



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

2015



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1 INTRODUCTION

1.1 Purpose

This report provides an overview of findings from a community health needs assessment (CHNA) conducted on behalf of Indiana University Health (IU Health) Ball Memorial Hospital (IU Health Ball) in order to identify the leading health needs in Delaware County, the area defined as the community served by the hospital, in order to develop an effective implementation strategy to address the top needs identified 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 Ball CHNA has three main objectives:

1. Identify the priority health needs within Delaware County, Indiana.
2. 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 living in the Delaware County community.
3. Supply public access to the CHNA results in order to inform people in the community and provide assistance to those invested in the transformation of the community's healthcare network.

Top Community Health Needs

This assessment identified five priority needs across the community served by the hospital. These problems affect most of the community service area counties, but particularly apply to the Primary Service Area of Delaware County.



Obesity



Infant Health Factors



Mental Health & Substance Abuse



Smoking /Tobacco



Access to Healthcare

To identify these needs, IU Health Ball Memorial collected comments, surveyed residents, conducted a focus group which included public health officials 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.

IU Health Ball Memorial addresses the priority community health needs in Delaware County. In addition, there are physician practices and Federally Qualified Health Centers that also address these priority needs.

2 EXECUTIVE SUMMARY

IU Health Ball's entire community service area extends into seven contiguous counties: Delaware, Randolph, Jay, Henry, Blackford, Grant and Madison. Poor social and economic factors may contribute to the poor lifestyle choices that are prevalent in the community, such as substance abuse, poor diet and lack of physical activity.

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

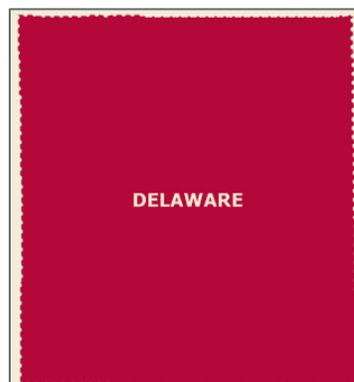
To identify these needs, IU Health Ball Memorial Hospital collected comments to the prior CHNA, surveyed residents of the county through an online portal and using paper surveys, conducted a focus group which included a public health official as well as representatives of the medically underserved and reviewed available resources about health status indicators. From these sources, the Hanlon Method was used to identify the priority needs:

- Obesity
- Infant Health Factors (Infant Mortality and Prenatal)
- Mental Health and Substance Abuse
- Smoking/Tobacco
- Access to Healthcare

IU Health Ball Memorial Hospital is the only hospital in Delaware County. In addition to physician practices, Delaware County has two Federally Qualified Health Centers that also address the priority health needs.

2.1 Primary Service Area

Delaware County comprises the majority of the IU Health Ball Memorial Hospital community. It accounts for most of the PSA total population and 66% of the inpatient discharge population of the total community service area.



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

3 STUDY METHODS

3.1 Analytical Methods

In order to identify the community's leading health needs, both quantitative and qualitative data were utilized. For this CHNA, quantitative analysis assessed the health needs of the population through data abstraction and qualitative analyses were conducted by gathering input from community members through a survey. Qualitative responses were also collected through a focus group with community leaders in Delaware County.

3.2 Data Sources

CHNAs seek to identify priority health needs and assess 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 status indicators, e.g., causes of death, physical activity and chronic conditions
- Health access indicators, e.g., insurance coverage, ambulatory care sensitive condition (ACSC) discharges
- Availability of healthcare facilities and resources

Data sets for quantitative analyses included:

- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Community Health Status Indicators Project
- Dartmouth Atlas of Health Care
- Dignity Health—Community Needs Index
- Indiana Department of Workforce Development
- Indiana Hospital Association Database
- Kaiser Family Foundation
- Robert Wood Johnson Foundation—County Health Rankings
- STATS Indiana data—Indiana Business Research Center, IU Kelley School of Business
- United Health Foundation—America's Health Rankings
- US Bureau of Labor Statistics
- US Census Bureau
- US Department of Commerce, Bureau of Economic Analysis
- US Health Resources and Services Administration

While quantitative data can provide insights into an area, these data need to be supplemented with qualitative information to develop a full picture of a community's health and health needs. For this CHNA, qualitative data were gathered from responses collected online to the prior Community Health Needs Assessment, through surveys of members of the public and in a focus group with health leaders and public health experts.

3.3 Process for determining priorities

The quantitative, secondary data sources identified health needs for which Indiana or Delaware County is above or below average. 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 Ball Memorial Hospital representatives and community stakeholders 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.¹ 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 Ball Memorial Hospital's ability to reach reasonable conclusions regarding community health needs. While IU Health Ball has worked to capture quantitative information on a wide variety of health conditions from a wide array of sources, IU Health Ball 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 Ball conducted a focus group with public health experts and community health leaders. IU Health Ball also conducted community surveys to gather input from 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 seniors or injury prevention groups), then health needs among people in that group could potentially be underrepresented in the focus group. Further, due to the community survey's small sample size, 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 Ball community. These collaborating organizations are as follows:

A Better Way

Ball State University

Buley Community Center

Cancer Services of East Central Indiana/Little Red Door

Meridian Health Services

Delaware County Health Department

¹ 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>.

East Central Indiana Fetal Infant Mortality Review (FIMR) and WeCare Indiana

Forest Park Senior Center

DWA Healthcare Communications Group

IU Health Ball Memorial Hospital (e.g., Family Medicine and Internal Medicine Residency Programs)

Muncie/Delaware County Chamber of Commerce

Open Door Health Services

Ross Community Center

TEAMwork for Quality Living

Tobacco Free Coalition of Delaware County

United Way of Delaware County

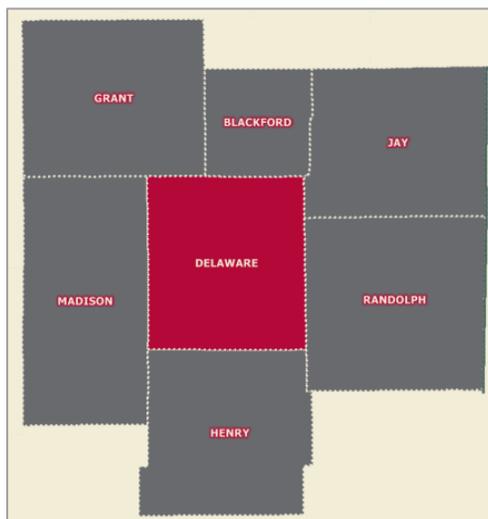
Westminster Village

Women, Infants and Children (WIC) Program

4 DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by IU Health Ball Memorial Hospital. The community was defined as Delaware County, the community where IU Health Ball Memorial is located.

Figure 1: Counties in the IU Health Ball Memorial Hospital Service Area Community, 2015



In 2014, the IU Health Ball PSA included 12,286 discharges and its SSA, 62,073 discharges. The community was defined based on the geographic origins of IU Health Ball inpatients. Of the hospital's inpatient discharges, approximately 66% originated from the PSA and 34% from the SSA and other areas. (Source: IU Health Ball Memorial Hospital Database, 2015).

5 SECONDARY DATA ASSESSMENT

5.1 Demographics

IU Health Ball Memorial Hospital is located in Delaware County, located in central Indiana. Delaware County includes ZIP codes within the towns of Muncie, Eaton, Gaston, Selma, Albany, Daleville and Yorktown. Based on the most recent Census Bureau (2014) statistics, Delaware County's population is 117,074 persons with approximately 52% female and 48% male. The county's population estimates by race are 89.4% White, 2.0% Hispanic or Latino, 7.1% Black, 1.1% Asian, 0.3% American Indian or Alaska Native and 2.1% persons reporting two or more races.

Delaware County's educational attainment statistics are similar to those of the nation as a whole. In Delaware County, of adults ages 25 and above, 86.9% have achieved a high school degree or higher compared to the national average of 86%. When comparing adults 25 and over who have achieved a bachelor's degree or higher, the difference widens, with a 22.5% rate in Delaware County and a 28.8% rate in the nation.

Within the entire service area, the total population for the PSA is 117,074 and the total population for surrounding counties is 433,671, as illustrated in **Table 1** below.

Table 1: Service Area Population, 2014

Service Area	County	Population	Percent of Total
Primary	Delaware	117,074	27.0%
	Subtotal	117,074	27.0%
Secondary	Randolph	25,384	5.9%
	Jay	21,179	4.9%
	Henry	58,995	13.6%
	Blackford	12,401	2.9%
	Grant	68,569	15.8%
	Madison	130,069	30.0%
	Subtotal	316,597	73.0%
Total Service Area		433,671	100.0%

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.

Employment

The share of jobs in Delaware County was highest within the areas of healthcare and social assistance, education, financial/insurance services, business support, government, retail trade, manufacturing and food service.

Delaware County has a diverse group of major employers reported by the Muncie Delaware Chamber of Commerce, including: IU Health Ball Memorial Hospital, Ball State University, Muncie Community Schools, Navient, Meridian Health Services, Marsh Food Supermarkets, Concentrix, Progress Rail, Walmart Supercenters, First Merchants Corporation, Ivy Tech Community College, Magna Powertrain, City of Muncie, Delaware County Government Offices, Youth Opportunity Center, Terhunes, Inc./McDonalds, American Health Network, R&L Carriers, J.C Penney Co. and G&G Oil.

Delaware County reported an unemployment rate similar to the rate in most of the surrounding counties and the national rates, but had a slightly higher rate of unemployment than the state of Indiana. **Table 2** summarizes unemployment rates at December 2013 and December 2014.

Table 2: Unemployment Rates, December 2013 and December 2014

Service Area	County	Dec-13	Dec-14	% Change from 2013-2014
Primary	Delaware	7.0%	6.7%	0.3%
Secondary	Randolph	7.4%	6.2%	1.2%
	Jay	6.3%	5.6%	0.7%
	Henry	7.3%	6.5%	0.8%
	Blackford	8.4%	6.8%	1.6%
	Grant	7.4%	6.6%	0.8%
	Madison	7.7%	6.8%	0.9%
Indiana		6.3%	5.7%	-0.6%
USA		6.5%	5.4%	-1.1%

Source: US Bureau of Labor Statistics, 2015.

5.2.1 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 0.2% from 15.0% in 2012. In Indiana, 15.8% of the state population lived in poverty, a 0.3% increase from the 2012 poverty rate (15.5%).

For Delaware County, a poverty rate of 23.0% was reported in 2013, up from 22.4% in 2012 (0.6%). Comparatively for Indiana, Hamilton County had the lowest poverty rate at 5.5% and Delaware County had the third highest poverty rate at 23.0%, with Monroe County having the highest, at 24.0 followed by Vigo County at 23.9%. **Table 3** below illustrates the poverty rates by year between 2011 and 2013 for the IU Ball Memorial Community Service Area.

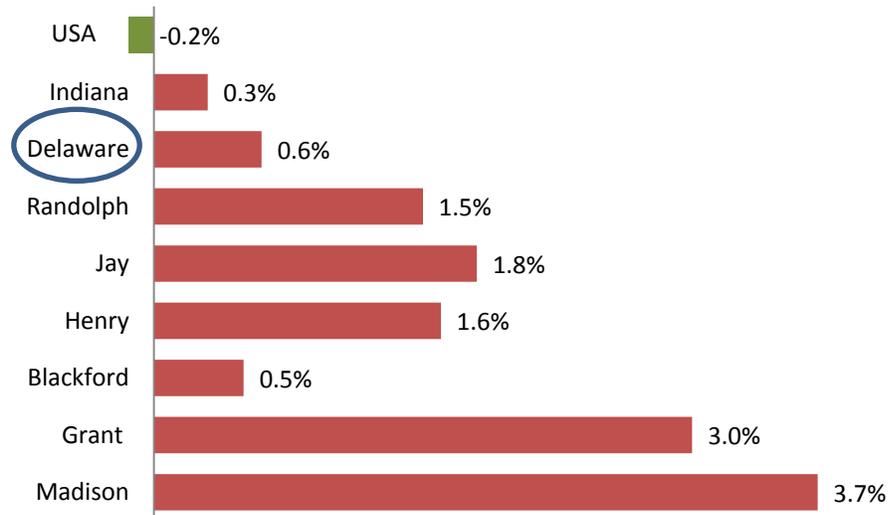
Table 3: Percentage of People in Poverty, 2011-2013

Service Area	County	2011	2012	2013	% Change from 2012-2013
Primary	Delaware	23.0%	22.4%	23.0%	0.6%
Secondary	Randolph	17.0%	16.6%	18.1%	1.5%
	Jay	15.9%	14.2%	16.0%	1.8%
	Henry	18.4%	15.6%	17.2%	1.6%
	Blackford	16.1%	14.9%	15.4%	0.5%
	Grant	17.4%	18.7%	21.7%	3.0%
	Madison	18.9%	15.9%	19.6%	3.7%
Indiana		15.8%	15.5%	15.8%	0.3%
USA		15.0%	15.0%	14.8%	-0.2%

Source: US Census Bureau, 2015.

Blackford County had the slowest growth in the poverty rate in the IU Health Ball service area between 2012 and 2013, with an increase of 0.5 points, followed by Delaware County (0.6 points). Comparisons of each service area county's poverty rates, as well as those for the state of Indiana and the entire US are displayed in **Figure 2** below.

Figure 2: Percentage Change in Poverty Rates between 2011 and 2012



Source: US Census Bureau, 2012.

Income level is an additional economic factor that has also been associated with the health status of a population. Based on the US Census Bureau (2013), Delaware County's per capita personal income was estimated to be \$20,854 with a median household income around \$37,474, which are both below the state rates: per capita income of \$24,635 and median household income around \$48,248. For the same year, the US national per capita income was \$28,155 and median household income was \$53,046.

5.2.2 Insurance Coverage

National statistics on health insurance indicate that 10% of the United States population is uninsured. Of the US population that is insured, 49% are insured through an employer, 6% through individual providers, 19% through Medicaid, 13% through Medicare and 2% through other public providers.

In Indiana, it is estimated that 11% of the population are uninsured. Of the Indiana residents who are insured, 17% residents are insured through Medicaid, 15% through Medicare, 51% through their employer, 5% through individual providers and 1% through other public providers.²

2. Kaiser State Health Facts 2015, Kaiser Family Foundation. <http://www.statehealthfacts.org>.

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, as well as other 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** below summarizes County Health Ranking assessments for Delaware County and other counties in the community service area.

Table 4: Relative Health Status Indicators for Delaware County and Surrounding Counties

Key

In top 25% for state health status indicator	
Next best 25%	
Third best 25%	
Lowest 25% for state	

County Indicator	Delaware	Blackford	Madison	Randolph	Jay	Henry	Grant	Average Ranking for Service Area
Health Outcomes	84	86	79	59	77	73	87	78
Length of Life	73	75	77	39	71	76	84	71
Quality of Life	89	90	77	78	76	64	87	80
Health Factors	58	78	81	65	56	59	71	67
Health Behaviors	67	81	85	65	76	36	80	70
Clinical Care	13	86	29	69	67	42	15	46
Social and Economic Factors	72	70	84	62	43	71	80	69
Physical Environment	42	40	77	30	23	63	12	41

Source: County Health Rankings, 2015

Delaware County ranked 84th in the state for overall health outcomes, which indicates slightly better health outcomes than in Blackford County (86) but not as good as in Madison (79). However, for that indicator Randolph County ranks 59. The overall average for the service area is 78, which is in the bottom quarter for the state for overall health outcomes.

In health factors, Delaware County ranked 58th in terms of overall health related factors (determinants of health); individual scores for Delaware, Madison and Blackford Counties are displayed in **Table 4** on the preceding page. Any individual rank of 69 or higher indicates that a county is in the lowest quartile among Indiana counties. For Delaware County, some specific indicators that ranked poorly included length of life (73rd), quality of life (89th), health behaviors (67th) and social and economic factors (72nd). Delaware County ranked higher than the overall service area for many indicators, but especially for clinical care (13th) and physical environment (42nd).

Table 5 shows greater detail for the Health Status Indicators for the four counties with the most people in the service area.

Table 5: Detail of Relative Health Status Indicators for Four Most Populous Counties in Service Area

Indicator	County	Delaware	Madison	Grant	Henry
Health Outcomes		84	79	87	73
Length of Life		73	77	84	76
Premature death per 100,000		8,839	9,012	9,505	8,988
Quality of Life		89	77	87	64
Poor or fair health		20%	18%	19%	20%
Poor physical health days reported in the past 30 days		4.6	4.2	4.5	3.9
Poor mental health days reported in the past 30 days		4.9	4.8	4.3	3.9
Low birth weight (<2500 grams)		9.4%	8.4%	9.7%	8.1%
Health Factors		58	81	59	59
Health Behaviors		67	85	80	36
Adult smoking		25%	28%	29%	28%
Adult obesity		33%	35%	33%	31%
Food environment index 0 (worst) 10 (best)		6.6	7	6.7	7.6
Physical inactivity		30%	30%	31%	29%
Access to exercise opportunities		75%	70%	47%	69%
Excessive drinking		12%	17%	12%	9%
Alcohol-impaired driving deaths		29%	17%	21%	3%
Sexually transmitted infections (chlamydia) per 100,000		562	414	423	270
Teen births ages 15-19 per 1,000		25	46	40	36
Clinical Care		13	29	15	42
Uninsured (under age 65)		17%	17%	16%	16%

Table 5 - Continued					
Indicator	County	Delaware	Madison	Grant	Henry
Primary care physicians ratio of population to primary care physicians		1,129 to 1	2,069:1	2,101:1	2,741:1
Dentists ratio of population to dentists		1,807 to 1	2,139:1	1,920:1	3,065:1
Mental health providers ratio of population to mental health providers		464 to 1	1,052:1	576:1	1,362:1
Preventable hospital stays per 1,000		61	75	68	75
Diabetic monitoring of Medicare enrollees ages 65-75 that receive HbA1c		85%	86%	86%	87%
Mammography screening ages 67-69 of female Medicare enrollees		65.3%	69.8%	68.2%	64.8%
Social & Economic Factors		72	84	80	71
High school graduation		92%	87%	90%	90%
Some college ages 25-44		61.8%	54.2%	52.2%	50.2%
Unemployment ages 16 and older		8.7%	9.0%	8.8%	8.6%
Children in poverty (under the age of 18)		28%	30%	33%	24%
Income inequality ratio at the 80th percentile to income at the 20th percentile		4.8	4.3	4.4	4.2
Children in single-parent households		39%	39%	39%	35%
Social associations per 10,000		14.7	15.3	16.2	14.4
Violent crime per 100,000		339	258	162	47
Injury deaths per 100,000		56	86	68	81
Physical Environment		42	55	12	63
Air pollution - particulate matter in micrograms per cubic meter (PM2.5)		13.5	13.5	13.5	13.5
Drinking water violations during the past year		0	0	0	0
Severe housing problems with at least 1 of 4 problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities		16%	14%	13%	14%
Driving alone to work		80%	84%	80%	85%
Long commute - driving alone for more than 30 minutes		20%	36%	18%	40%

Source: County Health Rankings, 2015

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.

Delaware County has 39 designated “peer” counties in 22 states, including Madison and Monroe counties in Indiana, Clark and Richmond counties in Ohio, Champaign County in Illinois and Fayette

County in Kentucky. **Table 6** on page 14 demonstrates the analysis of CHSI health status indicators, with highlighting in cells for topics on which Delaware County or Madison County compares favorably or unfavorably both to the US as a whole and to peer counties. Indicators are found to be unfavorable for a county when its rates are higher than those of the entire nation and designated peer counties and are considered favorable when the rates for the county are lower than those of the US or peer counties. Madison County is shown as it is also in the IU Health Ball Memorial Hospital community service area and is a peer county with Delaware County, the Primary Service Area for the hospital.

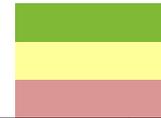
Table 6: Favorable and Unfavorable Health Status Indicators, Delaware County & Madison County Compared with Peer Counties

Key

Better – in most favorable quartile

Moderate - in middle quartiles

Worse – in least favorable quartile



Indicator	Delaware	Madison
Mortality		
Alzheimer's Disease	Yellow	Red
Diabetes	Red	Yellow
Cancer	Red	Yellow
Chronic Kidney Disease	Yellow	Yellow
Chronic Lower Respiratory Disease	Red	Yellow
Coronary Heart Disease	Yellow	Yellow
Female Life Expectancy	Yellow	Red
Male Life Expectancy	Yellow	Red
Motor Vehicle	Green	Yellow
Stroke	Yellow	Yellow
Unintentional Injury (including motor vehicle)	Yellow	Red
Morbidity		
Adult Diabetes	Yellow	Yellow
Adult Obesity	Yellow	Yellow
Adult Overall Health Status	Red	Yellow
Alzheimer's Disease/Dementia	Yellow	Red
Cancer	Yellow	Green
Gonorrhea	Yellow	Yellow
HIV	Yellow	Yellow
Older Adult Asthma	Yellow	Red
Older Adult Depression	Yellow	Red
Preterm Births	Yellow	Yellow
Syphilis	Yellow	Green
Health Care Access and Quality		
Cost Barrier to Care	Red	Red
Older Adult Preventable Hospitalization	Yellow	Red
Primary Care Provider Access	Green	Yellow
Uninsured	Red	Red
Health Behaviors		
Adult Binge Drinking	Green	Yellow
Adult Female Routine Pap Tests	Yellow	Yellow
Adult Physical Inactivity	Yellow	Red
Adult Smoking	Yellow	Red
Teen Births	Green	Yellow

Table 6, Continued		
Indicator	Delaware	Madison
Social Factors		
Children in Single-Parent Households		
High Housing Costs		
Inadequate Social Support		
On Time High School Graduation		
Poverty		
Unemployment		
Violent Crime		
Physical Environment		
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.

Several indicators related to mortality that were unfavorable for Delaware County included diabetes, cancer and chronic lower respiratory disease. Adult overall health status was the indicator related to morbidity that was unfavorable for Delaware County. Indicators for Delaware County that were considered favorable (where rates and percentages for the indicators in Delaware County are lower than those for the entire nation or for peer counties) include motor vehicle deaths, primary care provider access, adult binge drinking, teen births, on time high school graduation and living near highways. Madison County fares less well than peer counties for Alzheimer’s Disease, both for mortality and morbidity and for all indicators for access to care except primary care provider access. Adults in Madison County have shorter lives than in peer counties and are less likely to be active or have access to parks. In Madison County, measures for smoking, adult asthma and depression are worse than for peer counties. County residents, however, are less likely to live in poverty and have lower rates of cancer and syphilis than in peer counties.

5.4 ZIP Code-Level Health Access Indicators

The Community Need Index (CNI) was created in 2005 by Dignity Health (formerly Catholic Healthcare West) in collaboration with Thomson Reuters. CNI identifies the severity of health disparities related to housing, English as a second language (ESL) and education level for ZIP codes in the United States. In addition to health indicators, CNI includes economic and structural indicators in its assessment of the overall health of a community. Scores are assigned on a scale of one to five, with one indicating the least amount of community need and five indicating the most (see **Figure 3**). CNI assessments illustrate correlations between high need (high scores) and high hospital utilization within a ZIP Code. **Table 7** summarizes CNI scores for Delaware County.

Figure 3: Community Need Index Rating Scale

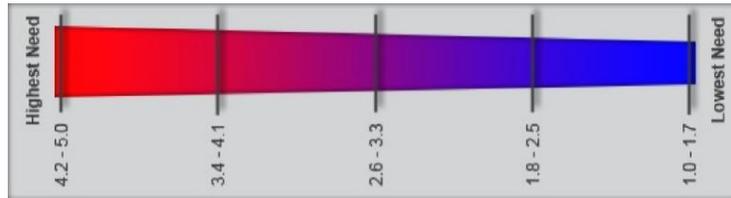
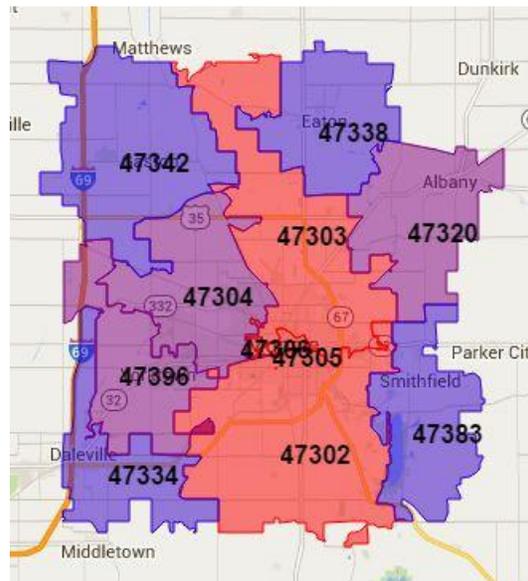


Table 7: CNI Scores for Delaware County

PSA County	City	ZIP Code	Rank
Delaware	Muncie	47305	4.8
		47302	4.2
		47303	4.2
		47304	2.8
		47306	3.6
	Eaton	47338	2.4
	Gaston	47342	2.0
	Selma	47383	2.0
	Albany	47320	2.8
	Daleville	47334	1.8
Yorktown	47396	2.6	

Source: Community Need Index, 2015.

Figure 4: CNI Scores Mapped for Delaware County



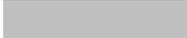
Within Delaware County, CNI scores indicate needs are greatest in ZIP codes 47305, 47302 and 47303 (all in Muncie) and community needs are relatively low in ZIP codes 47334 (Daleville), 47342 (Gaston) and 47383 (Selma).

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 1000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level and the percentage of the population older than 64. IMU scores range from zero to 100, where 100 represents the least underserved and zero represents the most underserved.

Any area or population receiving an IMU score of 62.0 or below qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving an MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented and if such a designation is recommended by the chief executive officer and local officials of the State where the requested population resides.”³ **Table 8** below illustrates the areas that have been designated as MUAs or MUPs in the IU Health Ball community.

Table 8: MUAs and MUPs in the IU Health Ball Memorial Hospital Community

Key  County Does not contain an MUP or MUA designation

Service Area	County	Medically Underserved Areas		Medically Underserved Populations	
		IMU Score	Detail	IMU Score	Detail
Primary	Delaware			57.8	Low-income population, entire county
Secondary	Randolph			58.4	Low-income population, Union City Service Area- 1 census tract (CT)
	Jay			61.9	Low-income population, entire county
	Henry			59.3	Low-income population, entire county
	Blackford			60.0	Low-income population, entire county
	Grant			59.4	Low-income population, entire county
	Madison			57.1	Low-income population, Anderson City Service Area- 10 CTs
				60.7	Low-income population, North Madison Service Area - 7 CTs

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

3. 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>.

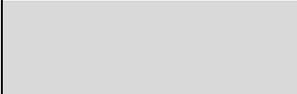
All seven counties in the community had service areas, if not the entire county, designated as a MUP. Those counties that were entirely designated as a low-income MUP included Delaware, Jay, Henry, Blackford and Grant counties. No counties in the IU Health Ball Memorial Hospital service area community included designated MUAs.

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 9** below lists the HPSAs in the IU Health Ball community.

Table 9: HPSAs in the IU Health Ball Memorial Hospital Community

Key  County Does not contain an HPSA designation

Service Area	County	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA
Primary	Delaware	Entire County	Low-income population, entire county	Low-income population, Mental Health Catchment Area 6
		2 Health Centers: Open Door Health Services, Inc. and Meridian MD-North Tillotson (FQHC)	2 Health Centers: Open Door Health Services, Inc. and Meridian MD-North Tillotson (FQHC)	2 Health Centers: Open Door Health Services, Inc. and Meridian MD-North Tillotson (FQHC)
Secondary	Randolph	Low-income population, entire county	Entire County	East Central Mental Health Catchment Area 8
		4 Health Centers: Family and Occupational Medicine- Lynn, Family and Occupational Medical- Ridgeville, Family Health Center of Union City, and Family Health Center of Winchester		
	Jay	Entire county		Entire county
	Henry	Entire county	2 Rural Health Clinics; New Castle Pediatrics and Knightstown Family Health Care	Entire county
		2 Rural Health Clinics; New Castle Pediatrics and Knightstown Family Health Care		2 Rural Health Clinics; New Castle Pediatrics and Knightstown Family Health Care
	Blackford	Entire County		Grant/Blackford County Mental Health Catchment Area 6
	Grant	Low-income population, entire county		Grant/Blackford County Mental Health Catchment Area 6
	Madison	Low-income population, entire county	1 Health Center: Madison County Community Health Center	1 Health Center: Madison County Community Health Center
1 Health Center: Madison County Community Health Center				

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

5.7 Description of Other Facilities and Resources within the Community

The IU Health Ball Memorial Hospital community contains a variety of resources that are available to meet the health needs identified through this CHNA. These resources include facilities designated as HPSAs, hospitals, FQHCs, public health departments and other organizations. **Table 10** below lists the other facilities and resources in the IU Health Ball community.

Table 10: Resources in Delaware and Surrounding Counties

Service Area	County	Public Health Department
Primary	Delaware	Delaware County Health Department (Muncie, Indiana)
Secondary	Blackford	Blackford County Health Department (Hartford City, Indiana)
	Grant	Grant County Health Department (Marion, Indiana)
	Henry	Henry County Health Department (New Castle, Indiana)
	Jay	Jay County Health Department (Portland, Indiana)
	Madison	Madison County Health Department (Anderson, Indiana)
	Randolph	Randolph County Health Department (Winchester, Indiana)

Service Area	County	FQHC
Primary	Delaware	Meridian MD, North Tillotson (Muncie, Indiana)
		Open Door Family Planning Clinic (Walnut Street, Muncie, Indiana)
		Open Door Health Services (Madison Street, Muncie, Indiana)
		Open Door Health Services (Walnut Street, Muncie, Indiana)
		Southway Urgent Care (Muncie, Indiana)
		Suzanne Gresham Center Division of Meridian Services (Muncie, Indiana)
Secondary	Blackford	None
	Grant	Indiana Health Center at Marion
	Henry	Knightstown Healthcare Center
	Jay	None
	Madison	Madison County Community Health Center
		Northern Elwood Center/Madison County Community Health Center
		Open Door Health Services Family Planning Clinic
Randolph	Family Health Center of Winchester	

Table 10 – Continued			
Service Area	County	Hospitals	
Primary	Delaware	IU Health Ball Memorial Hospital	
		Central Indiana AMG Specialty Hospital (long term acute care facility)	
		Meridian Services Corp. (senior health/behavioral health facility)	
Secondary	Blackford	IU Health Blackford Hospital, Hartford City, IN	
	Grant	Marion General Hospital, Marion, IN	
	Henry	Henry County Memorial Hospital, New Castle, IN	
	Jay	Jay County Hospital, Portland, IN	
	Madison		Assurance Health Psychiatric Hospital (seniors)
			Community Hospital of Anderson and Madison County, Anderson, IN
			St. Vincent Anderson Regional Hospital, Anderson, IN
			St. Vincent Mercy Hospital, Elwood, IN
Randolph	St. Vincent Randolph Hospital, Winchester, IN		

Sources: Health Resources and Services Administration, US Department of Health and Human Services; Indiana State Department of Health, Health Care Regulatory Services, www.in.gov/isdh/reports/QAMIS/hosdir/index.htm; Indiana Public Health Association.www.indianapca.org

6 PRIMARY DATA ASSESSMENT

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

1. Hosting one three-hour 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 Ball could play in addressing the identified needs.
2. Surveying the community at large through paper and electronic surveys through the Survey Monkey Web site. The survey was created in collaboration with Community Health Network and St. Vincent and Franciscan Alliance hospitals. A special effort was made to collect 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 Ball Memorial Hospital. Attendees who participated in the focus group are listed in **Table 11** below.

Table 11: Focus Group Participants

Name	Affiliation	Expertise
Teresa Clemmons	A Better Way	Poverty, Substance Abuse
Jane Ellery	Ball State University	Wellness
Angela Cox	Ball State University (BSU) School of Nursing- Community Health	Community Health Programs
Dr. Denise M. Seabert	BSU Physiology and Health Science	Health Science
Erica Payton, PhD, MPH, CHES	BSU, Dept. of Physiology & Health Science	Health Science
Qiana O’Neal	Buley Community Center	Minority/Underserved
Julie Hankins	Cancer Services of East Central Indiana	Health Education/Social Services
Cheryl Mathews	Cancer Services of ECI	Tobacco Control/Social Services
Sonya Paul	Cancer Services of ECI	Social Services
Amelia Clark	Community Health Meridian	Mental Health/Substance Abuse
Tami White	Delaware County Health Dept.	Public Health
Bruce Reynolds	Forest Park Senior Center	Senior Programming
Dr. Justin Whitt	IU Health Ball Memorial Hospital (IUH BMH), FMR	Primary Care
Ann M. Taylor, RN, BSN, BSW	IUH BMH Director, Integrated Care Management	Population Health
Tricia Stanley	IUH BMH Foundation	Philanthropy
John Disher	IUH BMH Foundation	Community Outreach
Dr. Ryan Johnston	IUH BMH IMC	Primary Care/Intensive Care
Jayne Morris, RN	IUH BMH NICU	Infant Health
Jay Julian	Muncie Chamber of Commerce	Economic Development
Dale Marion	Open Door Health Services and Gateway Health Clinic	Healthcare Administration

Table 11 – Continued		
Name	Affiliation	Expertise
Rachel Umoren, MD	Neonatologist	Infant Health
Megan Quirk	Ross Community Center	Minority/underserved
Molly Flodder	TEAMwork for Quality Living	Poverty
Jacey Foley	Tobacco Free Coalition	Tobacco Cessation/Control
Jenni Marsh	United Way	Community Needs
Mary Jo Crutcher	Westminster Village	Senior Health

6.1.2 Prioritization Process and Criteria

To obtain a more complete picture of the factors that play into the Delaware County community’s health, input from local health leaders was gathered through a focus group session lasting three hours. IU Health Ball facilitators mailed letters and made follow-up telephone calls inviting public health officials and community leaders to attend the focus group discussion, making extra effort to include organizations that represent the interest of low-income, minority and uninsured individuals. The goal of soliciting these leaders’ feedback was to gather qualitative insights into the data to discern trends or concerns that may not be easily identified from statistical data alone.

IU Health Ball facilitators presented the goals and requirements of the CHNA, reviewed secondary health data including demographics, insurance information, poverty rates, county health rankings, causes of death, physical activity, chronic conditions and past needs identified during the previous CHNA cycle. Each participant was asked to select the top five health needs. After the results were tallied, a discussion to gain consensus of the top five health needs of the community was conducted, along with a discussion of current resources and gaps for each need. This was intended to inspire candid discussion and give leaders another chance to vote for their top five needs from the list.

The focus group concluded by sharing a timeline of next steps and accomplishments since the last CHNA.

6.1.3 Description of Prioritized Needs

The focus group identified the following five needs as priorities for the IU Health Ball Memorial Hospital community:

1. Mental Health/Substance Abuse
2. Obesity
3. Smoking/Tobacco
4. Access to Healthcare
5. Chronic Disease

These prioritized needs are discussed in more detail below.



1. Mental health and substance abuse are serious concerns for participants, rising to the top of the list of perceived needs .The group noted the importance of lifting the stigmas surrounding mental health and seeking treatment when necessary. The group also discussed how the two issues of mental health and substance abuse are different yet often co-occur and would best be addressed together. Concern was expressed that additional providers and services are needed to meet demand. More behavioral health services in the primary care setting are desired. Substance abuse

treatment is also problematic, as there is not a local inpatient substance abuse treatment facility, and meth and heroin use are rising community health concerns.

Affecting both aspects—behavioral health and substance abuse—are two factors: a concern about the ability to pay for services and the importance of integrating physical health with behavioral health in a coordinated approach. The focus group participants discussed the value of incorporating mental health messages into a wide range of community settings, including faith institutions, social agencies such as Youth Opportunity Center and TEAMwork for Quality and in family medicine practice.



2. Obesity was the second highest concern among focus group participants. Discussion considered difficulties that people have in accessing fresh produce, especially people living with very little money and those who use food pantries. Further, even with improved access, some people might need support as they learn how to prepare food in more healthy ways. There are also prevailing social norms that food is a source of comfort and time pressures to find low-cost, fast meals. Participants also identified needs for greater physical activity, whether at established sites or in public spaces such as parks. The group identified a need for more fresh food in food pantries and creation of more community gardens.



3. Smoking/Tobacco Use ranked high among focus group participants as a health concern. Three aspects in particular came out during the discussion: the importance of helping even young children understand the dangers of smoking; efforts to change the “smoking culture” and generational habits; and the links between stress and smoking. Participants identified many area resources that are available to help area residents desiring to quit or desiring to discourage smoking further, including the state Quitline, IU Health Ball Memorial’s program called WeCare Indiana, a curriculum for 4th graders called Tar Wars and others.



4. Chronic disease, both management and avoidance, generated discussion about area resources and gaps. Tobacco use, a sedentary lifestyle and obesity all contribute to the continued development of chronic disease. Poor air quality can also be a factor. Focus group participants discussed the need for more education in schools and elsewhere to help promote healthier lifestyles, encourage participation in fitness activities and reduce smoking. They also identified the opportunity for better management of chronic disease, once it has occurred, through improved care coordination, home care and other approaches.



5. Access to healthcare was a community need that was discussed in a variety of ways. Two themes emerged: the importance of access to primary care (including transportation) and the costs of care as a barrier. Among elements identified as concerns about primary care are a perceived shortage of physicians, a mindset for some that you see a doctor only when you are ill (little to no preventative care), the complexities of “navigating” the healthcare system and a distrust of providers (perhaps because it is difficult for some primary care sites to retain physicians). The participants noted, especially, a shortage of pediatricians. Cost is also a barrier to care, as in some cases not all types of insurance are accepted by providers and many people in the area are unaware of clinics with reduced co-pays or still perceive the cost too high.

6.2 Community Survey Findings

IU Health also solicited responses from the general public regarding the health of the IU Health Ball 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. The link was also advertised in an electronic banner ad placed on the local newspaper website in January, 2015. A paper version was distributed to local community centers, health department waiting areas, health clinics and community health fairs and events. . The survey link was also sent via e-mail to participants in the needs assessment focus groups and other community partners who then shared with their local community members.

6.2.1 Respondent Demographics

641 people from the IU Health Ball Memorial community participated in the survey. The majority of respondents represented by the survey were White/Caucasian (89%), which is comparable to the census data for Delaware County. A considerable number of respondents (9%) identified as Black or African American. The older adult population (defined as ages 45 to 64) represented almost half (49%) of the total respondents. The young adult age group (defined as ages 25 to 44) was also significantly represented as well within Delaware County (31%).

609 of the 641 respondents reported their average household income. Of these, 24% had an average household income from \$25,000 to \$49,999. About 22% earned \$50,000 - \$74,999, whereas 15% earned \$75,000 - \$99,999. Roughly 18% reported income below \$24,999.

Survey respondents reported how they pay for health needs. Half of the respondents reported utilizing employer provided insurance. Private insurance was the second most reported payment for health needs (23%). A portion of the respondents (15%) used Medicare to cover health needs.

Given the reported demographics above, care should be taken with interpreting the survey results. The reported age demographics of the survey sample versus Delaware County's census data were disproportionate, with younger adults being underrepresented in the survey.

6.2.2 Greatest Health Needs and Social Issues

Survey participants selected the top five health needs in their community from a list of 12 options. Delaware County residents in the study considered the top five health needs to be:

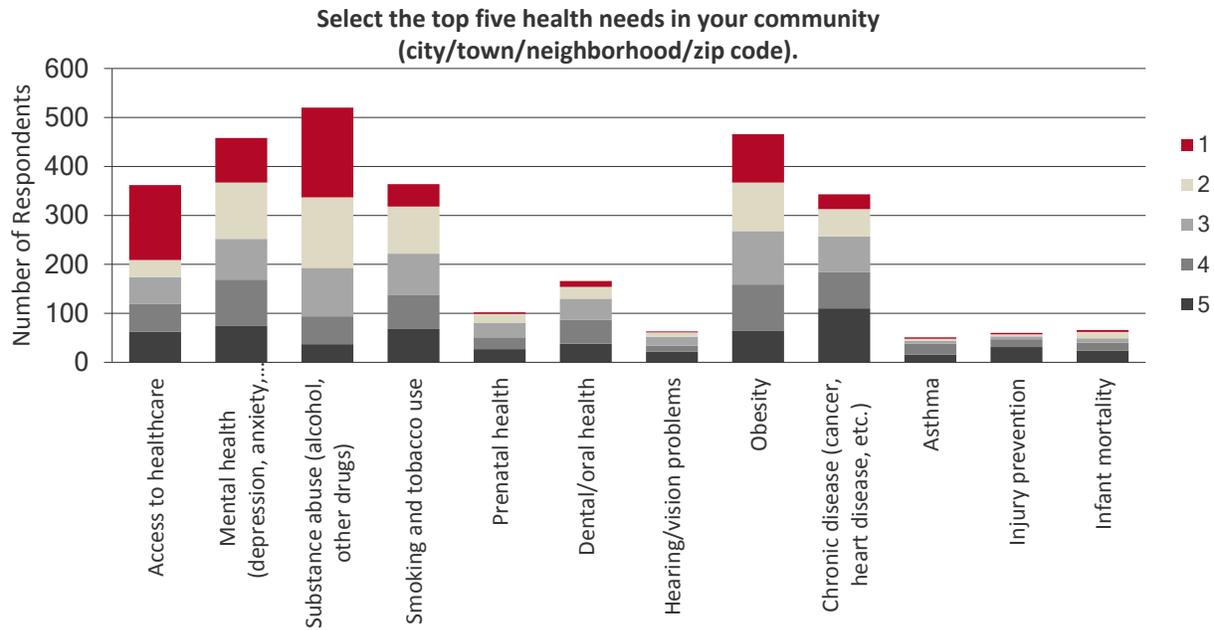
1. Substance abuse (17.2%)
2. Obesity (15.4%)
3. Mental health (15.1%)
4. Smoking and tobacco use (12.1%)
5. Access to healthcare (12.0%)

Respondents also select the top three social needs in their community, which were:

1. Health (20.7%)
2. Poverty (20.6%)
3. Education (14.4%)

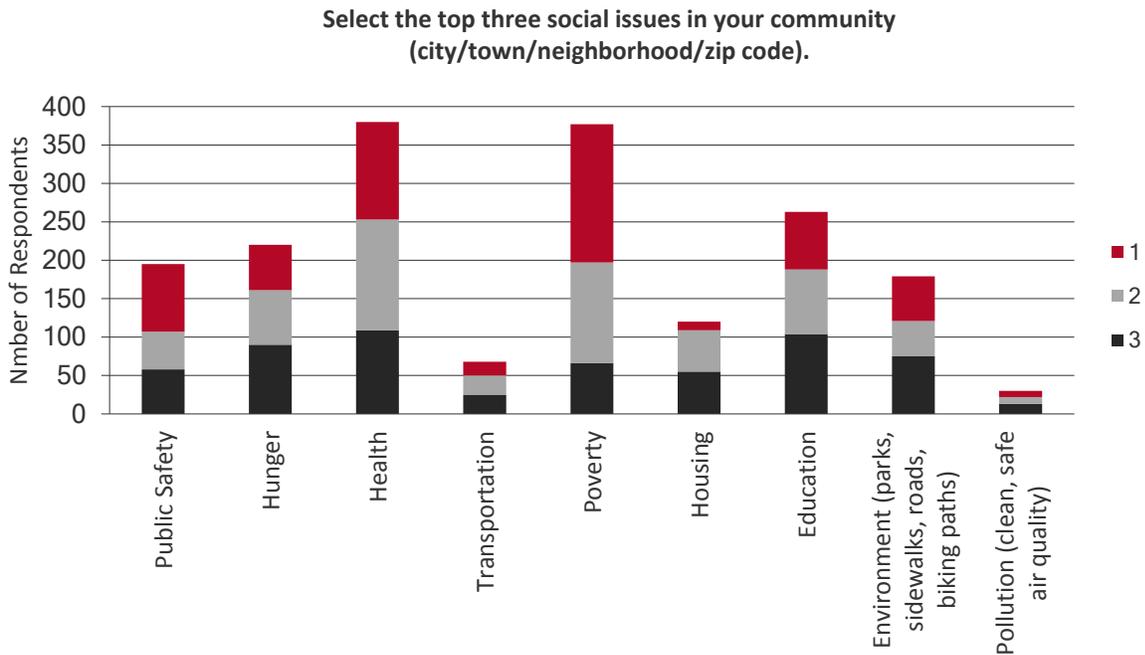
The top five health needs (Question 3) and top three social needs (Question 2) results are summarized in **Figure 5** and **Figure 6** below.

Figure 5: Survey Responses Identifying Top Health Needs



Source: Indiana Health Needs Assessment

Figure 6: Survey Responses Identifying Top Social Issues



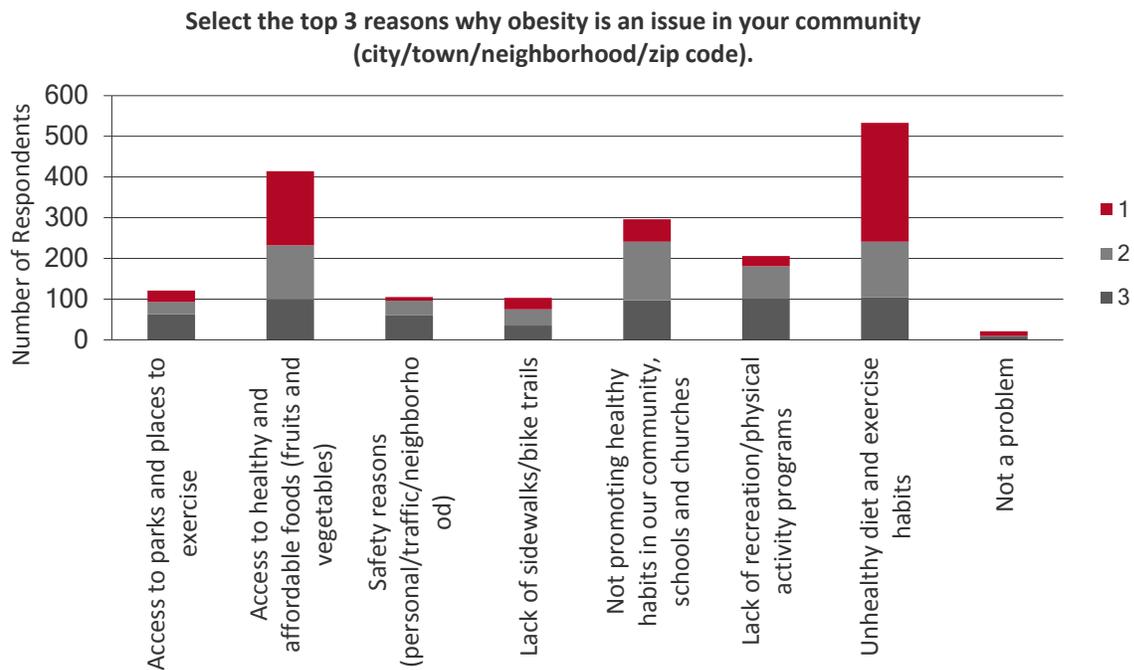
Source: Indiana Health Needs Assessment

6.2.3 Perceptions of Health Issues

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 answer choices selected most often by respondents are as listed here and shown in **Figure 7**.

1. Unhealthy diet and exercise habits (30.0%)
2. Access to healthy and affordable foods (23.0%)
3. Not promoting healthy habits in community, schools and churches (16.5%)

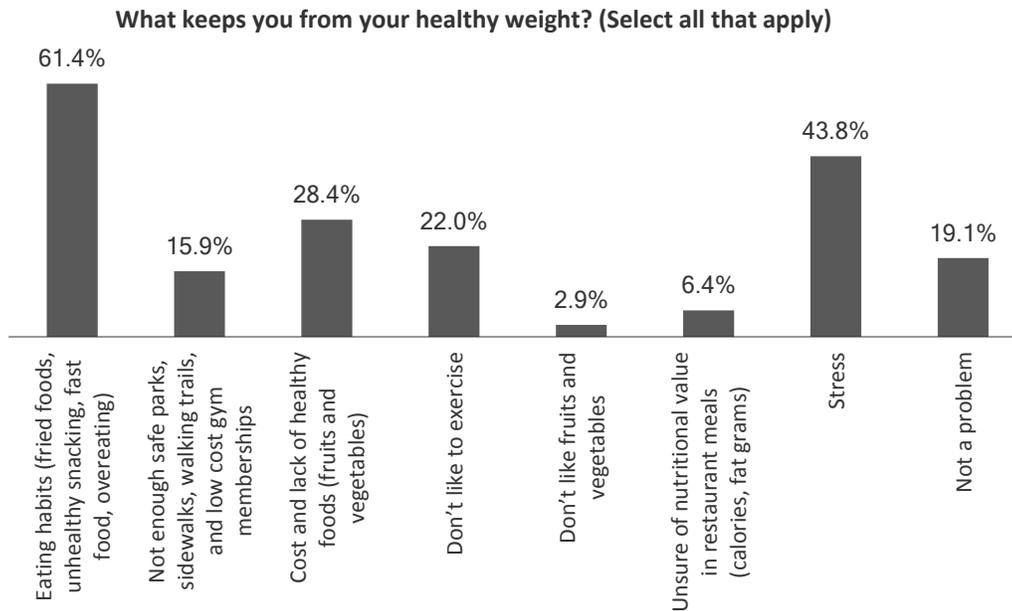
Figure 7: Survey Responses about Obesity



Source: Indiana Health Needs Assessment

Respondents were also asked to select what kept them from their healthy weight (Question 9) from a list of 8 options. About 61% of the respondents thought eating habits (fried foods, unhealthy snacking, fast food, overeating) kept them from a healthy weight. Almost 44% of respondents felt stress impacted weight, followed by about 28% attributing the cost and lack of healthy foods. Results are summarized in **Figure 8**.

Figure 8: Survey Responses about Barriers to Healthy Weight

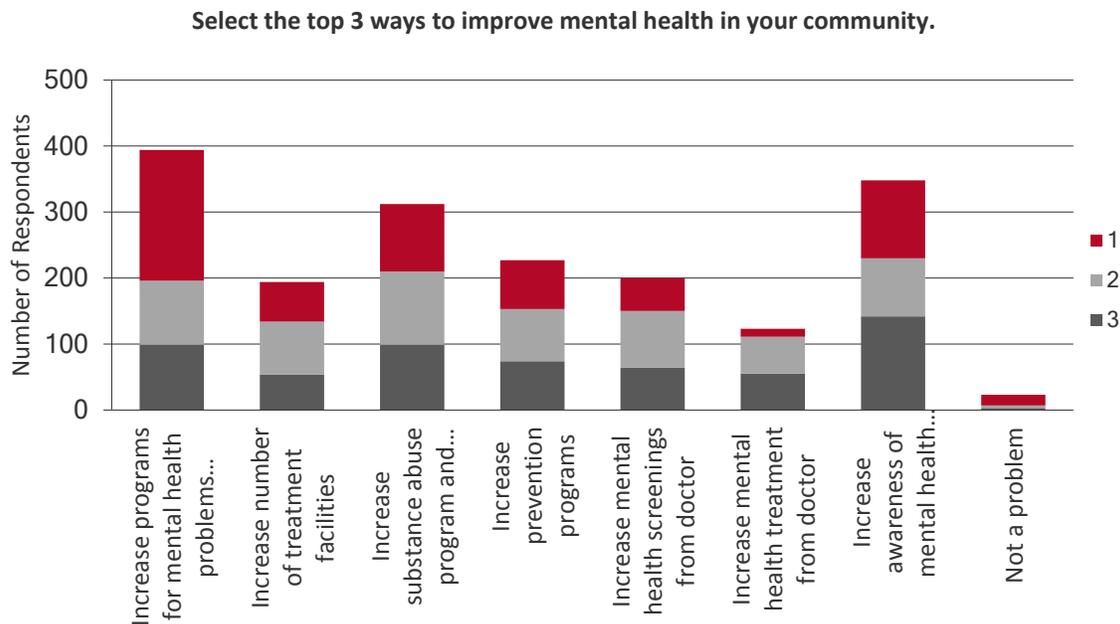


Source: Indiana Health Needs Assessment

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 (21.6%)
2. Increase awareness of mental health services (19.1%)
3. Increase substance abuse programs and resources (17.1%)

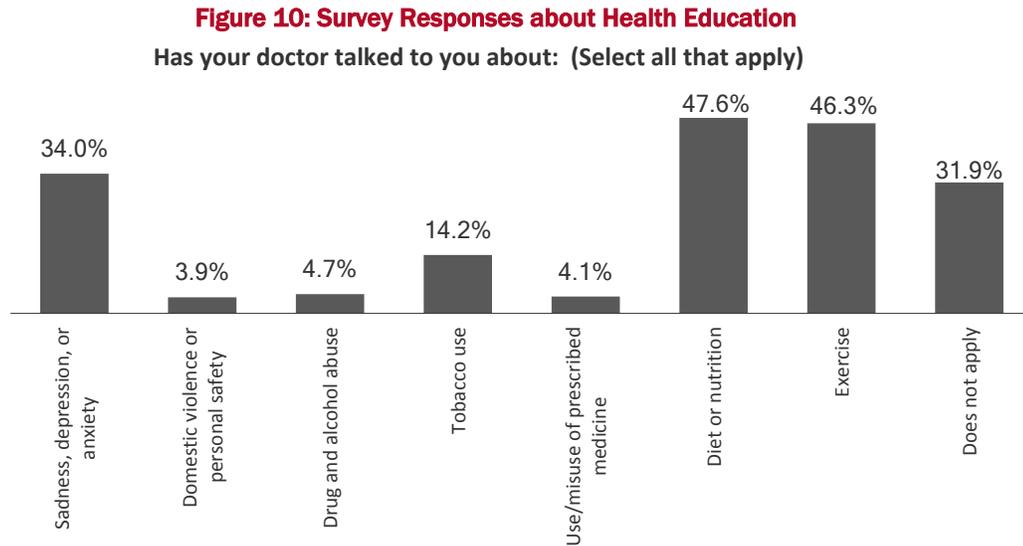
Figure 9: Survey Responses about Mental Health



Source: Indiana Health Needs Assessment

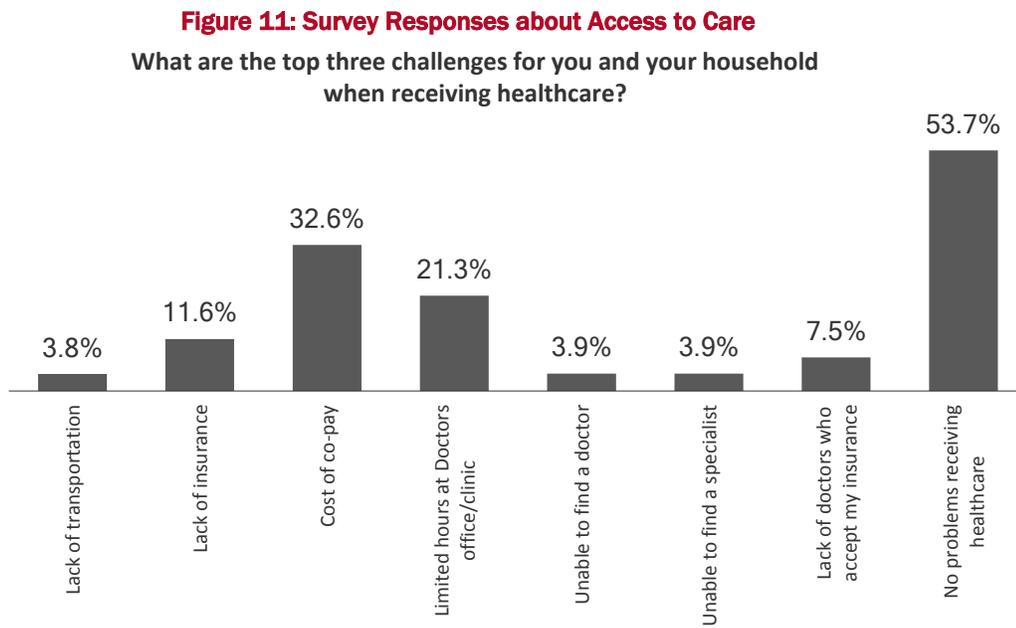
6.2.4 Health Education and Access

A number of questions about health education and access to healthcare were asked in the survey. Question 10 asked to select all health topics doctors have discussed with them. About 47% of the respondents talked to doctors about diet or nutrition as well as exercise, followed by 34% discussing sadness, depression, or anxiety. Question 10 is summarized in **Figure 10** below.



Source: Indiana Health Needs Assessment

When asked the top three challenges when receiving healthcare (Question 12), more than half of the respondents (54%) reported not having problems receiving healthcare. However, 33% of respondents felt the cost of the co-pay was a challenge and 21% thought limited hours at the doctor's office. Question 12 is summarized in **Figure 11** below.



Source: Indiana Health Needs Assessment

7 IU HEALTH ACTIVITIES TO ADDRESS PRIORITIES

IU Health maintains several online tools and applications (apps) to assist community residents in improving their health knowledge and care. In addition, IU Health partners with numerous 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 beyond the clinic walls and into the community.

Obesity

IU Health Ball supports a number of community initiatives focused on healthy lifestyle habits that include improved nutrition and increased physical activity. The programs include Families at the Farmers Market, Walk Indiana, Walk with a Doc, YMCA Kids Marathon, IU Health Strong Schools and Active Afterschool.

IU Ball Memorial Hospital has a regular schedule of fitness programs including "Advanced Boot Camp" and "Toning." One of these courses is available at low cost every weekday.

As part of its diabetes prevention outreach, IU Ball Memorial offers free counseling to help people with pre-diabetes learn how to avoid the disease through food choices, exercise and weight reduction.

IU Health Ball also targets healthy lifestyle education in the community through participation in numerous health fairs such as Open Door's Back to School Fun Fest, Meridian Services' FamFest, Forest Park Senior Center's Health Fair, the Jay County Health Fair, the Blackford County Health Fair, the Liberty-Perry Health Fair, Ball State University's Well-O-Ween and the Henry County Health Fair.

Infant Health Factors

IU Health Ball Memorial Hospital is one of a select number of Indiana hospitals to obtain "Baby-Friendly" designation from Baby-Friendly Hospital Initiative® (BFHI) for its commitment to infant health.

IU Health Ball Memorial Hospital is the only facility between Indianapolis and Fort Wayne to offer Perinatology services and a level 3-B Neonatal Intensive Care Unit (NICU) for the care of high-risk pregnancies and newborns.

IU Health Ball Memorial Hospital addresses this state priority part of a regional approach to reduce infant mortality, in part through WeCare Indiana, which includes text messages to expectant parents about healthy living, a healthy pregnancy and infant care. <http://wecareindiana.com/>

Mental Health

IU Health Ball Memorial hosts support groups for disorders or diseases that could be associated with negative mental health, including diabetes, cardiac conditions, COPD and asthma, cancer and weight loss.

A mental health counselor affiliated with IU Ball Memorial offered public sessions to present concepts of mindfulness and meditation as one approach that has been demonstrated to help patients regain self-control, restore spirituality and take a more active role in their healthcare and their lives.

Smoking and Tobacco Use Cessation

IU Health Ball Memorial Hospital partnered with the Tobacco Free Coalition of Delaware County and Indiana State Department of Health in hosting “E-Cigarettes: What You Should Know and Why” as part of IU Ball Memorial’s ongoing commitment to helping residents of Delaware County learn about the risks of e-cigarettes and tobacco use.

IU Health Ball Memorial Hospital also widely publicizes the 1-800 Quit Now Line.

Access to Healthcare

IU Health offers screening services for many life-threatening conditions and diseases. Among these are free skin cancer screenings, stroke risk and heart failure screenings and diabetes risk assessments. Free cervical cancer screenings and breast examinations are offered in partnership with the Reaching Out Program and Little Red Door Cancer Services of Central Indiana. A different program offers low cost lung cancer screenings, with a \$49 out-of-pocket cost for patients who qualify based on health history and age. IU Health also offers financial assistance programs and helps eligible patients apply for insurance programs.

8 CONCLUSION

This study of Delaware County assessed priority community health needs using quantitative data from numerous sources and survey responses from Delaware County, as well as qualitative information derived from a focus group. The focus group included a Health Officer with the Delaware County Health Department, in addition to several representatives of the community such as staff or volunteers from TEAMwork for Quality Living, Buley Community Center and A Better Way. Representatives from Open Door Health Services and Meridian Health Services, local Federally Qualified Health Centers and providers of medical and behavioral health services were present as well.

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

- Obesity
- Infant Health Factors (infant Mortality and Prenatal)
- Mental Health and Substance Abuse
- Smoking/Tobacco
- Access to Care

IU Health Ball Memorial Hospital has many services already in place that address some of these needs, including free or low cost screenings for cervical cancer, low cost clinic care and IU Health financial assistance programs. IU Health Ball Memorial will work with community partners in developing and promoting programs to respond to the needs identified in this assessment.