

2022

Daviess Community  
Hospital  
Community Health  
Needs Assessment

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Prepared by the Indiana Rural Health  
Association

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## Process

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

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

To quantifiably describe the community, census reports were commissioned from United States Census Bureau Reports and STATS Indiana. Quantifiable statistics and reports for health-related community data were obtained from Daviess Community Hospital, the Community Health Rankings & Roadmaps from the Robert Wood Johnson Foundation, health workforce data reports from the Bowen Center for Health Workforce and Policy, Feeding America's Map the Meal Gap report, and the Community Asset Inventory and Rankings (CAIR) report from Ball State University. The full versions of these reports can be viewed in Appendix A. Additional reports regarding chronic disease were pulled from the Centers for Disease Control website and the Indiana Cancer Consortium's Indiana Cancer Fact and Figures report. Excerpts from these reports can also be found in Appendix A.

Next, a focus group of Daviess County representatives was organized with the help of the Daviess Community Hospital Director of Outreach Services, 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 and their contact information can be found in Appendix B.

From the information obtained during the focus group meeting, a 42-question survey was developed in English, Spanish, and Haitian Creole to gain the perspective of the inhabitants of the community. Questions included queries about the effect of various factors (such as insurance coverage, mental health services, and local transportation) as well as probes into the perceived need for various services and facilities in the county. The survey was widely disseminated to the residents of Daviess County through inclusion on the Daviess Community Hospital's website, social media, newsletters, radio appearances, and face-to-face polling at Walmart, Perdue Farms, and the North Daviess Medical Clinic, as well as the First Savings Banks in Odon. An online survey posted on REDCap.com was also made available to the public. All three translations of the survey may be viewed in Appendix C.

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

At this point, the entirety of the collected data was submitted to Daviess Community Hospital to explain how the needs identified by the CHNA are currently being met, as well as to write a plan of action for

those needs that are not currently being met. DCH was also able to identify the information gaps limiting the hospital’s ability to assess all of the community’s health needs.

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

## Community Served

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

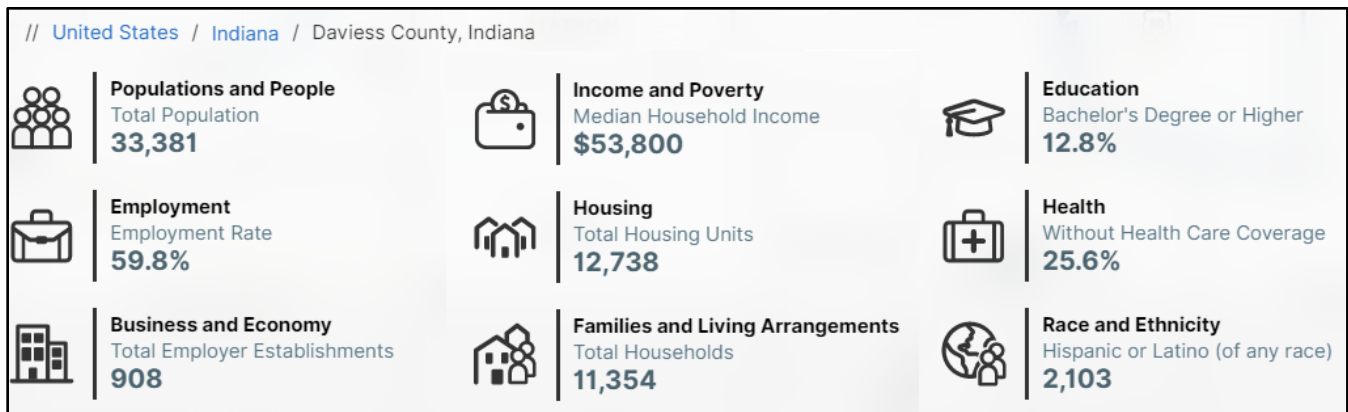
## Description of Community

### Physical

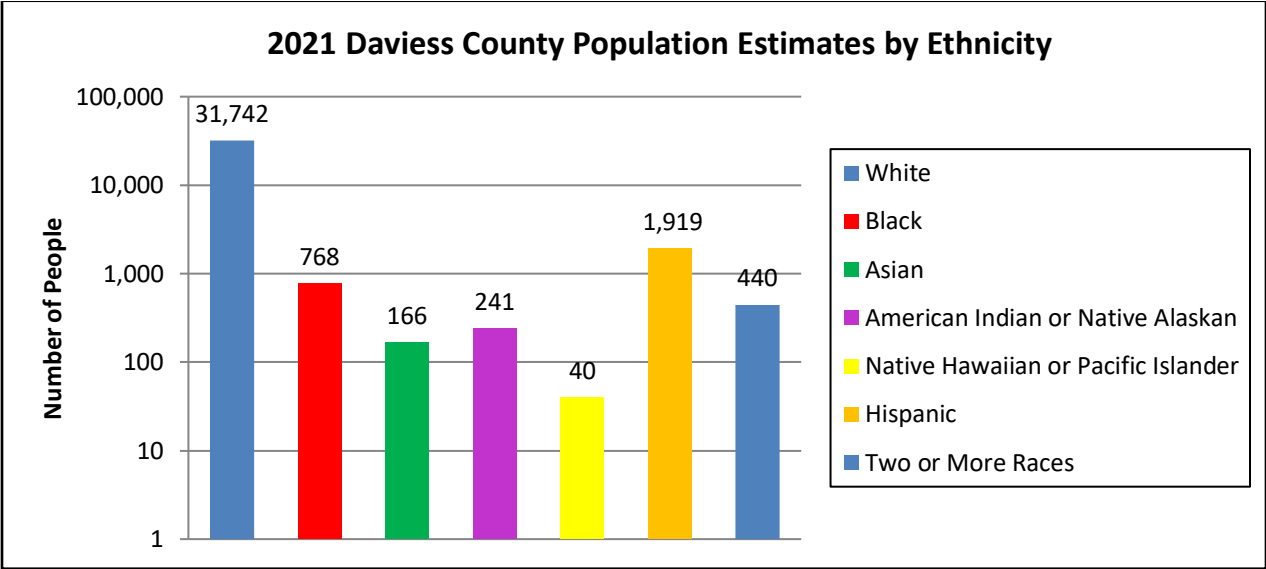
Daviess County is located in the southcentral part of Indiana. The county is largely rural and is the 26<sup>th</sup> smallest county in Indiana at approximately 429.5 square miles. Daviess County is bordered to the west by the White River and bordered to the south by the East Fork of the White River. The county is crisscrossed 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.

### Population – Ethnicity, Age, Gender & Income

According to the U.S. Census Report estimates for 2021, the total population of the county is approximately 33,397 and females make up 49.4% of the overall populace. Minority populations make up approximately 89.7% of the total inhabitants of the county. The average household income is \$47,919 and there are 12,767 housing units.



Source: U.S. Census Bureau, 2020 Decennial Census

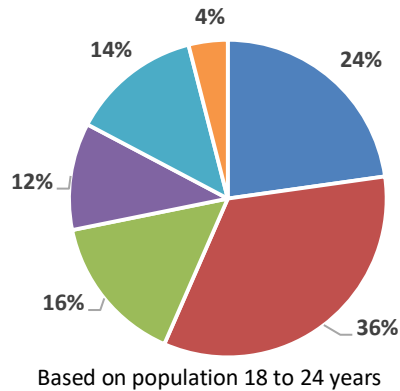


Graph based on data from the US Census Bureau

**Education**

The Robert Wood Johnson Foundation and U.S. Census Bureau report that approximately 76% of the county residents have high school diplomas compared with a statewide average of 89%. Further, only 42% of the community has at least some college education compared with a statewide average of 63%. These lower-than-average educational achievements earned Daviess a grade of C from the Community Asset & Inventory Rankings (CAIR) report. However, this was up from a D in the 2012 CAIR report. It is worth noting that Daviess County far exceeds the high school graduation rate average for the rest of the state at 97% compared to Indiana’s only 87%. This inconsistency with the education rate of the county population over 25 indicates that many high school graduates—as well as those that seek higher education—leave the county after graduation. It is further worth noting that the sizable Amish population of the county typically receives a maximum of an 8<sup>th</sup> grade education.

## 2020 Daviess County Education Attained



- Less than High School Diploma
- High School Diploma
- Some College/Associate's Degree
- Associate's Degree
- Bachelor's Degree or Higher
- Graduate or Professional Degree

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

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

### Health Summary

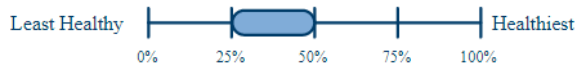
The overall health grade for Daviess County from the CAIR report stands at a C—no change from the previous report. The CAIR provides a detailed asset inventory of variables that describes the education attainment and health of Hoosier citizens, as well as the availability of natural resources and cultural amenities. All of the data has been carefully selected from secondary sources and is reviewed as to the contribution to the quality of life for the residents within the community. The data sets have been aggregated and a grade, noted above, has been given to Daviess County. Based on data from the 2022 County Health Rankings & Roadmaps report, Daviess County ranks 36<sup>th</sup> in Health Outcomes and 69<sup>th</sup> in Health Factors out of 92 counties in the state. While there was no change from the 2019 ranking for the Health Outcomes, the Health Factors ranking fell 8 spots from 61<sup>st</sup>.

### Daviess (DA)



#### Health Outcomes

Daviess (DA) is ranked in the higher middle range of counties in Indiana (Higher 50%-75%)



#### Health Factors

Daviess (DA) is ranked in the lower middle range of counties in Indiana (Lower 25%-50%)

Source: Robert Wood Johnson Foundation's County Health Rankings & Roadmaps 2022

The Health Outcomes ranking was based primarily on a better than average instance of premature death (only 7400 in Daviess County compared with the state rate of 8600) and only 6% instance of low birthweight compared to 8% statewide.

The Health Factors ranking was considerably lower at 69 out of 92 and fell within the lower third of all Indiana counties. This ranking was based on several factors in the categories of Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment.

Under Health Behaviors, a higher instance of adult smoking (25% compared to a statewide average of 20%), a higher instance of adult obesity (at 39% compared to a statewide average of 35%), and a higher instance of physical inactivity (at 36% compared to a statewide average of 31%) all combined to earn DCH's service area a ranking of 73<sup>rd</sup> out of 92 counties. One major contributing factor to both the obesity and physical inactivity may have come from the significantly lower access to exercise opportunities with Daviess County at only 48% compared with a rate of 68% statewide and 86% from the top performers in the nation. On a positive note, the county did outperform both the state and top U.S. performers on rates of Sexually Transmitted Infections at only 158.9 compared to 526.3 in Indiana and 161.8 nationally.

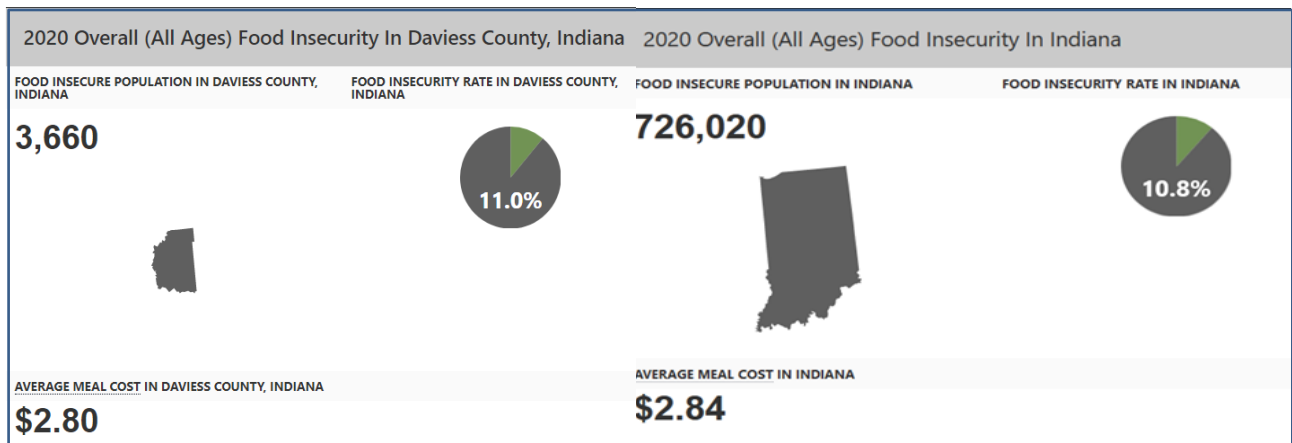
The starkest impact on Daviess County's overall Health Factors score comes from their Clinical Care rank at 89 out of Indiana's 92 counties. It is worth noting that this is an improvement from 91<sup>st</sup> in 2019. The largest detriments to the Clinical Care scoring were the high patient-to-provider ratios and high rates of uninsured populations. The average ratio of patients to primary care physicians is 2220:1, compared to the state average of 1490:1. The average patient to dentist ratio is 3350:1, compared to the state average of 1720:1. The average the patient to mental health provider ratio is 1240:1, compared to the state average of 560:1. Though not included in the County Health Rankings and Roadmaps, it is also important to recognize the role of Physician Assistants (PA) and Advanced Practice Nurses (APN) in the community. According to Workforce Data Reports by the Bowen Center the ratio of PAs to patients is 6806:1 and the rate of APNs to patients is 932:1, Approximately 19% of the population is uninsured, which is significantly the statewide rate of 10%. Further, the rate of individuals receiving the Flu Vaccine was only 37% compared to the statewide rate of 52% and top U.S. performer rate of 52%. It is worth noting that the uninsured and vaccination rates may reflect the significant Amish population in Daviess County.

As previously mentioned, the county exceeded state averages for percentage of high school graduation (97% of the community compared to a statewide average of 89%), but it also drastically outperformed the state in unemployment (3.8% compared to 7.1% statewide), and children in single parent households (12% compared to 25% statewide). However, a low percentage of current residents with a high school degree (76% compared to the state's 89%), as well as a low percentage of residents with at least some college education (an average of 42% to the state's 63%) held Daviess County to a middling rank of 47 out of 92 for the community in Social and Economic Factors. The county also had lower rates of injury deaths (68 compared to Indiana's 85) and violent crimes (161 to Indiana's 385).

The Physical Environment score was the highest of all categories for Daviess County, with a ranking of 29<sup>th</sup> out of 92 Indiana counties. A high rate of air pollution particulate matter (9.8 compared to the statewide rate of 9.1) is balanced out by a lack of drinking water violations and a low rate of driving alone to work (71% in Daviess compared to a state average of 81%).

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

Feeding America’s *Map the Meal Gap* study reported that in 2020, 3,660 people were food insecure in Daviess County, with a rate of 11%. This is slightly higher than the Indiana statewide rate of 10.8%. The average meal cost in the community is \$2.80. This is cheaper than both the average meal cost for the state of \$2.84, and the average meal cost of \$3.25 nationally. It is worth noting that these numbers are from 2020 and will likely be exacerbated by the inflation that is currently being experienced in 2022.



Data visualization from Feeding America’s *Map the Meal Gap 2020*

Full copies of the CAIR Asset Inventory, Robert Wood Johnson County Health Rankings & Roadmaps, workforce reports from the Bowen Center, and Feeding America Meal Gap reports for Daviess County can be found in Appendix A.

### Primary and Chronic Diseases

Daviess Community Hospital generated a report of the Top Diagnoses by Payer Mix for their inpatients for the previous year, September 1, 2021 through August 31, 2022. From this report, the top ten most common diagnoses for their service area were identified. A further examination of the payer mix for each diagnosis resulted in additional data to identify the issues that were most often seen in low-income, disabled, and/or older populations. (\*Note: It is important to understand the key characteristics of the DCH population. This includes identifying the low-income, disabled, and/or elderly population. The population trends help provide an indication of patterns within the residents of the community and assist in identifying the needs around this populace.)

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

- Essential (primary) hypertension – 4503 cases (78.13% Medicare or Medicaid)
- Hypertlipidemia, unspecified – 3341 cases (81.74% Medicare or Medicaid)



Encounter for general adult medical examination without abnormal findings – 2490 cases (22.13% Medicare or Medicaid)  
Urinary tract infection, site not specified – 1617 cases (74.03% Medicare or Medicaid)  
Encounter for screening mammogram for malignant neoplasm of breast – 1496 cases (45.32% Medicare or Medicaid)  
Encounter for Blood-Alcohol-Drug Test – 1154 cases (0.78% Medicare or Medicaid)  
Unspecified abdominal pain – 1137 cases (62.36% Medicare or Medicaid)  
Encounter for Pre-Employment Exam – 820 cases (99.51% Medicare or Medicaid)  
Chest pain, unspecified – 675 cases (64% Medicare or Medicaid)  
Encounter for other specified aftercare – 519 cases (98.84% Medicare or Medicaid)

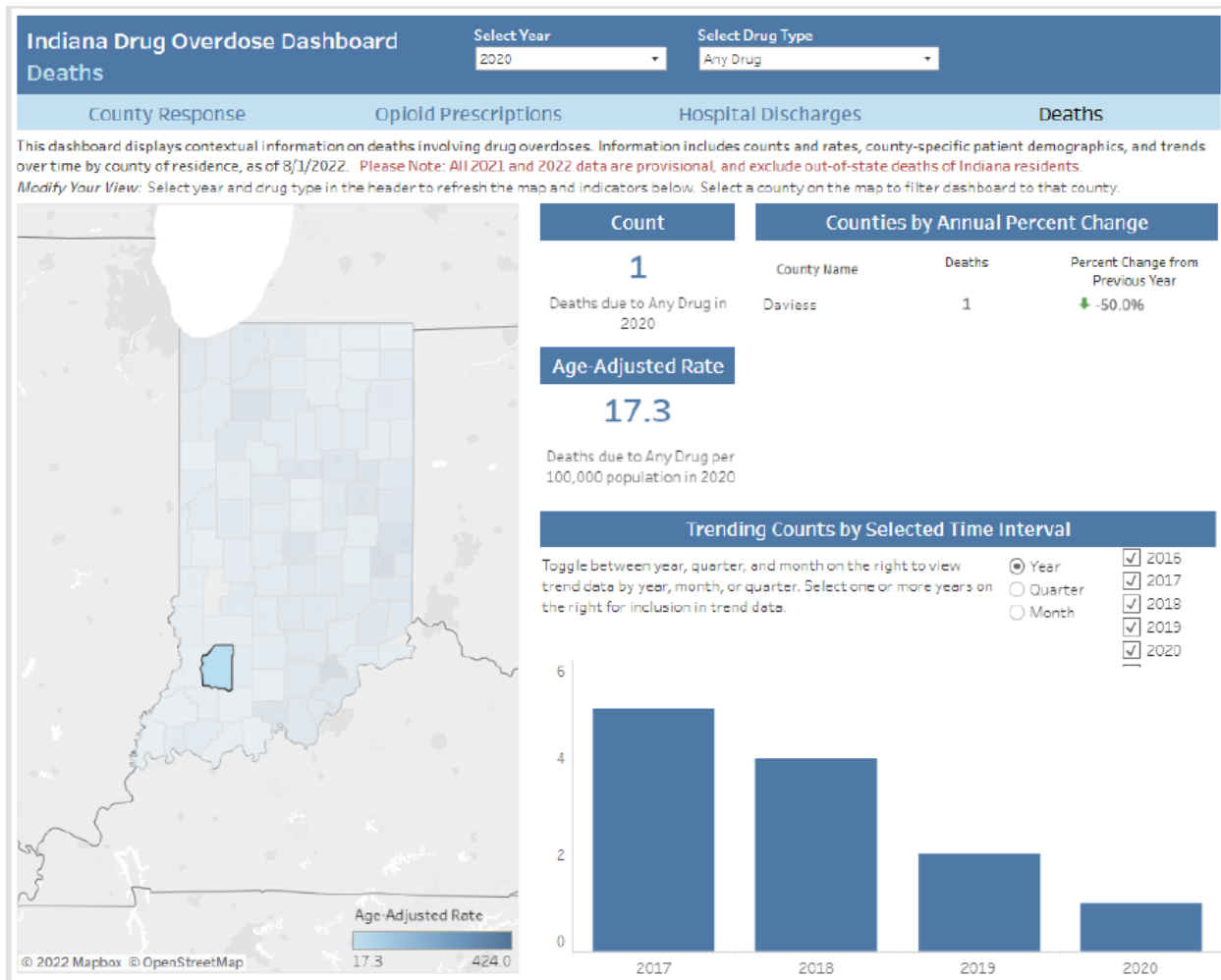
The list of top inpatient diagnoses and payer mix report can be found in Appendix A.

The rate of all cancers (per 100,000 people) in Daviess County comes in below the statewide rate of 457.9 and the national rate of 448.6 at only 433.4. However, this still ranks the county 69<sup>th</sup> out of the 92 Indiana counties. Despite the better performance in the overall cancer ratings, the county actually exceeds the state on the rates of prostate cancer (an average of 99.5 versus a statewide rate of 96.5, but better than national at 106.2), breast cancer (an average of 126 versus a statewide rate of 124.5, but slightly better than national at 126.8), and colorectal cancer (an average of 44.9 versus a statewide rate of 41.7 and national rate of 38). Only lung cancers were lower than the state average in Daviess County with a rate of 59.4 compared to 69.9 statewide.

Data from the Centers for Disease Control and Prevention Division for Heart Disease and Stroke Prevention reports that Daviess County comes in above both the state rate (65.9 per 1,000 Medicare beneficiaries) and the national rate (60.7 per 1,000 Medicare beneficiaries) at only 71.4 hospitalizations for all Cardiovascular Disease. The Daviess County Cardiovascular Disease death rate is 253.4 per 100,000 people which is significantly higher than the state rate of 238.9 and the national rate of 217.9. The stroke death rate in the county continues the trend of underperforming at a rate of 43.1, which is higher than both the state rate of 40.4 and the national rate of 37.7.

Regarding diabetes, the CDC's Diabetes Data & Trends report relates that Daviess County comes in well below the state average (9.1) and well below the national average (11.2) in rate of diabetes for individuals 20 years old or older. The county has an age-adjusted rate of only 7.2.

The CDC's National Center for Health Statistics report on drug overdose deaths in the United States shows that there were 2,321 deaths from all drug overdoses in Indiana in 2020. According to the Drug Overdose Dashboard from the Indiana Department of Health, the age-adjusted state rate of overdoses from all drugs in Indiana is 146.4. Daviess County is well below state average with an age-adjusted rate of only 17.3.



Data visualization from IDOH Drug Overdose Dashboard, 2020

Portions of the Indiana Cancer Consortium’s Indiana Cancer Fact and Figures, Indiana Department of Health dashboard, and the three CDC reports can be found in Appendix A.

**Existing Healthcare Resources**

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

- Daviess Community Hospital
- Abdelhameed, Mohamed MD, MA
- Ahlert, Lachelle NP
- Almquist, Timothy MD
- Archer, Amy DO

Atienza, Dennis DO  
Benham, Kimberly DO  
Bhasin, Vijay MD  
Bhuptani, Anand MD  
Blemker, David  
Bouchie, Lauren PA-C  
Bowling, Frank Dc  
Boyd, Michael A. MD, FACS  
Breitweiser, Christina FNP-C  
Brosmer, Marissa FNP-C  
Brower, Jess Dc  
Brown, Gregory MD  
Callaghan, Linda MD  
Campagna, Jessica DO  
Cardinal, Lauren  
Clouse, Jenna  
Collison, Erin FNP-C  
Cullen, Stephen DO  
Cummins, Chelsea FNP-C  
Dahl, Nick  
Dawkins, Adam MD  
de la Vegne, Tonya MD  
Deem Dentistry - Darrel & Austin DDS  
Dent, Keria NP-C  
Dyer, Valerie APRN, FNP-C  
Field, Gilbert DO  
Frances, Jonathan DO  
Gallentine, Michael MD  
Garrett, Trisha DO  
Gladish, James I DO  
Gunn, Kris MD  
Guy, Leslie DNP, FNP-C  
Helms, Lana DDS, MSD, PC  
Holland, Ashley NP  
Holsopple, Merle MD  
Hopkins, James Dc  
Houchins, Andrew PA-C  
James, Ashley FNP  
Johnson, Roger MD, FCCS  
Kavanaugh, Jessica FNP-C  
Keller, Kathalene  
Kelley, Tina NP-C  
Knepp, Tera FNP-C  
Kreilein, Norma

Kwabena, Osei MD  
 Lang, Robert PA  
 Lanna, Chelsea  
 Lawyer, Hillary NP  
 Lohano, Vasdev MD  
 Lohano, Suresh MD, FACP, FAAP  
 Lohano, Vasdev MD, FACE  
 Lopez, Gladys MD  
 Mattingly, Amanda FNP  
 Moss, Richard MD  
 Mullis, Mendy PA  
 Munning, Joseph MD  
 Nalin, Leann  
 Nixon, Christopher MD, JD, MBA  
 Northcutt, David DPM  
 Odon Family Dental  
 Omer, Jason Dc CCWP  
 Otto, Emily FNP-C  
 Parsons, Kimberly DDS  
 Powell, Tracy NP  
 Radice, Thomas MD  
 Radice, Jennifer FNP  
 Routsong, Michael MD  
 Rusche, William MD  
 Sandy, Reginald DO  
 Satar, Wagih MD  
 Schermerhorn, Jon APRN  
 Sell, Lindsey PA  
 Simpson, Roy DDS  
 Sluder, Jill FNP-C  
 Souders, Courtney NP-C  
 Stafford, John MD  
 Starr-Omer, Leslie Dc CCWP  
 Story, Erica FNP  
 Stroud, G. Rex  
 Summers, Daniell FNP-C  
 Susec Jr, Otto MD  
 Sutton, Larry DO  
 Talpas, Hallie FNP-C  
 Thorne, Marcus MD  
 Turner, Tiffany NP  
 Twitty, Tammy FNP  
 Waggner, Amy FNP-C  
 Waits, Thomas MD

Walker, Michael DDS  
Weaver, Daniel MDPH  
Wessels, Trudy FNP  
Weyer, Ben PA-C  
Wilson, Davida FNP-C  
Woebkenberg, Brian MD

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  
Prescription Shoppe

Fitness Centers

Anytime Fitness  
Flex to Fit  
Yoga On Main  
Daviess County YMCA

Parks/Rec Areas

SJG Sports Complex  
Washington - 3 Parks  
Odon Park  
Planville Park  
Elnora park  
Glendale fish and wildlife. Area  
Country Oaks Golf Course

Food Pantry

Feed My Sheep Food Pantry  
Heavens Kitchen

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

## **Identifying Health & Service Needs**

A focus group of Daviess County representatives was organized with the help of the Daviess Community Hospital Director of Outreach Services, 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 can be found in Appendix B.

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

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

- Providers of all kinds and specialties
- Resources for immigrants
- Transportation – medical and non-medical
- Cost and access to health insurance
- Housing
- Mental health

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

The identified areas of greatest need were used to create a 42-question survey, addressing demographics, county issues, and community services and amenities, which can be found in Appendix C. The survey was widely disseminated via internet access, community bulletins, and the local newspaper to the residents of Daviess County through inclusion on the Daviess Community Hospital's website and a publicly available survey posted on SurveyMonkey.com. Face-to-face polling was also implemented at Walmart, Perdue Farms, and the North Daviess Medical Clinic, as well as the First Savings Banks in Odon. Two members of the IRHA staff and a DCH employee greeted all county residents as they entered the facilities and asked for their participation in the survey. The general public was alerted to the face-to-face and online polls through DCH newsletters and social media, as well as appearances by DCH staff on the local radio stations.

At the end of polling, there was a total of 188 total responses, including 18 face-to-face responses. The majority (112) of the respondents were from zip code 47501; the age of respondents was fairly evenly distributed from 26 to 65, with the largest percentage (22.34%) coming from individuals aged 55 to 66. The vast majority of respondents identified as White (96.8%) and most were female (79.5%).

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

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

When asked “how do the following issues impact the health of your community,” the standout answers by all respondents were (0 is very negative effect, 5 is very positive effect):

1. Stigma associated with needing mental or behavioral health services – 2.63
- 2-3. Access to affordable housing – 2.68  
Access to services for people experiencing homelessness – 2.68
4. Cost of health insurance – 2.74
5. Cost of mental and behavioral health services – 2.82

When asked “do you see a need for the following in your community?,” the standout responses were (0 is not needed, 5 is extremely needed):

1. Affordable health insurance – 4.13
2. Affordable housing – 4.07
3. Additional Mental and behavioral health services for youth – 4.04
4. Additional specialty medical services – 4.01
5. Affordable mental and behavioral health services – 3.98

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

The primary point of concern raised in the Open Comments section of the survey was the need for more providers of all kinds, but especially for mental health/Substance Use. A sampling of those comments is below. All comments have been left as originally submitted unless they have been edited for length.

“Need more primary care providers who are physicians.”

“More specialty providers/services in Washington. BETTER behavioral health services for youth”

“I would like to see more counselors or therapist for youth/adolescents in the community. More specialty doctors so we do not have to travel to Evansville or Indy”

“Honestly I wish there were more affordable services with proper training for mental health...”

“Having trouble finding specialists that are local...Dermatology, neurology, weight loss... Ect...”

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

## Summary of Findings

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

### Identified Areas of Need

- Mental health – stigma, affordability, services for youth
- Cost of care – insurance, healthcare services
- Housing – affordability, homelessness

## Resources & Opportunities

The team from IRHA is pleased to serve Daviess Community Hospital. IRHA has worked with the Leadership team at the hospital for many years and highly respect the accomplishments made in many areas of healthcare services that greatly contribute to the health needs of the residents in Daviess County. Growth and improvement in any area of need begins with education and collaboration. Rural communities must join together and align the resources of community organizations and community members to address areas of need and explore opportunities.

To aid DCH in the creation of an action plan, the IRHA has made preliminary suggestions for addressing the defined areas of need. \*\*\*Please note these are *opportunities* for improvement and *recommendations* for further consideration. These are only *suggestions* and should not be considered requirements nor complete solutions.

Based on the findings of this project, IRHA would like to offer recommendations to respond to the areas identified by members of the community. Those recommendations are below:

- **Mental health – stigma, affordability, services for youth**
  - Collaborate with regional behavioral and mental health providers to enable telehealth treatment options. Examples include:
    - LifeSpring: <https://www.lifespringhealthsystems.org/>
    - Bloomington Meadows: <https://www.bloomingtonmeadows.com/>
    - Mental Health of America (IN): <https://mhai.net/>
    - IU and their IN Behavioral Health Access Plan for Youth: <https://medicine.iu.edu/psychiatry/clinical-care/behavioral-health>
    - IN Medicaid: <https://www.in.gov/fssa/dmha/apply-for-services/mental-health-services/>
  - Collaborate with IU and their IN Behavioral Health Access Plan for Youth at their website: [https://is.gd/behappy\\_registration](https://is.gd/behappy_registration)
  - Utilize IRHAHelp! (<https://irhahelp.indianaruralhealth.org/>)
  - Organize support groups for peers, including recovering patients, encouraging them to include their families and friends.
  - Pursue National Health Service Corp designation, or leverage existing designation, to recruit mental health providers.
  - Work with local employers to encourage employee insurance plans coverage for mental health services.
  - Evaluate insurance coverage with state programs for the indigent with mental health issues. Contact IRHA for navigation services or ClaimAid at <http://claimaid.com>, among others.
  - Explore use of telehealth options for mental health providers, including Access Physicians (<https://accessphysicians.com/>) or contact IRHA regarding the Upper Midwest Telehealth Resource Center (<https://www.umtrc.org/>)



- Collaborate with various suicide prevention organizations (American Federation of Suicide Prevention, etc.). Topics may include:
  - How to identify individuals who are thinking about suicide
  - How to provide support to survivors
- Host events to provide education with parents, educators, clergy, etc. Focus on how to identify signs of possible suicide ideation.
- **Cost of care – insurance, healthcare services**
  - Explore any and all public aid options for financial resources.
  - Include business entities who secure insurance for those not covered, such as ClaimAid <https://www.claimaid.com/>.
  - Include non-profit organizations with “insurance navigators” who help the uninsured explore options including public assistance such as Connecting Kids to Coverage Indiana, <https://www.indianaruralhealth.org/services/connecting-kids-to-coverage-indiana/> (Federal grant funded by HRSA).
  - Consult with local clergy to explore faith-based financial support programs.
  - Collaborate with local employers on programs to provide basic healthcare services at acceptable rates.
  - Discuss options with the medical staff and financial executives to explore discounted fee models.
  - What type of discount models are available for qualifying patients?
  - Identify the organizations that employ the underinsured and explore mutually beneficial pricing models that help the patients but do not financially harm any of the parties.
  - Host informational sessions on healthcare insurance options for the community. Utilize your PFS & HR teams, as well as local Employee Health Benefit brokers to lead these events to share options and information with community residents.
  - Invite insurance navigators to host community events to share suggestions and information on the most affordable health insurance options.
  - Explore relationships with local employers and collaborate on direct contracting options for their employees.
- **Housing – affordability, homelessness**
  - Note: at the time of this writing, a global shortage of supplies and labor have exacerbated the construction market impacting housing and rapidly rising interest rates have simultaneously double the mortgage rates from the past 12 months. These factors have created significant obstacles at this point in time.
  - Explore relationships with local large businesses and schools (as employers) and local builders to joint venture on property acquisition and home construction projects.
  - Meet with other IRHA hospital members who have developed housing construction for hospital employee projects.
  - Review projects across the nation where local hospitals have launched programs to develop housing. (St. Lukes in Hailey, ID, University of CO Health), etc.
  - Collaborate with local real estate services and explore large local homes on the market that could be divided into multiple living units.

- Explore options from the National Center for Healthy Housing (<https://nchh.org/resources/financing-and-funding/federal-funding-of-healthy-housing/>)

Daviess Community Hospital has a unique opportunity to become more focused in the health and well-being of its constituents. These efforts can become more successful by directing and marketing to the community the hospital is trying to touch and evaluating different methods to reach them, such as upgrading current efforts, including newsletters, websites, and other communication methods.

The hospital has earned the trust and respect of many local residents. Through a focused effort involving collaboration of hospital leadership and community leaders to improve health outcomes, lives will be changed. This can be leveraged with providers, local businesses, and community service organizations to explore the suggested and other ideas to enhance the quality of life for Daviess County residents.