COMMUNITY HEALTH NEEDS ASSESSMENT

MAJOR HOSPITAL

December 2013

Major Hospital
Community Health Needs Assessment and Implementation Plan
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COMMUNITY HEALTH NEEDS ASSESSMENT

PREFACE

Introduction

Community Health Needs Assessments (CHNA) are designed to give a community the information they need to become healthier. This may include, but is not limited to information about access to care, recreation facilities, and health education.

No two assessments are alike due to the unique nature of each community. However, there are certainly similarities as regions, states, and the nation tackle similar challenges such as obesity.

Community Health Needs Assessments have become a requirement for non-profit hospitals. The assessment is used to guide hospital and community leaders in working together to improve the health of the community.

The CHNA is conducted through analysis of primary and secondary data. Primary data is gained by surveying residents of the community. A broad representation is crucial to the success of the assessment. A community health needs survey was conducted from July 10 – August 10, 2012.

Secondary data is reportable information from schools, government, hospitals and other organizations. Health data is compiled and analyzed by several public health entities, such as universities and foundations. This public information provides a scientific assessment of our community's health and trends it over time.

Together, primary and secondary data provide a meaningful picture of our community's health and wellness. This information will help guide efforts to improve our community's health over the next three years.

In 2012, the vast majority of patients served by Major Hospital were residents of Shelby County. Throughout this report the word *community* is used to describe all of Shelby County.

This CHNA was made possible by:

MAJOR HOSPITAL and MAJOR HEALTH PARTNERS

PREFACE

Executive Summary

Prior to the community survey distribution, a Focus Group and the *County Health Rankings* were used to determine the most pertinent issues to evaluate:

- **Obesity**
- **Access to Care**
- **Elderly Population**
- **Health Education**
- **Community Development**

The survey results indicated that the most important perceived "community" issues are:

- **Unemployment**
- **Misuse of Drugs**
- **Community Development**
- **Health Education/Prevention**
- **Obesity**

The most important "personal" concerns revealed in the survey are:

- **Access to care**
- **Health Education/Prevention**
- **Unemployment**
- **Community Development**
- **Obesity**

Chronic Disease Indicators are diagnosed health conditions that are signs of chronic disease. The survey revealed that the most common Chronic Disease indicators are:

- **High Cholesterol**
- **High Blood Pressure**
- **Overweight/Obesity**
- **Diabetes**

PREFACE

Executive Summary

The *Robert Wood Johnson Foundation* in conjunction with the *University of Wisconsin/Population Health Institute* annually compiles and analyzes reportable data and publishes *County Health Rankings and Roadmaps* that provide a snapshot of a given county's health and wellness as compared to state and national benchmarks. The *County Health Rankings* identified several areas of concern:

- **High rate of preventable deaths**
- **High rate of unhealthy behaviors**
- **High rate of preventable hospitalizations**

Now that a community health needs survey has been completed, those results and community health data will be used to formulate an implementation plan that is

- **Congruent with the mission of Major Hospital ~ Major Health Partners**
- **In collaboration with other local services and organizations**
- **A continued demonstration of Major Hospital's commitment to improving the overall health of our community.**

PREFACE

Survey Methodology

In order to adequately represent the diversity by which citizens receive information, a variety of options for responding to the survey was available from July 10 – August 10, 2012:

- **Major Hospital website**
- **Printed in the *Shelbyville News***
- **Hard-copies distributed throughout the community**
- **Website link distributed through the *Community Networking* group of social services providers – including faith based organizations**

Steps were taken to give full voice to the entire community, regardless of geography, gender, race, or socio-economic level. Despite those efforts, there were still deficiencies. Asian and African-American citizens are not reflected in the survey. Further review of how to sufficiently include them in future assessments is important. It is also noted that Native American participation is higher than was anticipated.

Hard copies of the survey were made available to *Shelby Senior Services* and the *Shelby Community Health Center* to capture information from senior citizens and low-income, uninsured citizens. Hard copies were also made available to churches, the library, health department, *Major Health Partners*, and other organizations as requested.

A focus group was formed to determine a well-defined direction. This group consisted of the Mayor of the City of Shelbyville; a representative of *Major Hospital*; representatives of local employers; representatives from Shelby County schools, including post-secondary education; representatives from the *Shelby County Health Department*, *Shelbyville Community Church*, *Shelby County Sheriff's Department*, the Hispanic/Latino community; and first-responders from the *Shelbyville Fire Department*.

The focus group also helped market the survey. Members informed those in their sphere of influence about the importance of participation in the survey.

Personal interviews were also conducted with program managers of Shares, Incorporated. These interviews provided a better understanding of the health needs of persons with Intellectual and Developmental Disabilities.

PREFACE

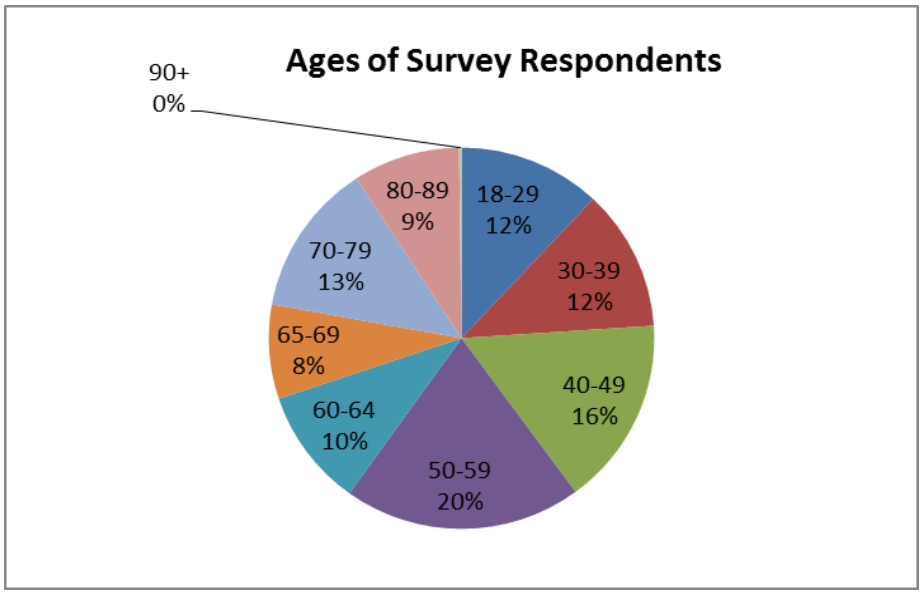
Demographics

The sample size of the assessment is ~ 467. The sample size is not specific because a different number of individuals opted to answer each question.

The sample size is significant. There was a desire to analyze comparisons between race, age, gender, and income with a 95% confidence rating, therefore meaning a representation of the true population in Shelby County. According to county population numbers of 44,436 citizens, a minimum of 381 respondents were needed. The data was separated by age, gender, ethnicity, and income. Rural residents were 40% of the total respondents; 60% lived within the city limits of Shelbyville. The sample breakdown is:

Demographics

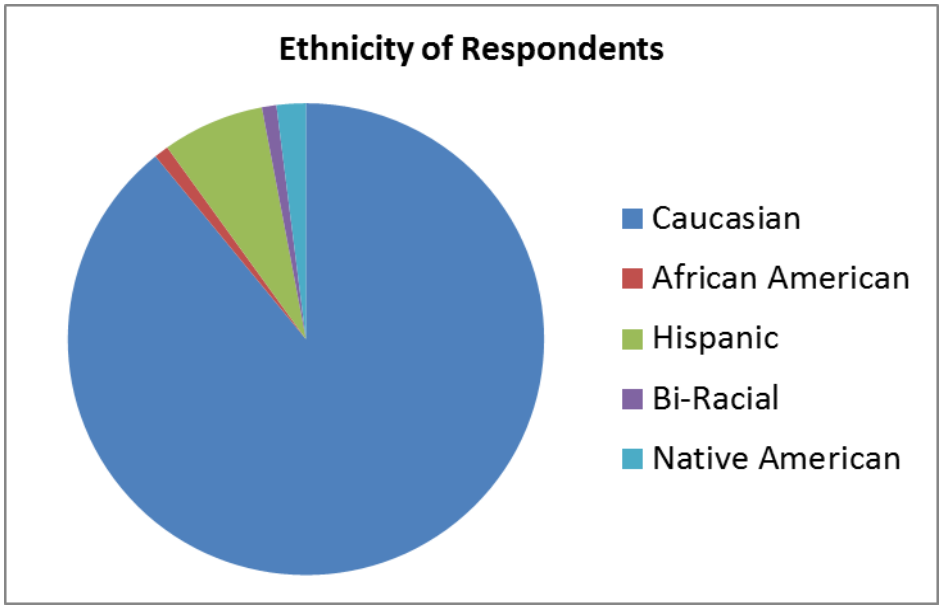
- **12% age 18-29**
- **12% age 30-39**
- **Nearly 16% age 40-49**
- **Nearly 20% age 50-59**
- **Over 10% age 60-64**
- **Over 8% age 65-69**
- **Over 13% age 70-79**
- **Nearly 9% age 80-89**
- **0.02% age 90+**

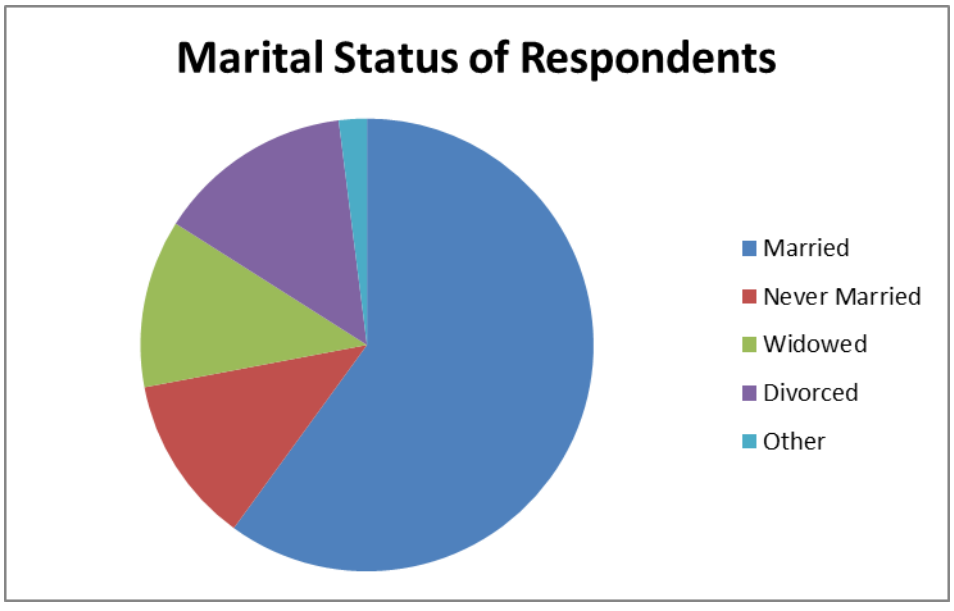


PREFACE

Demographics

- Nearly 91% Caucasian
- .2% African American
- Over 7% Hispanic
- .2% Bi-Racial
- Nearly 2% Native American
- Over 60% married
- Nearly 12% never been married
- Over 12% widowed
- Nearly 14% divorced
- Over 2% other





PREFACE

Demographics

According to the 2010 U.S. Census, Shelby County has 44,436 residents. Of that number:

- **Nearly 76% are over 18 years of age**
- **14% are 65 years or older**
- **Nearly 4% are Hispanic**
- **1% is African American**
- **0.5% is Asian**

Shelby County has 17,196 households, fourteen townships, four school districts, and approximately 411 square miles with 108 people per square mile. The median income in 2012 is $44, 613. Uninsured residents have reached 16%. There has been an increase in the number of children receiving free and reduced lunches. Anecdotally, schools believe there are more children who are eligible than who participate. The economic conditions of the past 4 years have undoubtedly impacted family need.

Public School Student Lunch Subsidies

	2009	2010	2011	2012
Free lunches				
Percentage	27%	31%	35%	35%
Number	2,081	2,383	2,603	2,594
Reduced fee lunches				
Percentage	8%	9%	7%	9%
Number	629	691	533	654
Total free & reduced				
Percentage	35%	40%	42%	**44%**
Number	2,710	3,074	3,136	3,248

PREFACE

Major Hospital Overview

Major Hospital exists to create and deliver superior healthcare solutions by providing our patients and other customers with optimal clinical and economic outcomes. Additionally, it serves as a community leader and key collaborator in upgrading the level of health and wellness in the community.

The health challenges of our community are not the sole responsibility of any single group. Improving the health of our residents requires expertise and commitment from many different sectors: government, education, business, industry, faith communities, health care, civic and non-profit organizations, and individual citizens. All are shareholders in an improved quality of life.

Major Hospital recognizes and values the vital work of the many people and organizations that are striving to make our community a better place to live. The Community Health Needs Assessment and resulting Implementation Plan will provide information and a framework for all of us to collaborate on improving the health and wellness for our community.

DATA

Secondary Health Data Sources

Data sources include, but are not limited to:

- *F as in Fat Report: How Obesity Threatens America's Future 2012*
- *Healthy Communities Institute*
- *Healthy People 2020*
- *Indiana Mortality Report*
- *Indiana State Department of Health*
- *Indiana Tumor Board Registry*
- *Major Pediatrics*
- The *Robert Wood Johnson Foundation* and the *University of Wisconsin Population Health (County Health Rankings and Roadmaps)*
- The *Robert Wood Johnson Foundation* and the *Trust for America's Health*
- *United States Census Bureau*

DATA

Understanding the County Health Rankings

Our community is not healthy.

What does that mean? Isn't health an individual responsibility? How can a community be unhealthy? And how is the health of a community determined?

As a starting point for understanding our community's health, *the County Health Rankings and Roadmaps* were considered. This annual analysis provides a model of population health emphasizing the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

Health Outcomes measure how long people live (mortality) and how healthy people feel while alive (morbidity).

Health Factors measure the following categories that impact health and wellness:

- **Health Behaviors** like unhealthy food choices, tobacco use, and physical inactivity are responsible for many preventable illnesses and deaths. However, education, environment and socio-economic factors influence health behaviors as well.
- **Clinical Care** is also crucial to the health of a community. Individuals without insurance or adequate financial resources may not seek and receive preventative care. Clinical care is also impacted by the availability of local primary and specialty care providers.
- **Social and Economic Factors** include education, employment, poverty, social support, and crime. These factors impact an individual's or family's ability to meet basic needs, manage stressors, and engage in health and wellness activities.
- **Physical Environment** considers areas such as access to recreational facilities, the number of fast food restaurants, and how the built environment supports or challenges health for all ages and abilities.

Key indicators from the 2012 *County Health Rankings* may be viewed in this report. To view the entire report, trends from 2010 – 2013, and other counties' annual health rankings, visit http://www.countyhealthrankings.org.

DATA

Key Indicators: County Health Rankings – Shelby County

2012	Shelby County	Error Margin	Indiana	National Benchmark*	Trend	Rank (of 92)
Health Outcomes (lower ranking is better; i.e., 1 is best)						**77**
Mortality (lower ranking is better; i.e., 1 is best)						**78**
Premature death (lower number is better) Years of potential life lost before age 75 per 100,000	**9,013**	7,972 – 10,055	7,687	5,466		
Morbidity (lower ranking is better; i.e., 1 is best)						**72**
Poor or fair health (lower % is better) % of adults reporting fair or poor health in last 30 days	**18%**	13-23%	16%	10%		
Poor physical health days (lower number is better) Average number of poor health days reported in the last 30 days	**5.0**	3.7-6.2	3.6	2.6		
Health Factors (lower ranking is better; i.e., 1 is best)						**57**
Health Behaviors (lower ranking is better; i.e., 1 is best)						**82**
Adult smoking (lower % is better) % of adults smoking ≥100 cigarettes & still smoking	**26%**	20-34%	24%	14%		
Adult obesity (lower % is better) % of adults reporting a Body Mass Index ≥than 30	**36%**	29-42%	31%	25%		
Physical inactivity (lower % is better) % of adults age 20 and older who report no leisure time physical activity	**33%**	27-40%	27%	21%		
Excessive drinking (lower % is better) Binge plus heavy drinking	**14%**	9-20%	16%	8%		

2012	Shelby County	Error Margin	Indiana	National Benchmark*	Trend	Rank (of 92)
Sexually transmitted infections (lower % is better) Chlamydia rate per 100,000	**97**		341	84		
Teen birth rate (lower % is better) 15-19 year olds, births per 1000	**48**	44-52	44	22		
Clinical Care (lower ranking is better; i.e., 1 is best)						**60**
Uninsured (lower % is better) % of population under age 65 without health insurance	**16%**	14-17%	16%	11%		
Preventable hospital stays (lower % is better) Hospital rate per 1,000 Medicare enrollees for health conditions that can be managed thru outpatient care	**95**	87-104	78	49		
Diabetic screening (higher % is better) % Medicare enrollees receiving appropriate lab work	**80%**	74-87%	82%	89%		
Mammography screening (higher % is better) % of female Medicare enrollees receiving mammography screenings	**63%**	56-70%	64%	74%		
Social & Economic Factors (lower ranking is better; i.e., 1 is best)						**31**
High school graduation (higher % is better)	**89%**		84%			
Some college (higher % is better)	**49%**	44-54%	58%	68%		
Unemployment (lower% is better) % of population ≥ 16 yrs unemployed but seeking work	**10.0%**		10.2%	5.4%		
Children in poverty (lower% is better) % of children under 18 living in poverty	**19%**	14-24%	23%	14%		
Children in single-parent households (lower% is better) % of children under 18 years living in a single parent headed household	**30%**	24-36%	32%	20%		

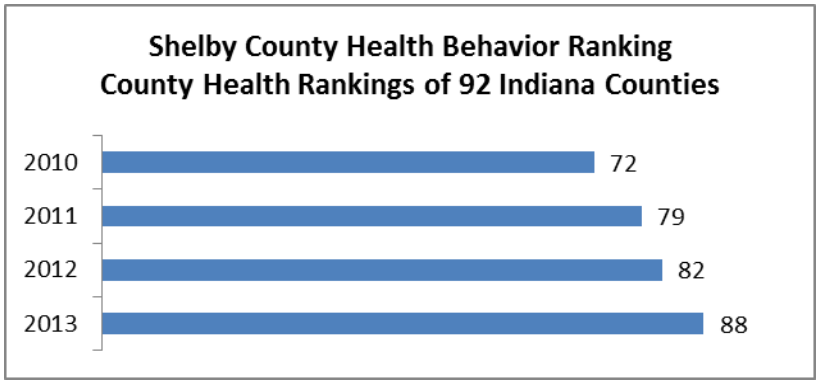
2012	Shelby County	Error Margin	Indiana	National Benchmark*	Trend	Rank (of 92)
Physical Environment (lower ranking is better; i.e., 1 is best)						**35**
Access to recreational facilities Rate of recreational facilities per 100,000 people	**7**		10	16		
Fast food restaurants % of all restaurants that are fast food establishments	**38%**		50%	25%		

County Health Rankings - Key Findings

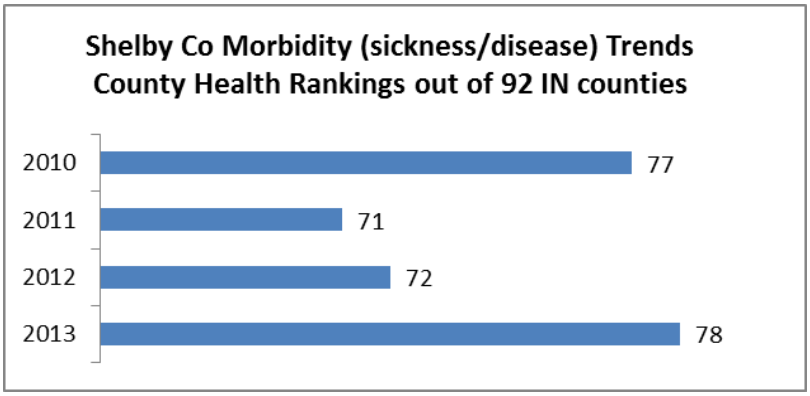
The secondary data paints an alarming picture of our community's health. Per the *County Health Rankings* published in March 2012:

- **26% of adults use tobacco**
- **36% are obese**
- **33% are physically inactive**
- **14% misuse alcohol**

Our community's ranking of unhealthy behaviors has fallen every year for the last 4 years. Preventable deaths and illnesses are impacted by our health behaviors.



Compared to the counties surrounding Shelby County and to those surrounding Marion County, Shelby County has a high level of illness (morbidity) when ranked against all Indiana counties and National benchmarks. Our morbidity ranking is also higher than any of the counties in our area (comparison chart follows).



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2013 County Health Rankings County Comparison

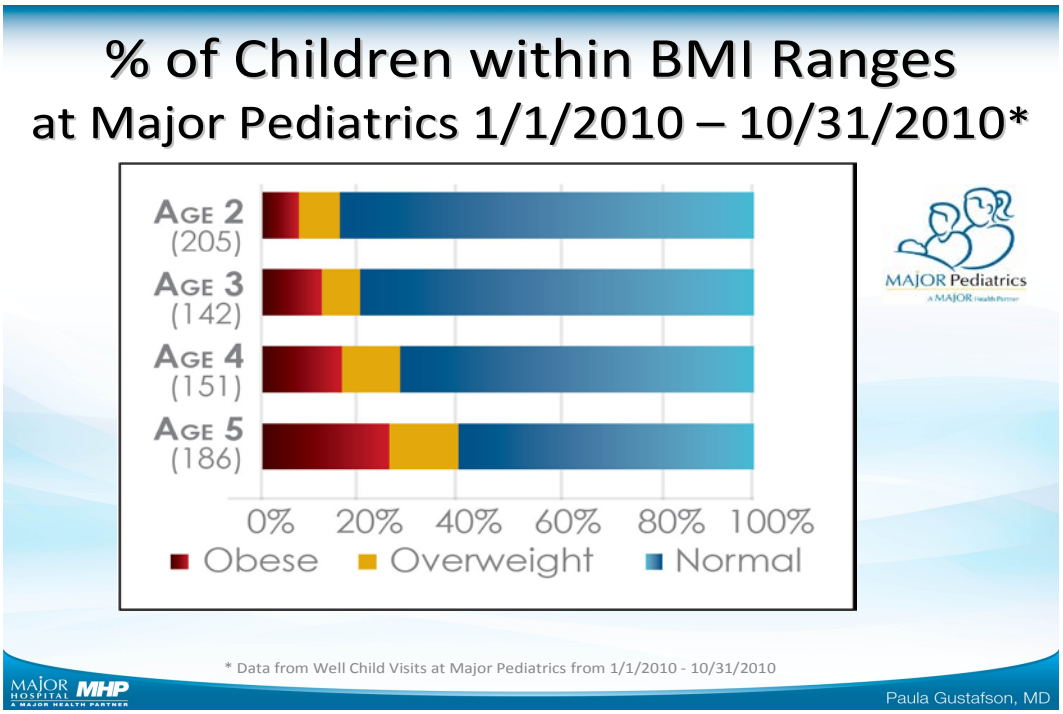
	IN	**Shelby**	Hancock	Hamilton	Boone	Hendricks	Morgan	Johnson	Rush	Decatur	Bartholomew
HEALTH OUTCOMES		**61**	19	1	3	2	39	15	74	39	34
MORTALITY		**47**	12	1	5	3	43	17	80	37	40
Premature Death	7,520	**7,529**	6,189	4,047	5,695	5,072	7,391	6,432	9,158	7,371	7,465
MORBIDITY		**78**	29	3	5	10	36	18	62	39	33
Poor or Fair Health	16%	**22%**	15%	7%	13%	13%	17%	14%	17%	16%	15%
Poor Physical Health Days	3.6	**4.8**	3.3	2.3	2.7	2.8	3.5	3.4	3.1	3.9	3.6
HEALTH FACTORS		**63**	5	1	2	3	37	10	33	43	21
HEALTH BEHAVIORS		**88**	4	1	11	18	35	33	36	37	35
Adult Smoking	24%	**29%**	19%	13%	19%	21%	23%	26%	21%	24%	24%
Adult Obesity	31%	**36%**	28%	22%	30%	34%	31%	29%	32%	31%	31%
Physical Inactivity	27%	**33%**	24%	19%	30%	24%	28%	28%	32%	25%	27%

The lower the percentage or ranking equals the better the county is doing on these indicators.

Key Findings: Major Pediatrics

The disturbing data about our community's health is not just about our adult population. In Indiana, nearly 15% of children are overweight or obese. In 2010 Major Pediatrics began collecting BMI data on 2-5 year olds in the practice: 40% of 5 year old children are overweight and obese. Some of these young patients are being treated for joint problems, diabetes, heart disease and other chronic health diseases once found primarily in older adults.

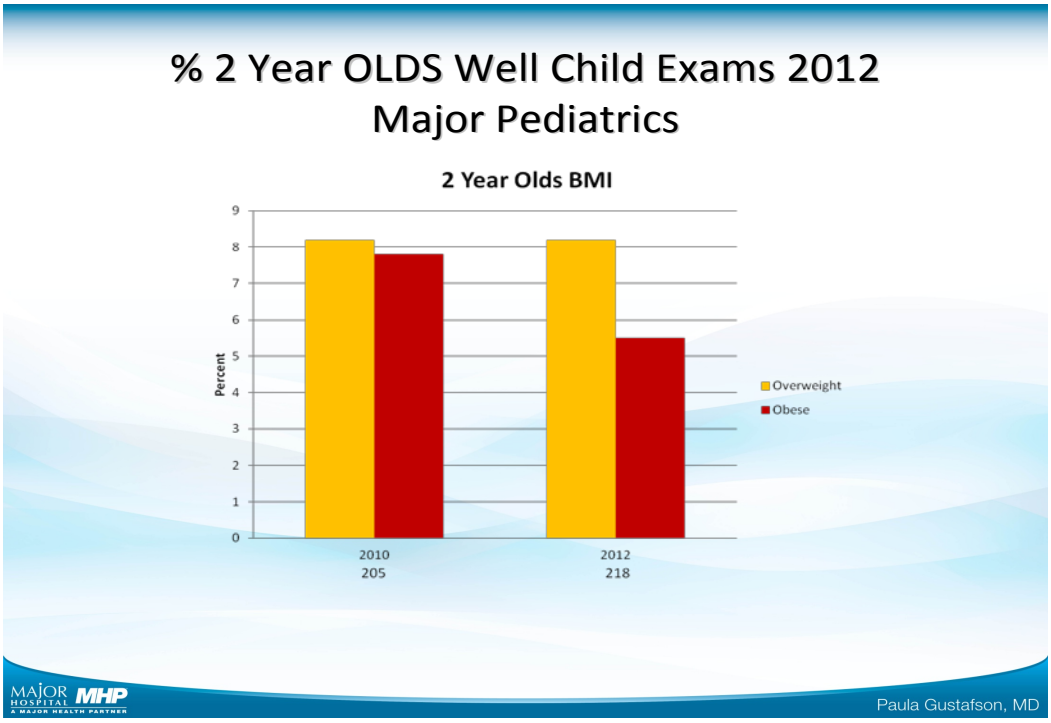
The *Centers for Disease Control (CDC)* projects that if the current rate of childhood obesity is not halted and reversed in our nation, this generation of children may be the first to have shorter life spans than their parents'.



To prevent and reduce these alarming numbers in our community, Dr. Paula Gustafson launched *Major Easy 3* to teach parents and caregivers of young children about healthy eating habits. To see more about *Major Easy 3* visit http://www.majoreasy3.com.

Key Findings: Major Pediatrics

Pediatricians in the practice began teaching healthy eating practices to the families of these young children. In 2012 with 2 year old patients whose families have been receiving this guidance since the program's inception, there is a hopeful 2% reduction in overweight and obese 2 year olds. More data is needed to establish any trends.



DATA

YOUTH TOBACCO USE

Per the *Youth Risk Behavior Surveillance* (YRBS) conducted by the CDC, there has been a small reduction of Indiana high school youth reporting tobacco use from 2009-2011. However, among students who smoke, around 43% of them have not attempted to stop smoking.

Environmental interventions such as cigarette taxes have been effective in curbing youth cigarette use, but per the CDC, youth are increasingly using fruit and candy flavored cigar products, hookahs, and electronic cigarettes. These products are currently not regulated by the FDA, do not have the higher tax associated with cigarettes, and are aggressively and cleverly marketed to youth who mistakenly view them as a safer option. Many cigar products have higher nicotine content than cigarettes.

To see the complete YRBS, visit http://www.cdc.gov/healthyyouth/

DATA

Additional Community Health Data Resources

Along with the *University of Wisconsin*, other universities, foundations, health organizations, and government entities compile and analyze reportable health outcomes and health factor data. All these resources provide useful information for understanding the particular strengths and challenges of a community and for guiding decision-making by community and health care leaders.

Initially, the community health needs survey was developed with a review of the *County Health Rankings*. In assessing the survey data and considering an implementation plan, additional secondary data was also taken into account.

Healthy Communities Institute (HCI) data has 100+ nationally recognized and scientifically rated measurements of health and the social factors of health. The HCI data is broader in scope than the *County Health Rankings* and therefore, sheds additional light on the health challenges of our community.

The following chart notes key areas in which our community is not doing well. To view all of the Shelby County measures as well as trends, data sources, and promising practices see the Community Health Data at http://www.healthyshelbycounty.org.

Some of the data is "age-adjusted". Almost all diseases or health outcomes occur at different rates in different age groups. For example, a community made up of more families with young children will have a higher rate of bicycle injuries than a community with fewer young children. While a community with a larger number of older individuals will have higher rates of cancer, hospitalizations, and deaths than one with younger individuals. Therefore, the age distribution of a community affects what the most common health problems will be. Age adjustment is a statistical process applied to rates of disease, death, injuries or other health outcomes that allows communities with different age distributions to be fairly compared. For more information: http://www.cdc.gov/nchs.

DATA

Healthy Communities Institute

 The colored gauge gives a visual representation of how our community is doing in comparison to other communities. The three-colored dial represents the distribution of values from the reporting regions. They are ordered from those doing the best to those doing the worst (sometimes lower values are better and in other cases higher values are better). From that distribution, the green represents the top 50th percentile, the yellow represents the 25th to 50th percentile, and the red represents the "worst" quartile.

 This gauge shows how the Shelby County value compares with the median or mean value for all counties in the state (or all US counties). Being higher is good, lower is bad.

 This gauge shows whether the Shelby County's value is increasing or decreasing over time. A green arrow means the value is improving and a **red arrow** means the value is getting worse.

Access to Health Services		
Preventable Hospital Stays	Comparison: U.S. Counties	
Cancer		
Age-Adjusted Death Rate due to Breast Cancer	Comparison: U.S. Counties	
Age-Adjusted Death Rate due to Lung Cancer	Comparison: U.S. Counties	
County Health Rankings		
Clinical Care Ranking	Comparison: IN Counties	
Health Behaviors Ranking	Comparison: IN Counties	
Morbidity Ranking	Comparison: IN Counties	
Mortality Ranking	Comparison: IN Counties	
Diabetes		

Age-Adjusted Death Rate due to Diabetes	Comparison: U.S. Counties	
Diabetic Screening: Medicare Population	Comparison: U.S. Counties	
Exercise, Nutrition, & Weight		
Adults who are Obese	Comparison: IN Counties	
Adults who are Sedentary	Comparison: IN Counties	
Low-Income Preschool Obesity	Comparison: U.S. Counties	
Family Planning		
Teen Birth Rate	Comparison: IN Counties	
Immunizations & Infectious Diseases		
Age-Adjusted Death Rate due to Influenza and Pneumonia	Comparison: U.S. Counties	
Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	Comparison: IN Counties	
Chlamydia Incidence Rate	Comparison: IN Counties	
Mental Health & Mental Disorders		
Age-Adjusted Death Rate due to Suicide	Comparison: U.S. Counties	
Poor Mental Health Days	Comparison: U.S. Counties	
Respiratory Diseases		
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	Comparison: U.S. Counties	

Age-Adjusted Hospitalization Rate due to Adult Asthma	Comparison: IN Counties	
Age-Adjusted Hospitalization Rate due to Pediatric Asthma	Comparison: IN Counties	
Substance Abuse		
Adults who Drink Excessively	Comparison: U.S. Counties	
Mothers who Smoked During Pregnancy	Comparison: IN Counties	
Wellness & Lifestyle		
Poor Physical Health Days	Comparison: U.S. Counties	
Self-Reported General Health Assessment: Poor or Fair	Comparison: U.S. Counties	
Government Assistance Programs		
Households with Cash Public Assistance Income	Comparison: U.S. Counties	
Homeownership		
Foreclosure Rate	Comparison: U.S. Counties	
Higher Education		
People 25+ with a Bachelor's Degree or Higher	Comparison: U.S. Counties	
Student Performance K-12		
4th Grade Students Proficient in English/Language Arts	Comparison: IN Counties	
4th Grade Students Proficient in Math	Comparison: IN Counties	

Built Environment		
Farmers Market Density	Comparison: U.S. Value	
Grocery Store Density	Comparison: U.S. Counties	
Recreation and Fitness Facilities	Comparison: U.S. Value	
SNAP Certified Stores	Comparison: U.S. Counties	
Toxic Chemicals		
Houses Built Prior to 1950	Comparison: U.S. Counties	
PBT Released	Comparison: Prior Value	
Transportation Safety		
Age-Adjusted Death Rate due to Motor Vehicle Collisions	Comparison: U.S. Counties	
Children's Social Environment		
Child Abuse Rate	Comparison: IN Counties	
Family Structure		
Single-Parent Households	Comparison: U.S. Counties	
Neighborhood/Community Attachment		
People 65+ Living Alone	Comparison: U.S. Counties	

HCI Data available to Shelby County through the generosity of *Community Health Network* in collaboration with *Healthy Shelby County*, our county's community health coalition.

DATA

Mortality Rate

Below are the top 10 causes of death for our community per 100,000 deaths from the most recent *Indiana Mortality Report* (2009). Of the counties surrounding Marion County, Shelby County has the highest rate of death from Colorectal Cancer and the 5th highest rate of death from lung cancer. It also has the second highest rate of death from Diabetes.

Ranking	Cause of Death	Age-Adjusted Death Rate Per 100,000 deaths
1	*Major Cardiovascular Disease	266
2	Cancer	166
3	Chronic Lower Respiratory Diseases	48
4	Alzheimer's Disease	36
5	Kidney Disease	23
6	Diabetes	18
7	Suicide	16
8	Influenza & Pneumonia	16
9	Motor Vehicle Accidents	14
10	Chronic liver disease and cirrhosis	12

* Major Cardiovascular Disease includes the following:

- Diseases of the heart
- Hypertensive heart disease with or without renal failure
- Ischemic heart disease
- Other heart diseases
- Essential hypertension and hypertensive renal disease
- Cerebrovascular diseases (stroke)
- Atherosclerosis
- Other disease of circulatory system

Community Specific Data

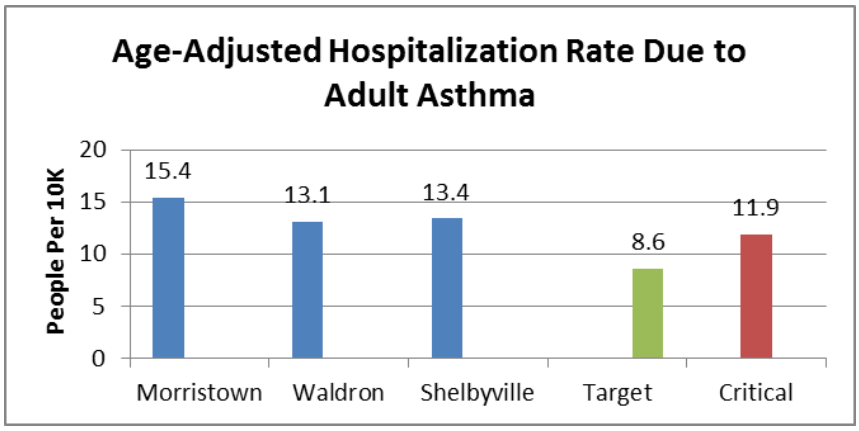
The community of Shelby County is comprised of *communities*. In addition to the main population center of Shelbyville, rural communities include towns and areas bound by history, geography, family, school, church and lifestyle.

Specific areas of our community may have particular health issues that require attention in order to improve over-all population health. A zip code analysis of available secondary data was conducted by *Science CB* in order to better understand the health challenges of our smaller communities in Shelby County.

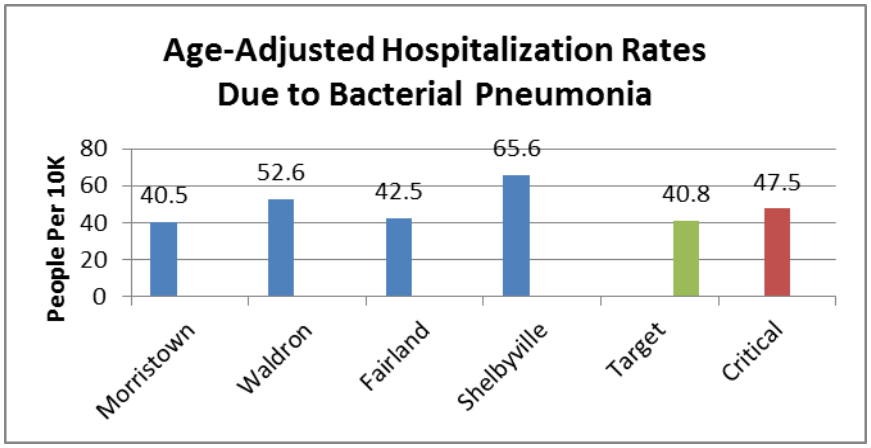
Particular population groups may also have unique health and wellness challenges. Shelby County could be doing well on a given health indicator and yet have a population group that is not doing well or that has a particular cluster of problems. Recognizing these differences or disparities can also help our community improve the health of all of its residents.

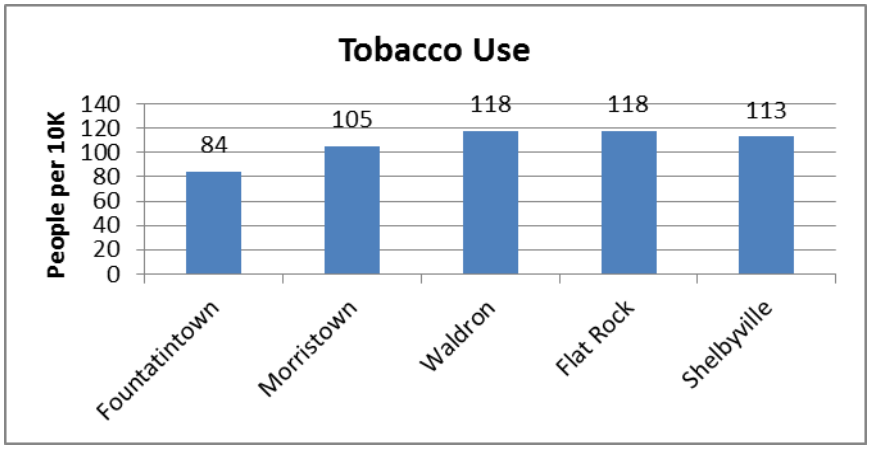
Specific health data for our rural population areas is consistent with the county's over-all health data. These communities take pride in their identities. Providing them with their particular health data will support their unique approaches to addressing community health challenges.

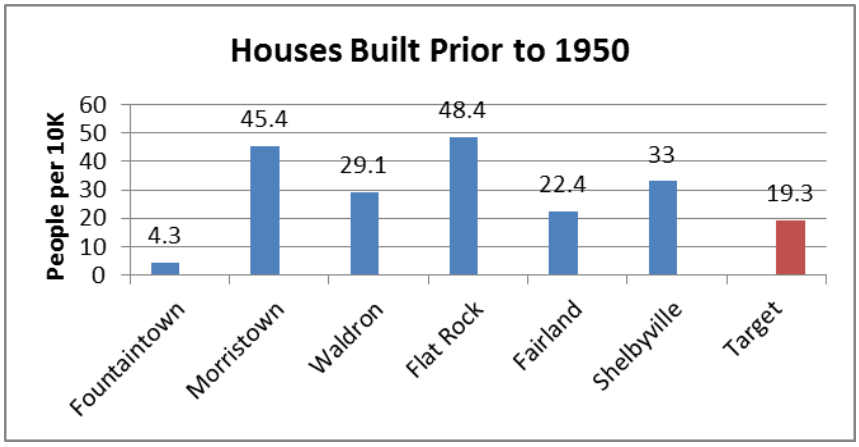
One concern is the cluster of health factors that contribute to respiratory illnesses. Certainly tobacco use is a key contributor to these illnesses but so is the air quality in the many homes in our community built before 1950. These homes may have dust from lead paint and asbestos insulation or not have updated air filtering systems to adequately address moisture and particulates.



Community Specific Data



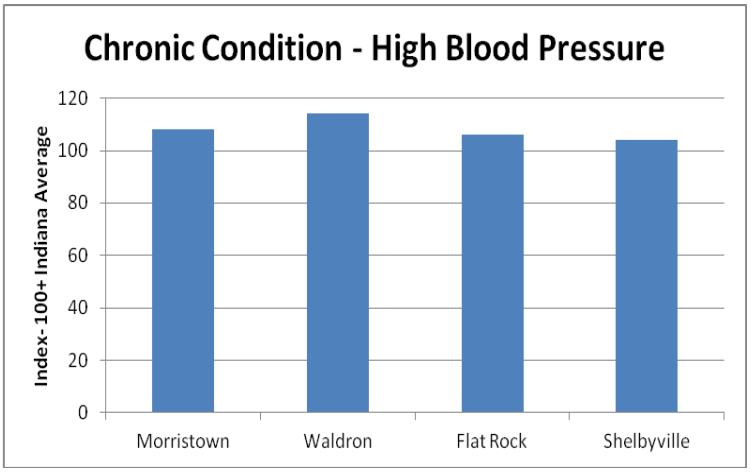


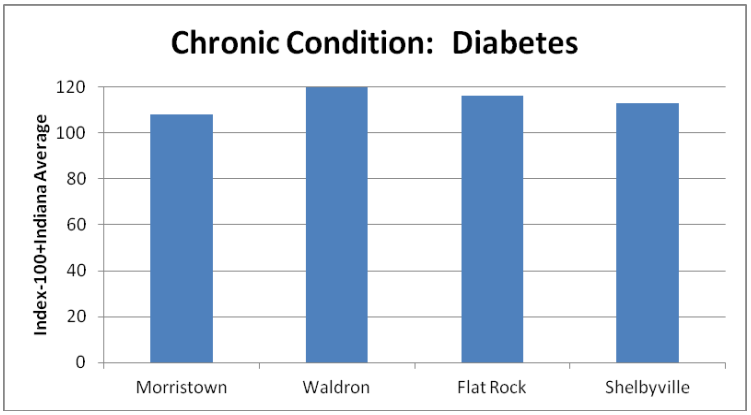


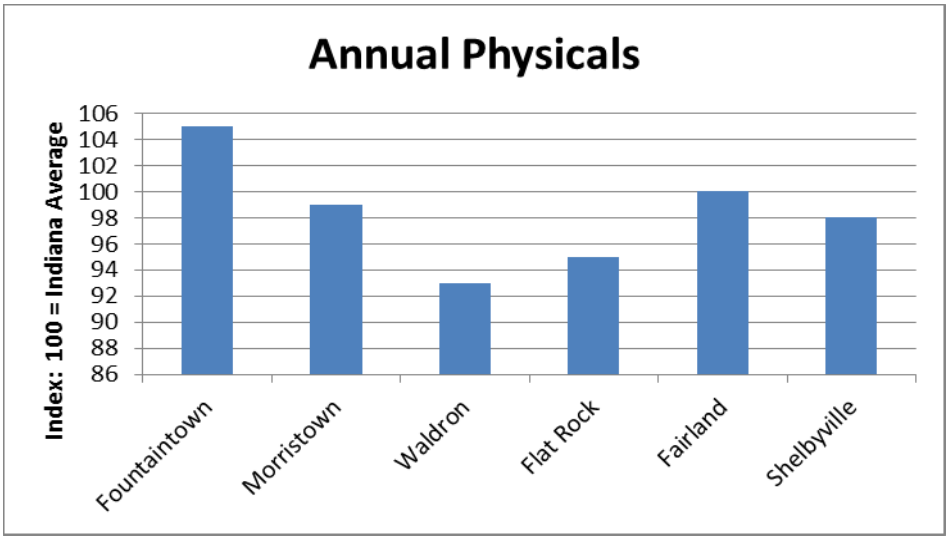
Community Specific Data

Another concern involves our high rate of chronic health conditions but our lower rate of annual physicals. Annual physicals allow a health provider to assess health and wellness, provide guidance on prevention and health management, order screenings, and recommend treatment for optimal disease management. Optimal disease management impacts quality of life and health care costs for the individual/family, the health care system, and community support resources.

Four of our communities have above average rates for high blood pressure and diabetes, yet lower rates for annual physicals.







Socio-economic factors in our communities also impact health and wellness.

- Waldron - more than double the target for persons 65 years and older living below the poverty level.
- Morristown - higher than target rates for single parent households and households depending on cash public assistance.
- Fountaintown – higher than target rates for single parent households, seniors living alone and below the poverty level.
- Shelbyville – higher than target rates for all of the aforementioned health factors.

Survey – Key Findings

The community health needs survey asked respondents to rank "community" and "personal" issues. Many of the issues that were listed are interrelated. Therefore, in addition to obvious findings, some informed hypotheses can be generated.

A significant area of concern is Chronic Disease. Respondents were asked to note health problems that had been diagnosed by a physician. Chronic Disease is apparent in all age, race, income, and gender categories.

Health insurance is a prevailing problem. Of those who do not have insurance, cost is the single-largest barrier (even if available through an employer). Through analysis of individual responses, it was determined that some spouses and children do not have insurance while the other spouse does. This may be a cost-related problem as well as an access problem if an employer does not offer family coverage. It remains to be seen how the health insurance mandate and marketplace will impact the problem of health insurance access.

Avoidable cost is a key theme of this assessment: costs to quality of life as well as to the household budget, and ultimately to our community's vitality. This includes, but is not limited to, smoking, alcohol and drug misuse, physical inactivity, unhealthy food choices, and inadequate health management. Avoidable costs reflect individual health behaviors and choices.

However, health behaviors also reflect community choices regarding the built environment, such as the availability and connectivity of walking paths; availability of fresh fruits and vegetables; or the accessibility of quality facilities and services for all ages and abilities. Serious consideration must be given to both health behaviors and to policy and environmental changes that support a healthier lifestyle.

Certainly, our community is not as healthy as we would like it to be. In comparison to counties surrounding our county and those surrounding Marion County, Shelby County mostly ranks lower than these counties in health behaviors, rate of illness and premature death. The health of our community impacts not only our residents' quality of life, but also the economic and civic vitality of the community. **Clearly, together we must seek to improve the overall quality of health of our community.**

DATA

Key Survey Findings: Age 18-64

The following is key information from respondents who reported being 18-64 years of age:

- **Nearly 75% have more than a high school diploma**
- **Nearly 64% of households have income of $40-149K/year**
- **Over 3 % are unemployed and looking for work**
- **Nearly 17% do not have insurance**
- **Over 68% say "cost" is their greatest barrier to healthcare**
- **Nearly 63% state that they exercise, yet less than 10% are getting the recommended amount**
- **Only around 15% are getting at least HALF of the daily recommended fruit/vegetables**
- **Nearly 29% are overweight or obese**
- **29% have high blood pressure**
- **Over 27% have high cholesterol**
- **Nearly 11% have diabetes**

Additionally, this group gave the following information about their perception of "community" issues and their "personal" concerns.

COMMUNITY

1. **Unemployment**
2. **Misuse of Drugs**
3. **Health Education and Prevention**
4. **Community Development**
5. **Obesity and Access to Care (Tie)**

PERSONAL

1. **Unemployment**
2. **Health Education and Access to Care (Tie)**
3. **Obesity**
4. **Community Development**
5. **Misuse of Drugs**

Comparatively speaking, this group engages in less exercise and consumes fewer fruits and vegetables than older respondents. They are also less concerned about an "inactive life", but are worried about "obesity". This suggests a disconnection between a healthy lifestyle and desired health outcomes, such as a healthy weight. Attention must be brought to these discrepancies if we are to successfully address obesity. Generational trends will only continue without such attention.

Key Survey Findings: Age 65+

The following key information is from those respondents who reported being 65 years and older.

- **Nearly 52% have more than a high school diploma**
- **Nearly 80% of households have income of $10-69K/year**
- **Over 6% of households have income of less than $10K/year**
- **Over 19% are still employed**
- **Nearly 14% have no prescription coverage**
- **Nearly 49% state "cost" is their greatest barrier to healthcare**
- **Over 34% lack knowledge of their health and wellness options**
- **Over 65% state that they exercise and 24% get the recommended amount**
- **Only a little over 20% are getting at least HALF of the recommended daily fruit and vegetables**
- **Nearly 15% are overweight or obese**

This group ranked perceived "community" issues and "personal" concerns as

COMMUNITY	PERSONAL
1. Unemployment	1. Elderly Population
2. Misuse of Drugs	2. Diabetes
3. Community Development	3. Access to Care
4. Alcohol Misuse	4. Health Education and Prevention
5. Elderly Population and Health Education/ Prevention (Tie)	5. Community Development

A relatively high percentage of respondents in this group are still employed.

Those who have prescription coverage report that "cost" is still a concern. Therefore, it could be hypothesized that those without prescription coverage would find cost to be an even greater factor in accessing necessary medications.

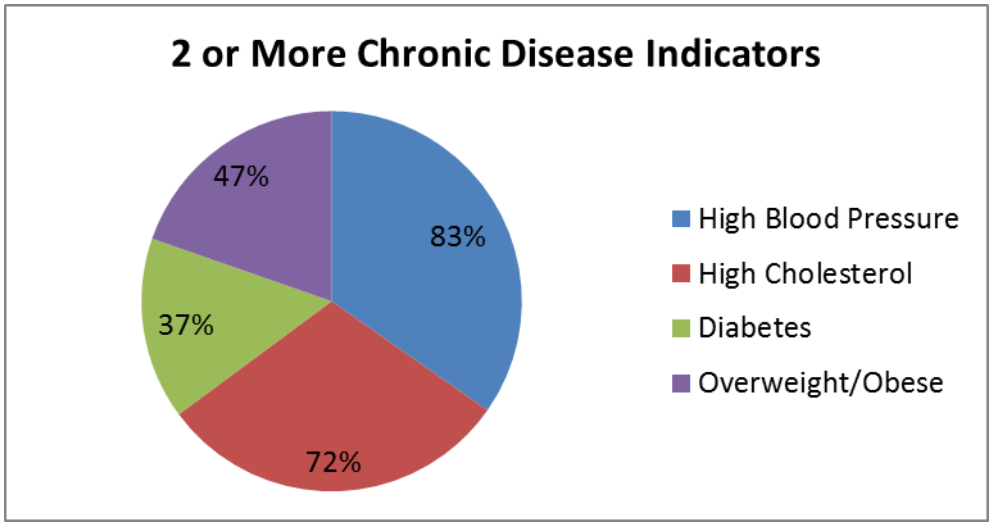
Health promotion services and activities are clearly important to this group.

Although these respondents are exercising more, consuming more healthy foods, and bearing considerably less obesity than their younger counterparts, there is obviously room for improvement.

Key Findings – 2 or More Chronic Disease Indicators

A primary interest of the survey was Chronic Disease. Respondents were asked to identify any Chronic Disease Indicators that had been diagnosed by a physician. Chronic Disease Indicators are health problems that are signs of an existing or developing chronic disease. The following information is from 169 respondents (36% of all respondents) who identified two or more disease indicators.

- **Average individual and household income is lower than that of the overall responses**
- **Approximately 10% fewer individuals exercise**
- **Fewer of these respondents are eating fruits and vegetables**
- **These respondents view "Obesity" and "Diabetes" as top "Personal" concerns**
- **Over 83% have High Blood Pressure**
- **Over 72% have High Cholesterol**
- **Over 37% have Diabetes**
- **Nearly 47% are Overweight or Obese**



Among this population, the four Chronic Disease Indicators of high blood pressure, high cholesterol, diabetes, and obesity or being overweight show a percentage that is basically double that of the overall responses.

Interview – Key Findings

Shelby County has habilitation and vocational services for adults with Intellectual and Developmental Disabilities (IDD) through *Shares, Incorporated*. The literature reveals the health disparity often experienced by not only adults with IDD, but by those with all types of physical, psychiatric, vision, and other sensory disabilities. Adults with IDD often bear a heavy burden of chronic disease and experience fragmented care and barriers to access. In order to ensure that the health needs of IDD adults were known for the CHNA, interviews were conducted with the Life Skills Instructor and the Program Director of Shares, Incorporated. The following concerns were identified:

- Lack of access to health promotion
- Health problems are often identified via a crisis instead of through routine and preventative care
- Consumers, caregivers, and direct care staff feel dissatisfied with health providers' assessment and treatment of health concerns
- Consumers, caregivers, and direct care staff are ill-equipped to communicate with providers about symptoms and observations
- Since consumers are Medicaid beneficiaries, many have assigned providers that are outside of the county, making access difficult.
- Care may be through the Emergency Department and therefore is neither preventative nor comprehensive.

Major Hospital ~ Major Health Partners Health and Wellness Resources

Major Hospital ~ Major Health Partners

Major Hospital serves Shelby County as the primary healthcare facility. Located in downtown Shelbyville, *Major Hospital* offers a variety of services such as emergency medicine, outpatient surgery, intensive care, obstetrics, radiology, surgery, and nutritional and diabetic counseling.

Off-Site Major Hospital Departments

They provide preventative and acute care, and disease management.

- Benesse Oncology
- Major Home Care
- Major Outpatient Lab
- Major Sleep Center
- SportWorks
- UnaVie Cardio-pulmonolgy

Major Health Partners Primary and Specialty Care

These practices provide preventative and acute care, and disease management.

- Major OB-GYN
- Major Family Medicine
- Major Foot and Ankle
- Major Internal Medicine
- Major Medical Associates
- Major Pediatrics
- Major Psychology Services
- Medical Specialties Center
- ReNovo
    - FORCE orthopedic and rehabilitation
    - Major Sports Medicine

Major Hospital ~ Major Health Partners Health and Wellness Resources

On-Site Clinics

These clinics are accessible through local employers: *Knauf, Ryobi, Indiana Downs*, *City of Shelbyville*, *Shelbyville Central Schools* and all the county school systems. Employees and their families are provided with preventative and acute care and disease management.

Priority Care, LLC

This urgent care practice provides acute and occupational health services without an appointment.

Community Health and Wellness Resources

Shelby Community Health Center

The clinic provides healthcare to uninsured Shelby County residents who are at 200% or below the poverty guidelines. They provide preventative and acute care as well as disease management. They also help link patients to resources.

Shelby County Public Health Department

The health department promotes and enforces public health laws, investigates environmental concerns/complaints, and oversees residential/commercial sewage disposal systems in the county. They provide immunizations, track communicable diseases, and serve as an educator and coordinator for health emergencies.

Jane Pauley Community Health Center

This clinic is a Federally Qualified Health Center under the *Community Health Network* umbrella. They are located in the *Shelbyville Central Middle School*. They provide student health services and preventative and acute care, and disease management to the community. They offer a sliding fee scale to income-eligible patients. County residency is not necessary.

Hancock Immediate Care

This urgent care clinic is operated by *Hancock Regional Health* in Morristown, Indiana. They provide acute care services without an appointment.

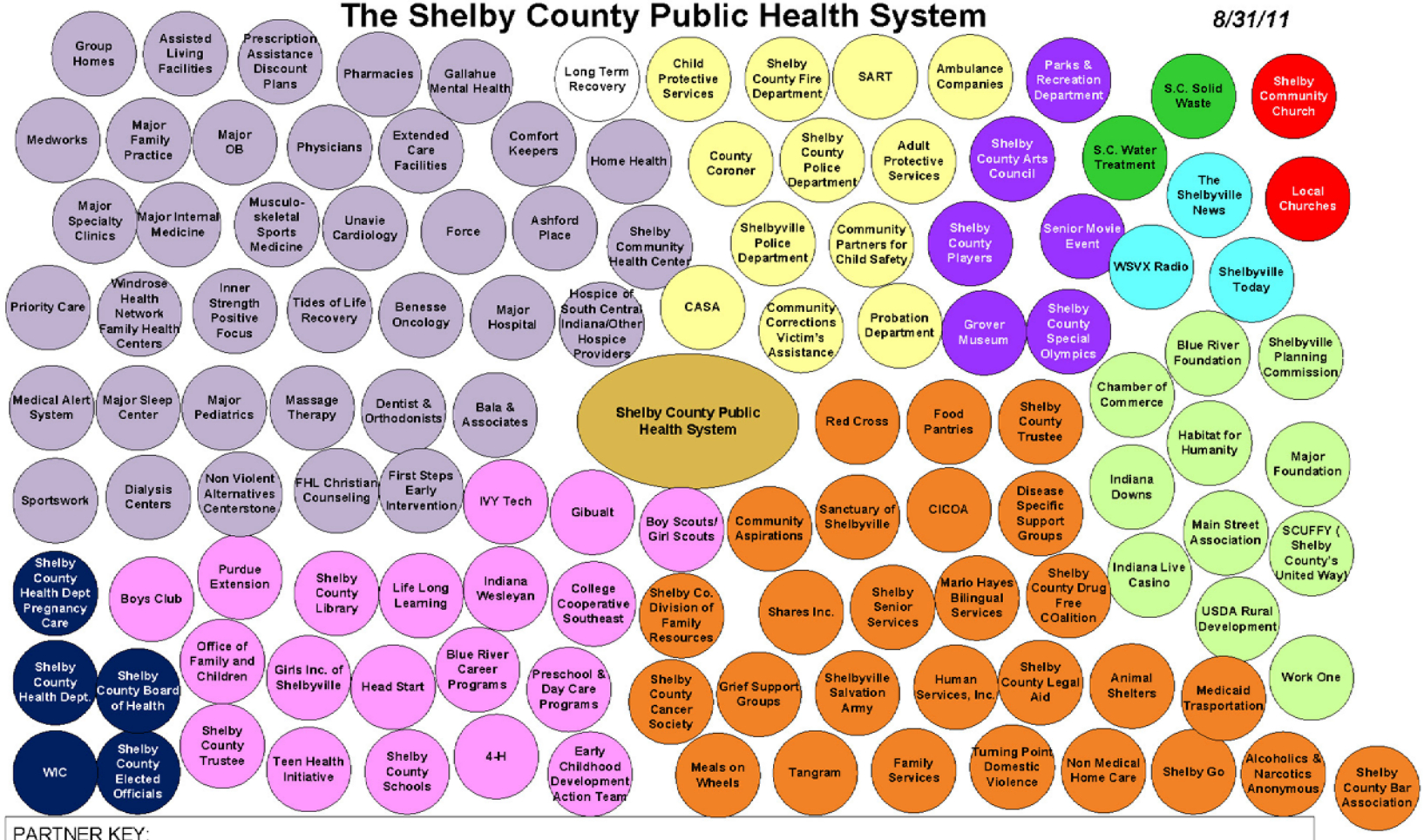
Community Health and Wellness Resources

Our community has many organizations that comprise the Shelby County Public Health System. In 2011 a broad group of community leaders participated in a CDC evidence-based assessment of our local public health system. The chart on the following page identifies many of the partners who are addressing health factors in our community.

The chart of Public Health Partners was created in August of 2011 by *Purdue University's Healthcare Technical Assistance Program – Population Health Initiatives Program.* While there have been changes since the chart was created, it still gives a fair representation of the many organizations who contribute to the health and wellness of our community.

The assessment identified partners from

- Health Care, including Behavioral Health
- Human Services and Charity
- Recreation and Arts
- Environmental
- Public Health
- Public Safety
- Education and Youth Development
- Faith Based
- Economic and Philanthropic
- Media


The Shelby County Public Health System
8/31/11
Shelby County Public Health System
Group Homes
Assisted Living Facilities
Prescription Assistance Discount Plans
Pharmacies
Gallahue Mental Health
Medworks
Major Family Practice
Major OB
Physicians
Extended Care Facilities
Comfort Keepers
Major Specialty Clinics
Major Internal Medicine
Musculo-skeletal Sports Medicine
Unavie Cardiology
Force
Ashford Place
Priority Care
Windrose Health Network Family Health Centers
Inner Strength Positive Focus
Tides of Life Recovery
Benesse Oncology
Major Hospital
Medical Alert System
Major Sleep Center
Major Pediatrics
Massage Therapy
Dentist & Orthodonists
Bala & Associates
Sportswork
Dialysis Centers
Non Violent Alternatives Centerstone
FHL Christian Counseling
First Steps Early Intervention
IVY Tech
Shelby County Health Dept Pregnancy Care
Boys Club
Purdue Extension
Shelby County Library
Life Long Learning
Indiana Wesleyan
Shelby County Health Dept.
Shelby County Board of Health
Office of Family and Children
Girls Inc. of Shelbyville
Head Start
Blue River Career Programs
WIC
Shelby County Elected Officials
Shelby County Trustee
Teen Health Initiative
Shelby County Schools
4-H
Preschool & Day Care Programs
Early Childhood Development Action Team
Long Term Recovery
Child Protective Services
Shelby County Fire Department
SART
Ambulance Companies
Parks & Recreation Department
Home Health
County Coroner
Shelby County Police Department
Adult Protective Services
Shelby County Arts Council
Shelbyville Police Department
Community Partners for Child Safety
Shelby County Players
Shelby Community Health Center
Hospice of South Central Indiana/Other Hospice Providers
CASA
Community Corrections Victim's Assistance
Probation Department
Grover Museum
Shelby County Special Olympics
Red Cross
Food Pantries
Shelby County Trustee
Gibualt
Boy Scouts/ Girl Scouts
Community Aspirations
Sanctuary of Shelbyville
CICOA
Disease Specific Support Groups
College Cooperative Southeast
Shelby Co. Division of Family Resources
Shares Inc.
Shelby Senior Services
Mario Hayes Bilingual Services
Shelby County Drug Free COalition
Shelby County Cancer Society
Grief Support Groups
Shelbyville Salvation Army
Human Services, Inc.
Shelby County Legal Aid
Animal Shelters
Meals on Wheels
Tangram
Family Services
Turning Point Domestic Violence
Non Medical Home Care
Shelby Go
Alcoholics & Narcotics Anonymous
Shelby County Bar Association
Medicaid Trasportation
Work One
USDA Rural Development
Indiana Live Casino
Main Street Association
SCUFFY (Shelby County's United Way)
Indiana Downs
Habitat for Humanity
Major Foundation
Chamber of Commerce
Blue River Foundation
Shelbyville Planning Commission
S.C. Solid Waste
Shelby Community Church
S.C. Water Treatment
The Shelbyville News
Local Churches
Senior Movie Event
WSVX Radio
Shelbyville Today
PARTNER KEY:
36
HEALTH CARE PARTNERS
ENVIRONMENTAL PARTNERS
EDUCATION & YOUTH DEVELOPMENT PARTNERS
MEDIA PARTNERS
HUMAN SERVICE & CHARITY PARTNERS
PUBLIC HEALTH PARTNERS
FAITH BASED PARTNERS
OTHER
RECREATION & ARTS PARTNERS
PUBLIC SAFETY PARTNERS
ECONOMIC & PHILANTHROPIC PARTNERS

Information Gaps

The secondary health data for our community is clear about our health challenges. The community health needs survey was congruent with the secondary data. For purposes of this CHNA, adults were divided into 2 broad groups: ages 18-64 and those 65 years and older. In subsequent CHNA, specific health needs of different age groups will need to be considered. In our community, unhealthy lifestyles and chronic disease are exhibited in children to the elderly. Therefore, addressing the prevention, reduction, and optimal management of chronic disease is of paramount importance to all ages of residents in our community.

While the most current health data for our county was considered in assessing our community's health needs, published data typically lags behind due to publication and analysis logistics. Ongoing review of data as it is published may precipitate course adjustment as more current data becomes available.

Areas Documented, Not Targeted For Focus

There are multiple areas that are cause for concern in our community. However, part of the process of this assessment is determining priorities for improving community health over the next three years. Certainly, many of the issues are interrelated. Concerns that are not in the immediate focus of the strategic plan are:

- **Sexually Transmitted Infections (STI)**
- **Teen Pregnancy**
- **Suicide**
- **Poverty**

While secondary health data reveals these issues are in need of attention, the results of the community survey did not identify them as priorities. However, t**hese concerns are not without intervention in the community.**

Sexually Transmitted Infections

When *Planned Parenthood* closed its doors, concerned citizens quickly convened to explore how the confidential testing of STIs could be offered. The Chlamydia rate in Shelby County is more than double the National Benchmark. There have been many barriers; however, as of October 2013 a fiscal agent, medical personnel, location and funding have been secured. This needed medical care service will launch in 2014.

Areas Documented, Not Targeted For Focus

Suicide

Gallahue Behavioral Health Services (Community Health Network) in conjunction with its Advisory Council is exploring processes for improving crisis intervention in our community. *Major Hospital,* law enforcement and social service providers have been working together to improve processes and to identify additional resources.

Major Hospital provides tele-psychiatric assessment of behavioral health emergencies through the *Community Health Network. Gallahue* has also begun to provide crisis assessment during their office hours and are exploring other ways tele-psychiatric assessment can be used to assist the community.

The *Gallahue Advisory Council* provided a community training in August 2013 to educate a broad range of social service and law enforcement providers on crisis assessment intervention. This training received positive feedback. Other trainings will be considered for the future.

Teen Pregnancy

The alarming rate of teen pregnancy in our community has multiple factors: social, economic, education, violence and others. The rate of teen pregnancy in Shelby County is more than twice the national benchmark. There are many initiatives in the community to address these factors.

Turning Point Domestic Violence Services is working toward providing education in all the county schools on healthy relationships and dating violence.

Youth-serving organizations such as *Girls, Incorporated* and *Family Services and Prevention Programs* as well as faith-based organizations and the *Pregnancy Care Center* provide healthy relationship education as well.

Areas Documented, Not Targeted For Focus

Poverty

Various government and community organizations are exploring the factors leading to poverty and what can lead someone out of poverty.

Education is a key factor. As noted in the discussion of teen pregnancy, many initiatives in the community are seeking to improve school readiness and success, and career preparation.

Community Aspiration has worked with schools to increase *21st Century Scholar* enrollment for students from low-income families. *Family Services and Prevention Programs* provides mentoring for these students through *Preparing for Academic and Career Success (PACS)* to support successful completion of high school and enrollment in post-secondary education.

The Mayor of the City of Shelbyville has spearheaded more training opportunities for advanced manufacturing through the *Blue River Career Vocational Career Programs.* The *Rose Hulman Emerge* program is partnering with schools to increase awareness of science, technology, engineering and math (STEM) careers.

There are also initiatives to better prepare high school students and local business and industry for meaningful career exploration opportunities through *Career Cruising* – an electronic academic and career preparation tool in all of the county high schools.

Teen pregnancy, sexually transmitted infections, poverty and suicide are noted as problems in the secondary data. Several initiatives are seeking to impact these health challenges. However, these community problems were not identified as priorities in the community health need survey. Over the course of future assessments, consideration will again be given to these areas

Priorities

Direction

As part of a meaningful guide to the continued investment in the community's health by Major Hospital and local government and non-government organizations, the survey results provide several alternatives. Top perceived "community" issues could be adopted as the most pressing health priorities:

- 1. Unemployment
- 2. Misuse of Drugs
- 3. Community Development
- 4. Health Education and Prevention
- 5. Obesity

Another approach could be to address uppermost "personal" concerns:

- 1. Access to Care
- 2. Health Education and Prevention
- 3. Unemployment
- 4. Community Development
- 5. Obesity

Still another method could be to consider the commonalities of individual health concerns and those of the community:

- **1. Unemployment**
- **2. Health Education and Prevention**
- **3. Community Development**
- **4. Obesity**

The community survey was developed based on health data from the *County Health Rankings.* The common denominators of obesity, community development, and unemployment are congruent with the secondary health data regarding morbidity (illness and disease) and the socio-economic factors of health. Health education is a key tool for prevention, reduction, and optimal management of chronic disease.

CONCLUSION

Direction

The picture of our community's health is alarming. Our quality of life, economic development, and community vitality are negatively impacted. Certainly our community does not lack for good people engaging in noteworthy initiatives to improve every aspect of community life. We have a nationally recognized hospital and health care system in *Major Hospital ~ Major Health Partners*. So how can our community's health continue to decline?

Clearly unhealthy behaviors have become the norm in our community. So how do we create a cultural shift to begin to think and act differently about health? How do we transform our community into a healthy, vibrant, and desirable place for ourselves and for future investors and residents?

We create this cultural shift together. There is no single health care, government, or non-government organization that can improve our community alone. Health is not just about hospitals and physicians and treatment. Health is about our quality of life. Health encompasses not just individual choices but community choices about the policies, infrastructure, and environment we create that either support health and well-being or hinder it.

As Major Hospital considers how together with leaders and shareholders we can create a cultural shift, the foundational need is for capacity building and creating a shared vision of a healthier community. Then we can strategically align our work to collectively impact our community's quality of life.

The Implementation Plan adopted by *Major Hospital* identifies strategies that are SMART: Specific, Measurable, Achievable, Realistic, and Time-Specific. The 3 year plan includes objectives for *Major Hospital ~ Major Health Partners*; objectives for collaborations between *Major Hospital* and community partners; and acknowledgement of objectives owned by community leaders and shareholders. The objectives and strategies address the prevention, reduction, and optimal management of chronic disease and the development of our community in support of improved well-being for all.

CONCLUSION

Direction

The priorities and strategies of the CHNA Implementation Plan address

Reach and Prevalence:

- The entire community of Shelby County
- Community needs identified in the survey and through the health data
- Community health needs that are congruent with state and national initiatives
- Vulnerable populations and serious chronic health conditions

Effectiveness of Interventions:

- Targeted needs that have a high likelihood of improving the health access for a population experiencing health disparity
- Partnerships and processes for sustainability of health promotion and health management programs
- Short-term benefit and capacity building for long-term outcomes

Major Hospital and Shelby County community capacity:

- Demonstrated commitment
- Champions for new initiatives that will require changes in attitudes and behaviors
- Necessary leadership and resources available to launch new initiatives; grants and other funding will continue to be pursued

Each October there will be a general review of processes and activities and a report made to the *Major Hospital Board of Directors*. Thoughtful assessment of success and failures, additional IRS definitions, emerging health data, and new opportunities may necessitate course redirection.

Comments and Enquiries

The Community Health Needs Assessment and Implementation Plan will be available on-line at http://www.majorhealthpartners.com.

Please address written comments on the CHNA ~ Implementation Plan and requests for a paper copy of the CHNA to

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Many thanks to Michele Houston of Major Hospital Education Department who conducted the community health needs survey.