

# King's Daughters' Health Community Needs Assessment

Summary Report  
December 2013

## Background

- King's Daughters' Health conducted a community needs analysis during 2013 that involved both its primary service area (Jefferson County, Ripley County, and Switzerland County, Indiana) and its secondary service area (Trimble County and Carroll County, Kentucky). The last time a community needs assessment was conducted was in 2010.
- The focus of this assessment was on the health needs that could be addressed by KDH and can be used by KDH 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 KDH including Board, staff and medical staff;
  - In-depth-interviews by telephone or in-person with 44 community leaders including government, medical, education, and other community leadership positions in all five counties;
  - In-person surveys of 72 individuals in a low income location;
  - In-person discussions with 19 senior citizens;
  - A web-based survey open to the general public which resulted in 184 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 KDH 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

# KDH Service Areas

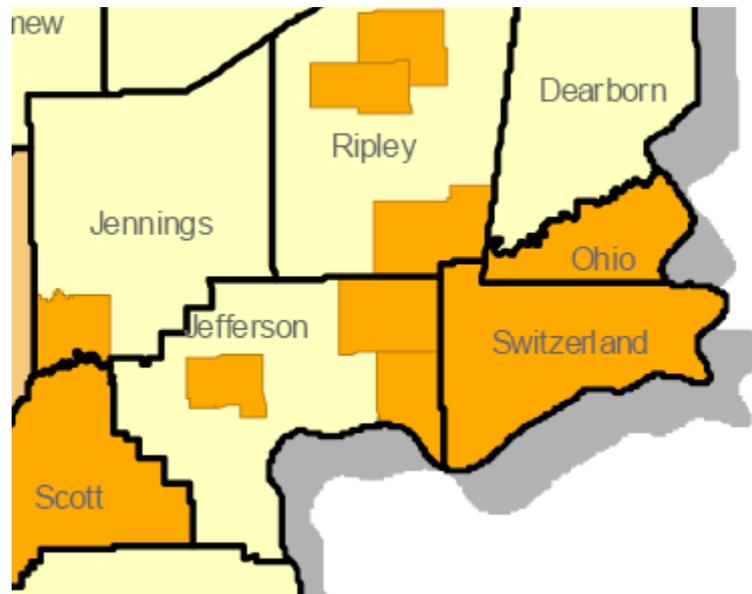
Jefferson County, Ripley County, and Switzerland County, Indiana



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 2012

# KDH Service Areas Description

## Jefferson County

- Jefferson County is experiencing a slow growth in total population, currently at 32,554. By 2020, the population is expected to be about 38,811. It has a median age of 37.1, nearly identical to the state average of 37.0. The unemployment rate of 8.4% is slightly above the Indiana rate of 8.2%.
- The population is fairly homogeneous with a largely Caucasian population, 96%
- The median average household income, of \$40,386, is lower than that for Indiana and the nation. In Jefferson County, about 14.3% of the individuals, or about 4,326, live below the poverty level, below the 15.8% poverty rate of individuals in Indiana and the 15.9% rate for the entire U.S.
- 35% of all families in Jefferson County are single parent families with 28.3% of these families in poverty. In Indiana, 32.9% of all families are single parent families with 27.4% 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. 28% of adults in Jefferson County use tobacco compared to 24% of adults living in the state of Indiana.
- According to the Indiana State Department of Health 2012 report, Jefferson County was not listed as a county that had a shortage of healthcare professionals or of mental health professionals. However, the 2012 report lists Milton, Shelby and Smyrna townships as medically underserved.
- The rate of all cancer incidence is higher in Jefferson County, at 502 for 100,000 population, than for Indiana, at 476 for 100,000 population. The rate of lung cancer is higher in Jefferson, at 96 per 100,000 population than for Indiana at 80 per 100,000. The rate of prostate cancer is higher in Jefferson, at 152 per 100,000 population than for Indiana at 136 per 100,000. The rate of breast cancer in Jefferson is slightly lower, at 115 per 100,000 population than for Indiana at 116 per 100,000 population. The rate of colorectal cancer is lower in Jefferson, at 48 per 100,000, than the rate for Indiana, at 51 per 100,000.
- The rate of adult asthma in Jefferson County, at 7.3%, is slightly higher than the rate for Indiana, at 7.2%, as is the rate of chronic bronchitis (3.4% for Jefferson; 3.3% for Indiana) and for emphysema (1.6% for Jefferson; 1.4% for Indiana.)

# KDH Service Areas Description

## Jefferson County

- The percent of mothers who smoked during pregnancy in Jefferson County is 25.8% significantly higher than the state of Indiana average of 17.1%. In 2010, the percent of low-weight births for Jefferson County was 9.6%, above the 8.0% for Indiana.
- The number of teen pregnancies among women 15 to 19 years old has slightly decreased in Jefferson County from 2007 to the most recent measurement in 2010. In Jefferson County, there were 46 teen pregnancies in 2007 and 44 teen pregnancies in 2010. In Indiana, a significant decrease took place - there were 11,683 teen pregnancies in 2007 and 8,654 in 2010.
- Jefferson County reported 97 newly diagnosed cases of Chlamydia in 2011, an increase from the 82 reported in 2009. There were 12 cases of gonorrhea in 2011 and increase from the less than five reported in Jefferson County in 2009.
- 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 increased from 2008 - 249.8 per 100,000 population to 2010 - 372.1 per 100,000 population. The opposite trend occurred in Indiana with 214.3 per 100,000 deaths recorded in 2008 falling to 206.5 per 100,000 in 2010.
- The stroke death rate in Jefferson, at 79.4 per 100,000 population in 2010, was significantly higher than the 47.5 per 100,000 population for Indiana and the 41.9 per 100,000 for the nation.
- The incidence of cancer rate (all sites) was higher in Jefferson County - 502 per 100,000 population compared to Indiana's rate of 476 per 100,000.

# KDH Service Areas Description

## Ripley County

- Ripley County has a current population of 28,583. There is a net outward migration. By the year 2020, the population will be about 30,754.
- The population is 97.8% Caucasian.
- The median household income in Ripley is \$47,900 - lower than the national average of \$50,502, but higher than the Indiana average of \$46,438.
- The percent of families below poverty in Ripley is 15.4%, lower than the Indiana average of 20.6% and the national average of 20.8%.
- 29.8% of all families in Ripley County are single parent families with 27% of these families in poverty. In Indiana, 32.9% of all families are single parent families with 27.4% of these families in poverty.
- The percent of mother in Ripley County who smoke during pregnancy is 22.8%, compared to 17.1% in Indiana. The percent of low birth weight in Ripley County is 7%, compared to 8% 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 prostate cancer in Ripley was 146 per 100,000 populations compared to 136 for Indiana in 2008.
- The death rate from major cardiovascular disease was 246.6 per 100,000 population for Ripley County in 2010. This is higher than Indiana's 206.5 and the nation's 193.6 per 100,000 during the same period.
- The incidence of cancer rate (all sites) was higher in Ripley County - 518 per 100,000 population compared to Indiana's rate of 476 per 100,000.

# KDH Service Areas Description

## Switzerland County

- Switzerland County has a population of 10,424 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 11,950.
- The ethnicity is 98.1% white.
- The unemployment rate is 6.9% in Switzerland County, lower than the Indiana rate of 8.4%.
- The median household income is \$42,285, compared to \$46,438 for Indiana and \$50,502 for the nation. In Switzerland, 28% of the families are below the poverty level, compared to 20.6% of Indiana families, and 20.8% of families in the nation. 29.4% of the children in Switzerland County are below the poverty level.
- In 2010, 22.5% of all adults age 25+ had less than a high school diploma.
- The teen birth rate for Switzerland County in 2009 was 37.8 per 1,000 females age 15-17. This is significantly higher than the rate for Indiana of 20.8 per 1,000.
- The rate of mothers smoking during pregnancy is 27.3% in Switzerland County, compared to 17.1% in Indiana. In Switzerland, there is a 6.8% low birth weight, compared to 8.0% in Indiana.
- Switzerland County has a shortage of health care professionals. All areas of Switzerland County are considered medically underserved. Switzerland County also has a shortage of mental health professionals.
- The rate of chronic bronchitis in Switzerland County and in Indiana is 3.0%. The rate of emphysema in Switzerland is 1.5%, slightly higher than the Indiana rate of 1.4%.
- There are 379 adults with serious mental illness in Switzerland County and 78 seriously emotionally disturbed children.
- The death rate from major cardiovascular disease was 347.0 per 100,000 population for Switzerland County in 2010. This is significantly higher than Indiana's 206.5 and the nation's 193.6 per 100,000 during the same period.
- The incidence of cancer rate (all sites) was higher in Switzerland County - 562 per 100,000 population compared to Indiana's rate of 476 per 100,000. The only type of cancer in which Switzerland County recorded an incidence rate lower than Indiana was Breast Cancer - Switzerland County 82 per 100,000 versus Indiana's 116 per 100,000 population.

# KDH Service Areas Description

## Carroll County, Kentucky

- Carroll County Kentucky currently has a population of 11,013 with a total of 4,195 households. The population is projected to be about 11,440 by 2020.
- The population is 95.1% Caucasian.
- The average median household income in 2011 was \$40,685 - higher than the \$41,141 for Kentucky, but lower than the \$50,512 for the nation.
- The average percent of mothers who smoke during pregnancy for Carroll County is 30%, compared to 24% for Kentucky.
- As far as smoking prevalence is concerned, 30% 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 19% 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 9.6%, higher than both Kentucky's 8.2% and the nation's 8.1%.
- The death rate from heart disease in Carroll County is 299.8 per 100,000 compared to 205.6 per 100,000 for Kentucky and 173.7 per 100,000 for the nation.
- The death rate per 100,000 due to Chronic Respiratory Disease in 2011 was 112.1 for Carroll County compared to 63.1 per 100,000 for Kentucky and 42.7 per 100,000 for the nation.
- In 2011, Carroll County had nearly two and half times the number of Drug Arrests per 100,000 in comparison to Kentucky: 2,162 versus 870.

# KDH Service Areas Description

## Trimble County, Kentucky

- Trimble County, Kentucky, has a population of 8,725 and a declining growth rate of -1.0 per 1,000 population, compared to 0.6% increased growth for Kentucky. By 2020, the population will be 9,514.
- The population is 97.2% white.
- The average median household income in Trimble County is \$44,141 compared to \$43,677 in Kentucky and \$50,502 in the nation. The unemployment rate is 8.2%, compared to 8.2% for Kentucky and 8.1% for the nation.
- The rate of smoking during pregnancy in Trimble County is 44%, compared to 24% in Kentucky. The low birth weight rate in Trimble County is 6% which is below Kentucky's 9%.
- In Trimble County, 30% of adults smoke, which is higher than the 29% for Kentucky and the 19% for 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.
- In Trimble County, there is an 9% rate of adult diabetes, compared to 8% in Kentucky and 10% for 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.
- Deaths due to Breast Cancer were 15 per 100,000 for Trimble County compared to 14 per 100,000 for Kentucky. Deaths due to Prostate Cancer were 23 per 100,000 for Trimble County and 18 per 100,000 for Kentucky.

# Major Community Needs Identified in Past Health Need Assessments

## 2007:

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

## 2010:

- Tobacco Use
- Overweight and Obesity
- Physical Activity
- Substance Abuse/Addictions
- Mental Health
- Chronic Disease
- Responsible Sexual Behavior
- Maternal and Child Health (Teen Pregnancy)

# 2013 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
Overweight and Obesity	100%	94%	81%	94%	Major Issue
Substance Abuse/ Addictions	97%	97%	90%	95%	Not asked
Chronic Disease	93%	78%	Not asked	79%	Major Issue
Tobacco Use	90%	80%	84%	85%	Minor Issue
Access to Health Care	87%	57%	78%	30%	Minor Issue
Lack of Physical Activity	87%	77%	75%	77%	Major Issue
Mental Health	77%	69%	62%	62%	Major Issue
Maternal and Child Health (Teen Pregnancy)	73%	49%	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
Responsible Sexual Behavior	57%	44%	65%	60%	Not asked
Occupational and Safety Health	53%	8%	Not asked	14%	Not asked
Injury & Violence/ Domestic Abuse & Sexual Assault	50%	43%	72%	45%	Not asked
Special Needs/Disabled/ Impaired	47%	31%	Not asked	35%	Not asked
Environmental Quality	23%	6%	29%	44%	Not asked
Infectious Disease	23%	14%	Not asked	26%	Not asked
Immunization	20%	17%	30%	17%	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 issued 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)
  - Substance Abuse and Addictions (Internal Leaders, Community Leaders, Low-income Residents, Web-based Community)
  - Chronic Disease (Internal Leaders, Community Leaders, Web-based Community, Senior Citizens)
  - Tobacco Use (Internal Leaders, Community Leaders, Low-income Residents, Web-based Community)
  - Access to Health Care (Internal Leaders, Community Leaders, Low-income Residents)
  - Lack of Physical Activity (Internal Leaders, Community Leaders, Low-income Residents, Web-based Community, Senior Citizens)
  - Mental Health (Internal Leaders, Community Leaders, Low-income Residents, Web-based Community, Senior Citizens)
  - Maternal and Child Health/Teen Pregnancy (Internal Leaders, Web-based Community)
  - Responsible Sexual Behavior (Internal Leaders, Low-income Residents, Web-based Community)
  - Occupational and Safety Health (Internal Leaders)
  - Injury and Violence / Domestic Abuse (Low-income Residents)
- The majority of community leaders believe KDH should have a leadership role in:
  - Access to Health Care
  - Chronic Disease
  - Physical Activity
  - Tobacco Use
  - Overweight and Obesity

## Major Problems

- The majority of community leaders believe KDH should have a supporting role in:
  - Substance Abuse/Addictions
  - Injury and Violence/Domestic Abuse/Sexual Assault
  - Special Needs for the Disabled/Impaired
  - Responsible Sexual Behavior
  - Mental Health
  - Occupational and Safety Health
  - Immunization
  - Maternal and Child Health (Teen Pregnancy)
  - Infectious Disease
- It may be that low income residents are perhaps more aware of violence and domestic abuse than other groups.

# Community Leaders' Opinions on KDH Role in Addressing Issues

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

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

	Leadership	Supporting	No Specific
Access to Health Care	78%	17%	5%
Chronic Disease	72%	28%	0%
Physical Activity	66%	34%	0%
Tobacco Use	65%	35%	0%
Overweight and Obesity	62%	38%	0%
Substance Abuse / Addictions	45%	55%	0%
Immunization	37%	53%	10%
Maternal and Child Health (Teen Pregnancy)	33%	67%	0%
Infectious Disease	32%	68%	0%
Responsible Sexual Behavior	31%	58%	11%
Mental Health	26%	68%	6%
Injury & Violence (Domestic Abuse/Sexual Assault)	21%	79%	0%



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 KDH

Conduct quarterly free Senior Health Day(s) which include free screenings and breakout sessions with a pharmacist and dietician. Offer a yearly skin cancer screening.	Collaborate with schools on obesity/physical education and nutrition including school lunches. Provide classes during the school day to insure all children can participate.
Utilize a Diabetes Educator to lead Diabetes Support Groups in each of the counties that KDH serves.	Provide sex education to high school students in conjunction with the CPR program for younger children.
Provide substance abuse education starting in elementary schools and on up through high school.	Conduct a public forum to educate the public on substance abuse issues in conjunction with area law enforcement, churches and school systems.
Develop a Stroke Prevention Plan aimed at reducing the high stroke death rate in Jefferson County.	Offer a quarterly program where citizens can dispose of their prescription drugs without consequence.
Create a support/treatment program for dealing with withdrawal and maintaining sobriety.	Form an AlaTeen Program in conjunction with Alcoholics Anonymous
Facilitate nutrition and cooking classes aimed at school-aged children through adults which include portion size, how many calories are in the foods we eat, how to eat healthy on a budget etc.	Educate the public on the need for prenatal care including the impact substance abuse/smoking may have on unborn children.
Create a community-wide program in conjunction with area government leaders aimed toward getting people more active and lowering the community's obesity levels.	Teach the public on safety for kids such as the need to wear helmets while riding a bike/skateboarding, why booster seats are important etc.
Establish a Narcotics Anonymous (NA) Program	Provide Mental Health counseling.
Offer Smoking Cessation Classes in each county KDH serves.	Expand resources/support groups for Postpartum Depression/New Mommies. Hold support groups in the new downtown MOB, so people can walk to the meetings.
Address the needs of our aging population by adding Transitional Care and caregiver support groups.	Teach patients about how to handle chronic pain management and the other treatments available to them in addition to medication.

## List of Educational Program Topics or Outreach Suggestions for KDH

Offer a non-emergency van to transport patients (oncology, mental health) that is more flexible than an ambulance and more cost-effective than paying for cab vouchers.	Work with area agencies on addressing the homeless issue in Madison.
Build a gym with a swimming pool / fitness facility which offers affordable pricing.	Educate the public on STD's - particularly high school and 50+ age groups.
Expand the Girls on the Run program beyond Jefferson County.	Provide proactive education on occupational and safety health to major area employers.
Educate the public about pediatric/adolescent asthma and how instances can be reduced despite it being a chronic disease.	Partner with NAMI (National Alliance for Mental Illness) on providing support groups for both patients and caregivers of those with mental illness.

## List of General Suggestions for KDH

Implement a recycling program throughout KDH for plastics, metal and cardboard.	Offer more healthy food offerings in the KDH Cafeteria such as grab and go fruit. Offer doughnuts once a week versus every day. Offer healthier choices in the KDH vending machines.
Change the hours of the KDH Convenient Care Center so it is both more convenient and competitive. Considering opening the CCC that is designed to be next to the ER.	Expand the KDH Employee Wellness Program - promote that KDH employees should be "the example" to area residents. Offer Weight Watchers meetings to all KDH satellite office locations.
Expand physician service hours for those patients who work second or third shift.	Improve the signage, maintenance and security of the downtown KDH buildings/parking garage.
Offer flu shots that are convenient, cost-effective and readily available so it is as easy or easier to get a flu shot through KDH as it is at Wal-Mart and other area pharmacies.	Conduct a pricing comparison of KDH services with area hospitals.
Promote genetic testing to detect various cancers.	Advertise and submit press releases to all the newspapers/radio stations throughout the KDH service area.
Participate in more community outreach opportunities such as the House of Hope Food Pantry, Salvation Army (offering health screenings) etc. and offer financial support to Turning Point.	Utilize Cable Channel 15 to educate the public on health issues and how disease(s), medications and lifestyle choices impact their health.
Expand the use of TeleMed.	Increase the physician hours offered in Switzerland County.
Further promote the KDH Cancer Center and the services it provides.	Explore why stroke statistics are higher in Jefferson County than in adjacent counties.
Expand and enforce the smoke-free zone around KDH so smokers cannot be seen along highway.	

# List of Suggested Services or Specialties for KDH

(yellow indicates not currently offered)

Acupuncture	Obesity Prevention Coordinator offering Nutritional Counseling.
Bariatric Surgery	Occupational Health Services
Cardiology Services and Surgery Expansion	Palliative Care Program for Chronic Disease
Dermatology	Plastic Surgery which offers breast reconstruction one or two days each week
Diet Clinic focusing on lifestyle modifications and promoting a high protein/low carbohydrate diet.	Pre-conceptual Counseling
Disease Control	Psychiatry
Drug and Alcohol Rehab	Pulmonologist for children
Endocrinology	Rheumatology
Fertility Treatment	SANE (Sexual Assault Nurse Examiner) Nurses
Infectious Disease Specialist	Transitional care
Lap-Band Surgery	Weight Loss Clinic
Mental Health Professionals and Services; Long-term Care	

## KDH Existing Service Lines - December 2013

- Ambulance Service
- Ambulatory Surgery Unit
- Anesthesiology
- Blood Bank
- Cardiac Rehabilitation
- Cardio-pulmonary Services
- Cardiology
- Case Management
- Diagnostic and Interventional Catheterization 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 Prevention
- Intensive Care
- Internal Medicine
- 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
- Mother / Baby Services
- Nephrology
- Neurology
- Orthopedics
- Pain Management
- Pastoral Care
- Pathology
- Pediatrics
- Pharmacy Services
- Primary Care Medicine
- Pulmonology
- Radiology School
- Rehabilitation (Inpatient/Outpatient)
- Respiratory Therapy
- Sleep Center
- Social Services
- Urology
- Volunteer Services
- Wound Management

# KDH Potential Service Line Expansions/ Additions/ Under Consideration

Physician recruitment efforts will include:

Immediate Needs	Possible Future Needs (Next Five Years)
Anesthesia	Internal Medicine
OB/Gynecology	Family Practice
Pediatrics	Pediatrics
Internal Medicine	General Surgery
Family Practice	Radiology
	Anesthesia
	Orthopedics

**Under Construction:**

- Cancer Treatment Center (Completion in late 2014 or early 2015)

## KDH Facilities

- King's Daughters' Hospital, 1373 E. SR 62, Madison, IN 47250
- Main Campus Medical Building, 1373 E. SR 62, Madison, IN 47250
- Cancer Treatment Center; 621 West Street, Madison, IN 47250
- Convenient Care Center; 445 Clifty Drive, Madison IN 47250
- Home Health and Hospice, 2670 North Michigan Road, Madison, IN 47250
- Rehabilitation Center, 2670 North Michigan Road, Madison, IN 47250
- Downtown 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
- Carrollton Medical Building, 205 Marwill Drive, Carrollton, KY 41008
- Switzerland County Medical Building, 1190 West Main Street, Vevay, IN 47043

### NOTE:

Both the Diabetes Care and the Sleep Center Programs are now located at the new KDH Hospital/Main Campus.

## KDH Community Programs and Services in 2012

- Participated in five health fairs.
- Orchestrated four community health screening sessions and 5 corporate health screening sessions.
- Administered specific screenings for skin cancer, prostate cancer, colon cancer and breast cancer.
- Provided corporate flu shots.
- Exhibited at regional expo
- Conducted 26 speaking engagements.
- Held classes on: fit kids program, smoking cessation, drug & alcohol awareness, pre-natal prep/childbirth education/Lamaze techniques and CPR & first aid.
- Gifted safe babysitting classes to the Lide White Boys and Girls Club.
- Gifted Creating Positive Relationships/abstinence based sex education program to Choices for Women in 2011.
- Organized employee wellness, weight watchers, and health screens in addition to providing newsletters about health issues.
- Implemented insurance premium reduction incentive program in conjunction with employee health screens and employee health risk assessment.
- Coordinated 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/Runs.
- Participated in numerous community programs involving dealing with substance abuse, anti-smoking, and wellness.
- Offered breast cancer, surviving spouse and new moms support groups.
- Supported local high school and colleges' medical internships and medical job shadowing experiences.
- Obtained grants to address smoking prevention & cessation and drug & alcohol awareness.

## KDH Gaps

- There do not appear to be large gaps in the topics or types of community outreach programs that KDH 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. KDH should use the list of major health issues in which KDH 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 KDH 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, KDH 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	Mental Health Professionals and Services; Long-term Care
Bariatric Surgery	Obesity Prevention Coordinator offering Nutritional Counseling.
Dermatology	Occupational Health Services
Diet Clinic focusing on lifestyle modifications and promoting a high protein/low carbohydrate diet.	Plastic Surgery which offers breast reconstruction one or two days each week
Disease Control	Psychiatry
Drug and Alcohol Rehab	Rheumatology
Endocrinology	SANE (Sexual Assault Nurse Examiner) Nurses
Fertility Treatment	Transitional care
Infectious Disease Specialist	Weight Loss Clinic
Lap-Band Surgery	

## Conclusions and Recommendations for KDH

- 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, such as stroke where the death rate in Jefferson County is nearly double the nation's death rate, and have an impact on patients served by KDH facilities. The majority of community leaders expect KDH to take a leadership role in addressing overweight and obesity and tobacco use. Those in outlying counties have asked that current KDH 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.
  - KDH should consider ways in which it can set an example at its own facilities for the community; an expanded and enforced tobacco-free campus, healthy food offerings in its cafeteria and vending machines, a wellness program which focuses on all employees including those at satellite offices.
  - 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 with affordable pricing.
- Substance Abuse - particularly narcotic (primarily heroin), methamphetamine, and prescription drugs, was one of the top major health needs cited by all groups interviewed. It is prevalent in all counties served by KDH.
  - 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/heroin and the detoxification required.
  - The need for further drug education in the schools from elementary on up was mentioned numerous times
  - Better communication between KDH 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. KDH 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 KDH

- While KDH 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 expanding TeleMed as a mental health resource, recruiting an on-staff psychiatrist or an improved referral program for those with mental illness. KDH 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 KDH to determine what supporting role it can provide to the community in this area.
- The lack of transportation was cited numerous times as a health issue particularly for those of lower income. Catch-a-Ride and Medi-cab are well utilized in the KDH service area, but they do not operate after 5 p.m. nor do they run on weekends. For some, the fee associated for the service is cost-prohibitive. KDH may want to consider offering alternative transportation and/or explore offering preventative health screenings such as blood pressure, glucose etc. at events where those of lower income may gather such as the Salvation Army End of the Month Meal, the distribution at the House of Hope Food Pantry etc.