



**Indiana University Health Bloomington 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) Bloomington Hospital (IU Health Bloomington) in order to assess health needs in the county service areas served by the hospital. This assessment was initiated by IU Health Bloomington 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 Bloomington 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 address those needs. This report represents IU Health Bloomington'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 Bloomington's existing foundation of healthcare services and providers.

1.2 Objectives

The 2011 IU Health Bloomington 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 Bloomington service area, specifically within the primary service area (PSA) of Monroe County, Indiana.
2. Identify the priority health needs (public health and healthcare) within the IU Health Bloomington 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 Bloomington 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 Bloomington Hospital Community

- Service Area Counties: Monroe, Lawrence, Owen, Greene, Orange, Morgan, Brown, and Jackson
- Service area population in 2010: 385,200
- 85% of the IU Health Bloomington inpatient discharge population resides in Monroe (55%), Lawrence (12%), Owen (10%), and Greene (9%) counties
- Five of the eight service area counties (Monroe, Orange, Morgan, Brown and Jackson counties) are expected to increase in population by 2015
- The 65+ population is projected to increase substantially by 2015 for all counties, and the 0-4-year-old population is also projected to increase in Monroe, Owen, Orange, and Jackson counties
- Similar to poverty rates for Indiana and the US, rates for all counties except Morgan have increased from 2008 to 2009
- 18% of community discharges were for patients with Medicaid, 38% were for patients with Medicare, and 7% were for uninsured or self-pay patients

IU Health Bloomington's entire community service area extends into eight counties: Monroe, Lawrence, Owen, Greene, Orange, Morgan, Brown, and Jackson. 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.



Mental health and addiction



Access to healthcare



Obesity and diabetes



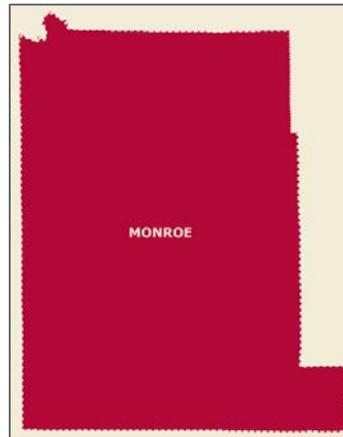
Chronic disease management



Senior health

2.2 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 55% of the inpatient discharge population of the total community service area.



Monroe County has lower rates of unemployment than the state of Indiana and the national average. The median household income and poverty rates of Monroe County are also below the Indiana state and national averages.

Other characteristics of Monroe County are as follows:

- Monroe County has seen almost a 14.5% increase in population since 2000, a rate higher than the average rate for the entire IU Health Bloomington service area (6%), the state of Indiana (7%), and the entire nation (10%)
- The senior population (65+) is projected to increase at a significantly higher rate for Monroe County than the rate of increase for the total IU Health Bloomington service area and the entire state
- Approximately 5% of Monroe County community discharges were ambulatory care sensitive conditions (ACSC) in 2007, which was lower than the rate for all other service area counties
- Based on County Health Rankings, Monroe County ranked 17th out of 92 counties in the state of Indiana for overall health outcomes, and 5th out of 92 counties for overall health factors
- Monroe County compared favorably for most Community Health Status Indicators; however, it compared unfavorably for chronic health conditions such as breast and lung cancer
- Among the seven ZIP code areas included within Monroe County, the city of Bloomington includes two with the highest community health needs based on CNI assessment of economic and structural health indicators; the need for these areas was scored as moderately high
- 506 Monroe County community members responded to IU Health Bloomington's CHNA survey, and 41% 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 Bloomington 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 conditions (ACSC) discharges
- Availability of healthcare facilities and resources

Data sets for quantitative analyses included:

- Dignity Health (formerly Catholic Health 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—the 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 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, IU Health Bloomington conducted community conversations and community input surveys. However, it should be noted that there are limitations to these methods. If an organization from a specific group was not present during the focus group conversations with community leaders, such as seniors or injury prevention groups, then that need could potentially be underrepresented during the conversation.

3.4 Collaborating Organizations

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

Bloomington Chamber of Commerce

Bloomington Mayor's Office

City of Bloomington

DWA Healthcare Communications Group

IU Health Bloomington Hospital

Monroe County Health Department

United Way of Monroe County

Volunteers in Medicine

Verité Healthcare Consulting, LLC

4 DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by IU Health Bloomington Hospital. The PSA of IU Health Bloomington includes Monroe County. The secondary service area (SSA) is comprised of seven 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 Bloomington Hospital Inpatient Discharges by County and Service Area, 2010

Discharge Area	County	Discharges	Percent of Total
Primary Service Area	Monroe	8230	54.5%
	Subtotal	8230	54.5%
Secondary Service Area	Lawrence	1873	12.4%
	Owen	1457	9.6%
	Greene	1349	8.9%
	Orange	653	4.3%
	Morgan	376	2.5%
	Brown	318	2.1%
	Jackson	94	0.6%
	Subtotal	6120	40.5%
All Other Areas	Subtotal	762	5.0%
Total Discharge Population		15,112	100.0%

Source: IHA Database, 2010.

In 2010, the IU Health Bloomington PSA included 8230 discharges and its SSA, 6120 discharges. The community was defined based on the geographic origins of IU Health Bloomington inpatients. Of the hospital's inpatient discharges, approximately 55% originated from the PSA and 41% from the SSA (*Table 1*).

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



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 (2010) statistics, Monroe County’s population is 137,974 persons with approximately 50% being female and 50% male. The county’s population estimates by race are 85.8% White, 3.1% Hispanic or Latino, 3.4% Black, 5.6% Asian, 0.3% American Indian or Alaska Native, and 2.3% persons reporting two or more races.

Monroe County has relatively high levels of educational attainment, as compared to other Indiana counties. Almost half of the population had an associate’s, bachelor’s, or graduate/professional degree, a percentage that has increased slightly since 2000 (44.5% to 48%). An additional 18.8% had some college, but no degree. As of 2010, 24.3% of the population was a high school graduate or equivalent; however, this percentage has decreased by 1.9% since 2000.

Within the entire service area, the total population for the PSA is 137,974 and the total population for surrounding counties is 247,226, as illustrated in *Table 2* below.

Table 2
Service Area Population, 2010

Service Area	County	Population	Percent of Total
Primary	Monroe	137,974	35.8%
	Subtotal	137,974	35.8%
Secondary	Lawrence	46,134	12.0%
	Owen	21,575	5.6%
	Greene	33,165	8.6%
	Orange	19,840	5.2%
	Morgan	68,894	17.9%
	Brown	15,242	4.0%
	Jackson	42,376	11.0%
	Subtotal	247,226	64.2%
Total Service Area		385,200	100.0%

Source: US Census Bureau, 2012.

Population growth can help to explain changes in community characteristics related to health status, and thus plays a major role in determining the specific services that a community needs. The Monroe County population has increased 14.4% since 2000, when the population was estimated to be 120,561 persons. Comparatively, Monroe County’s population has increased faster than the average population across the total service area, which increased by approximately 5.89% 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.

Monroe County's total population is projected to increase 4.96% by 2015. Its population is expected to decline only for persons aged 25-44 (-18.77%).

At 21.56%, the 65+ population is expected to grow the fastest among all Monroe County age cohorts between 2010 and 2015. In general, an older population can produce increased demand for healthcare services and a potential increase in the prevalence of certain chronic conditions. The rate of population growth in Monroe County for persons 65+ is expected to increase more rapidly than the combined IU Health Bloomington service area (17.27%) and the state of Indiana (15.40%), 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	Monroe	137,974	↑ 4.96%	0.95%	3.79%	0.14%	-18.77%	2.04%	21.56%
	Subtotal	137,974	↑ 4.96%	0.95%	3.79%	0.14%	-18.77%	2.04%	21.56%
Secondary	Lawrence	46,134	↓ -0.12%	-3.08%	-3.76%	4.87%	13.07%	-1.30%	13.69%
	Owen	21,575	↓ -0.50%	1.23%	-7.08%	-5.90%	14.93%	0.52%	14.51%
	Greene	33,165	↓ -0.21%	-0.81%	-2.32%	-4.92%	11.42%	-0.04%	10.04%
	Orange	19,840	↑ 1.10%	0.90%	-2.38%	0.00%	3.45%	1.47%	13.25%
	Morgan	68,894	↑ 2.23%	-0.12%	-2.13%	9.44%	-7.00%	3.14%	17.66%
	Brown	15,242	↑ 1.12%	-13.26%	-2.40%	2.22%	10.56%	-4.18%	30.46%
	Jackson	42,376	↑ 1.61%	2.89%	-3.39%	4.40%	8.73%	2.07%	15.38%
	Subtotal	249,602	↑ 0.96%	-0.69%	-3.13%	3.24%	4.86%	0.81%	15.63%
Total Service Area		385,200	↑ 2.39%	-0.19%	-0.70%	1.08%	-5.71%	1.15%	17.27%
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 Monroe County was highest within the areas of healthcare and social assistance, accommodation and food services, retail trade, manufacturing, 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., General Electric (GE) Company, Baxter Healthcare Pharmaceuticals, Stone Belt, Modus Link PTS, Inc., Wal-Mart Supercenter, and Otis Elevator Company.

Monroe County reported a somewhat better unemployment rate than the rates of most surrounding counties, as well as that of the state and national average rates; however, the rate increased slightly from 2010 to 2011. *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	Monroe	6.7%	7.0%	↑ 0.3%
Secondary	Lawrence	10.8%	10.6%	↓ -0.2%
	Owen	9.8%	10.1%	↑ 0.3%
	Greene	8.8%	8.9%	↑ 0.1%
	Orange	10.1%	9.5%	↓ -0.6%
	Morgan	9.1%	8.7%	↓ -0.4%
	Brown	8.6%	7.6%	↓ -1.0%
	Jackson	8.5%	7.7%	↓ -0.8%
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 Monroe County, a poverty rate of 21.9% was reported in 2009, rising from 20.7% from 2008 (1.2%). 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* illustrates the poverty rates by year between 2007 and 2009.

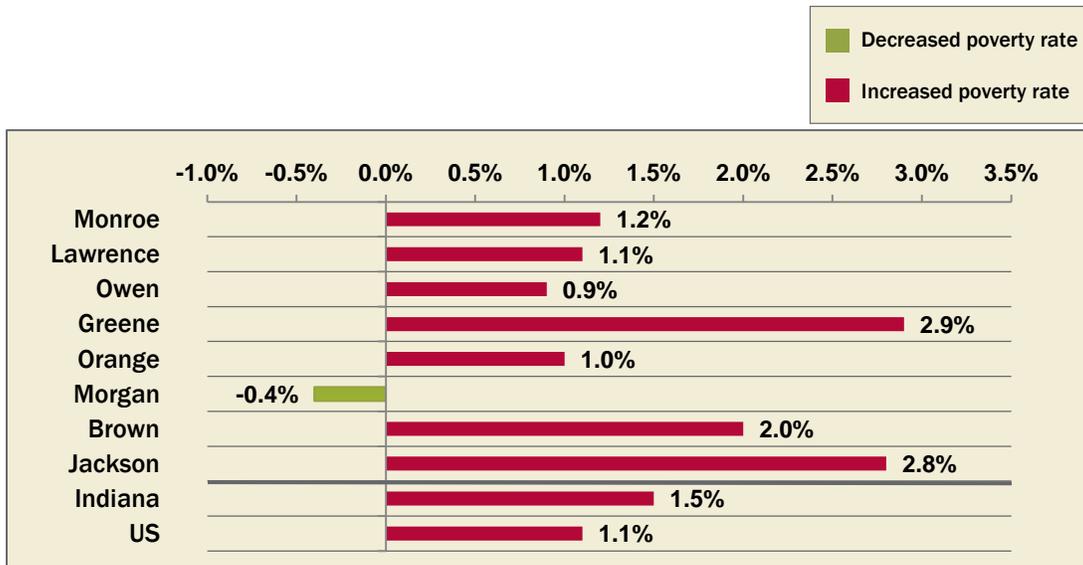
Table 5
Percentage of People in Poverty, 2007-2009

Service Area	County	2007	2008	2009	% Change from 2008-2009
Primary	Monroe	26.0%	20.7%	21.9%	↑ 1.2%
Secondary	Lawrence	13.8%	14.3%	15.4%	↑ 1.1%
	Owen	13.1%	13.4%	14.3%	↑ 0.9%
	Greene	13.3%	13.7%	16.6%	↑ 2.9%
	Orange	14.2%	15.9%	16.9%	↑ 1.0%
	Morgan	8.7%	10.6%	10.2%	↓ -0.4%
	Brown	10.3%	10.5%	12.5%	↑ 2.0%
	Jackson	11.8%	10.5%	13.3%	↑ 2.8%
Indiana		12.3%	12.9%	14.4%	↑ 1.9%
USA		13.0%	13.2%	14.3%	↑ 1.1%

Source: US Census Bureau, 2012.

Morgan County was the only county in the IU Health Bloomington service area to have a decrease in poverty rates between 2008 and 2009 (-0.4%). 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, Monroe County's per capita personal income was estimated to be \$29,648, with a median household income around \$36,061, which are both 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

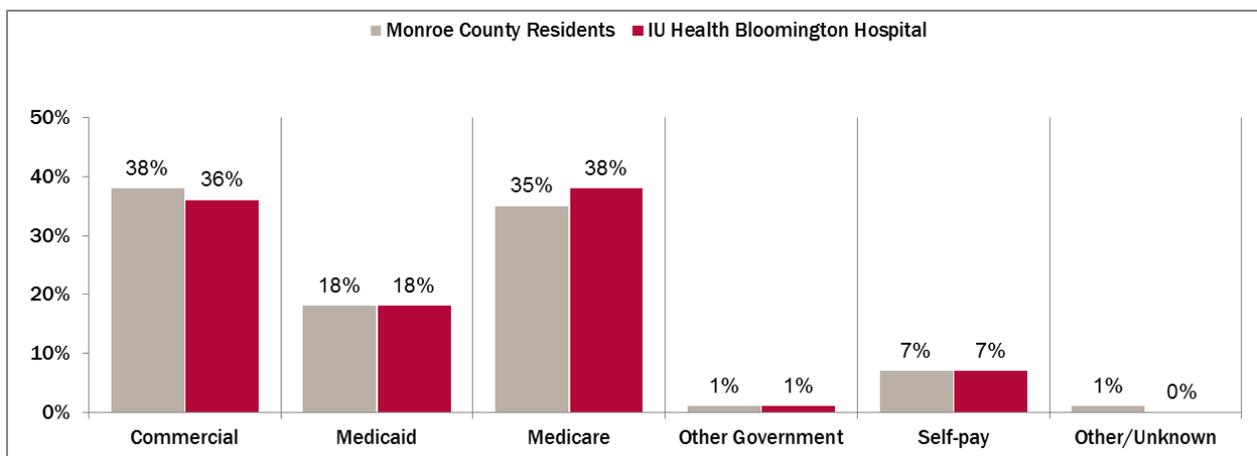
National statistics on health insurance indicate that 16% of the United States population is uninsured. Of the US population that is insured, 49% are insured through an employer, 5% through individual providers, 16% through Medicaid, 12% through Medicare, and 1% through other public providers.

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), 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.

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 (see **Figure 3**).

Figure 3
Insurance Coverage
2009 Monroe County and IU Health Bloomington Hospital Inpatient Discharges



Source: IHA Discharge Database, 2010.

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

5.2.4 Indiana State Budget

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

Fiscal Year 2010-2011 Health Services

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

Fiscal Year 2012-2013 Budget

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

- The budget removes statutory restrictions that prevented the Family and Social Services Administration (FSSA) from reducing staffing levels at either the Evansville State Hospital or the Evansville Psychiatric Children’s Center, regardless of the number or type of patients being treated at each facility
- The budget eliminates the Indiana Tobacco Prevention and Cessation (ITPC) Board, and transferred its responsibilities to the Indiana State Department of Health (ISDH) on July 1, 2011; the ISDH totals include annual appropriations of \$8.1 million from the Tobacco Master Settlement Fund for tobacco prevention and cessation efforts
- The ISDH budget saw a 16.6% decrease in general fund appropriations for the FY 2012-2013 biennium budget
- The budget appropriates \$48.8 million annually for The Community and Home Options to Institutional Care for the Elderly and Disabled (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 Bloomington 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	Monroe	46.4
	Subtotal	46.4
Secondary	Lawrence	101.3
	Owen	70.7
	Greene	115.8
	Orange	79.8
	Morgan	98.5
	Brown	68.2
	Jackson	77.3
	Subtotal	87.3
Total Service Area Average		82.2
Indiana		85.9
USA		76.0

Source: Dartmouth Atlas of Health Care, 2007.

5.4 County Level Health Status and Access Indicators

5.4.1 County Health Rankings

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

Based on the 92 counties in the state of Indiana, counties may be ranked from 1 to 92, where 1 represents the highest ranking and 92 represents the lowest. *Table 7* summarizes County Health Ranking assessments for Monroe 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 Monroe County and Surrounding Counties

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

Indicator	Monroe	Lawrence	Owen	Greene	Orange	Morgan	Brown	Jackson	Average Ranking for Service Area
Overall Health Outcomes	17 ↓	72 ↓	32	81 ↓	66 ↓	42 ↓	6	70	48
<i>Mortality</i>	11	75 ↓	44	73	46 ↓	34 ↓	21	70	47 ↓
<i>Morbidity</i>	21	64 ↓	25	80	88	56 ↓	3	68	51
Overall Health Factors	5	53	84	48	75	31 ↓	20	46 ↓	45
<i>Health behaviors</i>	2	20 ↓	90 ↓	44 ↓	84	36 ↓	10 ↓	64	44 ↓
<i>Tobacco use</i>	8	30	90	70 ↓	83	33 ↓	23 ↓	59 ↓	50
<i>Diet and exercise</i>	2	13 ↓	87 ↓	49 ↓	81 ↓	32 ↓	17 ↓	57	42 ↓
<i>Alcohol use</i>	25 ↓	35	64	9	39	76 ↓	69 ↓	30	43
<i>Sexual activity</i>	9	67	42	47 ↓	46	48	1	81	43
<i>Clinical care</i>	9	55 ↓	59	79	47	38	27	46 ↓	45
<i>Access to care</i>	26	53 ↓	88 ↓	71	41 ↓	36	62	38	52
<i>Quality of care</i>	2	56	19	79	53	43	11	52 ↓	39
Social and economic factors	10	75	76 ↓	19	69	31 ↓	36	37 ↓	44
<i>Education</i>	4	76 ↓	92	27	58	44	46	48 ↓	49
<i>Employment</i>	3 ↓	75	38 ↓	19 ↓	61 ↓	29 ↓	31 ↓	31	36 ↓
<i>Income</i>	28	60	59	49	78	28	50	33 ↓	48
<i>Family and social support</i>	56	83	64	20	60	48 ↓	40	30 ↓	50
<i>Community safety</i>	81	33	48	9	48	45 ↓	13	79 ↓	45
Physical environment	48 ↓	21 ↓	70 ↓	89 ↓	9	74 ↓	59 ↓	63 ↓	54 ↓
<i>Environmental quality</i>	15	1	1	81	1	63	63	70	37
<i>Built environment</i>	63	39 ↓	86	84 ↓	27	81 ↓	52	50	60 ↓

Source: County Health Rankings, 2012.

Monroe County fell within the 75th percentile, ranking 17th in the state for overall health outcomes (length and quality of life), which is the second highest ranking for health outcomes among the eight counties in the IU Health Bloomington service area. Comparatively, Brown County ranked in the 75th percentile as well with a ranking of 6th in the state for health outcomes.

In preventable health factors, Monroe County ranked 5th in terms of overall health-related factors (determinants of health); individual scores are displayed in *Table 7* above. More than half (7 out of 13) of Monroe County’s health-related factor rankings fell within the top 25% of Indiana counties; however, community safety was ranked in the bottom 25%, and several indicator rankings

decreased from 2011 to 2012. In addition to the above, some additional indicators ranked in the bottom half of Indiana counties including built environment (63rd) and family and social support (56th).

Specific indicator rankings for Monroe County that fell between 2011 and 2012 include alcohol use, employment, and overall physical environment. However, despite the fall in the rankings for these indicators, several were ranked higher than the overall service area across all eight counties. Monroe County ranked higher than the overall service area for many indicators, but especially for those of education (difference of 45), tobacco use (difference of 42), diet and exercise (40), quality of care (37), sexual activity (34), and employment (33).

Across all IU Health Bloomington service area counties, built environment, access to care, morbidity, tobacco use, family and social support, education, income, and mortality indicators are ranked most consistently in the bottom half of all 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.

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. **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.

Monroe County compared unfavorably to US and peer county benchmarks for two health conditions, breast cancer (female) and lung cancer. Several indicators related to birth and infant care were favorable for Monroe County (where rates and percentages for the indicators in Monroe County are lower than those for the entire nation or for peer counties), including low birth weight, very low birth weight, premature births, births to women under the age of 18, births to unmarried women, no care in first trimester, infant mortality, neonatal infant mortality, and post-neonatal infant mortality. Chronic condition indicators related to colon cancer, coronary heart disease, motor vehicle injuries, and unintentional injury were also favorable.

The indicators comparing unfavorable to US and peer counties across most of the eight counties within the IU Health Bloomington Health service area include lung cancer, coronary heart disease, stroke, no care in the first trimester, and suicide.

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

Key	
Favorable health status indicator	
Neither favorable nor unfavorable indicator	
Unfavorable health status indicator	

Indicator	Monroe	Lawrence	Owen	Greene	Orange	Morgan	Brown	Jackson
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 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 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 Monroe County.

Figure 4
Community Need Index Rating Scale

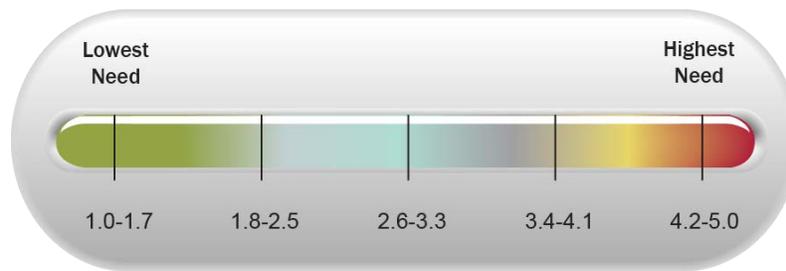
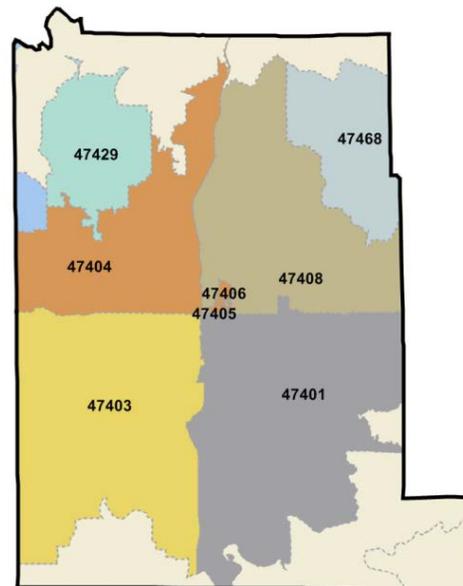


Table 9
CNI Scores for Monroe County

County	City	ZIP Code	Rank
Monroe	Bloomington	47404	3.8
		47405	3.8
		47406	3.8
		47403	3.6
		47408	3.4
	47401	3.2	
	Ellettsville	47429	2.4
	Unionville	47468	2.0



Source: Community Need Index, 2011.

Within Monroe County, CNI scores indicate needs are moderately high within ZIP codes 47404, 47406, and 47403 (all in Bloomington), and community needs are relatively low in ZIP codes 47468 (Unionville) and 47429 (Ellettsville).

5.6 Regional Chronic Conditions and Preventive Behaviors

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

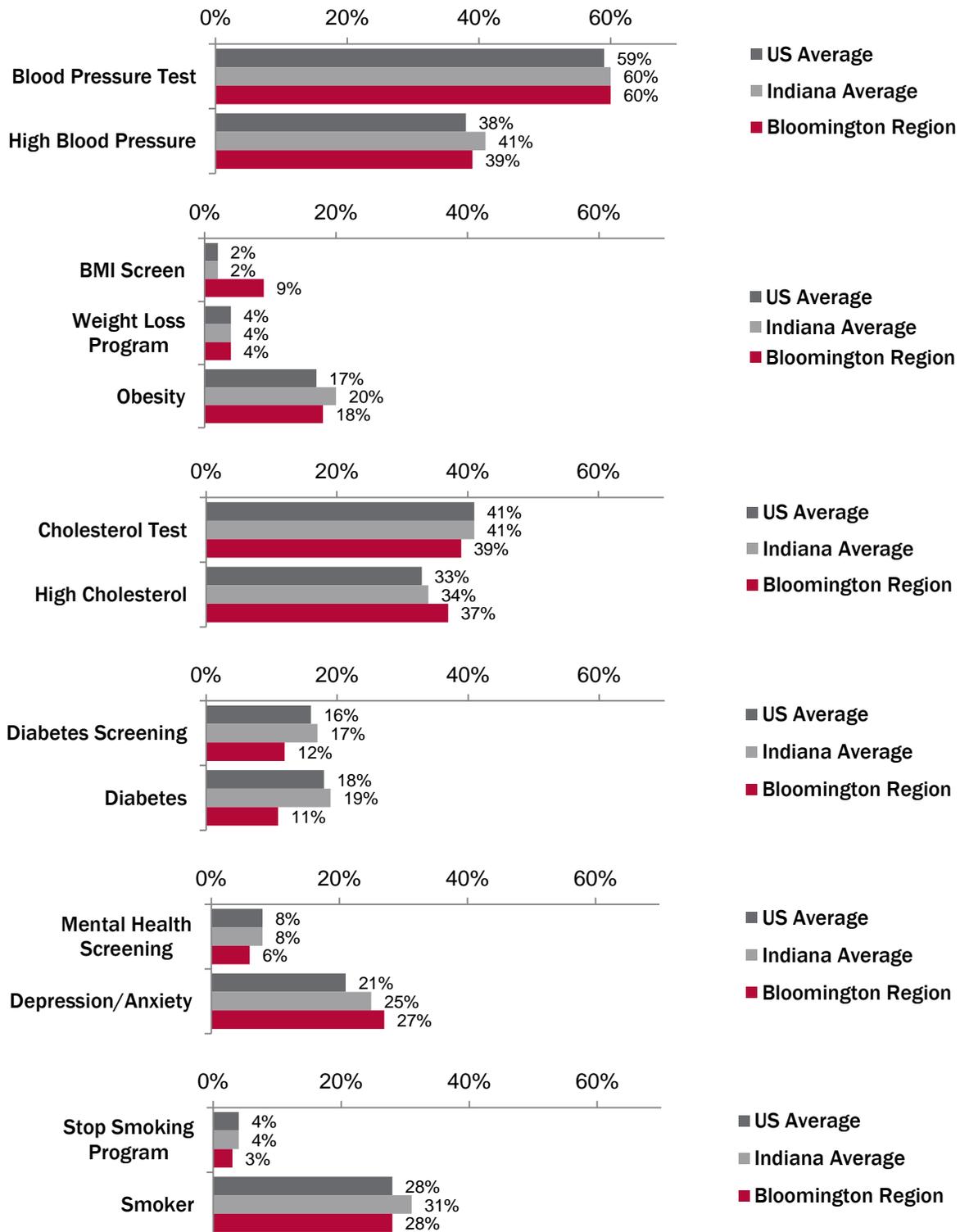
These estimates are based on a monthly internet survey of over 270,000 individuals across the country. For this CHNA, Ticker data utilized represent the “Bloomington Regional Market.” These Ticker data identified the following top ten chronic conditions:

- High blood pressure
- High cholesterol
- Allergies—other
- Arthritis
- Smoking
- Depression/anxiety disorder
- Sinus problem
- Allergies—hay fever
- Obesity/weight problems
- Sleep problems/insomnia

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

Figure 5

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



Source: Ticker, National Research Corporation, 2012.

5.7 Medically Underserved Areas and Populations

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

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

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

Key					
—		County does not contain HPSA designation for category			
Service Area	County	Medically Underserved Areas		Medically Underserved Populations	
		IMU Score	Detail	IMU Score	Detail
Primary	Monroe	—		64.6	Entire county*
	Lawrence	—		66.4	Low-income population, entire county*
Secondary	Owen	52.9	Owen Service Area	—	
	Greene	60.8	Washington Service Area (Washington township)	—	
		58.8	Wright Service Area (Wright township)	—	
	Orange	N/A	Stampers Creek Service Area (Stampers township)	—	
	Morgan	—		—	
	Brown	54.8	Brown Service Area	—	
	Jackson	—		0	Low-income population, entire county*

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

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

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/>.

Owen, Green, and Brown counties had service areas designated as a MUA. Those counties where the entire county was designated as an MUP included Monroe, Lawrence, and Jackson counties.

5.8 Health Professional Shortage Areas

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

Table 11 below lists the HPSAs in the IU Health Bloomington community.

Table 11
HPSAs in the IU Health Bloomington Hospital Community

Service Area	County	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA
Primary	Monroe	Low-income population, entire county		
Secondary	Lawrence	Low-income population, entire county		
	Owen	Low-income population, entire county		
	Green	Low-income population, entire county	1 rural health clinic: Ridge Medical Center	Low-income population, entire county
		1 rural health clinic: Ridge Medical Center		1 rural health clinic: Ridge Medical Center
	Orange	Low-income population, entire county		Southern Indiana Catchment Area
	Morgan			
	Brown	Entire county		
	Jackson			

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

5.9 Description of Other Facilities and Resources Within the Community

The IU Health 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.

Table 12 below lists the other facilities and resources in the IU Health Bloomington community.

Table 12
Resources in Monroe and Surrounding Counties

Service Area	County	Public Health Department
Primary	Monroe	Monroe County Health Department (Bloomington, Indiana)
	Lawrence	Lawrence County Health Department (Bedford, Indiana)
Secondary	Owen	Owen County Health Department (Spencer, Indiana)
	Greene	Greene County Health Department (Bloomfield, Indiana)
	Orange	Orange County Health Department (Paoli, Indiana)
	Morgan	Morgan County Health Department (Martinsville, Indiana)
	Brown	Brown County Health Department (Nashville, Indiana)
	Jackson	Jackson County Health Department (Seymour, Indiana)

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

Service Area	County	Hospital	
Primary	Monroe	Bloomington Meadows Hospital	Monroe Hospital
		IU Health Bloomington Hospital	
Secondary	Lawrence	IU Health Bedford Hospital	St. Vincent Dunn Memorial 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	

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

5.10 Review of Other Assessments of Health Needs

5.10.1 South Central Community Action Program (SCCAP) Community Needs Assessment

Community Action Agencies (CAAs) across the state assess the needs of their communities every three years. This is done through the analysis of state and county level data (ie, Census Bureau and Bureau of Labor Statistics data), client data as reported to Community Services Block Grant (CSBG) Results Oriented Management Accountability (ROMA) system, and surveying a sampling of both CAA clients and stakeholders (community partners).

The purpose of the needs assessment is to provide a complete body of information regarding the specific area to determine if needs are being met and what gaps remain in the community between programs/services and continuing community needs. The assessment covers the South Central Community Action Program's (SCCAP) service area, which includes the counties of Morgan, Monroe, Brown, and Owen.

A client survey was randomly sent in September 2010 to those who had received services from SCCAP in 2009. There were 13,772 surveys returned statewide, of which 628 were from SCCAP 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 from the assessment were:

- Most counties served by SCCAP experienced increases in population growth since 2000; however, one county served by SCCAP, Brown County, actually saw a slight decrease in population since 2000
- In 2009, in SCCAP's service area, 39,824 individuals lived in poverty or below the FPG; of those individuals in poverty 7971 were children (under the age of 18 years old) and 1730 were seniors (65 years old and over)
- Monroe County, served by SCCAP, had the highest poverty rate in the state and was almost double the state poverty rate in 2009; Owen County, also served by SCCAP, had a poverty rate higher than the state poverty rate; SCCAP's other service area counties had poverty rates lower than the state's poverty rate in 2009
- The number of children served by the Network increased in 2009 by 27.4% from 2007; from 2008 to 2009, there was an increase of 21% in the number of children served who were 6 to 11 years old and a 28% jump in the number of children served who are 12 to 17 years old
- The number of clients served by SCCAP who have completed a two or four year degree decreased by 53.6% since 2007, while clients served by SCCAP who completed a high school diploma or equivalency increased 29.5% and the number of clients who completed some postsecondary education have increased 30.7% since 2008
- In 2009, Community Action Agency Client Survey data showed that about 190,000 clients, or 56% of those who were asked, reported that they had no health insurance
 - This was a substantial increase of 41% from 2007
 - Additionally, the client survey asked if anyone in the family was covered by Hoosier Healthwise, Medicare, or Healthy Indiana (Medicaid) and the vast majority, 77%, responded yes
- The number of clients who were homeowners increased 32% since 2007 and the number of clients who were renters increased 15% during this same time period
 - These numbers might be reflective of the increase in population growth seen in most of the counties served by SCCAP since 2000

- The following were identified by SCCAP's client survey respondents as top community needs:
 - Assistance to pay their electric/gas bills
 - Health insurance coverage
 - Affordable housing
 - Assistance to pay their rent or mortgage;
 - Food assistance
- The following were identified by SCCAP'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 and can't afford car repairs)
 - No jobs in their field was a barrier to work
- SCCAP offers many programs and services; some of the programs SCCAP offers that specifically address the community needs and barriers identified by clients include:
 - Energy Assistance Program
 - Head Start
 - Family Development Program
 - Individual Development Accounts (IDAs)
- 73% of those surveyed responded to the question asking if they had utilized any of these services
 - Out of those, over one-third stated they had received services four or more times
 - About 23% had only received services once
- Only 11% statewide, and 19% of SCCAP client survey respondents, said that they used a food bank more than once a month

5.10.2 Monroe County Asset Building Coalition Strategic Plan

Generated for Monroe County community leaders and state policy makers by the Asset Building Coalition in partnership with the Monroe County Commissioners, this strategic plan and epidemiological profile presents data and analysis to support the development of a framework for advancing the mission of the Asset Building Coalition and the Indiana Substance Abuse Prevention System.

An Indiana Prevention Resource Center (IPRC) Alcohol, Tobacco and Other Drugs (ATOD) survey was conducted on students in grades six through twelve in schools within the county in March and April 2005. The IPRC school surveys and the recent (2006) findings of the State Epidemiological and Outcomes Workgroup (SEOW) showed the county listed as a "High Need" priority county for alcohol.

Key conclusions were:

- The cultural and economic polarity evident in the county is related to the costs and benefits of having a large university thriving in the midst of an otherwise rural community
- Monroe County Community School Corporation (MCCSC)
 - In the 2007-2008 academic year, 25% of all students received free lunch
 - 16.5% of all students enrolled were minority students, and 16.5 % were in special education
 - In 2006-2007, the attendance rate was 95.2% and the graduate rate was 86.3%
- The Richland Bean Blossom School Corporation (RBB School) corporation provides public schooling for the Richland and Bean Blossom townships, which includes the towns of Ellettsville and Stilesville

- In 2006-2007, 20% of all students received free lunches
- Minority student enrollment was 4.9%, and special education enrollment was 19.6%
- In 2006-2007, the attendance was 95.2% and the graduation rate was 84.7%
- 14% of all Monroe County residents live in poverty; 31% of people in county living in poverty are black, 17% are white, and 30% are Hispanic
- Given the poverty rate of 15.4% of children aged 0-17 in the county, it is safe to conclude that a high percentage of these youth may be experiencing low bonding with their respective neighborhoods
 - This is important because it decreases the chances for bonding and sustaining relationships with positive non-parent adults
- 15.2% of MCCSC 8th graders reported first use of alcohol at ages 12-13
- 29.9% of MCCSC 10th grade students reported first use of alcohol at ages 14-15
- Over a quarter of retail outlets for alcohol were in noncompliance with alcohol codes
- The 18-25 year old demographic is responsible for 83% of all substance related offenses scripted by Bloomington Police Department and Indiana University Police Department
- There is a spike in operating while impaired (OWI) and public intoxication arrests among 21 to 23 year olds; and whites have the highest percentages for these offenses
- In 2006, Bloomington Hospital had 712 emergency room (ER) visits and concurrent hospital admits for 18-25 year olds with alcohol-related conditions as a primary or secondary diagnosis

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 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 Bloomington 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 Bloomington Hospital. Attendees who participated in the focus group are listed in **Table 13** below.

Table 13
Focus Group Participants

Name	Title, Affiliation	Expertise
Elizabeth Thompson	<i>Former Executive Director, Volunteer’s in Medicine (VIM)</i>	Ms. Thompson is representative of a community perspective regarding access to care. As former Executive Director of VIM, she works to provide access to care for underserved and low-income populations.
Barry Lessow	<i>Executive Director, United Way of Monroe County</i>	Mr. Lessow is representative of a community perspective toward healthy living. As Executive Director of the United Way in Monroe County, he works for an organization that believes in helping people learn more, earn more, and lead safe and healthy lives in order to create programs that assist in accomplishing those goals.
Mark Kruzan	<i>Mayor of Bloomington</i>	Mr. Kruzan is representative of a community perspective toward healthy living. As mayor of Bloomington, Mayor Kruzan is knowledgeable on what the community’s needs are, and the resources that are available to address those needs.
Penny Caudill	<i>Administrator, Monroe County Health Department</i>	Ms. Caudill is representative of a community perspective toward overall public health. As an employee of the health department, she understands the issues and obstacles involved in the area of public health, as well as ways to address and improve them.
Daniel Peterson	<i>Board Member, IU Health Bloomington Hospital</i>	Mr. Peterson is representative of a community perspective toward healthy living. As a board member at IU Health Bloomington, he is knowledgeable on what the community’s needs are, and the resources that are available to address those needs.
Ellie Rogers	<i>Board Member, IU Health Bloomington Hospital & Member of Local Council of Women</i>	Ms. Rogers is representative of a community perspective toward healthy living. As a board member at IU Health Bloomington, she is knowledgeable on what the community’s needs are, and the resources that are available to address those needs.
Mark Moore	<i>CEO, IU Health Bloomington Hospital</i>	Mr. Moore is representative of a community perspective toward healthy living. As CEO of IU Health Bloomington, he is knowledgeable on what the community’s needs are, and the resources that are available to address those needs.
Carol Weiss-Kennedy	<i>Director, Community Health, IU Health Bloomington Hospital</i>	Ms. Weiss-Kennedy is a representative of a community perspective toward healthy living. As Director of Community Health at IU Health Bloomington Hospital, she is knowledgeable on what the community’s needs are, and the resources that are available to address those needs.

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 three separate focus group sessions. The first two were one and a half-hour live group sessions at IU Health Bloomington Hospital, and the other one was each held as an hour-long phone conference for those who were not able to meet in person. The one and a half-hour live group sessions were held at IU Health Bloomington Hospital. IU Health facilitators mailed letters and made follow-up telephone calls inviting public health officials and community leaders to attend the focus group discussion, paying special attention to including organizations that represent the interest of low-income, minority, and uninsured individuals. The goal of soliciting these leaders' feedback was to gather insights into the quantitative data that may not be easily identified from the secondary statistical data alone.

Upon arrival to the focus group, participants were asked to list their believed five prioritized health needs for the IU Health 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. Mental health and addiction.
2. Access to healthcare.
3. Obesity and diabetes.
4. Chronic disease management.
5. Senior health.

These prioritized needs are discussed in more detail below.



1. Mental health and addiction 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.



2. Access to healthcare was the second greatest concern mentioned within all three focus groups, and addressed not only the lack of healthcare services, but also the overall affordability of receiving

those services. There is a lack of primary care physicians in the community, as well as specialists such as geriatricians, dermatologists, and psychiatrists. Addressing the community's lack of low cost or free prevention services, medical supplies, medication, and prenatal behavioral health services is also necessary for addressing the need for increased access to healthcare.



3. Obesity and diabetes rounded out the top three concerns across all three focus groups, 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 piloted and received good feedback and preliminary outcome data that could be expanded upon to greater benefit the community.



4. 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.



5. Senior health was also addressed as a need in the community. However, Monroe does already have some resources in place such as Nurses Improving Care for Health System Elders (NICHE), as well as the Mary Naylor Transitional Care Model, which is a national model for transitioning back to their home versus going into a long-term care center. 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 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 January 2012 through June 2012. A paper version was distributed to local community centers, health clinics, community health fairs and events, as well as within some hospital patient waiting areas. Additionally, an estimated 25,000 surveys were e-mailed, direct-mailed, or sent via newsletter. In addition to disseminating directly to the general public of the community, the survey was also sent via email to participants in the needs assessment focus groups to provide an opportunity for these community leaders to pass onto their local community members.

Respondent Demographics

506 respondents participated in the survey. All of the respondents were from the PSA (Monroe County). The survey sample was 90% Caucasian (White), and was fairly evenly distributed across age ranges, with the majority of respondents being 41-59 (47%) years of age, followed by 30-40 (19%), and 18-29 (16%) years of age.

The educational attainment of the sample was very high for the 321 individuals that reported it, with 78% of respondents indicating they had completed either a college undergraduate (40%) or graduate degree (38%). The remaining respondents had completed a high school degree/GED (15%), or vocational or technical schooling (8%).

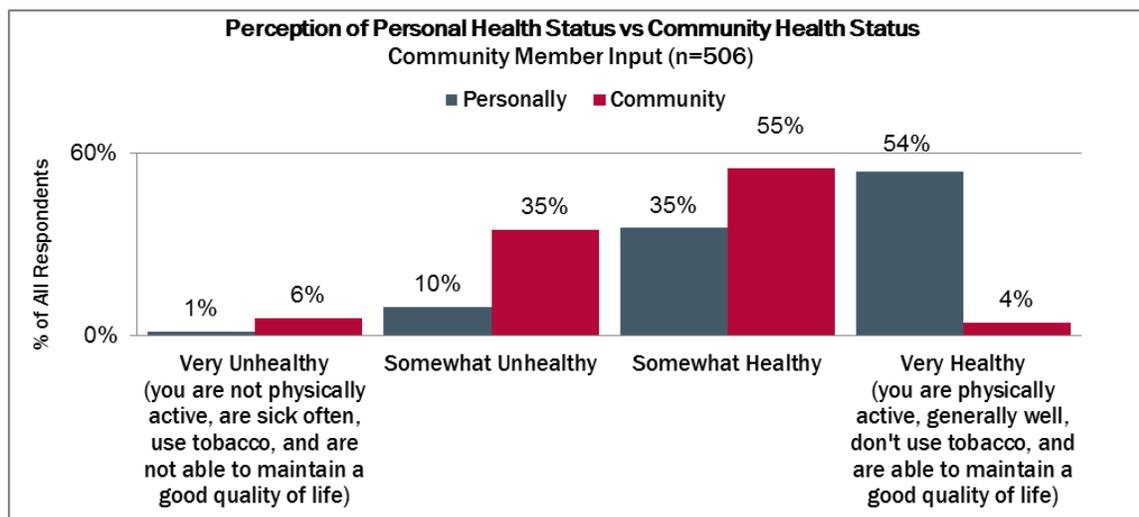
Reported household income of the sample was relatively high, with 64% of respondents reporting an income of \$44,071 or higher, which is higher than the median household income of \$36,061 for all of Monroe County. Slightly less than one-half of respondents reported a household income of \$67,051+. Approximately 19% reported a household income range of \$44,701-\$67,051; another 19% reported \$22,351-\$44,700. The remaining seventy-six respondents (16%) reported a household income lower than \$22,350.

Survey respondents also were asked to report their insurance status. A majority of respondents had commercial/private insurance (86%), followed by a small percentage reported having Medicare (6%), and Uninsured/self-pay (5%).

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 Unhealthy (you/community members are not 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).”

Figure 6
Web-Based Survey Responses



Source: IU Health Bloomington Hospital Community Survey, 2012.

Participant results are summarized in **Figure 6** above. The majority of participants rated themselves as either “Somewhat Healthy” (35%) or “Very Healthy” (54%). When asked to rate their overall community on the same scale, most participants rated their community as “Somewhat Healthy” (55%), but 41% participants also rated their community’s health as “Somewhat Unhealthy” or “Very Unhealthy”, as opposed to only 11% rating themselves as “Somewhat Unhealthy” or “Very Unhealthy”. Only 4% of participants rated their community as “Very Healthy”.

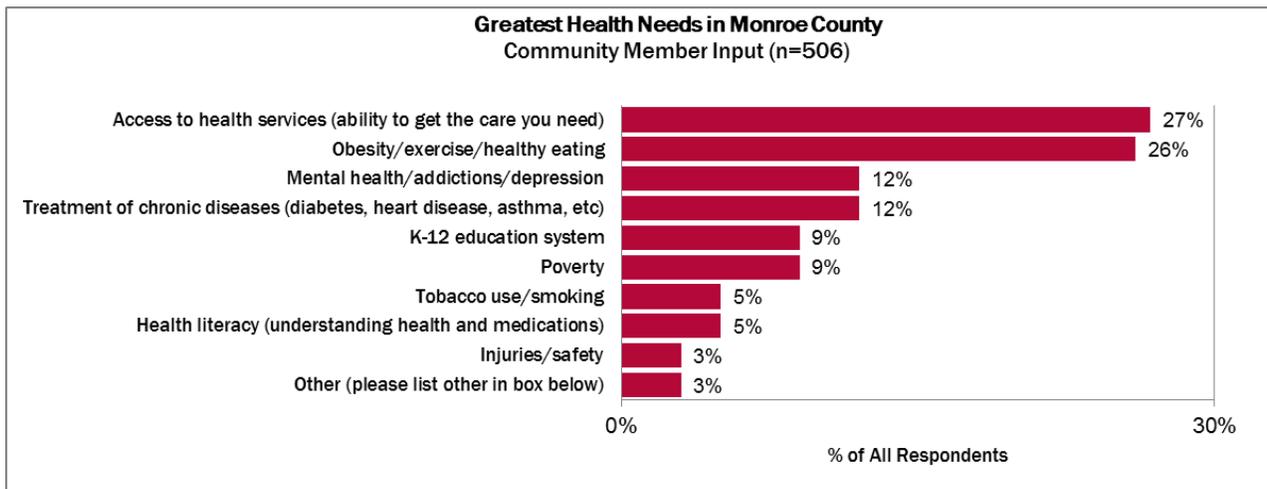
Health Issues

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

1. Access to health services.
2. Obesity/exercise/healthy eating.
3. Mental health/addictions/depression.
4. Treatment of chronic disease.
5. K-12 education system.

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

Figure 7
Web-Based Survey Responses

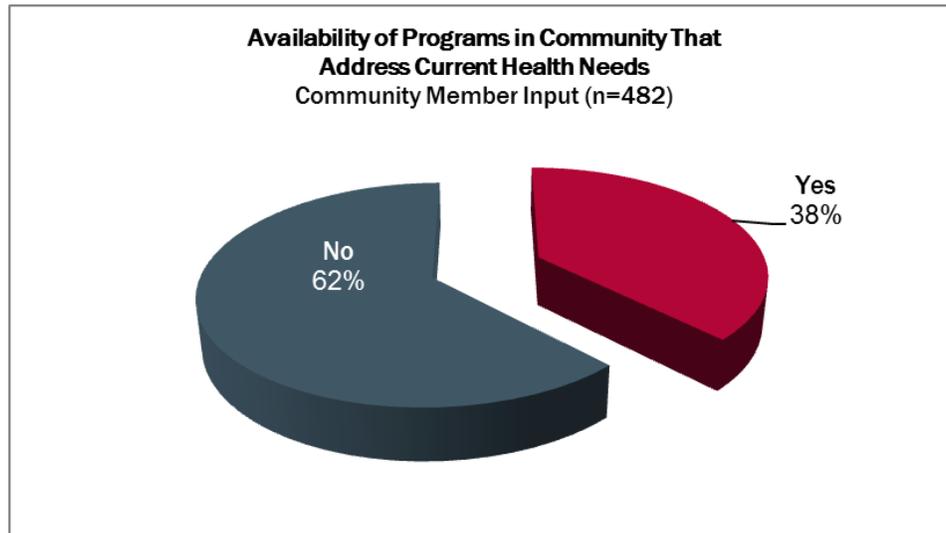


Source: IU Health Bloomington Hospital Community Survey, 2012.

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** below illustrates a detailed view of this feedback with regard to the question “With the five needs you picked above, do you think there are enough programs in your community to help with these needs?”

Figure 8
Web-Based Survey Responses



Source: IU Health Bloomington Hospital Community Survey, 2012.

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