



**Indiana University Health White Memorial Hospital  
Community Health Needs Assessment**

**2015-2016**





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# **1 INTRODUCTION**

## **1.1 Purpose**

This report provides the findings from a community health needs assessment (CHNA) conducted on behalf of Indiana University Health White Memorial Hospital (IU Health White Memorial). The purpose of a CHNA is to identify the leading health needs in White County, the area defined as the community served by the hospital, to describe the leading needs IU Health White Memorial will address by developing effective implementation strategies to respond to the needs and 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.

## **1.2 Objectives**

The 2015 IU Health White Memorial CHNA has three main objectives:

- 1.** Identify the priority health needs (public health and healthcare) within the IU Health White Memorial PSA for follow-up.
- 2.** To serve as a foundation for developing implementation strategies that can be utilized by healthcare providers, communities, and policy makers in order to improve the health status of people in the White County community.
- 3.** 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

IU Health White Memorial's entire community service area extends into seven counties of Indiana: White, Benton, Carroll, Cass, Jasper, Pulaski and Tippecanoe.

**Top Community Health Needs**

This assessment identified three 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**



**Obesity Prevention, Nutrition and Active Living**



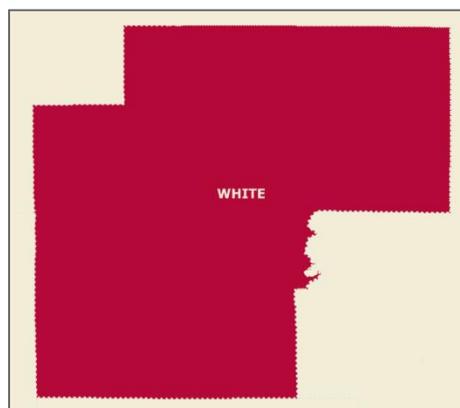
**Mental Health, Substance Abuse and Behavioral Health**

IU Health White Memorial is the only hospital in White County and also has a walk-in clinic for urgent care. A Federally Qualified Health Center, a Rural Health Center and private physicians also operate in the county.

To identify the priority needs, IU Health White Memorial collected comments, surveyed residents of the county onsite with a paper survey and also via an online portal, conducted a focus group which included public health experts and representatives of medically underserved groups and reviewed available resources about health status indicators. From these sources, the Hanlon Method was used to identify the priority needs.

### 2.1 Primary Service Area

White County comprises the majority of the IU Health White Memorial community. It accounts for all of the primary service area's (PSA) total population and 86% of the inpatient discharge population of the total community service area.



## **3 STUDY METHODS**

### **3.1 Analytical Methods**

To identify the community's leading health needs, both quantitative and qualitative data were utilized. For this CHNA, quantitative analyses assessed the health needs of the population through data abstraction and analysis, and qualitative analysis were conducted by gathering input from community members through a survey and through a focus group with public health experts and community leaders in White County.

### **3.2 Data Sources**

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

- Demographics, e.g., population, age, sex, race
- Economic indicators, e.g., poverty and unemployment rates
- Health access indicators, e.g., insurance coverage, ACSC discharges
- Availability of healthcare facilities and resources

Data sets for quantitative analysis included:

- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Community Health Status Indicators Project
- Indiana Department of Workforce Development
- Indiana Hospital Association Database
- Kaiser Family Foundation
- Robert Wood Johnson Foundation—County Health Rankings
- US Bureau of Labor Statistics
- US Census Bureau
- 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 through a focus group with community representatives and public health experts.

### **3.3 Process for determining priorities**

The quantitative, secondary data sources identified health needs for which Indiana or White County is above or below average in comparison to other regions. Qualitative information from survey results, which included responses from under-served or underrepresented groups, supplemented the secondary data. Survey results and secondary data findings were shared with a focus group of community health leaders. This group prioritized leading health needs. The priorities from the focus groups, plus survey results and health indicator data were compiled. IU Health White Memorial Hospital representatives used the Hanlon Method to identify the top five needs.

The Hanlon Method seeks ratings from 0 to 10 on three criteria: size of the health problem based on the percentage of the population affected, seriousness or magnitude of the health problem, and

the effectiveness of potential interventions.<sup>1</sup> With the ratings compiled, analysts identify specific health problems that can feasibly be addressed by the community served. From that list, priority scores are calculated, where the seriousness of the problem is given the most weight. Ranks are assigned based on the priority scores.

### **3.4 Information Gaps**

To the best of our knowledge, no information gaps have affected IU Health White Memorial's ability to reach reasonable conclusions regarding community health needs. While IU Health White Memorial has worked to capture quantitative information on a wide variety of health conditions from a wide array of sources, IU Health White Memorial 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 Memorial conducted a focus group with public health experts and community health leaders and distributed community surveys to gather input from the general and underserved community members. 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, such as prenatal care advocates or injury prevention groups, then that need could potentially be underrepresented in the focus group. Due to the community survey's small sample size and sampling method (convenience sample instead of a random sample), extrapolation of these results to the entire community population is limited.

### **3.5 Collaborating Organizations**

The IU Health system collaborated with other organizations and agencies in conducting this needs assessment for the IU Health White Memorial Hospital community. Despite repeated attempts to engage the White County Health Department, IU Health White Memorial received no response. The collaborating organizations are as follows:

- Avalon Dental Spa
- City of Monticello
- IU Fairbanks School of Public Health
- Indiana University School of Public Health
- Monticello Healthcare
- Monticello, Union Township Public Library
- Twin Lakes School Corporation
- White County Council on Aging & Public Transit
- White Oak Health Campus, Trilogy Health Services, LLC

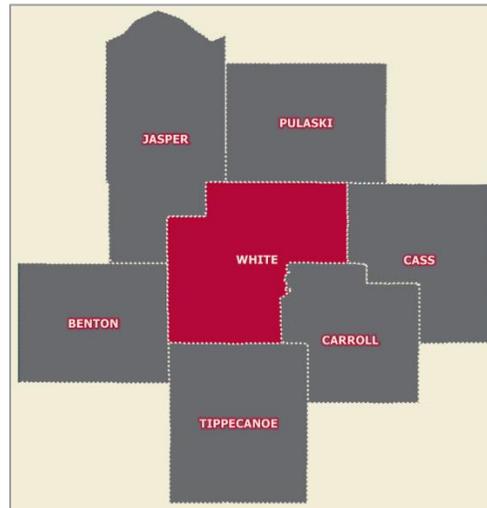
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<sup>1</sup> The Hanlon Method is one of the possible prioritization methods presented in material from the National Association of County and City Health Officials. For more information, see <http://www.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples.pdf>

## 4 DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by IU Health White Memorial. The community was defined as White County, the county where IU Health White Memorial is located. The secondary service area includes six counties surrounding White County, as shown in *Figure 1*.

**Figure 1: Counties in the IU Health White Memorial Service Area Community, 2015**



In 2014, the IU Health White Memorial PSA included 1,810 discharges. The community was defined based on the geographic origins of IU Health White Memorial inpatients. Of the hospital's inpatient discharges, approximately 86% originated from the PSA.

## 5 SECONDARY DATA ASSESSMENT

### 5.1 Demographics

IU Health White Memorial Hospital is located in White County, in central northwestern Indiana. White County includes the cities and towns of Monticello, Norway, Reynolds, Wolcott, Brookston, Buffalo, Burnettsville, Chalmers, Idaville and Monon. Based on the most recent Census Bureau (2014) statistics, White County's population is 24,453 with approximately equal split between male and female. The county's population estimates by race are 97.0% White-Alone, 0.3% Black-Alone, 0.4% Asian, 0.3% American Indian or Alaska Native, and 1.1% persons reporting two or more races. Of White County residents, 7.7% reported being Hispanic or Latino (in addition to one of the above).

White County has relatively low levels of educational attainment. Ten percent finished their education before obtaining a high school degree. About 4 in 10 (43%) ended their education with a high school degree. An additional 31% had some college, including an associate's degree. As of 2013, 15% of the population had bachelor's degree or higher.

Within the entire service area, the total population for the PSA is 24,453 and the total population for surrounding counties is 287,877, as illustrated in **Table 1** below.

**Table 1: Service Area Population, 2014**

Service Area	County	Population	Percent of Total
Primary	White	24,453	7.8%
	Subtotal	24,453	7.8%
Secondary	Carroll	19,923	6.4%
	Pulaski	12,967	4.2%
	Jasper	33,475	10.7%
	Cass	38,438	12.3%
	Tippecanoe	183,074	58.6%
	Subtotal	287,877	92.2%
<b>Total Service Area</b>		<b>312,330</b>	<b>100%</b>

Source: County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race and Hispanic Origin: April 1, 2010 to July 1, 2014

### 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 and (iii) Uninsured.

#### 5.2.1 Employment

The share of jobs in White County was highest within the areas of manufacturing, retail trade, health care and social assistance, accommodation and food services and wholesale trade. 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 Trailer Corporation, Wal-Mart Supercenter, Jordan Manufacturing Company and Ball Metal Beverage Packaging. The county is the site of major windfarms and agricultural activity, including production of corn and soybeans.

White County had an unemployment rate similar to the rate in most of the surrounding counties and national and state unemployment rates. Unemployment rates as of December 2014 and December 2013 are summarized in **Table 2**.

**Table 2: Unemployment Rates, December 2013 and December 2014**

Service Area	County	Dec-13	Dec-14	% Change from 2013-2014
Primary	White	6.0%	5.1%	-0.9%
Secondary	Carroll	5.7%	5.0%	-0.7%
	Pulaski	6.1%	5.2%	-0.9%
	Jasper	7.1%	6.9%	-0.2%
	Cass	6.6%	5.5%	-1.1%
	Tippecanoe	5.2%	4.6%	-0.6%
Indiana		6.3%	5.7%	-0.6%
USA		6.5%	5.4%	-1.1%

Source: US Bureau of Labor Statistics, 2014

### 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 2013 the national poverty rate was at 14.8%, down from 15.0% in 2012. In Indiana, 15.8% of the state population lived in poverty in 2013, which was a 0.3% increase from the 2012 poverty rate (15.5%).

For White County, a poverty rate of 12.4% was reported in 2013, rising from 12.1% in 2012 (+0.3%). Comparatively for Indiana, Hamilton County has the lowest poverty rate at 5.5 % and Monroe County has the highest poverty rate at 23.9%. **Table 3** on page 7 illustrates the poverty rates in the IU Health White Memorial service area by year between 2011 and 2013

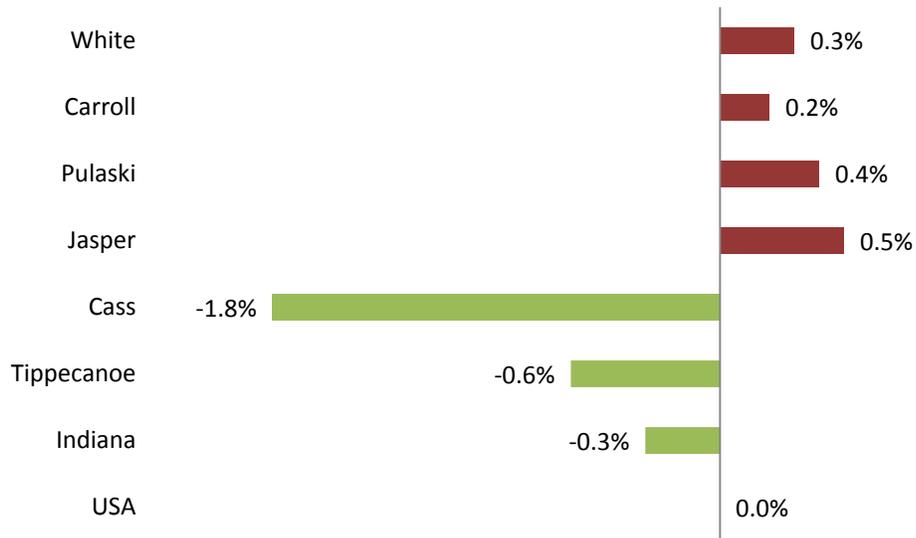
**Table 3: Percentage of People in Poverty, 2011-2013**

Service Area	County	2011	2012	2013	% Change from 2012 - 2013
Primary	White	11.9%	12.1%	12.4%	0.3%
Secondary	Carroll	11.6%	10.7%	10.9%	0.2%
	Pulaski	13.3%	13.9%	14.3%	0.4%
	Jasper	10.6%	10.2%	10.7%	0.5%
	Cass	14.7%	15.6%	13.8%	-1.8%
	Tippecanoe	21.4%	20.4%	19.6%	-0.6%
Indiana		15.8%	15.5%	15.8%	0.3%
USA		15.0%	15.0%	14.8%	0.0%

Source: US Census Bureau, 2015

Poverty rates increased between 2012 and 2013 in White County, Carroll County, Pulaski County and Jasper County. Comparisons of poverty rates in the Primary and Secondary Service Areas, as well as those for the state of Indiana and the entire US, are displayed in **Figure 2** on page 8.

**Figure 2: Percentage Change in Poverty Rates between 2012 and 2013**



Source: US Census Bureau, 2014

Income level is an additional economic factor that has also been associated with the health status of a population. Based on the US Census Bureau (2013), White County's per capita personal income was estimated to be \$23,666 with a median household income around \$58,241. Indiana per capita income was nearly \$1,000 higher than in White County, at \$24,634. However, statewide median household income, at \$48,248, was lower almost \$10,000 less than in White County. Nationally, per capita income surpassed that in White County, with a reported value of \$38,846. However, US median household income of \$50,221, while higher than for Indiana, was lower than the value recorded in White County.

### 5.3 County Level Health Status and Access Indicators

#### 5.3.1 County Health Rankings

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

With 92 counties in Indiana, a county may be ranked from 1 to 92, where 1 represents the highest ranking and 92 represents the lowest. **Table 4** here and on the following page summarizes County Health Ranking assessments for White County and neighboring Tippecanoe County, which has the largest population of the counties in the secondary service area for IU Health White Memorial. White County ranked 36th in the state for overall health outcomes (length and quality of life).

**Table 4: Relative Health Status Indicators for White County and Tippecanoe County**

Indicator	Tippecanoe	White	Average Ranking for Service Area
Health Outcomes	18	36	27
Length of Life	16	36	26
Premature death per 100,000	6,380	7,493	6,936.5
Quality of Life	26	33	29.5
Poor or fair health	16%	14%	15%
Poor physical health days reported in the past 30 days	3.2	3.7	3.45
Poor mental health days reported in the past 30 days	3.9	3.3	3.6
Low birth weight (<2500 grams)	7%	7.7%	7.35%
Health Factors	11	35	23
Health Behaviors	5	31	18
Adult smoking	15%	22%	18.5%
Adult obesity (BMI of 30 or more)	26%	32%	29%
Food environment index 0 (worst) 10 (best)	6.4	8	7.2
Physical inactivity age 20 and over	25%	27%	26%
Access to exercise opportunities	73%	37%	55%
Excessive drinking	17%	11%	14%
Alcohol-impaired driving deaths	32%	14%	23%
Sexually transmitted infections (chlamydia) per 100,000	497	344	420.5
Teen female births ages 15-19 per 1,000	25	47	36
Clinical Care	18	71	44.5
Uninsured (under the age of 65)	17%	18%	17.5%
Primary care physicians ratio of population to primary care physicians	1,479 to 1	2,221 to 1	1,850 to 1
Dentists ratio of population to dentists	2,310 to 1	3,058 to 1	2,684 to 1
Mental health providers ratio of population to mental health providers	748 to 1	2,224 to 1	1,486 to 1
Preventable hospital stays per 1,000	65	86	75.5

Table 4, continued			
Indicator	Tippecanoe	White	Average Ranking for Service Area
Diabetic monitoring of Medicare enrollees ages 65-75 that receive HbA1c	85%	87%	86%
Mammography screening ages 67-69 of female Medicare enrollees	64.8%	59.6%	62.2%
<b>Social and Economic Factors</b>	<b>36</b>	<b>33</b>	<b>34.5</b>
High school graduation	86%	88%	87%
Some college ages 25-44	70.6%	57%	63.8%
Unemployment population ages 16 and older	6.80%	7.5%	7.2%
Children in poverty (under the age of 18)	19%	19%	19%
Income inequality ratio at the 80th percentile to income at the 20th percentile	5.3	3.6	4.45
Children in single-parent households	30%	28%	29%
Social associations per 10,000	10.1	14.3	12.2
Violent crime per 100,000	274	129	201.5
Injury deaths per 100,000	44	70	57
<b>Physical Environment</b>	<b>50</b>	<b>25</b>	<b>37.5</b>
Air pollution - particulate matter in micrograms per cubic meter (PM2.5)	13.5	13.4	13.45
Drinking water violations during the past year	0%	0%	0%
Severe housing problems with at least 1 of 4 problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	20%	12%	16%
Driving alone to work	76%	83%	79.5%
Long commute - driving alone for more than 30 minutes	13%	32%	22.5%

Source: County Health Rankings, 2015

In preventable health factors, White County ranked 35th in terms of overall health related factors (determinants of health) and ranked 33rd in social and economic factors; individual scores are displayed in **Table 4** above. Any individual rank of 69 or higher indicates that a county is in the lowest quarter among Indiana counties. White County ranked 71st in the state for clinical care.

### 5.3.2 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 5** on the following page compares CHSI health status indicators by highlighting in cells for which White County compares favorably or unfavorably both to the US as a whole and to peer counties. White County compared unfavorably to one peer county (Tippecanoe County) on benchmarks for many health conditions, including Alzheimer’s disease, cancer, and preterm births. Indicators related to older adult asthma and gonorrhea were also considered unfavorable for White County. Favorable indicators for White County include stroke, older adult depression and syphilis.

**Table 5: Favorable and Unfavorable Health Status Indicators, White County and Tippecanoe County**

<b>Key</b>			
Favorable			
Moderate			
Unfavorable			
<b>Indicator</b>	Tippecanoe		White
<b>Mortality</b>			
Alzheimer's Disease			
Diabetes			
Cancer			
Chronic Kidney Disease			
Chronic Lower Respiratory Disease			
Coronary Heart Disease			
Female Life Expectancy			
Male Life Expectancy			
Motor Vehicle			
Stroke			
Unintentional Injury (including motor vehicle)			
<b>Morbidity</b>			
Adult Diabetes			
Adult Obesity			
Adult Overall Health Status			
Alzheimer's Disease/Dementia			
Cancer			
Gonorrhea			
HIV			
Older Adult Asthma			
Older Adult Depression			
Preterm Births			
Syphilis			
<b>Health Care Access and Quality</b>			
Cost Barrier to Care			
Older Adult Preventable Hospitalization			
Primary Care Provider Access			
Uninsured			
<b>Health Behaviors</b>			
Adult Binge Drinking			
Adult Female Routine Pap Tests			
Adult Physical Inactivity			
Adult Smoking			
Teen Births			
<b>Social Factors</b>			
Children in Single-Parent Households			
High Housing Costs			
Inadequate Social Support			
On Time High School Graduation			
Poverty			

Table 5 continued			
Indicator	Tippecanoe		White
Unemployment			
Violent Crime			
<b>Physical Environment</b>			
Access to Parks			
Annual Average PM2.5 Concentration			
Housing Stress			
Limited Access to Healthy Food			
Living Near Highways			

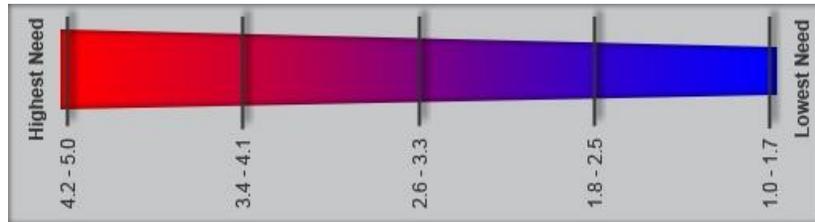
Source: Community Health Status Indicators Project, Department of Health and Human Services, 2015

#### 5.4 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 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 6** summarizes the CNI for ZIP codes in White County.

**Figure 3: Community Need Index Rating Scale**

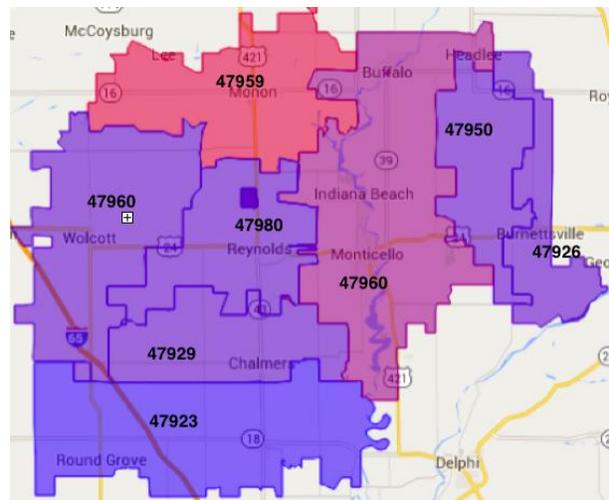


**Figure 4: CNI Scores by ZIP Code**

**Table 6: CNI Scores for White County**

County	City	ZIP Code	Rank
White	Monon	47959	3.8
	Monticello	47960	2.6
	Reynolds	47980	2.2
	Wolcott	47995	2.4
	Idaville	47950	2
	Chalmers	47929	1.8
	Brookston	47923	1.6
	Burnettsville	47926	2.2

Source: Community Need Index, 2015



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

### 5.5 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 1,000 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 a 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.”<sup>2</sup> **Table 7** illustrates the areas that have been designated as MUAs or MUPs in the IU Health White Memorial community.

**Table 7: MUAs and MUPs in the IU Health White Memorial Hospital Community**

Service Area	County	Medically Underserved Areas		Medically Underserved Populations	
		IMU Score	Detail	IMU Score	Detail
Primary	White	0.0	Honey Creek Service Area (Honey Creek Township)		
		49.3	Liberty/Lincoln Service Area (Liberty and Lincoln Townships)		
Secondary	Benton				
	Carroll			66.8	Entire County
	Pulaski			61.3	Low-income population, entire county
	Jasper				
	Cass	57.2	Cass Service Area		
	Tippecanoe	47.0	Tippecanoe Service Area		

Source: Health Resources and Services Administration, US Department of Health and Human Services, 2015. <http://datawarehouse.hrsa.gov/>

No MUP or MUA in county

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.

### 5.6 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 8** below lists the HPSAs in the IU Health White Memorial community and federally funded clinics that serve them.

**Table 8: HPSAs in the IU Health White Memorial Hospital Community**

Service Area	County	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA
Primary	White	Entire county		Region 30 Mental Health, entire county

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/>.

		Monticello Medical Center LLC, a rural health clinic Purdue Family Health Clinic, Monon, (also called North Central Nursing Clinic), a Federally Qualified Health Center		1 Federally Qualified Health Center-Purdue Family Health Clinic, Monon (also called North Central Nursing Clinic)
<b>Secondary</b>	Benton	Entire county		Entire county
	Carroll	Entire county		Region 30 Mental Health, entire county
		Purdue Family Health Clinic, Delphi (also called North Central Nursing Clinic)		Purdue Family Health Clinic, Delphi (also called North Central Nursing Clinic)
	Pulaski	Knox Winamac Community Health Center (Federally Qualified Health Center Look A Like)	Knox Winamac Community Health Center (Federally Qualified Health Center Look A Like)	Four Counties Catchment Area No. 10, entire county
				Knox Winamac Community Health Center (Federally Qualified Health Center Look A Like)
	Jasper	1 rural health clinic- Wheatfield Health Center	1 rural health clinic- Wheatfield Health Center	Region 30 Mental Health, entire county.
				1 rural health clinic- Wheatfield Health Center
Cass	Low-income population, entire county		Four Counties Catchment Area No. 10, entire county	
Tippecanoe	Riggs Community Health Center	Low-income population, entire county	Region 30 Mental Health, entire county	
			Riggs Community Health Center	1 health centers: Riggs Community Health Center

Source: Health Resources and Services Administration, US Department of Health and Human Services, 2015

No HPSA in county

## 5.7 Description of Other Facilities and Resources Within the Community

The IU Health White Memorial community contains a variety of resources that are available to meet the health needs identified through this CHNA. These resources include hospitals, FQHCs, public health departments and other organizations. **Table 9** below lists the other facilities and resources in the IU Health White Memorial community, by primary and secondary service areas.

**Table 9: Resources in White and Surrounding Counties**

Service Area	County	Public Health Department
Primary	White	White County Health Dept. (Monticello, Indiana)
Secondary	Tippecanoe	Tippecanoe County Health Dept. (Lafayette, Indiana)
	Benton	Benton County Health Dept. (Fowler, Indiana)
	Carroll	Carroll County Health Dept. (Delphi, Indiana)
	Cass	Cass County Health Dept. (Logansport, Indiana)
	Jasper	Jasper County Health Dept. (Rensselaer, Indiana)
	Pulaski	Pulaski County Health Dept. (Winamac, Indiana)
Service Area	County	FQHC
Primary	White	Monticello Medical Center LLC (Monticello, Indiana) Purdue Family Health Center (Monon, Indiana)
Secondary	Tippecanoe	Riggs Community Health Center (Lafayette, Indiana)
	Benton	No FQHC
	Carroll	Purdue Family Health Clinic (Delphi, Indiana)
	Cass	No FQHC
	Jasper	Wheatfield Health Center (Wheatfield, Indiana)
	Pulaski	Knox Winamac Community Health Center (Winamac, Indiana)
Service Area	County	Hospital
Primary	White	IU Health White Memorial Hospital (Monon, Indiana)
Secondary	Tippecanoe	IU Health Arnett Hospital (Lafayette, IN)
		Franciscan St. Elizabeth Health East Hospital (Lafayette, Indiana)
		Sycamore Springs (Lafayette, Indiana) – addictions recovery and behavioral health
		Lafayette Regional Rehabilitation (Lafayette, Indiana) – medical rehabilitation
		River Bend Hospital (West Lafayette, IN)
	Benton	No hospital
	Carroll	No hospital
	Cass	Memorial Hospital (Logansport, Indiana)
		Four County Counseling Center (Logansport, Indiana) – addictions recovery and mental health
	Jasper	Franciscan Healthcare (Rensselaer, Indiana)
Pulaski	Pulaski Memorial Hospital (Winamac, Indiana)	

Sources: Health Resources and Services Administration, US Department of Health and Human Services, 2015; Indiana State Department of Health, Health Care Regulatory Services, 2015

## 6 PRIMARY DATA ASSESSMENT

IU Health White Memorial’s approach to gathering qualitative data for its CHNA consisted of multiple components to identify and verify community health needs for the IU Health White Memorial Hospital service area. This included the following:

1. Hosting a two-hour community conversation focus group with public health officials and community leaders in attendance to discuss the healthcare needs of the service area and what role IU Health White Memorial could play in addressing the identified needs.
2. Surveying the community at large through the hospital’s website and paper surveys, with special attention to gathering 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 Memorial Hospital. Attempt to contact personnel at White County Health Department occurred several times via telephone, with no response. Public health experts from other locations, such as IU Health and Indiana University Fairbanks School of Public Health did participate. Attendees who participated in the focus group are listed in **Table 10** below.

**Table 10: Focus Group Participants**

	Name	Organization
1	Amber Blackmon	IU Health – Indianapolis office
2	Mark Back	IU Fairbanks School of Public Health
3	Mary Oliver, RN	White Oak Health Campus
4	Tammy Shirels, CSR	White Oak Health Campus
5	Emily Budreau, RN	Twin Lakes School Corporation
6	Lisa Dilner, RN	Twin Lakes School Corporation
7	Tom Fletcher	Twin Lakes School Corporation
8	Sue Whinings, RN	Twin Lakes School Corporation
9	Gale Spry	White Co. Council on Aging/Public Transit
10	Monica Casanova	Monticello-Union Township Public Library
11	Carroll Robertson	Avalon Dental Spa
12	Mitchell E. Billue	City of Monticello Parks & Recreation
13	Mayor Ken Houston	Mayor, City of Monticello
14	Cathy Gross	City of Monticello, Americans with Disabilities Act Coordinator
15	Nan Albright	Monticello Healthcare (senior care)
16	Tina Azad	IU Fairbanks School of Public Health

### 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 one focus group session. The focus group was a two hour live group session at IU Health White Memorial Hospital. 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 data findings from the secondary statistical sources and from the survey.

Upon arrival to the focus group, participants were asked to list their believed five prioritized health needs for the IU Health White Memorial 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 levels, chronic conditions, preventive behaviors and community needs index.

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

1. Access to Healthcare.
2. Behavioral Health/ Mental Health/ Substance Abuse.
3. Chronic Conditions.
4. Obesity.
5. Smoking & Tobacco Use.

These prioritized needs are discussed in more detail below.



**1. Access to healthcare** was identified by the focus group as the primary need in White County. The group agreed they would like to see additional cost effective, emergency room alternative services with extended hours. They 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. IU Health White Memorial opened an extended-hours clinic in 2013 but many in the focus group did not realize this.

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.

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 way to help guide people as they try to navigate through the healthcare environment, particularly regarding Medicare and Medicaid. It would also include directing the impoverished populations toward the best ways to obtain affordable care. Educational programs that would “increase personal responsibility” of healthy habits are needed. The group suggested adding a “navigator” to access healthcare and social services.



**2. Behavioral Health/Mental Health/ Substance Abuse** was a concern that was generated from the overall concern from conversations around children and families. The group clarified that behavioral health not only refers to behaviors that people choose, it also includes mental issues they have no control over. It was agreed that substance abuse should fall under behavioral health. This includes prescription and illegal drug use due to psychological linkages.

Mental health is partially an issue simply because there is not an inpatient drug treatment facility in the area, so residents with coexisting mental health and substance abuse problems must travel to Lafayette for care.



**3. Chronic Conditions** were discussed in terms of poor dieting and a sedentary lifestyle. Tobacco use and obesity, which were also mentioned as needs, concerned the participants of the focus group due to lack of available resources within the county. Many leaders believed White County did not have effective chronic disease management (especially of multiple chronic diseases), support groups, or follow-up after hospitalization. The community relies on the hospital to help with coordination and education efforts for patients with chronic disease. Many leaders said that a lot of people live in the rural parts of White County and can't get to a gym or health care facility.



**4. Obesity** and healthy lifestyle choices ranked high among concerns expressed by leaders in White County. Obesity was talked about in depth regarding the effect it has on overall wellness, chronic conditions, quality of life, and how it coexists with diabetes. Overall, leaders expressed interest in keeping obesity separate from chronic conditions so that the emphasis can be placed on prevention. The community also felt that the city parks department provides great resources for county residents to get active outdoors. Gaps that currently exist are city sidewalks, low cost programs and no indoor options in the winter besides an establishment requiring paid membership.



**5. Tobacco use and substance abuse** were identified as the fifth most important needs, but time constraints did not provide enough time for discussion.

## **6.2 Community Survey Findings**

IU Health solicited responses from the general public regarding the health of the IU Health White Memorial community through an online survey as well as paper versions of the survey. The survey consisted of approximately 20 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 December 2014 through June 2015. A paper version was distributed to local community centers, health clinics and community health fairs and events, as well as within some hospital patient waiting areas. Additionally, survey links or paper surveys were e-mailed, direct-mailed, or sent via newsletter. In addition to disseminating directly to the community, the survey was also sent via e-mail to participants in the needs assessment focus group to provide an opportunity for these community leaders to pass the survey along to their constituents and allies.

### **6.2.1 Respondent Demographics**

171 people from the IU Health White Memorial community participated in the survey. The majority of respondents represented by the survey were White/Caucasian (99%). Over half of the respondents (55%) were older adults, defined as ages 45 to 64. The young adult age group, defined as ages 25 to 44, was significantly represented as well within White County (37%).

159 of the 171 respondents reported their household income. Of the 159 people, 23% reported household income below \$24,999, while 36% earned between \$25,000 and \$49,999. About 20% earned \$50,000 to \$74,999 and 48% had household income above \$75,000.

Survey respondents were also asked to report how they pay for health needs. Of the 170 respondents who reported, the majority had employer provided insurance (73%). Private insurance was the second most reported payment (12%). A portion of the respondents (8%) used Medicare to cover health needs.

Given the reported demographics above, care should be taken with interpreting the survey results. The reported ages of the survey sample were disproportionate to White County's census demographics, with a higher percentage of older adults taking the survey than there are in the population. The population also has a significant Hispanic or Latino population (7.7%), though only 1% of the survey sample reported being Hispanic or Latino.

### **6.2.2 Greatest Health Needs and Social Issues**

Survey participants were asked to select the top five health needs in their community from a list of 12 options. By frequency of selected answer choices, White County considered the top five health needs to be:

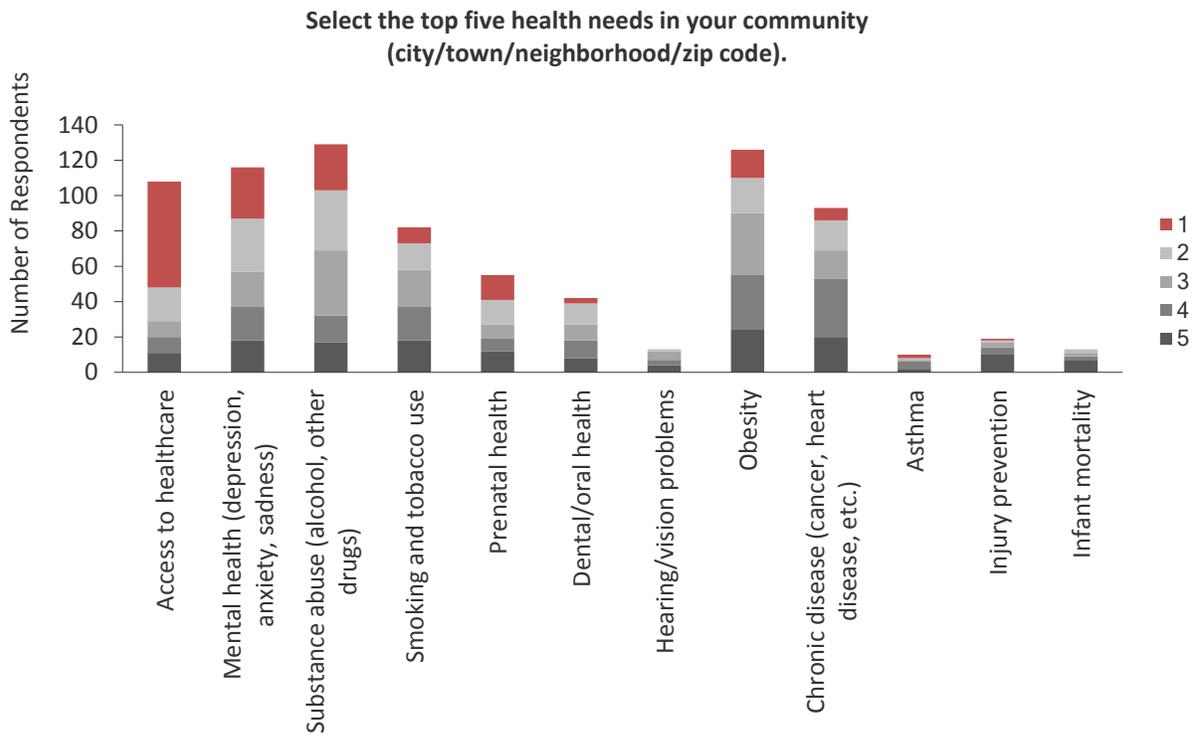
1. Substance abuse (16.0)
2. Obesity (15.6%)
3. Mental health (14.4%)
4. Access to healthcare (13.4%)
5. Chronic disease (11.5%)

Respondents were also asked to select the top three social needs in their community. By frequency of selected answer choices, White County considered the top three social needs to be:

1. Health (24.4%)
2. Poverty (15.9%)
3. Education (15.5%)

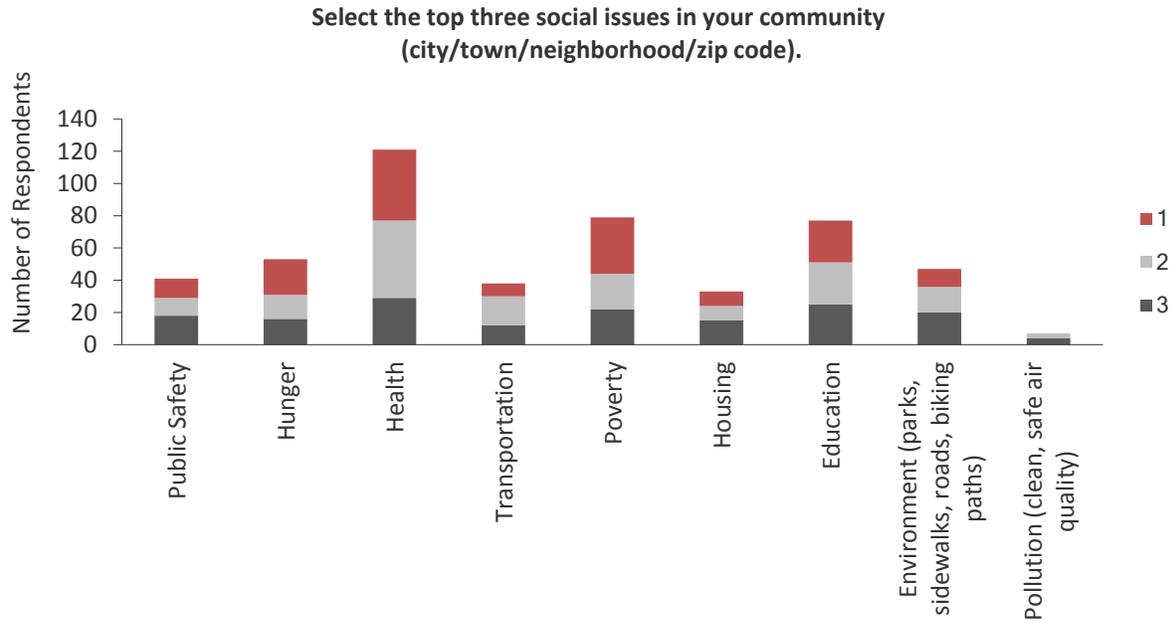
The top five health needs (Question 3) and top three social needs (Question 2) results are summarized in **Figure 5** and **Figure 6** below.

**Figure 5: Top Health Needs Based on Survey**



Source: IU Health Community Health Needs Assessment, 2015

**Figure 6: Top Social Issues Based on Survey**



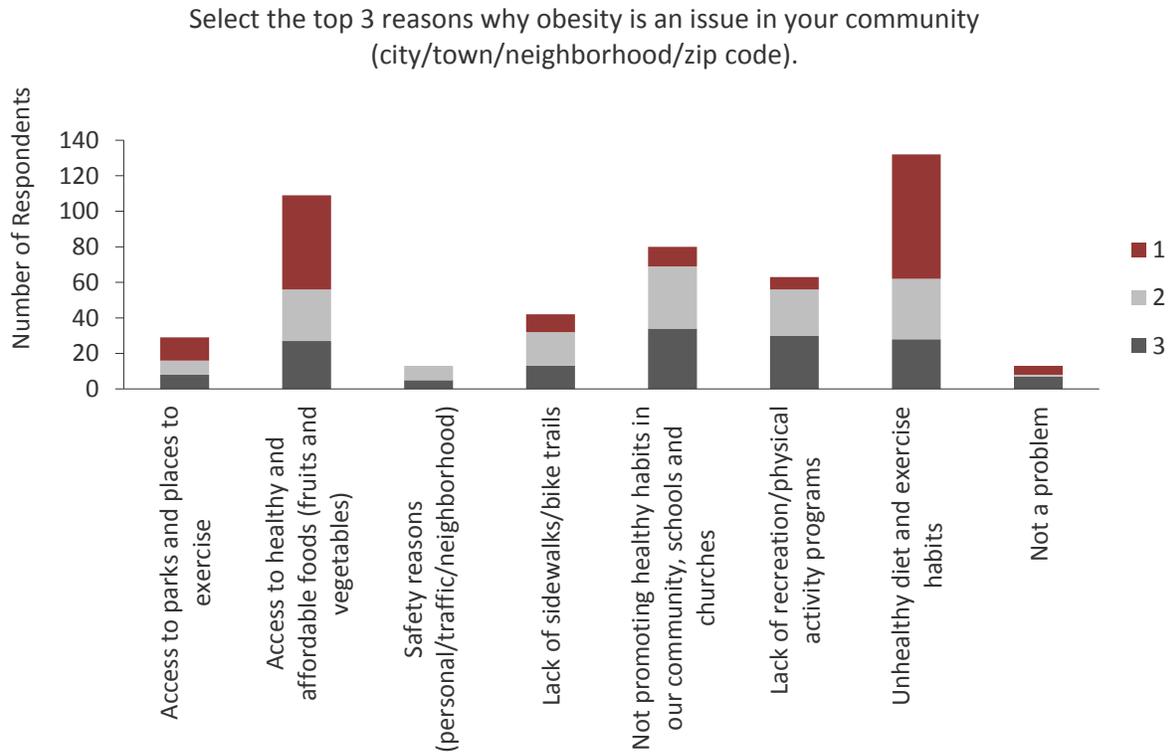
Source: IU Health Community Health Needs Assessment, 2015

The survey included several questions about obesity and mental health issues within respondents' communities. When asked to select the top three reasons why obesity is an issue in their community (Question 4), the three choices selected most often by respondents were (**Figure 7**):

**Unhealthy diet and exercise habits (27.4%)**

1. Access to healthy and affordable foods (22.7%)
2. Not promoting healthy habits (16.6%)

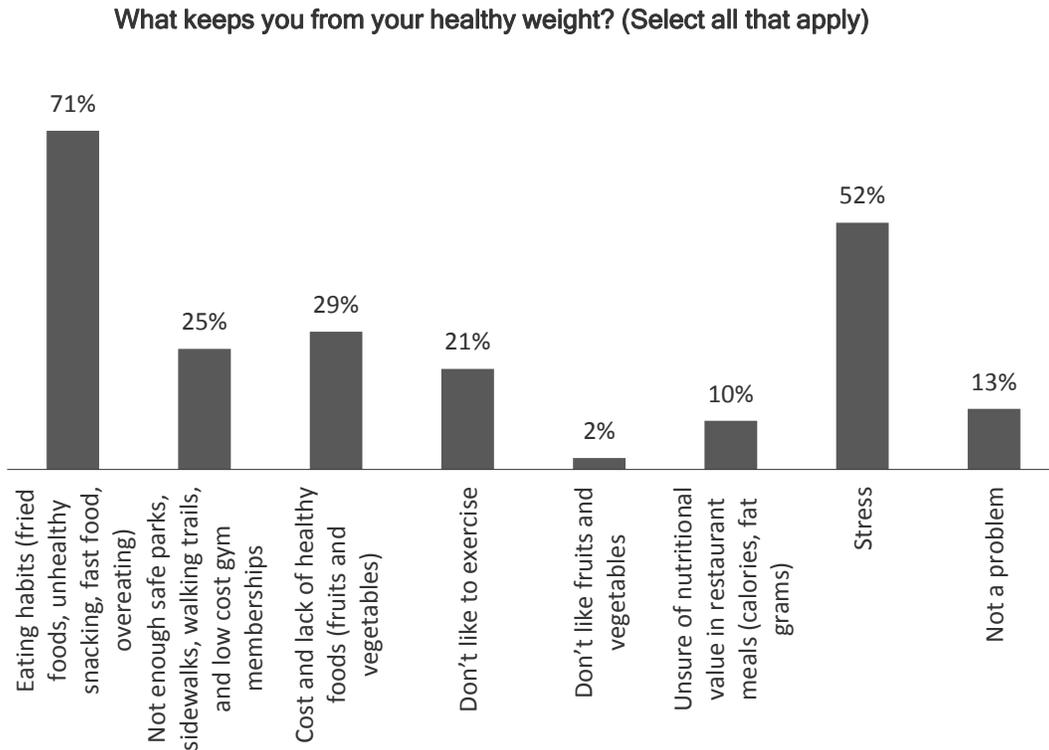
**Figure 7: Contributing Factors to Obesity**



Source: IU Health Community Health Needs Assessment, 2015

Respondents were also asked to select what reasons kept them from their healthy weight (Question 9) from a list of 8 options. About 70% thought their eating habits (fried foods, unhealthy snacking, fast food, overeating) kept them from their healthy weight. Almost 50% of respondents felt stress impacted their healthy weight, followed by about 30% attributing the cost and lack of healthy foods. Results are summarized in **Figure 8**.

**Figure 8: Self-Reports about What Keeps Survey Respondent from Healthy Weight**



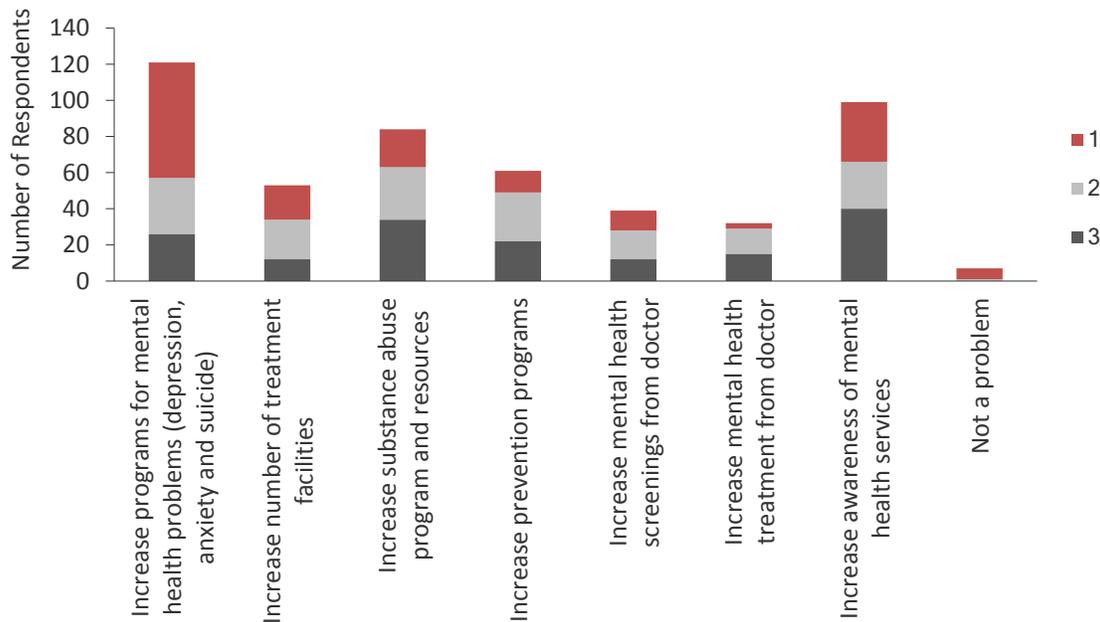
Source: IU Health Community Health Needs Assessment, 2015

When asked to select the top three ways to improve mental health in their community (Question 5), the three answer choices selected most often by respondents were (**Figure 9**):

1. Increase programs for mental health problems (24.4%)
2. Increase awareness of mental health services (20.0%)
3. Increase substance abuse programs and resources (16.9%)

**Figure 9: Ideas for Improving Mental Health In Your Community**

Select the top 3 ways to improve mental health in your community.

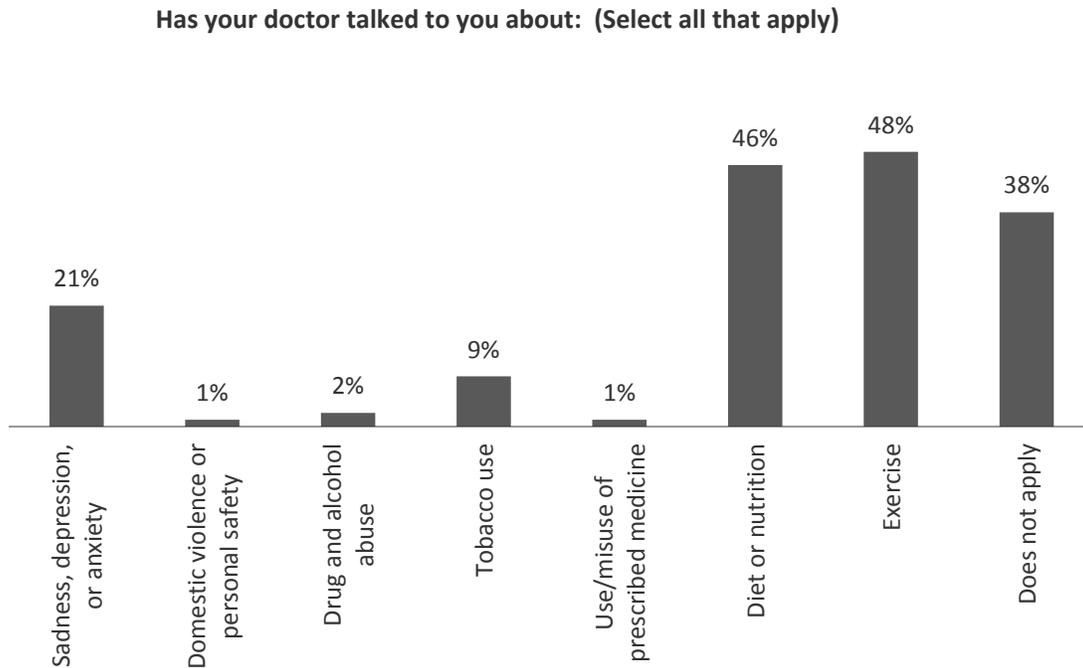


Source: IU Health Community Health Needs Assessment, 2015

### 6.2.3 Health Education and Access

A number of questions about health education and access to healthcare were asked in the survey. Question 10 asked to select all health topic doctors have discussed with them. About half of the respondents selected exercise as one of the health topics doctors have discussed with them. About 45% of the respondents discussed diet or nutrition with doctors. Conversely, 38% felt the question did not apply. Question 10 is summarized in **Figure 10**.

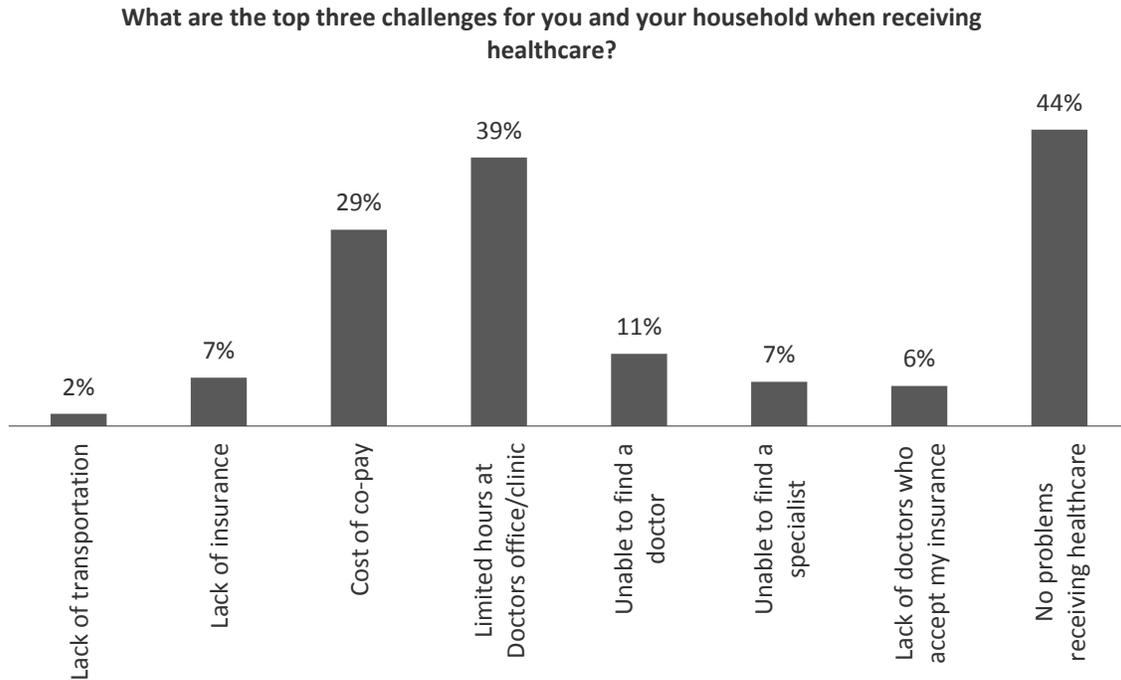
**Figure 10: Self-Reports about Discussion of Health Issues with Provider**



Source: IU Health Community Health Needs Assessment, 2015

When asked the top three challenges when receiving healthcare (Question 12), a significant number of respondents (44%) reported not having problems receiving healthcare. However, 29% of respondents felt the cost of the co-pay was a challenge and 39% thought limited hours at the doctor's office. Question 12 is summarized in **Figure 11** on the next page.

**Figure 11: Self-Reports about Health Care Challenges**



## **7 IU HEALTH WHITE MEMORIAL ACTIVITIES THAT ADDRESS PRIORITIES**

IU Health offers online tools and applications (apps) to assist community residents in improving their health knowledge and care. IU Health also partners with community organizations in healthcare, wellness, outreach, and other services to address our communities' health needs. Among the many programs focused on priority areas identified, we list a few examples here that take IU Health White Memorial beyond the hospital walls and into the community.

### **Access**

Through a 7-day-a-week walk-in clinic in Monticello, IU Health offers medical services to treat common illnesses such as sinus infections and strep throat. Patients with serious injury or illness can be transferred immediately to IU Health White Memorial Hospital.

IU White Memorial Hospital prevents injuries and supports life-saving through regular offerings of Safe Sitter® courses and training in CPR/AED usage. The hospital also provides courses for childbirth preparation and newborn care, breast feeding basics and car seat inspections, all of which engage community members at critical life milestones and help foster access to care.

IU Health offers a financial assistance program for those who need prescription assistance and provides blood pressure and cholesterol screenings.

### **Obesity Prevention, Nutrition and Active Living**

IU Health White Memorial sponsors a free weekly walking group as part of its commitment to obesity prevention and treatment. The hospital also organizes classes related to diabetes education, which help people improve their health through a better diet. IU Health White Memorial also organizes nutrition education session at county fairs and farmers' markets.

### **Mental Health, Substance Abuse and Behavioral Health**

These and other topics are included in the Annual Health and Safety Fair organized by IU Health White Memorial Hospital.

## **8 CONCLUSION**

IU Health White Memorial used quantitative data from numerous sources and survey responses from White County, plus qualitative information derived from a focus group to gather information about community health needs. To assure that medically underserved were included in this CHNA, the focus group included representatives from community organizations including those representing seniors, school children and their families, and people with disabilities in addition to public health experts.

To set priorities after receiving and compiling qualitative and quantitative data, IU Health White Memorial used the Hanlon method. The top identified needs after utilizing this process are:

- Improve Access to Care.
- Obesity Prevention, Nutrition and Active Living.
- Mental Health, Substance Abuse and Behavioral Health.

IU Health White Memorial Hospital has existing services that address these needs. Other sites in the county, including Monon Health Center and Monticello Medical Center LLC, also address some of the identified priorities. Additional services will developed as appropriate in response to this assessment.