Community Health Needs Assessment

2013 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 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 2013 LMH Community Health Needs Assessment will be used as a tool to achieve four basic goals:

- Provide baseline information about the health status of our community based on existing data.
- Identify the priority health needs within Cass County.
- 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 seven clinics in Cass and Carroll 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.

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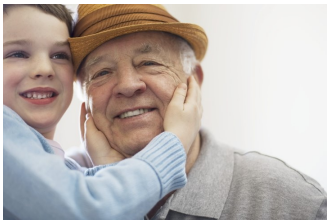


Demographics

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 (2012), Cass County's population is 38,581. Ninety-four percent of the population is white and the Hispanic population is approximately 13%. There is a growing Burmese population. The overall future population growth rate is projected to be flat.

Cass County is aging faster than the rest of the state. Between 2010 and 2035, Cass County can expect to see an increase in the 65+ population, growing from 15.1% in 2010 to 22.3% in 2035, with a decline in school-age and college-age children.

Cass County has a relatively low level of educational attainment as compared to the state. In 2012, only 14.3% had a bachelor's degree compared to 22.7% for the state of Indiana. As of 2011, 83.5% of the population was a high school graduate or equivalent.

Economic Indicators

In 2012, 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. Seventeen establishments reported 100+ plus employees, while more than 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., Carter Fuel Systems, Small Parts, A Raymond Tinnerman Mfg., and Wal-Mart Supercenter.

Cass County was significantly impacted by the recent recession, reporting a 12.1% annual average unemployment rate in 2009. The area has bounced back, but still has a higher unemployment rate than the state and nation at 7.4% for the month of August 2013.

August 2013 Unemployment Rate	Rate	Previous Month	Previous Year
Cass County, IN	7.4	8.4	8.7
State of Indiana	7.5	8.3	8.4
United States	7.3	7.7	8.2
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 US Census, in 2012, the national poverty rate was 14.3% and the Indiana poverty rate stood at 14.1%. During the same period of time, the Cass County poverty rate was 15.1%. This rate is higher than the state and national, as well as higher than the average of 13.7% for surrounding counties.

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 2011 data, Cass County's per capita personal income was $31,648, with a median household income of $41,271, which are both below the state rate. Indiana had a per capita personal income of $36,342 and a median income of $47,399 in 2011. The US per capita personal income was $41,560 and the median income was $50,502 during the same period.

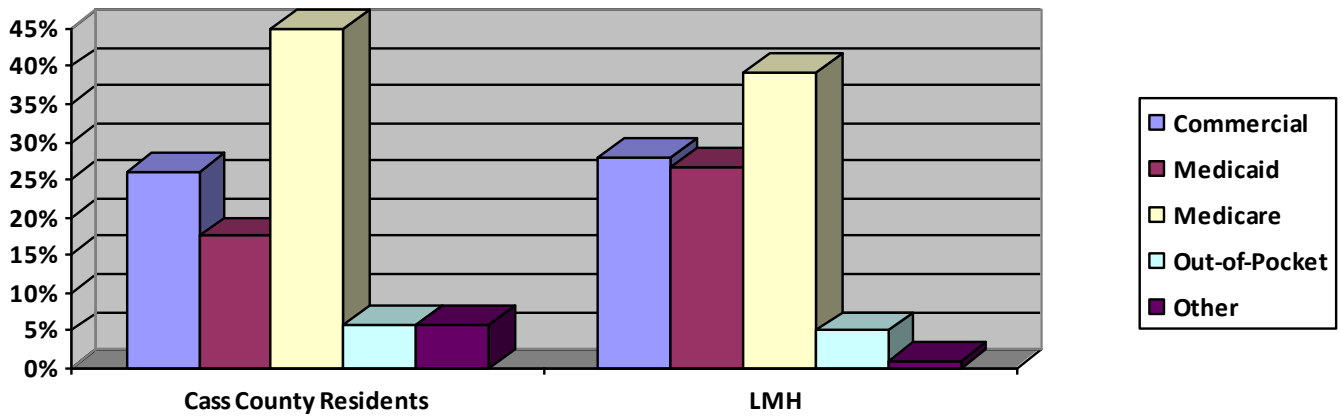
Household Income Levels	Per Capita Income	Median Income
Cass County, IN	$31,648	$41,271
State of Indiana	$36,342	$47,399
United States	$41,560	$50,502
Source: U.S. Bureau of Economic Analysis, 2011		

Insurance Coverage

National statistics on health insurance indicate that 16% of the United States population is uninsured. Of the US population that is insured, 55% are insured through an employer, 10% through direct purchase providers, 17% through Medicaid, and 15% through Medicare. In Indiana, it is estimated that 16% of the population are uninsured.

Based on 2012 Indiana Hospital Association (IHA) inpatient discharge data, 26% of Cass County residents have commercial insurance, 17.5% are insured through Medicaid, 44.9% through Medicare, 5.7% pay out-of-pocket, and 5.9% have other government insurance or are unknown. At LMH, 28% of discharged inpatients have commercial insurance, 26.7% are insured through Medicaid, 39.2% through Medicare, 5% pay out-of-pocket, and 1.1% have other government insurance or are unknown.

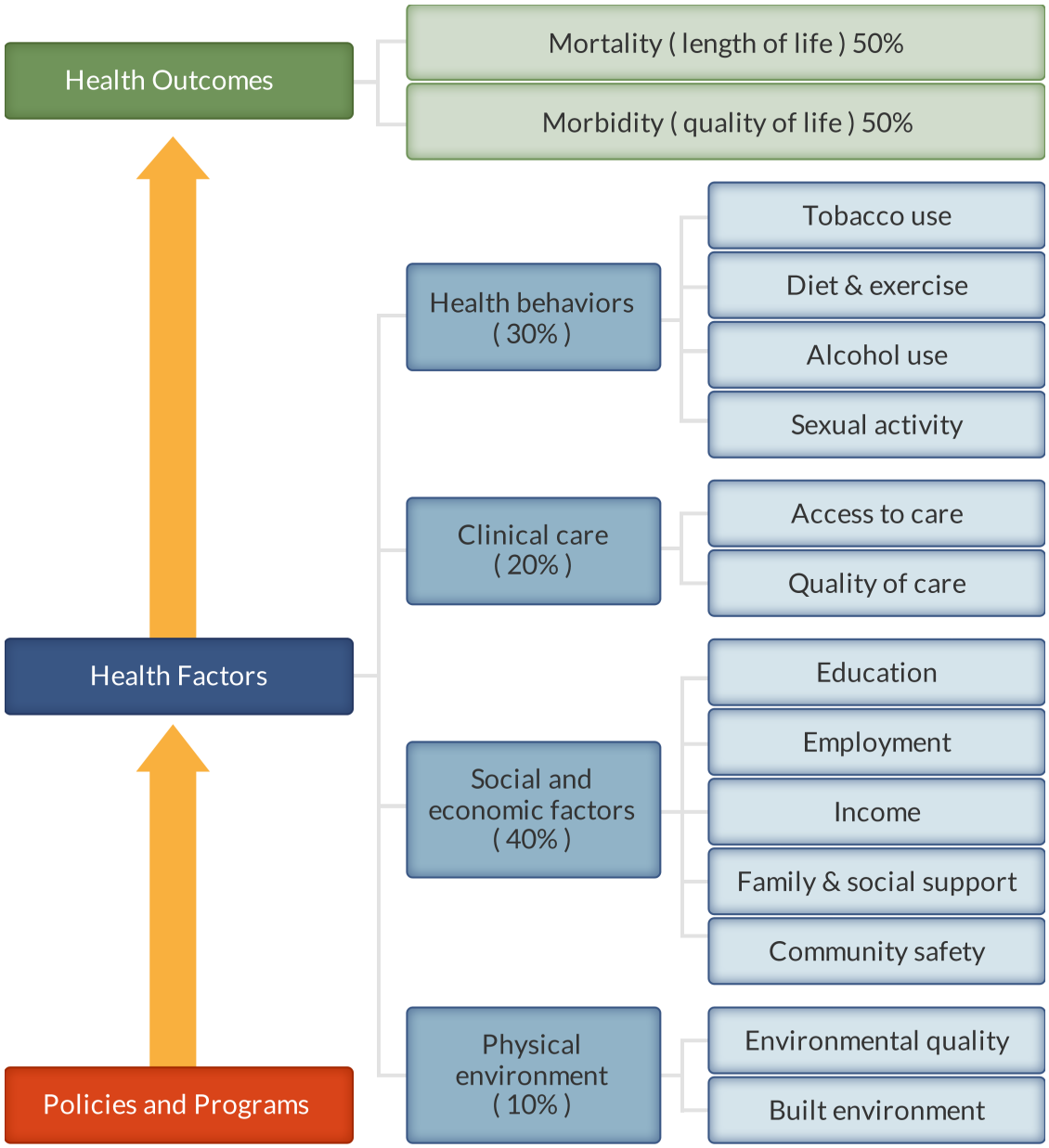
Insurance Coverage for 2012 Cass County and LMH Inpatient Discharges



Source: Indiana Hospital Association

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.



County Health Rankings model ©2012 UWPHI

In Indiana, counties are ranked from 1 to 92, where 1 represents the highest ranking and 92 represents the lowest. In 2012, Cass County's health factors ranked 67 out of 92. In the same year, Cass County's health outcomes ranked 55 out of 92.

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.

2012 Cass County Health Rankings

Indicator	Cass County	State of Indiana	Benchmark
Overall Health Outcome	55		
Mortality	63		
Morbidity	37		
Overall Health Factors	67		
Health Behaviors	61		
Tobacco Use	24%	24%	13%
Physical Inactivity	29%	27%	21%
Alcohol Use	13%	16%	7%
Clinical Care	73		
Access to Care/Uninsured	20%	17%	11%
Preventable Hospital Stays	72	76	47
Social and Economic Factors	65		
Education—High School Graduation	85%	86%	
Unemployment	9.3%	9%	5%
Children in Poverty	22%	23%	14%
Family and Social Support	26%	20%	14%
Children in Single Parent Households	31%	32%	20%
Physical Environment	15		
Access to Recreational Facilities	10	9	16
Limited Access to Healthy Foods	1%	6%	1%
Fast Food Restaurants	58%	50%	27%

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
David Ameen	Logansport Memorial Hospital
Shannon Bates	Indiana Health Centers, Inc.
Cherie Bennett MD	Cass County Health Department
Julia Berndt	Logansport Memorial Hospital
Kevin Bostic	Ivy Tech Community College
Vicki Byrd	Logansport Memorial Hospital
Don Corcoran	Cariage of Logansport (Chase Center)
CJ Davis	Four County Counseling Center
Cindy Douglass	Caston School Corporation
Janet Fawley	City of Logansport Parks Department
Tim Gearhart	Four County Counseling Center
Jeanette Huntoon	Logansport Memorial Hospital
Brent Kelley	Cass County Family YMCA
Lynda Kennedy	Cass County Health Department
Michele Long	Logansport Memorial Hospital
Joyce Mayhill	United Way of Cass County
Tara McVay	Logansport Memorial Hospital
Mike Meagher	Area Five Council on Aging
Lynda Murphy	Logansport Memorial Hospital
Megan Paschen	Logansport/Cass County Chamber of Commerce
Lita Rouser	United Way of Cass County
Robin Rudd	Ivy Tech Community College
Michele Starkey	Logansport Community School Corporation
Rachel Theodore	Logansport Memorial Hospital
Robert Vernon	Cass County Department of Health
Don Weikle	Peak Community Services

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	September 5, 2012	
CHNA Taskforce Meeting	October 4, 2012	1:30 pm – 3:00 pm
CHNA Taskforce Meeting	October 29, 2012	1:30 pm – 3:00 pm
Select Vendor	October – November 2012	
Secondary Data Collection	November 2012 – June 2013	
Phone Surveys	February – March 2013	
Focus Group	April 11, 2013	
Community Health Needs Assessment Report Presentation	June 5, 2013	2:00 pm – 3:45 pm
CHNA Taskforce Meeting	July 30, 2013	1:30 pm – 3:30 pm
❒ Report from IUPUI		
❒ Identify Priorities		
CHNA Taskforce Meeting	August 26, 2103	1:30 pm – 3:30 pm
❒ Finalize/Approve Priorities		
❒ Identify Resources to Address Priorities		
CHNA Taskforce Meeting	September 11, 2013	1:30 pm – 3:30 pm
❒ Develop Implementation Strategies to Address Priorities		
Develop CHNA Report/Executive Summary	September – October 2013	
CHNA Taskforce Meeting	October 31, 2013	1:30 pm – 3:30 pm
❒ Review CHNA Report		
CHNA Presented to BOT	November 25, 2013	
Press Release (Public and Internal)	November 26, 2013	
CHNA Presented to Leadership Team	December 17, 2013	
CHNA Results Posted to LMH Website	December 28, 2013	
Annual Update (Form 990)	2014	
Annual Update	2015	
CHNA Process Begin	2016	

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. In addition, the Richard M. Fairbanks School of Public Health and The Polis Center at IUPUI assisted with the collection of secondary data and GIS mapping.

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

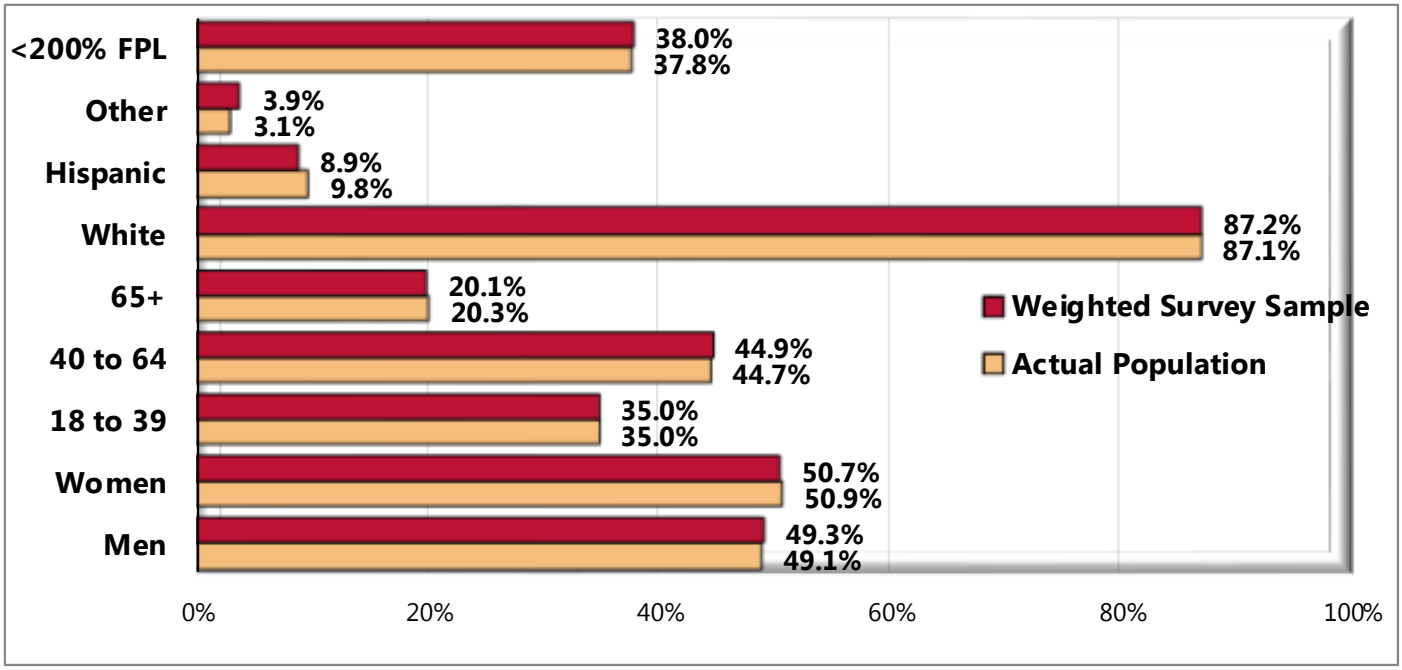
The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various public health surveys and customized questions addressing gaps in indicator data relative to health promotion, disease 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 400 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 ± 4.9% at the 95 percent confidence level. This minimal level of error ensures greater accuracy of the data collected and analyzed for results provided.

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.

Population and Sample Characteristics for Cass County, 2013



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 majority of these secondary data were collected and provided to PRC by Logansport Memorial Hospital for inclusion; however, some data (e.g., age-adjusted death rates) were collected by PRC to supplement the overall set of indicators.

In all, data for Cass County were obtained from the following sources (with specific citations included with the graphs throughout the complete Community Health Needs Assessment Report).

- ❒ Centers for Disease Control and Prevention
- ❒ Indiana State Department of Health
- ❒ Indiana Youth Institute
- ❒ Logansport Community School Corporation (LCSC) Youth Risk Behavior Survey
- ❒ National Center for Statistics
- ❒ US Census Bureau
- ❒ US Department of Health and Human Services

Community Stakeholder Input

As part of the community health assessment, one focus group was held on April 11, 2013. The focus group participants included 16 local key informants: physicians, a public health representative, other health professionals, social service providers, business leaders and other 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. Specific names/titles of those participating are available upon request.

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 September 2012, 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 June 5, 2013 and another presentation from IUPUI on July 30, 2013, 11 areas of opportunities were identified. The following chart on page 15 identifies the areas of opportunities as reported in the Community Health Needs Assessment report.

The taskforce then met to rank the 11 identified areas of opportunities against established criteria:

- ❒ Severity of issue
- ❒ Size of affected population
- ❒ Quick impact
- ❒ Potential for change
- ❒ Existing program to address need
- ❒ Ability to evaluate outcomes

Prioritization Results

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

1) Access to Care
2) Chronic Disease Management and Health Screens
3) Maternal, Infant and Child Health
4) Mental Health and Mental Health Disorders
5) Nutrition, Physical Activity, and Weight

Areas of Opportunities	
Access to Health Services	Specific Source for Care (Medical Home) Ranked as #2 top concern among focus group participants; they emphasized: ❒ Barriers to Access ❒ Poverty ❒ Limited Number of Physicians
Cancer	Cancer deaths (including lung cancer) Cervical Cancer Screenings Colorectal Cancer Screenings
Diabetes	Diabetes Deaths Prevalence of Diabetes
Heart Disease and Stroke	Heart Disease Deaths Hypertension Cardiovascular Risk Factors
Injury and Violence Prevention	Motor Vehicle Crash Deaths Use of Seat Belts (adults) Use of Bicycle Helmets (children 5-17) Firearms in the Home (including homes w/children)
Maternal, Infant and Child Health	Lack of Prenatal Care Births to Teens
Mental Health and Mental Disorders	Seeking Help for Emotional Health Disparities for Low- Income Residents Ranked as #4 top concern among focus group participants; they emphasized: ❒ Limited Resources ❒ Stigma ❒ Cost/Insurance Issues
Nutrition, Physical Activity and Weight	Overweight Prevalence Fruit/Vegetable Consumption ❒ Medical Advice About Nutrition Lack of Leisure Time Physical Activity Meeting Physical Activity Guidelines ❒ Medical Advice Ranked as #1 top concern among focus group participants; they emphasized: ❒ Poor Nutrition ❒ Lack of Education ❒ Sedentary Lifestyles ❒ Youth Participation in Athletics
Oral Health	Dental Visits Adults
Respiratory Diseases	Chronic Lower Respiratory Disease Deaths Pneumonia/Influenza Deaths
Tobacco Use	Lung Cancer Deaths Smoking Cessation Smoking During Pregnancy Use of Smokeless Tobacco Ranked as #3 top concern among focus group participants; they emphasized: ❒ High Smoking Prevalence ❒ Lack of Cessation Programs

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. Two complimentary coalitions operate in the community: the United Way's Cass County Resource Network (CCRN) and Better Health for Cass County (BHCC). The CCRN brings together over 40 organizations and has six taskforces: child care/preschool, employment, neighborhood initiative, family stability and food security. BHCC has five taskforces: teenage pregnancy, obesity, healthcare cost containment, tobacco cessation and mental health.

As the taskforces and individual organizations begin to analyze the information from the 2013 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—Access to Care	
Objective To lessen physical, financial, psychological, sociocultural, and educational barriers to care.	**Strategy Goals (by 2016)**
	Provide healthcare services where the patient/consumer can easily access.
	Develop patient materials at appropriate age and reading levels, as well as deliver in English and Spanish.
	Provide education to patient/consumer on how to access healthcare system.
	Utilize technology to improve access to care.
Priority #2—Chronic Disease Management and Health Screens	
Objective To focus on chronic disease management and whole-person health as a way of providing patient care.	**Strategy Goals (by 2016)**
	Choose top 3—5 chronic diseases to impact.
	Implement the Medical Home Model.
	Provide education to patient/consumer on the importance of preventative healthcare services and the impact of chronic disease.
	Provide community education related to chronic disease management and the role of modifiable health risk behaviors, effective strategies for behavior change, and co-morbidity of mental health/substance abuse.
Priority #3—Maternal, Infant, and Child Health	
Objective To increase access to prenatal care.	**Strategy Goals (by 2016)**
	Provide education to patient/consumer on how to access healthcare system.
	Provide education to patient/consumer related to healthy pregnancy and prenatal care.
Priority #4—Physical Activity and Weight	
Objective By encouraging healthier lifestyles, LMH and collaborative partners aim to improve the quality of life for the population, specifically, as well as promote and engage participants in healthy lifestyles.	**Strategy Goals (by 2016)**
	Promote the availability of healthy food choices.
	Promote increased physical activity and exercise for all age groups.
	Engage community partners to examine what actions and policy changes can be taken as a community to influence the overall health of the county.

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*”