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SV Jennings Strategies

FY08-FY12

SVH Goal: Make SVJ a Vital Presence in the communities we serve by continuously improving our care delivery so that all patients have appropriate access and receive the highest available quality of care, in support of Ascension Health's Call to Action of *Healthcare that Leaves No One Behind.*

Measures of success:

- Patient volumes grow by 6 % outpatient/inpatient, reflecting improved access.
- Quality of care indicators reflect improvements.
- SVJ is 95- 100% compliant with CMS core measures that apply to a CAH by the end of FY08.
- Specific improvements made to ease physician practice within SVJ that also enhance quality of care and/or patient relationships.
- System-wide, an Ascension Health-inspired and SVJ-specific patient experience is developed and implemented.

Strategies

- 1.1 Advance a more just healthcare system in the communities we serve by identifying and sharing operational and clinical best practices throughout SVH using common protocols and the development of a consistent SVH and Ascension Health Experience.
- 1.2 Develop and sustain a Patient Experience throughout the system that delivers spiritually-based care, which is accessible to all patients, reflecting our values and mission as a healthcare ministry.
- 1.3 Improve access to patients who are uninsured, underinsured, or vulnerable by using political advocacy, local community resources, and Ascension Health's 5 Step Access Model plan.

Original long-range hospital objectives for charity care

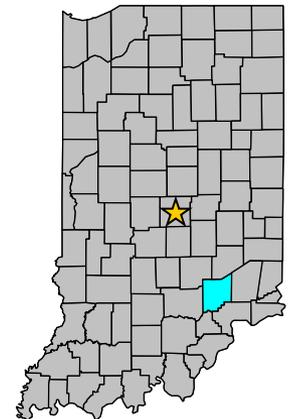
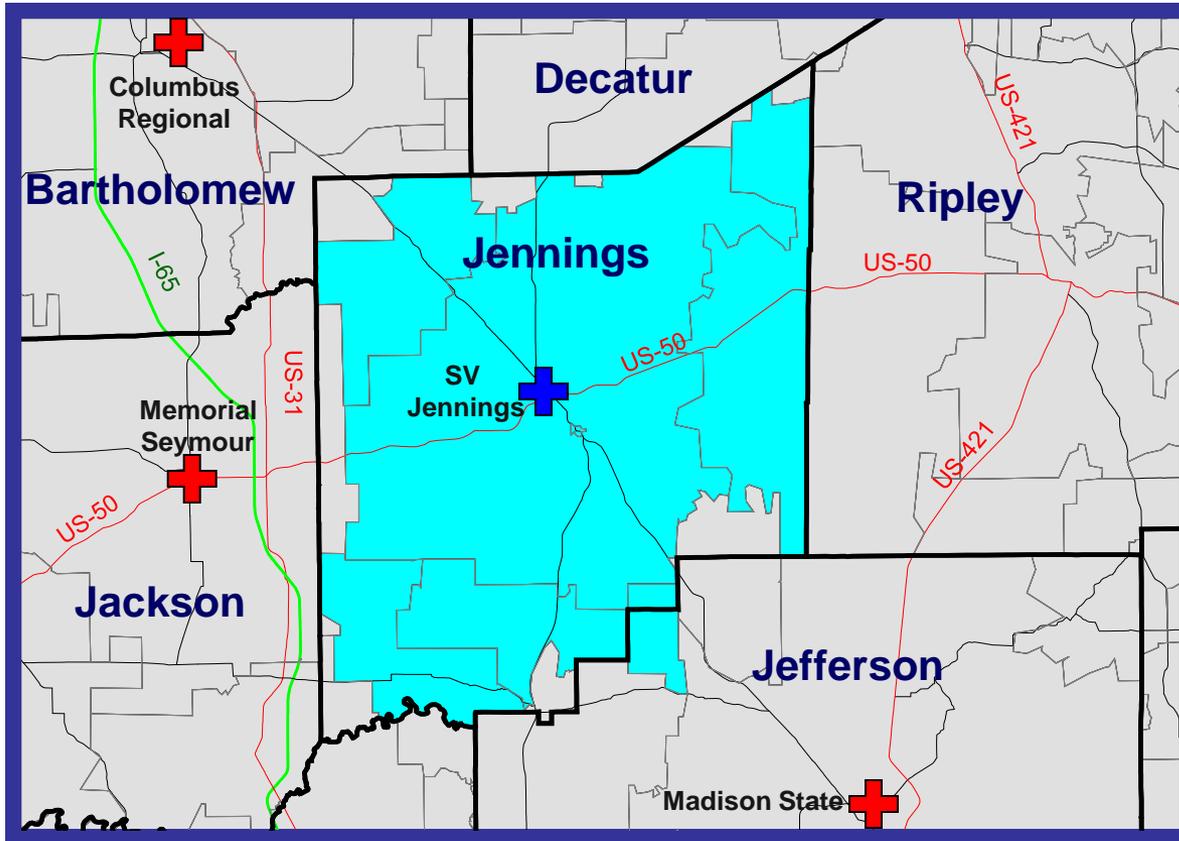
- Child Abuse
- Teen Pregnancy
- Tobacco Use

Hospital Mission Statement

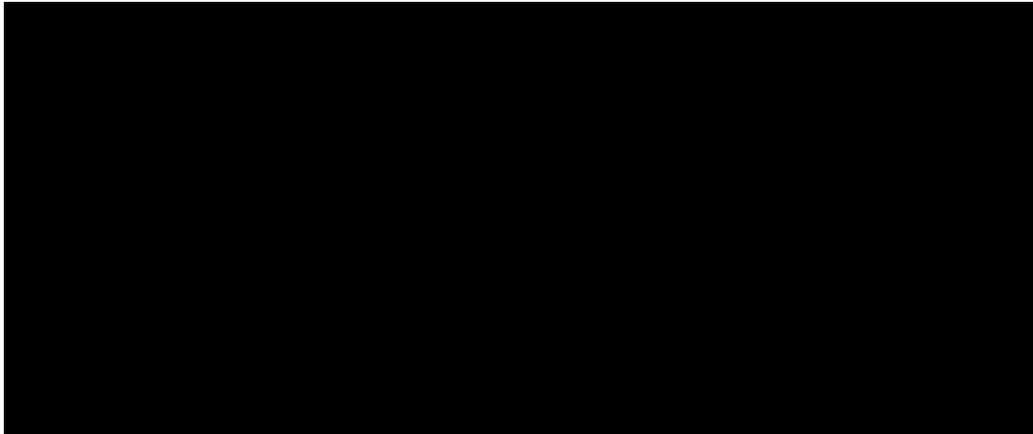
Our Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

St. Vincent Jennings Primary Service Area



St. Vincent Jennings
Primary Service Area



Allowances and Write-Offs Policy

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POLICY

In accordance with the Core Value of Integrity and Wisdom, this policy establishes the administrative level of approval required to write-off certain account balances that have been determined through routine assessment procedures to be uncollectible and therefore should be accounted for as either a Charity, Administrative write-off or Bad Debt.

Individual departmental procedures in accordance with the Patient Financial Services Department have set forth the guidelines for determining an account's eligibility to be considered for a write-off action.

DEPARTMENTS AFFECTED

1. Patient Financial Services
2. Administration
3. Clinical/charge areas

PROCEDURE

I. Charity Allowances

A. Once it has been determined that a guarantor lacks the resources to either pay for the costs of treatment or to have such costs paid by a bona-fide third party, a charity allowance of part or all of the account balance may be considered. Charity consideration is based on Department of Health and Human Services poverty level guidelines established annually. An explanation of the guarantor's financial circumstances should be documented on the Account Record. Appropriate administrative level approval(s) should then be obtained.

B. Approved (or rejected) charity accounts should be returned to PFS departmental management for processing. It is the responsibility of PFS departmental management to: a.) direct the execution and recording of the charity allowance transaction; and b.) notify the guarantor, by letter, indicating the Hospital's decision to forgive the debt as charity.

Allowances and Write-Offs Policy

Page 2 of 3

- **II. Administrative and Convenience Allowances:**

A. Management in the PFS Department may, with proper justification and documentation, direct the submission of credit adjustments which are deemed necessary for the convenience of the Hospital or as a courtesy to patients when appropriate.

B. Management in other departments of the Hospital or at Satellite locations may, with proper justification and documentation (as approved by the Management in the PFS Department) submit credit adjustments to PFS which are deemed necessary to fulfill the Mission of the Hospital as a convenience or administrative write-off when appropriate.

C. Appropriate administrative level approval(s) should then be obtained by the PFS department manager or supervisor who is responsible for such account management.

D. After administrative approval is obtained, the PFS department is responsible for completing the transaction correctly and for notifying the patient in writing, when appropriate of the special adjustment.

III. Bad Debt Write-offs

A. The PFS Department is responsible for reviewing patient accounts which by virtue of their "account age" or other conditions are deemed to be presently uncollectible.

B. The PFS Department is responsible for summarizing the guarantor's financial circumstances and any other pertinent data on the Account Record or separate memo when necessary and submitting such records along with a recommendation to the appropriate level for approval.

C. The PFS Department is responsible for ensuring submission of proper transactions to record approved write-offs.

Allowances and Write-offs Policy

Page 3 of 3

- **IV. Bankruptcy Write-offs**

A. The accounts for those patients who have filed a verified Petition in Bankruptcy may be approved for Bad Debt write-off based on Administrative approval limits.

- **V. Small Balance Write-offs**

A. Accounts with a patient balance due of \$9.99 or less will be automatically written off .

B. Accounts with a primary insurance balance due of \$50.00 or less from a contracted payer after the primary insurance payment is posted will be written off as a contractual amount. These balances will be reconciled and recovery attempted with the respective payers on a periodic basis on a batch basis.

- **VI. Administrative Approval Limits**

These limits apply to Charity, Bad Debt and the category of Administrative Allowance write-offs. Contractual write-offs related to contracted payer adjustments do not require approval for adjustment.

Allowance/Adjustment/Writeoff Amount

\$0 - \$250 Biller/Rep

\$251 - \$10,000 Team Leader

\$10,001 - \$25,000 Manager, PFS

\$25,001 - \$50,000 Director, PFS

\$50,001 - \$99,999 Executive Director of Finance

\$100,000+ Chief Financial Officer, President and Board of Directors

Care of the Poor & Community Benefit Policy

Page 1 of 8

- **POLICY**

It is the policy of St. Vincent Health that each Health Ministry, guided by the Mission, Vision, Values, and Philosophy of the System, will plan for care of persons who are poor and for community benefit and will report annually on this plan.

PRINCIPLES

1. The principle of the common good obliges government, church and civic communities to address the needs and advocate for those who lack resources for a reasonable quality of life. St. Vincent Health desires to strengthen its commitment to this principle through a unified system of accountability.
2. Health Ministries will collaborate in assessing the needs and resources of individuals and communities they serve and will establish substantive goals directed toward those needs in the context of their strategic and financial planning.
3. Health Ministries will account annually to appropriate constituencies for progress toward achievement of these goals.
4. Annually St. Vincent Health will produce an aggregate report.

DEPARTMENTS AFFECTED

All Ministries

Care of the Poor & Community Benefit Policy

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PROCEDURE

Subject

This procedure sets forth the requirement that each health ministry have an effective policy, and establishes a process to develop an annual Care of the Poor/Community Benefit goals and to report progress towards those goals. All activities related to the poor will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with poor and vulnerable persons, and our commitment to distributive justice and stewardship.

Rationale

Care of the Poor/Community Benefit planning and goals are incorporated into the existing Integrated Strategic and Financial Planning (ISFP) process. Progress towards established goals will be reported annually. This procedure provides guidelines to assist Health Ministries:

- a. Establish care of the poor/community benefit goals within the framework of the ISFP process and report progress toward those goals.
- b. Report costs for Categories I through V associated with allowable care of the poor/community benefit programs and services.

Charity Care Minimum Standards (Also see policy on Allowances and Write Offs and Uninsured & Underinsured Patient Management Program)

1. Patients with income less than or equal to 200% of the Federal Poverty Limits ("FPL"), which may be adjusted for inflation utilizing local wage index vs. national wage index by the hospital, will be eligible for 100% charity care write off of the services that have been provided to them in accordance with Ascension Health Policy 9.
2. Patients with incomes above 200% of the FPL but not exceeding 300% of the FPL, subject to inflationary adjustments as described in will receive a discount on the services provided to them based on a sliding scale. The sliding scale will subject to a Means Test to be determined by each hospital and /or Health Ministry in accordance with guidelines established in Policy 9.
3. Eligibility for charity care may be determined at any point in the revenue cycle.

Care of the Poor & Community Benefit Policy

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Financial Assistance Minimum Standards (Also see policy on Allowances and Write Offs and Uninsured & Underinsured Patient Management Program)

These minimum standards are designed to ensure each health ministry designs a methodology to determine qualifying incomes and/or assets available to satisfy the patient's obligation to the hospital.

1. All patients and families are advised of the hospital's applicable policies, including the Care of the Poor /Community Benefit policy and the availability of need-based financial assistance in easily understood terms, as well as in language commonly used by patients in the community.
2. The financial assistance policy must address a patient's eligible income and assets.
3. The policy may allow the determination to be made on a case-by-case basis, but in this circumstance, a review panel must be formed to insure a patient has the right to appeal a decision.
4. Requiring a patient to apply for public financial assistance program.

Other Requirements and Exceptions (Also see policy on Allowances and Write Offs and Uninsured & Underinsured Patient Management Program)

1. Health Ministries require the uninsured to work with financial counselor and apply for Medicaid or other public assistance programs to qualify for charity.
2. Other program that allow for "packaging" payment programs are acceptable. For example, many Health Ministries package prenatal care and delivery charges into a "package" price for the uninsured. This is encouraged and will continue.
3. A nominal charge may be charged to patients qualifying for charity. The participation of individuals in the financial obligation of their health care is recommended by those who work with persons who are poor since it respects their dignity as well as their sense of responsibility.

Care of the Poor & Community Benefit Policy

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Planning

1. As part of the annual ISFP process, establish substantial, measurable and meaningful Care of the Poor/Community Benefit goals. These goals should be derived from Ascension Health "Call To Action".
 - a. Healthcare that Works
 - b. Healthcare that is Safe
 - c. Healthcare that leaves no one behindEach healthcare ministry will develop three to five local strategies in response to a community needs assessment and other initiatives.

2. The ISFP budget for Care of the Poor/Community Benefit should include budget dollars for Categories I-IV for upcoming fiscal year.

Definitions

1. Category I - Charity Care (free or reduced fee/sliding scale care for persons who qualify for financial assistance).
2. Category II - Unreimbursed cost of the care provided to patients enrolled in public programs.
3. Category III - Programs and services targeted to persons who are poor.
4. Category IV - Programs and services targeted to the general community.
5. Category V - Bad Debt costs attributable to Charity Care.

Care of the Poor & Community Benefit Policy

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Guidelines

Guidelines for Category I

- a. Charity care dollars should be an estimate of the cost to provide services to patients who qualify for charity care.
- b. Charity care should include the cost of services provided to charity care patients in all settings (acute and non-acute settings such as ambulatory surgery centers, etc.).

Guidelines for Category II

- a. Medicare losses/shortfalls should not be reported. This is consistent with standards set by the Catholic Health Association community benefit network and used by other Catholic systems.
- b. Losses/shortfalls from all Medicaid sources, including Medicaid managed care products, should be included.
- c. Medicaid disproportionate share (DSH) payments should be considered Medicaid payment/income.
- d. Prior year settlements from Medicaid programs (including Medicaid DSH) should be considered as an offset to the cost of care provided and, accordingly, increase or decrease the shortfall reported.

Guidelines for Category III

- a. The program/service/activity/event must respond to the needs of special populations; for example, the frail elderly, poor persons with disabilities, the chronically mentally ill, persons with AIDS, or those who find it hard to meet basic needs due to on-going poverty.
- b. The program/service/activity/event should be quantifiable in terms of dollars and should not be included in Category I or II.
- c. The program/service/activity/event may be financed by donations, staff/volunteer efforts, endowments, grants, and sponsorships, etc.
- d. The program/service/activity/event should generate a low or negative margin.
- e. The program/service/activity/event would probably be discontinued or not offered if the decision were made on a purely financial basis. The decision to continue is primarily motivated by a mission commitment versus a marketing interest.
- f. The program/service/activity/event would no longer be available, or would be insufficiently available in the community, or would be the responsibility of the government if not provided by the healthcare organization.

Care of the Poor & Community Benefit Policy

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Guidelines for Category IV

- a. The program/service/activity/event should be quantifiable in terms of dollars.
- b. The program/service/activity/event should generate a low or negative margin.
- c. The program/service/activity/event may be financed by donations, staff/volunteer efforts, endowments, grants, and sponsorships, etc.
- d. The program/service/activity/event provides a response to a unique or a particular health problem in the community or is directed to promoting the wellness of the population in a holistic manner.
- e. The program/service/activity/event would probably be discontinued or not offered if the decision were made on a purely financial basis. The decision to continue generally represents a mission commitment versus a business decision.

Guidelines for Category V

Bad debt cost of services can be calculated for certain bad debt write-offs. This acknowledges that there are charity care patients that may not be identified initially as eligible for charity care. Two possible formulae for determining the cost of bad debt for services provided to charity care patients include:

- a. Cost of bad debt excluding the portion related to coinsurance and deductibles. Patients who have a coinsurance payment or deductible are assumed to have insurance.
- b. Identify the zip code average income that constitutes "poor" and count all bad debts from those zip codes, excluding the portion related to coinsurance and deductibles. It is recognized that while this methodology may count patients with the ability to pay who reside in these zip codes, the methodology also excludes patients from other zip codes that may not be able to pay.

Care of the Poor & Community Benefit Policy

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Reporting Category I and II

1. Reporting Cost for category I and II

Finance department in collaboration with each local ministry reports on categories I and II.

Reporting Category III and IV

1. Reporting Cost for Categories III & IV Programs and Services

The following should serve as guidelines for reporting costs for programs, services, activities or events appropriate to be included in Category III - Programs and services targeted to the poor and Category IV - Programs and services targeted to the general community. (See Exhibit A Charity Care Intranet Reporting).

a. Report cost less any reimbursement received.

b. Medical Education programs should be reported as a community benefit.

i. Medicare Graduate Medical Education (GME) payments should offset costs.

ii. Medicare Indirect Medical Education (IME) payments should not be offset against the direct cost of medical education programs.

c. Volunteering may be reported.

i. Include paid associate time for volunteering at hospital supported activities such as:

- Paid associate time to assist in health screenings performed after hours.
- Replacement cost for associates performing management approved volunteer activities.
- Paid associate time as a volunteer for organizational sponsored events.
- Board representation on management approved organizations.

2. With the Care of the Poor/ Community Benefit report, a narrative for each Care of the Poor/ Community Benefit goal must be identified in the ISFP and describe progress towards achievement for each goal, including to the extent possible baseline measures of success being established, outcomes achieved, program impact, etc.

3. Care of the Poor/ Community Benefit goals are part of the ISFP. Therefore, reporting for Goals is due consistent with the ISFP timeline.

Care of the Poor & Community Benefit Policy

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Reporting Category V

1. Reporting Cost for category V

Finance department in collaboration with each local ministry reports on category V.

Additional resources:

Ascension Health HOTLINE: 1-314-733-8138

Ascension Health e-mail address: policy9@ascensionhealth.org

Statement of Public Notice

EMERGENCY PATIENTS – PLEASE READ

If you have a medical emergency or are in labor, it is this hospital's obligation by law to provide services within the capabilities of this hospital's staff and facilities.

YOU HAVE THE RIGHT TO RECEIVE:

- An appropriate medical SCREENING EXAMINATION.
- Necessary STABILIZING TREATMENT
(including treatment for an unborn child)
- And if necessary,
An appropriate TRANSFER facility

Even if YOU CANNOT PAY OR DO NOT HAVE MEDICAL INSURANCE OR YOU ARE NOT ENTITLED TO MEDICARE OR MEDICAID

This hospital does participate in the Medicaid Program.

Jennings County Community Health Assessment

St. Vincent Health
Indiana University-Bloomington



**DEPARTMENT OF
APPLIED HEALTH SCIENCE**

INDIANA UNIVERSITY

School of Health, Physical Education, and Recreation
Bloomington

Assessment Team

- St. Vincent
 - Kelly Peisker
 - Kathryn Johnson
- IU-Bloomington
 - Catherine Sherwood-Laughlin
 - Peggy Sullivan
 - Brandon Rinkenberger
 - Jeff De Witt

Overview

- Demographics
- Health Status Indicators
- Health Behaviors
- Access to Health Care
- Gender Differences
- Age Differences
- Personal Possessions and Opinions
- Community Needs
- Suggestions

Survey Design

- 46 “forced-choice” questions
- 1 open-ended question – any suggestions...

Jennings County Community Assessment Survey

Jennings County Community leaders greatly appreciate your participation in completing the following survey to assess our community’s needs. All responses will be anonymous and confidential. The results of this survey will be used by community leaders to help improve the quality of life in our community.

Please complete the survey by filling in the circle next to your response for each question. Please use blue or black ink or pencil. Return the survey by July 11, 2008.

1. In general, how would you rate your physical health?

<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Poor	<input type="radio"/> Very Poor
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2. In general, how would you rate your mental health?

<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Poor	<input type="radio"/> Very Poor
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3. How would you rate your stress level at work or school?

<input type="radio"/> No Stress	<input type="radio"/> Somewhat Stressful	<input type="radio"/> Very Stressful	<input type="radio"/> Extremely Stressful
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4. How would you rate your stress level at home?

<input type="radio"/> No Stress	<input type="radio"/> Somewhat Stressful	<input type="radio"/> Very Stressful	<input type="radio"/> Extremely Stressful
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5. Has a doctor or other health care professional ever told you that you had the following:

High cholesterol	<input type="radio"/> Yes	<input type="radio"/> No		Fibromyalgia	<input type="radio"/> Yes	<input type="radio"/> No
High blood pressure	<input type="radio"/> Yes	<input type="radio"/> No		Depression	<input type="radio"/> Yes	<input type="radio"/> No
Asthma	<input type="radio"/> Yes	<input type="radio"/> No		Anxiety	<input type="radio"/> Yes	<input type="radio"/> No
Chronic Fatigue Syndrome	<input type="radio"/> Yes	<input type="radio"/> No		Heart disease	<input type="radio"/> Yes	<input type="radio"/> No
Diabetes	<input type="radio"/> Yes	<input type="radio"/> No		Cancer	<input type="radio"/> Yes	<input type="radio"/> No
Lung disease	<input type="radio"/> Yes	<input type="radio"/> No		Thyroid disease	<input type="radio"/> Yes	<input type="radio"/> No
Overweight	<input type="radio"/> Yes	<input type="radio"/> No		High risk pregnancy	<input type="radio"/> Yes	<input type="radio"/> No
Sexually transmitted disease (STD)	<input type="radio"/> Yes	<input type="radio"/> No				

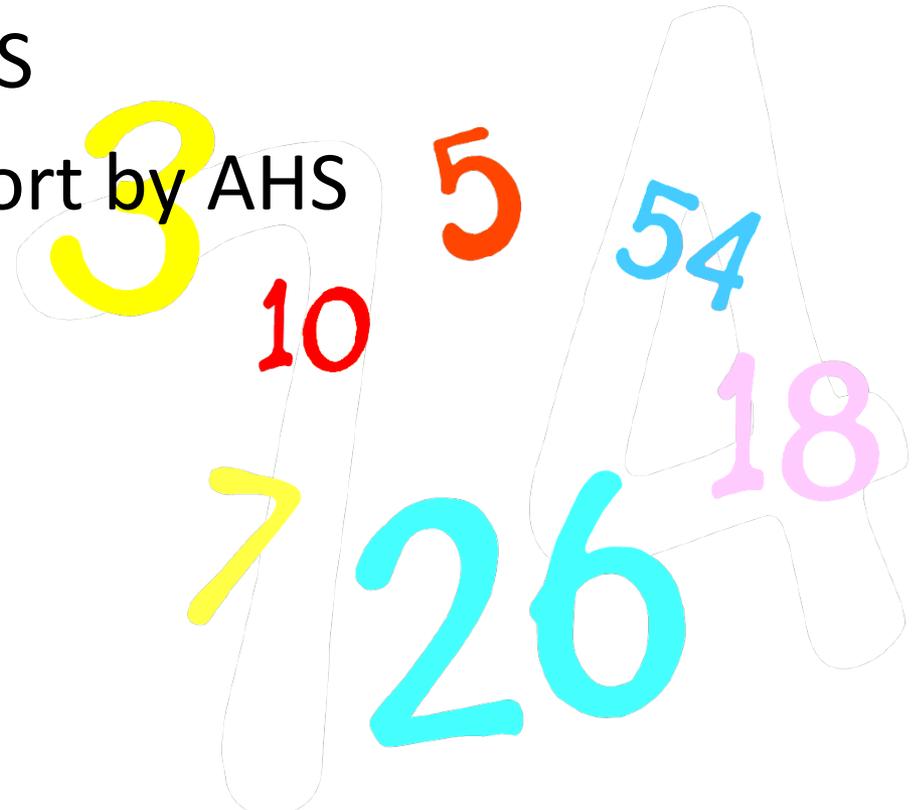
Methods

- 500 surveys sent to randomly selected residents in Jennings County
 - Scannable surveys
- Mailed out in early June 2008
- Return by late June 2008
- Surveys accepted until mid-August



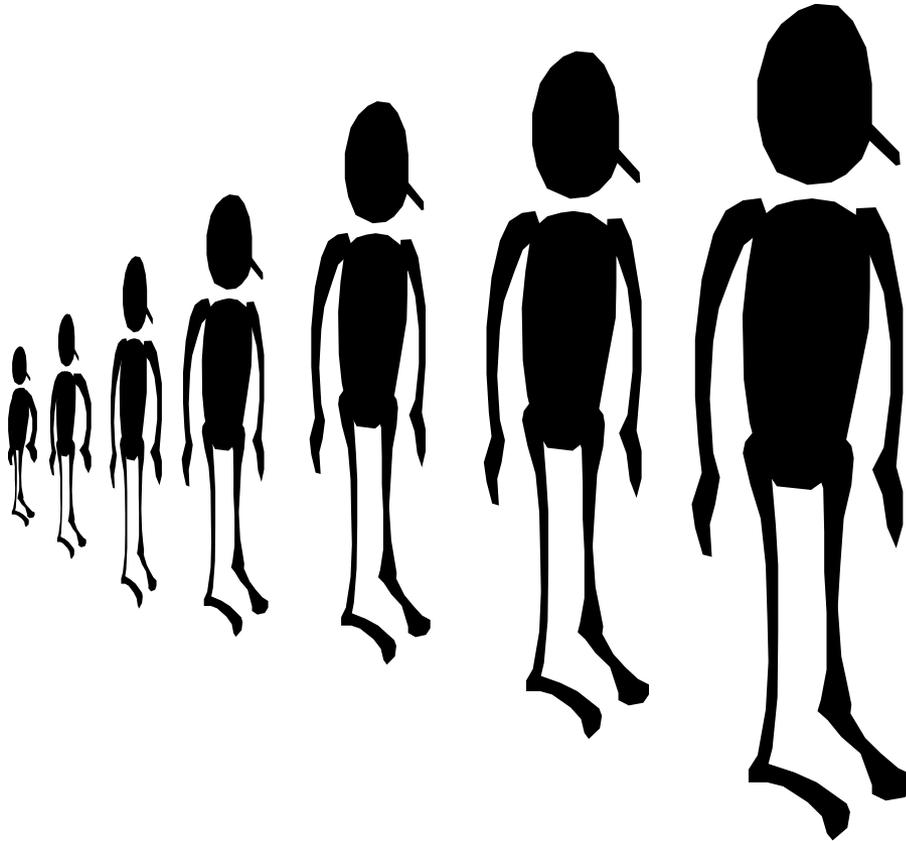
Analysis of Results

- Surveys scanned by Center for Evaluation and Educational Policy (CEEP)
- Data entered into SPSS
- Data analysis and report by AHS

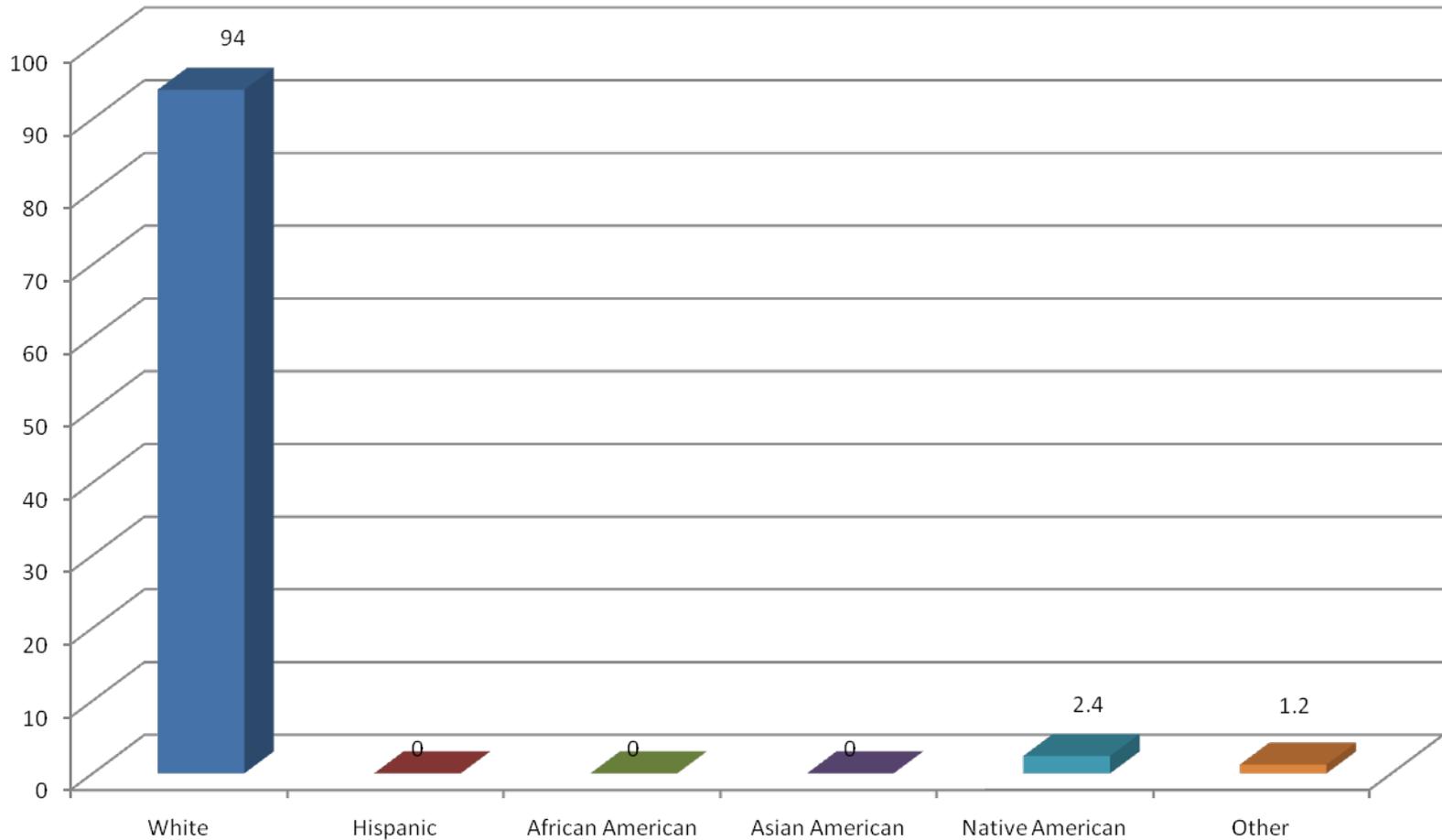


Demographics

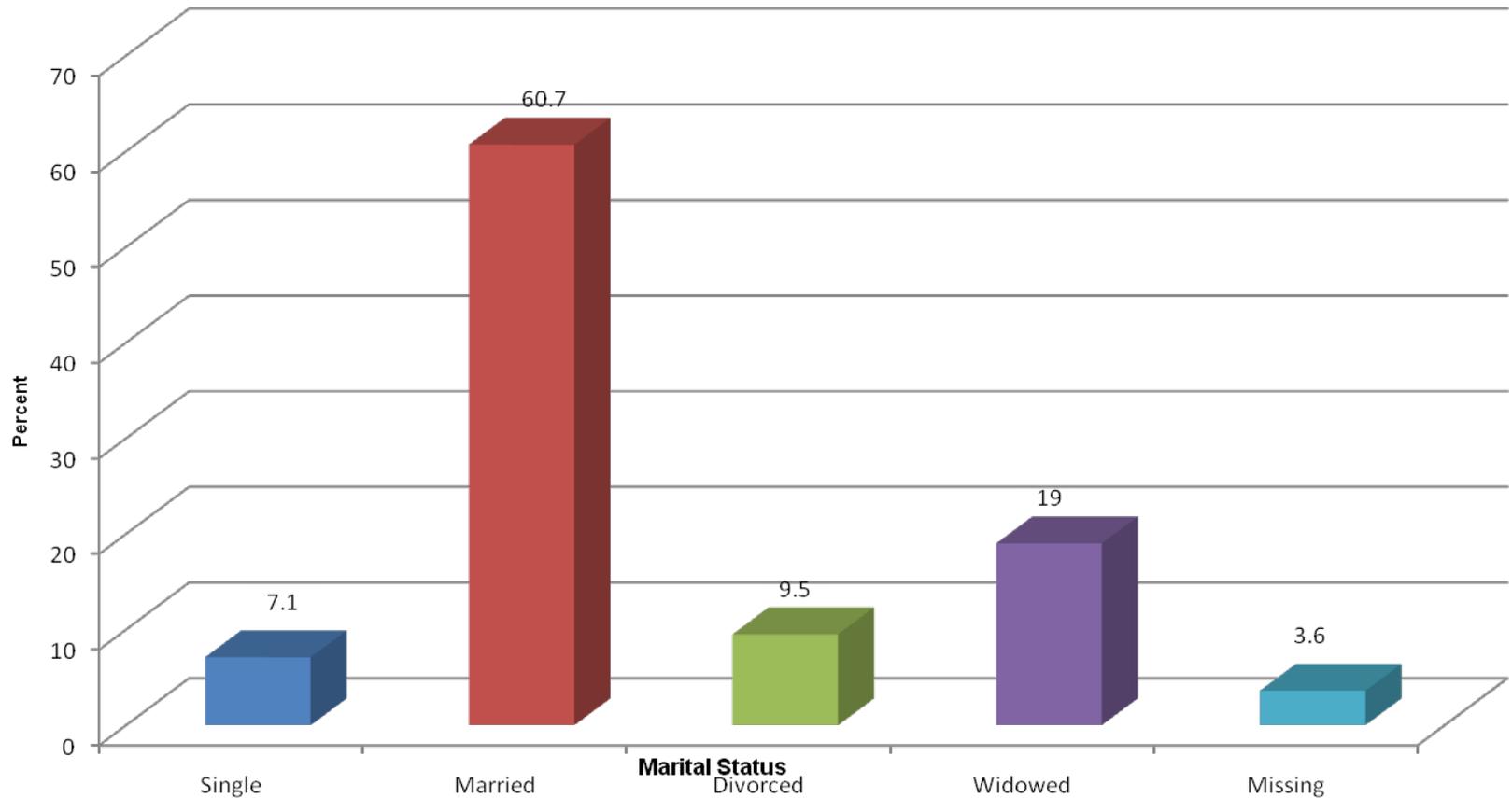
- 84 returned, 17% response rate



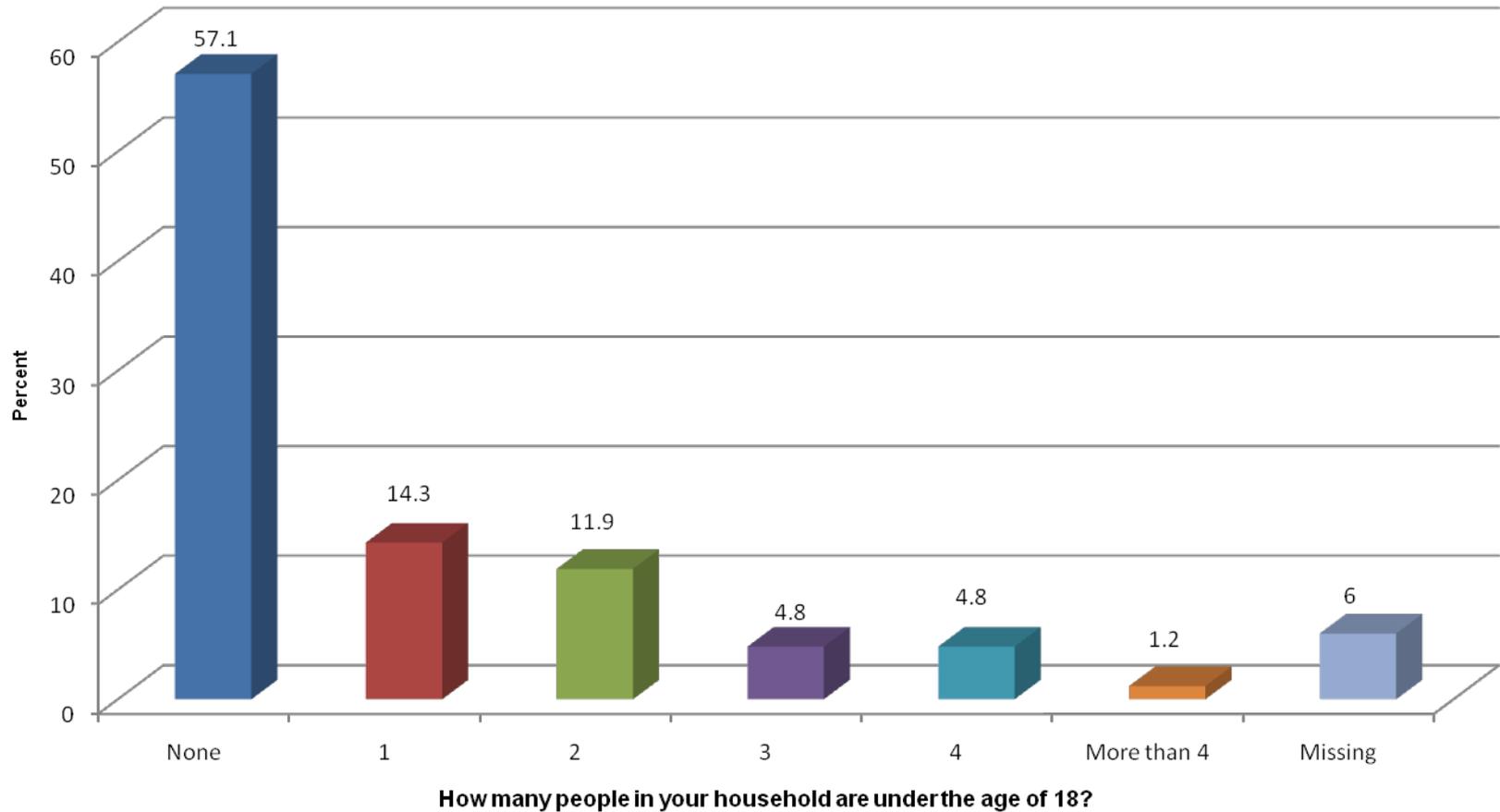
Race and Ethnicity



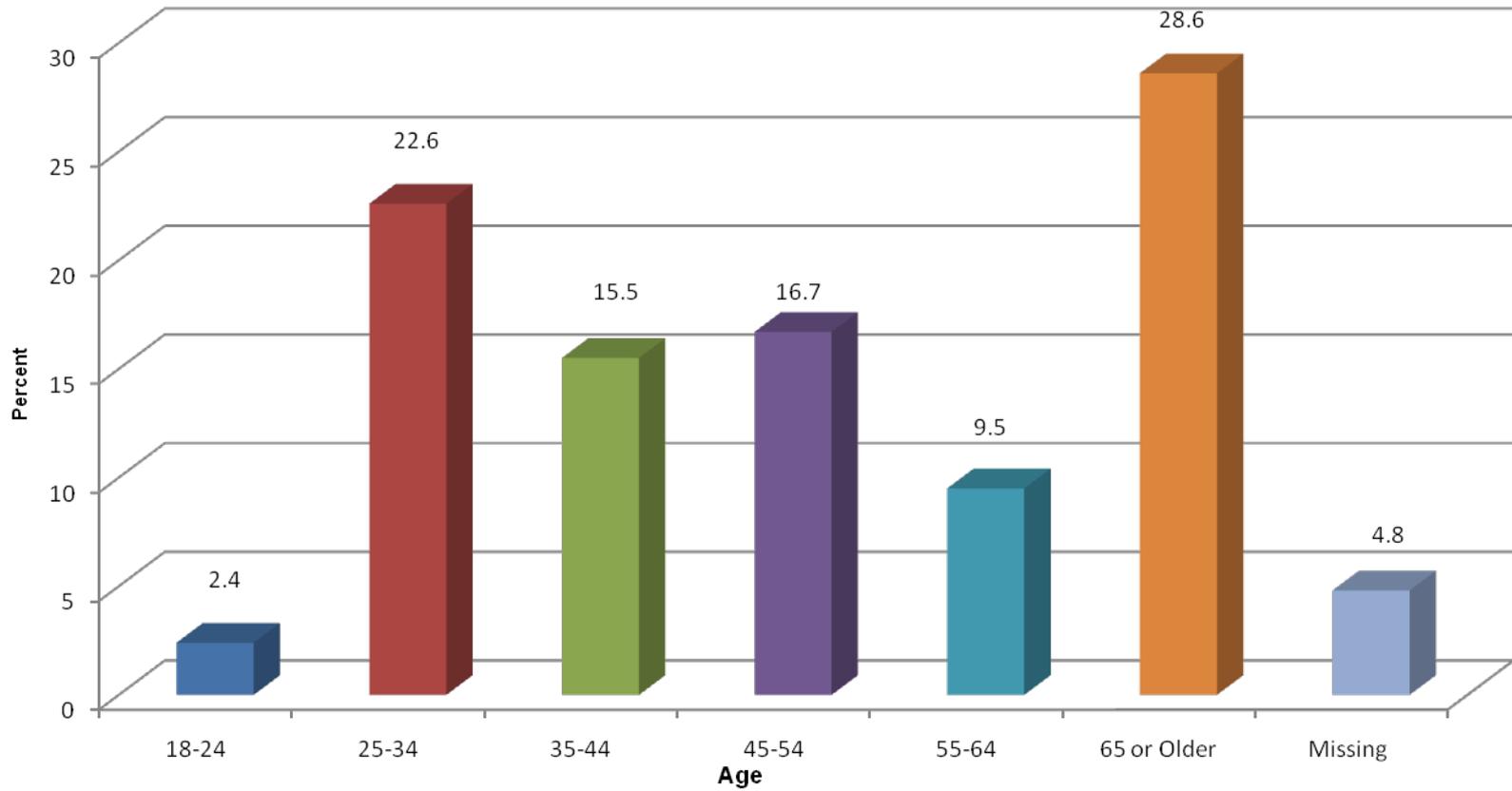
Marital Status



Household: Under age 18

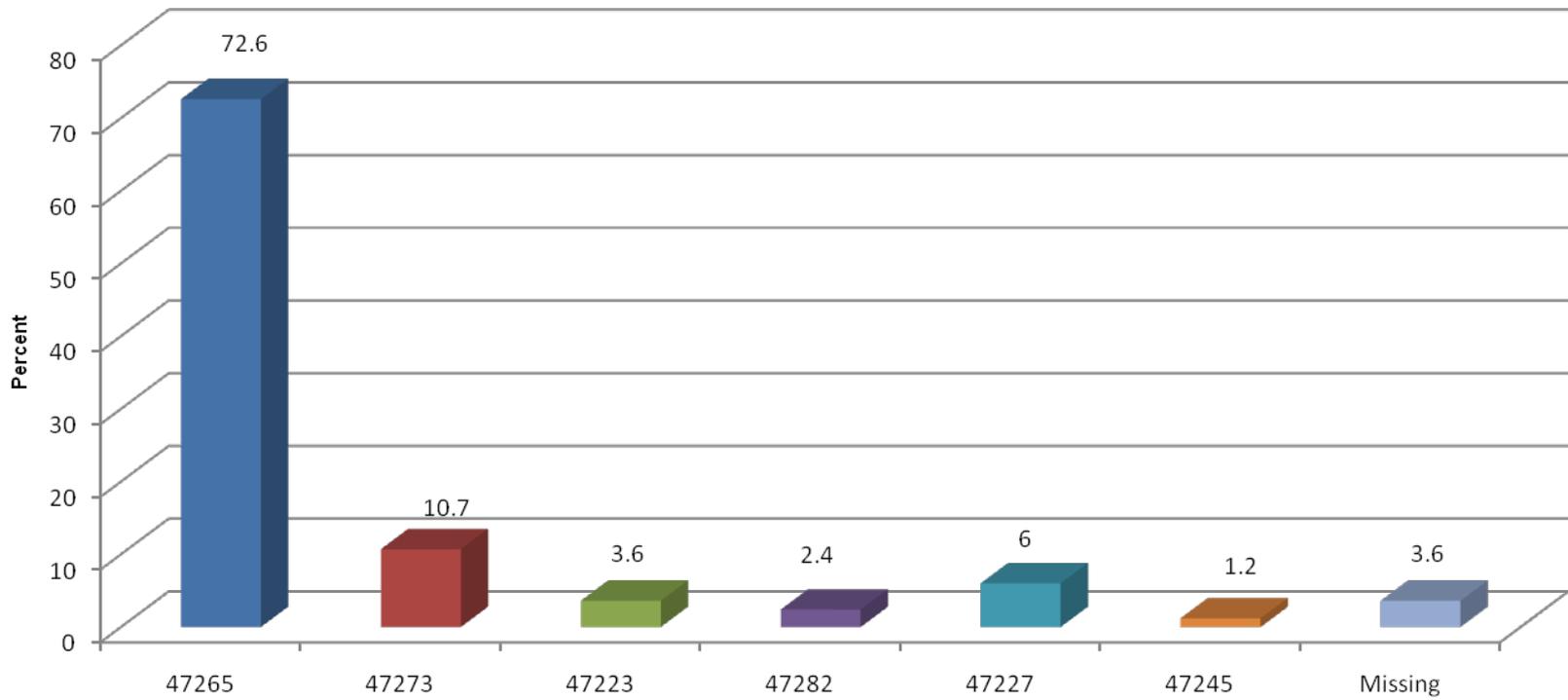


Age

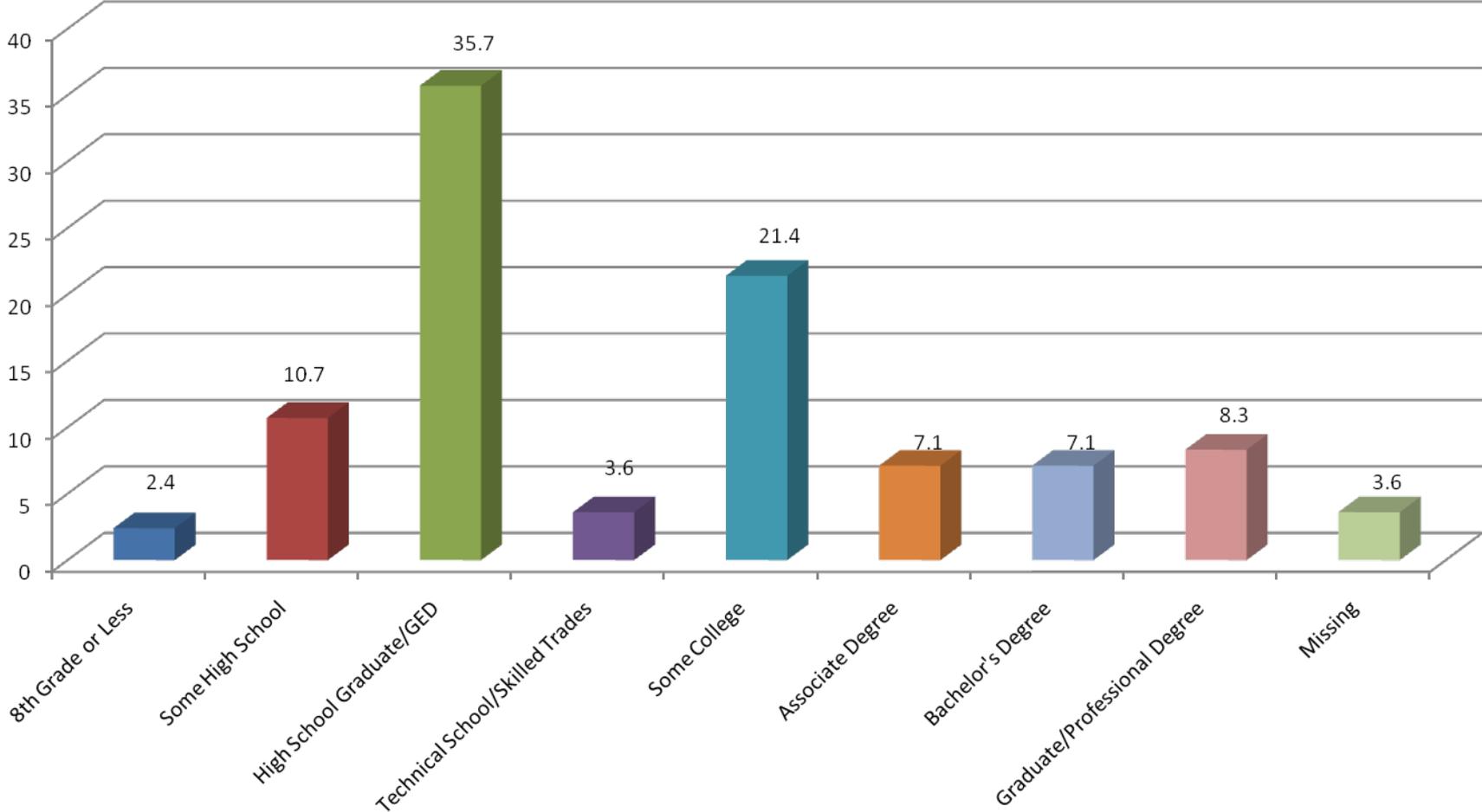


Zip Code

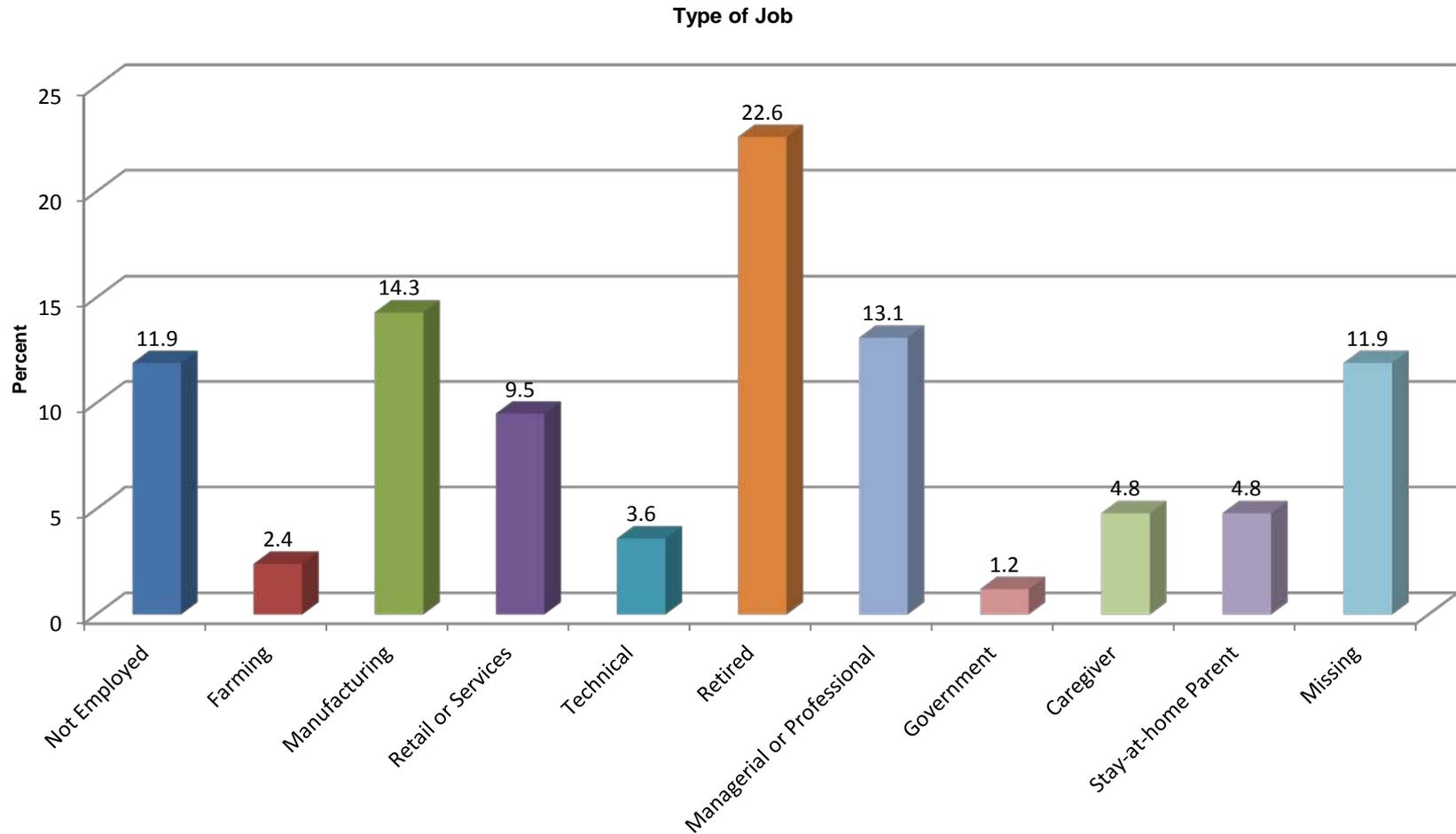
Zip Code



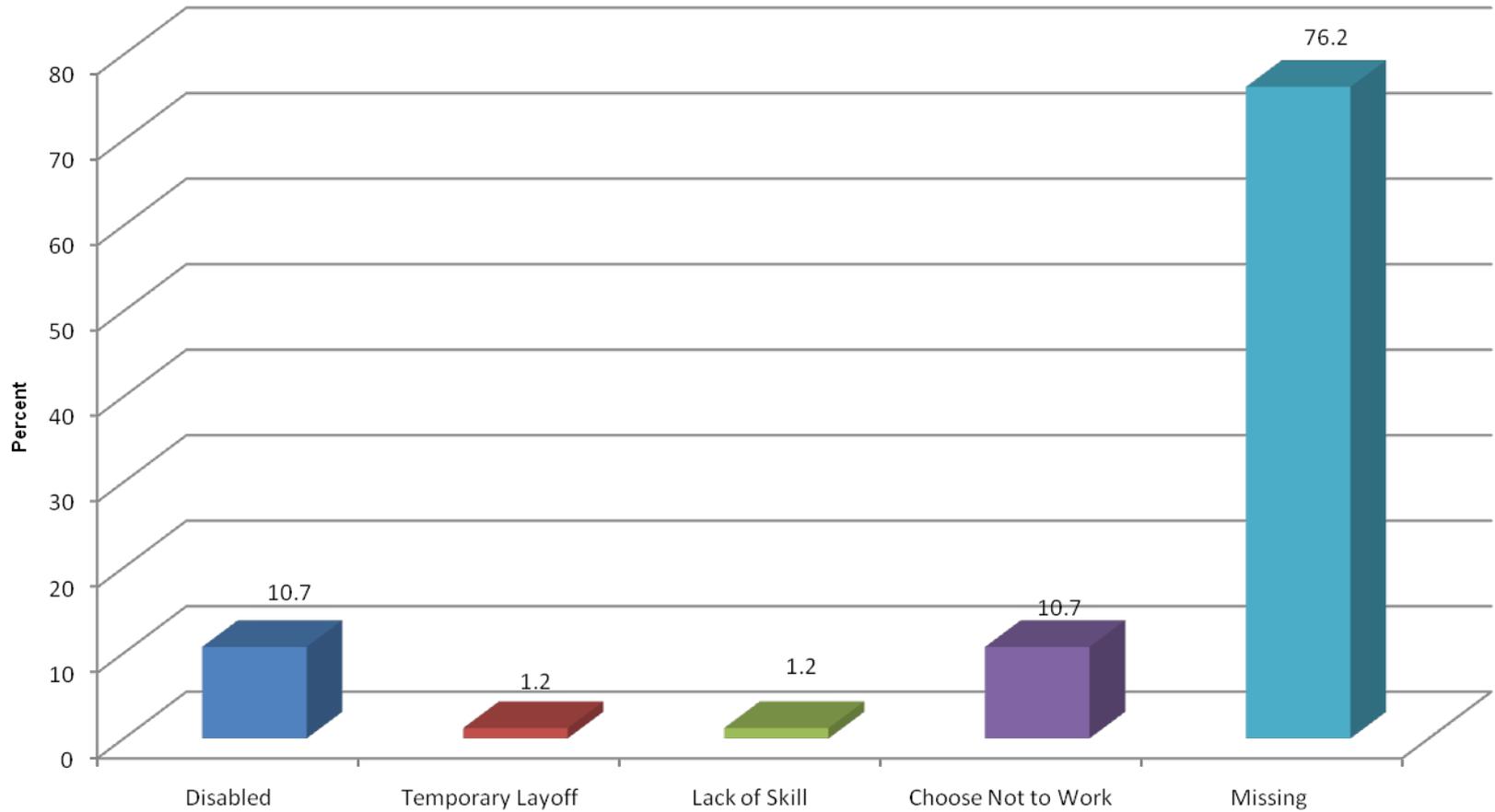
Highest Level of Education



Employment



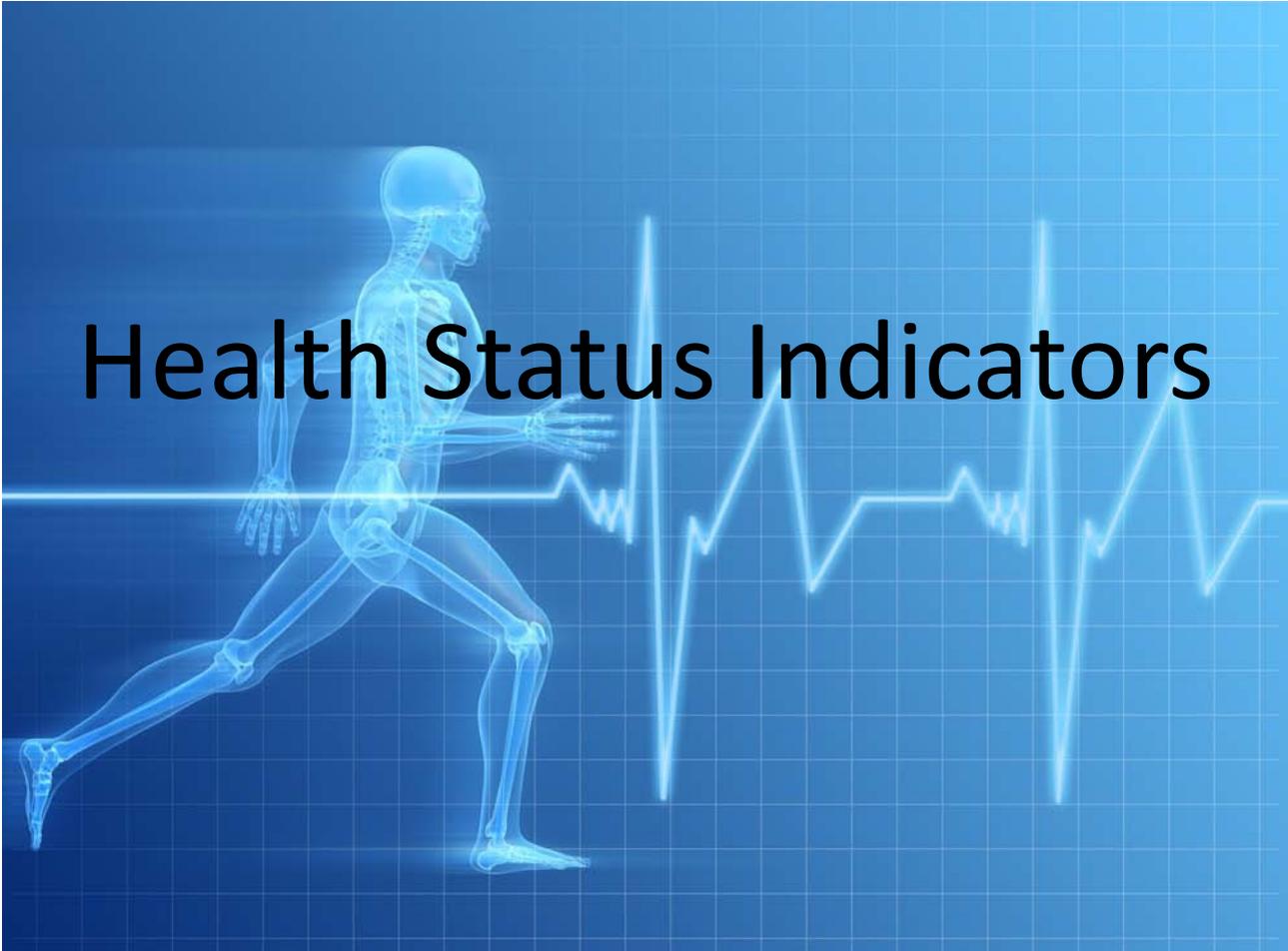
Reason for Unemployment



Overall: Demographics

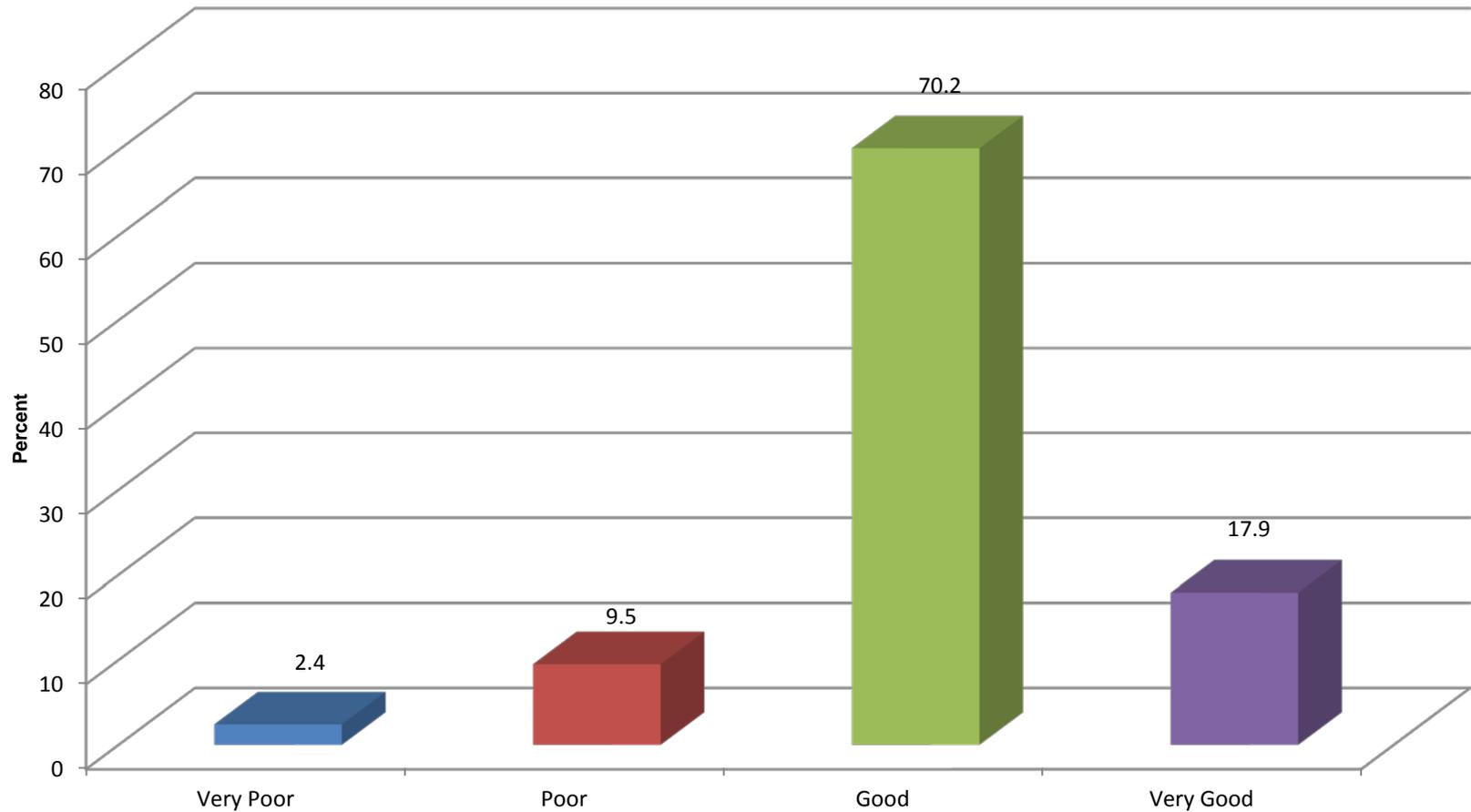
- Majority of the respondents were
 - White
 - Female
 - Married
 - 65 and older (25-34- 2nd largest age group)
 - High school graduate, and some college
 - Retired, Manufacturing, Professional
 - Live in 47265 ZIP Code



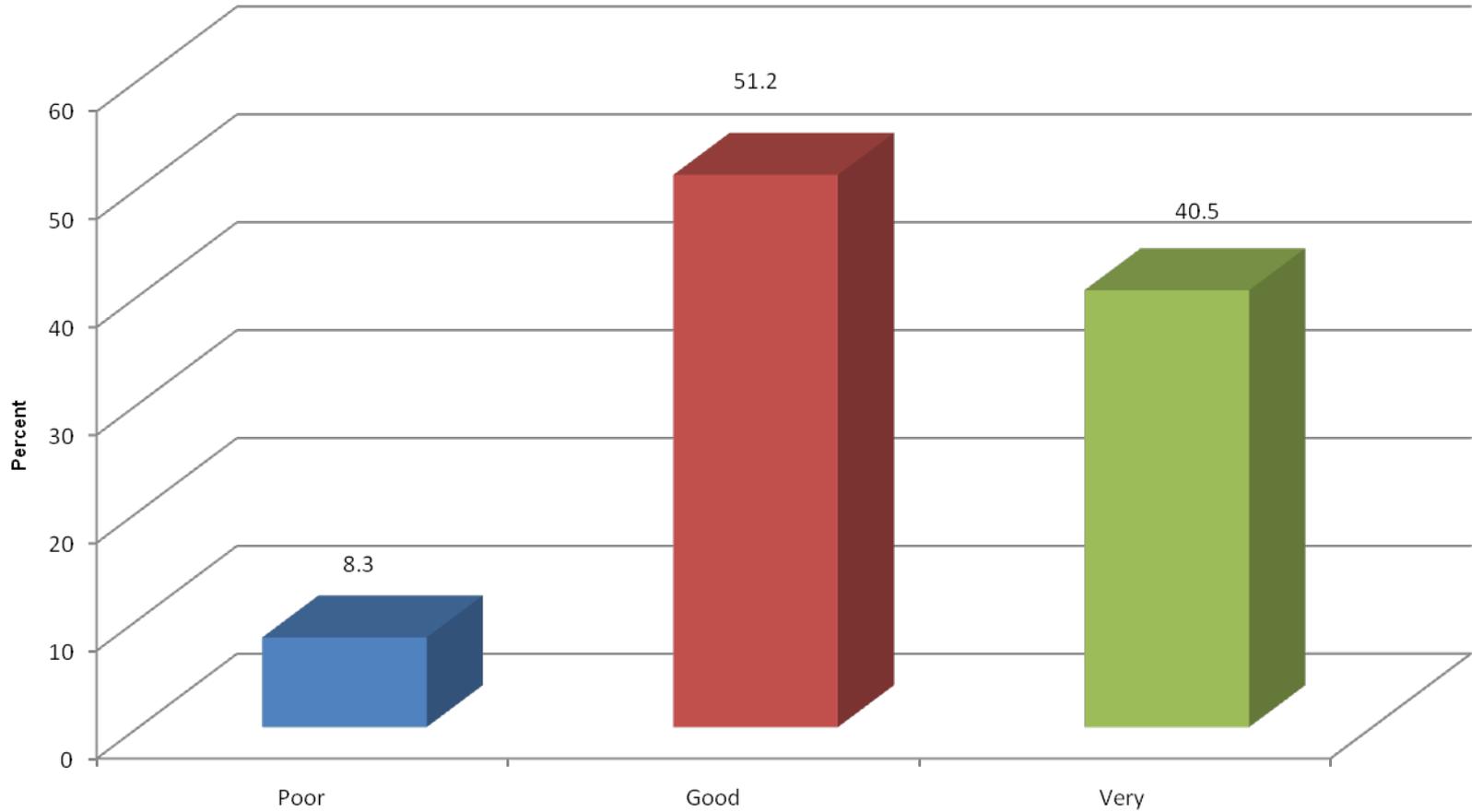


Health Status Indicators

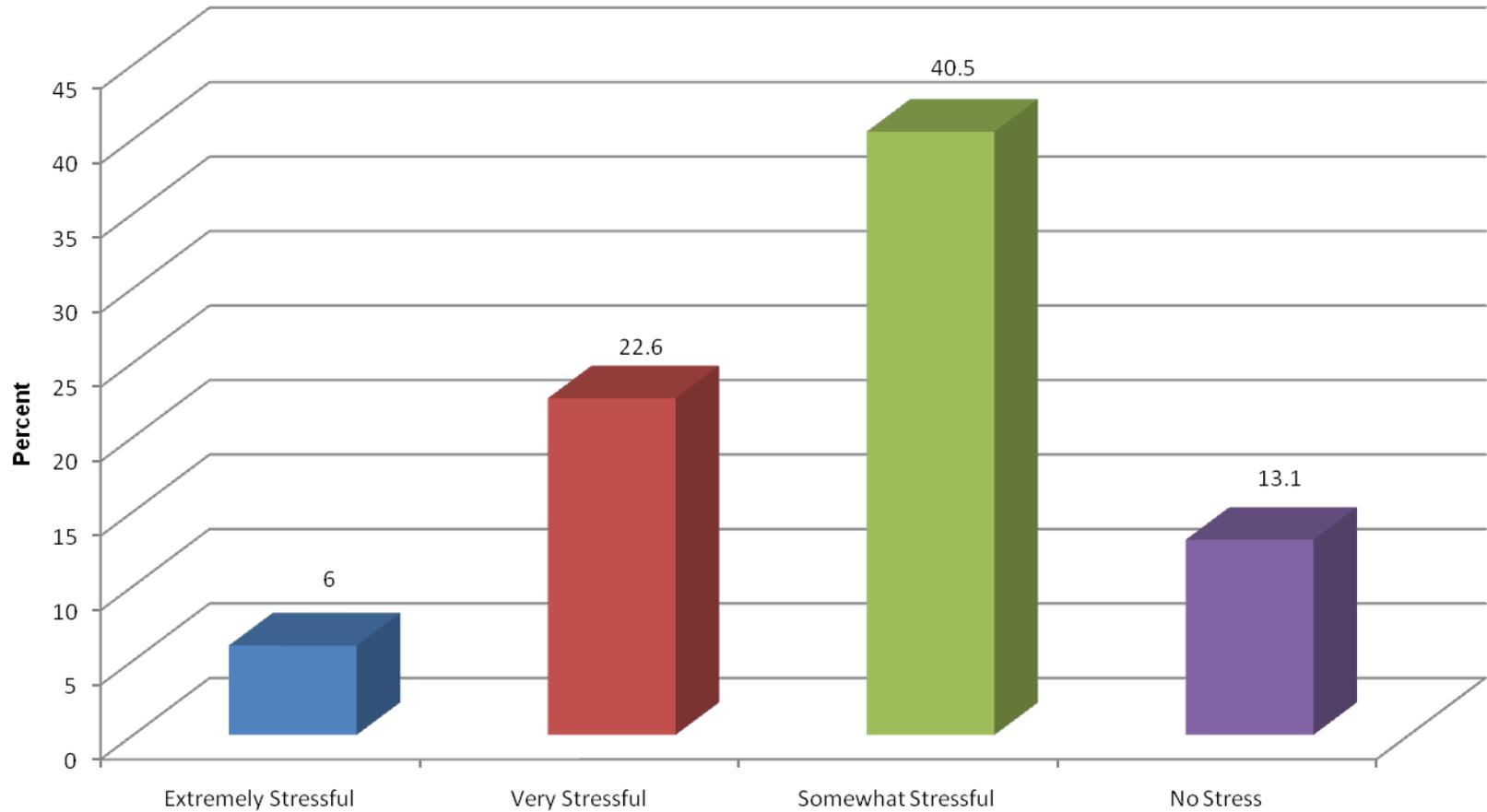
Rate Overall Physical Health



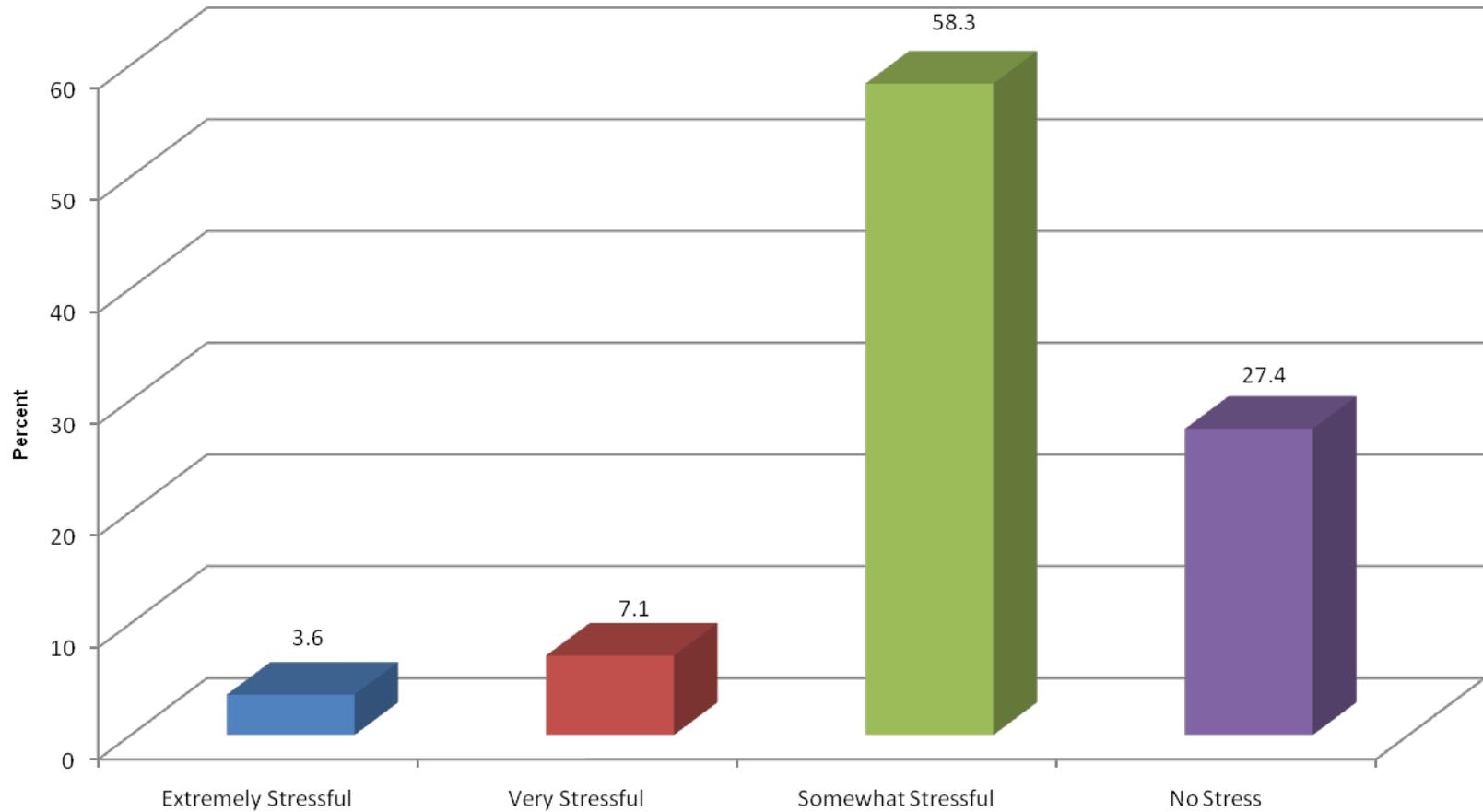
Overall Mental Health



Stress Level at Work or School

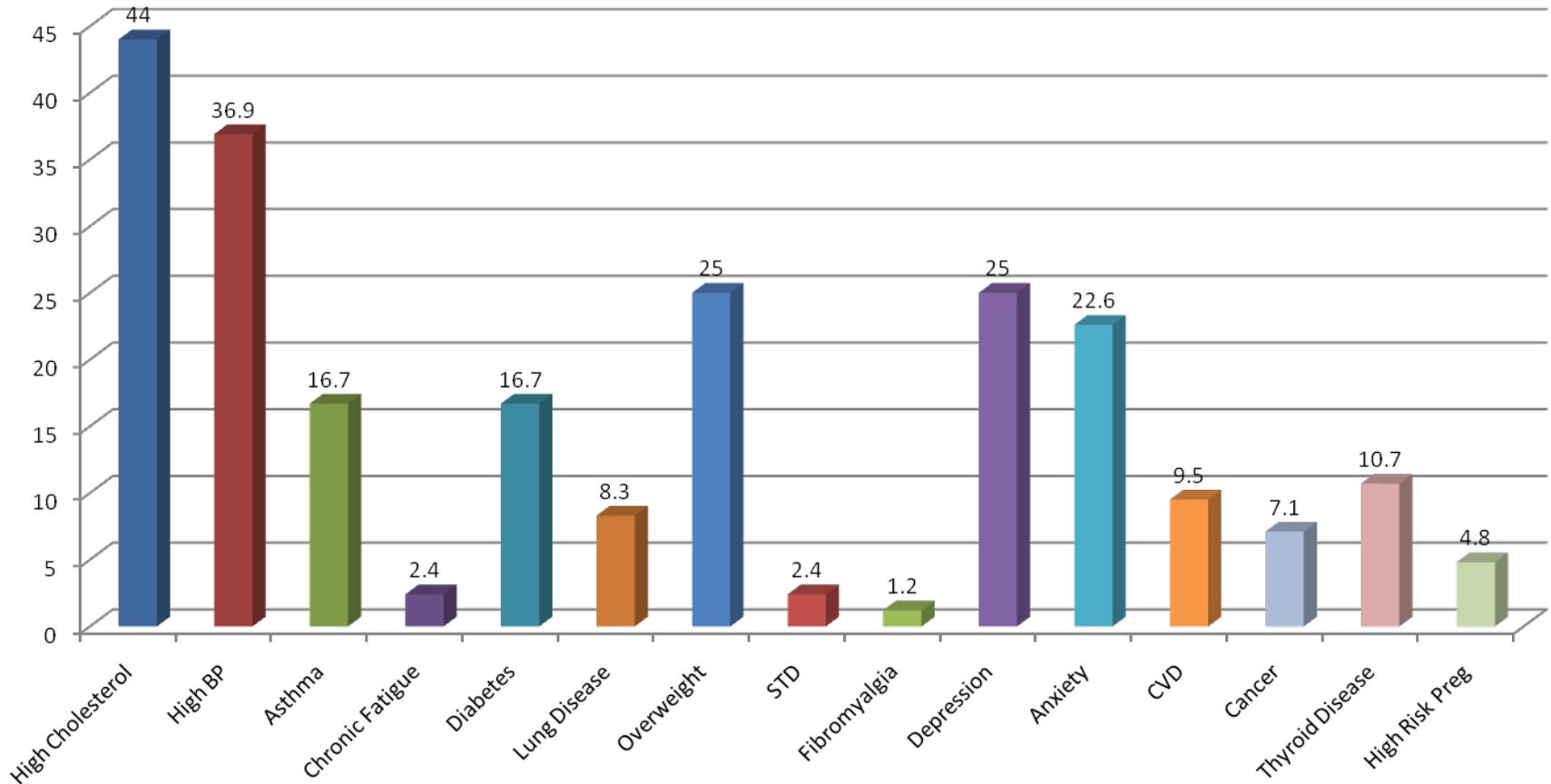


Stress Level at Home



Health Conditions

Diagnosed with...



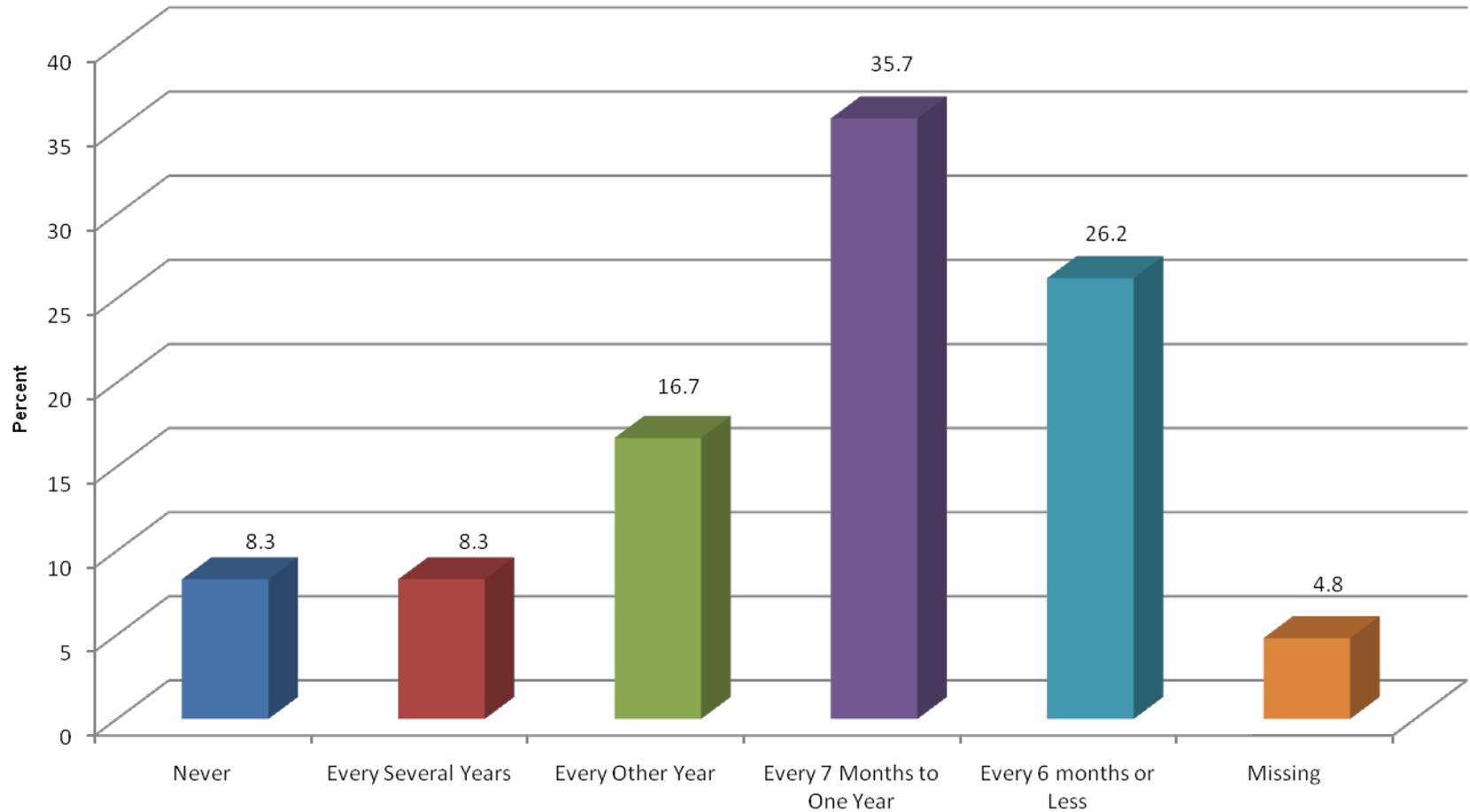
Overall: Health Status Indicators

- Physical (88.1%) and mental health (91.7%) are **good to very good**
- 28.6% indicated that their stress levels at work or school are **very stressful to extremely stressful**
- 85.7%, the **stress level at home** was only somewhat to none
- Chronic Illnesses
 - high cholesterol (44%)
 - hypertension (36.9%)
 - overweight (25%)
 - depression (25%)
 - anxiety (22.6%)

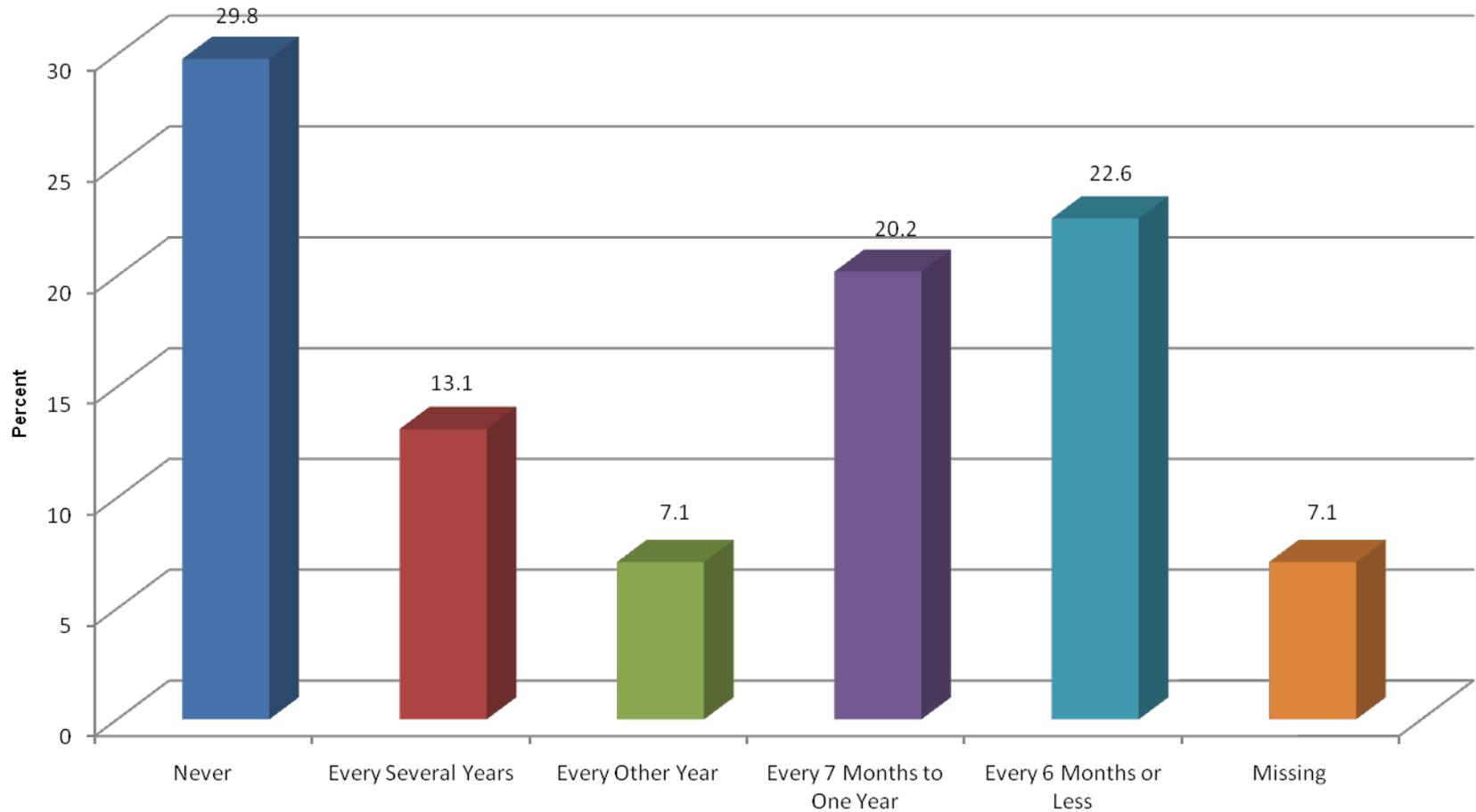
Health Behaviors



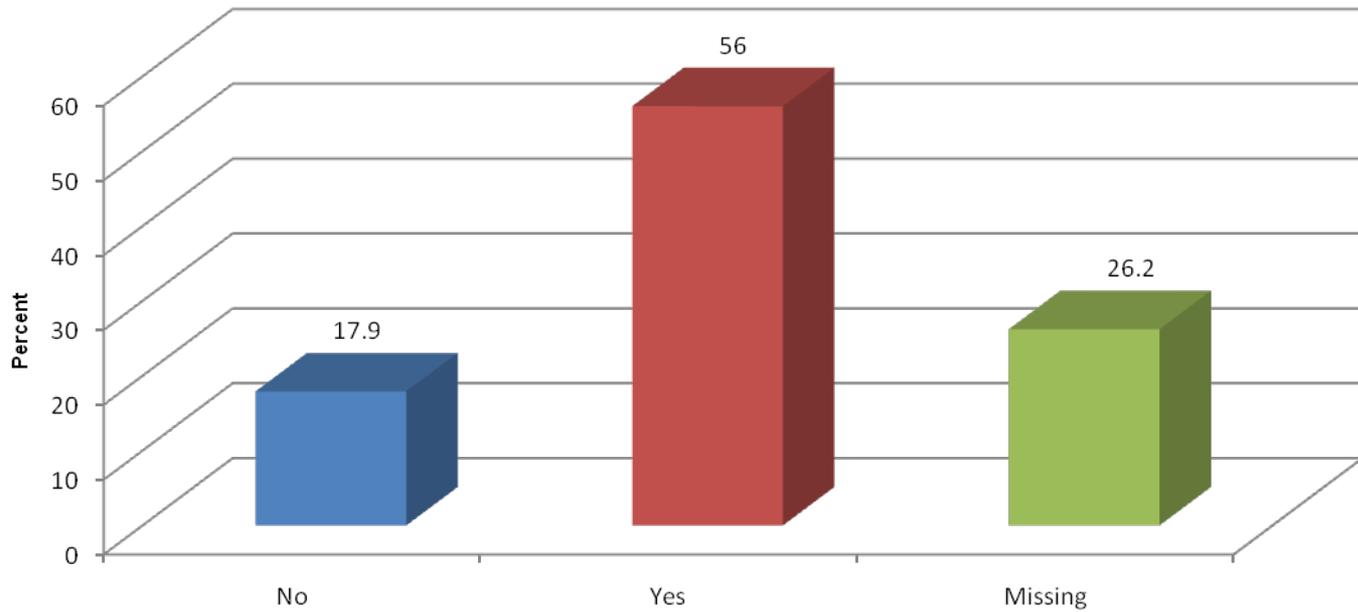
Regular Check-ups



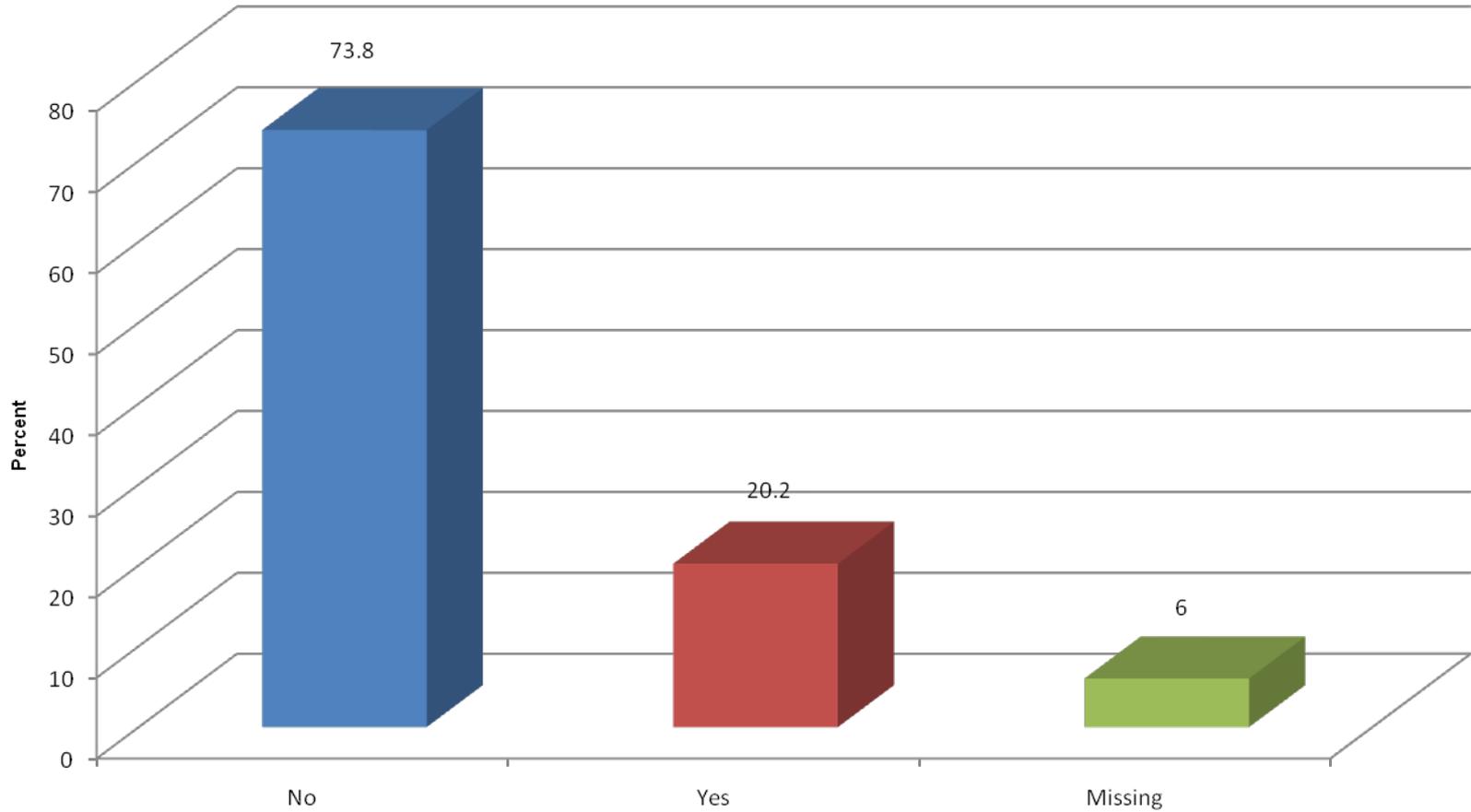
Frequency of Dental Exams



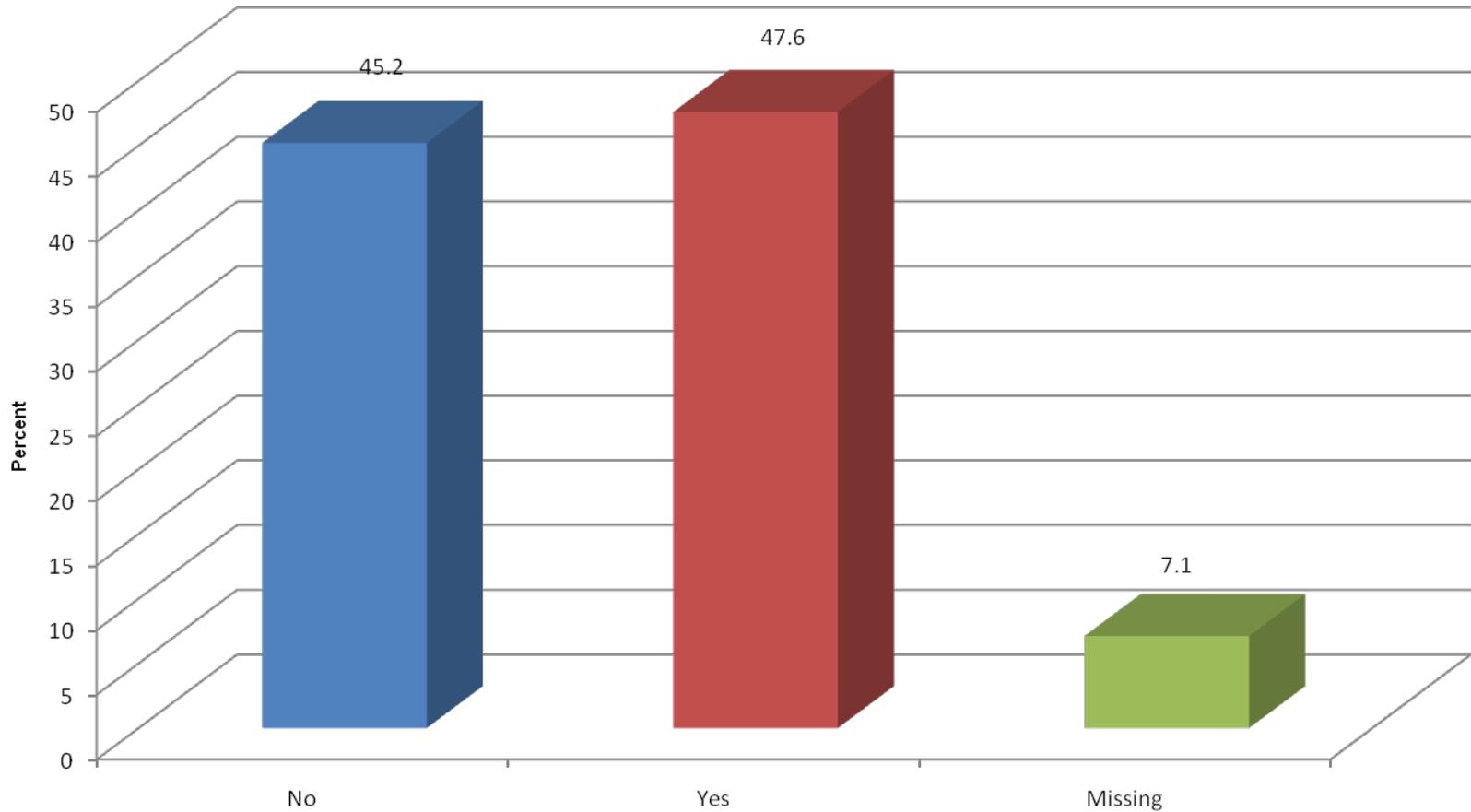
Access STD Treatment



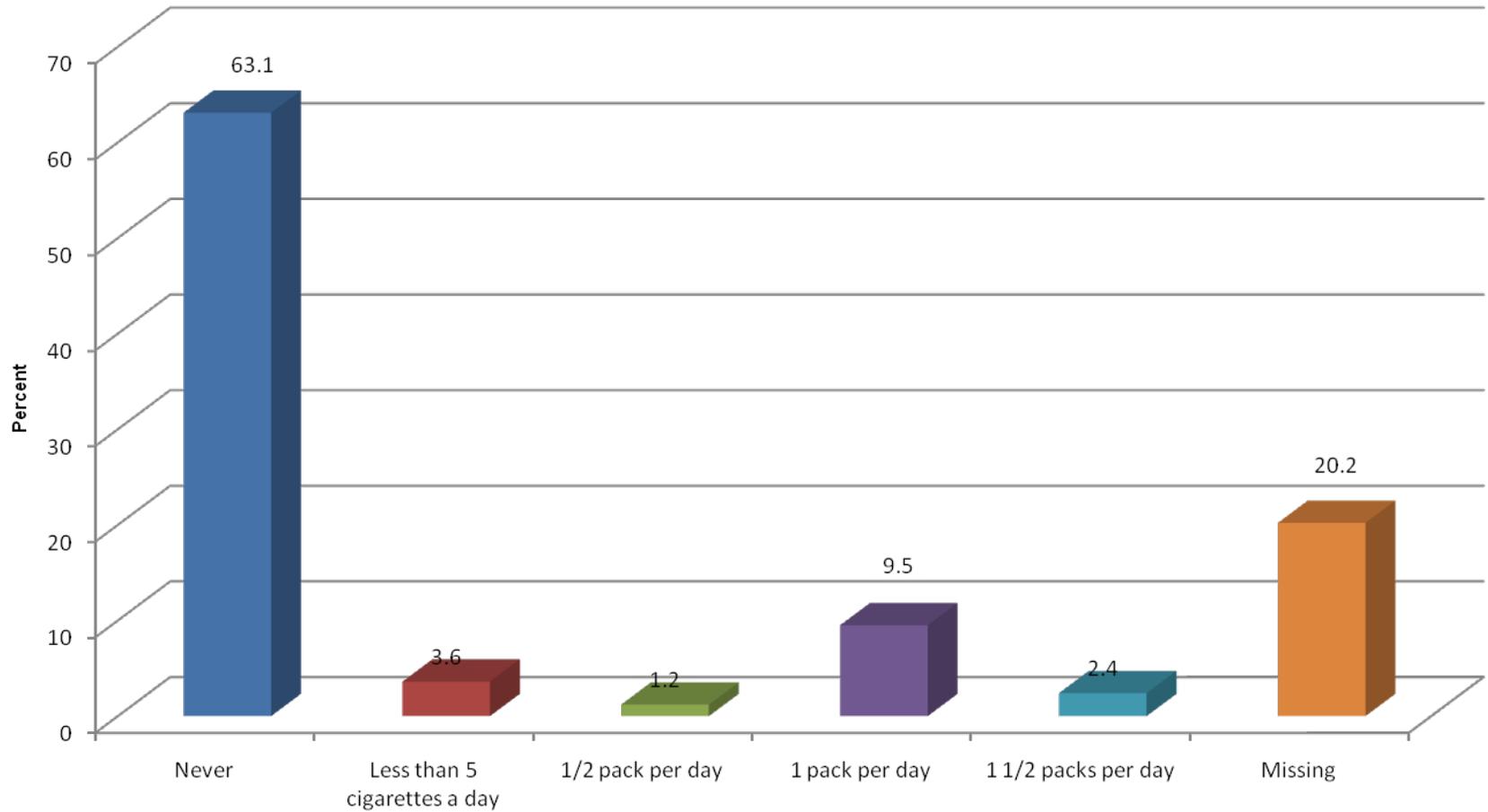
Tobacco Use



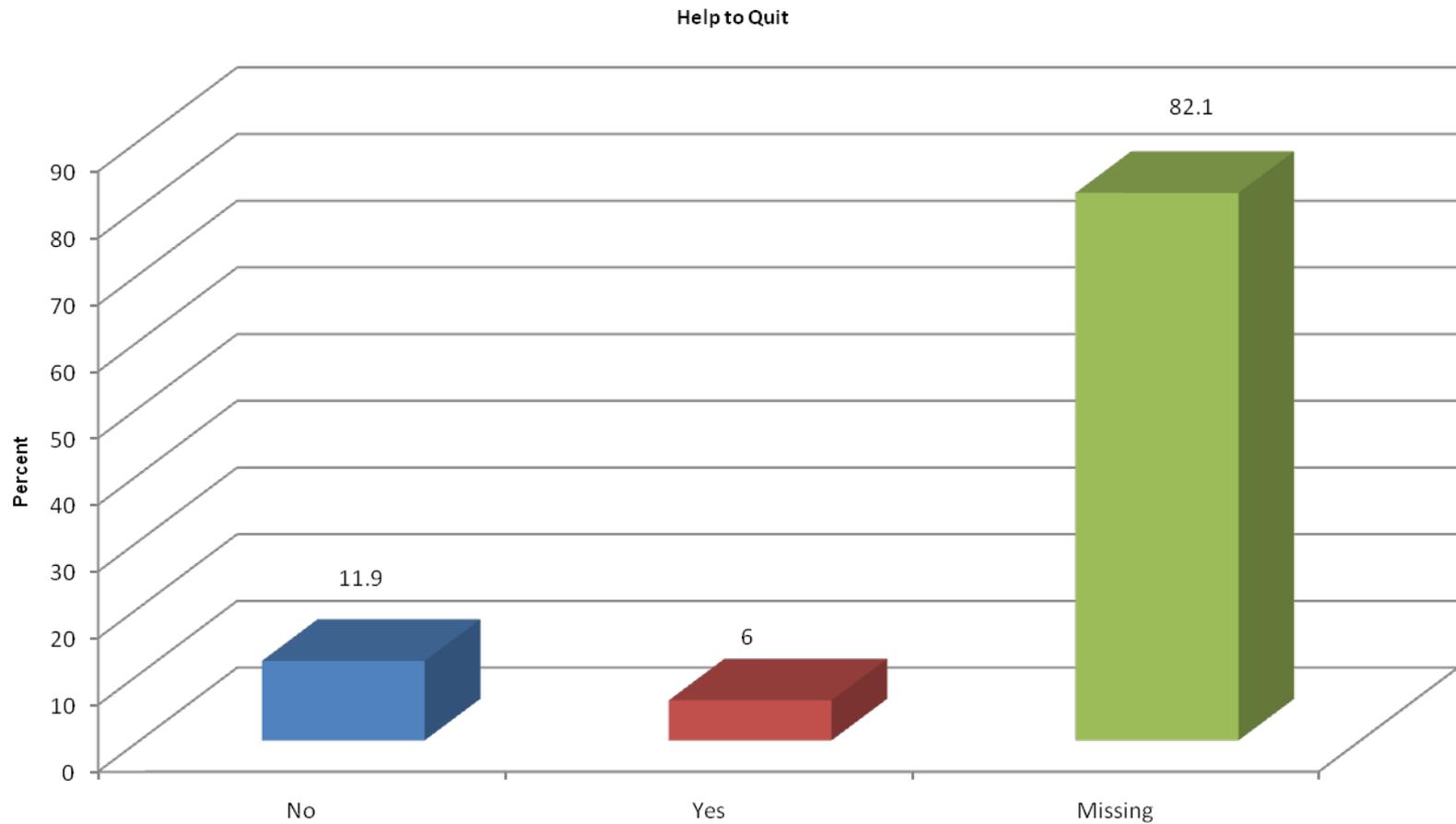
Ever Smoked or Used Tobacco



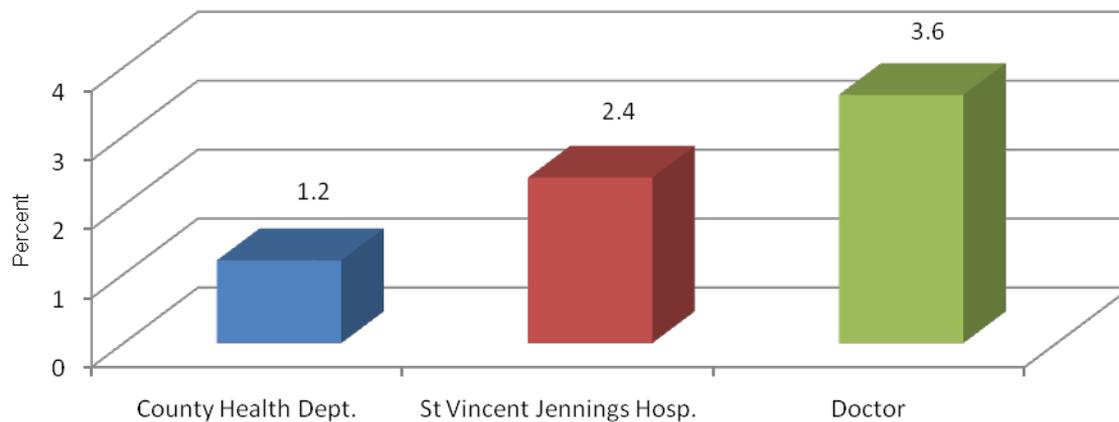
How Much Smoked



Ever Asked for Help to Quit?

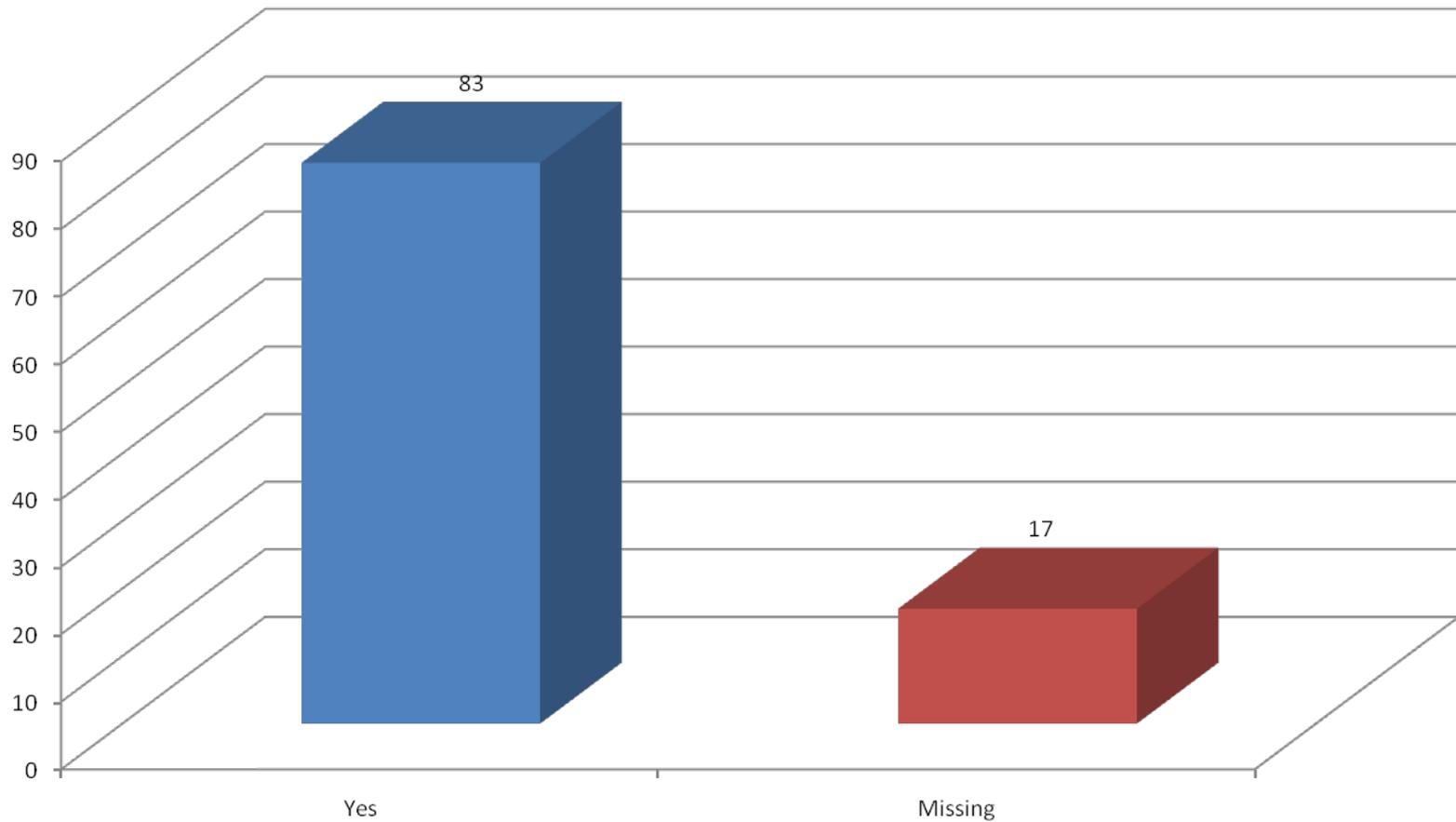


If Yes, Where?

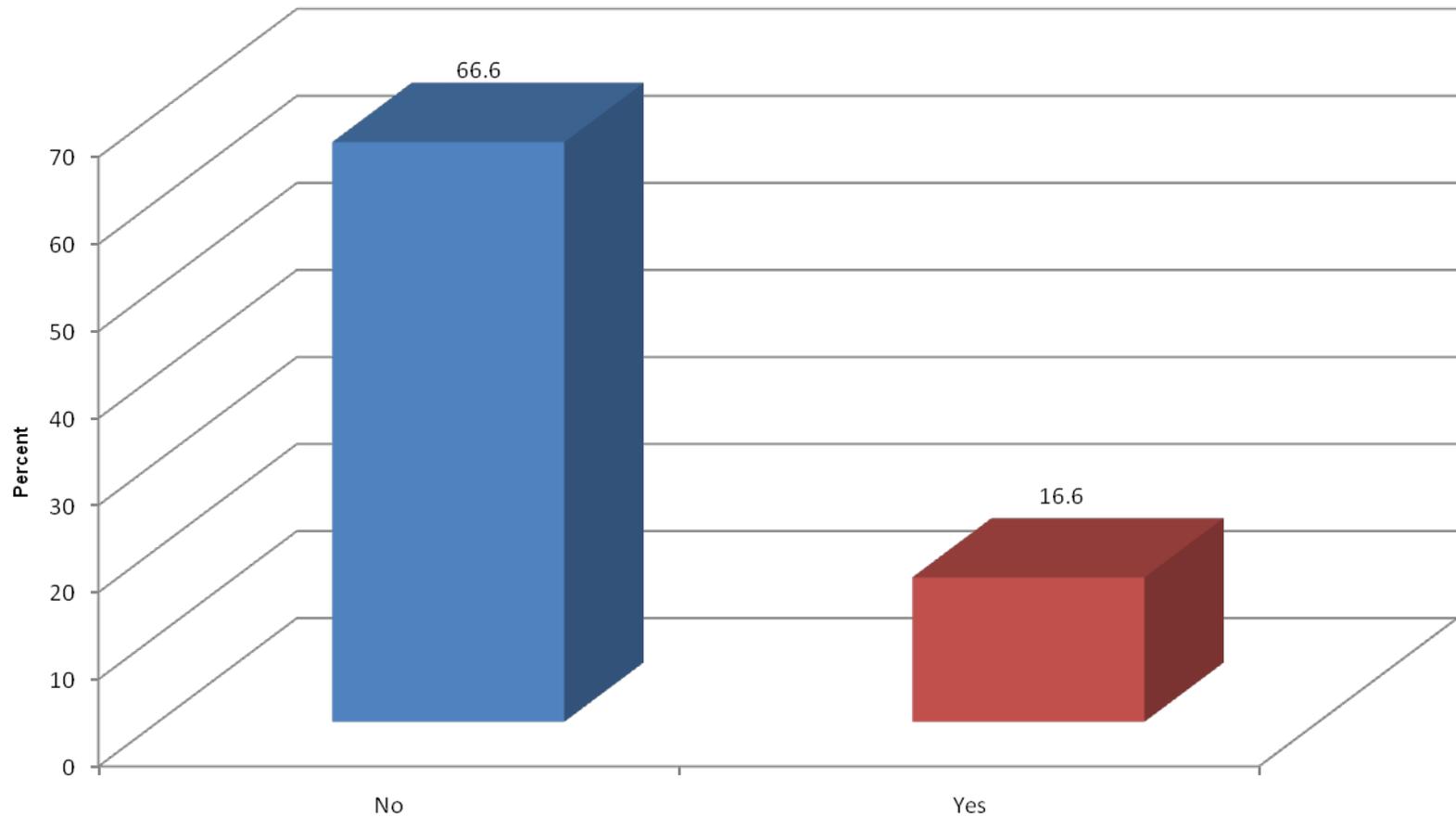


Did you get the help you needed?

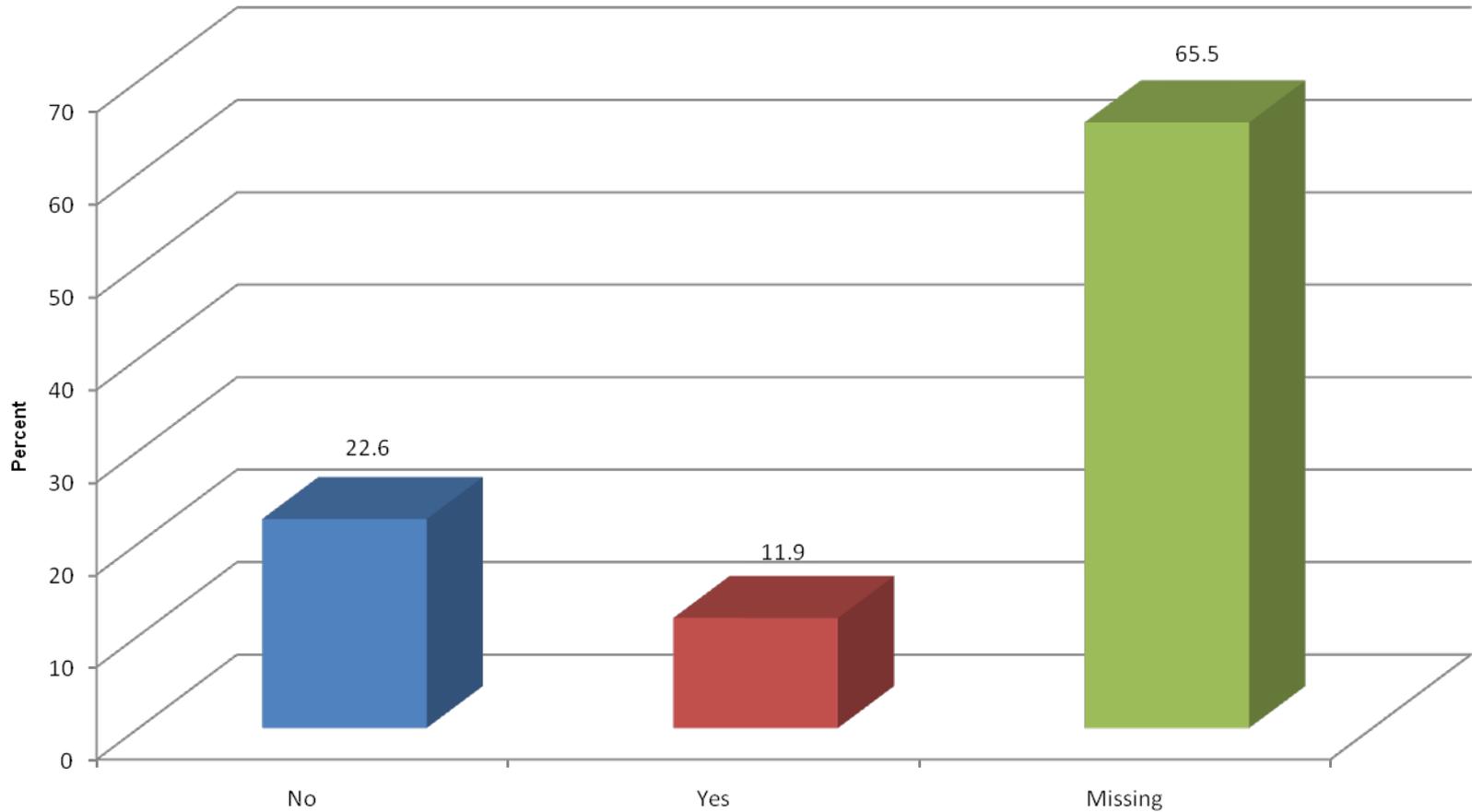
(n=6)



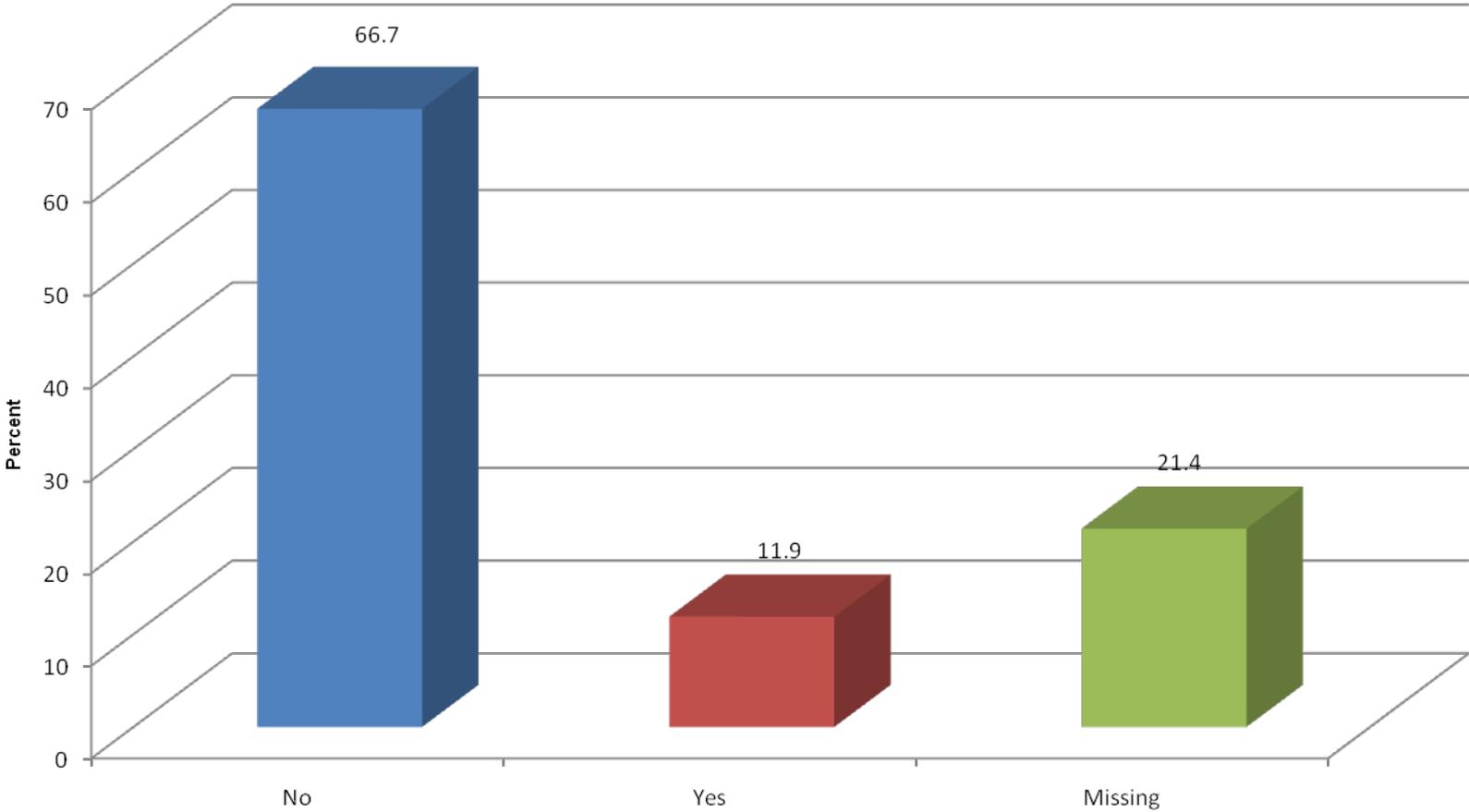
Successful Tobacco Cessation (n=6)



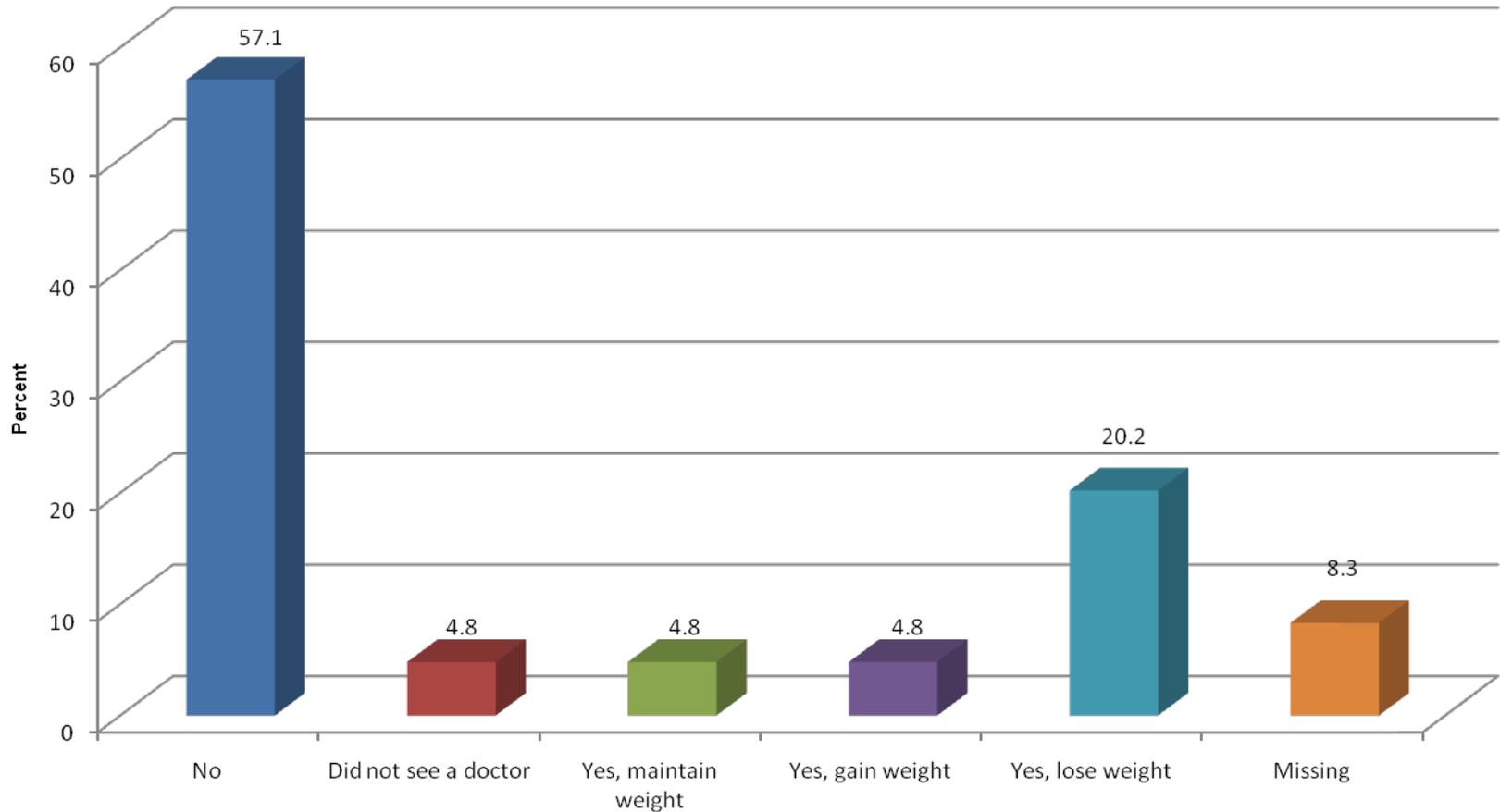
Use Less Tobacco than One Year Ago?



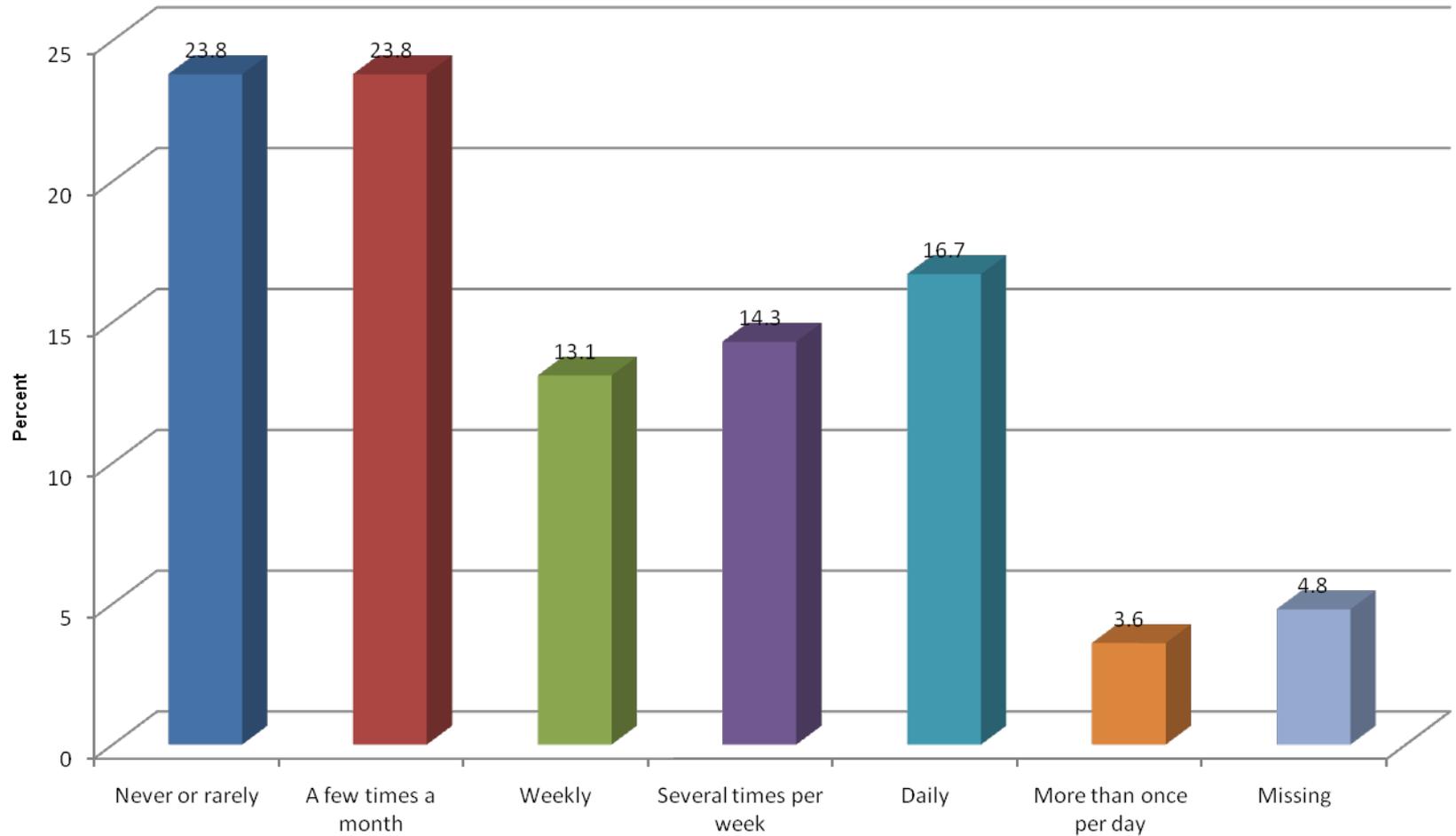
Anyone Else in Household Smoke?



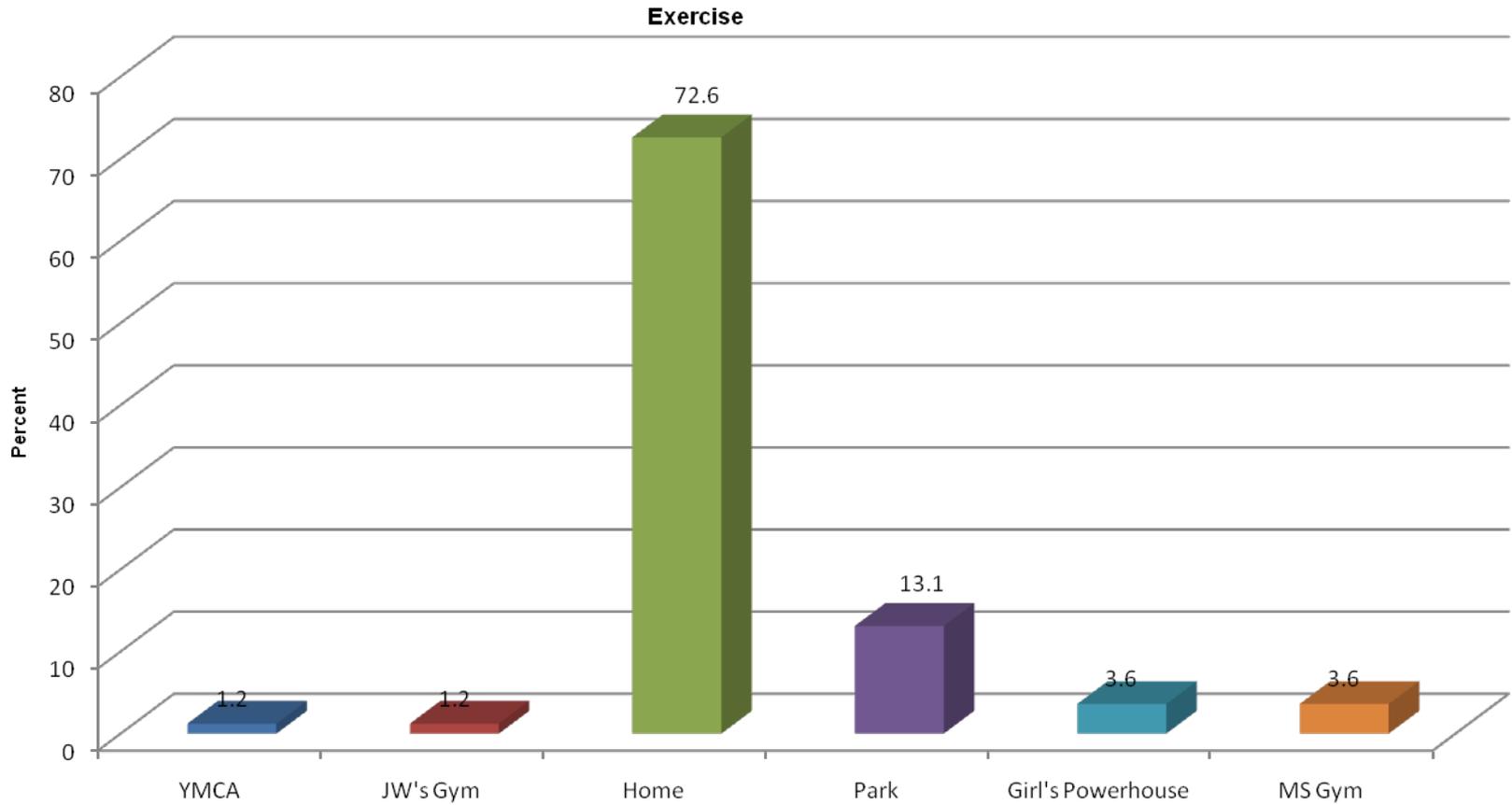
Health Professional Discuss Weight?



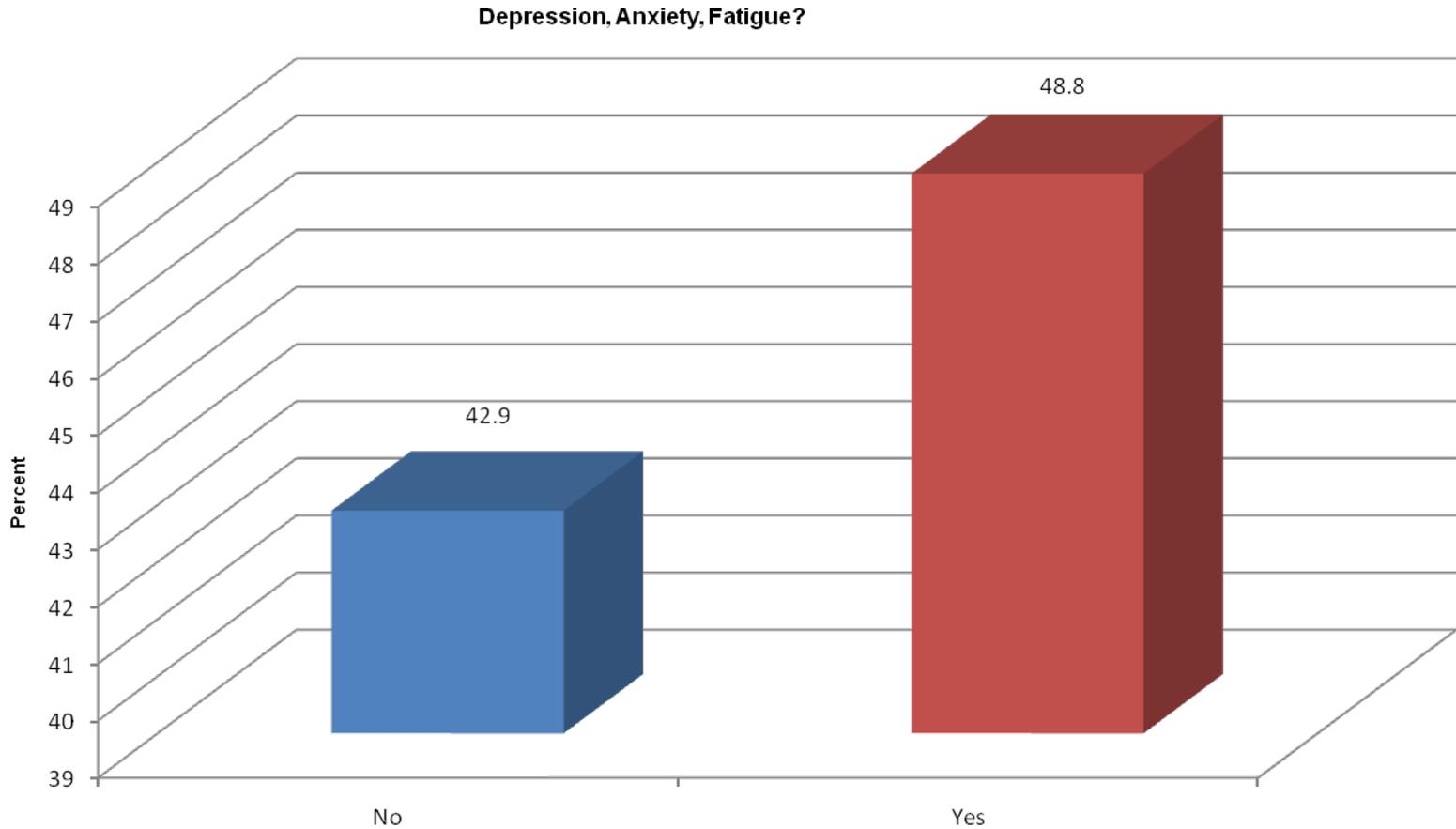
Exercise



Exercise: Where?

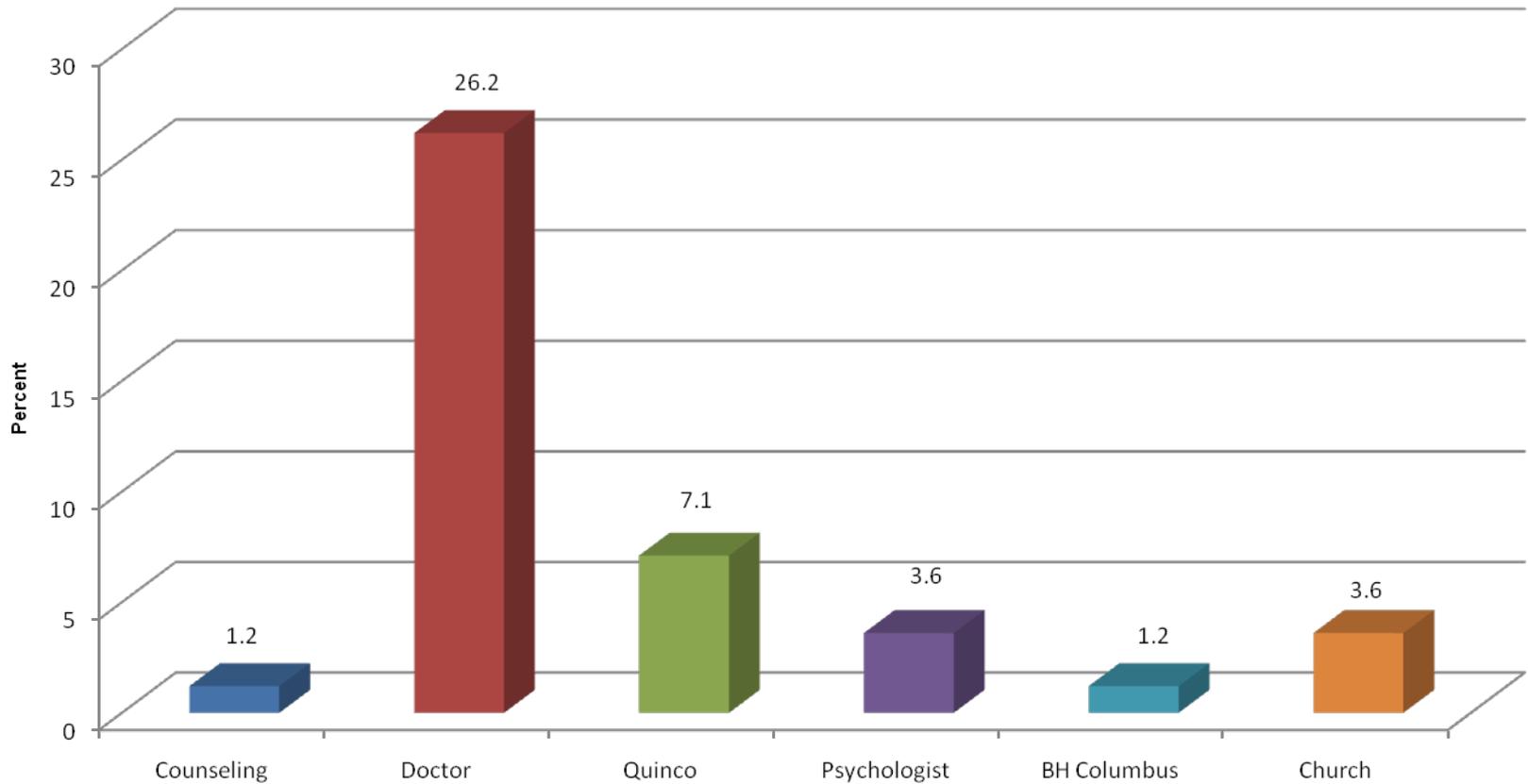


Self/Family: Mental Illnesses

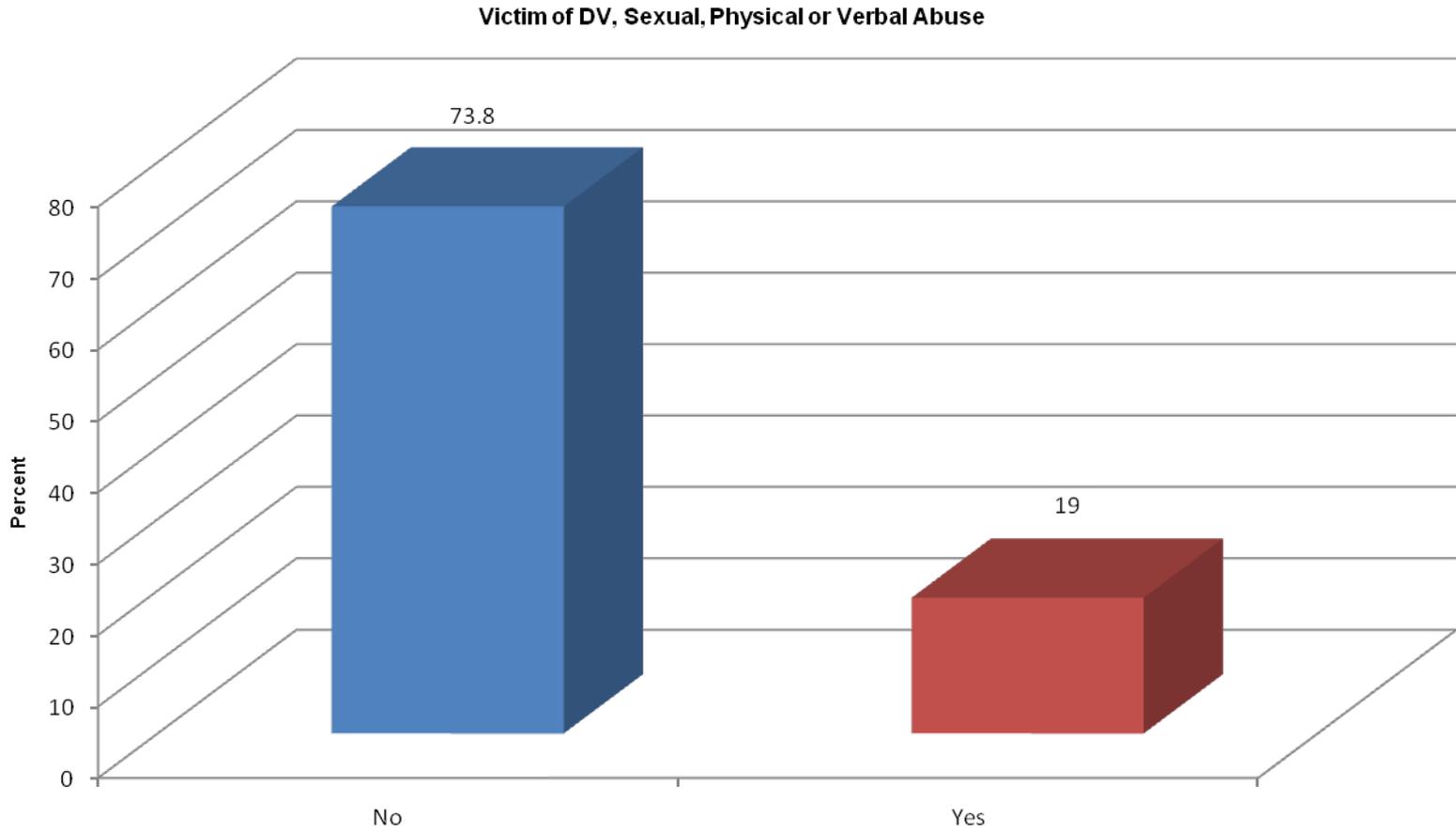


Where to go for help

Where have you asked for help?

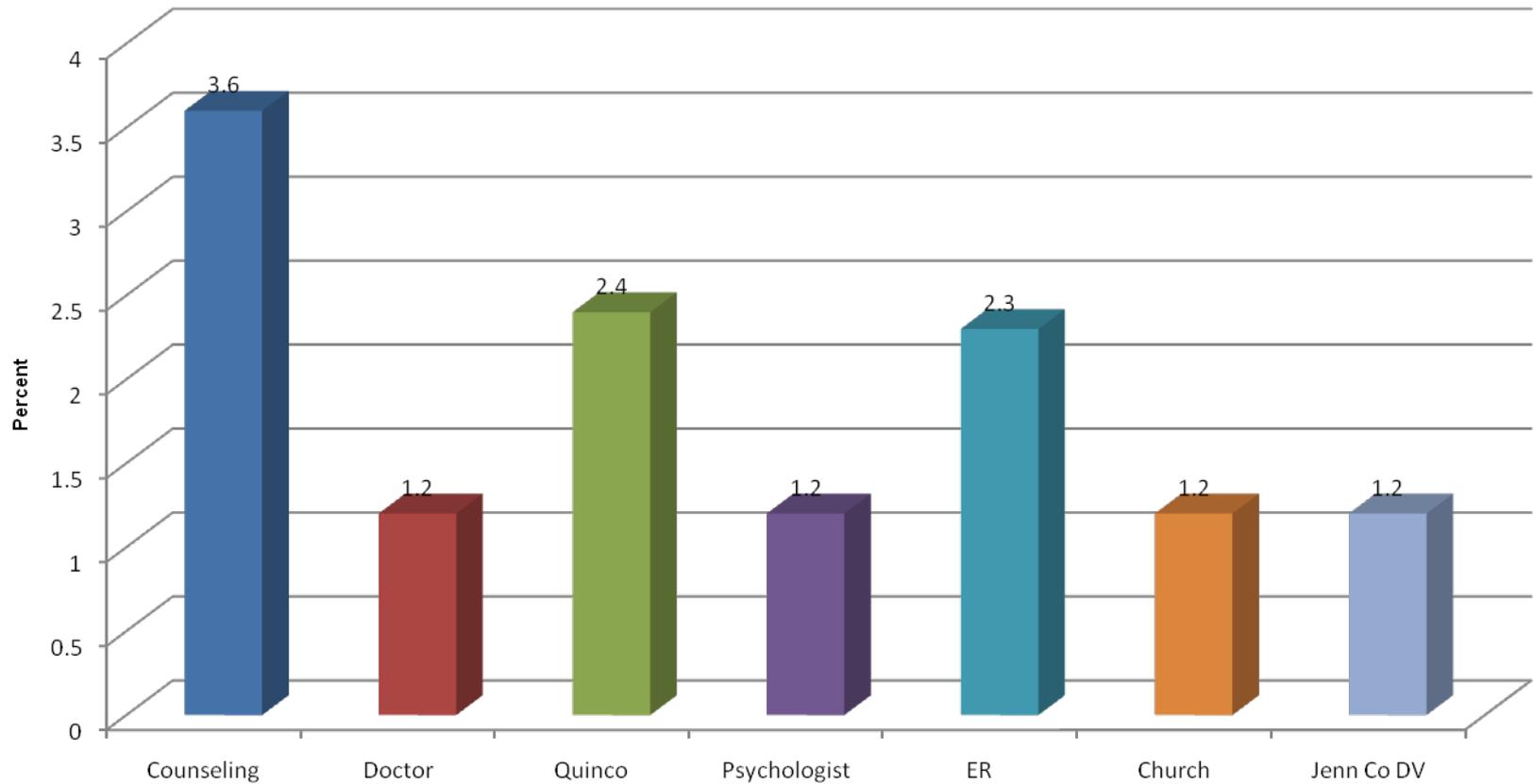


Victim of DV, Abuse



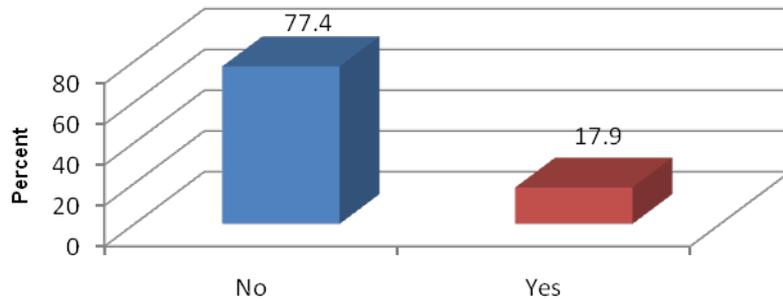
Where to go for help

Where have you asked for help?

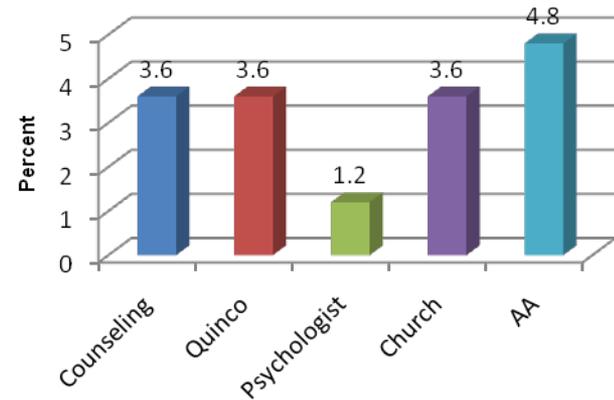


Problems with Alcohol or Drugs

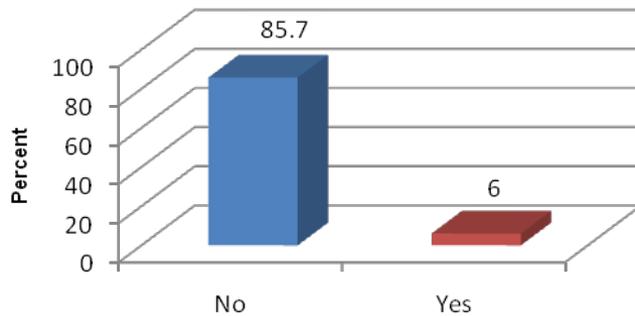
Problem with alcohol?



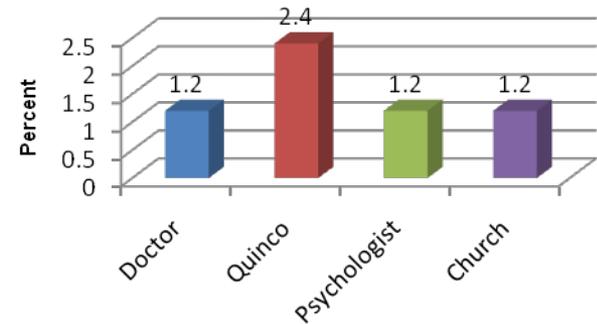
Where to go for help?



Addicted to an illegal substance?



Where to go for help?



Overall: Health Behaviors

- **Majority see a doctor** every other year or more
- **Most see a dentist** regularly
 - 29.8% report never seeing a dentist
- **20.2% reported receiving advice** from their physician to **lose weight**

Overall: Health Behaviors

- **20% currently use** some form of tobacco
- 11.9% smoke 1+ pack/day
- **47.6% report smoking at some time** in their lives
- **6% have asked for help** to quit
 - most ask their physician
- One person **has been successful** at quitting

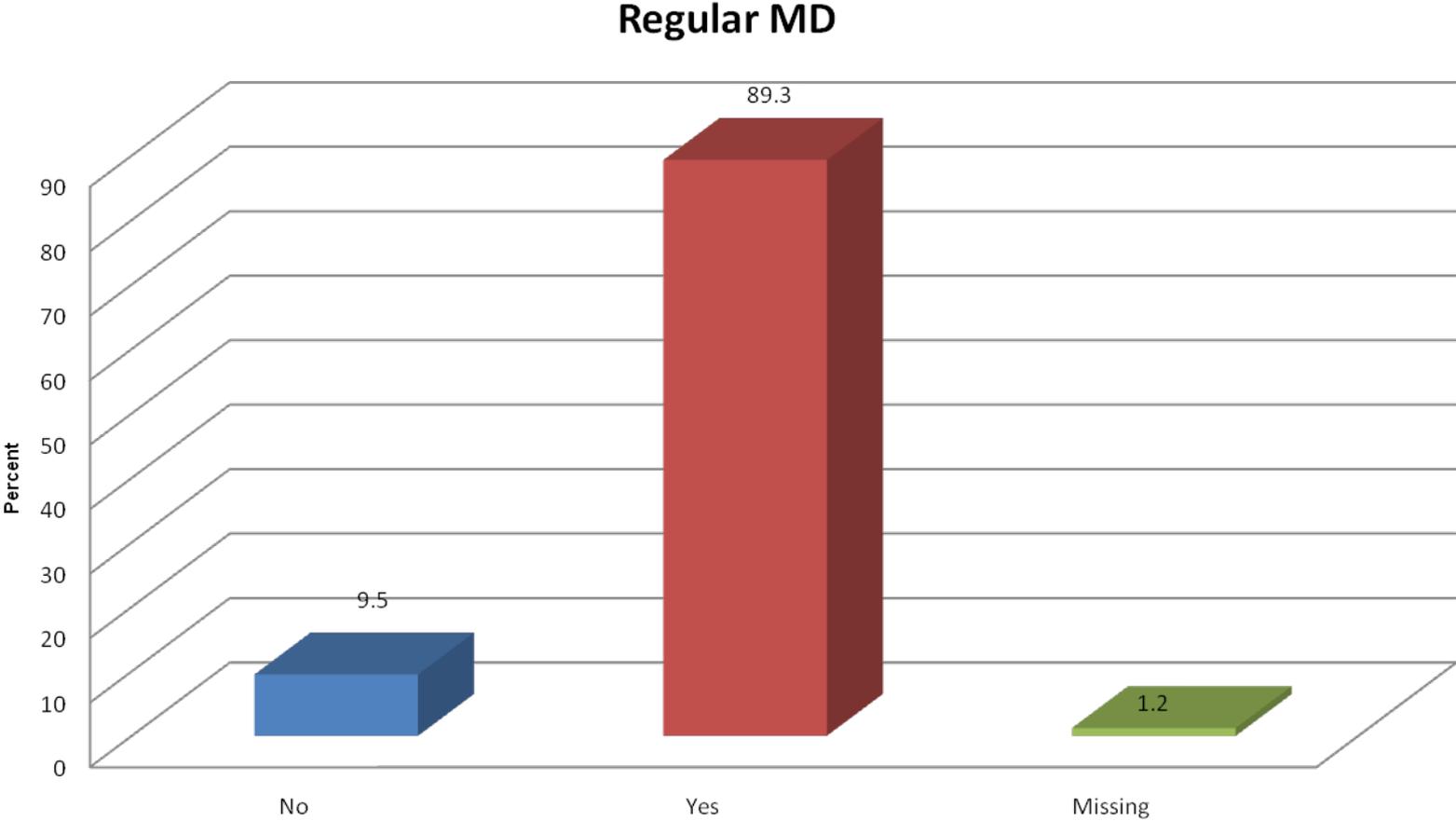
Overall: Health Behaviors

- 47.6% of the participants **do not exercise** or only exercise a few times per month
 - 72.6% exercise at home
- Almost **half** indicated being **depressed, feeling hopeless, or anxious**
- **19% have been victims** of domestic violence, or sexual, verbal or physical abuse
 - seek out counseling, the ER or Quinco
- **No major problems** with alcohol use (77.4%) or illegal drugs (85.7%)

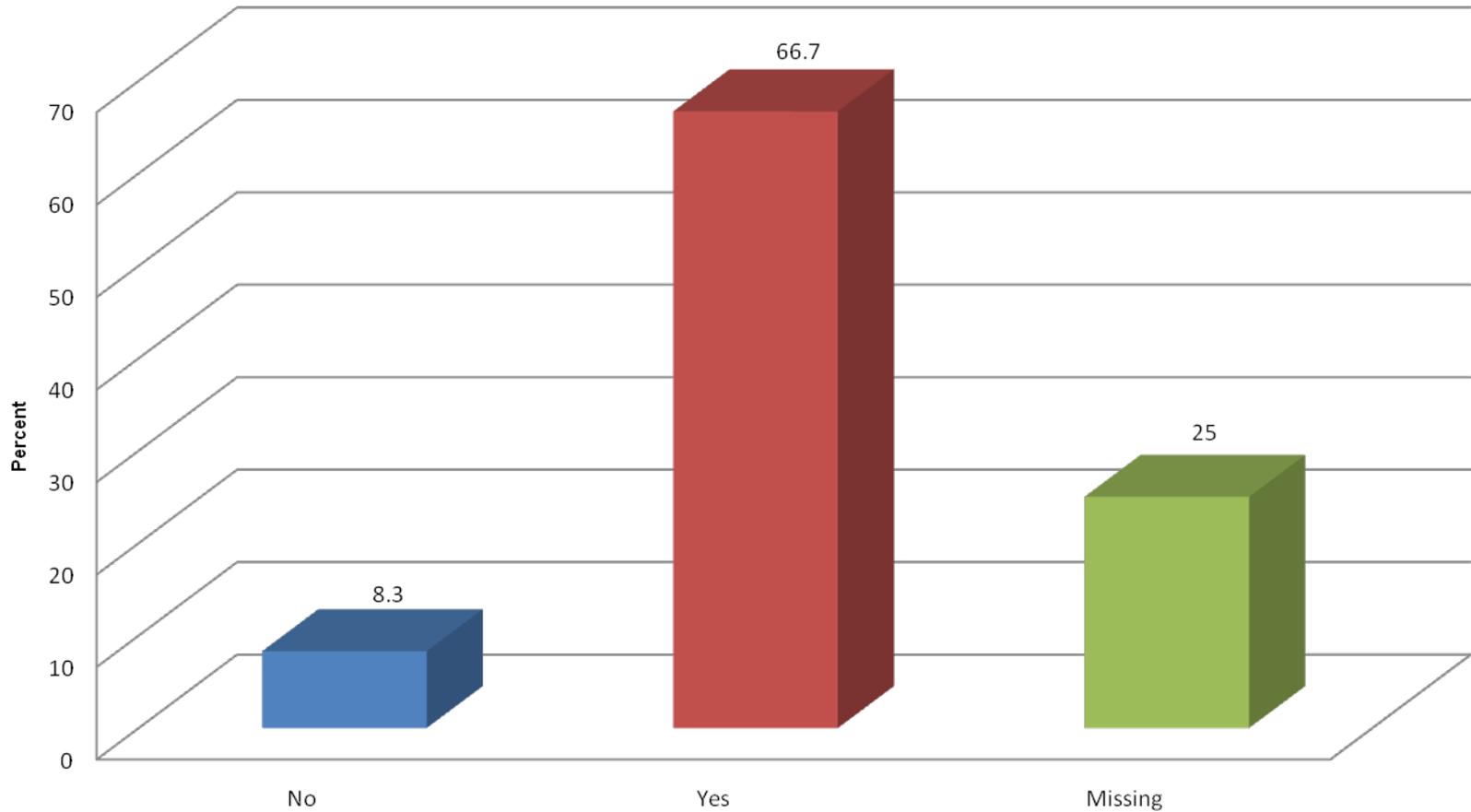
Access to Health Care Services



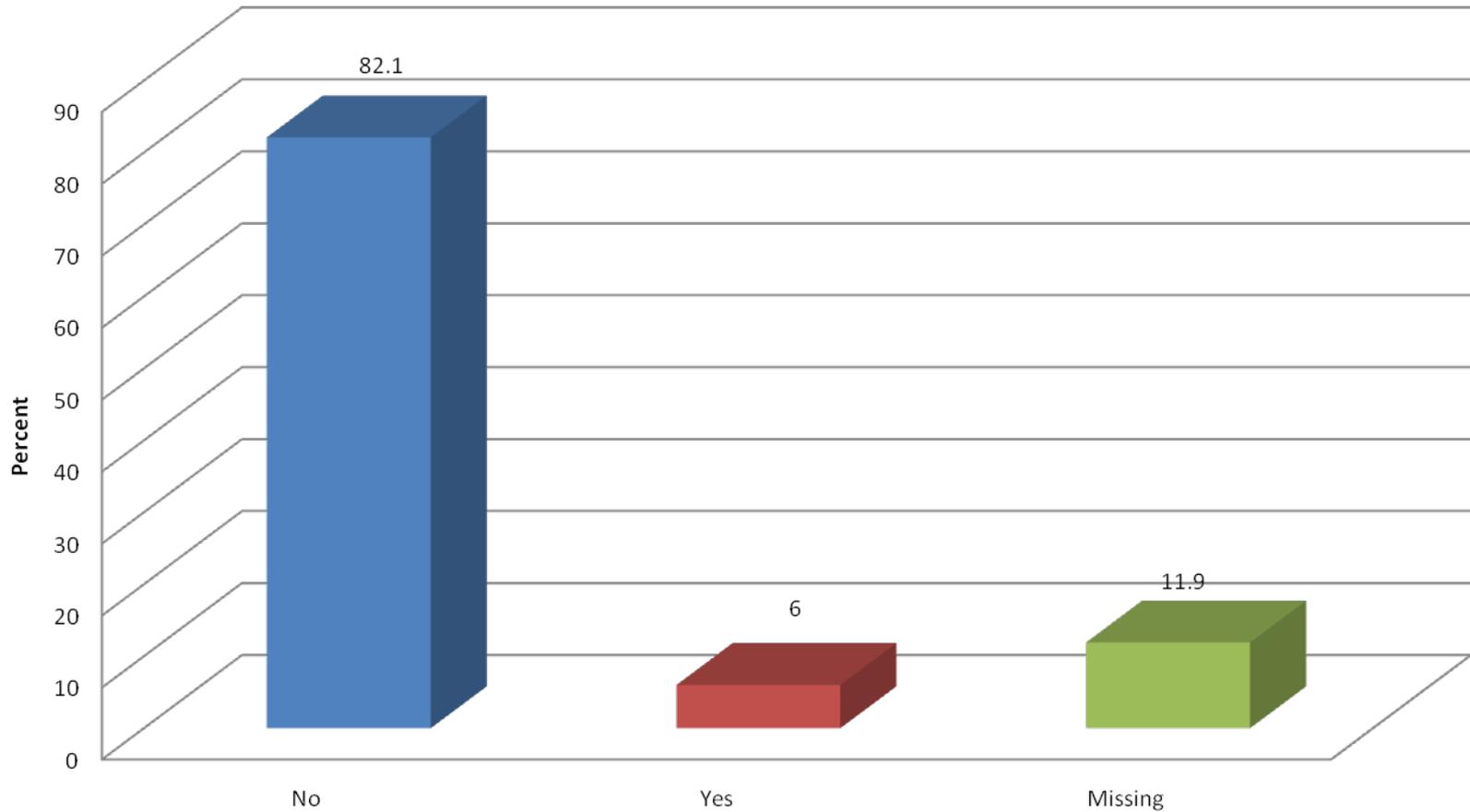
Regular MD



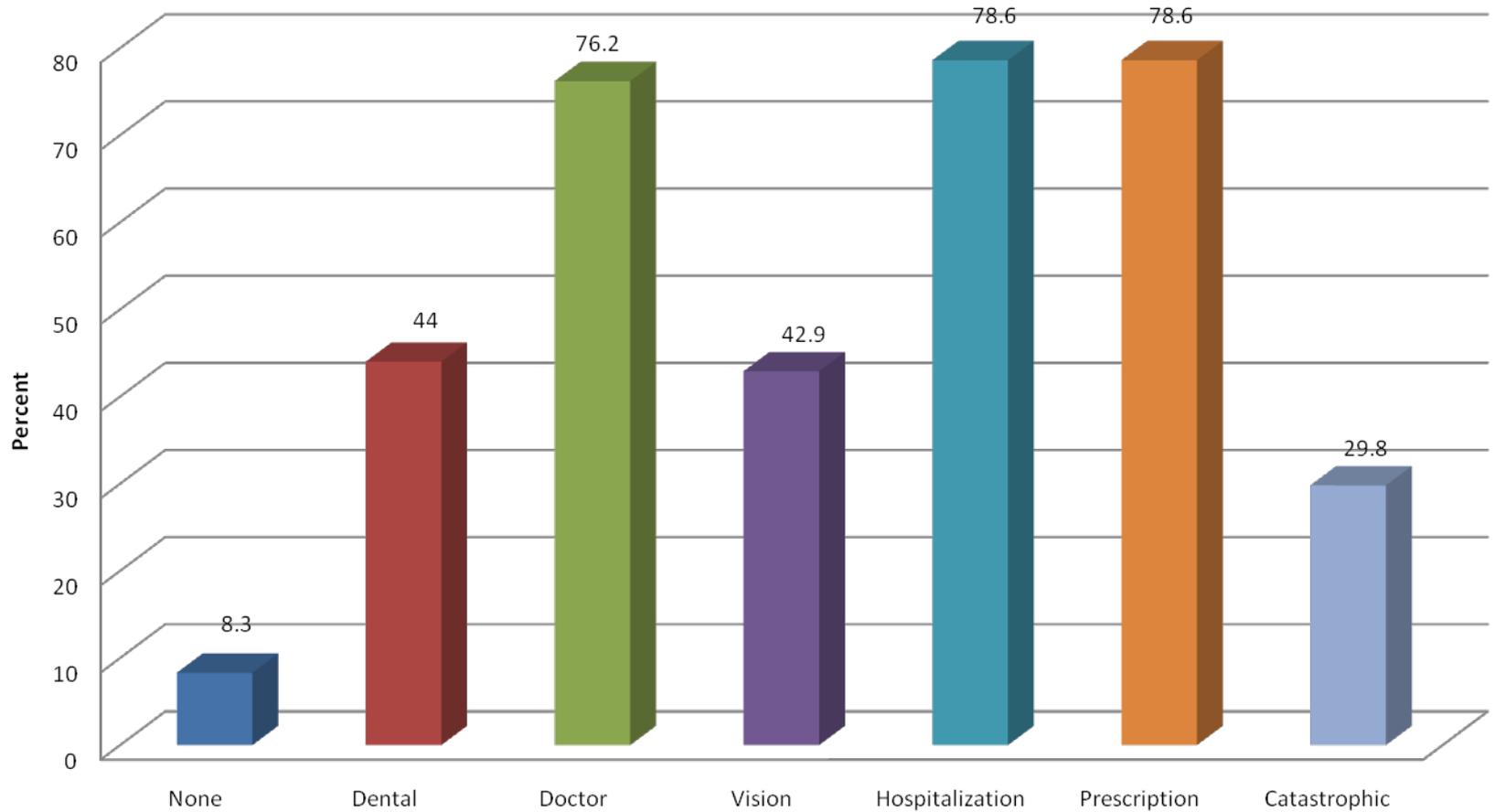
MD Meets Urgent Needs within 24 hrs



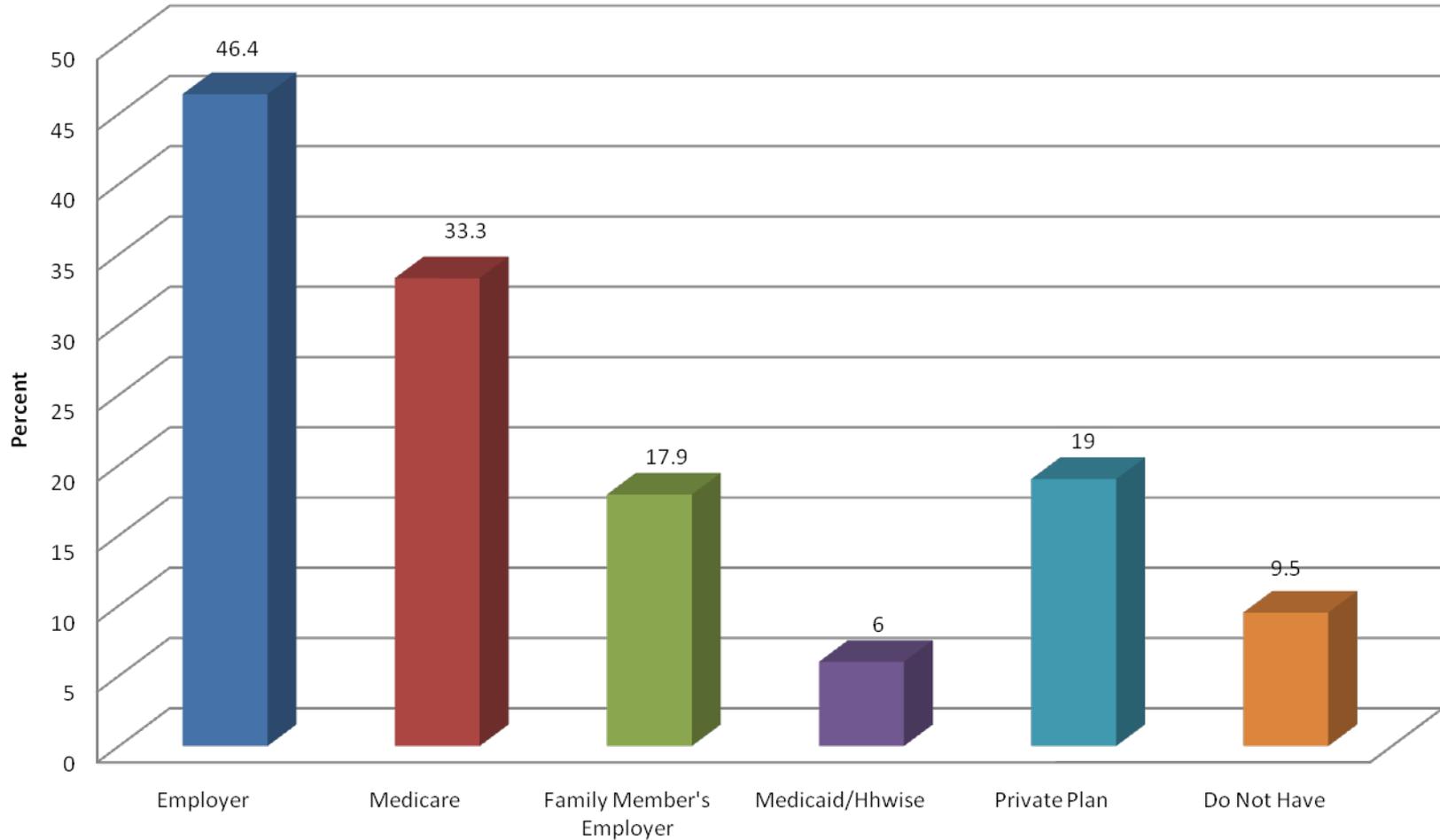
Anytime didn't have health care



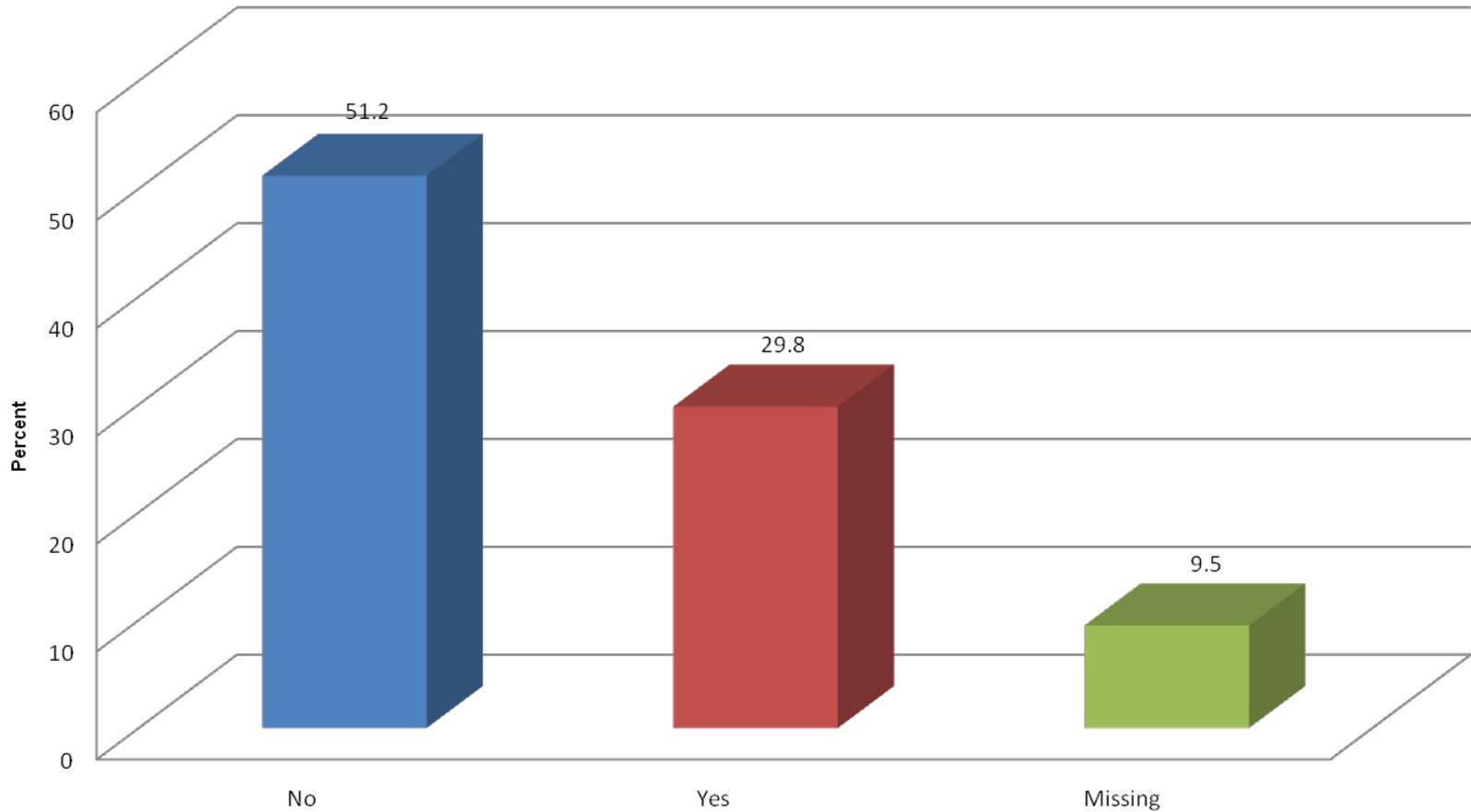
Types of Coverage



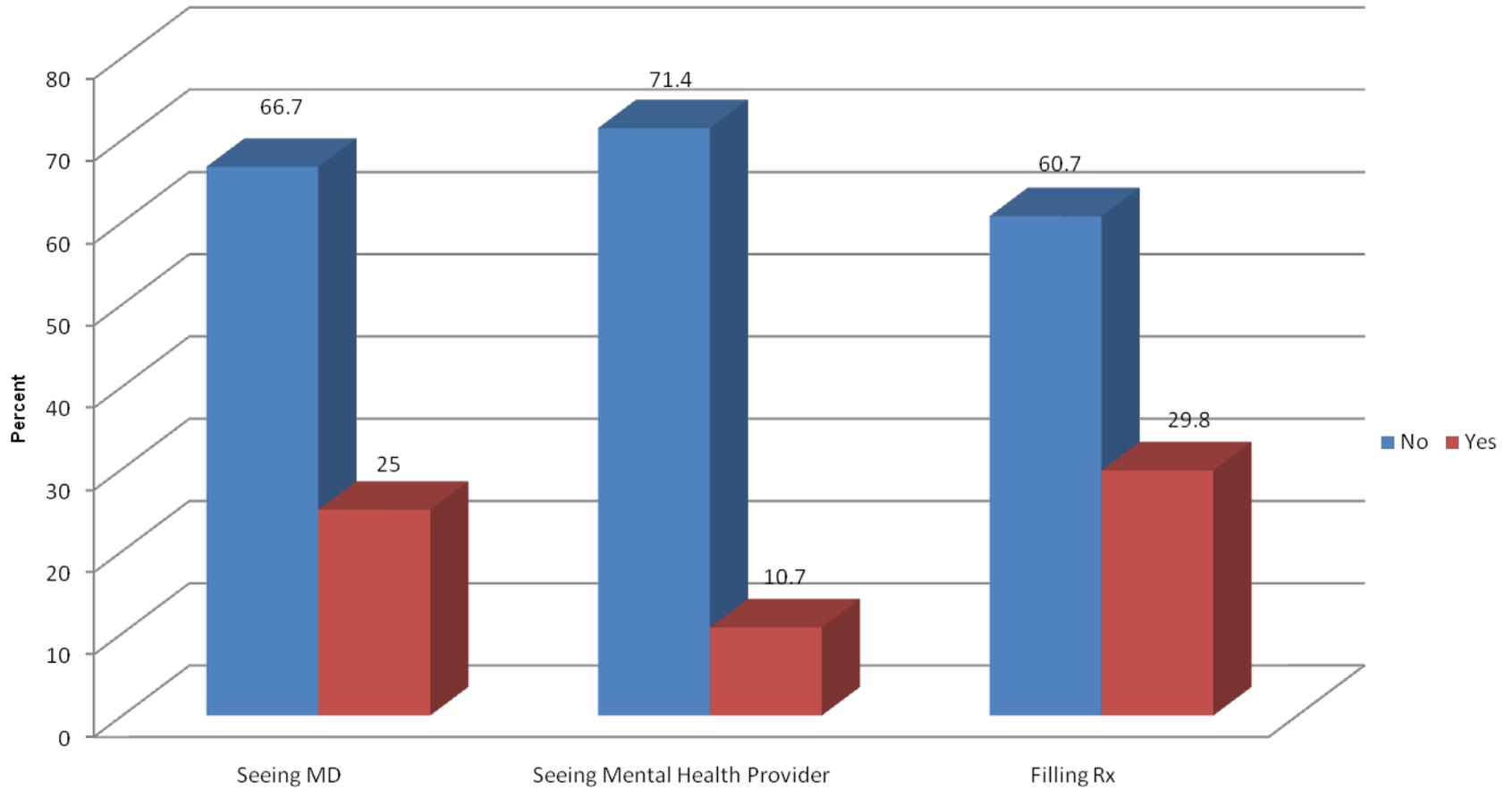
Source of Health Care Coverage



Difficult to pay co-pay/deductible



Cost prevented from...



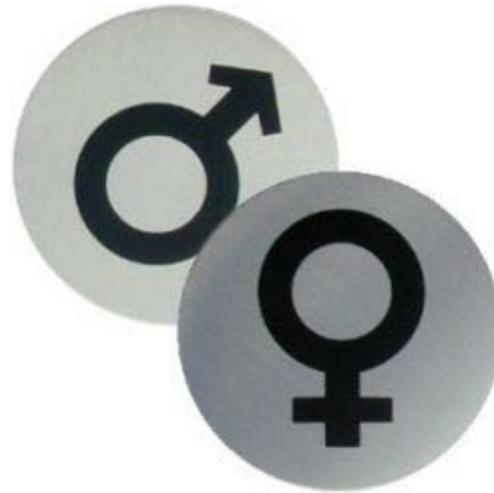
Overall: Access to Health Care

- Majority **have a physician** (89.3%)
- **Most** (82.1%) **had health care coverage** within the past year.
- Medical (76.2%), hospital (78.6%) and prescription (78.6%) health coverage
- Coverage through their **employer** (46.4%) or **Medicare**(33.3%)

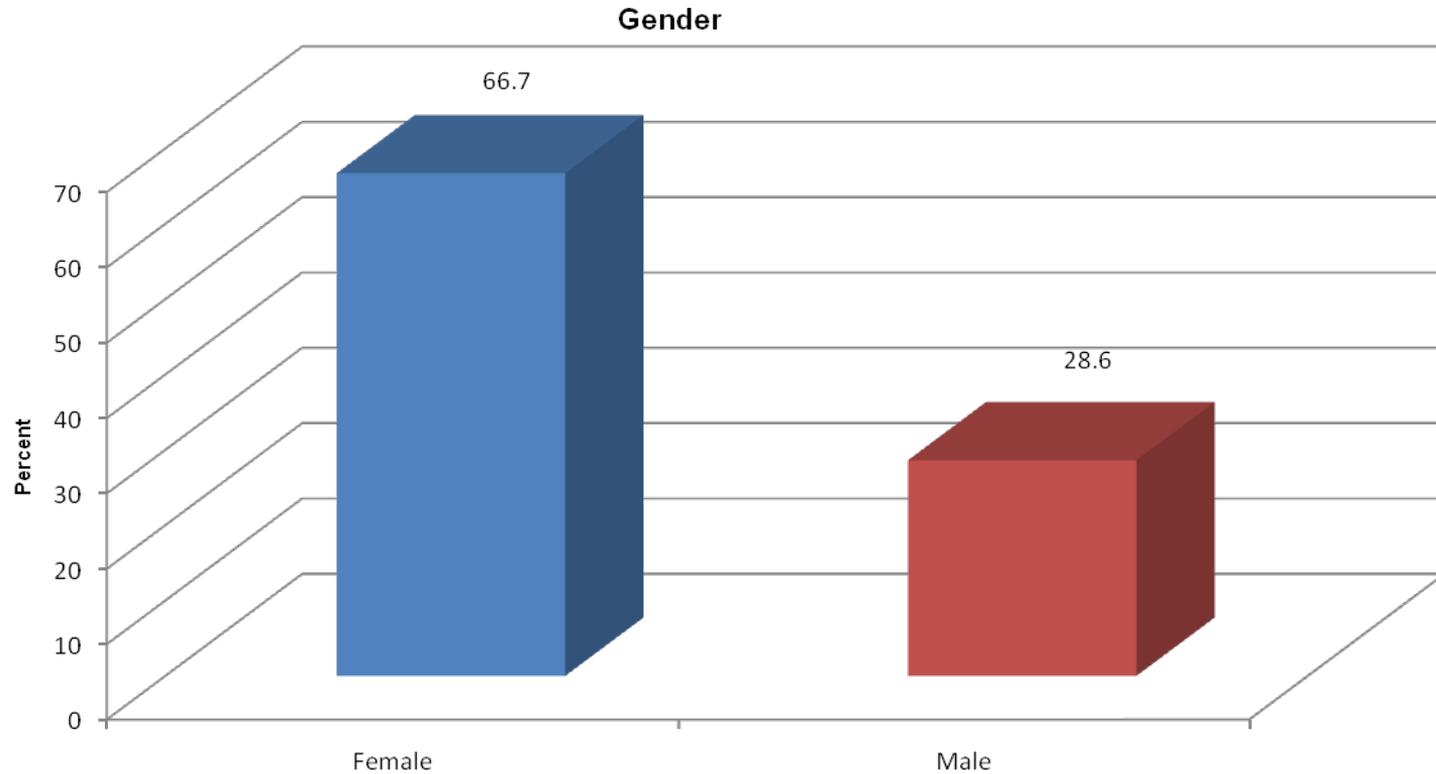
Overall: Access to Health Care

- **Do not have a difficult time** paying their co-pays or deductibles (51.2%)
- **Cost was not a deterring factor** that prevented them from seeing their physician (66.7%), mental health provider (71.4%) or filling a prescription (60.7%)
- Affording to **fill a prescription** (29.8%) was **difficult**

Gender



Analysis by Gender

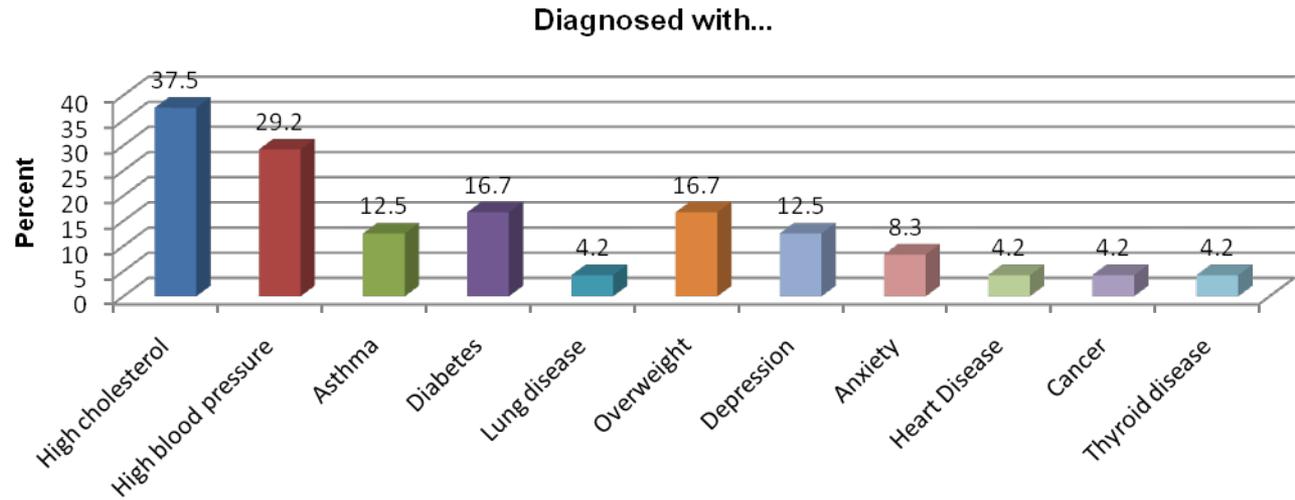


Females : n= 56

Males: n=24

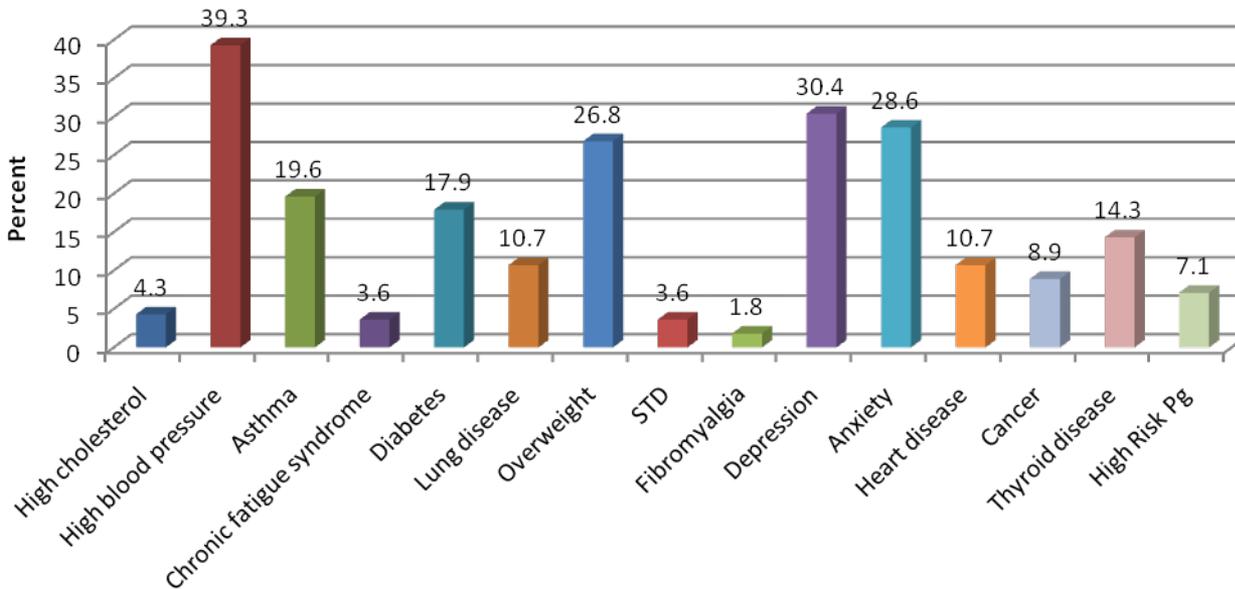
Health Indicators by gender

Male



Percent

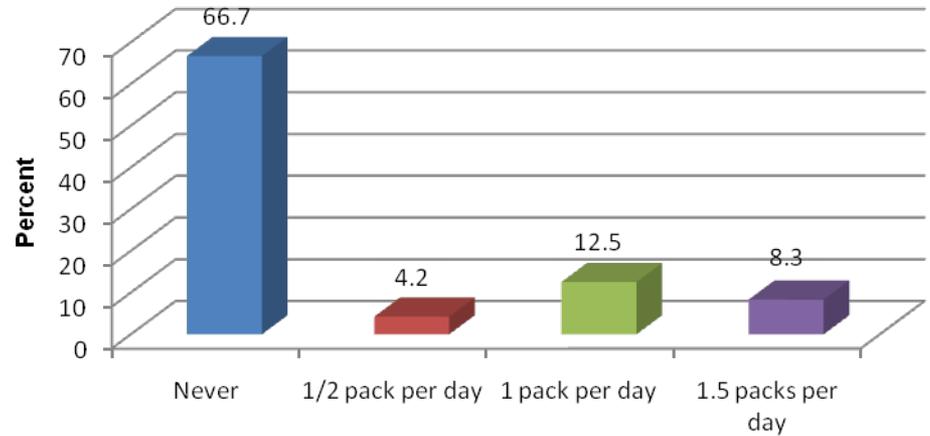
Diagnosed with...



Female

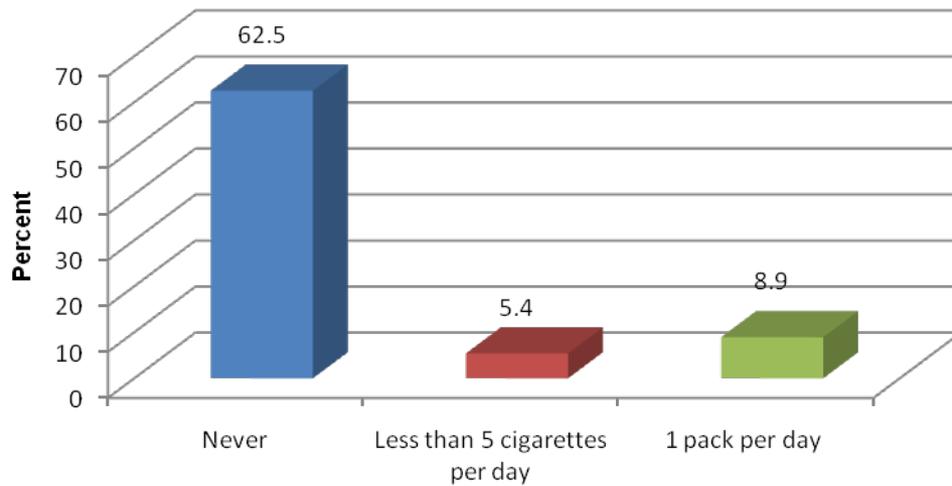
Smoking

Males Smoking



Females

Smoking



Males

- 37.5% cholesterol
- 29.2% high blood pressure
- 25% have been advised to lose weight
- 66.7% exercise weekly, or less
- 25% smoke



Females

- 46.4% high cholesterol
- 39.3% high blood pressure
 - *higher rates than males*
- 82.1% see a health care provider at least every other year
- 62.5% never smoke
- 19.6% advised to lose weight
- 60.7% exercise weekly or less often

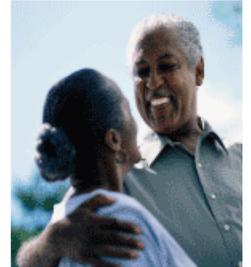
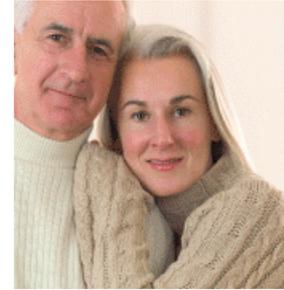




Age

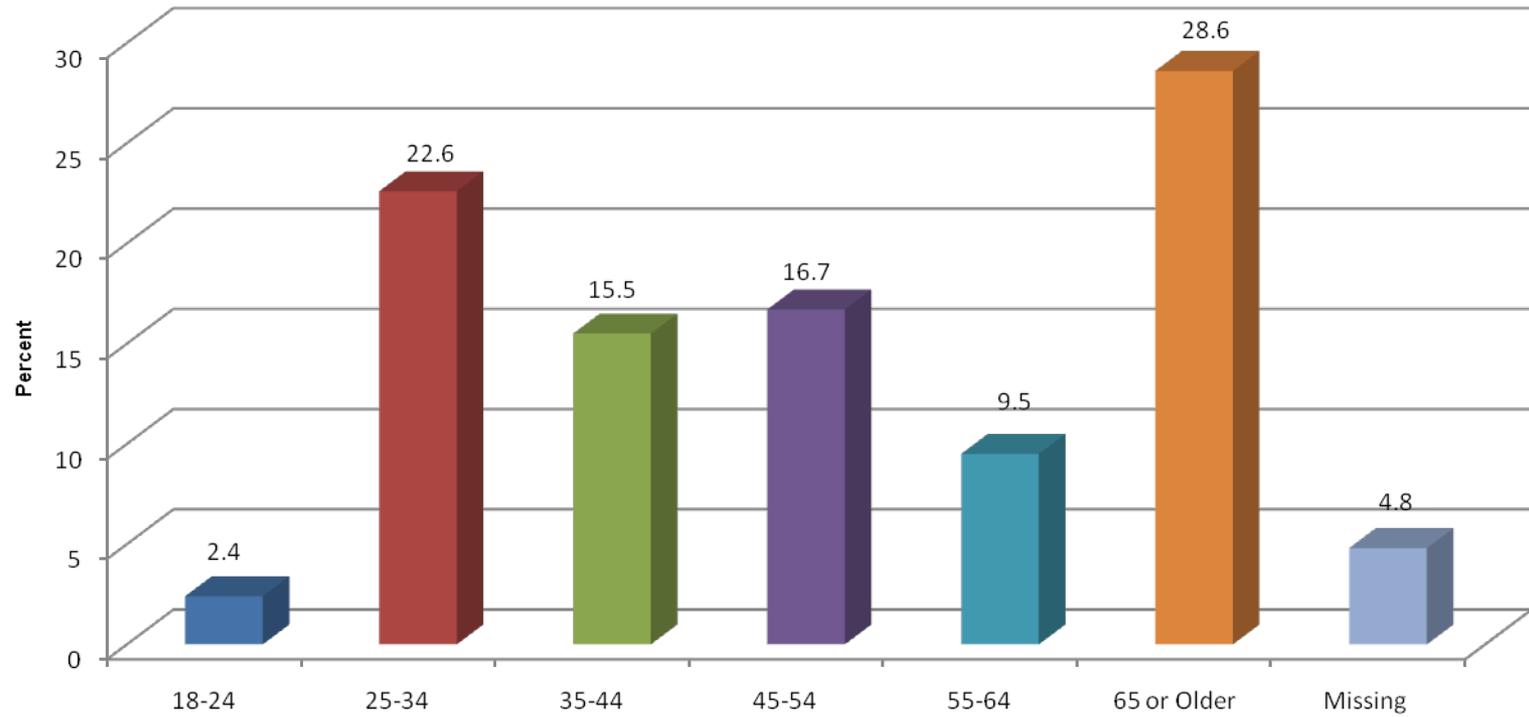
25-34

65 and older



Age

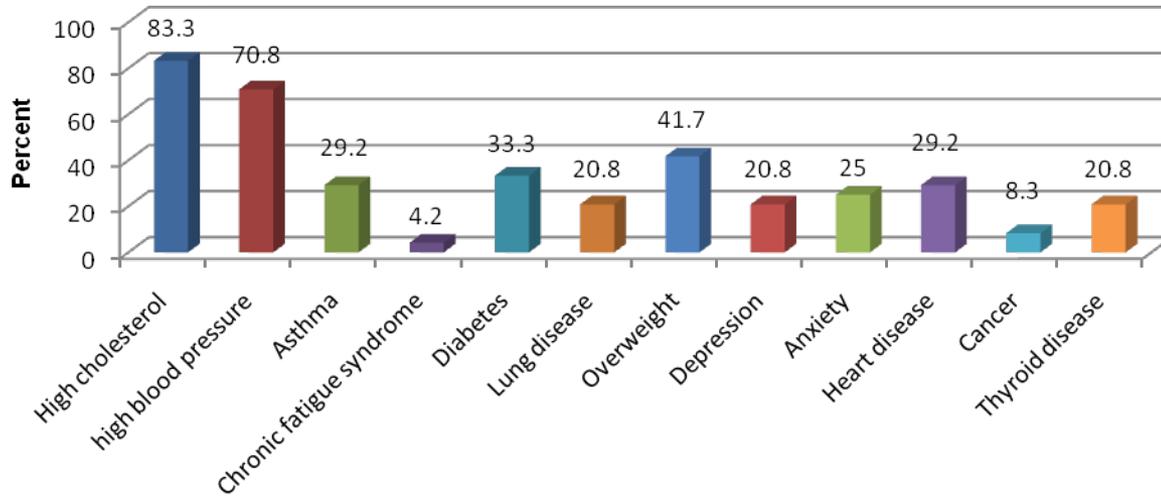
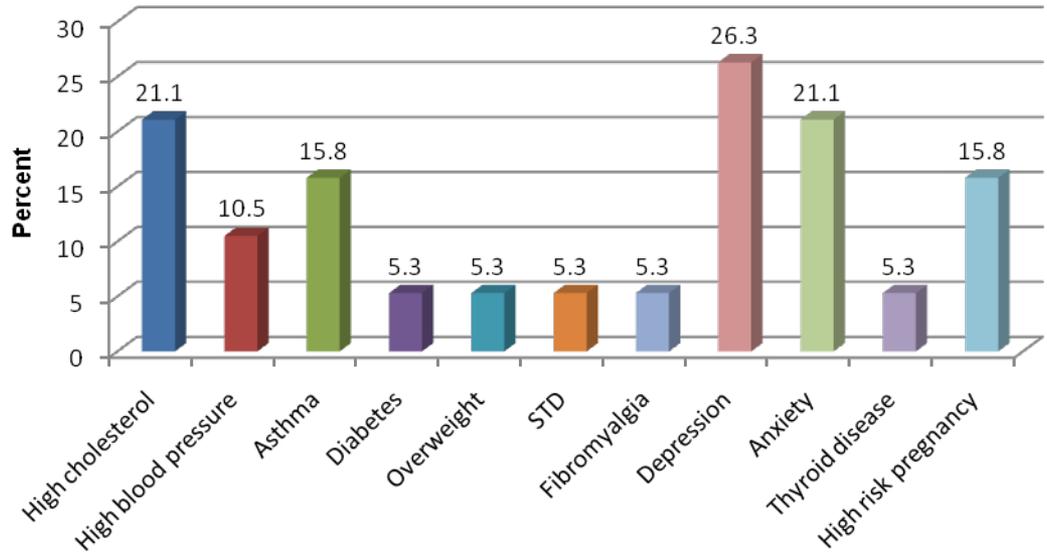
Age



Health indicators by age

Diagnosed with...

25-34

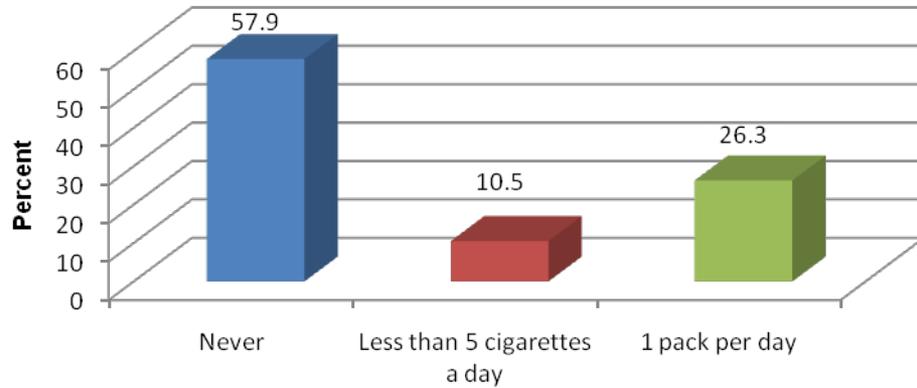


65 and Over

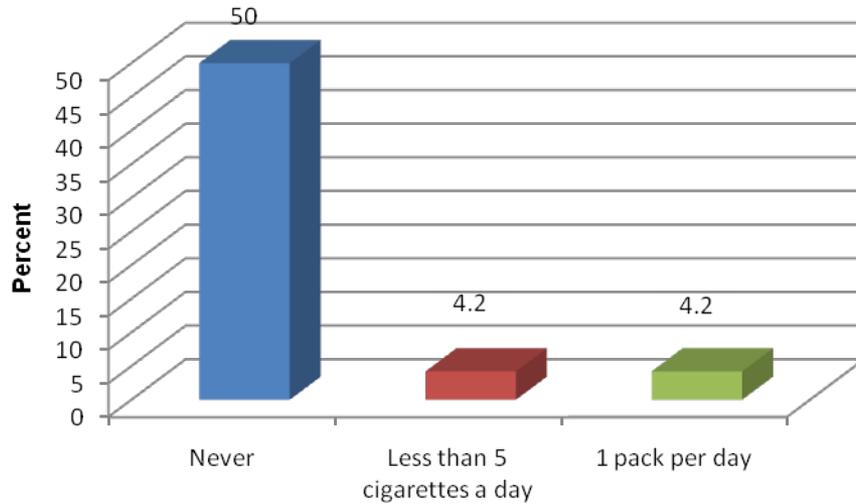
Smoking

25-34

How much do you smoke?



How much do you smoke?



65 and older

25-34

- 21.1% high cholesterol levels
- 10.5% high blood pressure levels
- 26.3% depression
- 21.1% anxiety
- 15.8% advised to lose weight
- 52.7% exercising weekly, or less often
- 52.6% see health care provider more frequently than every two years
- 47.3% see a dentist every other year or less frequently
- 21.1% experience with violence
- 15.8% problems with alcohol and illegal substance (5.3%)
- 26.3% smoke a pack of cigarettes per day.



65 and Older

- 83.3% high cholesterol
- 70.8% high blood pressure
- 83.4% see their health care provider at least every 7 months
- 45.8% never seeing a dentist
- 29.2% advised to lose weight by their health care provider
- 41.7% overweight
- 62.5% only exercise a few times per month or less



Prevention activities

	Regular check-up	Percent	Dental exam	Percent
Male	Every other year or more:	78%	Never:	29.2%
Female	Every 7 months or more:	73.2%	Never:	30.4%
22-34	Every other year or more:	84.2%	Never:	26.3%
65 and Over	Every 7 months or more:	83.4%	Never:	45.8%

Prevention cont.

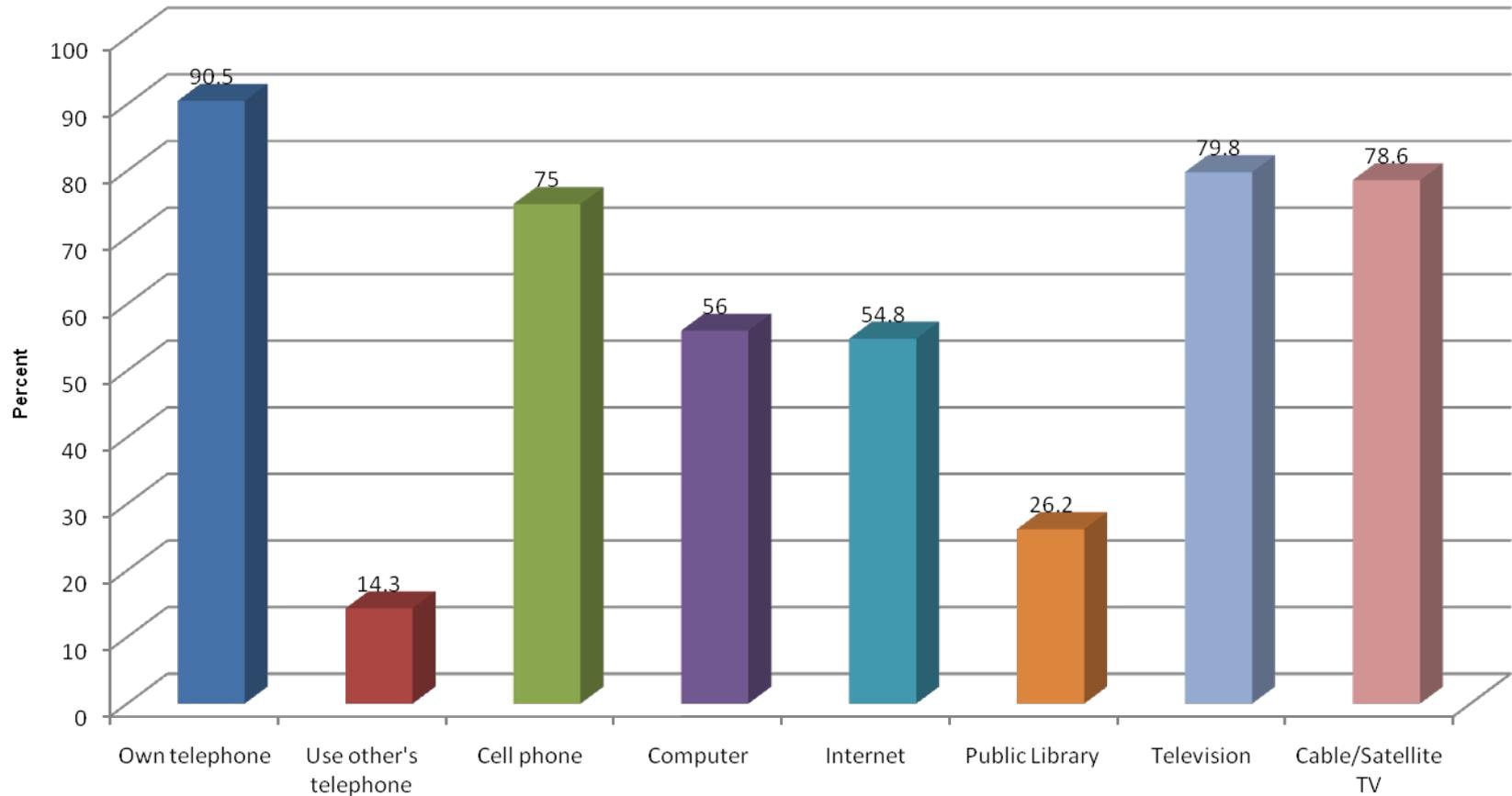
	Advised about weight	Percent	Regular exercise	Percent
Male	Lose weight	25%	Weekly to never	66.7%
Female	Lose weight	19.6%	Weekly to never	60.7%
22-34	Lose weight	15.8%	Weekly to never	52.7%
65 and Older	Lose weight	29.2%	Weekly to never	62.5%

Personal Possessions and Opinions



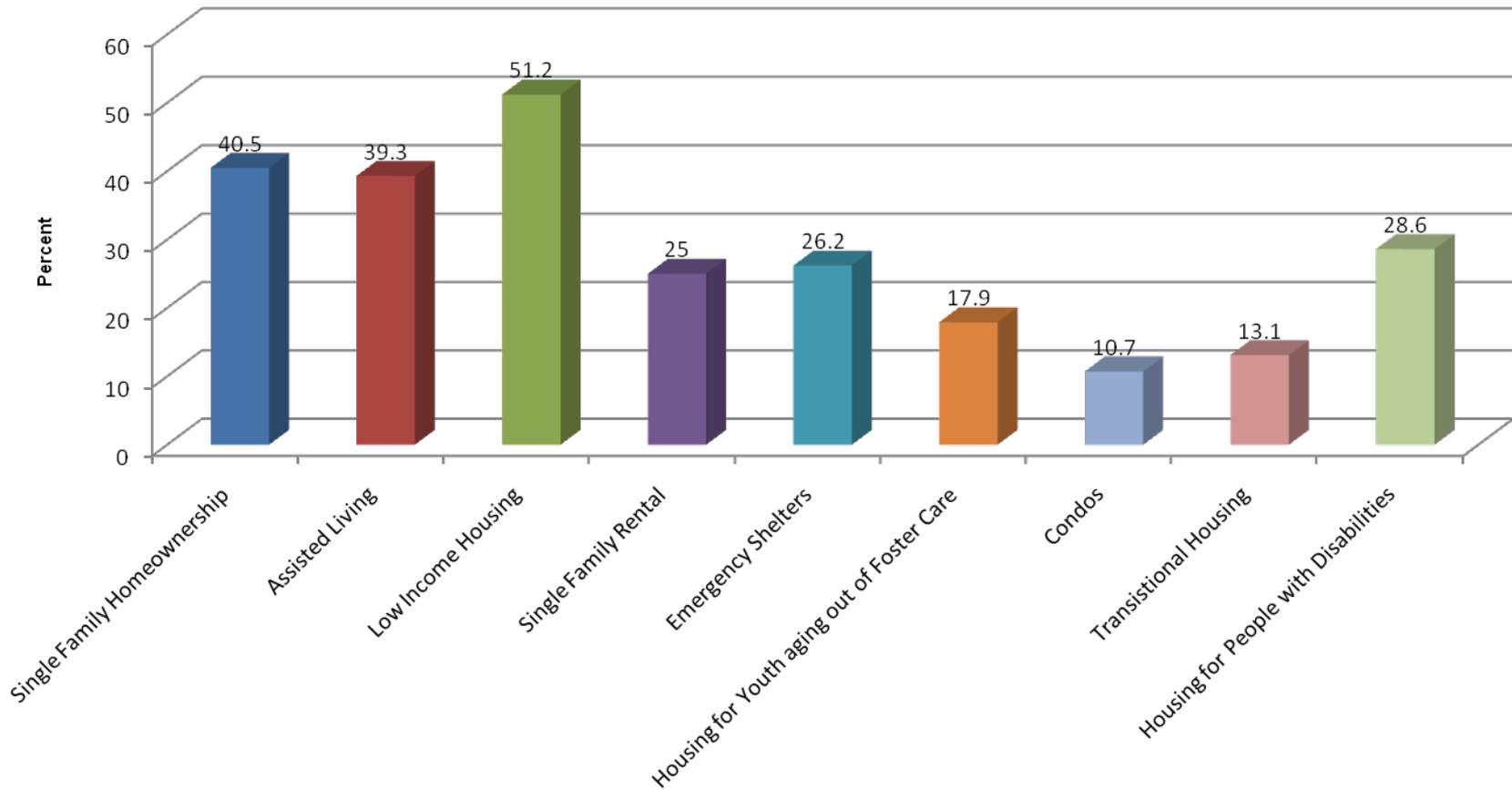
What do they use?

Use the following...

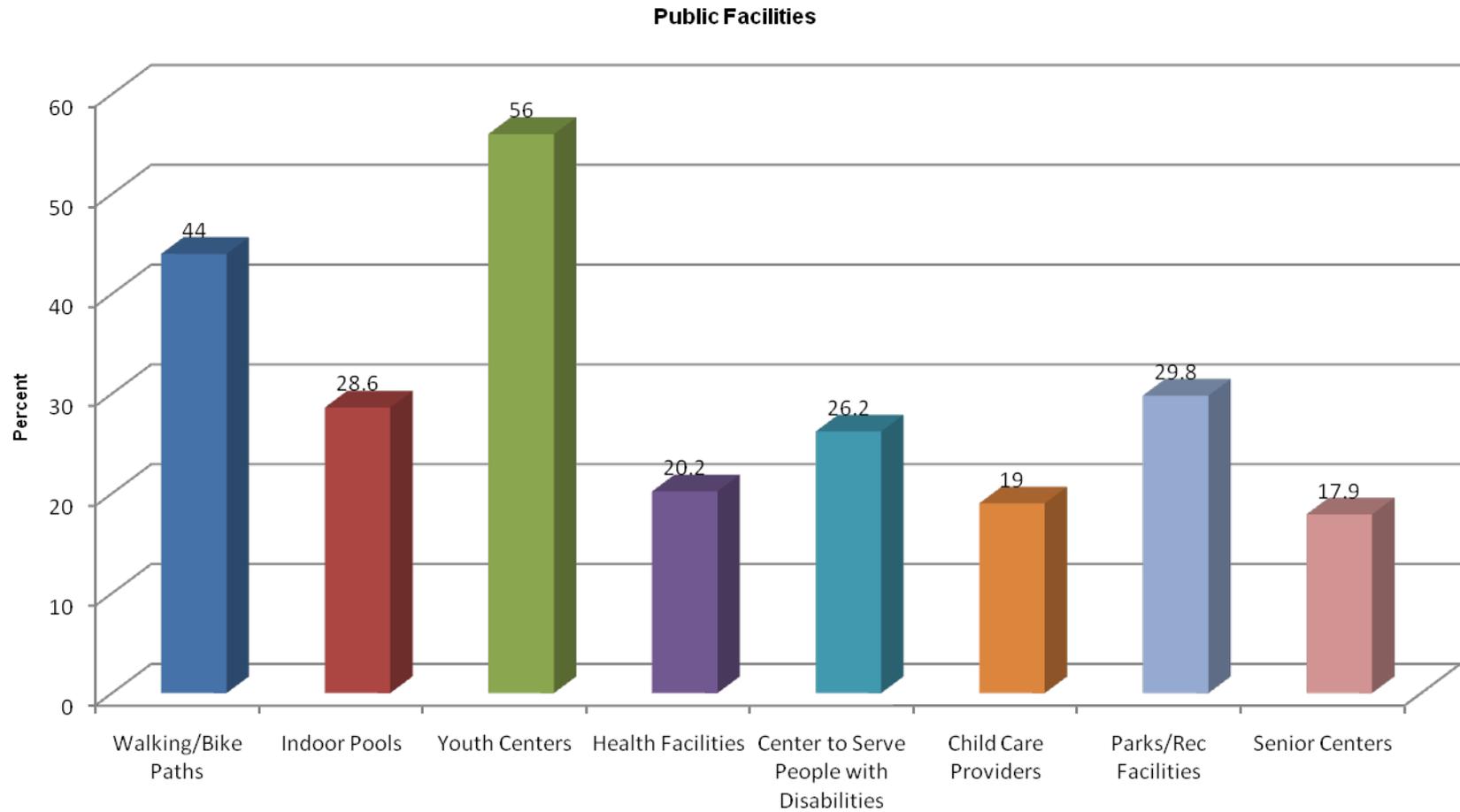


Jennings Co needs more...

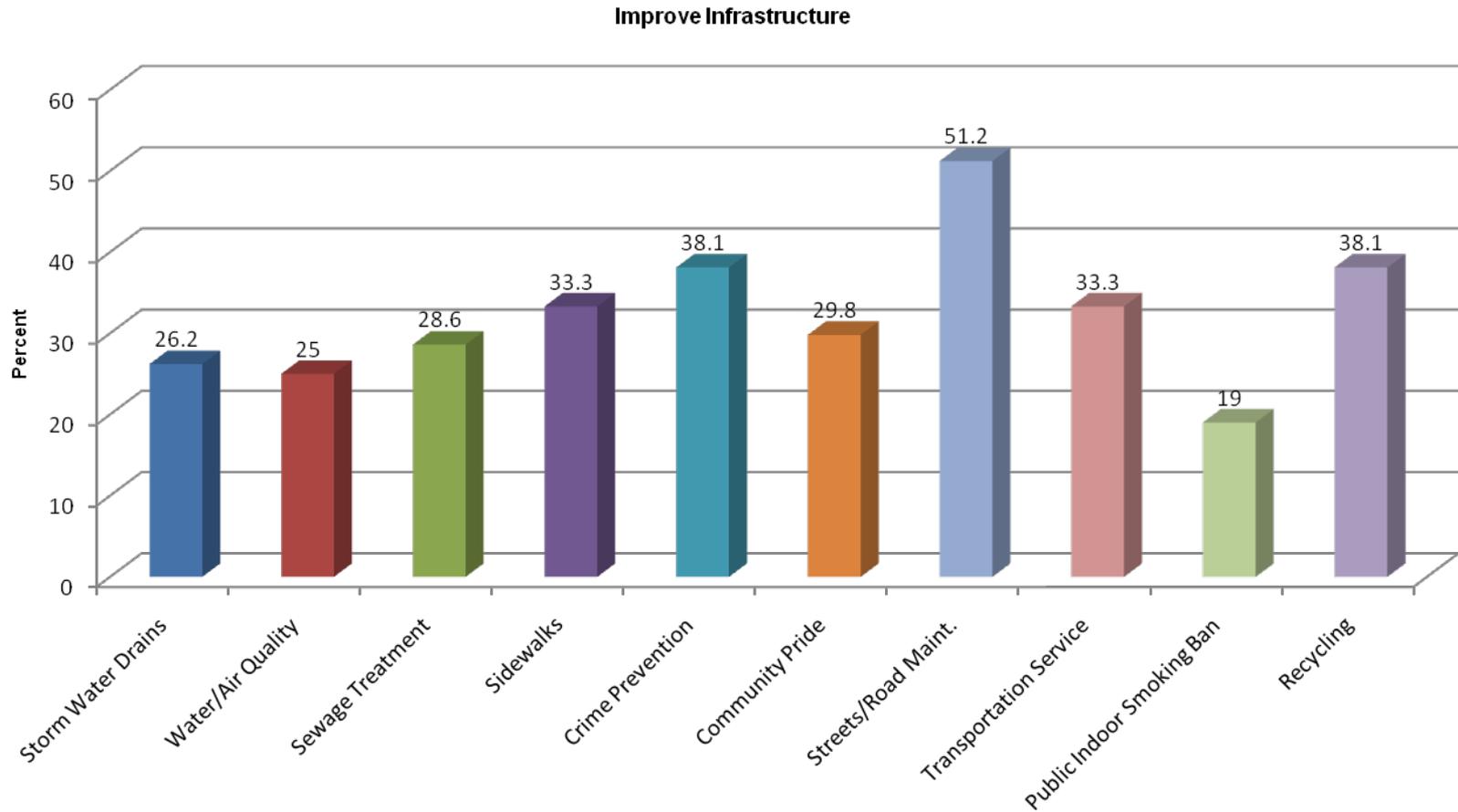
Housing Options



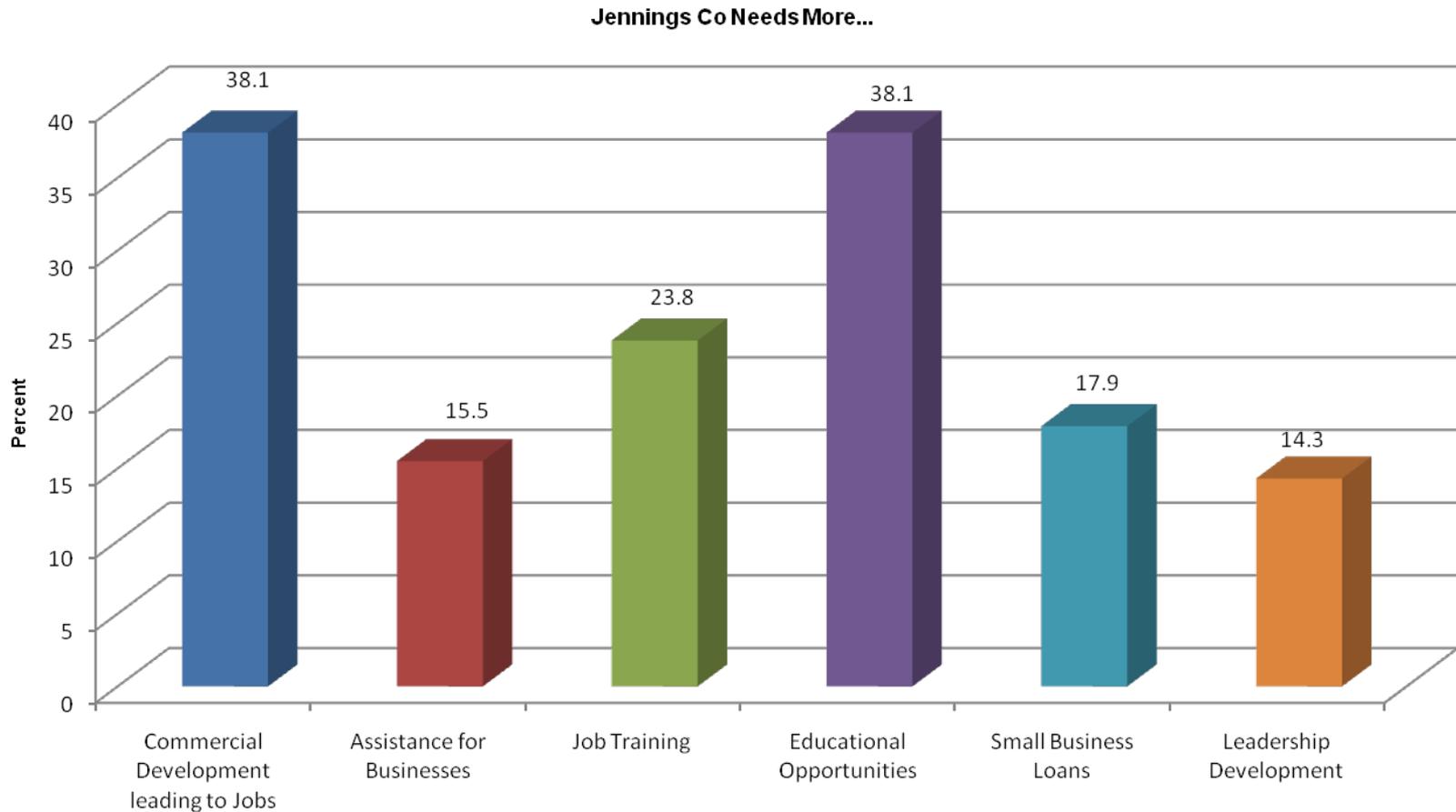
Jennings Co needs more...



Jennings Co needs more...

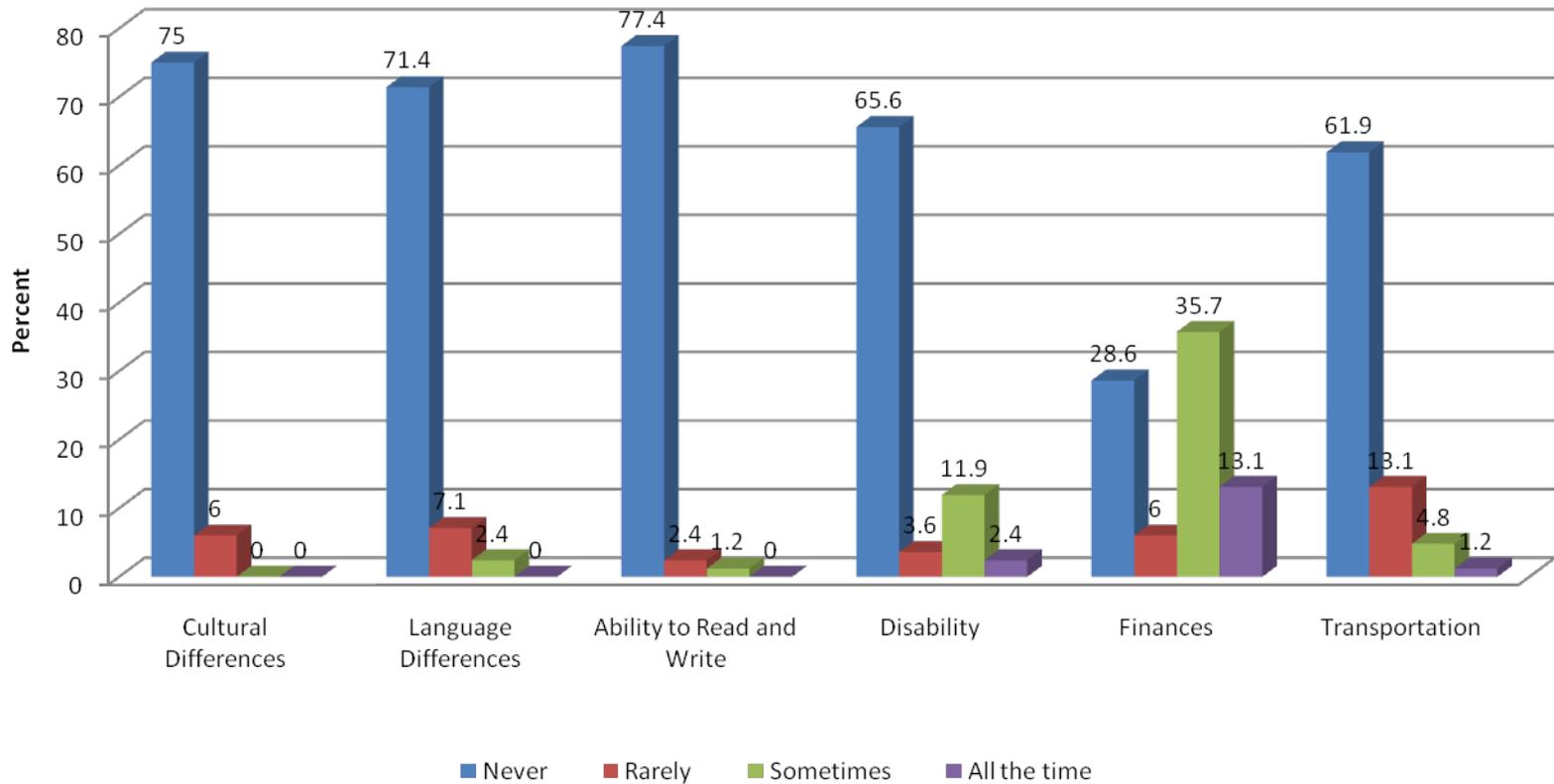


Jennings Co needs more...

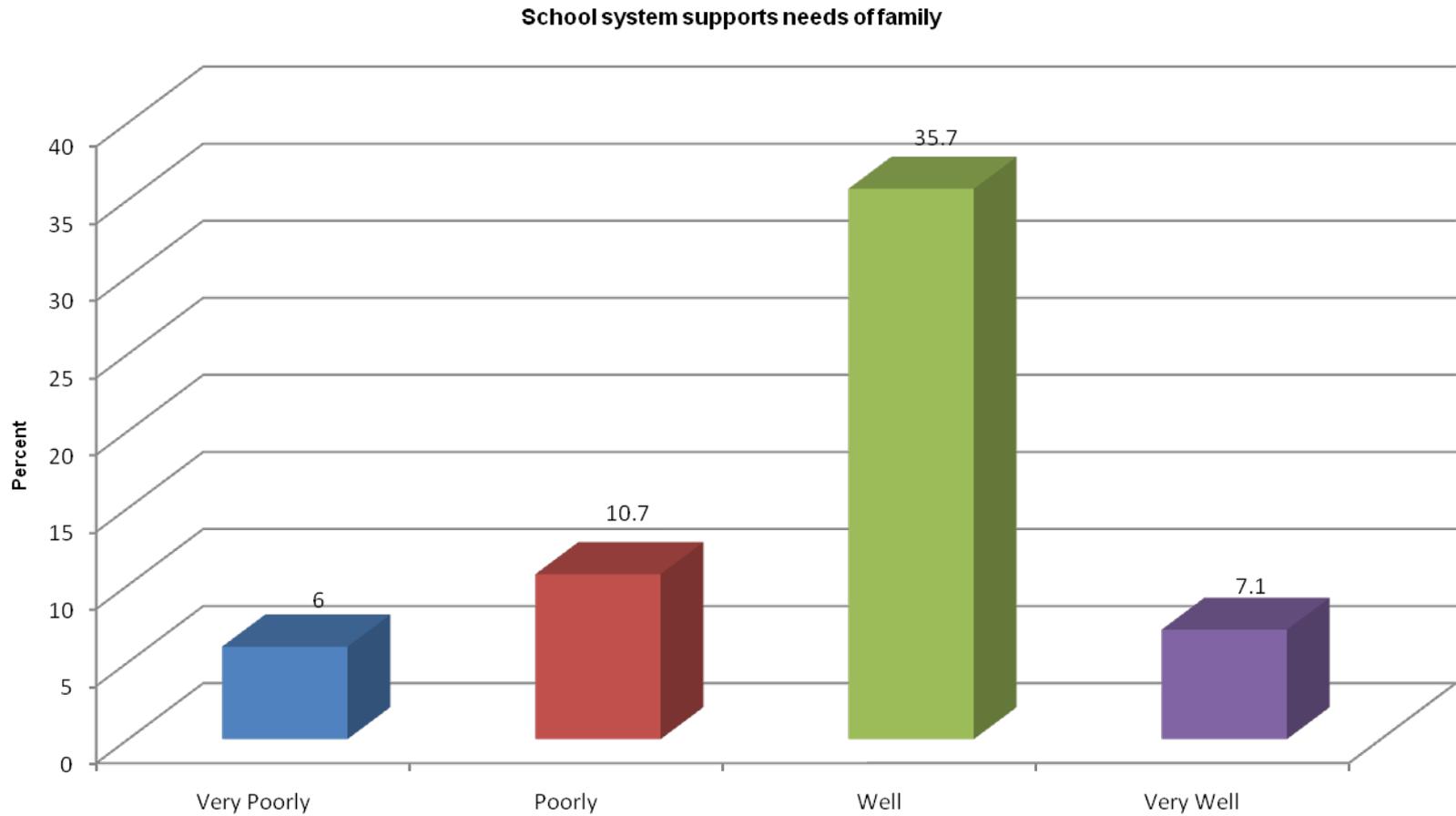


Variables that prevent from participating in activities....

Prevent from participating in activities outside the home



Satisfaction with school system

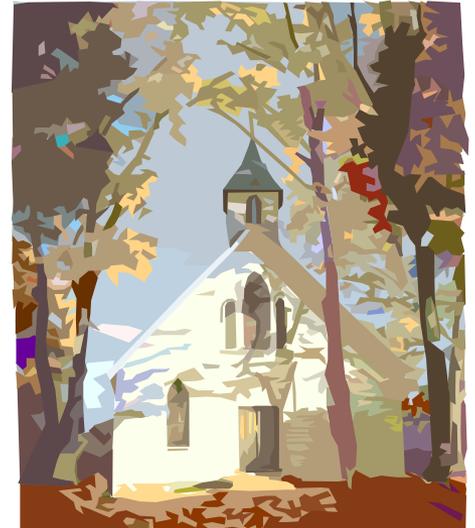


Overall: Personal Possessions and Opinions

- Own -
 - telephone (90.5%)
 - own cell phone (75%),
 - TV (79.8%)
 - cable/satellite (78.6%)
- Needs-
 - Low income housing (51.2%)
 - Walking and bike paths (44%)
 - Youth centers (56%)
 - Fix roads (51.2%)
 - Recycling (38.1%)
 - Job and educational (76.2%) opportunities
 - Finances (48.8%) were the primary reason that prevents activities outside the home
 - The public school system in Jennings County is meeting the needs of the families

Donations

- United Way
- Goodwill
- Churches
- Schools
- Foundations
- Not-for-profits (ARC, ACS, etc.)



Comments

- Improve the “surroundings”
 - Education
 - Cleanliness
 - Jobs, better pay
 - More Police
 - More Fire Depts.
 - Ambulance
 - Better shopping
 - Revitalize downtown
 - Programs for children



Specific Comments

- *“We need more positive activities for youth.”*
- *“A reasonably priced Spanish speaking class should be offered to the public so we can understand our neighbors. Free English speaking classes should be offered to local immigrants/aliens.”*
- *“I believe Jennings County is fortunate to have such a great hospital.”*

- *“I really enjoy living in this small town. But having more options for things to do in town would be really nice.”*
- *“We have a wonderful community; however, I do think we need more things for our children to do around here.”*
- *“Response time takes too long for people who live in country. This includes both police and medical.”*