



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

1.2 Objectives

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

- Service area counties: Tipton, Hamilton, Madison, Howard, Clinton, and Grant
- Service area population in 2010: 608,178
- 71% of the IU Health Tipton inpatient discharge population resides in Tipton County
- Of the six service area counties, all except Hamilton are expected to decrease in population by 2015
- The 65+ population is projected to increase substantially by 2015 for all counties, and the population for all age groups is anticipated to increase for Hamilton County
- Similar to poverty rates for Indiana and the US, rates for five of the six counties have increased from 2008 to 2009; the poverty rate for Clinton County decreased
- 3% of community discharges were for patients with Medicaid, 69% were for patients with Medicare, and 4% were for uninsured or self-pay patients

IU Health Tipton's entire community service area extends into six counties: Tipton, Hamilton, Madison, Howard, Clinton, and Grant.

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 Tipton County.



Access to healthcare



Health education and literacy



Obesity and lack of physical activity



Tobacco use



Mental health

2.2 Primary Service Area

Tipton County comprises the majority of the IU Health Tipton community. It accounts for all of the PSA's total population and 71% of the inpatient discharge population of the total community service area.



Tipton County has higher rates of unemployment than the state of Indiana and the national average. The median household income of Tipton County is above the Indiana state average and the national average. The county is adversely affected by a combination of chronic health conditions, unemployment, and the low availability of higher paying jobs.

Other characteristics of Tipton County are as follows:

- Tipton County has seen a 4% decrease in population since 2000; conversely, the entire IU Health Tipton service area population increased by (15.9%), as did the state of Indiana (6.6%) and the entire nation (10%)
- The senior population (65+) is projected to increase at a slower rate for Tipton County as the total IU Health Tipton service area, but slightly faster than the entire state
- Approximately 10% of Tipton County community discharges were ambulatory care sensitive conditions (ACSC) in 2007, which was higher than the rate for all other service area counties
- Based on County Health Rankings, Tipton County ranked 33rd out of 92 counties in the state of Indiana for overall health outcomes, and 13th out of 92 counties for overall health factors
- Tipton County compared unfavorably for many Community Health Status Indicators, and this was especially so for factors related to chronic/morbid health conditions (eg, colon cancer, coronary heart disease, and stroke)
- Among the five ZIP code areas included within Tipton County, Windfall City has the highest community health needs based on Community Need Index (CNI) assessment of economic and structural health indicators; however, the need was scored as moderate
- 11 Tipton County community members responded to IU Health Tipton's CHNA survey, and 64% 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 Tipton. 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 Tipton's ability to reach reasonable conclusions regarding community health needs. While IU Health Tipton has worked to capture quantitative information on a wide variety of health conditions from a wide array of sources, IU Health Tipton 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 Tipton 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 Tipton community. These collaborating organizations are as follows:

Boys and Girls Club of Tipton County

DWA Healthcare Communications Group

IU Health Tipton Hospital

Tipton County Foundation

Tipton Chamber of Commerce

Tipton Law Enforcement

Verité Healthcare Consulting, LLC

4 DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by IU Health Tipton. The PSA of IU Health Tipton is Tipton 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.

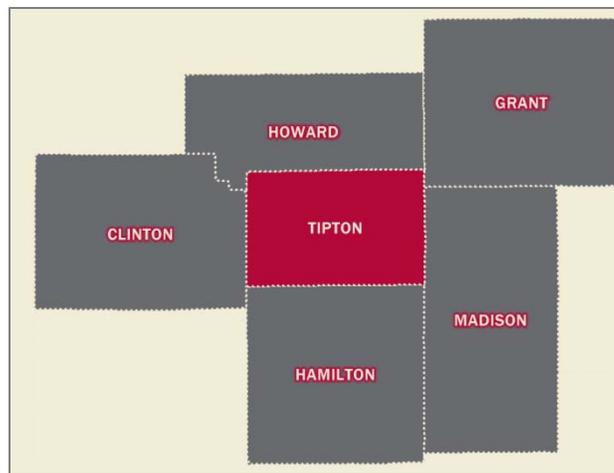
Table 1
IU Health Tipton Inpatient Discharges by County and Service Area, 2010

Discharge Area	County	Discharges	Percent of Total
Primary Service Area	Tipton	898	71.3%
	Subtotal	898	71.3%
Secondary Service Area	Hamilton	128	10.2%
	Madison	109	8.7%
	Howard	77	6.1%
	Clinton	25	2.0%
	Grant	5	0.4%
	Subtotal	344	27.3%
All Other Areas	Subtotal	18	1.4%
Total Discharge Population		1260	100.0%

Source: IHA Database, 2010.

In 2010, the IU Health Tipton PSA included 898 discharges and its SSA included 344 discharges. The community was defined based on the geographic origins of IU Health Tipton inpatients. Of the hospital's inpatient discharges, approximately 71% originated from the PSA and 27% from the SSA (*Table 1*).

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



5 SECONDARY DATA ASSESSMENT

5.1 Demographics

IU Health Tipton Hospital is located in Tipton County, which is in central Indiana. Tipton County includes ZIP codes within the towns of Tipton, Elwood, Windfall City, Kempton, and Sharpville. Based on the most recent Census Bureau (2010) statistics, Tipton County's population is 15,936 persons, with approximately 50% being female and 50% male. The county's population estimates by race are 96% White, 2.3% Hispanic or Latino, 0.4% Black, 0.4% Asian, 0.2% American Indian or Alaska Native, and 0.9% persons reporting two or more races.

Tipton County has relatively low levels of educational attainment. The level of education most of the population has achieved is a high school degree, and the percentage of those with a high school degree has dropped 3% from 2000 to 2010 (48% to 45%). An additional 21% had some college, but no degree. As of 2010, 16% of the population had an associate's or bachelor's degree, and only 5% hold a graduate or professional degree.

The total population for the PSA is 15,936 and the total population for the entire service area is 608,178, as illustrated in *Table 2* below.

Table 2
Service Area Population, 2010

Service Area	County	Population	Percent of Total
Primary	Tipton	15,936	2.6%
	Subtotal	15,936	2.6%
Secondary	Hamilton	274,569	45.1%
	Madison	131,636	21.6%
	Howard	82,752	13.6%
	Clinton	33,224	5.5%
	Grant	70,061	11.5%
	Subtotal	592,242	97.4%
Total Service Area		608,178	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 Tipton County population has decreased 4% since 2000, when the population was estimated to be 16,601 persons. Comparatively, Tipton County's population has decreased more than the average population across the total service area, which actually increased from 2000 to 2010 (+15.9%). 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.

Tipton County's population is projected to decrease slightly (-1.39%) by 2015. Its population is expected to decline the most for persons age 25-44 (-9.93%), followed by persons age 5-19 (-7.48%).

At 16%, the 65+ population is expected to grow the fastest among all Tipton 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 Tipton County for persons 65+ is not expected to increase more than the combined IU Health Tipton service area (19.63%), but is expected to increase more than 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	Tipton	15,936	 -1.39%	5.11%	-7.48%	-5.02%	-9.93%	-1.19%	16.00%
	Subtotal	15,936	 -1.39%	5.11%	-7.48%	-5.02%	-9.93%	-1.19%	16.00%
Secondary	Hamilton	274,569	 15.98%	9.55%	12.84%	30.92%	8.36%	19.72%	39.65%
	Madison	131,636	 -0.73%	-1.90%	-3.70%	3.01%	-3.32%	-2.71%	9.82%
	Howard	82,752	 -0.61%	0.99%	-4.41%	-1.96%	-3.89%	-3.34%	13.47%
	Clinton	33,224	 -0.69%	-1.52%	-1.34%	-4.71%	-3.58%	-0.75%	7.35%
	Grant	70,061	 -2.05%	-0.32%	-5.88%	-0.95%	-4.16%	-4.65%	8.71%
	Subtotal	592,242	 6.88%	4.61%	4.56%	10.16%	2.56%	7.10%	19.77%
Total Service Area		608,178	 6.66%	4.62%	4.27%	9.80%	2.28%	6.86%	19.63%
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 share of jobs in Tipton County was highest within the areas of manufacturing, health care and social assistance, agriculture, forestry, fishing and hunting, retail trade, and construction. Tipton County has a diverse group of major employers reported by the Indiana Department of Workforce Development, including: IU Health Tipton Hospital, Nursing Administration, Steel Parts

Manufacturing, Nordstrom, Tri Central Community Schools, Package Right Corporation, Miller’s Merry Manor, Tipton Elementary School, Park 100 Foods, and Tipton High School. Tipton County reported a relatively higher unemployment rate than the rates of surrounding counties, national average rates, and the state of Indiana. **Table 4** below summarizes unemployment rates in 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	Tipton	10.6%	11.1%	0.5%
Secondary	Hamilton	6.4%	6.0%	-0.4%
	Madison	10.6%	10.1%	-0.5%
	Howard	10.8%	9.5%	-1.3%
	Clinton	9.1%	8.7%	-0.4%
	Grant	10.3%	10.1%	-0.2%
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 Tipton County, a poverty rate of 9.1% was reported in 2009, rising from 8.7% from 2008 (0.4%). Comparatively for Indiana, Hendricks County has the lowest poverty rate at 5.1% and Monroe County has the highest poverty rate at 21.9%. **Table 5** illustrates the poverty rates by year between 2007 and 2009.

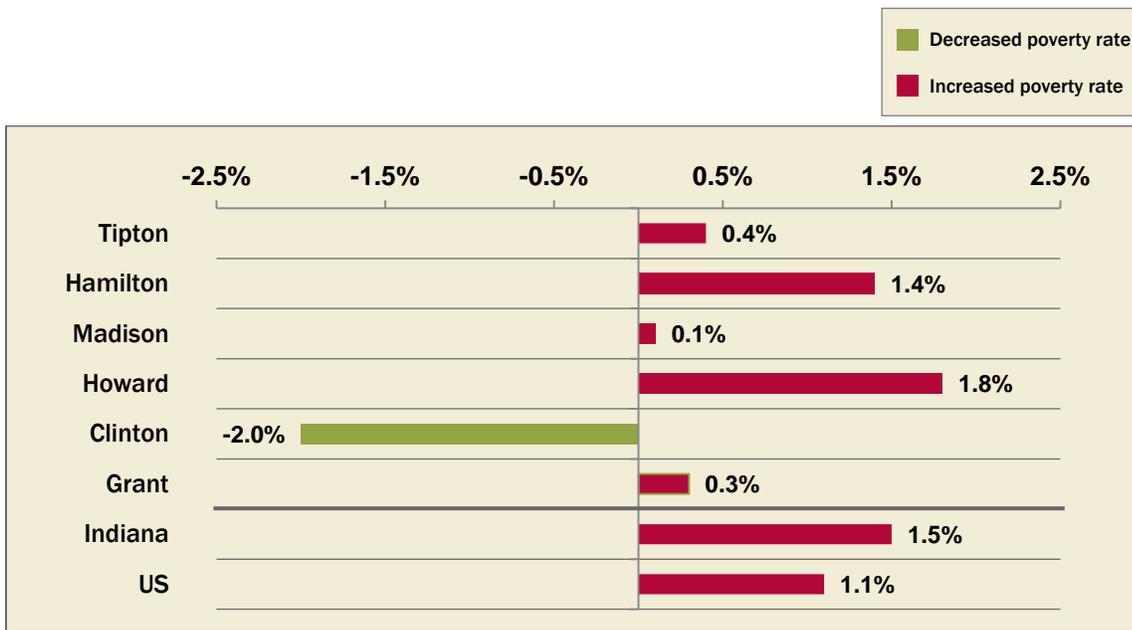
Table 5
Percent of People in Poverty, 2007-2009

Service Area	County/Region	2007	2008	2009	% Change from 2008-2009
Primary	Tipton	7.9%	8.7%	9.1%	↑ 0.4%
Secondary	Hamilton	3.9%	4.2%	5.6%	↑ 1.4%
	Madison	13.6%	14.6%	14.7%	↑ 0.1%
	Howard	13.0%	13.3%	15.1%	↑ 1.8%
	Clinton	11.2%	14.5%	12.5%	↓ -2.0%
	Grant	17.4%	17.8%	18.1%	↑ 0.3%
Indiana		12.3%	12.9%	14.4%	↑ 1.9%
USA		13.0%	13.2%	14.3%	↑ 1.1%

Source: US Census Bureau, 2012.

Clinton County was the only county to show a decrease in poverty rate (-2.0), and Madison County had the lowest poverty rate increase in the IU Health Tipton service area between 2008 and 2009 (0.1%), followed by Grant County (0.3%) and Tipton County (0.4%). Comparisons of each service area county's poverty rates as well as those for the state of Indiana and the entire US are displayed in *Figure 2* below.

Figure 2
Percent 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 the US Census Bureau (2009), Tipton County's per capita personal income was estimated to be \$35,313, which is slightly below the state rate, and a median household income was estimated to be around \$52,423, which is above the state rate. The rates are higher than the Indiana state average per capita income of \$33,323, with a median household income around \$45,427, but lower than the US national average per capita income of \$38,846, with a median household income of \$50,221.

5.2.3 Insurance Coverage

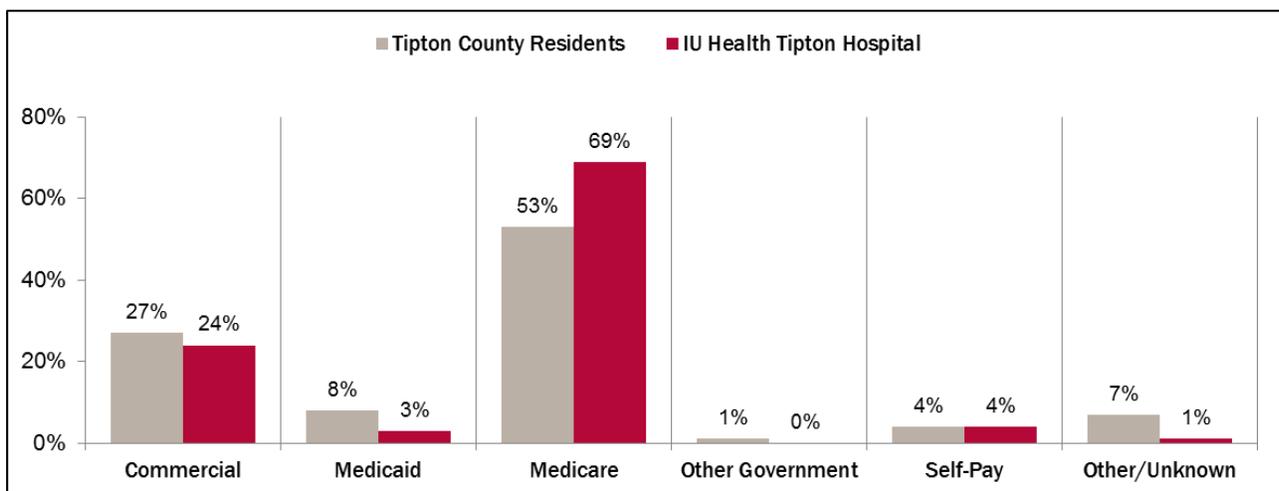
National statistics on health insurance indicate that 16% of the United States population is uninsured. Of the US population that is insured, 49% are insured through an employer, 5% through individual providers, 16% through Medicaid, 12% through Medicare, and 1% through other public providers.

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), 27% of Tipton County residents have commercial insurance, 8% are insured through Medicaid, 53% are insured through Medicare, 4% pay out-of-pocket (uninsured) and 8% have other government insurance or are unknown.

At IU Health Tipton Hospital, it is estimated that 24% of discharged patients have commercial insurance, 3% are insured through Medicaid, 69% are insured through Medicare, 4% pay out-of-pocket (uninsured), and 1% have other government insurance or are unknown. (see **Figure 3**).

Figure 3
Insurance Coverage
2009 Tipton County and IU Health Tipton 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 and 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 Tipton 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	Tipton	98.0
	Subtotal	98.0
Secondary	Hamilton	55.2
	Madison	89.9
	Howard	78.4
	Clinton	78.4
	Grant	85.2
	Subtotal	77.4
Total Service Area Average		80.9
Indiana		85.9
USA		76.0

Source: Dartmouth Atlas of Health Care, 2007.

5.4 County Level Health Status and Access Indicators

5.4.1 County Health Rankings

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

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

Key							
>75th Percentile							
50th to 74th Percentile							
25th to 49th Percentile							
<25th Percentile							
Ranking Worsened Between 2011 and 2012							↓
Indicator	Tipton	Hamilton	Madison	Howard	Clinton	Grant	Average Ranking for Service Area
Overall Health Outcomes	33 ↓	1	75	63	44	79	49 ↓
<i>Mortality</i>	54 ↓	1	63 ↓	65	42	68	49 ↓
<i>Morbidity</i>	14 ↓	2	82	66 ↓	51 ↓	81	49 ↓
Overall Health Factors	13 ↓	1	91 ↓	54	32	73 ↓	44 ↓
<i>Health behaviors</i>	3	1	92	69	9 ↓	54	38 ↓
<i>Tobacco use</i>	1	2	85 ↓	39 ↓	16	73 ↓	36 ↓
<i>Diet and exercise</i>	42 ↓	1	92 ↓	83 ↓	10	43 ↓	45 ↓
<i>Alcohol use</i>	4	10 ↓	40 ↓	6	8	18 ↓	14 ↓
<i>Sexual activity</i>	28 ↓	2	87 ↓	84	78	69 ↓	58 ↓
<i>Clinical care</i>	35	1	43 ↓	11 ↓	48	28	28
<i>Access to care</i>	11	2	47 ↓	19 ↓	73	63	36
<i>Quality of care</i>	75	1	42 ↓	7	26	9	27
<i>Social and economic factors</i>	22	1	85 ↓	68	56	84 ↓	53
<i>Education</i>	33 ↓	2 ↓	86 ↓	15	69	74 ↓	47 ↓
<i>Employment</i>	65	2	66 ↓	79	38	67 ↓	53
<i>Income</i>	13 ↓	1	85 ↓	69	52	89	52 ↓
<i>Family and social support</i>	14 ↓	2	84	82 ↓	33	85	50 ↓
<i>Community safety</i>	24	16 ↓	67	80	48	44	47
<i>Physical environment</i>	83 ↓	37 ↓	60 ↓	38 ↓	69	39	54 ↓
<i>Environmental quality</i>	15	84	59	15	39	39	42
<i>Built environment</i>	90 ↓	6 ↓	65 ↓	46 ↓	80 ↓	33	53 ↓

Source: County Health Rankings, 2012.

Tipton County fell within the 50th to 74th percentile, ranking 33rd in the state for overall health outcomes (length and quality of life), which is the second-highest ranking for health outcomes among the six counties in the IU Health Tipton service area. Comparatively, the counties of Madison and Grant ranked below the 25th percentile.

In preventable health factors, Tipton County ranked 13th in terms of overall health-related factors (determinants of health); individual scores are displayed in **Table 7**. More than half of Tipton County's rankings fell within the top 50% of Indiana counties; however, some factors were ranked in the bottom 25%, and several indicator rankings decreased from 2011 to 2012. For Tipton County, the specific indicators ranked in the bottom 25% of Indiana counties were built environment (90th), overall physical environment (83rd), and quality of care (75th).

Specific indicator rankings for Tipton County that fell between 2011 and 2012 include diet and exercise, sexual activity, education, income, family and social support, and built environment. However, despite the fall in the rankings for these indicators, three indicators (alcohol use, access to care, and community safety) were ranked higher than the average for overall service area across all six counties. Tipton County ranked higher than the overall service area for many indicators, but especially for those of income (difference of 39), family and social support (difference of 36), morbidity (difference of 35), tobacco use (difference of 35), access to care (difference of 32), sexual activity (difference of 30), and environmental quality (difference of 27).

Among the other counties in the overall service area, Tipton County ranked the lowest on factors related to quality of care (difference of 48) and built environment (difference of 37).

Across all IU Health Tipton service area counties, morbidity, mortality, sexual activity, income, employment, and built environment are 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.

Tipton County has 46 designated "peer" counties in 15 states, including Blackford, Carroll, Fountain, Fulton, Perry, and Vermillion counties in Indiana, as well as numerous counties in Iowa and Illinois. **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.

Tipton County compared unfavorably to US and peer county benchmarks for a few health conditions, including colon cancer, coronary heart disease, and stroke. Indicators related to birth and infant care that were unfavorable for Tipton County included births to women under 18 and neonatal infant mortality. Favorable indicators (where rates and percentages for the indicators in Tipton County are lower than those for the entire nation or for peer counties) included premature births, births to women age 40-54, births to unmarried women, white non-Hispanic infant mortality, and post-neonatal infant mortality.

The one indicator comparing unfavorably to US and peer counties across all six counties, except Hamilton, within the IU Health Tipton Health service area was birth to women under 18.

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

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

Indicator	Tipton	Hamilton	Madison	Howard	Clinton	Grant
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 Tipton County.

Figure 4
Community Need Index Rating Scale

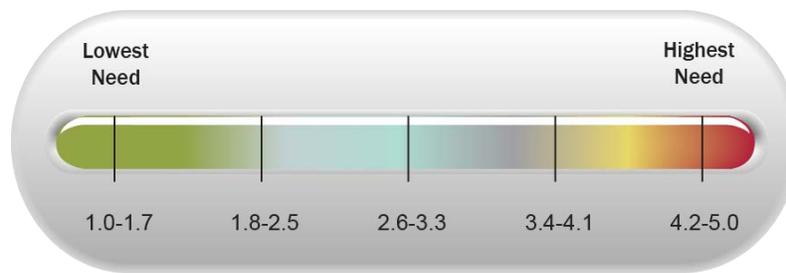
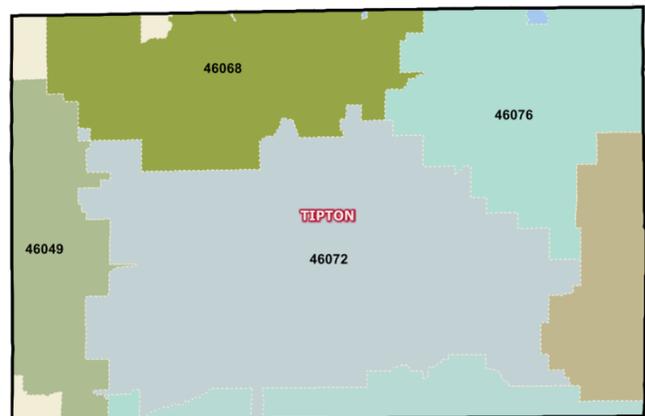


Table 9
CNI Scores for Tipton County

PSA County	City	ZIP Code	Rank
Tipton	Elwood	46036	3.4
	Windfall City	46076	2.6
	Tipton	46072	2.0
	Kempton	46049	1.6
	Sharpville	46068	1.4



Source: Community Need Index, 2011.

Within Tipton County, CNI scores indicate needs are highest for zip code 46036 (Elwood), and the need was rated as moderately high. However, needs are relatively moderate to low for most service area counties.

5.6 Regional Chronic Conditions and Preventive Behaviors

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

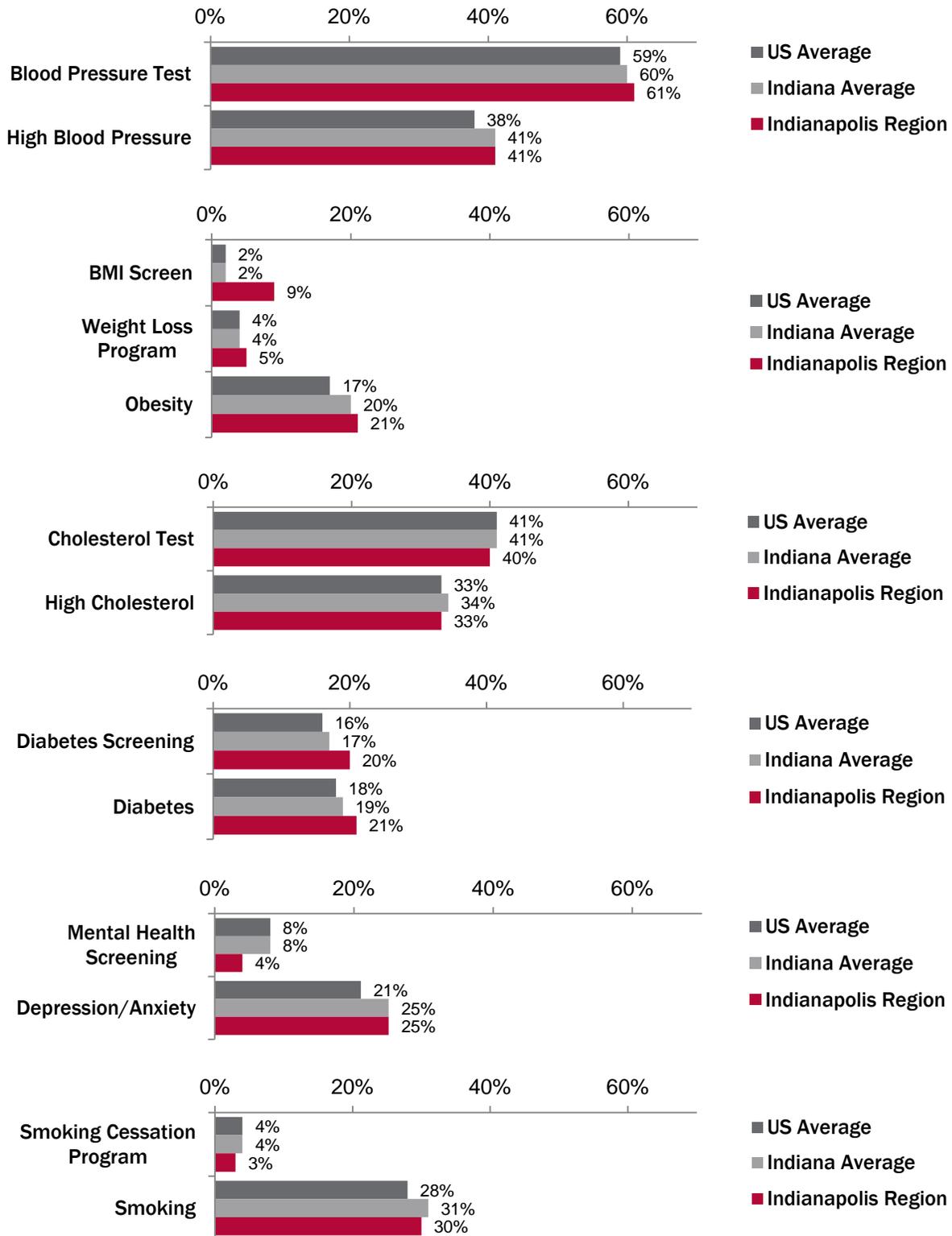
These estimates are based on a monthly Internet survey of over 270,000 individuals across the country. For this CHNA, Ticker data utilized represent the “Indianapolis Regional Market.” These Ticker data identified the following top 10 chronic conditions:

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

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

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

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



Source: Ticker, National Research Corporation, 2012.

5.7 Medically Underserved Areas and Populations

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

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

Table 10
MUAs and MUPs in the IU Health Tipton 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	Tipton	—		—	
	Hamilton	—		—	
Secondary	Madison	—		57.1	Low-income population, Anderson City Service Area - 10 census tracts (CTs)
		—		60.7	Low-income population, North Madison Service Area - 7 CTs
	Howard	61.1	Howard Service Area, 7 CTs	—	
	Clinton	61.9	Ross Service Area, MCD	—	
		59.4	Warren Service Area, MCD	—	
Grant	—		59.4	Low-income population, entire county	

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

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/>.

Madison and Grant counties in the IU Health Tipton service area community had service areas designated as an MUP, if not the entire county (Grant County had the entire county designated as a MUP). Howard and Clinton counties had service areas designated as MUAs.

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 Tipton community.

Table 11
HPSAs in the IU Health Tipton Hospital Community

Key				
—		County does not contain HPSA designation for category		
Service Area	County	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA
Primary	Tipton	—	—	—
	Hamilton	—	—	—
Secondary	Madison	Low-income population, entire county	1 health center: Madison County Community Health Center	2 health centers: Pendleton Correctional Facility and Madison County Community Health Center
		1 health center: Madison County Community Health Center	—	—
	Howard	Low-income population, entire county	—	—
	Clinton	—	—	—
	Grant	Low-income population, entire county	—	Grant/Blackford County Mental Health Catchment Area

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 Tipton 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 Tipton community.

Table 12
Resources in Tipton and Surrounding Counties

Service Area	County	Public Health Department
Primary	Tipton	Tipton County Health Department (Tipton, Indiana)
	Hamilton	Hamilton County Health Department (Noblesville, Indiana)
Secondary	Madison	Madison County Health Department (Anderson, Indiana)
	Howard	Howard County Health Department (Kokomo, Indiana)
	Clinton	Clinton County Department of Health (Frankfort, Indiana)
	Grant	Grant County Health Department (Marion, Indiana)

Service Area	County	Hospital	
Primary	Tipton	IU Health Tipton Hospital	
Secondary	Hamilton	IU Health North Hospital	St. Vincent Carmel Hospital
		Riverview Hospital	
	Madison	Community Hospital Of Anderson and Madison County	St. John's Health System
		St. Vincent Mercy Hospital	
	Howard	St. Joseph Hospital and Health Center	Howard Regional Health System
	Clinton	St. Vincent Frankfort Hospital	
	Grant	Grant General Hospital	

Service Area	County	FQHC	
Primary	Tipton	Tipton County WIC Program (Tipton, Indiana)	
Secondary	Hamilton	Hamilton County WIC Program (Noblesville, Indiana)	
	Madison	Madison County Community Health Center (Anderson, Indiana)	Northern Madison County Community Health Center (Elwood, Indiana)
		Open Door Family Planning Clinic (Anderson, Indiana)	
	Howard	IHC - Kokomo WIC Program (Kokomo, Indiana)	
	Clinton	Clinton County WIC Program (Frankfort, Indiana)	
	Grant	Indiana Health Center at Marion (Marion, Indiana)	

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 Area V Agency on Community Action Programs, 2011 Community Needs Assessment

Community Action Agencies (CAAs) across the state of Indiana 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 CSBG Results Oriented Management Accountability (ROMA) system, and surveying a sampling of both CAA clients and stakeholders (community partners). In Indiana there are 23 CAAs that serve all 92 counties of and comprise the Community Action Network. Cass, Howard, Miami, Tipton, and Wabash counties are all served by the Area V Agency.

Key conclusions are as follows:

- Area V served 73,136 individuals in 2009
- Of residents served in 2009:
 - 99% lived in households with incomes less than 150% of the Federal Poverty Guidelines (\$33,075 for a family of four in 2009)
 - 63% had household incomes at or below 100% of the Federal Poverty Guidelines (\$22,050 for a family of four in 2009)
 - 58% were female and 42% were male
 - 40% were children (0-18 years old)
 - 15% were minorities
 - 19% were over 55 years old

A client survey was randomly sent in September 2010 to those who had received services from Area V in 2009. There were 13,772 surveys returned statewide, of which 500 were from Area V clients. The survey asked clients what their community needs were and what were the barriers to clients having those needs met.

- The following were identified by Area V's client survey respondents as top community needs:
 - Assistance to pay their electric/gas/water bills
 - Health insurance coverage
 - Help for those unable to pay their rent or mortgage
 - Affordable housing
- The following were identified by Area V's client survey respondents as barriers to having their needs met:
 - Physical disability was a barrier to work
 - Cost was a barrier for health insurance, housing rent/utilities, child care, and transportation (price of gas)

Area IV offers many programs and services. Some of the programs Area V offers that specifically address the community needs and barriers identified by clients include:

- Energy Assistance Program
 - Provides financial assistance to low-income households to maintain utility services during the winter heating season; the program provides intake, application processing, and utility vendor payments
 - Energy conservation classes are also presented in each county to provide educational information to participants of this program; the classes include energy

tips to help individuals lower their energy consumption and ultimately their energy costs

- **RxAssist**
 - Provides information, news, and a database that is designed to help individuals access ways to get affordable, or free, medications
 - Since 2008, the program has included screenings for all benefits for which a person may be eligible, and the program currently has over 300 clients receiving medications in Cass and surrounding counties
 - Clients must provide financial and insurance information, and sign forms that are then sent to their physicians for signature and submitted to participating drug companies for approval
- **Housing and Economic Development**
 - The Area V agency creates housing and commercial real estate projects, with the assistance of a variety of partners, financial institutions, and funding sources, which are often used as models by other organizations
 - More than 300 units of rental housing, and more than 30 home ownership opportunities have been created within Area V
 - Many projects are dedicated to special needs populations, including senior citizens and individuals with mental illnesses

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

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

Key conclusions were:

- About 25% of the increase in population in the metropolitan area between 2000 and 2006 is the result of immigration
- New or reconfigured industries employing highly skilled workers at good wages and a strong service sector employing large numbers of unskilled workers at relatively low wages will form the basis of metropolitan Indianapolis' future economy
- All central Indiana counties are experiencing an increase in the percentage of students qualifying for the free and reduced cost lunch programs at school, a widely used indicator for the extent of poverty in a community
- Faced with rising health insurance premiums, employers have adapted by purchasing less comprehensive policies for their employees, implementing health savings account programs, and/or shifting more of the costs to their employees; approximately 137,589 individuals (8.5% of all insured individuals) in central Indiana experience a financial barrier to healthcare access despite having health insurance coverage
- Nationally, Medicaid covers 12% of the US population, and Indiana enrolls 16% of its population
 - Marion County has a substantially higher proportion of its population enrolled in Medicaid programs (18.5%) than other counties
 - The percentage enrolled in Medicaid across the entire eight-county service area is approximately 13%, and Morgan County enrolls 12% of its population

- In Indiana, smoking during pregnancy is most prevalent among white women ages 18-19 (30.7%) and 20-24 (27.7%); of the counties served by the UWCI, Hamilton County had the lowest percentage of mothers who smoked during pregnancy across all years studied (6.9% on average), while Morgan County had the highest (25% on average)
- Although transportation for older adults in many of the counties surrounding Marion County (particularly Hendricks, Hancock, and Morgan counties) has improved, it is still inadequate
- Focus group participants in Boone, Morgan, and Hancock Counties mentioned the growing number of Hispanic residents; this could indicate an increased need for English as a Second Language (ESL) as well as basic skills training
- Morgan County focus group participants mentioned that crime involving youth and adult misuse of prescription drugs, including amphetamines, is an emergent issue

5.10.3 2011 Community Action of Greater Indianapolis (CAGI) Community Needs Assessment

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 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 client survey was randomly sent in September 2010 to those who had received services from CAGI in 2009. There were 13,772 surveys returned statewide, of which 444 were from CAGI clients. Clients who received the survey were asked what their community needs were and what were the barriers to clients having those needs met.

Key findings were as follows:

- The number of clients who were homeowners increased 30% since 2007 and the number of clients who were renters increased 21% during this same time period
 - These numbers might be reflective of the significant increase in population growth seen in Boone, Hamilton, and Hendricks Counties since 2000
- The following were identified by CAGI's client survey respondents as top community needs:
 - Affordable housing
 - Assistance to pay their electric/gas bills
 - Health insurance coverage
 - Assistance to pay their rent or mortgage
 - Assistance to pay their water bills
- The following were identified by CAGI's client survey respondents as barriers to having their needs met:
 - Cost was a barrier for child care, health insurance, and transportation (price of gas)
 - The cost of utilities was a barrier to housing
 - Physical disability was a barrier to work

6 PRIMARY DATA ASSESSMENT

IU Health’s approach to gathering qualitative data for its CHNA consisted of a multicomponent approach to identify and verify community health needs for the IU Health Tipton 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 Tipton 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 Tipton Hospital. Attendees who participated in the focus group are listed in **Table 13** below.

Table 13
Focus Group Participants

Name	Title, Affiliation	Expertise
Heather Terry	<i>Financial Counselor, IU Health Tipton</i>	Ms. Terry is representative of a community perspective regarding access to care. As a financial counselor, she is familiar with the barriers to care that are present in the community, residents’ ability to pay, and the type of individuals affected.
John Moses	<i>Sheriff, Tipton Law Enforcement</i>	Sheriff Moses is a representative for community safety. He is familiar with the safety issues in Tipton County and the overall well-being of the community.
Frank Giammarino	<i>President, Tipton County Foundation</i>	Mr. Giammarino is representative of a community perspective towards economic development. He is knowledgeable on the financial stability of the community and the resources available to it.
Jennifer Richey	<i>Director, Chamber of Commerce</i>	Ms. Richey is representative of a community perspective towards healthy living. As a part of the Chamber of Commerce, she lobbies for policies affecting the health and well-being of the community.
Richard Parker	<i>Executive Director, Boys and Girls Club of Tipton County</i>	Mr. Parker is representative of a community perspective towards children’s health and education. As Director at the Boys and Girls Club of Tipton County, he is knowledgeable on children’s health, well-being, and their needs, especially for underserved children, as well as the community surrounding them.

6.1.2 Prioritization Process and Criteria

To obtain a more complete picture of the factors that play into the Tipton 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 Tipton Hospital, and the second was held via

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

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

6.1.3 Description of Prioritized Needs

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

1. Access to healthcare.
2. Health education and literacy.
3. Obesity and lack of physical activity.
4. Tobacco use.
5. Mental health.

These prioritized needs are discussed in more detail below.



1. Access to healthcare was a prominent concern and the top need identified by focus group participants. In particular, community leaders spent a large amount of time discussing the lack of services and availability for those in the age range of 20 to 40 years. The focus group stressed the importance and successes of the high school physicals offered to athletes through Tipton Hospital. Leaders agreed it was an important program that allowed high school athletes to receive their athletic physicals in order to play sports. However, the physicals are not comprehensive (for instance, blood tests are not included) and only focus on the athlete's physical ability to play. In addition, the physicals are only offered to athletes, therefore excluding those students who do not wish to participate in sports. The group suggested more free clinics to address this need, especially for the youth in the community. Currently, Tipton's free clinics are adult and senior focused, leaving out the younger population.

Leaders also stressed a need for an urgent care center to give residents a place to receive care when they are unable to see or do not have a primary care physician. Currently, they are using the ER as an urgent care center for issues that could be more effectively solved by having a

designated urgent care center. This leaves the hospital with an increased amount of bad debt due to nonpayment.

Additionally, participants stressed the need for increased OB/GYN services. Currently, maternity is referred to IU Health North due to Tipton's lack of availability. Tipton's OB/GYN is only available on Wednesdays and they need a more consistent presence on-site.



2. Health education and literacy was considered the second greatest need and was applicable to all age groups. Leaders felt children, adults, and seniors would benefit from different forms of education. Leaders would like to see more education in the schools concerning teen pregnancy and smoking. They also agreed there is a need for evaluation tools to be created and put in place to determine readiness in areas such as grade progression, college readiness, and work readiness.

In addition, they believe it would be beneficial to have programs for children interested in medical professions. Tipton Hospital currently has a medical program for students, but would like to see that program expand.

Leaders also expressed a need for adult education programs, particularly regarding health literacy and navigating the healthcare system. Many adults in Tipton County are unemployed or recently unemployed and are unsure where to begin in obtaining insurance and health services. Leaders felt the community center could be an asset in offering services and education on how to obtain particular services. Health insurance is a particular concern because adults are unsure where to go once they have been denied a particular insurance or coverage. If services were available to them to educate them on insurance options and how to apply, this would be very beneficial. The Workforce Development at the 4-H Center has resources for the unemployed, and this could be an asset for educating adults not only on employment but health services and insurance availability as well. The group also suggested that the Emergency Room could effectively conduct insurance sign-up to those uninsured that come into the department for care.



3. Obesity and lack of physical activity was the third addressed need especially in regard to education and evaluation. The group believed healthy eating and physical activity in the school system needed to be addressed. The prevalent concern is that there are not any physical education programs in the elementary schools. The teachers possibly conduct their own version of physical activity; however, it is not formal or consistent.

Leaders would also like to see an evaluation component developed to determine the effectiveness of different programs and bring increased awareness to the community regarding obesity. The group agreed there need to be more programs in place for adults to access physical education and exercise programs. Tipton residents' eating habits are heavily influenced by the lack of produce available in Tipton County. Produce is currently offered through two grocery stores: Marsh and a family-owned White's Grocery, but it is not of great quality, the group admitted.



4. Tobacco use was briefly discussed by the group as the fourth need in terms of making a smoking ban enforceable. The group agreed they desire a smoking ban in their city, but without the ban, it is not enforceable. Leaders all agreed they do not like to go into certain places that still allow smoking and would like to see Tipton put an end to all indoor smoking areas.



5. Mental health care was briefly discussed as a community need. Leaders believed there may be a lack of care for those with mental health issues, but they were unsure of the extent or type of need. It was discussed that when a person has or is suspected of having a mental health issue, they are

transported to Kokomo for services. The hospital does not have anyone on-site to assist the individual with paperwork while they wait to be transported.

Leaders believed that drug abuse in the county may play role in mental health, with the primary substance abuse occurring in those with mental health issues. It was mentioned that there may be a stigma for those with mental issues and the need is not being effectively addressed; however, there was overall limited group knowledge in this area.

6.2 Community Survey Findings

IU Health Tipton solicited responses from the general public regarding the health of their community through an online survey. The survey consisted of approximately 15 multiple-choice 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 February through May 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 e-mail 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

11 respondents participated in the survey. All of the respondents were from the PSA (Tipton County). The survey sample was 100% Caucasian (White), and was fairly evenly distributed across age ranges, with 40% of respondents being 30-40 years of age or younger, followed by 41-50 (30%), and 51-59 (20%) years of age.

The educational attainment of the sample was relatively high for a majority of the respondents (88%), indicating they had completed either a college undergraduate (56%) or graduate degree (32%). The remaining respondents had completed a high school degree/GED (12%).

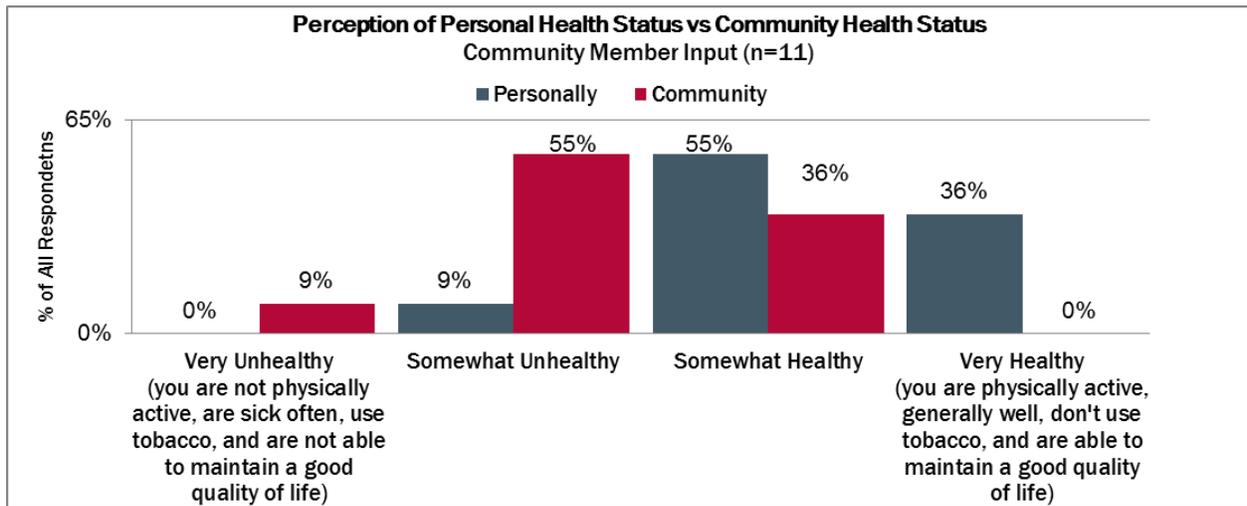
Reported household income of the sample was evenly distributed across income ranges defined in the survey. A majority of respondents (40%) reported a household income of \$44,700-\$67,050, 30% reported a household income range of \$67,051-\$89,400, another 20% earned \$89,401+, and the remaining 10% of respondents indicated a household income of \$22,351-\$44,700.

Survey respondents also were asked to report their insurance status. A majority of respondents had commercial/private insurance (90%) followed by uninsured/self-pay (10%).

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 Tipton Community Survey, 2012.

Participant results are summarized in **Figure 6** above. The majority of participants rated themselves as either “Somewhat Healthy” (55%) or “Very Healthy” (36%). Conversely, when asked to rate their overall community on the same scale, most participants rated their community’s health as “Somewhat Unhealthy” (55%), as opposed to only 9% rating themselves as “Somewhat Unhealthy.”

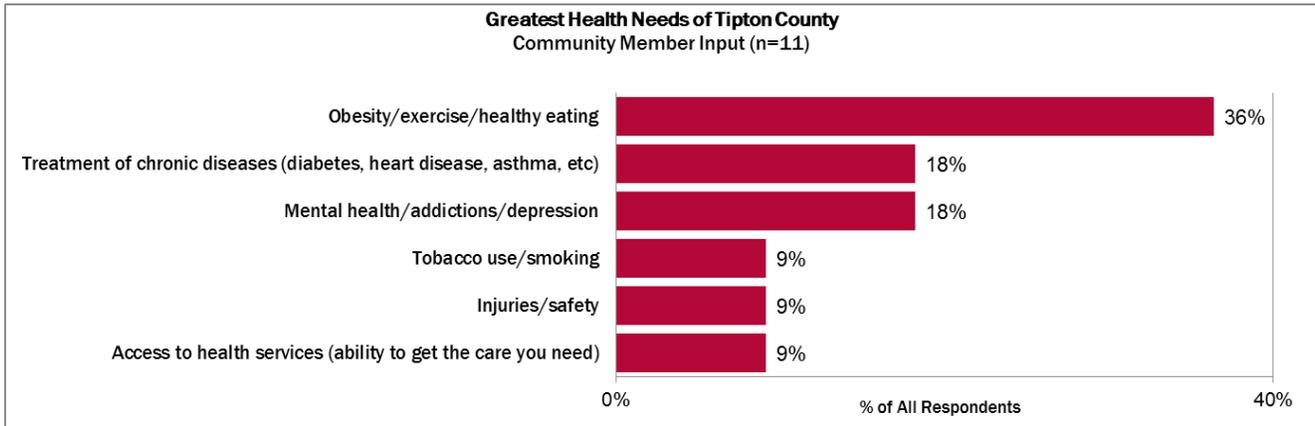
Health Issues

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

1. Obesity/exercise/healthy eating.
2. Treatment of chronic diseases.
3. Mental health/addictions/depression.
4. Tobacco use/smoking.
5. Injuries/safety.

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

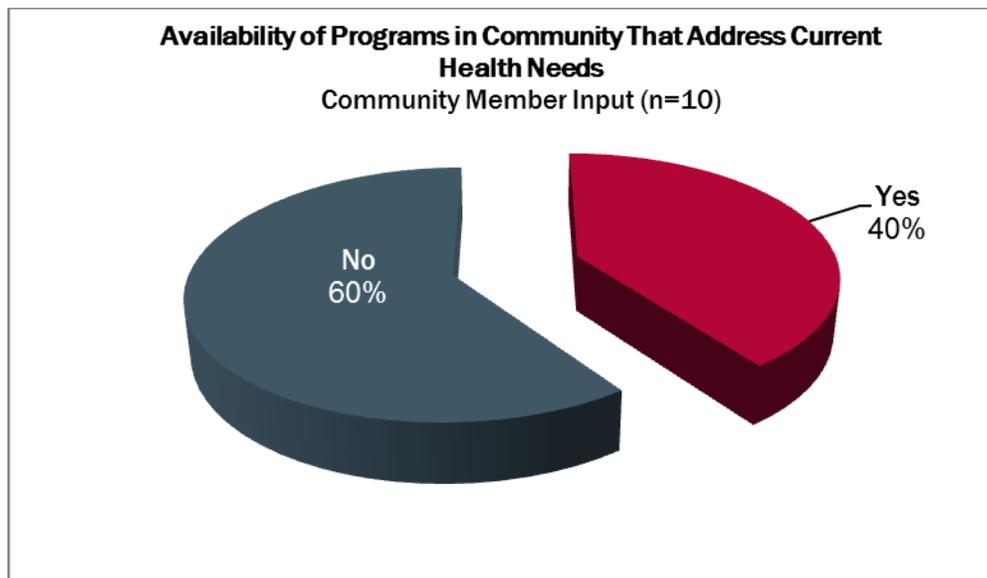


Source: IU Health Tipton Community Survey, 2012.

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 Tipton Community Survey, 2012.

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

- Tipton does not need duplication of services but better access to healthcare services for more people in need
- K-12 education and help for mental health/addictions/depression
- More education for children on how to eat healthy, and more programs for people to quit smoking
- As with all communities, investment in resources for education and health are essential
- More healthy choices in both IU Health cafeteria menus as well as our school systems are a wonderful idea, and people love the new changes; school system should improve menus as well, reducing fat, carbohydrates, and sugars, and adding more protein, fruit, and vegetables