



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

IU Health Paoli 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 Paoli'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 Paoli's existing foundation of healthcare services and providers.

1.2 Objectives

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

- Service Area Counties: Orange, Crawford, Lawrence, Washington, Dubois, and Martin
- Service area population in 2010: 157,172
- Approximately 74% of the IU Health Paoli inpatient discharge population resides in Orange County
- Of the six service area counties, all except Lawrence are expected to increase in population by 2015
- The 65+ population is projected to increase substantially by 2015 for all counties; however, the number of persons 5-19 years old and 25-44 years old are expected to decrease for all six counties
- Similar to poverty rates for Indiana and the US, rates for all counties except Martin have decreased from 2008 to 2009
- 36% of community discharges were for patients with Medicaid, 33% were for patients with Medicare, and 4% were for uninsured/self-pay patients

IU Health Paoli's entire community service area extends into six counties: Orange, Crawford, Lawrence, Washington, Dubois, and Martin. Poor social and economic factors may contribute to the poor lifestyle choices that are prevalent in the community, such as substance abuse, poor diet, and lack of physical activity.

Top Community Health Needs

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



Access to healthcare



Preventive healthcare and wellness



Health education and literacy



Mental health and addiction



Chronic disease management

2.2 Primary Service Area

Orange County comprises the majority of the IU Health Paoli community. It accounts for all of the PSA total population, and 74% of the inpatient discharge population of the total community service area.



Orange County has slightly higher rates of unemployment than both the state of Indiana and the national average. The median household income of Orange County is below the Indiana state average and the national average. The county is adversely affected by a combination of chronic health conditions, increasing poverty levels, low educational attainment, and the low availability of higher paying jobs.

Other characteristics of Orange County are as follows:

- Orange County has seen a 2.79% increase in population since 2000, a similar rate to the average for the entire IU Health Paoli service area (2.46%), but lower than the rates for the entire nation (10%) and the state of Indiana (6.6%)
- The senior population (65+) is projected to increase at a slightly lower rate for Orange County than the total IU Health Paoli service area and the entire state
- Approximately 8% of Orange County community discharges were ambulatory care sensitive conditions (ACSC) in 2007, which was similar to that of surrounding counties and slightly lower than the average rate for the total service area (9%)
- Based on County Health Rankings, Orange County ranked 66th out of 92 counties in the state of Indiana for overall health outcomes, and 75th out of 92 counties for overall health factors
- Orange County compared unfavorably for several Community Health Status Indicators, and this was especially so for factors related to prenatal and infant care (eg, births to women under 18, no care in the first trimester, infant mortality, white non-Hispanic infant mortality, neonatal infant mortality, and post-neonatal infant mortality), chronic/morbid health conditions (eg, lung cancer, coronary heart disease and stroke), and other indicators such as motor vehicle injury and unintentional injury
- Among the 4 ZIP code areas included within Orange County, all had similar community health needs based on CNI assessment of economic and structural health indicators; and the needs were scored as moderate to moderately high
- 104 Orange County community members responded to the IU Health Paoli CHNA survey, and 52% 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 Paoli. The qualitative community orientation portion of the analysis was critically important to include in this assessment's methodology, as it provides an assessment of health needs from the view of the community rather than from the perspective of the health providers within the community.

3.2 Data Sources

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

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

Data sets for quantitative analyses included:

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

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

3.3 Information Gaps

To the best of our knowledge, no information gaps have affected IU Health Paoli's ability to reach reasonable conclusions regarding community health needs. While IU Health Paoli has worked to capture quantitative information on a wide variety of health conditions from a wide array of sources, IU Health Paoli 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 Paoli conducted community conversations and community input surveys. However, it should be noted that there are limitations to these methods. If an organization from a specific group was not present during the focus group conversations with community leaders, such as seniors or injury prevention groups, then that need could potentially be underrepresented during the conversation.

3.4 Collaborating Organizations

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

DWA Healthcare Communications Group

French Lick Library

Hoosier Uplands

IU Health Paoli Hospital

Jubilee Clinic

Medco Health and Rehabilitation Center

Purdue Extension

Verité Healthcare Consulting, LLC

4 DEFINITION OF COMMUNITY ASSESSED

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

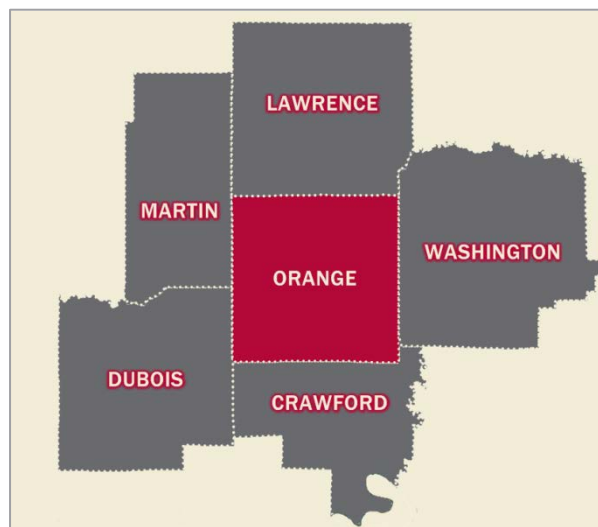
Table 1
IU Health Paoli Inpatient Discharges by County and Service Area, 2010

Discharge Area	County	Discharges	Percent of Total
Primary Service Area	Orange	371	73.6%
	Subtotal	371	73.6%
Secondary Service Area	Crawford	45	8.9%
	Lawrence	35	6.9%
	Washington	28	5.6%
	Dubois	8	1.6%
	Martin	1	0.2%
	Subtotal	117	23.2%
All Other Areas	Subtotal	16	3.2%
Total Discharge Population		504	100.0%

Source: IHA Database, 2010.

In 2010, the IU Health Paoli PSA included 371 discharges and its SSA, 117 discharges. The community was defined based on the geographic origins of IU Health Paoli inpatients. Of the hospital's inpatient discharges, approximately 74% originated from the PSA and 23% from the SSA (*Table 1*).

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



5 SECONDARY DATA ASSESSMENT

5.1 Demographics

IU Health Paoli Hospital is located in Orange County, a county located in central Indiana. Orange County includes ZIP codes within the towns of French Lick, Orleans, Paoli, and West Baden Springs. Based on the most recent Census Bureau (2010) statistics, Orange County's population is 19,840 persons with approximately 51% being female and 49% male. The county's population estimates by race are 96.1% White, 1.2% Black, 1.1% Hispanic or Latino, 0.3% Asian, 0.4% American Indian or Alaska Native, and 1.1% persons reporting two or more races.

Orange County has relatively low levels of educational attainment. A high school degree is the level of education 45% of Orange County residents had achieved in 2010. An additional 16% of the residents had some college, but no degree. As of 2010, 12% of the Orange County population had an associate's or bachelor's degree, and only 5% held a graduate or professional degree.

Within the entire service area, the total population for the PSA is 19,840 and the total population for surrounding counties is 137,332, as illustrated in *Table 2* below.

Table 2
Service Area Population, 2010

Service Area	County	Population	Percent of Total
Primary	Orange	19,840	12.6%
	Subtotal	19,840	12.6%
Secondary	Crawford	10,713	6.8%
	Lawrence	46,134	29.4%
	Washington	28,262	18.0%
	Dubois	41,889	26.7%
	Martin	10,334	6.6%
	Subtotal	137,332	87.4%
Total Service Area		157,172	100.0%

Source: US Census Bureau, 2012.

Population growth can help to explain changes in community characteristics related to health status, and thus it plays a major role in determining the specific services that a community needs. The Orange County population has increased 2.8% since 2000, when the population was estimated to be 19,301 persons. Comparatively, Orange County's population has increased at a similar rate as the total service area, which increased by approximately 2.5% 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.

Orange County's population is projected to increase 1.1% by 2015. Two age groups are expected to decline: children aged 5-19 (-2.38%) and persons aged 25-44 (-4.05%).

At a little over 13% for Orange County, the 65+ population is expected to grow the fastest among all age cohorts between 2010 and 2015. In general, an older population can produce increased demand for healthcare services and a potential increase in the prevalence of certain chronic conditions. The rate of population growth in Orange County for persons 65+ is expected to increase less rapidly than both the combined IU Health Paoli service area (14.6%) and the state of Indiana (15.4%), as illustrated in **Table 3** below.

Table 3
Projected 2010-2015 Service Area Population Change

Service Area	County	Overall		Projected 2010-2015 Change by Age Cohort					
		2010 Total Population	Projected 2010-2015 Change	0-4	5-19	20-24	25-44	45-64	65+
Primary	Orange	19,840	↑ 1.10%	0.90%	-2.38%	0.00%	-4.05%	1.47%	13.25%
	Subtotal	19,840	↑ 1.10%	0.90%	-2.38%	0.00%	-4.05%	1.47%	13.25%
Secondary	Crawford	10,713	↑ 0.01%	-4.29%	-2.40%	-6.98%	-2.21%	-2.81%	16.60%
	Lawrence	46,134	↓ -0.12%	-3.08%	-3.76%	4.87%	-5.43%	-1.30%	13.69%
	Washington	28,262	↑ 1.73%	2.24%	-1.44%	0.79%	-3.65%	2.23%	15.83%
	Dubois	41,889	↑ 2.75%	3.28%	-1.12%	3.22%	-4.03%	4.75%	15.55%
	Martin	10,334	↑ 0.01%	0.74%	-1.46%	-2.37%	-3.97%	-2.43%	12.80%
	Subtotal	137,332	↑ 1.15%	0.25%	-2.17%	1.97%	-4.28%	1.01%	14.79%
Total Service Area		157,172	↑ 1.15%	0.33%	-2.19%	1.72%	-4.25%	1.07%	14.58%
Indiana		6,483,802	↑ 3.00%	2.20%	0.10%	3.10%	0.30%	2.00%	15.40%

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

5.2 Economic Indicators

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

5.2.1 Employment

Between 2010 and 2011, the share of jobs was greatest in the areas of accommodation and food services, manufacturing, healthcare and social assistance, construction, and retail trade. Orange County has a diverse group of major employers reported by the Indiana Department of Workforce Development, including: French Lick Springs Hotel, Paoli Incorporated, Reynolds Incorporated, Wildwood Association Incorporated, Kimball Electronics Incorporated, Paoli Peaks, Wal-Mart Supercenter, Bloomington Hospital of Orange, Throop Elementary School, and Pluto Corporation.

Orange County reported a slightly higher unemployment rate than the rate for the state of Indiana and the entire US. **Table 4** below 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	Orange	10.1%	9.5%	↓ -0.6%
	Secondary			
	Crawford	11.7%	10.4%	↓ -1.3%
	Lawrence	10.8%	10.6%	↓ -0.2%
	Washington	9.7%	8.6%	↓ -1.1%
	Dubois	6.6%	5.8%	↓ -0.8%
	Martin	6.8%	7.6%	↑ 0.8%
Indiana		9.3%	8.9%	↓ -0.4%
USA		9.4%	8.5%	↓ -0.9%

Source: US Bureau of Labor Statistics, 2012.

5.2.2 Household Income and People in Poverty

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

For Orange County, a poverty rate of 16.9% was reported in 2009, rising from 15.9% in 2008 (+1%). 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.

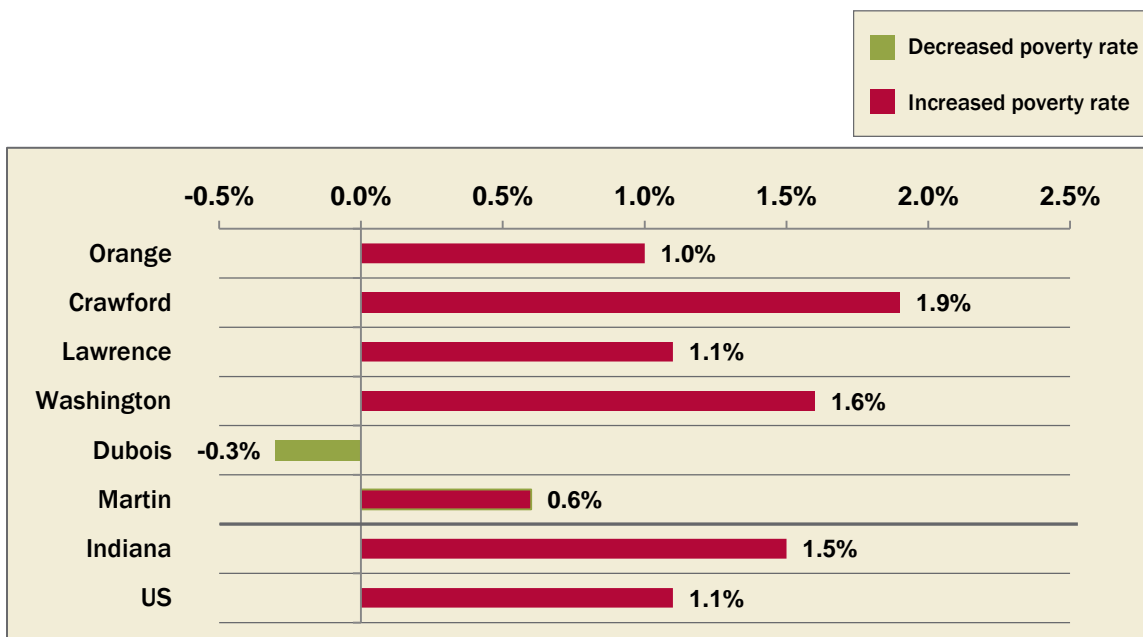
Table 5
Percentage of People in Poverty, 2007-2009

Service Area	County	2007	2008	2009	% Change from 2008-2009
Primary	Orange	14.2%	15.9%	16.9%	↑ 1.0%
	Secondary				
	Crawford	16.6%	17.1%	19.0%	↑ 1.9%
	Lawrence	13.8%	14.3%	15.4%	↑ 1.1%
	Washington	14.7%	13.9%	15.5%	↑ 1.6%
	Dubois	8.8%	7.5%	7.2%	↓ -0.3%
	Martin	12.3%	12.9%	13.5%	↑ 0.6%
Indiana		12.3%	12.9%	14.4%	↑ 1.9%
USA		13.0%	13.2%	14.3%	↑ 1.1%

Source: US Census Bureau, 2012.

Dubois County had the only decrease in poverty rate (-0.3%) within the IU Health Paoli service area between 2008 and 2009. 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 also been associated with the health status of a population. Based on the US Census Bureau (2009), Orange County’s per capita personal income was estimated to be \$28,437, with a median household income of \$36,620, which are both below the state and US national 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

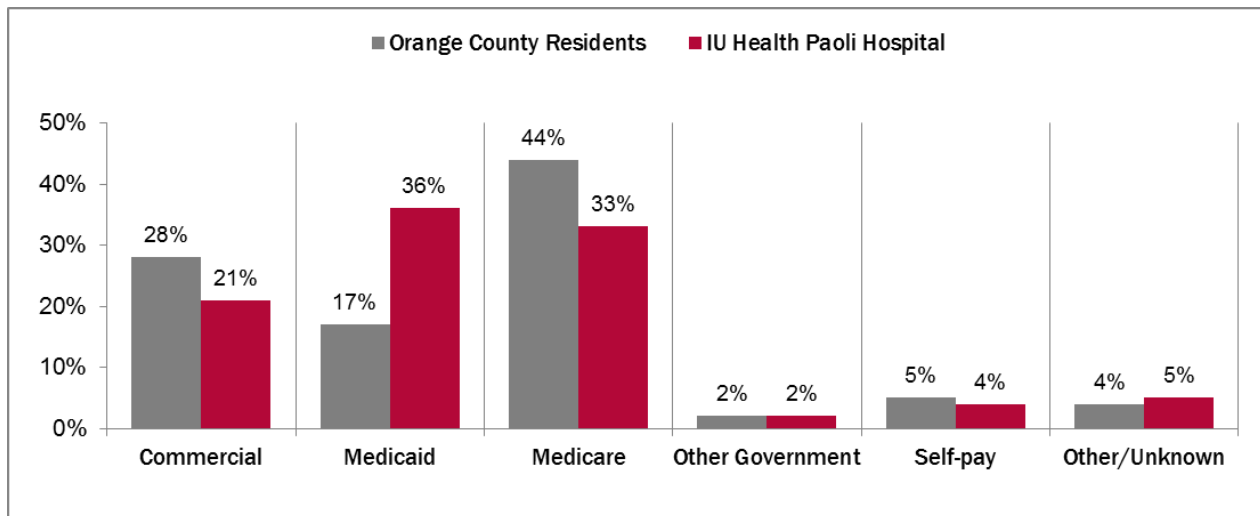
National statistics on health insurance indicate that 16% of the United States population is uninsured. Of the US population that is insured, 49% are insured through an employer, 5% through individual providers, 16% through Medicaid, 12% through Medicare, and 1% through other public providers.

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), 28% of Orange County residents have commercial insurance, 17% are insured through Medicaid, 44% are insured through Medicare, 5% pay out-of-pocket (uninsured), and 6% have other government insurance or are unknown.

At IU Health Paoli Hospital, it is estimated that 21% of discharged patients have commercial insurance, 36% are insured through Medicaid, 33% are insured through Medicare, 4% pay out-of-pocket (uninsured), and 7% have other government insurance or are unknown (see *Figure 3*).

Figure 3
Insurance Coverage
2009 Orange County and IU Health Paoli 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 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 (C.H.O.I.C.E.) 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 Paoli 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	Orange	79.8
	Subtotal	79.8
Secondary	Crawford	93.9
	Lawrence	101.3
	Washington	86.2
	Dubois	74.6
	Martin	93.0
	Subtotal	89.8
Total Service Area Average		88.1
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 fifty 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* on the following page summarizes County Health Ranking assessments for Orange and surrounding counties in Indiana; rankings for counties were converted into quartiles to indicate how each county ranks versus others in the state. The table also illustrates whether a county's ranking worsened or improved from rankings in 2011.

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

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

Indicator	Orange	Crawford	Lawrence	Washington	Dubois	Martin	Average Ranking for Service Area
Overall Health Outcomes	66 ↓	83 ↓	72 ↓	64 ↓	4 ↓	68	60 ↓
<i>Mortality</i>	46 ↓	77 ↓	75 ↓	71 ↓	22 ↓	79	62 ↓
<i>Morbidity</i>	88	83 ↓	64 ↓	60	1	55	59 ↓
Overall Health Factors	75	89 ↓	53	86	6	19	55
<i>Health behaviors</i>	84	80 ↓	20 ↓	91	14	17	51
<i>Tobacco use</i>	83	37	30	92	7	5	42
<i>Diet and exercise</i>	81 ↓	91 ↓	13 ↓	48 ↓	41 ↓	30	51 ↓
<i>Alcohol use</i>	39	65 ↓	35	51	79	84	59
<i>Sexual activity</i>	46	53 ↓	67	56	12 ↓	41	46
<i>Clinical care</i>	47	78 ↓	55 ↓	83 ↓	6	64	56 ↓
<i>Access to care</i>	41 ↓	65 ↓	53 ↓	77 ↓	7	84 ↓	55 ↓
<i>Quality of care</i>	53	81 ↓	56	86 ↓	10	39	54
<i>Social and economic factors</i>	69	88 ↓	75	62	4	20	53
<i>Education</i>	58	87	76 ↓	63	22 ↓	79 ↓	64 ↓
<i>Employment</i>	61 ↓	78 ↓	75	45	6 ↓	3	45 ↓
<i>Income</i>	78	86	60	70	4	33	55
<i>Family and social support</i>	60	77 ↓	83	63 ↓	5	16	51
<i>Community safety</i>	48	88 ↓	33	71 ↓	4	42	48
<i>Physical environment</i>	9	12	21 ↓	76 ↓	10	7	23
<i>Environmental quality</i>	1	1	1	1	39	1	7
<i>Built environment</i>	27	32	39 ↓	92 ↓	8	25	37

Source: County Health Rankings, 2012.

Orange County fell within the bottom half for overall health outcomes (length and quality of life), ranking 66th in the state, which is slightly lower than the average ranking for the whole IU Health Paoli Hospital service area.

In preventable health factors, Orange County ranked 75th in terms of overall health-related factors (determinants of health); individual scores are displayed in *Table 7* above. All but four of Orange County's rankings fell in the bottom top 50% of Indiana counties; however, environmental quality was ranked number one in the state.

Specific indicator rankings that were ranked in the bottom 25th percentile for the state included tobacco use (83rd), diet and exercise (81st), and income (78th). Many indicator rankings decreased from 2011 to 2012, diet and exercise, access to care, and employment.

Orange County ranked higher than the overall service area for several indicators, but especially for those of alcohol use (difference of 20), access to care (difference of 14), and built environment (difference of 10).

Across all IU Health Paoli Hospital service area counties, mortality, morbidity, education, and alcohol use indicators were ranked most consistently in the bottom quarter or bottom half of Indiana counties.

5.4.2 Community Health Status Indicators

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

Orange County has 47 designated “peer” counties in 14 states, including Jay, Parke, Pike, Sullivan, and Switzerland counties in Indiana, Bond, Cass, Clark, Clay, Edgar, Fayette, Lawrence, and Warren counties in Illinois, and Antrim and Benzie counties in Michigan. **Table 8** on the following page highlights the analysis of CHSI health status indicators with highlighting in cells that compare favorably or unfavorably both to the US as a whole and to peer counties. Indicators are found to be unfavorable for a county when its rates are higher than those of the entire nation and designated peer counties, and are considered favorable when the rates for the county are lower than those of the US or peer counties.

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

The indicators comparing unfavorably to US and peer counties across most of the counties within the IU Health Paoli Health service area include premature births, white non-Hispanic infant mortality, coronary heart disease, stroke, and suicide.

Table 8

Favorable and Unfavorable Health Status Indicators, Orange County and Surrounding Counties

Key	
Favorable health status indicator	
Neither favorable or unfavorable indicator	
Unfavorable health status indicator	

Indicator	Orange	Crawford	Lawrence	Washington	Dubois	Martin
Low Birth Weight						
Very Low Birth Weight						
Premature Births						
Births to Women under 18						
Births to Women age 40-54						
Births to Unmarried Women						
No Care in First Trimester						
Infant Mortality						
White non-Hispanic Infant Mortality						
Black non-Hispanic Infant Mortality						
Hispanic Infant Mortality						
Neonatal Infant Mortality						
Post-neonatal Infant Mortality						
Breast Cancer (Female)						
Colon Cancer						
Lung Cancer						
Coronary Heart Disease						
Stroke						
Homicide						
Suicide						
Motor Vehicle Injuries						
Unintentional Injury						

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

5.5 ZIP Code-Level Health Access Indicators

The Community Need Index (CNI) was created in 2005 by Catholic Healthcare West (now Dignity Health) in collaboration with Thomson Reuters. CNI identifies the severity of health disparities related to housing, English as second language, 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 Orange County.

Figure 4
Community Need Index Rating Scale

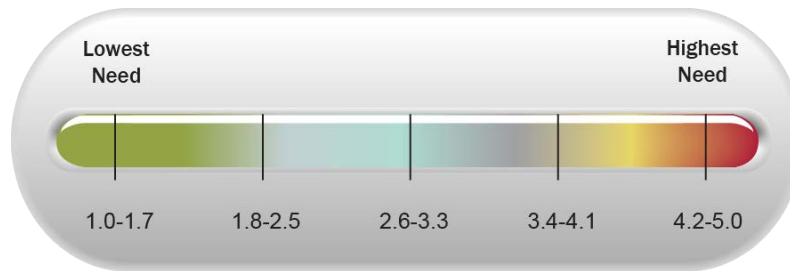
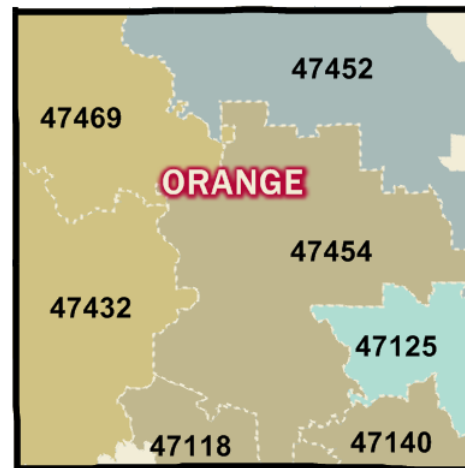


Table 9
CNI Scores for Orange County

County	City	ZIP Code	Rank
Orange	French Lick	47432	3.6
	West Baden Springs	47469	3.6
	English*	47118	3.4
	Marengo*	47140	3.4
	Paoli	47454	3.4
	Orleans	47452	3.0
	Hardinsburg*	47125	2.6

*Note that zip codes 47118 (English), 47125 (Hardinsburg), and 47140 (Marengo) are primarily within counties outside of Orange, but are included since a large portion of their ZIP code areas extend into Orange County.



Source: Community Need Index, 2011.

Within Orange County, CNI scores indicate needs in all ZIP Codes that are similarly moderate to moderately-high.

5.6 Regional Chronic Conditions and Preventive Behaviors

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

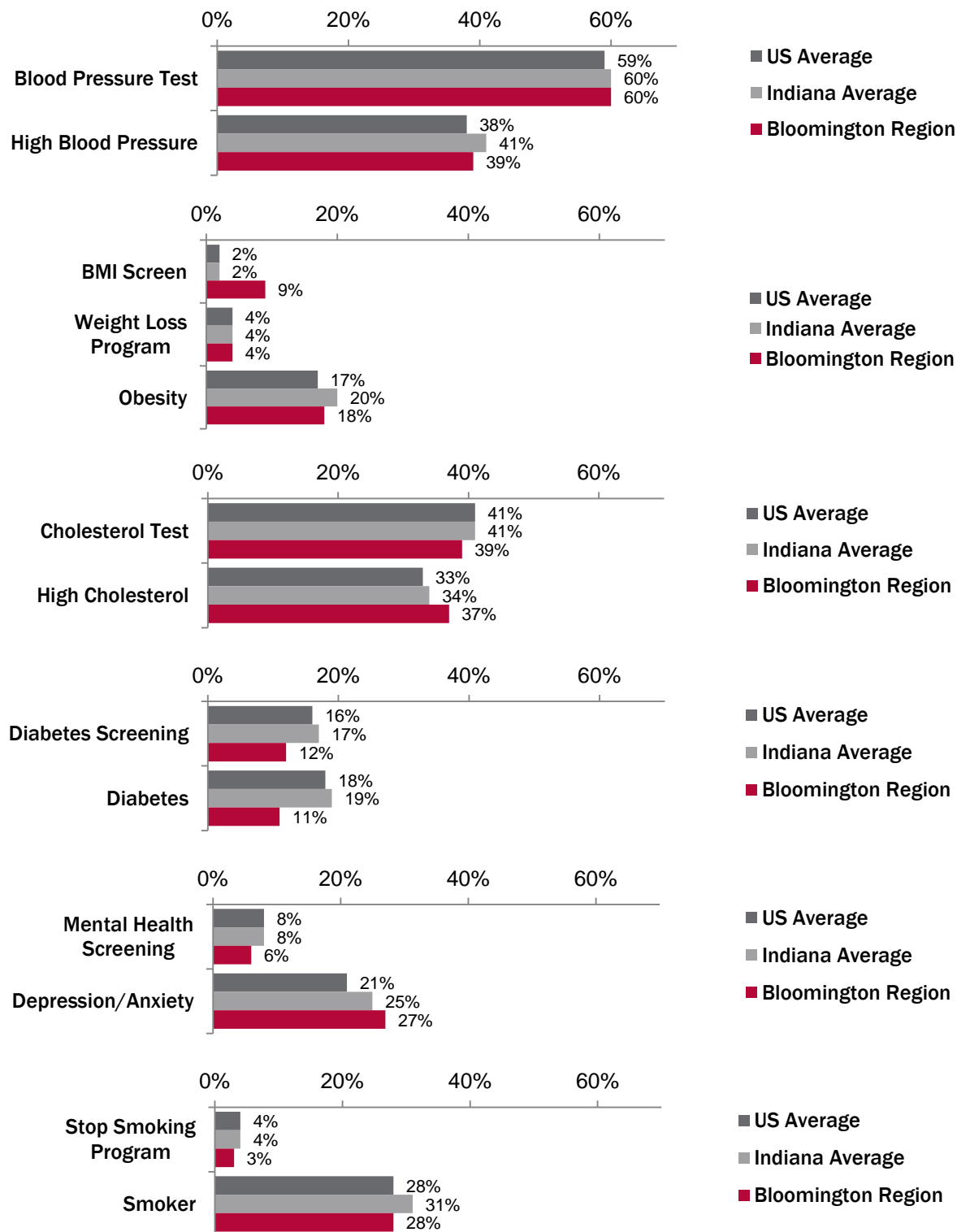
These estimates are based off of a monthly internet survey of over 270,000 individuals across the country. For this CHNA, Ticker data utilized represent the “Bloomington Regional Market.” These Ticker data identified the following top ten chronic conditions:

- High blood pressure
- High cholesterol
- Allergies—Other
- Arthritis
- Smoking
- Depression/anxiety disorder
- Sinus problem
- Allergies—Hay Fever
- Obesity/weight problems
- Sleep problems/insomnia

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

Figure 5

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



Source: Ticker, National Research Corporation, 2012.

5.7 Medically Underserved Areas and Populations

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

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

Table 10
MUAs and MUPs in the IU Health Paoli 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	Orange	N/A	Stampers Creek Service Area (Stampers Creek Township)	—	
	Crawford	58.5	Crawford Service Area	—	
Secondary	Lawrence	—		66.4	Low-income population, entire county*
	Washington	58.33	Franklin/Gibson/Pierce Service Area (Franklin, Gibson, and Pierce Townships)	—	
		54.87	Brown/Jefferson/Madison Service Areas (Brown, Jefferson, and Madison Townships)	—	
		61.1	Posey Service Area (Posey Township)	—	
	Dubois	—		—	
	Martin	57	Martin Service Area (Halbert, Lost River, and Mitcheltree Townships)	—	

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

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

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

Orange, Crawford, Washington, and Martin counties contained areas designated as MUAs. The entire county of Lawrence was designated as a low-income, Government MUP.

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 Paoli community.

Table 11
HPSAs in the IU Health Paoli Hospital Community

Key	
—	County does not contain HPSA designation for category

Service Area	County	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA
Primary	Orange	Low-income population, entire county	—	Southern Indiana Catchment Area - Milan
	Crawford	Low-income population, entire county	—	Southern Indiana Catchment Area - Milan
Secondary	Lawrence	Low-income population, entire county	—	—
	Washington	Low-income population, entire county	—	—
	Dubois	—	—	Southern Indiana Catchment Area - Milan
	Martin	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 Paoli 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 Paoli community.

Table 12
Resources in Orange County and Surrounding Counties

Service Area	County	Public Health Department
Primary	Orange	Orange County Health Department (Paoli, Indiana)
Secondary	Crawford	Crawford County Health Department (English, Indiana)
	Lawrence	Lawrence County Health Department (Bedford, Indiana)
	Washington	Washington County Health Department (Salem, Indiana)
	Dubois	Dubois County Health Department (Jasper, Indiana)
	Martin	Martin County Health Department (Shoals, Indiana)

Service Area	County	FQHC
Primary	Orange	N/A
Secondary	Crawford	N/A
	Lawrence	N/A
	Washington	N/A
	Dubois	N/A
	Martin	N/A

Service Area	County	Hospital
Primary	Orange	IU Health Paoli Hospital
Secondary	Crawford	N/A
	Lawrence	IU Health Bedford Hospital St. Vincent Dunn Memorial Hospital
	Washington	St. Vincent Salem Hospital
	Dubois	Memorial Hospital and Health Center
	Martin	N/A

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

5.10 Review of Other Assessments of Health Needs

5.10.1 Hoosier Uplands Community Needs Assessment

In order to better serve the residents of our community, it is important to maintain an up-to-date picture of who they are and what they need. To do this, the Hoosier Uplands board and staff participated in the statewide Community Needs Assessment study, which was conducted by the Indiana Community Action Network. The Hoosier Uplands service area includes Lawrence, Martin, Orange, and Washington counties.

The research was conducted in two parts:

- Background research was conducted using secondary data available from federal, state, and local sources
- Client and stakeholder surveys were designed and administered directly to Hoosiers who are served by Hoosier Uplands or who partner with Hoosier Uplands

The client survey was randomly sent to those who had received services from Hoosier Uplands in 2009; 2181 surveys were completed.

Key conclusions were:

- In 2009, of the 44,557 individuals in the Hoosier Uplands' service area, 38% lived in poverty or below the Federal Poverty Guidelines (FPG)
 - Of those individuals in poverty, 5638 were children (under the age of 18 years old) and 2038 were seniors (65 years old and over)
 - According to the 2009 US Census Bureau, Orange County had a poverty rate of 21%
- 97% lived in households with incomes less than 150% of the FPG (\$33,075 for a family of four in 2009)
- 67% had household incomes at or below 100% of the FPG (\$22,050 for a family of four in 2009)
- The client survey identified the top community needs:
 - Help for people who would like to start a business
 - Financial education
 - Financial aid for people to further their education
 - Certificate programs to help people get jobs
 - Support groups
- Client survey results also indicated the following barriers to having their needs met:
 - Physical disability was a barrier to work
 - Cost is a barrier to healthcare, housing (utilities too high), transportation (price of gas), and child care
- Hoosier Uplands offers many programs and services; some of the programs Hoosier Uplands offers that specifically address the community needs and barriers identified by clients include:
 - Energy Assistance Program
 - Home Health Care and Hospice
 - South Central Indiana Area Health Education Center (SCI AHEC)
 - Head Start

6 PRIMARY DATA ASSESSMENT

IU Health Paoli 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 Paoli service area. This included the following components:

1. Hosting multiple one and a half to two hour community conversation focus groups with public health officials and community leaders in attendance to discuss the healthcare needs of the service area and what role IU Health Paoli 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 Paoli Hospital. Attendees who participated in the focus group are listed in **Table 13** below.

Table 13
Focus Group Participants

Name	Title, Affiliation	Expertise
Sue Ann Burton	<i>VP Nursing, IU Health Paoli Hospital</i>	Ms. Burton is representative of a community perspective towards healthy living. As a VP of IU Health Paoli Hospital, she understands the needs and barriers in healthcare and ways to address them.
Hanna Swayer	<i>Director, Community Health Education and Volunteer Services, IU Health Paoli</i>	Ms. Swayer is representative of a community perspective towards healthy living. As a director of community health at IU Health Paoli Hospital, she is very well-versed with the needs and barriers in healthcare and ways to address them.
Christie Brown	<i>Medco Health and Rehab of French Lick</i>	Ms. Brown is representative of a community perspective towards healthy living. As an employee of Medco, she is very well-versed with the needs and barriers in healthcare and ways to address them.
Stacy Burton	<i>Administrator, Medco Health and Rehab of French Lick</i>	Ms. Burton is representative of a community perspective towards healthy living. As an administrator for Medco Health, she is very well-versed with the needs and barriers in healthcare and ways to address them.
Kim Key	<i>Financial Caseworker, IU Health Paoli Hospital</i>	Ms. Key is representative of a community perspective regarding access to care. As a financial caseworker, she is familiar with the barriers to care that are present in the community and the type of individuals affected.

6.1.2 Prioritization Process and Criteria

To obtain a more complete picture of the factors that play into the Orange County community's health, input from local health leaders was gathered through two separate focus group sessions. The first live group session lasted two hours and was held at IU Health Paoli Hospital and the

second session was held via conference call. IU Health facilitators mailed letters and made follow-up telephone calls inviting public health officials and community leaders to attend the focus group discussion, paying special attention to including organizations that represent the interest of low-income, minority, and uninsured individuals. The goal of soliciting these leaders' feedback was to gather insights into the quantitative data that may not be easily identified from the secondary statistical data alone.

Upon arrival to the focus group, participants were asked to list their believed five prioritized health needs for the IU Health Paoli Hospital 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 the mission of IU Health, 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 its data presentation, IU Health facilitated a discussion on the comprehensive list of identified needs from earlier in the session. The objective of this method was intended to inspire candid discussions prior to a second identification of five prioritized health needs by each participant. The votes on the five prioritized health needs were tallied and final input from the group was encouraged during this process in order to validate the previously identified needs. Following additional discussion, participants were also asked to address what they thought the role of IU Health Paoli 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 Paoli:

1. Access to healthcare.
2. Preventive healthcare/obesity.
3. Health education/literacy.
4. Mental health/addiction.
5. Chronic disease management.

These prioritized needs are discussed in more detail below.



1. Access to healthcare, corresponding with assistance programs, was the overwhelming concern and greatest need identified by community leaders. Orange County has one of the highest rates of individuals who qualify for Social Security, but do not take it. It appears this is not because the citizens do not want the support, but because they do not have the resources to obtain the support. Based on the United Way of South Central Indiana's Community Impact Strategy Report in 2000, Orange County reported having a higher percent of households receiving additional income from social security, public assistance, and retirement income. In 2007, the percent of Orange County households receiving social security income increased from 32.1% to 34%. It should be noted that those statistics are based on reported data and that the critical problem are the individuals who have not been able to receive their eligible assistance; therefore, it is hypothesized that those percentages would in fact be much higher. Officials explained that since the social services building burned down in the community, individuals have been struggling to arrange transportation to the neighboring county's facilities. Transportation in terms of access to care is also a corresponding need. Many individuals do not have any type of transportation and there are only two services in Orange County that offer transportation and they are often overbooked.

Access to healthcare also contained prescription drug costs, medical homes, access to specialists, and women's health. Many officials were concerned that there is no continuity of care in Orange County and that a medical home model could assist. Residents need to have one primary care physician who knows their history and can recommend treatment based on their individual circumstances. Along the same lines, residents also need to have access to specialists. Currently, specialist services are offered about once a month, but it is a different doctor each time. The hospital lacks stability of care in terms of specialists, which makes access to care and the medical home model even more complicated. While women's health and prescription drug costs were not discussed in detail, they were brought up as a key concern relating to access to care. Women's health was mentioned to incorporate teen pregnancy and women's health screenings.

Of note, the Emergency Department (ER) is the only option for Orange County residents for after-hours or Sunday care.



2. Preventive healthcare and wellness were linked together with obesity because many officials believed that without one you cannot have the other. For example, even if people are determined to exercise and better their health, they can run into many barriers such as gym memberships and costs. While the community does have some joint agreements with local establishments such as the schools, it is still very difficult for individuals to access wellness facilities. Orange County also was mentioned to have a phenomenal farmers market (accepts SNAP) and Food Nutrition Program (FNP), but they are in need of more programs within the community. Orange County also has some wellness related activities such as the 'Wal-Mart Walkers' and the hospital's 'Ways of Wellness (WOW)' program; however, they are not able to expand. While Orange County does have some resources, officials believe that there is still a gap IU Health could easily assist with, even if doing so is as simple as raising community awareness of places where individuals can take part in wellness activities—many individuals do not know what exists (eg, French Lick's walking paths).



3. Health education and literacy was considered the third community need. Focus group participants brought up a point that health literacy often is not about one's level of education, but is associated with the understanding of the condition, (ie, medication instructions and medical terms associated with conditions). Orange County, like many other counties, needs someone who can help with medication management and knowledge. While Orange County has the "Ask Me 3" program, they are searching for a more sustainable program that can offer even more assistance.



4. Mental health and addiction were originally thought to be separate concerns; however, as the focus group proceeded, leaders began to integrate them into one category as the fourth greatest need. Orange County does have Southern Hill's counseling program, which is an extensive inpatient and outpatient facility for coexisting mental health and substance abuse problems. However, more programs are needed to assist with this issue. Bedford has a part-time psychiatrist, which is the closest resource from which to receive mental healthcare. Substance abuse programs are basically nonexistent. The ones that do exist take place at the court house, and typically only court-ordered cases attend those meetings; therefore, it is hard to encourage people to go there.



5. Chronic disease management was the fifth greatest need identified, and encompasses a wide array of issues including: dental care, tobacco cessation, cancer, and diabetes. Dental care issues mostly entail the decreasing amount of dentists who are willing to accept state assistance programs such as Medicaid. Additionally, there are few options in general for residents in Orange County in regards to dentists and few preventive measures are taken as a result. Dental care use is mostly for emergency care. It was noted that there is a large barrier in this area of health access and that it may have to do with the actual dentists not understanding the need at hand. While Mobile Dental occasionally comes around, a large gap remains. Other chronic health conditions

discussed by community leaders included tobacco use, diabetes, and cancer. Focus group participants believe that many of the Orange County residents do smoke and assistance for the development of smoking cessation programs is needed in the community. Diabetes was discussed in a general manner; it is a concern in terms of education, programs, and lack of endocrinologists—dietitians often fill the role that endocrinologists would usually play.

Overall, chronic disease/conditions lack the resources needed to help Orange County residents receive the education, prevention, and care they need. There are very few health screenings available to individuals because of budget cuts. The screenings that are offered have minimal data tracking available so providers and patients find it difficult to compare information.

6.2 Community Survey Findings

IU Health also solicited responses from the general public regarding the health of the IU Health Paoli 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 December 2011 through June 2012. A paper version was distributed to local community centers, health clinics, community health fairs and events, as well as within some hospital patient waiting areas. Additionally, an estimated 25,000 surveys were e-mailed, direct-mailed, or sent via newsletter. In addition to being disseminated 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

104 respondents participated in the community survey. All respondents were from the PSA (Orange County). The survey sample was 98% Caucasian (White), and was evenly distributed across age ranges, with 24% respondents 30-40 years of age, followed by 41-50 (22%), 51-59 (24%), and 60-69 (22%), and only 4% of respondents aged 70 or more.

The educational attainment of the sample was fairly high with a majority of respondents (68%) indicating they had completed a college undergraduate (44%) or graduate degree (24%). The remaining respondents had completed a high school degree/GED (27%), followed by 9% indicating vocational/technical school.

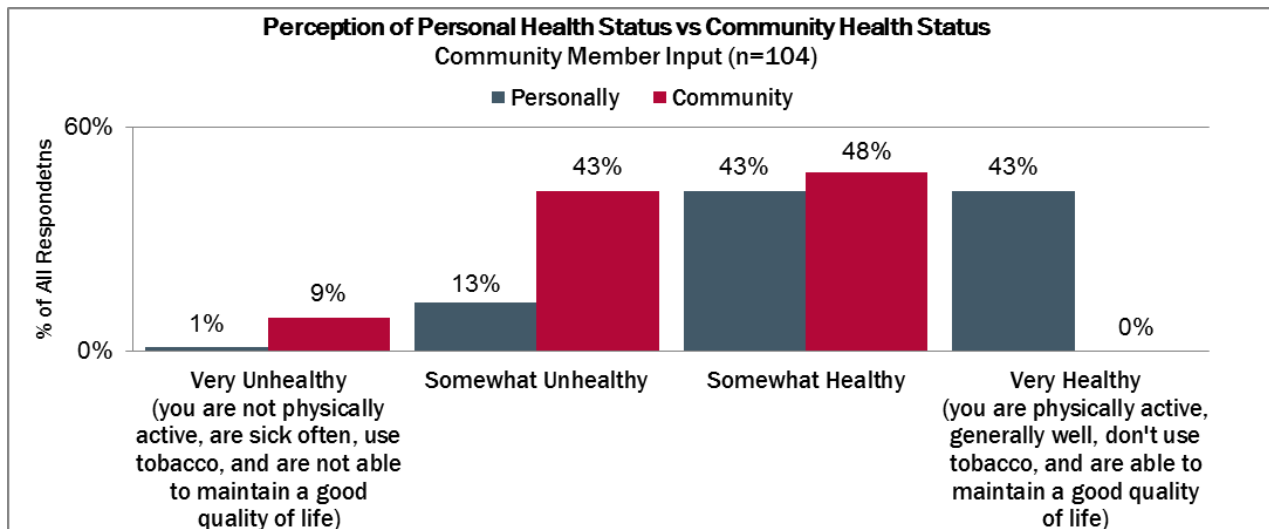
Reported household income of the sample was also evenly distributed across income ranges defined in the survey. 37% of all respondents reported a household income of \$67,051+; another 30% reported a household income of \$44,701-\$67,050, 20% reported \$22,351-\$44,700, with the remaining respondents (13%) indicating a household income lower than \$22,350.

Survey respondents also were asked to report their insurance status. The majority of respondents had commercial/private insurance (89%) followed by a small percentage that reported being uninsured/self-pay (7%) or Medicare (4%).

Perceptions of Personal and Community Health

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

Figure 6
Web-Based Survey Responses



Source: IU Health Paoli Hospital Community Survey, 2012.

Participant results are summarized in **Figure 6** above. The majority of participants rated themselves as either “Somewhat Healthy” (43%) or “Very Healthy” (43%). Conversely, when asked to rate their overall community on the same scale, 52% of participants rated their community’s health as “Somewhat Unhealthy” (43%) or “Very Unhealthy” (9%), as opposed to only 14% rating themselves as “Somewhat Unhealthy” (13%) or “Very Unhealthy” (1%).

Overall, the population in the IU Health Paoli community rates their personal health status as better than that of the overall community.

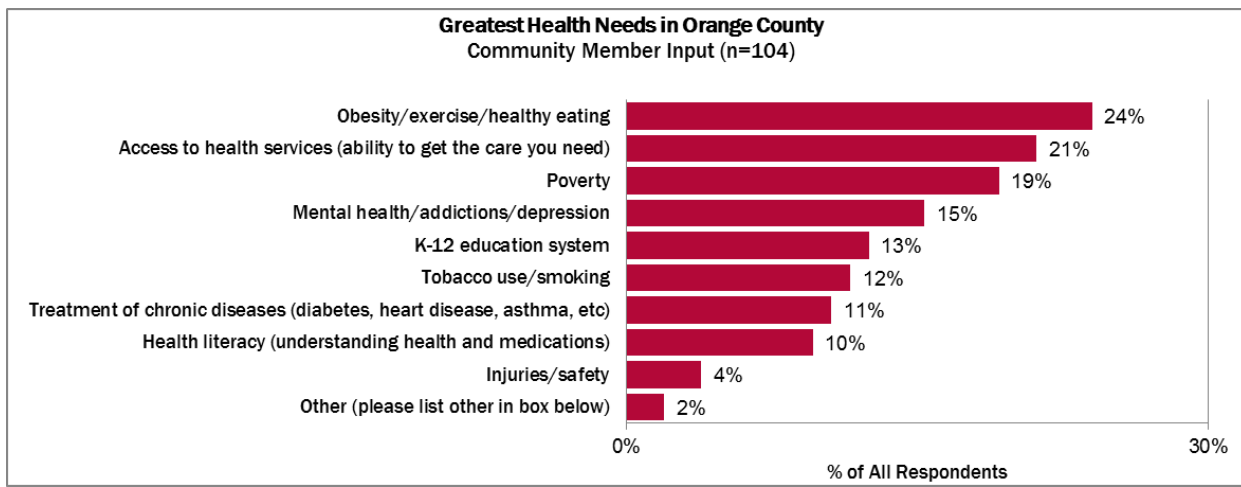
Health Issues

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

1. Obesity/exercise/healthy eating.
2. Access to health services (ability to get the care you need).
3. Poverty.
4. Mental health/addictions/depression.
5. K-12 education system.

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

Figure 7
Web-Based Survey Responses

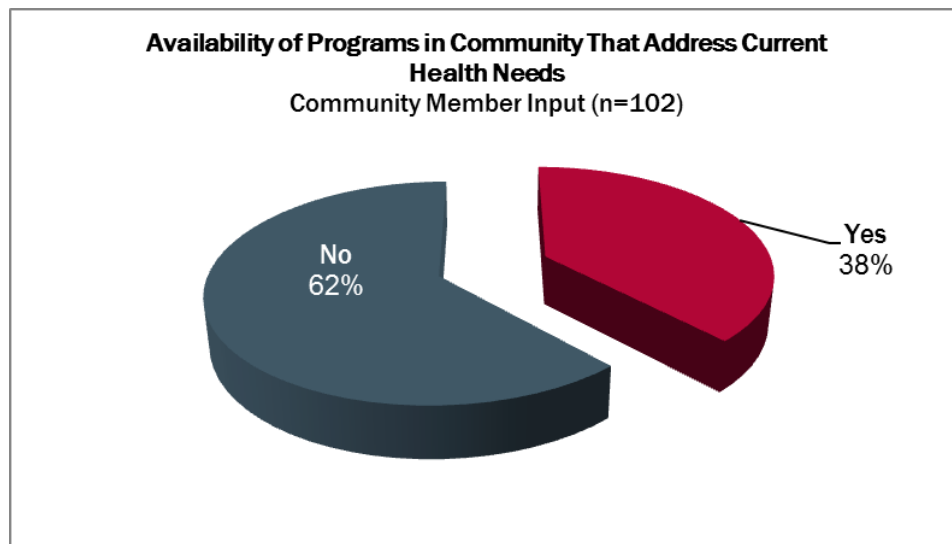


Source: IU Health Paoli Hospital Community Survey, 2012.

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 Paoli Hospital Community Survey, 2012.

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

- Provide more affordable healthcare services/outreach programs to those at the poverty level
- Offer mental health programs that focus on addictions and depression
- Begin with kids in the K-12 education system and develop programs that enhance their understanding of the benefits of proper diet, exercise, as well as the impact of drug abuse and tobacco
- Provide programs that increase health literacy through patient health education with a focus on nutrition, and the importance of regular check-ups that include health screenings