

IU Health Bedford Hospital

2024 Community Health Needs Assessment



iuhealth.org/in-the-community

December 2024



Bedford Hospital

Approved by the South Central Region (SCR)
Board Executive Committee, 10/21/24

The IU Health Way

Vision ▪ Values ▪ Promise

Our vision, values and promise

IU Health has been on a path to create a healthy culture for all. The IU Health Way describes our shared culture and how we aspire to treat each other, our patients and the communities we serve.

We will lead the transformation of healthcare through quality, innovation and education, and make **Indiana one of the nation's healthiest states.**

VISION

Excellence
We do our best at all times and in new ways

Purpose
We work to do good in the lives of all others

Team
We count on and care for each other

Compassion
We treat all people with respect, empathy and kindness



VALUES

The Best care, Designed for you

PROMISE

Acknowledgments

This report was prepared by the following teams:

IU Health South Central Region (SCR)

- Amy Meek, Director of Community Health, Community Outreach and Engagement
- Melissa Moffatt, MSN, RN, Community Health Educator, IU Health Bedford and Paoli Hospitals

Community Health Department, Community Benefit and Health Policy

- Evan Austin, Program Manager
- Gloria Ben-Paul, Project Coordinator
- Brenda Chamness Biggs, MS, MCHES,[®] Director, Community Health
- Marcie Memmer, MPH, MCHES,[®] Program Manager
- Brad Moore, MBA, PMP, Program Manager
- Deanna Prine, MPP, Program Manager

External contributors

- Carin McBroom, Graphic Designer, Kern Graphic Design

Community input on this CHNA

IU Health values what matters to our patients and the communities we serve. We welcome your comments, questions and feedback on this report.

Learn more

Visit the [IU Health website](#) for more information about IU Health and community benefit.

Contact us

Written comments can be sent to communitybenefit@iuhealth.org.

Table of contents

Executive summary	5
Introduction.....	5
Community definition	5
Significant community health needs.....	6

Data and analysis	8
Local community assessed.....	8
Secondary data summary.....	9
Demographics	9
Economic indicators	9
Local health status and access indicators	9
Indiana Department of Health.....	9
Prevention Quality Indicators	9
Food deserts.....	9
Medically underserved areas and population	9
Shortage designations	9
Findings of other community health assessments	10
Significant indicators.....	10
Primary data summary	11
Lawrence County.....	11
Orange County.....	12

Other facilities and resources in the community.....	13
Federally Qualified Health Centers	13
Hospitals.....	13
Local health departments (LHDs).....	13
Other community resources	14

Table of contents *(continued)*

Appendix A – Objectives and methodology.....	15
Regulatory requirements	15
Methodology	15
Collaborating organizations.....	15
Data sources.....	15
Health equity and social determinants of health.....	16
Information gaps.....	17
Appendix B – Secondary data assessment.....	18
Demographics.....	18
Economic indicators	20
People in poverty	20
Unemployment.....	22
Insurance status.....	22
Local health status and access indicators.....	23
County Health Rankings	23
Indiana Department of Health.....	26
Behavior risk factor surveillance system.....	27
Prevention Quality Indicators.....	29
Social Vulnerability Index	30
Food deserts	31
Shortage designations	32
Findings of other community health assessments	36
Appendix C – Community input process – Participants	37
Appendix D – Impact of actions taken since the previous CHNA	38
Access to healthcare services.....	38
Aging population and needs of seniors.....	38
Behavioral health	38
Chronic disease prevention and management	39
Maternal and infant health and child well-being.....	39
Smoking, tobacco use and exposure to secondhand smoke.....	39
Social determinants of health (SDOH).....	39
Appendix E – References	40

Executive summary

Introduction

Indiana University Health's (IU Health) vision is to make Indiana one of the nation's healthiest states. This is best achieved when we not only seek to improve the health and well-being of all patients, but the communities we serve too.

This Community Health Needs Assessment (CHNA) was conducted to identify and prioritize significant community health needs and to inform development of an Implementation Strategy that addresses them.

IU Health Bedford Hospital is a critical access hospital located in Bedford, Indiana. It includes inpatient, outpatient and ambulatory care services, including a 24-hour emergency room and emergency medical services. The hospital provides medical services including primary care, general surgery, orthopedics and gynecology. IU Health Bedford Hospital is a Joint Commission approved rural healthcare facility.

The hospital is part of IU Health, the largest and most comprehensive health system in Indiana. IU Health, in partnership with Indiana University School of Medicine, one of the nation's leading medical schools, gives patients access to leading-edge medicine and treatment options that are available first, and often only, at IU Health.

Every three years, a CHNA is conducted to understand the community served by IU Health Bedford Hospital, including its greatest health issues, health disparities and root causes. This information is then used to inform strategies designed to improve the community's health. The CHNA is conducted using widely accepted methodologies in community health assessment and improvement planning. The 2024 CHNA builds upon previous CHNAs to deepen our knowledge of the community's health and identify emerging trends – community health improvement is an ongoing process. The assessments are conducted to comply with federal laws and regulatory requirements that apply to tax-exempt hospitals.

Learn more

Visit the [IU Health website](#) for a listing of its CHNA reports and implementation strategies. The 2025-2027 implementation strategies for each IU Health hospital are scheduled to be published by May 15, 2025.

Community definition

For purposes of this CHNA, IU Health Bedford Hospital defined the local community served as Lawrence and Orange counties, Indiana.

In 2022,

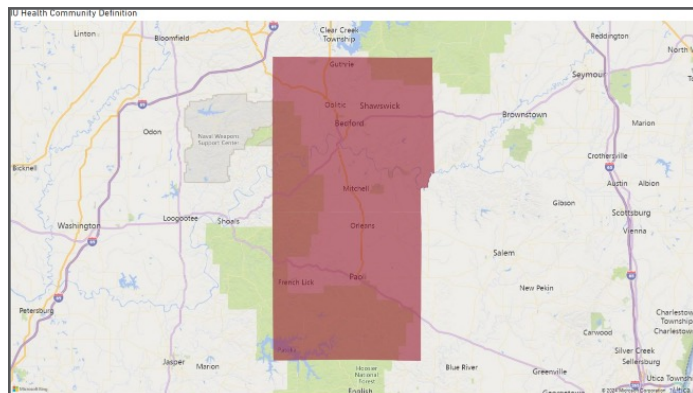
Percent of hospital inpatient cases from local community

87.9%

Estimated total population in local community

64,881

IU Health Bedford Hospital local community served – Lawrence and Orange counties



Source: Power BI and IU Health, 2024

Significant community health needs

Identifying and prioritizing significant community health needs is an essential element of CHNAs. Several data sources were assessed to identify those needs, including:

- Secondary data (i.e., data collected by another entity or for a different purpose), including demographics, health status, access to care indicators and social determinants of health;
- Findings from other community health assessments of areas served by the hospital; and
- Input obtained from individuals who participated in the community input process.

Access to healthcare services

- Orange County's uninsured rate was higher than the Indiana and national rate. (Exhibit 21)
- The ratio of population to primary care physicians, dentists and mental health providers in Lawrence and Orange counties are higher than state and national averages. (Exhibit 21)
- Above average rates of Prevention Quality Indicators (PQIs) (i.e., ambulatory care sensitive conditions) suggest potential access problems in Lawrence and Orange counties. (Exhibit 28)
- Health Professional Shortage Areas (HPSA) in primary care are prominent throughout Lawrence and Orange counties. (Exhibit 32)
- Lawrence and Orange counties have been designated as a Medically Underserved. (Exhibit 34)
- Barriers to accessing healthcare services include costs and insurance coverage; trust; a lack of urgent care access; shortage of primary, dental, obstetrics and specialty care; navigating the healthcare system; language access; healthcare delivery for patients of differing cultures; and scheduling, wait times and office hours. (Community meetings)
- Rural areas in the community can lack access to the Internet and other telehealth resources that make this treatment option less practical for people. (Community meetings)
- Individuals living in rural communities; those with low incomes and experiencing homelessness; older adults; people with disabilities; immigrants and refugees and those living in certain ZIP codes and neighborhoods in the counties were identified as most likely to have challenges accessing healthcare services. (Community meetings)
- Having a school health liaison is a priority for each local health department in Lawrence and Orange County. (Health First Indiana)¹
- Health outcomes and risk factors is one of the six priorities for Indiana public health. (State health assessment)²

Aging population and needs of older adults

- The number of persons aged 65 years and older in the identified community is projected to grow by 7.3% between 2020 and 2025, a much greater rate than the -1.0% expected for the total population. (Exhibit 9)
- Areas within Lawrence and Orange counties have proportions of the population aged 65 and older greater than 20%. (Exhibit 10)
- Older adults have a hard time navigating the healthcare system, accessing geriatric care and skilled nursing facilities (especially those not covered by Medicare) and home services. (Community meetings)
- Healthy aging is one of the six priorities for Indiana public health. (State health assessment)

Behavioral health (mental health and substance use)

- Lawrence and Orange counties compared unfavorably to state and national averages for mentally unhealthy days and were in the bottom half of Indiana counties for the indicator (Orange County was in the bottom quartile of Indiana counties for poor mental health days). (Exhibit 20, 21)
- Lawrence County compared unfavorably to the state average for excessive drinking, and Orange County compared unfavorably to the state average for alcohol-impaired deaths. (Exhibit 20, 21)
- HPSA in mental health are prominent throughout Lawrence and Orange counties. (Exhibit 31)
- Lawrence and Orange counties' emergency department visits for any type of overdose was much higher than the state rate. (Exhibit 35, 36)
- Barriers to accessing mental health and substance use treatment for people of all ages include costs and insurance coverage; shortages of providers and inpatient and outpatient services; and not enough crisis/emergency services. (Community meetings)
- Rural areas in the community can lack access to the Internet and other telehealth resources that make this treatment option less practical for people. (Community meetings)
- Mental health and wellness is one of the six priorities for Indiana public health. (State health assessment)

Chronic disease prevention and management

- Lawrence and Orange counties compared the same or unfavorably to Indiana averages for adult obesity and physical inactivity. (Exhibit 21)
- Black (non-Hispanic) adults, when compared to White (non-Hispanic) and Hispanic (Latino) adults, reported higher rates of asthma, diabetes and obesity. (Exhibit 24)
- Adults making less than \$15,000 and having less than a high school education reported higher rates of asthma, diabetes, no physical activity, smoking daily and obesity. (Exhibit 25)
- The adult obesity rate for Lawrence and Orange counties was higher than the Indiana rate. (Exhibit 27)
- The rates of PQIs discharges in Lawrence and Orange counties were significantly above state averages for community acquired pneumonia. (Exhibit 28)
- Chronic disease and risk factors and a perceived lack of healthy habits in the community is a concern. (Community meetings)
- Health outcomes and risk factors is one of the six priorities for Indiana public health. (State health assessment)
- Chronic disease prevention is a priority for each local health department in Lawrence and Orange County. (Health First Indiana)

Maternal and infant health and child well-being

- Lawrence and Orange counties compared unfavorably for teen births, ranking in the bottom half of Indiana counties. (Exhibit 20)
- Lawrence and Orange counties ranked in the bottom half of Indiana counties for children in poverty. Orange County ranked in the bottom quartile of counties for children in single-parent households. (Exhibit 20).
- The teen birth rate in Orange County was higher than the rate in Lawrence County and the state rate. (Exhibit 22)
- HPSA in maternal care are prominent throughout Lawrence and Orange counties. (Exhibit 32)
- There are increased concerns about the impact of their access to electronic devices, extreme behaviors, rise in anger, poor attendance, poor mental health and the physical and mental health of parents/guardians that is impacting their health and academic achievement. (Community meetings)
- Vaccination rates are down, leaving the community vulnerable to outbreaks. (Community meetings)
- Fatality review is a priority for each local health department in Lawrence and Orange County. (Health First Indiana)
- Family, women, infants and children is one of the six priorities for Indiana public health. (State health assessment)

Smoking, vaping and tobacco use

- The Indiana rate of adult smoking exceeds the national average. The rate of adult smoking in Lawrence and Orange counties exceeds the Indiana and national rate. (Exhibit 21)
- Lawrence and Orange counties compared unfavorably for mothers who smoked during pregnancy, with the rate in Lawrence and Orange counties double the state average. (Exhibit 27)
- Though tobacco use is still of great concern in the community, the use of e-cigarettes, or vaping, especially among youth, is a growing concern. (Community meetings)
- Tobacco and vaping prevention and cessation is a priority for each local health department in Lawrence and Orange County. (Health First Indiana)

Social determinants of health (SDOH)

- The adult and child poverty rate in Orange County is significantly higher than the Indiana and national rate. (Exhibit 14)
- Black residents in Lawrence County and White residents in Orange County have the highest rate of poverty when compared to other races and ethnic groups in each county. Each county's poverty rate exceeds the Indiana and national poverty rate in their respective category. (Exhibit 15)
- Compared to the Indiana average, less adults had some post-secondary education in Lawrence and Orange counties (Exhibit 21).
- Unemployment rates have been lower than state and national averages for all the counties until recently, the rates in Lawrence and Orange counties were higher than the state average but lower than that of the nation. (Exhibit 18)
- Orange County ranks in the bottom half of Indiana counties when considering its social vulnerability status. (Exhibit 29)
- SDOH poorly impacting health is of great concern to the community partners including quality education; transportation; injury and trauma (including all forms of violence); economic stability; cost and availability of childcare; poverty; food insecurity; and affordable and safe housing and transportation. (Community meetings)
- Social needs are greatest for older adults; immigrants and refugees; people who have been incarcerated; people experiencing violence; and those (including youth) living in certain ZIP codes and neighborhoods. (Community meetings)
- Trauma and injury prevention are a priority for the local health departments in Lawrence and Orange County. (Health First Indiana)
- SDOH is one of the six priorities for Indiana public health. (State health assessment)

Data and analysis

Local community assessed

The community assessed by IU Health Bedford Hospital was defined by the geographic origins of patients discharged from the hospital and on that basis the local community was identified as Lawrence and Orange counties, Indiana.

Exhibit 1: IU Health Bedford Hospital inpatient discharges by county, 2022

County	Percent of inpatients
Lawrence County	68.1%
Orange County	19.8%
Total Community	87.9%

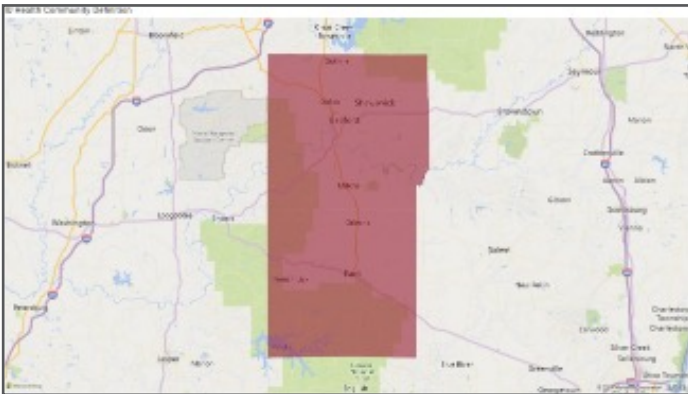
Source: Analysis of IU Health Discharge Data, 2022

Exhibit 2: Local community population, 2022

County	Estimated population	Percent of total community population
Lawrence County	45,113	69.5%
Orange County	19,768	30.5%
Total Community	64,881	100.0%

Source: State of Indiana by the Indiana Business Research Center, 2022

Exhibit 3: IU Health Bedford Hospital local community served – Lawrence and Orange counties



Source: Power BI and IU Health, 2024

Local community served

Lawrence and Orange counties

Percent of hospital inpatient cases from local community

87.9%

Estimated total population in local community

64,881

Location of hospital

Lawrence County Bedford, Indiana ZIP code 47421

Secondary data summary

The following section summarizes findings from secondary data analysis for the IU Health Bedford Hospital community. See Appendix B for more detailed information.

Demographics

Population characteristics and trends directly influence community health needs. The total population of all identified communities is expected to decrease marginally by 1% from 2025 to 2030.

While the total population is expected to decrease between 2025 and 2030, the population aged 65 years and older is projected to grow by 7.3% during the same period. This should contribute to a growing need for health services, since older individuals typically need and use more services than younger persons.

Slight variations in racial and ethnic diversity are seen throughout the identified ZIP codes. In 2022, 47432 (south of French Lick) had a proportion of Black residents greater than 5%, and ZIP code 47264 (east of Bedford) had a proportion of Hispanic (or Latino) residents greater than 10%.

Residents with a disability are more prevalent than the state and national average. Residents are equally likely to have a high school diploma and less likely to be linguistically isolated, compared to Indiana and the United States.

Economic indicators

Many health needs have been associated with poverty, as those in low-income households typically are less healthy than those in more prosperous areas. At 14.7% and 21.7% (over the 2018-2022 time period), Orange County's adult and child poverty rate has been below the Indiana and national averages. Poverty rates for Black residents in Lawrence County were more than double the poverty rate of White residents.

Between 2020 and 2022, unemployment rates decreased in the county, state and nationally. In recent years, Lawrence County's unemployment rates have been in line with both Indiana and national averages. Orange County's unemployment has been above Indiana averages every year. The rise in unemployment is likely to affect numerous health-related factors, such as access to employer-based health insurance and access to health services.

The percentage of people uninsured in Lawrence and Orange County is below both the state and national average.

Local health status and access indicators

In the 2023 *County Health Rankings*, Lawrence County ranked 54th and Orange County ranked 74th for overall health outcomes, both in the bottom half of 92 counties in Indiana.

Lawrence County had 21 out of 41 indicators ranked in the bottom half of Indiana counties. Of those, two were in the bottom quartile, including high school graduation and physical environment.

Orange County had 31 out of 41 indicators ranked in the bottom half of Indiana counties. Orange County ranked near the bottom in poor mental health days, alcohol-impaired driving deaths, teen births, social and economic factors, children in poverty, income inequality, and children in single-parent households.

The ratio of population to primary care physicians, dentists and mental health providers were significantly worse than state and national averages.

Several maternal and infant health indicators were unfavorable in Lawrence and Orange County, including birth rate (per 1,000 live births) and teen birth rate (per 1,000 live births).

Indiana Department of Health

For Indiana, the Behavioral Risk Factor Surveillance System (BRFSS) data indicates that there are differences in the risk of health conditions and behaviors by race.

Prevention Quality Indicators

The Prevention Quality Indicators (PQIs) help to “identify issues of access to outpatient care, including appropriate follow-up care after hospital discharge.”³ This hospital discharge data can help assess the quality of healthcare services (i.e., primary care and outpatient services) and unmet needs in the community. These 14 conditions include diabetes and complications from the disease, chronic obstructive pulmonary disease (COPD), hypertension, heart failure, pneumonia, urinary tract infection and asthma.

The rates of admissions for PQIs for community acquired pneumonia and prevention acute composite were higher in the IU Health Bedford Hospital community compared to the state average.

Food deserts

The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered “food deserts” because they include lower-income persons without supermarkets or large grocery stores nearby.

Several census tracts in Lawrence County have been designated as food deserts, particularly in areas near the hospital in Bedford.

Shortage designations

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care or mental health care professionals is found to be present.

Several IU Health Bedford Hospital community areas have

been designated as primary care health professional shortage areas for both primary care and mental health.

Findings of other community health assessments

This CHNA also considered the findings of the Indiana State Health Assessment and Improvement Plan 2022-2026 and the Health First Indiana initiative. The six public health priorities for the state include:

- Health outcomes and risk factors
- Mental health and wellness
- Family, women, infants and children
- Healthy aging
- Public health systems and workforce
- Social determinants of health

Of the Lawrence and Orange counties local health departments' (LHD) selection of priorities for Health First Indiana, school health liaison, fatality review, trauma and

injury prevention, lead case management, tobacco and vaping prevention and cessation and chronic disease prevention were selected by both LHDs.

Significant indicators

Exhibit 4 presents many of the indicators discussed in the above secondary data summary. An indicator is considered significant if it varies materially from a benchmark level (e.g., an average for Indiana or the U.S.). For example, while Indiana's recent poverty rate for the Black population (percent of people at or below 100 percent of the Federal Poverty Level) was 25.1%, the rate in Monroe County was 39.0%. For IU Health Bedford Hospital's local community, the overall poverty rate is considered significant. The last column of Exhibit 4 identifies where more information regarding the data sources can be found in this report. The benchmarks include Indiana averages and national averages.

Exhibit 4: Significant indicators

Indicator	Area	Value	Benchmark	Exhibit
45-64 population change, 2025-2030	Lawrence County	-7.4%	-2.5% – Indiana	9
0-19 population change, 2025-2030	Orange County	-2.0%	1.6% – Indiana	9
Population with a disability	Lawrence County	18.1%	11.3% – Indiana	13
Population with a disability	Orange County	19.8%	11.3% – Indiana	13
Child poverty rate, 2020-2022	Orange County	21.7%	16.1% – Indiana	14
Poverty rate, Black, 2020-2022	Lawrence County	39.0%	25.1% – Indiana	15
Years of potential life lost per 100,000	Orange County	10,097.4	7,281.9 – U.S.	21
Percentage of driving deaths with alcohol involvement	Lawrence County	5.6%	26.6% – U.S.	21
Ratio of population to dentists	Orange County	3,310:1	1,360:1 – U.S.	21
Ratio of population to mental health providers	Lawrence County	1,130:1	320:1 – U.S.	21
Ratio of population to mental health providers	Orange County	1,650:1	320:1 – U.S.	21
Percentage of children who lived in a household headed by a single parent	Orange County	30.5%	24.7% – Indiana	21
Life expectancy	Orange County	73.7	75.6 – Indiana	27

Source: IU Health Analysis

Primary data summary

IU Health Bedford Hospital obtained the insight and views of those who live in and service Lawrence and Orange counties through community meetings (including those possessing public health expertise).

People and organizations representing a broad range of sectors, services and groups in the community were invited to attend. See Appendix C for a list of the organizations and community members that participated in the community input process.

Lawrence County

Between March and April 2024, IU Health facilitated three community meetings to receive input on the health needs in Lawrence County. The meetings were attended by 32 people in total.

The significant community health needs from the 2021 CHNA of IU Health Bedford Hospital were presented at the beginning of each meeting.

2021 CHNA significant health needs

- Access to healthcare services
- Aging population and older adults
- Behavioral health
- Chronic disease prevention and management
- Maternal and infant health and child well-being
- Social determinants of health

Participants were asked to share their feedback on the status of these health needs in Lawrence County, any additions to the list of health needs, thoughts regarding the root causes of the health needs and the status of COVID-19 and its impacts. The meetings concluded by asking participants to finalize the top health needs impacting the health of the community. Once this list was confirmed, the participants were asked to prioritize and select the top health needs for their community (i.e., the significant community health needs).

Highlights of the discussion during the community meetings include many, if not all, of the 2021 CHNA significant community health needs. Suggested additions to the list include adolescent mental health, stigma surrounding mental health and food insecurity. Additional highlights of the 2024 discussion include:

- The noticeable prevalence of substance use disorders, excessive tobacco and alcohol consumption
- The perception that low education attainment in the county impacts personal choices, beliefs and cultural norms
- People of all ages are struggling with mental health

and substance use disorders and accessing services is challenging due to a shortage of services or existing services can have lengthy wait times

- Social determinants of health – including violence in the home, transportation, poor nutrition, poverty and affordable and quality housing – are concerns in the community
- Access to healthcare services is challenging because of costs and insurance coverage; trust; no urgent care; shortage of family physicians; navigating the healthcare system; and the days and hours of services are not flexible
- There are not enough pediatric practitioners in the community
- There seems to be a lot of overlap in the availability of social services
- Rural areas in the county do not have access to the internet, making telehealth an unrealistic option for healthcare and mental health treatment
- People living in ZIP code 47446 and south of the river in Lawrence County are under resourced as well as pockets of people living in poverty existing in everywhere in the county
- Poor air and water quality is a concern, especially its impact on youth
- Due to the changing population, language barriers are growing
- Children's health is linked to academic achievement and there is concern that academic achievement is at risk for many children due to their access to electronic devices, extreme behaviors, rise in anger, poor attendance, poor mental health and the physical and mental health of parents/guardians

When thinking about Lawrence County, the participants thought the greatest assets to promote health and well-being in the community were the IU Center for Rural Engagement and Social Work, school/education system, Hoosier Uplands, United Way, Boys and Girls Club, dentists brought into schools, juvenile justice systems with lots of resources and access to IU Health.

Participants from the community meetings identified the following needs as most significant in Lawrence County, which are not listed in any order:

- Access to healthcare services (including trustworthy and affordable services, more providers and flexibility in hours and days of service)
- Maternal health
- Mental health and substance use disorder (especially the need for more, affordable services for people of all ages)
- School health
- Social determinants of health (especially food access, poverty and housing)

Orange County

In March 2024, IU Health facilitated two community meetings to receive input on the health needs in Orange County. The meetings were attended by 20 people in total. This meeting followed the same format as those meetings held in Lawrence County.

Highlights of the discussion during the meetings include many, if not all, of the previously identified 2021 CHNA significant community health needs. Suggested additions to the list include the aging population and needs of older adults. Additional highlights of the 2024 discussion include:

- Economic stability, food access, childcare and pre-school costs, and obtaining affordable housing are challenges in the community
- Older adults are struggling to find assisted living and housing
- Accessing specialty care is challenging and more providers are turning to private practice due to low reimbursement rates
- There is a lack of healthy habits in the community
- Mental health conditions are increasing in the community, including in youth, and accessing mental health services is challenging due to a shortage of providers and services, costs and insurance coverage and no emergency mental health aid
- Increasing concerns over youth and adolescent health, including lack of health education, poor health on behavior and academic achievement, social isolation, lower immunizations, mental health, substance abuse, self-harm and generational trauma

- Internet access is limited in the community, which impacts the availability of telehealth
- The lack of obstetric services and those that are present in the community are leaving is concerning to residents
- Reproductive and sexual health education and services are needed in the community for people of all ages
- No dentists in the county take Medicaid
- The prevalence of domestic violence and parent incarceration is going up
- There is a growing mistrust of the healthcare system

When thinking about Orange County, the participants thought the greatest assets to promote health and well-being in the community were compassionate community members, many people want to help each other, backpack blessings boxes/meal programs, trustee assistance, safe areas with the county, THRIVE Orange County, local elected officials advocating with state elected officials, collaboration between partners and “everybody knows everybody.”

Participants from the community meetings identified the following needs as most significant in Orange County, which are not listed in any order:

- Access to healthcare services (including affordable and trustworthy services; more providers and specialty services)
- Maternal health (especially a focus on provider shortage and teen pregnancy)
- Mental health and substance use disorder
- School health
- Social determinants of health (especially food access, poverty, transportation and safe and affordable housing)

Other facilities and resources in the community

This section identifies other facilities and resources available in the community served by IU Health Bedford Hospital to address community health needs.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These practices provide primary care, mental health and dental services for lower-income populations. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act.⁴

Ten Federally Qualified Health Centers are in the community (Exhibit 5).

Exhibit 5: Federally Qualified Health Centers, 2024

Facility
Lawrence County
Becky’s Place (Bedford)
IHC Lawrence County WIC (Bedford)
SICHC Mitchell (Mitchell)
Orange County
Paoli Men’s Warming Shelter (Paoli)
Comprehensive Health Care (Paoli)
IHC Paoli (Paoli)
Paoli Men’s Warming Shelter (Paoli)
Orleans Jr. Sr. High School (Orleans)
SICHC Paoli Temporary Site (Paoli)
Valley Health (West Baden Springs)

Source: HRSA, 2024

Hospitals

Two hospitals are in the community (Exhibit 6).

Exhibit 6: Hospitals, 2024

Facility
Lawrence County
IU Health Bedford Hospital (Bedford)
Orange County
IU Health Paoli Hospital (Paoli)

Source: Indiana Department of Health, 2024

Local health departments (LHDs)

Exhibit 7 presents information on LHDs that provide services in the IU Health Bedford Hospital community.

Exhibit 7: Local health departments, 2024

Public health department
Lawrence County Health Department (Bedford)
Orange County Health Department (Paoli)

Source: Indiana Department of Health, 2024

Learn More

Visit the following websites for more information and to find facilities throughout Indiana.

Health Resources and Services Administration

- **Federally Qualified Health Centers**

Indiana Department of Health

- **Indiana Hospital Directory**
- **Local Health Department Map and Contacts**

Other community resources

Findhelp

IU Health Bedford Hospital launched findhelp, a website available to anyone, to connect patients and community members with local organizations and resources that can help address their healthcare and social needs, to include food, housing, transportation, health, clothing, household items, education, legal and employment services. Findhelp partners with IU Health to maximize the potential of the platform to meet local and statewide SDOH needs. The IU Health findhelp site is constantly being expanded and is curated to highlight the most engaged programs actively working with the communities that IU Health serves.

Community members can visit IU Health's website to enter their ZIP code to discover free and low-cost resources and programs. The IU Health findhelp website is available 24 hours a day, 7 days a week, and users can anonymously search on behalf of themselves or others.

Indiana 211

This free service is available to help find agencies, coalitions and organizations that provide health and social services in the region served by IU Health Bedford Hospital. Indiana 211 is a free service that helps Indiana residents find health and human service agencies and resources in their local community. Indiana 211 is a division of the Indiana Family and Social Services Administration (FSSA).

Organizations and resources accessible through Indiana 211 provide the following types of services and resources:

- Housing and utilities
- Food, clothing and household items
- Summer food programs
- Healthcare and disability services
- Health insurance and expense assistance
- Mental health and counseling
- Substance abuse and other addictions
- Support groups
- Tax preparation assistance
- Legal, consumer and financial management services
- Transportation
- Employment and income support
- Family support and parenting
- Holiday assistance
- Disaster services
- Government and community services
- Education, recreation and the arts
- Donations and volunteering

988 Suicide and Crisis Lifeline

The service provides crisis response services to Indiana residents who need support for a suicidal, mental health and/or substance use crisis. This is a free service. There are five Indiana providers who answer the calls. Crisis specialists can help people find appropriate resources in their community. People can call 988 to reach a trained crisis specialist who is available 24/7 from anywhere in the state. 988 is a division of the Indiana Family and Social Services Administration (FSSA).

Learn More

Indiana University Health findhelp

Enter a ZIP code at [findhelp](#) to discover free and low-cost resources and programs

Indiana 211

Visit the [website](#)

Call 2-1-1 or 1.866-211.9966

988 Suicide and Crisis Lifeline

Call 988

Visit the [website](#)

Appendix A – Objectives and methodology

Regulatory requirements

IU Health's process follows the Internal Revenue Service (IRS) Tax Code 501(r) requirements to conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs as set forth by the Patient Protection and Affordable Care Act (PPACA).⁵ In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined;
- A description of the methodology used to determine the health needs of the community; and
- A prioritized list of the community's health needs.

Methodology

CHNAs seek to identify significant health needs in particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health statuses and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

Focusing on who is most vulnerable and where they live is important to identifying groups experiencing health inequities and disparities. Understanding why these issues are present is challenging but is important to designing effective community health improvement initiatives. The question of how each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served"

(e.g., children, women or the aged) and/or the hospital facility's principal functions (e.g., focus on a particular specialty area or targeted disease).

Data from multiple sources was gathered and assessed, including secondary data published by others and primary data obtained through community input. See Appendix B for an assessment of secondary data. Input from the community may have been obtained through several approaches including community meetings, key informant interviews and survey.

The informants participating in the community input process represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. See Appendix C.

Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

Certain community health needs were determined to be "significant" if they were identified as problematic in at least two of the following four data sources:

- Secondary data (i.e., data collected by another entity or for a different purpose), including demographics, health status and access to care indicators;
- Findings from other community health assessments of areas served by the hospital; and
- Input obtained from individuals who participated in the community input process.

Collaborating organizations

For this assessment, IU Health Bedford Hospital collaborated with other Indiana healthcare systems on the community input process for Lawrence and Orange counties.

Data sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health statuses, healthcare access and related indicators were analyzed, including data provided by local, state and federal government agencies, local community service organizations and IU Health. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community's health needs conducted by other organizations (e.g., local health departments) were reviewed as well.

Input from individuals representing the broad interests of the community was considered through several community input approaches. Participants included: individuals with special knowledge of or expertise in public health; local public health departments; agencies with current data or information about the health and social needs of the

community; representatives of social service organizations; and leaders, representatives and members of medically underserved low-income and minority populations.

Health equity and social determinants of health

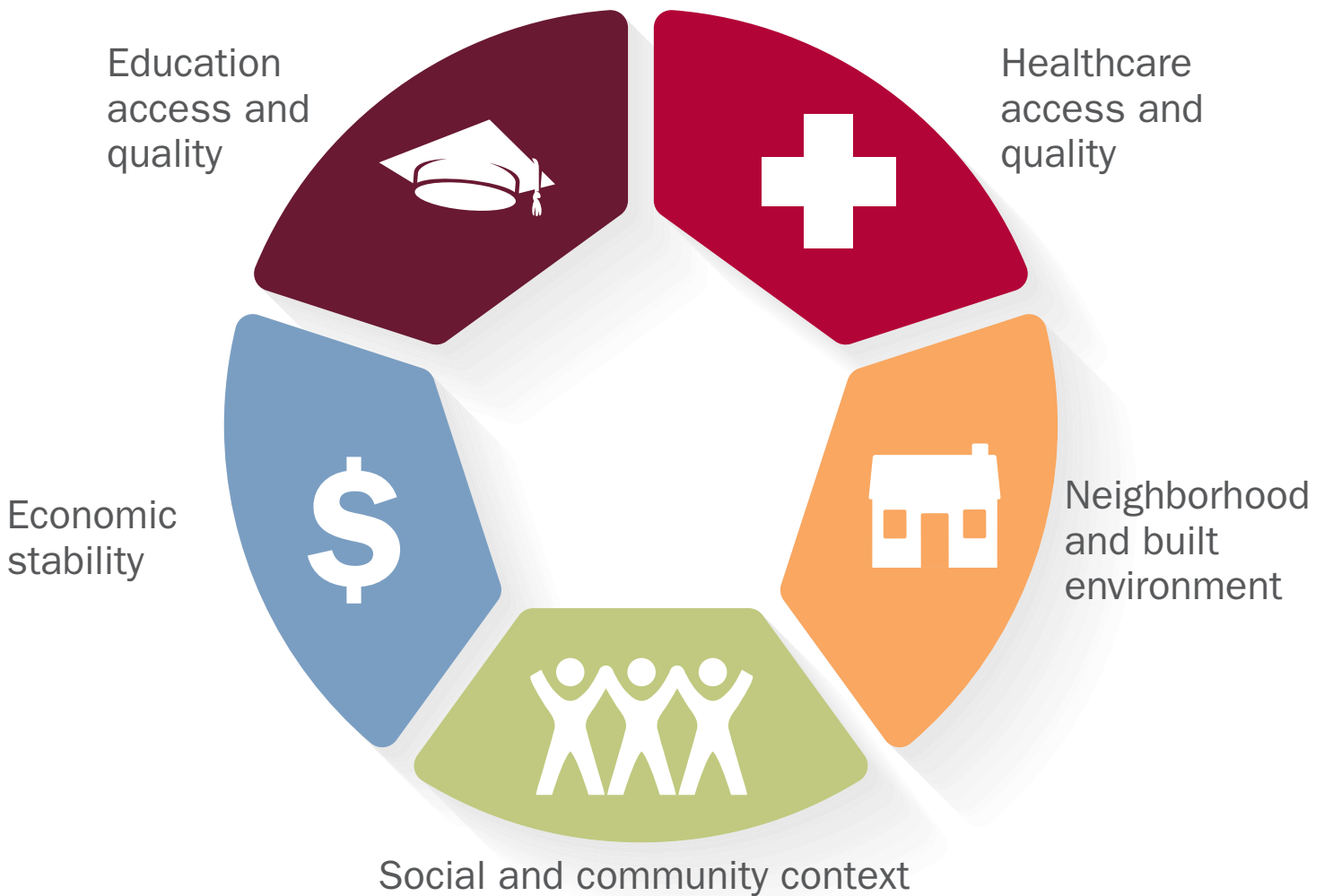
The CHNA process is an opportunity to research and expand health equity work for IU Health. Identifying significant community health needs involves recognizing and understanding every factor that impacts optimal health for all in a community. Health equity is defined as a fair and just opportunity for individuals to be as healthy as possible. Achieving health equity requires reducing differences (i.e., closing the gaps) in life expectancy; quality of life; rates of disease, disability and death; severity of disease; and access to treatment between different groups within the communities we serve.⁶ These health disparities include differences in race and ethnicity, age, gender, income, insurance status, education, geographic location and other factors. Groups that have been historically marginalized and under resourced experience health disparities more than others. These

groups may look different from one community to the next. Identifying them is part of the CHNA process.

Overall health and health disparities are strongly influenced by the conditions in the environment where people are born, live, learn, work, play, worship and age. These conditions, also referred to as social determinants of health, are most likely to impact health more than any other factors and cause health inequities. They can benefit some people and harm others — these conditions impact everyone in the community.

Addressing social determinants of health reduces health disparities, thus advancing health equity in communities. Healthy People 2030 (a multi-year plan for improving the health and well-being of the U.S. population) groups social determinants of health into five domains that affect everyone in one way or another. There are data-driven national objectives that focus on each of these areas.⁷

Social determinants of health – Domains

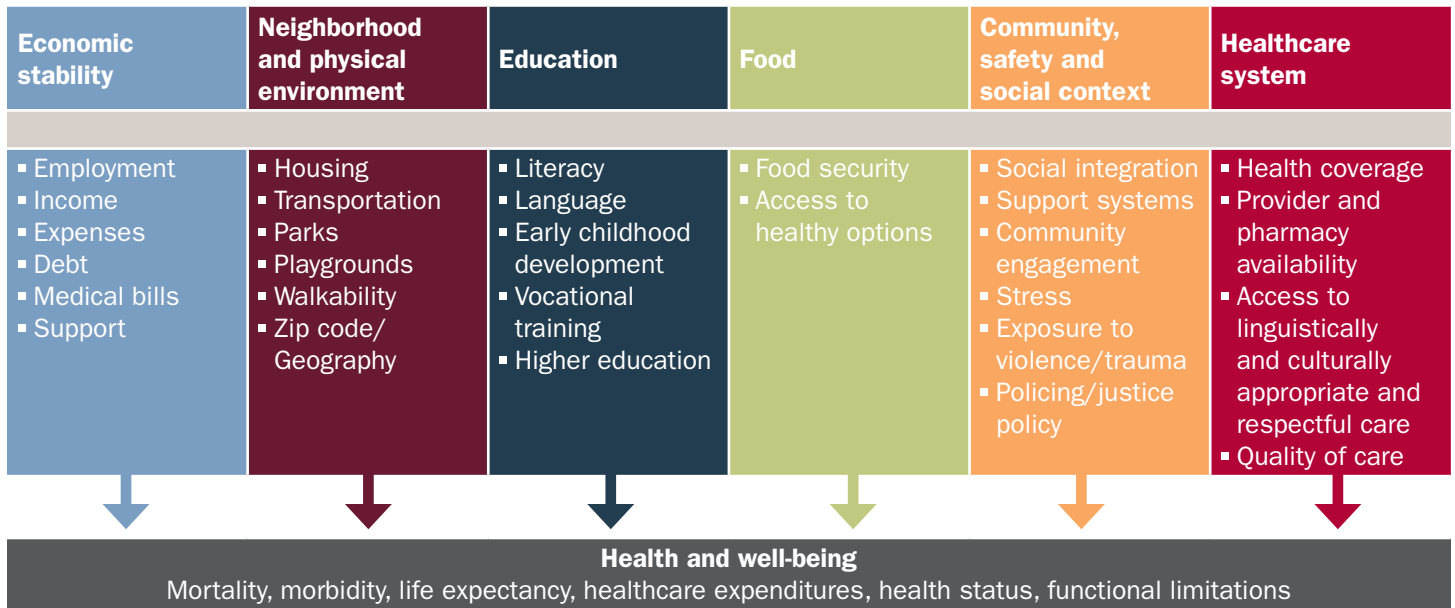


Adopted from: Healthy People 2023

Specific examples of social determinants of health that negatively impact health and well-being include poverty, hunger, lack of safe and affordable housing, social isolation, lack of transportation, racism, discrimination and violence. Determining the existence, extent and intersection of these conditions within a community and how they impact poor health outcomes is as important as knowing the health conditions and behaviors within a community.

Several steps were taken during the CHNA process to work towards a better understanding of inequities in the community including analyzing data sources by demographic factors (if available) to identify disparities; inviting and engaging community members and community-based organizations representing certain populations or that offer services to certain populations to participate in the primary data collection process; inviting and engaging social service agencies that seek to address the social needs of patients and community members; and including social determinants of health data in the analysis.

Social determinants of health



Adopted from: Henry Kaiser Family Foundation

Information gaps

This CHNA relies on multiple data sources and community input gathered in January through June of 2024. Several data limitations should be recognized when interpreting results. For example, some data (e.g., County Health Rankings, mortality data and others) exist only at a county-wide level of detail. Those data sources do not allow the assessment of health needs at a more granular level of detail, such as by ZIP code or census tract.

Secondary data, upon which this assessment relies, measures community health in prior years and may not reflect current or emerging conditions. The impacts of recent public policy developments, changes in the economy and other community developments are not yet reflected in those data sets.

Not all existing data can be stratified by demographic indicators to identify health disparities and patterns of inequity. Often no or limited demographic data is collected as part of the surveillance process for some data sources. When health disparities are identified, the data may not provide a clear understanding of why it exists and may need further investigation and analysis beyond this CHNA process. This CHNA does not capture the policies, laws, systems, environments, nor practices that cause health

inequities. Additional data, analysis and community engagement are needed to identify the root causes of health disparities to best advance health equity in the community.

The availability of data sources, including indexes, capturing social determinants of health indicators and their impact on health continues to grow and may not all be reflected in this CHNA.

Relevant findings from other assessments or reports conducted by community-based organizations, agencies or local health departments (LHDs) may not be available for every county in the defined community. If available, assessments may have focused on the overall health and well-being of the county or region; specific health conditions, health behaviors or social determinants of health; or the health and well-being of certain populations in the community.

The findings of this CHNA may differ from those of others that assessed this community. Differences in data sources, geographic areas assessed (e.g., hospital service areas versus counties or cities), interview questions and prioritization processes can contribute to differences in findings.

Appendix B – Secondary data assessment

This section assesses secondary data regarding health needs in the IU Health Bedford Hospital community. IU Health Bedford Hospital’s community is comprised of Lawrence and Orange counties, Indiana.

Demographics

Exhibit 8: Percent change in community population by county, 2025-2030

County	Estimated population 2025	Estimated population 2030	Percent change 2025-2030
Lawrence County	44,879	44,383	-1.1%
Orange County	19,422	19,267	-0.8%
Total Community	64,301	63,650	-1.0%
Indiana Total	6,889,552	7,014,880	1.8%

Source: State of Indiana by the Indiana Business Research Center, February 2024

Description: Exhibit 8 shows the total population for Lawrence and Orange counties in 2025 and projections to 2030.

Observations

- The IU Health Bedford Hospital community is projected to decrease in population by 1%.

Exhibit 9: Percent change in population by age, 2025-2030

Age cohort	Estimated population 2025	Estimated population 2030	Percent change 2025-2030
Lawrence County	44,879	44,383	-1.1%
0-19	10,577	10,493	-0.8%
20-44	12,297	12,011	-2.3%
45-64	11,708	10,842	-7.4%
65+	10,297	11,037	7.2%
Orange County	19,422	19,267	-0.8%
0-19	4,846	4,750	-2.0%
20-44	5,244	5,167	-1.5%
45-64	4,943	4,632	-6.3%
65+	4,389	4,718	7.5%
Total Community	64,301	63,650	-1.0%
0-19	15,423	15,243	-1.2%
20-44	17,541	17,178	-2.1%
45-64	16,651	15,474	-7.1%
65+	14,686	15,755	7.3%
Indiana State	6,889,552	7,014,880	1.8%
0-19	1,786,582	1,815,201	1.6%
20-44	2,188,925	2,195,953	0.3%
45-64	1,632,008	1,591,530	-2.5%
65+	1,282,037	1,412,196	10.2%

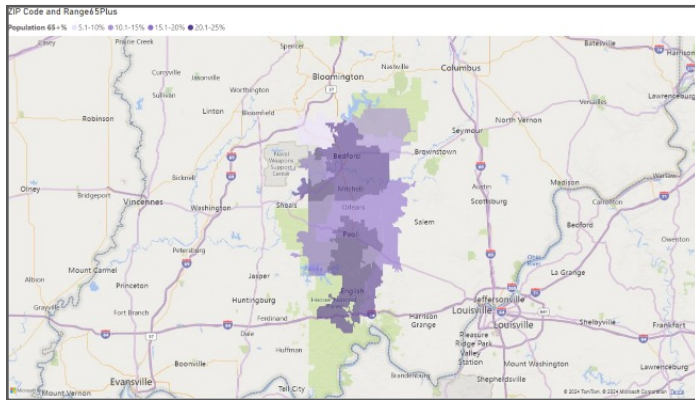
Source: State of Indiana by the Indiana Business Research Center, February 2024

Description: Exhibit 9 shows the community’s population for certain age cohorts in 2025, with projections to 2030.

Observations

- The number of persons aged 65 years and older is projected to grow by 7.2% in Lawrence County, 7.5% in Orange County, and 10.2% in Indiana between 2025 and 2030.
- The growth of older populations is likely to lead to growing need for health services, since on an overall per-capita basis, older individuals typically need and use more services than younger persons.

Exhibit 10: Percent of population aged 65+ by ZIP code, 2022



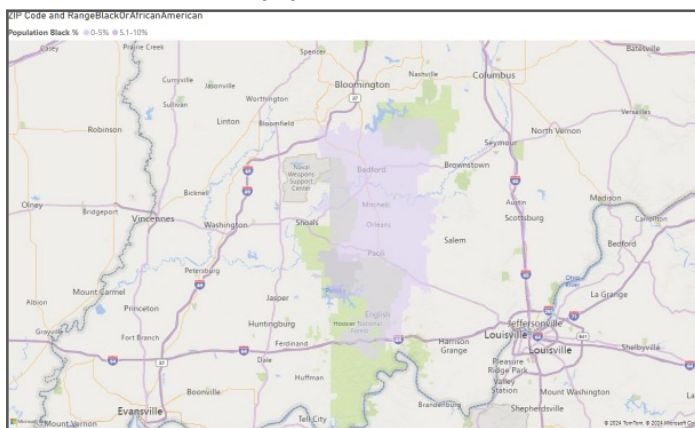
Source: U.S. Census American Community Survey (ACS) 2022 5-year estimates and Power BI

Description: Exhibit 10 portrays the percent of the population 65 years of age and older in the community by ZIP code.

Observations

- Multiple ZIP codes show the percent of the population 65 years of age and older in the community (47421, 47446, 47454, 47140, and 47118).

Exhibit 11: Percent of population – Black, 2022



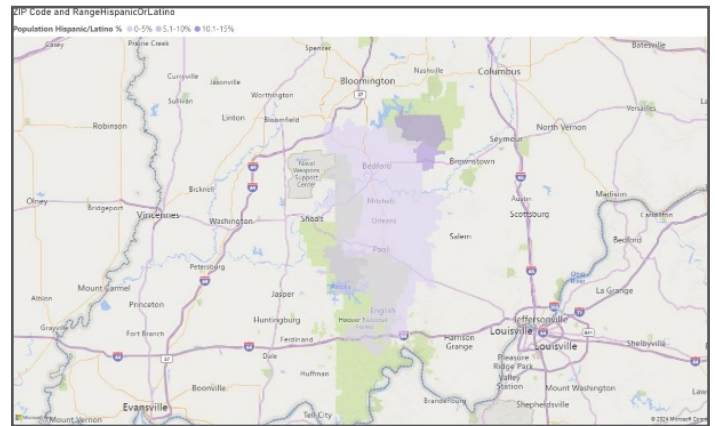
Source: U.S. Census ACS 2022 5-year estimates and Power BI

Description: Exhibit 11 portrays locations where the percentages of the population that are Black were highest in 2022.

Observations

- ZIP code 47432 (south of French Lick) had the highest proportion of the population that was Black in 2022, above 5%.

Exhibit 12: Percent of population – Hispanic (or Latino), 2022



Source: U.S. Census ACS 2022 5-year estimates and Power BI

Description: Exhibit 12 portrays locations in the community where the percentages of the population that are Hispanic (or Latino) were highest in 2022. The diversity of the community is important to recognize given the presence of health disparities and barriers to healthcare access experienced by different racial and ethnic groups.

Observations

- ZIP code 47264 (east of Bedford) had the highest proportion of the population that was Hispanic (or Latino) in 2022, above 10%.

Exhibit 13: Other socioeconomic indicators, , 2018-2022

County	Population with a disability	Population 25+ without high school diploma	Population linguistically isolated
Lawrence County	18.1%	10.9%	0.5%
Orange County	19.8%	14.7%	0.8%
Indiana	11.3%	10.0%	3.3%
United States	12.9%	10.4%	8.2%

Source: U.S. Census, ACS 5-Year Estimates, 2022

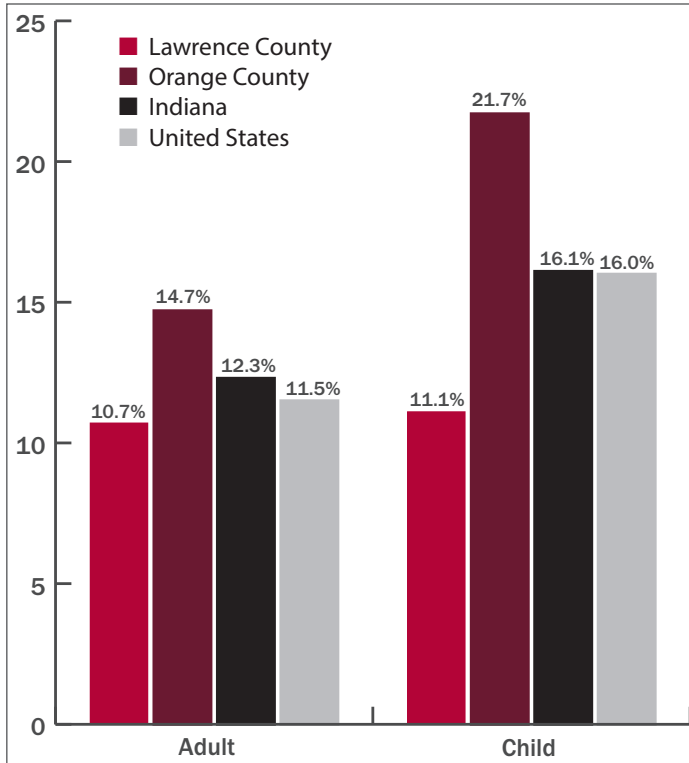
Description: Exhibit 13 portrays the percent of the population with a disability, aged 25 years or older with a high school diploma and linguistically isolated. Linguistic isolation is defined as residents who speak a language other than English and speak English less than “very well.”

Observations

- Lawrence and Orange counties had a higher proportion of the population with a disability than Indiana and the United States.

Economic indicators

Percent of adults and children in poverty, 2018-2022



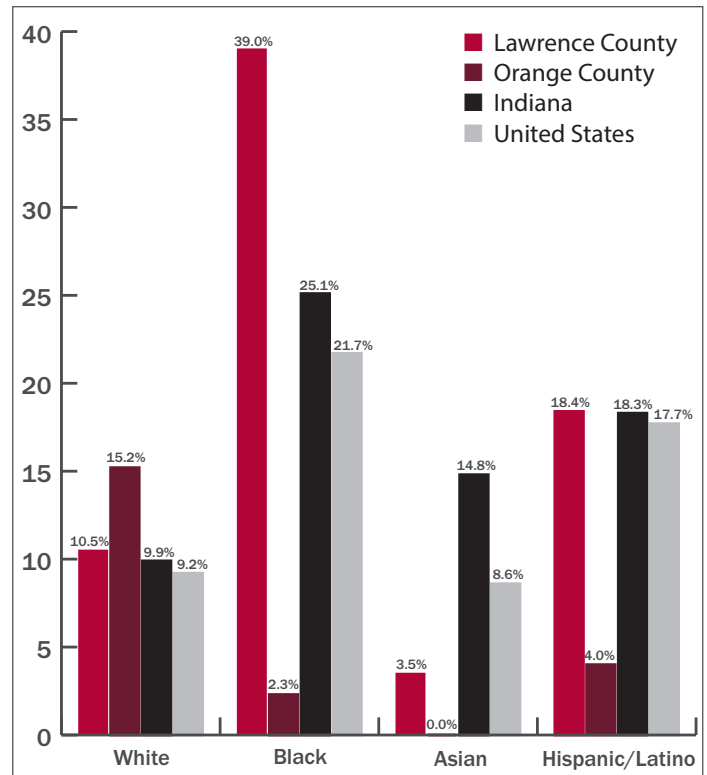
Source: U.S. Census, ACS 5-Year Estimates, 2022

Description: Exhibit 14 portrays poverty rates for Lawrence and Orange County in addition to Indiana and the U.S.

Observations

- The child poverty rate in Lawrence County was well below Indiana and national averages from 2018-2022.
- The child poverty rate in Orange County was well above Indiana and national averages from 2018-2022.

Exhibit 15: Poverty rates by race and ethnicity, 2020-2022



Source: U.S. Census, ACS 5-Year Estimates, 2022

Description

Exhibit 15 portrays poverty rates in Lawrence and Orange counties, Indiana and the U.S. by race and ethnicity.

*0.0% indicates insufficient data

Observations

- The Black poverty rate was higher in Lawrence County compared to Indiana and the U.S. average.
- The White poverty rate was higher in Orange County compared to Indiana and the U.S. average.

Exhibit 16: Low-income census tracts, 2024

No census tracts in either the Lawrence or Orange County communities are designated by the U.S. Department of Housing and Urban Development (HUD) as low-income.

Exhibit 17: High school graduation rates by race and county, 2020-2022

Area	Race	Graduation rate
Lawrence County	All	86%
Lawrence County	Hispanic	89%
Lawrence County	Multiracial	75%
Lawrence County	White	86%
Orange County	All	93%
Orange County	White	93%

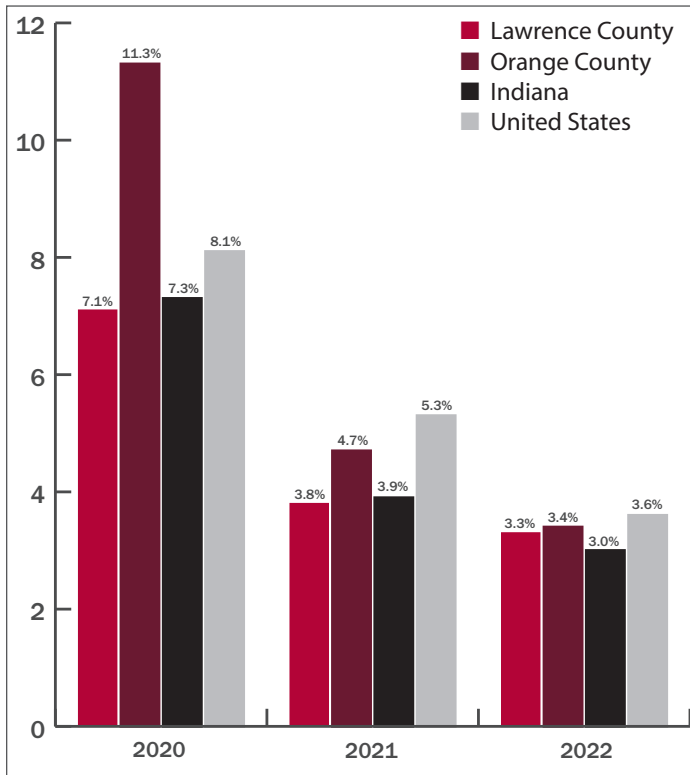
Source: Indiana Department of Education, 2022

Description: Exhibit 17 shows high school graduation rates by race and county for 2020 through 2022 for Lawrence and Orange counties.

Observations

- The multiracial population in Lawrence County had a lower graduation rate compared to other populations in Lawrence County.

Exhibit 18: Unemployment rates, 2020-2022



Source: U.S. Bureau of Labor Statistics, 2023

Description: Exhibit 18 shows unemployment rates for 2020 through 2022 for Lawrence and Orange counties, with Indiana and national rates for comparison.

Observations

- Between 2020 and 2022, unemployment rates at the local, state and national levels declined significantly.

Insurance status

Exhibit 19: Percent of the population without health insurance, 2022

County	Population	Population uninsured	Percent uninsured
Lawrence County	44,505	3,173	7.1%
Orange County	19,492	1,508	7.7%
Indiana	5,546,019	494,028	8.9%
United States	269,431,290	27,558,913	10.2%

Source: U.S. Census, Small Area Health Insurance Estimates (SAHIE), 2022

Description: Exhibit 19 presents the estimated percent of people uninsured by county in 2022.

Observations

- The percent of population without health insurance in Lawrence and Orange counties is below state and national averages.
- Since the Affordable Care Act’s (ACA) passage increased healthcare coverage for the uninsured and reformed the health insurance market, there has been significant growth in health insurance coverage since 2014 (i.e., the year the Health Insurance Marketplaces started enrolling individuals and ACA Medicaid expansion went into effect).⁸ The establishment of the Marketplaces and Indiana’s expansion of Medicaid has helped more residents receive health benefits and gain access to healthcare services.

Local health status and access indicators

Exhibit 20: County Health Rankings and Roadmaps – Indiana, 2023

Measure	Lawrence County	Orange County
Health outcomes	54	74
Health factors	35	82
Length of life	45	74
Premature death	45	74
Quality of life	55	75
Poor or fair health	46	75
Poor physical health days	53	80
Poor mental health days	57	90
Low birthweight	58	41
Health behaviors	38	72
Adult smoking	48	77
Adult obesity	42	27
Food environment index	32	61
Physical inactivity	47	71
Access to exercise opportunities	16	36
Excessive drinking	62	15
Alcohol-impaired driving deaths	9	84
Sexually transmitted infections	26	68
Teen births	67	86
Clinical care	14	50
Uninsured	42	79
Primary care physicians	61	48
Dentists	38	64
Mental health providers	49	64
Preventable hospital stays	4	3
Mammography screening	8	83
Social and economic factors	52	87
High school graduation	77	12
Some college	37	75
Unemployment	64	84
Children in poverty	59	86
Income inequality	62	87
Children in single-parent households	39	87
Social associations	10	47
Injury deaths	35	65

Physical environment	76	22
Air pollution	14	24
Severe housing problems	53	32
Driving alone to work	58	60
Long commute – driving alone	47	48

Source: University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps. 2023 Indiana Data.

Description: Exhibit 20 presents County Health Rankings and Roadmaps (CHR&R), a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, which incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of “health factors” and “health outcomes.” Health factors consist of summary composites that are grouped into the following categories: health behaviors, clinical care, social and economic factors and physical environment. Health outcomes consist of summary composites that are grouped by categories, length of life and quality of life. County Health Rankings are updated annually. The CHR&R 2023 relies on data from 2014 to 2022.⁹

The exhibit presents the status for each available indicator category. Rankings indicate how the county ranked among all 92 counties in Indiana, with 1 indicating the highest (most favorable) ranking and 92 the lowest (least favorable).

Observations

- In 2023, Lawrence County ranked in the top 10 in alcohol-impaired driving deaths, preventable hospital stays, mammography screenings. Lawrence County ranked near the middle in many categories but ranked poorly in high school graduation rate and physical environment.
- In 2023, Orange County ranked 3rd in preventable hospital stays. However, Orange County ranked near the bottom for many of the indicator categories. Some of those categories include poor mental health days, alcohol-impaired driving deaths, teen births, mammography screenings, children in poverty, income inequality, and children in single-parent households.

Exhibit 21: County Health Rankings data compared to Indiana and U.S. averages, 2023

Indicator category	Indicator	Lawrence	Orange	Indiana	U.S.
Health outcomes					
Length of life	Years of potential life lost before age 75 per 100,000 (age-adjusted)	8,615.0	10,097.4	8,594.8	7,281.9
Quality of life	Percentage of adults reporting fair or poor health (age-adjusted)	15.6	17.4	15.1	12.0
Quality of life	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.6	3.9	3.3	3.0
Quality of life	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	5.1	5.4	4.9	4.4
Quality of life	Percentage of live births with low birthweight (<2500 grams)	8.0	7.4	8.1	8.2
Health behaviors					
Adult smoking	Percentage of adults who are current smokers	22.1	24.0	20.2	16.0
Adult obesity	Percentage of adults who report BMI of 30 or more	38.3	37.2	37.2	32.0
Food environment index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.0	7.5	6.5	7.0
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity	26.7	28.7	25.6	22.0
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity	78.5	66.6	76.8	84.2
Excessive drinking	Percentage of adults reporting binge or heavy drinking	18.5	17.5	18.4	19.0
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement	5.6	30.8	19.0	26.6
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000	231.4	341.0	495.7	481.3
Teen births	Number of births per 1,000 female population ages 15-19	30.1	35.2	23.1	19.3
Clinical Care					
Uninsured	Percentage of population under age 65 without health insurance	8.8	10.9	9.0	10.4
Primary care physicians	Ratio of population to primary care physicians	2,840:1	2,460:1	1,520:1	1,330:1
Dentists	Ratio of population to dentists	2,250:1	3,310:1	1,680:1	1,360:1
Mental health providers	Ratio of population to mental health providers	1,130:1	1,650:1	500:1	320:1
Preventable hospital stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	1,275.0	1,192.0	3,174.0	2,809.0
Mammography screenings	Percentage of female Medicare enrollees ages 67-69 who receive mammography screening	45.0	32.0	39.0	37.0
Flu vaccinations	Percentage of Medicare enrollees who receive an influenza vaccination	50.0	43.0	54.0	51.0

Indicator category	Indicator	Lawrence	Orange	Indiana	USA
Social and economic factors					
High school graduation	Percentage of 9th-grade cohort that graduates in four years	89.7	96.9	91.2	87.0
Some college	Percentage of adults age 25-44 with some post-secondary education	58.4	49.1	63.2	67.3
Unemployment	Percentage of the population age 16 and older unemployed but seeking work	3.5	4.2	3.6	5.4
Children in poverty	Percentage of children under age 18 in poverty	17.2	21.9	15.7	16.9
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.2	4.7	4.3	4.9
Single-parent household	Percentage of children who lived in a household headed by a single parent	20.3	30.5	24.7	25.1
Social associations	Number of membership associations per 10,000	15.8	12.2	11.9	9.1
Injury deaths	Number of deaths due to injury per 100,000	76.0	94.3	84.6	75.9
Physical environment					
Air pollution	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	8.4	8.6	8.8	7.4
Severe housing problems	Percentage of households with at least 1 of 4 housing problems	10.3	9.3	12.3	17.0
Driving alone to work	Percentage of the workforce who drive alone to work	83.1	83.2	80.0	73.2
Long commute	Among workers who commute in their car alone, the percentage who commute more than 30 minutes	35.2	35.4	32.0	36.5

Source: University of Wisconsin Population Health Institute, County Health Rankings and Roadmaps. 2023 Indiana Data.

Description: Exhibit 21 provides data for each underlying indicator of the composite categories in the County Health Rankings. The exhibit also includes Indiana and national averages.

Observations

- Orange County has a significantly higher rate of potential life lost before age 75 compared to Lawrence County, state and national rates. Orange County also has a significantly higher ratio of population to dentists.

Indiana Department of Health

Exhibit 22: Maternal and child health indicators, 2022

Indicator	Lawrence County	Orange County	Indiana
Birth rate (per 1,000 live births)	58.9	68.2	59.7
Infant mortality rate (per 1,000 live births)	5.0	6.4	6.8
Low birth weight percent	6.8%	9.7%	8.7%
Mothers on Medicaid percent	31.5%	26.3%	41.1%
No early prenatal care percent	21.0%	19.4%	29.1%
Not breastfeeding percent	13.6%	14.7%	16.1%
Preterm percent	10.7%	12.0%	10.9%
Sudden infant death syndrome (SUID) rate (per 100,000)	0.0	0.0	116.0
Teen birth rate (per 1,000 live births)	14.9	22.7	16.9

Source: Indiana Department of Health, 2022

Description: Exhibit 22 provides data for each underlying indicator of the composite categories in the County Health Rankings. The exhibit also includes Indiana and national averages.

Observations

- Indicators for Lawrence and Orange counties were near Indiana rates.

Exhibit 23: Age-adjusted death rates for all cancers (per 100,000), 2022

Indicator	Lawrence County	Orange County	Indiana	United States
All cancers	171.8	204.8	166.9	149.4

Source: National Cancer Institute, 2022

Description: Exhibit 23 presents the age-adjusted death rates for Lawrence and Orange County, Indiana, and the United States.

Observations

- Orange County's age-adjusted death rate was significantly higher than Indiana and the United States.

Exhibit 24: Prevalence of health behaviors and conditions by race and ethnicity, Indiana, 2022

Indicator	Black, non-Hispanic	Hispanic	White, non-Hispanic	Overall
Asthma	13.8%	7.3%	10.9%	11.0%
Cardiovascular disease	2.9%	2.0%	5.9%	5.2%
Depression	15.2%	18.9%	23.9%	22.8%
Diabetes	16.7%	10.2%	12.8%	12.7%
No health coverage	11.1%	25.0%	6.6%	8.8%
No physical activity	31.8%	35.2%	26.4%	27.5%
Obese (based on BMI)	42.2%	40.7%	38.2%	37.7%
Smoke everyday	11.1%	5.2%	13.1%	12.2%
Smoke some days	6.2%	6.6%	3.5%	4.0%

Source: Behavioral Risk Factor Surveillance System and Centers for Disease Control and Prevention, 2022

Exhibit 25: Prevalence of health behaviors and conditions by income level and education, Indiana, 2022

Indicator	< \$15,000	\$15-\$24,999	\$25-\$24,999	\$35-\$49,999	\$50-\$99,999	\$100K-\$199,999	\$200K	Less than H.S.	Overall
Asthma	25.5%	16.1%	15.4%	11.5%	8.6%	8.2%	6.6%	15.4%	11.0%
Cardiovascular disease	6.3%	10.6%	7.4%	5.6%	4.8%	2.6%	0.0%	5.4%	5.2%
Depression	33.8%	32.8%	29.3%	25.2%	21.8%	18.4%	11.3%	23.7%	22.8%
Diabetes	22.0%	17.2%	18.7%	12.8%	12.2%	8.8%	5.2%	17.0%	12.7%
No health coverage	13.4%	11.7%	13.9%	13.2%	6.4%	2.6%	0.0%	22.6%	8.8%
No physical activity	42.7%	39.8%	39.1%	30.1%	21.4%	16.8%	8.8%	44.3%	27.5%
Obese (based on BMI)	37.9%	39.4%	40.1%	38.6%	40.4%	38.0%	29.4%	40.9%	37.7%
Smoke everyday	26.3%	17.5%	17.2%	15.8%	10.9%	6.9%	4.7%		12.2%
Smoke some days	8.4%	6.1%	5.1%	4.0%	3.7%	3.1%	0.0%		4.0%

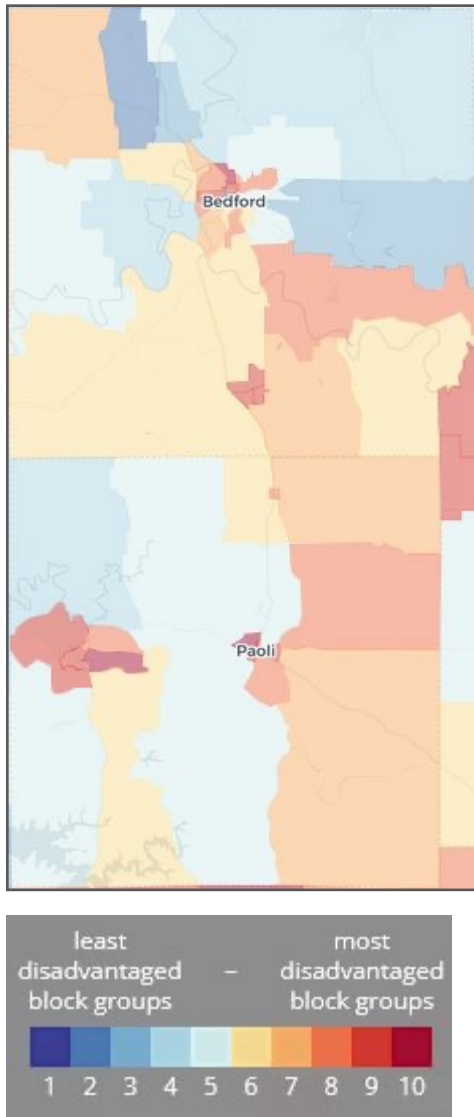
Source: Behavioral Risk Factor Surveillance System and Centers for Disease Control and Prevention, 2022

Description: Exhibit 24 and 25 show Indiana prevalence estimates from the Centers for Disease Control and Prevention’s (CDC) Behavioral Risk Factor Surveillance System (BRFSS) gathers state data through a telephone survey regarding health measures. Adults 18 years or older are asked to take part in this survey. Data is collected for the entire United States. Analysis of BRFSS data can identify localized health issues, trends, health disparities and can enable county, state or nation-wide comparisons.¹⁰

Observations

- The BRFSS data indicates that on three of the measures presented, risk factors were higher for Black residents when compared to Hispanic and White residents. Likewise, the same data indicates that on another three of the measures presented, risk factors were higher for Hispanic residents when compared to Black and White residents.
- For two thirds of the BRFSS indicators, residents with an income of less than \$15,000 were worse than average when compared to Indiana indicators presented in this exhibit.
- Those residents with less than a high school education had higher rates of no health coverage, no physical activity and obesity.

Exhibit 26: Area Deprivation Index (ADI)



Source: *The Neighborhood Atlas, University of Wisconsin School of Medicine and Public Health, 2022*

Description: The Neighborhood Atlas was created to freely share measures of neighborhood disadvantages with the public, including educational institutions, health systems, not-for-profit organizations, and government agencies, to make these metrics available for use in research, program planning, and policy development. The Area Derivation Index (ADI) allows for rankings of neighborhoods by socioeconomic disadvantage in a region of interest (e.g., at the state or national level). It includes factors for the theoretical domains of income, education, employment, and housing quality. It can be used to inform health delivery and policy, especially for the most disadvantaged neighborhood groups. Living in a disadvantaged neighborhood has been linked to several healthcare outcomes, including higher rates of diabetes and cardiovascular disease, increased utilization of health services, and earlier death.¹¹

Observations

- There are many disadvantaged block groups in the Lawrence and Orange counties region.

Exhibit 27: Indiana County Health Rankings

Topic	Lawrence County	Orange County	Indiana
Life expectancy	74.5	73.7	75.6
Life expectancy rank	62	79	
Adult obesity	46	46.1	43.6
Adult obesity rate rank	34	36	
Infant mortality rate	4.97	9.43	6.8
Infant mortality rate rank	17	75	
Smoking rate during pregnancy	14.2%	11.7%	6.6%
Smoking rate during pregnancy rank	65	54	
Opioid overdose rate	22.9	14.2	25.07
Opioid overdose rate rank	60	33	
Suicide rate	14.9	18.3	15.77
Suicide rate rank	30	20	

Source: *County Health Rankings, 2023*

Rate definitions:

Adult obesity: BMI \geq 30

Infant mortality rate: Per 1,000 live births based on county of residence

Smoking rate during pregnancy: Survey answers, county rates with a birth count less than 20 are deemed unstable and thus suppressed

Opioid overdose rate: 5-year rate per 100,000 persons

Suicide rate: 5-year rate per 100,000 persons

Description: Exhibit 27 contains more county health metrics for each county, including the Indiana rate.

Observations

- Orange County ranked poorly in life expectancy and infant mortality rate.

Prevention Quality Indicators

Exhibit 28: Hospital admissions for Prevention Quality Indicators (PQIs) (per 100,000) – Lawrence and Orange counties, Indiana and U.S., 2022

Indicator	Lawrence	Orange	Bedford	Indiana	U.S.	Ratio
Diabetes short term complications	50.4	13.1	39.3	80.8	82.2	0.48
Diabetes long term complications	81.3	39.4	68.8	122.9	108.9	0.50
COPD or asthma in older adults	185.8	163.2	179.0	262.2	381.1	0.65
Hypertension	56.1	6.6	41.3	51.9	60.8	0.61
Heart failure	414.8	295.8	379.2	434.5	429.6	0.72
Community acquired pneumonia	201.8	230.1	210.2	184.9	183.6	0.89
Urinary tract infection	137.3	98.6	125.8	127.2	134.8	0.89
Uncontrolled diabetes	19.6	13.1	17.7	30.6	42.1	0.34
Asthma in younger adults	26.2	0.0	18.5	20.0	29.2	0.57
Lower extremity amputation with diabetes	22.4	19.7	21.6	38.2	32.3	0.49
Prevention overall composite	1,107.0	821.8	1,021.8	1,218.9	1,301.4	0.69
Prevention acute composite	339.1	328.7	336.0	312.2	318.4	0.89
Prevention chronic composite	767.9	493.1	685.8	906.7	983.1	0.62
Prevention diabetes composite	162.5	78.9	137.5	250.5	247.5	0.48

Source: National Institute of Health, 2023 *0.0 indicates insufficient data for the county.

Description: Exhibit 28 provides 2023 PQI rates (per 100,000 persons) for ZIP codes in the IU Health Saxony Hospital community compared to Indiana and U.S. averages. The Agency for Healthcare Research and Quality (AHRQ) PQIs are measures of potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions (ACSCs) that help to “identify issues of access to outpatient care, including appropriate follow-up care after hospital discharge.” This hospital discharge data can help identify issues in the quality of healthcare services (i.e., primary care and outpatient services) and unmet needs in the community. Among these conditions are asthma, diabetes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, urinary tract infection, and prevention overall, acute and chronic composites. Disproportionately high rates of discharge for PQIs may point to problems with the availability or access to primary care and outpatient services and can suggest areas for improvement in the healthcare system and ways to improve outcomes.

Observations

- IU Health Bedford Hospital as a community rated significantly better for most health indicators compared to Indiana except community acquired pneumonia and prevention acute composite.

Exhibit 29: Social Vulnerability Index (SVI)

County	Socioeconomic status	Household characteristics	Racial and ethnic minority status	Housing type and transportation	Overall	Rank
Lawrence County	0.4396	0.6923	0.2088	0.6044	0.4835	45
Orange County	0.6044	0.967	0.2527	0.7143	0.7143	66

Source: Center for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, 2022

Description: The current CDC/ATSDR Social Vulnerability Index uses 16 U.S. census variables from the 5-year American Community Survey (ACS) to identify communities that may need support before, during, or after disasters.¹² These variables are grouped into four themes that cover four major areas of social vulnerability and then combined into a single measure of overall social vulnerability. This information can help support other public health activities to improve a wide variety of community health outcomes.

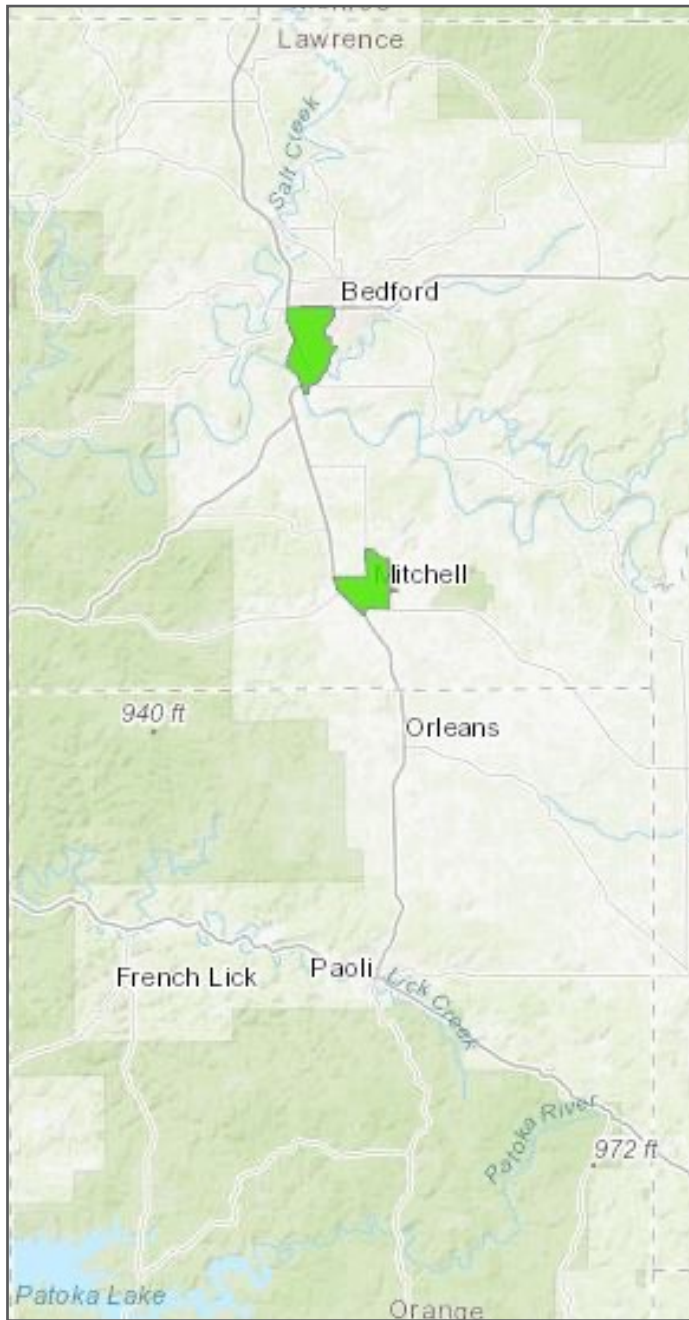
Percentile ranking values for each grouping range from 0-1, with higher values indicating greater vulnerability.

Observations

- Lawrence County rated near the average for all Indiana counties in the overall social vulnerability index score, but Orange County was slightly below average.

Overall vulnerability	Socioeconomic status	Below 150% poverty
		Unemployed
		Housing cost burden
		No high school diploma
		No health insurance
	Household characteristics	Age 65 and older
		Aged 17 and younger
		Civilian with a disability
		Single-parent households
		English language proficiency
	Racial and ethnic minority status	Hispanic or Latino (of any race)
		Black or African American, not Hispanic or Latino
		Asian, not Hispanic or Latino
		American Indian or Alaska Native, not Hispanic or Latino,
		Native Hawaiian or Pacific Islander, not Hispanic or Latino
		Two or more races, not Hispanic or Latino
	Housing type and transportation	Other races, not Hispanic or Latino
		Multi-unit structures
		Mobile homes
		Crowding
No vehicle		
	Group quarters	

Exhibit 30: Food deserts, 2022



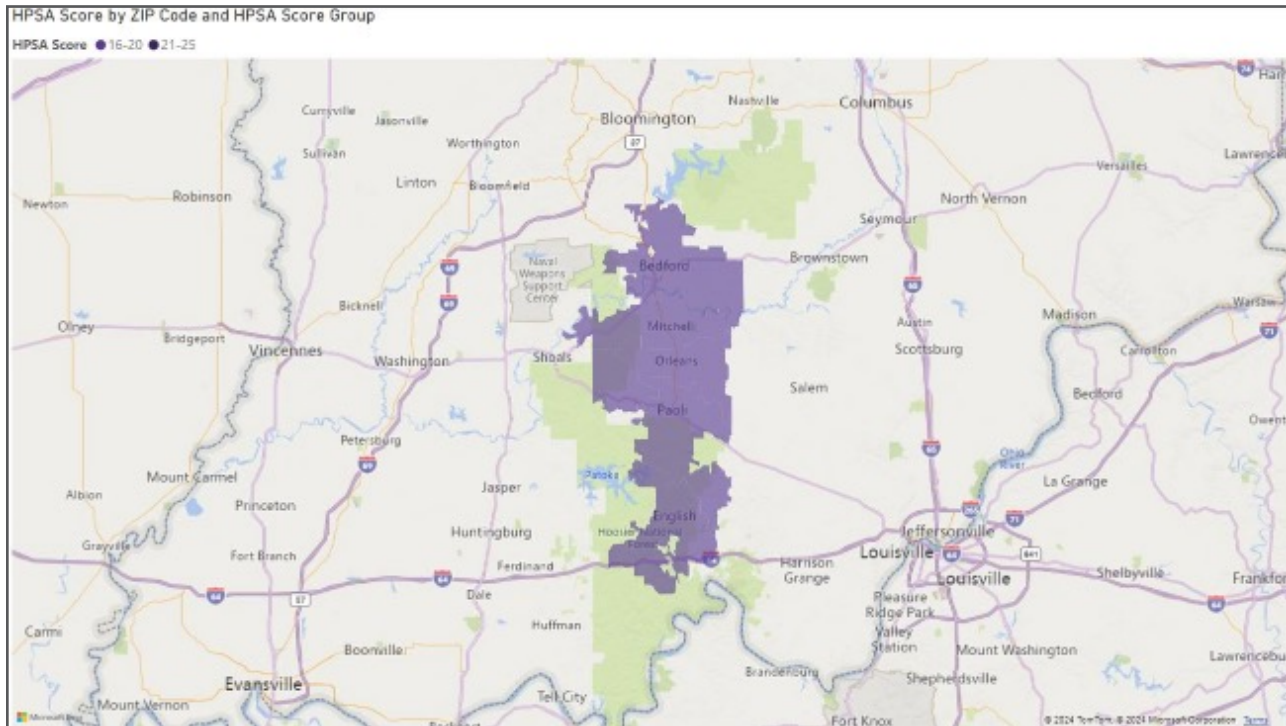
Source: U.S. Department of Agriculture, 2022

Description: Exhibit 30 shows the location of “food deserts” in the community. The U.S. Department of Agriculture’s Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store and rural food deserts as more than 10 miles from a supermarket or large grocery store.¹³ Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations

- Several census tracts in Lawrence County have been designated as food deserts, particularly in areas near the hospital in Bedford.

Exhibit 31: Map of health professional shortage areas – Mental health



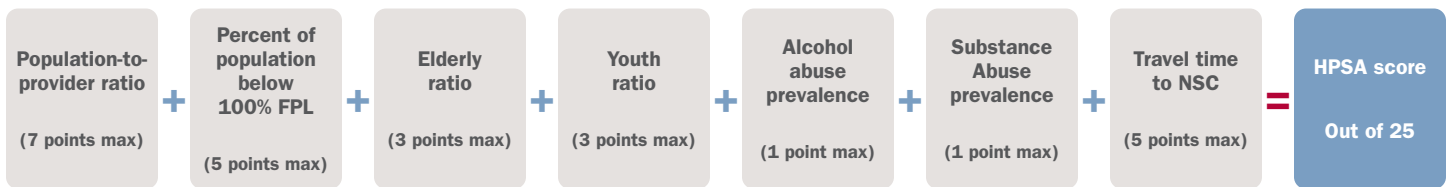
Source: Health Resources and Services Administration, 2022

Description: The Health Resources and Services Administration calculates health professional shortage area scores based on methodology that includes both mental health and primary care. Three scoring criteria are coming across all health profession shortage area (HPSA) disciplines:

- Population-to-provider ratio
- Percent of population below 100% of the Federal Poverty Level (FPL)
- Travel time to the nearest course of care (NSC) outside the HPSA designation area

Mental health HPSAs can receive a score between 0-25. What goes into the score?

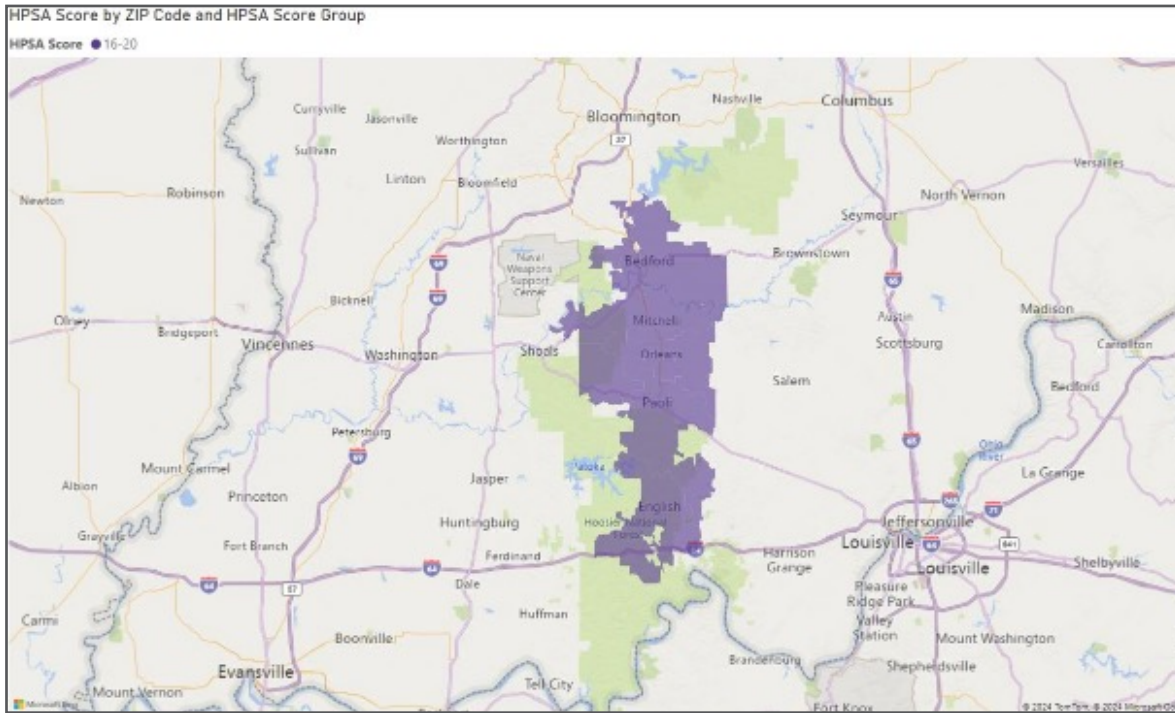
- Population-to-provider ratio (7 points max)
- Percent of population below 100% Federal Poverty Level (FPL) (5 points max)
- Elderly ratio (percent of people over age 65) (3 points max)
- Youth ratio (percent of people under age 18) (3 points max)
- Alcohol abuse prevalence (1 point max)
- Substance abuse prevalence (1 point max)
- Travel time to Nearest Source of Care (NSC) outside the HPSA designation area (5 points max)



Observations

- Several IU Health Bedford Hospital community areas have been designated as mental health professional shortage areas.

Exhibit 32: Map of health professional shortage areas – Primary care



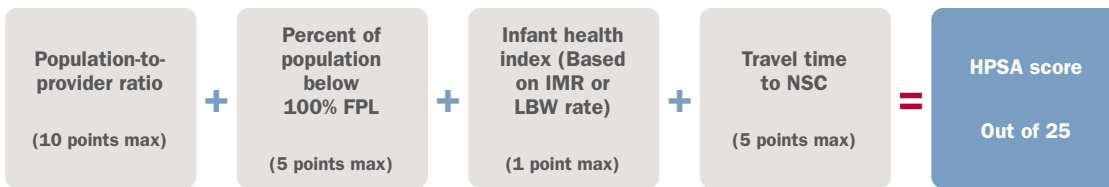
Source: Health Resources and Services Administration, 2022

Description: The Health Resources and Services Administration calculates health professional shortage area scores based on methodology that includes both mental health and primary care. Three scoring criteria are coming across all HPSA disciplines:

- Population-to-provider ratio
- Percent of population below 100% of the Federal Poverty Level (FPL)
- Travel time to the nearest course of care (NSC) outside the HPSA designation area

Primary care HPSAs can receive a score between 0-25. What goes into the score?

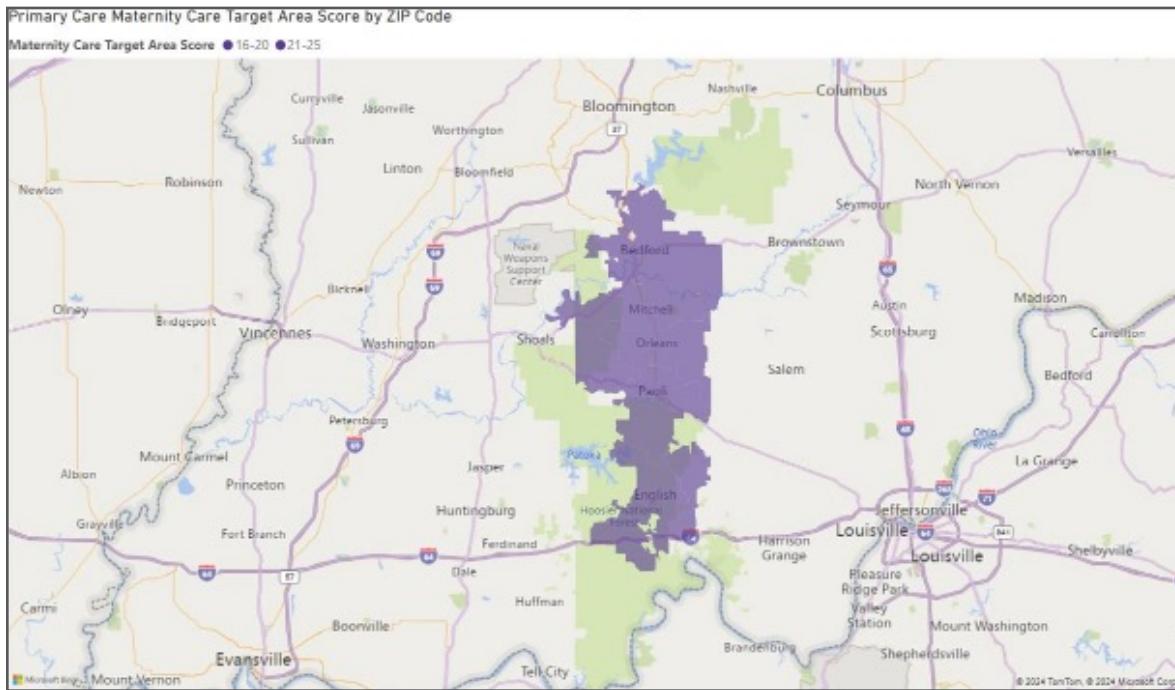
- Population-to-provider ratio (10 points max)
- Percent of population below 100% Federal Poverty Level (FPL) (5 points max)
- Infant health index (based on Infant Mortality Rate (IMR) or Low Birth Weight (LBW) Rate (5 points max)
- Travel time to Nearest Source of Care (NSC) outside the HPSA designation area (5 points max)



Observations

- Several IU Health Bedford Hospital community areas have been designated as primary care health professional shortage areas.

Exhibit 33: Map of primary care Maternal Care Target Areas



Source: Health Resources and Services Administration, 2022

Description: The Health Resources and Services Administration calculates health professional shortage area scores based on methodology that includes both mental health and primary care. Three scoring criteria are coming across all HPSA disciplines:

- Population-to-provider ratio
- Percent of population below 100% of the Federal Poverty Level (FPL)
- Travel time to the nearest course of care outside the HPSA designation area

Maternity Care Target Areas (MCTAs) can receive a score between 0-25. Three scoring criteria in MCTAs are like those used in HPSA disciplines:

- Population-to-full-time-equivalent maternity care health professional ratio
- Percentage of population with income at or below 200% of the Federal Poverty Line (FPL)
- Travel distance/time to nearest source of accessible care outside of the MCTA

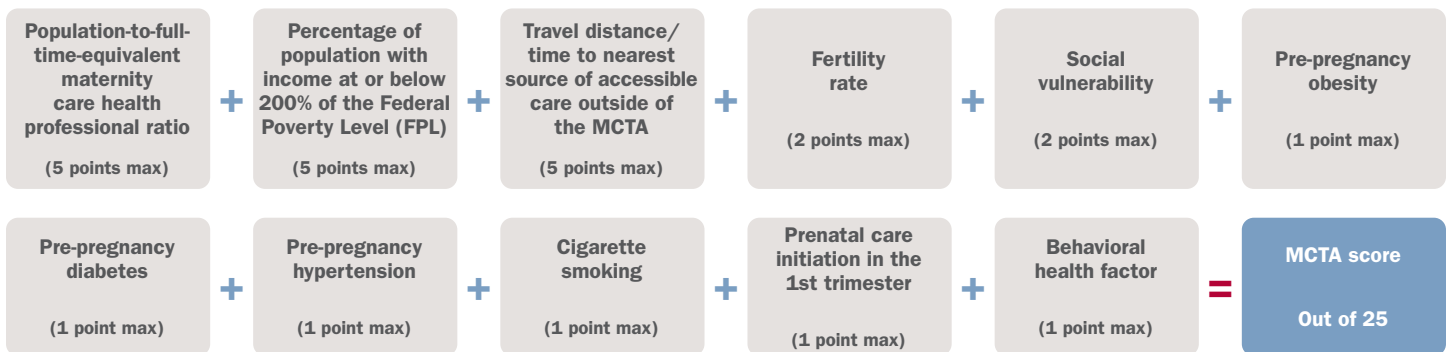
What goes into the score?

- Population-to-full-time-equivalent maternity care health professional ratio (5 points max)
- Percentage of population with income at or below 200% of the Federal Poverty Level (FPL) (5 points max)
- Travel distance/time to nearest source of accessible care outside of the MCTA (5 points max)
- Fertility rate (2 points max)
- Social vulnerability (2 points max)

Maternal Health Indicators

- Pre-pregnancy obesity (1 point max)
- Pre-pregnancy diabetes (1 point max)
- Pre-pregnancy hypertension (1 point max)
- Cigarette smoking (1 point max)
- Prenatal care initiation in the 1st trimester (1 point max)

Behavioral health factor (1 point max)



Observations

- Several IU Health Bedford Hospital community areas have been designated as maternal care health professional shortage areas.

Exhibit 34: Medically underserved areas

County	Service area name	Index of medical underservice score	Medically underserved designation type
Lawrence County	LI – Lawrence County	59.3	MUP low income
Orange County	LI – Orange County	59.8	MUP low income

Source: Health Resources and Services Administration, 2022

Description: Exhibit 33 illustrates the location of Medically Underserved Areas (MUA) in the community. Medically Underserved Areas and Populations (MUA/Ps) are designed by the Health Resources and Services Administration (HRSA) based on an “Index of Medical Underservice (IMU).” The index includes the following variables:

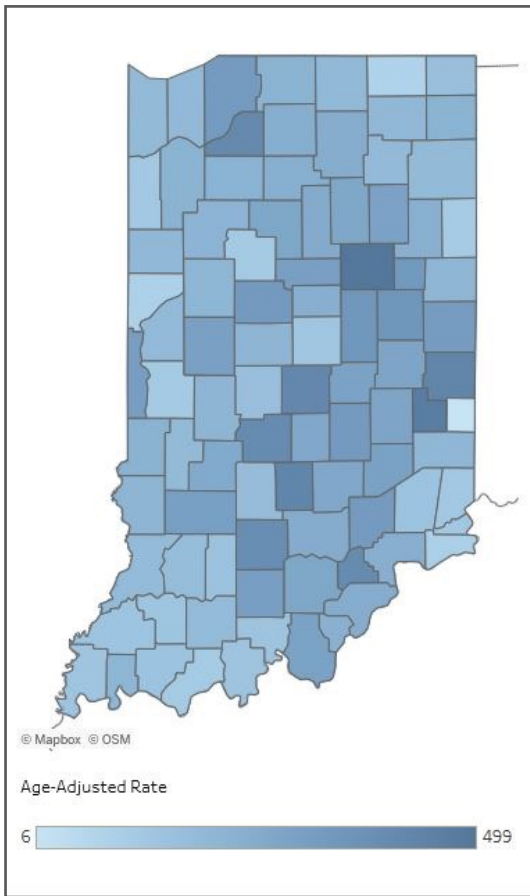
- Ratio of primary medical care physicians per 1,000 population
- Infant mortality rate
- Percentage of the population with incomes below the poverty level

Areas with a score of 62 or less are considered “medically underserved.” Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides.”

Observations

- Census tracts within Lawrence and Orange counties have been designated as MUAs.

Exhibit 35: Emergency department overdose visits by county, 2023



Source: Indiana Department of Health, 2023

Exhibit 36: Age-adjusted rate of emergency department visits for any type of drug overdose (per 100,000 people) in Indiana, 2023

County	Emergency department overdose visits	County age-adjusted rate	Indiana age-adjusted rate	County vs. Indiana
Lawrence County	161	394.6	256.9	Above IN average
Orange County	59	312.1	256.9	Above IN average

Source: Indiana Department of Health, 2023

Description: Exhibit 35 and 36 depict the age-adjusted rate of emergency department overdose visit by county for any type of drug overdose (per 100,000 people) in Lawrence and Orange counties in 2022.

Observations

- Both Lawrence and Orange counties had a significantly higher age-adjusted overdose visit rate than the state of Indiana.

Findings of other community health assessments

If other community health assessments that follow widely accepted methodologies in community health assessment and improvement planning were available, then they have been reviewed and considered as part of this CHNA process.

Indiana State Health Assessment and Improvement Plan 2022-2026

Every five years, the Indiana Department of Health starts the process to convene representatives across the state to conduct the State Health Assessment (SHA) to identify the priority health needs of the state by examining existing local, state and national data and collecting information directly from community partners. This assessment process included a review of the 2018-2021 State Health Assessment and quantitative and qualitative analysis of population data specific to Indiana and its public health system in its current state. Trends were consolidated into thematic public health statistics with key data points on health factors pertaining to Indiana. The State Health Assessment and Improvement Plan 2022-2026 (SHA/SHIP) was published in 2022 by IDOH. The SHA was conducted in collaboration with over 75 individuals who represented 51 partner organizations across the state to identify and address Indiana's greatest health challenges.

The SHA/SHIP committee followed the Mobilizing for Action through Planning and Partnership Process, reviewing data through three assessments: the Community Status Assessment, the Community Context Assessment and the Community Partner Analysis. After the finalization of the SHA, the Indiana State Health Improvement Plan (SHIP) was drafted to address the final priorities. The 2022-2026 priorities are:

- Health outcomes and risk factors
- Mental health and wellness
- Family, women, infants and children
- Healthy aging
- Public health systems and workforce
- Social determinants of health

The 2022-2026 health improvement plan strategic goals include:

- Goal 1: Increase Hoosier's access to care
- Goal 2: Improve communication and education within the public health system
- Goal 3: Promote preventative care and overall, health for Hoosiers
- Goal 4: Bolster community connections and built environment
- Goal 5: Expand public health infrastructure capacity

Local health department community health assessment

The Lawrence and Orange County LHDs have not completed a recent community health assessment focused on the needs of these counties. Each LHD was engaged in the primary data collection activities of this assessment.

Health First Indiana

Health First Indiana (HFI) is an initiative created by Senate Enrolled Act 4, legislation passed by the 2023 Indiana General Assembly that transforms public health. The legislation provides funding so counties can determine the health needs of their community and implement evidence-based programs focused on prevention. Health First Indiana establishes a public health infrastructure through a state and local partnership where services are delivered at the county level. Counties decide whether to opt-in to the new funding and provide the core public health services, including trauma and injury prevention, chronic disease prevention and reduction, maternal and child health and more.

No more than 40% of the funding may be spent on environmental health. At least 60% of HFI funding must be spent on these core services:

- Child and adult immunizations
- Childhood lead screenings and case management
- Chronic disease prevention and reduction
- Emergency preparedness
- Fatality review (child, suicide, overdose)
- Infectious disease prevention and control
- Maternal and child health
- Referrals to clinical care
- Student health
- TB prevention and case management
- Testing/counseling for HIV, HCV, STI
- Tobacco and vaping prevention and cessation
- Trauma and injury prevention and education
- Vital records

Below are the priorities selected by each local health department in the community served by IU Health Bedford Hospital.

Lawrence County Health Department

- Chronic disease prevention
- Fatality review
- Lead case management
- Maternal and child health
- School health liaison
- Tobacco and vaping prevention and cessation
- Trauma and injury prevention

Orange County Health Department

- Tuberculosis prevention and case management
- Environmental public health
- School health liaison
- Fatality review
- Trauma and injury prevention
- Lead case management
- Tobacco and vaping prevention and cessation
- Chronic disease prevention

Learn more

Visit the following websites to review community health assessments.

Indiana Department of Health, Office of Performance Excellence

- [Indiana State Health Assessment and Improvement Plan 2022-2026](#)
- [Health First Indiana](#)

Appendix C – Community input process – Participants

Individuals from a variety of organizations representing different sectors and groups within the counties participated in the community input process. Participants included community members and representatives from the following organizations:

- Community members
- South Central Philanthropy Council
- Lawrence County Health Department
- Mitchell Community Schools
- North Lawrence Community School Corporation
- Orange County Economic Development Partnership
- Orange County Youth Mentoring and CASA
- Thrive Orange County
- Southern Indiana Community Health Center
- IU Health Paoli Hospital
- IU Health Positive Link

Appendix D – Impact of actions taken since the previous CHNA

IU Health Bedford Hospital regularly checks the progress on initiatives and related impact, both expected and achieved, in addressing prioritized health needs in the last CHNA. This is not an inclusive list of all initiatives aligned with the 2024 CHNA. Many of the initiatives listed below will continue through 2024 or beyond as will the continued collaboration with CBOs.

Access to healthcare services

- **Support community members accessing healthcare services regardless of their ability to pay.** IU Health Bedford Hospital provided financial assistance to patients that included discounts, full charity and personal hardship reductions. IU Health Patient Financial Counselors are certified Indiana Navigators that assisted patients and families with information and helped them with applications for various health coverage programs. Between 2022 and 2023, the counselors served 223 individuals at IU Health Bedford Hospital. IU Health Bedford Hospital offered Beat Tobacco classes in 2023 and 2024 including nicotine replacement patches free to the community. In the same years, IU Health Bedford Hospital provided a perinatal nurse navigator to assist expectant mothers in the community, because of the closure of Ascension St. Vincent hospital in Bedford. The nurse navigator helped clients find resources in the Lawrence County community and neighboring communities. Lastly, in 2023, IU Health Community Health offered free community health screenings during the annual Bedford Day of Service.
- **Integrated Social Work Initiative in IU Health clinical settings.** Integrated Social Work (ISW) virtually assists providers and patients with urgent complex situations such as abuse and neglect concerns, domestic violence, housing insecurity and social barriers to care. This team of licensed social workers is skilled in assessing and identifying SDOH, providing resources and making recommendations that are unique to the patient and their circumstances. Integrated Social Work provides urgent medical social work services through an iPad cart to all primary care and pediatric primary care practices throughout the system. Between March 2022 and December of 2022, in-person training took place in all adult and pediatric primary care practices. The SDOH screener PRAPARE is live in 53 primary care practices and is scheduled to expand to 20 additional practices by end of 2024. Integrated Social Work provides resources

and support to patients with urgent needs identified in the screener. Almost 10,000 referrals have been made to ISW between March 2022 and June 2024 across the healthcare system including the 499 referrals made from January to June 2024 that include IU Health Bedford Hospital patients.

Aging population and needs of seniors

- **Further implement the Alzheimer's and Dementia Resource Services (ADRS) and prevent falls in this population.** From 2022 to 2024, IU Health Bedford Hospital provided dementia-friendly business training in community; monthly Virtual Dementia Tours; and Caregiver University and support groups for the caregivers of those living with dementia. In 2023, IU Health Bedford Hospital provided Brain Excellence Education to a pilot group in Bedford. In 2024, IU Health Bedford Hospital added an additional team member to provide Alzheimer's and dementia resources to two additional counties.

Behavioral health

- **Develop access points for referral to behavioral health services.** IU Health Bedford Hospital continued to develop access points for referral to behavioral health services from 2022 to 2024. In 2023 and 2024, the MOMs Heal together support group provided behavioral health services and navigation for people who are pregnant and have a substance use disorder. The participants meet in group therapy every week with a social worker. They also received brief therapy with the social worker as needed one-on-one. The program was expanded to include Lawrence County in 2023. From 2022 to 2024, the Nurse Family Partnership program provided a licensed clinical social worker to provide therapy to their clients for immediate needs. In 2023, the same program added a social worker to address the social and behavioral health needs for clients.
- **Further implement Virtual Care Peer Recovery Coaching Program (provides patients who have substance use disorder concerns with virtual behavioral health services).** The Virtual Peer Recovery Coach program ended in February 2023 as IU Health evolved its behavioral health services based on the needs of patients and the communities it serves. IU Health continues to serve patients with a need for this service through Virtual Integrated Behavioral Health (VIBH), a virtual service providing patients access to behavioral health expertise and services.
- **Continuation of emergency department (ED) virtual care program (provides patients virtual access to behavioral health services).** The VIBH team expanded behavioral health access to patients and providers across the state. In 2023, there were over 11,000 visits of which 4,482

visits included patients seeking care in the South Central Region (which includes IU Health Bedford Hospital). In 2024, VIBH will focus on increasing services to patients identified in IU Health primary care practices that are at risk for suicide or present with depression or anxiety.

Chronic disease prevention and management

- **Provide screening for chronic disease and linkage to care.** IU Health Bedford Hospital provided blood pressure screenings at multiple community events and locations in 2023. From 2022 to 2024, Positive Link services including Hepatitis C and HIV screenings were offered in community locations. These included outreach as well as primary care and access to pre and post exposure HIV prophylaxis. It also included medical and social case management. IU Health partnered with Indiana University School of Nursing to offer free health screenings in Lawrence County during 2023.

Maternal and infant health and child well-being

- **Connect first-time, high-risk moms to appropriate resources in the South-Central Region ((SCR) the SCR includes IU Health Bedford, Bloomington, and Paoli Hospitals and the communities served by each hospital).** From 2022 to 2024, IU Health Community Health connected pregnant women to the appropriate resources in the community, including IU Health or other community programs that fit their needs. From 2022 to 2024, IU Health Community Health performed Fetal Infant Mortality Reviews (FIMR) along with many community partners to identify reasons for fetal and infant deaths and developed workgroups to address the issue. The FIMR launched a partnership with community partners to provide care for pregnant people in the local jail system, including prenatal vitamins, access to maternal services, a process for transportation and care of pregnant people from the jail to IU Health Bedford Hospital. During the same time, the IU Health Community Health offered long-acting reversible contraception at time of delivery to better support access to birth control and help with birth spacing. Nurse home visitors helped first-time mothers with mother's health, child's health and economic self-sufficiency of the family by partnering with Nurse Family Partnership. In 2023 and 2024, IU Health Bedford Hospital implemented the Healthy Beginnings Program where a perinatal nurse navigator assists pregnant persons with needed services and resources.

Smoking, tobacco use and exposure to secondhand smoke

- **Further implement the Centralized Tobacco Treatment Program (CTTP) (provides patients access to evidence-based tobacco treatment).** The CTTP program is free to IU Health primary care patients provided evidence-based tobacco cessation treatment with a trained Tobacco

Treatment Specialist (TTS) based on their needs. Patients have access to an advanced practice provider (APP) to evaluate and prescribe medication assisted therapy (MAT) for nicotine replacement. The program continues to evolve to meet the needs of patients. In the first half of 2024, 248 medication management sessions were scheduled compared to 263 in total for 2023. A focus on care continuation, care coordination (TTS/APP), scheduling patient follow-up appointments and monitoring adherence or complications has improved the engagement rate – 90% of scheduled medication management appointments were completed. Program improvements have resulted in strong and consistent quit rates of 33% of active patients and harm reduction (patients who reduced use of tobacco) of 56% (July 2022-July 2024). To date in 2024, CTPP received over 1,000 referrals, scheduled 43% of them and completed at least one session with 67% of those scheduled. Additionally, 70% of patients seen completed two or more sessions. Over the program’s life, CTPP has received 3,338 patient referrals.

Social determinants of health

- **All Community Health Strategies will support social determinants of health.** IU Health Bedford Hospital researched SDOH strategies in 2023 to launch a new SDOH screener in 2023. From 2022 to 2024, IU Health Community Health connected community partners to SDOH services by providing training for how to access, claim and refer through the IU Health findhelp platform. In 2024, IU Health Community Health partnered with the Riley Children’s Foundation to provide gas and grocery cards to clients with social needs.

Appendix E – References

1. Indiana Department of Health. (n.d.). Health First Indiana, Your Community Info. Retrieved from: <https://www.in.gov/healthfirstindiana/your-community-info/>.
2. Indiana Department of Health. (2022). Indiana State Health Assessment and Improvement Plan, 2022-2026. Retrieved from: https://www.in.gov/health/phpm-archive/files/2022-2026-Indiana-State-Health-Assessment-and-Improvement-Plan_FINAL.pdf.
3. Agency for Healthcare Research and Quality – AHRQuality Indicators™. (n.d.) Prevention Quality Indicators in Inpatient Settings Measures. Retrieved from https://qualityindicators.ahrq.gov/measures/pqi_resources.
4. Health Resources and Services Administration. (August 2024). About the Health Center Program. Retrieved from: <https://bphc.hrsa.gov/about-health-center-program>.
5. Internal Revenue Services (IRS). (August 20, 2024). Community health needs assessment for charitable hospital organizations – Section 501(r)(3). Retrieved from: www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3.
6. Centers for Disease Control and Prevention. (May 3, 2024). Health Equity for People with Disabilities. Retrieved from: www.cdc.gov/ncbddd/human-development/health-equity.html.
7. Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services. (n.d.). Healthy People 2030 – Social Determinants of Health. Retrieved from: <https://health.gov/healthypeople/priority-areas/social-determinants-health>.
8. Office of the Assistant Secretary for Planning and Evaluation. (March 22, 2024). Health Insurance Marketplaces: 10 Years of Affordable Private Plan Options. Retrieved from: <https://aspe.hhs.gov/sites/default/files/documents/00d1eccb776ac4abde9979aa793e2c7a/aspe-10-years-of-market-place.pdf>.
9. University of Wisconsin Population Health Institute. County Health Rankings and Roadmaps 2024. Retrieved from: www.countyhealthrankings.org.
10. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System. (September 27, 2024). BRFSS. Retrieved from: <https://www.cdc.gov/brfss/index.html>.
11. University of Wisconsin School of Medicine and Public Health. (2024). Area Deprivation Index, 2022. Retrieved from: www.neighborhoodatlas.medicine.wisc.edu/.
12. Agency for Toxic Substances and Disease Registry. (Aug. 30, 2021). CDC/ATSDR SVI Fact Sheet. Retrieved from: <https://www.atsdr.cdc.gov/place-health/media/pdfs/2024/07/SVI-Fact-Sheet-H.pdf>
13. Economic Research Service (ERS), U.S. Department of Agriculture (USDA). (April 27, 2021) Food Access Research Atlas. Retrieved from: www.ers.usda.gov/data-products/food-access-research-atlas/



Bedford Hospital