

PROJECT NARRATIVE

I. Needs Assessment

The extent to which the applicant describes the problem (s) and associated contributing factors to the problem, as follows:

A. The applicant clearly identifies and establishes the unmet health care needs of the target population. The need is documented well and data is provided regarding the incidence in the health status indicators relevant to the project. Supporting local data is provided for the community and the target population. Supporting state and national level data is provided. A comparison is provided on the local data versus state and national data. Other methods, such as relevant social problems to the health status. The entire population of the service area and its demographics are described in relation to the target population to be served.

The health care situation in the rural Indiana area of Jasper, Pulaski and Starke Counties (tri-county area), including Railroad Township, is in desperate need of improvement. An adequate supply of services simply does not exist. The entire list of barriers to access listed in Rural Healthy People 2010 is apparent in the projected service area, including lack of health insurance (or people being underinsured), lack of appropriate referrals, and the unavailability of specialists. Access to qualified specialists and critical-care practitioners appears to be a critical issue, with many residents stating a low confidence level in the few local resources that do exist. Between March and September of 2008, CROPS formed a Rural Health Network Planning Committee to identify specific needs of the target population. Through community surveys, town meetings, focus group sessions, individual interviews, baseline assessments and health fairs the following needs were well documented:

Lack of Access:

- High percentage of population over 65 requiring more frequent and intensive health care
- Inadequate supply of both basic and specialty health care services
- High number of people living in poverty
- Barriers to access: travel distance, modes of transportation, emergency transport time
- Lack of technology to facilitate access

Lack of Health Education:

- Overuse of hospital emergency rooms
- Shortage of health professions education
- Perceived lack of confidence in the area's existing health care services
- Lack of technology to facilitate health education

Lack of Collaboration:

- Lack of collaboration among existing health care organizations
- Lack of technology to facilitate collaboration

Local data obtained through health surveys in which 47 people participated documented the following indicators of unmet health care needs:

- 28% of the respondents were over the age of 65
- More than 50% of the respondents travel at least 15 miles to see a Primary Care Provider
- Some travel as far as 80 miles to see a Primary Care Provider
- 48% of the respondents use physicians in North Judson – 11 miles away
- Only 1 respondent uses the local physician in San Pierre
- All respondents travel more than 20 miles to see a specialist
- Some travel as far as 115 miles to see a specialist
- 28% of the respondents have sought non-emergency care at a hospital emergency room
- 89% would use a health care facility located in San Pierre
- 30% of the respondents were unemployed
- 83% of the respondents had household incomes of less than \$60,000
- Only 50% of the respondents have health insurance through an employer
- 13% of the respondents have been diagnosed with diabetes
- 49% have not seen a dentist in the past year

Basic health care needs for people living in Railroad Township require traveling a distance of 20 to 120 miles. It is not uncommon for the residents to commute to South Bend, Chicago, or Indianapolis for health care services. In emergency situations, residents of Railroad Township have little hope for survival because travel time for emergency services to and from San Pierre is over 45 minutes. As an example, the table below describes the travel distance/time for people living in Railroad Township to access commonly used basic and specialty health care services:

Facility	City	Distance	Hr./Min.
Starke Memorial Hospital	Knox	20.6	29 minutes
Pulaski County Hospital	Winamac	25.48	33 minutes
Jasper County Hospital	Rennselaer	32.15	40 minutes
Porter Memorial Hospital	Valparaiso	26.48	49 minutes
LaPorte Regional Health System	LaPorte	36.9	48 minutes
Saint Joseph Regional Medical Center – Plymouth Campus	Plymouth	39.7	53 minutes
Saint Joseph Regional Medical Center	South Bend	68.03	1 hr, 21 min.
Indiana University Medical Center	Indianapolis	115.39	2 hr, 11 min.
University of Chicago Hospital	Chicago	79.9	1 hr, 37 min.

As the following table illustrates, Indiana is among the worst in the nation on several key health indicators, revealing the need for improved preventive medicine and educational wellness

programs. Of particular concern are the death rates, cancer death rates, adults who smoke and women’s health care issues. Wellness issues such as immunization rates, prenatal care and activity levels also indicate a problem.

HEALTH STATUS INDICATORS	INDIANA	STATE RANK*	U.S.
Teen Birth Rate per 1,000 Population, 2003	43.5	19	41.6
Percentage Change in Teen Birth Rate, 1991-2003	-28	19	-33
Pre-term Births as a Percent of All Births, 2003	12.9	19	12.3
Percentage Change in Pre-term Births as a Percent of All Births, 1990-2003	30	11	16
Percentage of Mothers Beginning Prenatal Care in the First Trimester, 2003	81.5	34	84.1
Infant Mortality Rate (Deaths per 1,000 Live Births), 02	7.8	16	7.0
Percent of Children Age 19-35 Months Who Are Immunized, 2004	79	38	81
Percent of Adults Aged 65 and Over Who Had A Flu Shot within the Past Year, 2005	64	30	65.5
Percent of Adults Aged 65 and Over Who Have Ever Had A Pneumonia Vaccine, 2005	65.3	31	65.7
Number of Deaths per 100,000 Population, 2004	850.3	15	801
Rate of Teen Deaths by Accident, Homicide, and Suicide per 100,000 Population, 2001	56	19	50
Number of Cancer Deaths per 100,000 Population, 2002	209.5	9	193.5
Number of Cancer Deaths per 100,000 Population by Gender, 2002 – male	258.9	13	238.9
Number of Cancer Deaths per 100,000 Population by Gender, 2002—female	177.7	5	163.1
Percent of Adults who Participated in any Physical Activities within the Past Month, 2005	73.1	38	76.2
Percent of Adults Who Smoke, 2005	27.2	2	20.6
Births Financed by Medicaid as a Percent of Total Births, 2002	51.4	7	41.3

¹ United States Census, 2000, <http://www.census.gov>

WOMEN’S PREVENTIVE HEALTH ISSUES	INDIANA	STATE RANK*	U.S.
Percent of Women Age 40 and Older Who Report Having Had a Mammogram Within the Last Two Years, 2004	69	39	75
Percent of Women Ages 50-69 Who Report Having Had a Mammogram Within the Last Two Years, 2000	76	45	81
Percent of Women Age 18 and Older Who Report Having Had a Pap Smear Within the Last Three Years, 2004	82	46	86
Percent of Women Who Report Ever Having Had a Colorectal Cancer Screening, 2002	44.5	42	47.9

*Indiana ranking compared to the 50 states.

SOURCE: Kaiser Family Foundation State Health Facts:

<http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi>

All of these indicators reflect the top priorities mentioned in *Rural People 2010*. Since there is little to no local data available on the above key indicators, we must assume the health situation, at best, mirrors the state, but in reality it is probably worse based on the demographic comparisons to state and national indicators on Page 5.

Statistics on provider and service use indicate shortcomings in the delivery of health care services in Indiana. The state has many more hospital emergency room visits and outpatient visits per population of 1000 than the rest of the nation, again indicating that diagnostics and preventive care are not as good as they should be. Results from a local survey found that 28% of the respondents sought non-emergency care at a hospital either because they could not afford care elsewhere or there was no place else to go. Indiana's rate of emergency room visits at government-owned hospitals is twice that of the nation as a whole, ranking 6th among the states and indicating a disproportionate cost to Indiana taxpayers.

<u>PROVIDER & SERVICE USE</u>	<u>INDIANA</u>	<u>STATE RANK*</u>	<u>U.S.</u>
Hospitals by Ownership Type, 2004 – State/Local Government (%)	32.7	14	22.7
Hospital Emergency Room Visits per 1,000 Population, 2004 – Total number	422	16	383
Hospital Emergency Room Visits per 1,000 Population, 2004 – Percent change '99-'04	18.2%	16	4.9%
Hospital Emergency Room Visits per 1,000 Population, 2004 – State/Local Gov. Owned	126	6	62
Hospital Outpatient Visits per 1,000 Population, 2004 – Total Number	2,491	15	1,946
Hospital Outpatient Visits per 1,000 Population, 2004 – Percent Change '99-'04	12.9%	15	7.1%
Hospital Outpatient Visits per 1,000 Population by Ownership Type, 2004 – State/Local Government	846	6	328
Rural Health Clinics, 2004	51	25	3,592

*Indiana ranking compared to the 50 states.

SOURCE: Kaiser Family Foundation State Health Facts:

<http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi>

Forty-nine million Americans live rural, with lower incomes and higher poverty and unemployment than their urban counterparts. People look to the cities for more work opportunities, schools close, communities fall into rural blight, and youth have nothing to do, becoming at-risk for destructive behaviors. Many small, rural communities have never fully recovered from the Great Depression, the advent of agribusiness, and the villages' inability to keep pace with the technological direction that this society has turned to so rapidly. These communities, especially ones that are unincorporated, lack leadership to make change and are grossly underserved.

The people of San Pierre and Railroad Township are socially isolated. Ever since the school closed in 1965 the community has been in slow social and economic decline. Currently there is no single gathering place for people to meet on a regular basis. Even in the center of the town of

San Pierre where there are only 156 people, at least 50% of the people don't know each other and new people don't know where to go to make friends or access information. While the churches in the area bring congregations together at least once annually, there are not enough opportunities for people to get together and socialize as in other communities that have restaurants, grocery stores, gas stations, schools, athletic events, and educational programs.

The estimated 2005 population of Indiana is 6,271,973. According to the 2000 Census, 87.5% of the state's population is white, 8.4% is Black/African-American, 1% is Asian, 0.3% is American Indian/Alaska Native, and 3.5% is Hispanic/Latino. Although Indiana ranks 14th in size among the 50 states, it lags behind the national average on several key economic and health indicators. As detailed in the table below, Indiana experienced slower population growth and greater job loss during the first part of this decade compared to the nation as a whole. Through the year 2030, Indiana's population is projected to grow at less than one half the national rate. In addition, the proportion of people attaining a higher education lags behind the nation by 6%.

Target Area Demographics

Key Economic Indicators	<u>Jasper County</u>	<u>Pulaski County</u>	<u>Starke County</u>	<u>Indiana</u>	<u>U.S.</u>
Population:					
Population, 2005 estimate	31,876	13,783	22,933	6,271,973	296,410,404
Population percent change, 4/1/00-7/1/05	6.1	.2	-2.6	3.1	5.3
Population percent change, 1990-2000	21.0	7.6	3.6	9.7	13.1
Persons 65+ years, %, 2004	12.9	15.4	15.1	12.4	12.4
Population 21-64 years with a disability, %, 2000	16.9	22.2	22.4	18.5	19.2
Population 65+ years with a disability, %, 2000	42.0	43.4	47.1	42.6	41.9
Education:					
High school graduates, % of persons age 25+, 2000	82.4	79.8	72.0	82.1	80.4
Bachelor's degree or greater, % of persons age 25+, 2000	13.0	10.3	8.4	19.4	24.4
Income/Poverty:					
Per capita income, \$, 1999	19,012	16,835	16,466	20,397	21,587
Change in %, persons below poverty level, ages 0-17, 1995-2003	+1	+1.0	-2.0	-1.0	-3.2
Single female family, % below poverty level, 2000	18.1	19.1	29.6	23.4	26.5
Single fem. w/ children <18, % below poverty level, 2000	25.8	25.2	40.5	30.4	34.3
Single fem. w/ children <5, % below poverty level, 2000	29.3	42.0	50.3	43.6	46.4
Economy:					
Private non-farm employment, % change 2000-2003	4.1	6.2	-16.7	-4.1	-0.6
Retail sales per capita, 2002	10,401	10,528	5,491	10,922	10,615
Self-employed, % employed persons 16+ yrs, 2000	7.7	10.0	7.0	5.4	6.6

The CROPS Health Network Center project initially targets 4,505 residents who live in the immediate area surrounding Railroad Township, identified as Census Tract 9542, and potentially an additional 19,051 residents in other areas of Starke County, 13,755 residents from Pulaski County, and 30,043 residents from Jasper County. Railroad Township is located in Starke County – the second most economically distressed area of the state. According to a recent study by Ball State University, 56% of the population in Railroad Township is described as having “low to moderate income” as defined by the federal government. Starke County is designated as a Health Professional Shortage Area having a Medically Underserved Population.

Specific health needs for the target population are identified below:

Health Risk Factor	Results
Blood Glucose	52% are above normal
Blood Pressure	55% are above normal
Body Fat Analysis	44% have moderate or higher risk
Bone Density	85% are at increased or high risk
Dental Health	49% have not seen a dentist in the past year
Flexibility	60% have fair or poor
Weight	60% are overweight
Smokers	25% smoke
Elderly	28% over age 65
Lack of access	57% feel local health care access does not meet their needs
Lack of quality of care	89% would use quality health care services in the area if available

B. The applicant identifies the level of involvement the target community has held in identifying the needs of the target population to be served. The applicant discusses how the needs of the communities were identified and what role the community played in establishing the needs. The applicant discusses the strategies used to involve the community in the planning process and the manner and degree to which members of the community and/or target population were included in planning the activities. The applicant describes the tools and methods employed to identify the special needs of the community.

The mission of the lead applicant (CROPS) is “to revitalize rural communities by empowering intergenerational individuals and organizations to work together to solve rural problems.” To accomplish its mission, CROPS provides a variety of services to underserved people in rural communities including training in team building, resource development, collaborative problem-solving, mentorship, and project management. In March of 2005, CROPS volunteered to help the people of San Pierre revitalize their town and, through its work in the community on the San Pierre Revitalization Project, the CROPS Health Network Center project emerged. CROPS has both youth and adults serving on its Board of Directors (4 youth and 4 adults). Youth are also well represented on the San Pierre Revitalization Project Committee (3 youth and 3 adults) and Youth Leadership Committee (20 youth). The following list verifies the number and type of activities in which the community participated in to help identify the comprehensive needs of the community:

- Seven town meetings to seek resident ideas and feedback
- Two public hearings to garner support for a comprehensive planning grant

- One overall community needs assessment
- Fifteen press releases and media coverage
- Two thousand volunteer hours by youth to revitalize the future Health Network Center
- One health needs assessment
- One community health fair
- One Comprehensive Master Plan developed

Participation in the above activities has been higher than national standards according to Robert Dorgan, Director of the Institute for Small Town Studies who served as the consultant to assist the community in developing a Comprehensive Master Plan. As an example:

- 57% of the population in San Pierre participated in developing the Master Plan
- 77% of the population participated in a needs survey
- 26% of the population participated in a community health needs assessment
- 30% of the population participated in a health fair baseline assessment

Residents have enthusiastically attended meetings, completed surveys, and even provided food for the health fair. Specific strategies used to involve more than 272 community partners in the development of the CROPS Health Network Center project are listed below:

- Focus Group Session – March 15, 2008 – 10 participants
- Town Meeting – April 20, 2008 – 21 participants
- Health Fair – June 29, 2008 – 75 participants with 47 screenings
- Health Survey – April – August, 2008 – 42 participants
- Comprehensive Master Plan – September, 2007 to August, 2008 - 90 participants
- Town Meeting – September 28, 2008 – 16 participants
- Rural Health Network Planning Meetings – 18 participants

Tools and methods used to collect data included:

- Surveys
- Interviews
- Meetings
- Health Fair Screenings
- Focus Group Sessions

Since CROPS received a Rural Health Network Planning Grant from HRSA in 2007 several new groups have formed which have resulted in a high involvement of the local community. These groups and their respective roles in the process are described below:

Rural Health Network Planning Grant Committee

Leadership committee formed that is comprised of 18 individuals who represent local nonprofits, health care providers, higher education, and local residents to identify needs and plan activities. The group meets monthly to identify health care needs of the target population and plan activities that address unmet needs.

