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

1.2 Objectives

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

- Service Area Counties: Starke, Fulton, Jasper, La Porte, Marshall, Porter, Pulaski, and St. Joseph
- Service area population in 2010: 680,871
- 82% of the IU Health Starke's inpatient discharge population resides in Starke County
- Of the eight service area counties, all but two—Starke (-0.58%) and Pulaski (-1.29%)—are expected to increase in population by 2015
- The 65+ population is projected to increase substantially by 2015 for all counties
- While poverty rates for Indiana and the US have increased from 2008 to 2009, rates for the counties of Starke, Porter, and Fulton have gone down
- 17% of community discharges were for patients with Medicaid, 55% were for patients with Medicare, and 11% were for uninsured or self-pay patients

IU Health Starke's entire community service area extends into eight counties: Starke, Fulton, Jasper, La Porte, Marshall, Porter, Pulaski, and St. Joseph. Poverty and unemployment in this area create barriers to access (to health services, healthy food, and other community health necessities), and thus contribute to overall poor health.

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 Starke County.

Lack of primary care

Access to healthcare

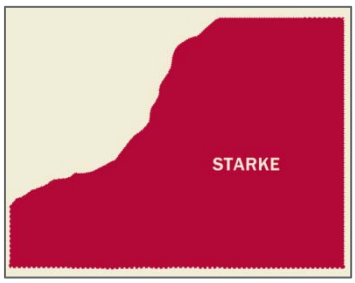
Obesity and diabetes

Preventive healthcare and wellness

Emergency and ambulatory services

2.2 Primary Service Area

Starke County comprises the majority of the IU Health Starke community. It accounts for all of the PSA's total population, and 82% of the inpatient discharge population of the total community service area.



Starke County has higher rates of unemployment than the averages for both the state of Indiana and the nation. The median per capita and household incomes, as well as the poverty rates, of Starke County are below the Indiana state and national averages.

Other characteristics of Starke County are as follows:

- Starke County has seen a 0.87% decrease in population since 2000, lower than the average rate for the entire IU Health Starke service area (3.87%), the state of Indiana (7%), and the entire nation (10%)
- The senior population (65+) is projected to increase at a slower rate for Starke County compared to the rate of increase for both the total IU Health Starke service area and the entire state
- Approximately 11% of Starke County community discharges were ambulatory care sensitive conditions (ACSC) in 2007, which was higher to the average rate for all service area counties (7.4%)
- Based on County Health Rankings, Starke County ranked 90th out of 92 counties in the state of Indiana for overall health outcomes, and 92nd out of 92 counties for overall health factors
- Starke County compared unfavorably for most Community Health Status Indicators; however, it compared favorably for stroke and some factors related to prenatal and infant care (eg, low birth weight, births to women age 40-54, infant mortality, White non-Hispanic infant mortality, and post-neonatal infant mortality)
- Among the five ZIP code areas included within Starke County, the cities of Knox and North Judson have the highest community health needs based on CNI assessment of economic and structural health indicators; the need for this area was scored as moderately high
- 22 Starke County community members responded to IU Health Starke's CHNA survey, and 96% 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 Starke. 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 heath 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 Starke's ability to reach reasonable conclusions regarding community health needs. While IU Health Starke has worked to capture quantitative information on a wide variety of health conditions from a wide array of sources, IU Health Starke 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 Starke 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 very 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 Starke community. These collaborating organizations are as follows:

DWA Healthcare Communications Group

IU Health Starke Hospital

Verité Healthcare Consulting, LLC

4 DEFINITION OF COMMUNITY ASSESSED

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

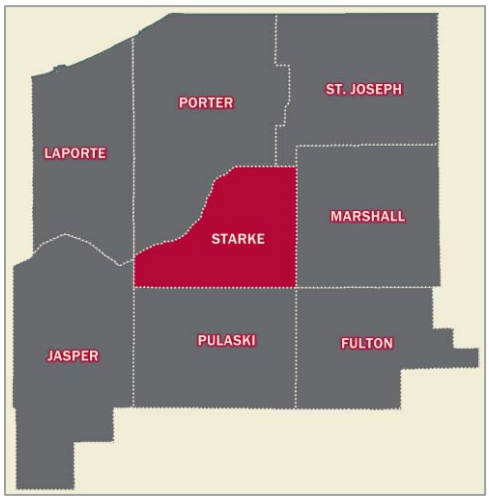
Table 1
IU Health Starke Inpatient Discharges by County and Service Area, 2010

Discharge Area	County	Discharges	Percent of Total
Primary Service Area	Starke	630	82.0%
	Subtotal	***630***	***82.0%***
Secondary Service Area	Fulton	2	0.3%
	Jasper	1	0.1%
	La Porte	6	0.8%
	Marshall	31	4.0%
	Porter	5	0.7%
	Pulaski	74	9.6%
	St. Joseph	10	1.3%
	Subtotal	***129***	***16.8%***
All Other Areas	***Subtotal***	***9***	***1.2%***
Total Discharge Population		768	100.0%

Source: IHA Database, 2010.

In 2010, the IU Health Starke PSA included 630 discharges and its SSA, 129 discharges. The community was defined based on the geographic origins of IU Health Starke inpatients. Of the hospital's inpatient discharges, approximately 82% originated from the PSA and 17% from the SSA (***Table 1***).

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



5 SECONDARY DATA ASSESSMENT

5.1 Demographics

IU Health Starke Hospital is located in Starke County, a county located in northern Indiana. Starke County includes ZIP codes within the towns of Knox, North Judson, Grovertown, Hamlet, Monterey, Walkerton, Culver, and San Pierre. Based on the most recent Census Bureau (2010) statistics, Starke County's population is 23,363 persons, with approximately 51% female and 49% male. Starke County's population estimates by race are 94.5% White, 0.5% Black, 0.5% American Indian or Alaska Native, 0.3% Asian, and 1.1% persons reporting two or more races.

Starke County has relatively low levels of educational attainment. A high school degree is the level of education 45% have achieved, and the percentage of those with a high school degree has increased 1.4% from 2000 to 2010 (43.4% to 44.8%). An additional 17% had some college, but no degree. As of 2010, 12% 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 23,363 and the total population for surrounding counties is 657,508, as illustrated in ***Table 2*** below.

Table 2
Service Area Population, 2010

Service Area	County	Population	Percent of Total
Primary	Starke	23,363	3.4%
	Subtotal	***23,363***	***3.4%***
Secondary	Fulton	20,836	3.1%
	Jasper	33,478	4.9%
	La Porte	111,467	16.4%
	Marshall	47,051	6.9%
	Porter	164,343	24.1%
	Pulaski	13,402	2.0%
	St. Joseph	266,931	39.2%
	Subtotal	***657,508***	***96.6%***
Total Service Area		**680,871**	**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 Starke County population has decreased 0.87% since 2000, when the population was estimated to be 23,567 persons. Comparatively, the average population across the total service area increased by approximately 3.9% 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.

Starke County's population is projected to decrease 0.58% by 2015. However, its population is expected to increase for age groups of persons aged 20-24, 45-64, and the 65+ year old population, with the 20-24 age cohort growing at a much faster rate (5.4%) than the average for the total service area (0.79%) or the entire state (3.1%).

At 6.74%, the 65+ population is expected to grow the fastest among all Starke County age cohorts between 2010 and 2015. In general, an older population can produce increased demand for healthcare services and a potential increase in the prevalence of certain chronic conditions. The rate of population growth in Starke County for persons 65+ is expected to increase at a slower rate as compared to the combined IU Health Starke service area (15.12%) and the state of Indiana (15.40%), as illustrated in ***Table 3*** below.

Table 3
Projected 2010-2015 Service Area Population Change

Service Area	County	Overall		Projected 2010-2015 Change by Age Cohort					
		2010 Total Population	Projected 2010-2015 Change	0-4	5-19	20-24	25-44	45-64	65+
Primary	Starke	23,363	-0.58%	-1.15%	-5.21%	5.40%	-3.34%	0.12%	6.74%
	Subtotal	***23,363***	***-0.58%***	***-1.15%***	***-5.21%***	***5.40%***	***-3.34%***	***0.12%***	***6.74%***
Secondary	Fulton	20,836	0.68%	-0.96%	-1.77%	5.09%	-1.90%	-1.02%	9.68%
	Jasper	33,478	4.57%	1.66%	-0.73%	9.35%	0.96%	2.96%	21.57%
	La Porte	111,467	0.58%	1.28%	-4.01%	-0.56%	-2.09%	-0.99%	15.01%
	Marshall	47,051	1.92%	-1.51%	-1.62%	1.58%	-3.20%	2.86%	15.67%
	Porter	164,343	5.00%	1.90%	2.21%	3.58%	2.79%	1.89%	23.73%
	Pulaski	13,402	-1.29%	5.58%	-7.71%	-2.09%	-3.56%	0.00%	5.35%
	St. Joseph	266,931	0.60%	3.66%	-2.98%	-1.53%	-1.46%	-0.07%	11.25%
	Subtotal	***657,508***	***1.96%***	***2.25%***	***-1.67%***	***0.66%***	***-0.54%***	***0.61%***	***15.45%***
Total Service Area		**657,508**	**1.87%**	**2.13%**	**-1.79%**	**0.79%**	**-0.63%**	**0.59%**	**15.12%**
Indiana		**6,483,802**	**3.00%**	**2.20%**	**0.10%**	**3.10%**	**0.30%**	**2.00%**	**15.40%**

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

5.2 Economic Indicators

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

5.2.1 Employment

In 2010, the average share of jobs in Starke County was highest within the areas of manufacturing, retail trade, accommodation and food services, and healthcare and social assistance. Starke County has a diverse group of major employers, including: Pathfinder Services, MPI Indiana Fineblanking, Knox Community Schools, IU Health Starke Hospital, Our Lady of Holy Cross Care Center, American Oak Preserving Company, Oregon-Davis School Corporation, and Saint Joseph Regional Medical Center,

Starke County reported a higher unemployment rate than the rates of most surrounding counties, as well as that of the state and national average rates; however, the rate did decrease slightly from 2010 to 2011. ***Table 4*** summarizes unemployment rates at December 2010 and December 2011.

Table 4
Unemployment Rates, December 2010 and December 2011

Service Area	County	December 2010	December 2011	% Change from 2010-2011
Primary	Starke	11.5%	10.7%	-0.8%
Secondary	Fulton	10.1%	9.0%	-1.1%
	Jasper	9.3%	8.3%	-1.0%
	La Porte	10.6%	10.0%	-0.6%
	Marshall	10.7%	9.4%	-1.3%
	Porter	8.1%	7.6%	-0.5%
	Pulaski	8.4%	7.6%	-0.8%
	St. Joseph	10.0%	9.6%	-0.4%
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 Starke County, a poverty rate of 13.8% was reported in 2009, decreasing from 15.4% in 2008 (1.6%). 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.

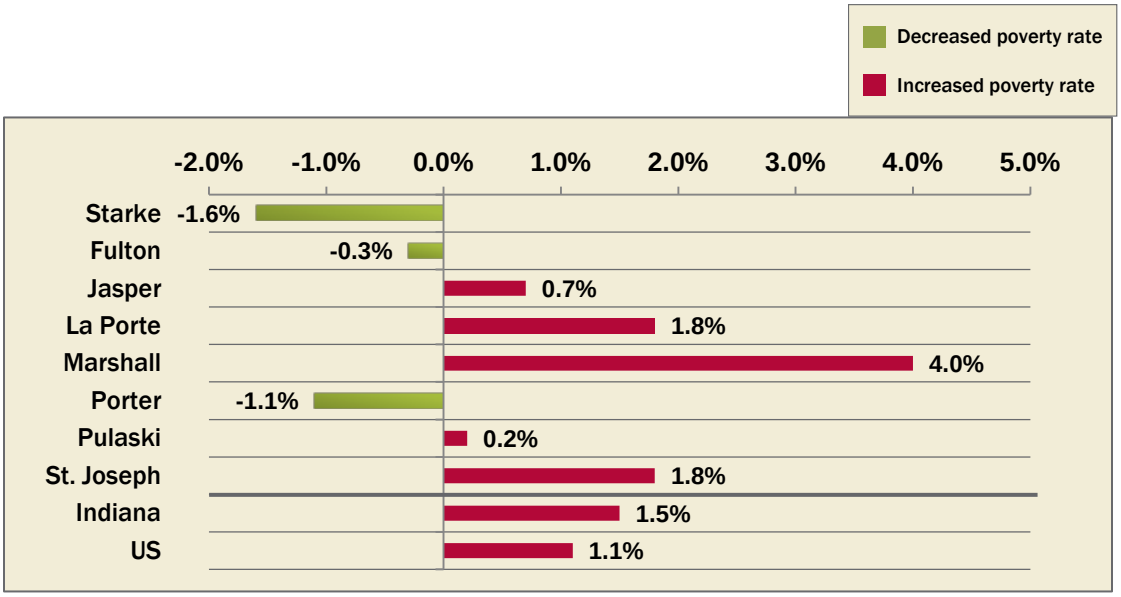
Table 5
Percentage of People in Poverty, 2007-2009

Service Area	County	2007	2008	2009	% Change from 2008-2009
Primary	Starke	14.6%	15.4%	13.8%	↓ -1.6%
Secondary	Fulton	10.8%	12.2%	11.9%	↓ -0.3%
	Jasper	8.2%	8.9%	9.6%	↑ 0.7%
	La Porte	13.6%	12.7%	14.5%	↑ 1.8%
	Marshall	9.4%	9.6%	13.6%	↑ 4.0%
	Porter	9.1%	8.7%	7.6%	↓ -1.1%
	Pulaski	11.7%	12.9%	13.1%	↑ 0.2%
	St. Joseph	13.4%	14.6%	16.4%	↑ 1.8%
Indiana		12.3%	12.9%	14.4%	↑ 1.9%
USA		13.0%	13.2%	14.3%	↑ 1.1%

Source: US Census Bureau, 2012.

Starke, Fulton, and Porter counties were the only counties in the Starke service area with poverty rates that decreased 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***.

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 data (2009), Starke County's per capita personal income was estimated to be $24,873, which is below both the state and US rates; the median household income was around $40,369, which is also below the state rate. 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

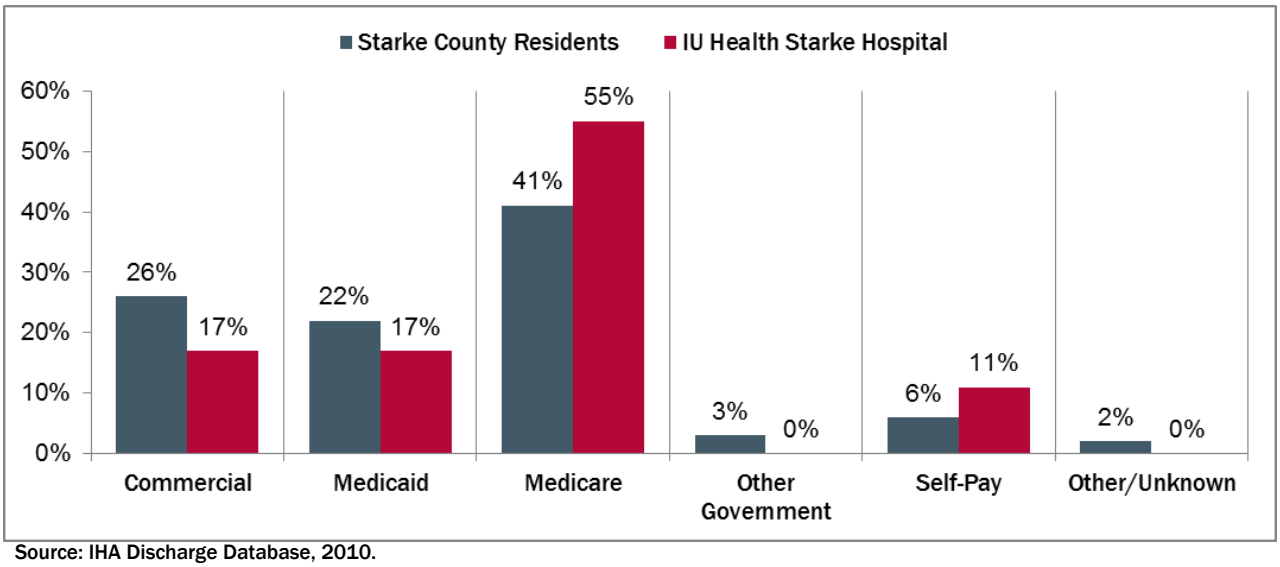
National statistics on health insurance indicate that 16% of the United States population is uninsured. Of the US population that is insured, 49% are insured through an employer, 5% through individual providers, 16% through Medicaid, 12% through Medicare, and 1% through other public providers.

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% 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), 26% of Starke County residents have commercial insurance, 22% are insured through Medicaid, 41% are insured through Medicare, 6% pay out-of-pocket (uninsured) and none have other governmental insurance.

At IU Health Starke Hospital, it is estimated that 17% of discharged patients have commercial insurance, 17% are insured through Medicaid, 55% are insured through Medicare, 11% pay-out-of pocket (uninsured), and none have other governmental insurance (see ***Figure 3*** below).

Figure 3
Insurance Coverage
2009 Starke County and IU Health Starke 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% of expenses or $10.2 billion
  - 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 (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, and 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 Starke 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	Starke	105.5
	Subtotal	***105.5***
Secondary	Fulton	76.7
	Jasper	85.7
	La Porte	81.3
	Marshall	64.3
	Porter	86.5
	Pulaski	87
	St. Joseph	61
	Subtotal	***72.9***
Total Service Area Average		**74.1**

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*** below summarizes County Health Ranking assessments for Starke and surrounding counties in Indiana: rankings for counties were converted into quartiles to indicate how each county ranks vs 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 Starke County and Surrounding Counties

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

Indicator	Starke	Fulton	Jasper	La Porte	Marshall	Porter	Pulaski	St. Joseph	Average Ranking for Service Area
Overall Health Outcomes	90	55 ↓	41	65 ↓	21 ↓	18	74	43	51 ↓
Mortality	91	67 ↓	60 ↓	72 ↓	30 ↓	18 ↓	87 ↓	39	58 ↓
Morbidity	76	38	12	59 ↓	7 ↓	20	37	49 ↓	37
Overall Health Factors	92 ↓	44	41 ↓	70 ↓	26 ↓	14	39	36	45 ↓
Health behaviors	89 ↓	29	39	66 ↓	18 ↓	21 ↓	59	31	44
Tobacco use	87 ↓	13	44 ↓	64 ↓	35 ↓	42 ↓	53	27	46 ↓
Diet and exercise	78 ↓	46 ↓	68 ↓	34 ↓	16 ↓	18	76 ↓	15	44 ↓
Alcohol use	90	59 ↓	27	80 ↓	46 ↓	57 ↓	53 ↓	50 ↓	58 ↓
Sexual activity	54	59 ↓	24	71	23	5	22 ↓	83 ↓	43
Clinical care	81	49	29	41	30 ↓	37	66 ↓	10	43
Access to care	76 ↓	79 ↓	22	56 ↓	52 ↓	15	48	12	45
Quality of care	78	22	47	30	15 ↓	71 ↓	77 ↓	14	44
Social and economic factors	90 ↓	63	58 ↓	73	51 ↓	8	33	72 ↓	56 ↓
Education	89 ↓	54	34 ↓	56	59 ↓	6	38 ↓	50 ↓	48 ↓
Employment	86 ↓	67	38 ↓	75 ↓	71	16	23	67 ↓	55
Income	91 ↓	53	10	71 ↓	36 ↓	8	53	67 ↓	49 ↓
Family and social support	65 ↓	76 ↓	57 ↓	74	23 ↓	32 ↓	35 ↓	70	54
Community safety	69	48 ↓	92 ↓	47	18	72 ↓	41 ↓	87	59 ↓
Physical environment	45	22	46 ↓	66 ↓	40 ↓	64 ↓	30	34 ↓	43 ↓
Environmental quality	39	39	15	37	39	59	39	15	35
Built environment	38	21	59 ↓	76 ↓	34 ↓	71 ↓	29	44 ↓	47 ↓

Source: County Health Rankings, 2012.

Starke County fell within the bottom 25% of counties, ranking 90th in the state for overall health outcomes (length and quality of life), which is the lowest ranking for health outcomes among the eight counties in the IU Health Starke service area. Comparatively, Pulaski County ranked in the 25th percentile as well with a ranking of 74th in the state for health outcomes.

In preventable health factors, Starke County was ranked 92nd, the worst in the state, in terms of overall health-related factors (determinants of health); individual scores are displayed in ***Table 7*** above. The majority (9 out of 13) of Starke County's health-related factor rankings fell within the bottom 25% of Indiana counties and several indicator rankings decreased from 2011 to 2012.

Those indicators that were specifically ranked in the bottom 25th percentile of Indiana counties include income (91st), alcohol use (90th), education (89th), tobacco use (87th), employment (86th), diet and exercise (78th), quality of care (78th), access to care (76th), and community safety (69th).

Specific indicator rankings for Starke County that fell between 2011 and 2012 include tobacco use, diet and exercise, access to care, education, employment, income, and family and social support. Starke County ranked lower than the overall service area for many indicators, but especially for those of income (difference of 42), education (difference of 41), tobacco use (difference of 40), diet and exercise (difference of 34), quality of care (difference of 34), alcohol use (difference of 32), access to care (difference of 31), and employment (difference of 31).

Across all eight IU Health Starke service area counties, alcohol use, access to care, employment, income, family and social support, and community safety are consistently ranked in the bottom 50% of all Indiana counties.

5.4.2 Community Health Status Indicators

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

Starke County has 50 designated "peer" counties in 22 states, including Crawford, Martin, Owen, and Scott counties in Indiana, Kalkaska County in Michigan, and Hancock, Simpson, and Spencer counties in Kentucky. ***Table 8*** below highlights the analysis of CHSI health status indicators with highlighting in cells that compare favorably or unfavorably both to the US as a whole and to peer counties. Indicators are found to be unfavorable for a county when its rates are higher than those of the entire nation and designated peer counties, and are considered favorable when the rates for the county are lower than those of the US or peer counties.

Several indicators related to birth and infant care were unfavorable for Starke County, including births to women under the age of 18 and no care in the first trimester; however, some factors compared favorable (where rates and percentages for the indicators in Starke County are lower than those for the entire nation or for peer counties) include indicators for low birth weight, births to women aged 40-54, infant mortality, and post-neonatal infant mortality.

Starke County compared unfavorably to US and peer county benchmarks for many chronic health conditions, including breast cancer (female), colon cancer, lung cancer, coronary heart disease, and stroke. Additional unfavorable indicators for Starke County include homicide, suicide, motor vehicle injuries, and unintentional injury.

The indicators comparing unfavorably to US and peer counties across the majority of eight counties within the IU Health Starke Health service area include no care in first trimester, post-neonatal infant mortality, breast cancer (female), colon cancer, lung cancer, stroke, and motor vehicle injuries.

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

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

Indicator	Starke	Fulton	Jasper	La Porte	Marshall	Porter	Pulaski	St. Joseph
Low Birth Weight								
Very Low Birth Weight								
Premature Births								
Births to Women Under 18								
Births to Women Age 40-54								
Births to Unmarried Women								
No Care in First Trimester								
Infant Mortality								
White Non-Hispanic Infant Mortality								
Black Non-Hispanic Infant Mortality								
Hispanic Infant Mortality								
Neonatal Infant Mortality								
Post-Neonatal Infant Mortality								
Breast Cancer (Female)								
Colon Cancer								
Lung Cancer								
Coronary Heart Disease								
Stroke								
Homicide								
Suicide								
Motor Vehicle Injuries								
Unintentional Injury								

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

5.5 ZIP Code-Level Health Access Indicators

The Community Need Index (CNI) was created in 2005 by Dignity Health (formerly Catholic 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 Starke County.

Figure 4
Community Need Index Rating Scale

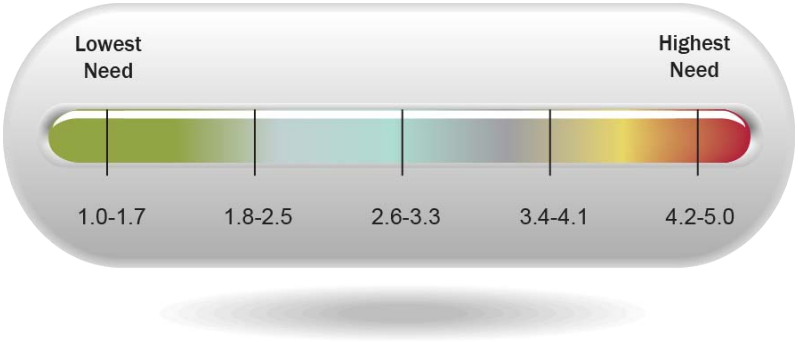
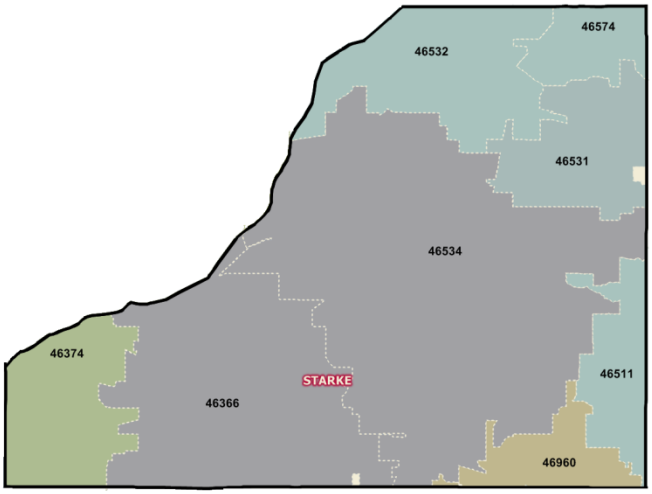


Table 9
CNI Scores for Starke County

County	City	ZIP Code	Rank
Starke	Monterey*	46960	3.4
	Knox	46534	3.2
	North Judson	46366	3.2
	Grovertown	46531	3.0
	Hamlet	46532	2.8
	Walkerton*	46574	2.8
	Culver*	46511	2.8
	San Pierre	46374	2.2

*Note that ZIP codes 46960 (Monterey), 46574 (Walkerton), and 46511 (Culver) are primarily within counties outside of Starke, but are included since a large portion of their ZIP code areas extend into Starke County.



Source: Community Need Index, 2011.

Within Starke County, CNI scores indicate needs are moderately high within ZIP codes 46534 (Knox) and community needs are relatively low in ZIP codes 46374 (San Pierre).

5.6 Regional Chronic Conditions and Preventive Behaviors

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

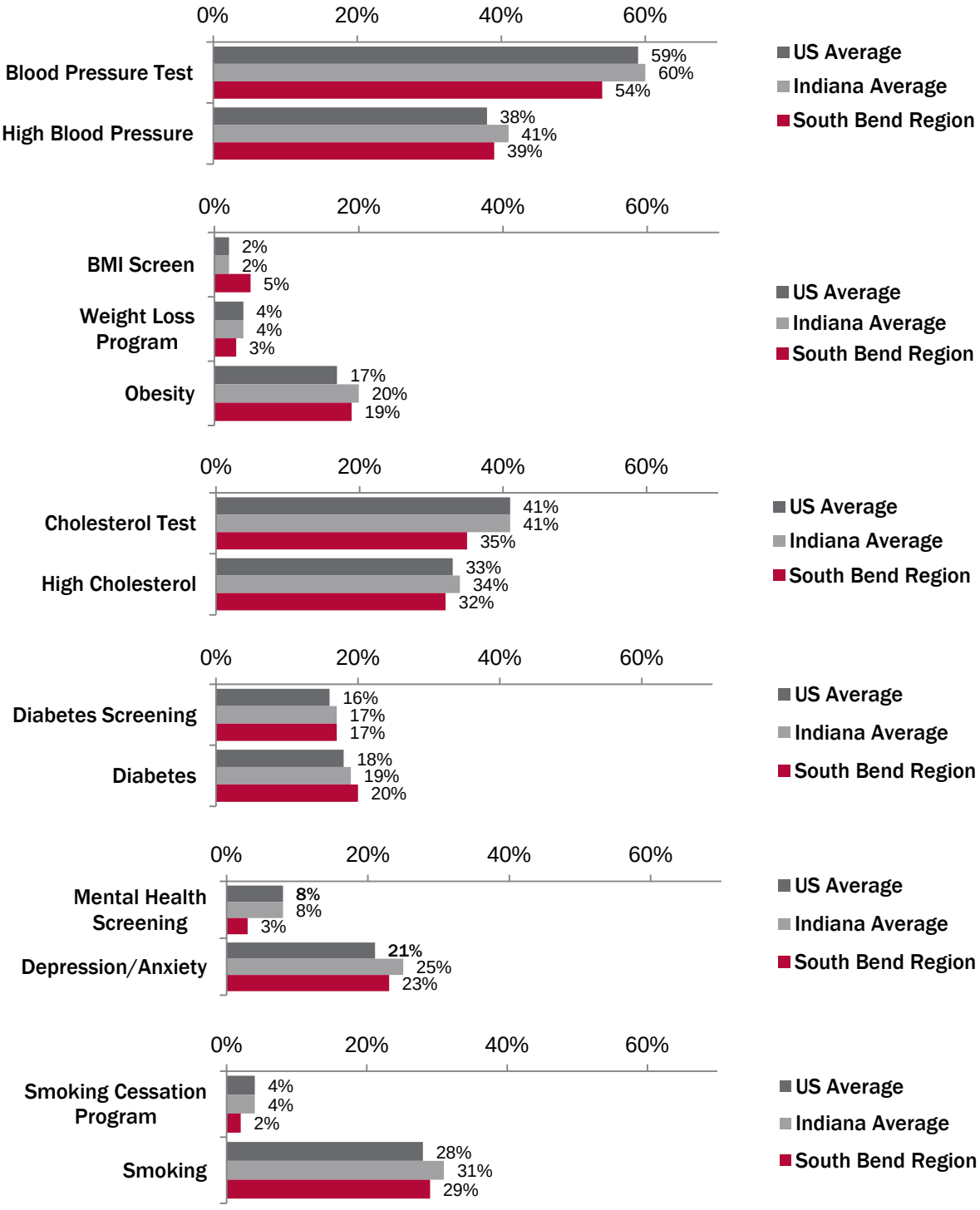
These estimates are based on a monthly internet survey of over 270,000 individuals across the country. For this CHNA, Ticker data utilized represent the "South Bend Regional Market." These Ticker data identified the following top ten chronic conditions:

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

Most chronic conditions and corresponding preventive behaviors of interest have been compared to the Indiana and US averages. These comparisons indicate that the South Bend Region experiences relatively higher percentages of diabetes than the state or US averages. The region also contains a much higher percentage of BMI screenings than those for the US or state of Indiana; and, similarly, the percentage of obesity and weight problems are lower than the Indiana average. Additionally, mental health screenings for the region are far below those for the state or national rates. The charts in ***Figure 5*** below illustrate the chronic conditions and preventive behaviors for the Indiana University Health "South Bend Regional Market", Indiana, and the entire nation.

Figure 5

Chronic Conditions and Preventive Behaviors in the IU Health "South Bend 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 Starke community.

Table 10
MUAs and MUPs in the IU Health Starke 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	Starke	53.4	Starke Service Area	—	
Secondary	Fulton	—		58.7	Low-income population, entire county
	Jasper	—		—	
	La Porte	—		71.4	Entire county*
	Marshall	58.7	Plymouth Service Area, 2 census tracts (CTs)	—	
	Porter	—		N/A	Low-income population*
	Pulaski	—		61.3	Low-income population
	St. Joseph	61.9	St. Joseph Service Area (10 of 11 census tracts, updated 2003)	N/A	Low-income population in Mishawaka*, 3 census tracts
		58.2	St. Joseph Service Area (1 of 11 census tracts, updated 2011)		

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

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

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

Starke, Pulaski, and St. Joseph counties both had service areas designated as MUAs. Those counties where areas included designated MUPs included Fulton, La Porte, Porter, Pulaski, and St. Joseph counties.

5.8 Health Professional Shortage Areas

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

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

Table 11
HPSAs in the IU Health Starke Hospital Community

Key	
—	County does not contain HPSA designation for category

Service Area	County	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA
Primary	Starke	Low-income population, entire county	—	Entire county
Secondary	Fulton	—	—	Entire county
	Jasper	Low-income population, 4 Townships	—	Entire county
	La Porte	Westville Correctional Facility	—	Westville Correctional Facility
	Marshall	—	—	Entire county
	Porter	2 Health centers	2 Health centers, 1 census tract - Valporaiso Service Area	2 Health centers
	Pulaski	Low-income population, 6 townships, 1 health center	1 health center	Entire county, 1 health center
	St. Joseph	12 census tracts - Southwest South Bend Service Area	Low-income population, entire county	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 Starke 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 Starke community.

Table 12
Resources in Starke and Surrounding Counties

Service Area	County	Public Health Department
Primary	Starke	Starke County Health Department (Knox, Indiana)
Secondary	Fulton	Fulton County Health Department (Rochester, Indiana)
	Jasper	Jasper County Health Department (Rensselaer, Indiana)
	La Porte	La Porte County Health Department (La Porte and Michigan City, Indiana)
	Marshall	Marshall County Health Department (Plymouth, Indiana)
	Porter	Porter County Health Department. (Valparaiso, Indiana)
	Pulaski	Pulaski County Health Department (Winamac, Indiana)
	St. Joseph	St. Joseph County Health Department. (Mishawaka, Indiana)

Service Area	County	FQHC	
Primary	Starke	HealthLinc (Knox, Indiana)	Knox-Winamac Community Health Center (Knox and Winamac, Indiana)
Secondary	Fulton	N/A	
	Jasper	N/A	
	La Porte	HealthLinc (Michigan City, Indiana)	
	Marshall	N/A	
	Porter	HealthLinc—Valparaiso/Hilltop (Valparaiso, Indiana)	Scottsdale Health Center (Portage, Indiana)
		HealthLinc—Valparaiso/Porter-Starke Services (Valparaiso, Indiana)	
	Pulaski	Knox/Winamac Community Health Center (Winamac, Indiana)	
	St. Joseph	Project Homecoming at YWCA Facility (South Bend, Indiana)	Indiana Health Center (South Bend, Indiana)
		Project Homecoming (South Bend, Indiana)	HealthLinc (Mishawaka, Indiana)

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

Service Area	County	Hospital	
Primary	La Porte	Franciscan St. Anthony Health Center	IU Health La Porte Hospital
Secondary	Starke	IU Health Starke Hospital	
	St. Joseph	Our Lady of Peace Hospital	Memorial Hospital of South Bend
		RiverCrest Specialty Hospital	St. Joseph Regional Medical Center
		Unity Medical and Surgical Hospital	
	Porter	Porter Health—Portage Hospital	Regency Hospital of Porter County
		Porter Health—Valparaiso Hospital	

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 North Central Community Action Agency on Community Action Programs, 2011 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 North Central Community Action Agency's (NCCAA) service area, which includes the counties of La Porte, Starke, and Pulaski.

Key conclusions from the assessment were:

- Most counties served by NCCAA experienced decreases in population growth since 2000; however, La Porte County, which is part of the Gary metro area, actually saw a slight increase in population since 2000
- In 2009, in NCCAA's service area, 19,506 individuals lived in poverty or below the Federal Poverty Guidelines (FPG); of those individuals in poverty 8180, were children (under the age of 18 years old) and 1548 were seniors (65 years old and over)
- La Porte County, served by NCCAA, had a similar poverty rate to that of the entire state and had the lowest poverty rate of the three counties served by NCCAA in 2009
    - Pulaski County, also served by NCCAA, had a poverty rate 2.3% higher than the state poverty rate of 13.4% in 2009
- The number of children served by the agency increased from 2008 to 2009
    - There was an increase of 60% in the number of children served who were 6 to 11 years old, and another 53% jump in the number of children served who are 12 to 17 years old
- The NCCAA saw an increase of 127% in the number of clients being served that were 70 years of age or older, and an 87% increase in those clients of ages 55-69
- The number of clients served by NCCAA who have completed a two or four year degrees increased by 26.5% since 2007; additionally, clients served by NCCAA who completed a high school diploma or equivalency increased 151%, and the number of clients who completed some postsecondary education has increased 45.8% since 2007

A client survey was sent randomly in September 2010 to those who had received services from NCCAA in 2009. There were 13,772 surveys returned statewide, of which 561 were from NCCAA clients. Clients who received the survey were asked what their community needs were and what the barriers were to clients having those needs met.

- In 2009, CAA Client Survey data showed that, for the full CAA network, 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"

    - For NCCAA clients only, 11% of those asked indicated they had no health insurance, a decrease of 13% since 2007
- The number of clients who were homeowners increased 52% for the NCCAA service area since 2007; however, the number of clients who are homeowners drastically decreased from 2008-2009 by almost 31%
    - The number of clients who were renters increased 42% since 2007
- The following were identified by NCCAA's client survey respondents as top community needs:
    - Assistance to pay their electric/gas bills
    - Food assistance
    - Affordable housing
    - Assistance to pay their rent or mortgage
    - Health insurance coverage
- The following were identified by NCCAA's client survey respondents as barriers to having their needs met:
    - Cost was a barrier for child care, health insurance, housing, and transportation (price of gas and can't afford car repairs)
    - Physical disability was indicated as a barrier to work

NCCAA offers many programs and services. Some of the programs NCCAA 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 NCCAA client survey respondents, said that they used a food bank more than once a month

6 PRIMARY DATA ASSESSMENT

IU Health Starke'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 Starke 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 Starke 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 Starke Hospital. Attendees who participated in the focus group are listed in ***Table 13*** below.

Table 13
Focus Group Participants

Name	Title, Affiliation	Expertise
Linda Satkoski	*CEO/CNO, IU Health Starke*	Ms. Satkoski is a representative for access to health and healthy living. As CNO and CEO of IU Health Starke, she is knowledgeable in patient care, needs, and access to services.
Dave Hyatt	*VP Strategy and Ambulatory Services, IU Health Starke*	Mr. Hyatt is a representative for access to health and healthy living. As a Vice President at IU Health Starke, he is knowledgeable in patient care, needs, and access to services.
Rosie Heise	*CFO, IU Health Starke*	Ms. Heise is a representative for access to health and healthy living. As CFO at IU Health Starke, Ms. Heise is knowledgeable in patient care, needs, access to services, and ability to pay, as well as community benefits.
Craig Felty	*Executive Director, Patient Care Services, IU Health Starke*	Mr. Felty is a representative for access to health and healthy living. As a Director of Patient Care Services at IU Health Starke, she is knowledgeable in patient care, needs, and access to services.
Josephine Klicek	*Director, Diagnostic Imagining, IU Health Starke*	Ms. Klicek is a representative for access to health and healthy living. As a Director of Diagnostic Imaging at IU Health Starke, she is knowledgeable in patient care, needs, and access to services.

6.1.2 Prioritization Process and Criteria

To obtain a more complete picture of the factors that play into the Starke County community's health, input from local health leaders was gathered through two separate focus group sessions. The first was a two-hour live group session at IU Health Starke Hospital, and the other was held as a phone conference for those who were not able to meet in person. 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 Starke 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 the data presentation, IU Health facilitated a discussion on the comprehensive list of identified needs from earlier in the session. The objective of this method was intended to inspire candid discussions prior to a second identification of five prioritized health needs by each participant. The votes on the five prioritized health needs were tallied and final input from the group was encouraged during this process in order to validate the previously identified needs. Following additional discussion, participants were also asked to address what they thought the role of IU Health Starke 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 Starke:

1. Lack of primary care.
2. Access to healthcare.
3. Obesity and diabetes.
4. Preventive healthcare and wellness.
5. Emergency and ambulatory services.

These prioritized needs are discussed in more detail below.

1. Lack of Primary Care physicians and specialty care physicians was the overall top ranked concern. Leaders shared there is a shortage of overall physicians in the community. Most crucial needs exist in pediatrics, primary care, endocrinology, and women's health. Hospital leaders shared because of the primary care physicians shortage, the healthcare system is reactive and not able to focus on preventative care, including having enough time to do annual exams, etc. Most individuals in the community do not have a physician that they see on a regular basis, and when patients come into the hospital they are usually quite ill.

2. Access to healthcare is the community's second greatest need. Community leaders think the lack of access to healthcare for Starke County residents is related to the cost of care and lack of adequate transportation. With poverty rates in Starke County above the state and national average,

healthcare is not affordable for many residents, and therefore many residents put off seeking healthcare unless they are very ill. When discussing access to healthcare, leaders also brought up lack of transportation and how it's limiting the community in their choices of healthcare. One of the first concerns mentioned during the focus group was the lack of ambulance services and the complete absence of an advanced life service ambulance. Currently the time from a scene to the hospital is too long and vital time is lost. EMS has minimal services and the Starke leaders expressed a great desire to change the current system of operation.

3. Obesity and diabetes was the third main concern of community leaders, and incorporated hypertension management and other conditions that relate to obesity. An extensive discussion was held on the lack of grocery stores and how the stores that do exist offer low quality fresh fruits and vegetables. Leaders did not know the reason why better stores do not open in Starke County. Additionally, fresh produce is extremely limited and often times overlooked within the community. Leaders also discussed the lack of attendance at screening events and health fairs.

4. Preventive healthcare/wellness programs became a broad category that was discussed in a general manner and included drugs, alcohol, smoking, fitness centers, nutrition and physical education. When asked about "joint agreements" with local schools leaders, it was mentioned that they previously existed but for an unknown reason, the schools no longer allowed community members to use their facilities. Currently, the Starke community has little access to wellness or prevention programs which community leaders believe affects the rates of smoking and obesity—the statistics shed some light on the problem.

5. Emergency/ambulance services shortage in Starke County was discussed. Currently, Starke does not have an operating EMS service. IU Health could provide this service and therefore improve the quality of care.

6.2 Community Survey Findings

IU Health also solicited responses from the general public regarding the health of the IU Health Starke 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, an estimated 25,000 surveys were e-mailed, direct-mailed, or sent via newsletter. In addition to disseminating directly to the general public of the community, the survey was also sent via email to participants in the needs assessment focus groups to provide an opportunity for these community leaders to pass on to their local community members.

Respondent Demographics

23 respondents participated in the survey. All of the respondents were from the PSA (Starke County). The survey sample was 100% Caucasian (White), and was fairly evenly distributed across age ranges, with the majority of respondents being 41-50 (26%) or 70+ (22%) years of age.

The educational attainment of the sample was high, with a majority of respondents (68%) indicating they had completed either a college undergraduate (36%) or graduate degree (32%).

The remaining respondents had completed a vocational/technical school (18%), or high school degree/GED (14%).

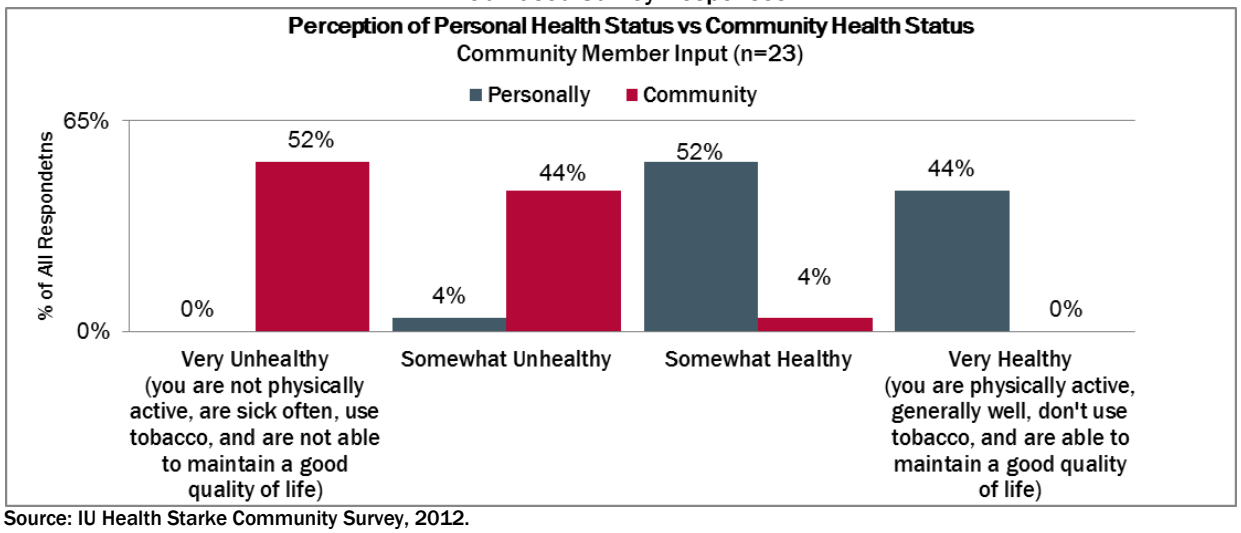
Reported household income of the sample was also fairly high, with the majority of participants reporting an income of $89,401+ (35%). In fact, 85% of the sample reported having a higher household income than the entire Starke County median income for 2009 of $40,369. The lowest household income range of $44,701-$67,050 accounted for 15% of the survey respondents.

Survey respondents were also asked to report their insurance status. A majority of respondents had commercial/private insurance (71%), 24% had Medicare, and one respondent was uninsured/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 Starke Community Survey, 2012.

Participant results are summarized in ***Figure 6*** above. The majority of participants rated themselves as either "Somewhat Healthy" (52%) or "Very Healthy" (44%). However, when asked to rate their overall community on the same scale, the majority rated it who rated it "Very Unhealthy" (52%) or Somewhat Unhealthy" (44%). Conversely, only 4% rated themselves "Somewhat Unhealthy." Additionally only 4% of participants rated their community as "Very Healthy".

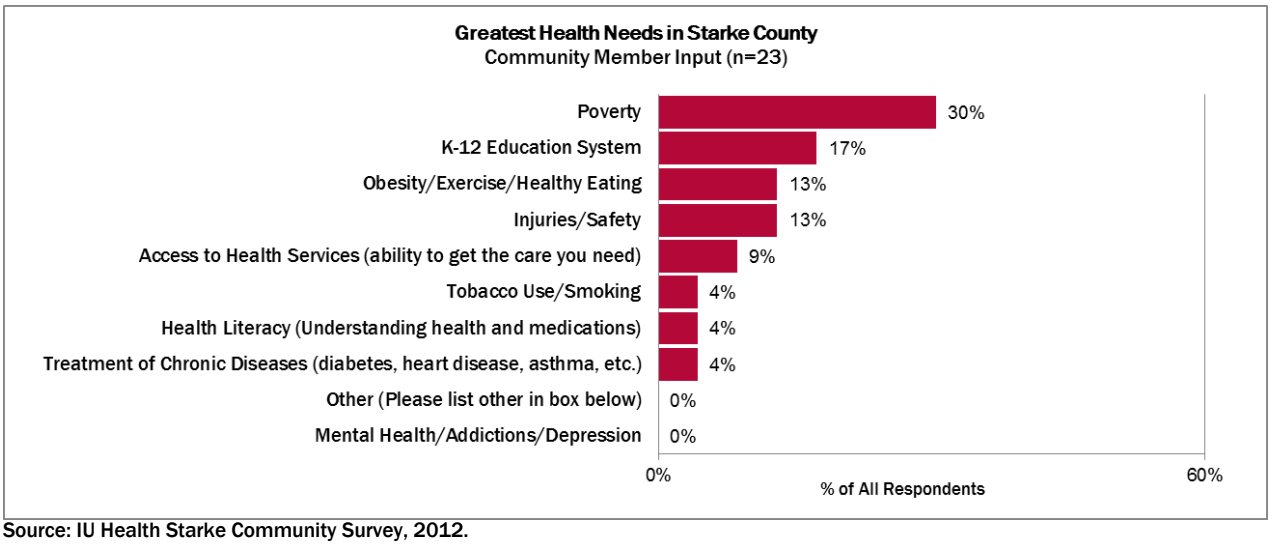
Health Issues

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

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

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

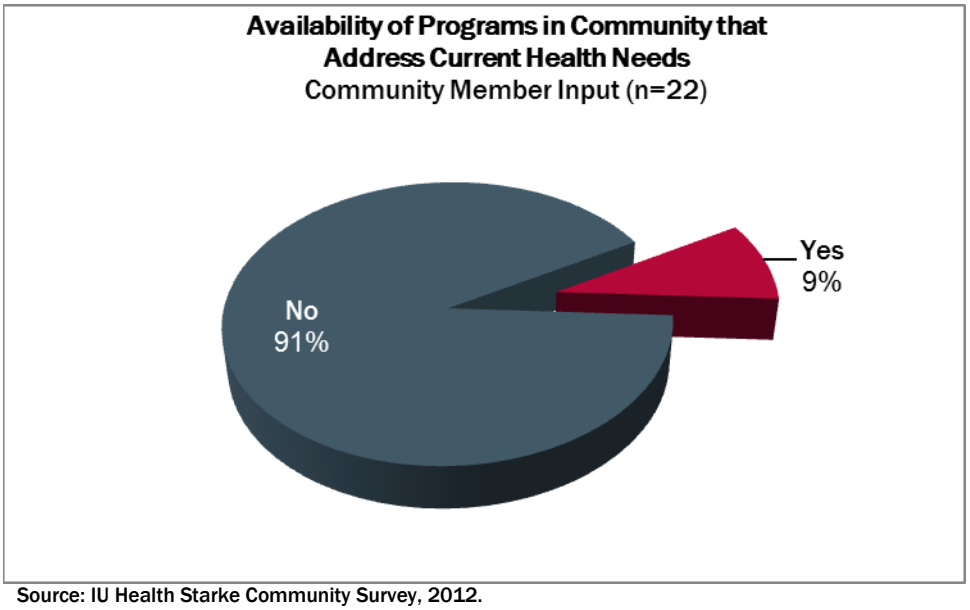


Source: IU Health Starke Community Survey, 2012.

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 Starke Community Survey, 2012.

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

- High unemployment and low income disparities resulting in poverty and at-risk behaviors
- Initiatives that assist in payment for medications
- Programs to increase health literacy through patient health education, with a focus on preventive care, tobacco cessation, diabetes, obesity, and nutrition/diet
- Improved access to healthcare services, especially for the working class