

## **Bloomington Hospital of Orange County, Inc.**

### **Community Benefit Task Force Action Plan**

**September 2009**

1. Strategy: Assist the Jubilee Community Health Clinic in meeting of the needs of the uninsured and underinsured.
  - a. Support staffing in order to increase the clinic's hours of service to include evening and/or weekend hours.
  - b. Implement an electronic chart/medical record to improve data capture of Jubilee clients.
  - c. Continue to work with SIRA to improve access to CT scans, MRI's & Ultrasounds for the patients of the Jubilee Community Health Clinic.
  - d. Facilitate the financial assistance process for the patients of the Jubilee Community Health Clinic.
  - e. Monitor the access to specialist, i.e. neurology, orthopedics, for the patients of the Jubilee Community Health Clinic.
  - f. Implement educational programs for the patients of the Jubilee Community Health Clinic to improve nutrition, back problems, metabolic syndrome, & diabetes.
  - g. Enhance imaging program through the addition of CR equipment and discontinued use of film and developer.
  - h. Conduct quarterly health screenings at the Jubilee Community Health Clinic for blood pressure, blood sugar & total cholesterol.
  
2. Increase education and awareness of community programs provided by Bloomington Hospital of Orange County.
  - a. Child Birth Classes
  - b. Sibling Classes
  - c. Health Screenings
  - d. Senior Health Insurance Program (SHIP)
  - e. Tobacco Cessation
  - f. Diabetic Support Group
  - g. Volunteer Services
  - h. Speaker's Bureau
  - i. Flu Shots
  - j. Car Seat Program
  - k. CPR, First Aid, Preventing Disease Transmission
  - l. EKG Classes, Advanced Cardiac Life Support, Neonatal Resuscitation & Pediatric Advanced Life Support Certifications
  - m. School Education Programs
  - n. Senior Fair
  - o. Safekids of Orange County

3. Increase education and awareness of good nutrition and exercise in Orange County
  - a. Participate in the Orange County Healthy Living Initiative
  - b. Further develop the website for the Orange County Healthy Living to incorporate the Healthy Indiana Plan and Tobacco Cessation Program.
  
4. Increase the education and awareness of the Healthy Indiana Plan in Orange County.
  - a. Include Healthy Indiana Plan information at the community events.
  - b. Partner with Bloomington Hospital for assistance in Healthy Indiana Plan promotions.
  - c. Provide Healthy Indiana Plan information to all community groups, businesses, churches, and social service organizations.
  - d. Promote the Health Indiana Plan during screening events.
  
5. Increase the education and awareness of cancer prevention in Orange County.
  - a. Hemocult kits
  - b. Skin Cancer Screening
  - c. Sunscreen Program
  - d. Breast Cancer Promotion
  - e. Distribute the ACS Newsletter to the employees.
  - f. Provide screenings related to cancer risk factors.
    - i. Jubilee Community Health Clinic
    - ii. Community Health Events
  - g. Promote the Hoosiers Outrun Cancer Event

<b>INDIANA UNIVERSITY HEALTH PAOLI</b>	<b>Patient Financial Services</b>
<b>TITLE: Financial Assistance Policy</b>	<b>POLICY NUMBER: PFS-002</b>
<b>APPROVED:</b> 	<b>PAGE 1 OF 4</b>
<b>ORIGINATION: 12/01/2004</b>	<b>REVIEW WITH REVISION: 11/15/2011</b>
	<b>REVIEW ONLY:</b>

### 002.1 PURPOSE

To ensure that clear unambiguous exist for determining and documenting adjustments to financial assistance throughout the healthcare system.

### 002.2 APPLICATION

This policy applies to inpatient and outpatient services provided by IU Health Paoli and billed under the hospital federal tax identification number.

### 002.3 POLICY

It is the policy of IU Health Paoli to provide necessary health care services to patients regardless of their ability to pay. Financial assistance for patients unable to pay is available to everyone that qualifies, regardless of US citizenship status, based on guidelines established herein.

#### **Medicaid Eligibility**

The hospital will provide assistance to self-pay patients to determine if they are eligible for Medicaid. All inpatient accounts and outpatient accounts registered as self-pay are screened for Medicaid eligibility by hospital staff. If criteria are met a Medicaid application is taken and a representative from the external agency acts as an advocate for the patient throughout the Medicaid qualification process.

#### **Financial Assistance**

All patient accounts may be considered for assistance provided that the patient has applied for programs they may be eligible for such as Medicaid, listed above, and the Healthy Indiana Plan. Those accounts that qualify for financial assistance are most likely to be:

- Those that have been denied Medicaid
- Those that have been denied for other programs, such as the Healthy Indiana Plan
- Medicaid patients with a spend down obligation that they are unable to pay
- Uninsured patients
- Those patient accounts that have a balance after insurance has paid and the patient is unable to pay
- Those who meet the 200% of Poverty Guidelines for financial assistance as determined by Relay Health Propensity to Pay Patient Advocate software

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Financial Counselor will determine eligibility for financial assistance. An approved financial assistance application is valid for a six month term following the approval date of the application unless stated otherwise. A new financial assistance application must be submitted for any charges beyond the six month period

The Financial Counselor is responsible for discussing the hospital payment policies, determining if other payment sources are available and completing a patient financial worksheet to determine eligibility for assistance. Eligibility is based on family financial resources (income, family size and available assets), and current employment status.

If a patient becomes uncooperative during the eligibility process, the account will be sent through the normal collection process. Accounts that have been referred to collection are eligible for financial assistance.

#### **Discount for Prompt Payment**

If a patient either does not qualify for assistance or chooses not to complete the patient financial worksheet with the Financial Counselor, payment is expected in accordance with the hospital payment policies. This includes a prompt payment option where the hospital will accept 93% of the patient balance due if payment in full is made within 30 days of the date of the first statement or the explanation of benefits, whichever is dated first.

#### **002.4 PROCEDURE Inpatient and Outpatient Accounts**

The Financial Counselor will first determine the amount of assets available to pay the hospital bill before considering the income guidelines.

##### **1. Determination of Business and Individual/Family Liquid Assets**

Liquid assets considered as available to pay an outstanding hospital account include cash in personal and business checking and savings accounts, certificates of deposit, cash value of life insurance, IRAs, 403b accounts, 401k accounts, stocks, and bonds.

100% of reported assets, that are not retirement assets, less the equivalent of one month's income at 200% of the federal poverty level for the reported family size, plus retirement assets less the equivalent of one year's income at 200% of the federal poverty level for the reported family size OR one-half total liquid assets, whichever is greater, shall be considered as available to pay an outstanding account. The computed amount available from assets shall be further reduced by the amount that actual income falls short of 200% of poverty income for the reported family size.

Any remaining account balance after determination of available assets shall be eligible for financial assistance based on the income calculation guidelines.

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## 2. Income Calculation

Determination of income includes business, farm, social security and personal income. The most recent federal tax filing(s) will serve as the source for income verification.

Business income includes business net income plus depreciation as reported on the most recent federal tax filing.

Personal income is the total of W-2 income (wages, salaries, tips etc.) as reported on the federal tax filing. Earnings from investments are not considered as personal income since they are considered under the asset formula above. Written verification of the most recent three months of wages from the employer or notice of unemployment may be substituted as acceptable proof of income if a significant change in income has occurred since the last tax filing.

The combined total of income from the above stated sources is applied to the poverty guidelines to determine the level of financial assistance available to the patient.

Information received by utilizing RevRunner Patient Advocate Propensity to Pay software will be used in determining eligibility for financial assistance (patient at or below 200% of FPL).

Partial financial assistance formula:

- (a.) Total income (as determined by income guidelines)
- Less:* (b.) 200% of Poverty for family size
- Equals:* (c.) Amount of income available to pay the hospital
- Plus:* (d.) Assets determined to be available to pay the hospital
- Equals:* (e.) Grand Total Available to pay the hospital

The difference between total billed charges and (e.) the grand total available to pay the hospital will be adjusted off to financial assistance. Payment is expected on the balance in accordance with the hospital payment policies.

Other factors may be considered in determining financial assistance eligibility, including the timeliness with which a patient provides requested documentation and consistency between reported income and expenses. The Controller and the Chief Financial Officer will review all cases where a discrepancy exists and will make a determination of eligibility based on patient interviews, and verification of reported assets and income.

When religious doctrine prohibits individuals from accepting government assistance, such as the Amish Religion, the prerequisite of applying for Medicaid prior to applying for financial assistance from IU Health Paoli will be waived. The financial assistance application will be accepted and processed according to established guidelines. However, in no event shall the obligation of the applicant be less than the Medicare payment rate for the service.

Assets may be excluded or imputed when determining financial assistance eligibility, based on the patient's probability of not being able to return to work and/or their age being greater than

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50 years old. Either of these circumstances may prevent the patient from replacing lost assets for monies needed for living expense and/or retirement income.

### **Approval Authority**

Review of the eligibility calculation and approval authority for financial assistance is based on the amount of total billed charges to be adjusted:

- |                           |  |
|---------------------------|--|
| <b>\$0 - \$5,000</b>      | <b>Requires the approval signature of the Financial Counselor and the Controller.</b>  |
| <b>\$5,001 - \$25,000</b> | <b>Requires the approval signature of the Financial Counselor, and the Chief Financial Officer or Chief Operating Officer.</b>                         |
| <b>&gt;\$25,000</b>       | <b>Requires the approval signature of the Financial Counselor, Chief Financial Officer or Chief Operating Officer and the Chief Executive Officer.</b> |

The decisions related to determination of eligibility for assistance and the amount of assistance provided is final. There is no right to appeal.



**Indiana University Health Paoli Hospital Community Health Needs  
Assessment**

June 2011

## **Team Members**

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## **Community Health Needs Assessment Purpose**

Community Health Needs Assessments are often utilized by hospitals in order to determine where their community outreach efforts will be focused. The recently passed Patient Protection and Affordable Care Act (PPACA), however, imposes a requirement for all hospital to conduct their own needs assessments in order to keep their 501(c)(3) tax exemption status. This is a change from the past, as hospitals often depended on the efforts of local and state health departments as well as independent organizations such as the United Way for this information. Indiana University (IU) Health's five current outreach priorities included: obesity prevention, injury prevention, access to affordable healthcare, education, and community revitalization. In addition to the PPACA requirement, IU Health will use these assessments to further their organizational mission, provide the highest quality care possible, and be a provider of choice in the communities they serve.

By 2013, the PPACA requires that every hospital to conduct a community health needs assessment in their primary service area (PSA). For IU Health, this means they must perform these assessments in every county in which they have a hospital. While IU Health North (Hamilton Co.) and West (Hendricks Co.) do not currently hold non-for profit statues, they will by 2013. If these assessments are not complete, hospitals will face a \$50,000 fine and potentially lose their non-for profit status and tax exemption.

Our team collected quantitative health data on the population in all of the counties in which IU Health has hospitals, as well as their regional markets. This data is meant for internal analysis and to be presented to local health leaders in each community. Focus groups with these leaders will be then be conducted in order to discuss the data and determine the needs of the community on a qualitative basis. These focus groups will also allow IU Health to find out what their role should be in meeting these needs as well as provide opportunities to develop and maintain productive partnerships with local health departments and community-based organizations.

This report will include quantitative data on all IU Health PSAs as well as summaries of focus groups performed in the Orange County market.

## **Community Health Needs Assessment Objectives**

- 1) Quantitatively assess the health needs of the population in the primary service areas (PSA) of each IU Health hospital through data abstraction and analysis.
- 2) Qualitatively assess the health needs of the population in regional markets served by IU Health hospitals. This assessment will be conducted through structured interviews and conversations with community leaders in each market. Regional market area is Tippecanoe County.

## **Community Health Needs Assessments Methodologies**

Conducting local health needs assessments requires the collection of both quantitative and qualitative data about the population's health and factors that affect it. Quantitative data was collected from several sources and addressed the following:

- Demographics
- County Health Rankings
- Poverty Rates
- Insurance Coverage
- Causes of Death
- Physical Activity
- Chronic Conditions
- Preventative Behaviors
- Community Needs Index

This data helps paint a picture of the local health and factors that play into the community. However, it doesn't paint the whole picture. A comprehensive needs assessment also includes input from local health leaders. Through focus group sessions qualitative information can be compared to the quantitative data. However, as experts in the local health, participants in the focus groups ideally will be able to qualify and explain some of the quantitative data along with their qualitative needs. For example, in Muncie sessions, local leaders clarified that the Thompson Reuters household poverty rates did not provide an accurate depiction of their community. IU Health was then able to change and explain this information for future discussions on Muncie's needs. Additionally, these sessions can reveal needs that are not necessarily found in the data. Issues such as health literacy might not be obvious when looking at population health statistics. However, this is an issue that is frequently discussed in sessions.

While quantitative and qualitative data can provide some insight into the health needs of a community, the most accurate depictions of a population's health will include both.

### **Information & Analysis**

Conducting a community health needs assessment requires a vast array of data. Unfortunately this data cannot be found in one place. This is why we now have an extensive list of data sources for the information necessary to conduct a community health needs assessment. For this project we have used:

- Thomson Reuters Market Planner Plus and Market Expert
- National Research Corporation – Ticker
- Indiana Hospital Association Database
- Centers for Disease Control
- Robert Wood Johnson Foundation – County Health Rankings
- U.S. Census Bureau
- Kaiser Family Foundation
- Primary data from conducting focus groups

#### ***National Research Corporation***

The National Research Corporation puts out a very useful product when conducting a community health needs assessment. Ticker can provide users with a variety of information about defined geography's. Of this information two in particular data sets are pertinent to our needs. *Chronic*

*Conditions and Preventative Health Behaviors* allow you explore estimates of chronic conditions within a population of interest and related preventative behaviors. These estimates are based off of a monthly internet survey of over 270,000 people across the United States annually. The survey estimates are then applied to population data. Although this site is updated monthly we decided to use the 2010 annual data to ensure a larger sample size.

#### ***Indiana Hospital Association***

The Indiana Hospital Association Database is a database of inpatient information for all hospitals in Indiana. Total charges, demographics, patient volumes and market share can all be drawn from the IHA. We used the IHA database for payer mix information. We wanted to see what insurance coverage if any the members of our community have.

#### ***Thomson Reuters***

Thomson Reuters is a common source for healthcare information that we use in the market research department. This is the source from which we acquired the household income, population, and community need index numbers from. These numbers are important to demonstrate affluence or financial need in areas, along with using the community need index to pinpoint priority zip codes for community health initiatives.

#### ***Centers for Disease Control and Prevention***

On the CDC website health data such as the top leading causes of death in the United States, obesity, diabetes, and sedentary lifestyle information can be found. This was an important source for our community health needs assessment for several reasons. The first being it is a long time respected source. The second reason is that it is verifying one of our outreach initiatives currently in place. Unintentional injury has been focus here at Indiana University Health this year. The CDC data shows that it is the leading cause of death for people between the ages of 1 and 44.

#### ***Robert Wood Johnson Foundation***

The Robert Wood Johnson Foundation in partnership with the University of Wisconsin Population Health Institute has developed county health rankings for the United States. They take select information from the CDC and Behavioral Risk Factor Surveillance System (BRFSS) and apply it in a very similar way we do the community need index to rank the counties against one another.

#### ***The Kaiser Family Foundation***

The Indiana Hospital Association can provide us with what type of insurance people are using for inpatient treatment. However that does not give us a full picture of what types of coverage the population of the communities we serve have. Kaiser shows us two interesting things here. First, what types of insurance people have and how many people have them, second, and more importantly, how many people in Indiana do not have any insurance. This topic opens the door for access discussion when conducting focus groups.

#### ***The United States Census Bureau***

One of the factors that we wanted to show to our communities was where their county was in comparison with state and national averages for poverty. There are several sources where this information can be found, however we ultimately decided on using the U.S. Census Bureau's 2009 estimates they have posted on their website. This source seemed to be a more reliable and accurate snapshot of the communities we serve.

## **Demographic and Background Information on Orange County**

Orange County is located in Southern Indiana and is comprised of Paoli, Orleans, French Lick and West Baden Springs. Based on the most recent Census Bureau (2009) statistics, Orange County's population estimate is 19,536 persons with approximately 50.8% female and 49.2% male. Orange County's population has grown .3% since 2000 when the population was estimated around 19,306 persons—Orange County's population is projected to increase another .3% by 2015. Orange County's population estimates by race are 97.3% White, 1.2% Black, .1% Asian, .4% American Indian or Alaska Native and .5% persons reporting two or more races.

National statistics on health insurance show that 17% of the United States populations are uninsured. Of the United States population who are insured, 49% are insured through their employer, 5% through individual providers, 16% through Medicaid, 12% through Medicare, and 1% through other public providers. In Indiana, it is estimated that 13% of the population are uninsured, 8% of which are children. Of the Indiana residents who are insured, 16% residents are insured through Medicaid, 16% through Medicare, 54% through their employer, and about 3% through individual providers. Based on the Indiana Hospital Association through inpatient discharges, it is approximated that 28% of Orange County residents have commercial insurance, 16% are insured through Medicaid, 45% are insured through Medicare, 5% pay out of pocket (uninsured) and 6% have other government insurance or are unknown. Specifically through inpatient discharges at IU Health's Paoli Hospital, it is estimated that 21% of Orange County residents have commercial insurance, 36% are insured through Medicaid, 33% are insured through Medicare, 4% pay out of pocket (uninsured) and 7% have other government insurance or are unknown (see *Figure 1*).

Orange County is known as a travel destination and has a diverse group of major employers, including: French Lick Springs Hotel, Crestwood Manufacturing, Paoli Incorporated Warehouse, Reynolds Incorporated, Wildwood Associating Incorporated, Paoli Peaks, Walmart Supercenter, Throop Elementary School, and Pluto Corporation. Based on the U.S. Census Bureau (2009), Orange County's per capita personal income was estimated to be \$29,042 with a median household income around \$36,620 and a poverty rate of 16.9%. The rates are compared to the Indiana state average of per capita income of \$34,022 with a median household income around \$45,427 and a poverty rate of 14.4%. Comparatively for Indiana, Hendricks County has the lowest poverty rate at 5.1% and Monroe County has the highest poverty rate at 21.9%.

## **Orange County Health Ranking**

The Robert Wood Johnson Foundation along with the University of Wisconsin Population Health Institute created a model to rank the health of all fifty state's counties. These rankings are based on health measures of health outcomes (i.e. length of life/mortality measures and four quality of life/morbidity measures) and health factors (i.e. weighted scored on health behaviors, clinical care, social and economic status, and physical environment). The RWJF and the University of Wisconsin individualized these rankings to each state therefore making the state's counties comparable in how healthy their residents are. The organization's beliefs are that the rankings can shed light on areas of progress and areas that need improvement in each individual county to bring about health programs and policies.

For the state Indiana there are ninety-two counties therefore each category will have a ranking from one to ninety-two based on a weighed score. Orange County ranked overall 70<sup>th</sup> in the state and 59<sup>th</sup> in the state for overall health outcomes. This means that in compared to all ninety-two counties in Indiana, Orange County is the 70<sup>th</sup> overall healthiest county, leaving much room for improvement.

In preventable health factors, Orange County ranked 80<sup>th</sup> in terms of health related factors broken down into smoking (89<sup>th</sup>), diet and exercise (65<sup>th</sup>), alcohol use (24<sup>th</sup>), unsafe sex (62<sup>nd</sup>), access to care (21<sup>st</sup>), quality of care (62<sup>nd</sup>), education (59<sup>th</sup>), employment (45<sup>th</sup>), income (84<sup>th</sup>), family and social support (51<sup>st</sup>), community safety (72<sup>nd</sup>), air quality (7<sup>th</sup>) and built environment (44<sup>th</sup>). Please see *Figure 2*.

In summary, the RWJF and University of Wisconsin rankings show that Orange County could potentially allocate additional resources to areas like smoking, diet and exercise, unsafe sex, quality of care, education, income, family and social support, and community safety. Whereas Orange County seems to rank well in terms of access to care, air quality and built environment.

### **Orange Community Need Index Ranking**

The Community Need Index was created in 2005 by the Catholic Healthcare West in collaboration with Thomson Reuters. The Community Need Index's priority is to identify the severity of health disparity for every zip code in the United States. The idea is to locate neighborhoods with significant barriers to health care access and/or show where community resources are located. What makes the Community Need Index unique is that the ranking of the zip codes are not solely based on healthcare need but also economic status and structural barriers that affect overall health of individuals within a community.

The scores are assigned to each condition being measured one to five, with one representing the least amount of community need and five representing a large community need. The idea of ranking each zip code in the United States is that they can be compared to other zip codes within the region, state, or country. Additionally, the scores can be used to examine correlations among factors. For example, Community Need Index scores have exposed that hospital utilization shows strong correlations between high need and high use in specific zip codes.

Orange County was broken down into the five zip codes of the region and given a ranking between one and five. Zip code 47125 in Hardinsburg has the lowest ranking of 2.4 portraying that they have a relatively high socio-economic status and high health care access. Zip code 47454 in Paoli on the other hand has a high ranking of 4.4 showing that they have projected low socio-economic status and a high need of access to health care. In between are 47469 of West Baden Springs (3.6), 47432 of French Lick (3.4), and 47452 of Orleans (3.4). Please see *Figure 3*.

### **Chronic Conditions and Preventative Behaviors**

The National Research Corporation is one of the largest online healthcare surveys in the United States that conducts community health needs assessments throughout the country. Their program *Ticker* provides a wide array of data but most interesting for the purpose of IU Health's Community Health Needs Assessments are the categories *Chronic Conditions* and *Preventative Health Behaviors*. These surveys portray estimates of chronic conditions within a population of interest and related preventative behaviors. These estimates are based off of a monthly internet survey of over 270,000 individuals across the county. However, for Orange County, the *Ticker* data was based off of the Bloomington Regional Market, which was pointed out by officials in the focus groups to not be a great representative of Orange County at all—best example being smoking and obesity/weight concerns which were believed to actually be much higher rates.

Based on the 2010 *Ticker* data, the Bloomington Regional Market identified ten chronic conditions of interest: allergies, cancer (other than skin), depression/anxiety disorder, diabetes, heart disease,

high blood pressure, high cholesterol, obesity/weight problems, skin cancer, and smoking. Each of these categories in the Bloomington Regional Market are then compared to the Indiana average and the U.S. average. In Bloomington, high blood pressure and high cholesterol portrayed the highest percentage of population affected, however hovering around the national and state averages of 35-40%. Of most interest is depression/anxiety disorder—in Bloomington, about 28% of the population is affected which is about 3% more than the Indiana average and 7% more than the U.S. average. The chronic conditions of least concern are cancer (both skin and other), diabetes and heart disease. Smoking and obesity/weight problems are of concern but follow the state and national trends.

In the Bloomington Regional Market, depression/anxiety, obesity, and smoking are of most concern because of the lack of preventative health programs and/or preventive measures to address the chronic conditions. For example, about 28% of the Bloomington population is affected by depression/anxiety but maybe 6% takes part in any mental health screening. About 19% of the population is affected by obesity and not even 5% partake in a weight loss program and maybe 8% have had a BMI screening. Lastly, around 28% of the Bloomington community smokes and less than 4% of the smokers take part in a smoking cessation program.

In the Bloomington Regional Market, high blood pressure and high cholesterol are the only two categories that have more testing for the population than percentage of chronic disease. Approximately 39% of the population has high blood pressure and about 60% of the population has taken a blood pressure test. About 35% of the population has high cholesterol and 39% of the population has been screened. Please see *Figure 4*.

The National Research Corporation's *Ticker* data is thus significant in identifying where resources could be spent for future measures to prevent and/or treat prevalent chronic conditions. From The National Research Corporation's data on Bloomington it seems resources could be well received in mental health care, obesity, smoking, high blood pressure and high cholesterol.

## **Focus Groups**

One, two-hour long focus group session was held at IU Health Paoli Hospital. Local leaders with a stake in the community's health were invited from organization such as Purdue Extension, United Way, Medco Health and Rehab, Hoosier Uplands, and Jubilee Community Health Incorporated. All in attendance were encouraged to share their thoughts and opinions on Orange County's health concerns and needs.

Upon arrival to the focus group participants were asked to list their believed top five health needs for Orange County. These responses were collected therefore creating a comprehensive list of needs. The list was then used during the discussion period later in the session and ranked for severity of need within the community.

After top needs were collected, a presentation about IU Health's mission, current outreach priorities, and local health data was given to the leaders. This included data on the community's demographics, insurance information, poverty rates, county health rankings, causes of death, physical activity, chronic conditions, preventative behaviors, and community needs index.

Once the presentation is complete a discussion surrounding the suggested top five health needs of the community was conducted. This was intended to inspire candid discussions and was followed by giving the leaders another chance to vote for their top five needs from the overall list. Votes were

tallied as a group and input from the group was encouraged during this process in order to validate the needs.

Following the final vote participants were asked to address what they thought IU Health's roles could be in meeting the local health needs.

### **Summary of Focus Group**

Through the focus group the top three needs of the community seemed to relate most to: assistant programs/access to health care, wellness/obesity prevention, and health literacy. Other needs like mental health/substance abuse and chronic disease management were also discussed and narrowed down because of Paoli's extensive list of top need. For example, access to health care encompasses assistant programs (offering individuals aide in accessing them), medical homes, prescription drug costs, specialists, female health and screenings and transportation issues while the chronic disease category is comprised of dental care, tobacco, cancer and diabetes. Most leaders believed that IU Health could play a role in addressing the community's health needs.

Access to health care corresponding with assistant programs was the overwhelming concern. It was stated that Orange County has one of the highest rates of individuals who qualify for Social Security but do not take it. The rate, it appears, is not because the citizens do not want the support, but because they do not have the resources to obtain the support. Based on the United Way of South Central Indiana's Community Impact Strategy Report, in 2000 Orange County reported having a higher percent of households receiving additional income from social security, public assistance, and retirement income with 32.1% of Orange County residents using Social Security as part of their household income (see attached *Figure 5*). While not all information is available for 2007, it is known that in Orange County, the percent of household receiving social security income increased from 32.1% to 34%. It should be noted that those statistics are based on reported data and that the critical problem are the individuals who have not been able to receive their eligible assistance, therefore it is hypothesized that those percentages would in fact be much higher. Officials explained that since the social services building burnt down in Paoli, individuals have been struggling to arrange transportation to the neighboring county's facilities. Transportation in terms of access to care is also a corresponding predicament. Many individuals do not have any type of transportation and there are only two services in Orange County, are overbooked. If residents need to go from one county to another, they stated that "there might as well be a wall." Because of that wall, Paoli residents are not able to access the assistance that they need.

Access to health care also contained prescription drug costs, medical homes, access to specialists and female health. Many officials were concerned that there is no continuity of care in Orange County and that medical home model could assist. Residents need to have one primary care physician who knows their history and can recommend treatment based on their individual circumstances. Along the same lines, residents also need to be able to have access to specialists. Most specialists only come about once a month and when they do, it is like "pulling tricks out of a hat" on which physician the individual will get. Even cardiologists, which are at the hospital once a day, are never the same. The hospital lacks stability of care in terms of specialists which makes access to care and the medical home model even more complicated. While female health and prescription drug costs were not discussed in detail, they were brought as a key concern relating to access to care. Female health was mentioned to incorporate teen pregnancy and female health screenings. Of note, the Emergency Department is the only options for Orange County residents for after hours and on Sunday.

Obesity Prevention and overall wellness were linked together because many officials believed that without one you cannot have the other. For example, even if people are determined to exercise and better their health, they run into many barriers like gym memberships and costs. While Paoli does have some joint agreements with local establishments like the schools, it is still very hard to individuals to access wellness facilities. Orange County also was mentioned to have a phenomenal farmers market (excepts SNAP) and Food Nutrition Program (FNP) but they are not enough. Orange County also has some good activities like the Walmart Walkers and the hospital's Ways of Wellness (WOW) program; however they are not able to expand. While Orange County does have some resources, officials believed that there is still a gap and that IU Health could easily assist with and sometimes can be as simple as helping to advertise for places where individuals can take part in wellness activities—may individuals just do not know what exists (i.e. French Lick's walking paths).

Health literacy is a growing concern in Orange County. Officials brought up a phenomenal point that health literacy often times in not about education level, but understanding the condition, instructions and medical terms. One official explained that she had a patient who was a master carpenter but had a hard time understanding his prescription instructions—clearly showing that it was not about his level of education. Another official used a similar example with diabetes training—it was not about the education level again, but taking the time to really explain the new condition and its medical terminology and instructions. Orange County, like many other counties needs someone who can help with medication management and knowledge. While Orange County has the “Ask Me 3” program, they are searching for a more sustainable program that can offer more assistance.

While mental health and substance abuse were originally thought to be separate concerns, as the focus group proceeded they began to integrate them into one category within the top five needs. Orange County does have Southern Hill's counseling program which is an extensive inpatient and outpatient facility for coexisting mental health and substance abuse problems, however it is not enough. Bedford has a part time psychiatrist and that really seemed to be a general consensus on the closest place to receive mental health care. Many officials thought that the remodeling of the Paoli hospital will be a big help by encouraging physicians since they will only have to visit one “wing” and all of the patients will be in the same vicinity. Substance abuse programs are basically nonexistent and the ones that do exist take place at the court house and typically only court ordered cases attend those meetings—it's hard to encourage people to go there. One official stated that they know mental health is a growing problem and if there is anything IU Health can do, please do.

Chronic conditions are also a huge concern and encompass a wide array of issues including: dental care, tobacco cessation, cancer and diabetes. Dental care was talked most about because of the dwindling amount of dentist who are willing to accept state assistance programs like Medicaid. Additionally, there are few options in general for residents in Orange County on dentists and few preventative measures are taken—mostly emergency care. It was noted that there is a large barrier and that it may have to do with the actual dentists not understanding the need at hand. While Mobile Dental occasionally comes around, a very large gap remains. Tobacco cessation was the next largest problem and officials believe that many of the Orange County residents do smoke. Programs that currently exist were not mentioned, but it was believed that the County does need assistance. Diabetes was discussed in a general manner and that it's a concern in the terms of education, programs, and lack of endocrinologists—dieticians often fill the role that endocrinologists would usually play. While cancer was listed in the chronic conditions category, time did not permit extensive conversation. Overall, chronic disease/conditions lack resources to help Orange County residents receive the education, prevention and care they need. There are very few health screenings available to individuals because of budget cuts. The screenings that are offered have minimal data tracking available so providers and patients have a hard time comparing information. It seems that

the best types of services currently available are offered by Hanna Swayer herself and would be a “chat with a nurse” experience.

### **IU Health’s Potential Role**

It is believed that IU Health could play a substantial role in aiding Orange County residents in their needs. The Paoli Hospital itself has a financial counselor, case worker and care manager, but IU Health could help with additional people, especially someone who could assist individuals through the system and help them apply for government programs. An employee to be an educator/trainer on health literacy would also be a great help.

At one point in time, the Paoli Hospital has a community resource booklet that both providers and patients referenced. The booklet was very well received but due to financial problems it is no longer around. It was thought that if IU Health could help comprise a resource booklet again it would be an enormous aide to the community and hospital.

In the terms of mental health, it was expressed that if IU Health could help in any way it would be greatly appreciated. The officials agreed it is a growing problem and needs to be addressed. The same could be said for wellness programs/obesity prevention and chronic conditions. While officials did not directly state how IU Health could assist they noted that any help would be received well.

One aspect that was talked about in great detail was the Jubilee health center and all the services and resources it offers to the community. The clinic has over 2,000 established patients and a few new patients are received every day. The clinic has so much traffic that they recently had to cut down their service area to only serve Orange, Crawford and Washington Counties. While patients have to be underinsured or uninsured to receive care, the services that Jubilee offers are expansive. Officials agreed that they would love to see the Paoli Hospital connected with Jubilee in terms of records, paperwork, referrals and services. It was believed that having continuity with the clinic and hospital would greatly benefit everyone around. As is, many services like x-rays, labs, radiology, etc. are discounted for the clinic, but Jubilee would very much like to see more collaboration and believes that IU Health could be a great asset in attempting to bring them together.

While it was not discussed in great detail, it was mentioned that at one point the high schools in Paoli tried to get a school based clinic. Members of the school board heard about a successful clinic in Warren township, attended some of their meetings and cleared a space in their school however if fell through. One member of the group believed that if a clinic were placed within the school, it could become a great benefit to the children—this may be a place for IU Health to support access to care.

Overall, it is noted that IU Health could play a role in many areas of the top five expressed needs.

## IU Health Paoli Hospital Community Health Needs Assessment Findings

### **Session Attendance**

1. Debbie Beeler, Hoosier Uplands
2. Ron Crowder, IU Health discharge planner
3. Lori Kendall, IU Health foundation and marketing director
4. Sherri Perry, NP
5. Ralph Purkhiser, French Lick library adult programs
6. Mary Jo Robinson, Purdue Ext. educator
7. Linda Wells-Frieberger, NP Jubilee Clinic
8. Sue Ann Burton, VP Nursing
9. Hanna Swayer, Com. Health Education/Vol. Services Director
10. Christie Brown, Medco Health and Rehab, French Lick.
11. Stacy Burton, Medco Health and Rehab, French Lick.
12. Kim Key, our financial caseworker

### **Overall Top 5 Needs Identified and Ranked for the Orange County Community**

1. Assistant Programs/Access to Health Care
  - a. Medical Home
  - b. Prescription Drugs (cost)
  - c. Specialist, especially for the uninsured
  - d. Female screening/Female health
  - e. Transportation
2. Wellness/Obesity Prevention
3. Health Literacy
4. Mental Health/Substance Abuse
5. Chronic Disease
  - a. Dental
  - b. Tobacco
  - c. Cancer
  - d. Diabetes

### **Beginning Comments Focus Group**

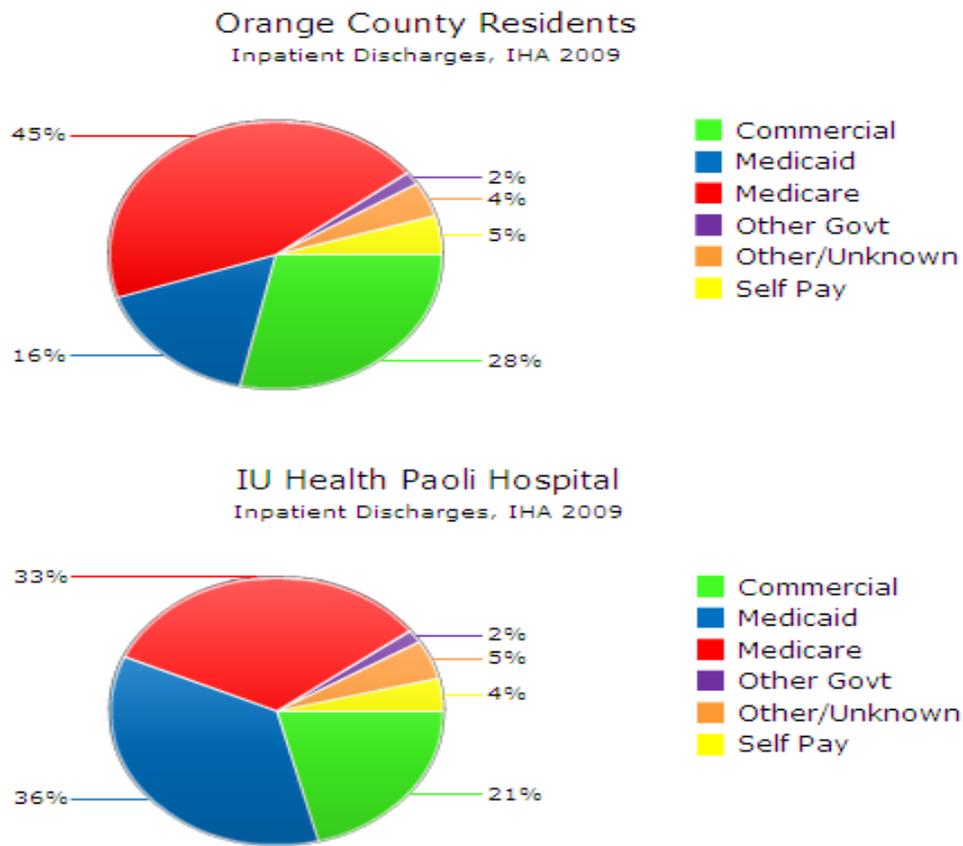
- Note: Amish are part of the community and should be considered when making health care decisions
  - Especially for prenatal care
- Mental health and substance abuse should try to remain separate in many cases
- When talking about education, more concerned with health literacy not K-12 educations
  - Basic information is lacking, i.e. nutrition
  - Basic reading and arithmetic play a role and sometimes that's hard for prescriptions—another example are words that the average Joe may not understand, i.e. hypertension
- Exercise is a large concern—people who are even determined to exercise still have trouble finding places
  - Paoli has a few joint agreements with the school, etc but have to be able to get there
  - French Lick Resort has approximately three miles inside
- Transportation (in general)
  - Only two programs that assist with transportation which are the Older Americans Services and Orange County Transit (they do accept Medicare)
  - Not enough to meet the needs

- Have to be able to provide their own wheel chair and many individuals cannot do that
- Might as well be a wall in between the counties for as hard as it is to get from one to another
- No taxis
- When gas prices when up, no shows at the hospital and clinics went up
- At least 23 miles to get to the nearest location for an interview to get Medicaid, Medicare or even Food Stamp—people just cannot get there. Large gap.
  - A fire burned down the local social services building
- Transportation problems can also lead to isolation which could play a role in mental health concerns as well.
- Medco
  - 74 bed facility that takes both long term and short term patients
  - Offers a full continuum of services and care, including skilled nursing care and short term rehabilitation salutations.
  - Serves not only Orange County, but also Crawford, Dubois and Martin Counties.
  - Accept both Medicare and Medicaid.
- Jubilee
  - A Nonprofit Christian based medical clinic for uninsured and underinsured.
    - Have to have a deductable of at least \$10000 or higher
  - Has approximately 2,00 established patients
  - Patients pay about \$20-40 based on their income
  - Orange, Crawford and Washington County
    - Recently had to cut down on service area
  - See about 4-5 new patients every day and will treat any age patient
  - HAVE to be either uninsured or underinsured
  - Operated on about \$85,000-90,000 a year
  - Operated on a mostly volunteer based schedule
    - Problem because of malpractice concerns
  - Would love to be intertwined into the hospital, especially with charts and records
  - X-rays, labs, radiology, etc. are discounted
  - Voucher → the hospital does not provider reimbursement
  - Don't have EMR, but know it could make things easier, especially with trying to interact the hospital
    - Afraid DRs might not receive it well or want to learn it
- Dental care is completely dwindling because of dentists who will accept state assistance programs
  - No options or preventions
  - Mostly emergency care
  - Mobile Dental has come a few times however not often
  - Large barrier—some believe it may have to do with the actual dentists not understanding how the assistant programs work or comprehending the dire need for dentist
- E.R. is really the only option for after hours or Sunday
- A school based clinic was talked about based on Warren's method and the space is available however nothing has happened.
- Orange County allegedly has the highest rate of individuals who qualify for SS but lowest rate that have no applied
  - Just not enough people to help

- People need a “hand to hold on to,” but there are not enough hands
  - Need social workers
- It’s like jumping hoops to get prescriptions—Jubilee has someone to aide individuals but it’s minimal and they only help their patients. It’s also a small fee.
- Overall wellness and obesity are a huge concern
- Had the WOW (ways of wellness) program
  - Had about 900 people register however only about 100 stuck with the program until its end.
  - Hospital was hoping it would expand
- Gyms are available, but at a cost
- Thinks that maybe IU Health could simply advertise for places where individuals could take part in wellness activities—not many people know of what exists at all (i.e. French Lick’s trails)
- GREAT farmers market—can use SNAP card
- Walmart Walkers
- Health Literacy is a growing concern
  - Have Ask Me 3 program
  - Searching for something that will help and can be sustainable
  - Need basic skills
  - Medication management and knowledge
  - Prescription labels
- Food Nutrition Programs (FNP)—great program for literacy around nutrition
  - Can only have about a 25 person course load
  - Always full and busy
  - Need more programs like this and expansion on this program
- Another problem is that many individuals who “live in the valley” think Jasper as their health care provider, not IU Health
  - Catholic Hospital
  - Cheaper
  - Outstanding orthopedics department
  - About 20 miles from IU Health—people don’t mind traveling to get there to save money
- Floyd and Bloomington also destinations
- Mental health is a growing problem—if IU Health can do anything to help, PLEASE
- Have Southern Hill but not enough services to go around
- Bedford has a part time psychiatrist
- Remodeling of the hospital is supposed to help with some of the mental health concerns
  - May keep doctors coming if they only have to visit “one wing” of a hospital instead of going every where
  - Will help keep all the patients in one place
- NO substance abuse programs—the ones that do exist are court ordered and take place in the court house—hard to get people to go there...
- Specialists are hard to come by at IU Health. They come maybe once a month (i.e. dermatology, OBGYN, etc.)
- There is a cardiologist at least once a day, but it’s like pulling from a hat because it will be a different doctor visiting every time. No continuity.
- Dieticians are the ones who work as endocrinologists because there isn’t one
- Budget cuts removed majority of health care screenings

- If there are screenings now there is no data or tracking of data
- Not doing well in the chronic disease department
- Hannah is the main medical link—usually don't see doctors, but more of a “chat with a nurse” type thing
- Hoosier Uplands
  - Non-profit agency that helps plan, implement and provide services to the poor, elderly and disables.
  - Help to alleviate poverty, living conditions, and access to care.
- Williams Brothers Pharmacy
  - Hard to get people to travel to Williams Brothers
- Hanna talked about how she seems to be the “clearing house” for resources and tries to connect individuals to community resources
- Paoli has a financial counselor, case worker and care manager but IU Health could help with additionally assistance programs or people
- IU Health could make a large difference with a community resource booklet—used to have one and it was very well received

Figure 1. Insurance Coverage



Source: 2009 IHA

Figure 2. County Health Rankings

	<b>Overall Ranking</b>	Smoking	Diet and Exercise	Alcohol Use	Unsafe Sex	Access to Care	Quality of Care	Education	Employment	Income	Family and Social Support	Community Safety	Air Quality	Built Environment
Hamilton	<b>1</b>	2	1	9	1	1	2	1	1	3	5	15	90	12
Hendricks	<b>2</b>	22	5	16	3	28	18	3	5	1	11	22	70	15
Monroe	<b>7</b>	16	2	40	18	92	1	4	7	80	44	37	17	42
Tippecanoe	<b>18</b>	13	5	55	40	91	22	5	9	66	37	48	46	54
Tipton	<b>19</b>	1	42	4	19	15	87	27	77	7	27	77	65	73
Morgan	<b>32</b>	62	58	67	47	54	50	26	34	16	34	71	61	10
Blackford	<b>58</b>	41	28	72	71	14	70	49	82	60	62	56	71	22
<b>Orange</b>	<b>70</b>	<b>89</b>	<b>65</b>	<b>24</b>	<b>62</b>	<b>21</b>	<b>62</b>	<b>59</b>	<b>45</b>	<b>84</b>	<b>51</b>	<b>72</b>	<b>7</b>	<b>44</b>
Delaware	<b>71</b>	25	90	34	74	10	46	46	63	82	35	56	78	68
Lawrence	<b>74</b>	34	58	8	69	43	74	80	88	63	81	56	7	72
Elkhart	<b>75</b>	21	28	22	91	79	16	73	91	57	82	79	81	16
LaPorte	<b>77</b>	39	65	78	79	48	41	70	48	73	73	85	75	63
Marion	<b>87</b>	58	24	31	92	8	21	58	29	87	92	91	92	56
Starke	<b>91</b>	90	37	89	68	63	88	86	85	78	60	85	35	18

Figure 3. Community Need Index

Zip Code	City	Rank
47454	Paoli	4.40
47469	West Baden Springs	3.60
47432	French Lick	3.40
47452	Orleans	3.40
47125	Hardinsburg	2.40

Figure 4. Chronic Conditions and Preventative Behaviors

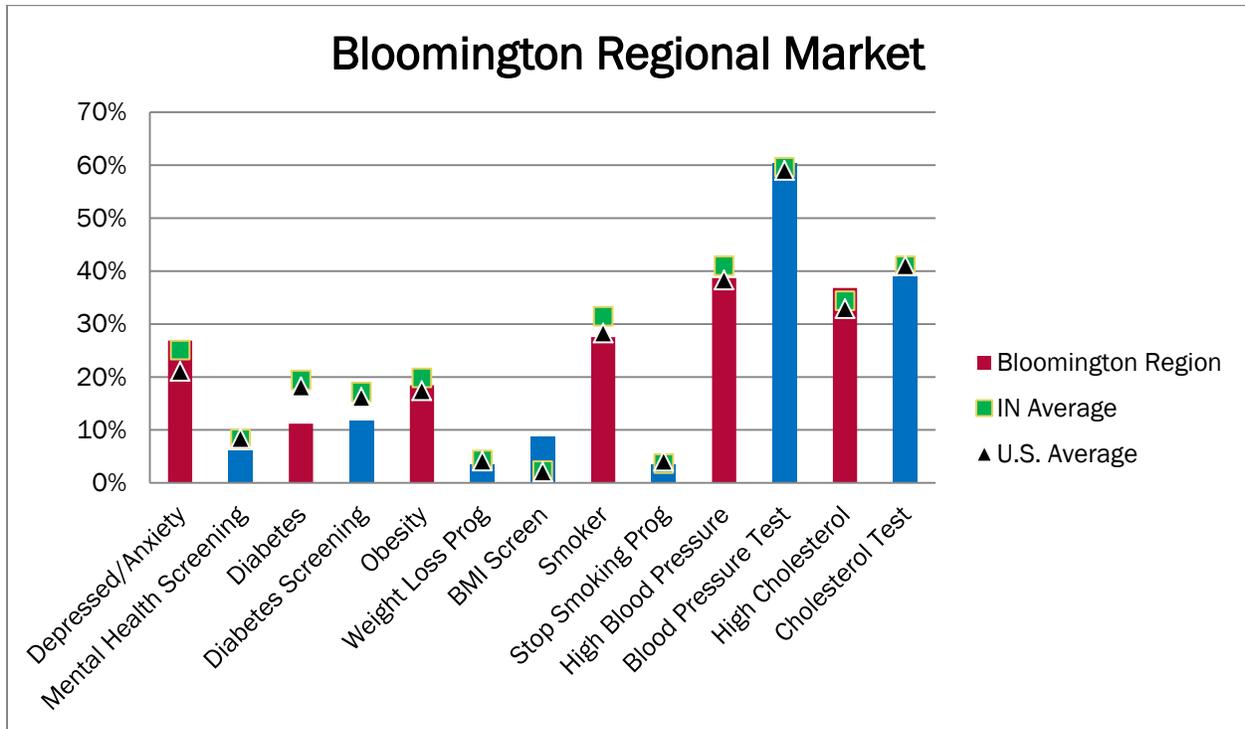
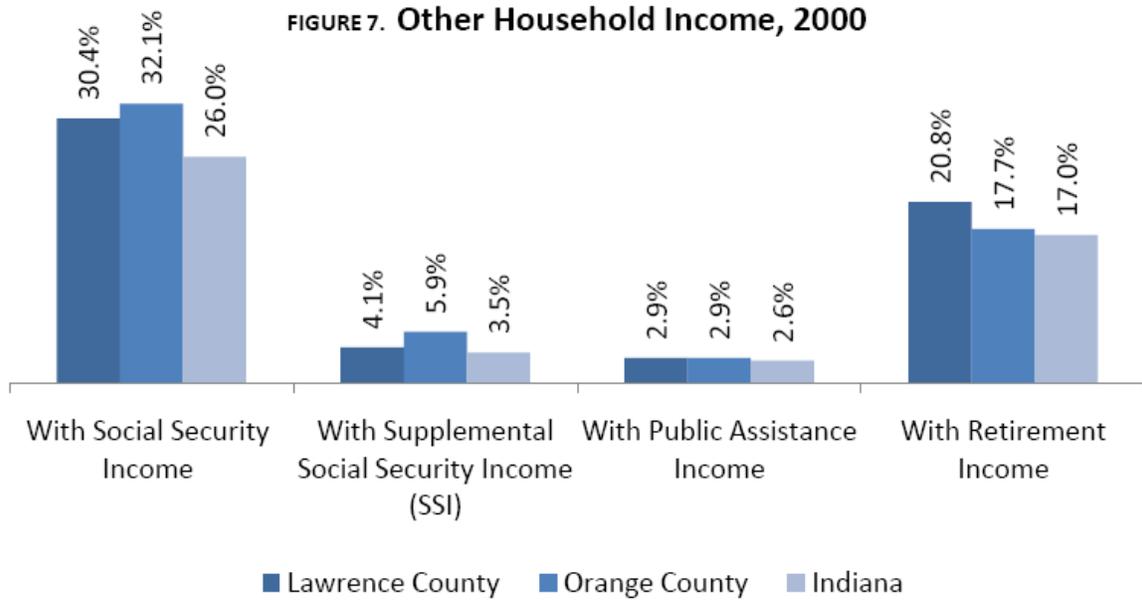


Figure 5. Other Household Income from the United Way of South Central Indiana



Source: U.S. Census Bureau, American Community Survey



Paoli Hospital

## Our Mission

IU Health Paoli's mission is to improve the health of our patients and community through the provision of compassionate, high-quality and customer focused care.

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## Our Vision

IU Health Paoli's vision is to achieve preeminence among critical access hospitals by providing coordinated care with unsurpassed service and quality and to operate as an integral part of the Indiana University Health statewide network of health care delivery.

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## Our Values

Our values are based on TEAM acronym: Trust, Excellence, Accountability and Mutual Respect. The goals of these values is to produce customer loyalty, committed employees, outstanding clinical outcomes and to be the employer of choice in the area.

**Trust – We can count on each other**

**Excellence – We do our best at all times and look for ways to do even better**

**Accountability – We accept responsibility for our actions and mistakes**

**Mutual Respect – We treat everyone with respect and compassion**



# Indiana University Health

## Long-Range Hospital Objectives for Charity Care

The long-range objective of Indiana University Health Paoli, Inc. is to meet the medical care needs of all persons who need our services, regardless of ability to pay.

## Communities Served

Indiana University Health Paoli, Inc. serves the following communities:

- Orange County, Indiana
- Washington County, Indiana
- Martin County, Indiana

## Statement of Public Notice

The following appears on the Indiana University Health Paoli website:

# Community Benefit

The IU Health Paoli annual report of community benefit for 2010 is available by request through the state department for anyone to view.

## Needs Assessment

Phase I, the leader component, of the Community Health Needs Assessment is included in this submission. The next phase will be the completion of the community component followed by the development of the detailed community benefit action plan.

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