

2019

Daviess Community
Hospital
Community Health
Needs Assessment

Prepared by the Indiana Rural Health
Association

Table of Contents

Table of Contents	1
Process	2
Community Served	3
Description of Community	3
Physical.....	3
Population – Ethnicity, Age, Gender, & Income.....	3
Education.....	4
Health Summary.....	5
Primary & Chronic Diseases.....	6
Existing Healthcare Resources.....	8
Identifying Health & Service Needs	11
Summary of Findings	13
Appendix A – Resources & Reference Materials	
Appendix B – Steering Committee Documents	
Appendix C – Survey & Survey Results	
Appendix D – Existing Facilities	

Process

Daviess Community Hospital (DCH) contracted with the Indiana Rural Health Association (IRHA) to conduct the Community Health Needs Assessment (CHNA).

IRHA first identified the community served by DCH through conversations with the hospital. Based on a review of patient zip codes, the hospital was able to define the community served as all postal codes within the geographic area of Daviess County. The hospital provided a primary service area list of zip codes, which can be found in Appendix A.

To quantifiably describe the community, census reports were pulled from the United States Census Bureau Reports. Quantifiable statistics and reports for health-related community data were obtained from Daviess Community Hospital and the Community Health Rankings & Roadmaps from the Robert Wood Johnson Foundation. The full versions of these reports can be viewed in Appendix A. Additional reports on chronic disease and overdose rates were pulled from the Centers for Disease Control website and the Indiana State Cancer Registry. Excerpts from these reports can also be found in Appendix A.

Next, a steering committee of Daviess County representatives was organized with the help of the Daviess Community Hospital Director of Athletic Training & Outreach Services, Scott Sell. Business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, and any other interested parties were invited to attend the meeting to discuss the health-related needs of the county with a view to identifying the areas of greatest concern. The list of attendee and their contact information can be found in Appendix B.

From the information obtained during the steering committee meeting, a 33-question survey was developed in both English and Spanish to gain the perspective of the inhabitants of the community. Questions included queries about the effect of various factors (such as illegal drug use, mental health services, and local transportation) as well as probes into the perceived need for various services and facilities in the county. The survey was widely disseminated to the residents of Daviess County through inclusion on the Daviess Community Hospital's website, social media, newsletters, radio appearances, and face-to-face polling at the Walmart, CVS, and Priceless Foods in Washington and the First Savings Banks in both Montgomery and Odon. An online survey posted on SurveyMonkey.com was also made available to the public. The survey may be viewed in Appendix C.

To identify all healthcare facilities and resources that are currently responding to the healthcare needs of the community, the IRHA contacted DCH to ascertain the facilities that are currently available to the residents of their service area. The hospital was able to provide a listing of the facilities and resources, including, but not limited to, clinics, family practices, and nursing facilities. The list of existing community resources can be found in Appendix D.

At this point, the entirety of the collected data was submitted to Daviess Community Hospital to explain how the needs identified by the CHNA are currently being met, as well as to write a plan of action for those needs that are not currently being met. DCH was also able to identify the information gaps limiting the hospital's ability to assess all of the community's health needs.

The completed CHNA was then publically posted on hospital’s website. Hard copies of the full report were made available to the community upon request at the hospital, as well.

Community Served

The community served by Daviess Community Hospital is defined as follows: All people living within Daviess County, Indiana, at any time during the year. To be determined as living within the service area, a person must reside within one of the following postal zip codes: 47501, 47558, 47519, 47568, 47529, and 47562.


Description of Community

Physical

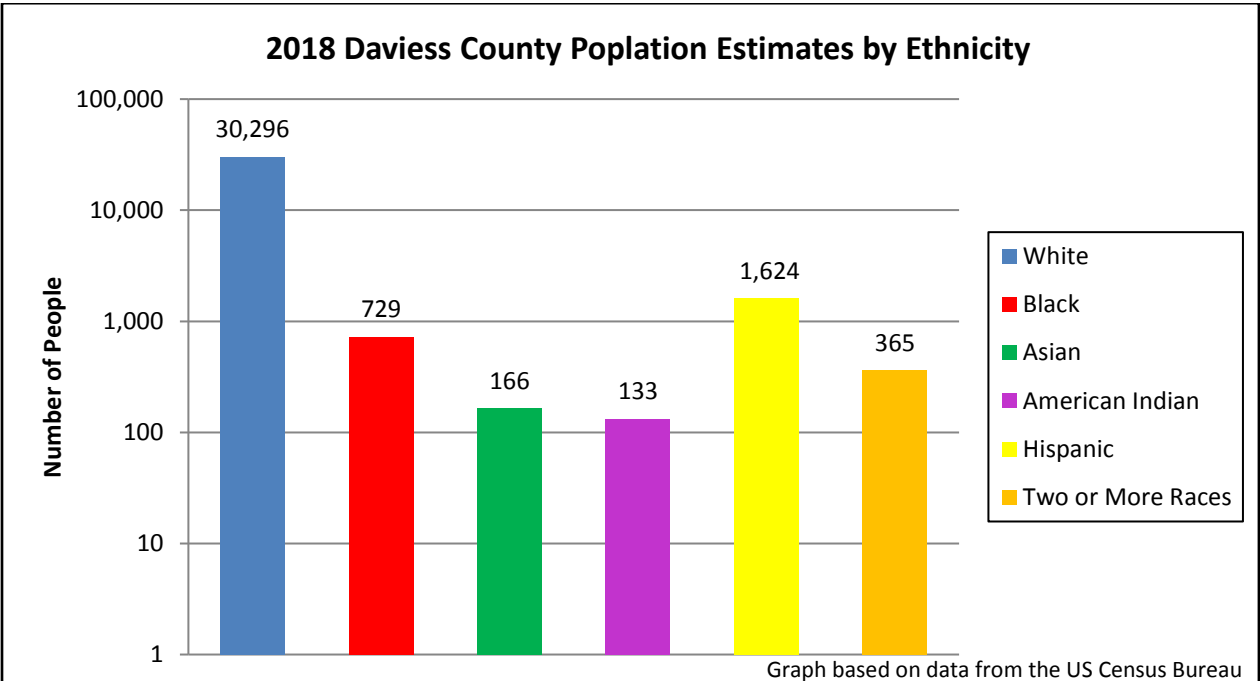
Daviess County is located in the southcentral region of Indiana. The county is largely rural and is the 26th largest county in Indiana at approximately 437 square miles in area.

Population – Ethnicity, Age, Gender & Income

According to the U.S. Census Report estimates for 2018, the total population of the county is approximately 33,147 and females make up 49.6% of the overall populace. Minority populations make up approximately 8.6% of the total inhabitants of the county. The average household income is \$48,355.

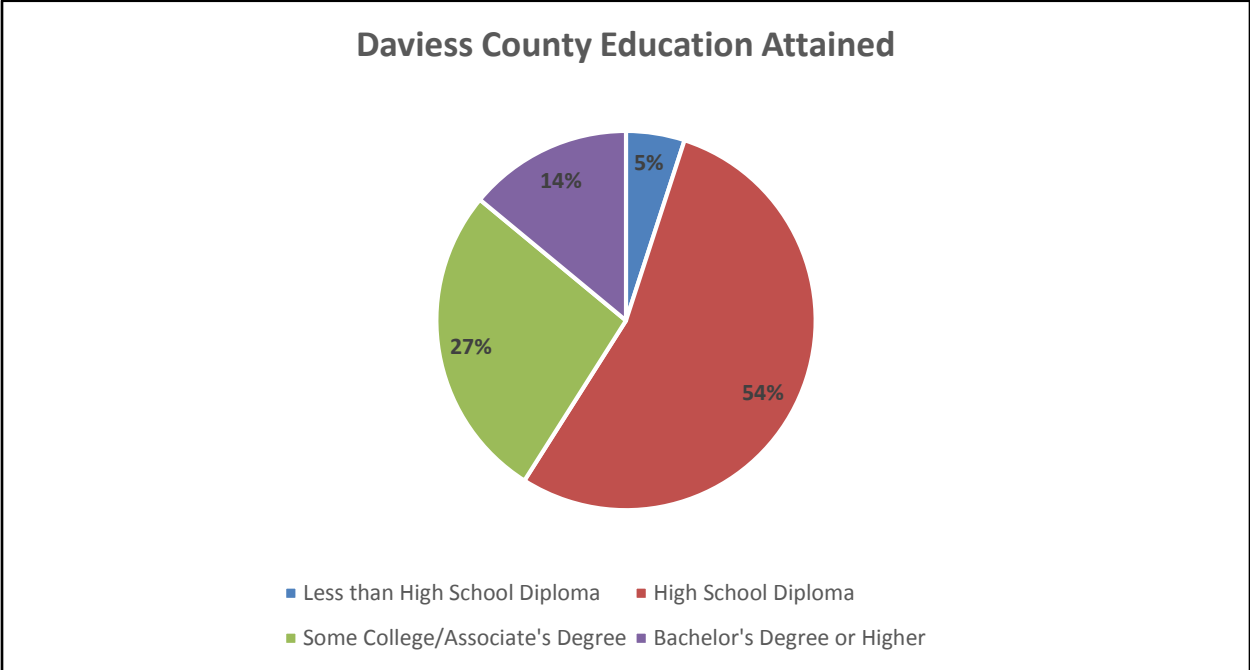
All Topics	Daviess County, Indiana
Population estimates, July 1, 2018, (V2018)	33,147
 PEOPLE	
Population	
Population estimates, July 1, 2018, (V2018)	33,147
Population estimates base, April 1, 2010, (V2018)	31,654
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	4.7%
Population, Census, April 1, 2010	31,648
Age and Sex	
Persons under 5 years, percent	▲ 8.1%
Persons under 18 years, percent	▲ 29.3%
Persons 65 years and over, percent	▲ 15.3%
Female persons, percent	▲ 49.6%
Race and Hispanic Origin	
White alone, percent	▲ 95.7%
Black or African American alone, percent (a)	▲ 2.2%
American Indian and Alaska Native alone, percent (a)	▲ 0.4%
Asian alone, percent (a)	▲ 0.5%
Native Hawaiian and Other Pacific Islander alone, percent (a)	▲ 0.1%
Two or More Races, percent	▲ 1.1%
Hispanic or Latino, percent (b)	▲ 4.9%
White alone, not Hispanic or Latino, percent	▲ 91.4%

Source: U.S. Census Bureau, American Community Survey 2018 Estimates



Education

The Robert Wood Johnson Foundation reports that approximately 95% of the county residents have high school diplomas compared with a statewide average of 84%. However, only 41% of the community has at least some college education compared with a statewide average of 62%.



Graph based on data from Robert Wood Johnson Foundation and the US Census Bureau

The full reports from U.S. Census Bureau and the Robert Wood Johnson Foundation can be viewed in Appendix A.

Health Summary

Based on data from the 2019 County Health Rankings & Roadmaps report, Daviess County ranks 36th in Health Outcomes and 61st in Health Factors out of 92 counties in the state.

The favorable Health Outcomes ranking was based on a high Quality of Life showing with only 17% reporting poor or fair health days (compared to 18% statewide), only 3.8 days of poor physical health out of the preceding 30 days (compared to 3.9 statewide), only 4.1 days of poor mental health from the preceding 30 days (compared to 4.3 statewide) and only 6% of low birthweight (compared to 8% statewide).

The Health Factors ranking was considerably lower at 61 out of 92, but still ranked within the middle third of all Indiana counties. This ranking was based on Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment.

A slightly higher instance of adult obesity (at 35% compared to a statewide average of 33%), a high instance of physical inactivity (at 32% compared to a statewide average of 25% and a national rate of 19%), and a slightly higher rate of teen births in Daviess County (30 compared to the state average of 28) all combined to earn DCH's service area a ranking of 65 out of 92 county in Health Behaviors. One major contributing factor to both the obesity and physical inactivity may have come from the significantly lower access to exercise opportunities with Daviess County at only 56% compared with a rate of 75% statewide and 91% nationally.

The most stark impact on Daviess County's Health Factors score comes from their Clinical Care rank at 91 out of Indiana's 92 counties. The largest detriment to the Clinical Care scoring were the high patient-to-provider ratios and high rate of uninsured populations. The average ratio of patients to primary care physicians is 1940:1, compared to the state average of 1500:1. The average patient to dentist ratio is 3680:1, compared to the state average of 1810:1. Finally, average the patient to mental health provider ratio is 1230:1, compared to the state average of 670:1. Approximately 18% of the population is uninsured, which is significantly the statewide rate of 9%. Further, the rate of individuals receiving the Flu Vaccine was only 30% compared to the statewide rater of 47% and national rate of 52%. It is worth noting that the uninsured and vaccination rates may reflect the significant Amish population in Daviess County.

The county exceeded state averages for percentage of high school graduates (95% of the community compared to a statewide average of 84%), unemployment (2.8% compared to 3.5% statewide), and children in single parent households (21% compared to 34% statewide). However, a low percentage of residents with some college education (and average of 41% to the state's 62%) held Daviess County to a middling rank of 39 out of 92 for the community in Social and Economic Factors. The county also had a slightly higher rates of injury deaths (76 compared to Indiana's 74), income inequality (4.6 compared to Indiana's 4.4), and children in poverty (19% compared to 18% statewide and 11% nationally).

The Physical Environment score was higher for Daviess County, with a ranking of 23 out of 92 Indiana county. The score is due, in large part, to a lack of drinking water violations and a low rate of driving alone to work (76% in Daviess compared to a state average of 83%).

The County Health Rankings measures the population living with limited access to healthy foods using the USDA Food Environment Atlas. Individuals are counted who have both low access to a supermarket or large grocery store and a low income. “Low access” is greater than ten miles away in a rural county. “Low income” individuals are classified if they fall into the government definition of poverty or have a median family income at or below 80% of the county’s median family income.

Full copies of the Robert Wood Johnson County Health Rankings & Roadmaps reports for Daviess County can be found in Appendix A.

Primary and Chronic Diseases

Daviess Community Hospital generated a report of the Top Diagnoses by Payer Mix for their inpatients for the previous calendar year, January 1, 2018 through December 31, 2018. From this report, the top ten most common diagnoses for their service area were identified. A further examination of the payer mix for each diagnosis resulted in additional data to identify the issues that were most often seen in low-income, disabled, and/or older populations. (*Note: It is important to understand the key characteristics of the DCH population. This includes identifying the low-income, disabled, and/or elderly population. The population trends help provide an indication of patterns within the residents of the community and assist in identifying the needs around this populace.)

The following list contains the top ten most common diagnoses and the percentage of Medicare and Medicaid patients for each diagnosis:

- Essential Primary Hypertension – 560 cases (64.1% Medicare and Medicaid)
- Unspecified Abdominal Pain – 443 cases (53.5% Medicare and Medicaid)
- Chest Pain Unspecified – 418 cases (53.8% Medicare and Medicaid)
- Urinary Tract Infection Not Specified – 410 cases (66.8% Medicare and Medicaid)
- Hyperlipidemia Unspecified – 395 cases (62.8% Medicare and Medicaid)
- Psychoses– 159 cases (96.9% Medicare and Medicaid)
- Organic Disturbances & Intellectual Disability – 128 cases (94.5% Medicare and Medicaid)
- Septicemia or Severe Sepsis – 85 cases (91.8% Medicare and Medicaid)
- Simple Pneumonia & Pleurisy – 47 cases (85.1% Medicare and Medicaid)
- Chronic Obstructive Pulmonary Disease – 38 cases (89.5% Medicare and Medicaid)

The list of top inpatient diagnoses and payer mix report can be found in Appendix A.

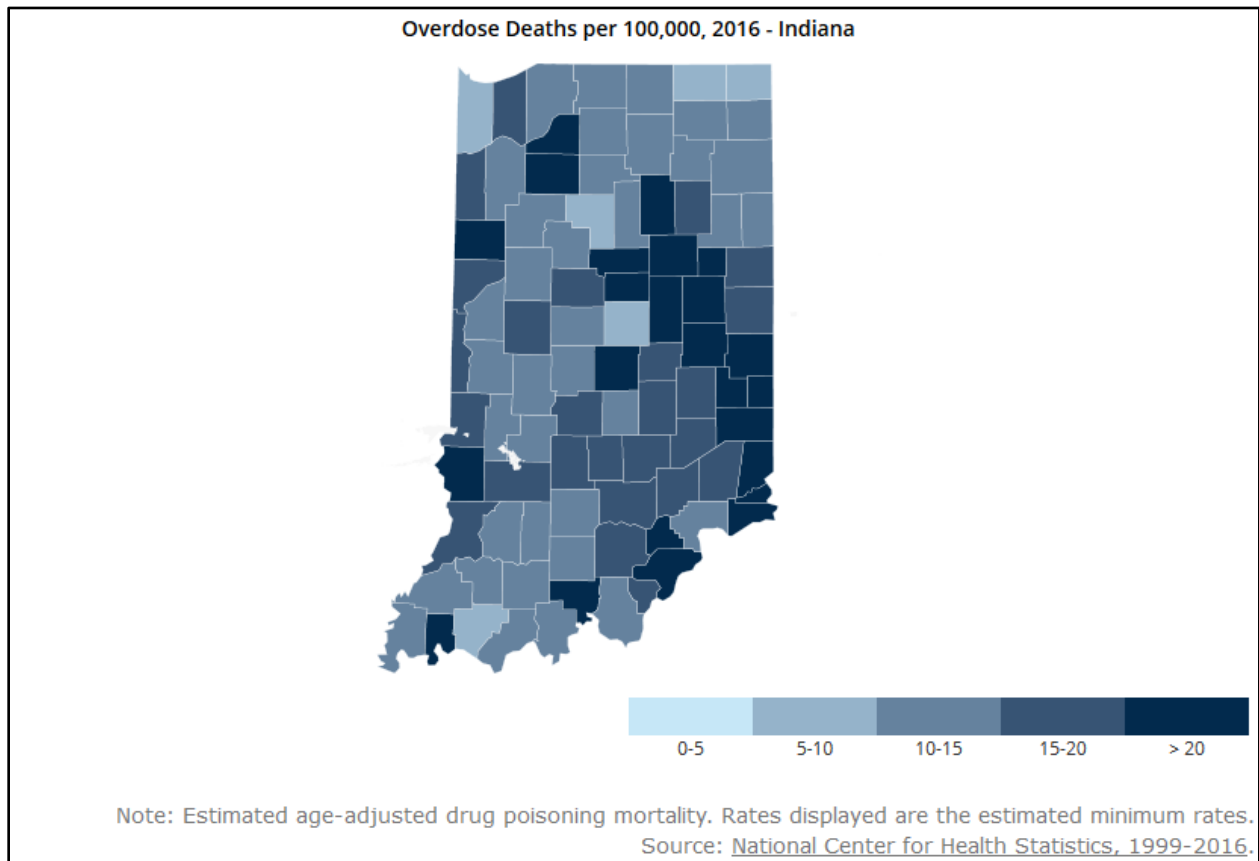
The most recent county-level cancer reports from the state of Indiana are from 2015, and Daviess Community Hospital’s service area shows lower rates of all types of cancers when compared to the state average. The rate of cancer (per 100,000 people) in Daviess County comes in below the statewide rate of 466.6 at only 438.9. The county actually comes in significantly lower on the rates of prostate cancer (an average of 98.5 versus a statewide rate of 106.9), breast cancer (an average of 89.4 versus a statewide rate of 118.1), and lung cancer (an average of 67.2 versus a statewide rate of 73.9). Only colon and rectum

cancers were higher than the state average in Daviess County with a rate of 48.3 compared to 44.4 statewide. Interestingly, the cancer mortality rates for all types of cancer in the county are only slightly below the state average at an average rate of 182.4 versus Indiana’s overall rate of 187.3 despite having lower instances in all but colon and rectum cancers.

In instances of chronic disease, specifically heart disease and stroke, the CDC ranks Daviess County 86th out of 92 Indiana counties in hospitalization rate. However, additional data from the Centers for Disease Control and Prevention Division for Heart Disease and Stroke Prevention ranks Daviess County as the very best, first out of Indiana’s 92 counties, in rate of deaths due to heart disease and stroke.

The CDC’s Diabetes Data & Trends report also relates that DCH’s service area comes in well below the state average in rates of diabetes. The county has an age-adjusted rate of 8.5% compared to an Indiana-wide average of 10.4% and is precisely on par with the national rate of 8.5%.

The CDC’s National Center for Health Statistics report on drug overdose deaths in the United States shows that the national average of overdose deaths per 100,000 is 21.7 for 2017. The Indiana average is 29.4. While Daviess County-level data was not available, the report from the CDC includes the below map which indicates that Daviess is far below the state and national averages with a rate of 15 or fewer per 100,000.



Portions of the Indiana State Cancer Registry’s Indiana Cancer Facts & Figures, as well as the three CDC reports, can be found in Appendix A.

Existing Healthcare Resources

Daviess Community Hospital provided a complete listing of the currently available healthcare facilities and services that are accessed by those living within their service area. This list includes, but is not limited to, a hospital, community-based physicians, a variety of specialists, oral care providers, eye care providers, fitness centers, and more. DCH will be able to use this listing when creating their action plan to fully incorporate all available resources.

Hospital
Daviess Community Hospital
Medical Providers by Last Name
Sutton
Dawkins
Leonard
Lehmkuhler
Lohano
Fields
Beierle
Cullen
Heath
Lewis
Koch
Nixon
Lehman
Jackson
Parks
Wehrheim
Archer
Cullen
Story
Wessels
Mattingly
Garrett
Kraft
Holsopple
Dent
Wilson
Knopinski
Porter
Mullis
Lawyer

Buss
Summers
Lohano
Collison
Sell
Ramsey
Twitty
Cardinal
Burla
Kavanaugh
Sandy
Robinson
Rostas
Burla
Bhasin
Frances
Stafford
Atienza
Knepp
Satar
Thorne
Houchins
Krieger
Moss
Brown
de la Vegne
Powers
Bhuptani
Abdelhameed
Callaghan
Woodward
Rusche
Gallentine
Pinnamaneni
Kelley
Gunn
Munning
Weaver
Woebkenberg
Chiropractors
Bowling
Omer
Starr-Omer
Hopkins

Brower
Dentists
Helms
Odon Family Dental
Parsons
Deem Dentistry
Walker
Simpson
Eye doctors
Clear Image Eye Center
Valley Optical II Inc
Hale
Odon Optical
Eyeworks
Walmart Vision & Glasses
Pharmacy
Walmart Pharmacy
Williams Bros. Health Care Pharmacy
Odon Pharmacy
CVS Pharmacy
Washington Long Term Care Pharmacy
Prescription Shoppe
Fitness Centers
Anytime Fitness
Flex to Fit
Yoga On Main
Daviess County YMCA
Parks/Rec areas
SJG Sports Complex
Washington has 3 parks with a variety of amenities including playgrounds, walking paths, ball fields, basketball courts, outdoor fitness equipment
Odon Park
Planville Park
Elnora Park
Glendale fish and wildlife. Area
Country Oaks Golf Course
Food Pantry
Feed My Sheep Food Pantry
Heavens Kitchen

A complete listing of the facilities can also be found in Appendix D.

Identifying Health & Service Needs

A steering committee of Daviess County representatives was organized with the help of the Daviess Community Hospital Director of Athletic Training & Outreach Services, Scott Sell. Business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, and any other interested parties were invited to attend the meeting to discuss the health-related needs of the county with a view to identifying the areas of greatest concern. The list of attendees can be found in Appendix B.

The steering committee was encouraged to brainstorm all areas of need or concern in the health field in Daviess County in both large and small group settings. Once a master list of all concerns was agreed upon by the group, they were asked to prioritize what they perceived to be the greatest strengths and values in their county. Then, they were asked to identify the highest priorities from the master list of challenges.

By analyzing both prioritized lists from the small groups, the IRHA was able to detect the items that appeared most frequently and identified the community's areas of greatest concern:

- Lack of health care knowledge – copays, benefits, medication
- Mental health
- Substance abuse
- Transitional housing
- Affordable housing
- Lack of homes
- Non-English-speaking services
- People do not practice the Golden Rule
- Rural transportation
- Weekend transportation
- Safe trails (biking)
- Reliable Internet services
- Disability coverage
- No activities for young adults
- Healthy lifestyles
- Perceptions of MDs vs. NPs, etc.
- Counseling for SUD, children
- Lack of arts/culture
- Hospital communication
- Hospital partnership with community organizations
- Occupation health awareness/coordination
- Behavioral health including outpatient

The master list, priority list, and the list of areas that were determined to be of the greatest need can be found in Appendix B.

The identified areas of greatest need were used to create a 33-question survey, addressing demographics, county issues, and community services and amenities, which can be found in Appendix C. The survey was widely disseminated via internet access, community bulletins, and the local newspaper to the residents of Daviess County through inclusion on the Daviess Community Hospital's website and a

publically available survey posted on SurveyMonkey.com. Face-to-face polling was also implemented at the Walmart in Washington, Priceless Foods in Washington, Perdue Farms, and the First Savings Banks in both Montgomery and Odon to conduct the in-person survey, two members of the IRHA staff and a DCH employee greeted all county residents as they entered the facilities and asked for their participation in the survey. The general public was alerted to the face-to-face and online polls through DCH newsletters and social media, as well as appearances by DCH staff on the local radio stations. At the end of polling, there was a total of 191 total responses, including 38 face-to-face responses. The majority (64.4%) of the respondents were from zip code 47501; the age of respondents was very evenly distributed from 26 to 65, and 95.3% of respondents identified as White.

After basic demographics, respondents were asked to assess the effect of various factors on their community by selecting “very negative effect, some negative effect, no effect, some positive effect, or very positive effect.” The second portion of the survey required respondents to assess the need for various services and facilities in their community by selecting “no need, slight need, definite need, or extreme need.” Respondents were also able to select “no opinion/don’t know” for any items they did not want to answer.

There was also a section for open comments at the end of the survey for any additional information the respondents wanted to share.

When asked “how do these issues affect your county,” the standout answers by all respondents were (0 is very negative effect, 4 is very positive effect):

1. Illegal or prescription drug misuse – 2.0 weighted average
2. Mental/behavioral health – 2.79 weighted average
3. Affordable housing – 2.89 weighted average
4. Services for Non-English speakers – 3.02 weighted average
- 5-6. Activities for young adults tied with Availability of rural transportation – 3.03 weighted average
7. Biking and walking trails – 3.04 weighted average

Interestingly, one item that was raised as a potential concern by the steering committee was perceived in a very positive light by the community members. Communication with the hospital received an overwhelmingly positive weighted average response of 3.68 from community respondents.

It is further worth noting the wide disparity in responses with a jump of 0.79 between the concern over illegal or prescription drug misuse to the next most negatively impactful item, mental/behavioral health.

When asked “do you see a need for the following services/facilities in your community,” the standout responses were (0 is not needed, 4 is extremely needed):

1. Illegal and/or prescription drug rehabilitation services– weighted average of 3.51
2. Illegal and/or prescription drug rehabilitation facilities– weighted average of 3.47
3. Mental health services – weighted average of 3.37
4. Illegal and/or prescription drug rehabilitation education– weighted average of 3.32
5. Affordable housing – weighted average of 3.27

The full summary of the survey results can be found in Appendix C.

A sampling of the comments from the survey that recurred most often is below. The primary point of concern was illegal/prescription drugs and mental health. All comments have been left as originally submitted unless they have been edited for length.

- “I believe mental health and drug treatment are the most important/under served areas.”
- “There is a major need for mental health options in this area. Right now the only local place to go is Good Sam and a lot of people do not have good experiences there, but with a mental health issue what choice do they have? DCH could really step it up in the mental health field to help those other than the geriatric population. Geriatric is important, but some younger people are dealing with crippling mental illnesses every day and getting no real service for them.”
- “We lack hugely in this community the access to mental health services and medication assisted treatment providers (subutex, methadone, etc.) there is no provider around this area to provide these services for people that are stable on MAT and not practicing illicit drug use any longer. We have to send people out of our county to be served...”
- “I have been disheartened to see a number of individuals in all tiers of the social classes in our community very negatively effected by the drug situation in our community. So many go to rehab or ask for help but there is little help available. There really needs to be a long term mentoring program for those who want to leave the drug/alcohol behind. Our young people are crying out for help. Thank you for this venue to share our needs!”

A complete summary of the survey results can be found in Appendix C.

Summary of Findings

Based on the information gathered as part of the Community Health Needs Assessment, the Indiana Rural Health Association has identified the areas of greatest need in Daviess County. Through the collection of health data and community input on the county’s strengths, values, and challenges within the hospital’s service area, the following needs were identified as being of the highest importance:

Identified Areas of Need

- Illegal and/or prescription drugs – treatment, recovery, education
- Mental and behavioral health – treatment options and services within the county
- Lack of affordable housing
- Rural transportation options

Additionally, to aid Daviess Community Hospital in the creation of an action plan, the IRHA has made preliminary suggestions for addressing the defined areas of need. ***Please note these are opportunities for improvement and in no way constitute required actions, but rather are recommendations for further attention.

Recommendations:

The team from IRHA is pleased to serve the needs of Daviess Community Hospital. We have worked with the Leadership team of DCH for many years and highly respect the accomplishments made in many areas of healthcare services that greatly contribute to the health needs of the residents in Daviess County.

Based on the findings of this project, we would like to offer recommendations to respond to the areas identified by members of the community. These are only suggestions and should not be considered requirements nor complete solutions. Those recommendations are below:

- **Illegal and/or prescription drugs – treatment, recovery, education:**
 - Convene education/awareness teams for families and people with OUD/SUD.
 - Engage recovering patients into presentations; share stories, experiences.
 - Collaborate with other organizations, agencies, clergy, schools, and more to access statewide and unique opportunities.
 - The IN State Museum welcomes all INSRHN members to their “FIX: Heartbreak and Hope of Our Opioid Crisis” exhibit.
 - Collaborate with social services, local law enforcement, educators to reach people with OUD/SUD.
 - Work with various organizations, service groups, and faith-based community to market, create, and host recovery, support, and family groups such as Narcotics Anonymous, Al-Anon, etc.
 - Offer specific drug education classes:
 - Methamphetamine
 - Over-the-counter medications

- **Mental and behavioral health – treatment options and services within the county:**
 - Solicit stakeholders to identify mental and behavioral health providers
 - Consider use of telehealth for patient/provider engagement
 - Consider programs such as IN Behavioral Health Access program for Youth services (https://is.gd/behappy_registration) for peer-to-peer consultation connecting your local providers with IU psychiatrists.
 - Evaluate insurance coverage with local major employers to determine what plans are available.
 - Evaluate insurance coverage with state programs for individuals living in poverty with mental health issues.
 - Pursue National Health Service Corp designation (if not already in place) to recruit mental health providers.

- **Lack of affordable housing:**
 - Collaborate with local Economic Development agencies/personnel
 - Meet with local Chamber of Commerce to collaborate on suggestions
 - Gather contacts for local builders/investors
 - Consider partnerships with outside organizations focused on providing affordable housing such as USDA.

- **Rural transportation options:**
 - Collaborate with regional hospital Foundations for shared joint projects.
 - Consider local fundraising event to acquire a vehicle for non-emergency transportation.
 - Partner with local businesses, offer advertising on the vehicle, let them sponsor rides.
 - Collaborate with local clergy or other organizations who serve the elderly.
 - Organize neighborhood “Ride Share” programs to organize localized solutions to assist with transportation needs for non-emergency medical appointments.

- Explore telehealth programs where applicable to avoid the need of transportation.
- Seek grant dollars to support transportation for non-emergency care.

Daviess Community Hospital has earned the trust and respect of many local residents. This can be leveraged with providers and local business and community service organizations to explore the suggested and other ideas to enhance the quality of life of Daviess and Starke County residents.