



2012-2013 Community Health Needs Assessment

ABOUT OUR COMMUNITY HEALTH NEEDS ASSESSMENT

Our mission is to promote, preserve and restore health. This mission illustrates that hospitals have become more than four walls. It is our goal to play a role in improving the health of the community through education and wellness to prevent the need for services but to also be here with high quality services when our community members do need care and treatment. DeKalb Health has conducted and/or participated in a community needs assessment process several times over the years to evaluate the overall health status of the communities it serves. Ongoing community benefit projects have grown out of the work done through these assessments.

In 2012, an ad hoc committee was given the task of conducting a community health needs assessment (CHNA) process to meet the new federal requirements. The March 2010 passage of the Patient Protection and Affordable Care Act (PPACA) introduced new reporting requirements for private, not-for-profit hospitals to maintain 501(c) (3) tax-exempt status.

Effective for tax years beginning after March 2012, each hospital must:

- Conduct a CHNA at least once every three years
- Identify action plans to address unmet community health needs
- Report the results of each CHNA publicly

DeKalb Health conducted its CHNA in the primary service area of DeKalb County, Indiana. This decision was made based on the determination that greater than 80% of our outpatient discharges come from zip codes within DeKalb County. We joined forces with the DeKalb County Health Department to conduct our county-wide survey. This process included both the county health nurse and our county health officers both of which are physicians. To ensure the integrity of the survey and data, we enlisted the assistance of Indiana-Purdue of Ft. Wayne's (IPFW) Center for Social Research who was contracted to administer the tool and analyze the results. In conducting our survey, we felt confident there were no significant information gaps that impacted our ability to conduct the assessment and capture a true snapshot of our community's needs.

EXECUTIVE SUMMARY

Realizing the importance of responding to the needs of the community, our goal was to have the CHNA serve as one of the key components for our community outreach strategies. The findings will assist leadership in guiding our resources appropriately in the coming years.

PRIOR COMMUNITY HEALTH NEEDS ASSESSMENT RESULTS

Previous assessments revealed several areas of need in DeKalb County. The ongoing projects that were developed focused on 1) Prenatal Care and Education; 2) Teen Pregnancy; and 3) Parenting. Coordinated programs with multiple community agencies grew out of each one of these initiatives, involving the DeKalb County Health Department, Children's First Center, March of Dimes, Campaign for our Kids, DeKalb Memorial Hospital (now DeKalb Health) and several other community organizations.

Further developments from a follow-up assessment included the focus on wellness programming to combat obesity and smoking. Ongoing dollars are committed annually to move these areas of focus forward. Our past efforts to satisfy our community needs have been successful, but there is still much work to do. Many of the same issues continue to bubble to the surface in our new survey. While we are not able to fulfill every identified need through our 2012-2013 CHNA, we will make every effort to address defined priorities that are consistent with our mission to promote, preserve and restore health.

Our 2012-13 assessment included a community survey, a provider survey, feedback from key constituents that we collaborate with as an organization representing the community's broad interests, and analysis of secondary data. Some of the organizations that we consulted with to gather information included: DeKalb County Health Department, United Way, Community Foundation, Children's First Center, Dekalb County Extension Office, Schools, Cancer Services, Drug-Free DeKalb, Serenity House, Head Start, Shelter Ministries, multiple hospital department heads, physicians, etc.

COMMUNITY SURVEY

Process and Methodology

The goal of the the 120 question survey was to obtain at least 1100 completed and viable surveys through a random sampling survey methodology. A total of 4,500 surveys were sent to a random sample of households in DeKalb County in early 2012. We were delighted to receive a tremendous response rate of 32.2% which is roughly double the industry standard for surveys of this type. In all, DeKalb county respondents completed 1,440 viable surveys. The final overall sample margin of error has a +/- 2.63% at the 95% level of confidence.

The methodolgy for the community survey invloved utilization of a paper survey during the spring of 2012. The survey results were shared with DeKalb Health and DeKalb County Health Department representatives initially before local not for profits and other service providers were gathered in a series of presentations to all those persons serving the community's broad interests, including not for profit service organizations and public health experts.

IPFW representatives provided a presentation of the findings and discussed the priorities. All parties were given the opportunity to provide input and feedback regarding the survey at large and the identified priorities.

SUMMARY AND RECOMMENDATIONS

A great deal of information was collected as part of the DeKalb County Community Health Assessment. From the data, several issues were identified as areas to consider. These issues, and any subsequent recommendations, are summarized below.

With respect to the area of women's health, statistical comparisons between the DeKalb County results and data contained in the 2010 iteration of the BRFSS for Indiana and the United States establish as a fact that women in DeKalb County tend to wait longer on average to have a clinical breast exam. The survey conducted by IPFW suggests that programs and initiatives should be undertaken to both educate and encourage the women of DeKalb County to place a higher priority on their breast health, including pointing out that the Affordable Care Act of 2010 now mandates that women be allowed to obtain a clinical breast exam without having to pay a health insurance co-pay.

Cardiovascular disease, heart health and obesity are all related issues to consider carefully. Fully 10.3% of DeKalb County respondents reported that they had been diagnosed with heart disease (a figure that was statistically higher than both the state and national datasets provided by the BRFSS), 46.5% of respondents reported a diagnosis of high blood pressure, and 42.3% of DeKalb County respondents reported that they have high cholesterol. In addition, 70.4% of respondents having a BMI classification of either overweight or obese and 11% of children being diagnosed as overweight. The key factors in the high incidence of poor cardiovascular health, heart disease and obesity in DeKalb County are most likely improper diet and a lack of regular exercise among survey respondents. Support for this conclusion comes from the fact that 63.0% of respondents reported trying to lose weight, and only 55% of respondents reported participating in regular exercise. The survey suggests initiatives should focus on promoting an active lifestyle and a balanced diet, one high in fruits and vegetables, as a way to help lower the obesity rate and prevent heart disease. Services and educational resources should aim to

inform women as to simple and cost-effective ways in which they can include more healthy food in their diet and reduce stress as preventive measures to heart disease.

A high incidence of both depression and anxiety was found in DeKalb County, relative to the population of the United States. DeKalb County residents reported a statistically higher number of average days feeling sad, blue, or depressed as compared to other residents in the United States. DeKalb County residents also reported a statistically higher number of average days feeling anxious as compared to other residents of the United States. Addressing the high incidence of depression and anxiety within the DeKalb County community should be considered a priority, as both depression and anxiety have been linked to diminished health status, increased health care utilization and noncompliance with medical treatment (DiMatteo, Lepper & Croghan 2000). It is suggested that efforts to overcome the stigma associated with mental health issues also be given priority in DeKalb County, as the current study found evidence to suggest that DeKalb County residents may be resistant to seeking help for mental health issues. Question 61 found that 27.5% of residents had been diagnosed with depression and/or anxiety in the past, but only 17.8% were currently in treatment for depression and/or anxiety. In addition, Question 67 of the survey asked respondents if they were limited in any way in any activities because of physical, mental or emotional problems. Only 19% of respondents stated this was the case, which was a rate significantly lower than that of the state of Indiana and the nation. Although the issue of being limited due to mental or emotional problems was conflated with physical problems in the survey, the overall low percentage in Question 67 is suggestive that DeKalb County residents are reluctant to admit when they may need assistance with mental and/or emotional problems. Mental and emotional health problems still retain a heavy stigma, a point that Corrigan (2004) found in his research on the topic. When taken together, the evidence suggests that one of the steps to consider involves ways of reducing the negative stigma surrounding mental health issues. Concomitant to this, the survey suggests DeKalb Health and the DeKalb County Health Department should undertake efforts to address the rates of depression and anxiety in the population of DeKalb County residents.

Incidence of cancer appears to be relatively high in DeKalb County. Information contained in the Appendix B of the full community survey report shows that deaths from cancer are higher in DeKalb County than in any of the seven counties surrounding DeKalb County. In the current survey, 9.9% of respondents reported a diagnosis of any form of cancer (other than skin cancer) at some point in the past. In addition, 10% of female respondents reported a family history of ovarian cancer, and 23% of women in the survey reported a family history of breast cancer. As early detection is still one of the best mechanisms to reducing the mortality rate associated with cancer (Etzioni et al., 2003), survey recommends an increase cancer screenings among the residents of DeKalb County. More in depth research is needed to determine possible causes, so it would be important to determine if any local organization have been collecting this data.

The current survey found that an overwhelming majority of those polled reported having a working smoke detector in their residence. Relative to this, the number of residents who reported having a carbon monoxide detector and a fire extinguisher was low. Only 47 percent of participants reported having a carbon monoxide detector. It is recommended to work with community officials to increase the number of homes with fire extinguishers and carbon monoxide detectors to rates approximate to the number of homes with smoke detectors.

A final issue which emerged from the survey data concerns a spike in Vicodin prescriptions. Survey respondents were asked to report whether they had been prescribed one of nine different medications. Of the nine different types of prescription drugs listed in the survey, 9.6 percent of those polled

reported being prescribed Vicodin at some point in the past six months. This rate is five times higher than that of the two second highest prescription medications, Percocet (2.1%) and Oxycotin (2.0%). This rate for Vicodin prescriptions is troubling but not unexpected: an ABC News report by Avila and Murray (2011) notes how the use of Vicodin has grown in America from 112 million prescribed doses in 2006 to 131 million prescribed doses in 2011. The survey conducted suggests that an investigation into the reasons for the high incidence of Vicodin prescription in DeKalb County should be conducted. Any educational resources developed should aim to create an understanding of the long-term consequences of Vicodin use and/or abuse. Furthermore, it is recommended that steps be taken to educate residents of DeKalb County about the addictive potential of overusing all forms of prescription medications. Use vs. abuse requires further research as local physicians report there are many reasons for prescribing certain pain medications.

Provider Survey

An open-ended three question survey was distributed to a wide range of community medical providers to get input on the top issues they face/top diagnoses they see in their practices. The survey reached out county wide to medical doctors, chiropractors, optometrists, dentists, midwives, nurse practitioners, etc. Similar themes came from this survey with obesity, hypertension, depression and anxiety, and diabetes topping the list.

Secondary Data

Our secondary data analysis included indicators from the Indiana State Department of Health specifically for DeKalb County. <http://www.indianaindicators.org>.

Additionally, we discovered through a state wide meeting with the Indiana State Department of Health, that infant mortality numbers are high for DeKalb County. It is important to note the rates represent births by mothers who RESIDE in DeKalb County and are NOT specific to DeKalb Health. Infant mortality birth rate numbers represent births occurring in any location and are assigned to the mother's county of residence, not the county where she gave birth. The State held a call to action meeting, asking hospitals to partner with them to reduce the numbers in several counties with higher than average rates.

We analyzed all the data from the Community Survey, the Provider Survey and the Secondary Data to determine which areas of need should become priority for an implementation strategy. Refer to the Community Health Needs Assessment available separately to review all identified in the survey. As criteria, we looked for recurring themes that showed up across all constituents and parties that were surveyed.

IMPLEMENTATION PLANS – OUR ACTIONS

After analysis of the issues that surfaced in our research, we determined what areas were realistic for us to tackle as well as considering those issues we may be able to address in partnership with other community organizations. Below defines our action plans for the next three year period.

- **Infant Mortality** – In 1995 our hospital conducted its first needs assessment. Out of that project evolved a program called **Healthy Expectations** which has continued ever since. This is a pre-natal vitamin and education program initially implemented in partnership with the March of Dimes. As an extension/enhancement of this program, within our Family Birthplace we are beginning trimester education with soon- to- be moms to spotlight specific issues to consider per trimester. Education will include smoking, nutrition, safe medications, vaccines, appropriate weight gain based on the mother’s BMI during pregnancy, as well as education on shaken baby Syndrome, Sudden Infant Death Syndrome, and safe sleeping practices for baby. In addition to monthly on site classes, brochures will be developed that will be provided as a community resource at places such as physician offices, WIC and other organizations geared to help expectant moms.
- **Life Style Changes Through Exercise and Healthy Eating** – To tackle the growing problems of obesity, hypertension, diabetes, and other similar themes from our research, DeKalb Health’s Wellness Department will take a lead role. We currently offer a wide range of exercise and fitness classes for the public at reduced and affordable rates and have multiple free educational offerings several times each year. Wellness has a presence community wide at all health fairs DeKalb Health participates in throughout the county and offers free presentations at the request from a variety of civic organizations. We will regularly schedule screenings at local events and/or provide displays focusing on healthy eating, exercise, etc. Wellness also reaches the community through Corporate Wellness Programs helping to create a healthier and more productive workforce, reducing healthcare costs for the employer.

Through our Rehabilitation Department, both youth and adult weight management programs are in place. Tobacco Cessation classes are offered with payment plans to make it affordable. We educate inpatients that are current smokers as well as pediatric patients (and parents) with smokers in the home.

DeKalb Health has implemented a partnership called Get Fit Garrett with the JAM Center which is a fitness and community center in Garrett, IN. DeKalb Health will formally partner with the DeKalb County YMCA expansion to focus on health, fitness and wellness programming.

Public Service Announcements – This fiscal year DeKalb Health introduces a topic per quarter related to smoking cessation, obesity, healthy eating, etc. These will be integrated into the newspaper, or community newsletter and other resources.

Recognizing that diet and exercise continue to be key factors in addressing many of the ailments we wish to effectively manage, Wellness has been forward thinking and proactive in working to build on and increase participation in programs. The “Whole Food Challenge” is a program DeKalb Health will pilot this fall with DeKalb Health employees, reaching out to the community shortly after a timeline is determined. This will be done in partnership with an organization called Recipe For Change.

- **Formation of a Community Coalition** – January 2014 we will engage a group of interested organizations representing the communities’ broad interests to revive interest in the formation of a Community Health Coalition. The goal will be to review CHNA findings and determine possible strategies to address unmet needs. We will bring back together those organizations who met a year ago to discuss common interests and how to pool resources and organize health improvement initiatives for the community. Specific items to address will include carbon monoxide and smoke detectors in the home together with the local fire departments, partnerships with mental health providers (three in DeKalb County) to address depression and anxiety, and pain management providers (multiple providers in the community) as it relates to use and potential abuse of pain medications.
- **Women’s Health** – To address women’s health as it relates to the breast self-examination data in our report, we will hold a women’s health education symposium fall 2013. Promotion in the form of PSAs, newspaper ads will be included.

For the full report of the 2012 Community Health Needs Assessment, please refer to additional links on our website. And for further information about our strategies, please contact Cheryl Clark at 260-920-2518 or cclark@dekalbhealth.com .

