



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

2011-2012



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1 INTRODUCTION

1.1 Purpose

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

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

1.2 Objectives

The 2011 IU Health Morgan CHNA has four main objectives:

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

2 EXECUTIVE SUMMARY

2.1 Overall IU Health Morgan Hospital Community

- Service Area Counties: Morgan, Brown, Owen, Monroe, Marion, Johnson, Hendricks, and Putnam
- Service area population in 2010: 1,470,143
- 75% of the IU Health Morgan inpatient discharge population resides in Morgan County
- Of the eight service area counties, only one is expected to decrease in population by 2015: Owen County (-0.5%)
- The 65+ population is projected to increase substantially by 2015 for all counties, and the 20-24 year old college-age population is anticipated to increase for all counties except Owen
- While poverty rates for Indiana and the US have increased from 2008 to 2009, rates for the counties of Morgan and Hendricks have gone down
- 7% of community discharges were for patients with Medicaid, 47% were for patients with Medicare, and 8% were for uninsured or self-pay patients

IU Health Morgan's entire community service area extends into eight counties: Morgan, Brown, Owen, Monroe, Marion, Johnson, Hendricks, and Putnam. Poor physical environment indicators (eg, environmental quality, built environment, recreational resources) contribute to the poor lifestyle choices that are prevalent in the community, such as substance abuse, poor diet, and lack of physical activity.

Top Community Health Needs

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



Mental health



Access to healthcare



Healthy eating and lifestyle choices



Emergency and ambulance service



Senior care

2.2 Primary Service Area

Morgan County comprises the majority of the IU Health Morgan Hospital community. It accounts for all of the PSA population, and 75% of the inpatient discharge population of the total community.



Morgan County has lower rates of unemployment than the state of Indiana, but the rate is still slightly above the national average. The median household income of Morgan County is also above the Indiana state average, but below the national average. The county is adversely affected by a combination of chronic health conditions, low educational attainment, the small availability of higher paying jobs, and substance abuse involving youth.

Other characteristics of Morgan County are as follows:

- Morgan County has seen a 3% increase in population since 2000, a rate lower than the average rate for the entire IU Health Morgan service area (11%), the state of Indiana (6.6%), and the entire nation (10%)
- The college age population (20-24) and senior population (65+) are both projected to increase at a faster rate for Morgan County than for the total IU Health Morgan service area, as well as the entire state
- Approximately 10% of Morgan County community discharges were ambulatory care sensitive conditions (ACSC) in 2007, which was higher than the rate for all other service area counties
- Based on County Health Rankings, Morgan County ranked 42nd out of 92 counties in the state of Indiana for overall health outcomes, and 31st out of 92 counties for overall health factors
- Morgan County compared unfavorably for many Community Health Status Indicators, and this was especially so for factors related to prenatal and infant care (eg, low birth weight, premature births, infant mortality, neonatal infant mortality, post-neonatal infant mortality)
- Among the 11 ZIP code areas included within Morgan County, the towns of Eminence, Martinsville, and Morgantown have the highest community health needs based on CNI assessment of economic and structural health indicators; however, the needs were scored as moderate
- 46 Morgan County community members responded to IU Health Morgan's CHNA survey, and 74% rated their community as "Somewhat Unhealthy" or "Very Unhealthy"

3 STUDY METHODS

3.1 Analytic Methods

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

3.2 Data Sources

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

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

Data sets for quantitative analyses included:

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

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

3.3 Information Gaps

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

To attempt to close the information gap qualitatively, IU Health Morgan conducted community conversations and community input surveys. However, it should be noted that there are limitations to these methods. If an organization from a specific group was not present during the focus group conversations with community leaders, such as seniors or injury prevention groups, then that need could potentially be underrepresented during the conversation. Furthermore, due to the community survey's relatively small sample size, extrapolation of these results to the entire community population is limited.

3.4 Collaborating Organizations

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

Barbara B. Jordan YMCA	Morgan County Coordinator, WIC
Brown Township Fire & Rescue	Morgan County Coroner's Office
Coordinated Aging Services for Morgan County	Morgan County Court Appointed Special Advocates
Desert Rose Foundation	Morgan County Department of Child Services
Grandview Nursing Home	Morgan County Economic Development Corporation
Healthier Morgan County Initiative	The Haven Youth Center
IU Health Morgan Hospital	United Way of Morgan County
Knights of Columbus, Martinsville	Wellspring Family Shelter
Lee Pharmacy	

4 DEFINITION OF COMMUNITY ASSESSED

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

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

Discharge Area	County	Discharges	Percent of Total
Primary Service Area	Morgan	1645	75.3%
	Subtotal	1645	75.3%
Secondary Service Area	Brown	117	5.4%
	Owen	92	4.2%
	Monroe	75	3.4%
	Marion	63	2.9%
	Johnson	57	2.6%
	Hendricks	14	0.6%
	Putnam	11	0.5%
	Subtotal	429	19.6%
All Other Areas	Subtotal	111	5.1%
Total Discharge Population		2185	100.0%

Source: IHA Database, 2010.

In 2010, the IU Health Morgan PSA included 1645 discharges and its SSA, 429 discharges. The community was defined based on the geographic origins of IU Health Morgan inpatients. Of the hospital's inpatients, approximately 75% originated from the PSA and 20% from the SSA (**Table 1**).

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



5 SECONDARY DATA ASSESSMENT

5.1 Demographics

IU Health Morgan Hospital is located in Morgan County, a county located in central Indiana. Morgan County includes ZIP codes within the towns of Martinsville, Mooresville, Paragon, Camby, Stilesville, Eminence, Brooklyn, Morgantown, Quincy, Gosport, and Monrovia. Based on the most recent Census Bureau (2010) statistics, Morgan County's population is 68,894 persons with approximately 50.5% female and 49.5% male. Morgan County's population estimates by race are 97.7% White, 1.2% Hispanic or Latino, 0.2% Black, 0.4% Asian, 0.2% American Indian or Alaska Native, and 1.0% persons reporting two or more races.

Morgan County has relatively low levels of educational attainment. A high school degree is the level of education most have achieved, and the percentage of those with a high school degree has dropped 4% from 2000 to 2010 (45% to 41%). An additional 22% had some college, but no degree. As of 2010, 17% of the population had an associate's or bachelor's degree, and only 5% hold a graduate or professional degree.

Within the entire service area, the total population for the PSA is 68,894 and the total population for surrounding counties is 1,401,249, as illustrated in *Table 2* below.

Table 2
Service Area Population, 2010

Service Area	County	Population	Percent of Total
Primary	Morgan	68,894	4.7%
	Subtotal	68,894	4.7%
Secondary	Brown	15,242	1.0%
	Owen	21,575	1.5%
	Monroe	137,974	9.4%
	Marion	903,393	61.4%
	Johnson	139,654	9.5%
	Hendricks	145,448	9.9%
	Putnam	37,963	2.6%
	Subtotal	1,401,249	95.3%
Total Service Area		1,470,143	100.0%

Source: US Census Bureau, 2012.

Population growth can help to explain changes in community characteristics related to health status, and thus plays a major role in determining the specific services that a community needs. The Morgan County PSA population has increased 3% since 2000, when the population was estimated to be 66,838 persons. Comparatively, Morgan County's population has increased slower than the average population across the total service area, which increased by approximately 11%

from 2000 to 2010. Indiana’s total 2010 population estimate of 6,483,802 was up by 6.6% from 2000, and population growth was up by 10% for the entire nation.

Morgan County’s population is projected to increase slightly (2.2%) by 2015. However, its population is expected to decline for young children under 4 years of age (-0.1%), persons aged 5-10 years (-2.1%), and adults aged 25-44 years (-4%). The college age population of those 20-24 years of age is expected to grow substantially, with a projected 9.4% increase by 2015, which is above the average for both Indiana (3.1%) and the combined IU Health Morgan service area counties (3.9%).

The 65+ population is expected to grow the fastest among all Morgan County age cohorts between 2010 and 2015, at almost 18%. In general, an older population can produce increased demand for healthcare services and a potential increase in the prevalence of certain chronic conditions. The rate of population growth in Morgan County for persons 65+ is expected to increase more rapidly than both the state of Indiana (15.4%) and the combined IU Health Morgan Service Areas (16.3%), as illustrated in *Table 3* below.

Table 3
Projected 2010-2015 Service Area Population Change

Service Area	County	Overall		Projected 2010-2015 Change by Age Cohort					
		2010 Total Population	Projected 2010-2015 Change	0-4	5-19	20-24	25-44	45-64	65+
Primary	Morgan	68,894	↑ 2.23%	-0.12%	-2.13%	9.44%	-4.01%	3.14%	17.66%
	Subtotal	68,894	↑ 2.23%	-0.12%	-2.13%	9.44%	-4.01%	3.14%	17.66%
Secondary	Brown	15,242	↑ 1.12%	-13.26%	-2.40%	2.22%	-7.87%	-4.18%	30.46%
	Owen	21,575	↓ -0.50%	1.23%	-7.08%	-5.90%	-5.04%	0.52%	14.51%
	Monroe	137,974	↑ 4.96%	0.95%	3.79%	0.14%	6.24%	2.04%	21.56%
	Marion	903,393	↑ 2.72%	3.93%	-0.14%	2.83%	2.35%	1.13%	11.95%
	Johnson	139,654	↑ 7.63%	3.69%	4.96%	11.87%	3.40%	7.53%	22.10%
	Hendricks	145,448	↑ 13.42%	8.42%	11.34%	21.84%	8.85%	13.43%	29.39%
	Putnam	37,963	↑ 1.40%	0.41%	-3.53%	1.02%	-3.26%	3.17%	14.48%
	Subtotal	1,401,249	↑ 4.44%	3.94%	1.86%	3.78%	3.16%	3.20%	16.18%
Total Service Area		1,470,143	↑ 4.33%	3.77%	1.67%	3.94%	2.86%	3.20%	16.26%
Indiana		6,483,802	↑ 3.00%	2.20%	0.10%	3.10%	0.30%	2.00%	15.40%

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

5.2 Economic Indicators

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

5.2.1 Employment

In 2011, the share of jobs in Morgan County was highest in the areas of retail trade, manufacturing, healthcare and social assistance, accommodation and food services, and construction. Morgan County has a diverse group of major employers reported by the Indiana Department of Workforce Development, including: IU Health Morgan Hospital, Nice-Pak Products, TOA USA, LLC, Marsh Supermarket, Wal-Mart Supercenter, Morgan County Sheriff’s Department, Gray Brothers Cafeteria, Kroger, and Martinsville High School.

Morgan County reported a relatively higher unemployment rate than the rates of many surrounding counties and national average rates, but had a slightly lower rate than the state of Indiana. **Table 4** summarizes unemployment rates at December 2010 and December 2011.

Table 4
Unemployment Rates, December 2010 and December 2011

Service Area	County	December 2010	December 2011	% Change from 2010-2011
Primary	Morgan	9.1%	8.7%	↓ -0.4%
Secondary	Brown	8.6%	7.6%	↓ -1.0%
	Owen	9.8%	10.1%	↑ 0.3%
	Monroe	6.7%	7.0%	↑ 0.3%
	Marion	9.2%	9.1%	↓ -0.1%
	Johnson	7.7%	7.5%	↓ -0.2%
	Hendricks	7.2%	7.0%	↓ -0.2%
	Putnam	10.0%	9.7%	↓ -0.3%
Indiana		9.3%	8.9%	↓ -0.4%
USA		9.4%	8.5%	↓ -0.9%

Source: US Bureau of Labor Statistics, 2012.

5.2.2 Household Income and People in Poverty

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

For Morgan County, a poverty rate of 10.2% was reported in 2009, falling 0.4% from 2008 (10.6%). Comparatively for Indiana, Hendricks County has the lowest poverty rate at 5.1% and Monroe County has the highest poverty rate at 21.9%. **Table 5** below illustrates the poverty rates by year between 2007 and 2009.

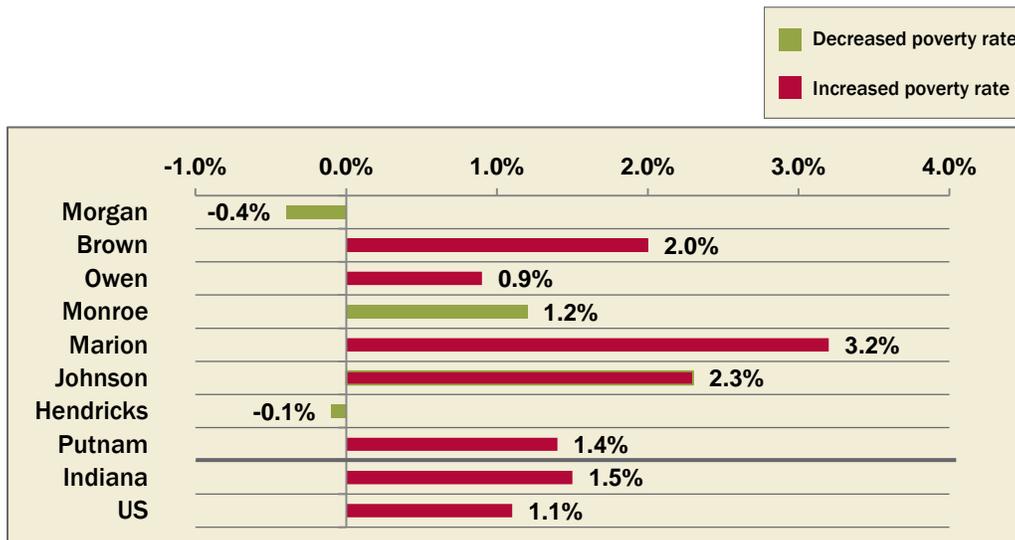
Table 5
Percentage of People in Poverty, 2007-2009

Service Area	County	2007	2008	2009	% Change from 2008-2009
Primary	Morgan	8.7%	10.6%	10.2%	↓ -0.4%
	Secondary				
	Brown	10.3%	10.5%	12.5%	↑ 2.0%
	Owen	13.1%	13.4%	14.3%	↑ 0.9%
	Monroe	26.0%	20.7%	21.9%	↑ 1.2%
	Marion	15.6%	16.5%	19.7%	↑ 3.2%
	Johnson	7.0%	7.4%	9.7%	↑ 2.3%
	Hendricks	5.0%	5.2%	5.1%	↓ -0.1%
	Putnam	11.5%	11.7%	13.1%	↑ 1.4%
Indiana		12.3%	12.9%	14.4%	↑ 1.9%
USA		13.0%	13.2%	14.3%	↑ 1.1%

Source: US Census Bureau, 2012.

Morgan County was one of only two counties in the IU Health Morgan service area that saw a decrease (-0.4%) in poverty rates between 2008 and 2009. Hendricks County also saw a decrease in the percentage of those living in poverty (-0.1%); however, Morgan was the county with the largest decrease. Comparisons of each service area county's poverty rates, as well as those for the state of Indiana and the entire US, are displayed in *Figure 2* below.

Figure 2
Percentage Change in Poverty Rates between 2008 and 2009



Source: US Census Bureau, 2012.

Income level is an additional economic factor that has been associated with the health status of a population. Based on US Census Bureau (2009) data, Morgan County's per capita personal income was estimated to be \$35,830, with a median household income around \$55,411, which are both above the state rates. The rates are compared to the Indiana state average of per capita income of \$33,323, with a median household income around \$45,427, and the US national average of per capita income of \$38,846, with a median household income of \$50,221.

5.2.3 Insurance Coverage

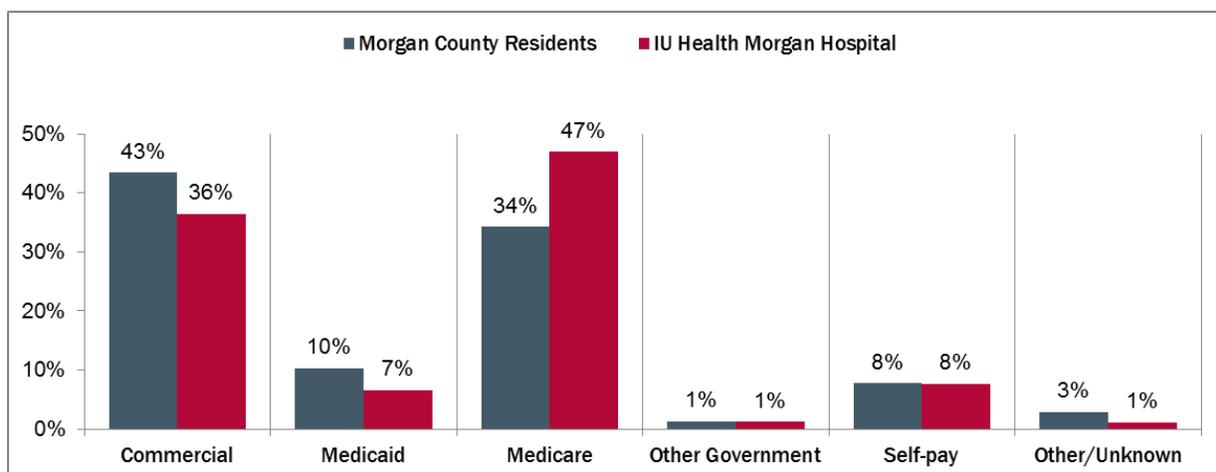
National statistics on health insurance indicate that 16% of the United States population is uninsured. Of the US population that is insured, 49% are insured through an employer, 5% through individual providers, 16% through Medicaid, 12% through Medicare, and 1% through other public providers.

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

Based on inpatient discharge data from the Indiana Hospital Association (IHA), 43% of Morgan County residents have commercial insurance, 10% are insured through Medicaid, 34% are insured through Medicare, 8% pay out-of-pocket (uninsured), and 4% have other government insurance or are unknown.

At IU Health Morgan Hospital, it is estimated that 36% of discharged patients have commercial insurance, 7% are insured through Medicaid, 47% are insured through Medicare, 8% pay out-of-pocket (uninsured), and 2% have other government insurance or are unknown (see *Figure 3*).

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



Source: IHA Discharge Database, 2010.

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

5.2.4 Indiana State Budget

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

Fiscal Year 2010-2011 Health Services

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

Fiscal Year 2012-2013 Budget

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

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

5.3 Discharges for Ambulatory Care Sensitive Conditions

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

Table 6
Percentage of ACSC Discharges Per Medicare Enrollee in 2007

Service Area	County	ACSC Discharges Per 1000
Primary	Morgan	98.5
	Subtotal	98.5
Secondary	Brown	68.2
	Owen	70.7
	Monroe	46.4
	Marion	69.9
	Johnson	78.0
	Hendricks	76.4
	Putnam	83.5
	Subtotal	70.4
Total Service Area Average		73.9
Indiana		85.9
USA		76.0

Source: Dartmouth Atlas of Health Care, 2007.

5.4 County Level Health Status and Access Indicators

5.4.1 County Health Rankings

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

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

Ranking assessments for Morgan and surrounding counties in Indiana; rankings for counties were converted into quartiles to indicate how each county ranks versus others in the state. The table also illustrates whether a county's ranking worsened or improved from 2011.

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

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

Indicator	Morgan	Brown	Owen	Monroe	Marion	Johnson	Hendricks	Putnam	Average Ranking for Service Area
Overall Health Outcomes	42 ↓	6	32	17 ↓	82 ↓	13 ↓	5	7	26
<i>Mortality</i>	34 ↓	21	44	11	81 ↓	12 ↓	5 ↓	10	27
<i>Morbidity</i>	56 ↓	3	25	21	75 ↓	16	10 ↓	8	27
Overall Health Factors	31 ↓	20	84	5	85	12 ↓	3 ↓	38 ↓	35
<i>Health behaviors</i>	36 ↓	10 ↓	90 ↓	2	70	28 ↓	19 ↓	26 ↓	35 ↓
<i>Tobacco use</i>	33 ↓	23 ↓	90	8	62 ↓	57 ↓	19 ↓	21	39
<i>Diet and exercise</i>	32 ↓	17 ↓	87 ↓	2	21	14 ↓	62 ↓	54 ↓	36 ↓
<i>Alcohol use</i>	76 ↓	69 ↓	64	25 ↓	26 ↓	23 ↓	19	15 ↓	40 ↓
<i>Sexual activity</i>	48	1	42	9	92	30	4 ↓	29	32
<i>Clinical care</i>	38	27	59	9	19 ↓	13 ↓	5	65 ↓	29
<i>Access to care</i>	36	62	88 ↓	26	18 ↓	9 ↓	6	58 ↓	38
<i>Quality of care</i>	43	11	19	2	40 ↓	36 ↓	5	63 ↓	27
Social and economic factors	31 ↓	36	76 ↓	10	91 ↓	9	3 ↓	46 ↓	38 ↓
<i>Education</i>	44	46	92	4	55	5	3 ↓	66 ↓	39
<i>Employment</i>	29 ↓	31 ↓	38 ↓	3 ↓	31 ↓	13 ↓	12 ↓	57 ↓	27 ↓
<i>Income</i>	28	50	59	28	92 ↓	15 ↓	2	27	38
<i>Family and social support</i>	48 ↓	40	64	56	92 ↓	37	7	19 ↓	45
<i>Community safety</i>	45	13	48	81	91	73 ↓	40 ↓	36	53
Physical environment	74 ↓	59 ↓	70 ↓	48 ↓	92 ↓	87	24 ↓	86	68 ↓
<i>Environmental quality</i>	63	63	1	15	92	88	12	39	47
<i>Built environment</i>	81	52	86	63	43 ↓	70 ↓	42 ↓	88	66

Source: County Health Rankings, 2011.

Morgan County ranked 42nd overall in the state for overall health outcomes (length and quality of life), which is the second lowest-ranking for health outcomes among the eight counties in the IU Health Morgan service area, ranking ahead of Marion County only (82nd).

In preventable health factors, Morgan County ranked 31st in terms of overall health related factors (determinants of health); individual scores are displayed in *Table 7* above. Most of Morgan County's

rankings fell within the top half of Indiana counties; however, a few factors were ranked in the bottom 25%, and several indicator rankings decreased from 2011 to 2012.

For Morgan County, the specific indicators ranked in the bottom half of Indiana counties were built environment (81st), alcohol use (76th), environmental quality (63rd), family and social support (48th), and sexual activity (48th). Indicator rankings that decreased from 2011 to 2012 include overall health behavior, tobacco use, diet and exercise, alcohol use, overall social and economic factors, employment, family and social support and overall physical environment.

Among the other counties in the overall service area, Morgan County ranked the lowest on factors related to alcohol use. Additionally, many of Morgan County's individual health factor rankings were worse than the average across all eight counties in the IU Health Morgan service area. Tobacco use, diet and exercise, access to care, income, and community safety were the only indicators for Morgan County that ranked better than the overall service area average. Factor rankings for Morgan County that diverged the most from the overall service average across all eight counties in the IU Health Morgan service area included alcohol use, sexual activity, overall clinical care, quality of care, education, employment, family and social support, overall physical environment, environmental quality, and built environment.

Across all IU Health Morgan service area counties, physical environment indicators of environmental quality and built environment are ranked most consistently in the bottom half of Indiana counties. Conversely, the clinical care indicator of quality of care seemed to rank highest across the IU Health Morgan service area counties, with the majority of counties ranking in the top 25th or 50th percentiles.

5.4.2 Community Health Status Indicators

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

Morgan County has 25 designated "peer" counties in 13 states, including Douglas County (Georgia), Delaware County (Ohio), and Boone County (Kentucky). *Table 8* below highlights the analysis of CHSI health status indicators with highlighting in cells that compare unfavorably both to the US as a whole and to peer counties. Indicators are found to be unfavorable for a county when its rates are higher than those of the entire nation and designated peer counties, and are considered favorable when the rates for the county are lower than those of the US or peer counties.

Several indicators related to birth and infant care were unfavorable for Morgan County, including low birth weight, very low birth weight, premature births, infant mortality, white non-Hispanic infant mortality, neonatal infant mortality, and post-neonatal infant mortality. Indicators related to suicide and motor vehicle injuries were also considered unfavorable for Morgan County. Morgan County compared unfavorably to US and peer county benchmarks for many chronic conditions as well, including lung cancer, coronary heart disease, and stroke; however, indicators for breast cancer (female) are considered favorable (where rates and percentages for the indicators in Morgan County are lower than those for the entire nation or for peer counties). Other favorable indicators for Morgan County include births to women age 40-54 and unintentional injury.

Table 8
Unfavorable Health Status Indicators, Morgan and Surrounding Counties

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

Indicator	Morgan	Brown	Owen	Monroe	Marion	Johnson	Hendricks	Putnam
Low Birth Weight								
Very Low Birth Weight								
Premature Births								
Births to Women Under 18								
Births to Women Age 40-54								
Births to Unmarried Women								
No Care in First Trimester								
Infant Mortality								
White Non-Hispanic Infant Mortality								
Black Non-Hispanic Infant Mortality								
Hispanic Infant Mortality								
Neonatal Infant Mortality								
Post-Neonatal Infant Mortality								
Breast Cancer (Female)								
Colon Cancer								
Lung Cancer								
Coronary Heart Disease								
Stroke								
Homicide								
Suicide								
Motor Vehicle Injuries								
Unintentional Injury								

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

The most common indicators comparing unfavorably to US and peer counties across all eight of the counties within the IU Morgan Health service area include lung cancer, colon cancer, stroke, suicide, and white non-Hispanic infant mortality. Favorable indicators across most of the IU Morgan Health service area counties include unintentional injury, births to women age 40-54, very low birth weight, and motor vehicle injuries.

5.5 ZIP Code-Level Health Access Indicators

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

Figure 4
Community Need Index Rating Scale

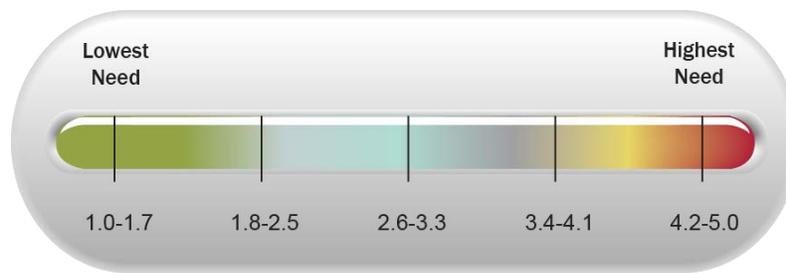
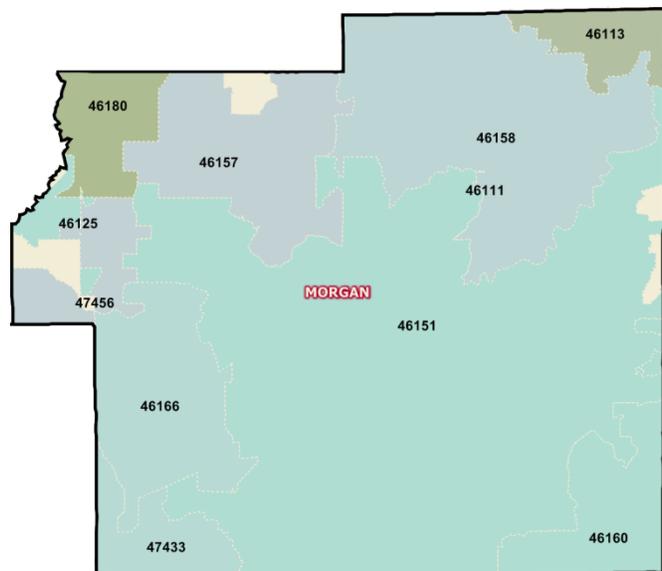


Table 9
CNI Scores for Morgan County

PSA County	City	ZIP Code	Rank
Morgan	Eminence	46125	2.6
	Martinsville	46151	2.6
	Morgantown	46160	2.6
	Paragon	46166	2.4
	Gosport*	47433	2.4
	Brooklyn	46111	2.2
	Mooresville	46158	2.2
	Monrovia	46157	2.0
	Quincy*	47456	2.0
	Camby	46113	1.8
	Stilesville*	46180	1.6

*Note that ZIP codes 47433 (Gosport), 47456 (Quincy), and 46180 (Stilesville) are primarily within counties outside of Morgan County, but are included since a large portion of their ZIP code areas extend into Morgan County.



Source: Community Need Index, 2011.

Within Morgan County, CNI scores indicate needs are relatively moderate in ZIP codes 46125 (Eminence), 46151 (Martinsville) and 46160 (Morgantown), and community needs are relatively low in ZIP codes 46157 (Monrovia), 47456 (Quincy), 46113 (Camby), and 46180 (Stilesville).

5.6 Regional Chronic Conditions and Preventive Behaviors

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

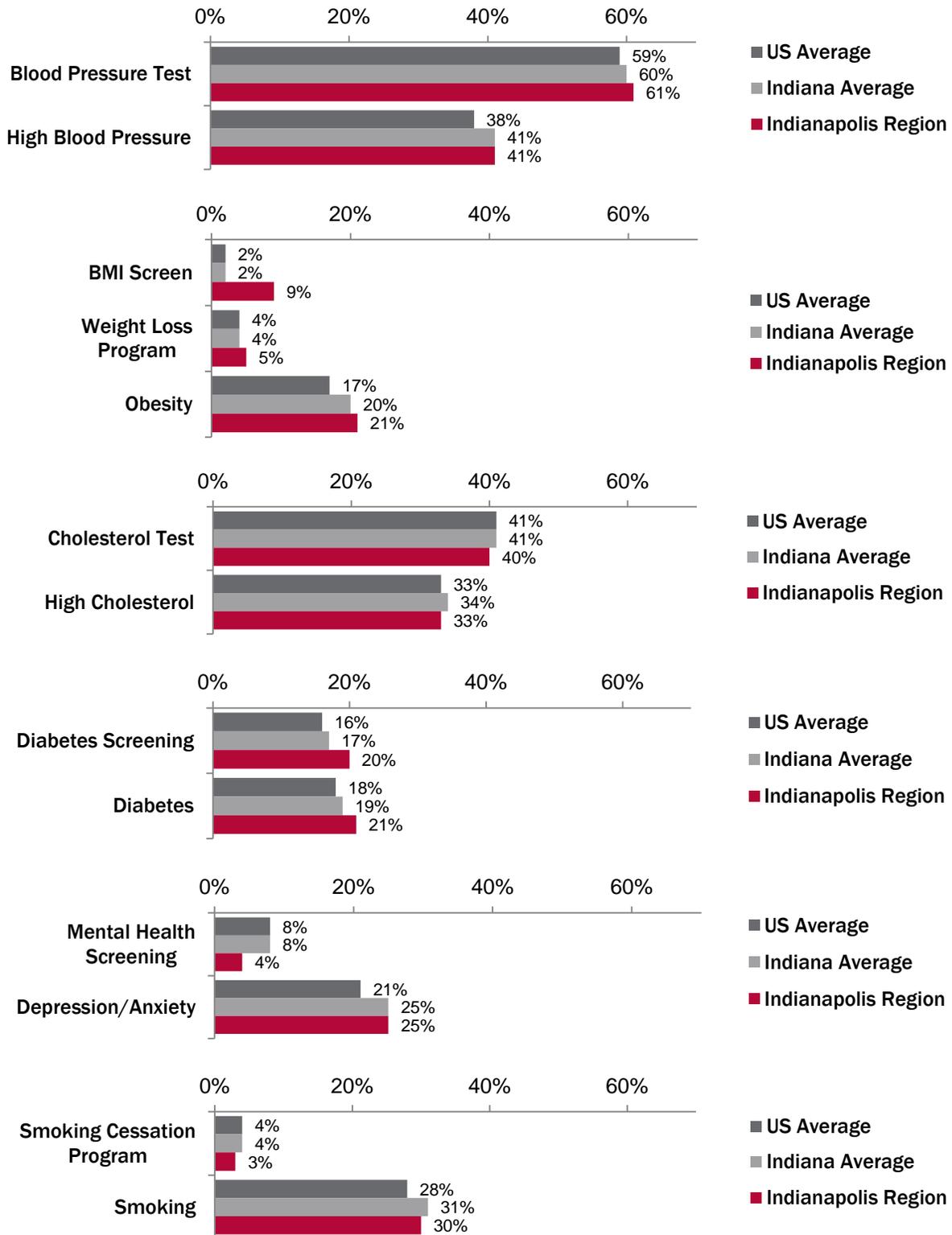
These estimates are based on a monthly internet survey of over 270,000 individuals across the country. For this CHNA, Ticker data utilized represent the “Indianapolis Regional Market.” These Ticker data identified the following top ten chronic conditions:

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

Most chronic conditions and corresponding preventive behaviors of interest have been compared to the Indiana and US averages. These comparisons indicate that the Indianapolis Region experiences relatively similar percentages of high blood pressure, obesity, high cholesterol, diabetes, depression/anxiety, and smoking as the state and nation.

The charts in *Figure 5* below illustrate the chronic conditions and preventive behaviors for the Indiana University Health “Indianapolis Regional Market”, Indiana, and the entire nation.

Figure 5
Chronic Conditions and Preventive Behaviors in the IU Health “Indianapolis Regional Market”



Source: Ticker, National Research Corporation, 2012.

5.7 Medically Underserved Areas and Populations

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

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

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

Key						
—		County does not contain an MUP or MUA designation				
Service Area	County	Medically Underserved Areas		Medically Underserved Populations		
		IMU Score	Detail	IMU Score	Detail	
Primary	Morgan	—		—		
Secondary	Brown	54.8	Brown Service Area	—		
	Owen	52.9	Owen Service Area	—		
	Monroe	—		64.6	Entire County*	
	Marion		59.3	Marion Service Area - 17 census tracts (CTs)	N/A	Low-income population, North Arlington Service Area - 6 CTs*
			55.7	Marion Service Area - 12 CTs	N/A	Low-income population, Grassy Creek Service Area - 6 CTs*
			51.8	Marion Service Area - 12 CTs	N/A	Low-income population, Forest Manor Service Area - 4 CTs*
			57.3	Marion Service Area - 19 CTs	61.6	Low-income population, Indianapolis Northwest Side - 11 CTs
			53.4	Marion Service Area - 3 CTs	—	
	Johnson		61.5	Trafalgar Service area - 5 MCDs (Blue River, Hensley, Nineveh, and Union townships)	—	
			59.9	Johnson Service area - 1 CT	—	
Hendricks	—		—			
Putnam	—		—			

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

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

Brown, Owen, Marion, and Johnson counties all had areas designated as medically underserved areas (MUAs), and Marion County contained the most geographical areas designated as MUAs.

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

MUP-designated counties were not as prevalent in the community, with only two of the eight service area counties having an MUP designation. These included Monroe and Marion counties, with most of the designations falling within the city of Indianapolis.

5.8 Health Professional Shortage Areas

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

Table 11
HPSAs in the IU Health Morgan Hospital Community

Key	
—	County does not contain HPSA designation for category

Service Area	County	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA
Primary	Morgan	—	—	—
Secondary	Brown	Entire county	—	—
	Owen	Low-income population, entire county	—	—
	Monroe	Low-income population, entire county	—	—
	Marion	6 health centers: Healthnet Incorporated/Barrington, Indiana Health Center, Health and Hospital Corporation of Marion County, Shalom Health Care Center, Inc., and Raphael Health Center, Jane Pauley Community Health Center (FQHC Look-a-Like)	Low-income population, Near North Side (Indianapolis) and Highland-Brookside	Low-income population, Near Northeast (Indianapolis)
			6 health centers: Healthnet Incorporated/Barrington, Indiana Health Center, Health and Hospital Corporation of Marion County, Shalom Health Center, Inc., and Raphael Health Center, Jane Pauley Community Health Center (FQHC Look-a-Like)	6 health centers: Healthnet Incorporated/Barrington, Indiana Health Center, Health and Hospital Corporation of Marion County, Shalom Health Center, Inc., and Raphael Health Center, Jane Pauley Community Health Center (FQHC Look-a-Like)
	Johnson	1 health center: Trafalgar Family Health Center	1 health center: Trafalgar Family Health Center	1 health center: Trafalgar Family Health Center
	Hendricks	Plainfield Correctional Facility	—	—
Putnam	Putnamville Correctional Facility	—	Putnamville Correctional Facility	
	Low-income population, entire county	—		

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

5.9 Description of Other Facilities and Resources Within the Community

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

Table 12
Resources in Morgan and Surrounding Counties

Service Area	County	Public Health Department
Primary	Morgan	Morgan County Health Department (Martinsville, Indiana)
	Brown	Brown County Health Department (Nashville, Indiana)
Secondary	Owen	Owen County Health Department (Spencer, Indiana)
	Monroe	Monroe County Health Department (Bloomington, Indiana)
	Marion	Marion County Health Department (Indianapolis, Indiana)
	Johnson	Johnson County Health Department (Franklin, Indiana)
	Hendricks	Hendricks County Health Department (Danville, Indiana)
	Putnam	Putnam County Health Department (Greencastle, Indiana)

Service Area	County	FQHC		
Primary	Morgan	N/A		
	Brown	N/A		
Secondary	Owen	N/A		
	Monroe	N/A		
	Marion	Barrington Health Center (Indianapolis, Indiana)	Citizens Health Center (Indianapolis, Indiana)	
		Barton Annex Clinic (Indianapolis, Indiana)	Countyline Family Health Center (Indianapolis, Indiana)	
		Care Center (Indianapolis, Indiana)	Dayspring Center (Indianapolis, Indiana)	
		Care Center at the Towers (Indianapolis, Indiana)	Eastside Health Center (Indianapolis, Indiana)	
		Harbor Light (Indianapolis, Indiana)	Heartfelt Health Alliance (Indianapolis, Indiana)	
		Holy Family Shelter (Indianapolis, Indiana)	Horizon House (Indianapolis, Indiana)	
		Interfaith Hospitality Network (Indianapolis, Indiana)	Jane Pauley Community Health Center (Indianapolis, Indiana)	
		Martindale/Brightwood Community (Indianapolis, Indiana)	Pathway to Recovery (Indianapolis, Indiana)	
		Peoples Health Center (Indianapolis, Indiana)	Raphael Health Center (Indianapolis, Indiana)	
		Salvation Army Family Services (Indianapolis, Indiana)	Shalom Primary Care Center (Indianapolis, Indiana)	
		Southeast Health Center (Indianapolis, Indiana)	Southwest Health Center (Indianapolis, Indiana)	
	Southwest OB Annex (Indianapolis, Indiana)	The New Southwest Health Center (Indianapolis, Indiana)		
	Wheeler Mission (Indianapolis, Indiana)			
	Johnson	Edinburgh Family Health Center (Edinburgh, Indiana)	Trafalgar Family Health Center (Trafalgar, Indiana)	
Hendricks	N/A			
Putnam	N/A			

Table 12
Resources in Morgan and Surrounding Counties (cont.)

Service Area	County	Hospital	
Primary	Morgan	Franciscan St. Francis Health - Mooresville	IU Health Morgan Hospital
	Brown	N/A	
Secondary	Owen	N/A	
	Monroe	Bloomington Meadows Hospital	Monroe Hospital
		IU Health Bloomington Hospital	
	Marion	Community Hospital East	Riley Hospital for Children
		Community Hospital North	Select Specialty Hospital - Beech Grove
		Fairbanks Hospital	St. Vincent Heart Hospital
		Franciscan St. Francis Health	St. Vincent Hospital
		Indiana Orthopaedic Hospital, LLC	St. Vincent New Hope
		Indiana Surgery Center	St. Vincent Seton Specialty Hospital
		IU Health Methodist Hospital	St. Vincent Stress Center
		IU Health University Hospital	St. Vincent Women's Hospital
		Kindred Hospital	The Indiana Heart Hospital
		Peyton Manning Children's Hospital	Westview Hospital
		Rehabilitation Hospital of Indiana	Wishard Memorial Hospital
		Richard L. Roudebush VA Medical Center	
	Johnson	BHC Valle Vista Hospital	Johnson Memorial Hospital
		Community Hospital South	Kindred Hospital - Indianapolis South
Hendricks	Hendricks Regional Health	IU Health West Hospital	
Putnam	Putnam County Hospital		

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

5.10 Review of Other Assessments of Health Needs

5.10.1 United Way of Central Indiana (UWCI) 2012 Morgan County Community Needs Assessment Update

The assessment was completed by the United Way of Central Indiana and included more than 35 interviews with community members such as township trustees, social workers, government officials, and leaders of philanthropic organizations. Results of the assessment were presented in June of 2012.

Key conclusions were:

- Morgan County is adversely affected by a combination of low educational attainment and the small availability of higher paying jobs
 - Only 15% of the county has a bachelor's degree or higher and approximately 12% of adults 25 and older do not have a high school degree
 - Between 2006 and 2010, the county experienced a net job loss of 11%, representing 10% of aggregate earnings
- The largest private sector employment areas in the county include manufacturing, retail trade, accommodation and food service, healthcare and social assistance, and construction
- The use of the Supplemental Nutrition Assistance Program (SNAP) for food stamps is substantially higher than that of comparable counties; estimates show approximately 13% of the population are SNAP recipients, about 6% less than Marion County, but significantly higher than Boone, Hamilton, Hancock and Hendricks counties
- More than 15% of Morgan County residents ages 18 to 54 are without health insurance; approximately 8% of children under the age of 18 do not have health insurance
- The county ranks higher in major cardiovascular diseases and chronic lower respiratory diseases than the rest of the state
- The rate of suicide is substantially higher in Morgan County than the state average
 - In 2008, the county suicide rate was 22.65 per 100,000 deaths, compared to Hancock County at 10.03, Owen County at 13.32, and Shelby County at 4.10
 - The majority of suicides were by adults ages 35 to 51
- Youth reported higher than the state average use in alcohol, cigarette, smokeless tobacco, marijuana, prescription drugs, binge drinking, and inhalants

5.10.2 United Way of Central Indiana (UWCI) Community Assessment 2008

This United Way of Central Indiana (UWCI) Community Assessment is intended to serve as a regional resource for policy development, community impact priority setting, and funding decisions by UWCI's Board of Directors, volunteers, and other funders of health and human services. The primary focus of the assessment is UWCI's service area of Boone, Hamilton, Hancock, Hendricks, Marion, and Morgan counties. Some data is also included for the Central Indiana counties of Johnson and Shelby.

Key conclusions were:

- About 25% of the increase in population in the metropolitan area between 2000 and 2006 is the result of immigration
- New or reconfigured industries employing highly skilled workers at good wages and a strong service sector employing large numbers of unskilled workers at relatively low wages will form the basis of metropolitan Indianapolis' future economy

- All Central Indiana counties are experiencing an increase in the percentage of students qualifying for free and reduced lunch programs at school, a widely used indicator for the extent of poverty in a community
- Faced with rising health insurance premiums, employers have adapted by purchasing less comprehensive policies for their employees, implementing health savings account programs, and/or shifting more of the costs to their employees; approximately 137,589 individuals (8.5% of all insured individuals) in Central Indiana experience a financial barrier to healthcare access despite having health insurance coverage
- Nationally, Medicaid covers 12% of the US population, and Indiana enrolls 16% of its population
 - Marion County has a substantially higher proportion of its population enrolled in Medicaid programs (18.5%) than other counties
 - The percentage enrolled in Medicaid across the entire eight-county service area is approximately 13%, and Morgan County enrolls 12% of its population
- In Indiana, smoking during pregnancy is most prevalent among white women ages 18-19 (30.7%) and 20-24 (27.7%); of the counties served by the UWCI, Hamilton County had the lowest percentage of mothers who smoked during pregnancy across all years studied (6.9% on average), while Morgan County had the highest (25%) on average
- Although transportation for older adults in many of the counties surrounding Marion (particularly Hendricks, Hancock, and Morgan counties) has improved, it is still not adequate
- Focus group participants in Boone, Morgan, and Hancock Counties mentioned the growing number of Hispanic residents; this could indicate an increased need for English as a Second Language (ESL), as well as basic skills training
- Morgan County focus group participants mentioned that crime involving youth and adult misuse of prescription drugs, including amphetamines, is an emergent issue

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

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

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

A client survey was randomly sent in September 2010 to those who had received services from SCCAP in 2009. There were 13,772 surveys returned statewide, of which 628 were from SCCAP clients. Clients who received the survey were asked what their community needs were and what the barriers were to clients having those needs met.

Key conclusions from the assessment were:

- Most counties served by SCCAP experienced increases in population growth since 2000; however, one county served by SCCAP, Brown County, actually saw a slight decrease in population since 2000

- In 2009, in SCCAP's service area, 39,824 individuals lived in poverty or below the Federal Poverty Guidelines (FPG); of those individuals in poverty 7971 were children (under the age of 18 years old) and 1730 were seniors (65 years old and over)
- Monroe County, served by SCCAP, had the highest poverty rate in the state and was almost double the state poverty rate in 2009; Owen County, also served by SCCAP, had a poverty rate higher than the state poverty rate; SCCAP's other service area counties had poverty rates lower than the state's poverty rate in 2009
- The number of children served by the Network increased in 2009 by 27.4% from 2007; from 2008 to 2009, there was an increase of 21% in the number of children served who were 6 to 11 years old and a 28% jump in the number of children served who are 12 to 17 years old
- The number of clients served by SCCAP who have completed a two or four year degree decreased by 53.6% since 2007, while clients served by SCCAP who completed a high school diploma or equivalency increased 29.5% and the number of clients who completed some postsecondary education have increased 30.7% since 2008
- In 2009, Community Action Agency Client Survey data showed that about 190,000 clients, or 56% of those who were asked, reported that they had no health insurance
 - This was a substantial increase of 41% from 2007
 - Additionally, the client survey asked if anyone in the family was covered by Hoosier Healthwise, Medicare, or Healthy Indiana (Medicaid) and the vast majority, 77%, responded yes
- The number of clients who were homeowners increased 32% since 2007 and the number of clients who were renters increased 15% during this same time period
 - These numbers might be reflective of the increase in population growth seen in most of the counties served by SCCAP since 2000
- The following were identified by SCCAP's client survey respondents as top community needs:
 - Assistance to pay their electric/gas bills
 - Health insurance coverage
 - Affordable housing
 - Assistance to pay their rent or mortgage
 - Food assistance
- The following were identified by SCCAP's client survey respondents as barriers to having their needs met:
 - Cost was a barrier for child care, health insurance, and transportation (price of gas and can't afford car repairs)
 - No jobs in their field was a barrier to work
- SCCAP offers many programs and services; some of the programs SCCAP offers that specifically address the community needs and barriers identified by clients include:
 - Energy Assistance Program
 - Head Start
 - Family Development Program
 - Individual Development Accounts (IDAs)
- 73% of those surveyed responded to the question asking if they had utilized any of these services
 - Out of those, over one-third stated they had received services four or more times
 - About 23% had only received services once
- Only 11% statewide, and 19% of SCCAP client survey respondents, said that they used a food bank more than once a month

6 PRIMARY DATA ASSESSMENT

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

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

6.1 Focus Group Findings

6.1.1 Identification of Persons Providing Input

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

Table 13
Focus Group Participants

Name	Title, Affiliation	Expertise
Bud Swisher	<i>Executive Director, Healthier Morgan County Initiative</i>	Mr. Swisher is representative of a community perspective towards healthy living. As director of Healthier Morgan County, he works to address an array of issues including tobacco, literacy, poverty, transportation, and general health through the promotion of programs to support those initiatives.
Charlene Hall	<i>Senior VP, IU Health Morgan Hospital</i>	Ms. Hall is representative of a community perspective towards healthy living. As a senior VP of IU Health Morgan, she is well-versed in the community's healthcare needs and issues, as well as the needs of the underserved population.
Diana Roy	<i>Area Director, United Way of Morgan County</i>	Ms. Roy is representative of a community perspective towards healthy living. As area director of the United Way, she works for an organization that believes in helping people learn more, earn more, and lead safe and healthy lives through the creation of programs to assist in those goals. She is especially knowledgeable in the creation of these programs and services for the underserved populations.
Hillary Elliot	<i>Morgan County Coordinator, WIC</i>	Ms. Elliot is representative of a community perspective towards health access for women and children. Knowledgeable in the access of services to women and children, including the barriers, need, and ways to improve upon them to provide needed care to women and children in Morgan County.
Jennifer Walker	<i>Tobacco Project Coordinator, Healthier Morgan County Initiative</i>	Ms. Walker is representative of a community perspective toward healthy living. As project coordinator for the Healthier Morgan County initiative, she works to address an array of issues including tobacco, literacy, poverty, transportation, and health.
Joy Sessing	<i>Executive Director, Morgan County Economic Development Corporation</i>	Ms. Sessing is representative of a community perspective toward economic development. She is knowledgeable in the financial stability of the community, as well as the resources available.

Table 13 (cont.)
Focus Group Participants

Name	Title, Affiliation	Expertise
Judy Bucci	<i>Executive Director, Barbara B. Jordan YMCA</i>	Ms. Bucci is representative of a community perspective toward healthy living and obesity prevention. As an employee of the YMCA, she understands the need for obesity prevention measures, as well as barriers and access to physical activities.
Judy Williams	<i>The Haven Youth Center</i>	Ms. Williams is representative of a community perspective towards healthy living and youth/child outreach. As a youth center employee, she is knowledgeable in the areas concerning the community's youth, as the organization is a place for children to gain food assistance, undergo tutoring, and participate in community volunteer efforts with their peers.
Karen Burkley	<i>Executive Director, Wellspring Family Shelter</i>	Ms. Burkley is representative of a community perspective towards injury prevention. Wellspring is an organization that serves as a transitional shelter for abused women, and as director she has much experience and knowledge within the areas of domestic violence in the community.

6.1.2 Prioritization Process and Criteria

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

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

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

6.1.3 Description of Prioritized Needs

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

1. Mental health.
2. Access to healthcare.
3. Healthy eating and lifestyle choices.
4. Emergency and ambulance services.
5. Senior health.

These prioritized needs are discussed in more detail below.



1. Mental health services were mentioned as the number one need in the community by focus group participants. There is currently only one prominent mental health clinic in the service area, and this location is not meeting the needs of the community due to several access barriers such as the lack of transportation infrastructure (eg, bus or taxi services) in the community. Leaders considered problems with substance abuse and addiction as mental health issues, and also felt as though prevention and treatment options for this were lacking for the community. Initiatives toward supplying public education on mental health and substance abuse within the community were suggestions for how IU Health Morgan Hospital could play a direct role in improving the mental health status of the community.



2. Access to healthcare was the concern ranked as the community's second greatest need. The community lacks affordable, free care, and alternative clinics. The service area is also lacking affordable dental service options. Transportation is another access barrier, as there is no bus service, so low-income and elderly community members are often unable to get to the hospital or clinic. The community also suffers from a lack of specialty care physicians in such areas as prenatal care, trauma/acute care, and geriatrics. Leaders commented that in general the community needs be provided better services and improved nursing care.



3. Healthy eating and lifestyle was the third prioritized need identified for the community. Leaders discussed how children are becoming more obese, lacking hygiene, and lacking overall healthy lifestyle behaviors. The community is lacking proactively involved parents that are taking an interest in their children's health and hygiene. There is also a specific need for parents ensuring their children are receiving timely preventive care and immunizations. Community leaders suggested outreach programs such as chronic disease education provided to the public in order to help them understand how their current lifestyle affects their future, would be helpful towards satisfying this need.



4. Emergency and ambulance service was the fourth concern expressed by community leaders. Participants mentioned that the current ambulance services are not well-funded and are insufficient for the needs of the community, as no one is willing to pay for an ambulance and the community suffers as a result. Currently the ambulance service does not transport in a timely manner, and the emergency room wait is too long, a 5-7 hour wait time at times. Public education was also mentioned when discussing this need, as the public lacks an understanding as to what emergency medical services (EMS) provide. Another component of emergency services lacking for the community is disaster preparedness. In reference to the 2002 tornado that swept Morgan County, community leaders agreed they need to be more prepared with supplies, training, and community plans of action.



5. Elder care and services were the fifth community need identified. At-home safety education and fall prevention outreach initiatives were top suggestions on how this need could be better met. Transportation is again the largest barrier for fulfilling this need, as seniors lack transportation to appointments and often must rely on aging services or EMS. Mental health issues for seniors are also a concern, as there is a lack of sufficient programs that specifically support the elderly

population in the community.

6.2 Community Survey Findings

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

A link was made available on the hospital's website via an electronic survey tool from April 2012 through June 2012. A paper version was distributed to local community centers, health clinics, community health fairs and events, as well as within some hospital patient waiting areas. Additionally, surveys were mailed to 10,000 randomly selected households, and another 10,000 surveys were sent via email or e-newsletters. In addition to disseminating directly to the general public of the community, the survey was also sent via email to participants in the needs assessment focus groups to provide an opportunity for these community leaders to pass onto their local community members.

Respondent Demographics

47 respondents participated in the survey. Most of the participants (89%) were from the PSA (Morgan County) and 10% from the surrounding counties included in the SSA (6% from Monroe and 10% from Owen counties). There was also a single respondent from nearby Henry County. The survey sample was 96% Caucasian (White), and was fairly evenly distributed across age ranges, with the majority of respondents being 41-50 (22%), 51-59 (20%), or 60-69 (20%) years of age.

The educational attainment of the sample was relatively high for the 43 individuals that reported it, with more than 56% of respondents reporting they had completed either a college undergraduate (31.7%) or graduate degree (24.4%). Respondents that had completed vocational or technical schooling made up approximately 27% of the survey sample, and 22% reported completing a high school degree/GED only.

Reported household income of the sample was also fairly high, with the majority of participants reporting an income of \$89,401+ (46%). In fact, 61% of the sample reported having a higher household income than the entire Morgan County median income for 2009 of \$55,411. Only two respondents (5%) reported a household income lower than \$22,350. Approximately 10% of the respondents reported a household income range of \$22,351-\$44,700 and 24% reported a range of \$44,701-\$67,050.

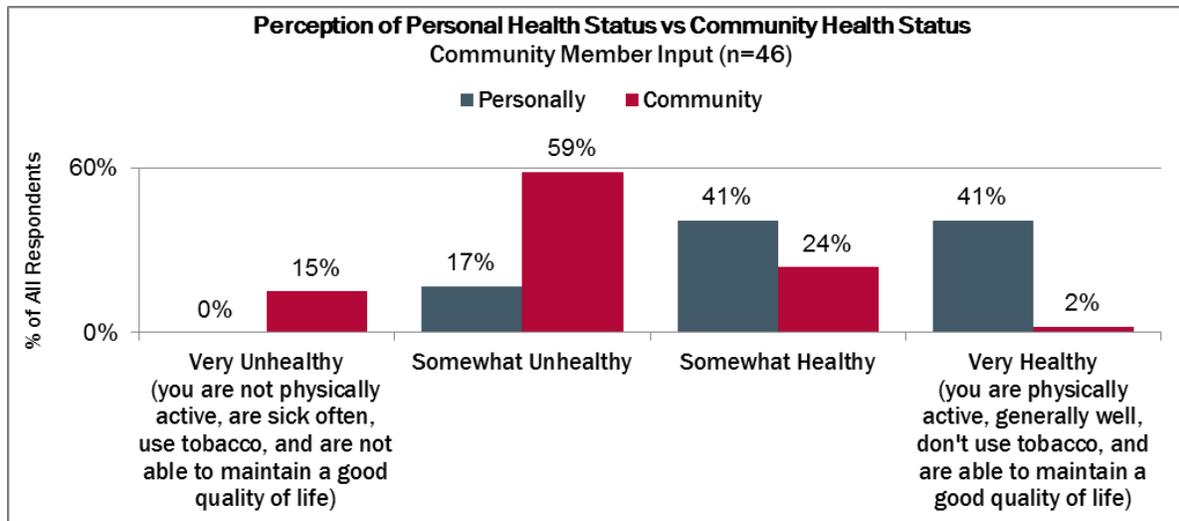
Survey respondents also were asked to report their insurance status. Of the 41 respondents that reported their insurance status, the majority had commercial/private insurance (78%). A small percentage of individuals reported having Medicare (5%), Medicaid (2%), or other Government Program assistance (10%). Only two respondents reported being uninsured or self-pay.

Perceptions of Personal and Community Health

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

(you/community members are not physically active, are sick often, use tobacco, and are not able to maintain a good quality of life).”

Figure 6
Web-Based Survey Responses



Source: IU Health Morgan Hospital Community Survey, 2012.

Participant results are summarized in **Figure 6** above. The majority of participants rated themselves as either “Somewhat Healthy” (41%) or “Very Healthy” (41%). Conversely, when asked to rate their overall community on the same scale, most participants rated their community’s health as “Somewhat Unhealthy” (59%), as opposed to only 17% rating themselves as “Somewhat Unhealthy”. Only 26% of participants rated their community as “Somewhat Healthy” (24%) or “Very Healthy” (2%).

There is potential that these results are skewed due to such a small survey sample of convenience, which can introduce issues such as non-response bias. However, regardless of if the current survey sample happened to be healthier than the average population in the IU Health Morgan community, this finding still illustrates that this particular group of individuals consistently rated their community’s health status as unhealthy.

Health Issues

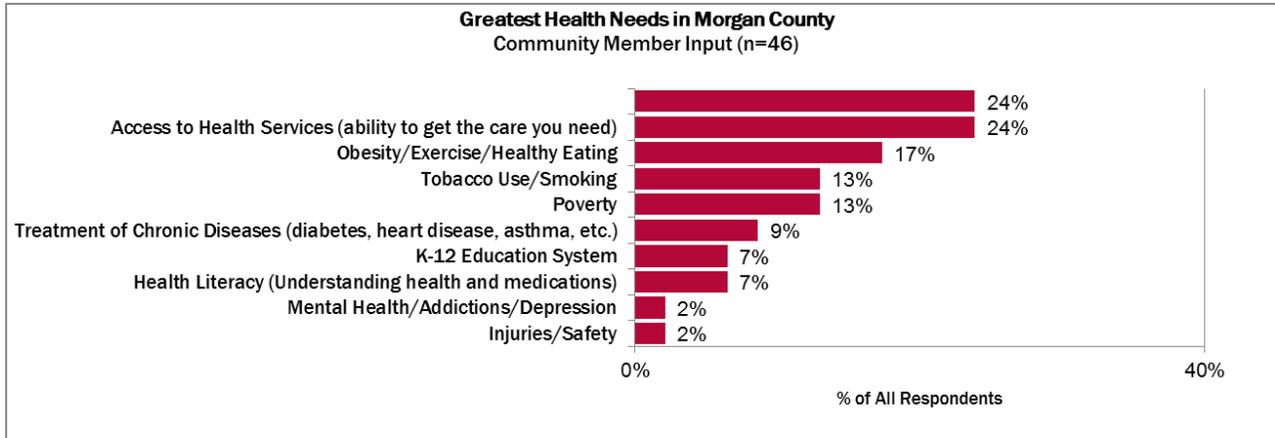
When asked to rate the top health issues in their community on a scale of one to five, the five issues rated most often by respondents as the top need in their community included:

1. Access to health services.
2. Obesity/exercise/healthy eating.
3. Tobacco use/smoking.
4. Poverty.
5. K-12 education system.

Although the treatment of mental health and addictions was not rated most often as a number one health concern, approximately 27% of the respondents that rated this issue placed it as their number two choice.

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

Figure 7
Web-Based Survey Responses

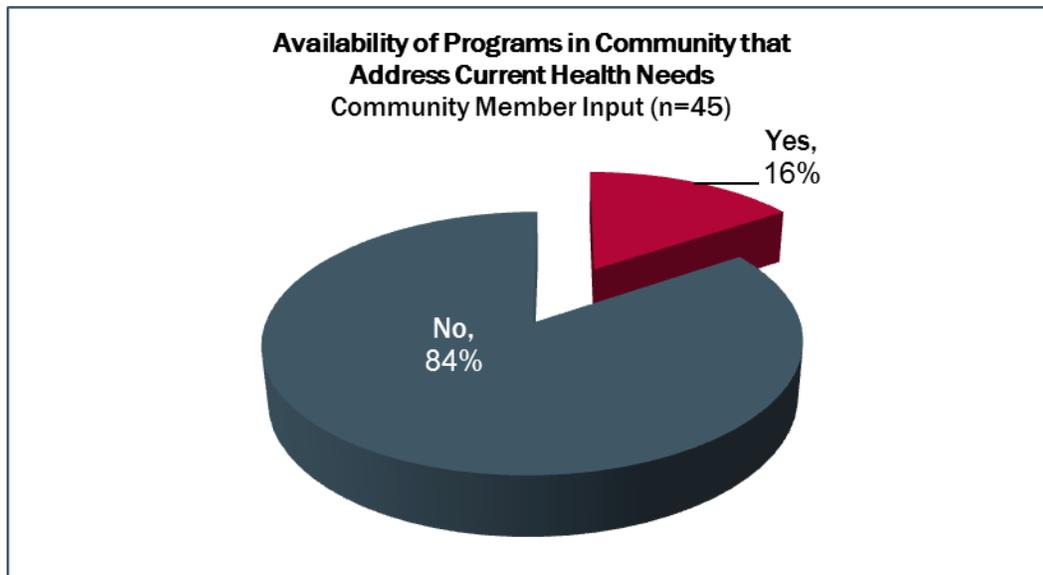


Source: IU Health Morgan Hospital Community Survey, 2012.

Community Health Needs

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

Figure 8
Web-Based Survey Responses



Source: IU Health Morgan Hospital Community Survey, 2012.

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

- Improved access to healthcare services, especially with reference to providing affordable options for low-income populations, as well as addressing the lack of physicians in the community area
- Accessible and affordable care for mental health and addiction issues
- Programs to increase health literacy through patient health education, with a focus on preventive care, tobacco cessation, diabetes, obesity, and nutrition/diet
- Increased youth outreach and programs oriented towards recreational opportunities and other initiatives that promote healthy lifestyle behaviors