GIBSON GENERAL HOSPITAL

Gibson County, Indiana

COMMUNITY HEALTH NEEDS ASSESSMENT

2018

Developed by Gibson General Hospital in close collaboration with multiple community-based health and social service organizations, local health officials and leaders, and academic partners.

TABLE OF CONTENTS

1. INTRODUCTION

Gibson General Hospital's 2018 Community Health Needs Assessment

To comply with IRC Section 501(r), this community health needs assessment identifies the health needs of the people residing in the service area of Gibson General Hospital to inform policy development regarding services, programs, and operational strategies within Gibson General Hospital. This assessment identifies high-priority concerns and needed key services, and the information reported will assist healthcare, public health, and other community entities to focus resources on areas of high impact and need. Gibson General Hospital is committed to providing the highest quality, cost-effective patient-centered care; and this report will inform the development of strategies to address our shared community issues affecting health and wellness.

Gibson General Hospital's most recent (prior) community health needs assessment was conducted in 2015 and has been available on the hospital's website since its completion. To date, no comments have been received from members of the public about the contents of that assessment.

About Gibson General Hospital

Since 1907, Gibson General Hospital, a 25-bed critical access hospital with an attached 45-bed skilled nursing facility, has met the health care needs of the people and communities it serves. We continue this endeavor by creating strategic partnerships, expanding services, keeping patients close to home and focusing on high-quality, cost-effective patient-centered care.
In partnership with more than 350 employees and a medical staff over 120 healthcare providers, Gibson General offers a full range of inpatient and outpatient services, including: 24-hour emergency room, inpatient and outpatient medical and surgical care, home health, infusion therapies (including chemotherapy), laboratory, occupational medicine, pain management, radiology, respiratory care, rehabilitation (cardiopulmonary, physical, occupational and speech therapies), a sleep diagnostics center, and a swing bed program. Our Multispecialty Clinic also houses rotating medical specialists, including allergy/immunology, cardiology, gastroenterology, general surgery, gynecology, ophthalmology, orthopedics, otolaryngology, psychology and urology. A complete list of hospital services can be found at gibsongeneral.com.

Gibson General Hospital's Service Population

For over 100 years, Gibson General Hospital has served the Gibson County population and for purposes of this community health needs assessment and its processes, all geographic areas of Gibson County were included. The service area is embedded within the mission and history of the hospital and thus was defined by the hospital leadership as the population to be considered during this process.

2. CHNA OVERVIEW

CHNA Purpose

To comply with IRC Section 501(r), this community health needs assessment identifies the health needs of the people residing in the service area of Gibson General Hospital to inform policy development regarding services, programs, and operational strategies within Gibson General Hospital. This assessment identifies high-priority concerns and needed key services, and the information reported will assist healthcare, public health, and other community entities to focus resources on areas of high impact and need. Gibson General Hospital is committed to providing the highest quality, cost-effective patient-centered care; and this report will inform the development of strategies to address our shared community issues affecting health and wellness.

CHNA Process

Gibson General Hospital conducted a comprehensive community health needs assessment process during 2017 and 2018; the results of which are reflected in this report. Table 1 provides an overview of the overall process and specific methods related to each.

CHNA Partners

To conduct the CHNA, Gibson General Hospital collaborated with a range of public health and social service partners to ensure that diverse scientific and community-based insights were included throughout the process. Of particular importance was to ensure that individuals who directly or indirectly represented the needs of three important groups including: 1) those with particular expertise in public health practice and research, 2) those who are medically underserved, low-income, or considered among the minority populations served by the hospital, and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Key partner organizations included:

- ***The University of Evansville***. Faculty, staff, and students in public health areas collaborated with the hospital on the data-oriented aspects of the project.
- ***Indiana University School of Public Health***. Faculty and students collaborated with the hospital throughout the survey process.
- ***Indiana University Center for Survey Research***. Faculty and staff provided in-depth technical assistance and guidance throughout the survey process, and worked closely with Gibson General Hospital and the University of Evansville to field the community health survey.
- ***Measures Matter, LLC***. Measures Matter is a community-based research consulting firm based in Bloomington, Indiana and Palm Springs, California. Measures Matter conducted an independent analysis of the survey data and also facilitated the prioritization process with the hospital and its partners.

- ***Gibson County Health Department.*** The Gibson County Health Department participated in the focus group and prioritization process of the CHNA and on an on-going basis provided consultation and support to the development of the CHNA and its resulting actions.
- ***Multiple Additional Community Organizations and Hospital Units***. The hospital worked closely with representatives of multiple community-based health and social service organizations to consider data from the CHNA, make decisions regarding health priorities, and initiate considerations of subsequent actions based on the CHNA. Those organizations included: Tulip Tree Family Health Care, Caring Communities of Gibson County/Youth First, Albion Fellows Bacon Center, Purdue Extension, RiverOaks Health Campus, and the Gibson General Health Foundation and multiple staff and providers from Gibson General Hospital.

Table 1. 2017-2018 Community Health Needs Assessment Activities, Gibson General Hospital

CHNA ACTIVITIES	DESCRIPTION OF ACTIVITIES
Identification of the Service Population	Gibson General Hospital staff identified its community served through a review of patient-related data and other geographic boundaries related to the hospital's service area and determined that all postal codes within the geographic boundaries of Gibson County were to be included in the service population.
Review of Existing Health Indicator Data	Gibson General Hospital, with assistance from graduate students enrolled in a public health program at the University of Evansville, conducted a review of existing data and indicators relevant to this assessment. Subsequent to this review of data, Gibson General Hospital developed a summary of key data to be considered during the CHNA process.
Community Health Survey	Gibson General Hospital, in collaboration with nine other hospital systems in Indiana and with faculty researchers from the University of Evansville and Indiana University Bloomington, developed and conducted a survey to collect data from residents of Gibson County. The survey process included a random sample that recruited proportionately from all zip codes in Gibson County and a convenience sample survey that sought to collect the same data from individuals seeking care and services at organizations in Gibson County.
Community Focus Group	A focus group of Gibson County representatives was conducted by Gibson General Hospital staff. The purpose of this focus group was to: a) discuss insights from the existing health indicator data summary, b) review preliminary survey findings, and c) to gather other local community input relevant to a comprehensive consideration of the health needs of Gibson County.
Heatlh Needs Prioritization Session	Gibson General Hospital coordinated a meeting of hospital staff and community constituents in order to review data from all activities conducted for the CHNA. Subsequent to a formal presentation and discussion of the data, attendees in the meeting participated in a nominal group process to identify the top health needs that would inform the development of the hospital's implementation plan.
Review of Resources and Partners	Based upon the results of the CHNA activities, Gibson General Hospital and its community partners developed a list of local resources and partnerships that would be relevant to addressing the needs identified via the CHNA and the subsequent implementaion plan of the hospital.

3. REVIEW OF EXISTING HEALTH INDICATORS

About Gibson County

Gibson County is located in southwestern Indiana and is bordered by Knox County to the north and Pike County to the east, Warrick County to the southeast, Vanderburgh County to the South, Posey County to the southwest, Edwards and White Counties, IL to the West, and Wabash County, IL to the northwest. Gibson County is located approximately 155 miles southwest of Indianapolis. It is approximately 522 square miles and the county seat is Princeton. Gibson County is served by Interstate 64, U.S. Route 41, State Routes 56, 57, 64, 65, 66, 165, 168, and 357.

The climate in Gibson County ranges from hot and humid in the summertime to cold during the winter season. Average daytime temperatures during the summer fall around 75.7ºF, while winter temperatures average at approximately 32.9ºF. Precipitation for Gibson County totals an annual amount of 46.08 inches. Gibson County's Alphanumeric County Number is 26. The county seat is Princeton. The population of Princeton city as of 2016 is 8,632. Within the county is the intersections of three major highways, Interstate 64 & US 41 and Interstate 69 & US 41, and within a day's drive from Nashville, Louisville, Chicago, St. Louis, Memphis, and Indianapolis in addition to nearby Evansville.

Figure 1. Gibson County Map

Population of Gibson County

Population estimates as of July 1, 2017 were that the population of Gibson County was 33,576, representing a relatively low change in population (0.2%) from the 2010 US Census.

Gibson County is geographically organized by ten townships. Figure 1 provides a geographical overview of the location of the townships throughout the county and Table 2 provides an overview of the estimated population of those townships in 2016.

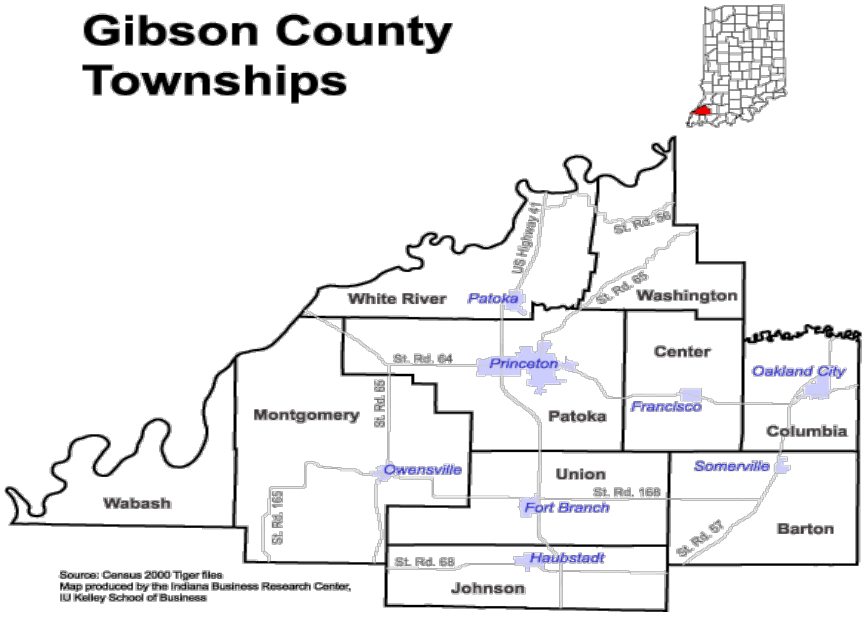


Figure 2. Gibson County Townships

Table 2. Population by Gibson County Township (2016)

Township	Population in 2016	% of County Population
Fort Branch	2,797	8.30%
Francisco	470	1.40%
Haubstadt	1,685	5.00%
Hazleton	254	0.80%
Mackey	105	0.30%
Oakland City	2,419	7.20%
Owensville	1,278	3.80%
Patoka	724	2.10%
Princeton	8,632	25.60%
Somerville	288	0.90%

Source: U.S. Census Bureau

Demographic Characteristics of Gibson County Residents

Based on demographic data available in 2016, the population of Gibson county is made up of a majority of people aged 25-64 with a total of 9,337 individual aged 45-64 living in the county. The median age of Gibson county residents is 40.4 years. Table 3 provides an overview of the age (in years) distribution of Gibson County residents and Table 4 provides an overview of race and ethnicity characteristics of the county.

Table 3. Gibson County Resident Age Distribution (2017)

Age Distribution	Number in County	Rank in State	% in County	% in State
Preschool (0 to 4)	2,071	46	6.20%	6.30%
School Age (5 to 17)	5,769	47	17.20%	17.30%
College Age (18 to 24)	2,711	51	8.10%	9.90%
Young Adult (25 to 44)	8,025	45	23.90%	25.30%
Older Adult (45 to 64)	9,212	47	27.40%	25.90%
Seniors (65 and older)	5,788	48	17.20%	15.40%
Median Age	40.3		Median Age = 37.7	

Source: U.S. Census Bureau

Table 4. Gibson County Residents by Race and Ethnicity (2017)

Race and Ethnicity Distribution	Number in County	Rank in State	% in County	% in State
American Indian or Alaska Native Alc	102	57	0.30%	0.40%
Asian Alone	176	52	0.50%	2.40%
Black Alone	732	33	2.20%	9.70%
Native Hawaiian and Pac. Isl. Alone	9	59	0.00%	0.10%
White	31,945	49	95.10%	85.40%
Two or More Race Groups	612	31	1.80%	2.10%
Hispanic or Latino Origin (can be of any race)				
Non-Hispanic	33,030	47	98.40%	93.00%
Hispanic	546	64	1.60%	7.00%

Source: U.S. Census Bureau

Gibson County ranks in approximately the top 1/3rd of the state in terms of per capita annual income. Table 5 provides an overview of the income and poverty characteristics of Gibson County residents.

Table 5. Income and Poverty Characteristics, Gibson County

Income and Poverty	Number	Rank in State	Percent of State	Indiana
Per Capita Personal Income (annual) in 2016	$40,402	35	93.7%	43,097
Median Household Income in 2016	54,690	27	104.6%	$52,289
Poverty Rate in 2016	10.8%	65	77.1%	14.0%
Poverty Rate among Children under 18	13.8%	75	72.3%	19.1%
Welfare (TANF) Monthly Average Families in 2017	24	62	0.4%	6,790
Food Stamp Recipients in 2017	2,612	54	0.4%	656,297
Free and Reduced Fee Lunch Recipients in 2016/2017	1,933	60	0.4%	495,330

Sources: U.S. Bureau of Economic Analysis; U.S. Census Bureau; Indiana Family Social Services Administration; Indiana Department of Education

Gibson County's population mirrors that of most other Indiana counties with regard to the types of households within the county. Table 6 provides a summary of the characteristics of household type within the county.

Table 6. Distribution of Household Types, Gibson County (2016)

Household Types	Number	Rank in State	Pct Dist. in County	Pct Dist. in State
Households in 2016 (Includes detail not shown below)	13,297	43	100.0%	100.0%
Married With Children	2,739	43	20.6%	19.0%
Married Without Children	4,393	48	33.0%	30.0%
Single Parents	1,081	45	8.1%	9.7%
Living Alone	3,400	47	25.6%	28.2%

Source: U.S. Census Bureau, American Community Survey 5-year estimates.

Leading Health Indicators

On most leading indicators of health, when compared to other counties in Indiana, Gibson County fairs well on most, being among the top half of the state with regard to life expectancy and observing among the lowest rates of poor mental health days and drug use overdose rates. Table 7 provides an overview of these leading health indicators.

Table 7. Health Indicators for Gibson County

Health Indicators	Description	County	Quartile	State
Life Expectancy, Women	[3]Estimated female life expectancy at birth (years), 2014	80.4	**2-MIDDLE**	80.0
Life Expectancy, Men	[3]Estimated male life expectancy at birth (years), 2014	75.7	**2-MIDDLE**	75.3
Number of Infant Deaths, **(Rate)**	[4]The number of infant deaths of all races (<1 yr), **(Rate of infant mortality for all races per 1,000 live births)**, 2011-2015	18 (U)	Not Applicable	3,003 (7.2)
Number of Black Infant Deaths, **(Rate)**	[4]The number of black infant deaths (<1 yr), **(Rate of black infant mortality per 1,000 live births),** 2011-2015	0 (U)	Not Applicable	711 (14.0)
Poor Mental Health Days*	[1]Average number of days out of the past 30 when mental health, which includes stress, depression, and problems with emotions, was not good *(age-adjusted)*, 2014	3.8	**1-TOP**	4.3
Drug Overdose Death Rate	[4]Drug poisoning deaths per 100,000 population, 2012-2015	8.9	**1-TOP**	17.9
Suicide Death, **(Rate)***	[4] Number of suicide deaths, **(Suicide death rate, *age-adjusted* per 100,000 population)**, 2011-2015	37 (22.0)	**4-BOTTOM**	4,696 (14.2)

Access to Care Characteristics

Gibson County continues to observe some challenges in the areas often used to assess access to care. In particular, the county ranks in the bottom half of the state on measures related to primary care physician ratios and the availability of mental health providers. It is important to note however that the county is adjacent to Vanderburgh County, which ranks in the top of the state on these indicators and is often a source of care-seeking and referral for individuals unable to find care in their own community. Table 8 provides a summary of the most recent data available for specific access to care issues.

Table 8. Access to Care Characteristics, Gibson County

Access to Care	Description	County	Quartile	State
Primary Care Physicians Ratio	[1]Ratio of population to primary care physicians, 2013	2,801:1	**3-MIDDLE**	1,490:1
Dentists Ratio	[1]Ratio of population to dentists, 2014	2,411:1	**2-MIDDLE**	1,930:1
Mental Health Providers Ratio	[1]Ratio of population to mental health providers, 2015	3,376:1	**4-BOTTOM**	710:1
Health Care Costs	[1]Amount of price-adjusted Medicare reimbursements per enrollee, 2013	$11,175	Not Applicable	$9,753
Opioid Treatment Providers	[4]Opioid treatment programs in Indiana, 2017	0	Not Applicable	14

Insurance Coverage and Health Care Costs

Table 9 provides a summary of data related to the total uninsured rate and comparisons between adults and children. The table also provides a summary of per capita health-care costs. Gibson County data are compared to U.S. top performer data and to the state as a whole.

Table 9. Insurance and Health Care Costs, Gibson County

Insurance and Cost Characteristics	Gibson County	U.S. Top Performers	Indiana
Uninsured	9%	6%	11%
Uninsured adults	10%	7%	13%
Uninsured children	6%	3%	7%
Health care costs	$10,884	n/a	$9,992

Source: County Health Rankings & Roadmaps, 2018, Robert Wood Johnson Foundation

Health Behaviors

Data related to behaviors that share associations with morbidity and mortality can provide valuable insights into a general profile of health within a specified region. Table 10 provides an overview of health-related behaviors for Gibson County, compared to state indicators and compared to top U.S. performers on the same behaviors.

Table 10. Health-Related Behaviors, Gibson County (2018)

Health Behaviors	Gibson County %	U.S. Top Performers	Indiana %
Adult smoking	19%	14%	21%
Adult obesity	32%	26%	32%
Food environment index	8.5	8.6	7
Physical inactivity	30%	20%	27%
Access to exercise opportunities	70%	91%	77%
Excessive drinking	18%	13%	19%
Alcohol-impaired driving deaths	14%	13%	22%
Sexually transmitted infections	195.5	145.1	437.9
Teen births	37	15	30

Source: County Health Rankings & Roadmaps, 2018, Robert Wood Johnson Foundation

Quality of Life Indicators

Quality of life indicators provide a valuable snapshot of the extent to which residents of a particular region perceive their health and well-being to be positive or negative. Table 11 provides an overview of data related to quality of life for Gibson County.

Table 11. Quality of Life Indicators, Gibson County

Quality of Life Indicators	Gibson County %	U.S. Top Performers	Indiana %
Poor or fair health	15%	12%	18%
Poor physical health days	3.6	3.0	3.9
Poor mental health days	3.9	3.1	4.3

Source: County Health Rankings & Roadmaps, 2018, Robert Wood Johnson Foundation

Additional Health and Care Characteristics

A range of other indicators are available that provide an understanding of the health and care characteristics of Gibson County. Table 12 provides an overview of such data.

Table 12. Other Health Indicators, Gibson County

Other Health Indicators	Gibson County	U.S. Top Performers	Indiana
Premature age-adjusted mortality	390	270	390
Child mortality	80	40	60
Infant mortality	8	4	7
Frequent physical distress	11%	9%	12%
Frequent mental distress	12%	10%	13%
Diabetes prevalence	13%	8%	11%
HIV prevalence	71	49	196
Food insecurity	12%	10%	14%
Limited access to healthy foods	1%	2%	7%
Preventable hospital stays	73	35	57
Diabetes monitoring	88%	91%	85%
Mammography screening	64%	71%	62%

Source: County Health Rankings & Roadmaps, 2018, Robert Wood Johnson Foundation

Mortality Indicators

A range of data are available to assess the overall county trends related to morbidity and mortality. Figure 3 below provides a dashboard of the leading mortality issues in Gibson County with comparisons to Indiana and the U.S.

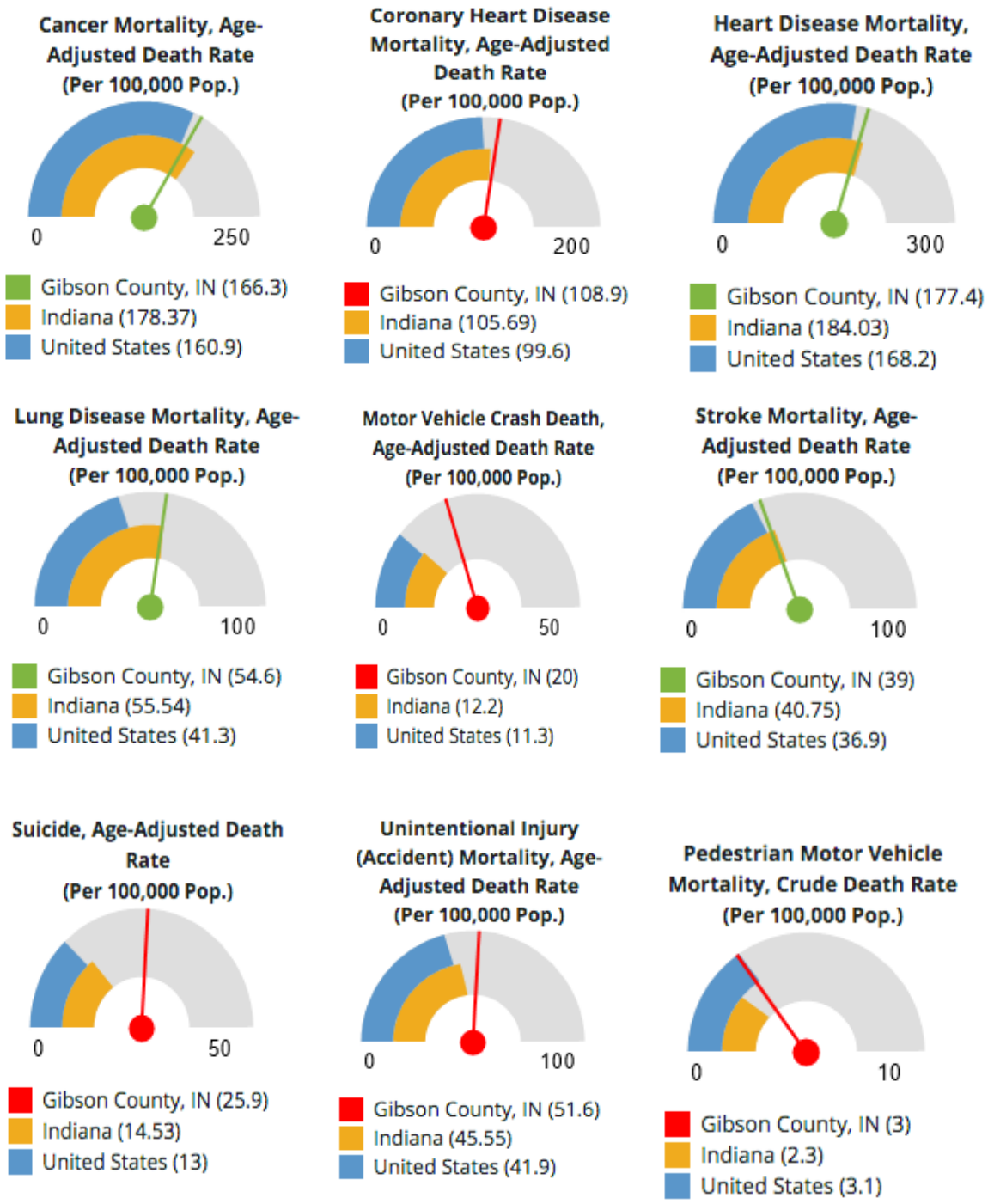


Figure 3. Dashboard of Mortality Indicators, Gibson County (Age Adjusted Incidence 2010-2016)

Morbidity Indicators

Figure 4 below provides a dashboard comparing the most common morbidity issues in Gibson County with comparisons to Indiana and the U.S.

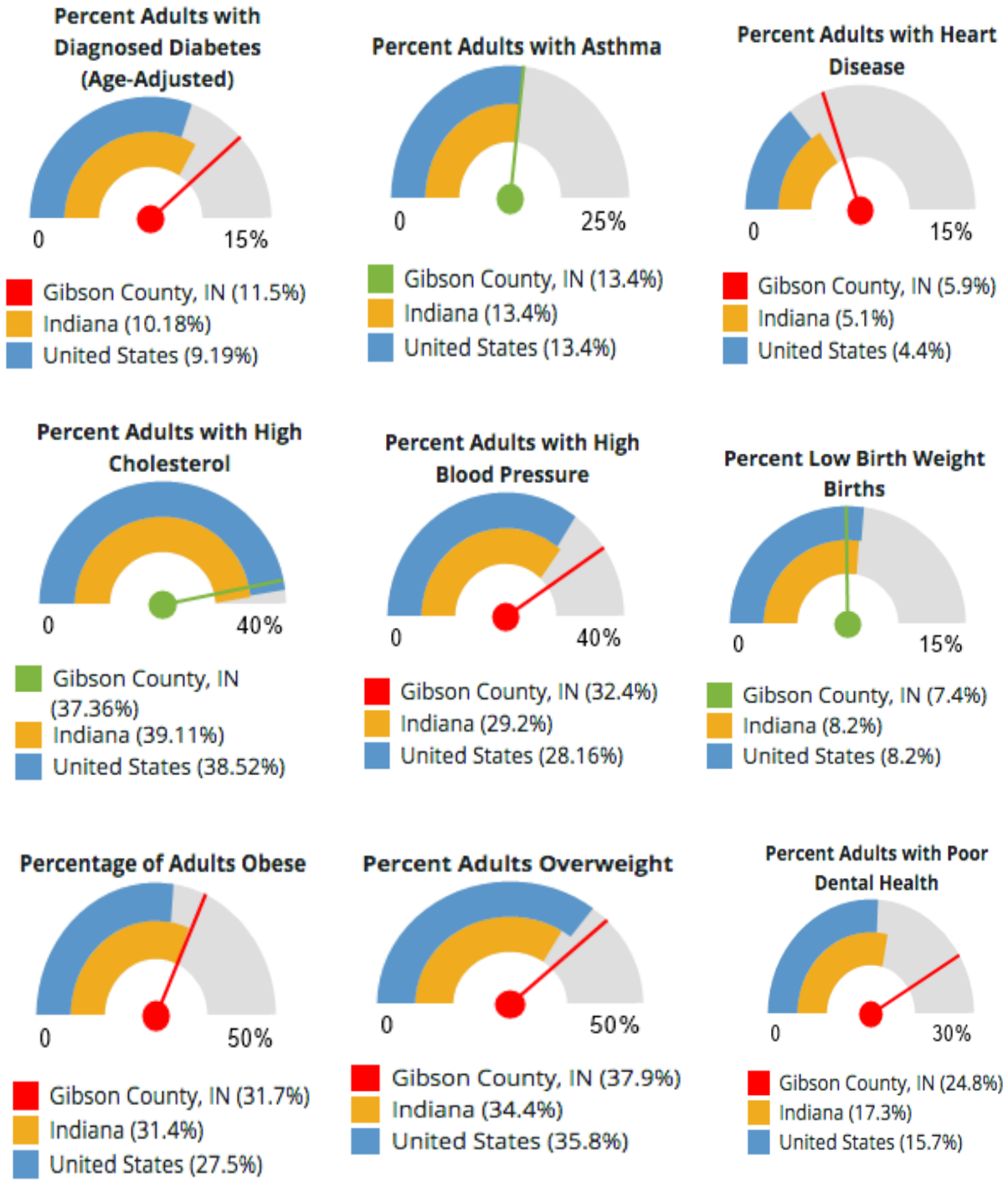


Figure 4. Dashboard of Morbidity Indicators, Gibson County (Age Adjusted Incidence 2010-2016)

Summary

In considering the existing health indicators for Gibson County, specific data were chosen for highlight during subsequent assessment activities, particularly those that sought community member input and those undertaken for purposes of prioritizing health issues for further action.

Morbidity and Mortality Indicators. Gibson County morbidity and mortality indicators have remained relatively stable over the recent past, providing for the ongoing implementation of health services to address the leading issues that remain a priority for Gibson County including:

- Heart Disease
- Diabetes
- Injury, including motor vehicle, pedestrian, and unintentional
- Obesity
- Elevated and high blood pressure
- Suicide
- Stroke
- Cancer

Other issues that remain of importance in Gibson County include teen births and sexually transmitted infections, the rates for which remain higher than the state average. Substance abuse and its morbidity and mortality outcomes are also of continuing concern in Gibson County.

Access to Care. The uninsured rates for Gibson County, while lower than the state averages for Indiana, remain higher than national averages and continuing to support individual's procurement of insurance is an ongoing need in the county. Gibson County ranks better than most other areas of the state in terms of access to primary care providers and dental providers (despite poor oral health outcomes), yet access to mental health providers within the county remains challenging.

4. 2018 COMMUNITY CHNA SURVEY

Survey Methods

Purpose of the Survey

To collect primary data from the hospital's population of interest, a survey was designed, fielded, and analyzed. This section of the report includes a description of the survey methods and the results of the responses to the survey by the participants in Gibson County.

Survey Development

To develop the survey used for the CHNA, the hospital partnered with faculty from Indiana-based universities who had particular expertise in community-based survey research. Dr. William McConnell of the University of Evansville served as the lead researcher on the project, in partnership with Dr. Michael Reece and Dr. Catherine Sherwood-Laughlin (both of the Indiana University School of Public Health). The University of Evansville contracted with the Center for Survey Research (CSR) at Indiana University to administer this survey in two phases: phase I was conducted as a paper survey mailed to a random address-based sample and phase II was conducted as a paper survey administered by the hospitals to a convenience sample of their choosing. The survey was conducted with approval of the Institutional Review Board (IRB) of the University of Evansville.

Planning and development for the survey began in the winter of 2017. The university faculty joined a collaborative of eight major hospital systems that served populations in Indiana and Illinois. A goal of the collaborative was to align survey activities in order to increase cost-efficiency and to work toward the development of a data infrastructure that would be useful across the systems and also of enhanced utility to the health and social service organizations with which those hospitals partner on initiatives to improve health in their respective local communities.

Using a construct-based approach that identified the leading areas to be included on the survey, the hospitals and faculty developed a survey. The survey included measures that had been validated for use in similar projects by other researchers and additional measures that were developed by the partners for specific needs of this CHNA. The survey covered ten major areas. Table 13 provides an overview of the constructs covered in the survey and a description of the measures associated with each construct. A copy of the survey is included as Appendix A.

Sample Development

To collect data, two separate samples were accessed. One sample, described below, included a random sample of individuals representative of the hospital's service area. Additionally, the hospital collaborated with health and social service organization partners to form a convenience sample that included those engaged in services.

Phase One Random Sample. The target population for Phase I of the 2018 Community Health Needs Assessment Survey consisted of noninstitutionalized adult residents, aged 18 years or older, in the catchment areas the participating hospitals. Sampling was performed on a household basis using an address-based sample.

Table 13. Survey Constructs and Measures

SURVEY CONSTRUCTS	DESCRIPTION OF MEASURES
Demographics	This section included measures related to the socio-demographics of the survey participants, including: county of residence, age, gender, ethnicity, race, education, household income, employment, and number of adults and children in household.
Perceived Health and Well-Being	This section included a revised version of the U.S. Centers for Disease Control and Prevention's Health-Related Quality of Life measure. Items included the single-item HRQOL assessment of perceived overall health and additional assessments of physical health, mental health, and social well-being. Also included was a measure of overall life satisfaction and a measure of current level of life stress.
Health Care Coverage and Relationships	This section included a single measure of whether the participant had health insurance or some other type of coverage for health care and a single measure of whether they had a current personal health care provider.
Health Care Engagement	This section included a measure related to the types of care with which the participant had engaged in the previous 12 months. A total of 14 specific types of health care engagement were assessed.
Health-Related Behaviors	This section included a measure that asked participants to self-report their participation in a range of health-related behaviors. A total of 11 health behaviors were assessed.
Health Care Resource Challenges	This section included measures related to the extent to which participants had found themselves in need of avoiding care due to a lack of fiscal resources. Specifically assessed was the extent to which participants had to forego three types of health care, including seeing a medical provider, filling a prescription, and securing transportation for a health purpose or appointment.
Felt Social Determinants	This section included measures to assess the extent to which participants felt the impact of ten specific social determinants, including economics, education, community cohesion, policy, environment, housing, psychosocial, transportation, social ecological, and employment.
Perceived Priority Health Needs	This section included a measure to assess participants' perceptions of the importance of 21 health issues to their local community.
Perceived Resource Allocation Priorities	This section included a measure to assess participants' perceptions of the extent to which 21 health issues were of priority for the allocation of resources in their local community.
Perceived Importance of Social and Health Services	This section included a measure to assess the extent to which participants perceived 20 different health and social service programs to be of importance to their community.

The faculty collaborated with the hospitals to determine catchment areas using county and zip code boundaries. Geographic areas that were shared between hospitals were reduced such that each geographic area was sampled one time.

Sampling was determined using a multistage sampling design. At the first stage, sample units were drawn randomly from an address-based sampling frame of each area. Sample frames

were limited to residential addresses excluding P.O. boxes (unless marked in the sample frame as 'only way to get mail'), seasonal, vacant, throwback, and drop-off point addresses. At the second stage, a within-household respondent was selected by asking the adult with the most recent birthday to complete the survey.

To develop the hospital's sample area, a set of 2,223 address-based records representing the hospital's service population were purchased from Marketing Systems Group (MSG). MSG used proprietary sampling methods and provided assurance of appropriate and accurate coverage for the target population. The sample list delivered by MSG included postal address information, FIPS code (county designator), and appended demographic information for age, gender, Hispanic surname, Asian surname, number of adults at address, number of children at address, household income class, marital status, ethnicity, and home ownership status. Upon receipt of the sample, it was stored in a secure database created and maintained by the CSR and was reviewed and corrected for any clerical errors. Using these records, a recruitment sample was constructed for the hospital's service population.

Phase Two Convenience Sample. A phase two sample was also constructed by the hospital and its community-based partners for purposes of collecting data from those likely to be missed in address-based recruitment. The hospital partnered with community-based organizations that provide health and social services to individuals in their service area who agreed to assist with the collection of data from program participants on a specific date in a specific location.

Data Collection

Phase One Random Sample. The questionnaire was printed as a four-page booklet on a single 11" x 17" sheet with a fold in the center. Each questionnaire was printed with a unique, numeric survey identifier that matched up a record in the sample. A separate sheet was folded over the questionnaire and printed with a cover letter, study information sheet, and return mailing instructions. The questionnaire packet was assembled in a 9" x 12" windowed envelope and included an 8¾" x 11½" postage-paid, business reply envelope for survey returns.

The field period for the 2018 Community Health Needs Assessment Survey was April 2, 2018, through June 29, 2018. Each sampled address received up to two questionnaire attempts. The addresses were divided into four batches based on USPS pre-sort, and each batch was mailed one at a time over the course of a two week period. The second questionnaire for each address was mailed approximately 4 weeks after the first questionnaire. The addresses of returned questionnaires were excluded from the lists for the second questionnaire attempt.

After the second questionnaire attempt, a postcard follow-up was reintroduced in hopes of increasing response. In addition to reminding people to mail in their completed questionnaires, the postcard also provided a website address that allowed people to take the survey online as a member of the secondary convenience sample.

Paper questionnaires were returned to CSR in postage-paid, business reply envelopes provided in the questionnaire packet. Completed survey returns were counted, checked for unclear marks, batched in groups of 50 surveys, and scanned into ABBYY FlexiCapture OCR software for data processing. CSR's scanning partner, DataForce (dba MJT, US), received the scanned survey

images electronically and reviewed the data via ABBYY FlexiCapture data verification software to ensure quality control. Missing responses and multiple responses to a single item were flagged. The compiled data was transmitted back to CSR via a secure file transfer protocol (SFTP) server.

Phase Two Convenience Sample. The collection of data in the convenience sample phase utilized the same survey used in the random sample. For this phase of data collection the survey was available both in English and Spanish. Additionally, an online version of the questionnaire was programmed in the Qualtrics survey platform. During data collection at community-based organizations, the hospital had the choice to use the online version of the survey (using a phone or tablet) or the paper-based survey. Once collected, data were shipped to CSR for scanning.

Data Management

All surveys were returned to CSR for scanning and organization. Data files were stored by CSR on a secure file server and processed using R statistical programming software. Respondent-provided counties and zip codes were cross-checked against the sample file. Discrepancies and misspellings were verified against the original scanned image of the response and, if reasonably similar, corrected prior to final data submission.

After data processing, identifiers to allow filtering by hospital catchment area and weighting variables were added (only for the random sample). The final dataset was converted to a format for analysis in STATA statistical analysis software and transmitted to the researchers via Slashtmp, Indiana University's secure file transfer system.

Weighting of Samples

This section provides an overview of weighting activities for the 2018 Community Health Needs Assessment and applies only to the random sample. Two weighting adjustments were made to enhance consistency between the survey sample and the characteristics of the hospital's service population. The first was a base weight adjustment to account for unequal probabilities of selection within household. The second was a post-stratification adjustment to U.S. Census Bureau 2012-2016 American Community Survey five-year population estimates. The two weighting adjustments were multiplied to calculate a preliminary final weight for each hospital's catchment area. These preliminary weights were then trimmed and scaled so that the final weights summed to the number of respondents in each catchment area. Finally, we discuss incorporating weights in analysis of the survey data. Dataset preparation and weighting activities were conducted using SAS Versions 13.1 and 14.1 and Excel. American Community Survey data were obtained using American FactFinder (https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml).

Survey Response Patterns

Regarding the random sample, of the 2,223 address-based records received during sample construction, 2,138 were deemed eligible for participation in the survey and received recruitment materials by mail. Of those households, a total of 287 returned a completed survey. The response rate for Gibson General Hospital's survey was thus 13.42%. Table 14

provides an overview of survey responses by zip codes included in the hospital's service population.

Table 14. Gibson County Response Patterns by Zip Code

County / Zip	Count of Respondent Households	Count of Households Assumed Eligible	Response Rate
GIBSON	**287**	**2138**	**13.42%**
47612	2	7	28.57%
47613	1	19	5.26%
47616	0	1	0.00%
47619	0	3	0.00%
47633	1	10	10.00%
47639	48	258	18.60%
47640	2	54	3.70%
47647	0	4	0.00%
47648	44	303	14.52%
47649	16	80	20.00%
47654	0	6	0.00%
47660	32	291	11.00%
47665	24	187	12.83%
47666	10	75	13.33%
47670	107	837	12.78%
47725	0	3	0.00%
Total	**287**	**2138**	**13.42%**

Data Analyses

Data analyses were conducted by Measures Matter, LLC, a research consulting group with expertise in community-based participatory research. Prior to analyses, Measures Matter staff consulted with the hospital to develop a preliminary plan for the analysis of data and the presentation of results.

To retain the integrity of the phase one random sample and the methodological rigor offered by that sample, analyses were conducted separately for the phase one random sample and the phase two convenience sample.

SURVEY RESULTS

The summary of the survey results primarily reflects the phase one random sample unless otherwise stated. Throughout the summary, comparisons to the phase two convenience sample are also included where appropriate.

Description of Participants

A total of 287 participants returned a completed survey from the phase one random sample. Additionally, a total of 31 individuals completed a survey during the convenience sample phase of the project. In this section of the survey, the primary presentation of results includes those 287 individuals from the random sample and where appropriate, commentary is provided in each section to highlight similarities and differences between the random and convenience sample data.

County of Residence. Of the 287 participants, 95.2% (n = 273) indicated that their primary residence was located in Gibson County. Although all households receiving the survey were located in Gibson County, some participants (4.8%, n = 14) either refused to provide their county of residence or indicated that it was located in an adjacent county. Figure 5 provides an overview of the participants' reported county of residence.

Those participating in the convenience sample all reported that their primary residence was in Gibson County (100%, n = 31).

Adults and Children in Household. Participants were asked to indicate the number of adults (18 years and over) and children (under 18 years) who lived in their household. Of the 286 participants providing data related to adults in the home, 76.3% (n = 219) indicated that two or fewer adults lived in the household. Of those providing a response to the question about children in the household, the majority (61.5%, n = 173) indicated no children under the age of 18 years in the home. Some participants did report children in the home, with most (31.1%, n = 87) indicated two or fewer children and the remainder (7.4%, n = 21) reporting three or more children in the home.

Gender. Participants were asked to report their gender. More women participated in the survey than did men, and few refused to respond to the question about gender. Figure 6 provides an overview of participant gender. Most participants in the convenience sample were also women.

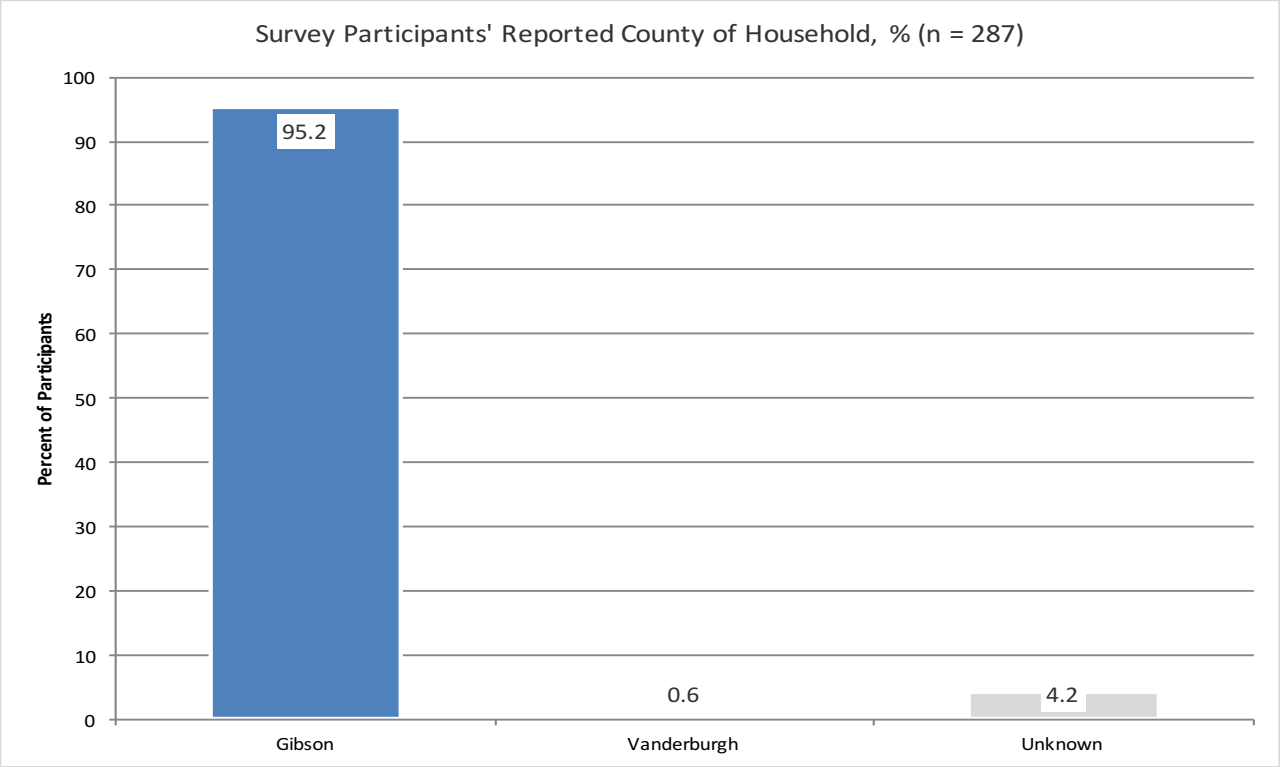


Figure 5. Participant's Reported County of Residence, by % of Participants

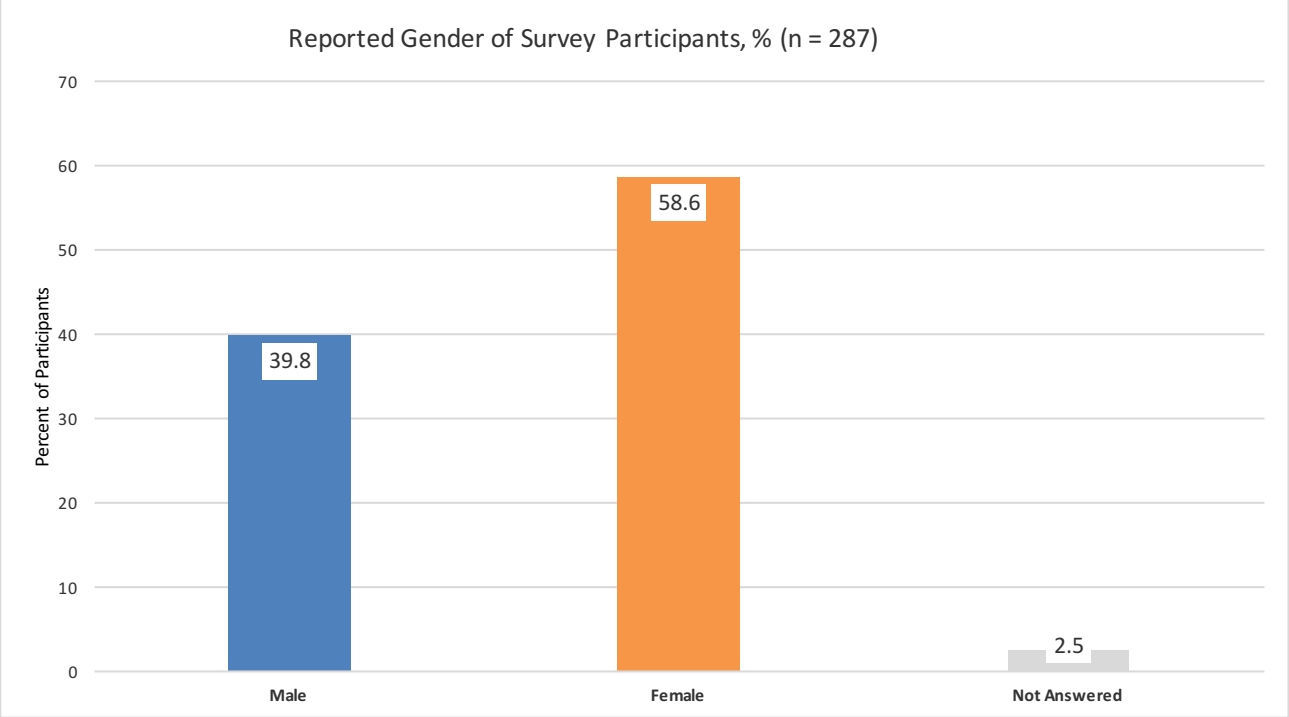


Figure 6. Reported Gender of Survey Participants, by % of Participants

Age. Participants were asked to provide the year in which they were born. Those data were subsequently analyzed to compute the estimated age of the individual at the time the survey was returned. Figure 7 provides a categorical overview of the age of participants.

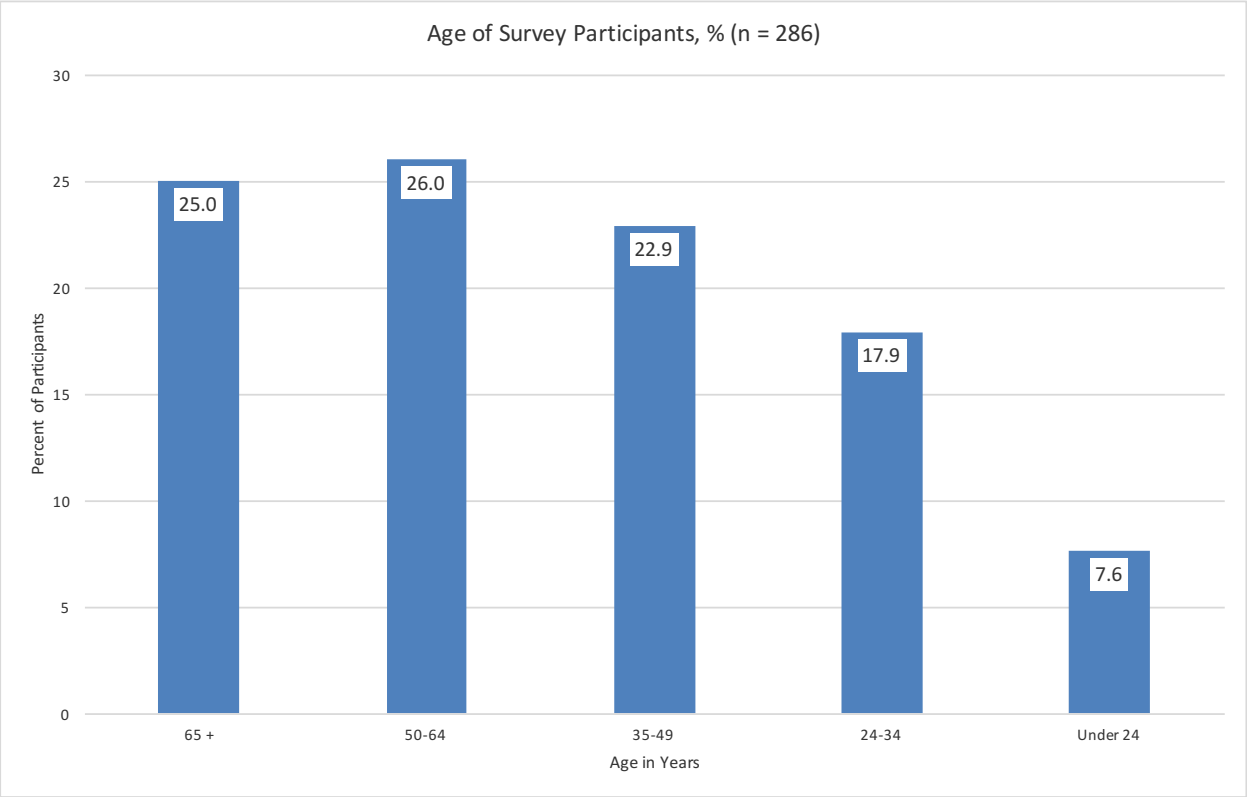


Figure 7. Reported Age of Participants, by % in Years

Race. Participants were asked to respond to a question regarding the race with which the identify. Participants were invited to select more than one race. The vast majority (98.9%, n = 284) indicated that they were of "Caucasian/White" race, with an additional 1.3% (n = 4) responding that they were "American Indian or Alaska Native."

Ethnicity. Participants were asked whether they were of Hispanic, Latino, or Spanish origin. Less than one percent of participants responded in the affirmative.

Participants in the convenience sample were similar to the random sample participants with regard to ethnicity and race, although there was more diversity with those reporting races of African-American and Asian as well as American Indian or Alaska Native. Participants in the convenience sample were surprisingly similar to those in the random sample regarding income and education.

Household Income. Participants were asked to respond to a question regarding the total income of the household in which they lived (including all sources). Ten participants did not provide a response to this question. Of those responding, approximately one quarter (23.9%, n = 69) reported total household income of less than $35,000.00, approximately one-third (29.9%, n = 86) reported income of between $35,000.00 and $74,999.00, with the largest

percentage of participants (42.6%, n = v122) reporting total household income of over $75,000.00. Figure 8 provides a categorical summary of the reported household income of participants.

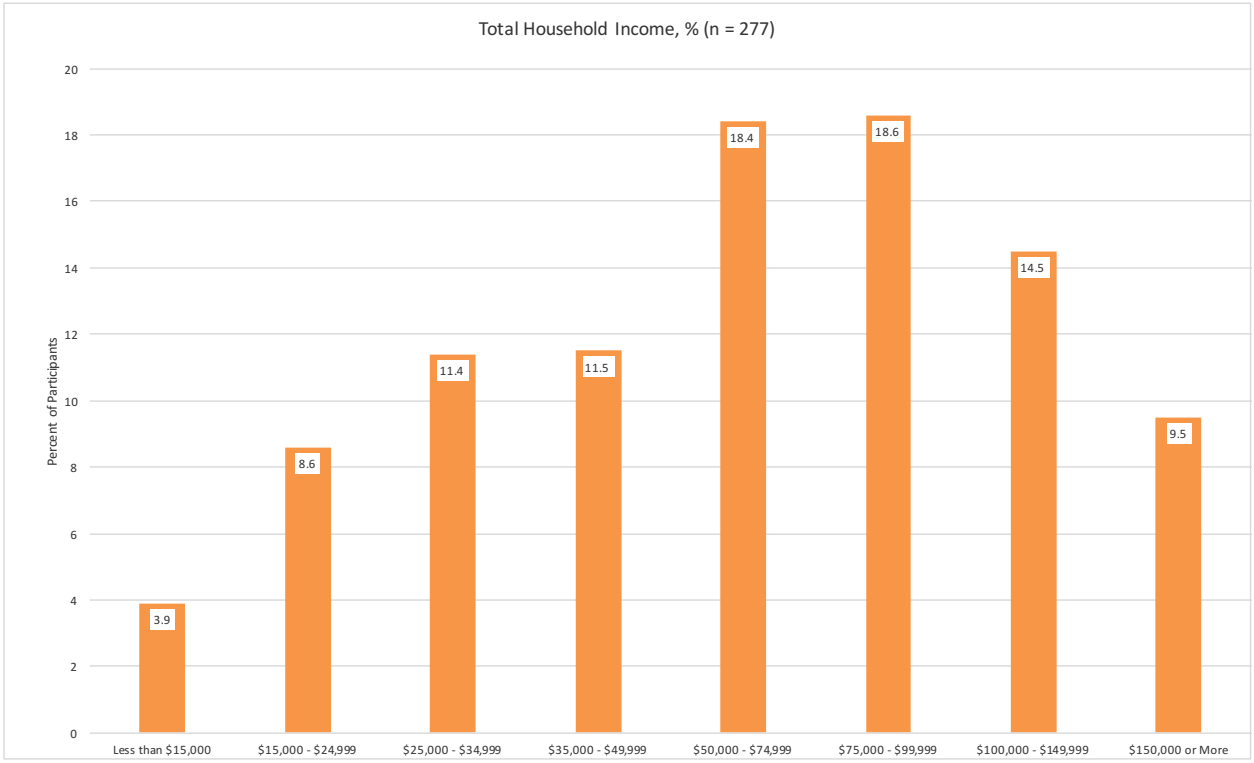


Figure 8. Reported Total Household Income, by Category %

Level of Education. Participants were asked to report their highest level of attained education based on specific categories. Approximately one-third of participants (31.0%, n = 89) reported having completed an associate's or bachelor's degree from a college or university and 14.0% (n = 40) reported having attained a graduate or professional degree. Approximately one-fourth of participants (25.8%, n = 74) indicated that they had a diploma or certificate from a technical or vocational school or that they had completed some college. In similar proportions, 24.2% (n = 70) reported having received a high school diploma or GED, and only 2.3% (n = 7) reported that they had some high school education but had not graduated. Four individuals (1.4%) chose "other" without clarification and four individuals chose not to provide a response to this question.

Participants' Perceptions of Health and Well-Being

Participants were asked to respond to four questions that sought to capture their perceptions of their current health status. Participants were asked to provide an assessment of their overall health, their physical health, their mental health, and their social well-being. Additionally, participants were asked about their overall life satisfaction and their level of stress. While responses to each area assessed are described below, Figures 9, 10, and 11 provide a summary of the participant responses

Overall Health. Participants were asked "Would you say that in general, your overall health is…" with five response options ranging from poor to excellent. Only two participants did not respond to this question (2.2%). The vast majority of participants rated their overall health as very good (37.2%, n = 107), excellent (9.7%, n = 28), or good (36.7%, n = 105). The remainder assessed their overall health as being fair (11.8%, n = 34) or poor (4.0%, n = 11).

Physical Health. Participants were asked "Would you say that in general, your physical health is…" with five response options ranging from poor to excellent. Only one participant opted not to respond (0.3%). Despite the vast majority who reported their overall health as being very good or positive, participants differentiated their level of health more when being specific to their physical health. Less than half of individuals collectively rated their physical health as very good (16.9%, n = 49) or excellent (4.0%, n = 11). The largest proportion of participants rated their health as good (37.4%, n = 107), with the remaining participant perceiving their health as being fair (31.4%, n = 90) or poor (10.0%, n = 29).

Mental Health. Participants were asked "Would you say that in general, your mental health is…" with five response options ranging from poor to excellent. Four participants did not respond to this question (1.3%). The majority of participants rated their overall health as very good (38.5%, n = 111), excellent (21.5%, n = 62), or good (29.4%, n = 84). The remainder assessed their overall health as being fair (8.1%, n = 23) or poor (1.2%, n = 3).

Social Well-Being. Participants were asked "Would you say that in general, your social well-being is…" with five response options ranging from poor to excellent. Only two participants did not respond to this question (2.2%). The majority of participants perceived their overall social well-being to be less than good, with the largest proportion of all participants responding fair (39.2%, n = 112) and approximately 1/5th of participants (20.2%, n = 58) responding with poor. Approximately 1/3rd of participants rated their social well-being as good (29.2%, n = 86), with the remainder responding with very good (8.9%, n = 26) or excellent (1.9%, n = 5).

Participants in the convenience sample perceived their overall health and physical health as being "good to excellent" in higher proportions than did those in the random sample, which could be a reflection of the fact that they were engaged in some health or social service at the time of the data collection. Participants in the convenience sample also tended to rank their social well-being as better than did those in the random sample, perhaps also related to their connection to a service. However, those in the convenience sample were more likely to report their mental health as being worse than those in the random sample.

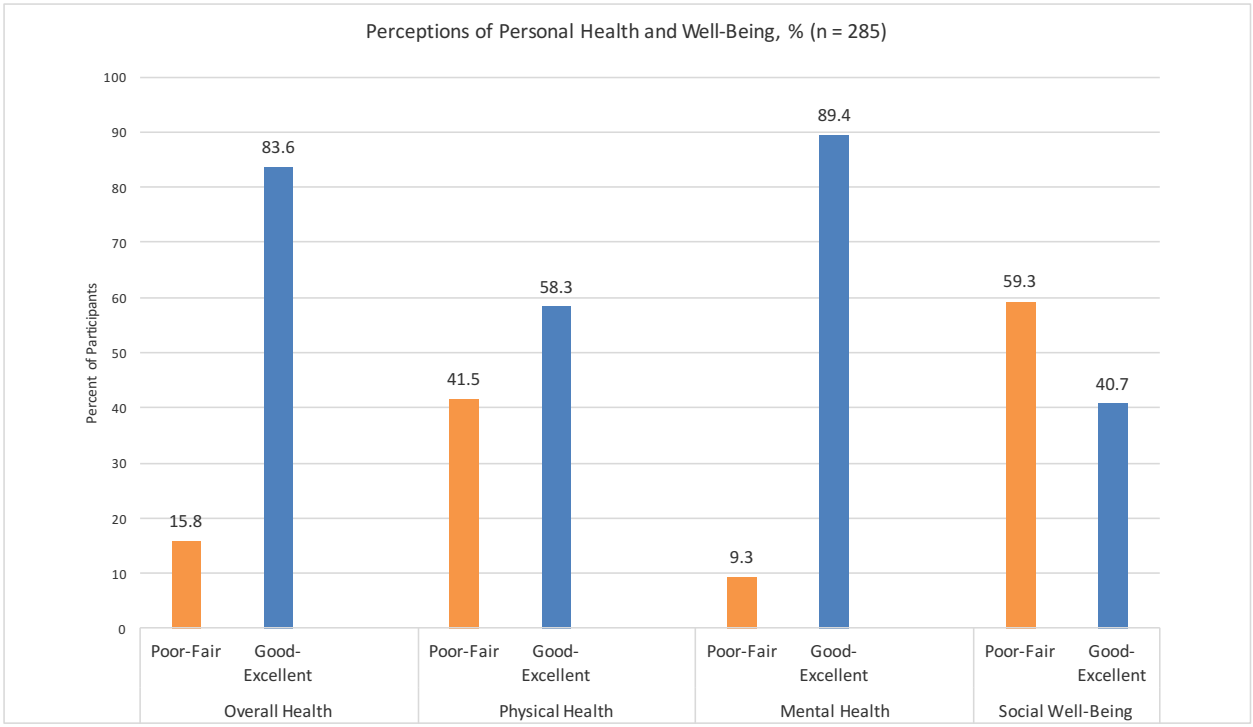


Figure 9. Participants' Perceptions of Health and Well-Being

Overall Life Satisfaction. Participants were asked to respond to a single question "overall I am satisfied with my life" with five response options ranging from strongly disagree to strongly agree. Only two participants refused an answer to this question (0.6%). The majority of participants agreed with the statement, with 42.3% (121) responding "strongly agree" and 34.9% (n = 100) responding "agree." Some participants (6.9%, n = 20) responded "neutral." Those indicating less overall life satisfaction responded with "disagree" (8.3%, n = 24) or "strongly disagree" (7.0%, n = 20). Figure 10 provides an overview of responses to this item.

Level of Life Stress. Participants were asked to rank their current level of life stress by responding to a single item "Please rank yourself on a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress." Figure 11 provides the percentage of respondents who ranked themselves on this measure.

Participants in the convenience sample tended to report higher levels of stress and also tended to disagree more (22.6%) with the notion that they are generally satisfied with their life.

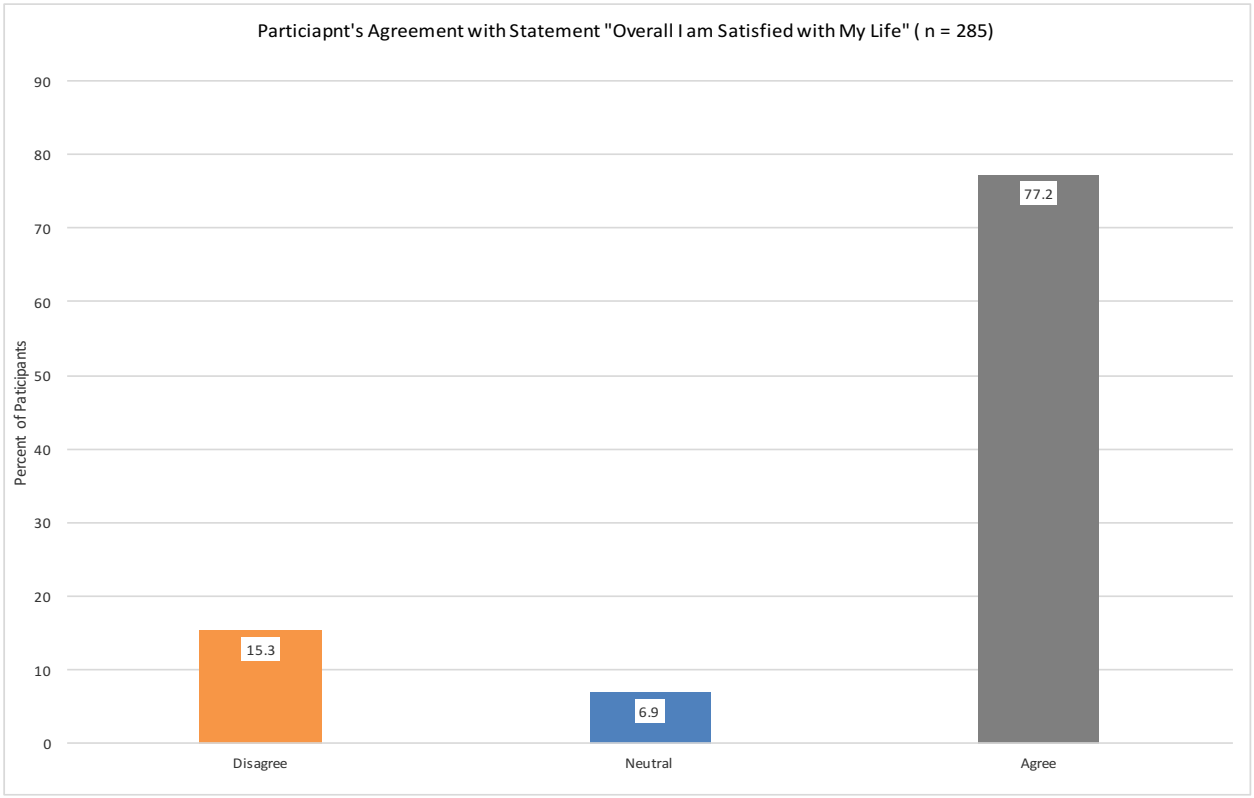


Figure 10. Participants Agreement with Life Satisfaction Item

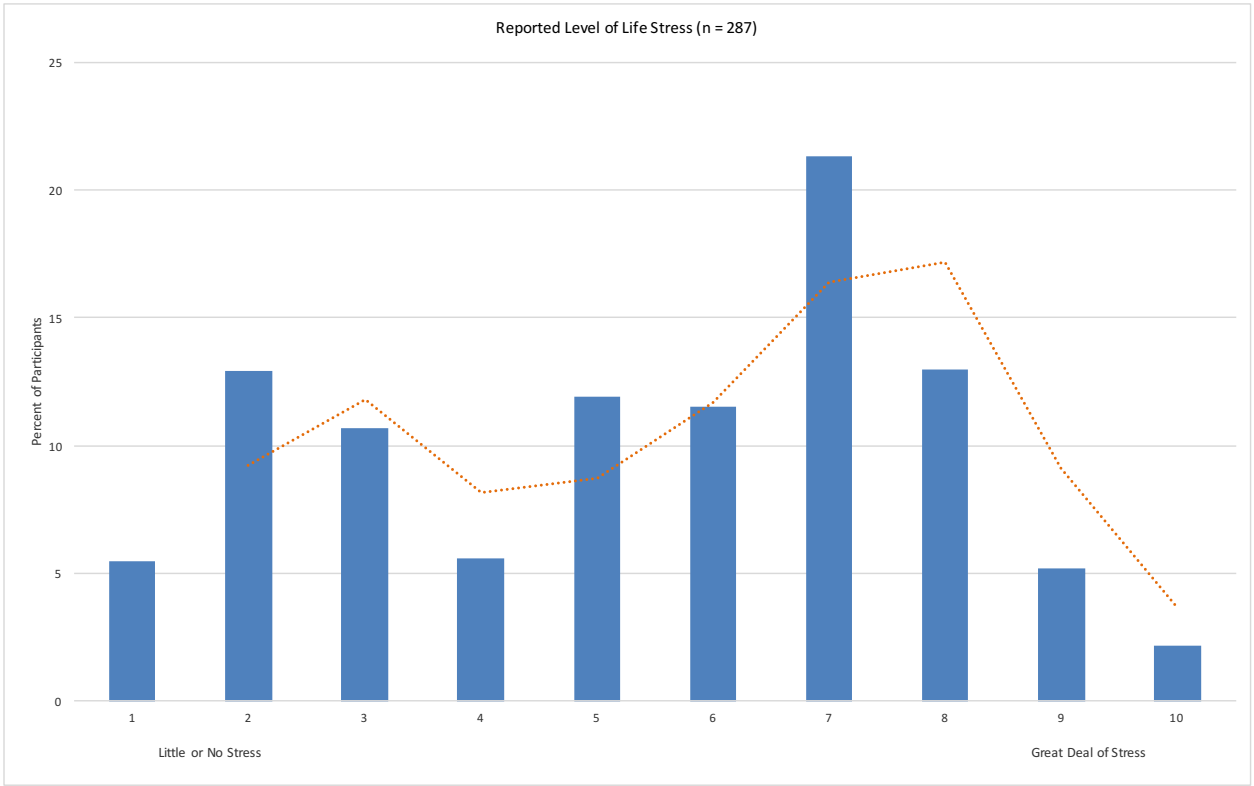


Figure 11. Ranking of Level of Life Stress

Health Care Access and Engagement

Participants were asked to respond to a range of questions related to their current level of health-care coverage and also asked to describe the types of engagement they had with the health care system in their community within the 12 months prior to the survey. Also assessed was whether participants had found themselves in situations within the past year that made it necessary to forego some level of health care based on a lack of financial resources or because they had to prioritize other matters.

Insurance or Health Care Coverage. Participants were asked "do you currently have insurance or coverage that helps with your healthcare costs?" Of the participants, the vast majority (93.6, n = 269) reported that they did have such coverage or insurance, while 6.0% (n = 17) responded "no" and one participant (0.4%, n = 1) indicated that they were "unsure" about such coverage.

Current Personal Provider. Participants were asked "do you currently have someone that you think of as your personal doctor or personal healthcare provider?" Most participants indicated that they did have such a personal provider (91.3%, n = 262), while 8.5% (n = 24) responded "no" and one participant (0.2%, n = 1) indicated that they were "unsure" as to whether they had such a personal provider.

Figure 12 provides an overview of the responses to the questions about insurance or healthcare coverage and the presence of a personal healthcare provider.

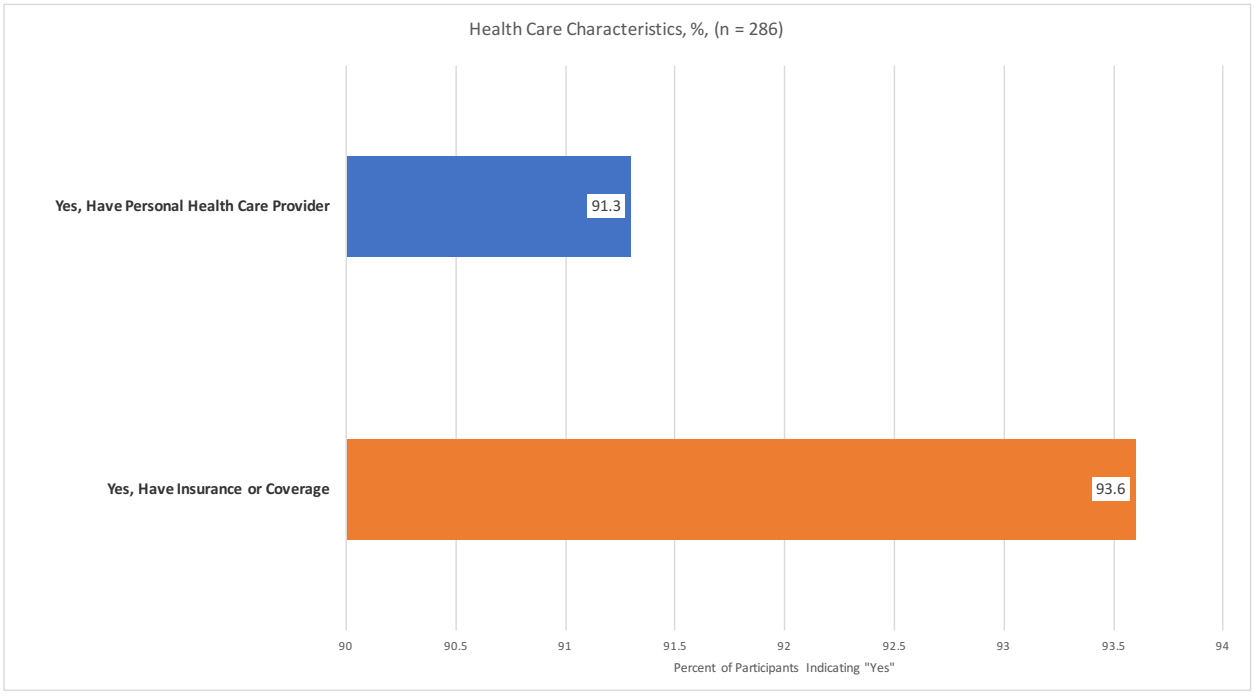


Figure 12. Participants' Reported Insurance and Personal Provider Characteristics

Of those participating in the convenience sample, 100% reported that they had a personal provider yet slightly more (9.7%) indicated a lack of insurance or other health care coverage.

Healthcare Engagement. Participants were provided with a list of 14 health-related services and types of healthcare engagement and asked whether they had received or utilized each of those within the past 12 months. Table 15 provides a summary of the participants' responses to this question, ordered from the highest to lowest levels of care engagement.

Table 15. Participants' Reported Types of Health Care Engagement (n = 287)

Type of Healthcare Engagement	Received Past 12 Months (%)	Did Not Receive Past 12 Months (%)
Filled a Prescription	69.0	31.0
Received Dental Care	62.7	7.3
Received a Routine Physical Exam	60.4	39.6
Received Acute Care, Like for an Infection or Injury	34.6	65.4
Received Immunizations or other Preventive Care	34.3	65.7
Received Care for a Chronic Disease	20.2	79.8
Received Care at an Urgent Care Facility	18.9	81.1
Received Care at a Hospital Emergency Room	16.9	83.1
Received Inpatient Care at a Hospital	11.0	89.0
Received a Screening for Anxiety or Depression by a Medical Provider	10.5	89.5
Received Treatment for a Mental Health Diagnosis	8.5	91.5
Received Prenatal or Well-Baby Care	8.1	91.9
Received Care Related to Family Planning	5.6	94.4
Received Treatment for Addiction	1.9	98.1

Participants in the convenience sample reported different patterns of health care engagement than did the random sample, in key areas. For example, those in the convenience sample were less likely to report immunizations or preventive care (9.7%), routine physical exam (19.4%), using emergency rooms (6.5%) and chronic care (16.1%), but more likely to report receiving dental care (67.7%) and filling a prescription (74.2%). No participants in the convenience sample reported receiving treatment for addiction, receiving a mental health diagnosis, or receiving inpatient hospital care.

Resources and Healthcare Engagement. Participants were provided a list of three types of healthcare engagement needs including seeing a provider, filling a prescription, and finding transportation for care and asked to indicate whether there had been a time within the past 12 months that they could not act upon that need because "they couldn't afford it or had to prioritize spending money on something else." Less than 20% of participants indicated that it

had been the case that they prioritized something over their healthcare across the three types assessed.

Regarding ***seeing a medical provider***, 16.4% of participants (n = 47) indicated that they had a need to see a provider but did not due to other needs and 1.3% (n = 4) indicated that they were unsure whether that had been the case. Most participants (79.7%, n = 229) reported that they had not found themselves in a situation to avoid seeing a provider and a small number of participants (2.5%, n = 7) chose not to provide a response to this question.

Regarding ***needing to fill a prescription***, 14.0%, (n = 40) indicated that that they had a need to avoid filling a prescription due to other needs and a small number (0.9%, n = 3) indicated that there were unsure whether that had been their situation. Most participants (79.7%, n = 229) reported that they had not found themselves in a situation to avoid filling prescription due to a lack of resources and a small number of participants (3.1%, n = 9) chose not to provide a response to this question.

Regarding ***needing transportation for healthcare***, only 5.6% of participants (n = 16) indicated that they had not been able to access transportation due to other needs and a small number (1.1%, n = 3) indicated that they were unsure. The vast majority of participants (89.8%, n = 258) reported that they had not found themselves in this situation while 3.6% of participants (n = 10) chose not to provide a response to this question.

Across all three areas, participants in the convenience sample reported lower incidence of needing to forego care due to the need to prioritize other resources. Less than ten percent (9.7%) reported foregoing seeing a provider, 12.9% reported not filling a prescription, and only 3.2% reported foregoing transportation for care due to other needs.

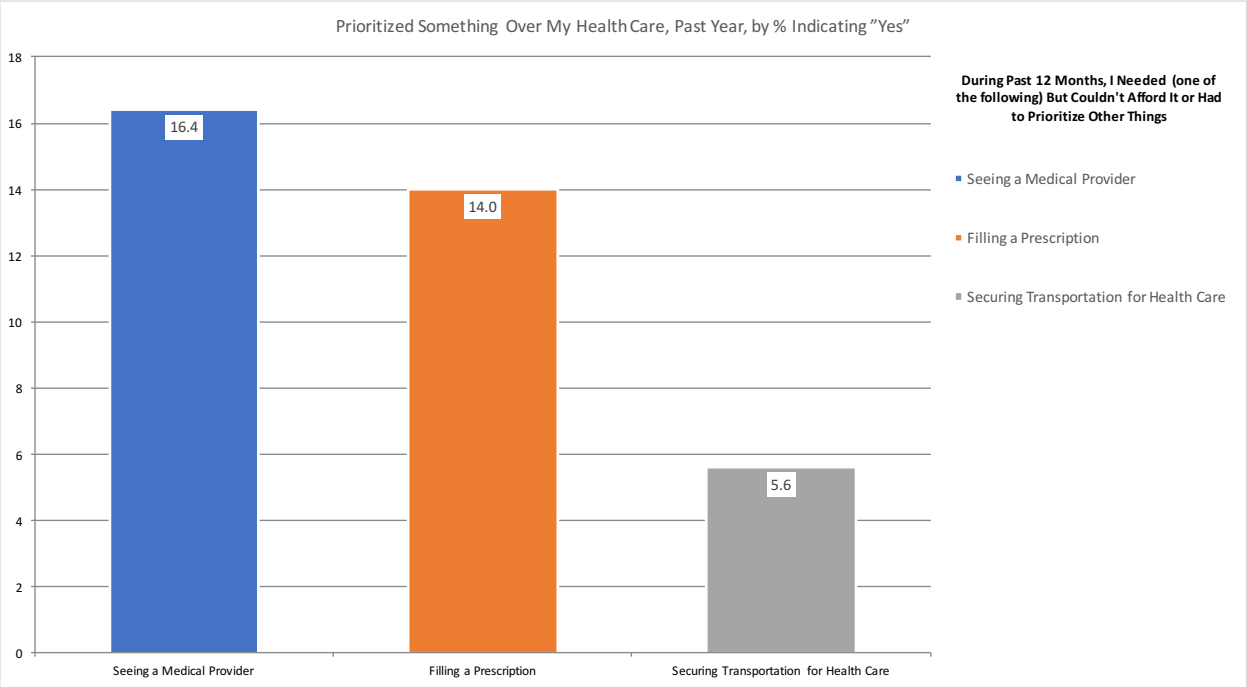


Figure 13. Participants' Reports of Resource Challenges and Health Care

Personal Health-Related Behaviors

Gibson General Hospital was interested in understanding the extent to which participants had participated in certain behaviors within the past 30 days. Of particular interest were behaviors that were conceptualized as health promoting (e.g., behaviors perceived by the hospital to be supportive of one's health and well-being) or health challenging (e.g., behaviors perceived by the hospital to be challenging to one's health and well-being). Table 4 provides a summary of participants' self-reported behaviors.

In the convenience sample, the reported level of health promoting behaviors of participants were almost identical to those reported in the random sample. Across all of the challenging health behaviors, those in the convenience sample reported lower rates than did those in the random sample.

Table 16. Participants' Self-Reported Health Behaviors Past 30 Days (n = 287)

Health Promoting Behaviors	% Reporting Behavior
Being Physically Active	54.5
Getting Plenty of Sleep	51.3
Eating Balanced Diet	50.5
Checked Blood Pressure	38.4
Tried to Reduce Stress	33.0
Took Prescription for Mental Health	21.6

Health Challenging Behaviors	% Reporting Behavior
Used Tobacco	10.9
Took Opioid Prescribed to Me	8.8
Driving Intoxicated	0.8
Took Opioid Not Prescribed to Me	0.2

Social Determinants of Health

Gibson General Hospital was particularly interested in a better understanding of whether participants perceived that certain social issues (often considered to be determinant of health status) were impacting their lives. Participants were provided with a list of 10 statements and

asked to report the extent to which that statement applied to them. Each statement reflected a particular social determinant of health.

The purpose of these items was to assess the extent to which participants "felt" specific characteristics of social factors known to influence health outcomes. To assess these, some items were worded positively. For example, "I feel safe in the place where I live" is a positively worded item and those reporting "never" or "seldom" to that item are among those who have identified a social factor that could be acted upon in the health and social services infrastructure to work with an individual to has concerns about his or her housing situation. Negatively worded items like "I worry about being able to pay my rent or mortgage" are considered at the other end of the response options, with those responding "sometimes," "often," or "always" being among those who might benefit from economic or employment assistance in ways to reduce the impact on health.

Consistently across these items, there were six participants who did not respond to each item and those participants were not included in the summary provided. Table 17 provides an overview of the extent to which participants perceived those statements to be among those that applied to them.

Table 17. Participants' Reports of Felt Social Determinants

Social Determinant	Item Assessed	Responses
Positively Worded Social Determinant Items		**Percent Reporting "Never" or "Seldom" Applies to Me**
Social Ecology	I feel those around me are healthy	26.9
Education	I am satisfied with my education	9.4
Community Cohesion	I make efforts to get involved in my community	32.6
Policy	I vote when there is an election in my town	12.5
Environment	I feel that my town's environment is healthy (air, water, etc)	18.1
Housing	I feel safe in the place where I live	3.1
Psychosocial	I try to spend time with others outside of work	17.1
Transportation	I have access to safe and reliable transportation	1.4
Negatively Worded Social Determinant Items		**Percent Reporting "Sometimes," "Often" or "Always" Applies to Me**
Economy	I worry about my utilities being turned off for non-payment	6.4
Employment	I worry about being able to pay my rent or mortgage	9.0

In the convenience sample, participants were strikingly similar in their responses to the positively worded items as those in the random sample. However, those in the convenience sample were more likely to report worry about the economic and employment items, with 13.0% reporting worry about utilities being turned off for non-payment and 12.9% indicating worry about being able to pay rent or mortgage.

Importance of Community-Based Health and Social Service Programs

Participants were asked to provide the perspectives on the extent to which health and social service programs are important to their local community. During the survey, participants were provided with a list of 20 different programs that are often present in many communities. Participants were inconsistent with regard to the extent to which they provided an assessment of each program type. As a result, results from 279 participants were used to calculate rankings of program endorsement. Of the twenty programs, 19 were ranked as being either moderately or very important by more than 50% of participants. The only program type to receive less than 50% endorsement was "needle exchange" which was endorsed by 44.6% of participants. While these results do provide some insight into the types of programs perceived as most important in their local community, across the board these data do suggest that in general most community members perceive the general network of health and social service programs to be important on the whole. Table 18 provides a list of the extent to which participants rated a program type as "moderately" or "very" important, presented in order of highest to lowest endorsement. Responses from the convenience sample also indicated strong support for all of the programs reflected in the list.

Table 18. Perception of the Importance of Health and Social Service Programs (n = 279)

Community Program Type	Percent Rating as "Moderately" or "Very" Important
Physical Activity	88.7
Aging Services	87.5
Mental Health Counseling	81.4
Substance Abuse Prevention & Treatment	81.3
Food Pantries	77.6
Services for Women, Infants, Children	77.1
Walking Trails/Outdoor Space	76.6
Health Insurance Assistance	76.1
Free/Emergency Childcare	74.5
Job Training/Employment Assistance	74.1
Financial Assistance	71.2
Nutrition Education	69.4
Gun Safety Education	68.3
Food Stamps/SNAP	67.4
Housing Assistance	65.5
Transportation Assistance	61.6
Prescription Assistance	61.5
Legal Assistance	60.4
Family Planning	58.9
Needle Exchange	44.6

Community Perceptions of Priority Health Needs

Important to Gibson General Hospital's development of the CHNA and its subsequent Implementation Plan was to assess the local health issues which community members perceived to be of importance. The hospital developed a list of 21 different health needs that are common in many communities similar to those in Gibson County. Survey participants were asked to select five of those community health issues that they perceived to be among the most important for the hospital and its partners to address.

Accompanying the list of health issues was a statement that guided survey participants in their selection. The statement read "Below is a list of health issues present in many communities. Please pick the five that you think pose the greatest health concern for people living in your community." Table 19 provides a summary of the extent to which each health issue was selected as one of the top five issues by survey participants.

Table 19. Priority Health Issues Selected by Participants as Being Among the Top 5 Most In Need of Attention in the Gibson General Hospital Service Population (n = 287)

Health Issue	% Selecting Issues As One of Top 5 Needing Attention
Substance use or abuse	58.8
Obesity	58.5
Chronic diseases like diabetes, cancer, and heart disease	49.4
Aging and older adult needs	44.4
Alcohol use or abuse	40.5
Child neglect and abuse	29.1
Tobacco use	29.0
Mental health	28.6
Environmental issues	19.9
Suicide	19.7
Injuries and accidents	18.1
Poverty	16.7
Disability needs	16.4
Food access, affordability, and safety	15.9
Assault, violent crime, and domestic violence	11.5
Dental care	8.1
Sexual violence, assault, rape, or human trafficking	5.9
Homelessness	5.5
Reproductive health and family planning	4.6
Infectious diseases like HIV, STDs, and hepatitis	3.7
Infant mortality	0.6

While participants were able to select from the full list of 21 health issues during the survey, Gibson General Hospital decided to narrow down the priority issues to the top 50% during the community prioritization session. Figure 14 provides a graphical presentation of the top health issues shared during community meetings for purposes of informing future initiatives.

Those in the convenience sample selected many of the same priority needs as did those in the random sample. Important patterns to note however included that participants in the convenience sample ranked substance abuse, alcohol use, mental health, poverty and suicide in much higher proportions than did those in the random sample. Additionally, those in the convenience sample ranked assault and violence as being among their top 10 issues.

Community Perceptions of Health Issues Needing Priority Resource Allocation

In addition to assessing the extent to which participants perceived specific needs as being among the most important for action in their community, participants were also asked to provide their perceptions of the extent to which those same 21 issues were also priorities for the allocation of resources in the local community. Participants were given a statement to consider prior to indicating their perceptions. The statement read "Previously you were asked to pick issues that pose the greatest health concern in your community. If you had $3 and could give $1 to help solve some of these, which are the three to which you would give $1?" Table 20 provides a summary of the extent to which participants selected an issue as one of the top three for the allocation of resources.

As was the case with the health issues selected as priorities for action, Gibson General Hospital decided to narrow down the priority issues to the top 50% during the community prioritization session. Figure 15 provides a graphical presentation of the top ranked issues that survey participants selected as priorities for the allocation of resources.

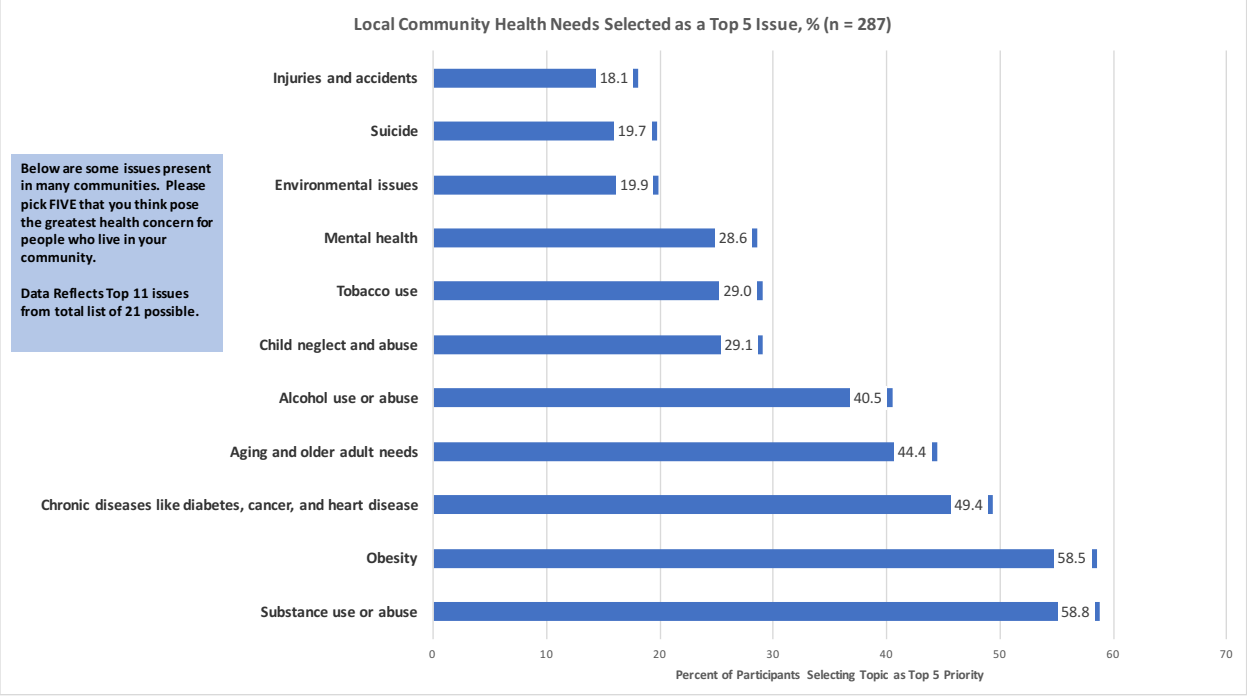


Figure 14. Most Frequently Endorsed Health Issues as Priority for Action

Comparison of Needs and Resource Priorities

While participants were asked to provide an assessment of priority needs and priorities for resource allocation as separate survey items, a comparison of those priority rankings provides helpful insights into the extent to which there is consistency between the two. Figure 16 provides such a comparison and highlights some inconsistency between health issues that community members believed were a priority needing addressed and those that they believe should be a priority for the allocation of resources.

Table 20. Ranking of Health Issues Selected by Participants as Being Among the Top 3 to Which They Would Allocate Resources (n = 287)

Health Issue	Percent Indicating as one of Top 3 To Which they would Allocate $1
Substance use or abuse	41.6
Chronic diseases like diabetes, cancer, and heart	32.9
Child neglect and abuse	29.9
Aging and older adult needs	29.1
Obesity	28.0
Mental health	18.0
Poverty	15.1
Suicide	13.7
Alcohol use or abuse	12.7
Food access, affordability, and safety	12.7
Disability needs	10.2
Environmental issues	9.6
Assault, violent crime, and domestic violence	9.5
Tobacco use	8.2
Homelessness	8.1
Injuries and accidents	4.4
Dental care	4.3
Sexual violence, assault, rape, or human traffickir	3.9
Reproductive health and family planning	3.9
Infant mortality	0.9
Infectious diseases like HIV, STDs, and hepatitis	0.0

Those in the convenience sample, as was the case with needs, participants selected similar priorities as did those in the random sample. Important patterns to note however were the same as for the needs picked by these participants, included that participants in the convenience sample ranked substance abuse, alcohol use, mental health, poverty and suicide in much higher proportions as priorities for resource allocation than did those in the random sample. Additionally, those in the convenience sample ranked assault and violence as being among their top 10 issues in need of resource allocation.

Additionally, those in the convenience sample were more consistent between their selection of an issue as a priority need and as an issue for priority resource allocation.

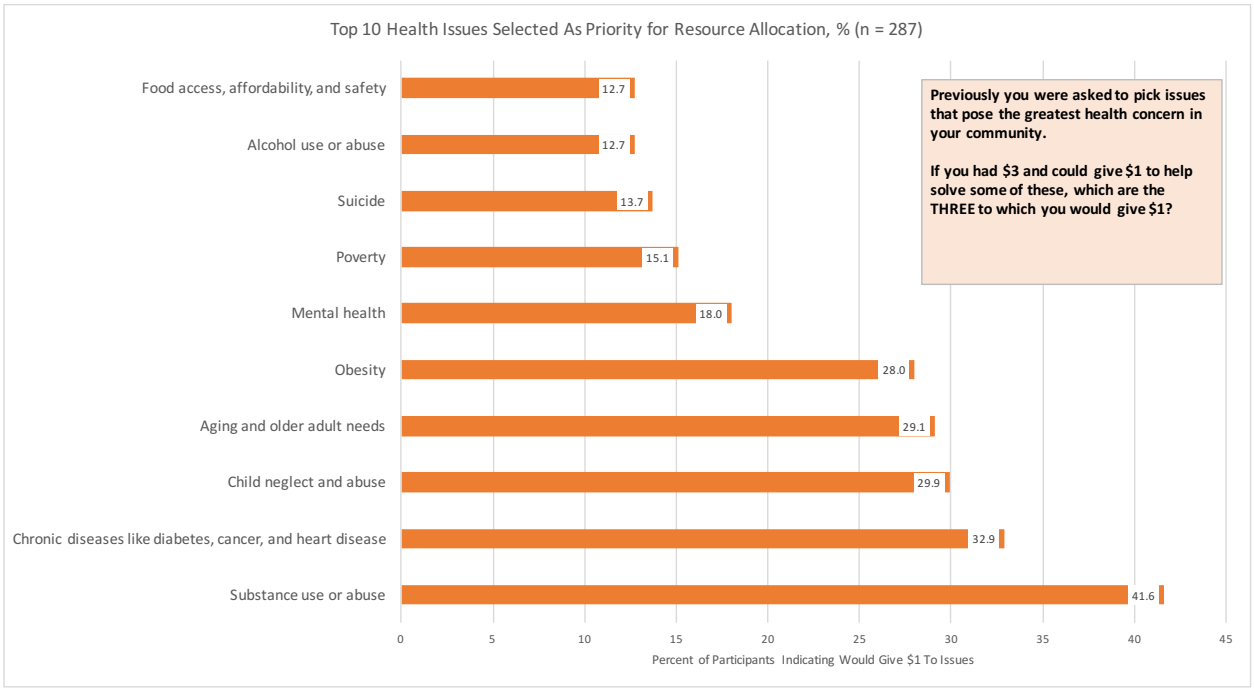


Figure 15. Most Frequently Endorsed Health Issues as Priority for Resource Allocation

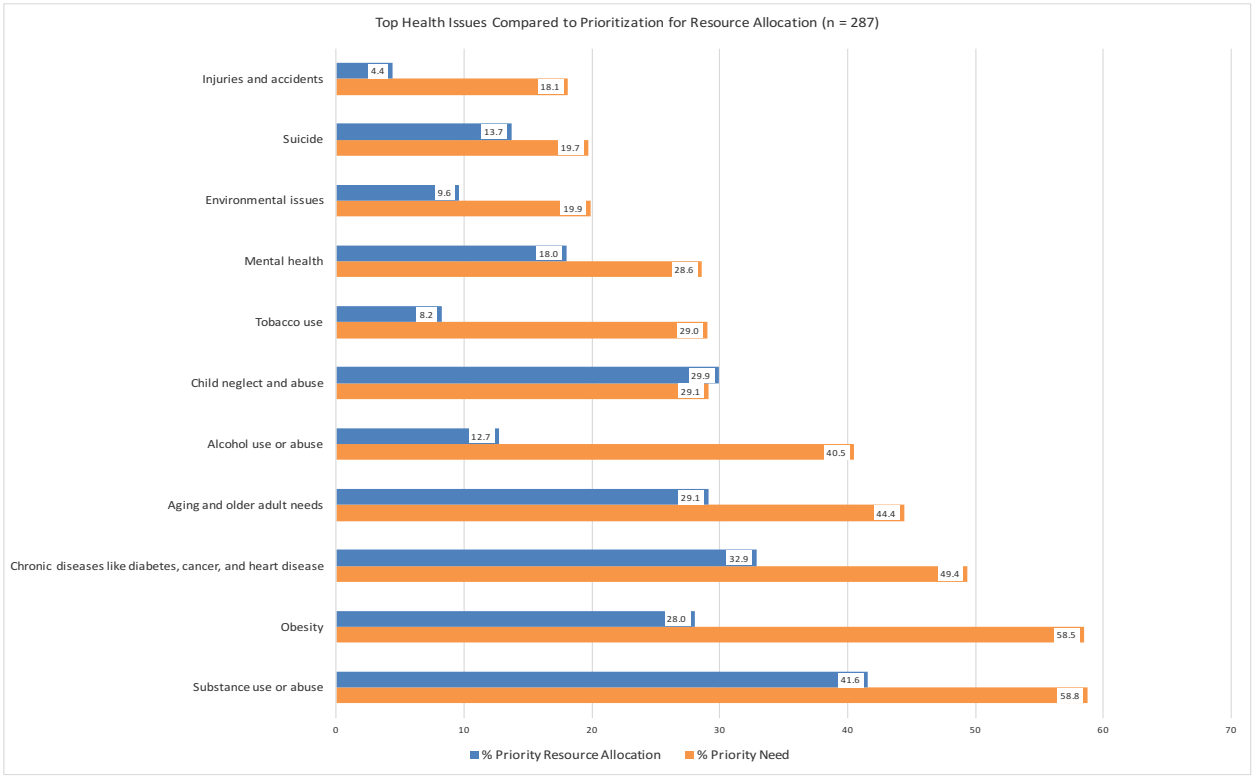


Figure 16. Comparison of Priority Needs and Resource Priorities

5. CHNA FOCUS GROUP

On September 10, 2018 Gibson General Hospital convened and facilitated a community focus group to collect insights from leaders in the public health, medical, and social service sectors of Gibson County. In addition to the CHNA leader from the hospital, 11 individuals participated. A list of focus group participants is included with this report as Appendix B.

Organizations represented in the focus group included:

- Tulip Tree Family Health Care
- Caring Communities of Gibson County/Youth First
- Albion Fellows Bacon Center
- Purdue Extension
- RiverOaks Health Campus
- Gibson County Health Department
- Gibson General Hospital Lifestyles Diabetes Program
- Gibson General Hospital staff

As an introduction to the focus group discussion, the hospital provided a summary of data collected for the CHNA, including a summary of the existing health indicator data and results from the community health survey conducted for purposes of the CHNA. Subsequent to a discussion of the data, focus group participants were asked to respond to three primary questions. A summary of the data collected in response to those questions is presented below.

1. Priority Health Needs

Participants were asked "what do you consider as the major health concerns/needs for our community/county residents." As a result of the discussion, key issues emerged that were perceived to be representative of the priority health needs, including:

Food Access and Food Insecurity

- Access to health food, especially on east side of Princeton
- Lack of grocery stores in other communities in the county

Mental Health and Substance Abuse

- Lack of mental health services
- Lack of mental health "free" support programs
- Substance abuse and addiction in both youth and adults
- Opioid abuse

Health Care Infrastructure and Support

- Lack of "free" support programs for chronic conditions
- Difficult of working with Medicaid systems
- Lack of assisted living facilities that accept Medicaid

Other Issues

- Challenges associated with the lack of public transportation in the county
- Obesity
- Abuse of seniors given that loved ones take medications and leave seniors without treatment
- Youth who are in need of assisted living

2. Barriers to Health

Participants were asked to respond to the question "In your opinion, what barriers exist that keep these health issues from being addressed. Four key issues emerged, including:

Obesity-Related Barriers

- Transportation issues being a rural community
- Lack of walking paths in areas other than Princeton
- Lack of availability of healthy food options and lack of education about how to prepare health foods or the long-term costs of eating fast food
- Education/buy-in
- Prevention is not covered by insurance

Mental Health Barriers

- Lack of local mental health professionals
- Transportation issues to Evansville
- Timing of access if going to Evansville – appointments can be 6 months out.

Personal & Community Barriers: Lack of Personal and Community Ownership

- Nobody willing to take on projects to improve community health
- People not willing to take responsibility for their own health

Funding

- A general lack of funding to support health-related needs in Gibson County

3. Being Proactive

To develop a preliminary list of potential responses to these issues and barriers, participants were asked to respond to the question "what could be done to address these needs?" Ideas emerged for future consideration, including:

- Efforts to Increase awareness of services
- More Life Skill education
- More public transportation in the county and between communities (Gibson County to Evansville)
- A community Farmer's Market
- Community-led health initiatives – walking paths were created in Princeton, but not a program to encourage use.
- Consider a potential bicycle rental program

Additionally, focus group participants had the opportunity to review the data collected for purposes of the CHNA (presented in sections 3 & 4 of this report) and to review the slides that would be used in the hospital's prioritization meeting. Among those slides was a Focus group participants were asked to provide endorsements to the issues that emerged from the review of data so that their perspectives and endorsements could be included during the prioritization meeting.

6. PRIORITIZATION PROCESS

To identify the most urgent health issues that would guide the Gibson General Hospital's Implementation Plan, a comprehensive process was undertaken. The prioritization process took place in two phases.

Phase One. Community Focus Group. Representatives from 6 community-based organizations and program-specific staff of Gibson General Hospital met on September 10 to review the CHNA data and to make recommendations as to the health issues needing the most attention in Gibson County. The process and results of that focus group were presented in Section 5 (CHNA Focus Group) of this report. Participants in the focus group were also asked to provide their perspectives on the data collected for the CHNA (presented in Sections 4 & 4 of this report) and had the opportunity to view the slides that would be used during Phase Two of the prioritization process. Those slides included the initial list of health issues that would be presented during the prioritization process (Figure 17).

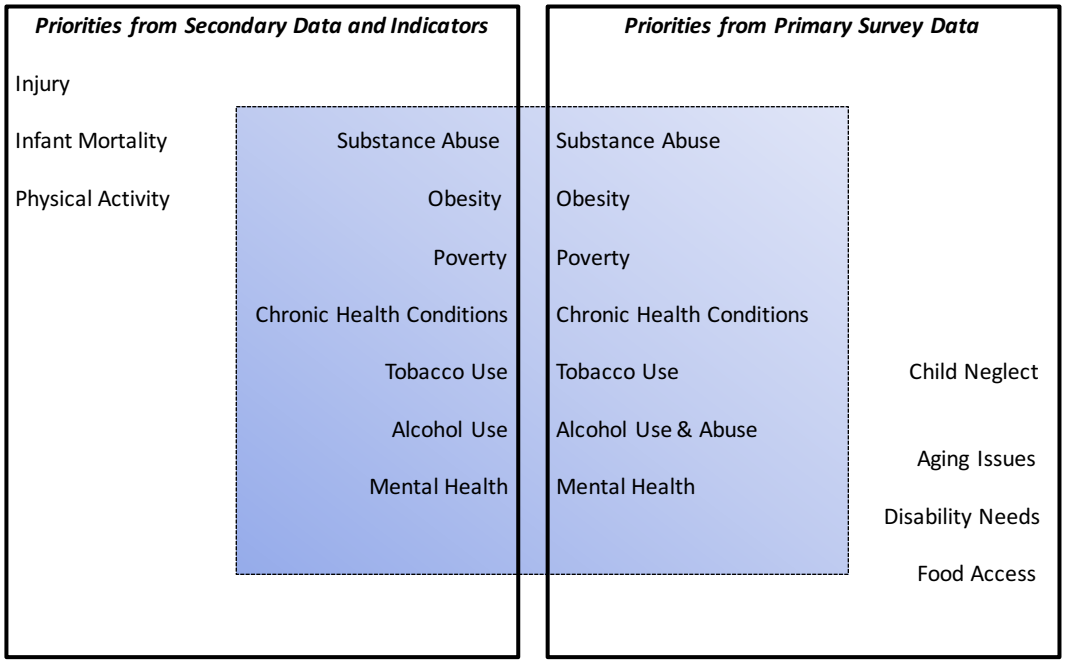


Figure 17. Overlapping health issues that emerged from secondary data and the CHNA survey.

Phase Two. Hospital Prioritization Meeting. Representatives of community health organizations in Gibson County and representatives of Gibson General Hospital participated in a meeting to review data collected for the CHNA. A list of attendees is included as Appendix C and a copy of the slides used during the presentation of data is included as Appendix D. That data included findings from the review of existing health indicators, data from the CHNA survey, and data from the community focus group. The session included the following:

- A review of the purpose of conducting the CHNA and reflections on decisions and actions taken in response to the 2015 CHNA.

- A review of data was presented by a representative of Measures Matter, LLC. That data review included a summary of the existing health indicators and data from the CHNA survey.
- A summary of topics discussed during the CHNA focus group was provided by a Gibson General Hospital representative.
- A nominal group process facilitated by Measures Matter, LLC to facilitate the group's selection of priority health issues for the 2018 CHNA. That process was conducted in the following way:
    - Participants were provided with the list of health topics that emerged as among those having the most support from both existing data and the CHNA survey. That list of health topics is provided in Figure X above.
    - Participants were given the opportunity to add additional topics.
    - Participants were each provided with 5 "sticky dots" and asked to place their dots on the issues that they each felt were most in need of prioritization.
    - The "dots" on each topic were tallied and a discussion about the topics and any special considerations for each was held.

Resulting Priorities

As a result of both phases of the prioritization process, four issues received endorsement for prioritization, including mental health, substance abuse, chronic disease, and obesity. Figure 18, on the subsequent page, provides an overview of the extent to which these topics were endorsed by the participants in the prioritization process. A list of available community health resources was also reviewed as part of the process and the potential partners for addressing these needs is included as Appendix E.

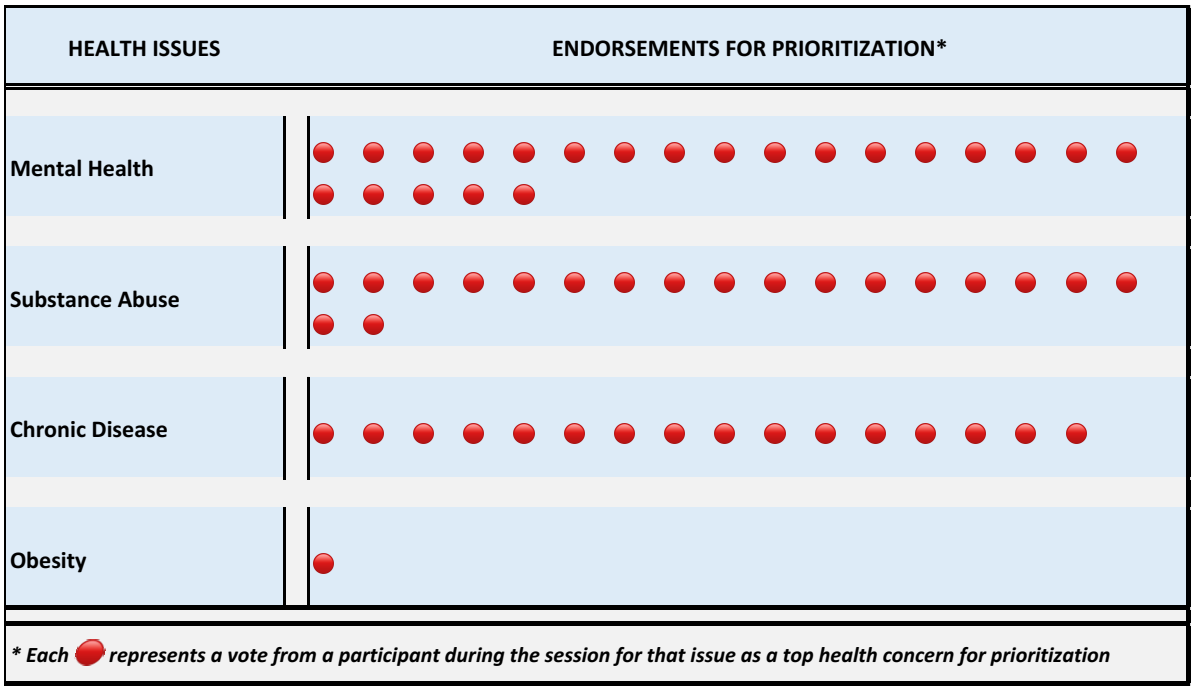


Figure 18. Outcomes of the Prioritization Process

APPENDIX A

COPY OF CHNA COMMUNITY SURVEY

MY Community **H**ealth **N**eeds **A**ssessment

Because a Healthier Community Means a Healthier Me

Who should fill out this questionnaire? We ask that the **adult (18 years of age or older) in your household who had the most recent birthday** complete this questionnaire.

Instructions: Please mark your answers clearly in the boxes using pencil or dark pen. Examples: ■ ☒

1 **In which county do you live?**
(Please print one letter in each box.)

2 **What is the zip code of your residence?**
(Please print one number in each box.)

3 **How many adults (18 years or older) live in your household, INCLUDING YOURSELF?**

INCLUDE everyone who is living or staying here for more than 2 months. DO NOT include anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

4 **How many children younger than 18 years of age live in your household?**

5 **What is your gender?** (Select only one.)

☐ Male ☐ Female

6 **In what year were you born?** (Please print a 4-digit year.)

Please answer both Question 7 about Hispanic origin and Question 8 about race.

7 **Are you of Hispanic, Latino, or Spanish origin?**

☐ Yes ☐ No

8 **What is your race?** (Select all that apply.)

☐ White

☐ Black or African-American

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or other Pacific Islander

☐ Other, please specify:

9 **Considering all sources, which of the following best describes your total household income before taxes for 2017?** (Select only one.)

☐ Less than $15,000

☐ $15,000-$24,999

☐ $25,000-$34,999

☐ $35,000-$49,999

☐ $50,000-$74,999

☐ $75,000-$99,999

☐ $100,000-$149,999

☐ $150,000 or more

10 **Which of the following best describes your current employment status?** (Select only one.)

☐ Employed full time

☐ Employed part time

☐ Unemployed looking for work

☐ Unemployed not looking for work

☐ Unable to work due to disability

☐ Homemaker

☐ Retired

☐ Student

11 **Which of the following best describes the highest level of education you completed?** (Select only one.)

☐ Some high school

☐ High school diploma or GED

☐ Some college

☐ Technical or vocational school diploma or certificate

☐ Associate's degree

☐ Bachelor's degree

☐ Graduate or professional degree or beyond

☐ Other, please specify:

12 **Would you say that in general:** (Select only one.)

	Excellent	Very good	Good	Fair	Poor
Your overall health is...	☐	☐	☐	☐	☐

13 **Regarding different areas of your health and life, you would say that in general:** (Select one answer for EACH row.)

	Excellent	Very good	Good	Fair	Poor
Your physical health is...	☐	☐	☐	☐	☐
Your mental health is...	☐	☐	☐	☐	☐
Your social well-being is...	☐	☐	☐	☐	☐

14 **How much do you agree or disagree with the following statement: "In general, I am satisfied with my life."** (Select only one.)

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

15 **On a scale of 01 to 10 where 01 means you have "little or no stress" and 10 means you have "a great deal of stress," how would you rate your average level of stress during the past month?** (Please print a 0 in the first box for numbers less than 10.)

☐☐

16 **Do you currently have insurance or coverage that helps with your healthcare costs (including private or employer-sponsored insurance or public coverage like Medicare or Medicaid)?** (Select only one.)

☐ Yes ☐ No ☐ Do not know

17 **Do you currently have someone that you think of as your personal doctor or personal healthcare provider?** (Select only one.)

☐ Yes ☐ No ☐ Do not know

18 **Within the past 12 months, which of the following health services have you received?** (Select all that apply.)

- ☐ Chronic care for a disease like diabetes or a disability
- ☐ Acute care, like for an infection or injury
- ☐ Immunizations or other preventive care
- ☐ Routine physical exam
- ☐ Prenatal or well-baby care
- ☐ Care related to family planning
- ☐ Care at a hospital emergency room
- ☐ Care at an urgent care facility
- ☐ Inpatient care at a hospital
- ☐ Filling a prescription
- ☐ Dental care
- ☐ Screening for anxiety or depression by a medical provider
- ☐ Treatment for a mental health diagnosis
- ☐ Treatment for addiction

19 **Thinking about the past month, which of the following behaviors have you participated in regularly (at least 3 days per week on average)?** (Select all that apply.)

- ☐ I smoked cigarettes or used other tobacco
- ☐ I was physically active on a regular basis
- ☐ I ate a healthy balanced diet
- ☐ I got plenty of sleep
- ☐ I took an opioid or narcotic that was prescribed to me
- ☐ I took an opioid or narcotic that was NOT prescribed to me
- ☐ I took a medication for anxiety, depression, or other mental health challenge that was prescribed to me
- ☐ I had my blood pressure checked
- ☐ I drank alcohol to the point of intoxication
- ☐ I drove while under the influence of alcohol or drugs
- ☐ I took steps to reduce my level of stress

20 **During the past 12 months, was there ever a time that you or the family members you live with needed one of the following but couldn't afford it or had to prioritize spending money on something else?** (Select one answer for EACH row.)

	Yes	No	Do not know
Seeing a medical provider	☐	☐	☐
Filling a prescription	☐	☐	☐
Transportation for a health purpose or appointment	☐	☐	☐

21 **How often would you say that the following statements apply to you?** (Select one answer for EACH row.)

	Never	Seldom	Sometimes	Often	Always
I feel those around me are healthy (family, friends, and co-workers)	☐	☐	☐	☐	☐
I worry about my utilities being turned off for non-payment	☐	☐	☐	☐	☐
I feel satisfied with my education	☐	☐	☐	☐	☐
I make efforts to get involved in my community	☐	☐	☐	☐	☐
I vote when there is an election in my town	☐	☐	☐	☐	☐
I feel that my town's environment is healthy (air, water, etc.)	☐	☐	☐	☐	☐
I feel safe in the place where I live	☐	☐	☐	☐	☐
I try to spend time with others outside of work	☐	☐	☐	☐	☐
I have access to safe and reliable transportation	☐	☐	☐	☐	☐
I worry about being able to pay my rent or mortgage	☐	☐	☐	☐	☐

22 **Below are some issues present in many communities. Please pick FIVE that you think pose the greatest health concern for people who live in your community.** (Select only five out of all options 1 - 21.)

1 ☐ Food access, affordability, and safety
2 ☐ Environmental issues
3 ☐ Tobacco use
4 ☐ Substance use or abuse
5 ☐ Alcohol use or abuse
6 ☐ Assault, violent crime, and domestic violence
7 ☐ Child neglect and abuse
8 ☐ Sexual violence, assault, rape, or human trafficking
9 ☐ Obesity
10 ☐ Chronic diseases, like diabetes, cancer, and heart disease
11 ☐ Suicide
12 ☐ Infectious diseases, like HIV, STDs, and hepatitis
13 ☐ Poverty
14 ☐ Homelessness
15 ☐ Reproductive health and family planning
16 ☐ Infant mortality
17 ☐ Injuries and accidents
18 ☐ Mental health
19 ☐ Aging and older adult needs
20 ☐ Dental care
21 ☐ Disability needs

23 **Previously, you were asked to pick issues that pose the greatest health concern in your community. If you had $3 and could give $1 each to help solve some of these, which are the THREE to which you would give $1.** (Select only three out of all options 1 - 21.)

1 ☐ Food access, affordability, and safety
2 ☐ Environmental issues
3 ☐ Tobacco use
4 ☐ Substance use or abuse
5 ☐ Alcohol use or abuse
6 ☐ Assault, violent crime, and domestic violence
7 ☐ Child neglect and abuse
8 ☐ Sexual violence, assault, rape, or human trafficking
9 ☐ Obesity
10 ☐ Chronic diseases, like diabetes, cancer, and heart disease
11 ☐ Suicide
12 ☐ Infectious diseases, like HIV, STDs, and hepatitis
13 ☐ Poverty
14 ☐ Homelessness
15 ☐ Reproductive health and family planning
16 ☐ Infant mortality
17 ☐ Injuries and accidents
18 ☐ Mental health
19 ☐ Aging and older adult needs
20 ☐ Dental care
21 ☐ Disability needs

24 Below is a list of programs or services in many communities. Please mark how important these programs or services are for <u>your</u> community. (Select one answer for EACH row.)

	Not at all important for my community	Not very important for my community	Moderately important for my community	Very Important for my community
Nutrition education, like healthy cooking classes	☐	☐	☐	☐
Physical activity programs	☐	☐	☐	☐
Substance abuse prevention and treatment	☐	☐	☐	☐
Needle exchange programs	☐	☐	☐	☐
Mental health counseling and support	☐	☐	☐	☐
Gun safety education	☐	☐	☐	☐
Family planning services	☐	☐	☐	☐
Walking trails and other outdoor spaces	☐	☐	☐	☐
Aging and older adult services	☐	☐	☐	☐
Assistance with filling a prescription	☐	☐	☐	☐
Housing assistance	☐	☐	☐	☐
Financial assistance	☐	☐	☐	☐
Legal assistance	☐	☐	☐	☐
Help getting health insurance	☐	☐	☐	☐
Job training or employment assistance	☐	☐	☐	☐
Transportation assistance	☐	☐	☐	☐
Services for women, infants, and children (WIC)	☐	☐	☐	☐
Food stamps or SNAP	☐	☐	☐	☐
Food pantries	☐	☐	☐	☐
Free or emergency child care	☐	☐	☐	☐

APPENDIX B

FOCUS GROUP PARTICIPANTS

2018 CHNA Community Focus Group

September 10, 2018

List of Participants

Participant	Organization
Natalie Blaylock	Tulip Tree Family Health Care
Diane Braun	Caring Communities of Gibson County / Youth First
Hannah Brewer	Albion Fellows Bacon Center
Andrew Hays	Purdue Extension
Amy Hill	RiverOaks Health Campus
Diane Hornby	Gibson County Health Dept.
Kari Johannemann	GGH Lifestyles Diabetes Program
Jeff Jones	Gibson General Hospital
Suzanne Lane	Tulip Tree Family Health Care
Kala Pepper	Gibson General Hospital
Alecia Rodgers	GGH Skilled Nursing
Allison Williams	Tulip Tree Family Health Care

APPENDIX C

PRIORITY SETTING MEETING LIST OF PARTICIPANTS

Gibson General Hospital Prioritization Session

Attendance

September 12, 2018

LeAnn Cooper, Executive Director, Gibson General Health Foundation

Diane Hornby, Administrator & Public Health Nurse, Gibson County Health Department

Jeff Jones, Director of Marketing & Public Relations, Gibson General Hospital

Janet McNeil, Executive Secretary, Gibson General Hospital

Lois Morgan, VP & Chief Nursing Officer, Gibson General Hospital

Lynnette Skelton, Manager of Cardiopulmonary Services, Gibson General Hospital

Daniel Underwood, Director of Rehabilitation Services, Gibson General Hospital

APPENDIX D

SLIDES FROM PRIORITY SETTING MEETING

Community Health Needs Assessment Prioritization Meeting

GIBSON GENERAL HOSPITAL

September 12, 2018

Welcome & Introductions

Purpose of Prioritization Session

Introduction to the CHNA Data

Types of Data We Will Consider Today:

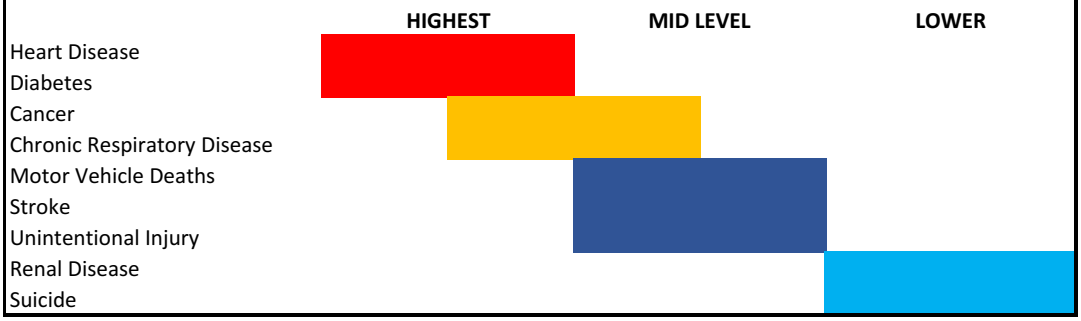
- Existing Data About our Community (e.g., city, county, regional health data)
- New Data Collected from Residents of our Community
  - 2018 CHNA Survey

Collectively, these data provide important information about the health of our community that will help us to make recommendations about the services and programs of Gibson General Hospital.

Brief Overview of Existing Health Data in Gibson County

What Do We Know about Health in Gibson County?

Morbidity and Mortality Leaders (Adjusted for Age) Gibson County, 2016



Gibson County ranks in the top half of the state for life expectancy among both women and men; about the state average.

Challenging Health Issues in Gibson County

- ***Obesity***. While the obesity rate is similar to the state average, it remains high.
- ***Injuries (Traffic and Non)***. Gibson County continues to struggle with some of the state's highest rates of mortality from injuries (traffic and other).
- ***Infant Mortality.*** Remains of concern in Gibson County.
- ***Smoking***. Gibson County continues to have a relatively high smoking rate although is lower than the state average.
- ***Teen Births***. The teen birth rate for Gibson County remains among the highest in the state.
- ***Sexually Transmitted Infections***. The rate remains higher than the state average.
- ***Substance Abuse***. Gibson county is among those in Indiana continuing to experience significant challenges due to substance abuse and its contributions to both mortality and morbidity.

Health Care Delivery Issues in Clay County

- Access to Health Care
  - Uninsured rate is slightly lower than that for Indiana as a state. Could be improved.
  - Gibson County ranks better than the state for availability of primary care providers.
  - Vanderburgh County ranks better than many counties in the state for availability of dental care providers.
- Preventable hospital stays: Gibson County is slightly below the state average.
- Positive trends in the county for indicators such as diabetes monitoring and mammography screening.

Other Social Service and Public Health Issues in Vanderburgh County

Issues Related to the Social and Public Health Infrastructure:

- Availability of mental health providers remains low in Gibson County.
- Poor mental health days among residents exceed state average and true access issues to mental health remain of concern.
- Access to recreational and physical activity facilities (natural and built) is high in Gibson County, yet reported physical activity remains low.
- County mirrors other larger urban areas with regard to sexual and reproductive health, with elevated rates of STI and teen births.

Overview of the 2018 Gibson County CHNA Survey

2018 CHNA Survey

- Survey conducted by Gibson General Hospital in collaboration with other hospitals throughout Indiana.
- Researchers from Indiana University Bloomington and the University of Evansville helped to design the survey and the survey process.
- Data were collected in early 2018 by the IU Bloomington Center for Survey Research.

2018 CHNA Survey

In early 2018:

- Approximately 2,000 households in Gibson County were randomly selected.
- Each household received a survey in the mail.
  - Asked to be completed by adult (18 or over) who had most recent birthday.
  - Mail back to IU Bloomington in postage-paid envelope.
- Households that did not respond received a second survey.
- Gibson General received a total of 287 completed surveys.

Additionally, Gibson General collected data via the survey from individuals seeking services in community-based settings. Those will be shared as well in a broad summary.

Community-Based Data Collection

- Additional surveys collected from 324 individuals throughout the state.
- Collected in both English and Spanish.
- Collected in a range of venues that serve disenfranchised community members and that provide valuable social and health services.
- In some sections of this presentation we will reference points from this data.

2018 CHNA Survey

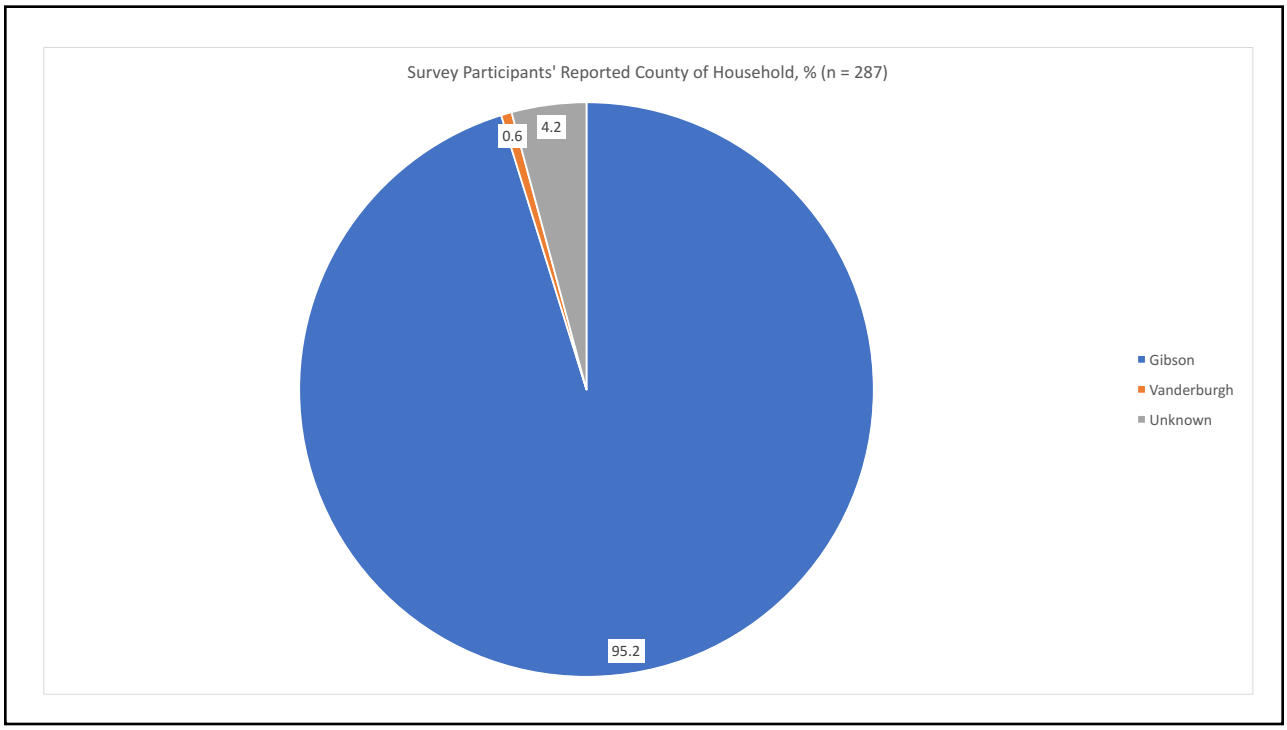
The survey asked participants to provide information related to 9 major areas:

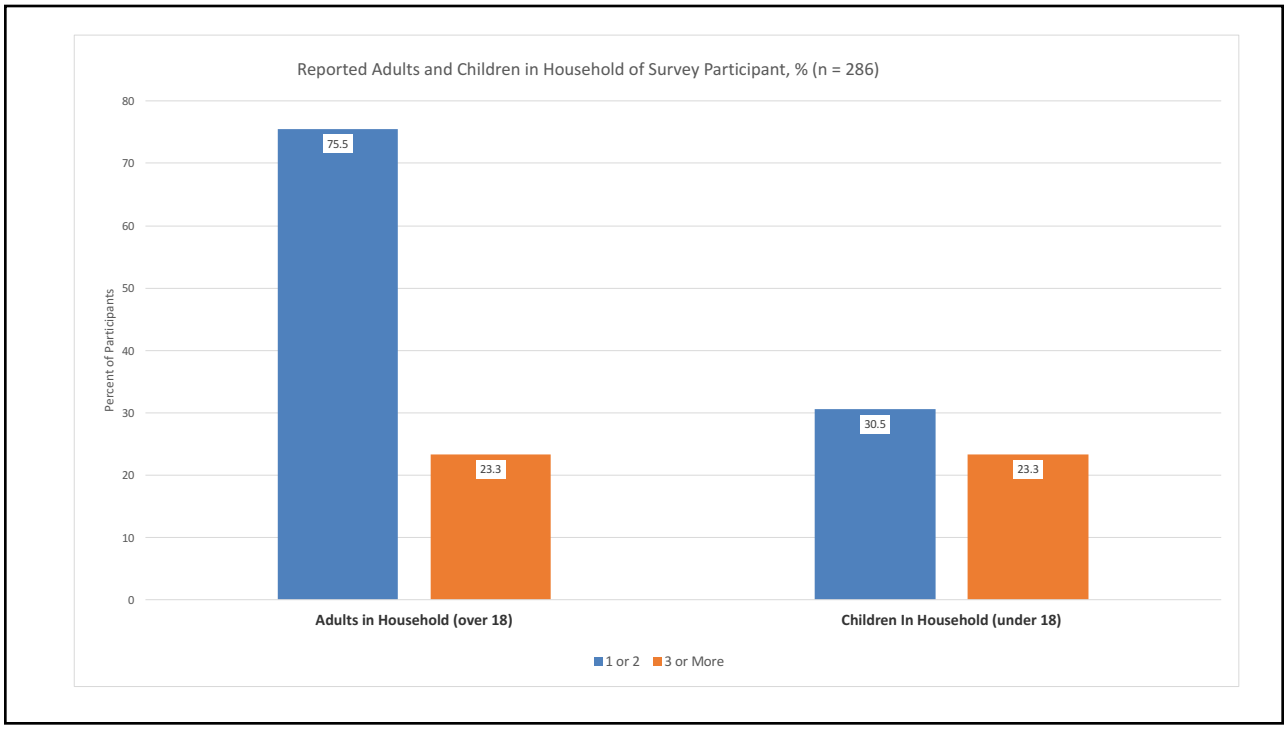
1. Their demographic characteristics and characteristics of their household.
2. Perceptions of their health and well-being.
3. Their health care coverage and relationships with the healthcare system.
4. Types of health services they received over the previous year.
5. Characteristics of their health-related behaviors over the previous month.
6. Their perceptions of the social factors that challenge their well-being.
7. Health issues that they perceive as a priority for their community.
8. Health issues that they perceive as important for the allocation of resources.
9. The types of programs and services they think are important to their community.

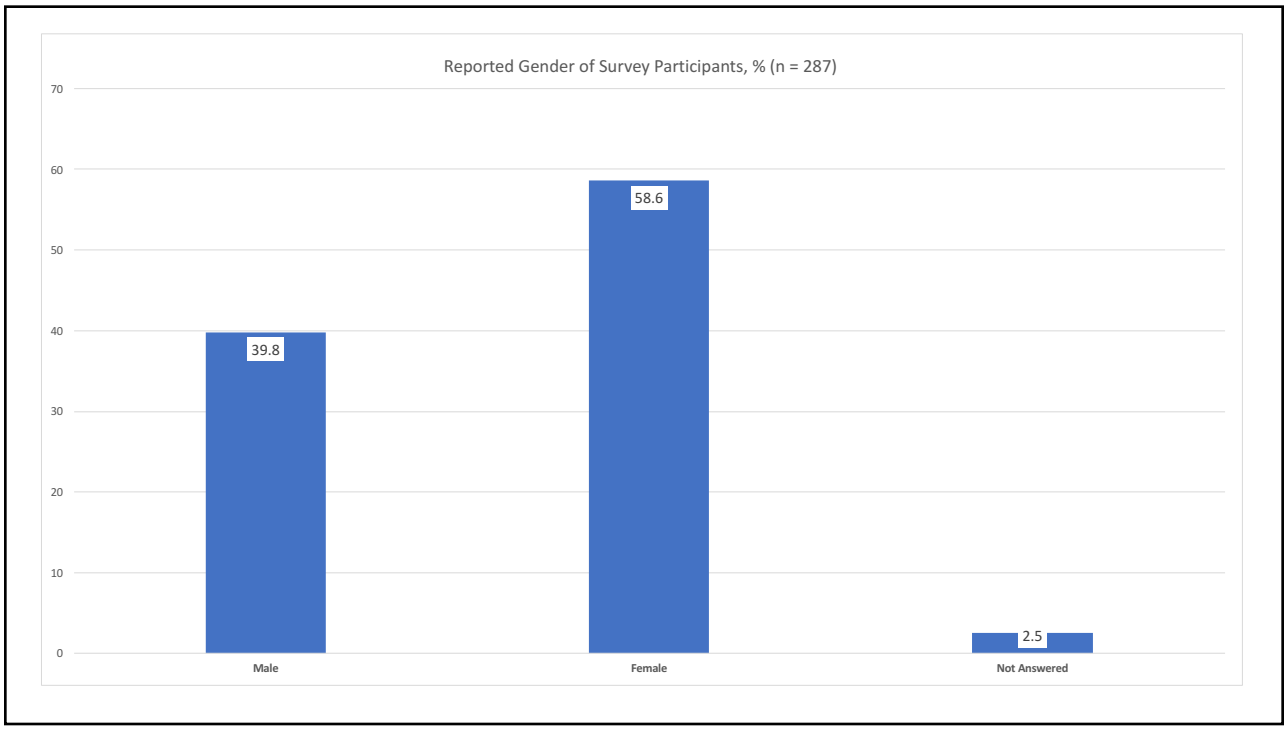
Brief Overview of the Survey Results

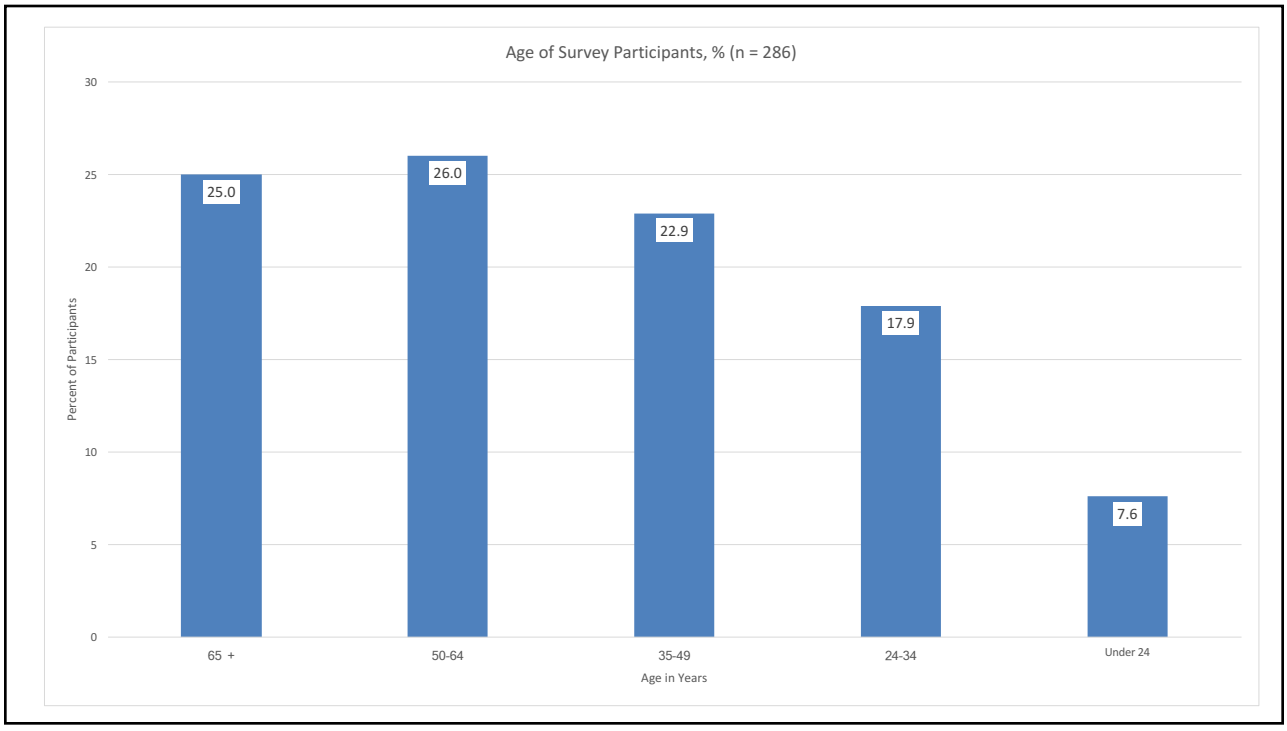
Full Results of the Survey Will Be Available Online Once CHNA Report is Completed

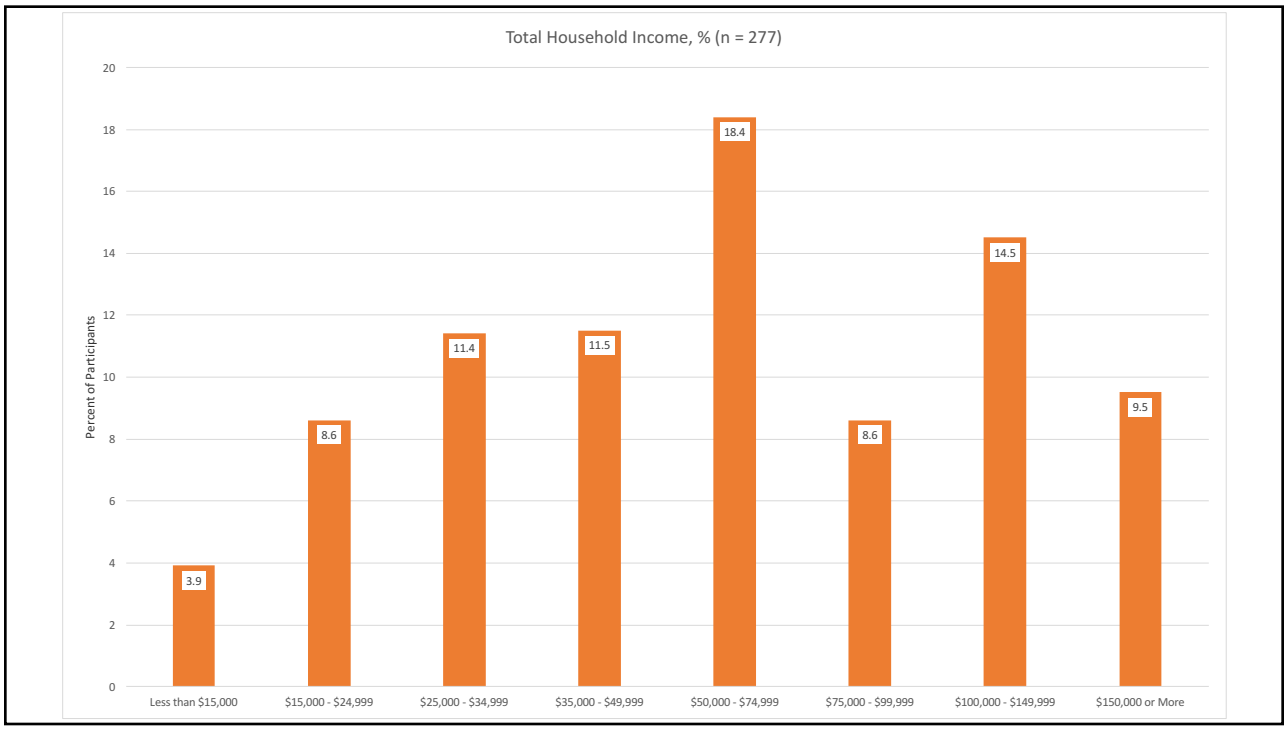
About the Survey Participants

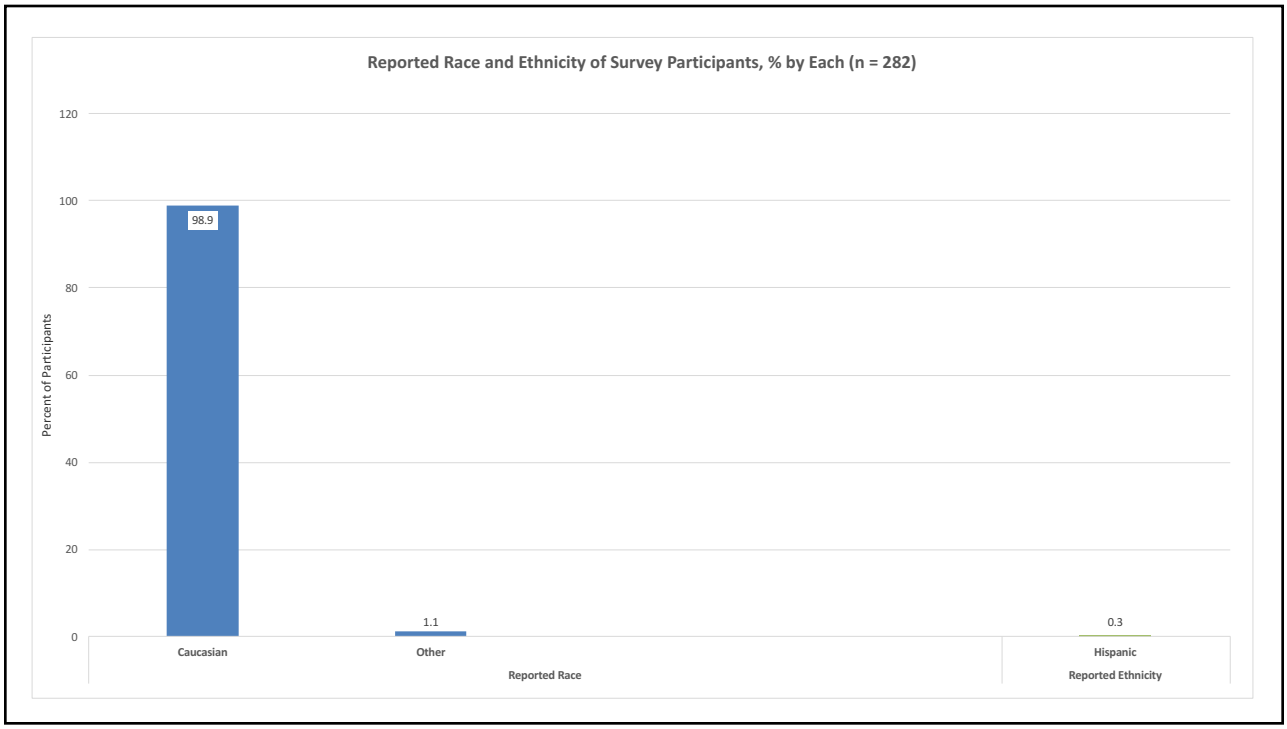

Survey Participants' Reported County of Household, % (n = 287)
0.6
4.2
95.2
Gibson
Vanderburgh
Unknown

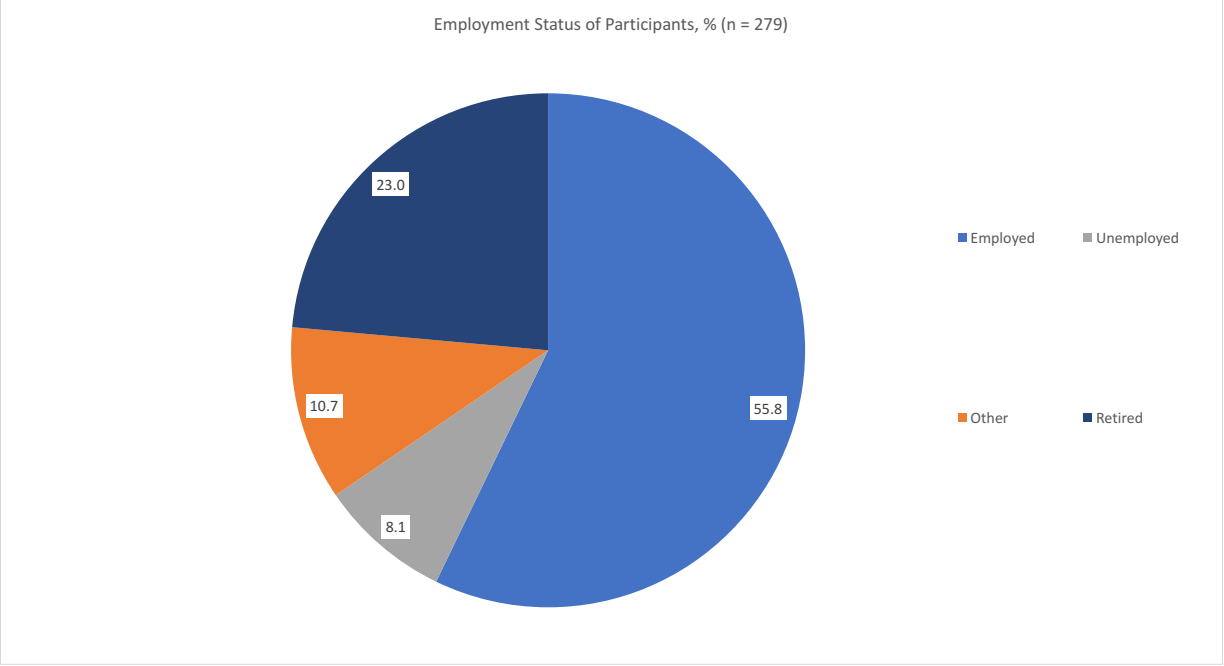

Reported Adults and Children in Household of Survey Participant, % (n = 286)
Percent of Participants
80
70
60
50
40
30
20
10
0
75.5
23.3
30.5
23.3
Adults in Household (over 18)
Children In Household (under 18)
1 or 2
3 or More


Reported Gender of Survey Participants, % (n = 287)
70
60
50
40
30
20
10
0
39.8
58.6
2.5
Male
Female
Not Answered

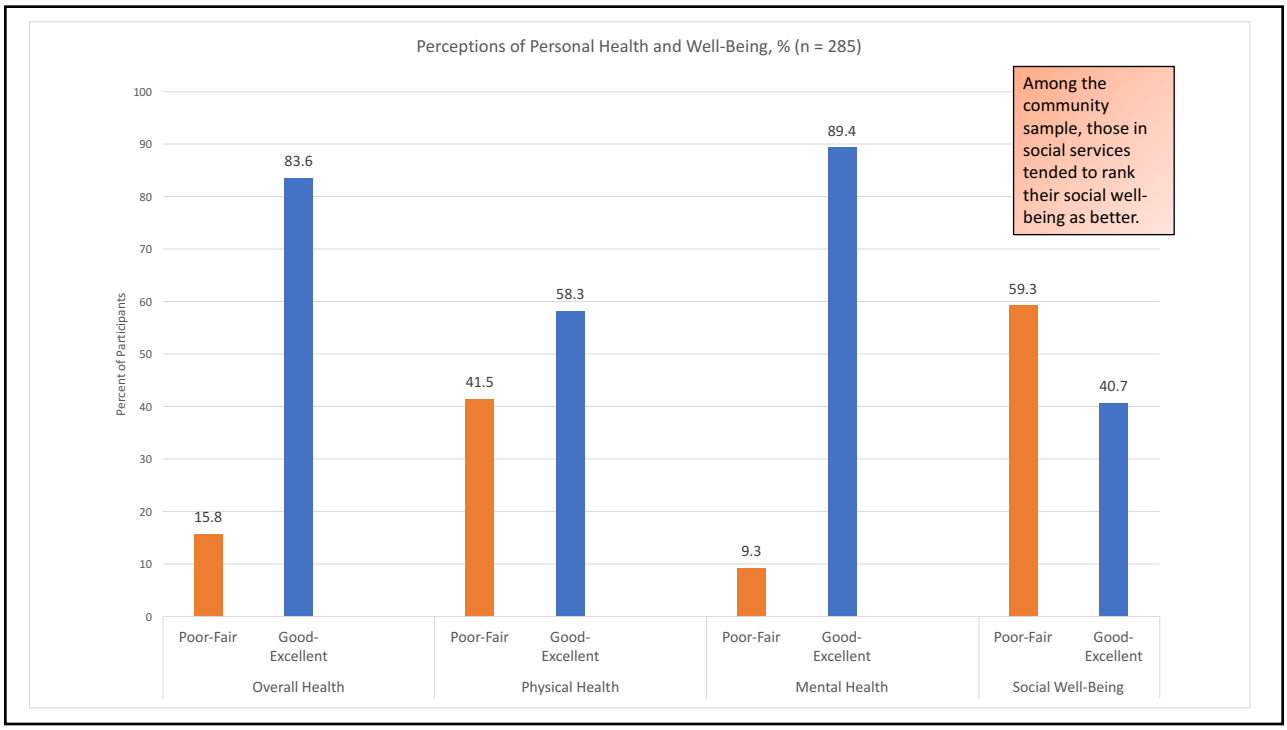

Age of Survey Participants, % (n = 286)
Percent of Participants
30
25
20
15
10
5
0
25.0
26.0
22.9
17.9
7.6
65 +
50-64
35-49
24-34
Under 24
Age in Years

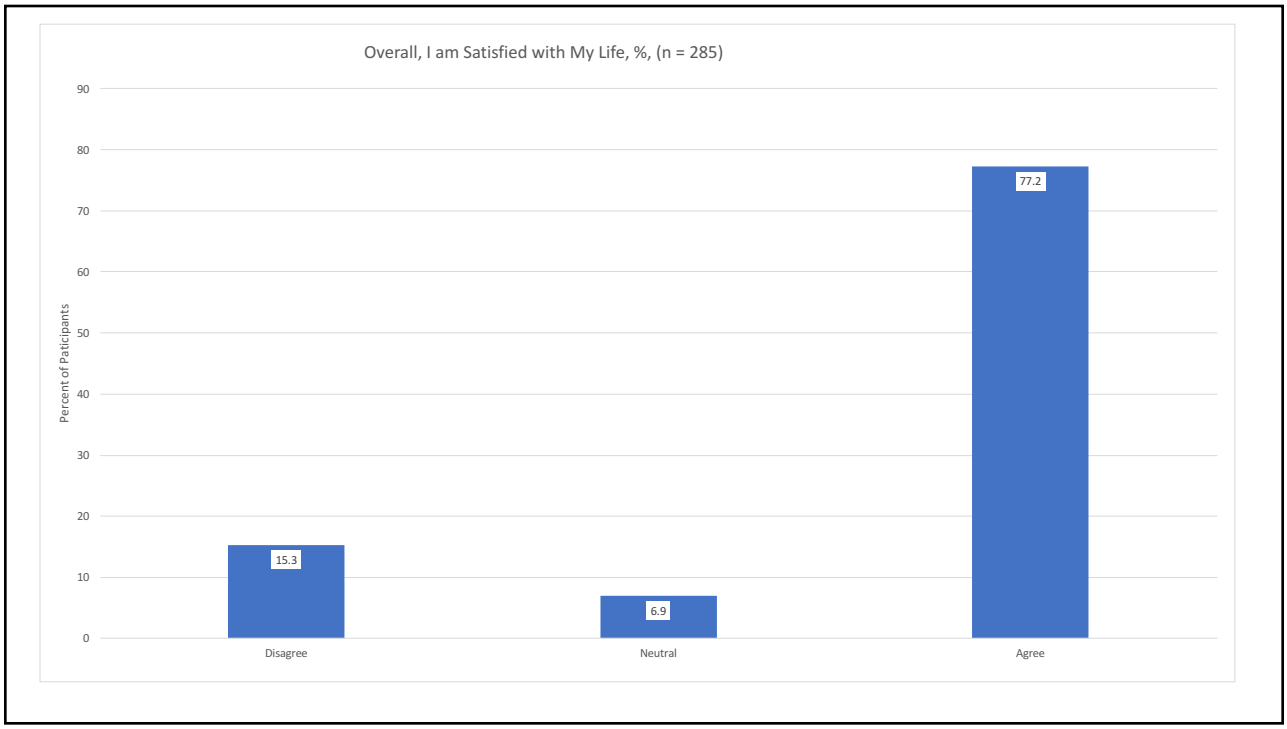

Total Household Income, % (n = 277)
Percent of Participants
20
18
16
14
12
10
8
6
4
2
0
3.9
8.6
11.4
11.5
18.4
8.6
14.5
9.5
Less than $15,000
$15,000 - $24,999
$25,000 - $34,999
$35,000 - $49,999
$50,000 - $74,999
$75,000 - $99,999
$100,000 - $149,999
$150,000 or More

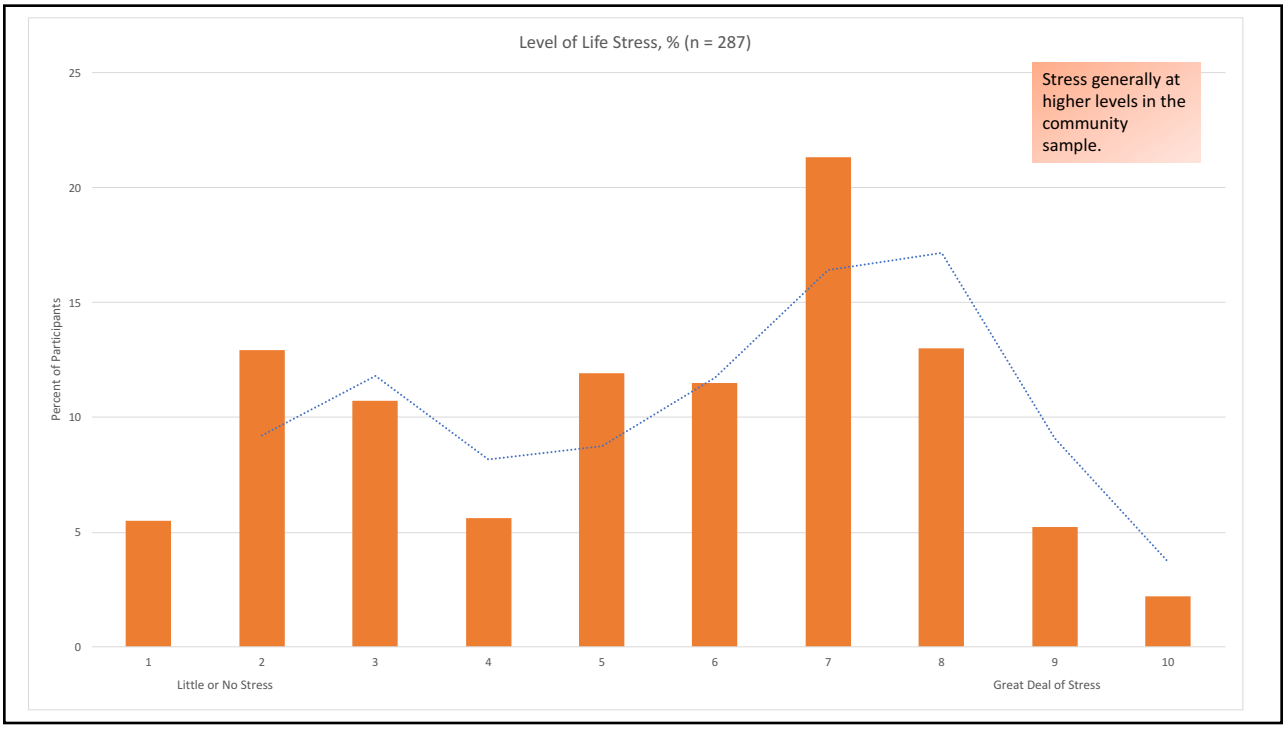

Reported Race and Ethnicity of Survey Participants, % by Each (n = 282)
Percent of Participants
120
100
80
60
40
20
0
98.9
1.1
0.3
Caucasian
Other
Hispanic
Reported Race
Reported Ethnicity



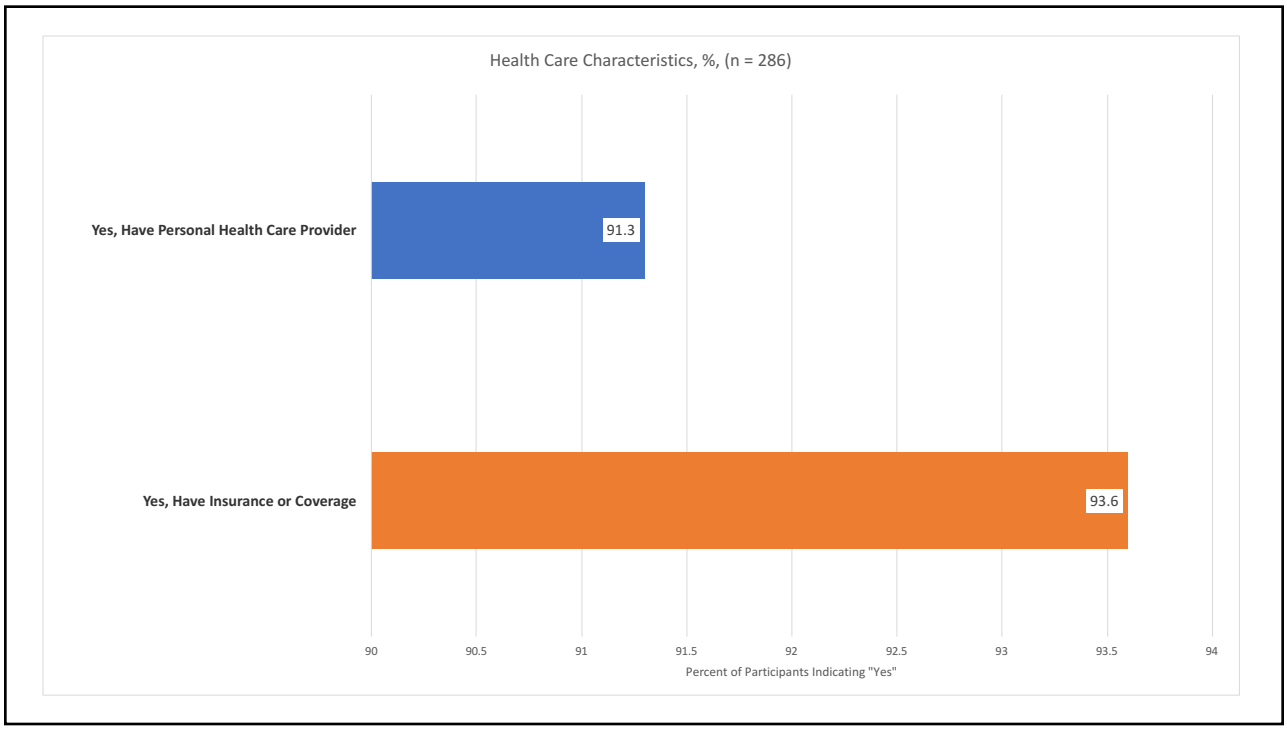
About Their Health and Well-Being

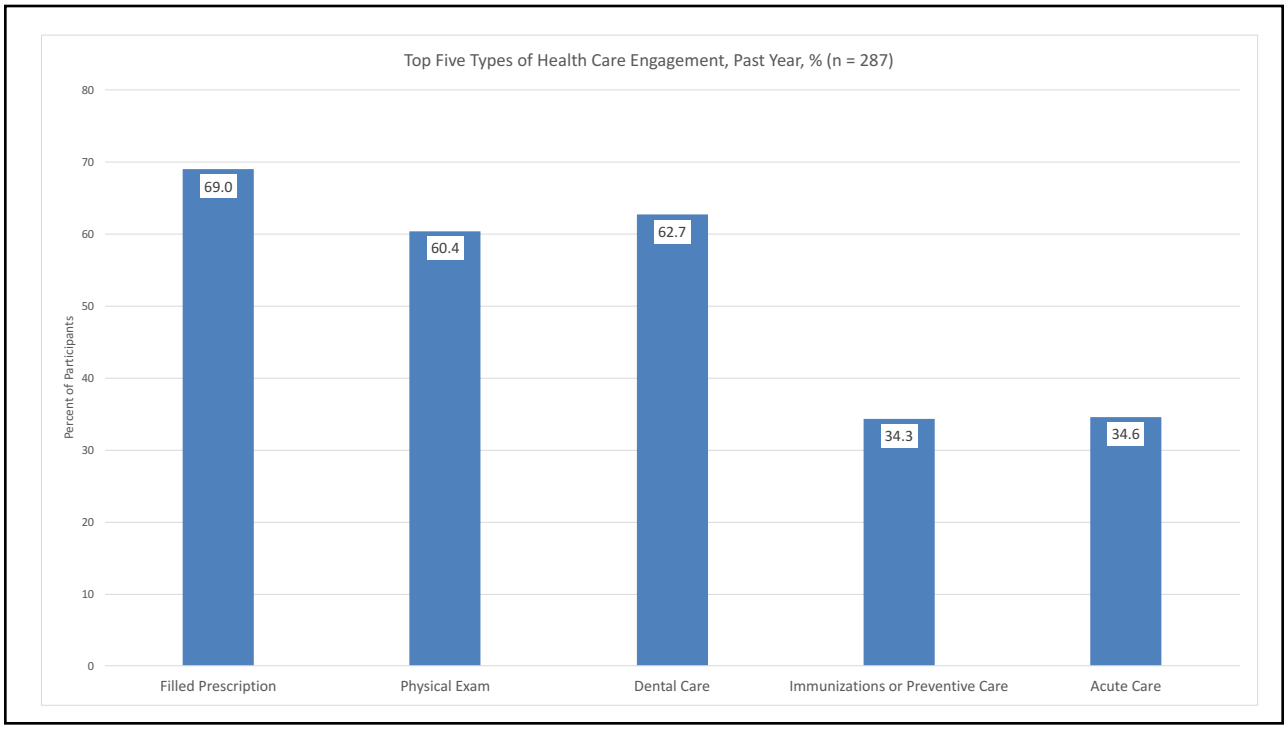

Perceptions of Personal Health and Well-Being, % (n = 285)
Among the community sample, those in social services tended to rank their social well-being as better.
Percent of Participants
100
90
80
70
60
50
40
30
20
10
0
15.8
83.6
41.5
58.3
9.3
89.4
59.3
40.7
Poor-Fair
Good-Excellent
Overall Health
Physical Health
Mental Health
Social Well-Being

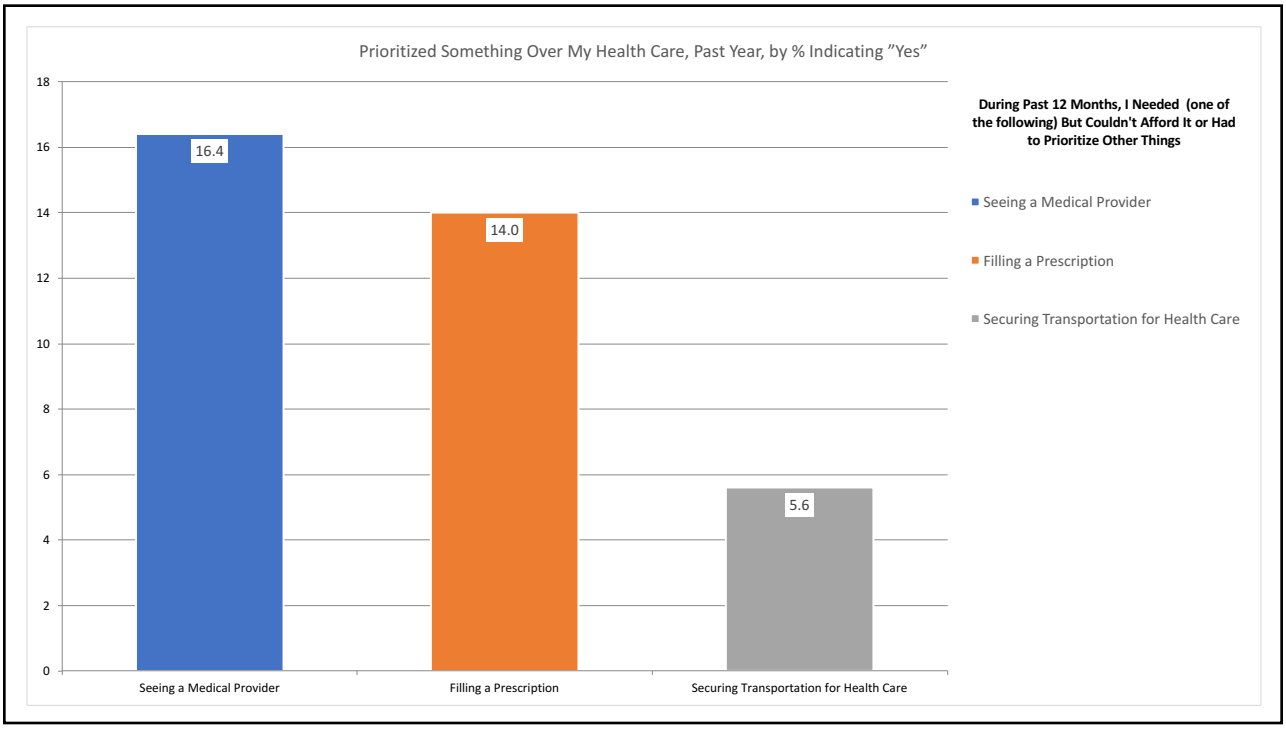

Overall, I am Satisfied with My Life, %, (n = 285)
Percent of Paticipants
90
80
70
60
50
40
30
20
10
0
15.3
6.9
77.2
Disagree
Neutral
Agree



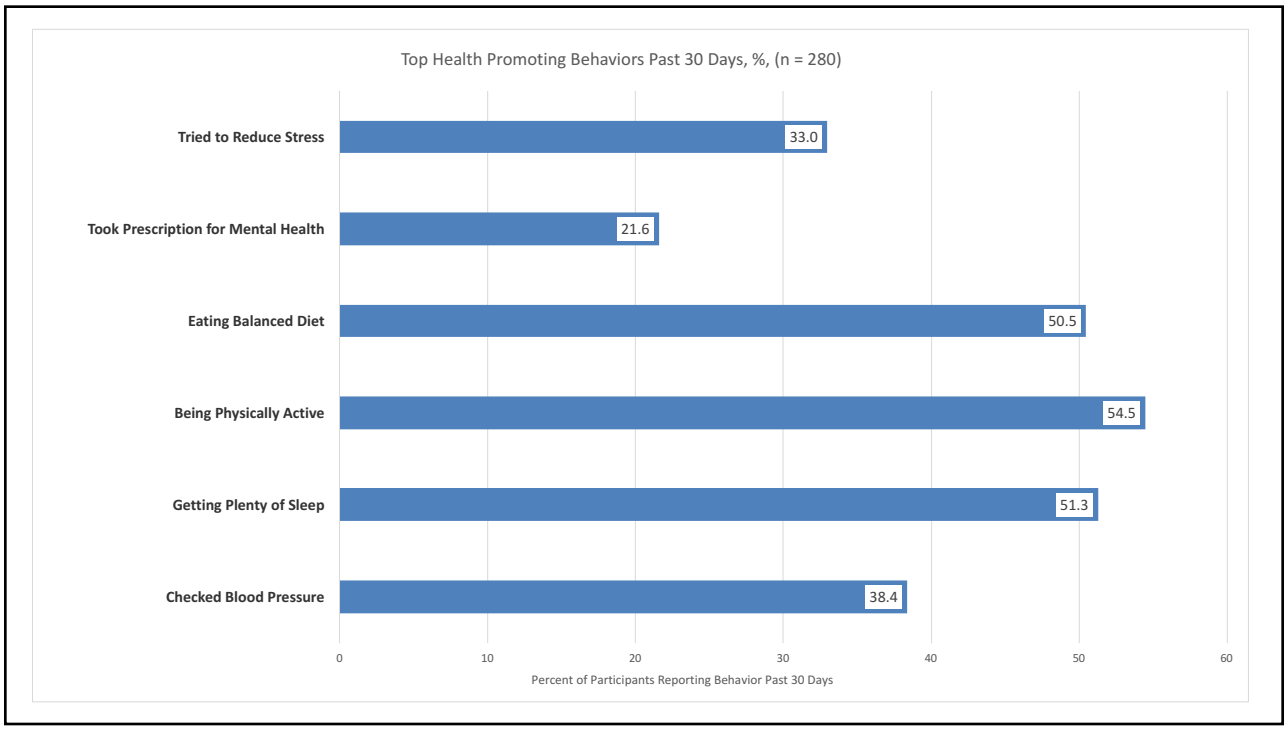
About Their Health Care Coverage and Access

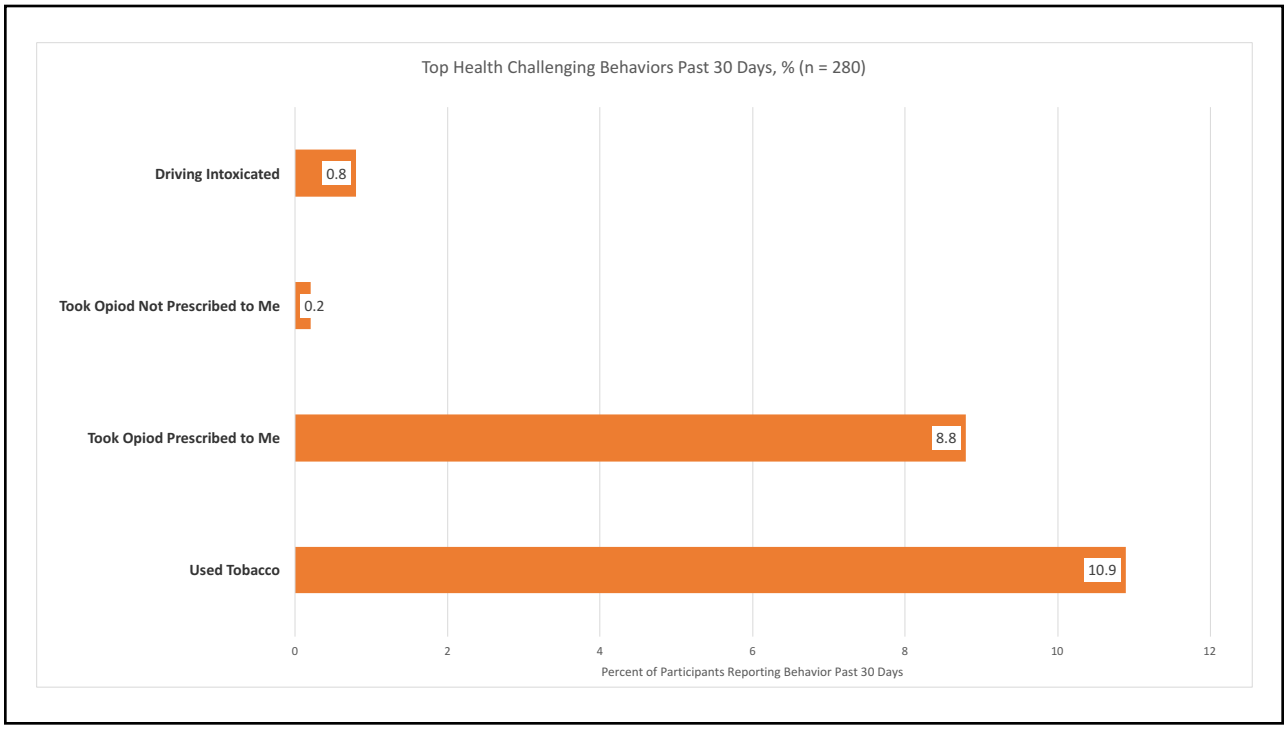

Health Care Characteristics, %, (n = 286)
Yes, Have Personal Health Care Provider
91.3
Yes, Have Insurance or Coverage
93.6
90
90.5
91
91.5
92
92.5
93
93.5
94
Percent of Participants Indicating "Yes"


Top Five Types of Health Care Engagement, Past Year, % (n = 287)
Percent of Participants
80
70
60
50
40
30
20
10
0
69.0
60.4
62.7
34.3
34.6
Filled Prescription
Physical Exam
Dental Care
Immunizations or Preventive Care
Acute Care

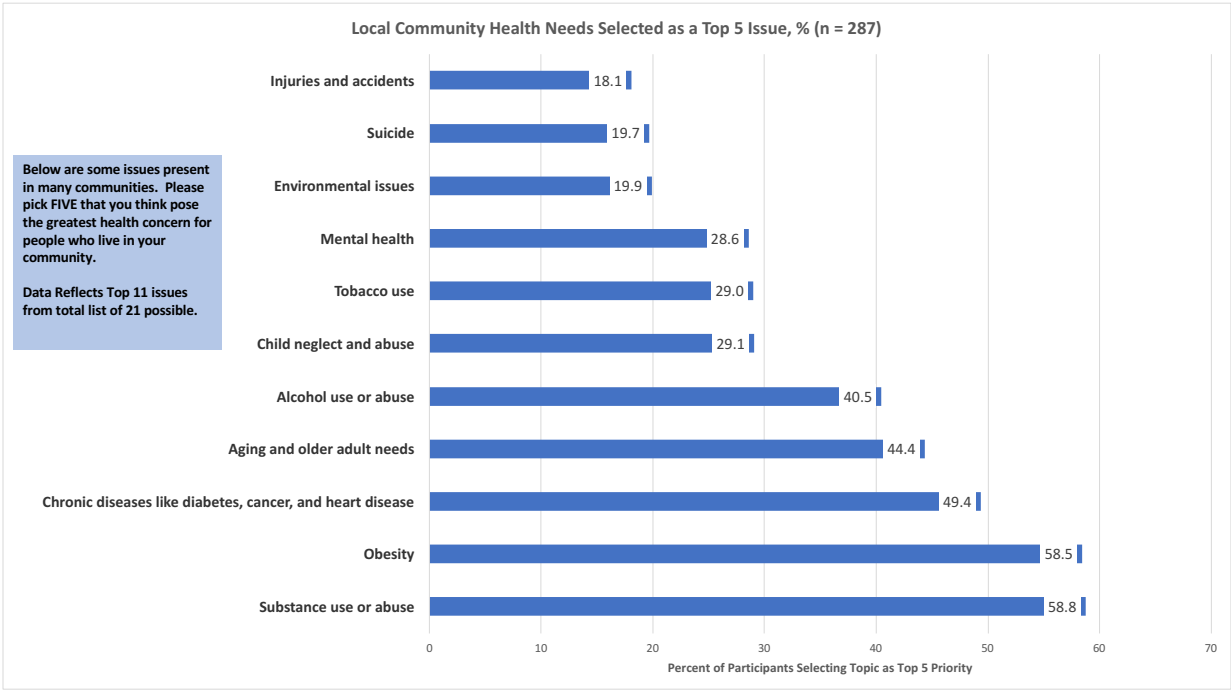


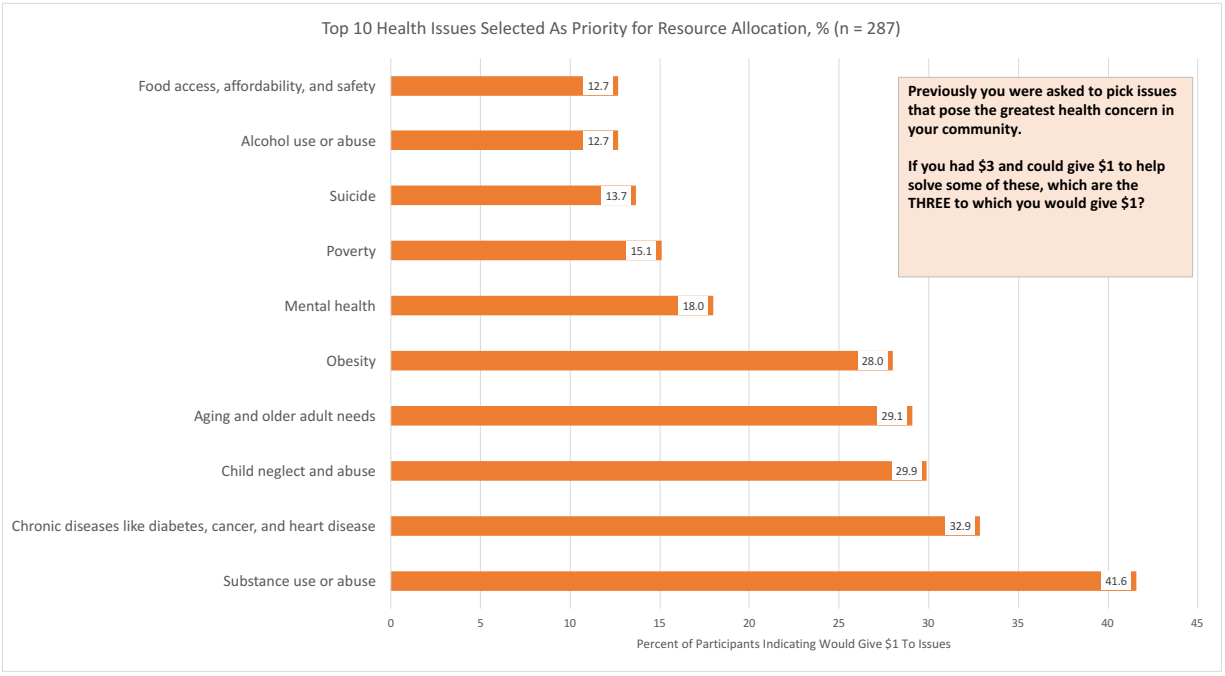
About Their Health Behaviors

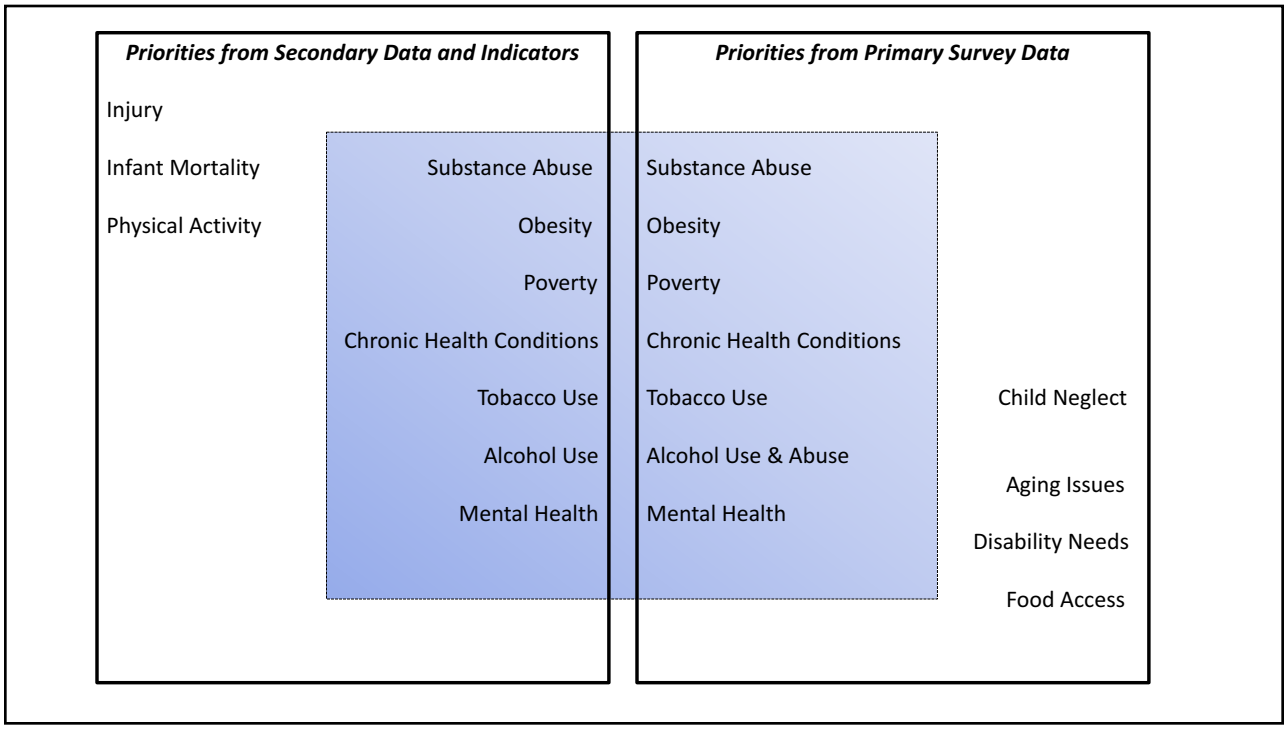

Top Health Promoting Behaviors Past 30 Days, %, (n = 280)
Tried to Reduce Stress
33.0
Took Prescription for Mental Health
21.6
Eating Balanced Diet
50.5
Being Physically Active
54.5
Getting Plenty of Sleep
51.3
Checked Blood Pressure
38.4
0
10
20
30
40
50
60
Percent of Participants Reporting Behavior Past 30 Days


Top Health Challenging Behaviors Past 30 Days, % (n = 280)
Driving Intoxicated
0.8
Took Opiod Not Prescribed to Me
0.2
Took Opiod Prescribed to Me
8.8
Used Tobacco
10.9
0
2
4
6
8
10
12
Percent of Participants Reporting Behavior Past 30 Days

Perceptions of Priority Health Needs




Top 10 Health Issues Selected As Priority for Resource Allocation, % (n = 287)
Food access, affordability, and safety
12.7
Alcohol use or abuse
12.7
Suicide
13.7
Poverty
15.1
Mental health
18.0
Obesity
28.0
Aging and older adult needs
29.1
Child neglect and abuse
29.9
Chronic diseases like diabetes, cancer, and heart disease
32.9
Substance use or abuse
41.6
0
5
10
15
20
25
30
35
40
45
Percent of Participants Indicating Would Give $1 To Issues
Previously you were asked to pick issues that pose the greatest health concern in your community.
If you had $3 and could give $1 to help solve some of these, which are the THREE to which you would give $1?


Priorities from Secondary Data and Indicators
Injury
Infant Mortality
Physical Activity
Substance Abuse
Obesity
Poverty
Chronic Health Conditions
Tobacco Use
Alcohol Use
Mental Health
Priorities from Primary Survey Data
Substance Abuse
Obesity
Poverty
Chronic Health Conditions
Tobacco Use
Alcohol Use & Abuse
Mental Health
Child Neglect
Aging Issues
Disability Needs
Food Access

Questions and Answers

Prioritization Process

The Prioritization Process

Goal: Select the FIVE health issues that you think are the highest priority for Gibson County.

1. 5-10 minutes: Brainstorm and listing of NEW potential priority issues (based on data and your own insights). *We will write those on flipcharts along with the ones already highlighted.*

2. *5 minutes: Apply priority dots (5 per person) to the issues YOU perceive as highest priority.*

3. *10 minutes: Discussion of the top 5 and listing of considerations for each.*

Next Steps

APPENDIX E

LIST OF POTENTIAL COMMUNITY RESOURCES TO ADDRESS PRIORITY HEALTH NEEDS

Business	Title	First_Name	Last_Name	Street Address	City	ST	Zip Code	Type
Brink's Family Practice	Dr.	Bruce	Brink, Jr	410 N Main St	Princeton	IN	47670	Clinic
Deaconess Clinic Ft. Branch	Dr.	Adrian	Carter	802 E Oak St	Fort Branch	IN	47648	Clinic
Deaconess Clinic Ft. Branch	Dr.	Larry	Lutz	802 E Oak St	Fort Branch	IN	47648	Clinic
Deaconess Clinic Oakland City	Dr.	Steven	Etherton	1204 William St	Oakland City	IN	47660	Clinic
Deaconess Clinic Oakland City	Dr.	Terry	Gehlhausen	1204 William St	Oakland City	IN	47660	Clinic
Deaconess Clinic Oakland City	Dr.	Holly	Heichelbech	1204 William St	Oakland City	IN	47660	Clinic
Deaconess Clinic Princeton	Dr.	Krishna	Murthy	685 Vail St	Princeton	IN	47670	Clinic
Deaconess Clinic Princeton	Dr.	Ramesh	Patel	685 Vail St	Princeton	IN	47670	Clinic
Deaconess Clinic Princeton	Dr.	Robert	Bond	685 Vail St	Princeton	IN	47670	Clinic
GGH Skilled Nursing Facility	Ms.	Jennifer	Helfrich	1808 Sherman Dr.	Princeton	IN	47670	Nursing Facility
Gibson County Health Department	Ms.	Jennifer	Schatz	203 S Prince St, Ste A	Princeton	IN	47670	Health Dept.
Gibson General Business Health Services	Dr.	Daniel	Brown	1808 Sherman Dr.	Princeton	IN	47670	Clinic
Gibson General Business Health Services	Dr.	Eric	Nisswandt	1808 Sherman Dr.	Princeton	IN	47670	Clinic
Gibson General Hospital	Dr.	Mark	Carpenter	1808 Sherman Dr.	Princeton	IN	47670	Hospital
Gibson General Hospital	Dr.	Kwabena	Owusu-Dekyi	1808 Sherman Dr.	Princeton	IN	47670	Hospital
Gibson General Hospital	Dr.	Michelle	Snyder	1808 Sherman Dr.	Princeton	IN	47670	Hospital
Gibson General Hospital	Dr.	Jim	Spiller	1808 Sherman Dr.	Princeton	IN	47670	Hospital
Gibson General Hospital	Dr.	Philomina	Thuruthumaly	1808 Sherman Dr.	Princeton	IN	47670	Hospital
Gibson General Hospital	Mrs.	Wendy	Tuley, RN, FNP-C	1808 Sherman Dr.	Princeton	IN	47670	Hospital
Good Samaritan Home & Rehabilitation Center				231 N Jackson St	Oakland City	IN	47660	Nursing Facility
Good Samaritan Specialty Clinic				314 N Main St	Princeton	IN	47670	Specialty Clinic
Haubstadt Family Practice	Dr.	David	Utley	835 S Ninth Ave	Haubstadt	IN	47639	Clinic
Joseph Orthopedics & Sports Medicine Center	Dr.	Thomas	Joseph	1808 Sherman Dr,	Princeton	IN	47670	Specialty Clinic
Pediatric & Adolescent Center	Dr.	M.S.	Krishna	312 N 3rd Ave	Princeton	IN	47670	Specialty Clinic
Princeton Foot Clinic	Dr.	Richard	Loesch	418 1/2 N Main St	Princeton	IN	47670	Clinic
River Oaks Health Campus	Ms.	Doris	Moss	1244 Vail St	Princeton	IN	47670	Nursing Facility
South Gibson Medical Clinic	Dr.	Quentin	Emerson	7861 S Professional Dr	Fort Branch	IN	47648	Clinic
St. Mary's Physician Network	Dr.	Herman	Reid, III	7839 S Professional Blvd	Fort Branch	IN	47648	Clinic
The Eye Center	Dr.	W.	Satar	2020 Sherman Dr	Princeton	IN	47670	Optometrist

The Eye Center	Dr.	Jessica	Mcellhiney	2020 Sherman Dr	Princeton	IN	47670	Optometrist
The Waters Of Princeton	Mr.	Jon	Howard	1020 W Vine St	Princeton	IN	47670	Nursing Facility
Toyota Motor Manufacturing Indiana	Dr.	Steven	Griffith	4000 Tulip Tree Dr	Princeton	IN	47670	Clinic
Toyota Motor Manufacturing Indiana	Dr.	Stephen	Shoemaker	4000 Tulip Tree Dr	Princeton	IN	47670	Clinic
Toyota Motor Manufacturing Indiana	Dr.	Blake	Titzer	4000 Tulip Tree Dr	Princeton	IN	47670	Clinic
Toyota Motor Manufacturing Indiana	Mr.	Norm	Bafunno	4000 Tulip Tree Dr	Princeton	IN	47670	Clinic
Toyota Motor Manufacturing Indiana	Mrs.	Kelly	Dillon	4000 Tulip Tree Dr	Princeton	IN	47670	Clinic
Transcendent Healthcare Of Owensville	Mr.	Tom	O'niones	Po Box 369	Owensville	IN	47665	Clinic
Tulip Tree Family Health Care	Ms.	Nora	Nixon	123 Mcreary St	Fort Branch	IN	47648	Clinic
	Dr.	William	Wells	510 N Main St	Princeton	IN	47670	