Owen	Owen County Health Dept. (Spencer, IN)
	Greene	Greene County Health Dept. (Bloomfield, IN)
	Orange	Orange County Health Department (Martinsville, IN)
	Morgan	Morgan County Health Dept. (Martinsville, IN)
	Brown	Brown County Health Dept. (Nashville, IN)
	Jackson	Jackson County Health Dept. (Seymour, IN)
	Daviess	Daviess County Health Dept. (Washington, IN)
	Martin	Martin County Health Dept. (Shoals, IN)
	Washington	Washington County Health Dept. (Salem, IN)

below lists the other facilities and resources in the IU Health Bloomington community.

**Table 10: Resources in Monroe and Surrounding Counties**

Service Area	County	Public Health Department
Primary	Monroe	Monroe County Health Dept. (Bloomington, IN)
Secondary	Lawrence	Lawrence County Health Dept. (Bedford, IN)
	Owen	Owen County Health Dept. (Spencer, IN)
	Greene	Greene County Health Dept. (Bloomfield, IN)
	Orange	Orange County Health Department (Martinsville, IN)
	Morgan	Morgan County Health Dept. (Martinsville, IN)
	Brown	Brown County Health Dept. (Nashville, IN)
	Jackson	Jackson County Health Dept. (Seymour, IN)
	Daviess	Daviess County Health Dept. (Washington, IN)
	Martin	Martin County Health Dept. (Shoals, IN)
	Washington	Washington County Health Dept. (Salem, IN)

Service Area	County	FQHC or Community Health Center
Primary	Monroe	Volunteers in Medicine of Monroe County, Bloomington
Secondary	Lawrence	Community Health and Wellness Clinic (WIC), Bedford, IN

	Owen	Johnson Nichols Health Clinic, Spencer, IN
	Greene	None identified
	Orange	None identified
	Morgan	None identified
	Brown	Brown County Clinic, Nashville, IN
	Jackson	Community Health Center of Jackson County
	Daviess	None identified
	Martin	Martin County Health Center, Shoals, IN
	Washington	None identified

**Table 10 - Continued**

<b>Service Area</b>	<b>County</b>	<b>Hospital</b>
<b>Primary</b>	Monroe	Bloomington Meadows Hospital
		Monroe Hospital
		IU Health Bloomington Hospital
<b>Secondary</b>	Lawrence	IU Bedford Hospital
	Owen	N/A
	Greene	Greene County General Hospital
	Orange	IU Health Paoli Hospital
	Morgan	Franciscan St. Francis Health - Mooresville, IU Health Morgan Hospital
	Brown	N/A
	Jackson	Schneck Medical Center
	Daviess	Daviess Community Hospital
	Martin	N/A
	Washington	St. Vincent Salem Hospital Inc.

Sources: Health Resources and Services Administration, US Department of Health and Human Services, 2015; Indiana State Department of Health, Health Care Regulatory Services, 2015, Indiana Hospital Directory, 2015.; Indiana Primary Health Care Association, 2015



## 6 PRIMARY DATA ASSESSMENT

IU Health Bloomington Hospital’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 Bloomington service area. This included the following components:

1. Hosting multiple 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 Bloomington could play in addressing the identified needs.
2. Surveying the community at large through survey mailed to 2,000 randomly sampled addresses.

### 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 Bloomington Hospital. Attendees who participated in the focus group are listed in **Table 11** below.

**Table 11: Focus Group Participants**

Name	Agency/Representing	Expertise
Marsha McCarty	Catholic Charities	Community needs, low-income
Community members	15 Male and 21 Female. Community members included 11 individuals with Hispanic surnames in the Spanish-language focus group	
Jane Walter	el Centró	Community needs
David Smith	Faith Based volunteer	
Shirley Fitzgibbons	Indiana University	
Teresa Benassi		
Rivkah Roby		
Leah Sinn Iverson	IU Health	Healthcare
Carol Weiss Kennedy	IU Health Bloomington	Healthcare
Jackie Braspenninx	IU Healthy IU	Student healthcare
Catherine Laughlin	IU SPH	Workforce development for student population and research
Eric Gilpin	Meadows Hospital	Mental health and substance abuse
Kathy Hewett	Monroe County Health Department	
Grace Adams		
Barb Sturbaum		
Penny Caudill		
Audrey Hicks	Positive Link, HIV/AIDS program	Health
Emily Roth	Purdue Extension	Community resources
Vickie Coffey	Richland – Bean Blossom School Corporation	
Lisa Rood		
Celinda Kay Leach	United Way	
Barry Lessow		
Nancy Richman	Volunteers in Medicine	Low income and underserved

### **6.1.2 Prioritization Process and Criteria**

To obtain a more complete picture of the factors that play into the Monroe County community's health, input from local health leaders was gathered through five separate focus group sessions. Four were held in our area middle schools allowing for convenient access to participate. A Focus Group was held for the Spanish speaking population and one was offered at the Shalom Center to reach the homeless population. The goal of soliciting these leaders' and community member's 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 Bloomington 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 facilitators then provided participants with a presentation featuring IU Health's mission, 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 Bloomington 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 Bloomington:

1. Substance Abuse.
2. Health Equity or Basic Needs.
3. Obesity and Chronic disease
4. Mental Health
5. Senior health.

These prioritized needs are discussed in more detail below.



**1. Substance Abuse** was noted across all focus groups as the number one need. Access to illicit drugs as well as prescription drugs, tobacco and alcohol combined move this need to the top of the list. Lack of recovery programs, specialists to support those in recovery and fear make this a growing challenge.



**2. Health Equity/Basic Needs** was the second greatest concern mentioned within all focus groups and addressed not only the lack of healthcare services, but also the overall affordability of receiving those services. In addition, shelter, food and education were noted as needs of the community that lack in support.



**3. Obesity and Chronic** disease management is a need that the Monroe community leaders believed that accountable care organizations (ACOs) could help to effectively address. They also suggested exploring medical sociology work done at Indiana University to see how health providers

in the community could incorporate this knowledge into their own practice. Additional suggestions to assist in the need for better chronic disease management included assigning navigators or case managers to individual patients, providing pharmacists in primary care clinics and having registered dietitians and mental health practitioners available to patients on a more regular basis. Diabetes was named specifically as a chronic disease and is attributed primarily to the lack of nutritional education, physical activity in schools and access to fresh fruits and vegetables. Additionally, there is a great need for adult health programs, especially in the way of free places for wellness opportunities. Policy change through the utilization of joint-use agreements that would provide more fitness outlets for adults was also a suggestion made by community leaders. Participants shared that the G.O.A.L. weight management program has been feedback great success based on outcome.



**4. Mental health** needs were the overall top ranked needs, with a psychologist and psychiatrist shortage as the main concern discussed. It was mentioned that homelessness, substance abuse and mental health issues coexist; and, this is a growing challenge that Monroe County currently lacks the support to manage. Of additional concern is the lack of education on proper diagnosis and the mental health services available in the area. Leaders within the community also discussed the lack of appropriate psychiatric medication management and the need for more support for this.



**5. Senior health** was also addressed as a need in the community. Our community is a growing retirement community and the group felt that warranted addition to the top five. Monroe County does have some resources in place such as Nurses Improving Care for Health System Elders (NICHE). Additionally, leaders believed that improving coordinated care, patient-centered care and in-home services could help their growing challenges regarding elder care.

## 6.2 Community Survey Findings

IU Health also solicited responses from the general public regarding the health of the IU Health Bloomington community through an online survey. The survey consisted of approximately 26 close- and open-ended questions that assessed the community members' feedback regarding healthcare issues and barriers to access.

2,000 random sampled addresses were mailed a survey. 1,000 of these mailings contained a hard copy survey to complete and return via mail. The other 1,000 received a link to the survey online and were asked to complete and submit. In total 624 completed surveys were received for a response rate of 31% (before adjusting for undeliverable mail). In addition to the survey community input was received through four separate focus groups held in convenient locations across the community.

### 6.2.1 Respondent Demographics

624 respondents participated in the randomly sampled survey of 2,000. All of the respondents were from the PSA (Monroe County). The survey sample was 93.6% Caucasian (White) and 64.7% were female. Analysis by age range shows the largest share of respondents were 60-69 (19.8%), followed by those 50-59 (19.2%), then 70-79 (15.3%). Smaller shares of respondents were 30-39 (12.5%) or 40-49 (11.6%) years of age.

The educational attainment of the sample was very high as 15.4% reported completing high school or GED, 23.9% reported completing a Bachelor's degree and 32.6% completed a graduate or professional degree or higher.

Reported household income of the sample was relatively high, with 54.2% of respondents reporting an income of \$50,000 or higher, which is higher than the median household income of \$40,052 for all of Monroe County. 19% of the respondents reported a household income lower than \$24,900.

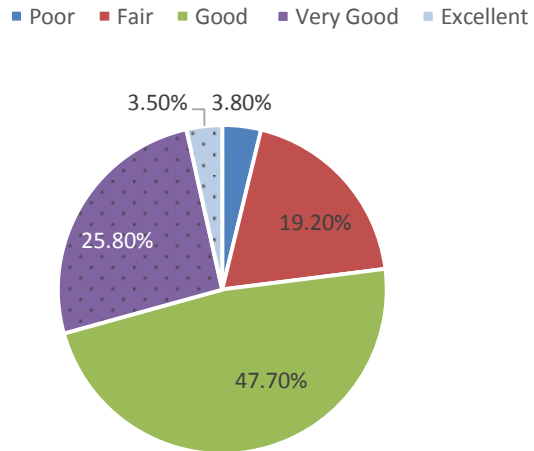
Survey respondents also were asked to report their insurance status. A majority of respondents had commercial/private insurance (75%), followed by a small percentage reported having Medicaid (6.5%) and Uninsured/self-pay (3%).

While the survey sample was a random selection of addresses, older adults were disproportionately among the respondents (60 and over were 35% of the survey replies, compared with less than 20% of the adult population that is 60 or older). This means that some of the survey results might not be generalizable to the entire Monroe County population.

## 6.2.2 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. Five response options were presented: Excellent, Very Good, Good, Fair and Poor. A plurality (47.7%) choose “Good” to rate their community’s health, as shown in **Figure 5**.

**Figure 5: Overall Rating of Community Health**



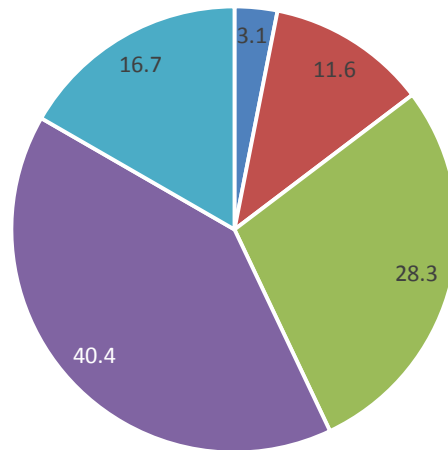
In your opinion, how would you rate your community's overall health?

Source: IU Health Bloomington Hospital Community Survey, 2015

When asked to rate their own physical health the majority of participants rated themselves as Very Good (40.4%) or Good (28.3%) as shown in **Figure 6** below.

**Figure 6: Rating of Personal Health**

Your physical health is...



■ Poor ■ Fair ■ Good ■ Very Good ■ Excellent

Source: IU Health Bloomington Hospital Community Survey, 2015

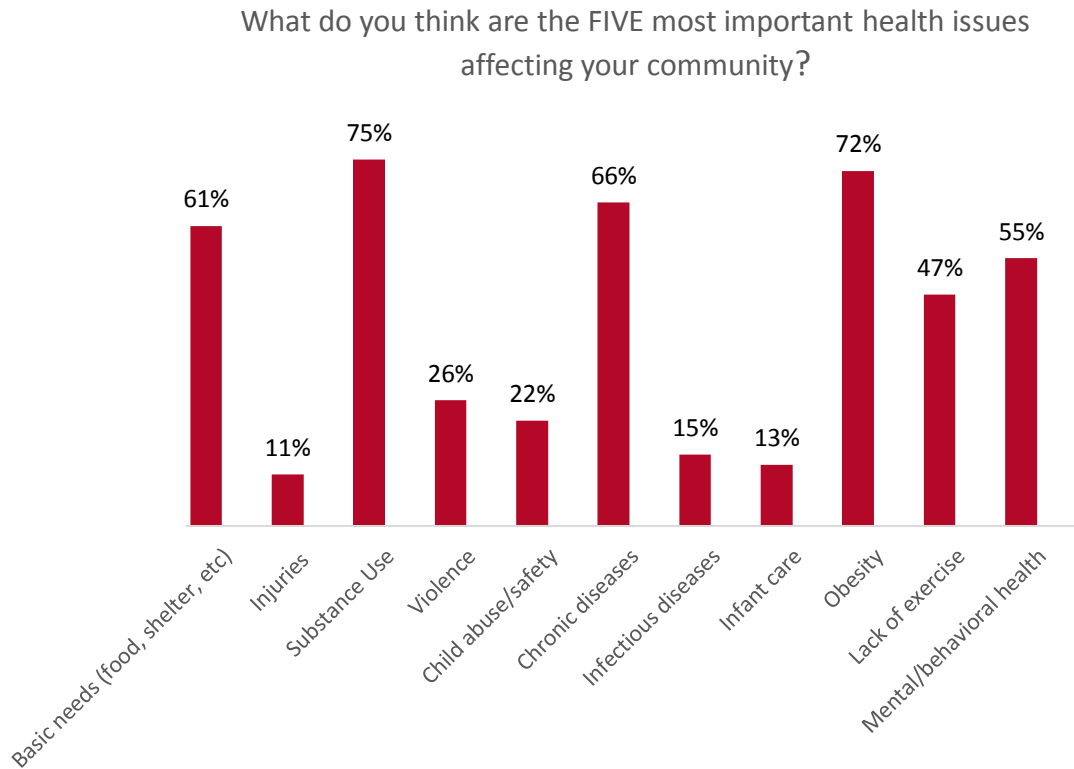
### 6.2.3 Health Issues

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. Substance Abuse (75% selected this)
2. Obesity/Chronic Disease (72% for obesity/66% for chronic disease)
3. Mental Health/Behavioral Health (55%)
4. Health Equity or Basic Needs (61%)
5. Lack of exercise (45%)

**Figure 7** below illustrates the health issues identified most frequently by survey respondents as the number one health need in the community. Senior health was not an option on the survey. It emerged in the focus group discussions.

**Figure 7: Percentage Selecting as One of Top Five Most Important Health Issues**



Source: IU Health Bloomington Hospital Community Survey, 2015

## 6.2.4 Resources and Support

When thinking about our resources and their importance our respondents indicated which were important to have community support allotted to. To aid interpretation, the resources have been grouped here into clusters.

The graphs show the top two choices for response, Very Important and Important. For most resource options, between 90 and 99 percent of respondents selected one of the top two options. On average, 65.8% selected “Very Important” and 26.5% selected “Important.” To help differentiate resources with exceptionally high values for “Very Important,” an asterisk is placed above the column. These are resources for which 81.5% or more said the option was very important. That value is 1 standard deviation above the mean value of 65.8.

The four resource areas most often identified as Very Important were: Safe drinking water (94.8%) on Figure 9b; Access to healthcare (86.7%) on Figure 9d; Access to Healthy/Fresh Foods (82.7%), also on Figure 9b; and Child Abuse Prevention (82.9% on Figure 9c).

Figure 8 below illustrates a detailed view of this feedback with regard to the question “When thinking about your county, city or town’s allocated resources (staff or programs), how important is it to you that resources are allocated to each item below?” To aid interpretation, the resources have been grouped here into clusters.

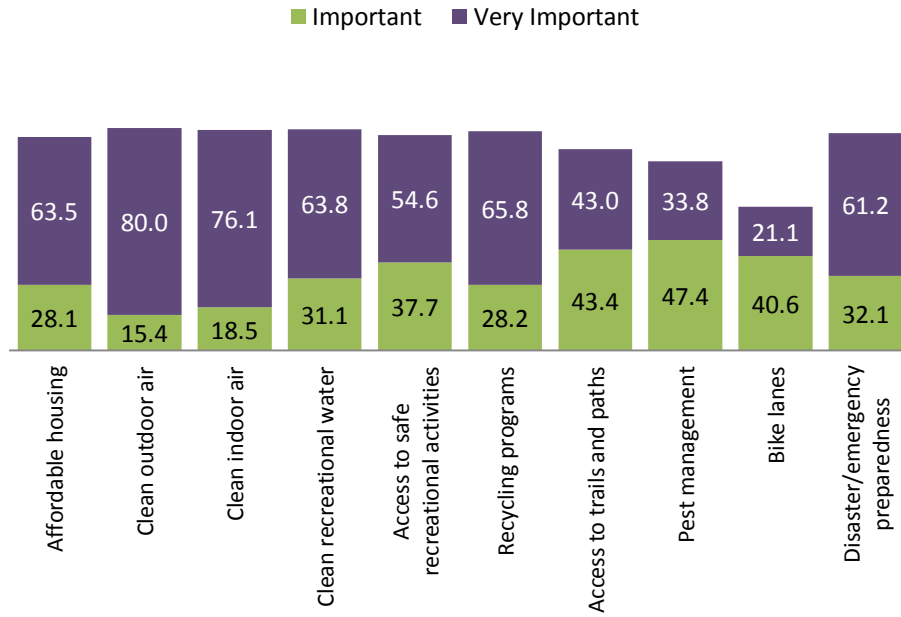
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### Figure 8a: Livable Community/Environment

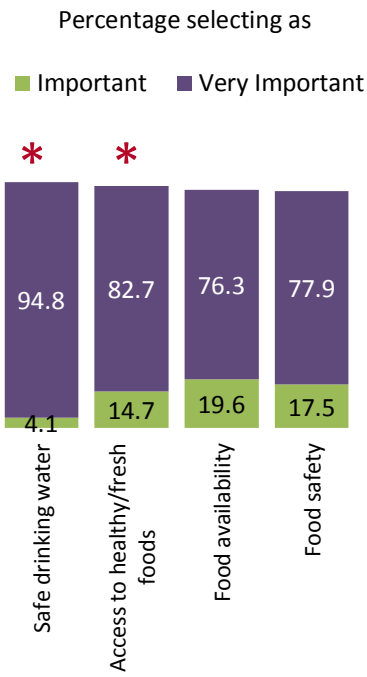
Percentage selecting as



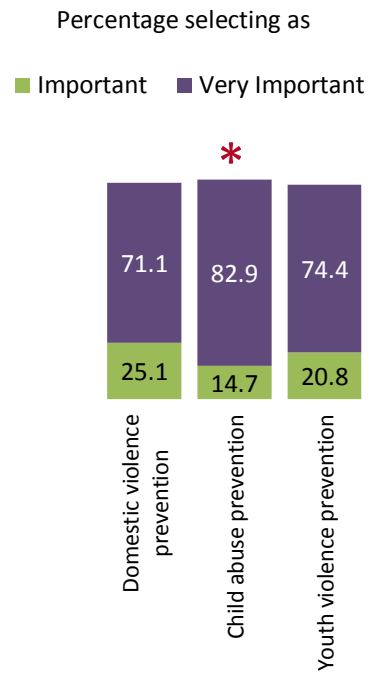


Among less important areas for resource allocation were those where less than 90% selected the item as important or very important. These include bike lanes (selected as important or very important by 61.7% (Figure 9a); pest management (81.2% on Figure 9a) and tobacco use prevention (86.7% on Figure 9e).

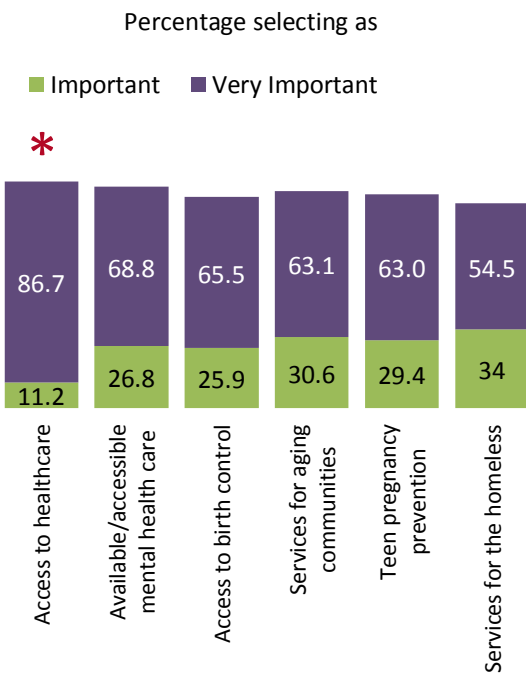
**Figure 9b: Food or Water Consumption**



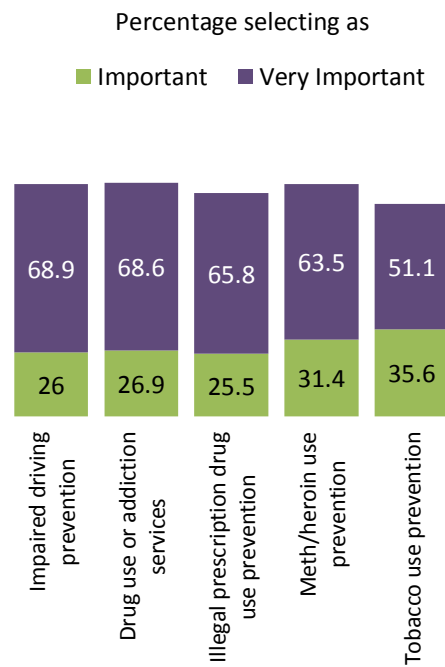
**Figure 9c: Preventing Physical Harm**



**Figure 9d: Health Care Services**



**Figure 9e: Preventing Substance Abuse**



Source: IU Health Bloomington Hospital Community Survey, 2015

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

- Improve accessible and affordable healthcare education and services
- Improve community's access to education, counseling and treatment for mental health and addictions
- Provide programs that 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
- Provide more affordable healthcare services/outreach programs to those at the poverty level

## 7 IU HEALTH ACTIVITIES THAT ADDRESS IDENTIFIED NEEDS

IU Health maintains several online tools and applications (apps) to assist community residents in improving their health knowledge and care. In addition, IU Health partners with numerous community organizations in healthcare, wellness, outreach and other services to address our communities' health needs. Among the many programs focused on priority areas identified, we list a few examples here that take IU Health Bloomington beyond the clinic walls and into the community.

### Substance Abuse

Positive Link a program within IU Health Bloomington Community Health has been instrumental in planning the Needle Access program to be approved by our governor and our state department of health. Within Positive Link access to recovery is promoted and supported.

### Obesity/Chronic Disease

IU Health Bloomington supports G.O.A.L. a childhood obesity intervention that supports youth and their family in behavior change toward a healthier lifestyle. The program requires a provider referral to participate. The program is a community partnership between IU Health Bloomington, Riley Physicians Southern Indiana, YMCA, City of Bloomington, IU SPH Bloomington and our local school systems. This program is offered free to participants due to community partnerships.

IU Health Bloomington also hosts an adult weight management program titled Moving Forward. This 8-week program uses nutrition, behavioral change and activity to promote a healthier lifestyle.

In addition free wellness screenings offered in the community to targeted populations help identify risk and help clients access early intervention and care

### Health Equity/Basic Needs

The IU Health Bloomington needs assessment survey asked about Basic Needs, which included access to education, healthcare, shelter, healthy foods, etc. As part of IU Health Bloomington's commitment to reach those at-risk, we offer monthly screenings for diabetes, high blood pressure and hyperlipidemia. This work also helps to identify those who do not have access to care and plugs them into coverage and or a provider.

Other basic needs supported by IU Health Bloomington include multiple housing programs for those living with HIV/AIDS and Mental Health issues through our Community Health Department. Our department also supports Coordinated School Health for Monroe County School Systems to support a healthier lifestyle and supporting completion of high school diploma.

### Mental Health

IU Health Bloomington began a Mental Health Task Force in 2012 to begin discussion on this issue, which ranked very high in our CHNA at that time. This group continues to meet monthly. Dialogue has prompted collaborations and support of programming that currently exists. Our department also supports Bridges, which is a housing program for those living with Mental Health issues.

### Senior Health

IU Health Bloomington Community Health provides services to those who are providing care to loved ones with Alzheimer's disease and other forms of dementia. The department also hosts screenings for diabetes, hyperlipidemia and hypertension. SHIP (Senior Health Information Program) is also provided for area residents within this age group.

## **8 CONCLUSION**

This study of Monroe County assessed priority community health needs using quantitative data from numerous sources and survey responses from Monroe County, as well as qualitative information derived from focus groups. The focus groups included a Health Officer with the Monroe County Health Department, in addition to several representatives of the community such as personnel from Volunteers in Medicine, United Way, el Centró and IU Health Bloomington.

To set priorities after receiving and compiling qualitative and quantitative data, IU Health Bloomington used the Hanlon method. The top five identified needs after this process are:

- Substance Abuse.
- Basic Needs/Health Equity.
- Obesity/Chronic Disease.
- Mental Health.
- Senior Health.

IU Health Bloomington Hospital has some services already that address some of these needs, including free or low cost screenings for diabetes, heart disease, hypertension, HIV/AIDS, open door clinics and IU Health financial assistance programs. IU Health Bloomington will work with community partners in developing and promoting programs to respond to the needs identified in this assessment.