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For comments or questions about this report, please contact St. Vincent Community Development & Health Improvement:  
CommunityDevelopment@stvincent.org
During fiscal year 2013, a Community Health Needs Assessment (CHNA), led by St.Vincent Dunn Hospital, was conducted to identify both the health assets and health needs within the county. As a nonprofit hospital and part of St.Vincent Health, St.Vincent Dunn is dedicated to improving the health of Lawrence County residents, with special attention to the poor and vulnerable. This can be accomplished only by partnering broadly with others within the community to address key community health issues. A critical step in this process is to identify priority needs through a CHNA. The following summary identifies how the CHNA was conducted and highlights key findings. Additional detail about the CHNA process, as well as the data collected, can be found in the CHNA report.

**Description Of The Community Served By St.Vincent Dunn Hospital**

St.Vincent Dunn Hospital is located in Southern Indiana and serves Lawrence County and surrounding areas. The county seat is Bedford, located approximately 75 miles south of Indianapolis. Lawrence County is rural; however, the bordering county to the north is Monroe and home to Indiana University, with a population of 137,000.

The population of Lawrence County is 46,078 residents. Over the past decade, there has been less than 1% population growth in Lawrence County. The median age is 42 years of age. This is higher than the median age for the state, which is 37.3 years of age. The breakdown of the population is 97.4% white, 1.3% Hispanic/Latino, .5% African American, .5% Asian, and 1.1% two or more races. The unemployment rate in 2011 was 11.1%, which ranked 7th out of 92 counties in the state. The median household income in 2011 was $43,471, which ranked 58th in the state. See Appendix A for demographic data with map.

**Who was Involved in the Assessment**

The St.Vincent Dunn Community Health Needs Assessment (CHNA) Task Force was the group primarily responsible for overseeing the CHNA process. The task force consists of St.Vincent Dunn Hospital staff. Pauline Shen, an Indiana-based epidemiologist and consultant with extensive experience in public health, led the mailed survey portion of the CHNA. Throughout this process, the task force met to discuss strategy, and progress made, towards the completion of the comprehensive community health needs assessment.

Many local organizations collaborated with the task force throughout the process. During the planning phase, the Lawrence County Health Department, Indiana University (IU) Health Bedford, Lawrence County United Way Agencies Roundtable and Hoosier Uplands provided input regarding the development of the opinion survey. During the implementation phase, local organizations collaborated with the task force to promote participation in the survey. The Bedford Chamber of Commerce posted the survey on the Bedford Chamber of Commerce website and the Bedford Mayor’s Office included an announcement about the survey in all residential water bills. See Appendix B for the list of individuals who were involved in community engagement.
How the Assessment was Conducted

The St. Vincent Dunn CHNA Task Force began planning the assessment process in the summer of 2011. The group agreed the assessment should focus on both primary and secondary data to obtain a comprehensive assessment of community needs.

The most effective method to gather primary data in Lawrence County was through the use of an opinion survey, available in both a hard copy and an electronic version. Questions were selected based on input from multiple community partners and the task force itself. The survey questions were divided into the following two categories: 1) services/issues questions that asked respondents to identify perceived needs from either a community or personal perspective and 2) health indicators that asked respondents to identify health issues they, or a family member, experienced. Once completed, the survey was made available online, mailed randomly to 3,000 households, promoted at health fairs and other local events, and sent online via employers to staff. See Appendix C for the Lawrence County Community Health Needs Assessment.

Secondary data are another tool used to prioritize health needs. Secondary data were reviewed from various sources, including County Health Rankings, Centers for Disease Control and Prevention, STATS Indiana, and CHNA.org.

The task force presented the results of the CHNA to the public January 29, 2013. The presentation was widely promoted within the community via the local newspaper and organizations within Lawrence County.

Health Needs Identified

The St. Vincent Dunn Mission Team carefully studied the primary and secondary data for Lawrence County. Based on the data from these sources, the following community health needs were identified.

Of the questions asked in the community services/issues section, the most frequently cited community needs focused on youth; specifically, child abuse prevention, substance abuse, underage alcohol consumption, youth mentoring and summer recreation programs. A subcategory of the community services/issues section focused on the community need for healthcare services. Of the 14 healthcare services choices, more than half of the respondents cited transportation as a barrier to healthcare and substance abuse programs as the top two community needs. Because many of the cited community (and personal) needs relate to nutrition and exercise, it is worth noting childhood overweight/obesity was included in the top ten most cited community needs.

Of the questions asked in the community services/issues section, the most frequently cited personal needs were dental care, eye care, assistance paying for medications, affordable exercise options, and lack of a farmer’s market. The desire for walking trails was cited as both a community and a personal need.

In the health indicator section, which was based on questions for the Behavior Risk Factor Surveillance System (BRFSS), the top three chronic health conditions cited for both men and
women were high blood pressure, high cholesterol and obesity. Both high blood pressure and high cholesterol increase the risk for heart disease and stroke, which are leading causes of death in the U.S.

There have been great strides made in recent years regarding the decline of tobacco use. Despite this, tobacco use remains the single most preventable cause of death in the United States, accounting for one in every five deaths in the U.S. each year. More individuals die from smoking than AIDS, alcohol, car accidents, illegal drugs, fires, murders, and suicides combined. In Lawrence County, 20.5% of the survey respondents reported smoking. According to County Health Rankings, 23% of adults in Lawrence County smoke, which is comparable to 24% of adults in Indiana. These rates are higher than the national average of 19%, according to the CDC in 2011.

Obesity is a growing public health concern in the United States, contributing to a number of health conditions, including heart disease, stroke, type 2 diabetes, and certain types of cancer. Lawrence County is no exception when it comes to the prevalence of obesity. According to the CHNA.org, 28.1% of adults in Lawrence County and 30.6% of adults in Indiana are obese, which does not include individuals who were overweight. These rates are higher than the national rate of 27.3%. One key factor related to obesity is the lack of physical activity. The percent of individuals who report being physically inactive (not participating in any physical activities other than work in the previous 30 days) is 28.8% in Lawrence County compared to 27% of adults in Indiana and 23.6% in the nation.

According to the CDC, diabetes is the 7th leading cause of death and a major cause of heart disease and stroke. It is also the leading cause of kidney failure, non-traumatic lower limb amputations, and new cases of blindness within adults in the U.S. The prevalence of diabetes within survey respondents was 15.4%. This is significantly higher than state rate of 9.6% and the national rate of 8.7%. However, according to CHNA.org, the prevalence of diabetes in Lawrence County is 11.2%. The reason for the discrepancy could be due to the fact that 60% of the survey respondents were 50 years or older and thus, have a higher prevalence of diabetes.

Playing a key role in individual and community health are social and economic factors, such as poverty, unemployment, and lack of educational attainment. When these conditions are present, they can create barriers to healthcare and the ability to practice healthy behaviors. In Lawrence County, the poverty rate is 15.8%, which is higher than the state rate and national rate, which is approximately 14%. In addition to the higher poverty rate, the unemployment rate in Lawrence County is high. Locally, the unemployment rate is 11.8%, compared to 8% for Indiana and 7.1% for the nation. Unemployment causes financial instability and thus, limits access to care, healthy food and other necessities for overall good health. Educational attainment also has a direct link to poverty and poor health. The high school graduation rate in Lawrence County is 83.3%, which is higher than the state and national rate of approximately 75%. However, the percent of the population 25 years or older with an associate’s degree or higher in Lawrence County is only 20.1% compared to the state at 30.1% and the nation at 35.7%.

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of
interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs. For example, certain population groups – such as the homeless or those who only speak a language other than English – are not represented in the survey data. Other population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addresses.

Community Assets Identified

St. Vincent Dunn, a Critical Access Hospital, has been serving Lawrence County for more than 100 years. There are many local community assets in Lawrence County. These organizations include, but are not limited to, Lawrence County Health Department; Hoosier Uplands; Indiana Tobacco Prevention & Cessation Program; United Way of South Central Indiana; Centerstone of Indiana; Hope Resource Center; Lawrence County Cancer Patient Services; Serenity Now Psychiatric and Counseling Service; and the Community & Wellness Center.

Assessments and Priorities

The CHNA opinion results and the secondary data were reviewed and needs were prioritized according to the following criteria; highest rates and percentages, current services and community benefit programs being offered, and the largest impact in the next three years. Using these criteria, the identified community health needs for Lawrence County are as follows:

1. Tobacco Use
2. Obesity
3. Access to Healthcare
4. Child Abuse
5. Transportation
6. Mental Health/Substance Abuse

Next Steps

St. Vincent Dunn Hospital will create an implementation strategy outlining how it will address these needs in the next three years. In addition, St. Vincent Dunn will work with the Lawrence County United Way Roundtable to identify how the community can partner to work on these needs identified by the assessment.
Overview for Lawrence County, IN
Part of: Bedford IN, Micropolitan Area

Lawrence County is one of 92 counties in Indiana. It has 449.2 sq. miles in land area and a population density of 102.6 per square mile. On the most recent census form, 98.9% of the population reported only one race, with 0.4% of these reporting African-American. The population of this county is 1.2% Hispanic (of any race). The average household size is 2.40 persons compared to an average family size of 2.90 persons.

In 2011 health care and social assistance was the largest of 20 major sectors. It had an average wage per job of $30,525. Per capita income grew by 1.8% between 2001 and 2011 (adjusted for inflation).

<table>
<thead>
<tr>
<th>People &amp; Income Overview (By Place of Residence)</th>
<th>Value</th>
<th>Rank in State</th>
<th>Industry Overview (2011) (By Place of Work)</th>
<th>Value</th>
<th>Rank in State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (2012)</td>
<td>46,078</td>
<td>32</td>
<td>Covered Employment</td>
<td>12,546</td>
<td>42</td>
</tr>
<tr>
<td>Growth (%) since 2010 Census</td>
<td>-0.1%</td>
<td>35</td>
<td>Avg wage per job</td>
<td>$32,854</td>
<td>57</td>
</tr>
<tr>
<td>Households (2011)</td>
<td>18,659</td>
<td>29</td>
<td>Manufacturing - % all jobs in County</td>
<td>15.0%</td>
<td>64</td>
</tr>
<tr>
<td>Labor Force (persons) (2011)</td>
<td>21,754</td>
<td>34</td>
<td>Avg wage per job</td>
<td>$55,328</td>
<td>14</td>
</tr>
<tr>
<td>Unemployment Rate (2011)</td>
<td>11.1</td>
<td>7</td>
<td>Transportation &amp; Warehousing - % all jobs in County</td>
<td>2.6%</td>
<td>46</td>
</tr>
<tr>
<td>Per Capita Personal Income (2011)</td>
<td>$31,205</td>
<td>65</td>
<td>Avg wage per job</td>
<td>$35,578</td>
<td>77</td>
</tr>
<tr>
<td>Median Household Income (2011)</td>
<td>$43,471</td>
<td>58</td>
<td>Health Care, Social Assist. - % all jobs in County</td>
<td>19.2%</td>
<td>4</td>
</tr>
<tr>
<td>Poverty Rate (2011)</td>
<td>15.4</td>
<td>31</td>
<td>Avg wage per job</td>
<td>$30,525</td>
<td>38</td>
</tr>
<tr>
<td>H.S. Diploma or More - % of Adults 25+ (2011 ACS 5yr)</td>
<td>82.2</td>
<td>75</td>
<td>Finance and Insurance - % all jobs in County</td>
<td>3.0%</td>
<td>21</td>
</tr>
<tr>
<td>Bachelor's Deg. or More - % of Adults 25+ (2011 ACS 5yr)</td>
<td>12.9</td>
<td>69</td>
<td>Avg wage per job</td>
<td>$37,601</td>
<td>56</td>
</tr>
</tbody>
</table>
## Population for Lawrence County, IN
Part of: Bedford IN, Micropolitan Area

### Population Over Time

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Rank in State</th>
<th>Percent of State</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>46,078</td>
<td>32</td>
<td>0.70%</td>
<td>6,537,334</td>
</tr>
<tr>
<td>2010</td>
<td>46,134</td>
<td>32</td>
<td>0.71%</td>
<td>6,483,800</td>
</tr>
<tr>
<td>2000</td>
<td>45,922</td>
<td>31</td>
<td>0.76%</td>
<td>6,080,485</td>
</tr>
<tr>
<td>1990</td>
<td>42,836</td>
<td>28</td>
<td>0.77%</td>
<td>5,544,156</td>
</tr>
<tr>
<td>1980</td>
<td>42,472</td>
<td>27</td>
<td>0.77%</td>
<td>5,490,210</td>
</tr>
<tr>
<td>2000 to 2010 % change</td>
<td>0.5%</td>
<td>61</td>
<td>6.6%</td>
<td></td>
</tr>
<tr>
<td>1990 to 2010 % change</td>
<td>7.7%</td>
<td>54</td>
<td>16.9%</td>
<td></td>
</tr>
<tr>
<td>1980 to 2010 % change</td>
<td>8.6%</td>
<td>47</td>
<td>18.1%</td>
<td></td>
</tr>
</tbody>
</table>

Source: US Census Bureau

### Components of Population Change in 2011/2012

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Rank in State</th>
<th>Percent of State</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Domestic Migration (chg 2011/2012)</td>
<td>34</td>
<td>11</td>
<td></td>
<td>-13,291</td>
</tr>
<tr>
<td>Net International Migration (chg 2011/2012)</td>
<td>7</td>
<td>55</td>
<td>0.08%</td>
<td>8,708</td>
</tr>
<tr>
<td>Natural Increase (births minus deaths)</td>
<td>-34</td>
<td>88</td>
<td>-0.13%</td>
<td>25,645</td>
</tr>
<tr>
<td>Births</td>
<td>492</td>
<td>39</td>
<td>0.59%</td>
<td>83,264</td>
</tr>
<tr>
<td>Deaths</td>
<td>526</td>
<td>28</td>
<td>0.91%</td>
<td>57,619</td>
</tr>
</tbody>
</table>

Source: US Census Bureau

### Population Estimates by Age in 2011

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
<th>Rank in State</th>
<th>Pct Dist. in County</th>
<th>Pct Dist. in State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool (0 to 4)</td>
<td>2,686</td>
<td>36</td>
<td>5.8%</td>
<td>6.6%</td>
</tr>
<tr>
<td>School Age (5 to 17)</td>
<td>8,004</td>
<td>34</td>
<td>17.3%</td>
<td>17.9%</td>
</tr>
<tr>
<td>College Age (18 to 24)</td>
<td>3,407</td>
<td>39</td>
<td>7.4%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Young Adult (25 to 44)</td>
<td>10,781</td>
<td>33</td>
<td>23.3%</td>
<td>25.6%</td>
</tr>
</tbody>
</table>
## Population Estimates by Race and Hispanic Origin in 2011

<table>
<thead>
<tr>
<th>Race and Hispanic Origin</th>
<th>Number</th>
<th>Rank in State</th>
<th>Pct Dist. in County</th>
<th>Pct Dist. in State</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Ind. or Alaskan Native Alone</td>
<td>166</td>
<td>30</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Asian Alone</td>
<td>235</td>
<td>34</td>
<td>0.5%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Black Alone</td>
<td>245</td>
<td>50</td>
<td>0.5%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pac. Isl. Alone</td>
<td>16</td>
<td>37</td>
<td>0.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>White Alone</td>
<td>45,013</td>
<td>32</td>
<td>97.4%</td>
<td>86.8%</td>
</tr>
<tr>
<td>Two or More Race Groups</td>
<td>520</td>
<td>31</td>
<td>1.1%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

**Hispanic or Latino (can be of any race)**

<table>
<thead>
<tr>
<th>Hispanic or Latino</th>
<th>Number</th>
<th>Rank in State</th>
<th>Pct Dist. in County</th>
<th>Pct Dist. in State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic or Latino</td>
<td>45,600</td>
<td>30</td>
<td>98.7%</td>
<td>93.8%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>595</td>
<td>59</td>
<td>1.3%</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

Source: US Census Bureau

## Hispanic or Latino Population in 2011 (can be of any race)

<table>
<thead>
<tr>
<th>Hispanic or Latino</th>
<th>Number</th>
<th>Rank in State</th>
<th>Pct Dist. in County</th>
<th>Pct Dist. in State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>586</td>
<td>56</td>
<td>1.3%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Mexican</td>
<td>287</td>
<td>67</td>
<td>0.6%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Cuban</td>
<td>26</td>
<td>26</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>25</td>
<td>55</td>
<td>0.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other</td>
<td>248</td>
<td>34</td>
<td>0.5%</td>
<td>0.8%</td>
</tr>
<tr>
<td>White, Not Hispanic (reporting white alone)</td>
<td>44,527</td>
<td>30</td>
<td>96.4%</td>
<td>81.8%</td>
</tr>
</tbody>
</table>

Source: US Census Bureau, American Community Survey, 5 Year Estimates
### Income and Poverty for Lawrence County, IN

**Part of:** Bedford IN, Micropolitan Area

#### Median Income

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Rank in State</th>
<th>Percent of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median household income in 2011</td>
<td>$43,471</td>
<td>58</td>
<td>93.7%</td>
</tr>
<tr>
<td>Median household income in 2000 (adj. for inflation)</td>
<td>$49,302</td>
<td>67</td>
<td>90.9%</td>
</tr>
<tr>
<td>5-year percent change 2000 to 2011</td>
<td>-11.8%</td>
<td>26</td>
<td></td>
</tr>
</tbody>
</table>

Source: US Census Bureau

#### Per Capita Personal Income

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Rank in State</th>
<th>Percent of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per capita income - 2011</td>
<td>$31,205</td>
<td>65</td>
<td>87.4%</td>
</tr>
<tr>
<td>Per capita income - 2001 (adj. for inflation)</td>
<td>$30,663</td>
<td>56</td>
<td>86.1%</td>
</tr>
<tr>
<td>Per capita income - 1991 (adj. for inflation)</td>
<td>$26,147</td>
<td>48</td>
<td>88.6%</td>
</tr>
<tr>
<td>Per capita income - 1981 (adj. for inflation)</td>
<td>$22,496</td>
<td>55</td>
<td>88.4%</td>
</tr>
<tr>
<td>10-year % change</td>
<td>1.8%</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>20-year % change</td>
<td>19.3%</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>30-year % change</td>
<td>38.7%</td>
<td>56</td>
<td></td>
</tr>
</tbody>
</table>

Source: US Bureau of Economic Analysis

#### Personal Income in 2011 ($000)

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>5-Year % Change (adj*)</th>
<th>Rank in % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Earnings by Place of Work</strong></td>
<td>$664,990</td>
<td>-16.0%</td>
<td>89</td>
</tr>
<tr>
<td>Minus: Contributions for government social insurance</td>
<td>$74,666</td>
<td>-21.1%</td>
<td>84</td>
</tr>
<tr>
<td>Personal contributions for government social insurance</td>
<td>$38,186</td>
<td>-26.5%</td>
<td>83</td>
</tr>
<tr>
<td>Employer contributions for government social insurance</td>
<td>$36,480</td>
<td>-14.4%</td>
<td>84</td>
</tr>
<tr>
<td>Plus: Adjustment for residence</td>
<td>$283,858</td>
<td>11.9%</td>
<td>18</td>
</tr>
</tbody>
</table>
### Equals: Net Earnings by Place of Residence

<table>
<thead>
<tr>
<th>Net Earnings by Place of Residence</th>
<th>$874,182</th>
<th>-8.1%</th>
<th>75</th>
</tr>
</thead>
</table>

### Plus: Dividends, rent, interest

<table>
<thead>
<tr>
<th>Dividends, rent, interest</th>
<th>$181,912</th>
<th>3.2%</th>
<th>31</th>
</tr>
</thead>
</table>

### Plus: Transfer payments

<table>
<thead>
<tr>
<th>Transfer payments</th>
<th>$385,423</th>
<th>23.0%</th>
<th>47</th>
</tr>
</thead>
</table>

### Equals: Personal Income by Place of Residence

<table>
<thead>
<tr>
<th>Personal Income by Place of Residence</th>
<th>$1,441,517</th>
<th>0.1%</th>
<th>69</th>
</tr>
</thead>
</table>

Source: US Bureau of Economic Analysis (*adj = Adjusted for Inflation)

### Poverty Estimates

<table>
<thead>
<tr>
<th>Poverty Estimates</th>
<th>Number</th>
<th>Rank in State</th>
<th>5-Year % Change</th>
<th>Rank in % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty rate in 2011</td>
<td>In 2000</td>
<td>15.4</td>
<td>31</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8.8</td>
<td>37</td>
<td>75.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>--</td>
<td>34</td>
</tr>
<tr>
<td>Poverty rate for children under 18 in 2011</td>
<td>In 2000</td>
<td>23.1</td>
<td>32</td>
<td>--</td>
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<tr>
<td></td>
<td></td>
<td>12.4</td>
<td>34</td>
<td>86.3%</td>
</tr>
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<td>35</td>
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</table>

Source: US Census Bureau
### Appendix B: Community Engagement Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Alan Smith</td>
<td>Lawrence County Health Department</td>
</tr>
<tr>
<td>Sherry Lawson</td>
<td>Lawrence County Health Department</td>
</tr>
<tr>
<td>Dr. Joan Smart</td>
<td>IU Health Bedford</td>
</tr>
<tr>
<td>Tina McCormick</td>
<td>IU Health Bedford</td>
</tr>
<tr>
<td>Judith Berndt-Lorenzen</td>
<td>Community Health and Wellness Center/WIC</td>
</tr>
<tr>
<td>Shawna Grigis</td>
<td>Bedford city government</td>
</tr>
<tr>
<td>Jamie Medlock</td>
<td>Bedford Chamber of Commerce</td>
</tr>
<tr>
<td>Karen Dubois</td>
<td>Hoosier Uplands</td>
</tr>
<tr>
<td>David Flinn</td>
<td>Lawrence County Commissioner</td>
</tr>
<tr>
<td>Janette Helm</td>
<td>St. Vincent Health</td>
</tr>
<tr>
<td>Debbie Bauer</td>
<td>St. Vincent Dunn</td>
</tr>
<tr>
<td>Wally Glover</td>
<td>St. Vincent Dunn &amp; Salem</td>
</tr>
<tr>
<td>Kayla Todd</td>
<td>St. Vincent Dunn</td>
</tr>
<tr>
<td>Julie Werline</td>
<td>St. Vincent Dunn</td>
</tr>
<tr>
<td>Pam Dougherty</td>
<td>St. Vincent Dunn</td>
</tr>
<tr>
<td>Donna Sexton</td>
<td>St. Vincent Dunn</td>
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<tr>
<td>Leslie Mullis</td>
<td>St. Vincent Dunn</td>
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<tr>
<td>Jessica Thomas</td>
<td>St. Vincent Health</td>
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<tr>
<td>Tammy Reynolds</td>
<td>St. Vincent Dunn</td>
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<tr>
<td>Chris Peyton</td>
<td>St. Vincent Dunn</td>
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<tr>
<td>Malissa Ikerd</td>
<td>St. Vincent Dunn</td>
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<tr>
<td>Matt Balla</td>
<td>St. Vincent Dunn</td>
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<tr>
<td>Hope Godsey</td>
<td>St. Vincent Dunn</td>
</tr>
<tr>
<td>John Winenger</td>
<td>St. Vincent Dunn</td>
</tr>
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</table>
Lawrence County Community Health Needs Assessment

Prepared by:
Pauline Shen, MPH
December 2012
The front cover of this document is taken from the National County Ranking Program. All counties are divided into one of four quartiles, the lightest color being the best, the darkest being the fourth quartile and needing the most improvement. Lawrence County is in the third quartile.
PREFACE

Introduction

Community Health Needs Assessments (CHNA) are a tool used to help communities determine their strengths and weakness. A CHNA will set a benchmark for how community resources are being used and by whom.

Today there are many different methods of assessing a community. Focus groups and publically available secondary data can also build a report on the health status of a community.

Urban and rural communities are very different, not just in the diversity of the population, but in their resources. The heritage of a community also influences the need and the use of many resources. For this reason this CHNA was developed with input from Lawrence County residents and St. Vincent Dunn Hospital.

CHNAs have attracted national attention because of recent health care legislation. Nonprofit hospitals are required to perform them to determine community benefit and develop Implementation Strategies for the future. State and Local CHNAs are one step of several in National Accreditation for Local Health Departments.

Assessments should be done in collaboration with other organizations in the community in order to be a good representative of the community. An assessment is only as good as the data collected. In order to derive statistical significance and truly represent the resident population, large numbers of respondents need to participate.

This CHNA is the first of its kind in Lawrence County. The primary data collection was performed by the mission team of the St. Vincent Dunn Hospital. The effort was led by Pauline Shen, Epidemiologist at the Tippecanoe County Health Department.

Throughout the report for simplicity in graphs and reporting, response percentages were rounded to whole numbers.

This effort was sponsored by:
St. Vincent Dunn and Lawrence County Health Department. Thanks go to:
• Kelly Peisker, St. Vincent Community Benefit
• St. Vincent Dunn, Bedford
• Dr. Alan Smith and Sherry Lawson, Lawrence County Health Department
• Kendra Foster, Chelsey Cripe, Brianne Myers, Tippecanoe County Health Department
• Dr. Joanne Smart, Tina McCormick, IU Health Bedford
• Judith Berndt-Lorenzen, Community & Wellness Center/WIC
• Shawna Grigis, Bedford Mayor
• Jamie Medlock, Bedford Chamber of Commerce
Executive Summary

All respondents (68-78%) ranked the following ten Services/Issues in order (out of 73 choices) as the most important Community Need:

- Child Abuse Prevention
- Substance Abuse (Drug, Prescript)
- Underage Alcohol Consumption
- Youth Mentoring
- Summer Recreation Programs
- Teen Pregnancy
- Unemployment
- Placement Services
- New Job Training Skills
- Childhood Overweight/Obesity

Most of these issues are dealing with the youth in the community, which shows a community that cares about its future. The remaining concerns are about basic livelihood.

On a Personal Need basis 16-23% of all respondents ranked the following issues/services:

- Dental Care
- Eye Care
- Assistance Paying for Medications
- Affordable Exercise Options
- Farmer’s Market
- Preventative Screenings
- Education for Weight Control
- Wait too long for appointments
- Walking Trails

The top Chronic Health Indicators for Lawrence County in order and listed by gender are slightly different than the state and the nation. Only those conditions that affected 15% or more are listed:

**Men**
- Hypertension
- High cholesterol
- Obesity
- Heart problems
- Depression
- Diabetes

**Women**
- Hypertension
- Obesity
- High cholesterol
- Anxiety
- Depression

Lawrence County is ranked in the third tier in County Health Rankings compared to other counties in Indiana. One of the reasons is the prevalence of Overweight and Obese residents. The CDC has estimated 29% of Lawrence County adults are obese, ~10,272.

In order for the economic engine of a county to be successful the health of its residents (and children) is a top priority. Over half of the children in Lawrence County are on Medicaid or have no insurance. Among the adult population one in five are on Medicaid or have no insurance. More than one in six adults are unsure or do not have a family physician.

The Newspaper is the most efficient method to share community news with residents in Lawrence County. A Health Professional is the most used method to learn Health Information among the Lawrence Community residents.
Methodology

The mission committee of St. Vincent Dunn was involved in the choice of questions for the assessment. The Lawrence County Health Department was also involved in mailing.

IU Health Bedford is another health care provider in the county and we shared our survey with their staff and requested their participation.

Data collection was difficult and took 6 months. Surveys were available:

- Online
- 3,000 mailed randomly
- Health Fairs and Local events
- Sent online through employers

In spite of this work the sample size was only 479. The majority of finished surveys were paper, not online, which may indicate computer access was a barrier. 77% paper, 23% online.

Women are over represented and men are under represented in almost all surveys. With our smaller sample size, < 500 this was very true.

- 82% female
- 18% male

Some questions were directed to both male and female in a household which increased the number of males.

The survey had nine questions. A total of 73 choices about services/issues in the community, followed by the gold standard questions from the Behavior Risk Factor Surveillance System (BRFSS).

Understanding the community’s needs and what resources they have available to them will enable an Implementation Strategy to be created. Services and Issues questions were asked from a Community Need and a Personal/Family Need standpoint. There is a high response for Community Need and a small response for Personal Need. The low socio economic have more Services/Issue needs. The range of responses are:

- Community Needs 33-78%
- Personal/Family Needs 2-23%

Data from the lower socio economic population is very important because this section of the population has the most need, uses the health care facilities heavily and is not well represented in regular feedback.
PREFACE

Demographics

Lawrence County is located in southern Indiana with a population of ~46,000. Adults make up 77% of the population. The median age in Lawrence is 42, which is significantly older than the Indiana median age, which is 37.3. Over the last decade there has been < 1% population growth in Lawrence County.

Health care and Social Assistance make up the largest part of the labor force. The population is mostly white, 97.4% with few minorities. Census data is readily available, therefore standard demographic questions, while asked on the survey are not repeated here. Up-to-date information about your county can be found at: www.stats.indiana.edu

When asked about Phone & Internet Access in the home:

- 64% Landline
- 76% Cell phone
- 1% No line
- 70% Internet

When asked about Needed Health Care Transportation:

- 42% No

This chart reflects the population density of the very rural areas and Bedford having the most returned surveys and greatest density.
PREFACE

Demographics

When asked about a family physician:

83% Yes
13% No
4% Unsure

Of the 17% that responded No or Unsure, there is a correlation with Income and Age. The youngest are the least likely to have a regular family physician.

Do not have a family physician:

75% of 18-24 yr olds
36% of 25-34 yr olds
18% of 35-49 yr olds
15% of 50-64 yr olds
6% of 65+ year olds

More than one in five whose household income is < $25,000 do not have a family physician. Oddly this was also true for $60-75K income group.

More than one in five, 22% are on Medicaid or have no insurance. Medicare is more than one in four and will increase in the future as the Lawrence Community ages.

Over half of the children in Lawrence Community are on Medicaid or have no Insurance. More than likely this is true of babies born in the county.
KEY FINDINGS

Youth Issues and Services

There were fourteen choices of Youth Services. This question was answered by the most respondents. Two of the 73 services most highly responded to by the Community Need were:

- **Child Abuse Program**: 78%
- **Substance Abuse Program**: 76%

Over half of the respondents believed every service in youth is important. Three of four believe a Child Abuse Prevention Program and Substance Abuse program for children should be more available (than it is now) or be created.

Of the 73 services/issues surveyed the Youth Services question was responded to most.

- **Underage Alcohol Consumption**: 73%
- **Youth Mentoring Program**: 72%
- **Summer Recreation**: 71%
- **Teen Pregnancy**: 71%

An inventory of the current programs for these needs was not done. It is beyond the scope of a CHNA. However, this survey shows a need for more information (education) about current programs if they exist or an expansion of some programs.

When respondents consider their own personal need, the summer recreation program was cited as the highest service desired by 14.6% of respondents. Other Personal Needs cited most were:

- **Summer Recreation**: 15%
- **Childcare**: 12%
- **Mental Healthcare Access**: 11%
KEY FINDINGS

Housing & Shelter

There were six services in the topic area of Housing and Shelter. Two of three residents thought there was a community need for an Emergency Shelter and Low Income Home Ownership (ie. Habitat for Humanity).

- Emergency Shelter: 67%
- Low income ownership: 65%

Fewer residents responded they have a personal need for the housing services. The greatest personal need was for Utility Assistance at 14%.

Senior Services

More than half of respondents believed there was a Community Need for almost all of the Senior Services. The responses were clustered together as shown below. The highest community response was:

- Meals on Wheels: 62%

Senior Van Transportation was 60%.

The highest personal need response among the senior services was:

- Home Healthcare Services: 8%

The population of Lawrence county is 45,700. At 14%, ~6395 residents could use help with their Utility bills.

Lawrence County has an aging population with a median age of 42, whereas Indiana is 37.3. These Senior Services will be in greater demand in the future.
KEY FINDINGS

Employment

The recent economic downturn has affected the Lawrence Community greatly. Close to 70% of all respondents believe Unemployment is an issue in Lawrence County. Two of the three services offered were highly requested.

- New Job Training Skills: 68%
- Placement Services: 69%

The Community Need for services to help those unemployed is one of the highest overall services/issues of the 73 services/issues. Employment was the second highest topic area after Youth Issues/Services.

There were two different measures for the Unemployment in the Lawrence County Community. Among survey respondents there were 6% unemployed that were looking. The recent county health rankings (see Appendix) indicated the unemployment rate was closer to 12%.

Those that responded with a Personal Need in the Employment area ranked New Job Training Skills as the most needed service among the three.

The number of unemployed adults in Lawrence County is somewhere between 6% or 12% or ~3,200 adults.

Of the employment services, New Job Training Skills is the most desired by Personal Need.
The combined overweight and obese rate in Indiana is 65%. Using this as an estimate over 23,000 adults in Lawrence county are either overweight or obese.

**Educational Services**

Both the Community Need and Personal Need ranked Adult Continuing Education as the most important of the five Educational Services. Usually the Community Need and Personal Need do not have the same priority.

Of the 12% who had a Personal Need, many were in the younger age group of 25-34. Those in the lower socio economic group also selected Adult Continuing Education.

Lawrence County scored much lower compared to other Indiana counties in the percentage of residents with some college education (p. 25).

**Nutritional Services**

The response for Nutritional Services were all clustered together. Over half of the respondents believed there was a community need for all of the services. The top two requested services:

- Weight Control Education 62%
- School Nutrition Education 60%

A community wide campaign for Healthier Lifestyle Choices would help fill both the Adult and Child need for Nutrition Education.

The Personal Need for Nutritional Services was:

- Farmer’s Market 18%
- Weight Control Education 17%
KEY FINDINGS

Health & Wellness Services

Six Health/Wellness Services were surveyed. The top two for the Community Need are:

- Domestic Violence Program: 64%
- Promotion of Phys Activity: 61%

For the Personal Need there was one service significantly more than the other five services.

- Affordable Exercise Options: 19%

Personal need for Health and Wellness Services and Healthcare Services are similar. The top four personal needs were from these two areas:

- Dental Care: 23%
- Eye Care: 22%
- Assistance Paying Medications: 21%
- Affordable Exercise Options: 19%

Top ranking Personal Need of the 73 choices is Healthcare Services or Health Wellness Services.
KEY FINDINGS

Healthcare Services

Of the fourteen Healthcare Service choices, two rose to the top for the Community Need:

- Transportation 60%
- Drug/Substance Abuse Prog 57%

The connection to the Youth Services is to be noted. Both youth and adults are in need of Substance Abuse Programs. Among Youth Services over 75% of respondents indicated a Drug/Substance Abuse Program was needed.

A second tier of services for Healthcare needed by the community are:

- Preventative Screenings 54%
- Assist Paying Medication 53%
- Access to Mental Healthcare 52%

These services were requested by over half of the respondents.

Personal Need for the Healthcare Services was very different than the Community Need. Of the nine different topic areas of services, Healthcare Services was the most personally needed. More than one in five needed:

- Dental Care 23%
- Eye Care 22%
- Assist Paying Medications 21%

Refer to discussion and graph on previous page.

Of those that personally needed Healthcare Services, most are among the low socio economic population.
There were seven choices in the community services topic area. Over half of the survey respondents thought the community needed five of the services. While the percent response was clustered together the top two services were:

- **Access to Legal Aid** 59%
- **Walking Trails** 58%

The **Personal Need** had one service that was higher than the rest. It was Walking Trails.

- **Walking Trails** 19%

Rarely did the Community Need and Personal Need overlap except when it came to Healthcare, Health & Wellness Services. Walking Trails are probably desired among those that do not have access to Physical Activity because of a transportation or financial barrier.

The common theme throughout the Health & Wellness, Healthcare, and Nutritional Services has been a focus on a Healthier Lifestyle. More Physical Activity Promotion, Affordable Exercise Options, Weight Control Education and now Walking Trails.

This survey has shown a **community and personal** demand for more walking trails.

The most popular outdoor recreation activity in Indiana is walking. Trail use is growing in Indiana. INShape Indiana emphasizes the importance of Physical Activity for individual health. This could easily be a part of the Implementation Strategy.
The survey asked for both male and female head of household, so the sample size is larger (and more significant) than the regular sample size. These health indicators are the gold standard questions from the Behavior Risk Factor Surveillance Survey (BRFSS) collected annually by the CDC. Therefore comparisons can be made state and nationwide, which is a useful benchmark.

The top four health indicators in the state and the nation are:
- **High Cholesterol**
- **High Blood Pressure**
- **Depression**
- **Anxiety**

The graph below shows Lawrence County residents follow a similar pattern except Hypertension is the #1 chronic Health Indicator instead of High Cholesterol. Males have High Cholesterol and High Blood Pressure, whereas women are more affected by Depression and Anxiety.

Overweight/Obesity go hand in hand with Heart attacks, Heart Problems and Diabetes.

Lawrence County is in the third tier of counties state wide because of Health Behaviors. The 29% obesity rate (does not include the overweight rate) is equal to the national rate (29%), but less than the state rate (31%). Evidence-based research has shown reducing the number of overweight/obese individuals in the community will also lower the prevalence of High Cholesterol, Hypertension, Heart problems and Heart attacks, and Diabetes.
KEY FINDINGS

Diabetes

Diabetes is the 6th leading cause of death nationally. No matter which list you look at Indiana is in the Top Ten most obese states. Overweight and Obesity is linked to Diabetes, Heart Disease, Heart attacks, and other chronic diseases.

Our survey (n=716) showed the overall Diabetes prevalence to be 15.4% among respondents. This is more than the 2010-11 statistics for the state and nation.

Diabetes increases with age. Though our sample size of women with Diabetes is small (n=62) the effect is the same locally. It is more pronounced because our sample size is heavily weighted by older women, but the median age of Lawrence county is older, therefore Diabetes will be more common and will increase over time.

The prevalence of Diabetes in women in Indiana is 9.0% according to Indiana State Health Department. The graph below shows Lawrence County women have a higher prevalence (n=422)
KEY FINDINGS

Fruit & Vegetable Consumption

Nationwide less than one in four meet the daily requirement of five servings of fruit and vegetables. The survey question asked about vegetable and fruit consumption individually not combined, therefore a direct comparison is difficult. However, Lawrence County residents are the same, less than one in four are meeting the daily requirement.

Only one in five, 20% consume the daily requirement for fruits. Many more, 30% consume 2-3 servings of vegetables daily. However, many people consider French fries and potato chips a vegetable serving. IT IS NOT!

Over half of respondents believe there should be Nutrition education in school for children (p.12). Making better nutrition choices requires education in order to accomplish this goal.

Among those who consumed at least one or more vegetable or fruit serving per day, there was a strong relationship between income and consumption. Higher income households are more likely to consume fruit and vegetables.

Fruit is naturally sweet and children will often eat fruit more readily than vegetables. However, eating fresh fruit is more expensive than junk food which is often used to fill up on for those on a tight budget. When fruit is in season, it is inexpensive and plentiful.

Vegetable education teaches everyone to meet the daily requirement of 5 servings of fruit & vegetables. Not all vegetables are nutritionally the same and the favored ones are carbohydrate/starch rich. Dark leafy green vegetables are better nutritionally because they supply more essential vitamins without the calories.
KEY FINDINGS

Smoking and Alcohol Use

Indiana has always had a higher Smoking Prevalence than the nation. Lawrence County residents are less than the state and nation, but still do not meet the 2020 goal of 12%. However, Lawrence is better than many other counties in Indiana.

The graph below shows the smoking prevalence by gender compared to the nation and state.

Few Lawrence County residents consume alcohol. The question, ‘Do you drink at least one alcohol drink?’ a month had the following response:

- Never: 51%
- Less than once a month: 24%
- At least once a month: 25%

Lawrence County adult residents compare well to Indiana and the nation. However, Youth Issues/Services (p. 9) indicates there may be a problem with underage alcohol consumption in the community.

These results are in sharp contrast to two of the highest requested Youth Services, Substance Abuse program at 76% and Underage Alcohol Consumption at 73%. Communication with local schools about this problem is critical to solving this problem with education and awareness.

The highest smoking prevalence was among the 25-34 age range. Tobacco Prevention/ Cessation efforts maybe directed towards this group.
KEY FINDINGS

Exercise & Physical Activity

The survey asked how often do you exercise 30 minutes? Those that exercise daily, 23% probably satisfy the requirements. Those that exercise 2-3 times a week may meet the requirement depending on how vigorously and for how long they exercise.

Nationwide less than one in four meet the daily requirements. In Lawrence County close to one in four receive 30 minutes of exercise daily. That is commendable.

Men exercised more than women, 2-3 x/week or daily, 58% vs. 51.7%. However, this may be part of their livelihood.

As to be expected the young exercise the most, yet the older population exercise more than the 35-49 or 50-64 year olds. Retired adults may find the personal time to exercise compared to those who still work full time.

There is also a correlation between exercise, age and income. Those exercising at least 2-3 x/week and daily by age group are:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>18-24 yr old</th>
<th>25-34 yr old</th>
<th>35-49 yr old</th>
<th>50-64 yr old</th>
<th>65+ yr old</th>
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<tr>
<td>29%</td>
<td>62%</td>
<td>54%</td>
<td>52%</td>
<td>51%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Higher income individuals are more likely to meet the CDC guidelines for exercise. This may be due to more available time and cost of exercise facilities. The low socio economic have both barriers, time, cost, and possibly even proximity to trails or facilities.

CDC guidelines recommend adults need 150 minutes of moderate-intensity of aerobic activity AND 2 or more days of muscle-strengthening activities per week.
KEY FINDINGS

Communication Vehicles for Local News & Healthcare

The newspaper is by far the preferred method of communication for local community news. In other counties when there is a local TV station, the TV is the top choice.

The top three choices for local information are the Newspaper, Radio, and Internet. The newspaper was used much more than the Radio and Internet. Three of four people regardless of age, income, or gender use the newspaper to gather information about the community.

Understanding the habits of the Lawrence County residents in collecting community and Health information is the key to designing the best messages to educate. An informed public is more likely to make healthy lifestyle choices.

The older population and low income are much less likely to use the Internet. This access barrier needs to be taken into consideration when trying to reach the community about all types of information, not just Health.
KEY FINDINGS

ER Hospital & Health Provider Choice

The survey asked respondents where they chose to receive their Health Care and Emergency Care.

The majority of residents go to St. Vincent Dunn for their Emergency Care, over half, 57%. Close to a third go to IU Health Bedford, 31%. A much smaller, but still significant amount, 17% go somewhere else. ‘Other’ might be a Federally Qualified Health Center (FQHC) or somewhere Healthcare services are free or less expensive. The service may accept Medicaid payment.

However, the ‘Other’ for Emergency Care is troubling in that if it is truly Emergency Care (not Urgent Care) traveling outside of Lawrence County might not be the best choice if time is of the essence.

Among the survey respondents most use St. Vincent Medical Group, 47%. IU Health Bedford is more than one in four, 27%. ‘Other’ had over a quarter of the respondents.
IN SUMMARY

Limitations & Community Need/Personal Need Rankings

The greatest limitation of this assessment is the sample size. It is smaller than 500, which is a good benchmark for a significant survey. While we were not very far from 500, it became very difficult to gather more surveys. The CHNA had a timing issue therefore gathering more data was not an option.

Because the sample size was small and very biased towards women, 82% vs. 18% it was difficult to select other criteria to look at the data results, such as gender, income and age and do any significant comparisons.

In the community news question, the choice of television should have been offered. Though there is not a local TV station, community news is still available on the television to local residents.

Whether an audience clearly understands the difference between Community and Personal Need is always questionable.

The survey was a bit long and similar questions were asked again in different topic areas, which could be confusing.

With 73 different choices it is difficult to compare all the results. The Community Need Ranking of the issues/services is different from the Personal Need Ranking.

Not all needs can be met, decisions and priorities will have to made. The rank order of the 73 choices for Community Needs had a high response of 78 to a low of 67%.

Community Need Rankings
Child Abuse Prevention
Substance Abuse Program (Drug, presc)
Underage Alcohol Consumption
Youth Mentoring
Summer Recreation Programs
Teen Pregnancy
Unemployment
Placement Services
New Job Training Skills
Childhood Overweight/Obesity

The rank order of the 73 choices for Personal Needs ranged from 16 to 23%.

Personal Need Rankings
Dental Care
Eye Care
Assistance Paying Medications
Affordable Exercise Options
Farmer’s Market
Preventative Screenings
Education for Weight Control
Too long a wait for Appointments
Walking Trails
APPENDIX

County Health Rankings

Secondary data available for all rural counties in the nation is available through www.countyhealthrankings.org

This annually updated site sets a benchmark for counties with

- Health Outcomes
- Health Factors
  Health Factors are data pieces collected by the state and other agencies used to predict Health Outcomes. There are four sections in Health Factors
- Health Behaviors
- Clinical Care
- Social & Economic Factors
- Physical Environment

Under each Health Factor there are multiple data pieces. For instance Health Behaviors would include the adult obesity rate, adult smoking rate for Lawrence County along with other data.

Under Clinical Care, number of uninsured and Diabetic screening rate for Lawrence County is figured in with other similar data.

Under Social & Economic Factors the unemployment rate and children in poverty in Lawrence County are included.

Under the Physical Environment, number of Air pollution days and limited access to healthy food are examples of data used to help figure a score for Lawrence County.

Health Outcomes are based on Mortality and Morbidity. Mortality is the actual statistic of Premature death. Morbidity is based on poor health days, poor health, poor mental health, and low birth weight.

For each of the 92 counties in Indiana, there is a score for Health Outcomes and Health Factors and they are ranked.

Lawrence County is 53rd in Health Factors
Lawrence County is 72nd in Health Outcomes

This shows there is much room for improvement in Lawrence County. According to the Health Factors, Lawrence County should be ranked closer to 53 out of 92 counties rather than 72nd of 92 counties.

The mortality rate in Lawrence County shows number of premature deaths which is substantially higher than benchmarks for Indiana and the nation. The number of Lawrence residents reporting poor or fair health and poor mental health days is higher than Indiana or the nation.

In Health Factors, Lawrence County needs the most work in Social & Economic Factors, they are close to the bottom quartile. Improvement areas are:

Unemployment rate
Percent with some college education
Inadequate social support

Under Clinical Care, Lawrence County ranks 55th or in the 3rd quartile. Improvement is needed in:

Primary care MD ratio
Preventable Hospital Stays
## Health Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Lawrence County</th>
<th>Error Margin</th>
<th>National Benchmark*</th>
<th>Indiana</th>
<th>Rank (of 92)</th>
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<tr>
<td><strong>Mortality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Premature death</td>
<td>8,841</td>
<td>7,845-9,838</td>
<td>5,466</td>
<td>7,687</td>
<td>72</td>
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<tr>
<td><strong>Morbidity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>20%</td>
<td>16-25%</td>
<td>10%</td>
<td>16%</td>
<td>75</td>
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<tr>
<td>Poor physical health days</td>
<td>3.8</td>
<td>3.0-4.6</td>
<td>2.6</td>
<td>3.6</td>
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<tr>
<td>Poor mental health days</td>
<td>4.4</td>
<td>3.4-5.4</td>
<td>2.3</td>
<td>3.6</td>
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</tr>
<tr>
<td>Low birthweight</td>
<td>7.9%</td>
<td>7.0-8.7%</td>
<td>6.0%</td>
<td>8.1%</td>
<td></td>
</tr>
</tbody>
</table>

## Health Factors

<table>
<thead>
<tr>
<th></th>
<th>Lawrence County</th>
<th>Error Margin</th>
<th>National Benchmark*</th>
<th>Indiana</th>
<th>Rank (of 92)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>23%</td>
<td>18-29%</td>
<td>14%</td>
<td>24%</td>
<td>20</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>29%</td>
<td>23-34%</td>
<td>25%</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>30%</td>
<td>25-36%</td>
<td>21%</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>12%</td>
<td>8-19%</td>
<td>8%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Motor vehicle crash death rate</td>
<td>20</td>
<td>15-25</td>
<td>12</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>155</td>
<td>84</td>
<td>341</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen birth rate</td>
<td>52</td>
<td>48-57</td>
<td>22</td>
<td>44</td>
<td></td>
</tr>
</tbody>
</table>

## Clinical Care

<table>
<thead>
<tr>
<th></th>
<th>Lawrence County</th>
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<th>National Benchmark*</th>
<th>Indiana</th>
<th>Rank (of 92)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Uninsured</strong></td>
<td>17%</td>
<td>16-19%</td>
<td>11%</td>
<td>16%</td>
<td>55</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>1,310:1</td>
<td>631:1</td>
<td>889:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>89</td>
<td>81-96</td>
<td>49</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>Diabetic screening</td>
<td>82%</td>
<td>77-88%</td>
<td>89%</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>Mammography screening</td>
<td>64%</td>
<td>57-70%</td>
<td>74%</td>
<td>64%</td>
<td></td>
</tr>
</tbody>
</table>

## Social & Economic Factors

<table>
<thead>
<tr>
<th></th>
<th>Lawrence County</th>
<th>Error Margin</th>
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<th>Indiana</th>
<th>Rank (of 92)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>83%</td>
<td>84%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>43%</td>
<td>38-47%</td>
<td>68%</td>
<td>58%</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>12.0%</td>
<td>11-17%</td>
<td>5.4%</td>
<td>10.2%</td>
<td></td>
</tr>
<tr>
<td>Children in poverty</td>
<td>23%</td>
<td>17-28%</td>
<td>13%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>25%</td>
<td>19-31%</td>
<td>14%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>33%</td>
<td>26-39%</td>
<td>20%</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>106</td>
<td>73-206</td>
<td>73</td>
<td>367</td>
<td></td>
</tr>
</tbody>
</table>

## Physical Environment

<table>
<thead>
<tr>
<th></th>
<th>Lawrence County</th>
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<th>National Benchmark*</th>
<th>Indiana</th>
<th>Rank (of 92)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air pollution-particulate matter days</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air pollution-ozone days</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>11</td>
<td>16</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>1%</td>
<td>0%</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>62%</td>
<td>25%</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 90th percentile, i.e., only 10% are better

Note: Blank values reflect unreliable or missing data