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

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

1.2 Objectives

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

- Service Area Counties: White, Carroll, Pulaski, Jasper, Cass and Tippecanoe
- Service area population in 2010: 303,424
- 83% of the IU Health White inpatient discharge population resides in White County
- Of the six total service area counties, all except Jasper and Tippecanoe counties are expected to decrease in population by 2015
- The 65+ population is projected to increase substantially by 2015 for all counties, and the 0-4-year-old infant to pre-school age population is anticipated to increase for White, Pulaski, Jasper, and Cass counties
- Similar to poverty rates for Indiana and the US, rates for all six counties, except for White, have increased from 2008 to 2009
- 29% of community discharges were for patients with Medicaid, 45% were for patients with Medicare, and 6% were for uninsured or self-pay patients

IU Health White's entire community service area extends into six counties: White, Carroll, Pulaski, Jasper, Cass and Tippecanoe. Poor social and economic factors such as low income, educational attainment, and access to primary care, may contribute to the poor lifestyle choices that are prevalent in the community, such as substance abuse, poor diet, and lack of physical activity.

Top Community Health Needs

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

Access to healthcare

Health education and literacy

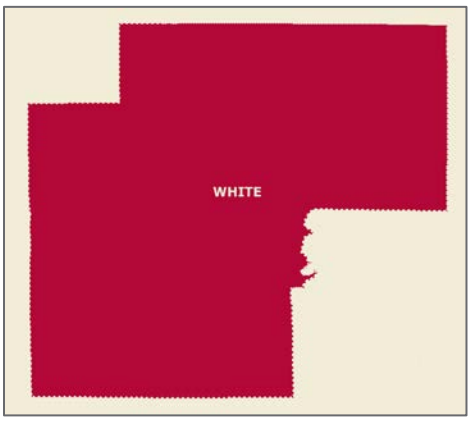
Community collaboration and partnership

Senior health

Tobacco and substance abuse

2.2 Primary Service Area

White County comprises the majority of the IU Health White Memorial Hospital community. It accounts for all of the PSA's total population, and 83% of the inpatient discharge population of the total community service area.



White County has unemployment rates for 2010-2011 that are consistent with those of the state of Indiana and the national average, and it was the only service area county whose poverty rate decreased from 2008 to 2009. The county is adversely affected by a combination of decreasing population, shortages in primary care providers, low educational attainment, and the low availability of higher paying jobs.

Other characteristics of White County are as follows:

- White County has seen a 2.5% decrease in population since 2000, while the average rate has increased for the entire IU Health White service area (+8.7%), the state of Indiana (+6.6%), and the entire nation (+10%)
- The senior population (65+) for White County is projected to increase between 2010 and 2015, but at a slower rate than the total IU Health White service area and the entire state
- Approximately 9% of White 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, White County ranked 37th out of 92 counties in the state of Indiana for overall health outcomes, and 45th out of 92 counties for overall health factors
- White County compared unfavorably for many Community Health Status Indicators, and this was especially so for factors related to violent injuries (eg, suicide and motor vehicle injuries) and chronic/morbid health conditions (eg, cancer, stroke, and coronary heart disease)
- Among the 10 ZIP code areas included within White County, the city of Monon has the highest community health needs based on CNI assessment of economic and structural health indicators
- 8 White County community members responded to IU Health White's CHNA survey, and 38% 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 White Memorial Hospital. The qualitative community orientation portion of the analysis was critically important to include in this assessment's methodology, as it provides an assessment of health needs from the view of the community rather than from the perspective of the health providers within the community.

3.2 Data Sources

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

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

Data sets for quantitative analyses included:

- Dignity Health (formerly Catholic 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 White's ability to reach reasonable conclusions regarding community health needs. While IU Health White has worked to capture quantitative information on a wide variety of health conditions from a wide array of sources, IU Health White 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 White 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 White community. These collaborating organizations are as follows:

Alliance Bank

Carroll/White REMC

City of Monticello

DWA Healthcare Communications Group

IU Health White Memorial Hospital

Monticello City Council

Monticello Healthcare

NCNC, Inc.

Twin Lakes School Corporation

Verité Healthcare Consulting, LLC

White County Community Foundation

White County Council

White Oak Health Campus, Trilogy Health Services, LLC

WorkOne of White County

4 DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by IU Health White Memorial Hospital. The PSA of IU Health White includes White 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***.

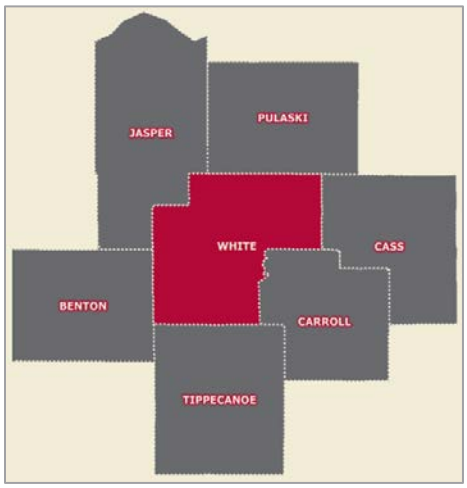
Table 1
IU Health White Memorial Hospital Inpatient Discharges by County and Service Area, 2010

Discharge Area	County	Discharges	Percent of Total
Primary Service Area	White	1139	83.0%
	Subtotal	***1139***	***83.0%***
Secondary Service Area	Carroll	90	7.0%
	Pulaski	38	3.0%
	Jasper	34	2.0%
	Cass	27	2.0%
	Tippecanoe	18	1.0%
	Subtotal	***207***	***15.0%***
All Other Areas	***Subtotal***	***32***	***2.0%***
Total Discharge Population		**1378**	**100.0%**

Source: IHA Database, 2010.

In 2010, the IU Health White PSA included 1139, discharges and its SSA, 207 discharges. The community was defined based on the geographic origins of IU Health White inpatients. Of the hospital's inpatient discharges, approximately 83% originated from the PSA and 15% from the SSA (***Table 1***).

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



5 SECONDARY DATA ASSESSMENT

5.1 Demographics

IU Health White Memorial Hospital is located in White County, a county located in central Indiana. White County includes ZIP codes within the towns of Monticello, Norway, Reynolds, Wolcott, Brookston, Buffalo, Burnettsville, Chalmers, Idaville, and Monon. Based on the most recent Census Bureau (2010) statistics, White County's population is 24,643 persons with approximately 51% being female and 49% male. The county's population estimates by race are 97.3% White, 7.3% Hispanic or Latino, 0.7% Black, 0.4% Asian, 0.5% American Indian or Alaska Native, and 1.1% persons reporting two or more races.

White County has relatively low levels of educational attainment. A high school degree is the level of education most have achieved and the percentage of those with a high school degree has dropped almost 4% from 2000 to 2010 (47.7% to 44.0%). An additional 20% had some college, but no degree. As of 2010, 18% 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 24,643 and the total population for surrounding counties is 278,781, as illustrated in ***Table 2***.

Table 2
Service Area Population, 2010

Service Area	County	Population	Percent of Total
Primary	White	24,643	8.1%
	Subtotal	***24,643***	***8.1%***
Secondary	Carroll	20,155	7.2%
	Pulaski	13,402	4.8%
	Jasper	33,478	12.0%
	Cass	38,966	14.0%
	Tippecanoe	172,780	62.0%
	Subtotal	***278,781***	***91.9%***
Total Service Area		**303,424**	**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 White County population has decreased 2.5% since 2000, when the population was estimated to be 25,264 persons. Comparatively, the average population across the total service area has increased by approximately 8.7% from 2000 to 2010, largely in part to the population jumps in both Tippecanoe (+16%) and Jasper (+11%) counties. 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.

White County's population is also projected to decrease slightly (-1.01%) by 2015. Its population is expected to decline the most for persons aged 25-44 (-7.68%), followed by persons

aged 5-19 (-6.42%). Conversely, the infant to pre-school age cohort is expected to increase by nearly 7% by 2015, which is much higher than the overall service area or state averages.

At almost 14%, the 65+ population is expected to grow the fastest among all White 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 White County for persons 65+ is expected to increase less rapidly than the combined IU Health White Memorial Hospital service area (16.41%) and the state of Indiana (15.40%) as illustrated in ***Table 3***.

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	White	24,643	-1.01%	6.96%	-6.42%	-1.66%	-7.68%	-2.22%	13.64%
	Subtotal	***24,643***	***-1.01%***	***6.96%***	***-6.42%***	***-1.66%***	***-7.68%***	***-2.22%***	***13.64%***
Secondary	Carroll	20,155	-0.18%	-5.81%	-5.17%	1.47%	-4.88%	-0.94%	16.44%
	Pulaski	13,402	-1.29%	5.58%	-7.71%	-2.09%	-3.56%	0.00%	5.35%
	Jasper	33,478	4.57%	1.66%	-0.73%	9.35%	0.96%	2.96%	21.57%
	Cass	38,966	-1.43%	0.53%	-2.72%	-1.74%	-5.93%	-2.62%	9.06%
	Tippecanoe	172,780	5.45%	-0.96%	7.11%	1.96%	3.51%	4.62%	19.79%
	Subtotal	***278,781***	***3.65%***	***-0.46%***	***3.11%***	***2.08%***	***1.01%***	***2.42%***	***16.77%***
Total Service Area		303,424	3.28%	0.10%	2.35%	1.97%	0.36%	1.95%	16.41%
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 White County was highest within the areas of manufacturing, retail trade, healthcare and social assistance, accommodation and food services, and wholesale trade. Of these top industry sectors, those with the highest rates of hiring growth between 2010 and 2011 were within manufacturing (+82%), and wholesale trade (+20%). White County has a diverse group of major employers reported by the Indiana Department of Workforce Development, including: Indiana Beach Amusement Resort, IU Health White Memorial Hospital, McGill Manufacturing Company, Vanguard National Trailer Corporation, Wal-Mart Supercenter, Home Medical Equipment

of IU Health White Memorial Hospital, Jordan Manufacturing Company, and Ball Metal Beverage Packaging.

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

Table 4
Unemployment Rates, December 2010 and December 2011

Service Area	County	December 2010	December 2011	% Change from 2010-2011
Primary	White	9.5%	8.7%	-0.8%
Secondary	Carroll	8.2%	7.6%	-0.6%
	Pulaski	8.2%	7.2%	-1.0%
	Jasper	9.1%	8.1%	-1.0%
	Cass	9.6%	8.8%	-0.8%
	Tippecanoe	7.8%	7.4%	-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 White County, a poverty rate of 10.8% was reported in 2009, falling from 11.4% from 2008 (-0.6%). 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.

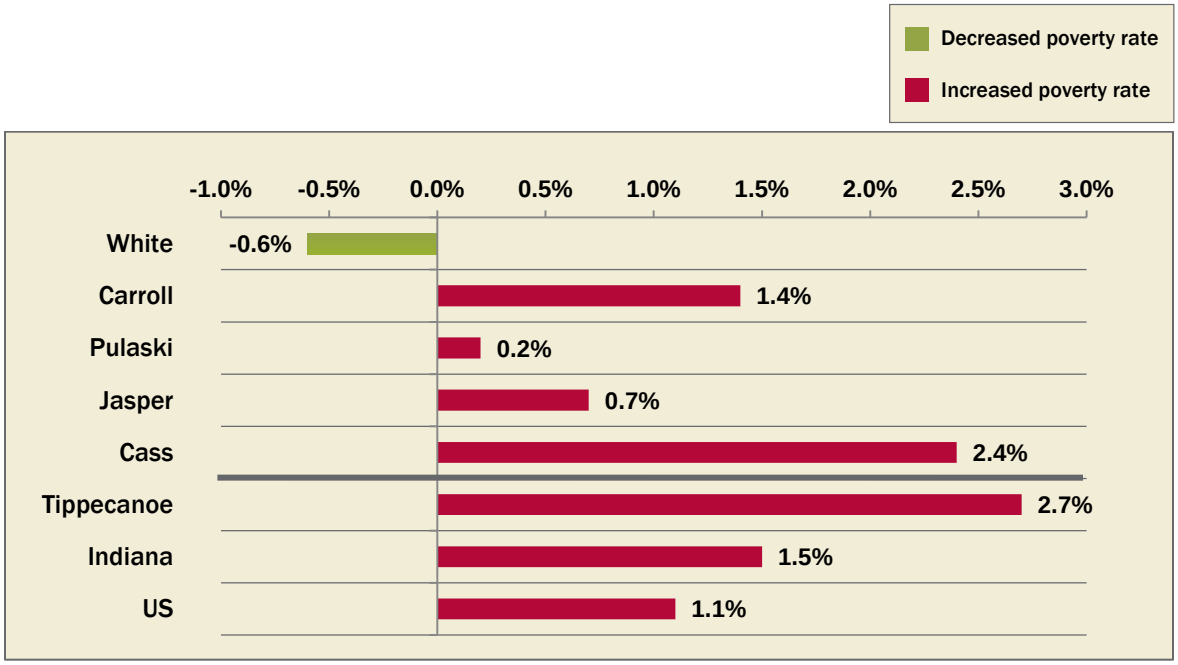
Table 5
Percentage of People in Poverty, 2007-2009

Service Area	County	2007	2008	2009	% Change from 2008-2009
Primary	White	9.4%	11.4%	10.8%	-0.6%
Secondary	Carroll	9.1%	8.5%	9.9%	1.4%
	Pulaski	11.7%	12.9%	13.1%	0.2%
	Jasper	8.2%	8.9%	9.6%	0.7%
	Cass	11.6%	11.4%	13.8%	2.4%
	Tippecanoe	19.0%	18.2%	20.9%	2.7%
Indiana		12.3%	12.9%	14.4%	1.9%
USA		13.0%	13.2%	14.3%	1.1%

Source: US Census Bureau, 2012.

White County had the only decrease in poverty rate among all of the counties in the IU Health White Memorial Hospital service area between 2008 and 2009. Comparisons of each service area county's poverty rates, as well as those for the state of Indiana and the entire US, are displayed in ***Figure 2***.

Figure 2
Percentage Change in Poverty Rates between 2008 and 2009



Source: US Census Bureau, 2012.

Income level is an additional economic factor that has also been associated with the health status of a population. Based on US Census Bureau (2009) data, White County's per capita personal income was estimated to be $31,405, with a median household income around $46,495, which are both below the US averages. The rates are compared to the Indiana state average of per capita income of $33,323, with a median household income around $45,427, and the US national average of per capita income of $38,846, with a median household income of $50,221.

5.2.3 Insurance Coverage

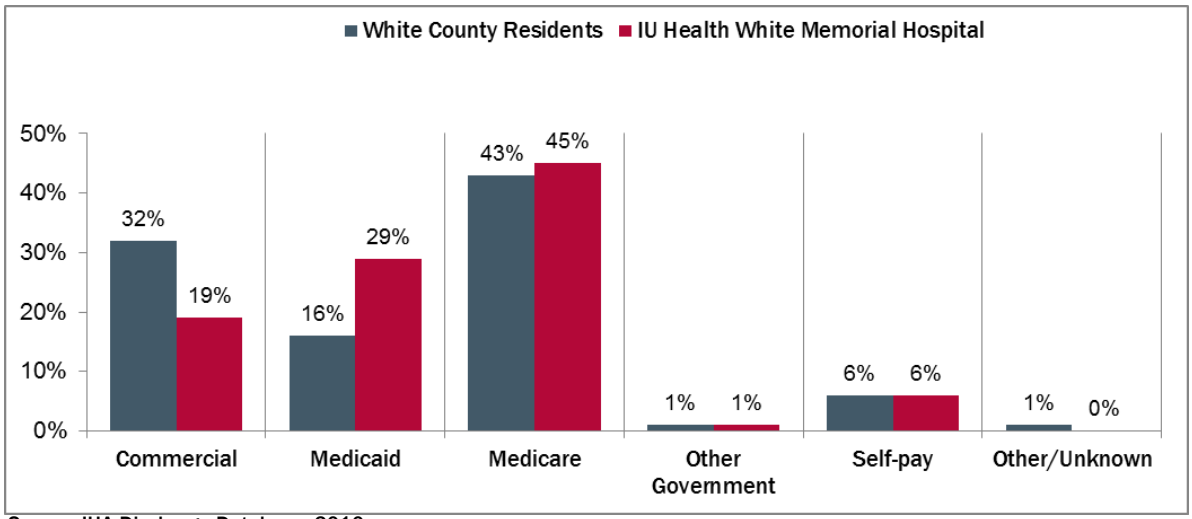
National statistics on health insurance indicate that 16% of the United States population is uninsured. Of the US population that is insured, 49% are insured through an employer, 5% through individual providers, 16% through Medicaid, 12% through Medicare, and 1% through other public providers.

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

Based on inpatient discharge data from the Indiana Hospital Association (IHA), 32% of White County residents have commercial insurance, 16% are insured through Medicaid, 43% are insured through Medicare, 6% pay out-of-pocket (uninsured), and 2% have other government insurance or are unknown.

At IU Health White Memorial Hospital, it is estimated that 19% of discharged patients have commercial insurance, 29% are insured through Medicaid, 45% are insured through Medicare, 6% pay out-of-pocket (uninsured), and 1% have other government insurance or are unknown. (see ***Figure 3***).

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



Source: IHA Discharge Database, 2010.

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

5.2.4 Indiana State Budget

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

Fiscal Year 2010-2011 Health Services

- In FY 2010, Health and Welfare accounted for 38.9%, or $10.2 billion, of expenses
  - The change in expenses from FY 2009 was a decrease of $19.1 million, or 0.2%
  - Some of the major expenses were Medicaid assistance ($6.0 billion), the US Department of Health and Human Services Fund ($1.4 billion), and the federal food stamp program, $1.5 billion

- The Medicaid Assistance Fund received $4.5 billion in federal revenue in FY 2011, as compared to $4.0 billion in FY 2010
  - The Fund distributed $6.0 billion in Medicaid assistance during the year, which is an increase of $598.3 million over FY 2010
  - The total change in the fund's balance was an increase of $114.4 million from FY 2010 to FY 2011

- The US Department of Health and Human Services Fund is a new fund created during the 2011 fiscal year with the implementation of the new statewide accounting system to account for federal grants that are used to carry out health and human services programs
  - The fund received $1.2 billion in federal grant revenues and expended $1.4 billion
  - The change in fund balance from FY 2010 to FY 2011 was an increase of $134.9 million

- The Children's Health Insurance Plan (CHIP) spent $138.1 million in FY 2011.
  - At the end of FY 2011, CHIP was serving 83,494 clients, an increase of 4.7% compared to the average number of clients served by CHIP in FY 2010

- From 2005 to 2011, the Department of Child Services (DCS) has increased the total number of filled Family Case Manager (FCM) positions in Indiana by 838, from 792 to 1630

- In January 2010, DCS established the Indiana Child Abuse and Neglect Hotline to serve as the central reporting center for all allegations of child abuse or neglect in Indiana; the Hotline is staffed with 62 FCMs, also known as Intake Specialists, who are specially trained to take reports of abuse and neglect

Fiscal Year 2012-2013 Budget

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

- The budget removes statutory restrictions that prevented the Family and Social Services Administration (FSSA) from reducing staffing levels at either the Evansville State Hospital or the Evansville Psychiatric Children's Center, regardless of the number or type of patients being treated at each facility

- The budget eliminates the Indiana Tobacco Prevention and Cessation (ITPC) Board, and transferred its responsibilities to the 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 Indiana State Department of Health budget saw a 16.6% decrease in general fund appropriations for the FY 2012-2013 biennium budget

- The budget appropriates $48.8 million annually for The Community and Home Options to Institutional Care for the Elderly and Disabled (C.H.O.I.C.E.) In-Home Services, one of very few programs to not be reduced compared to FY 2011 appropriation levels

- FY 2012 HHS divisional and program budgets that have been reduced as compared to FY 2011 appropriation levels include:
    - Division of Aging Administration (-33%)
    - Tobacco Use Prevention & Cessation Program (-25%)
    - Community Health Centers (-25%)
    - Department of Child Services (-24%)
    - Residential Care Assistance Program for the elderly, blind, disabled (-22%)
    - Child Psychiatric Services Fund (-17%)
    - Minority Health Initiative (-15%)
    - Prenatal Substance Abuse & Prevention (-15%)
    - Office of Women's Health (-15%)
    - Children with Special Healthcare Needs (-15%)
    - Cancer Education & Diagnosis—Breast (-15%)
    - Cancer Education & Diagnosis—Prostate (-15%)
    - Disability and Rehabilitation Services (-11%)

5.3 Discharges for Ambulatory Care Sensitive Conditions

Ambulatory care sensitive conditions (ACSC) are health issues that, in theory, do not require hospitalizations if adequate ambulatory (primary) care resources are available and accessed. Methodologies for quantifying ACSC discharges have been well-tested for more than a decade. Disproportionately large numbers of ACSC discharges indicate potential problems with the availability or accessibility of ambulatory care services. ***Table 6*** illustrates the estimated percentage of 2007 ACSC discharges per Medicare enrollee for the IU Health White Memorial Hospitsal 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	White	89.3
	Subtotal	***89.3***
Secondary	Carroll	59.5
	Pulaski	87.0
	Jasper	85.7
	Cass	76.4
	Tippecanoe	63.1
	Subtotal	***74.3***
Total Service Area Average		76.8
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 White and surrounding counties in Indiana; rankings for counties were converted into quartiles to indicate how each county ranks versus others in the state. The table also illustrates whether a county's ranking worsened or improved from rankings in 2011.

Table 7

Relative Health Status Indicators for White County and Surrounding Counties

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

Indicator	White	Carroll	Pulaski	Jasper	Cass	Tippecanoe	Average Ranking for Service Area
Overall Health Outcomes	37 ↓	40 ↓	74	41	47	20 ↓	43 ↓
Mortality	*50* ↓	*47* ↓	*87* ↓	*60* ↓	*52*	*15* ↓	*52* ↓
Morbidity	*22* ↓	*32* ↓	*37*	*12*	*43*	*27* ↓	*29*
Overall Health Factors	45	23	39	41 ↓	68 ↓	10	38 ↓
Health behaviors	*41*	*47*	*59*	*39*	*56* ↓	*5*	*41* ↓
Tobacco use	*18* ↓	*74* ↓	*53*	*44* ↓	*56* ↓	*12*	*43* ↓
Diet and exercise	*75*	*55*	*76* ↓	*68* ↓	*79* ↓	*4*	*60* ↓
Alcohol use	*66* ↓	*12*	*53* ↓	*27*	*3*	*38*	*33* ↓
Sexual activity	*45*	*19* ↓	*22* ↓	*24*	*52*	*40* ↓	*34*
Clinical care	*72* ↓	*24* ↓	*66* ↓	*29*	*50* ↓	*17*	*43*
Access to care	*72*	*45*	*48*	*22*	*54*	*27*	*45*
Quality of care	*61* ↓	*17* ↓	*77* ↓	*47*	*46* ↓	*16* ↓	*44* ↓
Social and economic factors	*44*	*17*	*33*	*58* ↓	*77* ↓	*23* ↓	*42* ↓
Education	*61*	*35*	*38* ↓	*34* ↓	*80* ↓	*18* ↓	*44* ↓
Employment	*50*	*27*	*23*	*38* ↓	*50*	*19*	*35*
Income	*30*	*22* ↓	*53*	*10*	*73* ↓	*44* ↓	*39* ↓
Family and social support	*55* ↓	*22* ↓	*35* ↓	*57* ↓	*81* ↓	*27*	*46* ↓
Community safety	*1*	*35*	*41* ↓	*92* ↓	*48*	*78* ↓	*49* ↓
Physical environment	*31*	*50* ↓	*30*	*46* ↓	*42*	*27* ↓	*38*
Environmental quality	*39*	*65*	*39*	*15*	*65*	*1*	*37*
Built environment	*31*	*35* ↓	*29*	*59* ↓	*30*	*66* ↓	*42*

Source: County Health Rankings, 2012.

White County fell within the top half of Indiana counties, ranking 37th 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 White Memorial Hospital service area. Comparatively, the overall service area average and the counties of Carroll, Jasper, and Tippecanoe all ranked in the top half of Indiana counties for overall health outcomes as well.

In preventable health factors, White County ranked 45th in terms of overall health related factors (determinants of health); individual scores are displayed in ***Table 7***. A little under half of White County's rankings fell within the top 50% of Indiana counties; however, a few factors were ranked in the bottom 25%, and several indicator rankings decreased from 2011 to 2012.
For White County, the specific indicators ranked in the bottom 25% of Indiana counties were diet and exercise (75th) and access to care (72nd). In addition to the above, other indicators ranked in the bottom half of Indiana counties include alcohol use (66th), quality of care (61st), education (61st), family and social support (55th), and employment (50th).

Specific indicator rankings that fell between 2011 and 2012 include tobacco use, alcohol use, quality of care, and family and social support. White County ranked better than the overall service area average for indicators of community safety (difference of 48), tobacco use (difference of 25), built environment (difference of 11), and income (difference of 9).

Several of White County's individual health factor rankings were worse than the entire average across all six counties in the IU Health White Memorial Hospital service area. Access to care, alcohol use, employment, quality of care, education, diet and exercise, family and social support, and environmental quality indicators for White County all ranked worse than the overall service area average. Factor rankings for White County that diverge the most from the overall service average across all seven counties in the IU Health White service area included alcohol use (difference of 33) and access to care (difference of 27).

Across all IU Health White service area counties, diet and exercise, family and social support, and community safety indicators are ranked most consistently in the 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.

White County has 24 designated "peer" counties in 10 states, including Clinton County in Indiana, Logan and Van Wert counties in Ohio, and Bureau, Iroquois, and Stephenson counties in Illinois. ***Table 8*** 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.

White County compared unfavorably to US and peer county benchmarks for many health conditions, including colon cancer, lung cancer, coronary heart disease, and stroke. Several indicators related to birth and infant care were unfavorable for White County, including premature births, no care in the first trimester, infant mortality, white non-Hispanic infant mortality, and neonatal infant mortality. Indicators related to suicide and motor vehicle injuries were also considered unfavorable for White County. Favorable indicators (where rates and percentages for the indicators in White County are lower than those for the entire nation or for peer counties) include low birth weight, births to women age 40-54, and post-neonatal infant mortality.

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

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

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

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

The indicators comparing unfavorably to US and peer counties across most, if not all six, of the counties within the IU Health White Memorial Hospital service area include no care in the first trimester, colon cancer, lung cancer and stroke.

5.5 ZIP Code-Level Health Access Indicators

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

Figure 4
Community Need Index Rating Scale

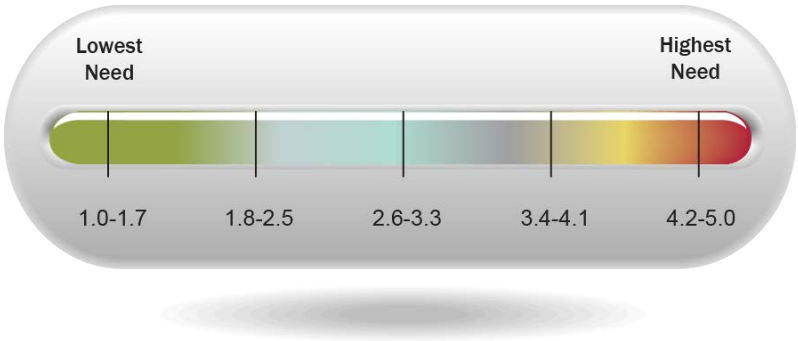
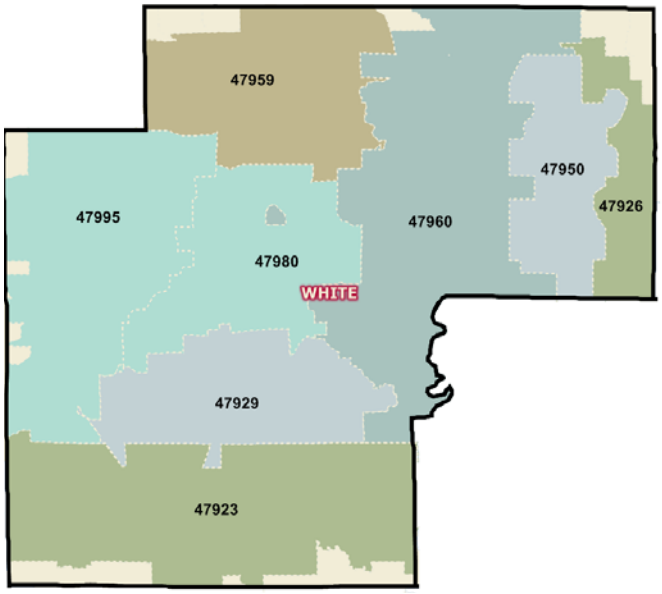


Table 9
CNI Scores for White County

County	City	ZIP Code	Rank
White	Monon	47959	3.4
	Norway	47960	2.8
	Reynolds	47980	2.6
	Wolcott	47995	2.6
	Idaville	47950	2.0
	Chalmers	47929	1.8
	Brookston	47923	1.6
	Burnettsville	47926	1.6



Source: Community Need Index, 2011.

Within White County, CNI scores indicate needs are greatest in ZIP codes 47959 (Monon), and 47960 (Norway), and community needs are relatively low in ZIP codes 47929 (Chalmers), 47923 (Brookston), and 47926 (Burnettsville).

5.6 Regional Chronic Conditions and Preventive Behaviors

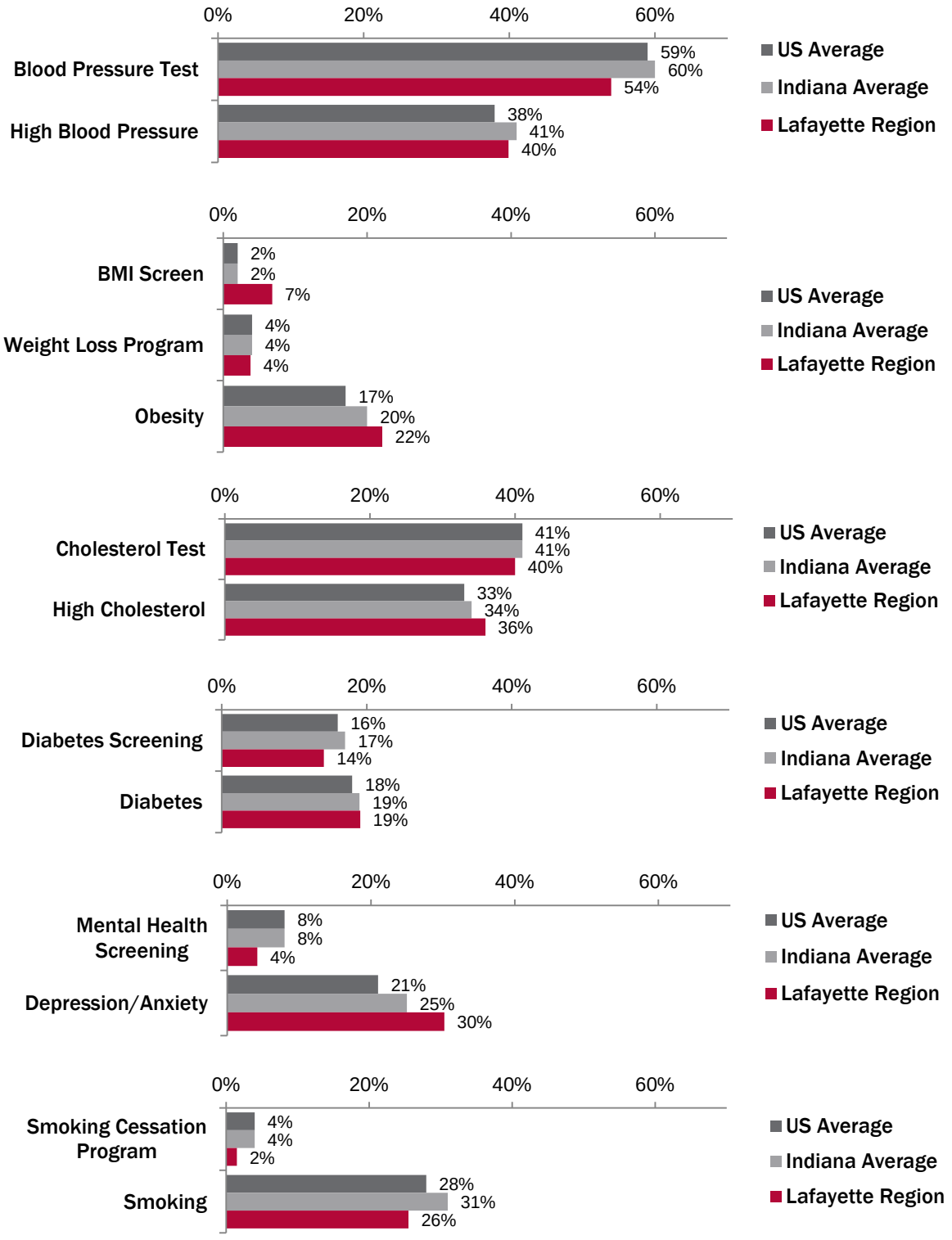
The National Research Corporation, one of the largest online healthcare surveys in the United States, measures health needs throughout the country. Its Ticker program provides a wide array of data that measure needs in communities, most notably its Chronic Conditions and Preventative Health Behaviors 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 "Lafayette Regional Market." These Ticker data identified the following top ten chronic conditions:

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

Most chronic conditions and corresponding preventive behaviors of interest have been compared to the Indiana and US averages. These comparisons indicate that the Lafayette Region experiences relatively higher percentages of obesity, high cholesterol, depression and anxiety; and relatively lower percentages of smoking, as well as cancer (other than skin). Diabetes and high blood pressure are consistent with state and national trends. The charts in ***Figure 5*** illustrate the chronic conditions and preventive behaviors for the Indiana University Health "Lafayette Regional Market", Indiana, and the entire nation.

Figure 5
Chronic Conditions and Preventive Behaviors in the Indiana University Health "Lafayette Regional Market"



Source: Ticker, National Research Corporation, 2012.

5.7 Medically Underserved Areas and Populations

The Health Resources and Service Administration (HRSA) have 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*** illustrates the areas that have been designated as MUAs or MUPs in the IU Health White community.

Table 10
MUAs and MUPs in the IU Health White Memorial 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	White	N/A	Honey Creek Service Area (Honey Creek township)	—	
		49.3	Liberty/Lincoln Service Area (Liberty and Lincoln townships)	—	
Secondary	Carroll	—		66.8	Entire county*
	Pulaski	—		61.3	Low-income population, entire county
	Jasper	—		—	
	Cass	57.2	Cass Service Area	—	
	Tippecanoe	47	Tippecanoe Service Area	—	

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

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

White, Cass and Tippecanoe counties included service area MUAs. Those where the entire county was designated as a government or low-income MUP included Carroll and Pulaski counties. White County had no designated MUPs.

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/.

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*** lists the HPSAs in the IU Health White community.

Table 11
HPSAs in the IU Health White Memorial Hospital Community

Key	
—	County does not contain HPSA designation for category

Service Area	County	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA
Primary	White	Low-income population, Jasper/White/Pulaski Service Area (Honey Creek, Monon, Princeton, and West Point townships)	—	Region 30 Mental Health, entire county
		1 rural health clinic: Monticello Medical Center LLC		
Secondary	Carroll	—	—	Region 30 Mental Health, entire county
	Pulaski	Low-income population, Jasper/White/Pulaski Service Area (Cass, Franklin, Jefferson, Rich Grove, Salem, and White Post townships)	Knox Winamac Community Health Center (Federally Qualified Health Center Look A Like)	Four Counties Catchment Area No. 10, entire county
				Putnamville Correctional Facility
		Knox Winamac Community Health Center (Federally Qualified Health Center Look A Like)		Knox Winamac Community Health Center (Federally Qualified Health Center Look A Like)
	Jasper	Low-income population, Jasper/White/Pulaski Service Area (Gillam, Hanging Grove, Marion, and Milroy townships)	—	Region 30 Mental Health, entire county
	Cass	Low-income population, entire county	—	Four Counties Catchment Area No. 10, entire county
	Tippecanoe	2 health centers: Tippecanoe Community Health Center and Purdue University-Monon Community Health	Low-income population, entire county	Region 30 Mental Health, entire county
			2 health centers: Tippecanoe Community Health Center and Purdue University-Monon Community Health	2 health centers: Tippecanoe Community Health Center and Purdue University-Monon Community Health

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

Table 12
Resources in White and Surrounding Counties

Service Area	County	Public Health Department
Primary	White	White County Health Department (Monticello, Indiana)
Secondary	Carroll	Carroll County Health Department (Delphi, Indiana)
	Pulaski	Pulaski County Health Department (Winamac, Indiana)
	Jasper	Jasper County Board of Health (Rensselaer, Indiana)
	Cass	Health Department of Cass County (Logansport, Indiana)
	Tippecanoe	Tippecanoe County Health Department (Lafayette, Indiana)

Service Area	County	FQHC
Primary	White	Monon Health Center (Monon, Indiana)
Secondary	Carroll	Carroll County Health Center (Delphi, Indiana)
	Pulaski	Knox/Winamac Community Health Center, Inc. (Winamac, Indiana)
	Jasper	N/A
	Cass	Cass County CHC and WIC Program (Logansport, Indiana)
	Tippecanoe	Riggs Community Health Center (Lafayette, Indiana)

Service Area	County	Hospital	
Primary	White	IU Health White Memorial Hospital	
Secondary	Carroll	N/A	
	Pulaski	Pulaski Memorial Hospital	
	Jasper	Jasper County Hospital	
	Cass	Logansport Memorial Hospital	
	Tippecanoe	Franciscan St. Elizabeth Health East Hospital	IU Health Arnett Hospital
		Franciscan St. Elizabeth Health Central Hospital	St. Vincent Seton Specialty 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 Area IV 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 Community Services Block Grant (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 Indiana and comprise the Community Action Network. White, Carroll, Tippecanoe, and Clinton counties are all served by the Area IV Agency.

Key conclusions are as follows:

- Area IV served 34,507 individuals in 2009; this was an increase of 60% over the number of individuals served in the community in 2007
    - From 2007 to 2009, the number of female clients has grown at a slightly higher pace than male clients, producing a 24% increase compared to an increase of 20% for male clients
    - The number of children served by the Network increased in 2009 by 27.4% from 2007; from 2008 to 2009, there was an increase of 21% in the number of children served who were 6 to 11 years old and a 28% jump in the number of children served who are 12 to 17 years old
    - Area IV's largest population served was seniors; between 2007 and 2009, Area IV saw an increase of over 1000% in the number of clients being served over the age of 70, as well as a, 300% increase in the number of clients served who were between the ages 55-69
    - The number of Latino and Hispanics served by the Network has increased 30% since 2007; this is a large increase considering this population has only grown 5.7% in Indiana since 2007
- In 2009, the largest proportion of clients served by Area IV had completed some grade(s) 9th-12th at 67%
- The number of Area IV clients served with no income increased from 2007. However, in 2009, these clients only accounted for 2 percent of those who were served
    - For those served by Area IV who reported they receive non-employment income, which can include sources such as disability, social security, pensions, or public assistance, the largest source of clients' income in this category came from social security

A client survey was randomly sent in September 2010 to those who had received services from Area IV in 2009. There were 13,772 surveys returned statewide, of which 591 were from Area IV 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 CICAP's client survey respondents as top community needs:
    - Assistance to pay their electric/gas/water bills
    - Help for those seeking employment
    - Affordable legal services
    - Support for caregivers of senior citizens
    - Certificate programs to help people get jobs

    - Home insulation or weather-proofing services
    - Help for people in need of reliable transportation
- The following were identified by CICAP'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, and transportation (price of gas)

Area IV offers many programs and services. Some of the programs Area IV 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. We provide 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
- Indiana Legal Services
    - Provides free legal services to low income and elderly in the Area IV counties served
    - Sponsors "Questions and Answers for Seniors", individual meetings with David Rosenthal, Lafayette Attorney
- Family Caregiver Program
    - Provides information to caregivers about available community services
    - Offers assistance to caregivers in gaining access to services
    - Provides respite care to enable caregivers to temporarily be relieved from their duties
    - Individual counseling, support groups, education and other supplemental services are also provided
- Linkage Information and Assistance
    - Provides information about care options, resources, and procedures for helping disabled or aging loved ones remain independent
    - Supplies referrals to appropriate agencies and services, as well as family consultations and personal needs assessments
- Housing Choice Voucher Program
    - Area IV contracts with Indiana Housing and Community Development Authority (IHCDA) to provide rental housing assistance to low-income individuals and families
    - Assistance is provided through vouchers that pay the difference between the rent (including utility costs) and 30%-40% of a household's adjusted income

6 PRIMARY DATA ASSESSMENT

IU Health'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 White Memorial Hospital 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 White could play in addressing the identified needs.
2. Surveying the community at large through the hospital's Web site, 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 White. Attendees who participated in the focus group are listed in ***Table 13***.

Table 13
Focus Group Participants

Name	Title, Affiliation	Expertise
Melinda Molter	*Customer Service Representative (CSR), White Oaks Health Campus*	Ms. Molter is representative of a community perspective regarding senior health. As a CSR at White Oaks Health Campus, she works to provide access to various services for seniors within the community.
Jerry Horner	*NCNC, Inc.*	
Jim Annis	*Town Council member, White County*	Mr. Annis is representative of a community perspective regarding healthy living. As a member of the White County Town Council, he is knowledgeable in the community's needs and resources available to address those needs.
Leslie Goss	*Director, White County Community Foundation*	Ms. Goss is representative of a community perspective regarding economic development. As Executive director of the Community Foundation in White County, she is knowledgeable on the financial stability of the community and the resources available to it.
Tom Fletcher	*Superintendent, Twin Lakes Schools, Monticello*	Mr. Fletcher is representative of a community perspective regarding children's health and education. As the Superintendent of Twin Lakes Schools, he is familiar with the health issues and needs of children within the community.
Don Koleszar	*Vice President, White County Economic Development Organization*	Mr. Koleszar is representative of a community perspective towards healthy living. As a board member of the White County Economic Development Organization, he is familiar with the general market and income of the community, as well as the obstacles low-income individuals in the area face.
Nan Albright	*Administrator, Monticello Assisted Living Health Care*	Ms. Albright is representative of a community perspective regarding access to healthcare and healthy living. As an employee of Monticello Assisted Living Health Care, she is knowledgeable within the areas of patient care, needs, and access to services.

Name	Title, Affiliation	Expertise
Ken Houston	*Mayor, City of Monticello*	Mayor Houston is representative of a community perspective regarding healthy living. As mayor of Monticello, he is knowledgeable of the Monticello community's needs and the resources available to address those needs.
Cindy Hicks	*Manager, White County WorkOne Agency*	Ms. Hicks is representative of a community perspective regarding employment in White County. As manager at the White County WorkOne Agency, she understands the issue of unemployment, lack of income, and the needs of the underserved populations, as well as ways to address these needs.
Butch Kramer	*Town Council member, White County Town Council*	Mr. Kramer is representative of a community perspective regarding healthy living. As a member of the White County Town Council, he is knowledgeable on the community's needs and resources available to address those needs.
James Mann	*City Council member, Monticello City Council*	Mr. Mann is representative of a community perspective regarding healthy living. As a member of the Monticello City Council, he is knowledgeable on the community's needs and resources available to address those needs.
Randy Price	*President and CEO, White County REMC*	As the President and CEO of White County REMC, Mr. Price understands that the mission of the organization is to provide superior energy services and meaningful contributions to the community.

6.1.2 Prioritization Process and Criteria

To obtain a more complete picture of the factors that play into the White 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 White Memorial Hospital, and the second was held via a phone 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 organization that represent the interest of low-income, minority, and uninsured individuals. The goal of soliciting these leaders' feedback was to gather insights into the quantitative data that may not be easily identified from the secondary statistical data alone.

Upon arrival to the focus group, participants were asked to list their believed five prioritized health needs for the IU Health White 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 White'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 White Memorial Hospital:

1. Access to healthcare.
2. Health education and literacy.
3. Community collaboration and partnership.
4. Senior health.
5. Tobacco and substance abuse.

These prioritized needs are discussed in more detail below.

1. Access to healthcare was identified by the focus groups as the primary need in White County. The group agreed they would like to see cost effective, emergency room alternative services, such as an urgent care center and outreach clinics. They also suggested extending clinic hours in an effort to reach the working class individuals who may not be able to see a doctor during normal business hours. Community leaders also mentioned the need for increased access to specialists in the area and more healthcare practitioners in general to address underserved community needs such as newborn care, primary care, home healthcare, dental care, vision care, care for respiratory illness, and hospice care. Currently, cardiologists are in high demand in the community and only have availability three times per week; for that reason, cardiology care needs to be increased in this service area. The group additionally expressed a concern with pharmaceutical care needs. Currently, there is not an extended hour pharmacy available for residents to fill prescriptions outside of normal business hours. Leaders agreed the best way to provide increased access to care would be to provide better transportation services to the hospital or clinics, as available transportation is an important access barrier in the community. A final suggestion was to create a ways to help guide people as they try to navigate through the healthcare environment, particularly regarding Medicare and Medicaid, and would also include directing the impoverished populations toward the best ways to obtain affordable care.

2. Health education and literacy in various forms is the second greatest need in White County agreed upon by community leaders. The group believed interactive community events such as seminars on a variety of important health topics would be beneficial. Focus group participants also agreed wellness programs should be implemented in a more engaging way, such as through the offering of incentive programs, cooking demonstrations, advising on healthy food choices in applied community settings, and recreational events that promote exercise. Participants additionally mentioned that some type of local training such as Certified Nursing Assistant (CNA) training would benefit the community by providing additional resources for resident's health needs. Currently, they have a local CNA program called Total Action Against Poverty (TAP) and they would like to expand this program. Other educational programs suggested included GED-fulfillment and any other health-related occupation courses that allow an adult to be trained to work in the growing field of healthcare.

3. Community collaboration and partnership was a need that came out of a variety of needs expressed by community leaders that did not fall into a particular category, but were generally related to increasing the community's participation in healthy behaviors. One of these needs expressed by focus group participants was to better involve youth in the area of healthcare. The youth may not be aware of the opportunities in healthcare and the growing healthcare job market that can be available to them when they graduate high school. Community leaders would also like to see increased collaboration and partnerships in the community in order to accomplish more

while using less. For example, county-wide collaborations would better bring area communities together and could include such resources as Purdue Nutrition, Have a Healthy Baby (HHB) Program, Purdue Clinics, Delphi Clinics, Monon Clinics, area schools, and other not-for-profit entities.

4. Senior health is a growing need identified by community leaders that will require increasingly more attention as the area population ages. Focus group participants expressed that they would like to see an increase in community practitioners that specialize within the areas of geriatric medicine and senior care. Community leaders suggested that an increase in affordable assisted-living health services and senior care centers is needed as the aging population in the area continues to increase. A related initiative suggested was to also find an organization willing to assist seniors in the adaptation of their homes to make them safer, such as the Central Indiana Council on Aging, Inc. (CICOA) Aging & In-Home Solutions. Another more specific area for improvement in the well-being of seniors in the community that was mentioned was to find a way to inform seniors on the proper use of 911. Currently, seniors are calling 911 for non-emergency tasks such as for assistance getting out of their chair, help opening medication, and other non-vital requests. The group reported that 911 saw about 300 calls for chest pains and 300 calls for falls. Participants suggested assigning a point-of-contact individual for seniors living alone in order to help alleviate the 911 calls that are not emergency-related, but more self-help related.

5. Tobacco use and substance abuse were identified as the fifth most important needs, but time constraints did not provide enough time for discussion. One suggestion, however, was to create a connection between medical expertise and personal responsibility.

6.2 Community Survey Findings

IU Health also solicited responses from the general public regarding the health of the IU Health White Memorial Hospital 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 February 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 onto their local community members.

Respondent Demographics

8 respondents participated in the survey. All of these respondents were from the PSA (White County). The survey sample was 100% Caucasian (White), with a majority of respondents being 51+ (75%), 30-40 (25%) years of age.

The educational attainment of the sample was relatively high for the survey population with more than 87 percent of respondents reporting they had completed either a college undergraduate (75%) or graduate degree (13%). The remaining respondents (13%) reported completing a high school degree/GED only.

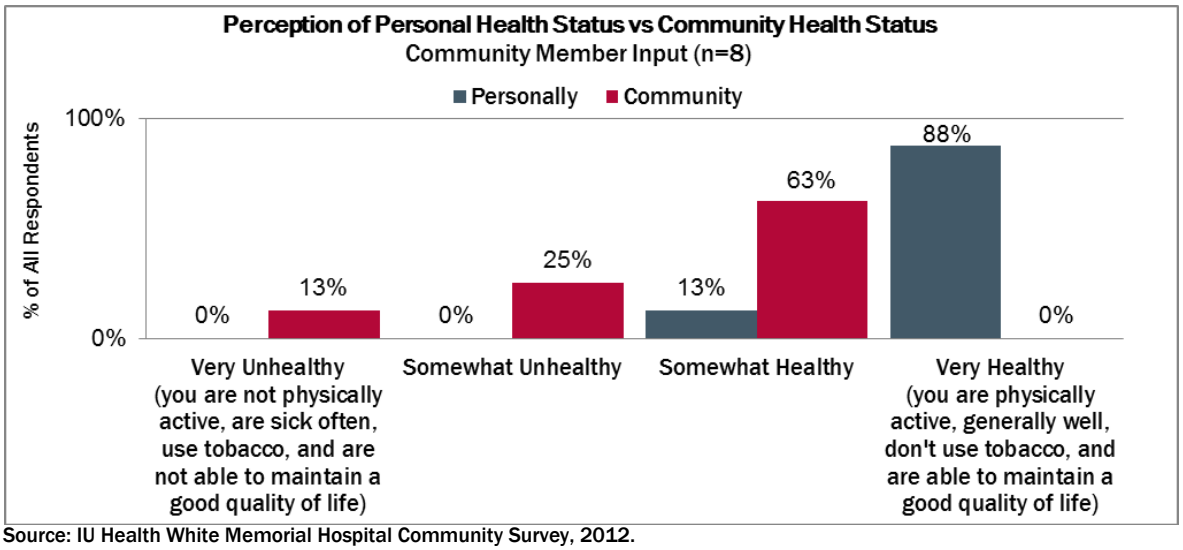
Reported household income of the sample was high with the majority of participants reporting an income of $89,401+ (75%). Approximately 25% of the respondents reported a household income range of $22,351-$67,050.

Survey respondents also were asked to report their insurance status. Of the respondents that reported their insurance status, the majority had commercial/private insurance (75%), a small percentage of individuals reported having Medicare (5%).

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)." Participant results are summarized in ***Figure 6***.

Figure 6
Web-Based Survey Responses



Source: IU Health White Memorial Hospital Community Survey, 2012.

The majority of participants rated themselves as either "Somewhat Healthy" (13%) or "Very Healthy" (88%). Similarly, when asked to rate their overall community on the same scale, most participants rated their community's health as "Somewhat Healthy" (63%), as opposed to 25% rating their community as "Somewhat Unhealthy" (25%) or "Very Unhealthy" (13%).

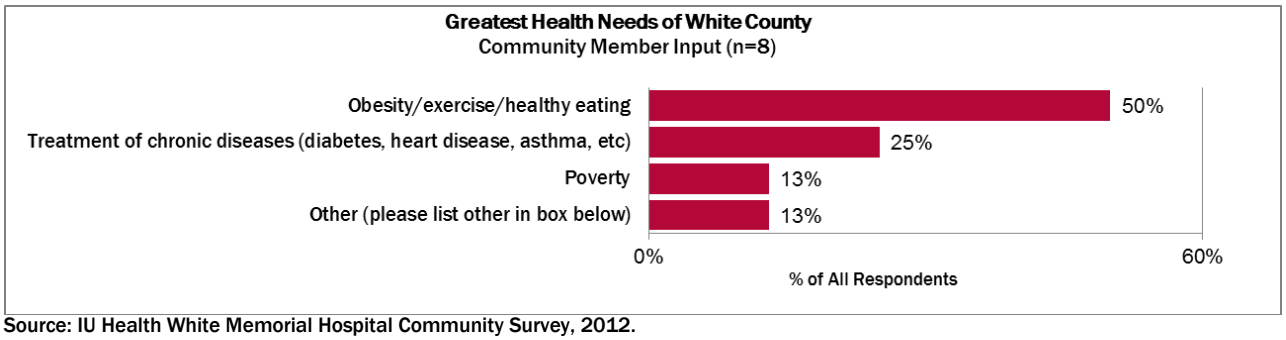
Health Issues

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

1. Access to health services.
2. Obesity/exercise/healthy eating.
3. Treatment of chronic diseases.
4. Other health needs.

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

Figure 7
Web-Based Survey Responses

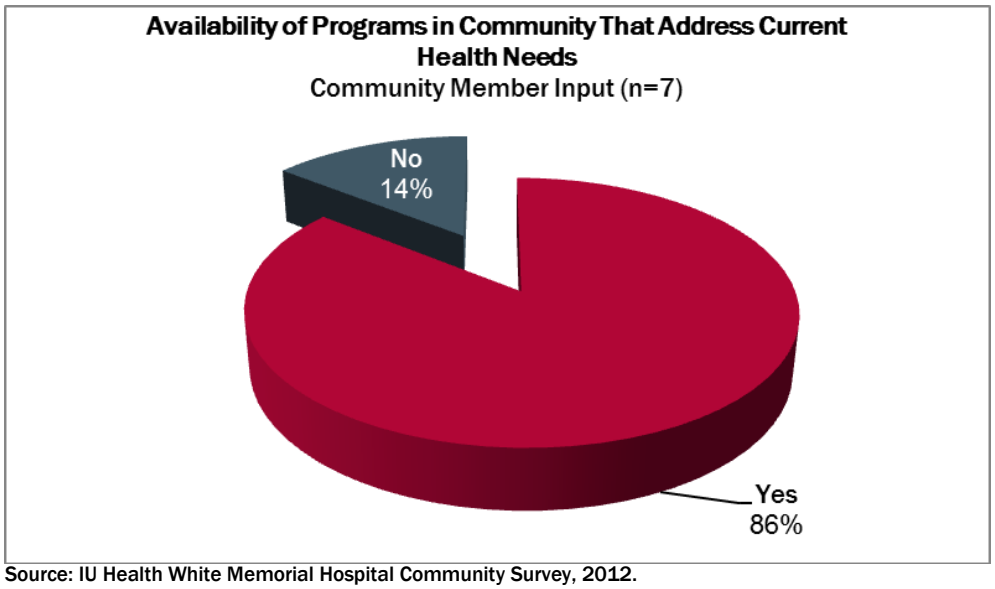


Source: IU Health White Memorial Hospital Community Survey, 2012.

Community Health Needs

Six out of seven respondents indicated that their community did maintain enough programs to help with the identified key community health issues. ***Figure 8*** 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 White Memorial Hospital Community Survey, 2012.

The individual respondent that reported they did not feel like their community had adequate programs available to address current health needs listed access to health services (eg, shortage of primary care practices, long waits for appointments, and irregular provisions for indigent care) as the issue they feel that IU Health White Memorial Hospital should consider focusing on the most.