

2022

Decatur County
Memorial Hospital
Community Health
Needs Assessment

Prepared by the Indiana Rural Health Association

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Process

Decatur County Memorial Hospital (DCMH) contracted with the Indiana Rural Health Association (IRHA) to conduct the Community Health Needs Assessment (CHNA).

IRHA first identified the community served by DCMH through conversations with the hospital. Based on a review of patient zip codes, the hospital was able to define the community served as all postal codes within the geographic area of Decatur County.

To quantifiably describe the community, census reports were pulled from the United States Census Bureau Reports. Quantifiable statistics and reports for health-related community data were obtained from Decatur County Memorial Hospital, the Community Health Rankings & Roadmaps from the Robert Wood Johnson Foundation, Map the Meal Gap by Feeding America, the Annie E. Casey Foundation, and the Centers for Disease Control and Prevention. These reports can be viewed in Appendix A.

Next, a focus group representative of Decatur County Memorial Hospital's community was organized with the help of the DCMH Marketing & Communications Manager, Amy Shearer. Business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, health department representatives, and any other interested parties were invited to attend the meeting to discuss the health-related needs of the community and to identify the areas of greatest concern. The list of attendees and the organization they represent can be found in Appendix B.

From the information obtained in the steering committee and conversations with DCMH staff, a 59-question survey was developed to gain the perspective of the inhabitants of the community. Questions included queries about the effect of various factors (such as illegal drug use, transportation, and poverty), as well as probes into the perceived need for various services and facilities in the county. An online survey posted on SurveyMonkey.com was made available to the public. The survey was widely disseminated to the residents of Decatur County through inclusion on the Decatur County Memorial Hospital's website, social media, newsletters, and hard copy surveys available at the hospital. The survey may be viewed in Appendix C.

To identify all healthcare facilities and resources that are currently responding to the healthcare needs of the community, the IRHA contacted Decatur County Memorial Hospital to ascertain the facilities that are currently available to the residents of Decatur County. The hospital was able to provide a listing of the facilities and resources, including, but not limited to, clinics, family practices, and nursing facilities. The list of existing community resources can be found in Appendix D.

At this point, the entirety of the collected data was submitted to Decatur County Memorial Hospital to explain how the needs identified by the CHNA are currently being met, as well as to write a plan of action for those needs that are not currently being met. Decatur County Memorial Hospital was also able to identify the information gaps limiting the hospital's ability to assess all of the community's health needs.

The completed CHNA was then publicly posted on the hospital's website. Hard copies of the full report were made available to the community upon request at the hospital, as well.

Community Served

The community served by Decatur County Memorial Hospital is defined as follows: All people living within Decatur County, Indiana, at any time during the year. To be determined as living within the service area of Decatur County, a person must reside within one of the following postal zip codes: 47225, 47240, 47244, 47261, 47263, 47272, or 47283.

Description of Community

Physical

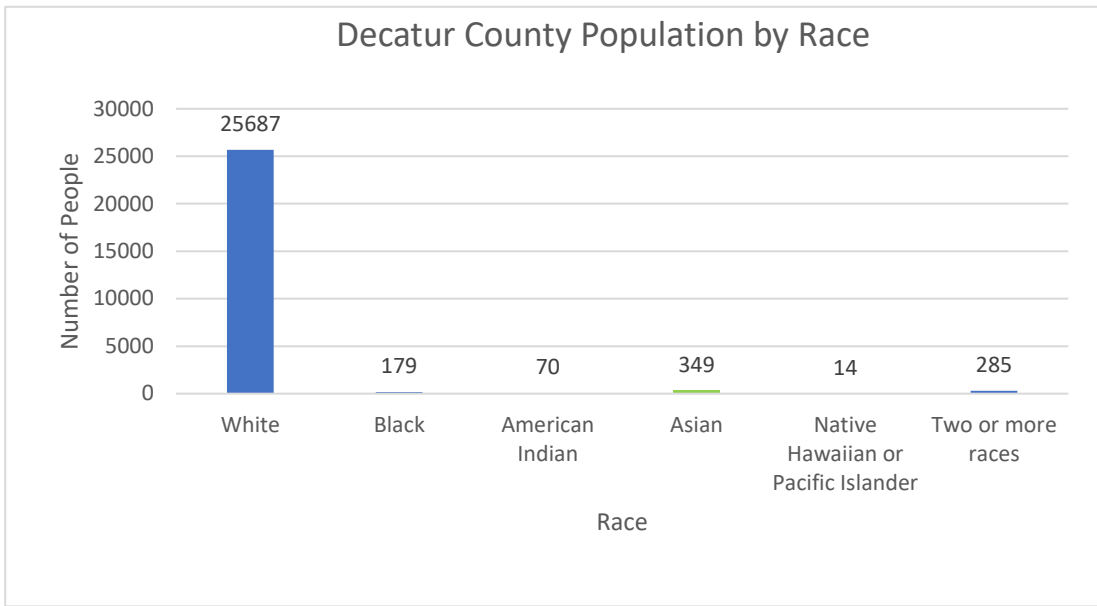
Decatur County is located in the Southeast corner of Indiana. The county is largely rural.

Population – Ethnicity, Age, Housing

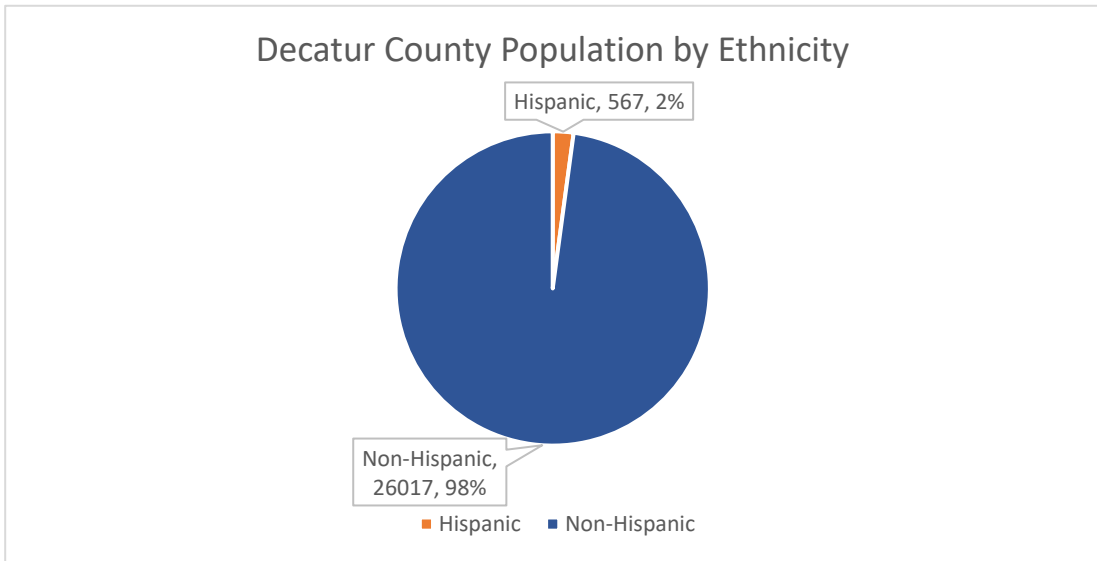
According to the U.S. Census Report, the total population of the county is approximately 26,472 as of April 1, 2020. The median age in the county is 39.2 years old. Females make up 50.3% of the overall populace. Minority populations make up approximately 3.5% of the total inhabitants of the county according to census data estimates. There are 11,477 housing units in the county.

Population Estimates, July 1 2021, (V2021)	NA
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	NA
Population, Census, April 1, 2020	26,472
Population, Census, April 1, 2010	25,740
Age and Sex	
Persons under 5 years, percent	6.4%
Persons under 18 years, percent	23.8%
Persons 65 years and over, percent	17.4%
Female persons, percent	50.3%
Race and Hispanic Origin	
White alone, percent	96.5%
Black or African American alone, percent (a)	0.6%
American Indian and Alaska Native alone, percent (a)	0.3%
Asian alone, percent (a)	1.5%
Native Hawaiian and Other Pacific Islander alone, percent (a)	Z
Two or More Races, percent	1.0%
Hispanic or Latino, percent (b)	2.1%
White alone, not Hispanic or Latino, percent	94.7%
Population Characteristics	
Veterans, 2015-2019	1,269
Foreign born persons, percent, 2015-2019	2.0%
Housing	
Housing units, July 1, 2019, (V2019)	11,477
Owner-occupied housing unit rate, 2015-2019	69.8%
Median value of owner-occupied housing units, 2015-2019	\$134,400
Median selected monthly owner costs -with a mortgage, 2015-2019	\$1,046
Median selected monthly owner costs -without a mortgage, 2015-2019	\$359
Median gross rent, 2015-2019	\$791
Building permits, 2020	96

Source: United States Census Bureau Quick Facts 2010-2020



Graph created by the Indiana Rural Health Association and based on data from STATS Indiana



Graph created by the Indiana Rural Health Association and based on data from STATS Indiana

Education

The Robert Wood Johnson County Rankings & Roadmaps for 2021 reports that approximately 91% of Decatur County residents have high school diplomas compared with a statewide average of 89%. In addition, 20.6% of Decatur County residents over 25 years old have a bachelor’s degree or higher. The national average is 32.1% of adults older than 25 years of age have a bachelor’s degree or higher and a statewide average of 26.9% of adults older than 25 years of age have a bachelor’s degree or higher, according to the U.S. Census Bureau.

The full reports from U.S. Census Bureau, Community Survey Briefs from US Census, and the Robert Wood Johnson Foundation can be viewed in Appendix A.

Health Summary

The overall health grade for Decatur County from Ball State University’s Center for Business and Economic Research 2019 Community Asset Inventory and Rankings (CAIR) report stands at a C. The CAIR provides a detailed asset inventory of variables that describe the education attainment and health of Hoosier citizens, as well as the availability of natural resources and cultural amenities. Data has been carefully selected from secondary sources and is reviewed as to the contribution to the quality of life for the residents within the county. The data sets have been aggregated; and a grade, noted above, has been given to Decatur County. Based on 2019 data from the 2021 County Health Rankings & Roadmaps report, Decatur County ranks 32nd in Health Outcomes and 24th in Health Factors out of a total of 92 counties in the State of Indiana.

Decatur (DC)



Health Outcomes

Decatur (DC) is ranked in the higher middle range of counties in Indiana (Higher 50%-75%)

Source: 2021 County Health Rankings & Roadmaps report, Decatur County



Health Factors

Decatur (DC) is ranked in the higher middle range of counties in Indiana (Higher 50%-75%)

The Health Outcomes ranking determines Decatur County is ranked among the higher middle range for health compared amongst Indiana counties based on respondent data. Health Outcomes data is defined by 2 measures: Length of Life and Quality of Life. Length of Life includes premature death as a data point and Quality of Life includes Poor/Fair Health, Poor Physical Health Days, Poor Mental Health Days, and Low Birthweight as data points. Decatur County has a lower rate of premature death with 7,866 years of potential life lost per 100,000 population compared to the statewide average of 8,252 years of potential life lost per 100,000 population. 18% of Decatur County respondents reported having poor physical health, which is equivalent to Indiana’s average of 18%. Decatur County respondents reported 4.0 days out of 7 days being poor physical health days and 4.7 days out of 7 days being poor mental health days. This is equivalent to the Indiana average of 4.0 days out of 7 days being poor physical health days and 4.7 days out of 7 days being poor mental health days. Decatur County’s percentage of live births with low birthweight is 7%, which is lower than Indiana’s average of 8% of live births being low birthweight.

Health Outcomes					
Length of Life	Decatur (DC) County	Trend	Error Margin	Top U.S. Performers	Indiana
Premature death	7,900		6,600-9,100	5,400	8,300
Quality of Life					
Poor or fair health	18%		16-21%	14%	18%
Poor physical health days	4.0		3.6-4.5	3.4	4.0
Poor mental health days	4.7		4.3-5.2	3.8	4.7
Low birthweight	7%		6-8%	6%	8%

Source: 2021 County Health Rankings & Roadmaps report, Decatur County

The Health Factors ranking determined Decatur County is ranked in the higher middle range compared to other Indiana counties based on respondent data. Health Factors outcome ranking is defined by 4 measures: Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment.

Ranked Health Behaviors include adult smoking, adult obesity, physical inactivity, alcohol-impaired crashes, Sexually Transmitted Infections (STIs), and teen births. Decatur County has a slightly higher rate of adult smoking with 23% of the adult population being smokers compared to a statewide average of 22%. Decatur County is reported to have equivalent rates of adult obesity (34%) compared to the statewide average (34%). Physical inactivity in Decatur County is higher than the average in Indiana (31% of Decatur County adults over age 20 report no leisure-time physical activity versus 27% statewide). Decatur County has much lower alcohol-impaired driving deaths compared to the Indiana average (8% versus 19% of driving deaths that involve alcohol). STI incidence is measured using diagnosed chlamydia cases. Decatur County has a reported 299.2 chlamydia cases per 100,000, which is lower than the state rate of 523.9 chlamydia cases per 100,000. Teen births in Decatur County is higher than the Indiana average with 34 births per 1,000 Decatur County females ages 15-19 years old and 25 per 1,000 for statewide Hoosier females ages 15-19 years old.

Health Factors					
Health Behaviors	Decatur (DC) County	Trend	Error Margin	Top U.S. Performers	Indiana
Adult smoking	23%		20-27%	16%	22%
Adult obesity	34%		28-41%	26%	34%
Food environment index	7.9			8.7	7.0
Physical inactivity	31%		25-38%	19%	27%
Access to exercise opportunities	66%			91%	75%
Excessive drinking	18%		17-19%	15%	19%
Alcohol-impaired driving deaths	8%		1-20%	11%	19%
Sexually transmitted infections	299.2			161.2	523.9
Teen births	34		30-39	12	25

Source: 2021 County Health Rankings & Roadmaps report, Decatur County

Clinical Care measures addressed in this report include percentage of uninsured Decatur County residents, ratio of mental health providers, ratio of primary care physicians, and preventable hospital stays. Decatur

County has fewer uninsured residents compared to the Indiana statewide average (8% of Decatur County residents are uninsured and 10% of Hoosiers are uninsured). The mental health provider ratio in Decatur County is 2,950:1, which is much higher than the Indiana average of 590:1. This data provides support for the need for more mental health providers in Decatur County. Decatur County’s patient-to-primary care physicians’ ratio is 1,790:1, which is higher when compared to the Indiana average ratio of 1,500:1. Preventable hospital stays for ambulatory-care sensitive conditions is an additional determinant; where Decatur County has a preventable hospitalization rate of 5,330 per 100,000 Medicare enrollees, which is higher than the rate of Indiana preventable hospitalization of 4,795 per 100,000 Medicare enrollees.

Clinical Care	Decatur (DC) County	Trend	Error Margin	Top U.S. Performers	Indiana
Uninsured	8%		7-9%	6%	10%
Primary care physicians	1,790:1			1,030:1	1,500:1
Dentists	3,320:1			1,210:1	1,750:1
Mental health providers	2,950:1			270:1	590:1
Preventable hospital stays	5,330			2,565	4,795
Mammography screening	40%			51%	42%
Flu vaccinations	36%			55%	52%

Source: 2021 County Health Rankings & Roadmaps report, Decatur County

Social and Economic factors in this report include high school completion, unemployment, children in poverty, children in single-parent households, and injury deaths. There is a higher but comparable percentage for completion of high school diploma or equivalent for adults ages 25 and over in Decatur County compared to Indiana (91% versus 89%). Decatur County’s 2019 unemployment rate (2.9%) was less than the State of Indiana (3.3%). Children under 18 years old living in poverty is slightly lower in Decatur County (14%) than the statewide average of 15%. 16% of Decatur County children that live in a household headed by a single parent is less than the statewide average (25%) but more than top U.S. performers (14%). Deaths from injuries in Decatur County was 62 per 100,000, and less than the Indiana average of 80 injury deaths per 100,000.

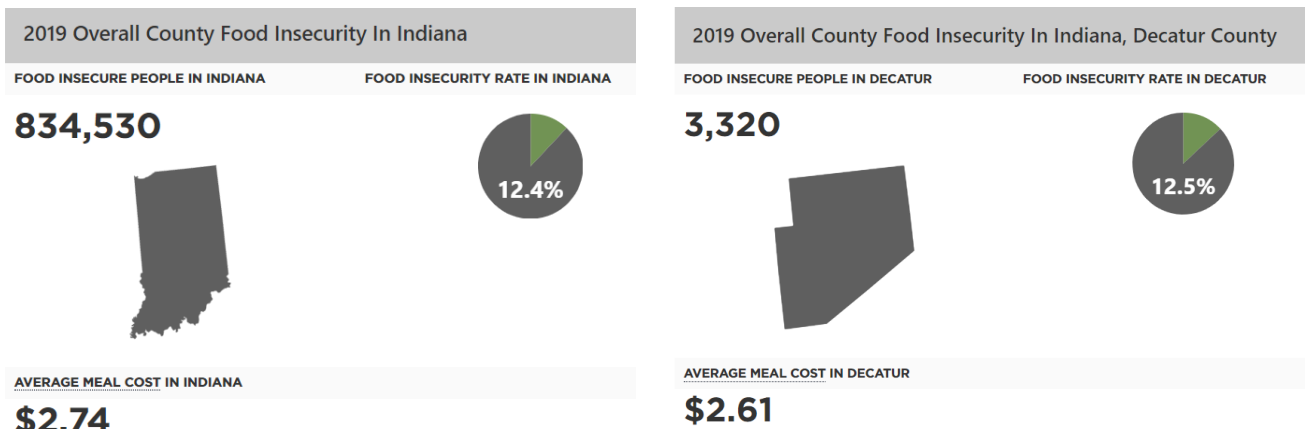
Social & Economic Factors	Decatur (DC) County	Trend	Error Margin	Top U.S. Performers	Indiana
High school completion	91%		90-92%	94%	89%
Some college	66%		58-74%	73%	63%
Unemployment	2.9%			2.6%	3.3%
Children in poverty	14%		8-19%	10%	15%
Income inequality	3.8		3.4-4.2	3.7	4.3
Children in single-parent households	16%		11-22%	14%	25%
Social associations	12.7			18.2	12.3
Violent crime				63	385
Injury deaths	62		50-77	59	80

Source: 2021 County Health Rankings & Roadmaps report, Decatur County

Physical Environment factors in this report include air pollution, drinking water violations, severe housing problems, and long commute times alone. Air pollution, specifically the average daily density of

fine particulate matter (PM 2.5) is 8.9 micrograms per cubic meter in Decatur County, which is comparable to the Indiana average. Decatur County had drinking water violations, which indicates during the reporting period, at least one community water system in Decatur County received a violation due to the presence of a health-related drinking water concern. 8% of Decatur County households reported at least 1 of 4 housing problems (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities); this is much lower than the statewide average of 13%. 25% of Decatur County residents report they commute more than 30 minutes to work in their car alone, which is less than the statewide percentage of 32%.

Feeding America’s *Map the Meal Gap* study reported that in 2019, 3,320 people were food insecure in Decatur County with a rate of 12.5%. The Indiana statewide rate was 12.4%. The average meal cost in Decatur County is \$2.61. This is less expensive than the average meal cost for the state of \$2.74.



Data visualization from Feeding America’s Map the Meal Gap

Primary and Chronic Diseases

Decatur County Memorial Hospital generated a report of the Most Common Diagnosis for Inpatients from January 1, 2021-December 31, 2021. From this report, the top ten most common diagnoses for their service area were identified. A further examination of the payor mix for each diagnosis resulted in additional data to identify the issues that were most often seen in low-income, disabled, and/or older populations. (*Note: It is important to understand the key characteristics of the DCMH population. This includes identifying the low-income, disabled, and/or elderly population. The population trends help provide an indication of patterns within the residents of the community and assist in identifying the needs around this populace.)

	Diagnosis	Percentage of All Diagnoses	Medicare and Medicaid Payer Mix
1	Contact with (and suspected) exposure to COVID-19	4.24%	35.58%
2	Essential (primary) hypertension	3.40%	60.35%
3	Encounter for general adult medical examination without abnormal findings	3.29%	28.37%
4	Hyperlipidemia, unspecified	2.02%	69.79%
5	Type II diabetes mellitus without complications	1.98%	62.92%
6	COVID-19	1.83%	43.49%
7	Encounter for screening mammogram for malignant neoplasm of breast	1.45%	44.91%
8	Anxiety disorder, unspecified	1.32%	43.52%
9	Acute upper respiratory infection, unspecified	1.23%	52.72%
10	Cough	1.17%	52.10%

The full list of top discharge diagnoses and payor mix report can be found in Appendix A.

According to the Centers for Disease Control and Prevention and the National Cancer Institute, the following cancer data was collected between 2014-2018 and is the most up-to-date data for these measures. The incidence rate of all cancer cases per 100,000 people in Decatur County comes in at 471.5 cases compared to a statewide rate of 457.9 cases. Decatur County has a slightly higher incidence rate of prostate cancer cases (99.1 cases per 100,000 versus a statewide rate of 96.5 cases per 100,000) and a lower incidence rate for lung and bronchus cancer than the statewide average (62.9 cases per 100,000 versus a statewide rate of 69.9 cases per 100,000). Female breast cancer incidence rate in Decatur County is lower than the state average, with a breast cancer rate of 101.2 cases per 100,000 versus a statewide rate of 124.5 cases per 100,000. Decatur County’s incidence rate of colon and rectum cancers is 46.8 cases per 100,000, which is higher than the statewide incidence rate of 41.7 cases per 100,000.

The following data is compiled from the 2018 Indiana Cancer Facts and Figures report and provides data collected between the years 2011-2015. The overall all-cancer mortality rates in Decatur County are 176.0 deaths per 100,000 people, which is lower than the Indiana mortality rate for all cancers (180.4 deaths per 100,000 people). Prostate and female breast cancer mortality rates are suppressed in Decatur County due to the instability of the rate since deaths that occurred for both prostate and female breast cancer were less than 20. Lung cancer mortality for Decatur County is lower at 51.7 deaths per 100,000 people compared

to the statewide mortality rate of 53.3 deaths per 100,000. Decatur County's colon and rectal cancer mortality rate is 15.6 deaths per 100,000 people. The statewide mortality rate of 15.9 deaths per 100,000 people.

Data collected between 2017-2019 from the CDC's Division for Heart Disease and Stroke Prevention reports Decatur County's mortality from cardiovascular diseases at a value of 247.1 deaths per 100,000 people from all races, which is higher than Indiana's overall cardiovascular disease mortality rate of 238.5 deaths per 100,000 people. Decatur County's reported stroke mortality rate for all races and ethnicities is 40.6 per 100,000 people. Indiana's state stroke mortality rate was 40.8 per 100,000 people.

The CDC Division of Diabetes Translation reported that 2018 data for Decatur County comes in below the state average percentage of diagnosed diabetes (8.9% in Decatur County versus 11.2% in Indiana). Utilizing available 2019 data for Decatur County, there was an increase in the percentage of diagnosed diabetes of 10.1%. The 2019 percentage of diagnosed diabetes for Decatur County is above the 2019 national average percent (8.3%).

The Indiana State Cancer Registry's Indiana Cancer Facts & Figures, as well as portions of the CDC reports, can be found in Appendix A.

Existing Healthcare Resources

Decatur County Memorial Hospital provided a complete listing of the currently available healthcare facilities and services that are accessed by those living in Decatur County. This list includes, but is not limited to, hospitals, a county health department, oral care providers, eye care providers, mental health services, a YMCA, dialysis centers, and fitness centers. DCMH will be able to use this listing when creating their action plan to fully incorporate all available resources.

Access to Healthcare Services

- Centerstone
- Community Health Clinic
- Group Recover
- Lifeline Wesleyan Church

Arthritis, Osteoporosis & Chronic Back Conditions

- Anytime Fitness
- Decatur County Memorial Hospital
- Doctor's Offices
- Hospitals
- Massage Therapy
- Physical Therapy
- Tree City Medical
- WorkWell Outreach

Cancer

- 211
- American Cancer Society
- Chemotherapy Infusion Services
- Community Health Clinic
- Decatur County Memorial Hospital
- Diagnostic Services
- Dialysis Centers
- Doctor's Offices
- Family/Friends/Neighbors
- Franciscan Physician Network
- Greensburg-Decatur County Public Library
- Hanson Center
- Hospice

- Hospitals
- Mammography Programs
- Margaret Mary Health Cancer Services
- Our Hospice of Decatur County
- Premier Hospice
- Rush Memorial Hospital

Dementias, Including Alzheimer’s Disease

- Adult Day Services
- Alzheimer's Association
- Aspen Place
- Decatur County Memorial Hospital
- Doctor's Offices
- Heritage House
- Hickory Creek
- Home Healthcare
- Hospice
- Morning Breeze Retirement Center
- Nursing Homes
- Senior Life Solutions

Diabetes

- American Diabetes Association
- Anytime Fitness
- Change Fitness
- Cincinnati Children's
- CVS
- Decatur County Board of Health
- Decatur County Health Department
- Decatur County Memorial Hospital
- Diabetes Education
- Doctor's Offices
- Greensburg-Decatur County Public Library
- Hospitals Laboratory Services
- Nutrition Services
- Pharmacies
- Purdue Extension
- Reclaim
- Riley Children's Hospital
- School System

Family Planning

- Board of Health
- Churches
- Clarity
- Decatur County Memorial Hospital
- Doctor's Offices
- Family Planning Clinic
- First Steps
- Hospitals
- Planned Parenthood
- Pregnancy Care Center
- School System
- The Villages-Healthy Family Program

Hearing & Vision

- Lions Club
- Optometrists
- Hearing Doctors

Heart Disease & Stroke

- American Heart Association
- Anytime Fitness
- Community Health Clinic
- Decatur County Memorial Hospital
- Decatur County Family YMCA
- Diagnostic Services
- Doctor's Offices
- Health Department
- Healthy Fair
- Hospitals
- Needler’s Fresh Market
- Nutrition Services
- Pharmacies
- Purdue Extension
- Reclaim
- Fitness Center
- Retail Outlet Blood Pressure Checks
- Walmart

HIV/AIDS

- Decatur County Memorial Hospital

Infant & Child Health

- Big Brothers Big Sisters
- Child Protective Services
- Cincinnati Children's
- Daisy CAC Group
- Decatur County Board of Health
- Decatur County Child Protective Services
- Decatur County Memorial Hospital
- Decatur County Family YMCA
- Healthy Fair
- School System
- WIC

Injury & Violence

- DCFS (Department of Children & Family Services)
- Homeless Shelter
- New Directions
- Safe Passage

Kidney Disease

- DaVita Dialysis
- Decatur County Memorial Hospital
- Dialysis Centers
- Doctor's Offices
- Fresenius Kidney Care Hospitals

Mental Health

- Agape
- Alzheimer's Society
- Celebrate Recovery
- Centerstone
- Choices CERT
- Churches
- Community Health Care Clinic of Decatur County
- Community Mental Health
- Decatur County Memorial Hospital
- Department of Child Services

- Doctor's Offices
- Girls Inc.
- Greensburg-Decatur County Public Library
- Groups
- Mental Health Services
- New Directions
- Open Beds Program
- Recovery Groups
- School System
- Senior Life Solutions
- Speranza House
- Support Groups

Nutrition, Physical Activity & Weight

- Anytime Fitness
- Bread of Life
- Change Fitness
- Decatur County Memorial Hospital
- Decatur County Family YMCA
- Doctor's Offices
- Greensburg-Decatur County Public Library Hospitals
- Josh Hawkins Adult Swim Workout
- Meals on Wheels
- Parks and Recreation
- Purdue Extension
- Reclaim
- South Decatur Elementary School (SDES)
- Total Fitness
- Walk With a Doc Talks
- Weight Watchers

Oral Health

- Community Health Clinic
- Dentist's Offices
- Doctor's Offices

Respiratory Diseases

- American Cancer Society
- Community Health Clinic

- Decatur County Memorial Hospital
- Diagnostic Services
- Doctor's Offices
- Educational Programs
- Health Department
- Smoking Cessation Classes

Sexually Transmitted Diseases

- Board of Health
- Clarity Pregnancy Services
- Community Health Clinic
- Decatur County Memorial Hospital
- Doctor's Offices
- Online Information
- STD Prevention Information

Substance Abuse

- AA/NA
- Celebrate Recovery
- Centerstone
- Choices CERT
- Churches
- Community Action Coalition
- Community Mental Health
- Decatur County Memorial Hospital
- Doctor's Offices
- Fairbanks Alcohol & Drug Addiction Treatment Center
- Foundations for Recovery
- Greensburg Prevention Group
- Greensburg-Decatur County Public Library

- Group Housing Options
- Group Recover
- Groups
- Housing/Rehab for Addictive Problems
- It's a We Thing - City Hall
- Job Support Programs
- Law Enforcement
- Lifeline Wesleyan Church
- New Directions
- Northstar Recovery
- Probation Services
- Recover Out Loud
- Recovery Groups
- School System
- Speranza House
- Substance Abuse Hotline

Tobacco Use

- 1-800-Quit-Now
- American Lung Association
- Community Health Clinic
- Community Resource for Youth
- Decatur County Memorial Hospital
- Diagnostic Services
- Doctor's Offices
- Educational Programs
- Health Department
- Hospitals
- Indiana Quit Line
- Smoking Cessation Classes
- Tar Wars
- Tobacco Tax
- Wellness Programs

The complete listing of the facilities can also be found in Appendix D.

Identifying Health & Service Needs

Focus groups of Decatur County representatives were organized with the help of DCMH Marketing & Communications Manager, Amy Shearer. Business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, and any other interested parties were invited to attend the meeting to discuss the health-related needs of the county with a view to identifying the areas of greatest concern. Anyone who was unable to attend was invited to submit a letter detailing the needs of the community. The invitation letter and list of attendees can be found in Appendix B.

The groups were asked to list what they perceived to be the greatest strengths and values in their county. Next, the groups were encouraged to brainstorm all areas of need or concern in the health field in Decatur County. Then, they were asked to identify the highest priorities from the master list of challenges.

By analyzing both prioritized lists from the groups, the IRHA was able to pull out the items that appeared most frequently and identified the community's areas of greatest concern:

- Childcare
- Mental health services
- Access to Broadband and Internet providers
- Transportation – public and non-emergent
- Food insecurity
- Housing – safe and affordable
- Poverty/affordability of services (health and otherwise)

The master list, each group's priority list, and the list of areas that were determined to be of the greatest need can be found in Appendix B.

From the information obtained in the steering committee and conversations with DCMH staff, a 59-question survey was developed to gain the perspective of the inhabitants of the community. Questions included queries about the effect of various factors (such as illegal drug use, transportation, and poverty), as well as probes into the perceived need for various services and facilities in the county. An online survey posted on SurveyMonkey.com was made available to the public. The survey was widely disseminated to the residents of Decatur County through inclusion on the Decatur County Memorial Hospital's website, social media, newsletters, and hard copy surveys available at the hospital.

The general public was alerted to the survey through a press release as well as DCMH newsletters and social media. At the end of polling, there was a total of 154 responses. The majority (78.57%) of the respondents were from zip code 47240, 81.82% of respondents identified as female, and 97.4% of respondents identified as White.

Respondents were first asked to assess the effect of various factors on their community by selecting "very negative effect, some negative effect, no effect, some positive effect, or very positive effect." Further in the survey, respondents assessed the need for various services and facilities in their community by selecting "no need, slight need, definite need, or extreme need." In the needs section, respondents were also able to select "no opinion."

Respondents were asked about cancer screening and access to cancer care. The Decatur Community Health Survey 2022 measured screening levels relating to five cancer sites: colorectal cancer, skin cancer, female breast cancer, cervical cancer, and prostate cancer.

Additionally, respondents were asked to assess the effects of various factors on community members' ability to access care and whether there were any areas that were not being adequately addressed within the county.

There was also a section for open comments at the end of the survey for any additional information the respondents wanted to share.

When asked "how do these issues affect your county," the factors that received the most negative rankings by all respondents were:

1. Methamphetamine use – with a weighted average of 1.59
2. Electronic cigarette, "vaping" use – with a weighted average of 1.63
3. Opioid misuse – with a weighted average of 1.64
4. Other illegal drug use – with a weighted average of 1.74
5. Tobacco use – with a weighted average of 1.76
6. Adult obesity – with a weighted average of 1.79
7. Alcohol misuse – with a weighted average of 1.79
8. Availability of in-patient mental or behavioral healthcare – with a weighted average of 1.94
9. Cost of healthy food – with a weighted average of 1.95
10. Diabetes- with a weighted average of 1.97

In 2019, the following were identified as priorities.

Access to healthcare services
Diabetes
Teen Births
Heart Disease
Kidney Disease

Now in 2022, respondents indicated the following about those issues.

	<i>Very Negative Impact</i>	<i>Some Negative Impact</i>	<i>No Impact</i>	<i>Some Positive Impact</i>	<i>Very Positive Impact</i>	<i>Weighted Average</i>
<i>Access to healthcare services</i>	13.25%	34.44%	13.25%	21.85%	17.22%	2.95
<i>Diabetes</i>	33.56%	46.98%	12.08%	3.36%	4.03%	1.97
<i>Teen Births</i>	13.16%	57.89%	24.34%	2.63%	1.97%	2.22
<i>Heart Disease</i>	24.50%	55.63%	10.60%	3.97%	5.30%	2.10
<i>Kidney Disease</i>	10.67%	58.67%	22.67%	4.67%	3.33%	2.31

When asked “do you see a need for the following services/facilities in your community,” the ten most requested responses, in order of highest rank of need, were:

1. Mental or behavioral health providers
2. Recovery and rehabilitation programs for individuals with Substance Use Disorder
3. Insurance coverage for mental or behavioral healthcare
4. In-patient services for mental or behavioral health
5. Access to broadband
6. Affordable healthy foods
7. Residential or recovery housing for Substance Use Disorder
8. Increased childcare
9. Telehealth services for mental or behavioral health
10. Transportation resources

Respondents were then asked:

Do you have a primary care provider?

Answer Choices	Responses
Yes	91.56%

Answer Choices	Responses
No	8.44%

If no, please indicate barriers to obtaining a primary care provider:

Answer Choices	Responses
Availability of providers in the area	10.0%
Ease of scheduling process	30.00%
Insurance	20.00%
Other (please specify)	40.00%

Other responses:

- “Have not taken the time to look for one”
- “Transportation”
- “Don’t need one”

In the last 12 months, have you gone to a hospital emergency room about your own health instead of going to a doctor's office or clinic?

Answer Choices	Responses
Yes	17.88%
No	82.12%

If yes, what is the main reason you used the emergency room instead of going to a doctor’s office or clinic?

Answer Choices	Responses
After hours	22.2%
Weekend	3.70%
Cost	0.00%
Have not established with a primary care provider	0.00%
Lack of insurance	0.00%
Emergency or life-threatening situation	48.1%
Long wait for an appointment	22.2%
Other (please specify)	3.70%

Other response:

- “directed to ER by doctor”

The US Preventive Services Task Force (USPSTF) recommends counseling young people about minimizing exposure to ultraviolet radiation. screening mammography every 1-2 years for women age 50-74 and older.

Refer to Appendix A for the full recommendation from the USPSTF.

Have you received a skin cancer screening from a healthcare provider?

Answer Choices	Responses	
No	52.67%	79
Yes, within the last year	25.33%	38
Yes, within the last 3 years	11.33%	17
Yes, within the last 5 years	3.33%	5
Yes, within the last 10 years	4.00%	6
Yes, over 10 years ago	3.33%	5
	Answered	150
	Skipped	4

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer in adults 45-75 years old.

Refer to Appendix A for the full recommendation from the USPSTF.

If you are 45-75 years old, please answer this question. If not, please skip to the next question. Have you received a colorectal cancer screening from a healthcare provider?

Answer Choices	Responses	
No	50.49%	52
Yes, within the last year	14.56%	15
Yes, within the last 3 years	20.39%	21
Yes, within the last 5 years	5.83%	6
Yes, within the last 10 years	7.77%	8
Yes, over 10 years ago	0.97%	1
	Answered	103
	Skipped	51

Respondents were then asked, “Are you female? If so, we will ask you a few questions regarding cervical and breast cancer.” If respondents selected no, they were then taken to a question regarding a prostate specific antigen screening.

The US Preventive Services Task Force (USPSTF) recommends screening mammography every 1-2 years for women age 50-74 and older.

Refer to Appendix A for the full recommendation from the USPSTF.

Only respondents who identified as female were shown this question. Results of the female specific items:

If you are 50-74 years old, please answer this question. If not, please skip to the next question. Have you received a mammogram from a healthcare provider?

Answer Choices	Responses	
No	11.94%	8
Yes, within the last 2 years	82.09%	55

Yes, within the last 3 years	2.99%	2
Yes, within the last 5 years	1.49%	1
Yes, within the last 10 years	0.00%	0
Yes, over 10 years ago	1.49%	1
	Answered	67
	Skipped	87

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer in women aged 21 to 65 years old. The USPSTF formed its recommendation from observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer. Additionally, the USPSTF does not recommend Pap smears for women younger than 21 or women of any age who have had a total hysterectomy for benign disease.

Refer to Appendix A for the full recommendation from the USPSTF.

Only respondents who identified as female were shown this question.

If you are 21-65 years old, please answer this question. If not, please skip to the next question. Have you received a PAP smear from a healthcare provider?

Answer Choices	Responses	
No	11.32%	12
Yes, within the last 3 years	66.98%	71
Yes, within the last 5 years	13.21%	14
Yes, within the last 10 years	5.66%	6
Yes, over 10 years ago	2.83%	3
	Answered	106
	Skipped	48

For respondents who had indicated they were female and saw the preceding two items about PAP smears and mammograms, they were then taken to an item regarding accessing cancer care. Alternatively, for respondents who had indicated they were male and had not seen the items about PAP smears and mammograms, they were then taken to this following item regarding prostate specific antigen screening.

The US Preventive Services Task Force (USPSTF) does not recommend screening for prostate cancer through prostate-specific antigen screening for men younger than 55 or 70 years of age or older.

The USPSTF recommends that men 55-69 years of age discuss the screening with their clinician.

Refer to Appendix A for the full recommendation from the USPSTF.

If you are a male who is 55-69 years old, please answer this question. If not, please skip to the next question. Have you completed a Prostate Specific

Antigen (PSA) screening or discussed the screening with your healthcare provider?

Answer Choices	Responses	
No	52.94%	9
Yes, within the last year	23.53%	4
Yes, within the last 2 years	23.53%	4
Yes, within the last 5 years	0.00%	0
	Answered	17
	Skipped	137

All respondents then saw the following items.

Please indicate any barriers that you would have when accessing care for a cancer diagnosis within your community, if applicable:

<u>Answer Choices</u>	<u>Number of Responses</u>
Knowledge of available services	74
Costs or financial burden	71
Lack of healthcare provider options	47
Concerns of treatment options available	79
Lack of insurance	14
Lack of transportation	10
Concerns of quality care	52

Respondents also had the opportunity to write-in “other” for this question. Other responses included:

“I feel comfortable that DCMH would guide me.”

“I am concerned about the ability of local providers to diagnose the correct condition

“No PCP appointments that are convenient — hard to get in— call center very difficult”

“Emotional and mental support”

“Only one oncologist available and based on family member experiences he was not good.”

Finally, respondents were asked “Please share any final thoughts about the health of Decatur County.” A sampling of the comments from the survey is below. The most common responses dealt with mental health and accessing specialists. All comments have been left as originally submitted unless they have been edited for length or clarity.

Mental health:

“Our community needs to come together to come up with a solution for providing mental healthcare to everyone.”

“There is very little access to psychiatrists. There is only 1 available through Centerstone that I am aware of. The community needs doctors that specialize in psychiatry in order to more adequately meet the mental health needs of the community.”

“My biggest concern is the mental health opportunities. There are NO in-treatment patient facilities in Decatur County.”

“We have some great residential recovery programs that could use more funding. I wish our community spent as much on mental health and addiction as we do on criminal justice. Imagine how much healthier our community would be if we had invested \$25 million on mental health services and also made sure there were ample appropriate services for children in need. Imagine if we had mentors for kids and a special place for kids to “run to” when they are anxious or stressed or in danger. We have made great strides in some of these areas but our tax dollar continues to spend the most on things like building a new jail instead of supporting all of our nonprofits that do more to rescue those in need. Lifting people out of poverty and addiction does more to prevent recidivism than locking them up. Saving a parent will save their kids. Kids in stable homes do better in school. Kids who do better in school are less likely to become part of the criminal system. No one should ever have to wait for mental health services. When someone goes to the emergency room with anxiety or depression, the hospital should have a better way to recognize and help that person in crisis.”

“Focus should be on mental health, which can/should incorporate substance abuse. I feel there is room for a coordination between our court system and our local hospital, with potential funding from both the healthcare and criminal justice sectors. I believe the hospital is willing to explore options, I would just hope for the same drive from the prosecutor's office, police, and sheriff's departments. I also feel there is an opportunity for a community-wide focus on physical activity, perhaps as simple as "get-out and walk" weeks, which can not only highlight the joy of exercise and socialization, but also promote pedestrian-friendly infrastructure around the county.”

“It's pretty dire. Mental health treatment, which in turn will impact drug use and abuse, should be a huge priority. We need more walking paths; easier access to parks and outdoor facilities; more transportation options; more housing; more affordable housing. None of that should be on DCMH alone, but if you can provide leadership and research viable options, and then advocate for those investments by the City and County, hopefully our elected officials will prioritize health more going forward.”

Well-being:

“I feel resources are needed in Decatur County to teach young adults and teens the basics of adulthood that are needed in their daily life. Life skills such as balancing a checkbook, knowing what is needed to cash a person's first payroll check from an employer, how and what documents it takes to obtain an ID card as well as open a bank account, etc.”

“We need more exercise.”

“I would love to see a community garden where you earn fresh food by spending time working at the garden.”

“Suggest free screenings of all types be offered more frequently.”

“We need to take more interest in protecting our water sources from PFAS. the landfill is a definite health deterrent in our community. Purdue is running a million-dollar study on PFAS & like chemical impacts on water sources in rural Indiana communities currently. all we seem to do is ignore this situation. “

“I believe the health of our county residents isn't good, and that it is a combination of factors, including but not limited to education/training, costs, awareness of preventive measures, lack of quality food choices at reasonable prices, lack of insurance and low wage status of the community, not to mention the lack of leadership to address air and water quality issues as a result of living in an agricultural community. I don't believe the health of the community, in general is good, and I don't believe this will change until folks in leadership positions start taking action and taking their heads out of the sand about why it is this way and how to fix it...for the young and older populations.”

Cost:

“Healthcare is very expensive, along with cost of food and utilities. The water bill gets higher every month.”

“More coverage for the uninsured”

Perception of the hospital:

“Nice community hospital”

“Multiple specialty providers at DCMH is convenient and prevents seniors from having to drive out of town.”

“Ease and expedited access to care, especially in relation to COVID testing, evaluation, and treatment is in need of improvement. Long waits and difficulty finding appropriate parking spots and process is confusing.”

“Overall, I just feel like times are changing and there is a lack of resources available in the county. I understand that it's small rural community but times are changing and I need for me resources are in high demand. Especially with the large surplus of patients that all hospitals are currently seeing. Resources are stretched thin in bigger city hospitals and it makes it hard for them to stretch their resources even further to Decatur county. If we had more resources readily available in area such as behavioral health, financial resources, education in all topics the community could see changes in the overall health status.

“More PCP's and easier access, hate the centralized scheduling call office for physicians”

“Because of the reputation locally, I utilize Margaret Mary Hospital. I'm not sure if the reputation for the local hospital is completely accurate, but not willing to risk my own and family health to study. I have utilized MMH for their physicians, maternity ward 3x and their ER for emergency ailments. I did have an issue in the DCMH ER approximately 5 years ago with a back injury and

received little to no assistance because the doctor stated there was a high population of drug misuse in the area. Because of a pre-existing back issue and re-injury during a community sports league the previous night, I was unable to walk, stand, sit up, etc. I was completely appalled by the treatment and the nurse stated the doctor hardly ever prescribed pain killers but understood I was in actual pain and she was able to get another Doctor to see me and advise a prescription (only 3 days' worth, which is all that was needed and I agreed to that recommendation with no argument). Although, I was relieved that the nurse was able to acquire another doctor, had that situation not happened, I would have been in complete pain for approx. 5 or more days and not allowing myself to go to work, care for my children, etc. I am not willing to risk a similar scenario to this occurring, so I utilize MMH for our medical needs.”

“Lack of doctors. My husband and I see different doctors and both have the same issue - it takes too long to get an appointment. For something routine you need to schedule 4-6 weeks out for an appointment. If you are sick and need immediate care, you may need to wait 2-4 days to see your doctor and so are forced to instead go to an immediate care clinic. Also, now that the local doctors are all under the umbrella of DCMH tests cost more and it takes longer for some results. Example: Cholesterol check -I used to get it at my doctor's office and have the results in 15 minutes at half the price. This is a step backwards.”

“I appreciate the opportunity DCMH gives us to share our thoughts. I also appreciate the effort DCMH puts forth to do what is "right" for their patients.”

A complete summary of the survey results can be found in Appendix C.

Overall summary of areas of opportunity related to cancer care

- Raising awareness of opportunities for insurance enrollment, such as connections with Indiana Navigators
- Raising awareness of DCMH's transportation availability
- Increasing primary care providers

Summary of Findings

Based on the information gathered as part of the Community Health Needs Assessment, the Indiana Rural Health Association has identified the areas of greatest need in Decatur County. Through the collection of health data and community input on the county's strengths, values, and challenges within the hospital's service area, the following needs were identified as being of the highest importance:

Identified Areas of Need

Additionally, to aid Decatur County Memorial Hospital in the creation of an action plan, the IRHA has made preliminary suggestions for addressing the defined areas of need. ***Please note these are opportunities for improvement and in no way constitute required actions, but rather are recommendations for further attention.

Mental health treatment and facilities:

- Collaborate with regional behavioral and mental health providers to enable telehealth treatment options. Examples include:
 - LifeSprings: <https://www.lifespringhealthsystems.org/>
 - Bloomington Meadows: <https://www.bloomingtonmeadows.com/>
 - Mental Health of America (IN): <https://mhai.net/>
 - IU and their IN Behavioral Health Access Plan for Youth: <https://medicine.iu.edu/psychiatry/clinical-care/behavioral-health>
 - IRHAHELP: <https://www.findhelp.org/>
 - IN Medicaid: <https://www.in.gov/fssa/dmha/apply-for-services/mental-health-services/>
- Collaborate with IU and their IN Behavioral Health Access Plan for Youth at their website: https://is.gd/behappy_registration
- Utilize IRHAHelp! (<https://www.indianaruralhealth.org/resources/irhahelp-connecting-people-and-programs/?back=resources>)
- Organize support groups for peers, including recovering patients, encouraging them to include their families and friends.
- Pursue National Health Service Corp designation, or leverage existing designation, to recruit mental health providers.
- Work with local employers to encourage employee insurance plans coverage for mental health services.
- Evaluate insurance coverage with state programs for the indigent with mental health issues. Contact IRHA for navigation services or ClaimAid at <http://claimaid.com>, among others.
- Explore use of telehealth options for mental health providers, including Access Physicians (<https://accessphysicians.com/>) or contact IRHA regarding the Upper Midwest Telehealth Resource Center (<https://www.indianaruralhealth.org/services/upper-midwest-telehealth-resource-center/>)
- Collaborate with various suicide prevention organizations (American Federation of Suicide Prevention, etc.). Topics may include:
 - How to identify individuals who are thinking about suicide
 - How to provide support to survivors
- Host events to provide education with parents, educators, clergy, etc. Focus on how to identify signs of possible suicide ideation.

Access to Broadband and Internet providers:

- Research FCC Programs – Healthcare Connect Fund; e-Rate; Telecommunications Program; Connected Care Pilot Program. USDA – Community Connect Grants. State – Next Level Connections.
- Explore the Affordable Connectivity Program through the FCC for discounts on broadband internet services.
- Develop programs through local libraries that offer use of internet connections and will draw people into and use more library resources. Explore business support from local businesses to identify as a sponsor of internet services at the library.
- Explore Emergency Broadband Benefit Programs

Childcare:

- Utilize IRHAHelp! (<https://www.indianaruralhealth.org/resources/irhahelp-connecting-people-and-programs/?back=resources>)
- Survey childcare programs available through local churches and other faith-based organizations who serve families.
- Inquire with local schools regarding after-school programs. Provide assistance to them to help organize programs to provide care.
- Inquire with local community organizations such as a YMCA, Boys and Girls Club, etc. to participate in children related activities and programs.
- Connect with the local Chamber of Commerce regarding child care programs that would be a benefit to their employees. Most businesses need employees, make this a joint effort to benefit all parties.

Recovery and rehabilitation programs for individuals with Substance Use Disorder:

- Create extensive education and awareness teams using local providers:
 - Educational classes for families
 - Educational classes for people with OUD/SUD
- Coordinate with service groups and faith-based community to publicize, create, and host recovery, support, and family groups such as Narcotics Anonymous, AI-Anon, etc.
- Contact successful treatment facilities and recovery houses in similar communities to partner and learn best practices.
- Collaborate with other regional rural hospitals to share providers in a network of educational meetings. Create and host educational meetings in various communities to provide education to identify those at risk, treatment options, and other resources.
- Collaborate with local agencies, police, EMS, local judicial system representatives, local employers, and other public service organizations to discuss and provide education, prevention. Convey the idea that community problems require community response and resources. Explore deeper means of solutions and recovery as a collective team effort and stress that SUD is a community issue to resolve.
- Bring activity focused organizations together to expand and promote activities for all ages, expand the list of alternative activities.
- Explore online educational services, telehealth, etc. to bring professional counselors to local provider offices, schools, wherever patients and families to an appropriate setting.
- Collaborate with local providers to host mental health and educational events.
- Work with local organizations such as a YMCA, Boys and Girls Clubs, etc. to expand and promote activities for all ages, expand the list of alternative activities.
- Engage recovering patients into presentations; share stories, experiences.
- Offer specific drug education classes:
 - Methamphetamine
 - Over-the-counter medications

- Contact successful treatment facilities and recovery houses in similar communities to partner and learn best practices (see “Mental health treatment and facilities” section above for examples).
- Collaborate with community organizations to create safe activities for all ages and help avoid boredom.

Raising awareness of opportunities for insurance enrollment:

- Explore any and all public aid options for financial resources including non-profit organizations with “insurance navigators” who help the uninsured explore options including public assistance such as Connecting Kids to Coverage Indiana, <https://www.indianaruralhealth.org/services/connecting-kids-to-coverage-indiana/> (Federal grant funded by HRSA).
- Include business organizations who secure insurance for those not covered, such as ClaimAid <https://www.claimaid.com/>.
- Consult with local clergy to explore faith-based financial support programs.
- Collaborate with local employers on programs to provide basic healthcare services at acceptable rates. Inquire with the local Chamber of Commerce and ask insurance brokers to participate in finding equitable solutions for the community.
- Discuss options with the medical staff and financial executives to explore discounted fee models. What type of discount models are available for qualifying patients, etc.
- Identify the organizations that employ the underinsured and explore mutually beneficial pricing models that help the patients but do not financially harm any of the parties.
- Host informational sessions on healthcare insurance options for the community. Utilize your PFS & HR teams, as well as local Employee Health Benefit brokers to lead these events to share options and information with community residents.
- Invite insurance navigators to host community events to share suggestions and information on the most affordable health insurance options.

Decatur County Memorial Hospital has earned the trust and respect of many local residents. Having spent many years with this community, the IRHA staff recognizes the focused desire and commitment of both the hospital staff, as well as members of the community who share in their passion to improve the lives of residents of the Decatur County. Through a focused effort involving collaboration of hospital leadership and community leaders to improve health outcomes by confronting and removing the stigmas, lives will be changed. This can be leveraged with providers and local business and community service organizations to explore the suggested and other ideas to enhance the quality of life of Decatur County residents.