Community Health Needs Assessment

2016 Executive Summary

LOGANSPORT Memorial HOSPITAL

1)   INTRODUCTION

Purpose of Report

This report provides an overview of findings from a community health needs assessment (CHNA) conducted on behalf of Logansport Memorial Hospital (LMH) in order to assess health needs in Cass County, Indiana. The assessment was initiated to identify the community's most important health issues in order to develop an effective implementation strategy to address such needs. LMH also assessed community health needs to respond to the regulatory requirements of the Patient Protection and Affordable Care Act of 2012 (PPACA) and IRS Notice 2011-52 as it pertains to section 501(r)(3) of the Internal Revenue Code, which requires that each tax- exempt hospital facility conduct an independent CHNA.

This report represents Logansport Memorial Hospital's efforts to share knowledge that can lead to improved health in Cass and surrounding counties. The completed CHNA will be the basis for creating an implementation strategy to address the identified community health needs.

Objectives

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Cass County. This information may be used to inform decisions and guide efforts to improve community health and wellness, thereby making the greatest possible impact on community health status.

The 2016 LMH Community Health Needs Assessment will be used as a tool to achieve four basic goals:

Identify the prioritized health needs within Cass County.

Compare 2013 baseline information about the health status of our community against new 2016 data.

Serve as the foundation for developing subsequent recommendations on implementation strategies that can be used by healthcare providers, community partners, and policymakers to improve the health status of the LMH community.

Provide public access to the CHNA results in order to inform the community of the overall health status and opportunities to transform the community's health status.

Background

Logansport Memorial Hospital is an eighty-three bed regional medical center serving Cass and surrounding counties. LMH provides a full complement of inpatient, diagnostic, surgical and therapy services. Logansport Memorial Hospital has an affiliated Physician Network that employs forty-one medical providers. In addition to the primary hospital location, the Hospital operates affiliated clinics in Cass, Carroll, and Fulton counties.

Mission Statement

 "Your Health ... Our Passion"

Vision

Logansport Memorial Hospital will exceed the needs and desires of our community --
as an employer, as a provider, and as a health advocate.

Values

Human Dignity
We will treat all people with courtesy, empathy, respect, and sensitivity.
Integrity
We will always demonstrate professionalism, ethics, and personal responsibility.
Justice
We will foster a caring environment that promotes fairness for the common good.
Service Excellence
We will use teamwork and innovation to exceed expectations.
Stewardship
We will allocate our human and financial resources wisely.

2) OUR COMMUNITY

Who We Serve

This section identifies the community assessed by Logansport Memorial Hospital. The primary service area of LMH is defined as Cass County. LMH serves a secondary market that includes Carroll, Fulton, Miami, Pulaski and White counties. Carroll County does not have a hospital and the remaining secondary counties are served by critical access hospitals.
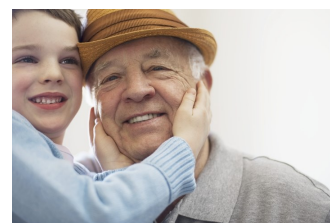
Demographics

Population statistics can help generally explain changes in the community characteristics related to health status and play a major role in determining the specific services that a community needs. Logansport Memorial Hospital is located in Cass County, a county in north central Indiana. Cass County includes ZIP codes within the towns of Logansport, Walton, Galveston, Young America, New Waverly, Twelve Mile, Royal Center, Lucerne, and Lake Cicott.

Based on the most recent Census Bureau, Cass County's population is 38,750. Eighty-seven percent of the population is white and the Hispanic population is approximately 13%. There has been a net increase of 1,992 Hispanic residents from 2000-2010. There is a growing Burmese population. Between the 2000 and 2010 US Censuses, the population of Cass County decreased by 1,964 persons, or 4.8%. This is contrary to the state and nation which experienced increases in population during this time.

In Cass County, 24.8% of the population are infants, children or adolescents (ages 0-17); another 59.7% are age 18-64; while 15.5% are age 65 and older. Cass County is aging faster than the rest of the state. The median age is 39.5 years, compared to the state average of 37.2 years.

Cass County has a relatively low level of educational attainment as compared to the state. Among the Cass County population age 25 and older, an estimated 17.8% (over 4600 people) do not have a high school diploma. In 2013, only 13.7% had a bachelor's degree or higher compared to 23.2% for the state of Indiana.

Economic Indicators

In 2016, the average share of jobs in Cass County was the highest within the areas of manufacturing, transportation and warehousing, federal, state and local government, healthcare, retail and food service. Twenty-three establishments reported 100+ plus employees, while nearly 500 establishments employed less than ten employees. The largest employers in Cass County include Tyson Fresh Meats, Logansport State Hospital, Logansport Memorial Hospital, Kauffman Engineering, Inc., Federal Mogul, Small Parts, Logansport Community School Corporation, Southeastern School Corporation, A Raymond Tinnerman Mfg., and Wal-Mart Supercenter.

Unemployment in Cass County has trended downward since the Great Recession. Local rates are similar to the statewide and national unemployment rates

September 2016 Unemployment Rate	Rate	Previous Month	Previous Year
Cass County, IN	4.3	4.7	3.9
State of Indiana	4.2	4.6	4.1
United States	4.8	5.0	4.9
Source: Indiana Department of Workforce Development			

Household Income and People in Poverty

Areas with high poverty rates tend to have poorer access to healthcare, lower rates of preventative care, higher rates of preventable hospital admissions, and poorer health outcomes in general. According to the latest US Census estimate, the national poverty rate was 15.6% and the Indiana poverty rate stood at 15.5%. During the same period of time, the Cass County poverty rate was 17%. This rate is higher than the state and national.

Income level is an additional economic factor that has been associated with the health status of a population. Based on the US Bureau of Economic Analysis data, Cass County's per capita personal income was $34,249, with a median household income of $44,430, which are both below the state rate. Indiana had a per capita personal income of $40,460 and a median income of $49,384 in 2014. The US per capita personal income was $46,414 and the median income was $50,532 during the same period.

Household Income Levels	Per Capita Income	Median Income
Cass County, IN	$34,249	$44,430
State of Indiana	$40,460	$49.384
United States	$46,414	$50,532
Source: U.S. Bureau of Economic Analysis, 2011		

Other areas of concern identified in the phone surveys were related to housing insecurity and food insecurity. Compared to US prevalence, the Cass County proportion of adults who worried about paying for rent or mortgage in the past year was 25.6%. Adults more likely to report housing insecurity include women, adults under age 65 and residents living with lower incomes.
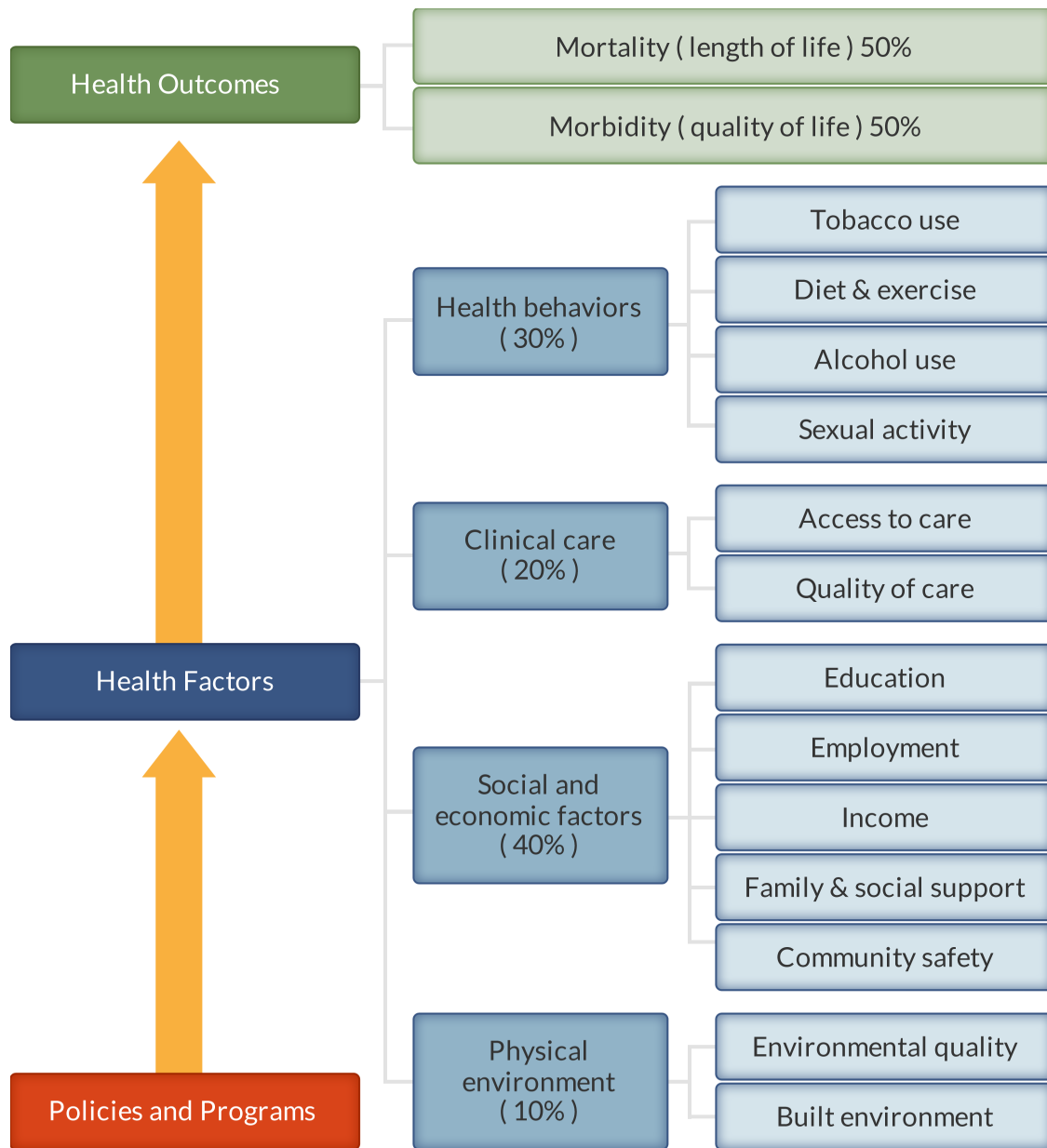
Additionally, 15.1% of Cass County adults reported they often or sometimes worried about whether food would run out before they had money to buy more. Another 12.9% report a time in the past year when the food they bought just did not last, and they did not have money to get more. Overall, 17.3% of community residents are found to be food insecure.

Insurance Coverage

National statistics on health insurance indicate that 10% of the United States population is uninsured. In Cass County, among adults are 18 to 64, 10.7% report having no insurance coverage for healthcare expenses. This is better than the state finding and similar to the national finding. Of those reporting, 60% have employer-based insurance; 8.8% have Medicaid and 5.4% have Medicare. The remainder of those insured are covered by self-purchase, VA/Military, or other government coverage.

County Health Rankings

The Robert Wood Johnson Foundation, along with the University of Wisconsin Population Health Institute (PHI), created County Health Rankings to assess the relative health of county residents for all 50 states. The data is aggregated into health outcomes and health factors. The PHI separates health outcomes into mortality (length of life) and morbidity (quality of life). Health factors are separated into four factors that largely influence the health outcomes: physical environment, society and economics, clinical care and health behaviors as depicted in the following diagram.

```
Health Outcomes ──┬── Mortality ( length of life ) 50%
                  └── Morbidity ( quality of life ) 50%

Health Factors ───┬── Health behaviors ──┬── Tobacco use
                  │      ( 30% )          ├── Diet & exercise
                  │                       ├── Alcohol use
                  │                       └── Sexual activity
                  │
                  ├── Clinical care ──────┬── Access to care
                  │      ( 20% )          └── Quality of care
                  │
                  ├── Social and ─────────┬── Education
                  │   economic factors    ├── Employment
                  │      ( 40% )          ├── Income
                  │                       ├── Family & social support
                  │                       └── Community safety
                  │
                  └── Physical ───────────┬── Environmental quality
                      environment         └── Built environment
                         ( 10% )

Policies and Programs ↑ Health Factors ↑ Health Outcomes
```

County Health Rankings model ©2012 UWPHI

In Indiana, counties are ranked from 1 to 92, where 1 represents the highest ranking and 92 represent the lowest. In 2016, Cass County's health factors ranked 68 out of 92. In the same year, Cass County's health outcomes ranked 43 out of 92. The overall health rank has remained consistent; however health outcomes improved from the last reporting in 2012.

The model assumes that the status of a county's health status directly affects the status of its health outcomes. The health outcomes are then indicative of a county's observable health behaviors. From the data collected and incorporated into the model, the health of Cass County residents is worse than state and national benchmarks.

Following are the 2016 Cass County results.

2012 Cass County Health Rankings

Indicator	Cass County	State of Indiana	Benchmark
Overall Health Outcome	43		
Mortality (Length of Life)	22		
Morbidity (Quality of Life)	68		
Overall Health Factors	68		
Health Behaviors	80		
Tobacco Use	22%	23%	14%
Physical Inactivity	30%	28%	20%
Alcohol Use	15%	16%	12%
Clinical Care	76		
Access to Care/Uninsured	19%	17%	11%
Preventable Hospital Stays	62	63	38
Social and Economic Factors	52		
Education—High School Graduation	90%	87%	93%
Unemployment	5.8%	6%	3.5%
Children in Poverty	21%	13%	16%
Children in Single Parent Households	32%	34%	21%
Physical Environment	72		
Severe Housing Problems	12%	14%	9%

3) COMMUNITY HEALTH NEEDS METHODOLOGY

Collaboration

The Community Health Needs Assessment was sponsored by Logansport Memorial Hospital. Community partners were invited to participate in the process.

Name	Affiliation
Jonathan Parker	Angels of Mercy Home Care
Wyndi Thompson	Angels of Mercy Home Care
Mike Meagher	Area Five Agency on Aging
Stormey Fiscel	Area Five Agency on Aging
Bill Cuppy	Logansport-Cass County Chamber of Commerce
Brandon Collins	Cass County Family YMCA
Derreck Parkevich	Cass County Family YMCA
Michelle Dials	Cass County Communication Network
Cindy Douglass	Caston School Corporation
Diana Smith	Caston School Corporation
Don Corcoran	Chase Center
Johnny Quinones	City of Logansport
Alvin Beckman	Cass County EMA
Jason Mitchell	Emmaus Mission Center
Donna Henry	Four County Counseling Center
Jae Miller	Four County Counseling Center
Markolyn Dillon	Four County Counseling Center
Maria Rogers	Guardian Angel Hospice
Gina Grant-Toro	Indiana Health Centers
Shannon Bates	Indiana Health Centers
Alan Eckelbarger	Logansport Community School Corporation
Andie Nichols	Logansport Community School Corporation
Brian Strong	Logansport Community School Corporation
Elizabeth Loposser	Logansport Community School Corporation
Lisa Andrews	Logansport Community School Corporation
Maria Elisa Banuelos	Logansport Community School Corporation

Collaboration

Participants continued.

Name	Affiliation
Michele Starkey	Logansport Community School Corporation
Carmen Jones	Logansport Memorial Hospital
Cassie Hodgini	Logansport Memorial Hospital
Craig Pawlowski, MD	Logansport Memorial Hospital
Crystal Zinsmeister	Logansport Memorial Hospital
Jade Herr	Logansport Memorial Hospital
Jeanette Huntoon	Logansport Memorial Hospital
Jill Weese	Logansport Memorial Hospital
Lynda Shrock	Logansport Memorial Hospital
Mandeep Brar	Logansport Memorial Hospital
Michele Long	Logansport Memorial Hospital
Perry Gay	Logansport Memorial Hospital
Tara McVay	Logansport Memorial Hospital
Vicki Byrd	Logansport Memorial Hospital
Jake Morris	Miller's Merry Manor
Jeremy Ashcraft	North Central Indiana Area Health Education Center
Kevin Burkett	Pharos Tribune
Allen Borck	Prompt Ambulance
Jane Horner	Purdue Extension Services
Lyndsey Rozzi	Serenity Viaquest Hospice
Tim Garland	Southeastern School Corporation
Mang Hau	Tyson Foods
Chris Armstrong	United Way of Cass County
Brandy Rodabaugh	Woodbridge Health Campus
Marc Williamson	Youth Services Alliance
Rick Hollering	Youth Services Alliance

Timeline

A detailed timeline for the Community Health Needs Assessment process was developed to ensure that the project stayed focused. The following timeline outlines pertinent milestones and dates.

Appoint CHNA Taskforce	February 2016
CHNA Taskforce Meeting	April 15, 2016
Phone Surveys	April—May 2016
Secondary Data Collection	June—July 2016
Online Key Informant Survey	June—July 2016
Community Health Needs Assessment Report Presentation	September 15, 2016
CHNA Taskforce Meeting ❑ Report from IUPUI ❑ Identify Priorities	October 5, 2016
CHNA Taskforce Meeting ❑ Finalize/Approve Priorities ❑ Identify Resources to Address Priorities	October 25, 2016
CHNA Taskforce Meeting ❑ Finalize Implementation Strategies to Address Priorities ❑ Review CHNA Report	December 14, 2016
Develop CHNA Report/Executive Summary	November—December 2016
CHNA Presented to BOT	December 19, 2016
Press Release (Public and Internal)	December 23, 2016
CHNA Presented to Leadership Team	December 20, 2016
Annual Update (Form 990)	2017
Annual Update	2018
CHNA Process Begin	2019

CHNA Methodology

This Community Health Needs Assessment is a systematic, data-driven approach for determining the health status, behaviors, and needs of the residents in Cass County, Indiana. Subsequently, the data may be used to inform decisions and guide efforts to improve community health and wellness. Information provided from the CHNA helps communities identify the issues of greatest concern and decide where and how to commit resources to those areas. Utilizing this data driven approach will lead to measured improvement and thus make the greatest possible impact on community health status.

This assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

This assessment incorporates both qualitative and quantitative sources. Qualitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark against data at the state and national levels. Qualitative data input included primary research through a Key Informant Focus Group.
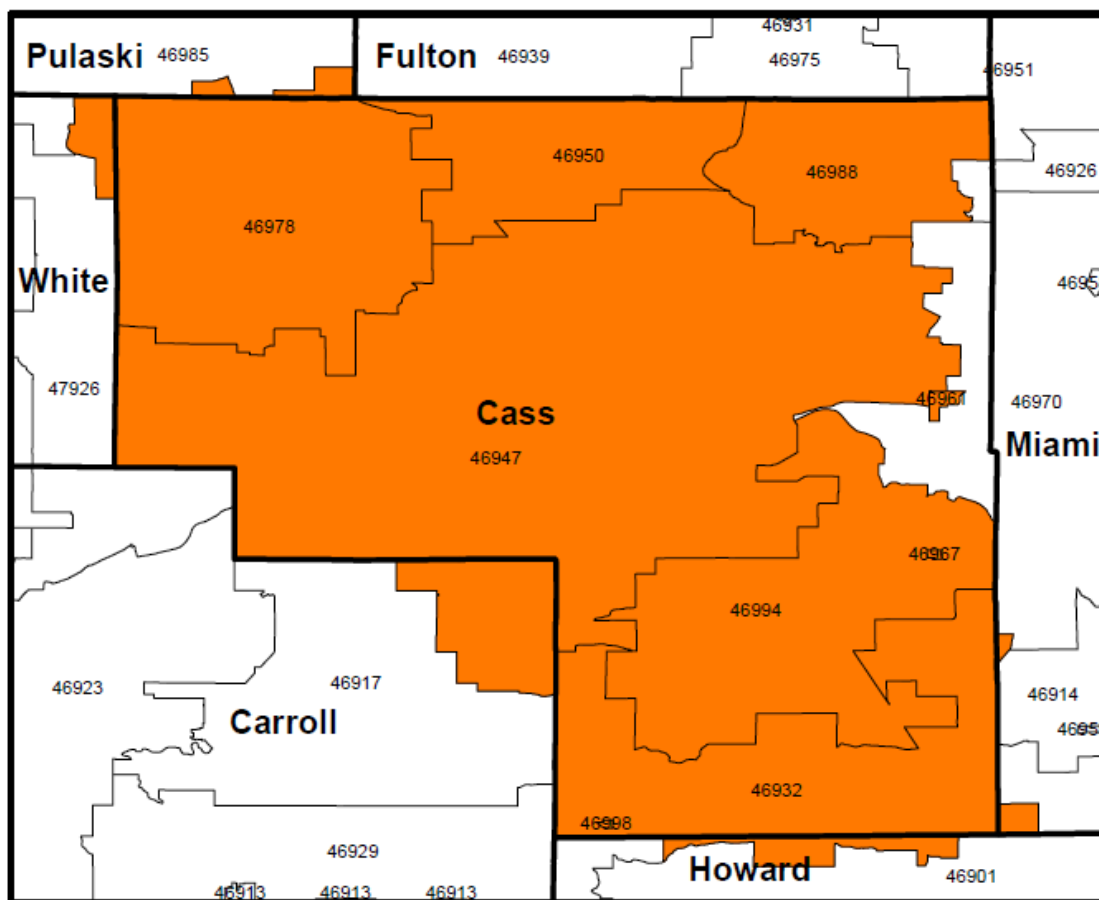
Community Health Survey

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various public health surveys and customized questions addressing gaps in indicator data relative to health promotion, disease prevention, and other recognized health issues. The final survey instrument was developed by the Logansport Memorial Hospital Community Health Needs Assessment taskforce and Professional Research Consultants, Inc.

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. To ensure the best representation of the population surveyed, a telephone interview methodology incorporating both landline and cell phone interviews was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 750 individuals age 18 and older in Cass County, Indiana. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC). For statistical purposes, the maximum rate of error associated with a sample size of 400 is + 3.6% at the 95 percent confidence level. This minimal level of error ensures greater accuracy of the data collected and analyzed for results provided. The survey consisted of over 125 survey items.

The sample design and the quality control procedures used in the data collection ensure the sample is representative. Thus, the findings can be generalized to the total population of the community members in the defined area with a high degree of confidence. The chart below displays the population and sample characteristics of surveyed individuals.

Population and Sample Characteristics for Cass County, 2016

Population and Sample Characteristics for Cass County, 2016
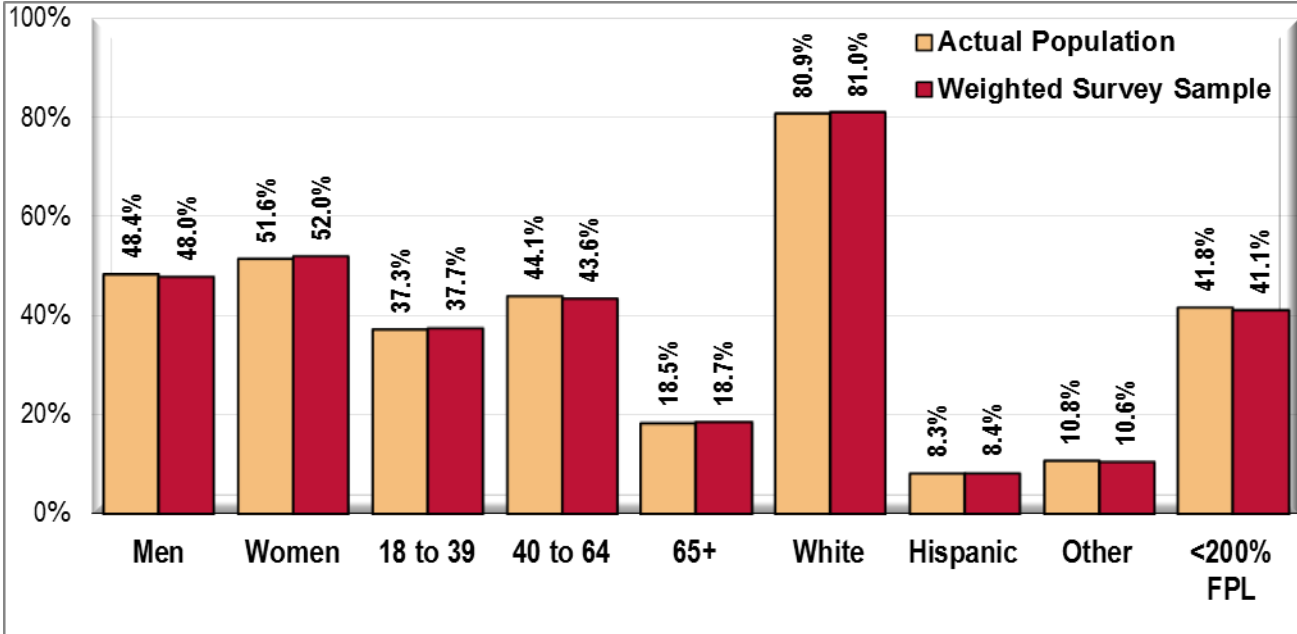
Public Health, Vital Statistics, and Other Data

A variety of existing secondary data sources was consulted to complement the research quality of this Community Health Needs Assessment. The secondary data were collected by PRC.
County level data was analyzed, as well as census data, vital statistics and other health-related data. The following reports and tools were used to benchmark the data:

- ❑ Previous Survey Data
- ❑ PRC National Health Survey
- ❑ Indiana BRFSS Data
- ❑ Healthy People 2020 Targets
- ❑ National Vital Statistics

Community Stakeholder Input

As part of the community health assessment, online key informant surveys were conducted. There were 116 community stakeholders that participated in the online survey. The participants represented a variety of sectors – physicians, public health, other health providers, social services and community leaders.

Potential participants were chosen because of their ability to identify primary concerns of the populations with who they work, as well as of the community overall. These organizational representatives work with low-income, minority (including African American, Hispanic, Burmese and Asian residents), or other medically underserved populations.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish are not represented in the survey data. Other population groups for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Vulnerable Populations

The Community Health Needs Assessment analysis and report yielded a wealth of information about the health status, behaviors and needs of our population. A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured persons, low-income persons, and racial/ethnic minority groups.

For additional statistics about uninsured, low-income, and minority health needs, please refer to the complete Community Health Needs Assessment report, which can be viewed online at **http://casscounty.healthforecast.net**.

Prioritization Process

The Community Health Needs Assessment process began in April 2016, with the selection of the taskforce. Several meetings were conducted to prepare for the process.

Following a detailed presentation from Professional Research Consultants, Inc. on September 15, 2016, 13 areas of opportunities were identified. The following chart identifies the Areas of Opportunities as reported in the Community Health Needs Assessment report.

The taskforce then met to rank the 13 identified areas of opportunities against established criteria:

Scope and Severity – The first rating was to gauge the magnitude of the problem in consideration of the following:
- How many people are affected?
- How does the local community compare to state or national levels, or Healthy People 2020 targets?
- To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?
- Ratings were on a scale of 1 (not very prevalent at all) to 10 (extremely prevalent).

Ability to Impact – A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. Substance Abuse
2. Nutrition, Physical Activity, & Weight
3. Tobacco Use
4. Diabetes
5. Heart Disease & Stroke
6. Cancer
7. Respiratory Diseases
8. Mental Health
9. Access to Healthcare Services
10. Family Planning
11. Chronic Kidney Disease
12. Potentially Disabling Conditions
13. Injury & Violence

Prioritization Results

Logansport Memorial Hospital and the Community Health Needs Assessment taskforce chose these three priorities to include the Implementation Plan:

1) Substance Abuse / Tobacco Use / Mental Health
2) Nutrition, Physical Activity, and Weight
3) Access to Care / Chronic Disease Management

Areas of Opportunities

Substance Abuse	Excessive Drinking Seeking Help for Alcohol/Drug Issues Substance Abuse ranked as a top concern in the online Key Informant Survey.
Nutrition, Physical Activity, Weight	Sugar—Sweetened Beverages Overweight and Obesity (Adults and Children) Nutrition, Physical Activity, and Weight ranked as a top concern in the online Key Informant Survey.
Tobacco Use	Environmental Tobacco Smoke Exposure at Home Smokeless Tobacco Prevalence Tobacco Use ranked as a top concern in the online Key Informant Survey.
Diabetes	Diabetes Deaths Diabetes ranked as a top concern in the online Key Informant Survey.
Heart Disease and Stroke	Cardiovascular disease is a leading cause of death. Heart Disease Deaths Stroke Prevalence High Blood Pressure Prevalence Blood Cholesterol Screening Overall Cardiovascular Risk
Cancer	Cancer is a leading cause of death. Cancer Deaths, including lung, female breast, colorectal cancer deaths Lung Cancer Incidence Cervical Cancer Screening Colorectal Cancer Screening
Respiratory Diseases	Chronic Lower Respiratory Disease (CLRD) Deaths Chronic Obstructive Pulmonary Disease (COPD) Prevalence Flu vaccination (Ages 65+)
Mental Health	Symptoms of Chronic Depression Seeking Help for Mental Health Mental Health ranked as a top concern in the online Key Informant Survey.
Access to Health Care Services	Barriers to Access: ❐ Inconvenient office hours ❐ Cost of prescriptions ❐ Cost of physician visits ❐ Finding a Physician Skipping/Stretching Prescriptions Primary Care Physician Ratio Routine Medical Care (Children) Emergency Room Utilization Dental Care (Children)
Family Planning	Teen Births
Chronic Kidney Disease	Kidney Disease Deaths
Potentially Disabling Conditions	Arthritis Prevalence (Ages 50+) Deafness/Hearing Difficulty
Injury and Violence	Motor Vehicle Crashes Falls (Ages 45+) Firearm Prevalence, including homes with children

Public Dissemination

This Community Health Needs Assessment is available to the public using the Logansport Memorial Hospital website www.logansportmemoiral.org.

A link using the following URL: http://casscounty.healthforecast.net will take the user from the Logansport Memorial hospital website to the interactive HealthForecast.net™ tool designed to share Community Health Needs Assessment data with community partners and the community at large.

Community-wide Community Benefit Planning

The community is fortunate to be able to collaborate and openly communicate with schools, non-profit organizations, government agencies and healthcare facilities. The Cass County Resource Network (CCRN) recently identified a drug-free community as one of its aspirations. In addition to the CCRN, there are several organizations working on key issues identified in the 2016 CHNA. As the taskforces and individual organizations begin to analyze the information from the 2016 Community Health Needs Assessment, it is the hope and intention of LMH that this will foster a greater desire to embark on a community-wide community health improvement planning process.

4) IMPLEMENTATION STRATEGY

Based on the health needs priorities identified earlier in this document, the following plan outlines the activities currently underway or planned to meet community health needs; collaborations with other community, governmental, civic, and faith-based groups; and the intended impacts of addressing these priorities.

Priority #1—Substance Abuse / Tobacco Use / Mental Health

Objective	Strategy Goals (by 2019)
To facilitate a coordinated and focused approach to identifying the physical, social, and mental health issues that lead to substance (drug and alcohol) abuse and tobacco abuse.	Increase access to local resources.
	Expand telemedicine program.
	Open a local detox facility.
	Expand early education intervention.

Priority #2—Nutrition, Physical Activity, and Weight

Objective	Strategy Goals (by 2019)
To empower and engage participants in living healthy lifestyles, using education to demonstrate how those choices and behaviors lead to an improved quality of life.	Increase participation resources.
	Educate youth regarding nutrition.
	Promote family activities.
	Improve collaborations between agencies.

Priority #3—Access to Care / Chronic Disease Management

Objective	Strategy Goals (by 2019)
To use a patient-centered approach in addressing the physical, financial, psychological, sociocultural, and educational barriers to accessing healthcare and managing chronic diseases.	Educate the community regarding A1C, Lipids and Blood Pressure.
	Organize a Community Walk.
	Implement a community paramedicine program.

Summary

The written implementation plan will be monitored over the next three years for changes and modifications. As such, this plan is considered an evolving document, not a static "snapshot". As new strategies for success are developed, the implementation plan will be changed. In this way, Cass County will realize its goals of increased access, reduced costs, and improved quality of care to secure a healthier future for the residents of this community.

"Your Health… *Our Passion*"