

Community Health Needs Assessment

October 3, 2018



IU Health
Frankfort
Hospital

<https://iuhealth.org/in-the-community>



Frankfort

A handwritten signature in black ink, reading 'Vic Lechtenberg', is written over a horizontal line.

Vic Lechtenberg
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10/3/18

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EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted to identify significant community health needs and to inform development of an Implementation Strategy that addresses them.

Indiana University Health Frankfort Hospital (IU Health Frankfort Hospital or “the hospital”) is a 25-bed acute care facility serving the residents of Clinton County. Designated as a critical access hospital, IU Health Frankfort Hospital provides a full range of healthcare services including outpatient surgery, emergency medicine, cardiovascular, laboratory, diagnostic imaging services, cancer care, pastoral care, radiology, rehabilitation services, respiratory care and women’s health.

The hospital is part of Indiana University Health (IU Health), the largest and most comprehensive health system in the state of Indiana. IU Health, in partnership with Indiana University School of Medicine, one of the nation’s leading medical schools, gives patients access to leading-edge medicine and treatment options that are available first, and often only, at IU Health. Additional information about IU Health is available at: <https://iuhealth.org/>.

Each IU Health hospital is dedicated to the community it serves. Each hospital conducts a CHNA to understand current community health needs and to inform strategies designed to improve community health, including initiatives designed to address social determinants of health. The CHNAs are conducted using widely accepted methodologies to identify the significant needs of a specific community. The assessments also are conducted to comply with federal laws and regulatory requirements that apply to tax-exempt hospitals.

IU Health invites community members to review the Community Health Needs Assessments and provide comments to communitybenefit@iuhealth.org.

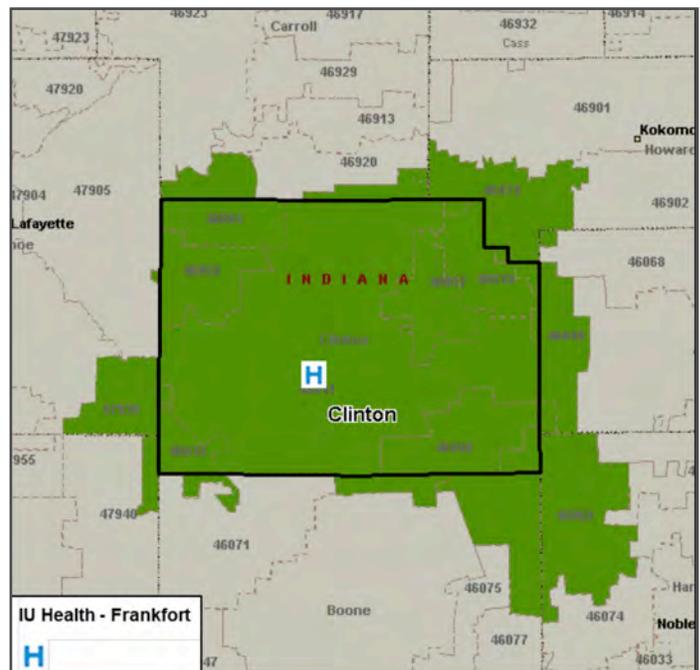
For copies of each IU Health CHNA report and also for associated implementation strategies, visit: <https://iuhealth.org/in-the-community>. Updated implementation strategies for each IU Health hospital are scheduled to be published by May 15, 2019.

Community Definition

For purposes of this CHNA, IU Health Frankfort Hospital’s community is defined as Clinton County, Indiana. This county accounted for 95 percent of the hospital’s inpatient

cases in 2016. The total estimated population of this community in 2015 was 32,567.

The following map portrays this community. The map shows county and ZIP code boundaries. Specific ZIP codes are included in analyses if any portion of the ZIP code overlaps with county lines.



Source: Microsoft MapPoint and IU Health, 2018

Significant Community Health Needs

Identifying *significant* community health needs is an important element of CHNAs. Several data sources were assessed to identify those needs, including:

- Secondary data¹ including demographics, health status, and access to care indicators,
- Findings from other community health assessments of areas served by the hospital,
- Input obtained from individuals who participated in one or more community meetings,
- Input obtained from one or more key stakeholders who were interviewed, and
- A community survey conducted in collaboration with other Indiana health systems.

Based on the assessment of the above data sources, the following community health needs have been identified (in alphabetical order) as significant in the community served by IU Health Frankfort Hospital. References are made below to exhibits and findings presented in this report (e.g., whether certain needs were found to be significant based in part on findings from the community survey or community meetings).

¹ “Secondary data” refers to data published by others, for example the U.S. Census and the Indiana State Department of Health.

Access to Health Care Services

- The area served by IU Health Frankfort Hospital has an under-supply of primary care physicians, mental health professionals, and dentists (**Exhibits 24, 25**).
- Access to several types of services (substance abuse and specialty care) also is challenging due to limited transportation options (**Community Meetings, Interviews**).
- Clinton County ranks in the bottom quartile both of Indiana counties and peer counties for the rate of preventable admissions (**Exhibits 24, 25**). Across the U.S., a lack of access to quality primary care services has been shown to be a contributing factor.

Drug and Substance Abuse (Including Opioids)

- The opioid crisis, and other forms of drug and substance abuse, were identified by community members as particularly significant (**Community Meeting, Community Survey**).

Health Care and Social Services for Seniors

- Demographic data indicate rapid growth in the population aged 65 years and older (**Exhibit 12**).
- Community members ranked “aging and older adult needs” as among the most significant issues (**Community Survey**).

Maternal and Child Health

- Several maternal and child health indicators for Clinton County are worse than Indiana averages, including rates of infant mortality, smoking during pregnancy, and teen pregnancy (**Exhibit 30**).

Mental Health

- Mental health status was identified by community members as a significant problem (**Community Survey, Community Meeting, Interview**).
- Clinton County ranks in the bottom quartile of peer counties for “mentally unhealthy days” (**Exhibit 25**).
- Data indicate that peer counties have many more mental health providers available (on a per-capita basis) (**Exhibit 25**).

Obesity and Diabetes

- A higher percentage of Clinton County residents are obese than those living in peer counties (**Exhibit 25**), and over 30 percent are physically inactive (compared to 23 percent in the U.S. as a whole) (**Exhibit 24**).
- Individuals providing input identified obesity and diabetes as top concerns (**Interview, Community Survey**).
- A lack of knowledge about (and access to) exercise opportunities are contributing factors (**Interview**).

Smoking

- Smoking rates are comparatively high, including among pregnant women and lower-income residents (**Exhibits 25, 30**).

Social Determinants of Health

- Clinton County’s overall poverty rate has been below the Indiana average, single-parent households are more prevalent and the percent of adults “with some college” is under 50 percent (**Exhibits 17, 24, 25**).
- Clinton County ranks in the bottom half of Indiana counties for children living in poverty (**Exhibit 23**).

DATA AND ANALYSIS

Definition of Community Assessed

The community assessed by IU Health Frankfort Hospital was defined by the geographic origins of the hospital’s discharges. In 2016 this geographic area was identified as Clinton County, Indiana.

Residents from this county accounted for over 95 percent of the hospital’s recent inpatient volumes (**Exhibit 1**).

Exhibit 1: IU Health Frankfort Hospital Inpatient Discharges by County, 2016

County	Percent of Inpatients (2016)
Clinton County	95%

Source: Analysis of Indiana University Health Discharge Data, 2016

The estimated, total population of this county in 2015 was 32,567 persons (**Exhibit 2**).

Exhibit 2: Community Population, 2015

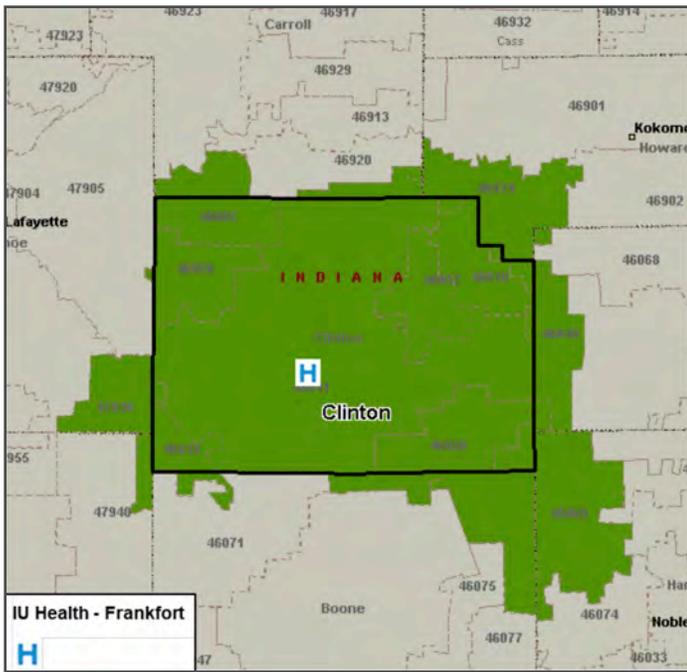
County	Estimated Population 2015	Percent of Total Community Population
Clinton County	32,567	100%

Source: State of Indiana by the Indiana Business Research Center, March 2018

The hospital is located in Clinton County (City of Frankfort, Indiana, ZIP code 46041).

Exhibit 3 portrays the community. The map shows county and ZIP code boundaries. Specific ZIP codes are included in the assessment if any portion of the ZIP code overlaps with one or more of the counties.

Exhibit 3: IU Health Frankfort Hospital Community



Source: Microsoft MapPoint and IU Health, 2018

Secondary Data Summary

The following section summarizes findings from the secondary data analysis. See Appendix B for more detailed information.

Demographics

Population characteristics and trends directly influence community health needs. The total population in the IU Health Frankfort Hospital community is expected to decrease by 1.3 percent from 2015 to 2020. Between 2016 and 2021, six of the 11 ZIP codes in the IU Health Frankfort Hospital community are projected to gain (and five are projected to lose) population. The population in one Frankfort County ZIP code is expected to grow by five percent.

The number of persons aged 65 years and older is projected to grow at a much faster rate (11.0 percent). This should contribute to a growing need for health services, since older individuals typically need and use more services than younger persons.

In 2015, the majority of Clinton County communities had a Black population under 1%. In one of the 11 community ZIP codes (46041), the percent of the population that was Black was 1.5%. This is the ZIP code that includes the hospital.

Clinton County had a higher percentage of the population that was linguistically isolated than the Indiana average.

Economic Indicators

Many health needs have been associated with poverty. At 12.7 percent, Clinton County's poverty rate was below both the Indiana and U.S. average. Poverty rates for Black populations in Clinton County are near 50 percent, more than three-times the poverty rate for White residents. One low income census tract is noted in IU Health Frankfort Hospital's community, in close proximity to the hospital.

Unemployment rates and crime rates in the community have been consistently below Indiana averages.

The percentage of people uninsured has declined in recent years due to two primary factors:

- In recent years, unemployment rates have decreased significantly. Many receive health insurance coverage through their (or a family member's) employer.
- In 2010, the Patient Protection and Affordable Care Act (PPACA) was enacted, and Indiana was among the states that expanded Medicaid eligibility.

Local Health Status and Access Indicators

Indiana has 92 counties. In the 2018 *County Health Rankings*, Clinton County ranked 58th.

Clinton County had 25 out of 42 indicators ranked in the bottom 50th percentile among Indiana Counties. Of those 25 indicators ranking in the bottom 50th percentile, eleven were in the bottom quartile, including those reporting poor or fair health, alcohol-impaired driving deaths, sexually transmitted infections, teen birth rate, percent uninsured, primary care physicians rate, mental health provider's rate, and the percent receiving some college.

In the 2018 *Community Health Status Indicators*, which compares community health indicators for each county with those for peers across the United States, the following indicators appear to be most problematic:

- Percent single-family household
- Percent some college
- Preventable hospital rate
- Mental health professional rate
- Primary care physician rate
- Percent driving deaths due to alcohol impairment
- Percent obese
- Average Daily PM2.5 (the average daily density of fine particulate matter in micrograms per cubic meter, a measure of air quality and pollution)
- Chlamydia rate
- Mentally unhealthy days
- Percent in fair or poor health
- Percent physically inactive
- Percent receiving some college education
- Percent uninsured
- Physically unhealthy days
- Primary care physicians rate
- Years of potential life lost

According to the Centers for Disease Control and Prevention (CDC), mortality rates for cancer, all other diseases, cerebrovascular disease (stroke), Alzheimer's disease, intentional self-harm (suicide), motor vehicle accidents, and assault (homicide), and hypertensive heart disease with or without renal disease are higher than the Indiana average.

Rates of communicable disease in Clinton County were significantly lower than Indiana averages.

Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) include thirteen health conditions (also referred to as Preventative Quality Indicators, or "PQIs") "for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."² Among these conditions are: angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

The ACSC rate for perforated appendix, chronic obstructive pulmonary disease (COPD), heart failure, community-acquired pneumonia, and urinary tract infection in the IU Health Frankfort Hospital community exceeds the Indiana average.

Community Need Index

Dignity Health, a California-based hospital system, developed and published a *Community Need Index™* (CNI) that measures barriers to health care access. The index is based on five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White
- The percentage of the population without a high school diploma
- The percentage of uninsured and unemployed residents
- The percentage of the population renting houses

A CNI score is calculated for each ZIP code. Scores range from "Lowest Need" (1.0-1.7) to "Highest Need" (4.2-5.0).

The weighted average CNI score for Clinton County was 3.2, meaning this county has moderate need.

Food Deserts

The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered "food deserts" because they include lower-income persons without supermarkets or large grocery stores nearby.

Currently, there are no census tracts within the IU Health Frankfort Hospital community that have been designated as food deserts.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an "Index of Medical Underservice (Index)." The Index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. Areas with a score of 62 or less are considered "medically underserved."

Clinton County is not considered a medically underserved area.

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present.

Areas throughout IU Health Frankfort Hospital's community have been designated as Primary Care and Dental Care HPSAs.

Relevant Findings of Other CHNAs

This CHNA also has considered the findings of other recent, available assessments conducted by other hospital facilities, local health departments (LHDs), and the State of Indiana. The other assessments consistently have identified the following needs as significant for the community served by IU Health Frankfort Hospital.

- Access to basic and primary health care
- Drug/substance abuse
- Obesity

Significant Indicators

Exhibit 4 presents many of the indicators discussed in the above secondary data summary. An indicator is considered significant if it varies materially from a benchmark level (e.g., an average for Indiana or the United States). For example, while Indiana's recent poverty rate (percent of people at or below 100 percent of the Federal Poverty Level) was 15 percent, the rate in Clinton County was 12.7% percent. For IU Health Frankfort Hospital, the overall poverty rate thus is considered significant. The last column of **Exhibit 4** identifies where more information regarding the data sources can be found.

The benchmarks include Indiana averages, national averages, and in some cases averages for "peer counties" from across the United States. In the *Community Health Status Indicators* data source, peer counties are defined as being similar in terms of population density, household incomes, and related characteristics.

² Agency for Healthcare Research and Quality (AHRQ) *Prevention Quality Indicators*.

Exhibit 4: Significant Indicators

Indicator	Area	Value	Benchmark	Exhibit
Population change, 2015-2020	Clinton County	-1.3%	1.9% - Indiana	12
65+ Population change, 2015-2020	Clinton County	11.0%	-1.3% - Total Community Population	12
Percent of population Hispanic, 2015	Clinton County	10.4%	5.9% - Indiana	15
Hispanic population change, 2015-2020	Clinton County	14.8%	-1.3% - Total population change	15
Population linguistically isolated	Clinton County	5.9%	3.2% - Indiana	16
Poverty rate, Black, 2012-2016	Clinton County	44.7%	12.7% - Clinton County Total	18
Percent single-parent households	Clinton County	32.3%	29.9% - Peer Counties	25
Percent of adults with some college	Clinton County	45.4%	62.0% - Indiana	24
Years of potential life lost per 100,000	Clinton County	8,707	6,700 - U.S.	24
Mentally unhealthy days per month	Clinton County	4.1	3.6 - Peer Counties	25
Physically unhealthy days per month	Clinton County	3.9	3.5 - Peer Counties	25
Percent of driving deaths with alcohol involvement	Clinton County	37.0%	22.4% - Indiana	24
Intentional self harm (suicide) mortality per 100,000	Clinton County	23.5	15.4 - Indiana	26
Motor vehicle accident mortality per 100,000	Clinton County	27.3	12.4 - Indiana	26
Teen birth rate (births per 1,000 females aged 15-19)	Clinton County	39.6	27.0 - U.S.	24
Infant mortality rate (per 1,000 live births)	Clinton County	8.5	7.2 - Indiana	30
Smoked during pregnancy percent	Clinton County	19.2%	15.6% - Indiana	30
Average Daily Particulate Matter (PM 2.5)	Clinton County	11.3	9.4 - Peer Counties	25
Percent of adults obese	Clinton County	32.9%	31.6% - Peer Counties	25
Percent of adults physically inactive	Clinton County	30.4%	23.0% - U.S.	24
Hospital stays for ambulatory care sensitive conditions per 1,000 Medicare enrollees	Clinton County	70.2	49.0 - U.S.	24
Population per primary care MD	Clinton County	3,623	1,320 - U.S.	24
Population per dentist	Clinton County	2,497	1,480 - U.S.	24
Population per mental health provider	Clinton County	3,606	470 - U.S.	24
Primary care physicians per 100,000	Clinton County	27.6	49.9 - Peer Counties	25
Mental health providers per 100,000	Clinton County	27.7	114.0 - Peer Counties	25

Source: Verité Analysis

Primary Data Summary

Primary data were gathered in three ways: Community Meetings, Key Stakeholder Interviews, and a Community Survey.

Community Meetings

On April 9, 2018, a meeting of community representatives was held at the 4H building on the Clinton County Fairgrounds in Frankfort, the county seat of Clinton County. The meeting was attended by 21 community members invited by IU Health because they represent important community organizations and sectors such as: local health departments, non-profit organizations, local business, health care providers, mayors/local policymakers, and schools.

Through this meeting, IU Health sought a breadth of perspectives on the community's health needs. The specific organizations represented at the meeting are listed below.

Organizations Represented at Community Meeting

- Area Health Education Center
- Bauer Family Resources
- Center Township of Clinton County
- City of Frankfort
- Clinton County Health Department
- Clinton County Family YMCA
- Clinton County WIC Program
- Coach Kids of Clinton City, Inc.
- Community Howard Regional Health - Community Counseling Center
- Healthy Communities of Clinton County
- Learning Network
- IU Health Frankfort Hospital
- IU Health Plans
- Open Door Clinic
- Paul Phillippe Resource Center
- Purdue Extension
- United Against Opioids
- United Way for Clinton County

The meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of the community meeting. Then, secondary data were presented, along with a summary of the most unfavorable community health indicators. For the community served by IU Health Frankfort Hospital, those indicators were (in alphabetical order):

- Education attainment levels
- Mental illness and suicide
- Mortality from motor vehicle accidents and other injuries
- Physical activity and access to exercise opportunities
- Physical environment and air pollution
- Preventable hospitalizations
- Supply of primary care physicians and mental health providers
- Teen birth rates

Meeting participants then were asked to discuss whether the identified, unfavorable indicators accurately identified the most significant community health issues and were encouraged to add issues that they believed were significant. Several issues were added, such as: substance abuse disorder, number of residents who suffer from chronic disease, food access and food knowledge, and insurance literacy.

During the meeting, a range of other topics was discussed, including:

- Preventable hospitalizations
- Data on how suicides are carried out
- Teen birth rate decline over past two years
- Reasons for motor vehicle accidents and the indicator for alcohol impaired driving deaths
- Obtaining data from the Hispanic population
- Difficulty in addressing access to primary care

After discussing the needs identified through secondary data and adding others to the list, each participant was asked through a voting process to identify “three to five” they consider to be most significant. From this process, the group identified the following needs as most significant for the community served by IU Health Frankfort Hospital:

- Substance abuse and treatment
- Mental health/suicide
- Food access/knowledge
- Primary care providers and mental health providers

Interviews

An interview also was conducted with a representative of the Clinton County Health Department. This individual also participated in the community meeting. The interview was conducted to assure that appropriate and additional input was received from a governmental public health official. The individual that was interviewed participated in the community meeting. Accordingly, the results of the community meeting were discussed and insights were sought regarding significant community health needs, why such needs are present, and how they can be addressed.

The interview was guided by a structured protocol that focused on opinions regarding significant community health needs, describing why such needs are present, and seeking ideas for how to address them.

- The interviewee confirmed that the needs identified by the community meeting group were significant. These needs were:
 - Substance abuse and treatment
 - Mental health and suicide
 - Food access and knowledge
 - Primary care providers and mental health providers
- Access to treatment for substance abuse is poor, particularly for a small community that has a disproportionately high rate of abuse. There are few specialists in substance abuse and funding is not available for new facilities. Additionally, transportation options to facilities outside of the community are limited if one does not own a personal vehicle.
- Mental health is an issue, with few providers and many residents who suffer from poor mental health self-medicating with illicit substances.
- Across all health fields, there are very few providers in the county. This shortage is leading to residents traveling far for care or delaying treatment until it becomes an emergency situation, often leading to an emergency department visit and subsequent hospitalization.
- There is a lack of grocery stores, as well as a lack of understanding on healthy eating habits. Many residents typically eat fast food for most meals as organic and healthy foods are often a far drive.
- Obesity, diabetes, and high rates of smoking are all significant issues, as many residents do not have great knowledge of healthy-living practices. There is also low access to exercise opportunities, with few suitable parks and walking paths.
- Public health funding across the entirety of Indiana is a significant concern and a need in Clinton County, leading to low levels of training, information technology support, staffing, and services for the health department.
 - Many stakeholders in the community want to bring more businesses into the community, but there is a belief that businesses are reluctant to come due in part to poor health in the community and high health costs.
- The need for a health educator is significant, someone who could be responsible for outreach and education programs across all age groups in the community.
- There is also a need for a central resource in the community that can act as a “one-stop shop” for all health needs in the community, both through providing treatment and also referring residents to organizations to aid in their needs.
- More education and treatment options are needed in the community, particularly around the topics of substance abuse, mental health, and suicide. Early intervention in schools at a young age could help immensely with these issues.
- Communicable disease such as Hepatitis A is becoming

an issue in the community, largely due to intravenous drug use.

Community Survey

To inform the CHNA, a community survey was conducted by the Indiana Hospital Collaborative.³

Across Indiana, 9,161 completed questionnaires were received by all participating hospitals in the Indiana Hospital Collaborative, for an overall response rate of 11.6

percent; 5,030 questionnaires were received from the 17 Indiana counties served by one or more IU Health hospitals. For IU Health Frankfort Hospital, surveys were received from 261 community households. According to the responses, these households included 501 adults.

Exhibit 5 portrays the community health needs considered most significant by survey respondents from IU Health Frankfort Hospital's community.

Exhibit 5: Community Survey – Significant Health Needs

Community Health Need	IU Health Frankfort Hospital Number of Responses	IU Health Frankfort Hospital Percent of Respondents
Substance use or abuse	197	75.6%
Obesity	134	51.2%
Alcohol use or abuse	110	42.0%
Chronic diseases, like diabetes, cancer, and heart disease	100	38.5%
Poverty	98	37.4%
Tobacco use	88	33.8%
Aging and older adult needs	85	32.5%
Child neglect and abuse	73	27.9%
Mental health	70	26.8%
Disability needs	46	17.7%
Assault, violent crime, and domestic violence	46	17.5%
Food access, affordability, and safety	45	17.1%
Injuries and accidents	26	10.1%
Homelessness	24	9.2%
Suicide	23	9.0%
Dental care	22	8.4%
Sexual violence, assault, rape, or human trafficking	19	7.1%
Environmental issues	18	6.7%
Infectious diseases, like HIV, STDs, and hepatitis	16	6.2%
Reproductive health and family planning	13	5.1%
Infant mortality	1	0.5%

Source: Community Survey

The community survey indicates that substance abuse, obesity, aging and adult needs, and chronic diseases represent top concerns in the community served by IU Health Frankfort Hospital.

Exhibit 6 arrays survey responses regarding health factors across demographic and socioeconomic characteristics. The exhibit includes findings from surveys returned by adults living in the 17 counties served by IU Health.

Exhibit 7 summarizes survey responses regarding health behaviors across demographic and socioeconomic characteristics. As frequently found in community health data, physical and mental health status (and tobacco use) tends to be worse for lower-income individuals and for those without a high school diploma. Opioid misuse also appears to be more prevalent in these populations.

³ For more information on the survey methodology, see Appendix A.

Exhibit 6: Community Survey – Health Factors

Measure	Total	Female	Male	White	Black	Asian	Hispanic	\$0 – \$25k	\$25 – \$75k	\$75k+	No High School Diploma
Total Number of Responses	8,885	5,694	3,137	8,487	133	111	148	1,480	3,659	3,328	329
Fair or Poor Health	16.6%	16.4%	16.8%	16.6%	33.1%	6.3%	18.2%	39.4%	16.7%	5.9%	39.2%
Physical Health – Fair or Poor	42.6%	42.8%	42.5%	42.7%	27.1%	60.4%	46.6%	17.4%	36.8%	60.8%	18.8%
Mental Health – Fair or Poor	8.2%	8.6%	7.5%	8.2%	18.0%	4.5%	5.4%	22.2%	8.0%	2.4%	20.4%
Social Well-being – Fair or Poor	61.2%	61.5%	61.2%	61.1%	52.6%	79.3%	62.2%	33.9%	57.8%	77.7%	37.4%
Are not satisfied with life	12.8%	12.3%	13.9%	12.6%	15.0%	23.4%	10.1%	19.0%	12.1%	11.2%	14.6%
Without Health Insurance	4.2%	4.2%	4.0%	4.1%	7.5%	0.9%	10.1%	6.6%	5.3%	2.1%	7.9%
Without Primary Care Physician	11.0%	10.5%	11.9%	10.9%	10.5%	20.7%	23.0%	11.2%	11.0%	12.0%	15.8%

Exhibit 7: Community Survey – Health Behaviors

Measure	Total	Female	Male	White	Black	Asian	Hispanic	\$0 – \$25k	\$25 – \$75k	\$75k+	No High School Diploma
Total Number of Responses	8,885	5,694	3,137	8,487	133	111	148	1,480	3,659	3,328	329
Smoked cigarettes or used other tobacco	9.9%	8.8%	12.0%	9.9%	8.3%	1.8%	9.5%	17.9%	11.3%	5.6%	20.4%
Physically active on regular basis	52.9%	50.3%	57.9%	52.8%	45.1%	54.1%	52.7%	37.3%	51.0%	62.3%	37.7%
Ate a healthy balanced diet	57.5%	57.9%	57.0%	57.6%	41.4%	62.2%	59.5%	42.2%	54.7%	67.6%	34.0%
Got plenty of sleep	56.2%	55.5%	57.8%	56.8%	39.1%	36.9%	46.6%	46.8%	57.1%	59.7%	43.2%
Took an opioid or narcotic that was prescribed to me	8.3%	8.9%	7.4%	8.4%	7.5%	0.0%	2.7%	15.3%	9.0%	5.0%	12.8%
Took an opioid or narcotic that was not prescribed to me	0.6%	0.6%	0.4%	0.5%	0.0%	0.9%	0.0%	1.2%	0.5%	0.4%	0.0%
Took a medication for anxiety, depression, or other mental health challenge that was prescribed to me	18.2%	22.9%	9.6%	18.4%	15.8%	4.5%	10.8%	26.4%	17.4%	16.0%	19.8%

Exhibit 7: Community Survey – Health Behaviors (continued)

Measure	Total	Female	Male	White	Black	Asian	Hispanic	\$0 – \$25k	\$25 – \$75k	\$75k+	No High School Diploma
Had blood pressure checked	48.0%	46.4%	50.9%	48.3%	38.3%	32.4%	31.8%	53.7%	52.1%	40.8%	52.0%
Drank alcohol to the point of intoxication	6.1%	4.8%	8.5%	6.1%	7.5%	1.8%	12.2%	2.9%	5.5%	8.9%	1.8%
Drove while under the influence of alcohol or drugs	1.0%	0.7%	1.6%	1.1%	0.0%	0.0%	0.7%	1.0%	1.1%	1.1%	0.3%
Took steps to reduce level of stress	27.9%	32.2%	20.2%	27.8%	33.8%	25.2%	27.7%	24.1%	24.1%	34.5%	20.4%

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities and resources available in the community served by IU Health Frankfort Hospital that are available to address community health needs.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics provide primary care, mental health, and dental services for lower-income populations. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act.

There is currently one FQHC site operating in the IU Health Frankfort Hospital community (Exhibit 8).

Exhibit 8: Federally Qualified Health Centers, 2018

County	Facility
Clinton	IHC Clinton County WIC (Frankfort)

Source: HRSA, 2018

Hospitals

One hospital is located in the community (Exhibit 9).

Exhibit 9: Hospitals, 2018

County	Facility
Clinton	IU Health Frankfort Hospital (Frankfort)

Source: Indiana State Department of Health, 2018

Local Health Departments (LHDs)

Exhibit 10 presents information on local health departments (LHDs) that provide services in the IU Health Frankfort Hospital community.

Exhibit 10: Local Health Departments, 2018

County	Public Health Department
Clinton	Clinton County Department of Health (Frankfort)

Source: Indiana State Department of Health, 2018

Other Community Resources

A wide range of agencies, coalitions, and organizations that provide health and social services, is available in the region served by IU Health Frankfort Hospital. Indiana 211 Partnership, Inc. is a nonprofit 501(c)3 organization that provides the Indiana 2-1-1 information and referral service. By calling 2-1-1 or (866) 211-9966 (available 24/7), individuals receive referrals to service providers 24 hours a day. Individuals can also search for services using the organization’s website, <https://www.in211.org/>.

The other organizations accessible through the Indiana 211 Partnership provide the following types of services and resources:

- Housing and utilities
- Food, clothing, and household items
- Summer food programs
- Health care and disability services
- Health insurance and expense assistance
- Mental health and counseling
- Substance abuse and other addictions
- Support groups
- Tax preparation assistance
- Legal, consumer, and financial management services
- Transportation
- Employment and income support
- Family support and parenting
- Holiday assistance
- Disaster services
- Government and community services
- Education, recreation, and the arts
- Donations and volunteering

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.⁴ In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and,
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community's health needs.

⁴ Internal Revenue Code, Section 501(r).

⁵ 501(r) Final Rule, 2014.

Methodology

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The focus on **who** is most vulnerable and **where** they live is important to identifying groups experiencing health inequities and disparities. Understanding **why** these issues are present is challenging, but is important to designing effective community health improvement initiatives. The question of **how** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on “all of the relevant facts and circumstances,” including the “geographic location” served by the hospital facility, “target populations served” (e.g., children, women, or the aged), and/or the hospital facility's principal functions (e.g., focus on a particular specialty area or targeted disease).⁵

This assessment was conducted by Verité Healthcare Consulting, LLC, in collaboration with IU Health. See Appendix E for consultant qualifications.

Data from multiple sources were gathered and assessed, including secondary data⁶ published by others and primary data obtained through community input. See Appendix B for an assessment of secondary data. Input from the community was received through key informant interviews, community meetings, and a community survey.

The informants participating in the community input process represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. See Appendix C.

Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

Certain community health needs were determined to be “significant” if they were identified as problematic in at

⁶ “Secondary data” refers to data published by others, for example the U.S. Census and the Indiana State Department of Health. “Primary data” refers to data observed or collected from first-hand experience, for example by conducting interviews.

least two of the following five data sources:

- Secondary data⁷ including demographics, health status, and access to care indicators,
- Findings from other community health assessments of areas served by the hospital,
- Input obtained from individuals who participated in one or more community meetings,
- Input obtained from individuals who were interviewed, and
- A community survey conducted in collaboration with other Indiana health systems.

Collaborating Organizations

For this assessment, IU Health Frankfort Hospital collaborated with all IU Health hospitals and with other Indiana health systems on the community survey.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Indiana University Health. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community's health needs conducted by other organizations (e.g., local health departments) were reviewed as well.

Input from persons representing the broad interests of the community was taken into account through community meetings and key informant interviews. Participants included: individuals with special knowledge of or expertise in public health; local public health departments; agencies with current data or information about the health and social needs of the community; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Community Survey Methodology

To inform the CHNA, a community survey was conducted. The survey was sponsored by a cooperative of Indiana hospital systems, under contract with the University of Evansville and the Indiana University School of Public Health-Bloomington. Researchers from Indiana University and University of Evansville contracted with the Center for Survey Research at Indiana University to administer the survey.

The survey was conducted in two phases, with Phase 1 conducted as a paper survey mailed to an address-based sample, and Phase 2 administered by some of the hospitals to a convenience sample they selected. IU Health participated in Phase 1.

A questionnaire was developed, with input provided by the Indiana hospital systems, and included a number

⁷ "Secondary data" refers to data published by others, for example the U.S. Census and the Indiana State Department of Health.

of questions about general health status, access and utilization of services, personal behaviors, social determinants of health, and also respondent demographic information (e.g., ZIP code, income level, employment status, race and ethnicity, household size, gender, and age). The survey was mailed to approximately 82,000 households, and the "field period" was April 2, 2018 through June 29, 2018. The process included two mailings to each address; a postcard mailing also took place to encourage responses.

Overall, 9,161 completed questionnaires were received by all participating hospitals in the Indiana Hospital Collaborative, for an overall response rate of 11.6 percent; 5,030 questionnaires were received from the 17 Indiana counties served by one or more IU Health hospitals. A dataset was created from the IU Health survey responses, and the responses were adjusted for two factors:

- The number of adults in each household (i.e., a survey from a household with two adults received a base weight of "2" and a survey from a household with one adult received a base weight of "1").
- A post-stratification adjustment designed to make the results more representative of the population in each community (i.e., female and older adults were overrepresented among survey respondents when compared to census data, and the adjustment made corrections).

For IU Health Frankfort Hospital, surveys were received from 261 community households. According to the responses, these households included 501 adults.

Information Gaps

This CHNA relies on multiple data sources and community input gathered between February 2018 and August 2018. Several data limitations should be recognized when interpreting results. For example, some data (e.g., County Health Rankings, Community Health Status Indicators, mortality data, and others) exist only at a county-wide level of detail. Those data sources do not allow assessing health needs at a more granular level of detail, such as by ZIP code or census tract.

Secondary data upon which this assessment relies measure community health in prior years and may not reflect current conditions. The impacts of recent public policy developments, changes in the economy, and other community developments are not yet reflected in those data sets.

The findings of this CHNA may differ from those of others that assessed this community. Differences in data sources, geographic areas assessed (e.g., hospital service areas versus counties or cities), interview questions, and prioritization processes can contribute to differences in findings.

APPENDIX B – SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the IU Health Frankfort Hospital community. IU Health Frankfort Hospital's community is comprised of Clinton County, Indiana.

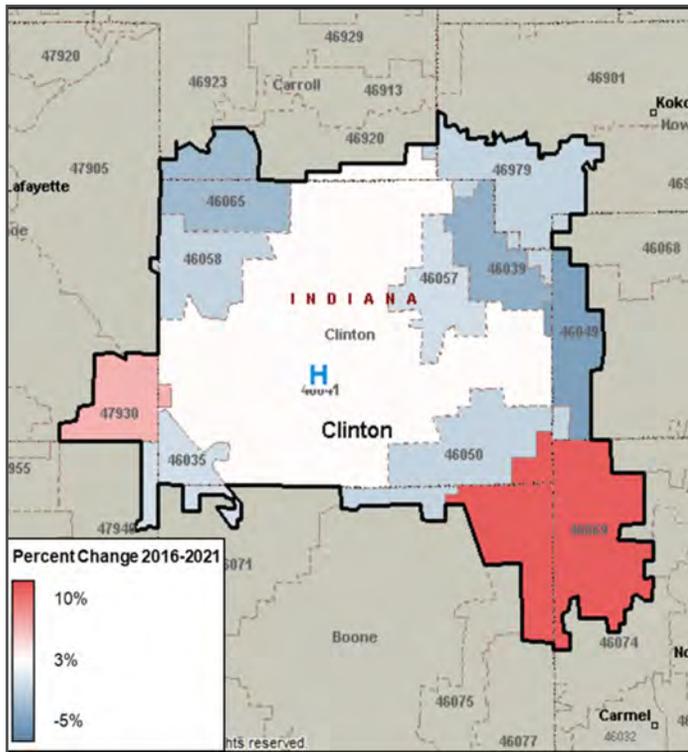
Demographics

Exhibit 11A: Percent Change in Community Population by County, 2015-2020

County	Estimated Population 2015	Estimated Population 2020	Percent Change 2015-2020
Clinton County	32,567	32,128	-1.3%
Indiana Total	6,612,768	6,738,573	1.9%

Source: State of Indiana by the Indiana Business Research Center, March 2018

Exhibit 11B: Percent Change in Local Community Population by ZIP Code, 2016-2021



Healthcare Advisory Board, 2017

Description

Exhibit 11A shows the populations for each community county in 2015 and the projected population of each county in 2020. Exhibit 11B maps the percent change in population by ZIP code between 2016 and 2021 for each ZIP code in the community.

Observations

- A decrease in population is projected for Clinton County between 2015 and 2020.
- Increases in population are projected in six of the 11 ZIP codes that overlap the community, while decreases are projected in five of the ZIP codes.
- An increase of 2.3 percent in the population of ZIP code 46041 (where the hospital is located) is projected.

Exhibit 12: Percent Change in Population by Age/Sex Cohort, 2015-2020

Age/Sex Cohort	Estimated Population 2015	Projected Population 2020	Percent Change 2015-2020
Clinton County	32,567	32,128	-1.3%
0-17	8,387	8,205	-2.2%
Male, 18-44	5,312	5,052	-4.9%
Female, 18-44	5,093	4,910	-3.6%
45-64	8,527	8,135	-4.6%
65+	5,248	5,826	11.0%
Indiana State	6,612,768	6,738,573	1.9%
0-17	1,578,079	1,571,356	-0.4%
Male, 18-44	1,178,486	1,187,607	0.8%
Female, 18-44	1,160,314	1,169,877	0.8%
45-64	1,729,765	1,695,267	-2.0%
65+	966,124	1,114,466	15.4%

Source: State of Indiana by the Indiana Business Research Center, March 2018

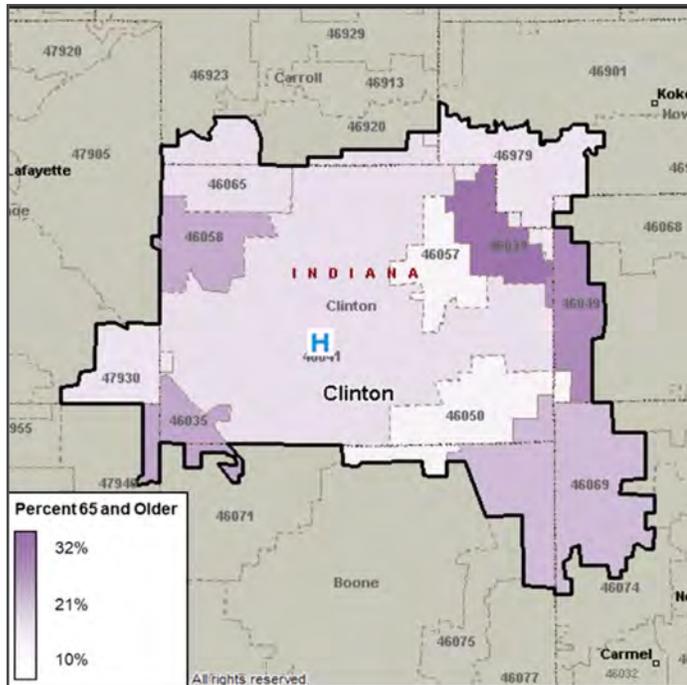
Description

Exhibit 12 shows the community's population for certain age and sex cohorts in 2015, with projections to 2020.

Observations

- The number of persons aged 65 years and older is projected to increase by 15.4 percent between 2015 and 2020.
- The growth of older populations is likely to lead to growing need for health services, since on an overall per-capita basis, older individuals typically need and use more services than younger persons.

Exhibit 13: Percent of Population Aged 65+ by ZIP Code, 2015



Source: U.S. Census ACS 2016 5-year estimates and Microsoft MapPoint

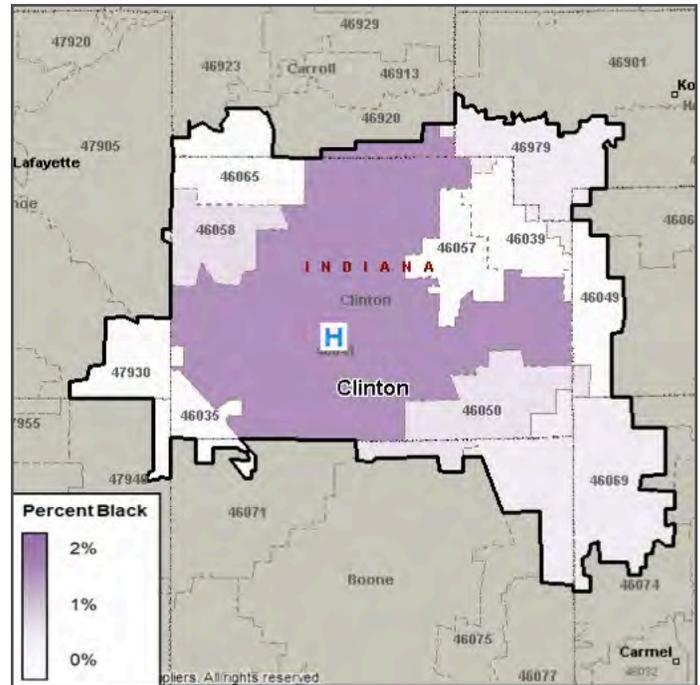
Description

Exhibit 13 portrays the percent of the population 65 years of age and older in the community by ZIP code.

Observations

- ZIP codes with the highest proportions of the population 65 years of age and older are located in areas further from the hospital.

Exhibit 14: Percent of Population – Black, 2015



Source: U.S. Census ACS 2016 5-year estimates and Microsoft MapPoint

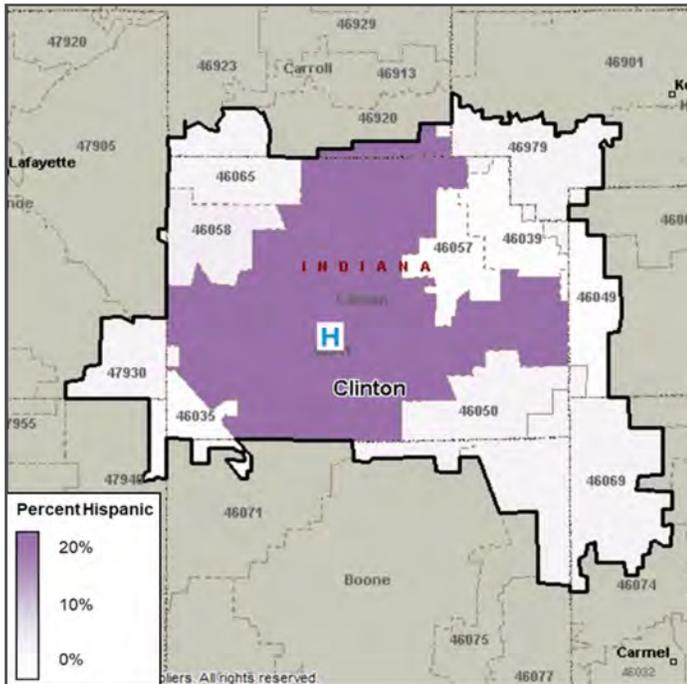
Description

Exhibit 14 portrays locations where the percentages of the population that are Black were highest in 2015.

Observations

- About one and a half percent of residents of ZIP code 46041 were Black.
- In 2015, only one ZIP code (46041) was estimated to have above one percent or more of Black residents.

Exhibit 15: Percent of Population – Hispanic (or Latino), 2015



Source: U.S. Census ACS 2016 5-year estimates and Microsoft MapPoint

Description

Exhibit 15 portrays locations in the community where the percentages of the population that are Hispanic (or Latino) were highest in 2015. The diversity of the community is important to recognize given the presence of health disparities and barriers to health care access experienced by different racial and ethnic groups.

Observations

- The percentage of residents that are Hispanic (or Latino) was highest in ZIP code 46041 (20.0 percent).

Exhibit 16: Other Socioeconomic Indicators, 2012-2016

Measure	Clinton County	Indiana	United States
Population 25+ without High School Diploma	13.9%	11.9%	13.0%
Population with a Disability	13.2%	13.6%	12.5%
Population Linguistically Isolated	5.9%	3.2%	8.5%

Source: U.S. Census, ACS 5-Year Estimates, 2017

Description

Exhibit 16 portrays the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated, by county.

Observations

- Clinton County had a higher percentage of residents aged 25 years and older without a high school diploma than the Indiana average.

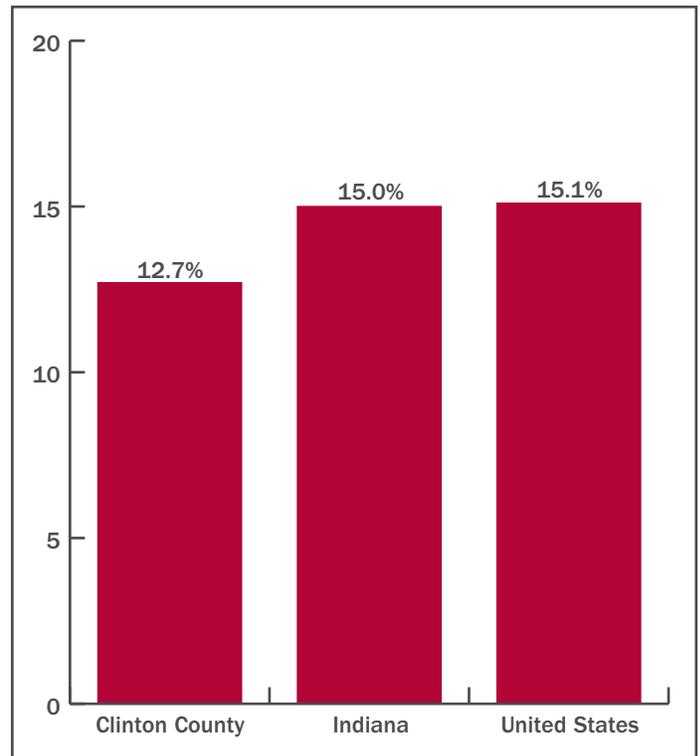
- Clinton County had a higher percentage of the population with a disability compared to the United States average.
- Compared to Indiana, Clinton County had a higher proportion of the population that is linguistically isolated. Linguistic isolation is defined as residents who speak a language other than English and speak English less than “very well.”

Economic Indicators

The following economic indicators with implications for health were assessed: (1) people in poverty; (2) unemployment rates; (3) insurance status; and (4) crime rates.

People in Poverty

Exhibit 17: Percent of People in Poverty, 2012-2016



Source: U.S. Census, ACS 5-Year Estimates, 2017

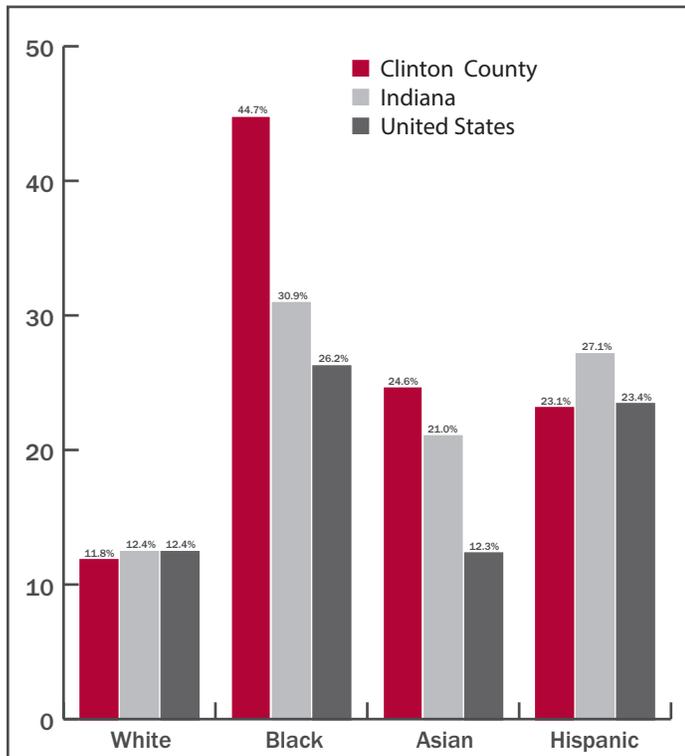
Description

Exhibit 17 portrays poverty rates by county.

Observations

- The poverty rate in Clinton County was lower than Indiana and national averages from 2012-2016.

Exhibit 18: Poverty Rates by Race and Ethnicity, 2012-2016



Source: U.S. Census, ACS 5-Year Estimates, 2017

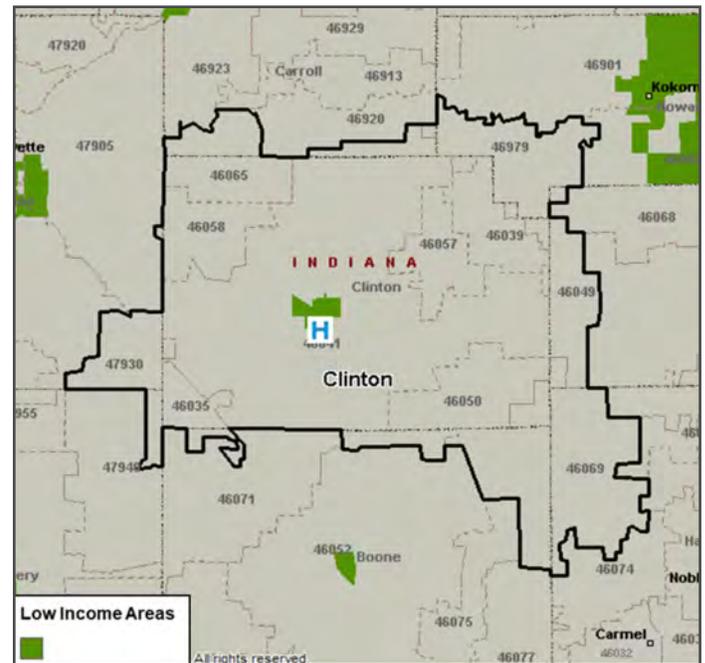
Description

Exhibit 18 portrays poverty rates by race and ethnicity.

Observations

- Approximately half of Black and one quarter of Asian residents in Clinton County lived in poverty.
- More than one-fifth of Hispanic (or Latino) residents of Clinton County lived in poverty.

Exhibit 19: Low Income Census Tracts, 2017



Source: US Department of Agriculture Economic Research Service, ESRI, 2017

Description

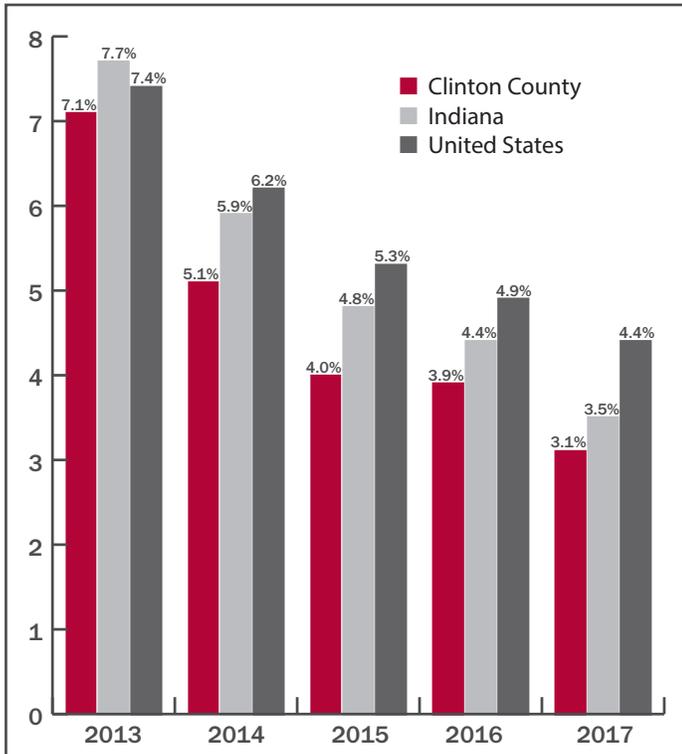
Exhibit 19 portrays the location of federally-designated low income census tracts.

Observations

- One low income census tract is prevalent in the area surrounding the hospital.

Unemployment

Exhibit 20: Unemployment Rates, 2013-2017



Source: Bureau of Labor Statistics, 2018

Description

Exhibit 20 shows unemployment rates for 2013 through 2017 for Clinton County, with Indiana and national rates for comparison.

Observations

- Between 2013 and 2017, unemployment rates at the local, state, and national levels declined significantly.
- Unemployment rates in Clinton County have consistently been below Indiana and U.S. averages.

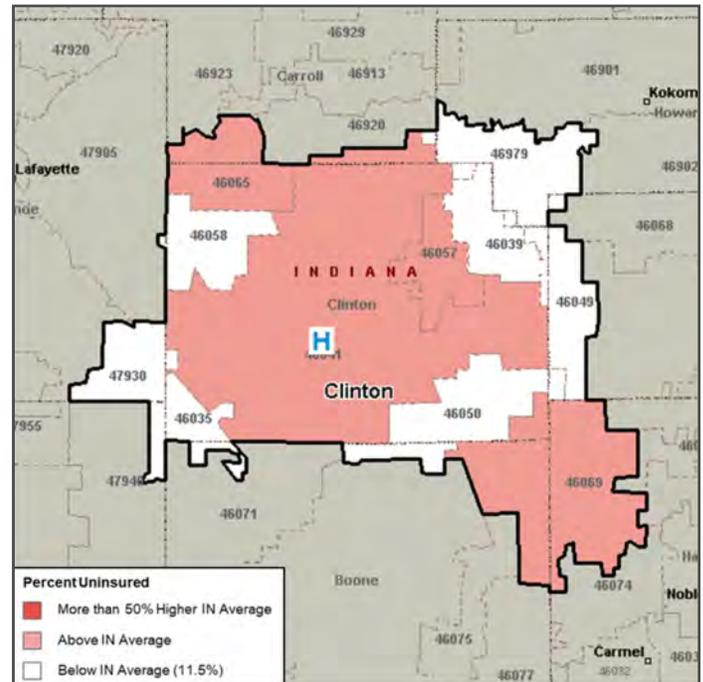
Insurance Status

Exhibit 21A: Percent of the Population without Health Insurance, 2015-2020

County	Population	Population Uninsured	Percent Uninsured
Clinton County	32,067	3,908	12.2%
Indiana	6,490,256	747,942	11.5%
United States	313,576,137	36,700,246	11.7%

Source: U.S. Census, ACS 5-Year Estimates, 2017

Exhibit 21B: Percent of the Population without Health Insurance, 2015-2020



Source: U.S. Census, ACS 5-Year Estimates, 2017

Description

Exhibit 21A presents the estimated percent of people uninsured by county in 2015, with a projection to 2020. Exhibit 21B maps the 2015 uninsured rates by ZIP code.

Observations

- In 2015, the uninsured rates were 25 percent or more higher than the Indiana rate in ZIP codes 46041, 446057, 46065, and 46069.
- Subsequent to the Affordable Care Act's passage, a June 2012 Supreme Court ruling provided states with discretion regarding whether or not to expand Medicaid eligibility. Indiana was one of the states that expanded Medicaid. Across the United States, uninsured rates have fallen most in states that decided to expand Medicaid.⁸

⁸ See: <http://hrms.urban.org/briefs/Increase-in-Medicaid-under-the-ACA-reduces-uninsurance.html>

Crime

Exhibit 22: Crime Rates by Type and Jurisdiction, Per 100,000, 2016

Indicator	Clinton	Indiana
Violent crime	42.8	407.4
Murder	-	6.7
Rape (revised definition)	-	38.0
Rape (legacy definition)	18.4	28.1
Robbery	18.4	111.2
Aggravated assault	6.1	251.5
Property crime	636.2	2,606.5
Burglary	134.6	517.4
Larceny - theft	452.7	1,865.5
Motorvehicle theft	48.9	223.5

Source: Federal Bureau of Investigation, 2017

Description

Exhibit 22 provides crime statistics.

Observations

- 2016 crime rates in Clinton County were below the Indiana averages.

Local Health Status and Access Indicators

This section assesses health status and access indicators for the IU Health Frankfort Hospital community. Data sources include: (1) County Health Rankings, (2) the Indiana State Department of Health, and (3) the CDC's Behavioral Risk Factor Surveillance System.

Throughout this section, data and cells are highlighted if indicators are unfavorable – because they exceed benchmarks (typically, Indiana averages). Where confidence interval data are available, cells are highlighted only if variances are unfavorable and statistically significant.

County Health Rankings

Exhibit 23: County Health Rankings, 2015 and 2018

Measure	Clinton County 2015	Clinton County 2018
Health Outcomes	53	58
Health Factors	34	50
Length of Life	59	63
Premature death	59	63
Quality of Life	48	44
Poor or fair health	32	78
Poor physical health days	48	53
Poor mental health days	65	49
Low birthweight	47	25
Health Behaviors	18	43
Adult smoking	12	23
Adult obesity	14	50
Food environment index	22	2
Physical inactivity	65	59
Access to exercise opportunities	49	35
Excessive drinking	14	60
Alcohol-impaired driving deaths	66	88
Sexually transmitted infections	64	77
Teen births	81	75
Clinical Care	50	68
Uninsured	81	81
Primary care physicians	78	75
Dentists	43	42
Mental health providers	78	77
Preventable hospital stays	27	69
Diabetes monitoring	29	34
Mammography screening	30	34
Social & Economic Factors	53	52
High school graduation	49	61
Some college	84	85
Unemployment	35	21
Children in poverty	53	54
Income inequality	45	21
Children in single-parent households	64	59
Social associations	45	38
Violent crime	51	42
Injury deaths	39	54
Physical Environment	33	30
Air pollution	48	67
Severe housing problems	66	41
Driving alone to work	20	14
Long commute – driving alone	38	38

Source: County Health Rankings, 2018

Description

Exhibit 23 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, which incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of “health factors” and “health outcomes.” Indicators and composites are grouped into the following categories: health behaviors, clinical care,⁹ social and economic factors, and physical environment.¹⁰ *County Health Rankings* is updated annually. *County Health Rankings 2018* relies on data from 2006 to 2017, with most data from 2011 to 2016.

The exhibit presents 2015 and 2018 rankings for each available indicator category. Rankings indicate how the county ranked among all 92 counties in Indiana, with 1 indicating the highest (most favorable) ranking and 92 the lowest (least favorable).

Light grey shading indicates rankings in the bottom half of Indiana counties; dark grey shading indicates rankings in bottom quartile of Indiana counties.

Observations

- In 2018, Clinton County ranked in the bottom 50th percentile among Indiana counties for 25 of the 42 indicators assessed. Of those 25 indicators ranking in the bottom 50th percentile, eleven were in the bottom quartile, including those reporting poor or fair health, alcohol-impaired driving deaths, sexually transmitted infections, teen birth rate, percent uninsured, primary care physicians rate, mental health providers rate, and the percent receiving some college. Between 2015 and 2018, rankings for 21 indicators fell in Clinton County.

Exhibit 24: County Health Rankings Data Compared to Indiana and U.S. Averages, 2018

Indicator Category	Indicator	Clinton County	Indiana	U.S.
Health Outcomes				
Length of life	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,707	7,794	6,700
Quality of life	Percentage of adults reporting fair or poor health (age-adjusted)	18.2	17.7	16.0
Quality of life	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.9	3.9	3.7
Quality of life	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.1	4.3	3.8
Quality of life	Percentage of live births with low birthweight (< 2500 grams)	7.0	8.0	8.0
Health Factors				
Health Behaviors				
Adult smoking	Percentage of adults who are current smokers	18.5	21.1	17.0
Adult obesity	Percentage of adults that report a BMI of 30 or more	32.9	32.0	28.0
Food environment index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.8	7.0	7.7
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity	30.4	26.8	23.0
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity	70.2	76.6	83.0
Excessive drinking	Percentage of adults reporting binge or heavy drinking	17.9	18.6	18.0
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement	37.0	22.4	29.0
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population	390.5	437.9	478.8
Teen births	Number of births per 1,000 female population ages 15-19	39.6	30.5	27.0

⁹ A composite measure of Access to Care, which includes the percent of the population without health insurance and ratio of population to primary care physicians, and of Quality of Care, which includes the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

¹⁰ A composite measure that examines Environmental Quality, which includes the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which includes access to healthy food and recreational facilities and the percent of restaurants that are fast food.

Exhibit 24: County Health Rankings Data Compared to Indiana and U.S. Averages, 2018 (continued)

Indicator Category	Indicator	Clinton County	Indiana	U.S.
Clinical Care				
Uninsured	Percentage of population under age 65 without health insurance	12.9	11.3	11.0
Primary care physicians	Ratio of population to primary care physicians	3623:1	1,505:1	1,320:1
Dentists	Ratio of population to dentists	2497:1	1,852:1	1,480:1
Mental health providers	Ratio of population to mental health providers	3606:1	701:1	470:1
Preventable hospital stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	70.2	56.8	49.0
Diabetes monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	87.4	84.7	85.0
Mammography screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	62.7	62.1	63.0
Social and Economic Environment				
High school graduation	Percentage of ninth-grade cohort that graduates in four years	90.2	87.2	83.0
Some college	Percentage of adults ages 25-44 with some post-secondary education	45.4	62.0	65.0
Unemployment	Percentage of population ages 16 and older unemployed but seeking work	3.9	4.4	4.9
Children in poverty	Percentage of children under age 18 in poverty	19.5	19.1	20.0
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	3.7	4.4	5.0
Children in single-parent households	Percentage of children that live in a household headed by single parent	32.3	33.7	34.0
Social associations	Number of membership associations per 10,000 population	14.7	12.3	9.3
Violent crime	Number of reported violent crime offenses per 100,000 population	179.6	356.2	380.0
Injury deaths	Number of deaths due to injury per 100,000 population	76.9	69.9	65.0
Physical Environment				
Air pollution – particulate matter ¹	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11.3	11.1	8.7
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	11.7	14.0	19.0
Driving alone to work	Percentage of the workforce that drives alone to work	80.7	83.0	76.0
Long commute – driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	30.5	30.5	35.0

Source: County Health Rankings, 2018

Description

Exhibit 24 provides data for each underlying indicator of the composite categories in the *County Health Rankings*.¹¹ The exhibit also includes Indiana and national averages. Light grey shading highlights indicators found to be worse than the Indiana average; dark grey shading highlights indicators more than 50 percent worse than the Indiana average.

Observations

- The following indicators (presented alphabetically) presented unfavorably and had rates 50 percent worse than the Indiana average:
 - Percent of driving deaths with alcohol involvement
 - Ratio of population to mental health providers
 - Ratio of population to primary care physicians

¹¹ *County Health Rankings* provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

Community Health Status Indicators

Exhibit 25: Community Health Status Indicators, 2018

Indicator	Clinton County
Years of Potential Life Lost Rate	
% Fair/Poor Health	
Physically Unhealthy Days	
Mentally Unhealthy Days	
% Low Birth Weight	
% Smokers	
% Obese	
Food Environment Index	
% Physically Inactive	
% With Access to Exercise Opportunities	
% Excessive Drinking	
% Driving Deaths Alcohol-Impaired	
Chlamydia Rate	
Teen Birth Rate	
% Uninsured	
Primary Care Physicians Rate	
Dentist Rate	
Mental Health Professionals Rate	
Preventable Hosp. Rate	
% Receiving HbA1c Screening	
% Mammography Screening	
High School Graduation Rate	
% Some College	
% Unemployed	
% Children in Poverty	
Income Ratio	
% Single-Parent Households	
Social Association Rate	
Violent Crime Rate	
Injury Death Rate	
Average Daily PM2.5	
% Severe Housing Problems	
% Drive Alone to Work	
% Long Commute – Drives Alone	

Source: County Health Rankings and Verité Analysis, 2018.

Description

County Health Rankings has organized community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's (CDC) *Community Health Status Indicators Project* (CHSI), County Health Rankings also publishes lists of "peer counties," so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

This *Community Health Status Indicators* analysis formerly was available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs.

Exhibit 25 compares Clinton County to its respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties.

Observations

- The CHSI data indicate that Clinton county ranks unfavorably in the rate of years of potential life lost, percent in fair/poor health, physically unhealthy days, mentally unhealthy days, percent obese, percent physically inactive, percent of alcohol-involved driving deaths, chlamydia rate, primary care physicians rate, mental health professional rate, preventable hospitalization rate, percent of single-parent households, Average Daily PM2.5 (air pollution), percent some college, and percentage who drive alone to work.

Exhibit 26: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2016

Indicator	Clinton County	Indiana
Major cardiovascular diseases	226.1	237.4
Diseases of heart	168.6	180.6
Cancer	185.0	172.5
All other diseases	181.1	171.3
Ischemic heart diseases	87.6	102.2
Other diseases of heart	63.4	68.3
Chronic lower respiratory diseases	52.2	54.6
All other and unspecified accidents and adverse effects	36.9	40.1
Cerebrovascular diseases (stroke)	53.5	39.5
Alzheimer's disease	40.1	34.9
Diabetes mellitus	20.0	26.0
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	15.8	18.4
Intentional self-harm (suicide)	23.5	15.4
Influenza and pneumonia	11.3	12.6
Motor vehicle accidents	27.3	12.4
Chronic liver disease and cirrhosis	2.8	11.2
Hypertensive heart disease with or without renal disease	17.6	10.2
Essential hypertension and hypertensive renal disease	0.0	10.0
Assault (homicide)	8.0	7.6
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)	5.5	6.2
Other diseases of circulatory system	4.0	6.2
Certain conditions originating in the perinatal period	0.0	4.9
Congenital malformations, deformations and chromosomal abnormalities	2.0	3.9
All other external causes	0.0	2.6
Atherosclerosis	0.0	1.1
Pregnancy, childbirth and the puerperium	0.0	0.8
Sudden infant death syndrome (SIDS)	0.0	0.7
Peptic ulcer	0.0	0.5

Source: Indiana State Department of Health, 2017

Description

Exhibit 26 provides age-adjusted mortality rates for selected causes of death in 2016. Light grey shading highlights indicators worse than the Indiana average; dark grey shading highlights any indicators more than 50 percent worse than the Indiana average.

Observations

- Mortality rates for cancer, all other diseases, cerebrovascular disease (stroke), Alzheimer's disease, and assault (homicide) were higher in Clinton County compared to Indiana averages.
- Rates for intentional self-harm (suicide), motor vehicle accidents, and hypertensive heart disease with or without renal disease were more than 50 percent worse than the Indiana average for Clinton County.

Exhibit 27: Age-Adjusted Cancer Mortality Rates per 100,000 Population, 2016

Cancer Site or Type	Clinton County	Indiana
All Cancers	185.0	172.5
Stomach	2.8	2.7
Colon, rectum and anus	11.4	14.9
Pancreas	9.8	11.9
Trachea, bronchus and lung	64.4	49.2
Breast	4.1	11.6
Cervix uteri, corpus uteri and ovary	14.7	8.2
Prostate	7.6	7.6
Urinary tract	14.7	8.8
Non-Hodgkin's lymphoma	9.9	6.4
Leukemia	8.9	6.7
Other forms of cancer	36.8	44.6

Source: Centers for Disease Control and Prevention, 2017

Description

Exhibit 27 provides age-adjusted mortality rates for selected forms of cancer in 2016. Light grey shading highlights indicators worse than the Indiana average; dark grey shading highlights indicators more than 50 percent worse than the Indiana average.

Observations

- Cancer mortality rates for all cancers, stomach, trachea, bronchus, and lung, prostate, and leukemia were higher than the Indiana averages.
- Clinton County's mortality rates for cervix uteri, corpus uteri and ovary, urinary tract, and Non-Hodgkin's lymphoma were more than 50 percent worse than the Indiana average.

Exhibit 28: Age-Adjusted Cancer Incidence Rates per 100,000 Population, 2010-2014

Indicator	Clinton County	Indiana
All cancers	416.1	445.2
Breast	105.9	120.1
Prostate	88.1	95.7
Lung and bronchus	73.6	72.8
Colon and rectum	41.9	43.2
Uterus	26.3	27.0
Bladder	17.5	21.0
non-Hodgkin lymphoma	16.5	19.0
Melanoma of the skin	13.5	18.1
Kidney and renal pelvis	18.4	17.8
Pancreas	12.2	12.7
Thyroid	18.8	11.8

Source: Centers for Disease Control and Prevention, 2014.

Description

Exhibit 28 presents age-adjusted cancer incidence rates in the community. Light grey shading highlights indicators worse than Indiana averages.

Observations

- The colon, lung and bronchus, kidney and renal pelvis rates in Clinton County were higher than the Indiana average.
- Clinton County's thyroid cancer incidence rates were more than 50 percent worse than the Indiana average.

Exhibit 29: Communicable Disease Incidence Rates per 100,000 Population, 2016

Indicator	Clinton County	Indiana
HIV/AIDS*	60.0	188.0
Chlamydia	356.2	465.0
Gonorrhea	70.6	142.5
Primary and Secondary Syphilis	-	5.0

*Note: Data from 2014

Source: Indiana State Department of Health, 2016.

Description

Exhibit 29 presents incidence rates for various communicable diseases. Light grey shading highlights indicators worse than Indiana averages; dark grey shading highlights indicators more than 50 percent worse than Indiana averages, if any.

Observations

- Communicable disease incidence rates are lower in Clinton County than the Indiana average.

Exhibit 30: Maternal and Child Health Indicators, 2011-2015

Indicator	Clinton County	Indiana
Infant Mortality Rate (per 1,000 Live Births)	8.5	7.2
Low Birthweight Percent	7.1%	8.0%
Preterm Births Percent	9.7%	9.7%
Early Prenatal Care Percent	66.3%	68.1%
Smoked During Pregnancy Percent	19.2%	15.6%
Unmarried Mothers Percent	45.8%	43.2%
Breastfeeding Percent	70.5%	77.4%
Mother on Medicaid Percent	51.6%	44.3%
Teen Birth Rate (15-17)	17.1	13.6
Teen Birth Rate (15-19)	42.3	30.4

Source: Indiana Department of Health, 2016

Description

Exhibit 30 presents various maternal and infant health indicators. Light grey shading highlights indicators worse than Indiana averages.

Observations

- In Clinton County, the infant mortality rate (per 1,000 live births) was higher than the Indiana average. Additionally, the percent of pregnant women who smoked during pregnancy, the percentage of pregnant women who reportedly smoked during pregnancy, the percent of unmarried mothers, the percent of mothers who choose to breastfeed, the percentage of mothers on Medicaid, as well as rates of the teen birth rates for 15-17 and 15-19 years olds were higher than the Indiana averages.

Exhibit 31A: Behavioral Risk Factor Surveillance System, Race/Ethnicity, 2016

Indicator	White	Black	Hispanic	Indiana
Current Smokers	21.0%	23.0%	17.8%	21.1%
Adults without Health Care Coverage	10.8%	17.1%	39.4%	13.6%
Obese (based on BMI)	32.1%	42.1%	26.8%	32.5%
Diabetes	11.4%	16.2%	8.8%	11.5%
Angina or Coronary Heart Disease	5.1%	4.2%	2.2%	4.9%
No Physical Activity in Past Month	26.3%	27.5%	32.9%	26.8%
Asthma	9.8%	15.9%	6.3%	10.2%

Source: Behavioral Risk Factor Surveillance System, 2016

Exhibit 31B: Behavioral Risk Factor Surveillance System, Income, 2016

Indicator	<\$15,000	\$15-\$24,999	\$25-\$49,999	\$50-\$74,999	≥\$75,000	No High School Diploma	Indiana
Current Smokers	38.5%	30.0%	25.3%	16.6%	10.3%	38.1%	21.1%
Adults without Health Care Coverage	23.7%	25.3%	16.3%	7.6%	3.6%	33.1%	13.6%
Obese (based on BMI)	36.5%	35.3%	34.1%	34.6%	28.7%	34.0%	32.5%
Diabetes	18.7%	17.4%	11.9%	9.3%	6.5%	15.4%	11.5%
Angina or Coronary Heart Disease	8.3%	6.5%	5.1%	3.0%	3.0%	6.3%	4.9%
No Physical Activity in Past Month	42.5%	38.0%	28.6%	20.8%	13.7%	41.2%	26.8%
Asthma	20.4%	12.6%	9.5%	7.5%	7.1%	15.6%	10.2%

Source: Behavioral Risk Factor Surveillance System, 2016

Description

The Centers for Disease Control and Prevention’s (CDC) Behavioral Risk Factor Surveillance System (BRFSS) gathers data through a telephone survey regarding health risk behaviors, healthcare access, and preventive health measures. Data are collected for the entire United States. Analysis of BRFSS data can identify localized health issues, trends, and health disparities, and can enable county, state, or nation-wide comparisons.

Exhibits 31A and 31B depict BRFSS data for the state of Indiana by race/ethnicity, income level, and for those without a high school diploma. Light grey shading highlights indicators worse than the Indiana average; dark grey

shading highlights indicators more than 50 percent worse than the Indiana average.

Observations

- The BRFSS data indicate that on all but one measure presented, risk factors were higher for Black residents of Indiana than for Whites (and for lower-income residents than for those with higher incomes). Hispanic (or Latino) residents have experienced higher uninsured and physical inactivity rates.
- BRFSS indicators for residents without a high school diploma were worse than average for all indicators presented.

Ambulatory Care Sensitive Conditions (ACSC) also referred to as Preventative Quality Indicators (PQI)

Exhibit 32: PQI (ACSC) Rates per 100,000, 2017

County	Diabetes Short-Term Complications	Perforated Appendix	Diabetes Long-Term Complications	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	Hypertension	Heart Failure	Low Birth Weight
Clinton County	8.3	750.0	99.7	700.8	54.0	444.6	4,826.3
Indiana	59.0	632.7	110.2	664.1	63.3	434.8	6,174.2
United States	68.9	351.4	101.6	480.9	49.2	321.6	N/A

Source: IU Health, 2018 - Note: Rates are not age-sex adjusted

County	Dehydration	Community-Acquired Pneumonia	Urinary Tract Infection	Uncontrolled Diabetes	Asthma in Younger Adults	Lower-Extremity Amputation Among Patients with Diabetes
Clinton County	108.0	224.4	232.7	16.6	12.2	12.2
Indiana	138.5	184.5	148.2	40.6	32.0	82.4
United States	130.1	249.7	155.6	13.2	41.1	17.2

Source: IU Health, 2018 - Note: Rates are not age-sex adjusted

Description

Exhibit 32 provides 2017 PQI rates (per 100,000 persons) for ZIP Codes in the IU Health Frankfort Hospital community – with comparisons to Indiana and US averages. Light grey shading highlights indicators worse than Indiana averages; dark grey shading highlights indicators more than 50 percent worse than Indiana averages.

ACSCs are health “conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”¹² As such, rates of hospitalization for these conditions can “provide insight into the quality of the health care system outside of the hospital,” including the accessibility and utilization of primary care, preventive care and health education. Among these conditions are: angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

Observations

- For Clinton County, the rates of admissions for ACSC exceeded Indiana averages for five of thirteen conditions: perforated appendix, chronic obstructive pulmonary disease (COPD) or asthma in older adults, heart failure, and community acquired pneumonia.

¹² Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.

Exhibit 33: Ratio of ACSC Rates for IU Health Frankfort Hospital Community and Indiana, 2017

Indicator	Clinton County	Indiana	Ratio: Clinton/Indiana
Urinary Tract Infection	232.7	148.2	1.6
Community-Acquired Pneumonia	224.4	184.5	1.2
Perforated Appendix	750.0	632.7	1.2
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	700.8	664.1	1.1
Heart Failure	444.6	434.8	1.0
Diabetes Long-Term Complications	99.7	110.2	0.9
Hypertension	54.0	63.3	0.9
Low Birth Weight	4,826.3	6,174.2	0.8
Dehydration	108.0	138.5	0.8
Uncontrolled Diabetes	16.6	40.6	0.4
Asthma in Younger Adults	12.2	32.0	0.4
Lower-Extremity Amputation Among Patients with Diabetes	12.2	82.4	0.1
Diabetes Short-Term Complications	8.3	59.0	0.1

Source: IU Health, 2018 - Note: Rates are not age-sex adjusted

Description

Exhibit 33 provides the ratio of Ambulatory Care Sensitive Conditions (ACSC) also referred to as Preventative Quality Indicators (PQI) rates in the IU Health Frankfort Hospital community compared to Indiana averages. Conditions where the ratios are highest (meaning that the PQI rates in the community are the most above average) are presented first.

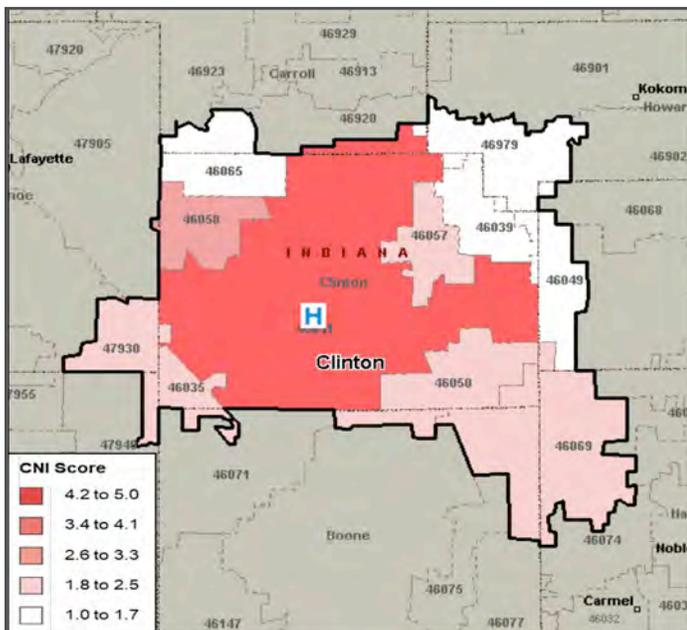
Observations

- In the community, ACSC rates for urinary tract infection were 60 percent higher than the Indiana average, community-acquired pneumonia rates were 20 percent higher than the Indiana average, and perforated appendix rates were 20 percent higher than the Indiana average.
- ACSC rates were otherwise below average.

Community Need Index™ and Food Deserts

Dignity Health Community Need Index

Exhibit 34: Community Need Index, 2017



Source: Microsoft MapPoint and Dignity Health, 2017

Description

Exhibit 34 presents the *Community Need Index™* (CNI) score for each ZIP code in the community. Higher scores (e.g., 4.2 to 5.0) indicate higher levels of community need.

Dignity Health, a California-based hospital system, developed and published the CNI as a way to assess barriers to health care access. The index, available for every ZIP code in the United States, is derived from five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty;

- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

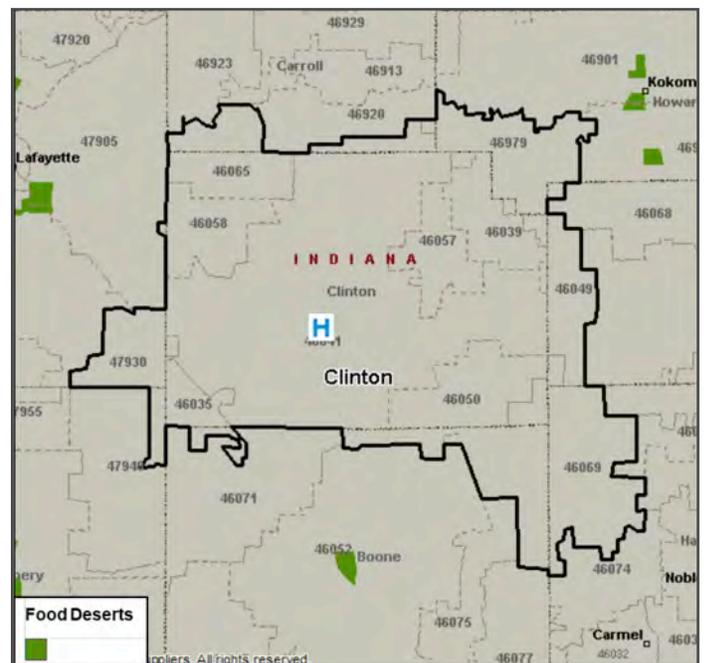
CNI scores are grouped into “Lowest Need” (1.0-1.7) to “Highest Need” (4.2-5.0) categories

Observations

- Clinton County scored a 3.2 on the CNI scale.

Food Deserts

Exhibit 35: Food Deserts, 2017



Source: Microsoft MapPoint and U.S. Department of Agriculture, 2017

Description

Exhibit 35 shows the location of “food deserts” in the community.

The U.S. Department of Agriculture’s Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations

- There are no census tracts in the IU Health Frankfort Hospital community that have been designated as food deserts.

Medically Underserved Areas and Populations

Description

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an “Index of Medical Underservice.” The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.¹³ Areas with a score of 62 or less are considered “medically underserved.”

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If 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.”¹⁴

Observations

- Clinton County received no medically underserved designations.

Health Professional Shortage Areas (HPSA)

Exhibit 37A: Primary Care Health Professional Shortage Areas, 2018

County	HPSA Name	HPSA Type Description
Clinton	Clinton County	HPSA Geographic

Source: Health Resources and Services Administration, 2018

Description

Exhibit 37A depicts the locations of federally-designated primary care HPSA areas.

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health

¹³ Health Resources and Services Administration.

See <http://www.hrsa.gov/shortage/mua/index.html>

¹⁴ *Ibid.*

services. 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.”¹⁵

Observations

- The entirety of Clinton County has been designated as a Primary Care HPSA.

Exhibit 37B: Dental Care Health Professional Shortage Areas, 2018

County	HPSA Name	HPSA Type Description
Clinton	Low Income – Clinton County	HPSA Population

Source: Health Resources and Services Administration, 2018

Description

Exhibit 37B shows the locations of federally-designated dental care HPSA areas.

Observations

- Low income residents of Clinton County have been designated as a Dental Care HPSA Population.

Exhibit 37C: Mental Health Care Professional Shortage Areas, 2018

Description

Exhibit 35C lists the locations of federally-designated mental health care HPSA areas.

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services. 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.”¹⁶

¹⁵ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). Health Professional Shortage Area Designation Criteria. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

¹⁶ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). Health Professional Shortage Area Designation Criteria. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If 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.”¹⁷

Observations

- Clinton County received no Mental Health Care Professional shortage designation.

Findings of Other Community Health Needs Assessments

Indiana State Health Assessment and Improvement Plan

A State Health Assessment and Improvement Plan (SHA) was published recently by the Indiana State Department of Health.¹⁸ The SHA was conducted in collaboration with over 100 partner organizations, key informants, and health experts to identify and address Indiana’s greatest health challenges. This group, the Indiana Health Improvement Partnership (IHIP), met three times during 2017 and early 2018 to develop key components of the SHA including values, forces of change analysis, and assessment of strengths, weaknesses, opportunities, and threats. The process involved five steps:

1. Conducting a community health status assessment;
2. Assessing and analyzing prior assessments;
3. Reviewing other agency and coalition plans;
4. Interviewing key informants and gathering qualitative data; and
5. Identifying health needs.

State Health Assessment. The SHA had the following conclusions regarding state health needs:

- After reviewing assessments from local health assessments around the state, the IHIP observed that ten needs were most often identified as priorities:
 - Access to care
 - Mental and behavioral health
 - Obesity
 - Substance abuse disorders
 - Nutrition and physical activity
 - Diabetes
 - Tobacco use
 - Heart disease
 - Cancer
 - Maternal and infant health

- The initial prioritization of health needs by the IHIP steering committee focused on the following areas:
 - Social determinants of health and health equity
 - Improving public health infrastructure (funding and culture/equality of public health practices)
 - Improving health and reducing health disparities, particularly in the areas of chronic disease, birth outcomes and infant mortality, reduced injury and death due to opioid exposure, and improved access to mental health services
- When asked about barriers to achieving optimal health in their communities, key informants indicated that low staffing levels, low funding levels, not being able to break cultural barriers, increases in drug use, poverty and apathy, lack of free clinics, unaffordable healthcare and medications, lack of available affordable housing, provider billing, and limited local resources as major limitations.
- Social determinants of health were recognized as a key component to achieving optimal health in Indiana, with a recognition to improve population health, “the public health system must expand to include non-traditional partners such as transportation, workforce development, and housing.”
- Income inequality was identified as a social determinant of health need, with the top 20 percent of households in Indiana having an income 13.5 times higher than the bottom 20 percent.
- Indiana residents report different health status based on their location in the state, largely due to access to affordable healthcare. Mid-sized population areas report the lowest number of poor or fair health days, while rural areas report the highest.
- Indiana introduced expanded insurance options for lower income residents through the Healthy Indiana Plan (HIP) 2.0 in 2015. Over 1.4 million residents are enrolled in Medicaid in the state, with more than 20,000 of these enrollees being pregnant women.
- Language barriers and cultural competency of services were identified as major obstacles to receiving healthcare and social services in Indiana.
- Heart disease, cancer, and stroke were identified as the top causes of mortality in Indiana, and identified as significant needs in the community.
- Indiana was the tenth most obese state in the nation, with over two-thirds of adults being overweight and almost a third being obese. Obesity disproportionately affects low-income, rural, and African American populations.
- Poor nutrition contributed to four of the top ten causes of death in Indiana: cardiovascular disease, stroke, diabetes, and cancer.
- Over 21 percent of Indiana adults were current smokers, the tenth highest rate in the nation and contributing to five of the top ten leading causes of death (cardiovascular disease, stroke, diabetes, chronic lower respiratory disease, and cancer). Smoking rates are disproportionately high

¹⁷ *Ibid.*

¹⁸ Available at: <https://www.in.gov/isdh/18888.htm>

for low income adults, those with a high school education or less, and those identifying as LGBT.

- Infant mortality has been an Indiana health priority since 2014. The national rate of infant deaths is 5.9 deaths per 1,000 live births. In Indiana, this rate was 7.5 in 2016. Additionally, Healthy People 2020 established a goal of 6.0 deaths by 2020.
- Drug overdose and opioid-related deaths increased by 500 percent between 1999 and 2016. More than 1,500 residents died of drug overdoses in 2016, with 785 of these overdoses being from opioids. This increase in opioid-related deaths represents a 1,725 percent increase since 1999.

State Health Improvement Plan. After the finalization of the state health assessment, a state health improvement plan (SHIP) was drafted to address the final priorities. These priorities were:

- Improve birth outcomes and reduce infant mortality
- Address the opioid epidemic
- Reduce rates of chronic disease
- Improve the public health infrastructure

Exhibit 38: Significant Needs Identified in Other CHNAs

Prioritized Need	Frequency
Access to basic/primary health care	2
Drug/substance abuse	2
Obesity	2
Access to mental health services	1
Cancer	1
Children's health	1
Chronic disease management	1
Education	1
Housing issues/homelessness	1
Infant mortality (disparities)	1
Kidney Disease	1
Mental/behavioral health	1
Nutrition/ access to healthy food	1
Physical inactivity/lack of exercise	1
Preventive care (immunizations, screenings, etc.)	1
Transportation	1

Source: *Analysis of Other CHNA Reports by Verité, 2017*

Description

Several other needs assessments conducted by hospital facilities were reviewed. Significant needs identified by these facilities are presented in Exhibit 38. The reviewed assessments include the following:

- Riverbend Hospital CHNA 2015
- St. Vincent Frankfort Hospital CHNA 2016

Observations

- The following indicators most often were identified as significant in other hospital CHNAs that assessed IU Health Frankfort Hospital's community:
 - Access to basic and primary health care
 - Drug and substance abuse
 - Obesity

APPENDIX C – INTERVIEWEES AND COMMUNITY MEETING PARTICIPANTS

Individuals from a wide variety of organizations and communities participated in the interview process and/or community meetings (Exhibit 39).

Exhibit 39: Interviewee and Community Meeting Participant Organizational Affiliations

- Area Health Education Center
- Bauer Family Resources
- Center Township of Clinton County
- City of Frankfort
- Clinton County Health Department
- Clinton County Family YMCA
- Clinton County WIC Program
- Coach Kids of Clinton City, Inc.
- Community Howard Regional Health – Community Counseling Center
- Healthy Communities of Clinton County
- Learning Network
- IU Health Frankfort Hospital
- IU Health Plans
- Open Door Clinic
- Paul Phillippe Resource Center
- Purdue Extension
- United Against Opioids
- United Way for Clinton County

APPENDIX D – IMPACT OF ACTIONS TAKEN SINCE THE PREVIOUS CHNA

IU Health Frankfort Hospital was acquired into the IU Health system on June 1, 2017. This appendix discusses the actions taken by IU Health Frankfort Hospital to address the system priority health needs.

Access to Healthcare

- **Clinton County Health Department.** Since the acquisition, IU Health Frankfort Hospital has supported the Clinton County Health Department by providing free space in the hospital for an immunization clinic.
- **Healthy Communities of Clinton County.** The hospital also provides free space to the Healthy Communities of Clinton County Coalition, a coalition that addresses various significant health needs of the community.
- **Health and Safety Fair.** In May 2018, IU Health Frankfort hosted a community health and safety fair, providing free health screenings to more than 60 participants.
- **Funding community initiatives.** Provided \$2,500 in funding to the Healthy Communities of Clinton County Coalition to purchase supplies for free health screenings in Clinton County and \$5,000 to purchase car seats for needy families.

Nutrition & Healthy Weight (Obesity Prevention)

- **Day of Service.** For its first Day of Service as an IU Health facility, the hospital team members volunteered in the community at local schools to build a gaga ball pit and Buddy Benches to encourage children to be more physically active in the school setting.

APPENDIX E – CONSULTANT QUALIFICATIONS

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Alexandria, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 60 needs assessments for hospitals, health systems, and community partnerships nationally since 2010.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in community benefit and Community Health Needs Assessments.



Frankfort