



Community Health Needs Assessment and Report 2011

INDIANA
REGIONAL MEDICAL CENTER

Message to the Community



For nearly 100 years, Indiana County residents have looked to Indiana Regional Medical Center (IRMC) to meet their personal and family health care needs. During this time, IRMC has expanded its portfolio of clinical services and added new members to the medical staff, as well as increased the number of sites to access care. Despite this growth in the range and extent of services, IRMC has long realized that the full measure of accountability to the communities we serve is to improve and maintain their health.

During the past year, IRMC has been reviewing information and data about the health of our county. Information was collected from the Behavioral Risk Factor Surveillance System Survey, County Health Profile, County Health Rankings, community members, medical staff and hospital leadership. Overall, the health of Indiana County residents is better or equal to those in the surrounding counties. However, several areas were identified as areas for improvement.

This report outlines the 19 community needs originally identified through the survey and data sources. Each of the 19 needs was assigned into a high, medium or low priority. The top seven priorities that IRMC will be focusing on in the next three years are:

- Early Prenatal Care
- Cholesterol Testing
- Influenza/Pneumonia Deaths
- Number of Primary Care Physicians
- Overweight/Obese rates
- Drug Abuse
- Preventable Hospitalizations

This report is intended to give IRMC, our medical staff and our communities a baseline of vital county health indicators that will serve to evaluate current activities and programs and chart future community health initiatives.

Health is—and must be—an issue of concern and action for all of us. We hope the information in this report stimulates conversation and action for all to work to improve the health of our county.

Sincerely,

A handwritten signature in black ink that reads "Stephen A. Wolfe". The signature is written in a cursive, flowing style.

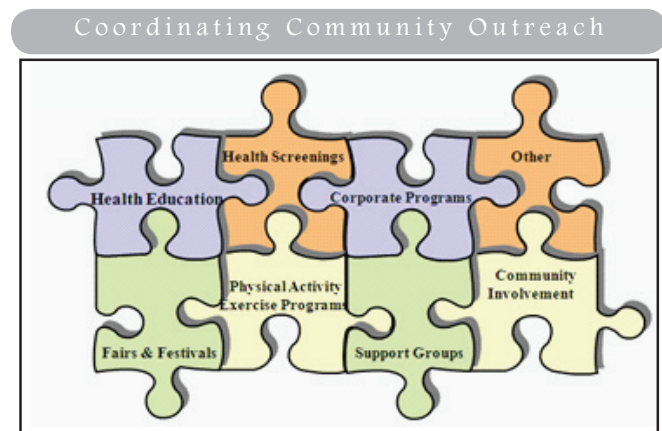
Stephen A. Wolfe,
President & CEO

Introduction

In the mid-nineties, hospitals and healthcare facilities began to shift their attention from just sick or hospital based care to include addressing community health and disease prevention. As a first step in that direction, IRMC formed a community service department whose purpose was to deliver education and preventative screenings to the community-at-large. In 2005, realizing that almost every department in the hospital had opportunities to promote health and wellness, IRMC created the Institute for Healthy Living, a virtual organization coordinating all aspects of community outreach and health improvement.

Improving and sustaining community health, however, is a collaborative endeavor that integrates as many key stakeholders as possible. In that regard, IRMC spearheaded the formation of the Indiana County Community Health Advisory Council (CHAC), an enterprise representing members from various community agencies, organizations and schools whose purpose it is to identify health needs in our county and to find ways to meet them. The CHAC has been active since 1996 and IRMC serves as its base and chairmanship.

IRMC 2011 Community Health Needs Assessment & Report



The IRMC / Institute for Healthy Living 2011 Community Health Needs Assessment and Report is the product of an 18-month process that sought community input, medical staff input, involved key interest groups such as the CHAC, and selected primary and secondary sources of survey input to identify target areas for improvement with specific action plans.

Using the three survey inputs of the PA Behavioral Risk Factor Surveillance Survey (BRFSS), the Robert Wood Johnson County Health Rankings, and the PA Department of Health annual county health profiles, IRMC was able to identify and set priorities among 19 areas for community health improvement that differed significantly from state or national benchmarks. We then targeted seven of those need areas for specific intervention and action.

Community Needs

Following review of the three data sources, a total of 19 community needs or health issues were identified. After research into each of the priorities, they were reviewed and ranked by the medical center’s senior management team.

The criteria used for this ranking was:

- Priority varies significantly from State, National and Healthy People 2020 goals
- Resources are available within the medical center or community to address the priority
- Actions or interventions would likely succeed in improvement
- Actions or interventions would be aligned with the mission of the medical center

Each member of the team independently ranked the 19 priorities. Following tallying of these results, the priorities were designated as high, medium or low priority. As a group this classification was reviewed to assure agreement. The previous chart shows the ranking results.

Each of the identified high priority health concern was researched to identify any additional pertinent information, existing programs and services to address this item and best practice intervention strategies.

The remainder of this report will focus on the top priority health issues for Indiana County.

Health Concerns	Priority		
	High	Moderate	Low
ACCESS TO CARE			
Primary Care Physician (number per 100,000 population)	●		
Lack of health insurance			●
CHRONIC DISEASE			
Preventable Hospitalizations	●		
Bladder cancer incidence		●	
Cancer incidence in Men		●	
Cancer incidence in Women		●	
Death rate from Diabetes		●	
Number of people reporting having > 7 nights bad sleep		●	
Number of people reporting not having cholesterol screening	●		
MATERNAL HEALTH			
Percent of women not receiving care during 1 st trimester	●		
INFECTIOUS DISEASE			
Food & water borne illness			●
Influenza & Pneumonia Deaths	●		
PHYSICAL ACTIVITY & NUTRITION			
Overweight/obesity rates	●		
Access to healthy foods			●
Access to recreational facilities			●
MENTAL HEALTH & SUBSTANCE ABUSE			
Tobacco use		●	
Mental health			●
Excessive alcohol use		●	
Deaths due to motor vehicle crashes			●
Substance abuse cases	●		

Health Data Sources

Indiana County Health Profile

The 2010 County Health Profiles are a series of 68 individual data listings – one for each county and one for the Commonwealth. Numerous statistics are shown for various health related subject areas including:

- Demographics and population
- Reported pregnancy
- Natality
- Morbidity (Cancer Incidence and Selected Diseases)
- Hospitals
- Health Care Insurance by Selected Program/Insurer
- Mortality
- Adult Behavioral Health Risk Factors
- Home Health Agencies
- Drug & Alcohol Abuse Treatment Facilities
- Health Care Workforce

Strengths

- ▶ Low number of low-birth weight infants
- ▶ Low number of births to teen mothers
- ▶ Low number of deaths due to heart disease, cancer & stroke

Challenges

- ▶ High percent of women not receiving early prenatal care
- ▶ High number of food & water borne illness
- ▶ High number of deaths from diabetes
- ▶ High number of deaths from influenza/pneumonia
- ▶ Increased rate of cancer in men & women
- ▶ Increased in bladder cancer incidence



Behavioral Risk Factor Surveillance System

In 2009, IRMC cooperated with the Indiana CHAC and participated in the PA Department of Health Behavioral Risk Factor Surveillance System (BRFSS) Local Sampling program. The BRFSS is the world's largest, ongoing telephone survey system, tracking health conditions and risk behaviors in the United States since 1984. The BRFSS originated at the Center for Disease Control's Office of Surveillance, Epidemiology and Laboratory Services. The BRFSS is a sample-based survey, making it necessary to weight the data for calculating percentages. This adjusts for under-representation of subgroups. Confidence intervals are shown for percentages and are calculated at the 95% level. These provide a basis for quality analysis and comparability. IRMC participated in the PA BRFSS Local Sampling program which enabled us to submit additional, custom-designed questions about behavioral tendencies of particular interest to our community.

Strengths

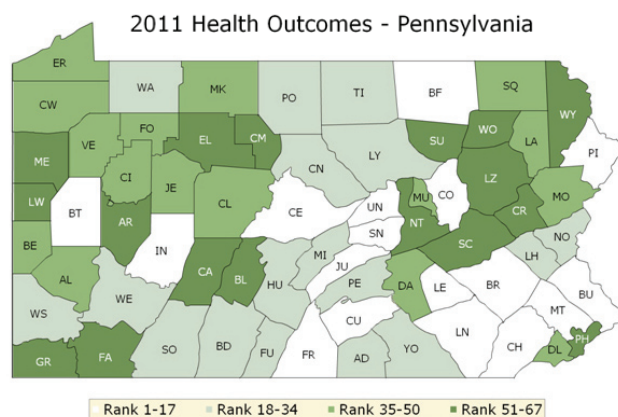
- ▶ Percent of adults who participate in weekly physical activity
- ▶ Percent of adults who consume 5+fruit/vegetables every day
- ▶ Percent of adults who get an annual flu shot
- ▶ Percent of adults who see their physician annually

Challenges

- ▶ Percent of adults who have not had cholesterol testing
- ▶ Percent of overweight/obese adults
- ▶ Percent of adults who experience difficulty sleeping
- ▶ Percent of adults who report poor mental health days each month
- ▶ Percent of adults who use tobacco

County Health Rankings

The County Health Rankings, published by the University of Wisconsin and the Robert Wood Johnson Foundation, are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. This is the second year for the publishing of county health rankings for every county in the United States. Health Outcomes is used as the primary indicator to rank the overall health of counties. The county ranked number 1 is considered the healthiest county in the state.



Strengths

- ▶ Overall ranking of 17 in the state
- ▶ Improved Health Behaviors ranking from 40 to 17
- ▶ Improved Smoking from a ranking of 45 to 20
- ▶ Improved access to care from 62 to 54
- ▶ Improved Social & Economic Factors ranking from 21 to 19

Challenges

- ▶ Number of Primary Care Physicians/ population ratio
- ▶ Percent of residents who are uninsured
- ▶ High number of readmissions or preventable admissions
- ▶ Access to healthy foods & recreation facilities
- ▶ Number of deaths due to motor vehicle crashes
- ▶ Percent of binge or heavy drinkers of alcohol



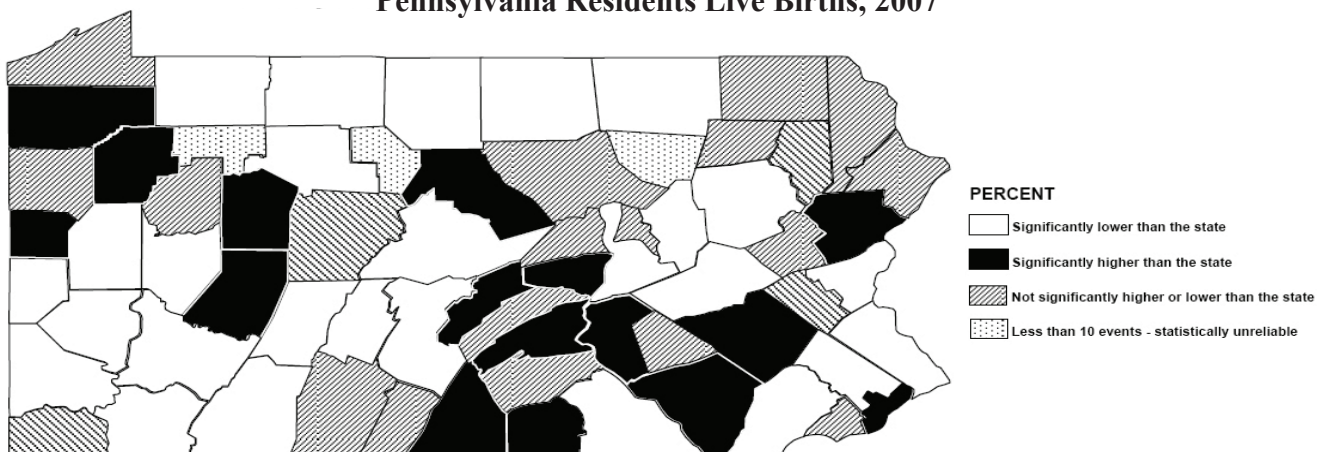
Increase percent of Indiana County women that receive prenatal care

Improving the well-being of mothers, infants and children is an important public health issue not only in our county, but across the nation.

The importance of early prenatal care has been well documented for first as well as subsequent pregnancies. Early prenatal care is defined as receiving care during the first trimester or 12 weeks of pregnancy. Not only does early prenatal care help keep the mother and baby healthy, but research has shown that babies of mothers who do not get early prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Indiana County has lagged behind the state average for several years, not only in the lack of early prenatal care indicator, but in incidence of low birth rate and infant mortality.

- ▶ 73.3% of pregnant women in Indiana County receive early prenatal care.
- ▶ 79.4% of pregnant women in Pennsylvania receive early prenatal care.

**Percent with No Prenatal Care in the First Trimester
Pennsylvania Residents Live Births, 2007**



What is Indiana Regional Medical Center Doing?

Clinical Strategies

- Established the OB/GYN Center to address the OB and gynecological needs of the women of the community, especially the low income.
- Provided educational programs to young women on good health habits.

Getting to the Next Level

Clinical Strategies

- Investigate the possibility of becoming a provider under DPW Healthy Beginnings Plus.
- Evaluate process for obtaining prenatal information for birth certificate.
- Evaluate and work towards recruiting and supporting a 5th obstetrician/gynecologist.

Community Strategies

- Develop and implement an educational campaign about the importance of early prenatal care.
- Partner with agencies providing services and education to young teens and women to include the importance of prenatal care.
- Evaluate a partnership with Early Head Start.
- Develop and seek opportunities to promote preconception programs.
- Evaluate implementing Nurse Family partnership program.
- Improve visibility and information available about the OB/GYN Clinic.

2014 Community Health Improvement Goal

- 78 percent of Indiana County women to receive early prenatal care. (Healthy People 2020 Target)



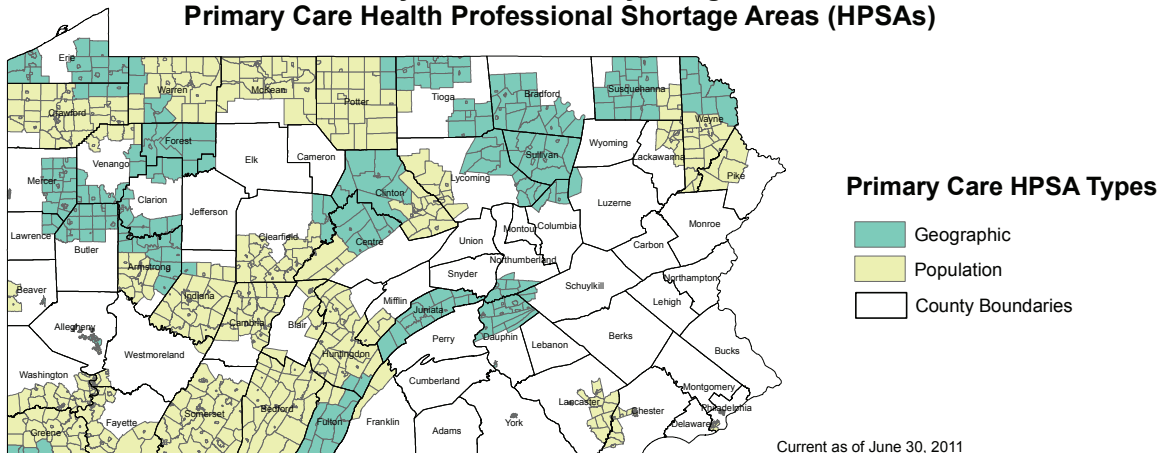
Improving primary care physician to population ratio

Physicians who work in family practice, internal medicine, pediatric, obstetric, gynecological, and geriatric practices provide primary care services. Primary care physicians are the first line of care for most people. Less than 11% of primary care physicians choose to practice in rural areas. The role of the primary care physician will become even more important in the future with the aging population and their chronic health care needs. Indiana County has areas that have been designated as Primary Care Health Professional shortage areas.

- ▶ Indiana County has one Primary Care Physician to 1,459 population
- ▶ Pennsylvania averages has one Primary Care Physician to 838 population
- ▶ National Benchmark – one Primary Care Physician to 631 population

Despite the Indiana County ratio, in the Behavioral Risk Factor Surveillance System, only 12% of the surveyed population indicated that they did not have a primary care physician. Over 86% of the adults surveyed reported that they had visited a doctor for a routine check up in the past 2 years.

Pennsylvania's Currently Designated Primary Care Health Professional Shortage Areas (HPSAs)



What is Indiana Regional Medical Center Doing?

Clinical Strategies

- Established Indiana Healthcare Physician Services to assist existing physicians and new practices.
- Continually update medical staff development plan.
- Accepts 3rd & 4th year medical students on rotation for possible future recruitment.
- Survey all physicians every 2 years to identify and address problems that cause physicians to leave the area.
- Conducts a survey with all physicians twice a year to identify any changes, such as closed practices, long waits.
- Implemented Best Place to Practice standards to recruit and retain high quality physicians.
- Work with existing practices to help with recruitment efforts, Have recruited 6 primary care physicians in the past 2 years.

Community Strategies

- Has worked to establish practices in more rural areas of the county, including Cherry Tree, Jacksonville and Plumville.
- Established Indiana at Chestnut Ridge facility with primary care and urgi-care.

Policy Strategies

- Support expansion of the medical home concept.
- Support House Bill 342 and Senate Bill 5 that provides funding for hospital health clinics and community health workers.

Getting to the Next Level

Clinical Strategies

- Continue to conduct semi annual physician surveys.
- Evaluate feasibility of hospitalist program. (Strategic Initiative)
- Explore development of a Family Practice Residency program to facilitate recruitment and retention. (Strategic Initiative)

Community Strategies

- Implement a patient portal to improve patient access to medical records.
- Evaluate the need to establish a new primary care practice.
- Evaluate feasibility of establishing an urgi-care site in Indiana. (Strategic Initiative)

Policy Strategies

- Support legislation that recognizes and expands physician extenders and community health workers.
- Assist with the transition from sick care to preventive model.

2014 Community Health Improvement Goal

- Decrease the physician to population ratio by 10% to 1:1200 population.



Decrease Incidence of Overweight & Obese Residents

The increasing rate of overweight and obesity threatens the health of children, youth, adults and seniors, placing them at greater risk for development and early onset of a wide variety of chronic diseases and health conditions. The term overweight is defined as having a Body Mass Index (BMI) of 25 or above, obese is a BMI of 30 or greater.

Being overweight or obese increases the risk developing:

- Hypertension (High Blood Pressure)
- High total cholesterol or high levels of triglycerides
- Sleep apnea and respiratory problems
- Coronary heart disease
- Some cancers (endometrial, breast and colon)
- Gallbladder disease
- Depression
- Type 2 diabetes
- Stroke
- Osteoarthritis

- ▶ 66% of surveyed Indiana County adults reported being overweight or obese
- ▶ 28% of surveyed Indiana County adults reported being obese
- ▶ 64% of surveyed Pennsylvania adults reported being overweight or obese
- ▶ 28% of surveyed Pennsylvania adults reported being obese



Indiana County men, age 45-64, who had been diagnosed with diabetes reported the highest rates of being overweight and/or obese.

What is Indiana Regional Medical Center Doing?

Clinical Strategies

- Provided all physician practices with contact information for nutritional counseling.
- Provides medically-based fitness program on site.
- Developed Prescription for Health program for physician offices.

Community Strategies

- Partnered with Highmark Blue Cross/ Blue Shield to offer several programs at no charge to their subscribers that address healthy eating and weight management.
- Provides community Body Mass Index measurements.
- Partnered with 7 elementary schools to install Project Fit America, a research based fitness curriculum and equipment.
- Became a provider of the We Can! (Ways to Enhance Children's Activity and Nutrition) program.
- Implemented grocery store tours to assist people with seeking healthy choices.

Getting to the Next Level

Clinical Strategies

- Enlarge the medical fitness center.
- Establish a Weight Loss Task Force.
- Evaluate Exercise is Medicine® program.
- Develop a medical weight management center.
- Develop and provide physician offices with weight management toolkits.
- Increase healthy options in IRMC vending and food service program.

Community Strategies

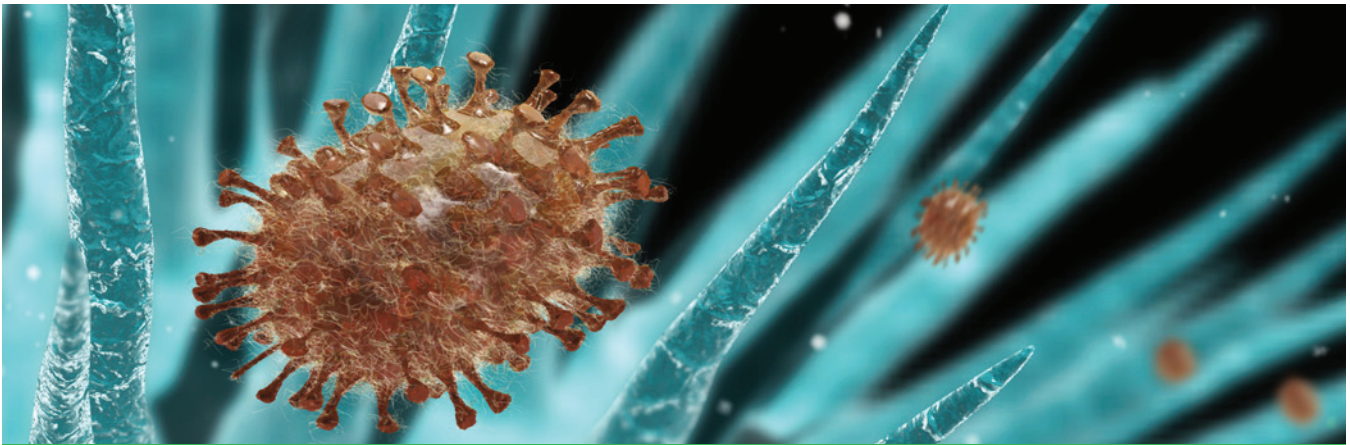
- Continue to partner with elementary schools to implement the Project Fit America program, consider inclusion of private schools.
- Engage elementary school wellness committees in student health improvement activities.
- Provide community education programs concerning BMI, waist circumference, nutrition, physical activity and the reduction of screen time.
- Support the CHAC's efforts to increase education about health eating and physical activity.
- Partner with 4 grocery stores to have a dietician available to help shoppers make healthier choices.

Policy Strategies

- Support policies that improve access to enhance infrastructure that promotes walking or bicycling.
- Support policies that improve the accessibility to healthy food choices for residents.

2014 Community Health Improvement Goal

- Decrease the percent of overweight and obese in Indiana County to 60%.



Reduce Deaths from Influenza and Pneumonia

Influenza and pneumonia are the 9th overall leading cause of death for Indiana County residents. Influenza or flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can result in death. The best way to prevent the flu is by getting vaccinated each year.

In 1996, only about 20% of the population received an annual flu shot. Since that time, the percent has improved to over 60% according to the Behavioral Factor Risk Surveillance System (BRFSS) report.



Pneumonia is a lung infection that is usually caused by bacteria or viruses. It can occur in all ages. Globally, pneumonia causes more deaths than any other infectious disease. The most common bacteria cause is pneumococcus and the most common virus is influenza.

In Indiana County, 67% of the respondents in the BRFSS indicated that they had received a pneumonia vaccination. The PA state average is 70 percent.

**Those at highest risk for death are
adults age 65 and older and the very young**

- ▶ Death rate for Indiana County is 24.7/100,000 population
- ▶ Death rate for Pennsylvania is 17.1/100,000 population

What is Indiana Regional Medical Center Doing?

Clinical Strategies

- Provide flu shots to all inpatients during flu vaccine administration season.
- Develop Pneumonia Core Measure Team to monitor compliance with CMS.
- Provide pneumonia vaccine to all non-vaccinated inpatients.
- Conducted Hand Hygiene Blitz throughout the entire hospital.
- Performed ongoing hand hygiene and personal protective equipment compliance monitoring.
- Established standard orders for most appropriate antibiotic for community acquired pneumonia.
- Implemented an Aspiration Risk Assessment as part of the nursing assessment.

Community Strategies

- Promote annual flu clinics offered through our affiliate, the Visiting Nurse Association of Indiana County.
- Conduct an annual flu vaccine promotion vaccine in cooperation with the Indiana County Community Health Advisory Council.
- Created an educational program on adult immunizations including influenza and pneumonia.
- Provide free flu and pneumonia vaccines to high risk, low income or pregnant residents.
- Conduct the annual "Vaccine for Veterans" program on Veterans Day.

Policy Strategies

- Research instituting mandatory influenza vaccine for all employees.

Getting to the Next Level

Clinical Strategies

- Review death certificates to assure cause of deaths are marked appropriately.

Community Strategies

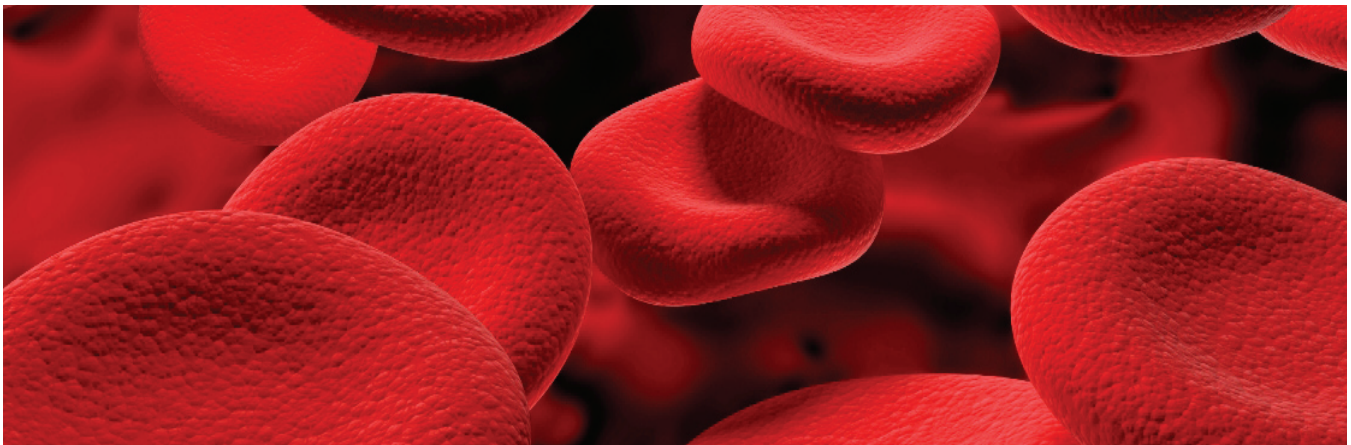
- Evaluate the use of standing orders for pneumonia vaccine by home health agencies.
- Evaluate the potential for public pneumonia vaccine clinics.
- Continue annual flu/pneumonia awareness campaign.
- Continue to provide free flu & pneumonia vaccine to high-risk, low income residents.

Policy Strategies

- Consider instituting mandatory influenza vaccine for all employees.

2014 Community Health Improvement Goal

- Reduce the death rate of Influenza and Pneumonia to 17/100,000 population.



Increase the percent of Indiana County residents who have cholesterol testing

Cholesterol is actually one of the many substances created and used by our bodies to keep us healthy. The liver and other cells in your body make about 75 percent of blood cholesterol. The remainder of the cholesterol comes from the food we eat. Cholesterol is only found in animal products.

A cholesterol test is a blood test that measures the amount of cholesterol in your blood. A cholesterol test can help determine risk of atherosclerosis, the buildup of plaques in your arteries. High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels are a significant risk factor for heart disease.

The U.S. Preventive Services Task Force (USPSTF) strongly recommends that men who age 35 and older be screened and women age 45 and older be screened for high cholesterol. If a person has a strong risk for development of coronary artery disease, the screening should occur earlier.

- ▶ 74% of Indiana County adults surveyed who have been screened for cholesterol.
- ▶ 71% of Indiana County adults surveyed reported having cholesterol checked in the past 5 years.
- ▶ 82% of Pennsylvania adults surveyed who have been screened for cholesterol.
- ▶ 79% of Pennsylvania adults surveyed reported having cholesterol checked in the past 5 years.

What is Indiana Regional Medical Center Doing?

Community Strategies

- Decade cards with screening guidelines have been distributed through the Spirit of Women program.
- Multiphasic community blood screening program has been initiated by the laboratory department.
- Screening guideline cards have been distributed to men.
- Promote healthy heart practices including cholesterol screenings at health fairs.

Getting to the Next Level

Community Strategies

- Increase number of community multiphasic blood screening to twice per each year.
- Develop community education program to increase awareness of recommendations for cholesterol screening.
- Develop campaigns to increase community understanding of cholesterol.
- Provide physician offices with charts that have recommended screening guidelines.
- Evaluate feasibility of fingerstick cholesterol onsite testing program.

Healthcare Goal

- Increase the percent of Indiana County adults screened for cholesterol to 82%.



Cholesterol tests are an important tool because high cholesterol levels usually don't present any signs or symptoms.



Decrease Preventable Hospitalizations and Readmission Rates

Preventable hospitalizations and readmissions within 30 days to a hospital are both situations that have received much attention in the past several years. Because this mostly occurs in the older population, it represents a large expense to the Medicare system.

The Patient Protection & Affordable Care Act has targeted three conditions: heart attack, pneumonia and heart failure for improvement in readmission rates. Indiana Regional Medical Center's strategic plan includes a strategy to identify and avert unnecessary admissions and prevent re-admissions.

Preventable hospitalizations are those conditions that timely outpatient care could potentially prevent. These conditions include, among others, pneumonia, congestive heart failure, dehydration and urinary tract infections. Readmission refers to patients who are readmitted for the same condition within 30 days of their discharge.

Not all readmissions are preventable.



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- ▶ Indiana County has an average rate of 119 preventable admissions/1000 Medicare enrollees.
 - ▶ Pennsylvania has an average rate of 76 preventable admissions/1000 Medicare enrollees.
-

What is Indiana Regional Medical Center Doing?

Clinical Strategies

- Implemented a medicine reconciliation process to ensure that patient's medication are reviewed and adjusted throughout their hospital stay and at discharge.
- Provides follow-up phone calls to all congestive heart failure patients by care managers.
- Established family-patient discharge planning meetings.

Community Strategies

- Through Community Health Advisory Council, developed the Indiana County Prescription Assistance Program to help residents obtain low cost or no cost prescriptions for chronic conditions.
- Expanded urgi-care hours to include Sundays.
- Created and continue to distribute Medication Wallet Cards.
- Provides accurate blood pressure clinics at 19 sites monthly throughout the county.
- Conducted community meeting on personal health records.

Getting to the Next Level

Clinical Strategies

- Develop continuity of care to identify best practices.
- Implement a chronic disease management model (Strategic Initiative).
- Implement evidence-based appropriate practices to Indiana County.
- Evaluate Coleman Model for transition of care from hospital.
- Evaluate the use of health coaches, personal health records and post hospitalization physician visit.
- Continue to support Indiana County Prescription Assistance Program.

2014 Community Health Improvement Goal

- Reduce the rate of readmission by 20%.



Decrease Substance Abuse related visits to the Emergency Department

Over the past several years, there has been an increased use of opiates, specifically heroin, in our county. It has now become the second leading drug of choice by substance abusers, following alcohol. Heroin has surpassed cocaine as the leading drug of choice. Heroin users usually begin by abusing opiate-based prescription drugs, such as Oxycodon, Vicodan and Percodan, then turn to heroin, which is a highly addictive drug.

Substance abuse, alcohol and illegal drugs are not a new problem in our county. Each week on the news, incidents involving drugs and alcohol, as well as drug related arrests by local law enforcement are reported. The impact of alcohol and drug abuse is also being seen in the Bork Emergency Center at Indiana Regional Medical Center. In the first 8 months of 2011, over 1000 patients were seen with substance abuse related conditions. Sixty-six people were admitted with overdose.

Almost every system in the body can be negatively affected by excessive or chronic alcohol consumption and use of illegal drugs, including conditions like cancer, heart attacks, respiratory failure, liver disease and brain damage.



Excessive or chronic alcohol consumption and use of illegal drugs can negatively effect every system

- Cancer
- Brain Damage
- Liver Disease
- Heart Attacks
- Respiratory Failure

What is Indiana Regional Medical Center Doing?

Clinical Strategies

- Developed an affiliation agreement with the Open Door.
- Additional educational trainings for the Emergency Department Staff conducted by the Open Door.
- Implemented a psychiatric liaison position in the Emergency Department.
- Implemented an after-hour referral system in the Emergency Department with the Open Door to improve access to follow up care.
- Conducted numerous educational and brown bag seminars with IRMC staff on drug related issues.

Getting to the Next Level

Clinical Strategies

- Evaluate implementation of SBIRT (Screening, Brief Intervention, Referral and Treatment) model in the Emergency Department.
- Conduct additional addiction training for staff on intervention and referral.
- Evaluate implementation of SBIRT in physician offices.
- Working with the Open Door to implement a drug & alcohol professional in physician offices.

Community Strategies

- Develop a system to improve communications between IRMC and drug & alcohol rehab providers.
- Seek representation on committees, coalitions and task forces that address substance abuse
- Develop a consortium of shareholders to address ongoing drug and alcohol issues including IUP, school districts and law enforcement.
- Seek representation on community based prevention committees.

Emergency Department

- Evaluate the use of Certified Recovery Specialists as an emerging best practice.
- Investigate the feasibility of a hospital based detox unit.
- Investigate the feasibility of adopting the Recovery Oriented System of Care to ensure follow up treatment for substance abuse.

2014 Community Health Improvement Goal

- Decrease the number of patients by 25% that present to the Emergency Department with substance abuse related conditions.

Going Forward

Over the next three years, Indiana Regional Medical Center will work to set in motion strategies that will impact the health issues identified in this report. The goals are targeted at making healthier communities, expanding clinical and community based preventive services, empowering people to make healthy choices and reduce health disparities.

This report was compiled by the Indiana Regional Medical Center Community Services Department and Institute for Healthy Living.

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