

2025

# Daviess Community Hospital Community Health Needs Assessment

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Prepared by the Indiana Rural Health  
Association

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## Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide a comprehensive and data-driven understanding of the health needs within Daviess Community Hospital's (DCH) service area. This assessment is conducted with the primary aim of improving the health and well-being of individuals within the community by identifying and addressing the most pressing health issues.

Specifically, this CHNA has the following goals:

1. **Identify Health Disparities:** To analyze and document the disparities and inequities in access to and outcomes of health services within the community. Factors, such as race, ethnicity, age, gender, socioeconomic status, and geographic location all impact health outcomes and will be considered within the report.
2. **Assess Existing Services:** Evaluate the scope and effectiveness of the health services currently offered within Daviess County, including the adequacy of resources, staffing, and infrastructure.
3. **Engage Stakeholders:** Engage with a diverse group of community stakeholders, including patients, families, community organizations, local government, and other healthcare providers to gather their insights, experiences, and perspectives on the health needs and challenges faced by the community.
4. **Identify Priorities:** Determine the most critical health issues and unmet needs within the community. This includes understanding prevalent health conditions and health challenges that impact the hospital's patient population.
5. **Develop an Action Plan:** Create a clear and evidence-based action plan to address the identified health needs and disparities. This plan will be used to guide the hospital's future strategies, services, and programs to better serve the community.
6. **Foster Collaboration:** Promote collaboration among local agencies, healthcare providers, community organizations, and policymakers to create a coordinated approach to address health issues in the service area.
7. **Comply with Regulatory Requirements:** Ensure compliance with regulatory requirements and reporting obligations as stipulated by relevant authorities, including federal and state regulations that govern non-profit hospitals.

By conducting this Community Health Needs Assessment, the hospital aims to enhance its ability to deliver high-quality, patient-centered healthcare services that are responsive to the unique needs of our community. This assessment will also facilitate transparency, accountability, and continuous improvement in the efforts to promote health and well-being while reducing health disparities within the hospital's service area.

## Process

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

IRHA first identified the community served by Daviess Community Hospital 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.

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 the Indiana Department of Health, the Community Health Rankings & Roadmaps from the Robert Wood Johnson Foundation, Map the Meal Gap by Feeding America, the Centers for Disease Control and Prevention, and more state and national resources. The full list of references follows this report. The reports provided by the hospital can be viewed in Appendix A.

Next, a focus group of Daviess County representatives was organized with the help of the Daviess Community Hospital's Director of Service Excellence, Patient Experience, Angie Steiner. 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, the organization they represent, and their contact information can be found in Appendix B.

From the information obtained during the focus group meeting, a 43-question survey was developed to gain the perspective of the inhabitants of the community. The survey was also translated into both Spanish and Haitian Creole to be accessible to non-English speaking populations in the community. Questions included queries about the effect of various factors (such as transportation, mental health, and childcare), 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 Daviess Community Hospital's website and face-to-face polling at the Daviess County Fair and Daviess County YMCA in Washington. An online survey posted on REDCap® 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. The hospitals 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 publicly posted on the hospital's website. Hard copies of the full report were made available to the community upon request at Daviess Community Hospital, as well.

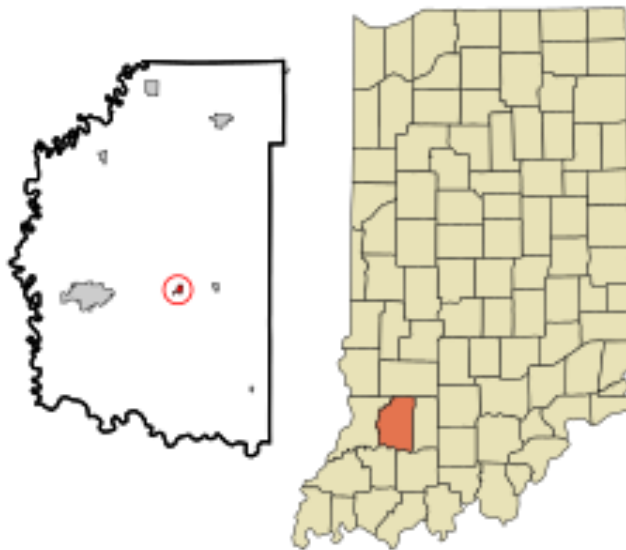
## **Community Served**

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 of Daviess County, a person must reside within one of the following postal zip codes: 46910, 46912, 46922, 46931, 46935, 46939, 46945, or 46975.

## **Description of Community**

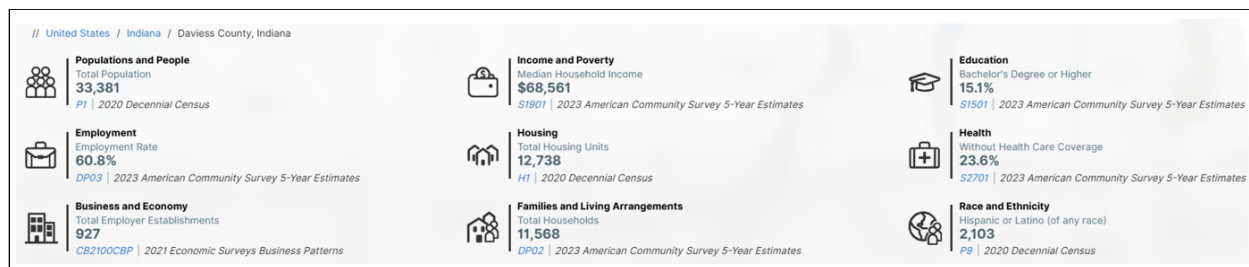
### **Physical**

Daviess County is located in the southcentral part of Indiana. The county is largely rural and is the 26th smallest county in Indiana at approximately 429.5 square miles. Daviess County is bordered to the west by the White River and bordered to the south by the East Fork of the White River. The county is crossed by various State Roads and Highways and is crossed by Interstate 69 running north to south through the middle of the county. Daviess County is bordered by Pike, Martin, Knox, Dubois, and Greene counties.



## Demographics

According to the 2020 U.S. Census Report, the total population of the Daviess County was approximately 33,381, with a 2023 estimate of 33,442.<sup>1,2</sup> The median age is 34.7 years old and there are approximately 99.5 males for every 100 females.<sup>2,3</sup>



## Underserved Populations

Daviess County has a relatively homogenous racial and ethnic profile. Overall, 90.9% of residents identify as White alone. The second largest reported racial population was being of two or more races at 4.0%.<sup>2</sup>

### Race

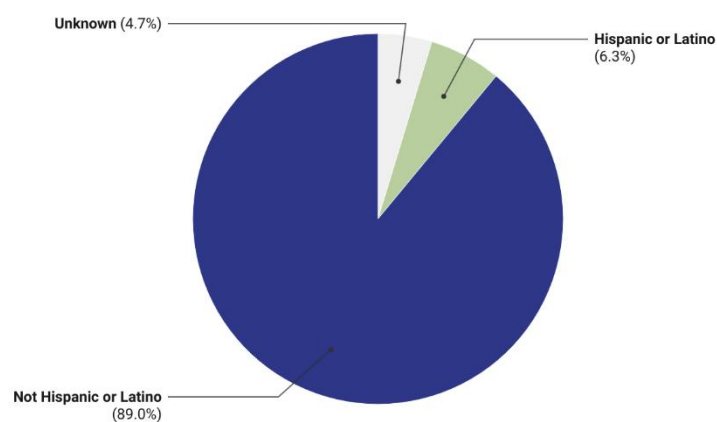
White	90.89%
Two or more races	4.00%
Some other race	2.57%
Black or African American	1.91%
Asian	0.40%
American Indian/Alaskan Native	0.21%
Native Hawaiian/Other Pacific Islander	0.02%

Source: Daviess County, Indiana—Census Bureau Profile. (n.d.). Retrieved August 14, 2025, from [https://data.census.gov/profile/Daviess\\_County\\_Indiana?g=050XX00US18027](https://data.census.gov/profile/Daviess_County_Indiana?g=050XX00US18027) • Created with Datawrapper

For ethnicity, the majority (89.0%) of residents are Not Hispanic or Latino.<sup>2</sup>

English is the dominant language spoken in the county at 79.2% in Daviess County. The *2023 American Community Survey 5-Year Estimates* shows that 3.3% of the county's population spoke Spanish, 17.0% spoke other Indo-European languages, and 0.5% spoke Asian and Pacific Islander languages.<sup>2</sup>

### Ethnicity



Source: Daviess County, Indiana—Census Bureau Profile. (n.d.). Retrieved August 14, 2025, from [https://data.census.gov/profile/Daviess\\_County\\_Indiana?g=050XX00US18027](https://data.census.gov/profile/Daviess_County_Indiana?g=050XX00US18027) • Created with Datawrapper

Beyond the ethnic and racial demographics, the U.S. Census Bureau estimates that there are approximately 1,447 veterans (6.2%) in Daviess County.<sup>3</sup> This population is of special note, because, according to the U.S. Department of Veteran Affairs, veteran populations are at higher risk of substance use and mental health conditions, such as PTSD.<sup>4</sup>

According to data from the Williams Institute at UCLA, approximately 4.5% of Indiana residents identify as part of the LGBTQ+ community.<sup>5</sup> While county-level and youth population data is not yet available, this percentage can provide a starting point for identifying a proportion within the target service area. The LGBTQ+ youth population is at particular risk of Mental Health issues, including suicidal ideation and suicide attempts. A 2024 report by the Trevor Project states that 39% of LGBTQ+ youth seriously considered suicide in the previous year and that 50% of LGBTQ+ youth who wanted Mental Healthcare in the past year were unable to receive care.<sup>6</sup>

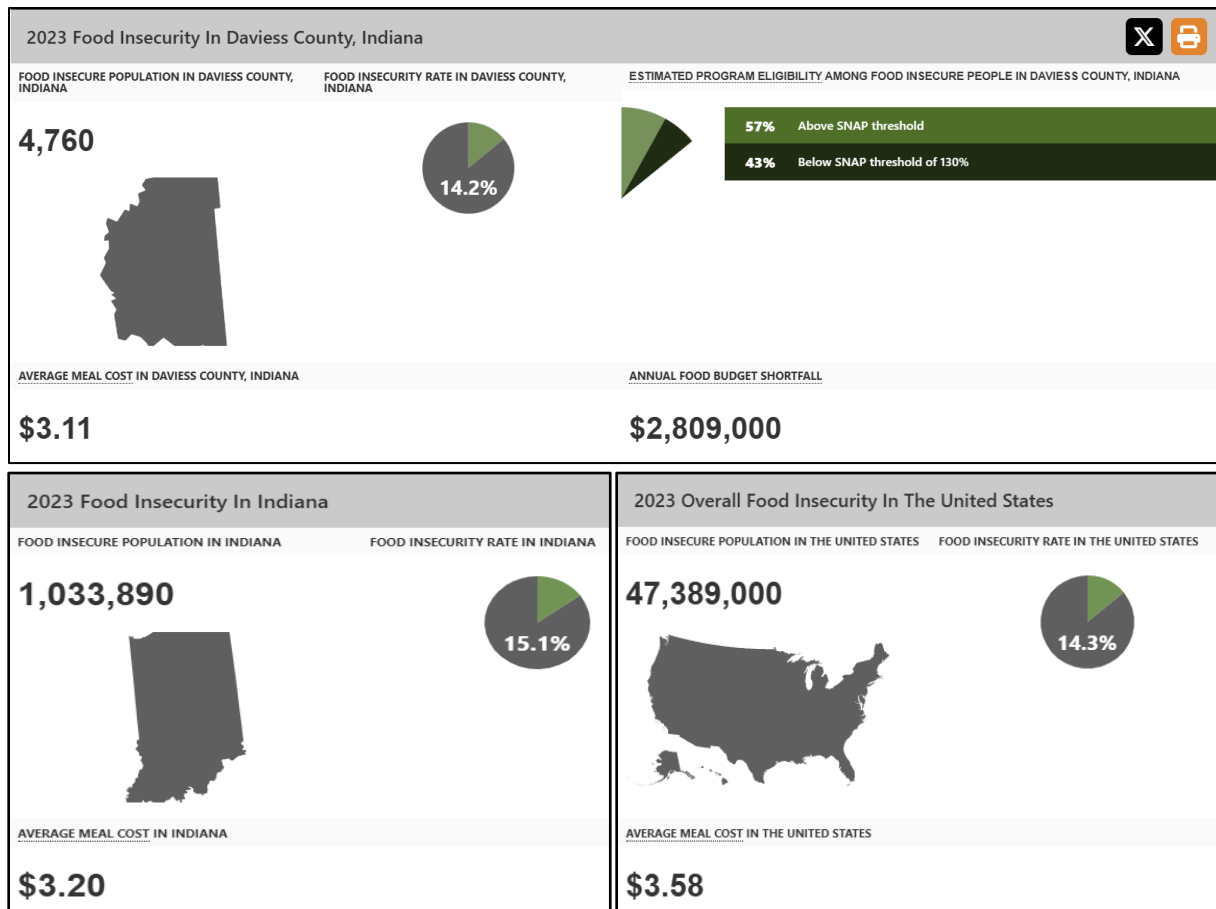
Also, the U.S. Census Bureau reports that approximately 13.9% of Daviess County residents are classified as disabled at any age and the state rate for Indiana is 14.5%.<sup>7</sup> Of the Daviess County population with a disability, the following disabilities are most prevalent: ambulatory difficulty (7.7%), independent living difficulty (5.3%), cognitive difficulty (5.1%), hearing difficulty (4.8%), self-care difficulty (2.8%), and vision difficulty (2.4%).<sup>7</sup> The population with a disability is a measurement of the percentage of people that have the reported disability and should not be confused with the percentage of the total number of disabilities categorized by disability. There are a wide variety of disabilities that may be co-occurring and appropriate interventions and adaptations should be identified to best serve each individual need.

Finally, the January 2024 Point-in-Time (PIT) count for unhoused populations includes Daviess County in the Region 12 cohort. The count was taken on January 24, 2024.<sup>8</sup> The PIT count in Daviess County did not identify individuals who are chronically homeless, but did identify 18 people without children who are unhoused. Additionally, of the unhoused population, 9 adults have a serious mental illness and 6 have Substance Use Disorder.<sup>9</sup> However, this should not serve as proof or indication that more unhoused people do not exist in the community.

## **Social Drivers of Health**

### **Food Insecurity<sup>10</sup>**

Feeding America's *Map the Meal Gap* study reported that in 2023, 4,760 people were food insecure in Daviess County, with a rate of 14.2%. The Indiana statewide rate was 15.1% and the national rate is 14.3%. The average meal cost in Daviess County is \$3.11. This is slightly less expensive than the average meal cost for the state of \$3.20 and the average meal cost nationally of \$3.58. It is worth noting that these numbers are from 2023 and will likely be exacerbated by the inflation that has been particularly impacting groceries and food costs for some time.



Data Visualizations from Feeding America's the Meal Gap, 2023

## Economic Factors

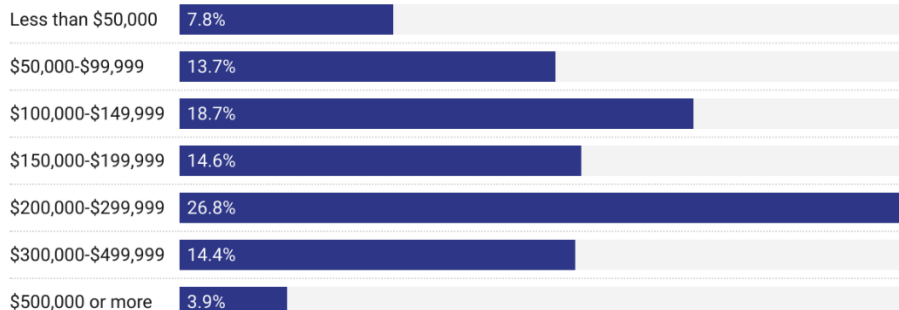
Daviess County experiences a poverty rate and an unemployment rate slightly below state averages according to the 2023 American Community Survey 5-Year Estimates from the U.S. Census Bureau and STATS Indiana reporting from the Indiana Department of Workforce Development (IDWD). The poverty rate in Daviess County is only 10.4%, compared to Indiana's rate of 12.3%.<sup>11</sup> Per the IDWD from June 2025, the unemployment rate is 3.0, compared to Indiana's rate of 3.7.<sup>12</sup> In 2023, the per capita income is reported at \$59,193, which also falls behind Indiana's reported average of \$61,243.<sup>12</sup>



## Housing

Of the 8,274 owner-occupied housing units in Daviess County, 21.6% are valued under \$100,000 and 3.9% are valued at \$500,000 or more, with the median value equaling \$187,500. The median gross rent is \$837 and 28.5% of housing units are renter-occupied. There is a total of 12,781 housing units with 90.5% occupied and 9.5% vacant.<sup>13</sup>

### Housing Values



2023 American Community Survey

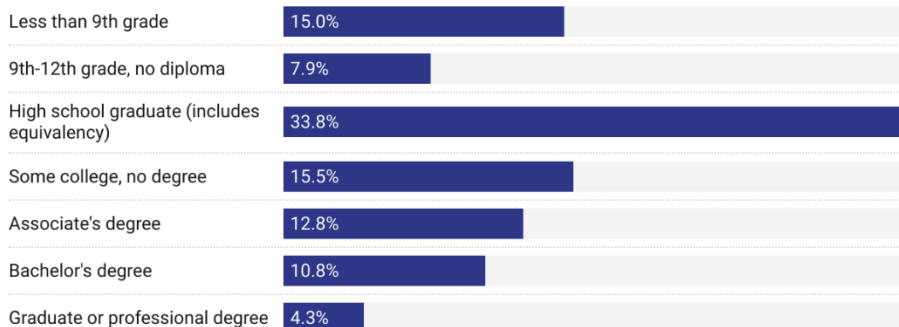
Source: DP04: Selected Housing Characteristics—Census Bureau Table. (n.d.). Retrieved August 18, 2025, from <https://data.census.gov/table/ACSDP5Y2023.DP04?g=050XX00US18027> • Created with Datawrapper

## Education<sup>14</sup>

According to 2023 United States Census Bureau data, the percentage of Daviess County adults aged 25 or older that are high school graduates or higher was 77.2%, which is considerably lower than Indiana's percentage of 90.2%. Further, adults aged 25 or older with a bachelor's degree or higher in the county was 15.1%, which is significantly lower than the state's percent of 28.8%.

### Educational Attainment

Adults 25 years and over



2023 American Community Survey

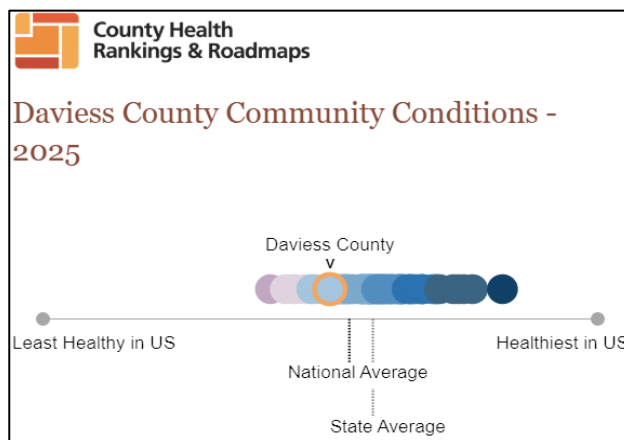
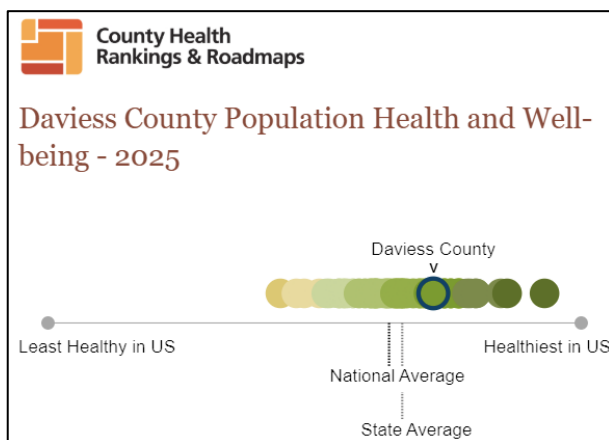
Source: S1501: Educational Attainment—Census Bureau Table. (n.d.). Retrieved August 18, 2025, from <https://data.census.gov/table/ACSST5Y2023.S1501?g=050XX00US18027> • Created with Datawrapper

The complete description of metrics and methodology can be found using the citations listed in the Reference section.

## Health Report Summaries

### County Health Rankings and Roadmaps<sup>16</sup>

The 2025 Robert Wood Johnson Foundation's County Health Rankings and Roadmaps shows Daviess County above both the state and national averages for Population Health and Well-being (previously Health Outcomes). Under Community Conditions (previously Health Factors), Daviess County is performing lower than the state and national averages.



*Data visualizations from the RWJF 2025 County Health Rankings*

As noted, Daviess County's Population Health and Well-being rankings are better than state and national averages. Some of the most favorable factors include the incidence of premature death (7,700 in Daviess compared to 9,800 in Indiana and 8,400 nationally) and while not included in rankings, Daviess County also had a lower rate of child mortality and suicide. For child mortality, Daviess's rate was reported at 40 per 100,000 children under age 20 compared to 60 in Indiana and 50 across the nation. Further, suicide rates were significantly higher in Daviess at 10 per 100,000 people, compared to 16 in Indiana and 14 nationally.

For detrimental Population Health and Well-being rankings that are lower than the state and national averages, reported poor physical health days (4.8 in Daviess compared to 4.2 in Indiana and 3.9 nationally), and reported poor mental health days (5.9 in Daviess compared to 5.5 in Indiana and 5.1 nationally).

Daviess County is faring slightly lower than the state and national averages for Community Conditions. Daviess County outperforms Indiana and national rates for preventable hospital stays per 100,000, (Daviess – 2,644, Indiana – 3,078, U.S. – 2,666). Daviess County has lower rates of unemployment compared to the state and national average in 2023 (Daviess – 2.4%, Indiana – 3.3%, U.S. – 3.6%). Daviess also outperforms state and national rates of social associations, meaning membership organizations per 10,000 people (Daviess – 14.4, Indiana – 11.8, U.S. – 9.1). Daviess County's percentage of 13% for severe housing problems is higher compared to the state (12%), but lower than the nation (17%).

Daviess County has a high school completion rate of 77%, which is lower than both the State of Indiana and the US. Daviess experiences fewer injury deaths due to motor vehicle crashes, homicides, suicides, and poisonings at 59 per 100,000 than the state (93) and country (84). Daviess County sees less firearm fatalities (7 firearm-related deaths per 100,000 people) than the state (16 per 100,000 people) and the US (13 per 100,000 people).

Daviess County underperforms the state and national rates of flu vaccinations, mammography screenings, and access to exercise opportunities. For flu vaccination rates, Daviess reports 40% compared to Indiana's 51% and the national average of 48%. For mammography screening, Daviess County reports 43% compared to 47% in Indiana and 44% nationally. Finally, access to exercise opportunities in Daviess County is only at 52%, while Indiana has a rate of 76% and the U.S. has a rate of 84%.

Several factors are not included in the Community Conditions rankings but are still reported by the County Health Rankings and Roadmaps Report. The percentage of limited access to healthy foods, rates of Sexually Transmitted Infections, percent of alcohol-impaired driving deaths, traffic volume, homeownership, and severe housing burden have better outcomes in Daviess County than the current state and national rates. than the US overall.

### Other Community Conditions

	Daviess County	Indiana	United States
Limited Access to Healthy Foods (%)	3	9	6
Sexually Transmitted Infections (new cases of chlamydia per 100,000)	242	495	495
Alcohol-Impaired Driving Deaths (% of motor vehicle deaths)	0	18	26
Traffic Volume (vehicles/meter/day)	38	87	108
Homeownership (% owner-occupied housing units)	72	70	65
Severe Housing Cost Burden (%)	8	11	15

Source: Daviess, Indiana | County Health Rankings & Roadmaps. (n.d.). Retrieved August 18, 2025, from <https://www.countyhealthrankings.org/health-data/indiana/daviess> • Created with Datawrapper

Similarly, the following factors did not influence either county’s Community Conditions ranking but are still reported metrics. Daviess County performed worse than state and national averages for percentages of adult smoking and physical inactivity.

Other Health Factors			
	Daviess County	Indiana	United States
Adult Smoking (% of adults)	23	17	13
Physical Inactivity (% of adults)	32	27	23
Source: Daviess, Indiana   County Health Rankings & Roadmaps. (n.d.). Retrieved August 18, 2025, from <a href="https://www.countyhealthrankings.org/health-data/indiana/daviess">https://www.countyhealthrankings.org/health-data/indiana/daviess</a> • Created with Datawrapper			

## Clinical Health Indicators

### Diagnoses Reporting

Daviess Community Hospital generated a report of the Top Diagnoses by Payer Mix for their inpatients for the previous year, July 1, 2024, through June 30, 2025. This provides a very real picture of their population served and the incidence of various diseases, injuries, chronic illness and more. From the ICD codes included in the report, the top ten most common diagnoses for their service area were identified, excluding screening procedures and exams with no abnormal findings. A further examination of the payer mix for the top 10 diagnoses 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 hospital’s patient 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 five most common diagnoses—excluding screening procedures and exams with no abnormal findings—and the percentage of Medicare and Medicaid patients for each diagnosis:

- Acute Pharyngitis Unspecified – 50.6% Medicare or Medicaid
- Essential Primary Hypertension – 67.1% Medicare or Medicaid
- Type 2 Diabetes Mellitus without Complication – 67.9% Medicare or Medicaid
- Contact with and (Suspected) Exposure to COVID-19 – 57.9% Medicare or Medicaid
- Attention-Deficit Hyperactivity Disorder, Unspecified Type – 57.5% Medicare or Medicaid

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

### Clinical Care

Daviess County has higher patient-to-provider ratios for primary care, dentists, and mental health than Indiana per the County Health Rankings & Roadmaps 2025.<sup>16</sup> Daviess County is identified as

Health Professional Shortage Areas (HPSA) by the Health Resources & Services Administration (HRSA) in the areas of Primary Care, Dental Health, and Mental Health.<sup>17</sup> This influences access to healthcare and health indicators. Daviess County has a patient to Primary Care Provider ratio of 1,214:1, whereas Indiana's ratio is 636:1.<sup>18</sup> The Mental Health Provider ratio is even more pronounced at 1,090:1 in Daviess, compared to 470:1 in Indiana and 300:1 in the U.S.<sup>16</sup>

The Centers for Medicare & Medicaid Services Office Of Minority Health reports mammography screening for women on Medicare aged 65-74 is low in Daviess County (43%) compared to 47% in Indiana and 44% nationally.<sup>16</sup> Unfortunately, the most recent public National Cancer Institute's State Cancer Profile data available on screening for women aged 40 and older is from 2019, and is therefore considerably out-of-date.<sup>19</sup> This is a significant gap in information for the hospital to be able to respond to their community's need.

### **Maternal, Infant, and Child Health<sup>20</sup>**

The number one health indicator in the world is infant mortality, which is the death of a baby before their first birthday. Daviess County's infant mortality rate (IMR) from 2019-2023 was 5.3 per 1,000 live births, which is lower than Indiana's 2019-2023 IMR of 6.7 per 1,000 live births and the United States (5.4 per 1,000 live births). Low birthweight (LBW) is defined as babies who are born weighing less than 5 pounds, 8 ounces, and in 2023, Daviess County's LBW was 4.8%, which is lower than Indiana and the national 2023 LBW of 8.6%. Prenatal care in the first trimester is another important maternal and infant health factor, with Daviess County's 2023 percentage of women not receiving early prenatal care being 38.1%, which is worse than Indiana's 2023 percentage of 26.6% and the US' percentage of 23.0% for women not receiving early prenatal care.

According to the Indiana Department of Health, Daviess County mothers who are on Medicaid is lower at 28.9% compared to 40.9% for Indiana's mothers overall. Additionally, the 2023 teen birth rate—births to females aged 20 years old and younger is 16.2 per 1,000 live births, which is higher than state (15.9) and national (13.6) rates. Finally, the rate of smoking while pregnant in Daviess County are currently 5.1%, which is lower than Indiana's rate of 5.3% of women who smoke while pregnant.<sup>21</sup>

### **Mental and Behavioral Health**

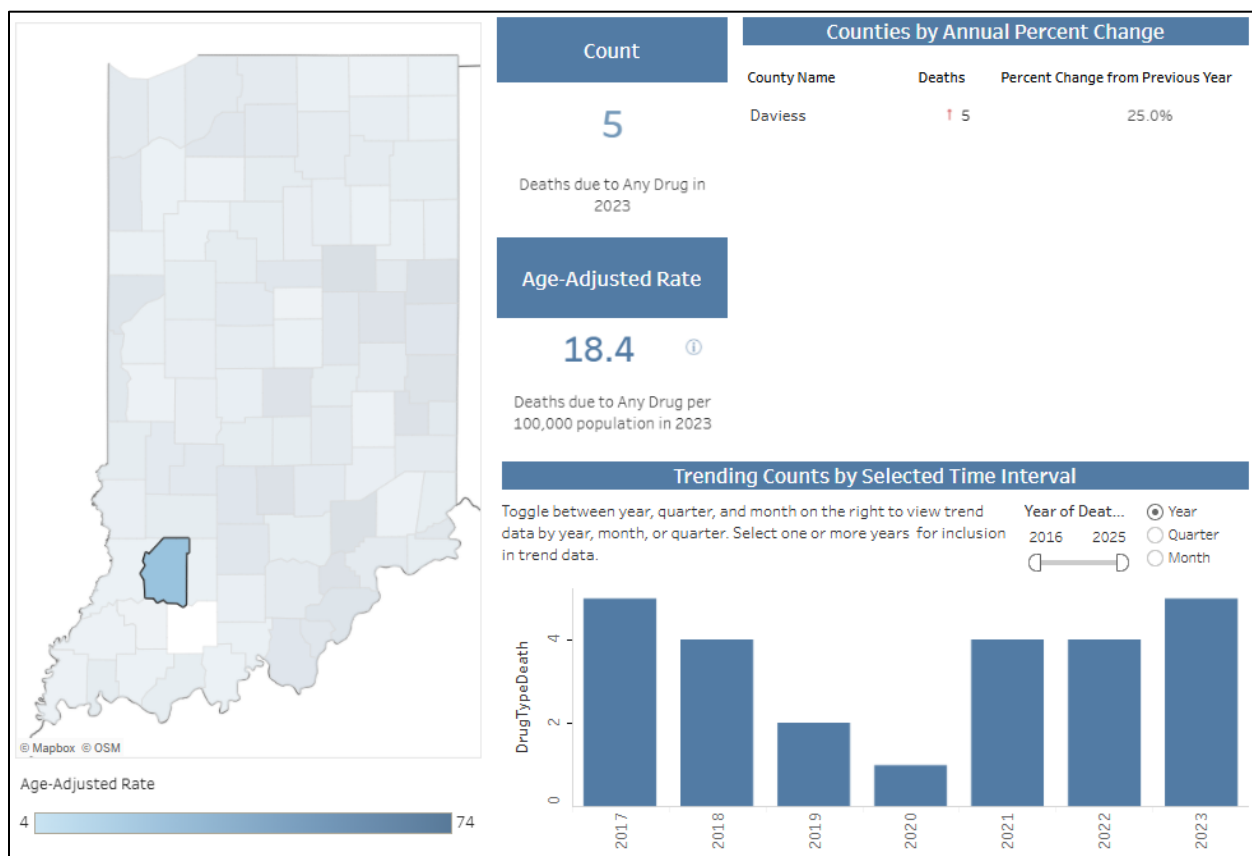
Daviess County adults reported 5.9 mentally unhealthy days (average number of days in the past 30 days where an adult's mental health was not good) compared to 5.5 in Indiana.<sup>16</sup> Daviess County reported an average of 3 deaths per year due to intentional self-harm from 2019-2023 for an age-adjusted rate of 9.0 per 100,000, which is lower than Indiana's rate of 15.8 and the national rate of 13.9.<sup>23</sup>

Daviess County's number of people scoring the PHQ-9 with severe depression per 100,000 from 2020-2025 is 30.25, which is lower than Indiana's rate of 48.0 per 100,000 of the state's population.<sup>24</sup> Daviess County's number of people reporting frequent suicide ideation per 100,000 of county's population from 2020-2025 is 31.44, which is lower than Indiana's number of people reporting frequent suicidal ideation rate of 51.2 per 100,000 of the state's population.<sup>24</sup>

Daviess County's trauma survivors per 100,000 of the county's population from 2020-2025 is 68.2, which is lower than Indiana's trauma survivors rate of 89.6 per 100,000 of the state's population.<sup>24</sup> Daviess County's number of people at risk for post-traumatic stress disorder (PTSD) per 100,000 of county's population from 2020-2025 is 12.5, which is lower than Indiana's PTSD risk rate of 22.7 per 100,000 of the state's population.<sup>24</sup>

### Substance Use<sup>25</sup>

According to the Drug Overdose Dashboard from the Indiana Department of Health there were 2,221 deaths from all drug overdoses in Indiana in 2023 with an age-adjusted rate of 33.8 deaths due to any drug per 100,000 population. Daviess County, by comparison, had 5 deaths from any drug in 2023 with an age-adjusted rate of 18.4 deaths due to any drug per 100,000 population overall.



Data visualization from IDOH Drug Overdose Dashboard, 2023

### Chronic Disease

Daviess County's crude death rate from heart disease (ICD-10: I00-I99) is 330.2 per 100,000 from 2018-2023, which is higher than Indiana's rate of 293.1 per 100,000.<sup>26</sup> Further, the stroke-related (cerebral infarction ICD-10: I63) death rate in Daviess County is unreliable.<sup>27</sup>

Adult obesity is equal in Daviess County (38%) and the state (38%), both of which are higher than the nation (34%).<sup>16</sup> Diabetes prevalence in Daviess County is 12%, which is slightly higher than the state (11%) and higher than the national rate of 10%.<sup>16</sup>

### Cancer<sup>28</sup>

Daviess County's mortality rate for all cancer sites combined is better than the Indiana rate, although Colon and Rectum and Prostate cancers have higher mortality rates in Daviess than the state. In terms of incidence, Daviess County is slightly higher than Indiana for Lung and Bronchus (66.0 per 100,000 compared to Indiana's 65.0), Colon and Rectum (Daviess-41.8 per 100,000; Indiana-39.4), and Prostate (Daviess-126.2 per 100,000; Indiana-111.2). Female Breast Cancer Incidence is lower in Daviess than Indiana (85.2 per 100,000 compared to Indiana's 127.3).

#### Cancer Incidence and Mortality Rates

	Daviess County Incidence (2018-2022)	Indiana Incidence (2018-2022)	Daviess County Mortality (2019-2023)	Indiana Mortality (2019- 2023)
Lung and Bronchus	66	65	41	41
Female Breast	85	127	15	20
Colon and Rectum	42	39	20	15
Prostate	126	111	28	20
All Cancer Sites Combined	428	458	148	165

Source: <https://gis.cdc.gov/grasp/USCS/DataViz.html> • Created with Datawrapper

### Existing Healthcare Resources

Daviess Community Hospital provided a complete listing of the currently available healthcare facilities and services that are accessed by those living in Daviess County. This list includes, but is not limited to, the hospital, community-based physicians, a variety of specialty clinics, oral care providers, eye care providers, mental health services, nursing homes, assisted living facilities, fitness centers, and more. The hospital will be able to use this listing when creating their action plan to fully incorporate all available resources.

Daviess Community Hospital

#### Eye Care

Clear Image Eye Center  
Valley Optical II Inc

Odon Optical  
Eyeworks  
Walmart Vision & Glasses

### **Oral Care**

Deem, Austin DDS  
Deem, Darrell DDS  
Parsons, Kimberly DDS  
Walker, Michael DDS  
Helms, Lana DDS, MSD, PC

### **Mental Health**

Compass Point Counseling  
DCH Behavioral Health  
Samaritan Center  
Groups Recover Together

### **Nursing Homes/Assisted Living**

Villages At Oak Ridge  
Legends Village  
Cedar Creek of Washington  
Prairie Village Nursing and Rehab  
Eastgate Manor Nursing and Rehab  
Hillside Manor Nursing Home  
Parkview Village Christian Care  
Ketcham Memorial Center  
Loogootee Healthcare and Rehab  
Loogootee Nursing Center

### **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  
Functional Fitness  
Reform Fit



Susan Ramsey Fitness  
Yoga On Main  
Daviess County YMCA

### **Parks & Recreational Areas**

SJG Sports Complex  
Washington - 3 Parks  
Elnora – 1 Park  
Odon Park  
Plainville Park  
Glendale Fish & Wildlife Area  
Country Oaks Golf Course

### **Food Pantry**

Feed My Sheep Food Pantry  
Heavens Kitchen

### **Chiropractic**

Bowling, Frank DC  
Brower, Jess DC  
Hopkins, James DC  
Omer, Jason DC CCWP  
Starr-Omer, Leslie DC CCWP

There are also over 110 other healthcare providers in the hospital and around the community. The complete listing of the facilities and providers can be found in Appendix D.

## **Identifying Health & Service Needs**

Two focus groups of Daviess County representatives were organized with the help of Daviess Community Hospital's Director of Service Excellence, Patient Experience, Angie Steiner. Business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, and any other interested parties were invited to attend the meetings 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 focus groups were encouraged to brainstorm all areas of need or concern in the health field in Daviess County. Once a master list of all concerns was agreed upon, attendees were asked to prioritize that list. The groups were asked to list 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. The master list, each group's priority list, and the list of areas that were determined to be of the greatest need can be found in Appendix B.

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

- Housing and homelessness
- Transportation
- Mental Health – especially suicidality
- Substance Use
- Healthy food
- Poverty – un- or underemployment
- Health education and literacy
- Cultural competency and barriers

The identified areas of greatest need and hospital input were used to create a 43-question survey, addressing demographics, county issues, and community services and amenities. The survey was also translated in Spanish and Haitian Creole for the non-English speaking populations in the community could also provide feedback without a language barrier. All three versions of the survey 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 Daviess Community Hospital's website and a publicly available survey posted on REDCap®. Face-to-face polling was also implemented at the Daviess County Fair and the Daviess County YMCA in Washington. To conduct the in-person survey, two members of the IRHA staff greeted people and asked for their participation in the survey. QR codes were also posted in public places. The general public was alerted to the face-to-face and online polls through hospital newsletters and social media. At the end of polling, there was a total of 247 total responses, including 46 face-to-face responses.

The majority (64.3%) of the respondents were from zip code 47501, 67.5% of respondents identified as female, and 94% of respondents identified as White. The age range with the highest response rate to the survey was 57 to 67 years of age, constituting 23.9% of the overall responses. Unfortunately, the Spanish and Haitian Creole surveys received no responses.

After basic demographics, respondents were asked to assess the effect of various factors on the health of their community by selecting "very negative impact, some negative impact, no impact, some positive impact, or very positive impact." 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, no opinion either way, definite need, or extreme need."

Respondents were asked whether they had a primary care provider. The majority (93.8%) of all respondents responded affirmatively. Finally, there was section for open comments at the end of the survey for any additional information the respondents wanted to share.

When asked “How do the following issues/items impact the health of your community?” the factors that received the most negative rankings by all respondents were (results on a 5-point scale with 1 being a very negative impact and 5 being a very positive impact):

1. Use of illegal drugs or substances – 1.85 average weighted response
2. Suicide – 2.23 average weighted response
3. Availability of afterhours/weekend transportation – 2.26 average weighted response
4. (Tie) Homelessness – 2.32 average weighted response  
(Tie) Cost of healthy foods– 2.32 average weighted response

For comparison, the following lists show the top negative impacts identified in the previous two CHNA reports for Daviess Community Hospital:

#### 2019 Top Negative Impacts

1. Illegal or prescription drug misuse
2. Mental/behavioral health
3. Affordable housing
4. Services for non-English speakers
5. (Tie) Activities for young adults  
(Tie) Availability of rural transportation

#### 2022 Top Negative Impacts

1. Stigma associated with needing mental or behavioral health services
2. Access to affordable housing
3. Access to services for people experiencing homelessness
4. Cost of health insurance
5. Cost of mental and behavioral health services

When asked “do you see a need for the following in your community,” the top responses were (results on a 5-point scale with 1 being no need and 5 being extreme need):

1. Higher-paying jobs – 4.29 weighted average response
2. (Tie) Affordable, quality housing – 4.00 weighted average response  
(Tie) Mental Health services for youth – 4.00 weighted average response
4. Education to prevent illegal substance use – 3.97 weighted average response
5. Additional funding for programs and services – 3.95 weighted average response

For comparison, the following lists include the top five needs identified by the previous two PMH CHNAs:

2019 Top Five Needs

1. Illegal and/or prescription drug rehabilitation services
2. Illegal and/or prescription drug rehabilitation facilities
3. Mental health services
4. Illegal and/or prescription drug rehabilitation education
5. Affordable housing

2022 Top Five Needs

1. Affordable health insurance
2. Affordable housing
3. Additional mental and behavioral health services for youth
4. Additional specialty medical services
5. Affordable mental and behavioral health services

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

The open comments section resulted in feedback primarily dealt with the minority populations and multiple cultures in the community. A sampling of those comments is below. All comments have been left as originally submitted unless they have been edited for length or to protect anonymity.

“I think the communication barriers with different cultures is the biggest hurdle we have as a community. It's instantly alienating for everyone.”

“Drugs addiction and mental health issues are my number one concern. Acceptance of different cultures and diversity are 2nd.”

“I work in healthcare and while we do have electronic interpreter services available, often times the patient and interpreter do not fully understand each other. It is very hard [sic] to know if the patient is understanding what we are telling them. I worry about patient safety because of this. A need for Haitian Creole in person medical interpreters is in high demand. While we do every effort to break this language barrier, it makes healthcare workers frustrated.”

“There has been an influx of migrants to our area and there is a need for translation services..”

“The issues are addressed in the questions, but the language barrier and lack of proper education cause major barriers that might dissipate w/ proper info on other cultures”

A complete record of the open comments from the survey 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 counties' strengths, challenges, and values, IRHA has identified three areas as being of the highest importance. While these areas have been identified as the highest county priorities, it is important to note that the root issue for most of these comes back to funding and affordability.

### Identified Priorities

- Mental Health
- Affordability – wages, housing, food
- Substance Use

### Opportunities

Based on the findings of this assessment, IRHA presents the following opportunities:

#### Mental Health

- Daviess County Family Health Center  
<https://www.yourfhc.org/locations/daviess-county-family-health-center>
- Daviess County Sponsored Services  
<https://daviesshealth.com/1347/Adult-Counseling-and-Support-Services>
- Psychology Today  
<https://www.psychologytoday.com/us/therapists/in/daviess-county>
- Utilize IRHAHelp!  
<https://irhahelp.indianaruralhealth.org/>
- Certified Community Behavioral Health Clinics (CCBHCs)  
<https://www.in.gov/fssa/dmha/certified-community-behavioral-health-clinic/individuals-receiving-services/>
- 988 Crisis Lifeline & Mobile Crisis Teams  
<https://www.in.gov/fssa/dmha/certified-community-behavioral-health-clinic/individuals-receiving-services/>  
<https://988indiana.org/>
- Be Well Indiana/Indiana 211 Helpline  
Dial 2-1-1 or text ZIP code to 898-211
- Mental Health America of Indiana (MHA-IN)  
<https://www.mhai.net/>
- Indiana Family and Social Services Administration (FSSA) – Division of Mental Health and Addiction (DMHA)  
<https://www.in.gov/fssa/dmha/>

- INConnect Alliance  
<https://www.in.gov/fssa/inconnectalliance/>
- Indiana Youth Institute  
<https://iyi.org/>

#### Affordability – wages, housing, food

- Indiana 2-1-1  
<https://in211.communityos.org/>
- PACE Community Action Agency, Inc.  
<https://www.pacecaa.org/daviess-county>
- Utilize IRHAHelp!  
<https://irhahelp.indianaruralhealth.org/>
- The Rooted Project  
<https://www.daviess.org/1360/The-Rooted-Project>
- Hoosier Uplands  
<https://www.waitlistcheck.com/IN1806-2462>
- SNAP (Food Assistance)  
<https://www.in.gov/fssa/dfr/snap-food-assistance>
- Indiana Housing Now  
<https://www.indianahousingnow.org/>

#### Substance Use

- Daviess Advances Recovery Access Consortium (DARAC)  
<https://www.thedarac.org/>
- REAL Recovery, Inc  
<https://myrealrecovery.org/>
- Recovering Individuals Supporting Everyone (RISE)  
<https://risepeerrecovery.org/>
- Samaritan Center  
<https://rehab.org/good-samaritan-hospital-2/>
- Family and Social Services Administration/DMHA  
<https://www.in.gov/fssa/dmha>
- Daviess County Family Health Center  
<https://www.yourfhc.org/>
- Groups Recover Together – Washington  
<https://www.joiningroups.com/>
- LifeSpring Health Systems  
<http://www.lifespringhealthsystems.org/>

## Conclusion

The Indiana Rural Health Association is pleased to serve Daviess Community Hospital. IRHA has worked with the team at DCH in various capacities for many years and highly respects its accomplishments that greatly contribute to the health needs of the residents in Daviess County and beyond. Growth and improvement in any area of need begins with education and collaboration. Communities of all sizes must join together and align the resources of their organizations and members to address areas of need and explore opportunities.

This Community Health Needs Assessment provides the foundation for strategic improvements in health outcomes, emphasizing education, collaboration, and community-driven initiatives. The data and insights gathered reflect the voices of local residents and stakeholders, offering a clear path forward.

By focusing on identified priority areas—housing, childcare, transportation, and access to health care—Daviess Community Hospital can develop targeted interventions that improve both access and equity. The hospital is in a unique position to lead coordinated, community-wide efforts that mobilize resources, foster partnerships, and address these priorities head-on.

With sustained leadership, open communication, and collaboration across sectors, Daviess County can move toward a healthier future—where every resident has access to high-quality care, supportive resources, and a thriving, health-focused community.

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# **Appendix A**

## **Resources & Reference Materials**

**Daviess Community Hospital DRG Diagnoses Report July 1, 2024 Through July 1, 2025**

RANK	DRG		COUNT	TOTAL
<b>1</b>	<b>807</b>	<b>Vaginal Delivery w/o Sterilization/D&amp;C w/o CC/MCC</b>		
		BLUE CROSS	30	
		CHAMPUS	2	
		COMMERCIAL	28	
		MEDICAID	101	
		PRIVATE PAY	147	308
<b>2</b>	<b>795</b>	<b>Normal Newborn</b>		
		BLUE CROSS	21	
		CHAMPUS	1	
		COMMERCIAL	22	
		MEDICAID	115	
		PRIVATE PAY	129	288
<b>3</b>	<b>871</b>	<b>Septicemia or Severe Sepsis w/o MV &gt;96 Hours w/ MCC</b>		
		BLUE CROSS	3	
		COMMERCIAL	4	
		MEDICAID	20	
		MEDICARE	118	
		PRIVATE PAY	2	147
<b>4</b>	<b>794</b>	<b>Neonate w/ Other Significant Problems</b>		
		BLUE CROSS	11	
		CHAMPUS	1	
		COMMERCIAL	10	
		MEDICAID	61	
		PRIVATE PAY	53	136
<b>5</b>	<b>788</b>	<b>CESAREAN SECTION W/O STERILIZATION W/O CC/MCC</b>		
		BLUE CROSS	11	
		COMMERCIAL	12	
		MEDICAID	42	
		PRIVATE PAY	38	103
<b>6</b>	<b>193</b>	<b>Simple Pneumonia and Pleurisy w/ MCC</b>		
		BLUE CROSS	2	
		COMMERCIAL	2	
		MEDICAID	5	
		MEDICARE	39	
		PRIVATE PAY	2	50
<b>7</b>	<b>872</b>	<b>Septicemia or Severe Sepsis w/o MC &gt;96 hours w/o MCC</b>		
		BLUE CROSS	3	
		COMMERCIAL	2	

		MEDICAID	9	
		PRIVATE PAY	25	39
<b>8</b>	<b>291</b>	<b>Heart Failure and Shock with MCC</b>		
		BLUE CROSS	3	
		MEDICAID	3	
		MEDICARE	32	38
<b>9</b>	<b>792</b>	<b>Prematurity w/o Major Problems</b>		
		BLUE CROSS	2	
		COMMERCIAL	1	
		MEDICAID	14	
		PRIVATE PAY	5	22
<b>10</b>	<b>690</b>	<b>Kidney and UTI w/o MCC</b>		
		COMMERCIAL	1	
		MEDICAID	3	
		MEDICARE	15	
		PRIVATE PAY	1	20



**Daviess Community Hospital ICD Diagnoses Report July 1, 2024 Through July 1, 2025**

<b>RANK</b>	<b>ICD</b>		<b>COUNT</b>	<b>TOTAL</b>
<b>1</b>	<b>Z00.00</b>	<b>ENC GEN ADULT EXAM W/O ABNORM FIND</b>		
		BLUE CROSS	426	
		CHAMPUS	8	
		COMMERCIAL	591	
		MEDICAID	298	
		MEDICARE	436	
		PRIVATE PAY	1,224	2,983
<b>2</b>	<b>J02.9</b>	<b>ACUTE PHARYNGITIS UNSP</b>		
		BLUE CROSS	316	
		CHAMPUS	12	
		COMMERCIAL	317	
		MEDICAID	692	
		MEDICARE	70	
		PRIVATE PAY	98	1,505
<b>3</b>	<b>Z12.31</b>	<b>ENC SCR MAMMO MALIG NEOPLASM BREAST</b>		
		BLUE CROSS	253	
		CHAMPUS	9	
		COMMERCIAL	392	
		MEDICAID	145	
		MEDICARE	517	
		PRIVATE PAY	123	1,439
<b>4</b>	<b>Z02.83</b>	<b>ENCOUNTER BLOOD-ALCOHOL SCREEN</b>		
		BLUE CROSS	3	
		COMMERCIAL	4	
		MEDICAID	4	
		MEDICARE	4	
		PRIVATE PAY	1,152	
		WORKERS' COMPENSATION	28	1,195
<b>5</b>	<b>I10</b>	<b>ESSENTIAL PRIMARY HYPERTENSION</b>		
		BLUE CROSS	164	
		CHAMPUS	12	
		COMMERCIAL	129	
		MEDICAID	145	
		MEDICARE	603	
		PRIVATE PAY	61	1,114
<b>6</b>	<b>E11.9</b>	<b>TYPE 2 DM WITHOUT COMPLICATION</b>		
		BLUE CROSS	162	
		CHAMPUS	8	
		COMMERCIAL	123	



		MEDICAID	111	
		MEDICARE	583	
		PRIVATE PAY	35	1,022
<b>7</b>	<b>Z20.822</b>	<b>CONTACT WI/AND SUSP EXPOSURE COVID-19</b>		
		BLUE CROSS	194	
		CHAMPUS	6	
		COMMERCIAL	163	
		MEDICAID	434	
		MEDICARE	103	
		PRIVATE PAY	27	927
<b>8</b>	<b>F90.9</b>	<b>ADHD UNSPECIFIED TYPE</b>		
		BLUE CROSS	143	
		CHAMPUS	46	
		COMMERCIAL	120	
		MEDICAID	403	
		MEDICARE	49	
		PRIVATE PAY	25	786
<b>9</b>	<b>R50.9</b>	<b>COUGH, UNSPECIFIED</b>		
		BLUE CROSS	118	
		CHAMPUS	10	
		COMMERCIAL	107	
		MEDICAID	333	
		MEDICARE	22	
		PRIVATE PAY	37	627
<b>10</b>	<b>N39.0</b>	<b>UTI SITE NOT SPECIFIED</b>		
		BLUE CROSS	115	
		CHAMPUS	4	
		COMMERCIAL	73	
		MEDICAID	187	
		MEDICARE	342	
		PRIVATE PAY	42	763

# **Appendix B**

## **Focus Group Materials**

Davies County CHINA Focus Group Attendees - May 14, 2025 8 a.m. & 12 p.m.

Name	Organization	Email
Kayla Seibert	Pardue Farms	kayla.seibert@pardue.com
Nicole Nicholson	Davies Comm. Hospital	nnicholson@dchosp.org
Chris Sharrett	Our Community Foundation	chris@localcove.org
Sarah Maddox Barnett	Memorial Hospital	smaddox@mhcc.org
Aubrey Riddle	Summit Home Care	aubreyriddle@summit-of-homes.com
Brenda Johnson	Davies Community Hospital	bjohnson@dchosp.org
Rebecca Mueller	First Choice Solutions	firstchoicerebecca@gmail.com
TC Cook	Pardue House	tc@washingtonhospital.org
Andrea Brown	Davies County Health Dept	andrea.brown@davies.org
Lucy Barber	Purdue Extension	lbarber@purdue.edu
Susan Ramsey	Susan Ramsey Fitness LLC	susanramseyfitness@yahoo.com
Janeen Guooms	First Choice Solutions	janeen.firstchoice@jwbuilt.com
Jordan Sherman	NASCO Industries	jsheerman@nascoinc.com
Kellie Streeter	Davies County Health Dept.	kellie.streeter@davies.org
Carly Shuts	DCH Mobile Integrated Health	lshuts@dchosp.org
AFTERNOON		
Kim Buckhart	Traus Buckhart Foundation	trausbuckhartfoundation@gmail.com
Shelly Shucke	Shucke Broadcasting	sshucke@shuckebroadcasting.com
Celia J. Teller	YMCA	celia1035@gmail.com
Joni Johnson	YMCA	jasonjohnson@gmail.com
Jessika Henning	Davies County Family YMCA	jhenning@dcyymca.org
Bob Gneus	PCEDC	brynewe@pcedc.org
Sara VOGES	Washington Catholic	svoges@evlii.org
Adrienne Melnick	DCH	adrienne.melnick@dchosp.org
Christa Kiehlty	DCH	ckiehlty@dchosp.org
Deron Steiner	DCH Board	deron.steiner@gmail.com
Derrick Davis	Washington Police	derrick.davis@washington.in.us
Jennifer Steffek	Purdue Extension	jstefek@purdue.edu
Jenna Bedwell	DCH	jbedwell@dchosp.org
April Seithes	DCH	asetthes@dchosp.org
Angie Steiner	DCH	asteiner@dchosp.org

## **Daviess County Focus Group Comments**

### **May 14, 2025 In-Person Meetings**

#### **Strengths (priorities highlighted)**

- Local, independent hospital
- Health Department – programs and partnerships
- Stigma reduction for recovery
- Proximity to Interstate 69 – helps with workforce
- Free summer meals from schools
- Recovery treatment programs
- Onsite wellness clinic at Perdue
- Community partnerships and support
- Community health/wellness activities – YMCA, Purdue Extension
- Immigrant populations
- Health/safety education in the community
- Infrastructure/Community development
- Community events
- Outdoor spaces/parks
- Philanthropic organizations – United Way, Community Foundation
- Specialists
- Lots of grants
- Parks
- Fitness activities, opportunities, and facilities
- Education at all levels
- Senior living facilities
- Purdue Extension
- New providers and specialists
- Partnerships
- Involved businesses
- Fresh, local produce
- Church foodbanks and meals
- Afterschool programs
- Efforts for unhoused populations
- Youth sports
- Community development and infrastructure
- “Rooted” program for low-income populations
- Support services for maternal/infant health
- Generous donors
- Translation services
- Fitness in communities
- Mobile Integrated Health

- Afterschool programs
- Hospital
- Health Department
- Bilingual workforce
- Youth First – Mental Health and Social Work in schools
- Parenting education and services
- Healthcare access throughout the county
- Options for home visits by providers
- Support for bilingual training/tools
- Children's therapy services
- Support for elderly – socialization
- Recovery support and services

### **Challenges/Needs (priorities highlighted)**

- Health literacy; bilingual health communication
- Transportation
- Community resource hub/guide – marketing; awareness
- Housing at all levels
- Unhoused populations
- Immigrant housing
- Mental Health; Psych
- Autism services
- Funding
- Competing fundraising and grants
- Care coordination
- High-paying jobs/underemployment
- Poverty
- Food insecurity
- Sidewalks/Infrastructure
- Healthy Foods
- Brain drain
- Substance Use
- Minority/Underserved populations – cultural, language, and lifestyle barriers
- Mental Health access
- Suicide
- Education
- Communication
- IN Pathways Program
- Medicine access
- Support for Social Determinants of Health
- Food insecurity
- Financial literacy – insurance; health coverage

- Housing
- Unhoused population
- Crime
- Translation services
- Health literacy
- Lack of providers
- Safe sidewalks/walkability
- Transportation – afterhours
- Cost of healthy living
- Closed the geriatric psych service
- Un- and underemployment – higher wages; non-English speakers
- Childcare availability and quality
- Incentive to remain unemployed or lose benefits
- Social Security/Cost of Living/Medicaid
- Suicide
- Life skills – living conditions, cleanliness
- Domestic violence, child abuse and services to help
- Poverty and underemployment
- Participation in available services – awareness, apathy, stigma
- Substance Use
- Transitional services for Substance Use Disorder
- Vaccination rates
- Bias against minority populations – Amish, Hispanic, Haitian
- Family unit breakdown
- Social work services needed – schools
- Communication between groups/services
- Immigrant populations afraid to engage services – deportation
- Partnering between government, community, faith-based organizations, families
- Administrative burden of applying for services/benefits

#### **Traits/Values (priorities highlighted)**

- Families
- Sports
- Faith
- Community comes together
- Community investment
- Quality of place
- Youth – much is done “for the kids”
- Elderly population
- Action oriented
- Services for youth and elderly
- Volunteers

- Strong faith
- Diverse populations
- Small business
- Education
- Work ethic/innovation
- Closeknit, band together, help each other
- Health care – personal; integrated in the community
- Quality of life
- Pride in downtown/community

### **Prioritized List from Focus Groups**

Housing and homelessness  
 Transportation  
 Mental Health – especially suicidality  
 Substance Use  
 Healthy food  
 Poverty – un- or underemployment  
 Health education and literacy  
 Cultural competency and barriers

# **Appendix C**

## **Survey**



# Daviess Community Hospital Community Health Needs Assessment 2025

Please complete the survey below.

What is your zip code?

What is your sex?

☐ Female

☐ Male

☐ Prefer not to say

Which of the following options describes your racial or ethnic identity.  
  
Select all that apply.

☐ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

☐ Some other race or origin

☐ Hispanic, Latino, or Spanish origin

☐ Prefer not to answer

What is your age?

How do the following issues impact the health of your community?					
	Very Negative Impact	Some Negative Impact	No Impact	Some Positive Impact	Very Positive Impact
Availability of quality housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of quality housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of afterhours/weekend transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health of the community as a whole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health of the youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of Mental Health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of resources already in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of resources that already exist in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Availability of high-paying jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of illegal drugs or substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community's understanding and knowledge about personal health and healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having lots of people from different cultures in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding and acceptance of different cultures in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of funding for programs and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Do you see a need for the following in your community?

	No need	Some need	No opinion either way	Definite need	Extreme need
Affordable, quality housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for unhoused populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekend/afterhours transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health services for anyone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health services for youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stigma reduction for suicidality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education about Mental Health and suicidality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recovery services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education to prevent illegal substance use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More resources to support community members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marketing/communication about existing resources in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Higher-paying jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for low-income individuals/families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal health education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural awareness education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Translation services/language education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional funding for programs and services

☐☐☐☐☐

Do you have a primary care provider?

☐ Yes  
☐ No

If no, please indicate barriers to obtaining a primary care provider.

Please share any final thoughts about the health of the community.

# Evalyasyon Bezwen Sante Kominotè Lopital Kominotè Daviess 2025

Tanpri ranpli sondaj ki anba a.

Ki kòd postal ou?

Ki sèks ou?

☐ Fi

☐ Gason

☐ Prefere pa di

Kilès nan opsyon sa yo ki dekri idantite rasyal oswa etnik ou?

☐ Blan

☐ Nwa oubyen Afriken Ameriken

☐ Endyen Ameriken oubyen Natif Natal Alaska

☐ Azyatik

☐ Natif Natal Awayen oubyen Lòt Moun Zile Pasifik

☐ Yon lòt ras oubyen orijin

☐ Orijin Ispanik, Latino/a, oubyen Panyòl

☐ Prefere pa reponn

Chwazi tout sa ki aplikab.

Ki laj ou?

Ki jan pwoblèm sa yo afekte sante kominote w la?					
	Enpak trè negatif	Kèk enpak negatif	Pa gen enpak	Kèk enpak pozitif	Enpak trè pozitif
Disponibilite lojman ki gen bon kalite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pri lojman ki gen bon kalite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moun ki pa gen kay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disponibilite transpò apre lè travay/nan wikenn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sante mantal kominote a an jeneral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sante mantal jèn yo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disponibilite sèvis sante mantal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swisid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aksè a manje ki bon pou sante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pri manje ki bon pou sante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disponibilite resous ki deja nan kominote a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Konsyantizasyon sou resous ki deja egziste nan kominote a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disponibilite travay ki byen peye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Itilizasyon dwòg oswa sibstans ilegal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Konpreyansyon ak konesans kominote a sou sante pèsonèl ak swen sante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genyen anpil moun ki soti nan diferan kilti nan kominote a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Konpreyansyon ak akseptasyon diferan kilti nan kominote a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disponibilite finansman pou pwogram ak sèvis yo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Èske ou wè yon bezwen pou bagay sa yo nan kominote w la?

	Pa bezwen	Gen kèk ki bezwen	Pa gen opinyon de tout fason	Bezwen Definitif	Bezwen ekstrèm
Lojman abòdab ak kalite siperyè	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sèvis pou moun ki pa gen kay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transpò wikenn/apre lè travay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sèvis sante mantal pou tout moun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sèvis sante mantal pou jèn yo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rediksyon estigma pou swisid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Edikasyon sou sante mantal ak swisid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sèvis rekiperasyon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Edikasyon pou anpeche itilizasyon sibstans ilegal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manje ki bon pou sante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Edikasyon sou nitrisyon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plis resous pou sipòte manm kominote yo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maketing/kominikasyon sou resous ki deja egziste nan kominote a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travay ki peye pi byen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sèvis pou moun/fanmi ki gen ti revni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Edikasyon sou sante pèsonèl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Edikasyon sou konsyantizasyon kiltirèl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sèvis tradiksyon/edikasyon sou lang	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finansman adisyonèl pou pwogram ak sèvis yo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Èske ou gen yon founisè swen prensipal?

☐ Wi  
☐ Non

Si non, tanpri endike obstak ki genyen pou jwenn yon  
founisè swen prensipal.

\_\_\_\_\_

Tanpri pataje nenpòt dènye panse ou genyen sou sante  
kominote a.

\_\_\_\_\_

# Evaluación de las necesidades de salud comunitaria del Hospital Comunitario Daviess 2025

Por favor complete la encuesta a continuación.

¿Cual es su código postal?

¿Cual es su sexo?

☐ Mujer

☐ Hombre

☐ Prefiero no decirlo

¿Cuál de las siguientes opciones describe su identidad racial o étnica? Por favor, seleccione todas las que correspondan.

☐ Blanco

☐ Negro o afroamericano

☐ Indio americano o nativo de Alaska

☐ Asiático

☐ Nativo de Hawái u otra isla del Pacífico

☐ alguna otra raza u origen

☐ Hispano, latino/a o de origen español

☐ Prefiero no responder

¿Cuál es su edad?

¿Cómo afectan los siguientes problemas la salud de su comunidad?

	Impacto muy negativo	Algunos impactos negativos	Sin impacto	Algunos impactos positivos	Impacto muy positivo
Disponibilidad de vivienda de calidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costo de vivienda de calidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sinhogarismo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disponibilidad de transporte fuera del horario laboral/los fines de semana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud mental de la comunidad en conjunto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud mental de los jóvenes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disponibilidad de servicios de salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicidio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a comida saludable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costo de comida saludable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disponibilidad de recursos en la comunidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conocimiento de los recursos en la comunidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Disponibilidad de empleos bien remunerados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uso de drogas o sustancias ilegales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entendimiento de la comunidad de la salud personal y la asistencia médica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tener muchas personas de diferentes culturas en la comunidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprensión y aceptación de diferentes culturas en la comunidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disponibilidad de fondos para programas y servicios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### ¿Ve usted la necesidad de lo siguiente en su comunidad?

	No hay necesidad	Algunos necesitan	No tengo opinión de ningún modo	Necesidad definida	Necesidad extrema
Vivienda asequible y de calidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios para personas sin hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transporte en fines de semana/fuera de horario	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de salud mental para cualquier persona	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de salud mental para jóvenes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducción del estigma del suicidio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educación sobre salud mental y suicidio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de recuperación	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educación para prevenir el consumo de sustancias ilegales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comida saludable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educación nutricional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Más recursos para apoyar a los miembros de la comunidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marketing/comunicaciones sobre los recursos en la comunidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empleos mejor remunerados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Servicios para personas/familias de bajos ingresos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educación sobre salud personal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educación sobre conciencia cultural	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de traducción/educación en idiomas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financiamiento adicional para programas y servicios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¿Tiene usted un proveedor de atención primaria?

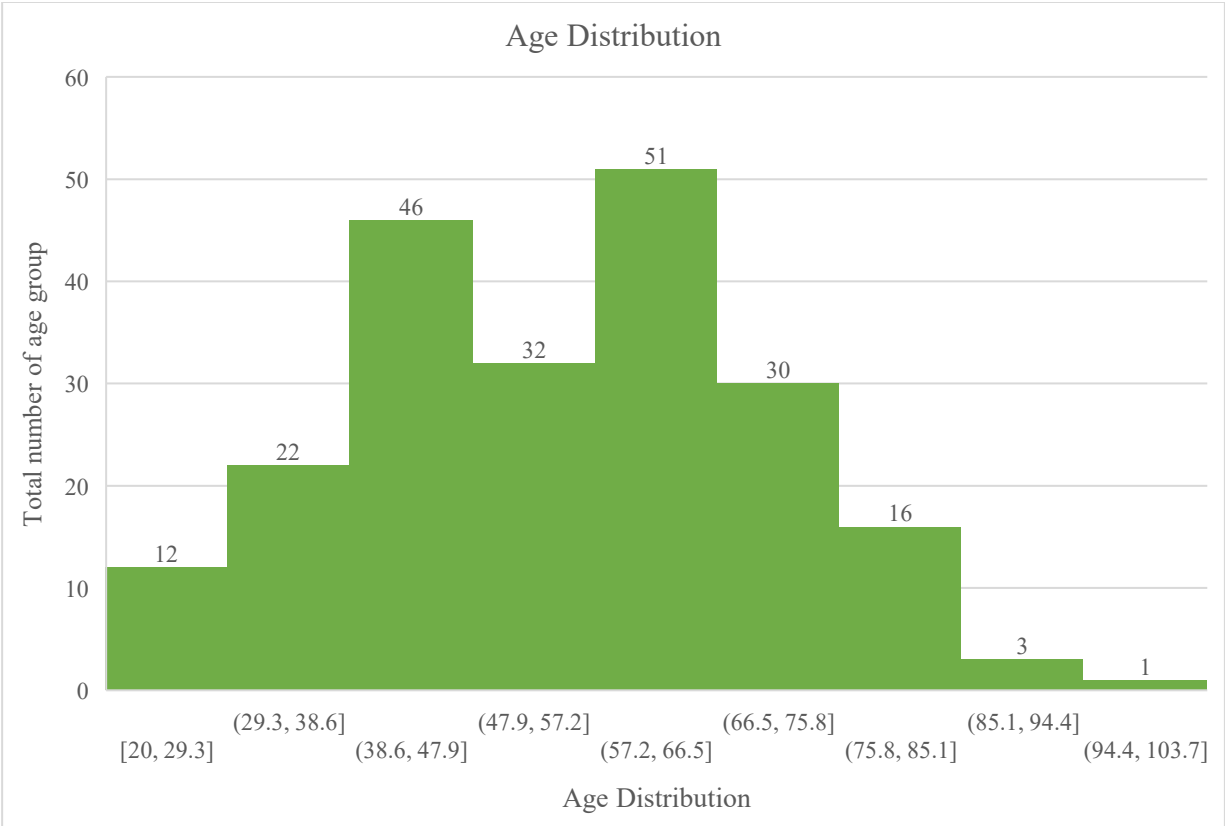
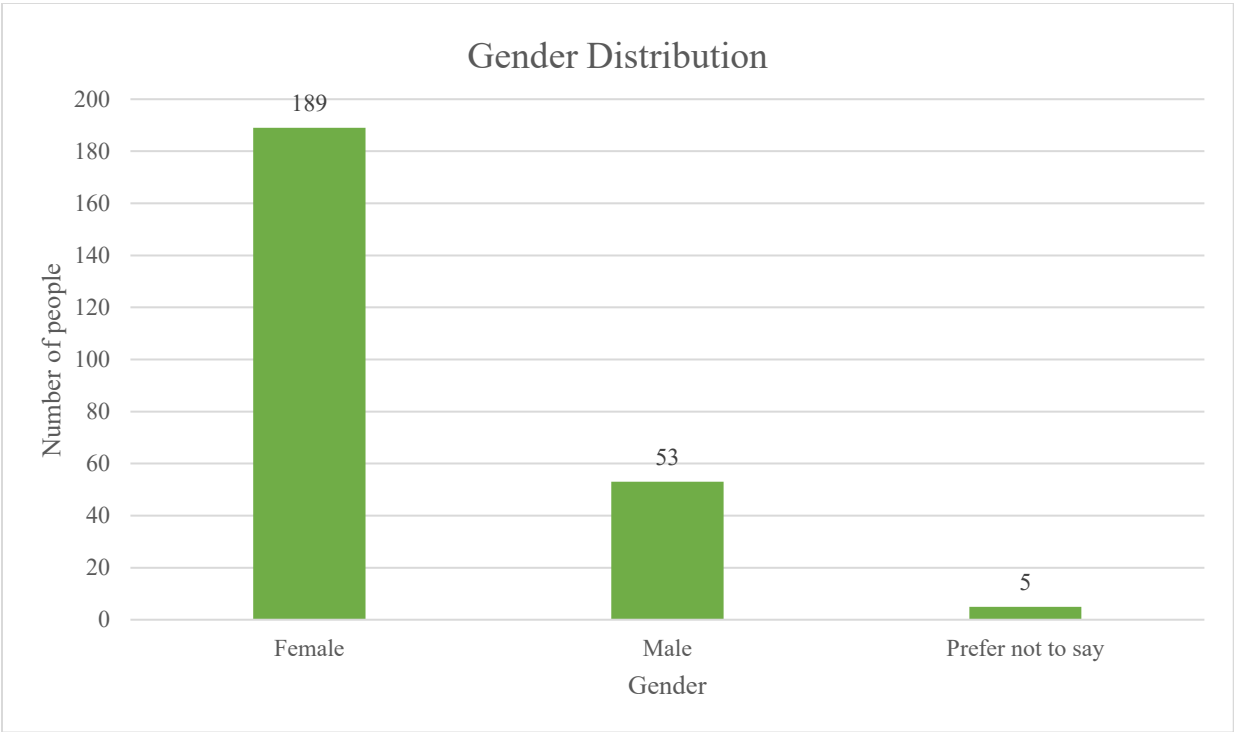
☐ Sí

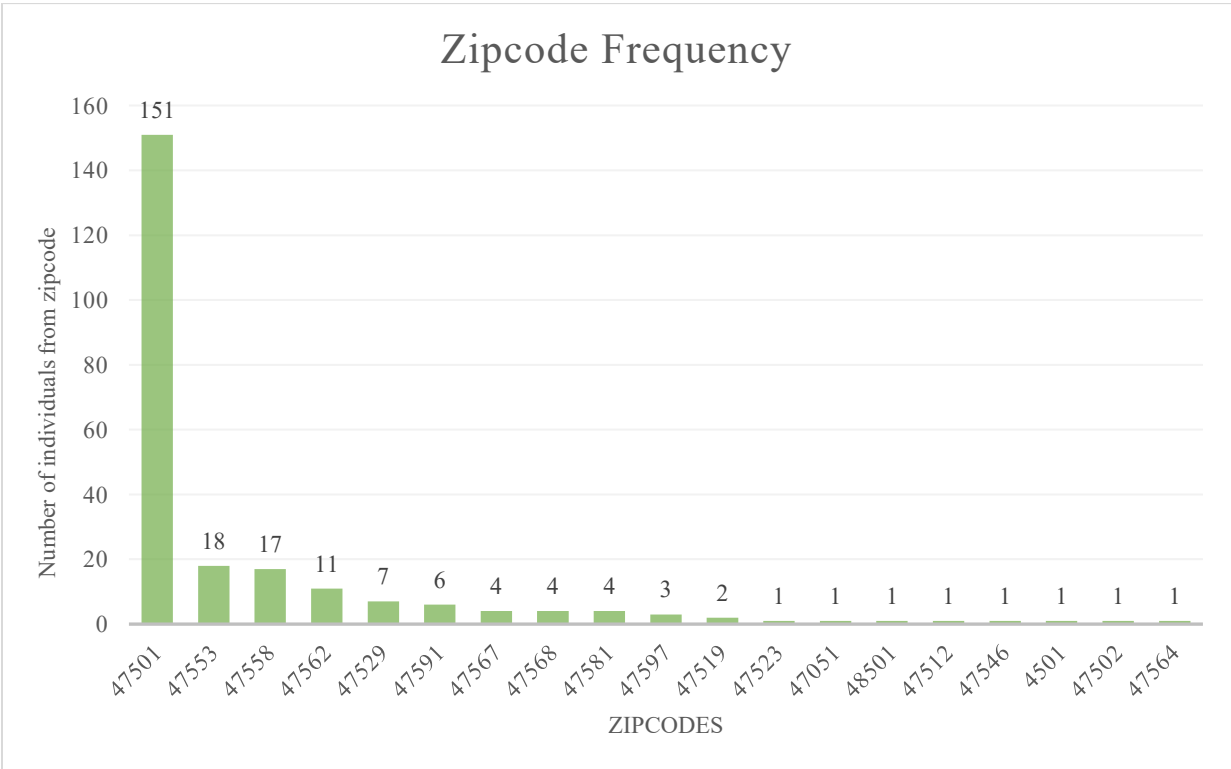
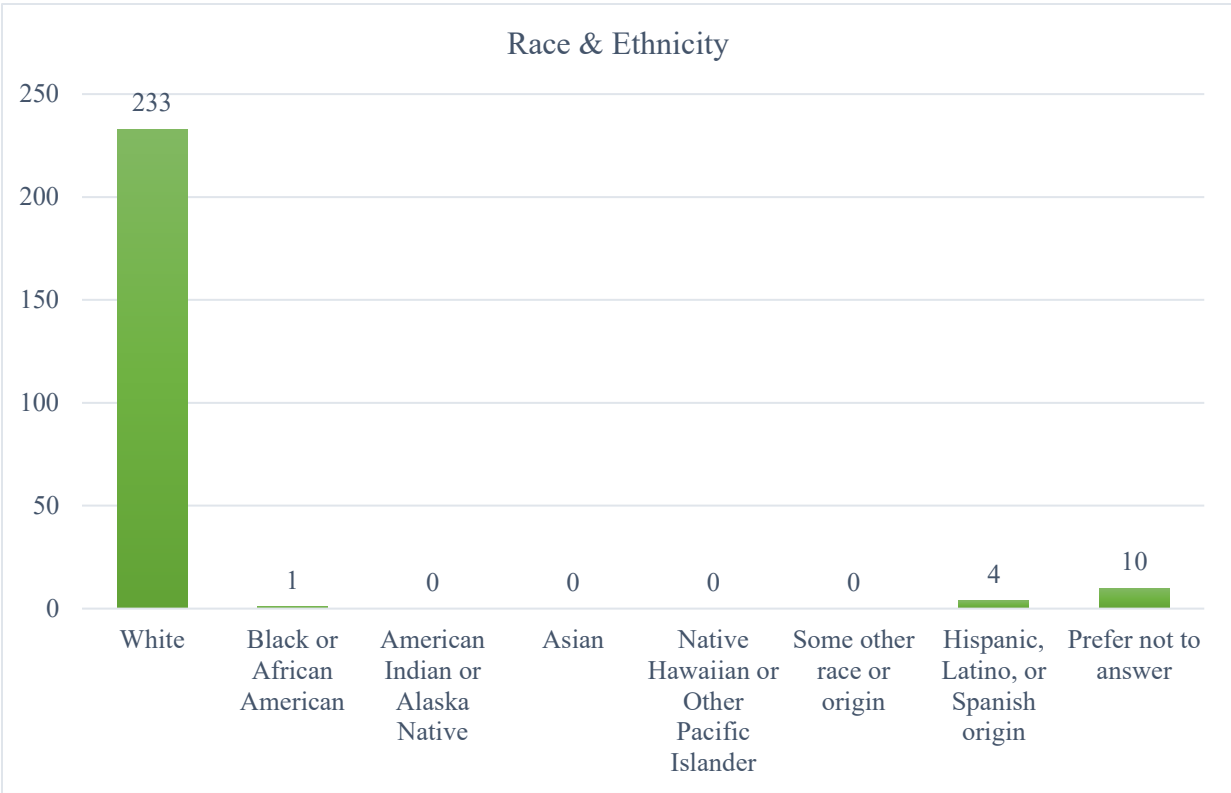
☐ No

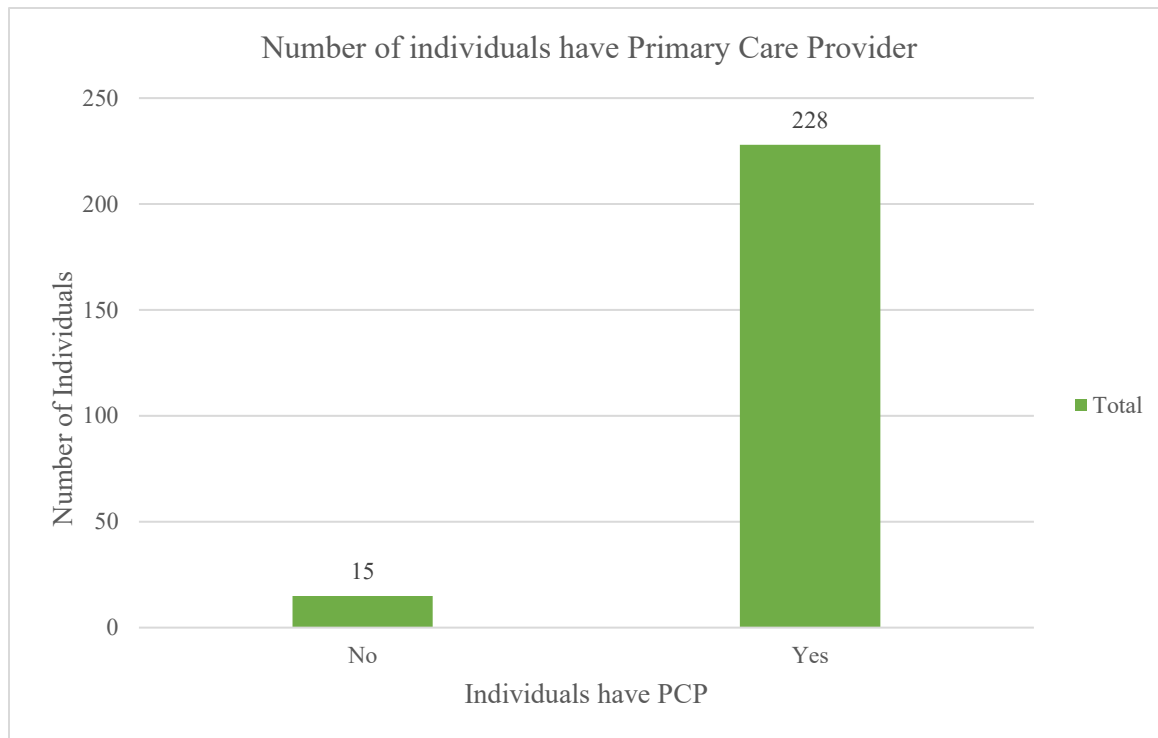
En caso negativo, indique las dificultades para obtener un proveedor de atención primaria.

Por favor, comparta alguna reflexión final sobre la salud de la comunidad.

Daviess Survey Results and Open Comments







**If no, please indicate barriers to obtaining a primary care provider.**

- Not enough family practice physicians and no evening appointments.
- I HAVE NO HEALTH INSURANCE. I DON'T MAKE ENOUGH MONEY, AND MY WORK DOES NOT PROVIDE ONE
- insurance or money
- Mistrust
- Insurance and a long waiting list

**Please share any final thoughts about the health of the community.**

- We have an influx of Haitian Immigrants in our community and need help with resources at our local hospital. There are many obstacles in order to provide adequate care for these individuals as some of them have never had any health care at at. We have translation services but sometimes that is not adequate enough for the care that these individuals need. They have issues with transportation, affording the medications, understanding disease process and it is very hard for hospital staff to provide all of this with limited resources and time.
- The budget cuts are scary and will impact our lower income citizens.
- The health of the community is above average overall. Options are available for fitness, weight loss/training, and counseling. Daviess County Hospital does a great job with the health care needs to improve our health and rehabilitation.
- The former program director of DCH's behavioral health left a lasting legacy by nealy ruining the hospital's mental health services. Her mismanagement and dishonesty have culminated in a community hospital having to reach outside of its community to a costly

management company. Don't screw it up again! And please don't bring on another psychiatrist that serves up alarming amounts of controlled substances!

- The community needs more things for youth and teens to do. A program like Fit2Lead with the use of parks and resources.
- We are in need of a dialysis center..
- Family Health Center has had a great impact on our community. Picks up the slack of DCH
- People are inactive and have poor health behaviors including food choices
- One suggestion I have is to remove all funding TC Cook is involved with and distribute it back to individuals and organizations that will help all people.
- More mental health services and palliative care possibilities
- I WOULDN'T KNOW NOONE TALKS ABOUT THINGS THAT ACTUALLY HAPPEN IN LOGOOTE INDIANA. ITS SAD, VERY VERY LIMITED OPENNESS OF REALITY
- None
- If you have no ins you can not afford to dr.
- We need to be very concerned about the nurse to patient ratio in our ER , ICU, Etc. Daviess Community needs to be more focused on crisis management, business continuity planning, and organizational resilience, all wrapped into a strategic lens that considers both emergency preparedness and workforce well-being.
- I think the communication barriers with different cultures is the biggest hurdle we have as a community. It's instantly alienating for everyone. Also the lack of proper therapies needed for the general population especially adolescents and pediatric patients who have commercial or "regular" insurance. To find counseling who accepts this insurance is impossible.
- We need more physicians in this community, the hospital needs to address this need. Nurse Practitioners should not be caring for complex patients.
- our community is small but it still needs improvement.
- we need a free clinic for all those who don't have or can't afford health insurance
- We need services for autism and other physical and mental disabilities. We need more services for single parents and their children to help them be successful so they will no longer need programs for survival. We need to draw in companies that will pay higher wages. We need improved public services to help reduce crime. We need more services to help the elderly. We need diversity in our youth programs....there is more to life than sports and there are other talents in children that are being wasted. We need to pay teachers better wages and take away tenure to ensure our children are getting the best education while building self esteem, being flexible in teaching methods, helping children understand the values of friendships/trust/relationships and smaller classrooms for more one on one.
- Drugs addiction and mental health issues are my number one concern. Acceptance of different cultures and diversity are 2nd. Education for parenting from our low income population and drug addicted population is important to me. Reducing uneducated people home schooling their children is a huge problem. These people are not giving their children an opportunity. Organizations like the Powerhouse were meant to be good but they teach authoritarian men, racism, and non-acceptance. There are dangerous people with horrific views towards women teaching vonurable children. Racism is thriving.
- I thought this was suppose to be a health care needs assessment. Appears to be a cultural crisis survey. Our local health care provider DCH must continue to provide

healthcare outreach services as they have been doing. Prevention and early detection is the key to a healthy community.

- We need to invest more in prevention and promoting healthier lifestyles.
- We need to make health care accessible to EVERYONE regardless of insurance coverage. There are people that need services to treat chronic conditions and cannot afford the cost of a doctor's visit. We as a community need to make more emphasis in providing health care services that are affordable for all.
- Palliative care and transportation
- I think our hospital does an excellent job in our community. We are very fortunate to have DCH!
- It has changed extremely and not for the better only the worse.
- I think in my own opinion in this community we need to look at the elderly that are alone and no one to check on them and make sure they have what they need in their health and safety. Too many times they get overlooked and maybe because you may not see them they are suffering alone.
- There has been an influx of migrants to our area and there is a need for translation services.
- My community, shoals, is dieing.
- I work in healthcare and while we do have electronic interpreter services available, often times the patient and interpreter do not fully understand each other. It is very hard to know if the patient is understanding what we are telling them. I worry about patient safety because of this. A need for Haitian Creole in person medical interpreters is in high demand. While we do every effort to break this language barrier, it makes healthcare workers frustrated.
- Definite need for funds in this underserved community.
- The need for quality healthcare. More physicians, less NP's. Quality of care is a problem.
- still too many illegals breaking the laws
- I Couldn't continue answering these questions for the simple fact that so many races of our community has been given a free ride since they've arrived & my heart is heavy
- There is a fine line in what the government should provide and what the private sector should provide along with churches.
- poor
- I feel like there needs to be more acceptance of people of different cultures. There is a need for after hours transportation. There is also a need for someone to be able to communicate to the other populations how our medical system works and possibly set them up with adequate healthcare and options for low cost medical treatments. I feel like sidewalks along 257 would be beneficial since there is not a very big shoulder and people constantly walk it to get to Walmart or Quick Care. I think a drug rehab facility would be beneficial and also local pain management.
- Wish our community had a genetic dr
- Bring back the Mobile Integrated Health System to reduce the needs of everything above. When we had this program we were able to have some comfort with our needs, now we have no community support from the hospital but the hospital asking for plenty of support for us. And give Mr. Larry extra help, he deserves it.
- Drug abuse and addiction is a severe problem. More resources are needed.

- According to our President to make America great Davies County Hospital will be shutting down!? Whatever so how or what is the status of our health care, doesn't sound great
- Drug addictin is ruining this town.
- Need more marketing and getting the word out about resources
- need more services for immigrants to help them learn language and driving classes to help them assimilate into community better. more marketing community resources. build more quality housing
- Better Public Transportation
- Any community needs to be open to things such as acupuncture, massage, chiropractic, etc. in addition to "traditional" medicine and hopefully insurance can begin to routinely cover these services as well.
- The issues are addressed in the questions, but the language barrier and lack of proper education cause major barriers that might dissipate w/ proper info on other cultures
- politicians need to stop slashing funding for social programs so they can give their rich buddies more money.
- our community has no real healthy restaurants. we eat at home mostly. fruits, veggies, chicken salads etc.
- I think it's pretty good generally
- the hospital is vital to the health of our little community
- While there are ABA services in the community there is no actual mental health services and psychological services for autism in the county as Family Health Center discriminates against individuals with autism receiving therapy upon referral.
- with the passing of the current spending cuts I'm terrified of losing my son and I healthcare. He is totally disabled and I'm his primary caregiver and we make only 20k per year
- We need a female OB/Gyn and other specialists.
- Since DCH affilated to ASC. It's super! Thanks
- The DCH Board president should resign. He has allowed the hospital to sink into economic disparity due to lack of leadership skills and the inability to guide a public entity effectively. He and others on the board have no business trying to oversee hospital operations. You all have ran the hospital into the ground.
- The start of this survey is pretty confusing. It could be taken either way. The lack of quality housing is poorly affecting our community. This is how I took it. Thanks for doing this!
- I believe more emphasis should be provided for homeopathic and natural remedies to prevent disease rather than treat symptoms. Why do we not advocate for things like magnesium for constipation? Why do we not encourage better vitamin D levels? Better, organic food sources need to be explored. Hospitals and doctors tend to treat symptoms not causes. We need to address the cause of the disease and then we don't have to treat the symptoms.
- Make people work when they can!!!!Helth is reduced by sitting in front of TV and savig food stamps.
- Encourage all healthy adults to find employment.
- Hospital cafeteria needs to be open on weekends and for supper. Community members can buy a meal at a reasonable price.

- Inadequate physical fitness, inadequate opportunities for physical activities for adults. Lack of social engagement for adults.
- The hospital needs a complete overhaul from the CEO to the janitor. I have never been to a hospital that absolutely so incompetent in every aspect. From doctors misdiagnosed my gallbladder pain as hepatitis due to the color of my skin? Are you serious? If that wasn't a racist comment? I took serious offense to that as an African American woman. Had to receive emergency treatment at another hospital because I was infected at that point. Talk about the level of just down right incompetence and should have his license revoked for malpractice. My husband got the worst surgeon in the world that was staff now retired from your facility. Hernia repair that was so completely screwed up that my husband went to another hospital to get it fixed. Comes to find out, that hernia mesh your hospital used on my husband was RECALLED because it was defective pending a lawsuit against the manufacturer!!!! No checks on the supplies you use on your patients? How can you be so sloppy? We have the paperwork to prove that it was recalled and you what it makes worse? The product expired on July 2019 surgery May 2019. Do you have no shame? My husband was in pain from your gross negligence. The surgeon who repaired the major \*\*\*\* up you caused is willing to testify against you in the law suit against your hospital for malpractice. Your hospital is a death trap, not qualified to called a hospital, you hurt people more than you help.
- Specific to DCH, where I see a need that would keep more people coming to DCH or DCH clinics versus neighboring hospitals is having a female OBGYN, and having more affiliated Pediatric providers.
- Access to both a hospital & emergency room LOCALLY is of utmost importance for our community
- there is a strong need to continue with programs to build youth in being supportive with others who are different, have special needs there is also a need to help build those with needs to grow in their community. Transportation services to get jobs for low income, work programs to help the low income to build them up to be able to have quality in life to feel a part to understand hard work effort they have to contribute to be succesful in reaching their goals. Need more mentor services in rural areas to help prevent drug use, feeling alone, that no one cares. Programs to help others understand sp
- Our culture and rules need to be explained to the ones coming in from other countries such as road rules for driving, etiquette and morals/kindness.
- ER service providers are in need of an overhaul. My child that was 4 was verbally and physically abused by an NP. I was threatened that if I said or did anything that security would be called on me and I would be removed for her to do anything she wanted without me there. I have also had very bad experiences there to the point I am afraid to even go in even when I am in severe pain due to my multiple medical conditions. I am afraid to even take my child again if something were to ever happen. Transportation is a huge struggle for those that need it. Especially for those that do not live directly in town and can't get to the bus.
- Oncology is a vital part of the community
- I believe there should be more assistance for the blue collar population. The families that are actually working and barely making it. Not the rich but the average people. Where's the help for this group? The system is broken. There seems to be FREE everything for the influx of Haitians into our community and NO help for those of us who live and work here and pour back into the community daily. I believe there should be mandatory education



for the Haitians etc. They need to learn English, work, pay for health insurance, food, housing, cell phones, car seats, pack n plays etc. They have placed a significant burden on our community especially our hospitals. There seems to be resources galore for these people and none for the average family.

## How do the following issues impact the health of your community?

Issues	Very Negative	Some negative Impact	No Impact	Some Positive Impact	Very positive	Weighted Total	Average Weighted Total
Use of illegal drugs or substances	121	81	6	11	19	440	1.85
Suicide	52	111	45	12	12	517	2.23
Availability of afterhours/weekend transportation	82	72	42	23	19	539	2.26
Homelessness	47	110	55	12	15	555	2.32
Cost of healthy foods	71	97	16	27	26	551	2.32
Cost of quality housing	80	84	20	25	33	573	2.37
Availability of high-paying jobs	71	77	25	33	31	587	2.48
Availability of Mental Health services	67	76	31	31	30	586	2.49
Mental Health of the youth	60	92	27	26	33	594	2.50
Community's understanding and knowledge about personal health and healthcare	48	97	34	37	21	597	2.52
Mental Health of the community as a whole	57	87	29	35	28	598	2.53
Availability of quality housing	53	90	27	40	32	634	2.62
Understanding and acceptance of different cultures in the community	46	87	33	49	21	620	2.63
Availability of funding for programs and services	58	78	25	44	33	630	2.65
Having lots of people from different cultures in the community	41	75	37	56	30	676	2.83
Awareness of resources that already exist in the community	30	84	41	62	21	674	2.83
Access to healthy foods	41	67	35	58	37	697	2.93
Availability of resources already in the community	29	72	47	68	23	701	2.93

## Do you see a need for the following in your community?

Topic	Responses					Weighted Total	Average Weighted Total
	No need	Some Need	No Opinion	Definite Need	Extreme Need		
Higher-paying jobs	1	16	13	90	117	1017	4.29
Affordable, quality housing	4	34	10	97	91	945	4.00
Mental Health services for youth	3	34	15	94	91	947	4.00
Education to prevent illegal substance use	7	30	16	96	89	944	3.97
Additional funding for programs and services	5	28	28	86	87	924	3.95
Mental Health services for anyone	3	37	25	82	91	935	3.93
More resources to support community members	3	27	32	99	76	929	3.92
Nutrition education	2	32	28	107	70	928	3.88
Healthy foods	5	35	28	94	78	925	3.85
Translation services/language education	11	29	31	85	83	917	3.84
Recovery services	9	34	26	91	77	904	3.81
Marketing/communication about existing resources in the community	5	36	29	94	72	900	3.81
Education about Mental Health and suicidality	6	41	21	96	76	915	3.81
Services for low-income individuals/families	10	41	22	89	77	899	3.76
Weekend/afterhours transportation	4	41	36	87	70	892	3.75
Cultural awareness education	14	29	38	83	70	868	3.71
Personal health education	5	38	41	90	61	869	3.70
Stigma reduction for suicidality	9	37	45	85	64	878	3.66
Services for unhoused populations	12	48	45	83	48	815	3.45

# **Appendix D**

## **Existing Facilities**

## Daviess County Resources - 2025

Daviess Community Hospital

Schermerhorn	Jon	APRN	
Dyer	Valerie	APRN, FNP-C	
Bowling	Frank	Dc	Chiropractor
Brower	Jess	Dc	Chiropractor
Hopkins	James	Dc	Chiropractor
Omer	Jason	Dc CCWP	Chiropractor
Starr-Omer	Leslie	Dc CCWP	Chiropractor
Deem	Austin	DDS	Oral Health
Deem	Darrell	DDS	Oral Health
Parsons	Kimberly	DDS	Oral Health
Walker	Michael	DDS	Oral Health
Helms	Lana	DDS, MSD, PC	Oral Health
Fields	Alicia	DNP, FNP-C	
Guy	Leslie	DNP, FNP-C	
Archer	Amy	DO	
Benham	Kimberly	DO	
Cullen	Stephen	DO	
Frances	Jonathan	DO	
Lamb	Anna	DO	
Garrett	Trisha	DO	
Gladish	James II	DO	
Sandy	Reginald	DO	
Northcutt	David	DPM	
Powers	Kevin	DPM	
Krieger	Allison	FNP	
Mattingly	Amanda	FNP	
Radice	Jennifer	FNP	
Story	Erica	FNP	
Twitty	Tammie	FNP	
Wessels	Trudy	FNP	
Breitweiser	Christina	FNP-C	
Brosmer	Marissa	FNP-C	
Collison	Erin	FNP-C	
Cummins	Chelsea	FNP-C	
Kavanaugh	Jessica	FNP-C	
Knepp	Tera	FNP-C	
Otto	Emily	FNP-C	
Sluder	Jill	FNP-C	
Summers	Daniell	FNP-C	
Wagner	Amy	FNP-C	
Almquist	Timothy	MD	
Beierle	J Damien	MD	
Bhasin	Vijay	MD	
Clayton	John	MD	
Bedi	Ashwani	MD	
Behrens	Phillip	MD	
Fougerousse	Stephanie	MD	
Brown	Gregory	MD	
Callaghan	Linda	MD	
Dawkins	Adam	MD	
de la Vergne	Tanya	MD	

Kumar	Rakesh	MD
Kurucz	Marcus	MD
Marchino	Steven	MD
Mathew	Alexander	MD
Kumar	Ajay	MD
Gunn	Kris	MD
Holsopple	Merle	MD
Koch	Paul	MD
Kwabena	Osei	MD
Lehmkuhler	William	MD
Leonard	Joshua	MD
Lewis	James	MD
Lopez	Gladys	MD
Munning	Joseph	MD
McGuire	Ryan	MD
Perkins	Steven	MD
Nelson	Christopher	MD
Nibel	David	MD
Oates	Ethan	MD
Patel	Pumang	MD
Porter	Bryan	MD
Radice	Thomas	MD
Routsong	Michael	MD
Rusche	William	MD
Stevenson	Megan	MD
Tamma	Srikanth	MD
Stafford	John	MD
Susec, Jr	Otto	MD
Thorne	Marcus	MD
Woebkenberg	Brian	MD
Lohano	Vasdev	MD, FACE
Burla	Kiran	MD, FACP, FAAP
Johnson	Roger	MD, FCCS
Nixon	Christopher	MD, JD, MBA
Weaver	Daniel	MDPhD
Ahlert	Lachelle	NP
Cockroft	Chonnie	NP
Daniel	Lori	NP
Hammer	Ahsley	NP
Mathies	Sherri	NP
Hatton	Tristan	NP
Krzesniak	Alison	NP
Holland	Ashley	NP
Lawyer	Hillary	NP
Plummer	Deanna	NP
Plummer	Lynda	NP
McKnight	Elizabeth	NP
Miller	Andrea	NP
Mulet	Audrey	NP
O'Connor	Natalie	NP
Parks	Thomas	NP
Powell	Tracy	NP
Roberts	LeeAnn	NP
Schneider	Miranda	NP
Scott Powell	Tracy	NP

Sites	Amy	NP
Snell	Mike	NP
Torres	Jessica	NP
Walker	William	NP
Turner	Tiffany	NP
Kelley	Tina	NP-C
Souders	Courtney	NP-C
Lang	Robert	PA
Raymond	Luke	PA
Bouchie	Lauren	PA-C
Houchins	Andrew	PA-C
Wehrheim	Erin	PA-C
Weyer	Ben	PA-C
Keller	Kathalene	NP
Lanna	Chelsea	NP

Odon Family Dental

### **Eye doctors**

Clear Image Eye Center

Valley Optical II Inc

Odon Optical

Eyeworks

Walmart Vision & Glasses

### **Pharmacy**

Walmart Pharmacy

Williams Bros. Health Care Pharmacy

Odon Pharmacy

CVS Pharmacy

Washington Long Term Care Pharmacy

Perscription Shoppe

### **Fitness Centers**

Anytime Fitness

Flex to Fit

Functional Fitness

Reform Fit

Susan Ramsey Fitness

Yoga On Main

Daviess County YMCA

### **Parks/Rec areas**

SJG Sports Complex

Washington - 3 Parks

Odon Park

Plainville Park

Elnora - 1 park

Glendale Fish & Wildlife Area

Country Oaks Golf Course

### **Food Pantry**

Feed My Sheep Food Pantry

Heavens Kitchen

### **Mental Health**

Compass Point Counseling

DCH Behavioral Health

Samaritan Center

Groups Recover Together

### **Nursing Homes/Assisted Living**

Villages At Oak Ridge

Legends Village  
Cedar Creek of Washington  
Prairie Village Nursing and Rehab  
Eastgate Manor Nursing and Rehab  
Hillside Manor Nursing Home  
Parkview Village Christian Care  
Ketcham Memorial Center  
Loogootee Healthcare and Rehab  
Loogootee Nursing Center