

King's Daughters' Hospital And Health Services Community Needs Assessment

Summary Report
October 2010

Background

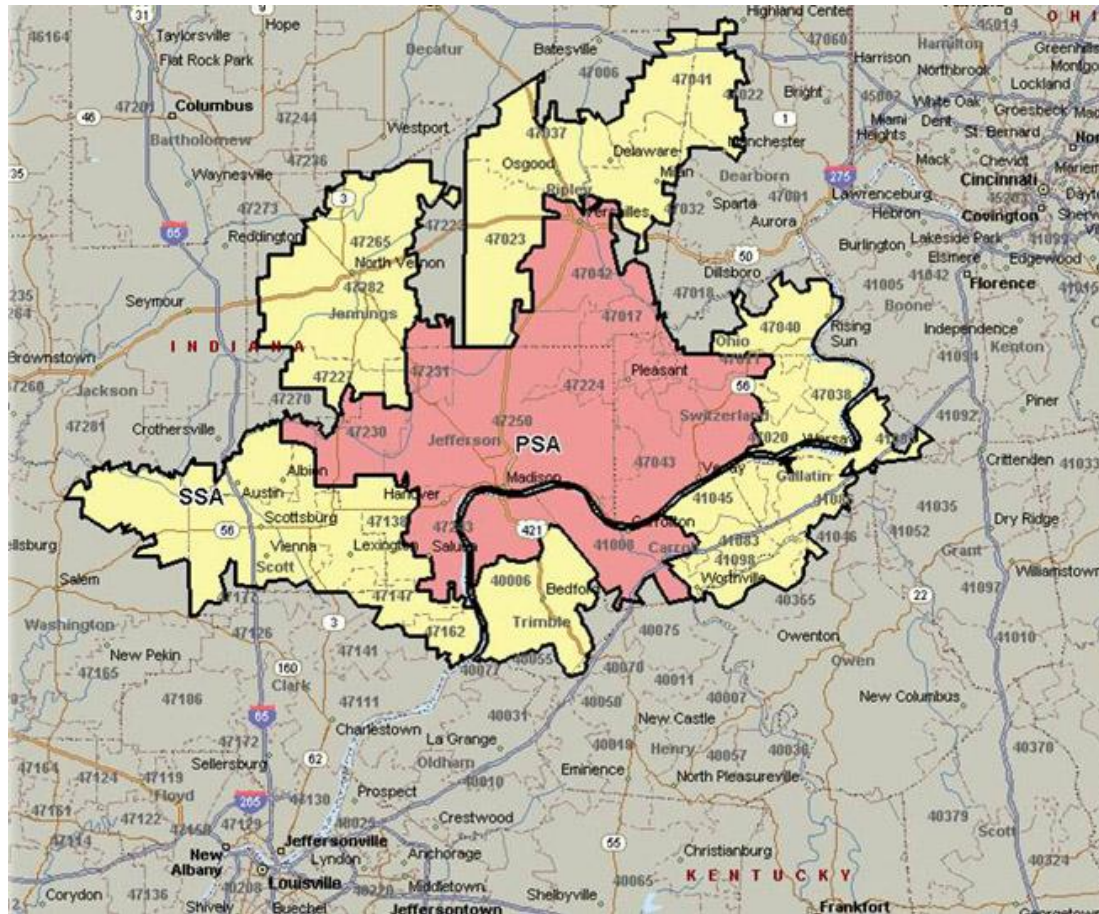
- King's Daughters' Hospital and Health Services conducted a community needs analysis during 2010 that involved both its primary and secondary service areas in the following counties: Jefferson County, Ripley County, and Switzerland County, Indiana and Trimble County and Carroll County, Kentucky. The last time a community needs assessment was conducted was in 2007.
- The focus of this assessment was on the health needs that could be addressed by KDHHS and can be used by KDHHS in planning future services, applying for grants and planning outreach efforts.
- Carri Dirksen, an independent marketing consultant, assisted with this needs analysis and has produced this overview report summarizing key findings from the multiple parts of the study.
- The study included the following components:
 - Analysis of secondary data to develop a profile of the residents of each county and to indicate, where possible future trends and to show comparisons with state and national data;
 - In-person interviews with 30 key leaders within KDHHS including Board, staff and medical staff;
 - In-depth-interviews by telephone or in-person with 32 community leaders including government, medical, education, and other community leadership positions in all five counties;
 - In-person surveys of 72 individuals in low income locations;
 - In-person discussions with 23 senior citizens;
 - A web-based survey open to the general public which resulted in 61 completed interviews.

Background continued

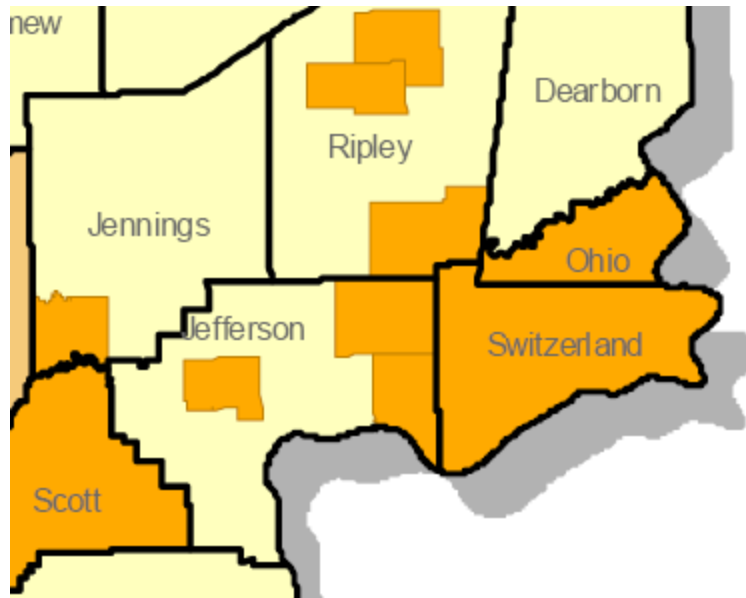
- This assessment allowed all individuals to provide responses on any community needs not listed in the questions and allowed individuals to make comments on community health issues on which KDHHS could have an impact.
- Key health issues explored were the following:
 - Physical Activity
 - Overweight and Obesity
 - Tobacco Use
 - Substance Abuse/Gambling/Addictions
 - Responsible Sexual Behavior
 - Mental Health
 - Injury and Violence (including domestic violence and sexual assault)
 - Environmental Quality
 - Immunization
 - Access to Health Care for the Insured and Uninsured
 - Maternal and Child Health
 - Infectious Disease
 - Occupational and Safety Health
 - Special needs/Disabled/Impaired
 - Chronic Disease

KDHHS Service Areas

Jefferson County, Ripley County, and Switzerland County, Indiana
Trimble County and Carroll County, Kentucky



Designations of Medically Underserved Areas (in orange)



The Shortage Designation Branch in the HRSA Bureau of Health Professions National Center for Health Workforce Analysis develops shortage designation criteria and uses them to decide if a geographic area or population group is a **Health Professional Shortage Area (HPSA)**, a **Medically Underserved Area (MUA)**, or a **Medically Underserved Population (MUP)**.

Medically Underserved Areas (MUAs) may be an entire county or group of contiguous counties, a group of county or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services.

Source: Shortage Designation Branch, HRSA,
U.S. Department of Health and Human Services – January 2009

KDHHS Service Areas Description

Jefferson County

- Jefferson County is experiencing a slow growth in total population, currently at 33,010, and is experiencing an inward migration. By 2020, the population is expected to be about 34,209. It has a median age of 39.6, a somewhat older population than the state average of 36.7. The unemployment rate of 10.6% is above the Indiana rate of 10.1%.
- The population is fairly homogeneous with a largely Caucasian population, 95%
- The average household income, of \$42,646, is lower than that for Indiana and the nation. In Jefferson County, about 13.2% of the individuals, or about 4,357, live below the poverty level, similar to the 12.9% poverty rate of individuals in Indiana and mirroring the 13.2% rate for the entire U.S.
- 53.9% of all families in Jefferson County are single parent families with 27.8% of these families in poverty. In Indiana, 32.4% of all families are single parent families with 27.6% of these families in poverty.
- Jefferson County ranks first in Indiana in terms of the number of acres devoted to tobacco with tobacco crop sales of \$1.6 million in 2007. 30% of adults in Jefferson County use tobacco compared to 23% of adults living in the state of Indiana.
- An estimated 26.9% of the population age 18+ is uninsured. 6% of individuals with insurance have Medicaid, a higher percent than Indiana/4.9% or the nation/4.5%.
- According to the Indiana State Department of Health 2009 report, Jefferson County was not listed as a county that had a shortage of healthcare professionals or of mental health professionals. However, the 2009 report lists Milton, Shelby and Smyrna townships as medically underserved.
- The rate of all cancer incidence is higher in Jefferson County, at 521.6 for 100,000 population, than for Indiana, at 479.4 for 100,000 population. The rate of lung and bronchus cancer is higher in Jefferson, at 101.6 per 100,000 population than for Indiana at 79.8 per 100,000. The rate of prostate cancer is higher in Jefferson, at 166.2 per 100,000 population than for Indiana at 137.5 per 100,000. The rate of breast cancer in Jefferson is higher, at 126.4 per 100,000 population than for Indiana at 113.8 per 100,000 population. The rate of colorectal cancer is lower in Jefferson, at 50.3 per 100,000, than the rate for Indiana, at 52.2 per 100,000.

KDHHS Service Areas Description

Jefferson County

- The rate of adult asthma in Jefferson County, at 7.13%, is higher than the rate for Indiana, at 6.88%, as is the rate of chronic bronchitis (3.4% for Jefferson; 3.2% for Indiana) and for emphysema (1.4% for Jefferson; 1.28% for Indiana.)
- The percent of mothers who smoked during pregnancy in Jefferson County is 25.1% compared to the state of Indiana average of 18.5%. In 2007, the percent of low-weight births for Jefferson County was 8.9%, above the 8.5% for Indiana.
- The number of teen pregnancies among women 15 to 19 years old has decreased in Jefferson County from 2002 to the most recent measurement in 2007. In Jefferson County, there were 52 teen pregnancies in 2002 and 46 teen pregnancies in 2007. In Indiana, an opposite trend took place - there were 11,378 teen pregnancies in 2002 and 11,683 in 2007.
- Jefferson County reported 72 newly diagnosed cases of Chlamydia in 2008, an increase from the 69 reported in 2007, but a decrease from the 75 reported in 2006. There were 4 cases of gonorrhea and one case of syphilis reported in Jefferson County in 2008.
- The most recent information from the Indiana Family and Social Service Administration in 2008 shows 1,324 adults in Jefferson County with serious mental illness and 247 seriously emotionally disturbed children.
- The rate of deaths related to major cardio vascular diseases in Jefferson County decreased from 2005 - 359.9 per 100,000 population to 2007 - 309.1 per 100,000 population. However, the 309.1 per 100,000 population rate in 2007 is higher than both the Indiana rate of 267.2 per 100,000 and the national rate of 190.9 per 100,000.
- The stroke death rate in Jefferson, at 53.3 per 100,000 population in 2007, was higher than the 44.5 per 100,000 population for Indiana and the 45.1 per 100,000 for the nation.

KDHHS Service Areas Description

Ripley County

- Ripley County has a current population of 27,421. There is a net outward migration. By the year 2020, the population will be about 29,855.
- The population is 96.9% Caucasian.
- The household income in Ripley is \$51,603 - lower than the national average of \$52,029, but higher than the Indiana average of \$48,010.
- The percent of families below poverty in Ripley is 12.2%, lower than the Indiana average of 15.9% and the national average of 16.5%.
- 42.3% of all families in Ripley County are single parent families with 26.8% of these families in poverty. In Indiana, 32.4% of all families are single parent families with 27.6% of these families in poverty.
- The percent of those age 18+ who are uninsured is 26%, compared to 27% for Indiana and 27.3% for the nation.
- In Ripley County, 2,955 children are enrolled in Hoosier Healthwise.
- The percent of mothers in Ripley County who smoke during pregnancy is 26.6%, compared to 18.5% in Indiana. The percent of low birth weight in Ripley County is 6.5%, compared to 8.5% in Indiana. In Ripley County, the number of teen pregnancies (girls 15 to 19) decreased from 48 in 2002 to 45 in 2007. This represents a 8.9% teen birth rate in Ripley, compared to a 20.8% teen birth rate in Indiana.
- The most recent information from the Indiana Family and Social Service Administration in 2008 shows 1,071 adults in Ripley County with serious mental illness and 250 seriously emotionally disturbed children.
- Ripley County does not have a shortage of health care professionals. The townships of Delaware, Center and Brown are considered medically underserved. Ripley has a shortage of mental health professionals.
- The rate of individuals with lung cancer in Ripley was 119.7 per 100,000 populations compared to 59.7 for Indiana in 2007.
- The pneumonia/influenza death rate in 2007 for Ripley County was 22.65 per 100,000 which is higher than Indiana at 16.04 and the nation at 17.5.

KDHHS Service Areas Description

Switzerland County

- Switzerland County has a population of 9,675 and has a slow growth rate of 0.5 which mirrors that for Indiana. There is a net migration into the county. By 2020, the population will be 11,041.
- The ethnicity is 97.6% white.
- The unemployment rate is 7.9% in Switzerland County, lower than the Indiana rate of 10.1%.
- The average annual household income is \$42,209, compared to \$48,010 for Indiana and \$52,029 for the nation. In Switzerland, 23.9% of the families are below the poverty level, compared to 15.9% of Indiana families, and 16.5% of families in the nation. 26.8% of the children in Switzerland County are below the poverty level.
- In 2007, 26.3% of all adults age 25+ had less than a high school diploma.
- In Switzerland, 26.8% of those age 18+ are uninsured, compared to 27% in Indiana and 27.3% in the nation. 864 children in Switzerland County are enrolled in Hoosier Healthwise. 8.1% of individuals with insurance have Medicaid, a higher percent than Indiana/4.9% or the nation/4.5%.
- The teen birth rate for Switzerland County in 2007 was 36.3 per 1,000 females age 15-17. This is significantly higher than the rate for Indiana of 22 per 1,000.
- The rate of mothers smoking during pregnancy is 29.6% in Switzerland County, compared to 18.5% in Indiana. In Switzerland, there is a 9.6% low birth weight, compared to 8.5% in Indiana.
- In 2009, 30% of alcohol related fatalities in Switzerland County had a Blood Alcohol Concentration (BAC) of 0.1 or higher compared to 29% for Indiana.
- Switzerland County has a shortage of health care professionals. All areas of Switzerland County are considered medically underserved. Switzerland County has a shortage of mental health professionals.
- The rate of chronic bronchitis in Switzerland County, is 3.4%, similar to the Indiana rate of 3.2%. The rate of emphysema in Switzerland is 1.38%, similar to the Indiana rate of 1.28%.
- There are 379 adults with serious mental illness in Switzerland County and 78 seriously emotionally disturbed children.
- The stroke death rate per 100,000 population in 2007 was 67.9 for Switzerland County compared to 44.5 for Indiana and 45.1 for the nation.

KDHHS Service Areas Description

Carroll County, Kentucky

- Carroll County Kentucky currently has a population of 10,703 with a total of 3,940 households. The population is projected to be about 11,565 by 2020.
- The population is 95.7% Caucasian.
- The average household income in 2008 was \$43,720 - higher than the \$41,489 for Kentucky, but lower than the \$52,029 for the nation.
- The percent of Carroll County residents of all ages without health insurance is 13.9%, lower than the Kentucky average of 15.6% and just under the national average of 15.9%.
- The average percent of mothers who smoke during pregnancy for Carroll County is 37%, compared to 26% for Kentucky. Carroll County also has an 11% low birth weight, compared to a 9% low birth weight for Kentucky.
- As far as smoking prevalence is concerned, 35% of the adults in Carroll smoke, compared to 29% of Kentucky and 21% of the nation. The percent of high school students in Carroll who smoke is 31%, compared to 25% for Kentucky and 23% for the nation.
- Carroll County Kentucky has 25% of the population obese, compared to 29% of Kentucky and 24% of the nation.
- In Carroll, 43% of the population lack physical activity, compared to 32% in Kentucky and 24% in the nation.
- The unemployment rate in Carroll County is 13.12%, higher than both Kentucky's 10.5% and the nation's 9.3%.
- The death rate from heart disease in Carroll County is 266 per 100,000 compared to 224 per 100,000 for Kentucky and 218 per 100,000 for the nation.

KDHHS Service Areas Description

Trimble County, Kentucky

- Trimble County, Kentucky, has a population of 8,958 and a declining growth rate of -0.8 per 1,000 population, compared to 0.6% increased growth for Kentucky. By 2020, the population will be 10,406.
- The population is 97.7% white.
- The average annual household income in Trimble County is \$45,322 compared to \$41,489 in Kentucky and \$52,029 in the nation. The unemployment rate is 11.7%, compared to 10.5% for Kentucky and 9.3% for the nation.
- In Trimble County, there are 19.7% of all ages uninsured, compared to 15.6% of those in Kentucky and 15.9% in the nation
- The rate of smoking during pregnancy in Trimble County is 48%, compared to 26% in Kentucky. The low birth weight rate in Trimble County is 5% which is below Kentucky's 9%.
- In Trimble County, 29% of adults smoke, which is the same rate as Kentucky, but higher than the 21% in the nation. In Trimble County, 25% of high school students smoke, the same as in Kentucky, but higher than the 23% in the nation.
- In Trimble County, 29% of the adults are obese, the same as for Kentucky, but higher than the 24% for the nation. In Trimble, 14% lack physical activity, compared to 32% in Kentucky and 24% in the nation.
- The rate of chronic bronchitis in Trimble is 3.32%, compared to 3.35% for Kentucky. The rate for emphysema is 1.25% compared to 1.32% for Kentucky.
- In Trimble County, there is an 11% rate of adult diabetes, compared to 9% in Kentucky and 7% in the nation. The death rate per 100,000 due to diabetes was 55.4 for Trimble County, compared to 28.0 for Kentucky and 25.3 for the nation.

Major Community Needs Identified in Past Health Need Assessments

1996:

- Jefferson County
 - Drug and Alcohol Abuse
 - Teenage Pregnancy
- Ripley County
 - Access to Health Care
 - Preventive Health Education
- Switzerland County

2007:

- Overweight and Obesity
- Tobacco Use
- Substance Abuse/Addictions
- Physical Activity
- Mental Health

2010 Top Health Issues: Percent Rating this as a Major Issue

Issues highlighted in yellow are those in which the majority of at least one group considers this a major issue.

	Internal	Community Leaders	Low-Income	Web-based Community	Senior Citizens
Tobacco Use	96%	90%	79%	74%	Major Issue
Overweight and Obesity	93%	90%	81%	89%	Major Issue
Physical activity	81%	76%	81%	73%	Major Issue
Substance abuse/ addictions	76%	72%	88%	66%	Not asked
Mental health	75%	51%	58%	50%	Major Issue
Chronic disease	74%	60%	Not asked	39%	Major Issue
Responsible sexual behavior	74%	64%	68%	48%	Not asked
Maternal and child health (Teen Pregnancy)	52%	42%	Not asked	51%	Not asked

Summary of Top Health Issues: Percent Rating This as a Major Issue

	Internal	Community Leaders	Low-Income	Web-based Community	Senior Citizens
Access to health care	48%	42%	72%	54%	Not asked
Injury & violence/ domestic abuse & sexual assault	33%	37%	70%	43%	Not asked
Environmental quality	30%	46%	45%	42%	Not asked
Special needs/disabled & impaired	26%	33%	Not asked	Not asked	Not asked
Occupational and safety health	22%	6%	Not asked	Not asked	Not asked
Infectious disease	19%	13%	Not asked	Not asked	Not asked
Immunization	15%	13%	39%	26%	Minor Issue

Major Problems

- There are some patterns that indicate similar opinions on the major issues and community health needs. The following areas are rated as major issues by more than half of the respondents in the indicated categories:
 - Overweight and obesity (Internal Leaders, Community Leaders, Low-income Residents, Web-based Community, Senior Citizens)
 - Tobacco use (Internal Leaders, Community Leaders, Low-income Residents, Web-based Community, Senior Citizens)
 - Physical activity (Internal Leaders, Community Leaders, Low-income Residents, Web-based Community, Senior Citizens)
 - Substance abuse and addictions (Internal Leaders, Community Leaders, Low-income Residents, Web-based Community)
 - Mental health (Internal Leaders, Community Leaders, Low-income Residents, Web-based Community, Senior Citizens)
 - Responsible sexual behavior (Internal Leaders, Community Leaders, Low-income Residents)
 - Chronic Disease (Internal Leaders, Community Leaders, Senior Citizens)
 - Maternal and child health/teen pregnancy (Internal Leaders, Web-based Community)
 - Access to health care (Low-income Residents , Web-based Community)
 - Injury and violence / domestic abuse (Low-income Residents)
- The majority of community leaders believe KDHHS should have a leadership role in:
 - Access to health care
 - Chronic Disease
 - Tobacco use
 - Overweight and obesity
 - Maternal and child health (teen pregnancy)
 - Infectious Disease

Major Problems

- The majority of community leaders believe KDHHS should have a supporting role in:
 - Injury and violence/ domestic abuse/ sexual assault
 - Special needs for the disabled/impaired
 - Responsible sexual behavior
 - Substance abuse / addictions
 - Mental health
 - Occupational and safety health
 - Physical activity
 - Environmental quality
 - Immunization
- It may be that low income residents are perhaps more aware of violence and domestic abuse than other groups.

Community Leaders' Opinions on KDHHS' Role in Addressing Issues

Items under “leadership” highlighted in yellow indicate that the majority of community leaders believe KDHHS should have a leadership role in addressing this issue.

Items under “supporting” highlighted in blue indicate that the majority of community leaders believe KDHHS should have a supporting role in addressing this issue.

	Leadership	Supporting	No Specific
Access to health care	81%	19%	0%
Chronic Disease	81%	19%	0%
Tobacco use	67%	33%	0%
Overweight and obesity	62%	38%	0%
Maternal and child health (teen pregnancy)	57%	43%	0%
Infectious Disease	52%	48%	0%
Physical activity	43%	57%	0%
Immunization	38%	52%	10%
Mental Health	33%	67%	0%
Substance abuse / addictions	29%	71%	0%
Responsible sexual behavior	24%	76%	0%
Occupational and safety health	19%	67%	14%



Majority of all groups considers this a major issue.

Issues highlighted in yellow are those in which the majority of at least two groups considers this a major issue. (See charts on previous pages.)

List of Educational Program Topics or Outreach Suggestions for KDHHS

A free Senior Health Day which includes free screenings and breakout sessions with a pharmacist and dietician.	Collaborate with schools both on obesity/physical education and on nutrition including school lunches. Provide classes during school day to insure all children participate.
Diabetes	Provide sex education to high school students. Continue CPR program for younger children.
Substance abuse education starting in elementary schools and on up through high school.	Offer quarterly program where citizens can dispose of their prescription drugs without consequence.
Stroke prevention	Have a gym with a swimming pool / fitness facility
Obesity / weight control	Alzheimer's
Arthritis	Educate and guide the elderly in regards to their healthcare particularly those with a chronic disease.
Exercise	Smart parenting programs
Healthy eating / nutrition	Women's health conference
Health fairs and screenings with free or low-cost tests	Bullying in schools
Campaign against meth	Healthy heart

List of General Suggestions for KDHHS

Expectant mothers want to be seen by an OB/GYN before they are 12 weeks along in their pregnancy or they will go elsewhere.	Need to be seen in the Emergency Department more quickly
Problems with coding lab work done in doctor's office, but analyzed at hospital. Insurance viewing as outpatient procedure applied against patient's deductible.	Explore why cancer statistics are higher in Jefferson County than in adjacent counties.
Need to be able to get in to see a doctor and to schedule an appointment more quickly and easily. Expanded service hours for physician offices and outpatient procedures.	Problems with billing department
Utilize a dedicated staff person to explore additional grant opportunities for the organization.	Conduct pricing comparison of KDHHS services with area hospitals - radiology pricing in particular.
Cover nicotine replacement therapy (NRT) products such as nicotine patches and Chantix and other medications to help people quit using tobacco as part of KDHHS employees' health benefits package.	Residents may not be aware of all existing programs
Promote direct access testing more.	Residents may not be aware of expertise level of staff
Re-evaluate the pricing of current KDHHS exercise/wellness programs. Consider implementing special senior pricing.	Expand the hours at the Convenient Care Center. Make CCC more kid/family friendly.
More KDHHS advertising in all counties served.	Patient advocates to help patients and their families navigate through the health care system
Conduct blood pressure checks without an appointment.	

List of Suggested Service or Specialties for KDHHS

(yellow indicates not currently offered)

Acupuncture	Occupational Health services
Bariatric surgery	Orthopedic services expansion - Sports Medicine
Cardiology services and surgery expansion	Pain management
Dermatology	Pediatric neurologists
Chronic Disease control	Mental health professionals and services; long-term care
Drug and alcohol rehab	Plastic surgery and esthetic services such as for veins
Endocrinology	Pulmonologists for adults and children—in transition
Fertility treatment	Rheumatologists
Lap-Band surgery	Nursing Home Care / Transitional care
Nephrologists	

List of Suggestions for New KDHHS Hospital & Campus

<p>Improve KDHHS' image in the community before the new hospital is constructed. Use staff members versus management as the "face" of the campaign to tell community why a new hospital is needed.</p>	<p>Ensure the transition between the two hospitals is carefully planned out. Allow a phased in cut-off for moving patients between facilities versus one finite date. This may be harder on the facility/staff, but better for the community.</p>
<p>Address the security issue of having last names on employee nametags. Suggest only having first name and last initial on name tags such as "John S." Patients are exhibiting more threatening behavior which has made nurses fearful.</p>	<p>Enhance the cafeteria at the new hospital by offering various food stations with improved food quality and increased healthy offerings. Offer outside seating adjacent to the cafeteria.</p>
<p>Implement a recycling "Go Green" program throughout KDHHS.</p>	<p>Promote wellness at the new facility by: an enforced tobacco free campus and constructing a walking trail around the campus for use by the public and employees.</p>
<p>Build a new cancer center on the new KDHHS campus. The current facility has space limitations and there is a need for such a facility to be next to a hospital due to the issue of transporting biohazard waste and the need for access to a pharmacist.</p>	<p>Improve the intensive care area plus address the decrease in physicians in cardiology, pulmonology, primary care and neurology.</p>
<p>Offer transportation between the MOB and the new campus.</p>	<p>Do not place any departments dealing with the public or the conference center in the basement of the new hospital. Locate conference center, so there is access to the outdoors and ensure there is a strong internet and cell phone signal</p>
<p>Create an outside meditation garden and/or chapel for patients families at the new campus</p>	<p>Include a lactation room or public restroom stall with plug for employees who are breast feeding.</p>

KDHHS Existing Service Lines - October 2010

- Ambulance Service
- Ambulatory Surgery Unit
- Anesthesiology
- Blood Bank
- Cardiac Rehabilitation
- Cardio-pulmonary Services
- Case Management
- Cath Lab
- Community Health Screenings
- Convenient Care Center
- Coumadin Clinic
- Diabetes Education
- Diagnostic Catheterization
- Ear Nose and Throat Services
- Emergency Services
- Gastrointestinal Services
- General Surgery
- Gynecology
- Home Health
- Hospice
- Infection Control
- Intensive Care
- Laboratory Services
- Level II Nursery
- Lithotripsy
- Medical Imaging
 - X-ray
 - 64-slice CT
 - MRI
 - Ultrasound
 - Nuclear Medicine
 - Mammography
 - Bone Density
 - Mobile PET
- Medical Oncology/Hematology and Radiation Oncology (IMRT)
- Medical-Surgical Care
- Obstetrics
- Orthopedics
- Pain Management
- Pastoral Care
- Pathology
- Pediatrics
- Pharmacy Services
- Primary Care Medicine
- Radiology School
- Rehabilitation (Inpatient/Outpatient)
- Respiratory Therapy
- Sleep Center
- Social Work Services
- Urology
- Volunteer Services
- Wound Management

KDHHS Potential Service Line Expansions/ Additions/ Under Consideration

- Oncology Expansion
- Physician recruitment efforts will include:

Immediate Needs	Possible Future Needs (next four years)
Orthopedics	Family Practice
Pulmonologist	General Surgery
Internal Medicine	Radiation Oncology
Neurology	Cardiology
	Orthopedics
	Gynecology

Construction Plans to Improve Services

- Construct a new complete replacement acute care hospital with attached Medical Office Building and support services, beginning November 2010 and completing November/December 2012.
- Evaluate the expansion of the Cancer Center in its existing location or its complete replacement in an alternate location with more growth space.
- Evaluate the construction/alteration needs required to consolidate and improve the extensive services remaining in downtown Madison

KDHHS Facilities

- The King's Daughters' Hospital, One King's Daughters' Drive, Madison, IN 47250
- Cancer Treatment Center, 621 West Street, Madison, IN 47250
- Convenient Care Center, 443 Clifty Drive, Madison IN 47250
- Diabetes Care Center, 527 West Street, Madison, IN 47250
- Home Health and Hospice, 2670 North Michigan Road, Madison, IN 47250
- KDHHS Sleep Center, 122 West 5th Street, Madison, IN 47250
- Rehabilitation Center, 2670 North Michigan Road, Madison, IN 47250
- Medical Office Building, 630 North Broadway, Madison, IN 47250
- Hilltop Clinic, 445 Clifty Drive, Madison, IN 47250
- Hanover Clinic, 36 Medical Plaza, Hanover, IN 47243
- Versailles - Tyson Street, 206 West Tyson Street, Versailles, IN 47042
- Versailles - Main Street, 128 North Main Street, Versailles, IN 47042
- Trimble County Medical Building, 10235 US Highway 421, Milton, KY 40045
- Riverbourne Medical Center, 205 Marwill Drive, Carrollton, KY 41008
- Switzerland County Medical Building, 727 State Road 56, Vevay, IN 47043
- Vevay Main Street Clinic, 213 West Main Street, Vevay, IN 47043

KDHHS Community Programs and Services in 2009

- Participated in 9 health fairs.
- Conducted 8 community health screening sessions and 4 corporate health screening sessions.
- Conducted specific screenings for skin cancer, prostate cancer, colon cancer and breast cancer.
- Conducted 485 high school sports physicals.
- Provided corporate flu shots.
- Conducted 34 speaking engagements.
- Held classes on: safe baby sitting, careers, fit kids program, tobacco cessation, drug and alcohol education, abstinence based sex education, pre-natal and Lamaze techniques, CPR & first aid and wellness.
- Conducted employee wellness, Weight Watchers, and health screens in addition to providing newsletters about health issues.
- Implemented a local council of *Girls on the Run*, part of a national program, designed to educate and prepare preteen girls for a lifetime of self respect and healthy living.
- Conducted annual 5K Walk/Run
- Participated in numerous community programs involving dealing with substance abuse, anti-smoking, and wellness.
- Obtained grants to address tobacco cessation, drug control and abstinence.

KDHHS Gaps

- There do not appear to be large gaps in the topics or types of community outreach programs that KDHHS has conducted in the past. However, there may be gaps due to funding levels or staffing levels in the number of programs and the geographic reach of the programs that have been offered. KDHHS should use the list of major health issues in which KDHHS is expected to have a leadership and supporting role as well as the list of specific topics suggested to develop programs and apply for grants to improve health in the communities it serves.
- Some individuals also expressed the idea that residents in the community served by KDHHS may not be aware of the existing programs and services offered and may not be aware of the level of expertise of the staff. These are ideas that could be addressed in a strategic, well-planned, long-term public relations campaign. However, KDHHS would need to devote budget monies for this. The return on investment would be longer term.
- The gaps in the current medical service lines and the medical specialties desired are worth exploring. However, this analysis focuses only on expressed needs and does not contain patient projection information or financial analysis for a business case analysis. That would be an additional step, if appropriate. The services suggested which are not currently offered include:

Acupuncture	Lap-Band surgery
Bariatric surgery	Nursing home care
Dermatology	Occupational Health services
Disease control	Pediatric neurologists
Drug and alcohol rehab	Plastic surgery and esthetic services such as for veins
Mental health professionals and services; inpatient care	Rheumatologists
Fertility treatment	Transitional care

Conclusions and Recommendations for KDHHS

- Several of the top major community health concerns involve addressing the frequently inter-related issues of obesity, lack of physical activity, and smoking. These health issues lead to chronic disease and have an impact on patients served by KDHHS facilities. The majority of community leaders expect KDHHS to take a leadership role in addressing overweight and obesity and tobacco use. Those in outlying counties have asked that current KDHHS programs available in Jefferson County be offered in their own counties or at a minimum that the Jefferson County programs be promoted to citizens in these other counties for their potential attendance.
 - KDHHS should consider ways in which it can set an example at its own facilities for the community: tobacco-free campus, healthy food offerings in its cafeteria, wellness program.
 - It should consider asking for grants to offer community outreach programs to educate individuals on topics such as nutrition, healthy weight, healthy eating, and exercise.
 - There may be ways to support community efforts to establish an exercise facility which offers both a swimming pool and fitness area.
- Substance Abuse - particularly narcotic and prescription drugs, was another top major health need cited by all groups interviewed. It is prevalent in all counties served by KDHHS.
 - The lack of substance treatment centers and mental care facilities to refer these type of patients to is a major concern.
 - Many interviewed felt the public needs to be aware of how much of an issue substance abuse is in the community i.e. amount of babies born addicted to Meth/detoxification required.
 - The need for further drug education in the schools from elementary on up was mentioned numerous times.
 - Better communication between KDHHS and the local legal system is needed. Documentation of overdose cases in the ER with statistics of the types of drugs causing the overdose (street versus prescription) is the type of information helpful to the legal system. KDHHS physicians mentioned that they would like to know from the legal system when one of the drugs they prescribed is involved in a case.
 - There is a need for a quarterly prescription drug disposal program where such drugs can be disposed with no questions asked.

Conclusions and Recommendations for KDHHS

- While KDHHS may not be expected to take a leadership role in addressing mental health issues, it cannot ignore the need for mental health services in all the counties it serves. Many interviewed mentioned the need for an on-staff psychiatrist or an improved referral program for those with mental illness. KDHHS leaders interviewed stressed the hours of staff time that is currently spent finding facilities to refer patients to with open beds. This issue is worth further study by KDHHS to determine what supporting role it can provide to the community in this area.
- Access to health care was viewed as a major issue by those respondents of the web-based survey and by the lower income category. There appears to be a need to make individuals within the community more aware of health care services available to them rather they be insured or uninsured. The vast majority of community leaders expect KDHHS to take a leadership role in access to health care. In addition to concerns about access for low-income or the underinsured or uninsured, there are some concerns about access to:
 - Getting an appointment with a physician quickly when needed
 - Getting seen in the Emergency Department quickly
 - Evening appointments for those unable to leave work during the day
- Due to an aging workforce, it is advisable for KDHHS to put a contingency plan in place to deal with its aging nursing workforce.