Community Health Needs Assessment

prepared for Perry County Memorial Hospital

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TABLE OF CONTENTS

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Community Health
Needs Assessment

Letter from the Hospital

To Our Community Members:

Perry County Memorial Hospital is committed to providing high quality healthcare and exemplary customer service. Our goal with the attached Needs Assessment is to better understand the range of issues affecting community health needs. We are pleased to present this comprehensive assessment of health care needs in our community. We look forward to working with you to optimize community health and continue meeting the Perry County Memorial Hospital mission through providing safe, high quality, compassionate care and service to the community.

The significance of better understanding our community's needs was highlighted with the Patient Protection and Affordable Care Act requirements passed in March 2010. New requirements for tax-exempt hospitals were added to the Internal Revenue Code mandating hospitals to conduct a community health needs assessment and to adopt an implementation strategy to address applicable needs detected during the assessment process.

During 2013, a Community Health Needs Assessment was conducted by Perry County Memorial Hospital for the residents of Perry and Spencer counties in Indiana and Hancock County in Kentucky. Perry County Memorial Hospital was able to develop an implementation strategy for the applicable needs addressed and the results are summarized in the attached report.

Perry County Memorial Hospital
November 2013

Perry County Memorial Hospital's Mission

The mission of Perry County Memorial Hospital is to provide high quality healthcare and exemplary customer service in the most caring, compassionate, and effective manner. We are dedicated to improving the health and quality of life for the communities we serve while reducing the burden of illness, injury, and disability.

Community Health Needs Assessment

Executive Summary

On behalf of Perry County Memorial Hospital (the Hospital) a community health needs assessment (CHNA) was conducted in 2013 primarily to identify the major health needs within the community. The community's geographic area is comprised of the following three counties: Perry and Spencer County, Indiana, and Hancock County, Kentucky. The chief objectives of the CHNA were to 1) identify significant health needs within the community in an effort to ultimately improve the health of the area's residents and facilitate collaboration among the community, and 2) satisfy the federal guidelines within the Patient Protection and Affordable Care Act (PPACA) of 2010 as well as proposed amendments of regulations (REG-106499-12) issued April 5, 2013.

Data for this CHNA was collected from primary and secondary sources to identify key findings and gaps that may exist between health needs and services provided within the community. Three methods of collection for primary data were used: 1) survey, 2) focus groups, and 3) personal interviews. Secondary statistical data sources were reviewed to identify key findings with strategic implications and for benchmarking of the Hospital's service area.

Highlighted, subsequently, are important findings identified through the primary and secondary data collection, analysis and assessment process:

- Financial resources and funding for healthcare services are becoming increasingly limited.
- Growing shortage of critical healthcare workforce including primary care doctors, dentists, and hospitalists.
- Limited access to healthcare services, particularly for at-risk populations.
- Limited access to mental healthcare and addiction services, particularly for pediatric patients.
- Overall community perception is the community suffers from a shortage of healthcare professionals.

Finally, it is important to note that our data collection did not include a statistically representative sample of the community, in that members of disadvantaged populations were less likely to participate via a web-based survey. These individuals may include immigrants, refugees, as well as individuals with low education and income levels. Interviews were conducted with community leaders and others who work directly with members of disadvantaged populations in order to consider broad interests of the community served.

ORGANIZATIONAL BACKGROUND

Perry County Memorial Hospital

Located in Perry County, Indiana, the Hospital provides inpatient, outpatient, in-home and emergency care to all area residents assuring patients of a continuity of quality care all within minutes of home. The Hospital is dedicated to improving the health and quality of life for the communities served while reducing the burden of illness, injury, and disability. The Hospital accepts all patients regardless of their ability to pay.

History

In 1945, it was decided to convert the Perry County Infirmary into a hospital and use the hospital field units disposed by the War Assets Board. A site between Tell City and Cannelton was determined to be the ideal location for a county hospital, and Roy Fenn donated the building site for the proposed hospital. A committee was then created of four members who would also be the first hospital board. Five years after the initial meeting in 1945, the building for the hospital was finished and staffed. Perry County Memorial Hospital opened in October, 1950.

By 1956, the Hospital was in need of an expansion and went to the community to gain financial support. The Hospital was able to open a new wing as a result of a bonding issue and donations from the public. In 1963, the Hospital was also able to complete the basement and second floor as a result of hospital earnings from the previous years. In 1975, the Hospital doubled the size of its existing structure again with another expansion.

With the creation of the prospective payment system and reimbursement cuts in 1983, the Hospital began to look for new sources of revenue such as outpatient services, home health, companion care, and outpatient specialists. In order to provide these services, the Hospital embarked on a $3.5 million building project to house outpatient specialist treatment rooms, a new emergency department, admitting area, and waiting rooms. This new addition was opened in March, 1995 and comprises the present structure of the Hospital.

Set to open in 2015, the Hospital announced plans for a new state of the art replacement facility in a construction project totaling $46 million. The new facility will continue to serve the same service area located only six miles from the current Hospital. The new facility will include three operating rooms, two endoscopy rooms, private patient rooms with bathrooms, spacious waiting areas, a dedicated ER entrance and ample parking. The Hospital's services will remain the same and the Emergency Medical Services will continue to operate through the partnership between the Hospital and Perry County.

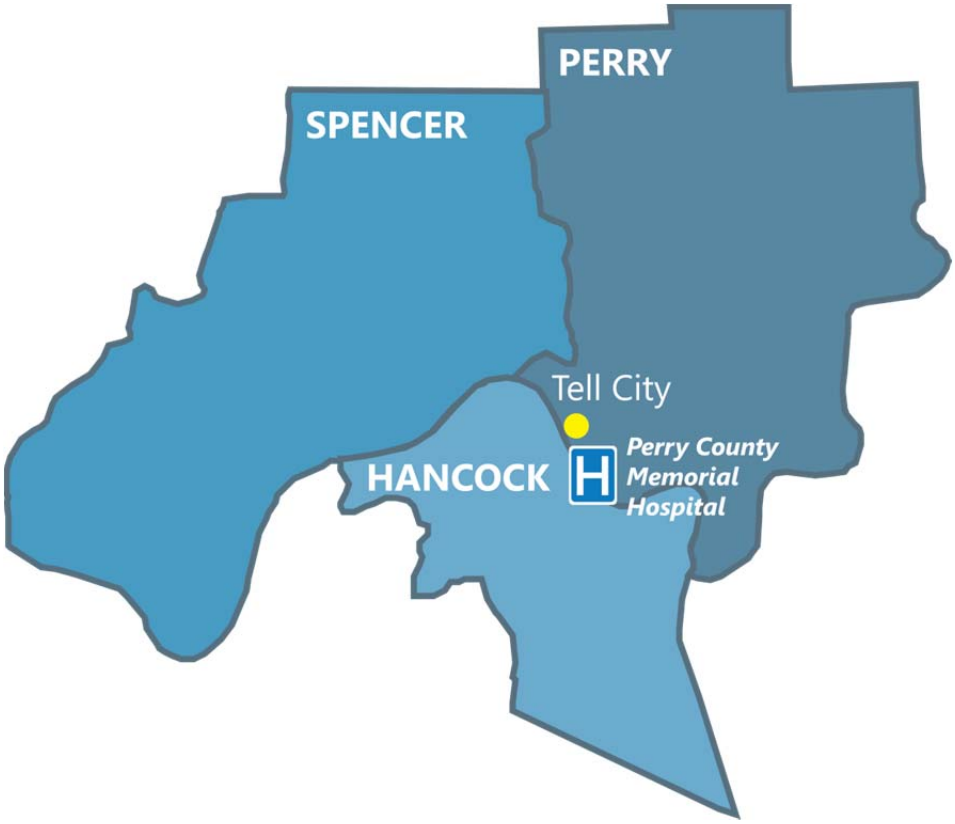
Service Area

SERVICE AREA AND COMMUNITY OF THE HOSPITAL

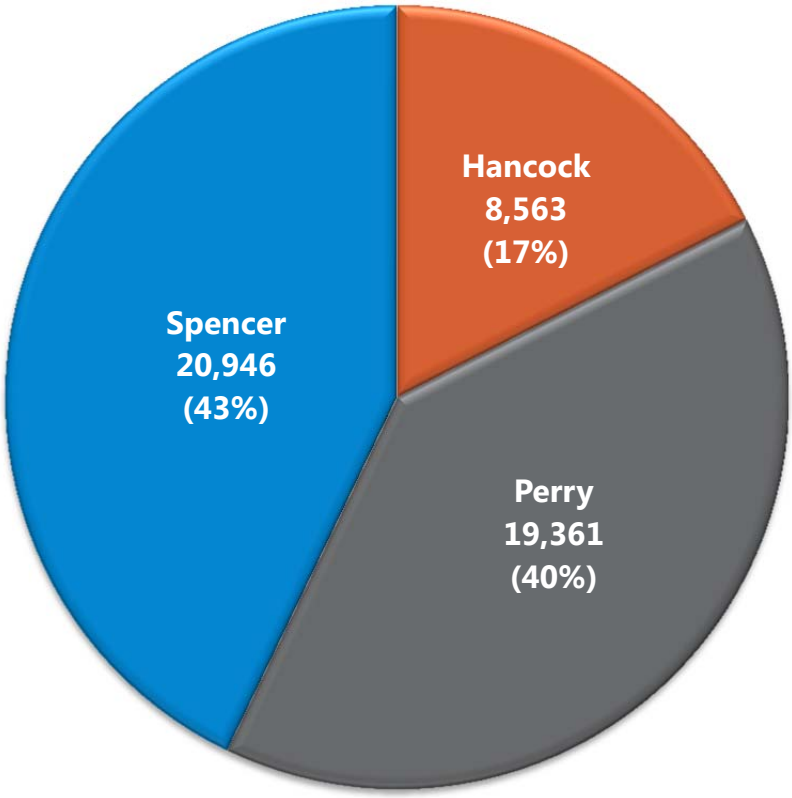
During 2013, the CHNA was conducted by the Hospital on behalf of the 48,976 (2012 US Census) residents of Perry and Spencer counties located in Indiana and Hancock County located in Kentucky.

The Hospital's service area includes a rural area which covers roughly 1,000 square miles, with the local economy and surrounding areas focused on manufacturing, agriculture and retail activities. Population per square mile is significantly lower when compared to Indiana's population per square mile (51 per mile vs. 180 per mile, respectively). Spencer and Perry County represent 83% of the total service area population of 48,870. Median age in the service area is 44.5 years. The median age is approximately two years greater than the state of Indiana or Kentucky averages of 42.7. Persons from age 45 to 64 represent the largest population range (23.85%) for the service area, closely followed by the young adult age range of 25 to 44. The smallest age range is college age of 20 to 24, and this range comprised 6.21% of the service area.

SERVICE AREA MAP



SERVICE AREA POPULATION BREAKDOWN BY COUNTY



Population Synopsis

The citizens of the service area are predominantly white (98.1%) and made up of 50% female. The three-county service area's combined high school graduation rate is 89.0% slightly higher than Indiana's 86.0% and Kentucky's 78.0%. All three counties have roughly 10% of residents holding a bachelors and or a master's degree. The service area's median household income of $50,249 is slightly above the state levels for Indiana and Kentucky of $46,410 and $41,141, respectively. Approximately 12% of persons in the area are below the poverty level compared to 14.10% in Indiana and 18.10% in Kentucky. The service area reported 18% of the children in poverty versus 23% in Indiana and 27% in Kentucky. Furthermore, children living in single-parent households is 25% versus 32% in Indiana and 33% in Kentucky. The unemployment rate of 7.2% as of May 2013 is below Indiana's and Kentucky's unemployment rate of 8.3% and 8.1%, respectively. See Service Area Analysis in Attachment A for statistical information.

Conducting the Assessment

OVERVIEW

The Hospital engaged Blue & Co., LLC (Blue) to assist the Hospital in conducting a CHNA and analyzing the data for the CHNA requirements set forth in section 9007 of the Patient Protection and Affordable Care Act (PPACA) of 2010, IRS Notice 2011-52, and proposed regulations under IRC section 501(r). Blue is a Certified Public Accounting firm that provides, among other services, tax consulting and compliance to the healthcare industry. The Hospital provided all of the financial support for the assessment process.

The CHNA requirements are effective starting taxable years beginning after March 23, 2012. The United States Treasury and Internal Revenue Service published Notice 2011-52 in order to provide preliminary guidance for hospitals to start preparing assessments and implementation strategies prior to the effective date. With the issuance of proposed regulations in April 2013, the Hospital will be relying on the proposed regulations for IRC section 501(r)(3).

The assessment was developed to identify the significant health needs in the community and gaps that may exist in services provided. It was also developed to provide the community with information to assess essential healthcare, preventive care, health education, and treatment services. This endeavor represents the Hospital's efforts to share information that can lead to improved healthcare and quality of care available to the community, while reinforcing and encouraging the existing infrastructure of services and providers.

COMMUNITY HEALTH NEEDS ASSESSMENT GOALS

The assessment had several goals which included identification and documentation of:

- Community health needs,
- Health services offered in the Hospital's service area,
- Significant gaps in health needs and services offered, and
- Barriers to meeting any needs that may exist.

Other goals of the assessment were:

- Strengthen relationships with local community leaders, healthcare leaders and providers, other health service organizations, and the community at large, and
- Provide quantitative and qualitative data to help guide future strategic, policy, business and clinical programming decisions.

INFORMATION GAPS

The most significant information gaps impacting the ability to assess needs of the community served were primarily a low response to online survey requests, and low response from at-risk populations. The data collection process did not include a statistically representative sample of the community, in that members of disadvantaged populations were less likely to participate via a web-based survey. Blue was able to speak with community leaders and others who work directly with members of disadvantaged populations. In addition, participant responses provided can contain biases due to individuals' views. Finally, the most current statistical data has been used where available and the years available have been documented throughout the report.

PROCESS & METHODOLOGY

Documenting the healthcare needs of a community allows healthcare organizations to design and implement cost-effective strategies that improve the health of the population served. A comprehensive data-focused assessment process can uncover key health needs and concerns related to education, prevention, detection, diagnosis, and treatment. Blue used an assessment process focused on collection of primary and statistical data sources to identify key areas of concern.

Blue conducted personal interviews with community leaders as well as medical, social services, clinical and professional staff. Blue also obtained input from local physicians, hospital employees, public health experts, and community leaders and officials. In addition, written and online surveys were also used to solicit feedback from various members of the community. The community outreach data collection strategy was targeted at engaging a cross-section of residents from the community as discussed above.

Once data had been collected and analyzed, initial meetings with hospital leadership were held to discuss key findings as well as refine and prioritize the comprehensive list of community needs, services and potential gaps.

PRIMARY DATA COLLECTION METHODS

The primary data was collected, collated, analyzed, and presented with the assistance of Blue. Three methods of collection for primary data were used: 1) surveys, 2) focus groups, and 3) personal interviews. The Hospital provided listings with contact information of local officials, public health experts, and other key informants. During July and August 2013, surveys, focus groups and interviews were facilitated by Blue personnel.

Online Survey

Two versions of online surveys were developed and used as a method to solicit perceptions, insights and general understanding from community members and special expertise regarding the community's health needs during August 2013. The online "Community Input 2013" survey (see Attachment B) was made available on the website of the Hospital. The online "Special Expertise Questionnaire 2013" survey (see Attachment B) was sent to specific special expertise participants unavailable for in-person interviews. Desired participation was not received. However, valuable information was collected, as there were a total of 28 surveys completed online.

The community members were asked six general questions regarding the participants' awareness of the community's needs for healthcare services with the ability to provide candid responses to explain in more detail. The participants were to select the top three significant healthcare prevention, access, treatment and/or awareness needs in the community and note if he/she completely agrees, somewhat agrees, somewhat disagrees, or completely disagrees with the statements provided regarding healthcare services in the community. The general community member services were made available on the Hospital's website (www.pchospital.org).

The special expertise participants were asked 17 questions regarding the Hospital and the healthcare in the community in more depth. The participants were to select if he/she completely agrees, somewhat agrees, somewhat disagrees, or completely disagrees with the statements provided regarding healthcare services in the community and follow up with the services believed should receive priority for attention.

Written Surveys

Written surveys were provided to community participants through seven healthcare related sites located in Tell City, Indiana. The survey was a printed version of the "Community Input 2013" survey for solicitation of community members' perceptions, insights and general understanding of healthcare needs in the community. There was only one survey completed and returned. The responses from this survey were included with the total online survey results.

Focus Groups

Two focus groups were conducted by Blue with a total of 30 participants during July 2013, with each session lasting approximately one hour. These focus groups were conducted with members representing the communities being served by the Hospital including community leaders, health experts, public officials, physicians, hospital employees and healthcare professionals including those associated with the Hospital. The primary objective of the focus groups was to solicit perceptions, insights and general understandings regarding health needs and services offered in the community, along with any opportunities or barriers that may exist to satisfy needs.

SECONDARY DATA SOURCES

Blue reviewed secondary statistical data sources including: Deloitte *2012 Survey of Health Care Consumers in the United States* to identify health factors with strategic implications. The health factors identified were supported with information from additional sources including County Health Rankings, Indiana National Alliance on Mental Illness, Indiana State Department of Health, Internet Mental Health, National Alliance on Mental Illness (NAMI), National Institute of Mental Health (NIMH), Substance Abuse and Mental Health Services Administration (SAMHSA), West Central Indiana and National Alliance on Mental Illness. In addition, hospital-specific data provided by the Hospital was reviewed. (See Attachment D for a complete list of citations.)

The Hospital provided a number of documents used for purposes of the report including patient origin data. Other reports provided and reviewed included the 2012 Strategic Analysis for Perry County Memorial Hospital by Alliant Management Services, 2012 Inpatient Comments Reports, and 2012 IHA Patient Discharge Study.

Key Findings

AREAS OF CONCERN

The following represents key findings generated from the data collection and analysis process:

Financial Resources and Funding

Financial resources and funding for healthcare services are limited, thus preventing providers from meeting identified unmet health needs in the community.

- Growing concern about the increasingly limited funding and financial resources available for healthcare services from both public and private sources.
- Critical healthcare services that have marginal financial viability may have to be discontinued in the near future due to the inability to financially sustain them.
- A need was noted for physicians accepting Medicare, Medicaid and self-pay patients.

Professional Shortages

Growing shortage of critical healthcare workforce decreases needed access to healthcare services.

- There is a growing shortage of critical healthcare manpower including primary care physicians, dentists, mental health professionals and other providers in the community.
- Growing shortage is also resulting in long waiting times for needed healthcare service access.
- A need was noted for specialty care providers such as a hospitalist, pediatrician, dietician and gastroenterologist.

Limited Access to Healthcare Services

Access to health services is limited, particularly for various at-risk populations.

- There is an overuse of the hospital emergency department with non-emergency patients due to the lack of an adequate supply of primary care physicians, mental health providers and other key professionals.
- Transportation services are limited, which in turn limits access to needed healthcare services for at-risk populations.
- A need was noted for 24-hour pharmacy, advanced ultrasound technicians and prenatal testing for high risk pregnancies, and location for a follow-up visit for a non-emergency ER visit.

Limited Access to Mental Healthcare and Addiction Services

Access to mental health services is limited, particularly for various at-risk populations; therefore, the offering of new or expanded mental health services is needed to meet these needs.

- Availability and access to mental health, alcohol and substance abuse providers and services, particularly for child and adolescent patients, are severely limited.
- Improvement needed with interfacing and coordinating among healthcare and social service providers, particularly those impacting low income and other at-risk populations.
- Although services are being provided for at-risk populations, these services are limited. This is especially true as it relates to services for the seriously mentally ill, detox, adult alcohol and drug abuse, co-occurring disorders, geriatric, child and adolescent psychiatric, and child and adolescent alcohol and drug abuse populations.
- Waiting periods for appointments and services were noted as a barrier to access.
- Determining the entry-point into the mental healthcare system can be confusing for potential patients, particularly for low income/at-risk populations. The Hospital emergency department is viewed as a less-than-ideal entry point.
- As a point-of-entry during mental health crises, the Hospital emergency room has a limited amount of beds and professional resources.

Community Perception of Accessibility of Health Providers

There is a perception the community suffers from a shortage of health professionals, particularly primary healthcare providers.

- Attempts to employ and maintain well-trained, educated, healthcare professionals in the community are limited by funding resources.
- There is a need for a resource board or shared services system listing to provide a resource of information about how much services cost and what is available for free to low-income and at-risk populations.
- There is a need for adequate and effective health education, health promotion and prevention services specifically targeted at low-income and at-risk populations in some regions of the service area.

SPECIAL EXPERTISE QUESTIONNAIRE

The following represent the responses obtained during the data collection and analysis process for the special expertise participants. Special expertise participants were asked about the community's overall health and issues in the community. Participants were instructed to respond to the following question, "*Are the following health services [related to each health area] too limited to meet the needs of the community?*" The participants were given four choices (completely agree, somewhat agree, somewhat disagree, or completely disagree) to select from.

SPECIAL EXPERTISE QUESTIONNAIRE RESULTS				
	Completely agree	Somewhat agree	Somewhat disagree	Completely disagree
Health services that support healthy behaviors including prevention and treatment are too limited to meet the needs of the community.	25%	50%	19%	6%
Health services that prevent injuries are too limited to meet the needs of the community.	6%	56%	31%	6%
Health services that prevent epidemics are too limited to meet the needs of the community.	12%	53%	29%	6%
Health services that protect against environmental hazards are too limited to meet the needs of the community.	6%	50%	31%	13%
Health services that prepare for, respond to, and recover from public health emergencies are too limited to meet the needs of the community.	6%	31%	56%	6%
Health services that strengthen the public health infrastructure are too limited to meet the needs of the community.	6%	50%	31%	13%

SPECIAL EXPERTISE QUESTIONNAIRE RESULTS				
	Completely agree	Somewhat agree	Somewhat disagree	Completely disagree
Funding for mental healthcare services is too limited to meet the needs of the community.	44%	44%	13%	0%
Some members of the community do not have access to mental healthcare because they do not have health insurance or their insurance does not provide mental healthcare coverage and they cannot pay for services.	63%	25%	13%	0%
It is crucial to establish more mental healthcare services in the community.	56%	31%	13%	0%
There is a need to expand/ establish Hispanic services in the community.	6%	31%	38%	25%
Educational programs and campaigns to increase awareness about mental healthcare issues in the general public are needed.	56%	31%	6%	6%

Priority for Attention

After each participant indicated his/her agreement regarding the limited level of health services in the community by category, the participant was instructed to select the healthcare services she/he felt should receive priority for attention in the community. There were several options for each health services category with the opportunity to specify "other" needs not listed which are noted at the bottom of each section.

HEALTH SERVICES NEEDING ATTENTION IN THE COMMUNITY	
Health services that support health behaviors including prevention and treatment for:	**Percent of Responses from listed services**
Drugs	9%
Overweight & Obesity	9%
Alcohol	8%
Mental Health	8%
Physical Activity	7%
Tobacco	7%
Child Abuse	6%
Domestic Violence	6%
Nutrition	5%
Cancer	5%
Diabetes	5%
Pregnancy & Birth	5%
Crime	4%
Elderly Wellness	4%
Family Health	3%
Family Planning	3%
Oral Health	3%
Asthma	2%
Heart Disease & Stroke	2%
Other[1]	2%

[1] Orthopedic

[1] Chlamydia, Hep-C, and STD

[1] Significant need for a dentist that accepts payment on a sliding scale

HEALTH SERVICES NEEDING ATTENTION IN THE COMMUNITY	
Health services that prevent injuries	**Percent of responses from listed services**
Violent and Abusive Behavior	20%
Disability	14%
Occupational Health & Safety	12%
Suicide	12%
Brain Injury Prevention	8%
Motor Vehicle Crashes	8%
Drowning	6%
Emergency Medical Services	6%
Falls	6%
Poisoning	6%
Other[2]	4%

[2] The large employer in the community does provide prevention injury services to the community.

[2] Most of the people involved in the high-risk activities associated with most of these categories are unlikely to listen to educational messages and the state already over-regulates many of these activities anyway.

Health services that prevent epidemics	**Percent of responses from listed services**
Immunizations/ Vaccinations	29%
Sexually Transmitted Infection Prevention	29%
HIV/AIDS Prevention	17%
Disease Control & Surveillance	11%
Other[3]	9%
Disease Investigation	3%
Tuberculosis (TB) Prevention	3%

[3] Stress need for wellness checkups.

[3] Chlamydia, Hep-C, HIV/AIDS services and resources are available, but are not utilized significantly by the community.

[3] I think we are about as prepared as is necessary for epidemics.

HEALTH SERVICES NEEDING ATTENTION IN THE COMMUNITY	
Health services that protect against environmental hazards	**Percent of responses from listed services**
Healthy Homes	21%
Food Safety Protection & Control	18%
Drinking Water Protection	13%
Hazardous Waste Control	10%
Vector (disease-carrying animals) Control	10%
Hazardous Material Control	8%
Other[4]	8%
Lead Poisoning Control	5%
Radon Control	5%
Radiological Health	3%

[4] Feel the community is doing a good job with the resources they have available. There is always room for improvement, but that would take more people and more people and more money.

[4] I've not seen problems in any of these areas.

[4] Drugs and Alcohol are this community's biggest health issues in my opinion.

Health services that prepare for, respond to, and recover from public health emergencies	**Percent of responses from listed services**
Emergency Planning	18%
Surge Capacity (capacity to handle an emergency along with regular services)	18%
Emergency Response	16%
Community Networks	13%
Recovery Planning	13%
Risk Communication (communication before, during, and after a crisis)	13%
Other[5]	8%

[5] The community uses the resources available.

[5] I think we are as prepared as necessary in these areas.

[5] None.

HEALTH SERVICES NEEDING ATTENTION IN THE COMMUNITY	
Health services that strengthen the public health infrastructure	**Percent of responses from listed services**
Health Insurance	30%
Medical Care	21%
Access to Quality Health Services	18%
Transportation	15%
Other[6]	9%
Equal Opportunity	6%

[6] Limited numbers of providers that accept Medicaid. If Medicaid would allow nurse practitioners to have their own panel this would alleviate a lot of the strain.

[6] There are services, but community members do not use them.

[6] None.

SURVEY RESULTS

The following represent the survey responses obtained during the data collection and analysis process:

Top Prevention, Treatment and Awareness Needs in the Community

Participants were instructed to provide the top three most significant health prevention, treatment, and awareness needs in the community.

NEEDS IN THE COMMUNITY	
Prevention, treatment, and awareness	**Percent of responses from listed needs**
Specialty care provider availability	10%
Financial issues	10%
Affordable health insurance	10%
Lack of community interest	9%
Affordable healthcare prices	9%
Mental health services availability	9%
Mental health education lacking	9%
Primary care provider availability	7%
Addiction care service availability	6%
Addiction care education lacking (n/a for general survey)	6%
Health promotion services lacking	4%
General health education lacking	3%
Places to exercise lacking	3%
Healthy food availability	2%
Community events lacking	2%
Other ◊	1%

◊ Participants were given the opportunity to specify other needs not listed. Other response provided was a need for affordable community gym/fitness/swimming options.

Responses for General Health Status

Participants were instructed to respond to the following question, "*How do you generally describe the health status of your community?*" The participants were given four choices (excellent, good, fair, or poor) to select from. Over half of the respondents measured the community's mental health as fair and a third of respondents generally described the status as good.

MENTAL HEALTH STATUS OF THE COMMUNITY	
Responses	**Percent of responses from listed needs**
Excellent	6%
Good	32%
Fair	56%
Poor	6%

Responses for Health Needs Status

Participants were instructed to respond to the following question, "*Are the health care needs currently being met in your community?*" The participants were given four choices (completely agree, somewhat agree, somewhat disagree, and completely disagree) to select from. Over two thirds of the respondents somewhat agreed that the needs of the community are being meet while the remainder of respondents somewhat or completely disagreed with that statement.

COMMUNITY NEEDS BEING MET	
Responses	**Percent of responses from listed needs**
Completely agree	0%
Somewhat agree	70%
Somewhat disagree	15%
Completely disagree	15%

Responses for Coordination of Care in the Community

Participants were instructed to respond to the following question, "*Do you believe the healthcare providers work well together and coordinate care in this community?*" The participants were given four choices (completely agree, somewhat agree, somewhat disagree, and completely disagree) to select from with over half of the respondents in somewhat agreement that the healthcare providers do work well together and coordinate care in the community while nearly a third of the respondents somewhat or completely disagreed with that statement.

COORDINATION OF CARE	
Responses	**Percent of responses from listed needs**
Completely agree	8%
Somewhat agree	62%
Somewhat disagree	15%
Completely disagree	15%

Responses for Barriers Existing to Preventing a Healthier Community

Participants were instructed to respond to the following question, "*Do you believe there are barriers that exist in government, the general community, public health community, or health care provider community that prevents us from creating a healthier community?*" The participants were given four choices (completely agree, somewhat agree, somewhat disagree, and completely disagree) to select from with over half of the respondents somewhat agreed there are barriers that exist keeping the community from becoming healthier while nearly a third of the remaining respondents somewhat or completely disagreed with the statement.

EXISTING BARRIERS	
Responses	**Percent of responses from listed needs**
Completely agree	8%
Somewhat agree	62%
Somewhat disagree	15%
Completely disagree	15%

Healthcare Needs Unmet – Comments Received

Participants were given the opportunity to provide any healthcare needs that were not previously listed in the survey and any gaps or barriers in the local healthcare service system. These were the responses for healthcare needs not being met.

Healthcare Needs Not Being Met:

- Adequate mental health and addiction care services.
- Need for a pediatrician.
- Need for a pediatric psychiatrist and psychologist (music therapy, hypnotherapy).
- Need for pediatric ophthalmologist.
- Need for Dieticians (pediatric, bariatric).
- Need for Gastroenterologist (including pediatric).
- Need for 24 hour pharmacy.
- Need for special needs program (i.e. Down syndrome, Autism, ADHD, or learning disabilities).
- Need for advanced ultrasound technicians and prenatal testing for high-risk pregnancies.
- Need for healthcare staff in all areas aware of bariatric patient needs.
- Affordable health park/gym is needed. If people workout/exercise regularly, overall heath improves.
- There are no physicians accepting new Medicare patients.
- No one at the clinic will accept new patients with Medicare assignments – individuals have to go out of town for primary care doctor.
- County needs to staff one of their clinic buildings with a physician assistant or nurse practitioner for the low-income patients who can't afford a physician to see them after their emergency room visit. Charge $10 for their visit. If seen in the emergency room, there is nowhere the patient can go for a follow-up.
- Mental Healthcare is lacking. There are crisis services available, but no mental health basic services for maintenance.
- Orthopedic care is limited.
- The local practitioner will not see anyone without private insurance. Medicare, Medicaid, and self-pay are turned away.

Barriers that Exist:

- Payment options and resources for mental health and addiction issues limited.
- Not enough doctor options, having insurance panels for low-income patients which limits doctor options even more (for example, Hoosier Healthwise). Some doctors having strange office hours.
- Unable to reach out to advertise and to motivate lower income individuals. They may not have babysitters, transportation or may have long working hours when activities are taking place.
- Doctors tend to be conservative when discussing exercise and patients weight loss needs with them.
- Financial barriers, lack of access to Medicaid or affordable health insurance, empathy from general public on health issues such as obesity, smoking, etc.
- No place for the low-income patient to go to for medical health except the ER. The ER then refers them to the ECHO clinic which is full and isn't taking new patients.
- A new resident arrives in town and can't find an MD to take a new Medicare Patient.
- Not enough Hill-Burton funds to help the poor.
- Distance to specialty care is a major issue.
- Lack of primary care availability after hours and weekends impacts working families.

Gaps in Local Services:

- Need for more alternatives for mental health. The current monopoly doesn't encourage customer satisfaction.
- Pediatric mental healthcare is lacking.
- Transportation is a major issue for many of our residents.
- Primary Care doctors are needed.
- Hospitalist is needed.
- Number one gap is a need for shared system website or other capability to allow the community to know what is available locally. There is currently no central location for this information.
- Low income individuals with no insurance have only one option in the community which is to go to the emergency room at Perry County Memorial Hospital. This leaves the individual with a significant bill afterwards that the person cannot afford.
- From my perspective, the greatest need in the community is for mental health and addiction services.

- I believe there are gaps in the medical insurance and food stamp assistance available to those with low-income status. I feel it [assistance programs] is not monitored adequately or at times assigned properly. I believe an educational component needs to be incorporated into assigning free aid. I think those receiving aid should be responsible to give back to the community through services they have been trained to offer. Maybe educational tiers from within could help. As a taxpayer, I wouldn't mind seeing people use free aid for the price of giving back to society through programs we already have in place. All people have talents and skills they can offer to others no matter what their SES is. I also believe ANYONE can rise to the occasion when being asked to help another human being out.
- Yes, I feel like at times follow-up for a family in need is not sufficient. More visits need to be made by services to ensure that the same problems do not arise again.

General Comments Received

Participants were given the opportunity to provide any other general comments. These were the general comments received:

- Because the community has grown so much, there should be more services offered here instead of numerous referrals to Evansville (or Louisville/Indy).
- Where does a low-income patient go for a follow-up after an ER visit?
- There is no clinic for patients to get their medications at a reduced rate.
- There is no assistance program that helps with medication/prescription cost in this county (Perry).
- There is no Mental Healthcare or inpatient help in Perry County.
- Lab and x-rays are so expensive at Perry County. Offer them at a reduced rate to the poor.
- I appreciate the limitations of a small community health system, with integration of services between the clinics, the hospital, and the surrounding larger communities with specialty care; we should be able to keep our community healthy.
- Most health issues can be traced back to the home and poor parenting skills. Parents and children need to learn to take responsibility for their own actions. Think about tomorrow for a change.
- Overall, the health status of the community is fair. The community is very lucky to have a hospital in the county which meets needs of the community members better than other comparative rural areas without a hospital.
- Rather than looking for federal and/or state grants to address our health needs (which always come with restrictions and guidelines), I think the community would be better served by looking to find local solutions and funding.

National, State and County Trends

NATIONAL HEALTHCARE TRENDS SYNOPSIS

Healthcare spending continues to grow at the national level each year. The following data, obtained from the United States Census Bureau, represents the level of healthcare spending and expenditures in the United States for 2010 and 2011:

2010 Health Expenditures

- Total health expenditures increased 3.9% to $2.6 trillion.
- Healthcare represents 17.9% of the Gross Domestic Product (GDP).
- Health expenditures reached $8,402 per capita.

2011 Health Expenditures

- Total health expenditures increased 3.9% to $2.7 trillion.
- Healthcare represents 17.9% of the Gross Domestic Product (GDP).
- Health expenditures reached $8,680 per capita.

The Deloitte 2012 Survey of U.S. Health Care Consumers provided the following national health related data:

Consumers and Demographics

- Nearly 8 in 10 consumers report having a primary care provider and 3 in 4 consumers say they sought medical care from a doctor in the last 12 months.
- 76% of consumers were satisfied with their primary care provider.
- More than 4 in 10 consumers say they received care in a hospital in the last year either as an outpatient (23%), emergency (29%), or inpatient (8%).
- 65% of those who had used any type of hospital service (inpatient, outpatient, emergency) in the past year were satisfied with the care received.
- Those who were dissatisfied with their hospital care noted cost related reasons, customer service issues, and access/availability reasons.
- Over half currently use prescription medications, and nearly one-third are using over-the-counter medications.
- Nearly one-third of respondents report that compared to the previous year their household's healthcare spending increased as a proportion of their household's total spending.
- Of those who skipped care when they were sick or injured, 46% did so for cost-related reasons.
- Almost 1 in 5 insured consumers feel "insecure" that their insurance will shield them from cost-related impact.

- 52% of consumers believe that integrated health delivery systems have greater potential to reduce overall costs and spending, providing greater value to consumers and deliver better quality of care.
- 47% are willing to see a nurse practitioner or physician assistant if a physician is not available.
- 26% prefer providers who use alternative approaches/natural therapies.

AMERICAN HOSPITAL ASSOCIATION (AHA) ENVIRONMENTAL SCAN (2013)

The 2013 American Hospital Association Environmental Scan provides insight and information about market forces that have a high probability of affecting the healthcare field. It was designed to help hospitals and health system leaders better understand the healthcare landscape and the critical issues and emerging trends their organizations will likely face in the future. The Scan provided the following information:

- Nearly half of Americans will develop a mental illness and 27% will suffer from a substance abuse problem during their lifetime.
- Among adults 20 or older, nearly 34% have weight levels in the obese range, and another 34 percent are classified as overweight; thus the combined prevalence of those obese and overweight is 68%.
- Among children and adolescents ages 2 to 19, nearly 17% are classified as obese and 15% as overweight; thus close to 32 percent are either obese or overweight.
- Without question, the single biggest force threating U.S. workforce productivity, as well as health care affordability and quality of life, is the rise in chronic conditions. Almost 80% of workers have at least one chronic condition. 55% of workers have more than one chronic condition.
- Depression is the greatest cause of productivity loss among workers.

HEALTHY PEOPLE 2020

HealthyPeople.gov provides 10-year national objectives for improving the health of all Americans by 2020. The topics are the result of a multiyear process with input from a diverse group of individuals and organizations. Eighteen federal agencies with the most relevant scientific expertise developed health objectives to promote a society in which all people live long, healthy lives.

The 2020 topics are organized into 42 areas with measurable and developmental objectives maintained by the Office of Disease Prevention and Health Promotion within the U.S. Department of Health and Human Services. Some objectives relating to the key findings discovered through this assessment are as follows:

Adolescent Health

- Increase educational achievement of adolescents and young adults.
- Reduce the proportion of adolescents who have been offered, sold, or given an illegal drug on school property.
- Increase the proportion of adolescents whose parents consider them safe at school.

Access to Health Services

- Increase the proportion of persons with health insurance.
- Increase the proportion of persons with a usual primary care provider.
- Increase the number of practicing primary care providers.
- Increase the proportion of persons who have a specific source of ongoing care.
- Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

Health Communication and Health Information Technology

- Improve the health literacy of the population.
- Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health.
- Increase individuals' access to the Internet.
- Increase social marketing in health promotion and disease prevention.

Mental Health

- Increase the proportion of children who receive treatment of their mental health problems.
- Increase the proportion of juvenile residential facilities that screen admissions for mental health problems.
- Increase the portion of persons who receive treatment for co-occurring substance abuse and mental disorders.
- Increase depression screening by primary care providers.
- Increase the proportion of homeless adults who receive mental health services for their mental health problems.
- Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs).

Substance Abuse

- Reduce average alcohol consumption.
- Decrease the rate of alcohol-impaired driving.
- Reduce steroid use among adolescents.
- Reduce past-year nonmedical use of prescription drugs.
- Reduce the number of deaths attributable to alcohol.
- Reduce the proportion of adolescents who use inhalants.

STATE HEALTHCARE TRENDS SYNOPSIS

State Mental Health Cuts

Funding varies from year to year for mental health services. From 2011 to 2012, the Indiana State Mental Health budget decreased by $24.7 million. For fiscal year 2012, the estimated loss of enhanced Federal Medicaid Match is $239 million. As such, this provides a challenge each year for mental health providers across the state. *Lack of financial resources and funding for mental health services* was one of the most prevalent findings from our primary data collection process. Lack of funding continues to be a significant barrier to meeting the needs of the community.

Community and Social Services Occupational Employment

According to historical data from the Indiana Department of Workforce Development for May 2012 and 2011, the total individuals employed in community and social service occupations for the United States were 1,882,080 and 1,890,410, respectively. Indiana comprises nearly 2% of the total. Indiana's service category shows an overall decrease between years; noting child, family, and school social workers decrease about 4%, social worker decreased 25%, and health educators decreased 17%.

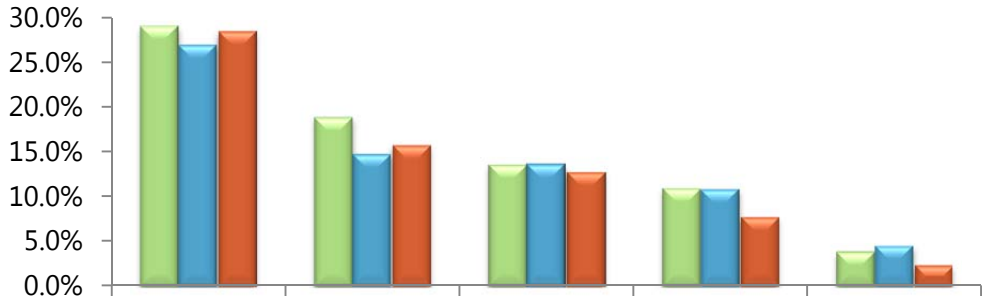
COMMUNITY AND SOCIAL SERVICE OCCUPATIONS	2011	2012
Total Community and Social Services Occupations in Indiana	**29,360**	**29,180**
Substance Abuse & Behavioral Disorder Counselors	1,080	1,110
Educational, Vocational, & School Counselors	4,370	4,370
Marriage & Family Therapists	500	680
Mental Health Counselors	860	890
Rehabilitation Counselors	1,180	1,080
Counselors, All Other	100	170
Child, Family, & School Social Workers	5,160	4,950
Medical & Public Health Social Workers	2,520	2,620
Mental Health & Substance Abuse Social Workers	1,570	1,470
Social Workers, All Other	840	670
Health Educators	1,240	1,060
Probation Officers & Correctional Treatment Specialists	2,160	2,360
Social & Human Service Assistants	4,490	4,190
Community & Social Service Specialists, All Other	2,160	1,550
Clergy	830	860
Directors, Religious Activities & Education	220	260
Religious Workers, All Other	80	120
Other, Non-disclosure Issues	0	770

EPIDEMIOLOGIC SYNOPSIS: HEALTH, MENTAL HEALTH AND ADDICTIONS CARE

Mental Health

In Indiana, approximately 3.55% or 227,000 adults live with serious mental illness (SMI), which translates into approximately 9,996 adults being affected in the service area. It is estimated 8 out of 10 children ages 9 to 17 in this service area have a serious emotional disturbance (SED) and a Global Assessment of Functioning (GAF) Scale of less than 50 – this equates to approximately 3,536 children. Twelve percent or 5,304 children in this Hospital's service area scored less than 50 on the GAF Scale, per Indiana Family and Social Services Administration, n.d.

The 2011 Youth Risk Behavior Survey reported a little over a quarter of Indiana students in grades 9 through 12 reported they felt sad or hopeless almost every day for at least two weeks during the past 12 months. This study further found Indiana adolescents were more likely to have attempted suicide resulting in injury, poisoning, or overdose that had to be treated by a doctor or nurse, rising from previously reported 2.9% to 3.6%. Furthermore, this report found that 18.9% of Indiana adolescents thought seriously about suicide; 13.6% had made a suicide plan; and 11% reported attempted suicide, much higher than national results for these same indicators of 15.8%, 12.8%, and 7.8%, respectively.



	Felt Sad or Hopeless	Seriously Considered Attempting Suicide	Made a Suicide Plan	Attempted Suicide	Suicide Attempt Needing Medical Care
Indiana	29.1%	18.9%	13.6%	11.0%	3.9%
Kentucky	27.0%	14.8%	13.7%	10.9%	4.6%
National	28.5%	15.8%	12.8%	7.8%	2.4%

Substance Abuse

Alcohol is the most frequently used substance in Indiana; nearly half of all Hoosiers 12 years and older report current alcohol use in the past month. Of those, nearly a quarter engaged in binge drinking. The age range with the highest rates of current alcohol use in Indiana is 18 to 25 years, with nearly 6 out of 10 young adults reporting usage. Of those reporting, slightly over 40% reported binge drinking. However, rates for heavy drinking in Indiana were nearly 2% below the U.S. average. Binge and heavy drinking are consumption patterns that have been proven problematic in many ways. Another concern in Indiana is underage drinking. Almost 40% of Indiana high school students currently drink alcohol, while nearly a quarter engaged in binge drinking (*Centers for Disease Control and Prevention*, 2007). In Indiana, a little over 47% of substance abuse related admissions are due to alcohol, which is 6% more than the National average.

The prevalence rate for current illicit drug use in Indiana is slightly over 7%. The 18 to 25 year old group displays the highest rate of use slightly over 18%. Marijuana is the most frequently consumed illicit substance; about 5% of Hoosiers reporting current use. Of those Hoosiers that reported use, over 14% are 18 to 25 years old (*Substance Abuse and Mental Health Services Administration*, 2007). Among Indiana high school students, 18.9% report currently using marijuana, 3.0% state current use of cocaine, and 7% reported using methamphetamine at least once during the student's lifespan (*Centers for Disease Control and Prevention*, 2009).

The service area's estimated prevalence rates of chronic addiction vary by age group. At nearly a quarter of all young adults, 18 to 25 year olds have the highest rate. The rate of those aged 12 to 17 is nearly 11% (slightly under 3,000 children) and for individuals 26 years and older, it is about 7.5% or (almost 17,300 adults (*Indiana Family and Social Services Administration*, n.d.). Hoosiers in the community receiving treatment for substance use/abuse disorders predominantly report alcohol as their primary drug at the time of admission (47.1%), followed by marijuana/hashish (31.1%), and cocaine/crack (6.8%). Over half of the individuals in treatment use more than one substance or polysubstance use (53.4%) (*Indiana Division of Mental Health and Addiction*, 2005). Furthermore, data shows treatment needs of some individuals are not being met: 2.59% of Hoosiers 12 years and older are in need of but do not receive treatment for illicit drug use and 7.52% for alcohol use (*Substance Abuse and Mental Health Services Administration*, 2007).

The three most commonly abused types of prescription medicines are pain relievers (opioids), central nervous system depressants (sedatives, tranquilizers, hypnotics), and stimulants (for attention deficit disorder, narcolepsy and weight loss) (*NIDA*, 2005). Among Hoosiers 12 years old or older, 2.7% reported current abuse of psychotherapeutics (prescription and over-the-counter drugs) while 7.6% abused them in the past year.

Co-occurring Disorder

Individuals who suffer from both mental illness and a substance use/abuse disorder are said to have a co-occurring disorder. According to reports in the Journal of the American Medical Association (JAMA), co-occurring disorders are very common. Roughly half of individuals who are seriously mentally ill (SMI) are affected by substance abuse; 37% of alcohol abusers and 53% of drug abusers also have at least one serious mental illness; and of all people diagnosed as mentally ill, 29% abuse either alcohol or drugs (*National Alliance on Mental Illness*, 2003). Individuals with co-occurring disorder tend to have multiple health and social problems, and many are at increased risk for homelessness and incarceration (*National Association of State Mental Health Program Directors*, 1998). Research strongly suggests that to recover from the disorder, treatment for both mental illness and addiction is necessary (*National Alliance on Mental Illness*, 2003).

The prevalence among adults with SMI to have a co-occurring disorder, i.e., SMI and chronic addiction, is estimated to be 23.2% in Indiana, which equates to approximately 4,666 individuals 18 years and older affected in the Hospital's service area (*Indiana Family and Social Services Administration*, n.d.).

COUNTY HEALTHCARE TREND SYNOPSIS

Health Data: The County Health Rankings and Roadmap Program

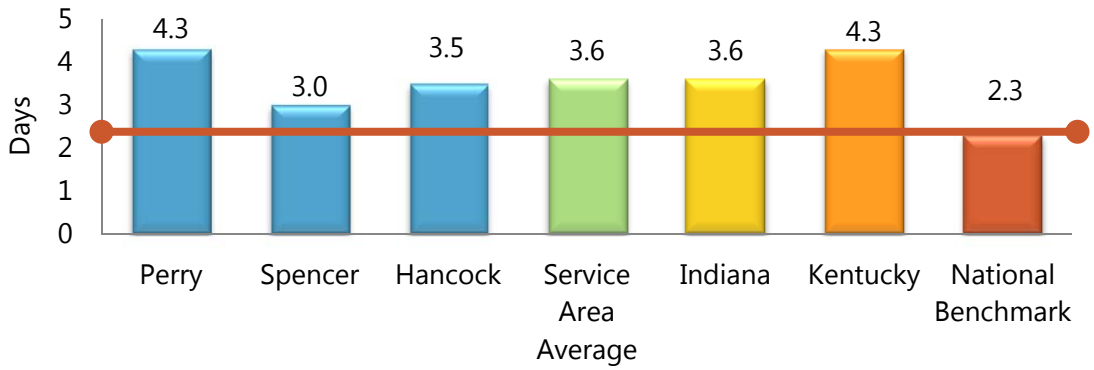
Counties in the United States of America including Indiana and Kentucky have been ranked by The County Health Rankings & Roadmaps program. The ranking system includes three overall factors of Health Outcomes, Health Factors, and Policies and Programs. The Health Outcomes analyzes the factors of mortality and morbidity and give each an equal weight in the calculation. The Health Factors analyze four overall factors of Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment weighted 30%, 20%, 40%, and 10%, respectively. The following is graphical depictions of data for each county, the service area, the State of Indiana and the State of Kentucky as available. The graphical representation indicates blue for the counties, green for the service area, yellow for Indiana, orange for Kentucky, and red for the national benchmark.

HEALTH OUTCOMES (COUNTY HEALTH RANKING 2013 DATA)

Illustrated below is the county ranking for overall health outcomes. The 92 counties in Indiana have been ranked from 1 to 92, with 1 representing the best and 92 representing the least healthy county; as for Kentucky the ranking is out of 120. Health Outcomes represent the health of the county by measuring the length of time people live and how healthy people feel. Data was examined on premature death, poor health, poor physical health days, poor mental health days, and low birth weight. Overall, the 3-county area has 2 counties (Spencer, IN and Hancock, KY) ranked in the top 25 percentile of the counties while the other county (Perry, IN) falls to the bottom 50 percentile.

POOR MENTAL HEALTH DAYS (COUNTY HEALTH RANKING 2012 DATA)

Illustrated below is the number of days on average an adult reported their mental health was not good. The poor mental health days represent the number of responses to the question, "*Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past thirty days was your mental health not good?*" Overall, the 3-county area reports poor mental health approximately 10% to 15% of the month (3.0 to 4.3 days out of 30) vs. 12% in Indiana and 7.6% nationally.

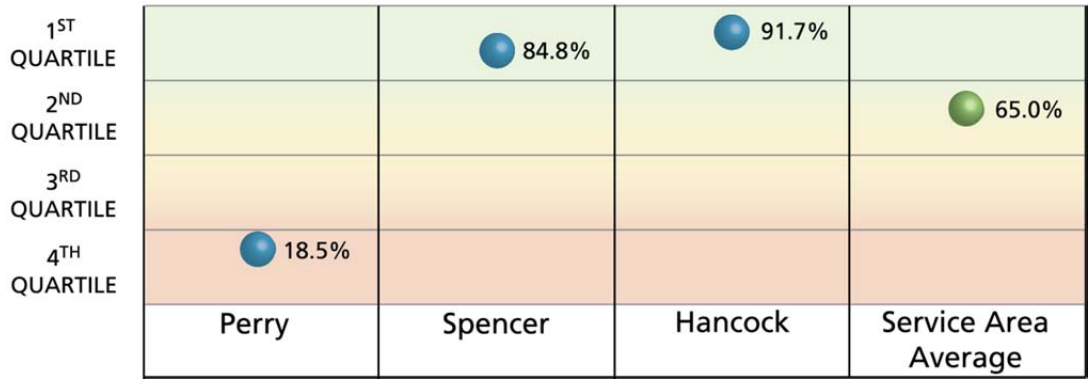


HEALTH BEHAVIORS (COUNTY HEALTH RANKING 2012 DATA)

Illustrated below is the county ranking for the overall health behaviors. The 92 counties in Indiana have been ranked from 1 to 92, with 1 representing the best and 92 representing the county with the least healthy influences as for Kentucky the ranking is out of 120. Health factors represent how the county's health is influenced by measuring factors on health behaviors, clinical care, social and economic factors, and physical factors. Health Behaviors examined is data on tobacco use, sexual activity, diet and exercise, and alcohol use. Overall, based on health behaviors the 3-county area has 2 counties (Spencer, IN and Hancock, KY) ranked near or above the top 25 percentile of the counties while the other county (Perry, IN) is in the bottom 25 percentile.

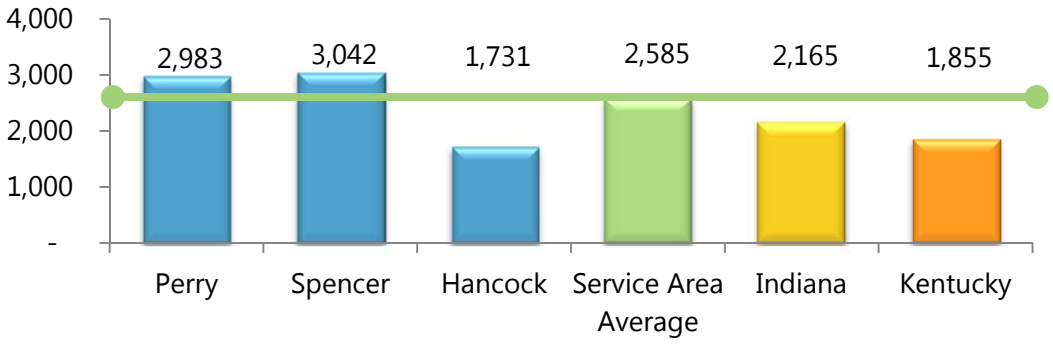
CLINICAL CARE (COUNTY HEALTH RANKING 2012 DATA)

Illustrated below is the county ranking for the overall Clinical Care. The 92 counties in Indiana have been ranked from 1 to 92, with 1 representing the best and 92 representing the county with the least healthy influences; as for Kentucky the ranking is out of 120. Health factors represent how the county's health is influenced by measuring factors on health behaviors, clinical care, social and economic factors, and physical factors. Clinical Care examined is data on the population under age 65 without health insurance, ratio of population to primary care physicians, ratio of population to dentists, preventable hospital stays, diabetic screening, and mammography screening. Overall, based on the factors for access to care and quality of care, the 3-county area has 2 counties (Spencer, IN and Hancock, KY) ranked in the top 25 percentile of the counties while Perry County, IN is in the bottom 25 percentile of the counties.



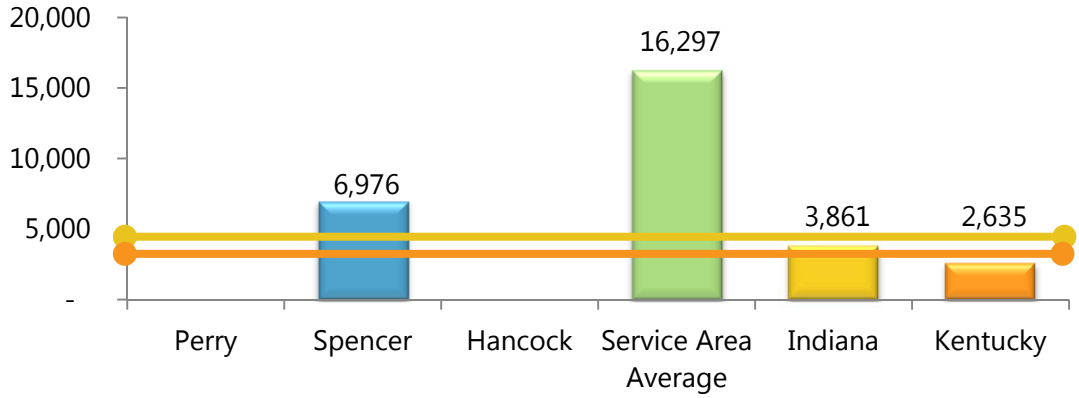
DENTIST (COUNTY HEALTH RANKING 2012 DATA)

Illustrated below is the population per Dentist. On average for the service area, there were approximately 2,585 people per dentist compared to 2,165 per dentist in the state of Indiana and 1,855 per dentist in Kentucky. However, the Indiana counties had more people per dentist versus the Kentucky County.



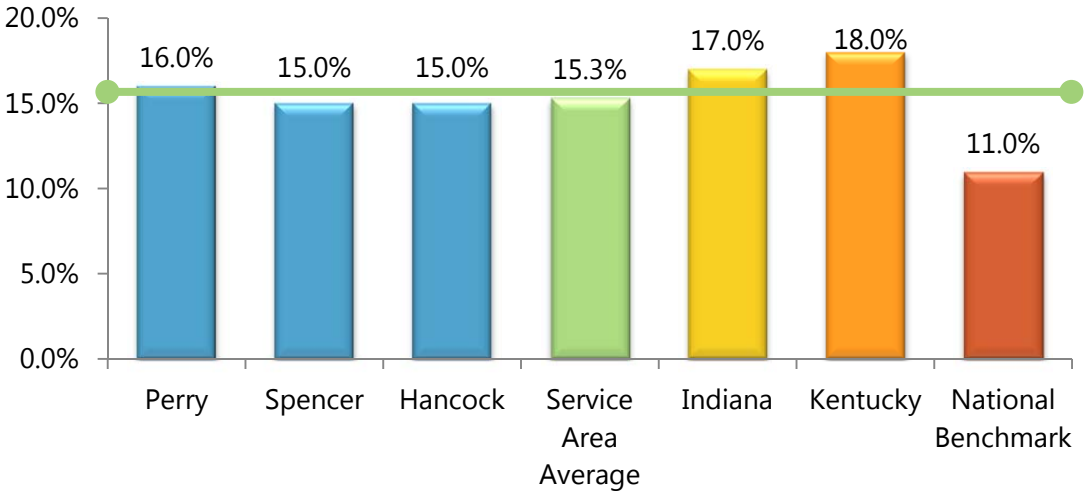
MENTAL HEALTH PROVIDER (COUNTY HEALTH RANKING 2012 DATA)

Illustrated below is the population per Mental Health Provider. The providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. Overall, there was only data for Spencer County which has approximately 6,976 people per mental health provider. It is almost double the amount for the state of Indiana.



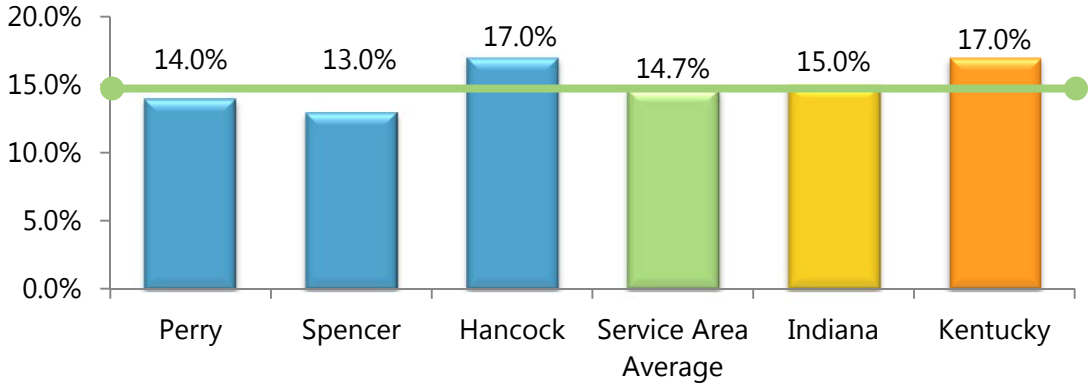
UNINSURED (COUNTY HEALTH RANKING 2012 DATA)

Illustrated below is the percentage of adults under age 65 without health insurance coverage. Overall, the 3-county area reported approximately 15% of adults are Uninsured compared to 17% in Indiana and 18% in Kentucky.



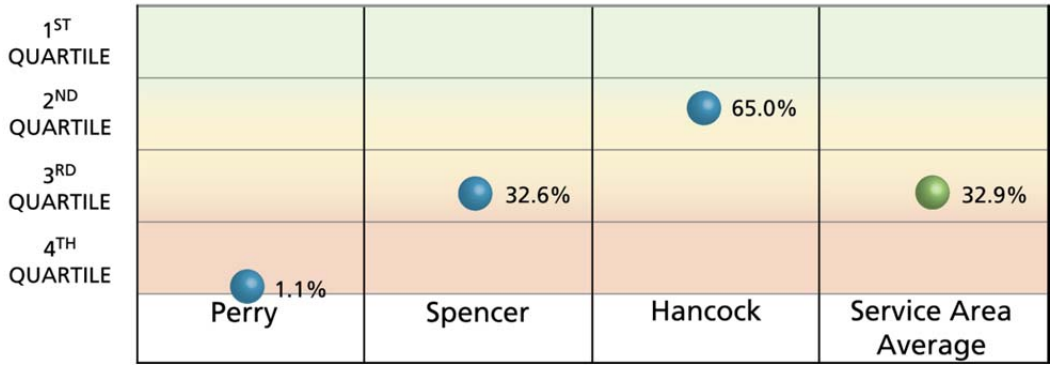
COULD NOT SEE DOCTOR DUE TO COST (COUNTY HEALTH RANKING 2012 DATA)

Illustrated below is the percentage of adults unable to see a doctor due to the cost for services. The percentage represents the number of adults who reported in the past 12 months a need to see a doctor but could not due to cost. Approximately 15% of the 3-county area Could Not See a Doctor Due to the Cost.



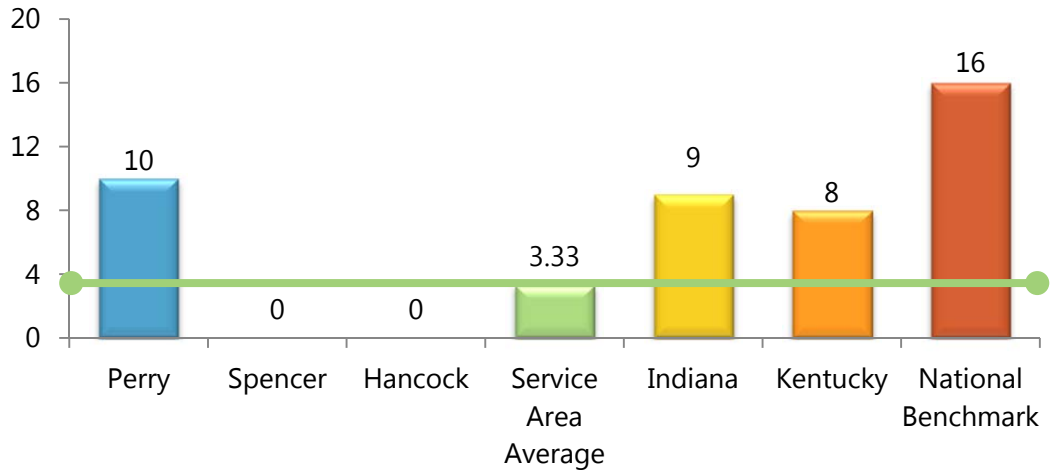
PHYSICAL ENVIRONMENT (COUNTY HEALTH RANKING 2013 DATA)

Illustrated below is the county ranking for the overall Physical Environment. The 92 counties in Indiana have been ranked from 1 to 92, with 1 representing the best and 92 representing the least healthy county; as for Kentucky the ranking is out of 120. Health factors represent how the county's health is influenced by measuring factors on health behaviors, clinical care, social and economic factors, and physical factors. Physical Environment factors examined are environmental quality such as clean air and drinking water safety and built environment such as access to healthy food and recreational facilities, and number of fast food restaurants. Overall, the 3-county service area ranks in the third quartile with Spencer, IN in the 3rd quartile and Perry, IN in the bottom 4th quartile while Hancock, KY ranks slightly above in the 2nd quartile.



ACCESS TO RECREATIONAL FACILITIES (COUNTY HEALTH RANKING 2012 DATA)

Illustrated below is the number of Recreational Facilities per every 100,000 people. There was only data for Perry County which has approximately ten facilities for every 100,000 people compared to nine facilities in the state of Indiana and eight facilities in the state of Kentucky. Postulating Spencer County, IN and Hancock County, KY do not have any facilities, the average for the service area is approximately three facilities for every 100,000 people.



Health Status Synopsis

After reviewing statistical data for the service area, for Health Outcomes, Health Factors, and Clinical Care the service area was on average between the State of Indiana and State of Kentucky benchmarks. The service area had more motor vehicle crash deaths, but far less sexually transmitted infections then the state or national data. However, the primary care physician rate was more than double the national benchmark rate.

SERVICE AREA ANALYSIS				
	Service Area (Average)	State of Indiana	State of Kentucky	National Benchmark
Health Outcomes				
Poor/Fair Health [N]	18%	16%	21%	10%
Poor Physical Health Days [N]	3.8	3.6	4.7	2.6
Poor Mental Health Days	3.6	3.6	4.3	2.3
Low Birth Weight [N]	8.0%	8.3%	9.1%	6.0%
Health Factors				
Adult Smoking [N]	23%	24%	26%	13%
Adult Obesity	33%	31%	33%	25%
Physical Inactivity [N]	29%	27%	32%	21%
Excessive Drinking	15%	16%	12%	7%
Motor Vehicle Crash Death Rate	26	13	20	10
Sexually Transmitted Infections	100	351	377	92
Teen Birth Rate [N]	45.67	44	50	21
Clinical Care				
Uninsured Adults	15.3%	17%	18%	11%
Primary Care Physicians	2820:1	1557:1	1588:1	1067:1
Preventable Hospital Stays [N]	83.67	76	103	47
Diabetic Screening	85.7%	83%	84%	90%
Mammography Screening	67.3%	64%	62%	73%

[N] Noted the Service Area was on average between the benchmark for the two states.

Conclusion

COMMUNITY RESOURCES IDENTIFIED

The assessment identified a few community assets (See Attachment C) including the Hospital and its community benefits programs.

The assessment also identified a community clinic near Tell City, Indiana, a few primary care physicians, a public school system, and several religious congregations.

CONTACT

This assessment summary is published on the website of Perry County Memorial Hospital, www.pchospital.org. A copy may also be obtained by contacting the Hospital's Administrative Office at 812.547.0170. Please provide any feedback regarding the CHNA to clagrange@pchospital.org.

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OVERALL OBSERVATION

Priorities for the key areas will be assessed by the board of directors and documented in the Implementation Strategy Report.

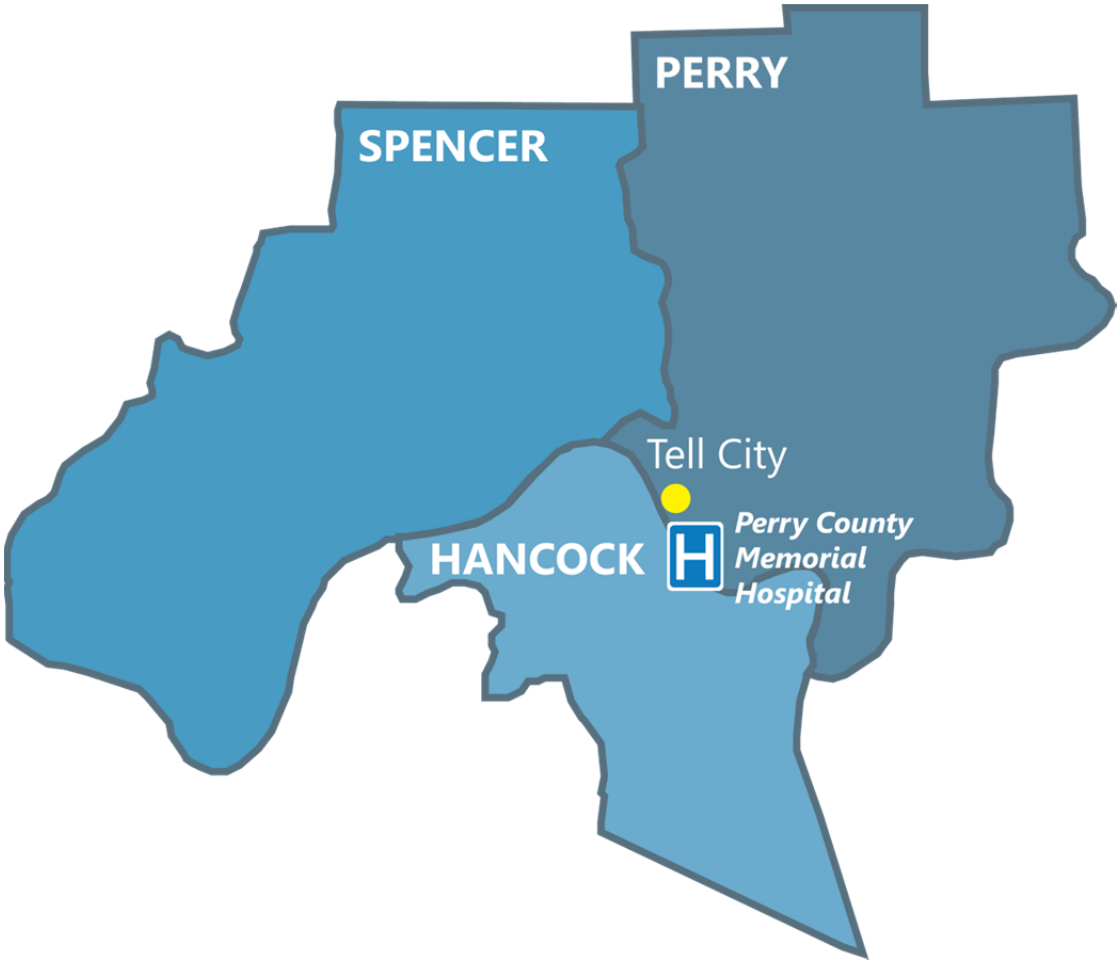
Overall priorities determined to be significant:

- Increasing primary care physicians and critical healthcare manpower
- Reducing overuse of hospital emergency department by non-emergency patients
- Increasing/Expanding collaboration among healthcare and social service providers to increase educational awareness programs
- Increasing the number of mental healthcare providers and professionals,
- Increasing substance abuse prevention
- Increasing access to mental healthcare for uninsured and under-insured, and
- Expanding transportation to/from treatment services

Attachments

Attachment A: Demographic Data

SERVICE AREA MAP



SERVICE AREA DEFINITION

For the purposes of analysis, Perry County Memorial Hospital's service area included the following counties located in Indiana and Kentucky. All data is as of 2013 unless otherwise stated.

1. Perry County, Indiana
2. Spencer County, Indiana
3. Hancock County, Kentucky

EXPLANATIONS & DEFINITIONS FOR SELECTED CHARTS/GRAPHS THAT FOLLOW

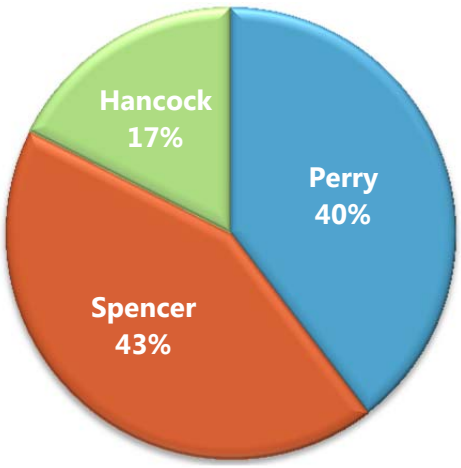
TITLE OF CHART/GRAPH	PAGE #	EXPLANATIONS & DEFINITIONS
Health Outcomes	57	Healthy Outcomes ranking is based upon mortality & morbidity rates.
Mortality	57	Years of potential life lost before age 75 per 100,000 population (age adjusted)
Morbidity	58	Indicates poor health and the prevalence of disease in 4 separate categories.
Poor or Fair Health	58	Percent of adults reporting fair or poor health (age adjusted) by county.
Poor Physical Health Days	59	Average number of physically unhealthy days reported in past 30 days (age adjusted).
Poor Mental Health Days	59	Average number of mentally unhealthy days reported in past 30 days (age adjusted).
Low Birth Weight	60	Percent of live births with low birth weights (<2,500 grams).
Health Factors	60	Weighted measures of health behaviors, clinical care, social and economic and physical environment factors within each county.
Health Behaviors	61	An aggregate of a number of variables that include healthy behaviors, clinical care, socioeconomic factors, and physical environment factors.
Adult Smoking	61	Percent of adults who report smoking >= 100 cigarettes and are currently smoking.
Adult Obesity	62	Percent of adults who report a Body Mass Index (BMI) >= 30.
Physical Inactivity	62	Percent of adults 20 years or older reporting no leisure time physical activity.
Excessive Drinking	63	Includes both binge and heavy drinking.
Motor Vehicle Crash Death Rate	63	The number of people who die due to motor vehicle crashes
Sexually Transmitted Infections	64	Clamydia rate per 100,000 population.

TITLE OF CHART/GRAPH	PAGE #	EXPLANATIONS & DEFINITIONS
Teen Birth Rate	64	Teen birth rate per 1,000 female population, ages 15 to 19.
Clinical Care	65	Aggregate of several variables including percentage of uninsured, primary care physicians-to-population, preventable hospital days; diabetic screening, and mammography screening.
Primary Care Physicians	65	Ratio of population to Primary Care Physicians.
Mental Health Providers	66	Ratio of population to Mental Health Provider.
Uninsured	66	Percentage of the population under age 65 used in the clinical care factors ranking.
Uninsured Adults	67	Percent of the population under age 65 without health insurance.
Uninsured Children	67	Percent of the population under the age of 18 without health insurance.
Could Not See Doctor Due to Cost	68	Percent of the population who were unable to see a doctor because of cost.
Healthcare Costs	68	Average cost of Healthcare.
Preventable Hospital Stays	69	Hospital rate for ambulatory-sensitive conditions per 1,000 Medicare enrollees.
Diabetic Screening	69	Percent of diabetic Medicare enrollees who receive HbA1c screening.
Mammography Screening	70	Percent of female Medicare enrollees who receive mammography screening.
Social & Economic Factors	70	Aggregate of factors including education level, unemployment rate; children in poverty, inadequate social support, children in single parent households, and violent crime rate.
High School Graduation	71	Percent of ninth grade cohort who graduate in 4 years.
Some College	71	Percent of adults age 25 to 44 years with some post-secondary education.

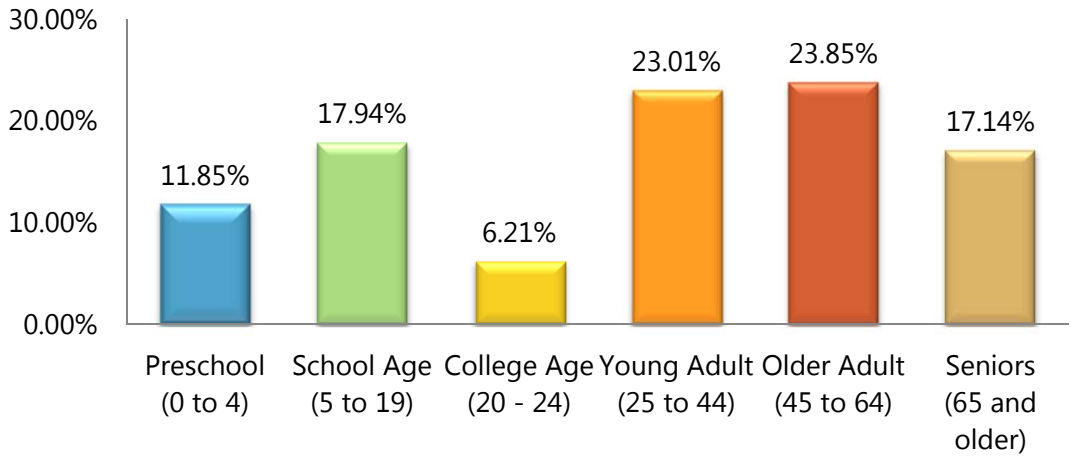
TITLE OF CHART/GRAPH	PAGE #	EXPLANATIONS & DEFINITIONS
Unemployment Rate	72	Percent of population 16+ unemployed but seeking work.
Children in Poverty	72	Percent of children under 18 in poverty.
Inadequate Social Support	73	Percent of adults without emotional/ social support.
Children in Single-Parent Households	73	Percent of children who live in a household headed by a single parent.
Violent Crime Rate	74	Annual crimes per 100,000 in population.

Source: www.countyhealthrankings.org

COUNTY POPULATION BREAKDOWN

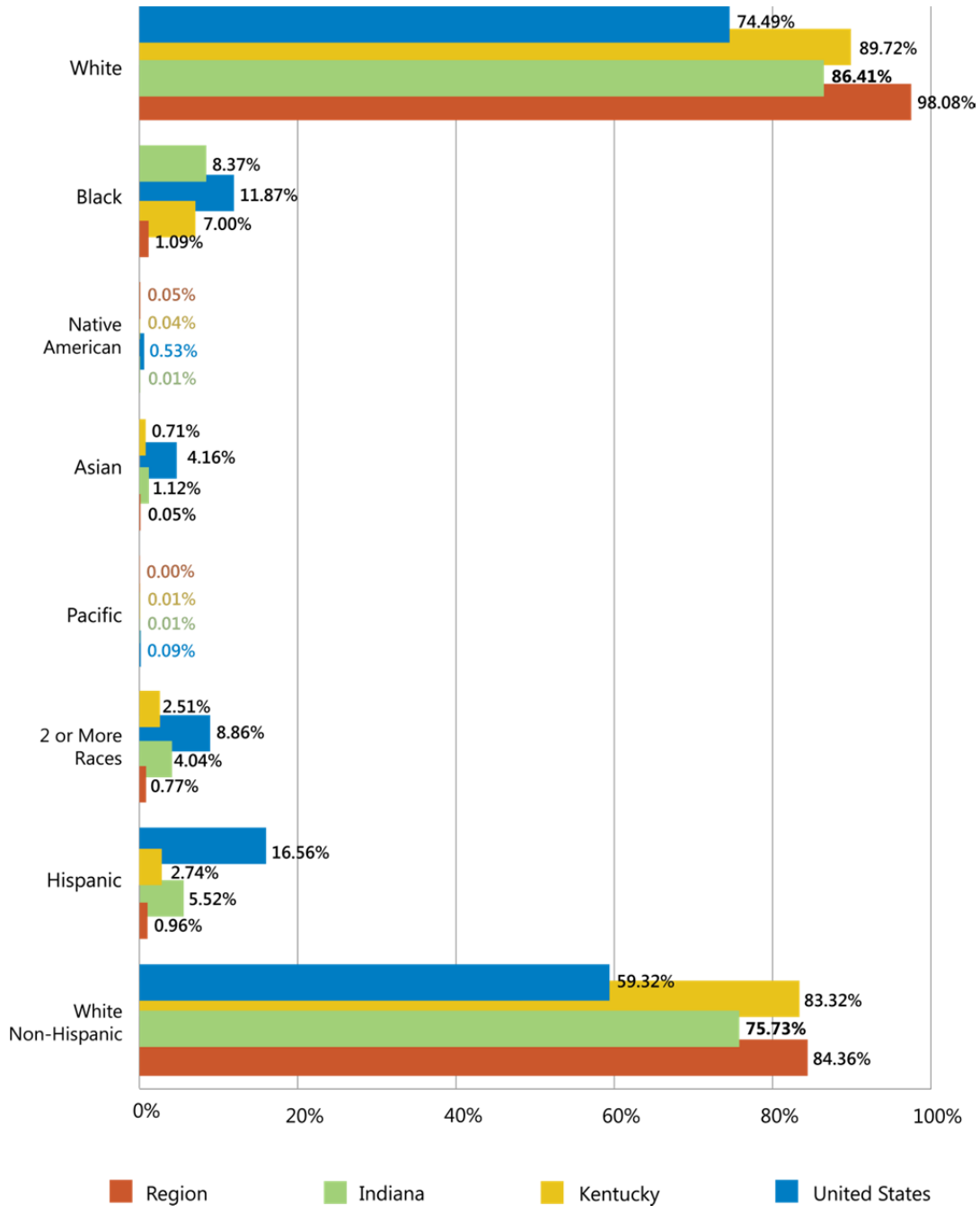


AGE POPULATION DISTRIBUTION



This graph displays the total population of the Hospital's service area by age cohort. (Source: http://quickfacts.census.gov)

POPULATION ESTIMATES BY RACE



This graph displays the total population of the Hospital's service area by race. (Source: http://quickfacts.census.gov)

SERVICE AREA ANALYSIS

	Perry	Spencer	Hancock	Service Area	State of Indiana	State of Kentucky
Population 2013	21,410	23,736	8,563	53,709	6,603,083	4,432,994
0 to 4 years	2,634	3,227	501	6,362	469,673	308,190
5 to 9 years	1,242	1,215	614	3,071	483,134	307,507
10 to 19 years	2,411	2,891	1,264	6,566	931,320	582,466
20 to 24 years	1,184	1,546	606	3,336	449,846	287,546
25 to 64 years	9,878	10,976	4,316	25,170	3,324,739	2,281,933
65 years and more	4,061	3,881	1,262	9,204	944,371	665,352
Median Age	48.0	42.8	42.6	44.5	42.7	42.7
Female Persons	50%	51%	49%	50%	51%	51%
Non-white population	3.1%	3.4%	1.2%	2.6%	19.1%	13.0%
Educational Attainment						
No high school diploma	1,733	1,497	535	3765	382,906	300,804
High school graduate or equivalent	6,351	6,432	2,558	15,341	1,504,338	987,495
Some college, no degree	2,537	2,424	1,199	6,160	866,012	577,977
Associate degree	1,099	1,362	465	2,926	315,182	192,610
Bachelor degree	681	1,264	371	2,316	611,431	353,907
Master degree or higher	526	976	253	1,755	341,306	240,824
Socioeconomic						
Median household income	$45,234	$53,464	$52,049	$50,249	$46,410	$41,141
Homeownership rate	77.70%	83.60%	83.30%	81.53%	71.10%	69.50%
Median value of owner-occupied housing	$95,400	$110,700	$86,100	$97,400	$123,300	$118,700
Persons below poverty level	10.10%	12.30%	14.00%	12.13%	14.10%	18.10%
Civilian labor force	9,429	10,482	4,327	24,238	3,155,000	2,097,100
Unemployment rate (May 2013)	744	759	284	1,787	262,800	170,800
Unemployment rate (May 2013)	7.9%	7.2%	6.6%	7.2%	8.3%	8.1%
Persons per square mile (2010)	50.7	52.8	45.6	49.7	181.0	109.9
Land Area (square miles)	381.73	396.74	187.65	966.12	35,826.11	39,486.34
Health Outcomes (State Rank)	62	16	10	-	-	-
Mortality	44	10	11	-	-	-
Morbidity	84	10	7	-	-	-
Poor or fair health	18%	17%	18%	18%	16%	21%
Poor physical health days	4.3	3.6	3.5	3.8	3.6	4.7
Poor mental health days	4.3	3	3.5	3.6	3.6	4.3
Low birth weight	9.2%	7.5%	7.4%	8.0%	8.3%	9.1%

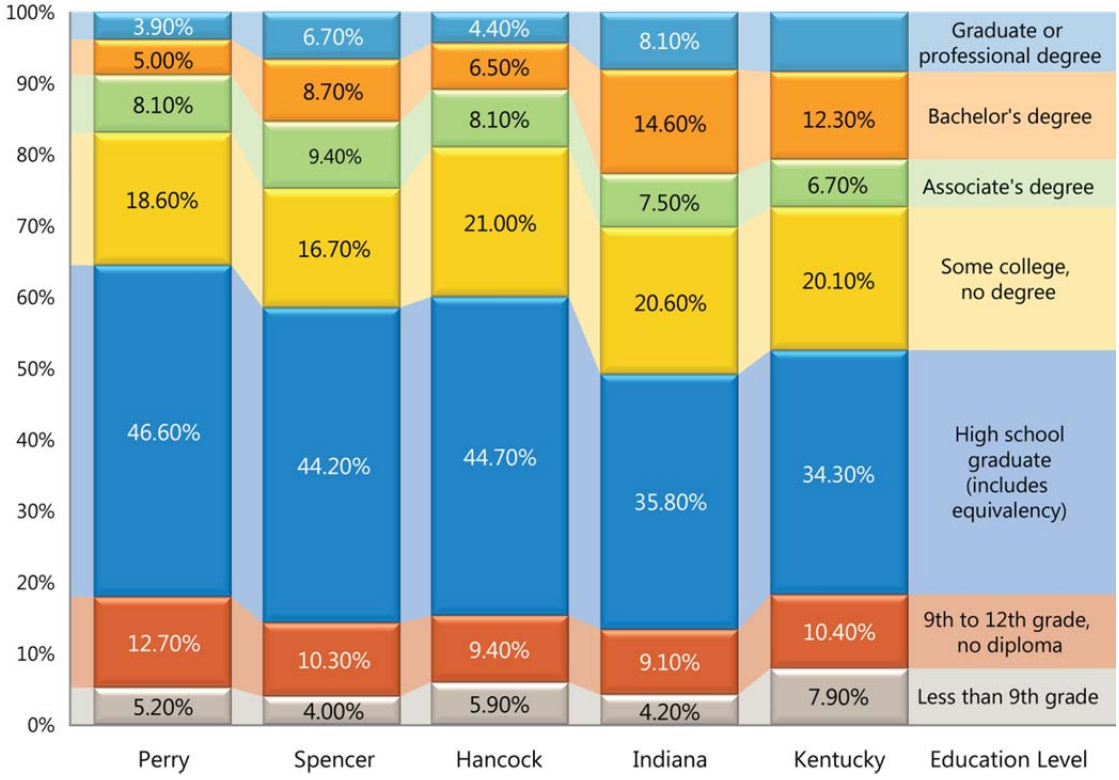
This chart displays data relating to the general healthcare status of the population and several factors impacting it by county as compared to the Hospital's total service area and the states of Indiana and Kentucky. See pages 52 – 74 for graphical depictions and additional explanation of select charted data above. (Source: http://quickfacts.census.gov; http://www.bls.gov)

SERVICE AREA ANALYSIS (CONTINUED)

	Perry	Spencer	Hancock	Service Area	State of Indiana	State of Kentucky
Health Factors (State Rank)	61	9	8	-	-	-
Health behaviors	69	21	31	-	-	-
Adult smoking	26%	21%	21%	23%	24%	26%
Adult obesity	33%	31%	35%	33%	31%	33%
Physical inactivity	30%	26%	32%	29%	27%	31%
Excessive drinking	18%	16%	10%	15%	16%	12%
Sexually transmitted infections	26	53	222	100	351	377
Teen birth rate	48	32	57	46	41	50
Clinical Care (State Rank)	75	14	10	-	-	-
Uninsured adults	16%	15%	15%	15%	17%	18%
Primary care physicians	2151	3488	0	2819.5	1557	1588
Dentists	2983	3042	1731	2585	2165	1855
Preventable hospital stays	122	58	71	84	76	103
Diabetic screening	85%	88%	84%	86%	83%	84%
Mammography screening	63%	71%	68%	67%	64%	62%
Socioeconomic Factors (State Rank)	37	12	6	-	-	-
High school graduation	90%	91%	86%	89%	86%	78%
Some college	46%	52%	53%	50%	59%	56%
Unemployment	8.6%	8.0%	8.2%	8.3%	9.0%	9.5%
Children in poverty	18%	15%	20%	18%	23%	27%
Inadequate social support	24%	18%	13%	18%	20%	20%
Children in single-parent households	28%	16%	31%	25%	32%	33%
Physicial Environment (State Rank)	91	62	42	-	-	-
Air pollution-particulate matter days	13.2	13.3	13.3	13.3	13	13.1
Drinking water safety	57%	0%	0%	19%	2%	11%
Limited access to healthy foods	7%	0%	0%	2%	6%	5%
Access to recreational facilities	10	0	0	3.3	9	8

This chart displays data relating to the general healthcare status of the population and several factors impacting it by county as compared to the Hospital's total service area and the states of Indiana and Kentucky. See pages 52 - 74 for graphical depictions and additional explanation of select charted data above. (Source: http://quickfacts.census.gov; http://www.bls.gov)

EDUCATIONAL ATTAINMENT

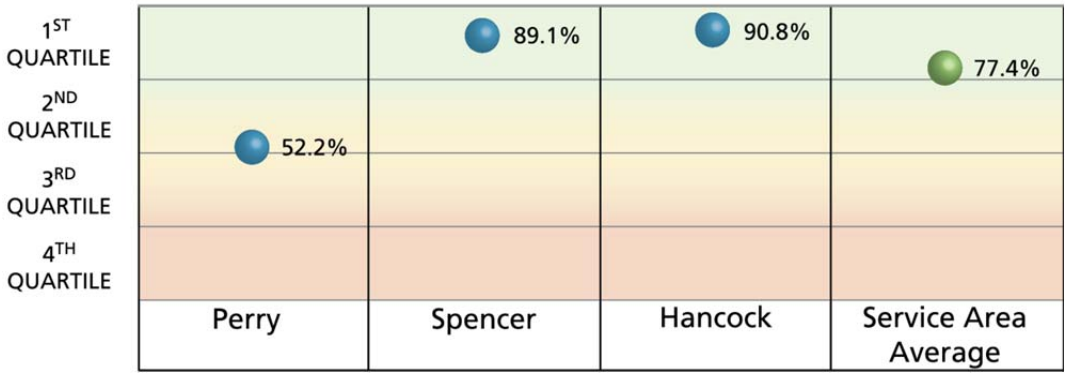


This graph displays the highest level of Educational Attainment of the population in each county in the Hospital's service area as compared to the total Service Area and states of Indiana and Kentucky. (Source: http://quickfacts.census.gov)

HEALTH OUTCOMES (STATE RANK: INDIANA 92, KENTUCKY 120)

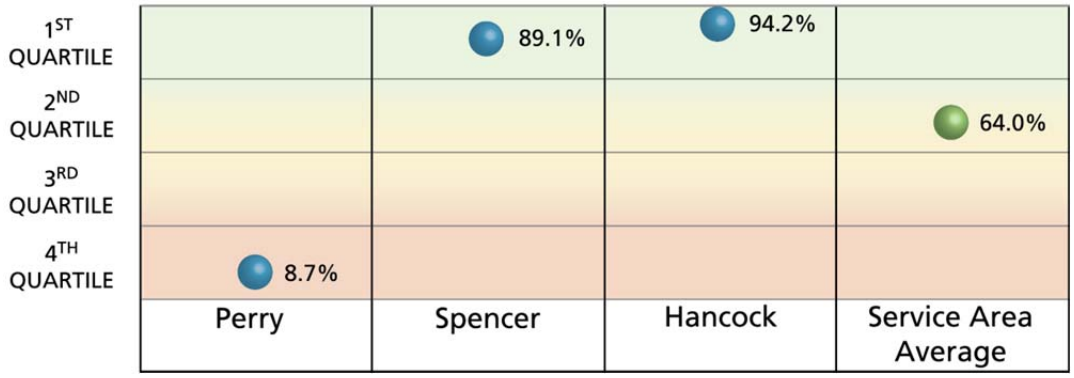
Health Outcomes is a *County Health Ranking* representing how long people live and how healthy people feel while alive. The health outcomes represent the health of the county by measuring the mortality and morbidity within each county. The 92 counties in Indiana and the 120 counties in Kentucky have been ranked to show which quartile they fall into with the first quartile being the healthiest and the fourth quartile being the unhealthiest. Refer to page 37 for additional health status synopsis for the service area. (Source: www.countyhealthrankings.org)

MORTALITY (STATE RANK: INDIANA 92, KENTUCKY 120)



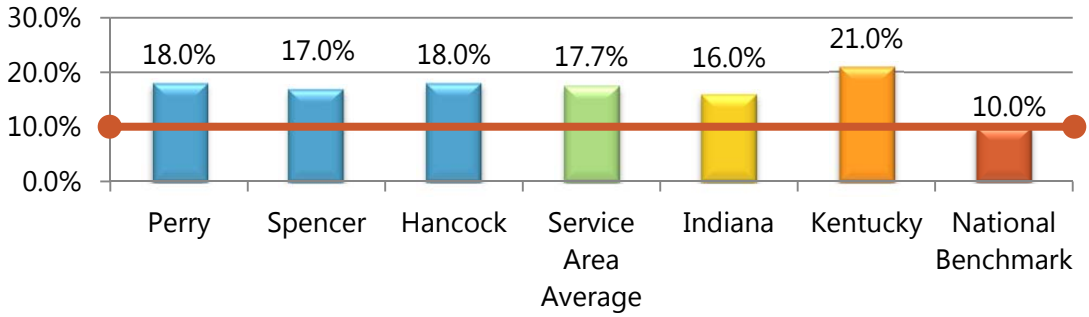
The Mortality ranking measures what is known about deaths before age 75 (premature deaths) to determine how long people are living. The counties in Indiana (92) and Kentucky (120) have been ranked. This table shows the quartile each county falls into with the first quartile representing the least amount of premature deaths and the fourth quartile representing the county with the most number of premature deaths. (Source: www.countyhealthrankings.org)

MORBIDITY (STATE RANK: INDIANA 92, KENTUCKY 120)



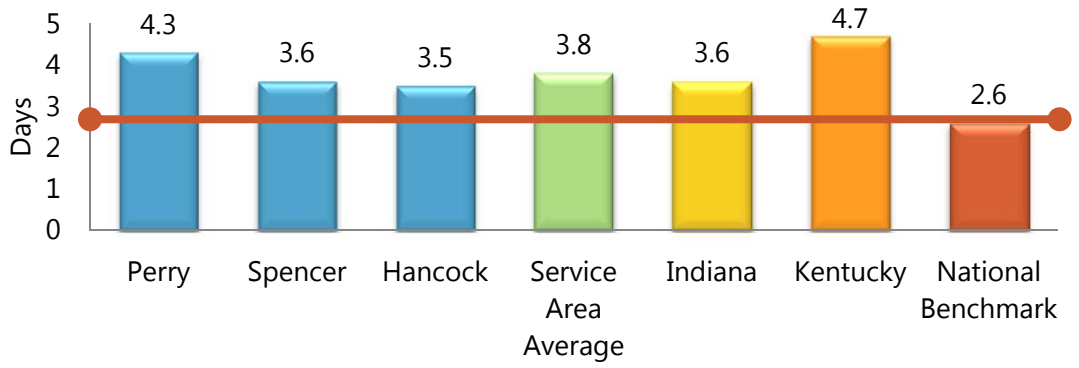
The Morbidity ranking reports a combined measure of individuals' self-reported overall health, physical health days, mental health days, and low birth weight (LBW) to provide a rank for quality of life. Indiana (92) and Kentucky (120) counties have been ranked to show where they fall based on the other counties with the first quarter representing the best ranked quality of life and the fourth quartile representing the county with the lowest ranked quality of life. See pages 58 – 60 for explanation of morbidity factors. (Source: www.countyhealthrankings.org)

POOR OR FAIR HEALTH



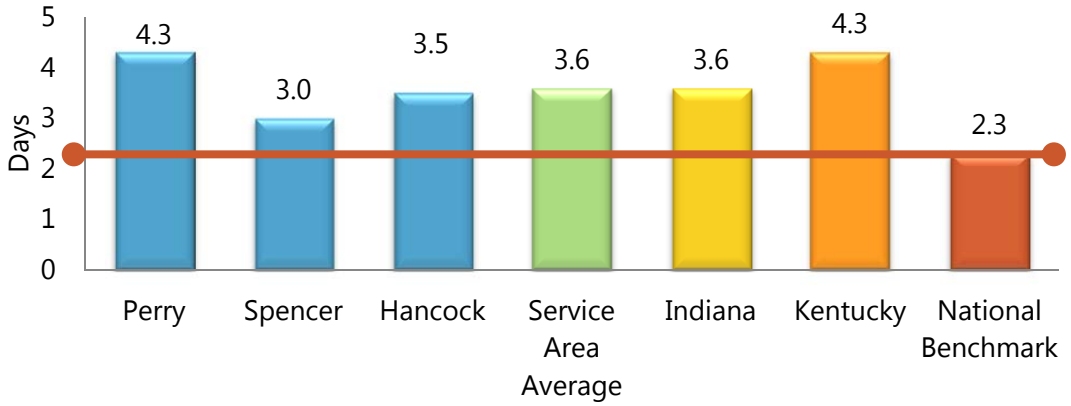
Poor or fair health (overall health) represents self-reported health status based on survey responses to the question, *"In general, would you say that your health is excellent, very good, good, fair, or poor?"* The value reported for each county is the percent of adult respondents who rate their health "fair" or "poor". Poor or fair health is one of four factors with a weight of 10% in calculating a county's overall morbidity ranking. (Source: www.countyhealthrankings.org)

POOR PHYSICAL HEALTH DAYS



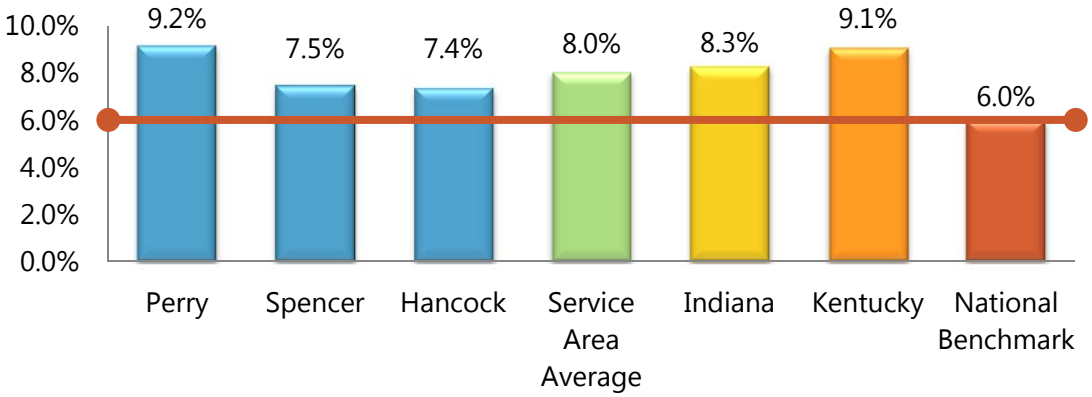
Poor Physical Health Days represents self-reported health status based on survey responses to the question, *"Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"* The value reported for each county is the average number of days adult respondents reported that their physical health was not good. Poor physical health days is the second of four factors with a weight of 10% in calculating a county's overall morbidity ranking. (Source: www.countyhealthrankings.org)

POOR MENTAL HEALTH DAYS



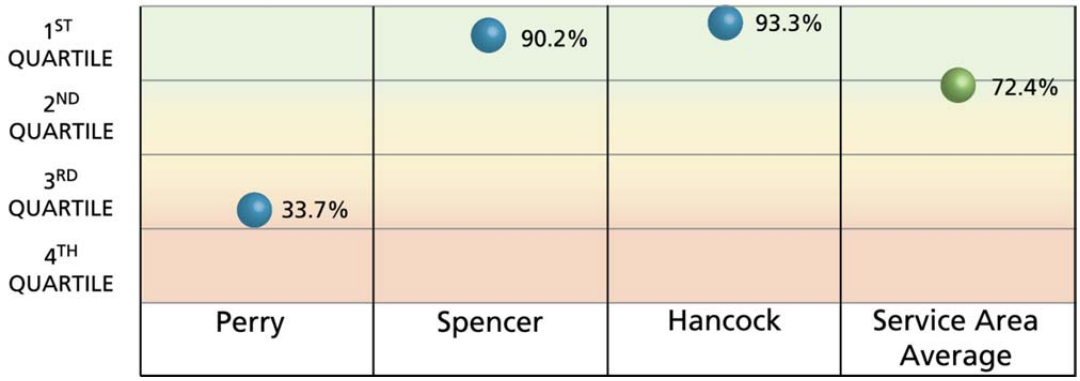
Poor Mental Health Days represents self-reported health status based on survey responses to the question, "*Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?*" The value reported for each county is the average number of days adult respondents report that their mental health was not good. Poor Mental Health Days is the third of four factors with a weight of 10% in calculating a county's overall morbidity ranking. Refer to page 38 for additional health status synopsis for the service area. (Source: www.countyhealthrankings.org)

LOW BIRTH WEIGHT



Low Birth Weight (LBW) represents maternal exposure to health risks and an infant's current and future morbidity which is an indicator for premature mortality and/or morbidity. The value reported for each county is the percent of live births with LBW (<2500 grams). LBW is the last of four factors with a weight of 20% in calculating a county's overall morbidity ranking. (Source: www.countyhealthrankings.org)

HEALTH FACTORS (STATE RANK: INDIANA 92; KENTUCKY 120)

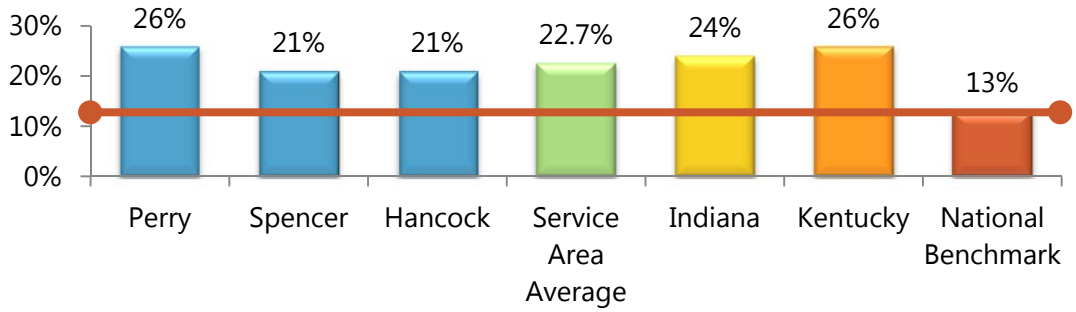


Health Factors is a *County Health Ranking* representing what influences the health of a county. The health factors are weighted measures of health behaviors, clinical care, social and economic, and physical environment factors within each county. Indiana (92) and Kentucky (120) counties have been ranked from highest to lowest composite score. The first quartile represents the highest and the fourth quartile represents the lowest composite score. See pages 61 - 64. (Source: www.countyhealthrankings.org)

HEALTH BEHAVIORS (STATE RANK: INDIANA 92; KENTUCKY 120)

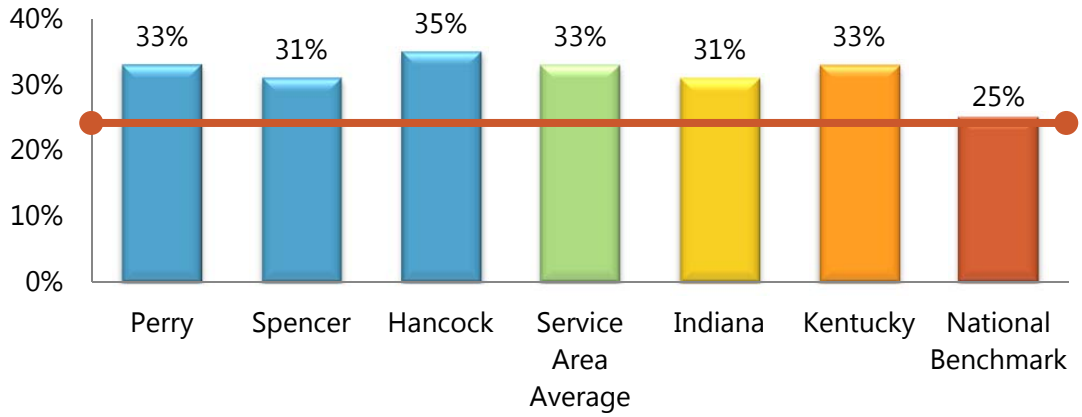
Health Behaviors consist of the following weighted factors for each county: smoking (10%), diet and exercise (10% - made up of adult obesity at 7.5% and physical inactivity at 2.5%), alcohol use (5%: excessive drinking at 2.5% motor vehicle crash death rate at 2.5%), and sexual activity (5%: sexually transmitted infections at 2.5% and teen birth rate at 2.5%). The counties in Indiana and Kentucky have been ranked by state from highest to lowest; where the 1st quartile represents the highest and 4th quartile represents the lowest composite score. The health behavior score is one of four factors with a weight of 30% in calculating a county's overall health factor ranking. See pages 61 – 64 for explanation of health behavior factors. Refer to page 38 for additional health status synopsis for the service area. (Source: www.countyhealthrankings.org)

ADULT SMOKING



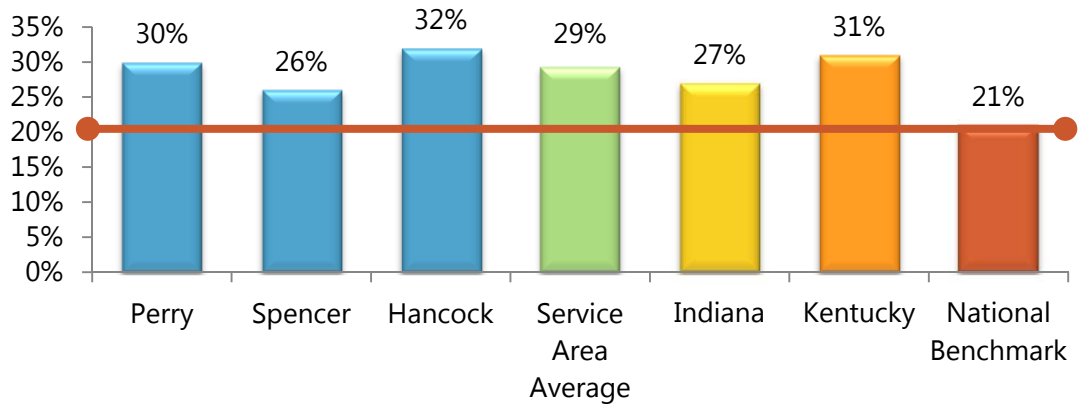
Adult Smoking represents the extent of health risk in each county related to tobacco use and is an indicator of adverse health outcomes. The value reported for each county is the estimated percent based on the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime. Adult smoking rate is one of four factors with a weight of 10% in calculating a county's overall health behavior ranking. (Source: www.countyhealthrankings.org)

ADULT OBESITY



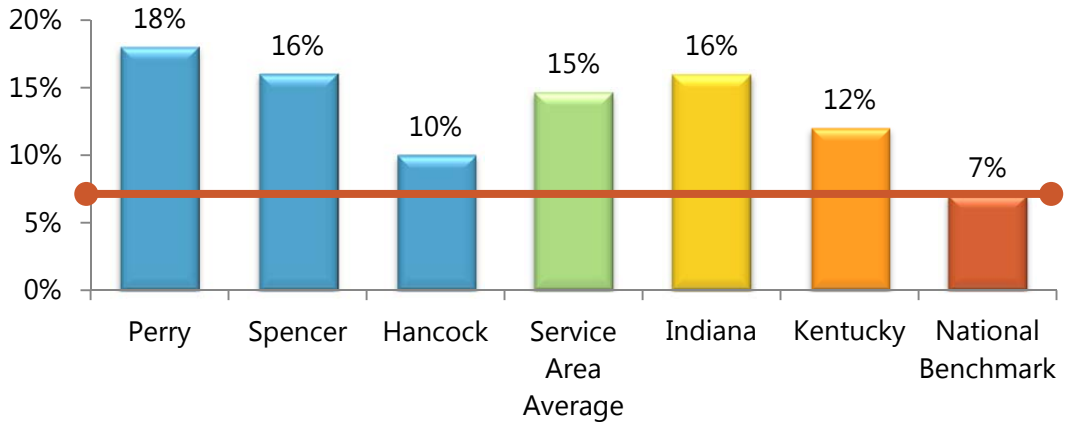
Adult Obesity represents the increased risk in each county for health conditions linked to being overweight or obese such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis. The value reported for each county is the percent of adults who report a body mass index (BMI) greater than or equal to 30 kg/m2. Adult obesity rate is a portion of the diet and exercise factor with a weight of 7.5% in calculating a county's overall health behavior ranking. (Source: www.countyhealthrankings.org)

PHYSICAL INACTIVITY



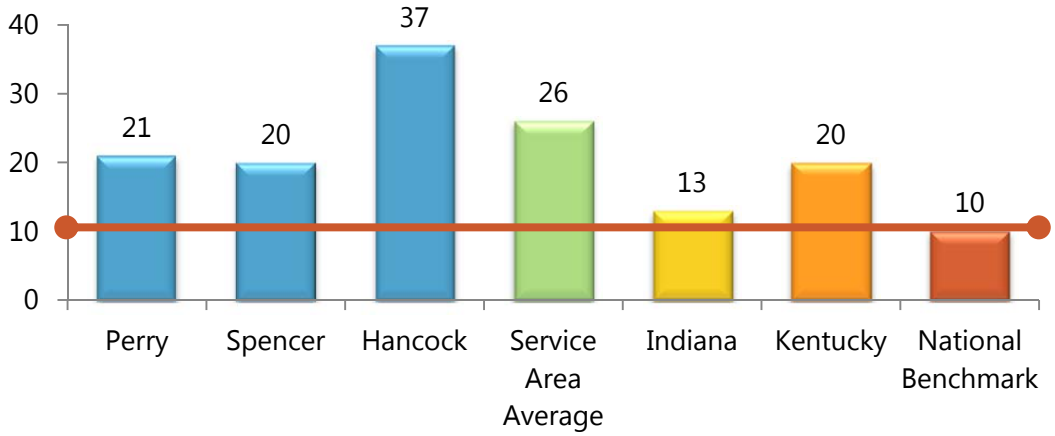
Physical Inactivity represents the increased risk in each county for health conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. The value reported for each county is the percent of adults age 20 and older reporting no leisure time physical activity. Physical inactivity rate is a portion of the diet and exercise factor with a weight of 2.5% in calculating a county's overall health behavior ranking. (Source: www.countyhealthrankings.org)

EXCESSIVE DRINKING



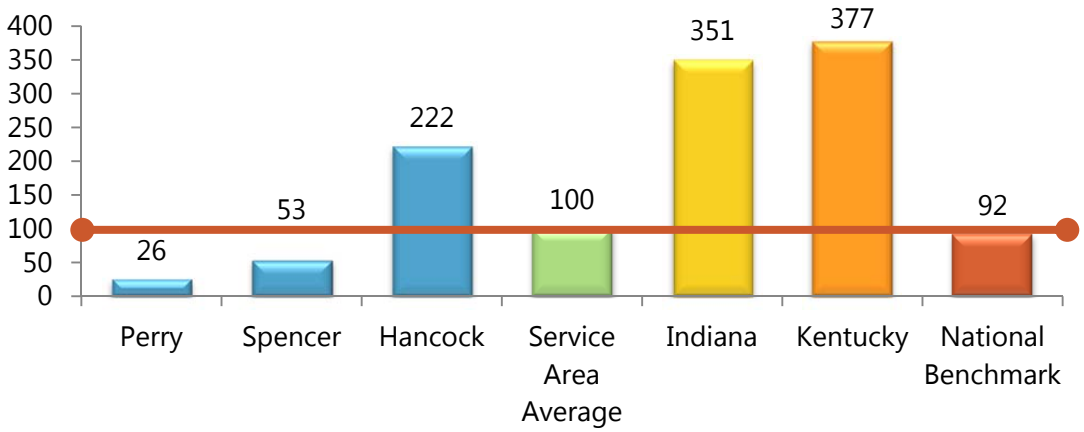
Excessive Drinking represents the increased risk in each county for adverse health outcomes due to excessive alcohol use. The value reported for each county is the percent of the adult population that reports either binge drinking (consuming more than 4 [women] or 5 [men] alcoholic beverages on a single occasion in the past 30 days) or heavy drinking (more than 1 [women] or 2 [men] drinks per day on average). Excessive drinking rate is a portion of the alcohol use factor with a weight of 2.5% in calculating a county's overall health behavior ranking. (Source: www.countyhealthrankings.org)

MOTOR VEHICLE CRASH DEATH RATE



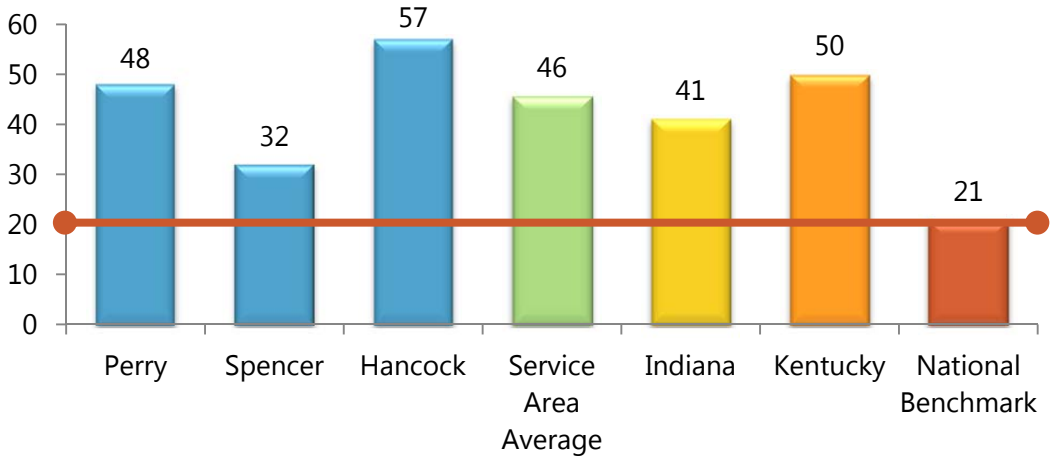
Motor Vehicle Crash Death Rate represents the increased risk in each county of mortality due to motor vehicle crashes. The value reported for each county is the number of new deaths caused by motor vehicle crashes reported per 100,000 population. (Source: www.countyhealthrankings.org)

SEXUALLY TRANSMITTED INFECTIONS



Sexually Transmitted Infections (STI) represent the increased risk in each county of morbidity and mortality due to cervical cancer, involuntary infertility, and premature death. The value reported for each county is the number of new cases of chlamydia reported per 100,000 population. STI is a portion of the sexual activity factor with a weight of 2.5% in calculating a county's overall health behavior ranking. (Source: www.countyhealthrankings.org)

TEEN BIRTH RATE

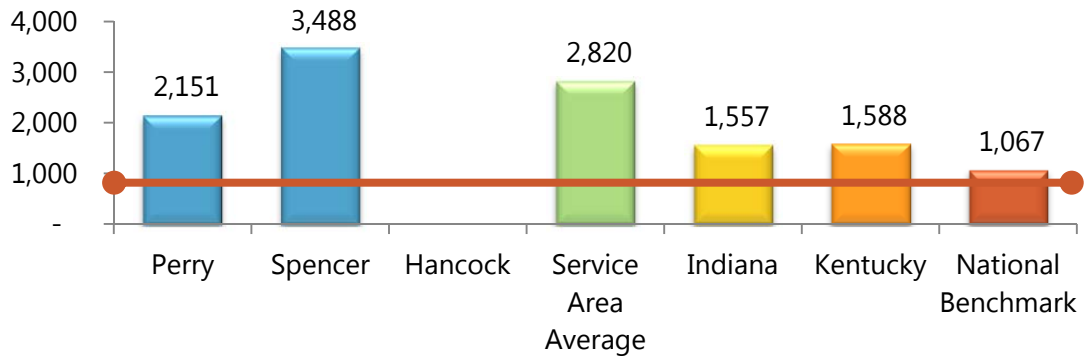


Teen Birth Rate represents the increased risk in each county for poor prenatal care and pre-term delivery due to late or no prenatal care, gestational hypertension and anemia, and poor maternal weight gain. The value reported for each county is the number of teen births per 1,000 female population, ages 15 to 19. Teen birth rate is a portion of the sexual activity factor with a weight of 2.5% in calculating a county's overall health behavior ranking. (Source: www.countyhealthrankings.org)

CLINICAL CARE (STATE RANK: INDIANA 92; KENTUCKY 120)

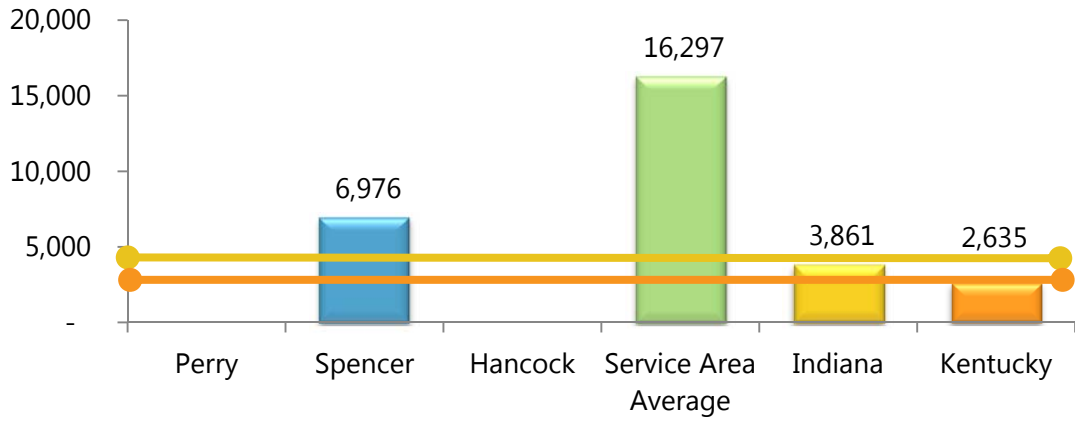
Clinical Care consists of the following weighted factors for each county: access to care (10% - made up of uninsured at 5% and primary care physicians at 5%) and quality of care (10%: preventable hospital stays at 5% diabetic screening at 2.5% and mammography screening at 2.5%). The counties in Indiana and Kentucky have been ranked for each state with the 1st quartile representing the highest and the 4th quartile the lowest composite score. The clinical care score is the second of four factors with a weight of 20% in calculating a county's overall health factor ranking. See pages 65 – 70 for an explanation of clinical care factors. Refer to page 43 for additional health status synopsis for the service area. (Source: www.countyhealthrankings.org)

PRIMARY CARE PHYSICIANS (RATIO TO 1)



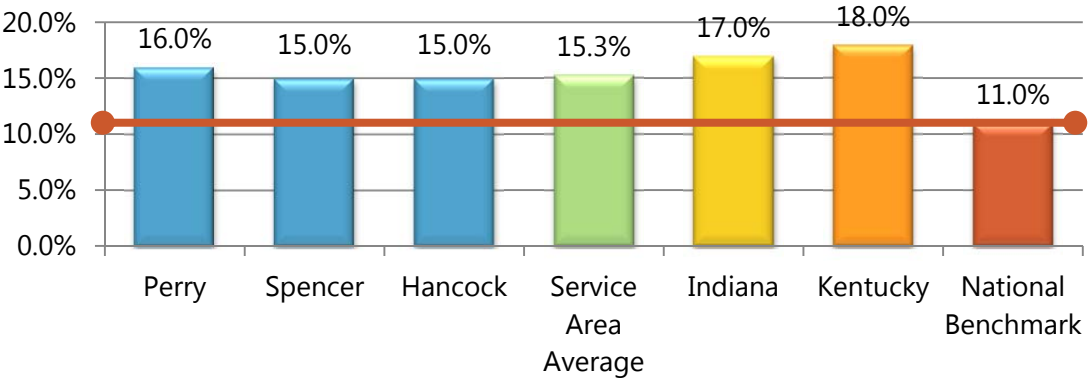
Population per Primary Care Physicians represents the rate of availability for the population to obtain essential access to preventive and primary care with appropriate referrals to specialty care. The value reported is the population per provider including practicing physicians specializing in general practice medicine, family medicine, internal medicine, pediatrics, and obstetrics/gynecology. The rate depicted is a portion of the access to care factor with a weight of 2.5% in calculating a county's overall critical care ranking. (Source: www.countyhealthrankings.org)

MENTAL HEALTH PROVIDERS (RATIO TO 1)



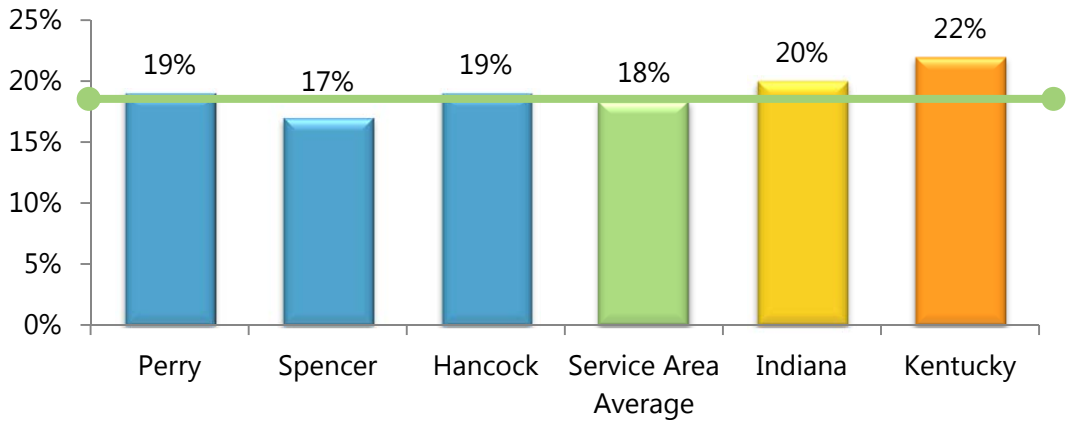
Population per Mental Health Providers represents the rate of availability for the population to mental healthcare providers including psychiatrists, child psychiatrists and psychologists actively practicing in the area. The value reported is the population per provider. (Source: www.countyhealthrankings.org)

UNINSURED



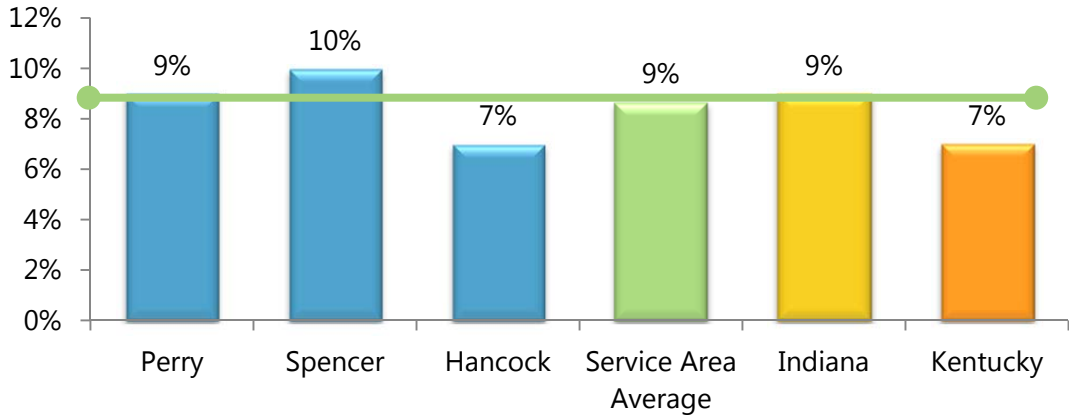
Uninsured represents the estimated percentage of the population under the age of 65 who do not have health insurance. This rate is factored at a weight of 5% in calculating a county's overall clinical care factors ranking. (Source: www.countyhealthrankings.org)

UNINSURED ADULTS



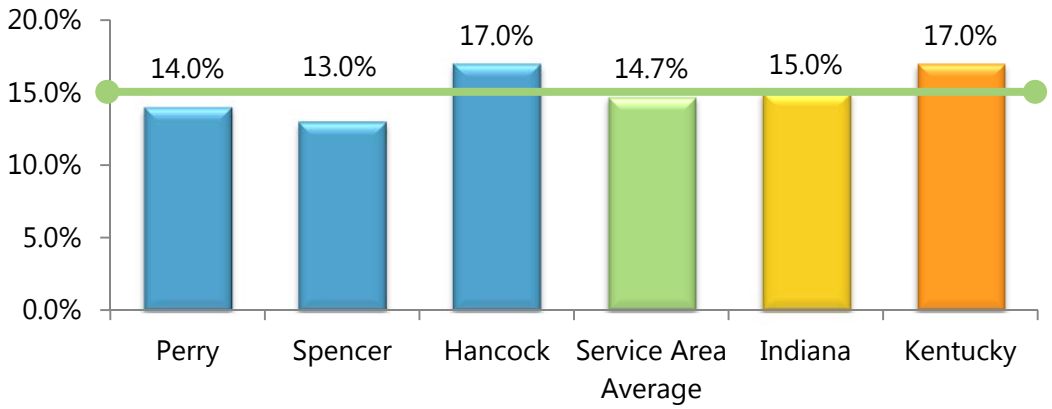
Uninsured Adults represents a significant barrier to accessing needed health care due to lack of health insurance coverage that continues to increase. The value reported for each county is the estimated percent of the population under age 65 without health insurance coverage. The uninsured adults percentage is a portion of the access to care factor with a weight of 2.5% in calculating a county's overall critical care ranking. (Source: www.countyhealthrankings.org)

UNINSURED CHILDREN



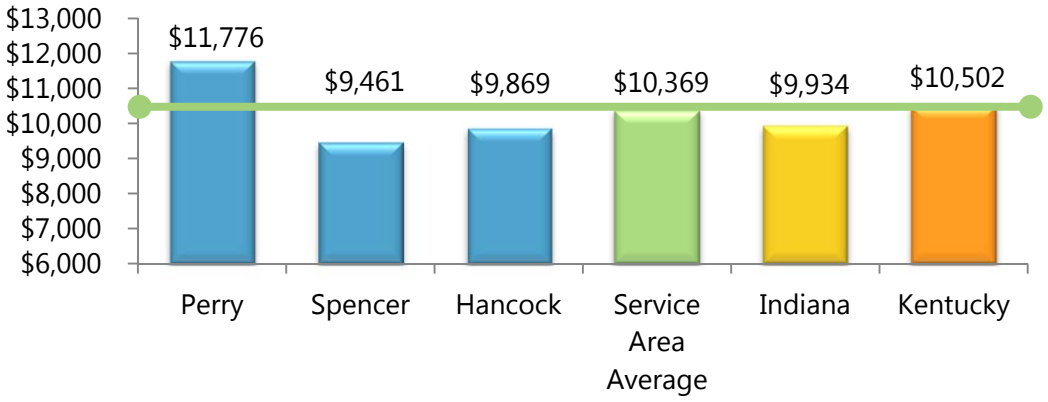
Uninsured Children represents a significant barrier to accessing needed health care due to lack of health insurance coverage that continues to increase. The value reported for each county is the estimated percent of the population under age 18 without health insurance coverage. The uninsured children percentage is a portion of the access to care factor with a weight of 2.5% in calculating a county's overall critical care ranking. (Source: www.countyhealthrankings.org)

COULD NOT SEE DOCTOR DUE TO COST



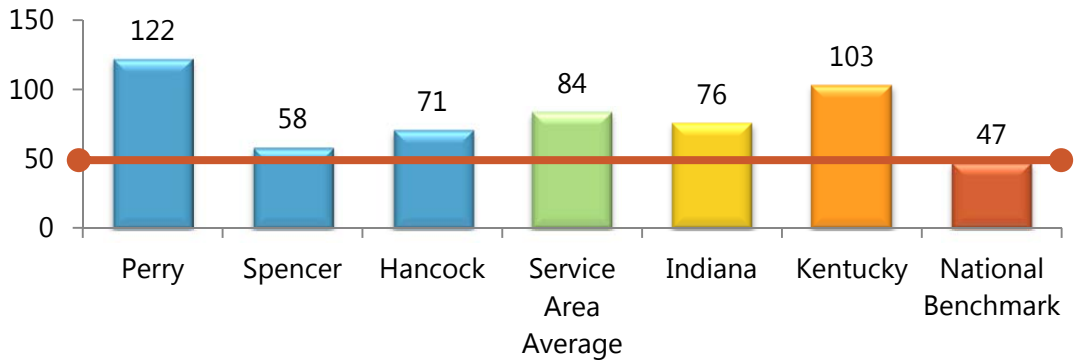
Could Not See a Doctor represents the number of adults who reported in the past 12 months a need to see a doctor but could not due to cost. Refer to page 41 for additional health status synopsis for the service area. (Source: www.countyhealthrankings.org)

HEALTHCARE COSTS



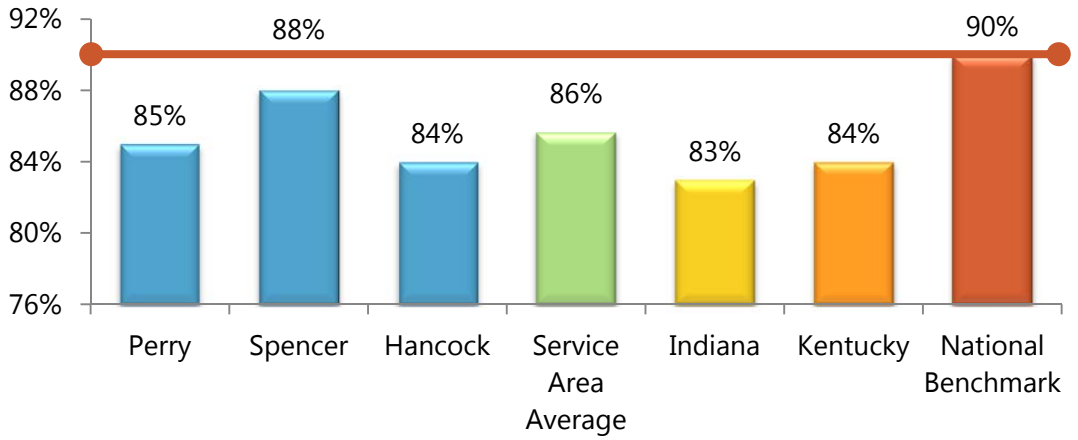
Healthcare Costs represents the price-adjusted amount of spending per Medicare Part A and B enrollee in each county. Refer to page 43 for additional health status synopsis for the service area. (Source: www.countyhealthrankings.org)

PREVENTABLE HOSPITAL STAYS



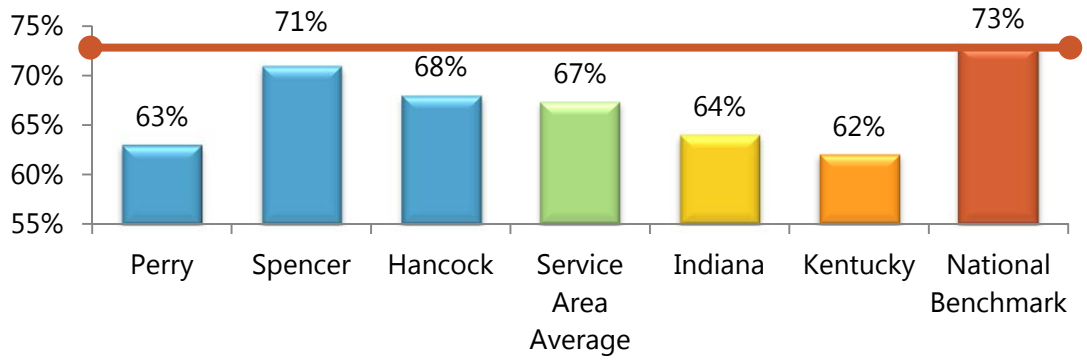
Preventable Hospital Stays represents the population's effectiveness and accessibility of primary healthcare. The value reported for each county is the number of Medicare enrollees discharged for ambulatory care sensitive conditions per 1,000 Medicare enrollees. Preventable hospital stays is a portion of the quality of care factor with a weight of 5% in calculating a county's overall critical care ranking. (Source: www.countyhealthrankings.org)

DIABETIC SCREENING



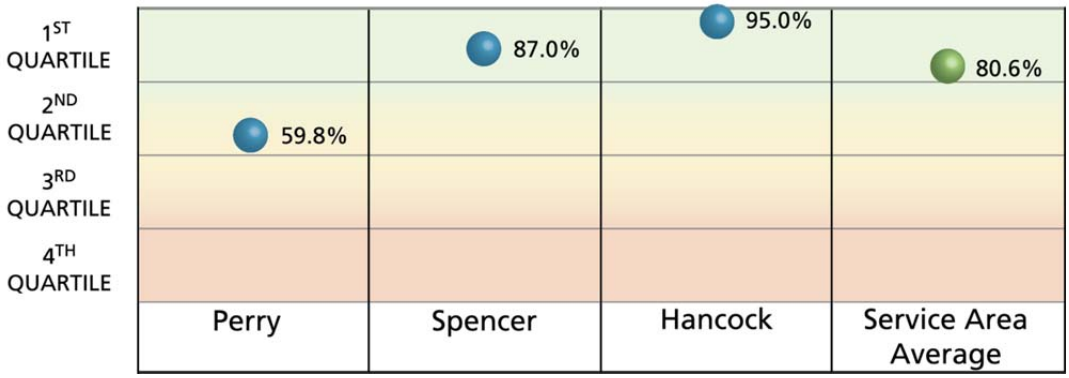
Diabetic Screening represents the standard of care by assessing the management of diabetes over the long term through an estimate of how well a patient has managed his or her diabetes with increased management programs helping to improve quality of care. The value reported is the percent of diabetic Medicare enrollees whose blood sugar control was screened in the past year using a test of their glycated hemoglobin (HbA1c) levels. The diabetic screening percentage is a portion of the quality of care factor with a weight of 2.5% in calculating a county's overall critical care ranking. (Source: www.countyhealthrankings.org)

MAMMOGRAPHY SCREENING



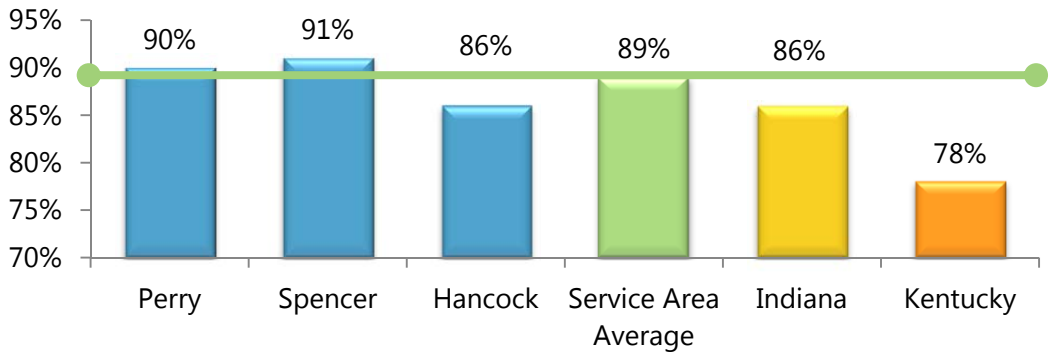
Mammography Screening represents improvement in quality of care due to suggested evidence that screenings reduced breast cancer mortality, especially among older women. The value reported is the percent of female Medicare enrollees age 67 to 69 that receive at least one mammography screening over a two-year period. The mammography screening percentage is a portion of the quality of care factor with a weight of 2.5% in calculating a county's overall critical care ranking. (Source: www.countyhealthrankings.org)

SOCIAL & ECONOMIC FACTORS (STATE RANK: INDIANA 92; KENTUCKY 120)



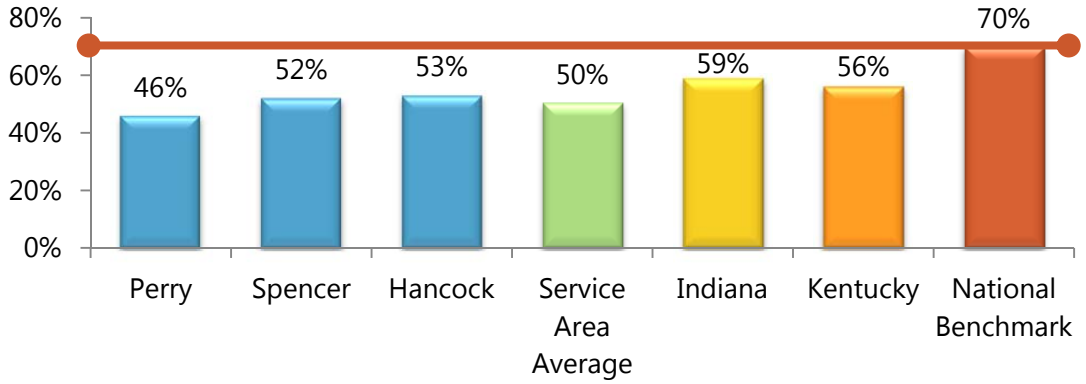
Social & Economic Factors consists of the following weighted factors for each county: education (10%: comprises high school graduation 5% and those with some college 5%), employment (10%), income (10%), and family and social support (5%: inadequate social support at 2.5% and children in single-parent households at 2.5%) factors within each county. The counties were ranked from the highest (1st quartile) to lowest (4th quartile) composite score. The socioeconomic score is the third of four factors with a weight of 40% in calculating a county's overall health factor ranking. See pages 71 – 74 for explanation of selected socioeconomic factors. (Source: www.countyhealthrankings.org)

HIGH SCHOOL GRADUATION



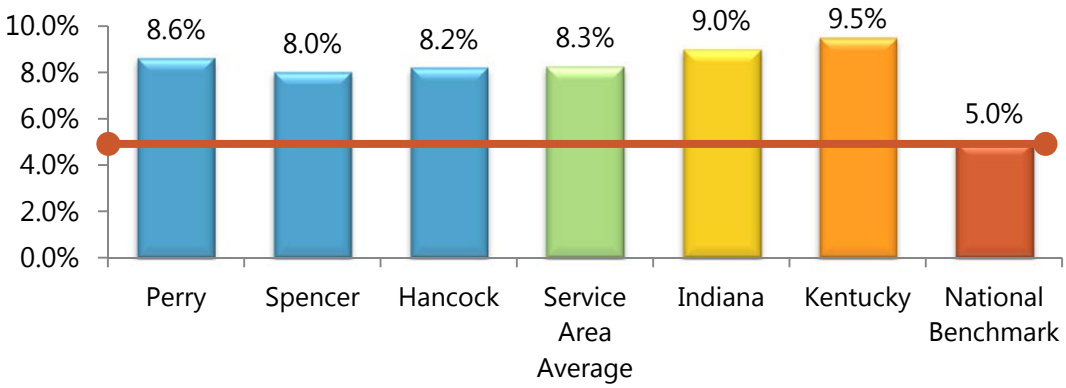
High School Graduation represents a correlation between educational attainment and improved health through improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles. The value reported is the percent of ninth-grade cohorts in public schools that graduate in 4 years. High school graduation percentage is a portion of the education factor with a weight of 5% in calculating a county's overall social and economic ranking. (Source: www.countyhealthrankings.org)

SOME COLLEGE



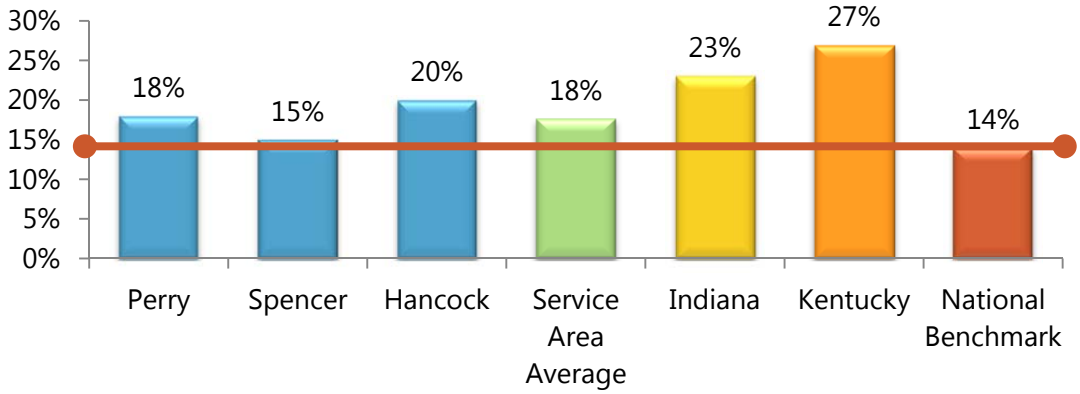
Some College represents a correlation between higher educational attainment and improved health through improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles. The value reported is the percent of population, ages 25 to 44 years, with some post-secondary education, such as enrollment at vocational/technical schools, junior colleges, four-year colleges including individuals pursing post-secondary education without receiving a degree. Some college percentage is a portion of the education factor with a weight of 5% in calculating a county's overall social and economic ranking. (Source: www.countyhealthrankings.org)

UNEMPLOYMENT RATE (2013)



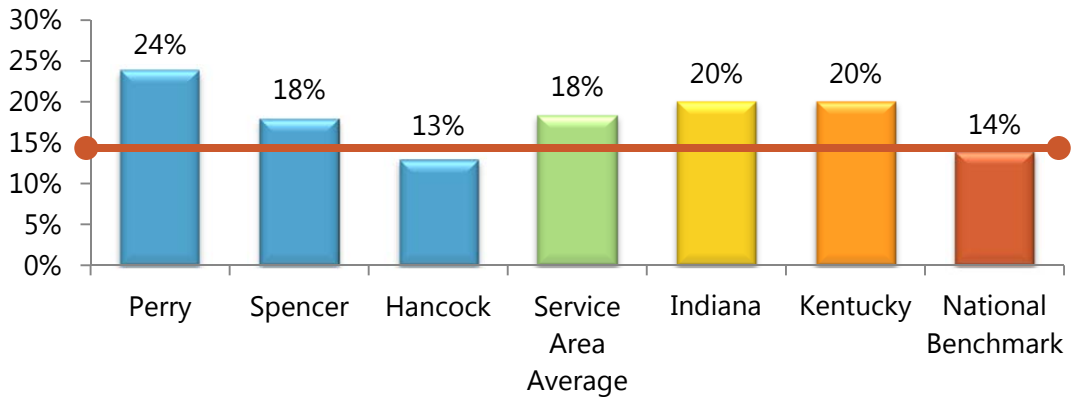
Unemployment Rate represents the population that may be at risk for various health concerns associated with unemployment that can lead to physical health responses ranging from self-reported physical illness to mortality, especially suicide. The value reported for each county is the percent of the civilian labor force, 16 years or older, who is unemployed but seeking work. Unemployment percentage is the second of five factors with a weight of 10% in calculating a county's overall social and economic ranking. (Source: www.countyhealthrankings.org)

CHILDREN IN PROVERTY



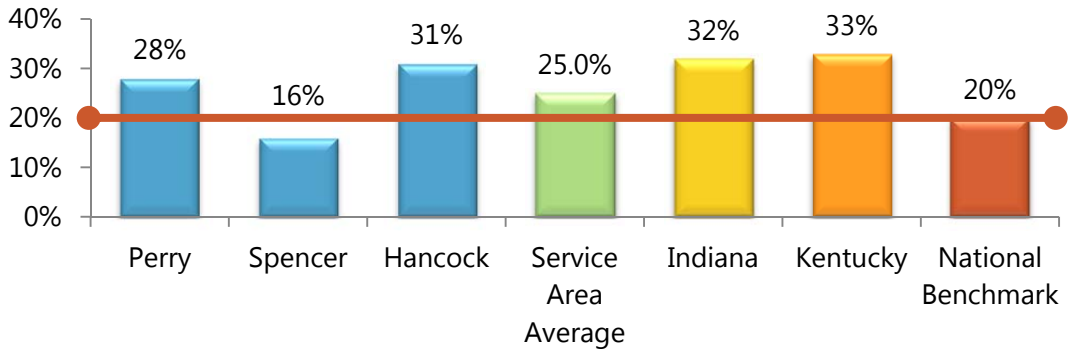
Children in Poverty (income factor) represents increased risk in children of morbidity and mortality due to risk of accidental injury and lack of health care access. Poverty can result in negative health consequences, such as increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. The value reported for each county is the percent of children under age 18 living below the Federal Poverty Line. Children in poverty percentage is the third of five factors with a weight of 10% in calculating a county's overall social and economic ranking. (Source: www.countyhealthrankings.org)

INADEQUATE SOCIAL SUPPORT



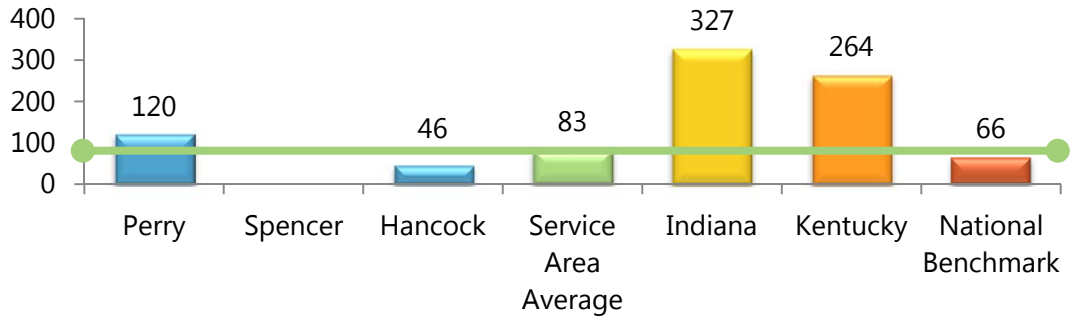
Inadequate Social Support represents increased morbidity and early mortality for individuals without a strong social network. The social and emotional support measure is based on survey responses to the question, *"How often do you get the social and emotional support you need?"* The value reported for each county is the percent of adult population that responds that they "never," "rarely," or "sometimes" get the support they need. Inadequate social support percentage is a portion of the family and social support factor with a weight of 2.5% in calculating a county's overall social and economic ranking. (Source: www.countyhealthrankings.org)

CHILDREN IN SINGLE-PARENT HOUSEHOLDS



Children in Single Parent Households represents adults and children at risk for adverse health outcomes such as substance abuse, depression, and suicide and unhealthy behaviors such as smoking and excessive alcohol use. The value reported for each county is the percent of all children in family households who live in a household headed by a single parent. Children in single-parent households percentage is a portion of the family and social support factor with a weight of 2.5% in calculating a county's overall social and economic ranking. (Source: www.countyhealthrankings.org)

VIOLENT CRIME RATE



Violent Crime Rate represents crimes that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. The rate depicted is the number of violent crimes committed per 100,000 in population in each county for the year compared to the number of violent crimes carried out for the same year in the states of Indiana and Kentucky. (Source: www.countyhealthrankings.org)

Attachment B: Questionnaires

Community Health Needs Assessment
Perry County Memorial Hospital, One Hospital Road, Tell City, IN 47586
Focus Group 2013

Part A. Perception, Insight and general understanding

1. **List the first hopital or health services organization that comes to mind.**

   Name:_____

2. **What hospital is located closest to where you live?**

   Name:_____

3. **What hospital or health service organization do you think of for providing the following?**

Attribute	Name
Care that is convieniently located	
High quality care	
Friendly, compassionate, personal care	
Care that is reliable and trustworthy	
Excellent physicians	
Services that promote health education, wellness and prevention	
High visibility of services	
High technology	
Outpatient care	
Behavioral health services	

4. **What degree are you aware of healthcare services available in your community? (Check one)**

   ☐ Completely aware ☐ Somewhat aware ☐ Not aware

5. **How do you generally describe the health status of your community? (Check one)**

   ☐ Excellent ☐ Good ☐ Fair ☐ Poor

6. Do you have a primary healthcare provider? (Check one) ☐ Yes ☐ No

7. **What are the most significant healthcare issues in this community? (Check up to 3 in each category.**

Access Issues	Lifestyle/Health Information
☐ Affordable health insurance	☐ Health promotion services lacking
☐ Affordable healthcare prices	☐ Mental health education lacking
☐ Mental health services availability	☐ Addiction care education lacking
☐ Addiction care service availability	☐ Places to exercise lacking
☐ Primary care provider availability	☐ General health education lacking
☐ Specialty care provider availability	☐ Community events lacking
☐ Healthy food availability	☐ Lack of community interest
☐ Financial issues	☐ Other: _____

Community Health Needs Assessment
Perry County Memorial Hospital, One Hospital Road, Tell City, IN 47586
Focus Group 2013

8. What types of communication medium do you find the most credible for hospital or healthcare information as well as education on health promotion topics including prevention and wellness? (Check all that apply)

☐ Television	☐ Billboards	☐ Seminars	☐ Internet
☐ Radio	☐ Direct mail	☐ Social media	☐ Brochures
☐ Television	☐ Billboards	☐ Seminars	☐ Internet
☐ Newspaper	☐ Newsletter	☐ Community programs	☐ Other

9. What is your county of residence and years you have resided in the community?

☐ Perry ☐ Spencer ☐ Hancock ☐ Other _____ Years: _____

Part B. OPTIONAL - Perry County Memorial Hospital is interested in learning more about its community members. This will be helpful for the hospital to understand the community members it is serving.

10. What is your gender? ☐ Male ☐ Female

11. What is your age? ☐ 18 - 29 ☐ 30 - 39 ☐ 40 - 49 ☐ 50 - 59 ☐ 60 - 69 ☐ 70 - 79 ☐ 80+

12. What is the highest level of education you have attained?

☐ Middle school	☐ Trade/Technical school	☐ Associate's degree	☐ Graduate School
☐ High school	☐ Some college	☐ Bachelor's degree	
☐ Other: _____			

16. What is your race?

☐ African-American	☐ Asian	☐ Caucasian
☐ Latino/Spanish	☐ Native American	☐ Other: _____

17. How many persons are in your family household?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 8+

18. What is your gross annual income?

☐ $0 - $11,170	☐ $23,051 - 27,010	☐ $38,891 - 50,130
☐ $11,171 - 15,130	☐ $27,011 - 30,970	☐ $50,131 - 75,090
☐ $15,131 - 19,090	☐ $30,971 - 34,930	☐ $75,091 - 90,050
☐ $19,091 - 23,050	☐ $34,931 - 38,890	☐ $95,051+

Thank you for participating!

Page 2

Community Health Needs Assessment

Perry County Memorial Hospital, One Hospital Road, Tell City, IN 47586

Community Input 2013

Part A. Community Member Needs - Perry County Memorial Hospital is interested in learning more about its community members' perceptions, insight and opinions regarding healthcare needs as part of the Community Health Needs Assessment. the feedback you provide will help the hospital determine what healthcare services are needed in this community and what gaps may exist in services offered to meet those needs. (Please complete this survey and return to our surveyors, Blue & Co., LLC using the attached prepaid envelope)

1. **Are you aware of the health care services available in your community? (Check one)**

☐ Completely agree ☐ Somewhat aware ☐ Not aware

2. **How do you generally describe the health status of your community? (Check one)**

☐ Excellent ☐ Good ☐ Fair ☐ Poor

3. **Are the health care needs currently being met in your community? (Check one)**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

4. **What are the three (3) most significant health care prevention, access, treatment and/or awareness needs in this comjunity? (Check up to 3)**

☐ Affordable health insurance
☐ Affordable healthcare prices
☐ Mental health services abailability
☐ Addiction care service availability
☐ Primary care provider availability
☐ Specialty care provider availability
☐ Healthy food availability
☐ Financial issues
☐ Lifestyle/Health information
☐ Health promotion services lacking
☐ Mental health education lacking
☐ Places to exercise lacking
☐ Food and nutrition education
☐ General health education lacking
☐ Community events lacking
☐ Lack of community interest
☐ Other

5. Please list any healthcare needs not being met:_____

_____

6. **Healthcare providers work well together and coordinate care in this community? (Check one)**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

7. **There are barriers that exist in government, the general community, public health community, or healthcare provider community that prevents us from creating a healthier community.**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

Community Health Needs Assessment
Perry County Memorial Hospital, One Hospital Road, Tell City, IN 47586
Community Input 2013

8. Please share any barriers: _____

_____

9. Please share any other general comments: _____

_____

10. What is your county of residence? ☐ Perry ☐ Spencer ☐ Hancock ☐ Other

11. How many years have you resided in the community? _____

12. What is your Zip Code? _____

Part B. OPTIONAL - Perry County Memorial Hospital is interested in learning more about its community members. This will be helpful for the hospital to understand the community members it is serving.

13. What is your gender? ☐ Male ☐ Female

14. What is your age? ☐ 18 - 29 ☐ 30 - 39 ☐ 40 - 49 ☐ 50 - 59 ☐ 60 - 69 ☐ 70 - 79 ☐ 80+

15. What is the highest level of education you have attained?

☐ Middle school ☐ Trade/Technical school ☐ Associate's degree ☐ Graduate School
☐ High school ☐ Some college ☐ Bachelor's degree
☐ Other: _____

16. What is your race?

☐ African-American ☐ Asian ☐ Caucasian
☐ Latino/Spanish ☐ Native American ☐ Other: _____

17. How many persons are in your family household?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 8+

18. What is your gross annual income?

☐ $0 - $11,170
☐ $11,171 - 15,130
☐ $15,131 - 19,090
☐ $19,091 - 23,050
☐ $23,051 - 27,010
☐ $27,011 - 30,970
☐ $30,971 - 34,930
☐ $34,931 - 38,890
☐ $38,891 - 50,130
☐ $50,131 - 75,090
☐ $75,091 - 90,050
☐ $95,051+

Thank you for participating!

Page 2

Community Health Needs Assessment
Perry County Memorial Hospital
Special Expertise Questionnaire 2013

Name: _____ Date: _____ Title: _____

Are you affiliated with the hospital? ☐ Yes ☐ No

If you are affiliated, please explain: _____

Which of the following roles do you provide to the community?
(Mark all that apply)

- ☐ Board Directors/Trustee
- ☐ Organization Officer, leader, or management member
- ☐ Person with special knowledge of or expertise in public health
- ☐ Representative of Federal, tribal, regional, State or local health department
- ☐ Representative of other department or agency with current relevant health needs data
- ☐ Community leader or representative
- ☐ Member or representative of medically underserved, low income, minority population
- ☐ Other:

Please explain Special Knowledge/Expertise: _____

May we disclose your name, title, special knowledge and affiliation in our report? ☐ Yes ☐ No

Please read the following questions and mark your appropriate response about the community's health needs. Please choose the top services needing attention.

1. Health Services that support healthy behaviors including prevention and treatment (examples of topics below) are too limited to meet the needs of the community.

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

2. Should any of the following services (related to prevention and/or treatment) receive priority for attention in the community?

☐ Alcohol	☐ Diabetes	☐ Heart Disease and Stroke	☐ Physical Activity
☐ Arthritis	☐ Domestic Violence		☐ Pregnancy and birth
☐ Asthma	☐ Drugs	☐ Mental Health	☐ Tobacco
☐ Cancer	☐ Elderly Wellness	☐ Nutrition	☐ Other
☐ Child Abuse	☐ Family Health	☐ Oral Health	
☐ Crime	☐ Family Planning	☐ Overweight & Obesity	

3. Health Services that prevent injuries (examples of topics below) are too limited to meet the needs of the community.

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

Community Health Needs Assessment
Perry County Memorial Hospital
Special Expertise Questionnaire 2013

4. **Should any of the following services (related to prevention) receive priority for attention in the community?**

☐ Brain injury prevention
☐ Disability
☐ Drowning
☐ Emergency Medical Services
☐ Falls
☐ Motor Vehicle Crashes
☐ Occupational Health and safety
☐ Poisoning
☐ Suicide
☐ Violent and Abusive Behavior
☐ Other

5. **Health Services that prevent epidemics (examples of topics below) are too limited to meet the needs of the community.**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

6. **Should any of the following services (related to prevention) receive priority for attention in the community?**

☐ Disease investigation
☐ HIV/AIDS prevention
☐ Sexually Transmitted Infection prevention
☐ Disease control & surveillance
☐ Immunizations / Vaccinations
☐ Tuberculosis (TB) prevention
☐ Other

7. **Health Services that protect against environmental hazards (examples of topics below) are twoo limited to meet the needs of the community.**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

8. **Should any of the following services (related to protection) receive priority for attention in the community?**

☐ Drinking Water Protection
☐ Food Safety Protection & Control
☐ Hazardous Material Control
☐ Hazardous Waste Control
☐ Healthy Homes
☐ Lead Poisoning Control
☐ Radon Control
☐ Radiological Health
☐ Vector (disease carrying animals) control
☐ Other

9. **Health Services that prepare for, response to, and recover from public health emergencies (examples of topics below) are too limited to meet the needs of the community.**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

10. **Should any of the following services (related to prep/response/recover) receive priority attention in the community (check all that apply and circle top 3)?**

☐ Community Networks
☐ Emergency Planning
☐ Emergency Response
☐ Recovery Planning
☐ Risk Communication (communication before, during & after a crisis)
☐ Surge Capacity (capacity to handle an emergency along with regular services)
☐ Other

Page 2

Community Health Needs Assessment
Perry County Memorial Hospital
Special Expertise Questionnaire 2013

11. **Health Services that strengthen the public health infrastructure (examples of topics below) are too limited to meet the needs of the community.**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

12. **Should any of the follwing services (related to strength of PHI) receive priority for attention in the community (check all that apply and circle top 3)?**

☐ Access to Quality Health Services
☐ Equal Opportunity
☐ Health Insurance
☐ Medical Care
☐ Transportation
☐ Workforce Development
☐ Other

13. **Funding for mental healthcare services is too limited to meet the needs of the community.**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

14. **Some members of the community do not have access to mental healthcare because they do not have health insurance or their insurance does not provide mental healthcare coverage and they cannot pay for services.**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

15. **It is crucial to establish more mental healthcare services in the community.**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

16. **There is a need to expand/establish Hispanic services in the community.**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

17. **Educational programs and campaigns to increase awareness about mental healthcare issues in the general pulic are needed.**

☐ Completely agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Completely disagree

18. **Are there any other gaps in the local health service system you are aware of?** _____

_____

_____

19. **Comments for any of the issues / other comments?** _____

_____

_____

Thank you for completing this survey. If you have any questions, please contact our Blue & Co., LLC representative below.

Amber Kocher
Blue & Co., LLC | phone: 317.633.4705 fax: 317.633.4889
One American Square, Ste. 2200 Box 82062 | Indianapolis, IN 46282

Page 3

Attachment C: Existing Resources

Available resources representative of the majority health services in the community:

COMMUNITY RESOURCES

Perry and Spencer Counties, Indiana

- Burris-LeClere Eye Center
- Butler Family Dentistry
- Cannelton Clinic
- Crisis Connection - Rockport
- CVS Pharmacy (Accepts SNAP and WIC, offers immunizations)
- David Fisher, DDS
- Deaconess Clinic in Rockport
- Diane Rudolph, DMD
- Dr. Gene Ress
- Dr. James Rogan
- Dr. Jeannie Gruber
- Golden Living Centers – Lincoln Hills Healthcare
- Holistic Therapy Services
- Joseph Antonini, DDS
- Joseph Walker, DDS
- Mark Flannagan, DDS
- Marcrum Family Healthcare
- Medial Home Care
- Miller's Merry Manor
- Oakwood Health Campus
- Owensboro Riverfront Medical Clinic
- Perry County EMS Rescue
- Perry County Family Practice
- Perry County Memorial Hospital
- Perry County Memorial Hospital Home Care Services
- Perry County OB/GYN
- Perry County Surgical Associates
- Rockport Pharmacy
- Spencer County Child Protection
- Spencer County Hospice
- Spencer County Medical Center
- Southern Hills Counseling Center
- Tell City Clinic
- Troy Clinic
- Visiting Nurse Association
- Walmart Pharmacy
- Werner Drugstore

Hancock County, Kentucky

- Audubon Area Community Services Child Care Resources & Referral
- Cloverport Health Clinic
- Hancock Clinic
- Hancock County Ambulance
- Hancock County Health Center
- Hancock Dental Arts - DDS
- Hancock

Owensboro, Kentucky

- Aesthetic Surgery Center
- Green River District Health
- Owensboro Health Department
- River Valley Behavioral Health
- Spring Urgent Care
- St. Camillus Urgent Care
- The Women's Pavilion, P.S.C.

Attachment D: Citations

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