



# Deaconess Memorial Medical Center

## 2026 Community Health Needs Assessment

*Approved by Board: August 26, 2026*



# Table of Contents

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|                                                            |    |
|------------------------------------------------------------|----|
| Executive Summary.....                                     | 3  |
| Overview of Community Health Needs Assessment .....        | 4  |
| Process & Methods.....                                     | 5  |
| Community Input.....                                       | 6  |
| Input on Priority Populations.....                         | 7  |
| Input on 2023 CHNA.....                                    | 8  |
| Community Served .....                                     | 9  |
| Demographics of the Community.....                         | 10 |
| Methods of Identifying Health Needs.....                   | 11 |
| Prioritizing Significant Health Needs.....                 | 12 |
| Overall Health Priority Ranking from Community Survey..... | 16 |
| Community Health Characteristics .....                     | 17 |
| Evaluation Process.....                                    | 34 |
| Appendix.....                                              | 35 |
| Leading Causes of Death.....                               | 37 |
| County Health Rankings.....                                | 38 |
| Data and Inputs.....                                       | 42 |
| Survey Results.....                                        | 43 |

# Executive Summary

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Deaconess Memorial Medical Center, Inc. (“DMMC” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare (“Ovation”) to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

- 1) a definition of the community served by the Hospital and a description of how the community was determined;
- 2) a description of the process and methods used to conduct the CHNA;
- 3) a description of how the Hospital solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2023 CHNA Assessment and Implementation Strategy efforts;
- 5) a prioritized description of the significant health needs of the community identified through the CHNA along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2026. A separate Implementation Strategy will identify the significant health needs DMMC will address and outline associated goals, actions, resources, partnerships, and measures to track progress.

# Community Health Needs Assessment

## Overview

### CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

### Organizational Benefits

- Identify health disparities and social drivers to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community members' perceptions of healthcare in the region
- Support community organizations for collaborations

## CHNA Process



### 1 Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.



### 2 Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.



### 3 Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.



### 4 Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

# Process & Methods

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This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

## Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the community members cooperating in this study are displayed in the CHNA report appendix.

All data sources are detailed in the appendix of this report, with the majority of the data used in this assessment coming from:

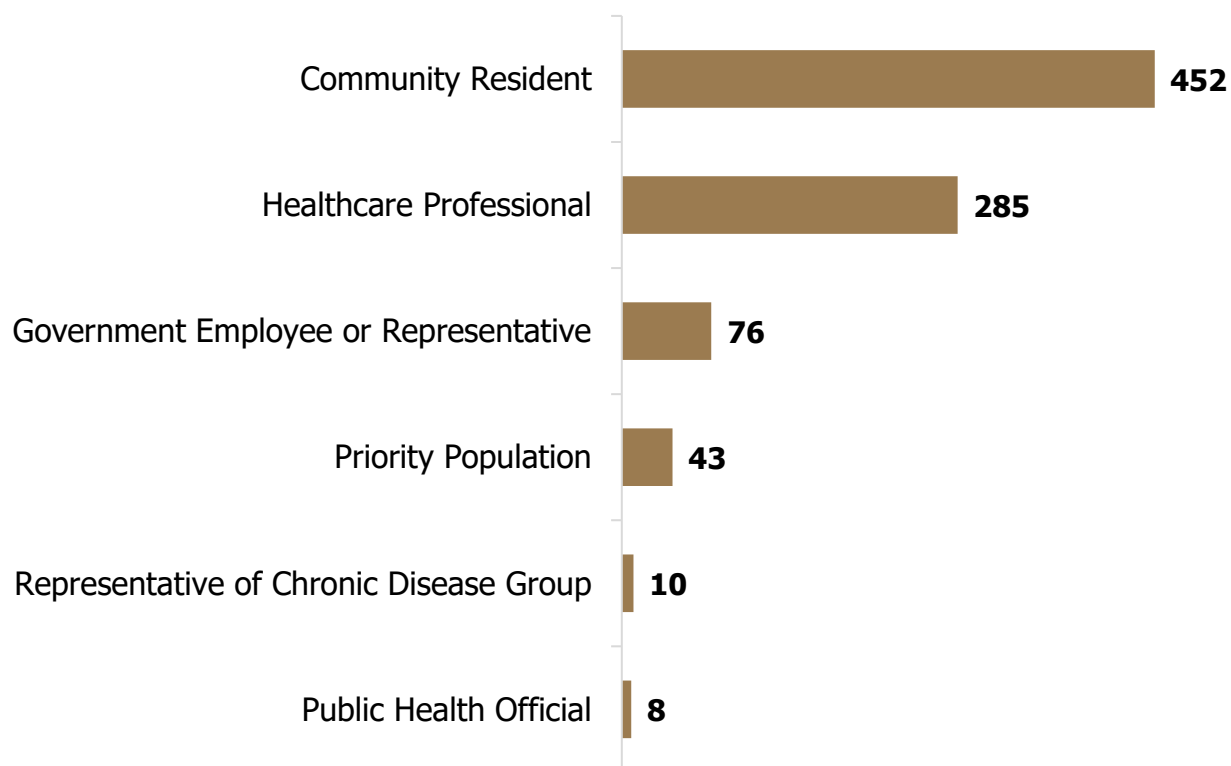
- County Health Rankings 2025 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's economic, racial, and geographically diverse population. 672 survey responses from community members were gathered in July 2026.

## Community Input

Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.

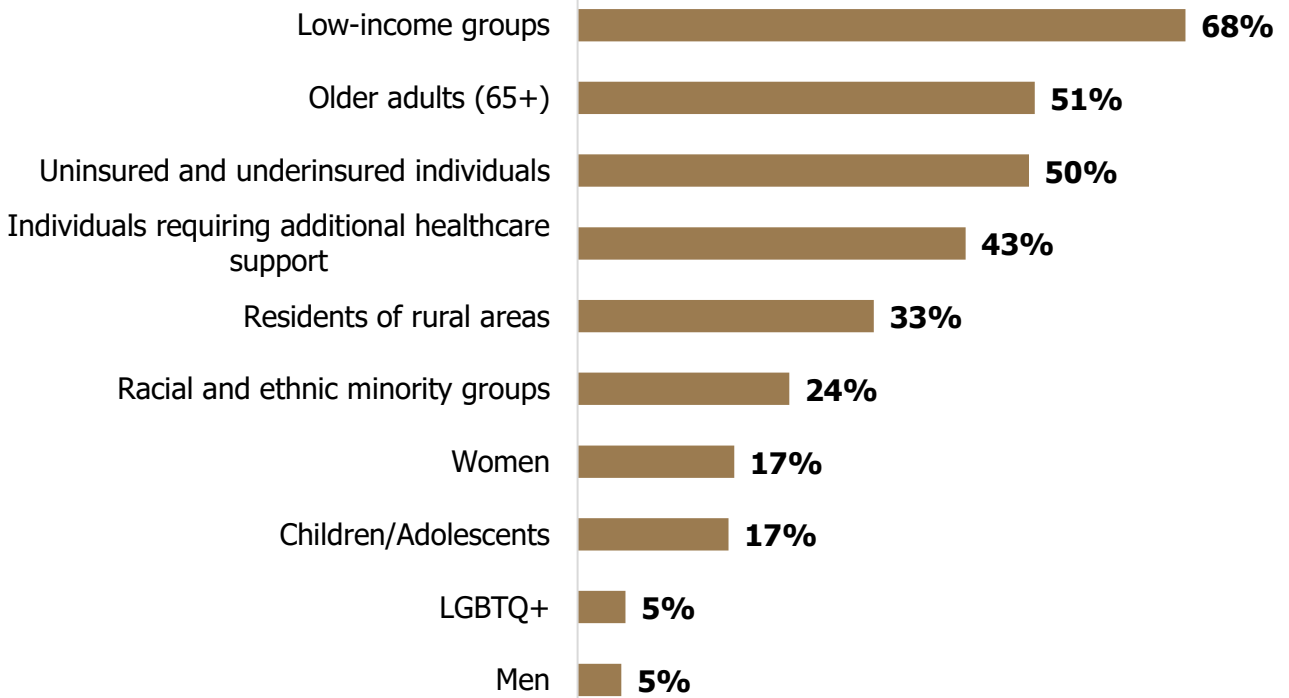
Survey Question: Please select all roles that apply to you (n=665)



## Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community (“Priority Populations”) would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were low-income groups, uninsured and underinsured individuals, and older adults (65+)
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Affordability of  
Healthcare

Adequate  
Transportation

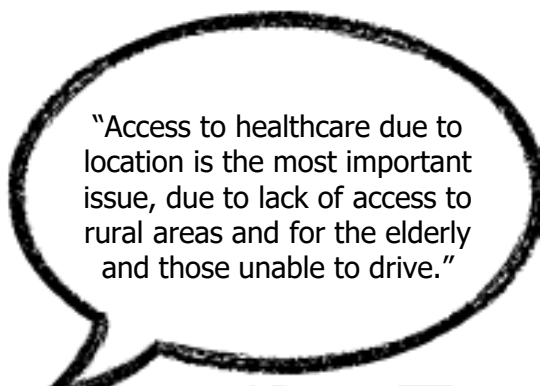
Access to  
Healthcare  
Services

Care  
Navigation

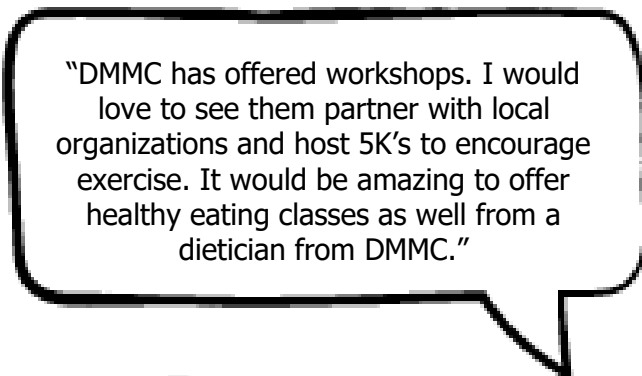
## Input on the Actions Taken Since the 2023 CHNA

DMMC considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2026 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by DMMC since the 2023 CHNA and Implementation Plan were conducted. These comments informed the development of the 2026 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2023 CHNA are listed below with a selection of survey responses.

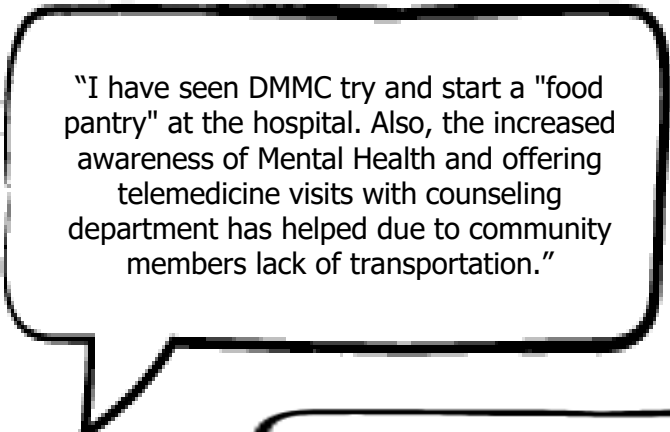
- Mental Health
- Access to Healthcare
- Diversity, Equity, & Inclusion
- Community Focused Healthcare Education
- Transportation



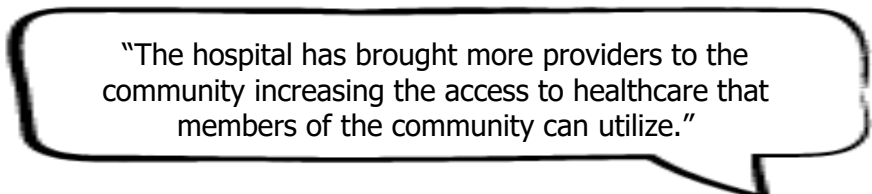
"Access to healthcare due to location is the most important issue, due to lack of access to rural areas and for the elderly and those unable to drive."



"DMMC has offered workshops. I would love to see them partner with local organizations and host 5K's to encourage exercise. It would be amazing to offer healthy eating classes as well from a dietician from DMMC."



"I have seen DMMC try and start a "food pantry" at the hospital. Also, the increased awareness of Mental Health and offering telemedicine visits with counseling department has helped due to community members lack of transportation."



"The hospital has brought more providers to the community increasing the access to healthcare that members of the community can utilize."

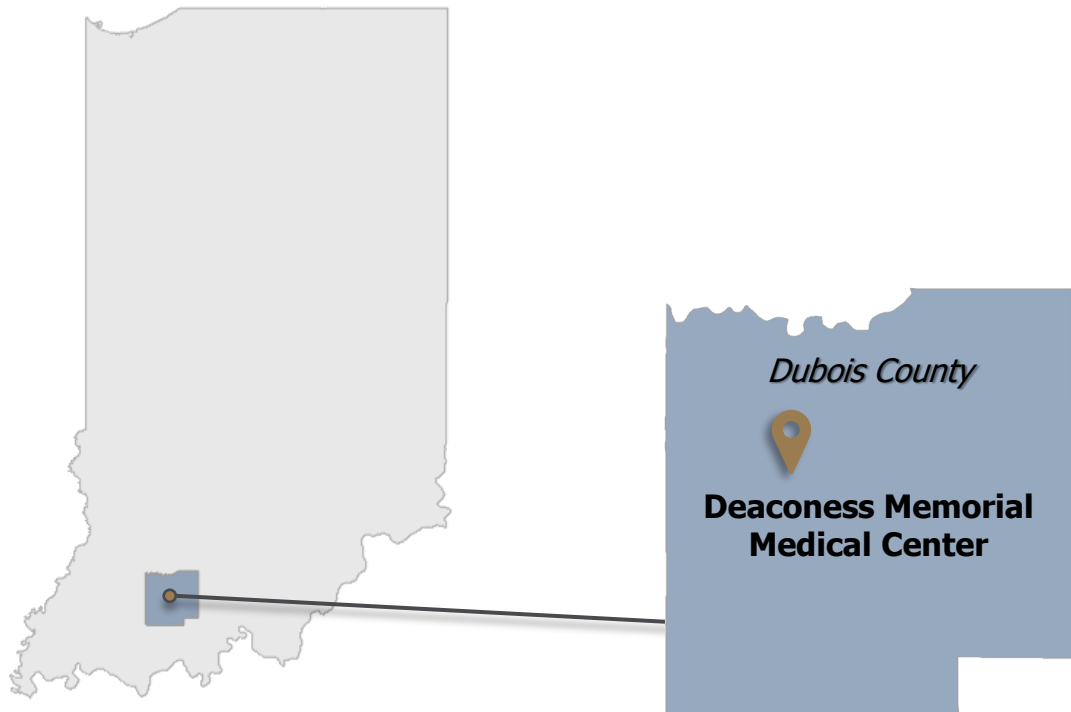
# Community Served

For the purpose of this study, the service area is defined as Dubois County in Indiana. The data presented in this report is based on this county-level service area and compared to state averages. Geographically, DMMC is located in Dubois County. DMMC is the only hospital in Dubois County.

## Service Area

### Dubois County

Total Population: **43,546**



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*Source: County Health Rankings 2025 Report, ArcGIS*

# Service Area Demographics

|                                           | Dubois   | Indiana   |
|-------------------------------------------|----------|-----------|
| <b>Demographics</b>                       |          |           |
| Total Population                          | 43,546   | 6,862,199 |
| <b>Age</b>                                |          |           |
| Below 18 Years of Age                     | 24.2%    | 23.1%     |
| Ages 19 to 64                             | 56.4%    | 59.7%     |
| 65 and Older                              | 19.4%    | 17.2%     |
| <b>Race &amp; Ethnicity</b>               |          |           |
| Non-Hispanic White                        | 87.4%    | 76.0%     |
| Non-Hispanic Black                        | 0.8%     | 10.0%     |
| American Indian or Alaska Native          | 0.4%     | 0.5%      |
| Asian                                     | 0.8%     | 2.9%      |
| Native Hawaiian or Other Pacific Islander | 0.2%     | 0.1%      |
| Hispanic                                  | 10.2%    | 8.8%      |
| <b>Gender</b>                             |          |           |
| Female                                    | 49.4%    | 50.4%     |
| Male                                      | 50.6%    | 49.6%     |
| <b>Geography</b>                          |          |           |
| Rural                                     | 47.6%    | 28.8%     |
| Urban*                                    | 52.4%    | 71.2%     |
| <b>Income</b>                             |          |           |
| Median Household Income                   | \$74,000 | \$69,500  |

*Notes: \*Urban is defined by the US Census Bureau as census blocks that encompass at least 5,000 people or at least 2,000 housing units*

*Source: County Health Rankings 2025 Report*

# Methods of Identifying Health Needs

## Collect & Analyze

Analyze existing data and collect new data



**737** indicators  
collected from  
data sources



**672** surveys  
completed by  
community members

## Evaluate

Evaluate indicators based on the following factors:



Worse than  
benchmark



Identified by the  
community



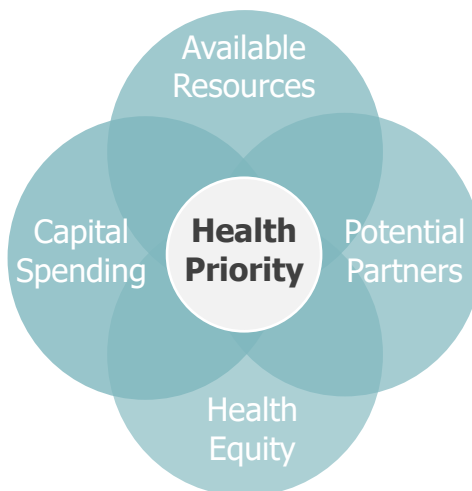
Impact on health  
disparities



Feasibility of  
being addressed

## Select

Select priority health needs for implementation plan



## Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

## Ranked Health Priorities

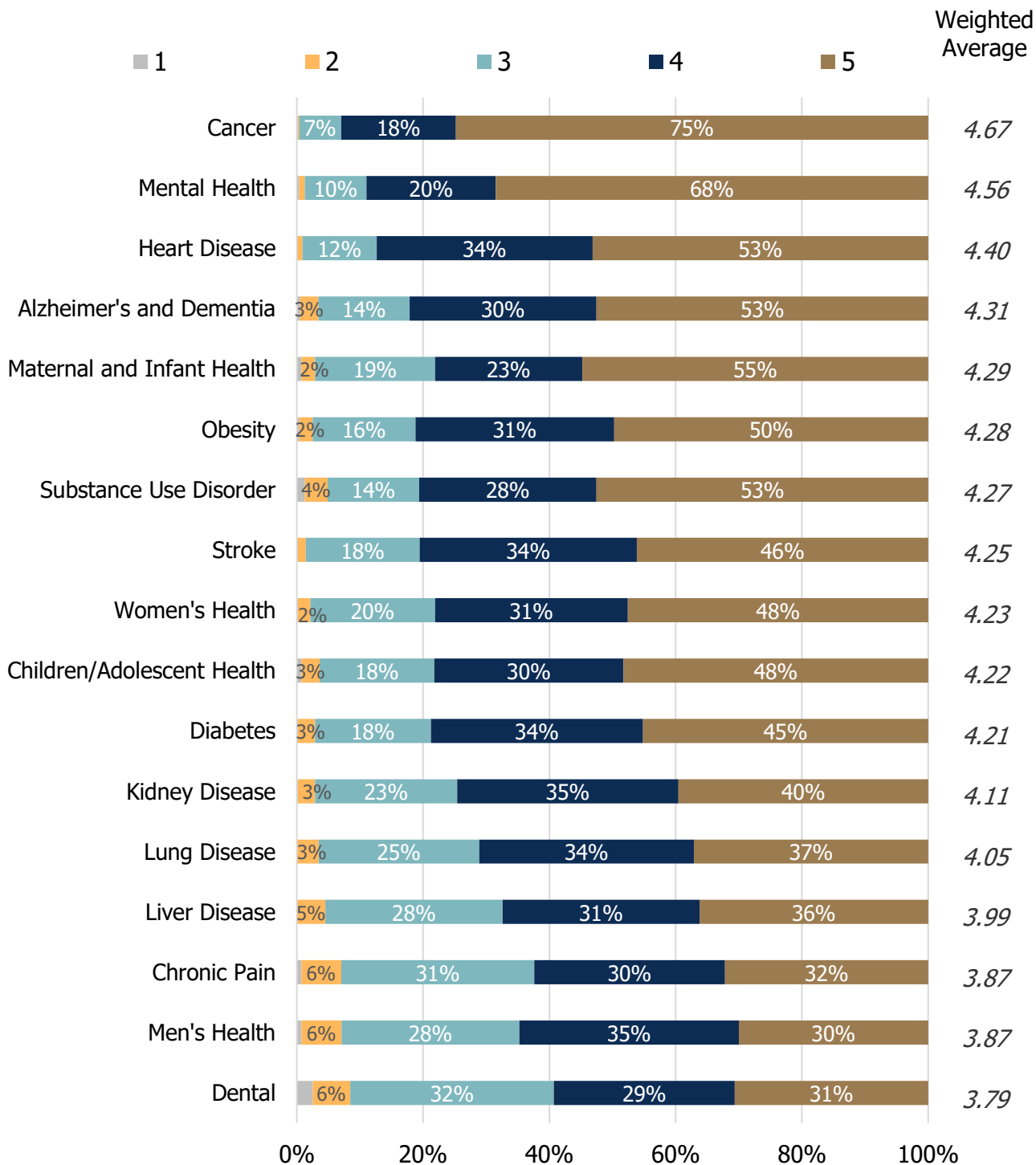
The health priority ranking process included an evaluation of health factors, community factors, and personal factors, given that they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

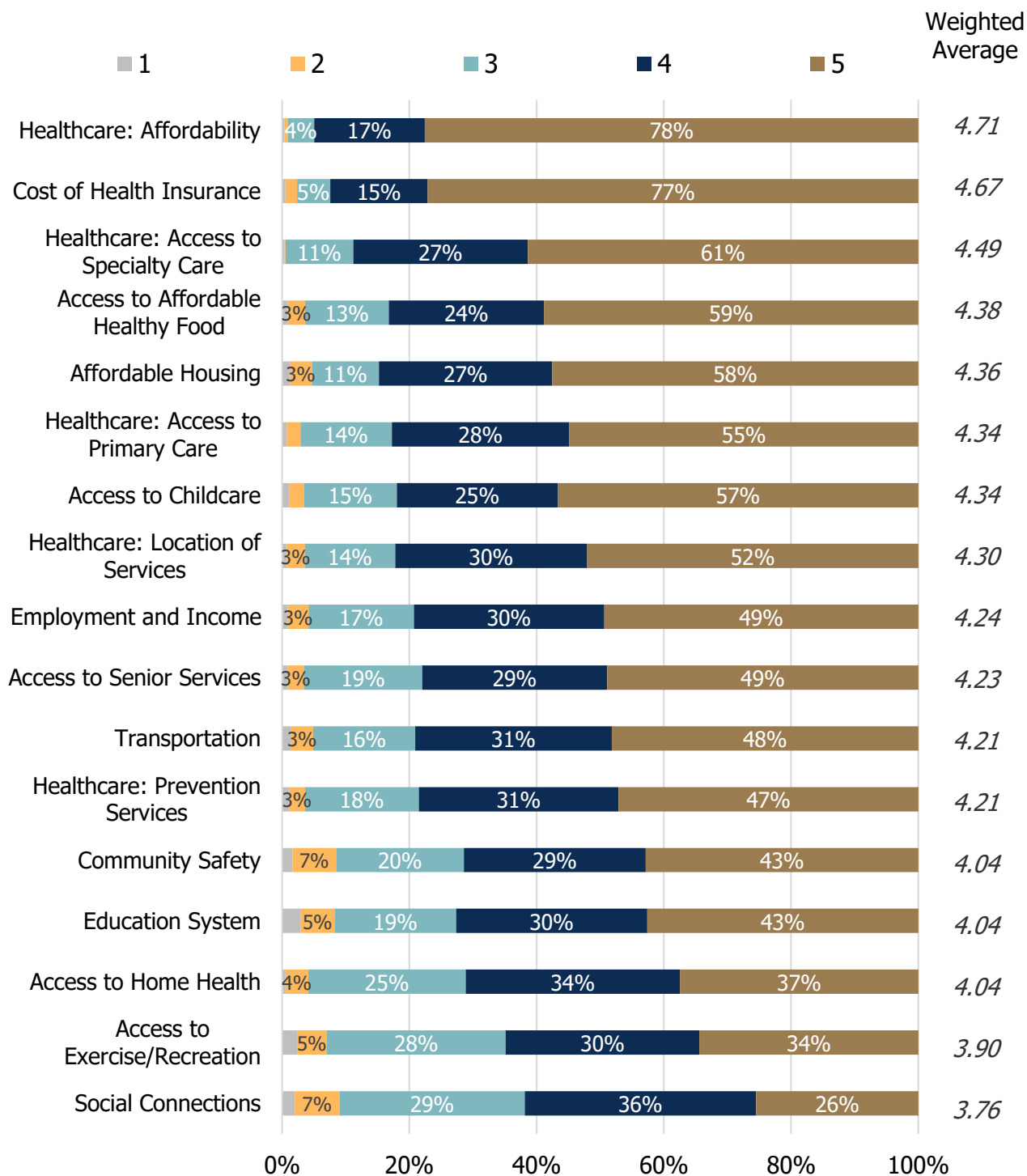
## Health Factors

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).



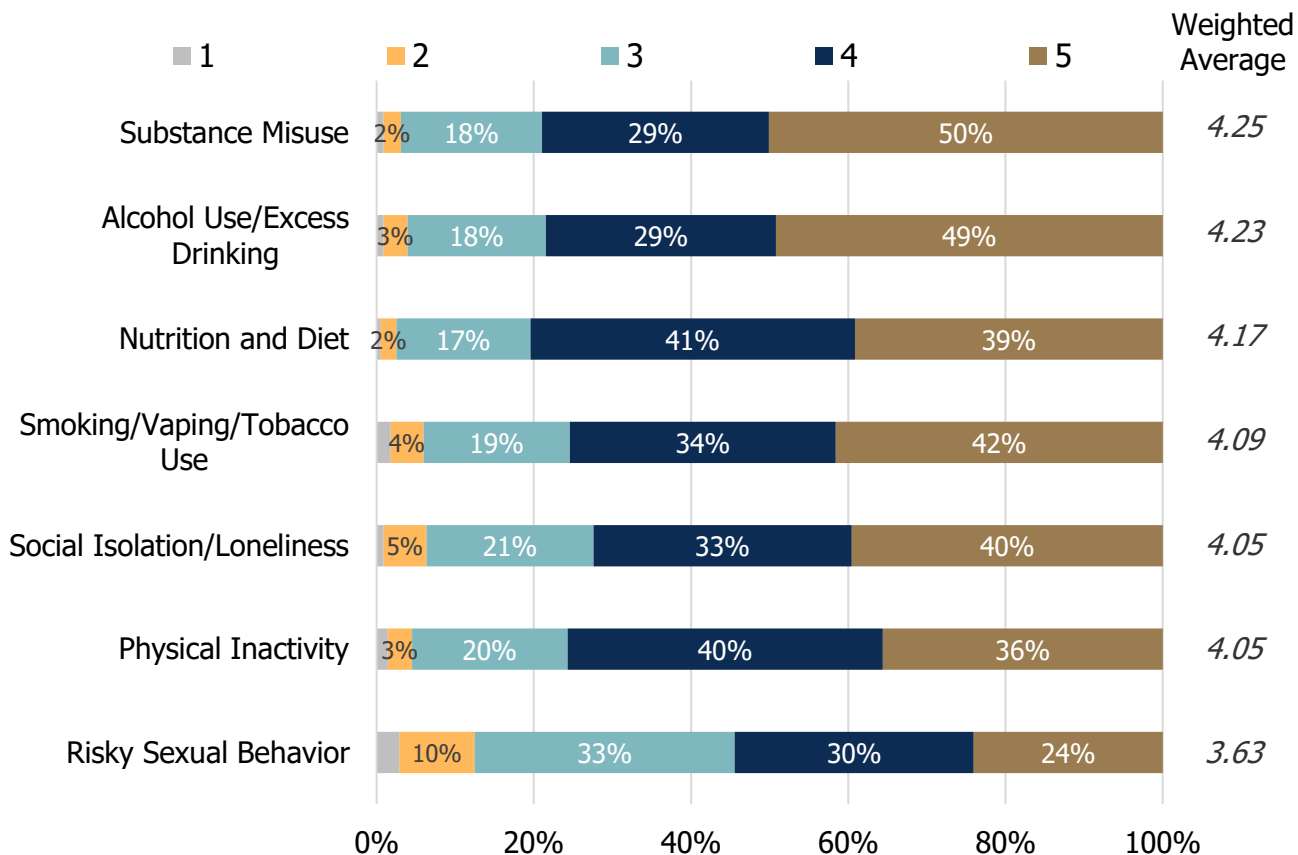
## Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).



## Behavioral Factors

Survey Question: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).



## Overall Health Priority Ranking (Top 10 Highlighted)

| Health Issue                         | Weighted Average (out of 5) | Combined 4 (Important) and 5 (Extremely Important) Rating |
|--------------------------------------|-----------------------------|-----------------------------------------------------------|
| Healthcare: Affordability            | 4.71                        | 95.0%                                                     |
| Cancer                               | 4.67                        | 92.9%                                                     |
| Cost of Health Insurance             | 4.67                        | 92.4%                                                     |
| Mental Health                        | 4.56                        | 89.0%                                                     |
| Healthcare: Access to Specialty Care | 4.49                        | 88.8%                                                     |
| Heart Disease                        | 4.40                        | 87.3%                                                     |
| Access to Affordable Healthy Food    | 4.38                        | 83.2%                                                     |
| Affordable Housing                   | 4.36                        | 84.8%                                                     |
| Access to Childcare                  | 4.34                        | 82.0%                                                     |
| Healthcare: Access to Primary Care   | 4.34                        | 82.7%                                                     |
| Alzheimer's and Dementia             | 4.31                        | 82.1%                                                     |
| Healthcare: Location of Services     | 4.30                        | 82.2%                                                     |
| Maternal and Infant Health           | 4.29                        | 78.1%                                                     |
| Obesity                              | 4.28                        | 81.2%                                                     |
| Substance Use Disorder               | 4.27                        | 80.6%                                                     |
| Stroke                               | 4.25                        | 80.5%                                                     |
| Substance Misuse                     | 4.25                        | 79.0%                                                     |
| Employment and Income                | 4.24                        | 79.3%                                                     |
| Women's Health                       | 4.23                        | 78.1%                                                     |
| Access to Senior Services            | 4.23                        | 78.0%                                                     |
| Alcohol Use/Excess Drinking          | 4.23                        | 78.5%                                                     |
| Children/Adolescent Health           | 4.22                        | 78.2%                                                     |
|                                      | 4.21                        | 78.8%                                                     |
| Healthcare: Prevention Services      | 4.21                        | 78.5%                                                     |
| Transportation                       | 4.21                        | 79.1%                                                     |
| Nutrition and Diet                   | 4.17                        | 80.4%                                                     |
| Kidney Disease                       | 4.11                        | 74.6%                                                     |
| Smoking/Vaping/Tobacco Use           | 4.09                        | 75.4%                                                     |
| Lung Disease                         | 4.05                        | 71.1%                                                     |
| Physical Inactivity                  | 4.05                        | 75.7%                                                     |
| Social Isolation/Loneliness          | 4.05                        | 72.4%                                                     |
| Access to Home Health                | 4.04                        | 71.2%                                                     |
| Education System                     | 4.04                        | 72.7%                                                     |
| Community Safety                     | 4.04                        | 71.4%                                                     |
| Liver Disease                        | 3.99                        | 67.4%                                                     |
| Access to Exercise/Recreation        | 3.90                        | 64.9%                                                     |
| Men's Health                         | 3.87                        | 64.7%                                                     |
| Chronic Pain                         | 3.87                        | 62.4%                                                     |
| Dental                               | 3.79                        | 59.3%                                                     |
| Social Connections                   | 3.76                        | 61.9%                                                     |
| Risky Sexual Behavior                | 3.63                        | 54.4%                                                     |

# Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Dubois County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of the service area county to that of Indiana can be found in the report appendix.

## Behavioral Health

### Mental Health

Mental health was the #4 community-identified health priority, with 89% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Dubois County is 14 deaths per 100,000 population, which is slightly lower than the Indiana average.

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

|                                                | Dubois | Indiana |
|------------------------------------------------|--------|---------|
| Suicide Mortality Rate per 100,000 (2019-2023) | 14     | 16      |
| Poor Mental Health Days past 30 days (2023)    | 5.3    | 5.9     |
| Population per 1 Mental Health Provider (2025) | 660:1  | 440:1   |
| Frequent Mental Distress (2023)                | 18%    | 19%     |

*Note: "Frequent Mental Distress" indicates percentage of adults reporting 14 or more days of poor mental health per month*

*Source: NIH: HDPulse, County Health Rankings 2025 Report, PLACES: Local Data for Better Health, America's Health Rankings*

## Drug, Substance, and Alcohol Use

Dubois County has a lower drug-related overdose death rate compared to Indiana (8 compared to 38 per 100,000 population, respectively). The prevalence of excessive drinking in Dubois County is on par with the state average, with alcohol-impaired driving deaths slightly lower than the state of Indiana. The adult smoking rate is also lower in Dubois County than the state of Indiana as a whole.

|                                                      | Dubois | Indiana |
|------------------------------------------------------|--------|---------|
| Drug-Related Overdose Deaths per 100,000 (2021-2023) | 8      | 38      |
| Excessive Drinking (2023)                            | 18%    | 18%     |
| Alcohol-Impaired Driving Deaths (2019-2023)          | 4%     | 19%     |
| Adult Smoking (2023)                                 | 16%    | 18%     |

*Source: CDC National Vital Statistics System, County Health Rankings 2025 Report*

# Chronic Diseases

## Cancer

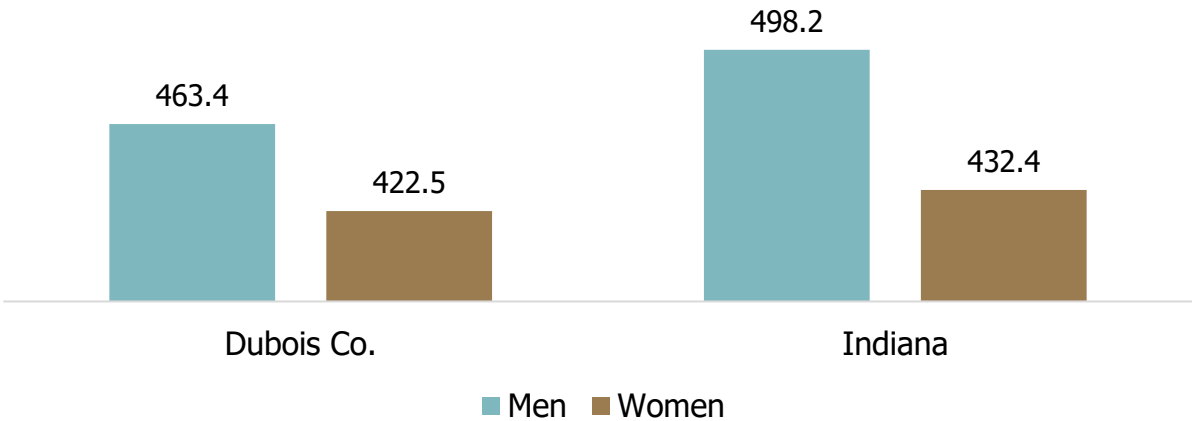
Cancer was identified as the #2 community health concern, with 93% of survey respondents rating it as important to address in the community. Cancer is the 2nd leading cause of death in Dubois County.

When evaluating health disparities across gender, men have higher incidence rates of cancer compared to women in the county and the state. This disparity can be due to a multitude of factors, including behavioral factors like tobacco use and diet, as well as healthcare utilization like preventative care and screening (CDC).

|                                                            | Dubois | Indiana |
|------------------------------------------------------------|--------|---------|
| Cancer Incidence Rate Age-Adjusted per 100,000 (2019-2023) | 436.7  | 458.2   |
| Cancer Mortality Rate per 100,000 (2019-2023)              | 143.8  | 165.4   |

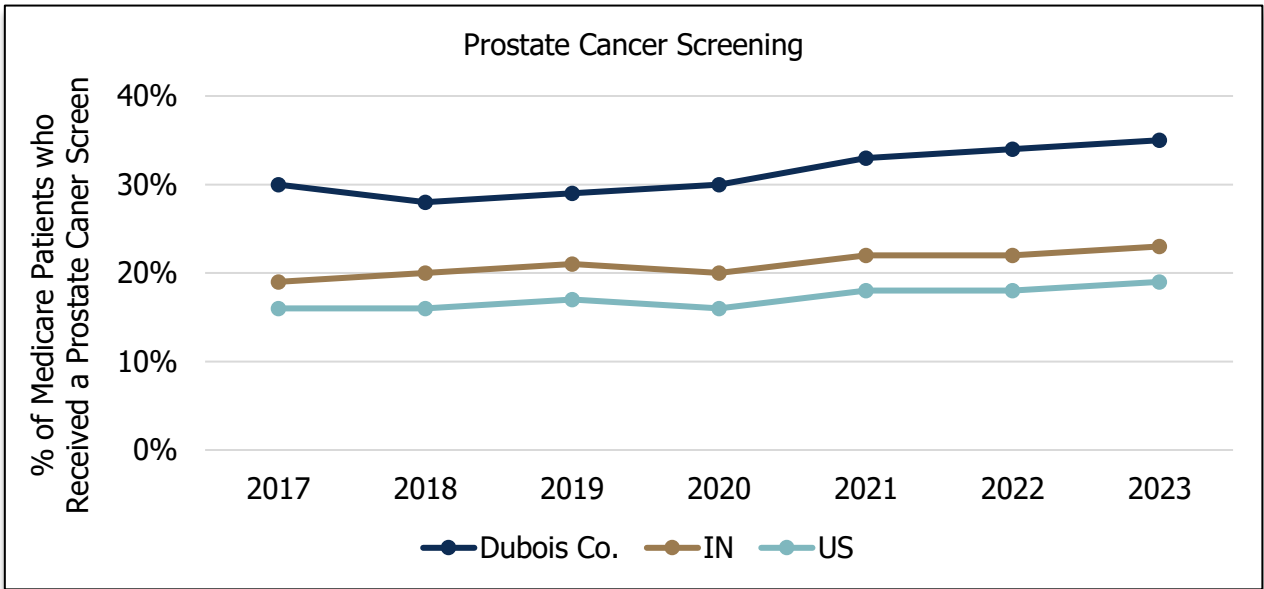
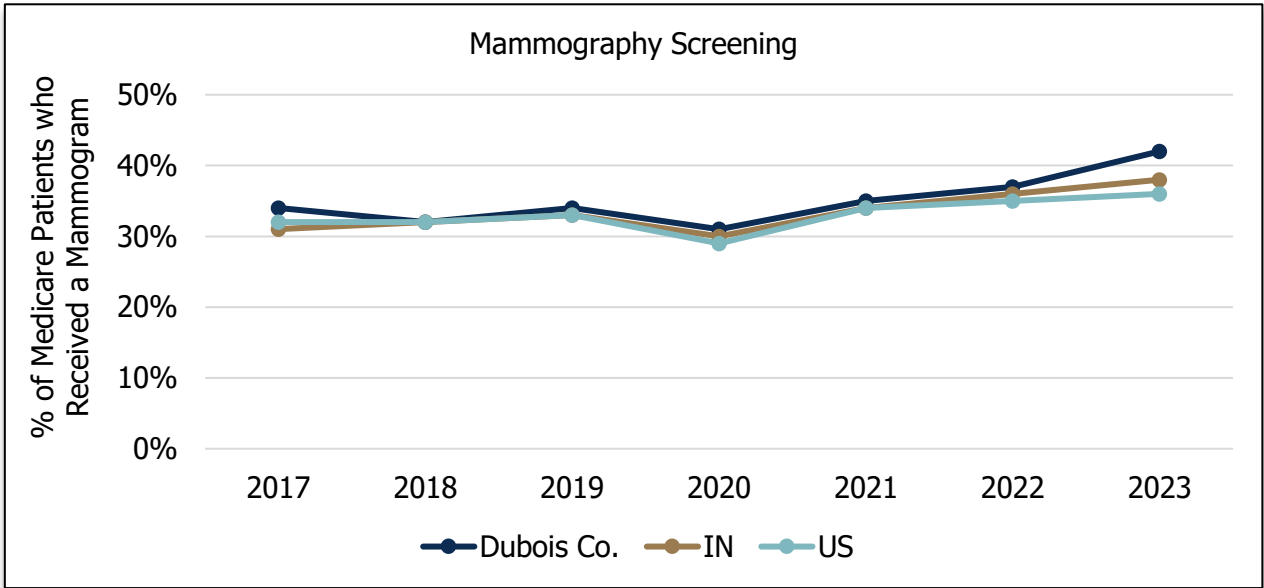
Source: NIH: HDPulse, National Cancer Institute

Cancer Incidence Rates by Gender (per 100,000)



Source: National Cancer Institute

The rate of Medicare enrollees (women age 65+) who have received a mammogram in the past year is higher in Dubois County than the state (30% and 38%, respectively). These rates have increased in recent years after a dip downward in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Dubois County has a higher rate of prostate cancer screening compared to the state (35% and 23%, respectively).



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

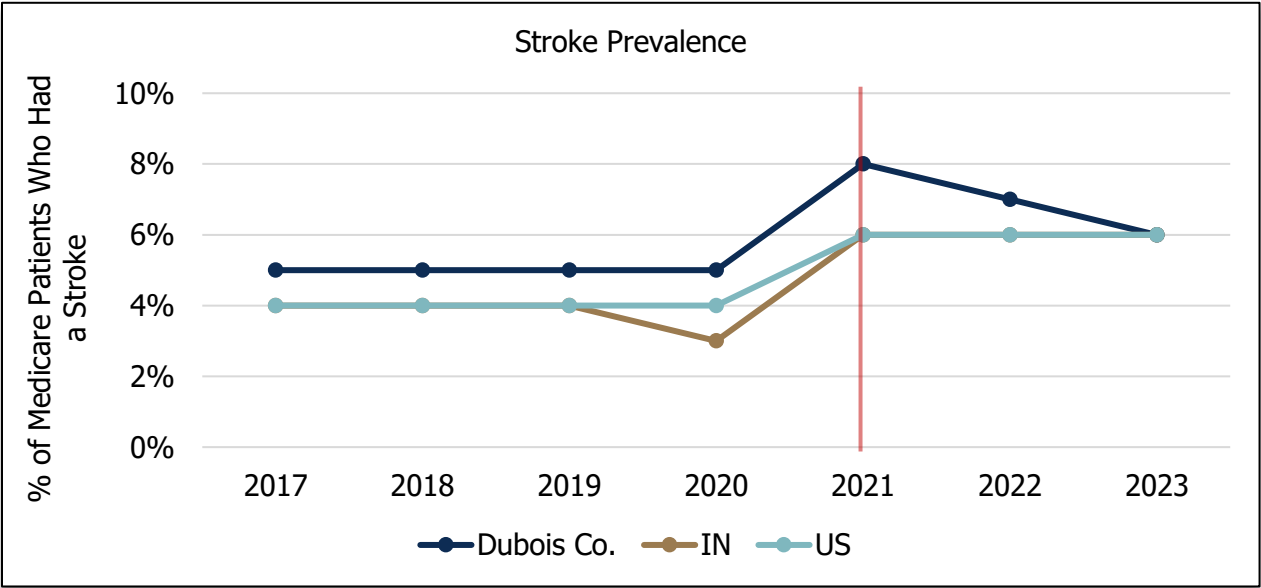
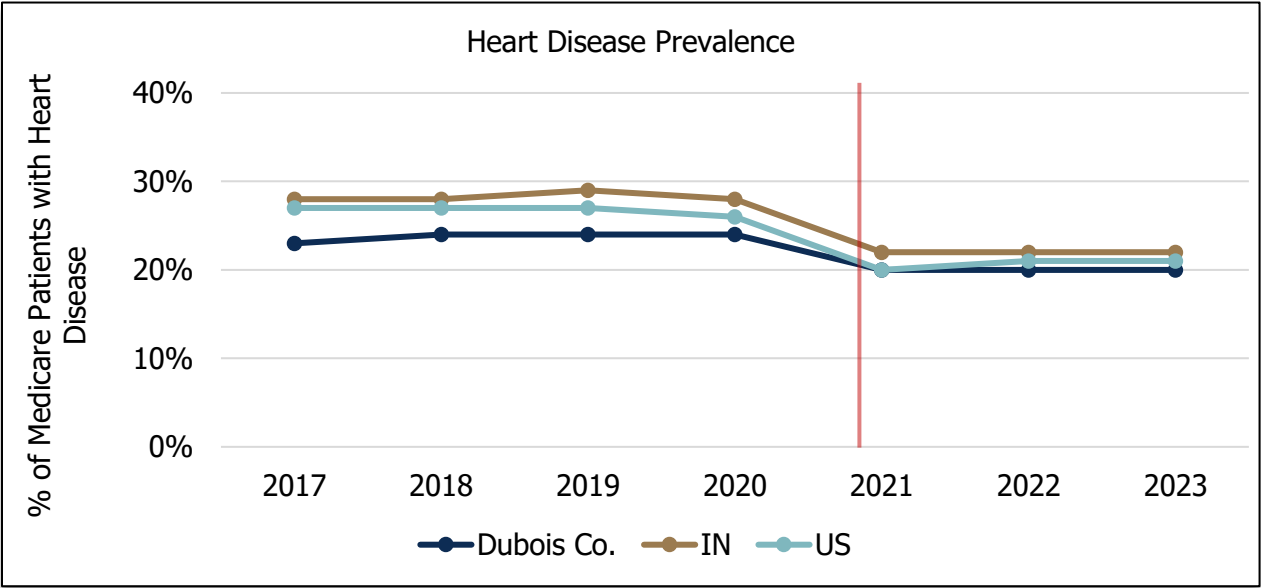
# Cardiovascular Health

Heart disease is the leading cause of death in Dubois County, and the county has a higher mortality rate for heart disease, and Higher rate for stroke compared to state averages. Looking at risk factors for negative cardiovascular health, Dubois County has a slightly higher prevalence of high blood pressure compared to the Indiana average.

|                                                      | Dubois | Indiana |
|------------------------------------------------------|--------|---------|
| Heart Disease Mortality Rate per 100,000 (2019-2023) | 212.4  | 186.7   |
| Stroke Mortality Rate per 100,000 (2019-2023)        | 59.5   | 42.6    |
| High Blood Pressure (2023)                           | 38.0%  | 37.6%   |

Source: NIH: HDPulse, PLACES: Local Data for Better Health, America’s Health Rankings

Within the Medicare population, Dubois County has a lower prevalence of heart disease compared to the state (20% compared to 22%, respectively), and the prevalence of stroke is the same as the state (both 6%).

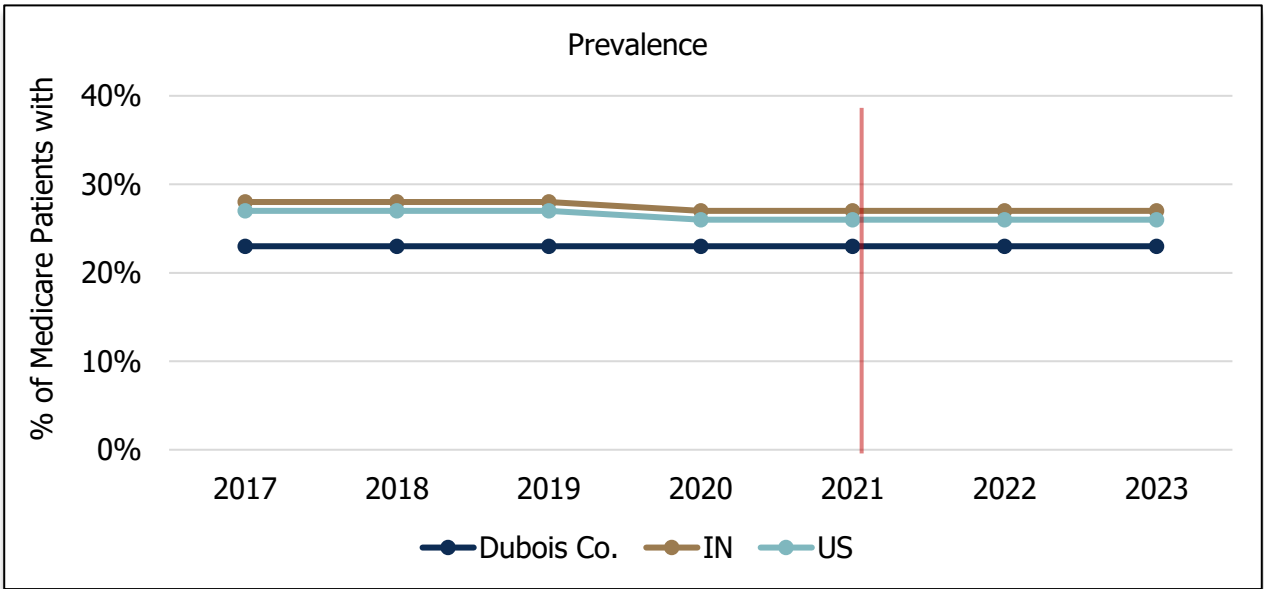


*Note: There was a change in the algorithm of reported data in 2021 noted by a red bar.  
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*

The mortality rate in Dubois County is lower than the Indiana average. When evaluating the Medicare population, Dubois County has a lower prevalence of compared to the state (23% and 27% US, respectively), though rates have remained stable over the past decade.

|                                        | Dubois | Indiana |
|----------------------------------------|--------|---------|
| Mortality Rate per 100,000 (2019-2023) | 25.6   | 28.8    |
| Prevalence (2023)                      | 23%    | 27%     |

Source: NIH: HDPulse, County Health Rankings 2025 Report



Note: There was a change in the algorithm of reported data in 2021 noted by a red bar. Between 2018-2019 and 2021-2023 the State and National data overlap.

Sources: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

# Healthcare Access

## Access & Affordability

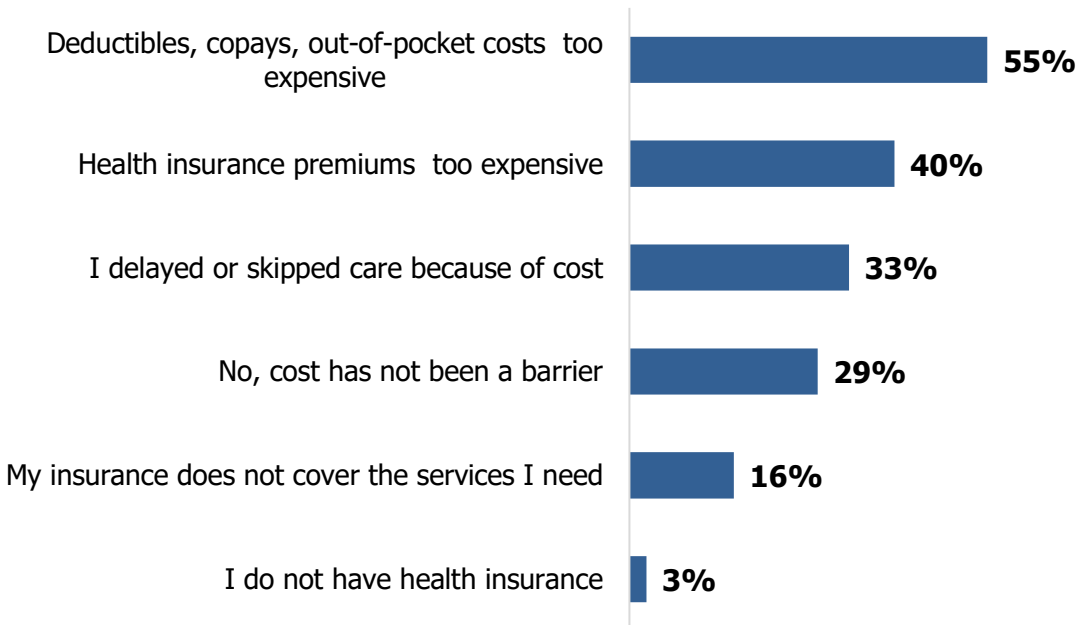
Access to affordable and quality healthcare services is a key driver of improved health outcomes, economic stability, and health equity. In the community survey, 38% of respondents said they would like to see additional primary care availability in the county. Dubois County has a higher household income than the Indiana average and sees a similar uninsured population as the state. Dubois County has 1 primary care physician (MD, DO) for every 1,420 residents, which indicates greater access to primary care than the state average (1 physician for every 1,510 residents). Similarly, Dubois County has better access to dental providers compared to Indiana on average.

|                                                     | Dubois  | Indiana |
|-----------------------------------------------------|---------|---------|
| Uninsured Population (2023)                         | 8%      | 9%      |
| Population per 1 Primary Care Physician (2022)      | 1,410:1 | 1,510:1 |
| Population per 1 Primary Care Provider (APP) (2025) | 890:1   | 700:1   |
| Population per 1 Dentist (2023)                     | 1,280:1 | 1,650:1 |

Source: County Health Rankings 2025 Report, PLACES: Local Data for Better Health

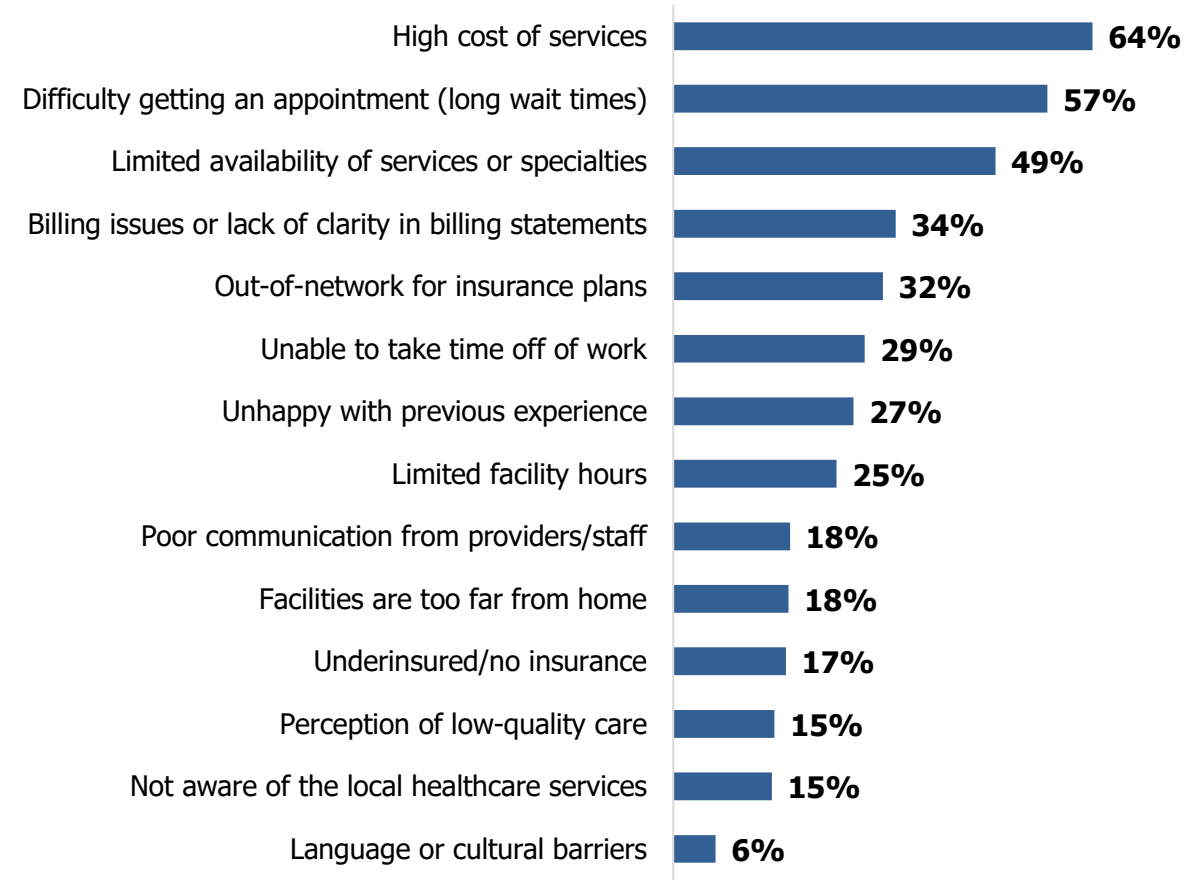
In the community survey, respondents were asked whether cost of health insurance or healthcare expenses made it difficult to receive care. 33% of respondents indicated that they delayed or skipped care due to cost, while 55% of respondents identified expensive deductibles, copays, out of pocket costs as a key driver and 40% pointed to expensive health insurance premiums.

Survey question: Have concerns about the cost of health insurance or healthcare expenses ever made it difficult for you or someone in your household to receive healthcare? (select all that apply)



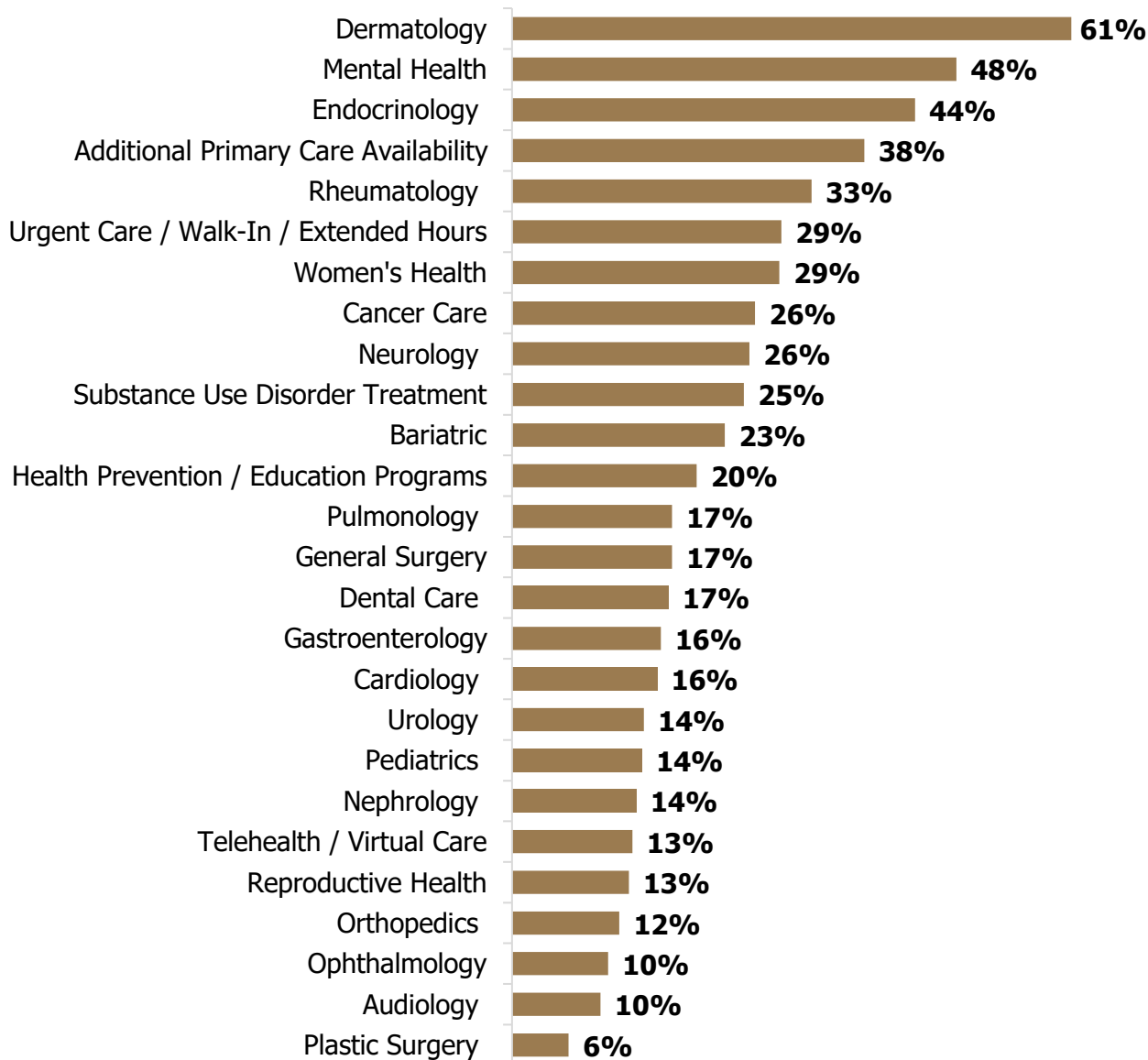
In the community survey, the respondents were asked what barriers prevent them or anyone in their household from receiving local healthcare services. Cost was the most significant barrier identified, with 64% citing high cost of services as a reason they could not access care.

Survey question: What barriers keep you or anyone in your household from receiving local healthcare services? (select all that apply)



In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Dermatology was the top identified service need, with 61% of respondents saying they would like to see it available in their community, followed by Mental Health (48%), Endocrinology (44%), and Additional Primary Care Availability (38%).

Survey Question: What additional services/offerings would you like to see available locally? (select all that apply)



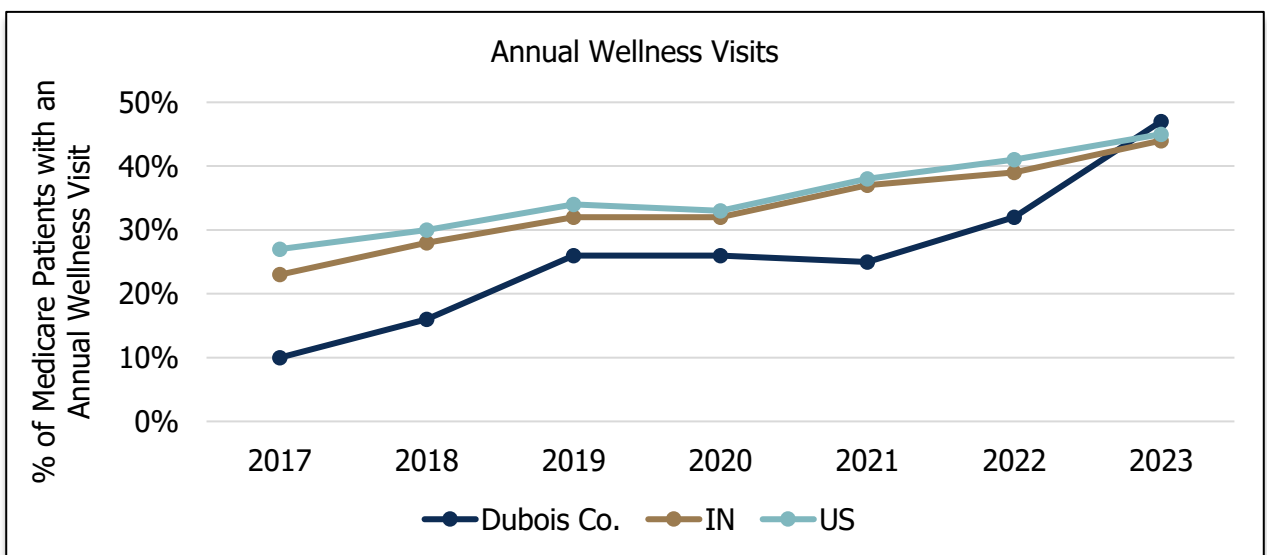
## Prevention Services

Prevention services, including routine check-ups, health screenings, and education, can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 20% of respondents said they would like to see additional health prevention and education programs available in the community.

Dubois County has lower mammography screening rates than the state and flu vaccine adherence rates that are on par with state averages. The county also has a lower rate of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions). This rate represents the effectiveness of preventive care in a community, reflecting how well primary care services manage chronic conditions and prevent avoidable hospital admissions. Additionally, the rate of annual wellness visits in the Medicare population is higher in Dubois County than the Indiana average, with rates increasing in recent years.

|                                               | Dubois | Indiana |
|-----------------------------------------------|--------|---------|
| Preventable Hospital Stays per 100,000 (2025) | 2,204  | 3,202   |
| Mammography Screening (2025)                  | 56%    | 49%     |
| Flu Vaccination (2025)                        | 47%    | 47%     |

*Source: County Health Rankings 2025 Report*



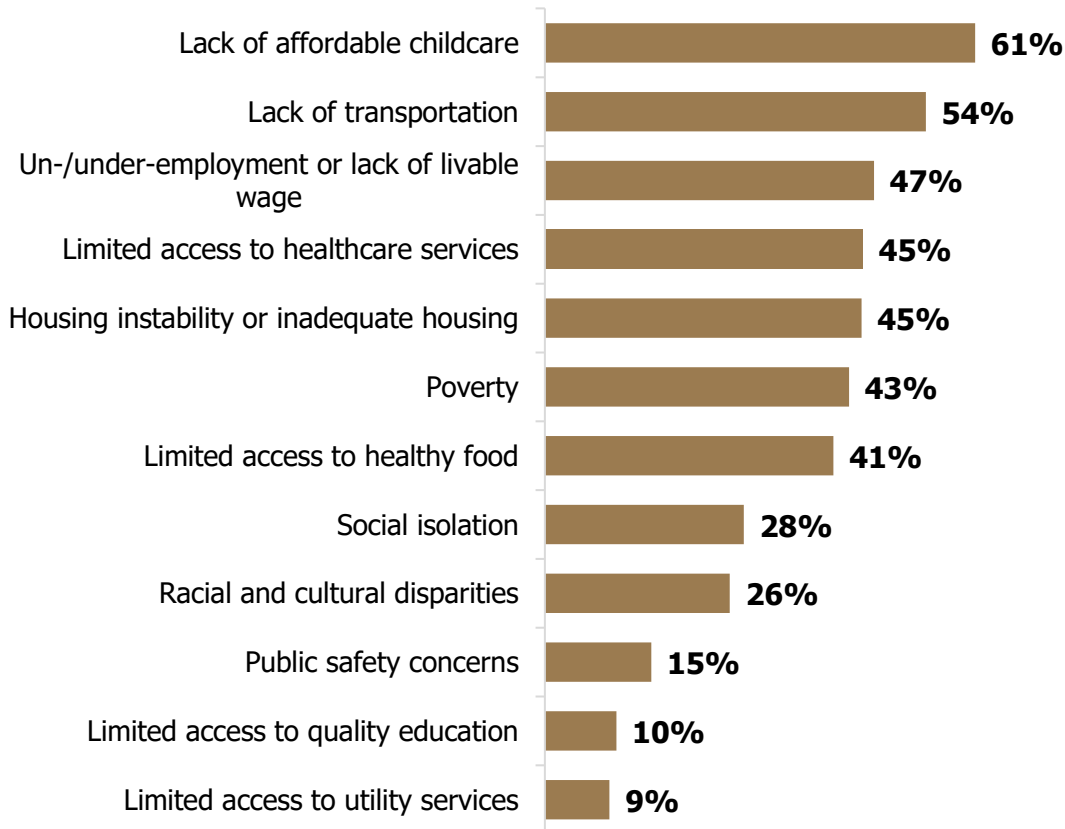
*Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*

## Social Determinants of Health

Social determinants of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants (Healthy People 2030).

Survey respondents were asked to identify the key social conditions that negatively impact the community. The top social condition identified was lack of affordable childcare, with 61% of survey respondents reporting it as negatively affecting the community's health, followed by lack of transportation and un-/under-employment or lack of livable wage.

**Survey Question: Please select the key social determinants that negatively impact the health of you or your community (select all that apply):**

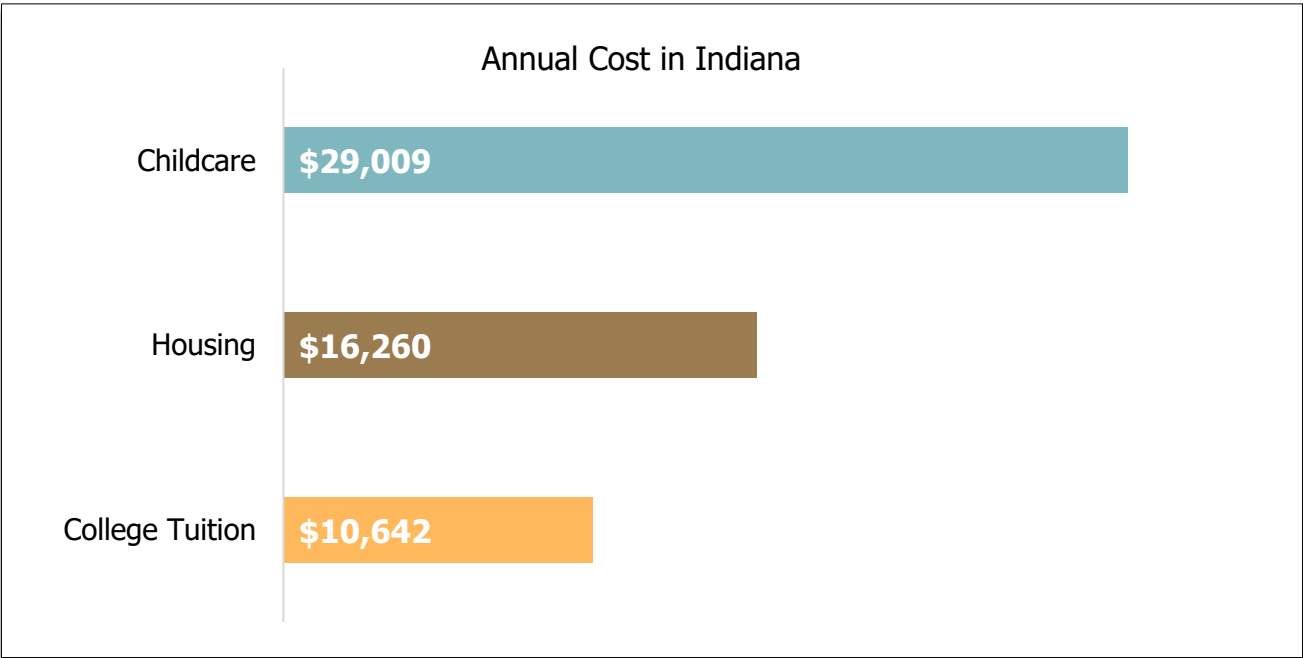


# Access to Childcare

Lack of affordable childcare was identified by survey respondents as the top social determinant negatively impacting the community. The average yearly cost of infant care in Indiana is \$9,508. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family’s income (Economic Policy Institute). In Dubois County, nearly 26% of household income is required for childcare expenses, and there are approximately 4 childcare centers for every 1,000 children under age 5 in the county, compared to 4 in the state.

|                                                                  | Dubois | Indiana |
|------------------------------------------------------------------|--------|---------|
| Children in Single-Parent Households (2019-2023)                 | 18%    | 24%     |
| Child Care Cost Burden - % of HHI used for childcare (2023-2024) | 26%    | 31%     |
| Child Care Centers per 1,000 Under Age 5 (2010-2022)             | 4      | 4       |

Source: County Health Rankings 2025 Report



Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center  
Source: Child Care Aware (2024)

# Housing

45% of survey respondents identified housing instability and inadequate housing as a top social condition negatively impacting the community. Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). A slightly lower percentage of Dubois County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) compared to the state average. Additionally, 9% of Dubois County residents spend 50% or more of their household income on housing.

|                                        | Dubois | Indiana |
|----------------------------------------|--------|---------|
| Severe Housing Problems (2017-2021)    | 9%     | 12%     |
| Severe Housing Cost Burden (2020-2024) | 9%     | 12%     |
| Broadband Access (2020-2024)           | 86%    | 90%     |

Source: County Health Rankings 2025 Report

## Income, Employment, and Education

47% of survey respondents identified unemployment, underemployment, or lack of livable wage as a top social condition negatively impacting the community. Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

|                                                                                | Dubois   | Indiana  |
|--------------------------------------------------------------------------------|----------|----------|
| Median Household Income (2025)                                                 | \$74,000 | \$69,500 |
| High School Completion (2019-2023)                                             | 89%      | 90%      |
| Some College – Includes Those Who Had and Had Not Attained Degrees (2019-2023) | 62%      | 63%      |
| Unemployment (2024)                                                            | 3.3%     | 4.2%     |
| Children in Poverty (2019-2023)                                                | 8%       | 15%      |

*Source: County Health Rankings 2025 Report*

## Access to Healthy Food

While access to healthy food ranked as the #7 community health concern, population health indicators suggest Dubois County generally performs better than the state on measures of food access. Eighty-three percent of survey respondents rated this issue as important, indicating that community members continue to perceive affordability and access to nutritious food as a challenge. Compared to the state of Indiana however, Dubois County residents face lower rates of food insecurity, with the county at 13% compared to a state rate of 15%. The Food Environment Index represents a composite score from 0 (worst) to 10 (best) that equally weights limited healthy food access and food insecurity rates. On this measure, Dubois County scores 8.5 out of 10 (compared to Indiana rate of 6.5), indicating an above-average, healthier food environment.

|                                                                                                                          | Dubois | Indiana |
|--------------------------------------------------------------------------------------------------------------------------|--------|---------|
| Food Insecurity (2023)                                                                                                   | 13%    | 15%     |
| Food Environment Index – Index out of possible 10 including factors contributing to healthy food environment (2019-2023) | 8.5    | 6.5     |

*Source: County Health Rankings 2025 Report*

# Evaluation Process

## Worse than Benchmark Measure



Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or U.S. averages

## Identified by the Community



Health needs expressed in the online survey and/or mentioned frequently by community members

## Feasibility of Being Addressed



Growing health needs where interventions are feasible, and the Hospital could make an impact

## Impact on Health Equity



Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

| Health Need Evaluation               | Worse than Benchmark | Identified by the Community | Feasibility | Impact on Health Equity |
|--------------------------------------|----------------------|-----------------------------|-------------|-------------------------|
| Healthcare: Affordability            | ✓                    | ✓                           | ✓           | ✓                       |
| Cancer                               |                      | ✓                           | ✓           | ✓                       |
| Cost of Health Insurance             | ✓                    | ✓                           |             | ✓                       |
| Mental Health                        |                      | ✓                           | ✓           | ✓                       |
| Healthcare: Access to Specialty Care |                      | ✓                           | ✓           | ✓                       |
| Heart Disease                        | ✓                    | ✓                           | ✓           | ✓                       |
| Access to Affordable Healthy Food    |                      | ✓                           |             | ✓                       |
| Affordable Housing                   |                      | ✓                           |             | ✓                       |
| Access to Childcare                  |                      | ✓                           |             | ✓                       |
| Healthcare: Access to Primary Care   |                      | ✓                           | ✓           | ✓                       |

# Appendix

# **Community Data Tables**

# Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. The Leading Causes of Death are listed in the tables below in U.S. rank order. Dubois County's mortality rates are compared to the Indiana state average, and whether the death rate was notably higher (red), or lower (green) compared to the state average.

|                                   | Dubois | Indiana | U.S.  |
|-----------------------------------|--------|---------|-------|
| Heart Disease                     | 212.4  | 186.7   | 168.9 |
| Cancer                            | 143.8  | 165.4   | 145.4 |
| Chronic Lower Respiratory Disease | 35.2   | 53.9    | 35.9  |
| Accidents                         | 35.8   | 67.3    | 59.7  |
|                                   | 25.6   | 28.8    | 23.9  |
| Alzheimer's                       | 51.4   | 31.0    | 30.8  |
| Cerebrovascular Diseases (Stroke) | 59.5   | 42.6    | 39.8  |
| Kidney                            | 11.3   | 18.0    | 13.4  |
| Liver                             | 9.1    | 13.9    | 13.1  |
| Suicide                           | 13.8   | 15.8    | 13.9  |
| Blood Poisoning (Septicemia)      | 11.8   | 12.0    | 10.0  |
| Pneumonia                         | 10.9   | 9.7     | 10.7  |
| Homicide                          | N/A    | 8.9     | 7.6   |

Source: NIH: HDPulse, CDC (2019-2023)

# County Health Rankings

|                                                      | Dubois  | Indiana | US Overall |
|------------------------------------------------------|---------|---------|------------|
| <b>Length of Life</b>                                |         |         |            |
| Premature Death*                                     | ● 6,300 | 9,500   | 8,100      |
| Life Expectancy*                                     | ● 78    | 76      | 78         |
| <b>Quality of Life</b>                               |         |         |            |
| Poor or Fair Health                                  | ● 19%   | 21%     | 20%        |
| Poor Physical Health Days                            | ● 4.3   | 4.6     | 4.5        |
| Poor Mental Health Days                              | ● 5.3   | 5.9     | 5.7        |
| Low Birthweight*                                     | ● 7%    | 8%      | 8%         |
| <b>Health Behaviors</b>                              |         |         |            |
| Adult Smoking                                        | ● 16%   | 18%     | 16%        |
| Adult Obesity                                        | ● 40%   | 40%     | 38%        |
| Limited Access to Healthy Foods                      | ● 4%    | 9%      | 6%         |
| Physical Inactivity                                  | ● 24%   | 26%     | 27%        |
| Access to Exercise Opportunities                     | ● 75%   | 76%     | 84%        |
| Excessive Drinking                                   | ● 18%   | 18%     | 19%        |
| Alcohol-Impaired Driving Deaths                      | ● 4%    | 19%     | 26%        |
| Drug Overdose Deaths*                                | ● 8     | 38      | 32         |
| Sexually Transmitted Infections*                     | ● 266   | 491     | 492        |
| Teen Births (per 1,000 females ages 15-19)           | ● 13    | 18      | 15         |
| <b>Clinical Care</b>                                 |         |         |            |
| Uninsured                                            | ● 8%    | 9%      | 11%        |
| Primary Care Physicians (MDs & DOs)                  | 1410:1  | 1510:1  | 1310:1     |
| Other Primary Care Providers (APPs)                  | 890:1   | 700:1   | 680:1      |
| Dentists                                             | 1280:1  | 1650:1  | 1340:1     |
| Mental Health Providers                              | 660:1   | 440:1   | 290:1      |
| Preventable Hospital Stays*                          | ● 2,204 | 3,202   | 2,769      |
| Mammography Screening                                | ● 56%   | 49%     | 46%        |
| Flu Vaccinations                                     | ● 47%   | 47%     | 44%        |
| <b>Social &amp; Economic Factors</b>                 |         |         |            |
| High School Completion                               | ● 89%   | 90%     | 89%        |
| Some College                                         | ● 62%   | 63%     | 68%        |
| Unemployment                                         | ● 3%    | 4%      | 4.0%       |
| Children in Poverty                                  | ● 8%    | 15%     | 16%        |
| Injury Deaths*                                       | ● 62.0  | 96.0    | 87         |
| Child Care Cost Burden (% of HHI used for childcare) | ● 26%   | 31%     | 28%        |
| Child Care Centers (per 1,000 under age 5)           | ● 4     | 4       | 7          |
| <b>Physical Environment</b>                          |         |         |            |
| Severe Housing Problems                              | ● 9%    | 12%     | 17%        |
| Long Commute - Driving Alone (> 30 min. commute)     | ● 16%   | 32%     | 37%        |
| Severe Housing Cost Burden (50% or more of HHI)      | ● 9%    | 12%     | 15%        |
| Broadband Access                                     | ● 86%   | 90%     | 91%        |

## Key (Legend)

● Better than IN

● Same as IN

● Worse than IN

Source: County Health Rankings 2025 Report

# **Data and Inputs**

## Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

## Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the Hospital
- 3) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 4) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 5) **Priority Population** – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
- 6) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
- 7) **Other** (please specify)

## Data Sources

| Source                                                                               | Data Element                                                                                            | Date Accessed | Data Date |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------|-----------|
| County Health Rankings 2025 Report                                                   | Assessment of health needs of the county compared to all counties in the state; County demographic data | March 2026    | 2014-2023 |
| NIH: HDPulse – CDC                                                                   | Leading causes of death, median household income                                                        | March 2026    | 2019-2023 |
| PLACES: Local Data for Better Health                                                 | County level health, socioeconomic, and environmental data                                              | February 2026 | 2024      |
| America’s Health Rankings                                                            | National and State level data for health, environmental, and socioeconomic measures                     | February 2026 | 2022      |
| American Community Survey, US Census Bureau                                          | Social, economic, housing, and demographic information for States                                       | February 2026 | 2024      |
| NIH National Cancer Institute                                                        | State cancer profiles; incidence rates                                                                  | March 2026    | 2019-2023 |
| Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population | Health outcome measures and disparities in chronic diseases                                             | March 2026    | 2023      |
| American Association                                                                 | Type 2 risk factors                                                                                     | February 2026 | 2005      |
| Centers for Disease Control and Prevention – CDC                                     | Racial and ethnic disparities in heart disease                                                          | March 2025    | 2019      |
| Healthy People 2030 – OASH                                                           | Social Determinants of Health                                                                           | March 2026    | n.d.      |
| Center for Housing Policy                                                            | Impacts of affordable housing on health                                                                 | February 2026 | 2015      |
| Child Care Aware                                                                     | Childcare costs                                                                                         | March 2026    | 2024      |
| Health Affairs: Leigh, Du                                                            | Effects of low wages on health                                                                          | February 2025 | 2022      |

# Survey Results

Based on 672 survey responses gathered in July 2026.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

| Answer Choices                          | Responses |     |
|-----------------------------------------|-----------|-----|
| Community Resident                      | 68.0%     | 452 |
| Healthcare Professional                 | 42.8%     | 285 |
| Government Employee or Representative   | 11.4%     | 76  |
| Priority Population                     | 6.5%      | 43  |
| Public Health Official                  | 1.2%      | 8   |
| Representative of Chronic Disease Group | 1.5%      | 10  |
|                                         | Answered  | 665 |
|                                         | Skipped   | 7   |

Q2: Are you Hispanic, Latino/a, or Spanish origin

| Answer Choices       | Responses |     |
|----------------------|-----------|-----|
| Yes                  | 1.4%      | 9   |
| No                   | 96.5%     | 645 |
| Prefer not to answer | 2.1%      | 14  |
|                      | Answered  | 668 |
|                      | Skipped   | 4   |

Q3: Race/ethnicity (select all that apply)

| Answer Choices                            | Responses |     |
|-------------------------------------------|-----------|-----|
| White or Caucasian                        | 95.3%     | 640 |
| Black or African American                 | 0.8%      | 5   |
| Hispanic or Latino                        | 0.3%      | 2   |
| Asian or Asian American                   | 0.2%      | 1   |
| Native Hawaiian or other Pacific Islander | 0.2%      | 1   |
| Prefer not to answer                      | 3.5%      | 23  |
| Other (please specify)                    | 0.2%      | 1   |
|                                           | Answered  | 671 |
|                                           | Skipped   | 1   |

#### Q4: Age group

| Answer Choices       |  | Responses |     |
|----------------------|--|-----------|-----|
| 18-24                |  | 2.2%      | 15  |
| 25-34                |  | 10.4%     | 70  |
| 35-44                |  | 19.2%     | 129 |
| 45-54                |  | 23.5%     | 158 |
| 55-64                |  | 22.3%     | 150 |
| 65+                  |  | 19.9%     | 134 |
| Prefer not to answer |  | 2.4%      | 16  |
|                      |  | Answered  | 672 |
|                      |  | Skipped   | 0   |

#### Q5: What ZIP code do you primarily live in?

| Answer Choices                         |                        | Responses |     |
|----------------------------------------|------------------------|-----------|-----|
| 47546                                  | Jasper, Indiana        | 44.9%     | 289 |
| 47542                                  | Huntingburg, Indiana   | 10.9%     | 70  |
| 47532                                  | Ferdinand, Indiana     | 6.2%      | 40  |
| 47553                                  | Loogootee, Indiana     | 3.1%      | 20  |
| 47581                                  | Shoals, Indiana        | 2.6%      | 17  |
| 47579                                  | Santa Claus, Indiana   | 2.0%      | 13  |
| 47513                                  | Birdseye, Indiana      | 1.9%      | 12  |
| 47501                                  | Washington, Indiana    | 1.9%      | 12  |
| 47523                                  | Dale, Indiana          | 1.7%      | 11  |
| 47575                                  | Saint Anthony, Indiana | 1.7%      | 11  |
| All Others (10 or Less Responses Each) |                        | 23.1%     | 146 |
|                                        |                        | Answered  | 644 |
|                                        |                        | Skipped   | 28  |

Q6: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses)

| Answer Choices                                      | Responses |     |
|-----------------------------------------------------|-----------|-----|
| Low-income groups                                   | 67.8%     | 431 |
| Older adults (65+)/                                 | 51.0%     | 324 |
| Uninsured and underinsured individuals              | 50.4%     | 320 |
| Individuals requiring additional healthcare support | 43.3%     | 275 |
| Residents of rural areas                            | 33.1%     | 210 |
| Racial and ethnic minority groups                   | 23.6%     | 150 |
| Women                                               | 17.5%     | 111 |
| Children/Adolescents                                | 16.9%     | 107 |
| LGBTQ+                                              | 5.4%      | 34  |
| Men                                                 | 4.9%      | 31  |
|                                                     | Answered  | 635 |
|                                                     | Skipped   | 37  |

What do you believe to be some of the specific needs of the groups selected above?

- Mental Health, barriers to access, social isolation, dementia
- transportation
- The lack of affordable healthcare affects all of those above. They also lack the knowledge to find help in getting the help they need. There are organizations that can help them, but they lack transportation or the ability to reach those places.
- financial security, home based needs
- transportation, mental health access, underinsured, lack of services in the community
- Access to care, transportation, mental health services
- High medical bills.
- Insurance you don't have to fight to get the care you need
- Being seen by a doctor but don't have the money for office visits and prescriptions.
- Affordable care, medication and a place for labs, xrays and check ups in one location.
- Women with natural hormone support
- Transportation
- Medicare that actually pays for clients needs. Assistance with reliable safe transportation to appointments
- Ability to pay and ability to get to the medical facilities when farther away or in congested areas
- Consistent preventative care including annual exams, screenings, and medicine.
- Focus on education and preventive care.

- Transportation, ability to pay, lack of affordable insurance, and over priced care.
- People who are low income and uninsured/underinsured may have had lack of access to healthcare throughout their life so their needs could be greater. Individuals may also not seek care due to fears of receiving inadequate care due to the racial bias and stereotyping by providers. If a person is undocumented they may not seek services due to fear that that they will be turned in to ICE.
- The lack of providers
- Access to zero to low cost clinics. Health Departments are limited access to parents that work.
- There are several individuals who need medical needs met but due to financial barriers. Several individuals in the community are worried about asking for medical help due to their financial barrier. There are several individuals who have expressed that they have tried to get medical assistance for different health issues at the ER or certain PCP's and they feel brushed off. These individuals have sometimes returned to ER's a a few days later becomes symptoms are worse. Or, they seek services from Evansville due to lack of support an search for answers in Jasper.
- Women have expressed to me concerns about needs beyond pregnancy such as pelvic pain. PMDD etc. being met by certain providers in the community.
- Older adults and their families have expressed concerns about treatment.
- Our community has several areas of need. Being a rural community already creates a set of challenges when seeking assistance. It is discouraging when you seek help from community providers that are supposed to provide support, education, assistance but, leave with little answer and more medical debt.
- insurance education - deductibles, copays, different types of plans
- everyone deserves to have health insurance
- Help with medications, Home Health, available services such as PT
- Elderly often need specialists that are not local and require trips out of town, often with family members to assist them. Women need to be able to make healthcare decisions without the government interfering in their business, laws restricting care are causing deaths and permanent damage to physical and mental health!
- No money, no insurance
- Transportation is a significant need. There are some resources for this (through Medicaid, Ride Solutions, Safe Haven) but I have received a lot of feedback that these services are frequently not reliable (not showing up to pick up the individual, showing up late, short-staffed, not answering calls to schedule a ride, etc).
- I also feel that we need more therapy groups in the area; we have substance use related groups, but no mental-health focused groups that I am aware of.
- More resources are needed in general for children/adolescents with significant mental illness.

- Mental health needs for all ages
- Transportation to appointments since there is not care in their area. Low income and underinsured don't know where they can get the services they need.
- My husband is a T1D. There is no local, skilled care. Women's healthcare is expanding. Most providers are opening on their own and not partnering with local hospitals.
- Emergency housing and financial assistance, Acute Inpatient ,mental health treatment choices, case managers to assist lower education and ID individuals
- I feel every group deserves healthcare and needs healthcare
- Cost of healthcare
- no rural providers, transportation issues
- Racial and ethnic minority groups: fear and anxiety, cultural beliefs, access is limited due to barriers with transportation/interpreting services/insurance
- Rural Areas: primarily due to transportation barriers.
- Uninsured: Not having insurance or not having access to affordable insurance, it is easier to not access healthcare vs having a high bill to pay"
- As an executive of a non-profit that serves low income families, I have seen people of all genders, ages, creed and beliefs, walk through our doors.
- Difficulty accessing care.
- Children's specialty providers and/or more knowledge of pediatric specialties; also some adult specialties such as additional dermatology providers.
- Access to healthcare in rural settings and low income. Access to care after 5 pm that's not an ER and access to care on weekends that is culturally and economically feasible.
- OB which we provide at the residence clinic but is not advertised to the public for some reason, so it is word of mouth only
- Costs
- Transportation to and from medical appointments. Perry County Council on Aging assists but they are struggling financially and need help so the program can continue. They serves a lot of people in the senior community
- Transportation to appts and testing is the biggest issues I see in the community. Also, the negative effects of pharmacy costs on community members who are on fixed incomes
- Access to health services - including availability of services, cost of services and transportation to services
- I believe the older generations struggle to find local specialists. I also believe their generation struggles to manage all of their appointments, the information shared in those appointments, and care especially with prescriptions after those appointments. Many are widowed and have children who are not local.

- Affordable medication and services such as therapy and specialized treatment
- Mental health, substance abuse and available outpatient mental health services (without a long waiting list)
- Transportation, more specialties in the community
- Working with them and listening to what they say is needed. They feel that things need to be brought to the county for them. They no longer can drive in a lot of traffic. They would like to have served brought to them such as hearing test, nail clipping services. Preventative blood testing with consulting to follow up.
- Medical insurance, non-emergency regular care and routine checkups, routine vaccinations, ability to pay basic expenses so that necessary medical care and medications do not have to be skipped.
- Transportation to healthcare facilities, affordability to healthcare services
- transportation, financial help with medications
- doctor availability
- Low-income groups and uninsured and underinsured individuals do not typically have the funds to prioritize wellness and preventative healthcare, leading to prolonged health issues, delayed treatment, and a likelihood to develop chronic issues due to their lack of access to preventative care. When basic needs are not met, like access to food and safe housing, it impacts stress levels and unsafe situations leading to an increase in mental health and substance use disorder, as well. Social determinants of health for all individuals listed are a great concern.
- Transportation to appointments. No OB or gyn services for women without travel out of county
- Some of the needs of senior adults are not provided in Jasper which requires travel to Indianapolis or Evansville which requires them to have assistance.
- Access to care, including reasons not created by the healthcare system.
- Limited or zero resources for rheumatology, dermatology, and urology but over inflated with orthopedics. But you already know this, so why am I even entertaining this question.
- being able to afford medical coverage. prescription coverage. lack of knowledge/direction on how to find coverage
- The ability to pay for specific healthcare
- Medicare does not cover enough for older adults and some do not get enough SS to live on and to afford to go to the doctor like they should or to take their medicine like they should. I see it with my parents and family.
- Transportation, cost of healthcare, adequate housing
- lack of transportation and financial means
- I think that more doctors and specialists are needed in our area.
- Reliable transportation services to their appts. Ride Solution makes the elderly sit in the waiting room up to 2hrs and that is ridiculous.

- We need more OBGYN location in Jasper. We need more focus on cancer care and our cancer center needs better support to support those going through cancer.
- Women's rights have been taken away and in turn their lives are in jeopardy. Providers willing to step up and save women's lives by caring about different needs when it comes to women's health. For the elderly, we could use more transportation options.
- Accessibility to care. For much of the Southeast of the county there are no nearby Ambulance stations. When time matters in an emergency event, an entire portion of the county is underserved. It also happens to be the most rural and lower income area. Limited financial resources make it difficult for rural individuals to travel.
- People have health insurance and have really good insurance, but they can't afford to pay the copayments or co-insurance or what's left over after their health insurance pays their part.
- available funds and health insurance
- There are many older adults that have not been able to afford health care. This includes cost of treatment, prescription cost, and more. This significantly impacts their access to health care and overall quality of living. Additionally, there is a lack of providers in this area.
- Low-income groups sometimes avoid seeking medical attention due to concerns with costs, i.e. medication costs.
- Residents of rural areas have limited access due to transportation challenges.
- Uninsured & underinsured have the same concerns about affordability."
- transportation, financial concerns, unable to get approved for insurance,
- mental health resources; income-driven healthcare option
- I feel that it is very difficult to secure transportation to and from appointments for patients that are older in age or who are chronically ill and cannot drive themselves. I feel many no show patients we have are not able to come in due to transportation problems. There are also many people who are unable to have services completed or refuse certain tests or care because of what it will cost them due to poor insurance or being self pay.
- Services for non-English speakers, transportation, health literacy
- Poor nutrition - Obesity - High Blood Pressure -
- Transportation to and from appointments; ease from financial burden of medical bills, expenses, prescriptions; better follow-up documentation that would be available to family members who were not able to be present at visits but are helping to provide their loved ones care.
- Specialists are hard to find in the area. Appointments with specialists are several months out.
- specific circumstances leave some people without the ability to have insurance and they have a hard time seeking medical care while being uninsured
- affordability, transportation, accepting providers
- Pediatric Mental Health Care

Q7: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

|                            | 1  | 2  | 3   | 4   | 5   | Total    | Weighted Average |
|----------------------------|----|----|-----|-----|-----|----------|------------------|
| Cancer                     | 1  | 1  | 37  | 100 | 413 | 552      | 4.67             |
| Mental Health              | 2  | 5  | 54  | 113 | 378 | 552      | 4.56             |
| Heart Disease              | 0  | 5  | 65  | 189 | 294 | 553      | 4.40             |
| Alzheimer's and Dementia   | 3  | 16 | 80  | 164 | 291 | 554      | 4.31             |
| Maternal and Infant Health | 4  | 12 | 105 | 129 | 303 | 553      | 4.29             |
| Obesity                    | 2  | 12 | 90  | 174 | 275 | 553      | 4.28             |
| Substance Use Disorder     | 7  | 20 | 80  | 155 | 290 | 552      | 4.27             |
| Stroke                     | 1  | 7  | 100 | 191 | 256 | 555      | 4.25             |
| Women's Health             | 1  | 11 | 109 | 169 | 263 | 553      | 4.23             |
| Children/Adolescent Health | 4  | 26 | 100 | 165 | 266 | 551      | 4.22             |
|                            | 1  | 25 | 101 | 185 | 249 | 551      | 4.21             |
| Kidney Disease             | 1  | 15 | 124 | 193 | 218 | 551      | 4.11             |
| Lung Disease               | 0  | 19 | 139 | 186 | 203 | 547      | 4.05             |
| Liver Disease              | 0  | 25 | 155 | 172 | 200 | 552      | 3.99             |
| Men's Health               | 4  | 35 | 155 | 191 | 165 | 550      | 3.87             |
| Chronic Pain               | 4  | 35 | 169 | 167 | 178 | 553      | 3.87             |
| Dental                     | 14 | 33 | 179 | 159 | 170 | 555      | 3.79             |
|                            |    |    |     |     |     | Answered | 557              |
| Other (please specify)     |    |    |     |     |     | Skipped  | 115              |

Other:

- Trauma
- Menopause
- Migraine Specialist
- Neurological
- Eye Care
- Special Needs
- Functional Medicine
- Colorectal
- Dermatology

Q8: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

|                                      | 1  | 2  | 3   | 4   | 5   | Total    | Weighted Average |
|--------------------------------------|----|----|-----|-----|-----|----------|------------------|
| Healthcare: Affordability            | 2  | 3  | 23  | 97  | 432 | 557      | 4.71             |
| Cost of Health Insurance             | 3  | 10 | 29  | 85  | 428 | 555      | 4.67             |
| Healthcare: Access to Specialty Care | 2  | 1  | 59  | 152 | 340 | 554      | 4.49             |
| Access to Affordable Healthy Food    | 5  | 15 | 73  | 135 | 326 | 554      | 4.38             |
| Affordable Housing                   | 7  | 19 | 59  | 152 | 321 | 558      | 4.36             |
| Access to Childcare                  | 6  | 13 | 81  | 140 | 314 | 554      | 4.34             |
| Healthcare: Access to Primary Care   | 4  | 12 | 80  | 155 | 305 | 556      | 4.34             |
| Healthcare: Location of Services     | 4  | 16 | 79  | 168 | 290 | 557      | 4.3              |
| Employment and Income                | 5  | 18 | 92  | 166 | 274 | 555      | 4.24             |
| Access to Senior Services            | 5  | 14 | 103 | 161 | 271 | 554      | 4.23             |
| Healthcare: Prevention Services      | 6  | 14 | 99  | 174 | 261 | 554      | 4.21             |
| Transportation                       | 8  | 19 | 89  | 171 | 267 | 554      | 4.21             |
| Access to Home Health                | 3  | 20 | 138 | 188 | 209 | 558      | 4.04             |
| Education System                     | 16 | 30 | 106 | 167 | 237 | 556      | 4.04             |
| Community Safety                     | 9  | 38 | 111 | 158 | 237 | 553      | 4.04             |
| Access to Exercise/Recreation        | 13 | 26 | 156 | 169 | 191 | 555      | 3.9              |
| Social Connections                   | 11 | 39 | 161 | 201 | 141 | 553      | 3.76             |
| Other (please specify)               |    |    |     |     |     | 12       |                  |
|                                      |    |    |     |     |     | Answered | 559              |
|                                      |    |    |     |     |     | Skipped  | 113              |

Other:

- Location of services
- Medical Transport
- Emergency Response

Q9: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely)

|                             | 1  | 2  | 3   | 4   | 5   | Total    | Weighted Average |
|-----------------------------|----|----|-----|-----|-----|----------|------------------|
| Substance Misuse            | 5  | 12 | 99  | 159 | 276 | 551      | 4.25             |
| Alcohol Use/Excess Drinking | 5  | 17 | 98  | 163 | 274 | 557      | 4.23             |
| Nutrition and Diet          | 3  | 11 | 95  | 230 | 218 | 557      | 4.17             |
| Smoking/Vaping/Tobacco Use  | 10 | 23 | 103 | 187 | 230 | 553      | 4.09             |
| Physical Inactivity         | 8  | 17 | 110 | 223 | 198 | 556      | 4.05             |
| Social Isolation/Loneliness | 5  | 30 | 117 | 181 | 218 | 551      | 4.05             |
| Risky Sexual Behavior       | 16 | 53 | 183 | 168 | 133 | 553      | 3.63             |
| Other (please specify)      | 11 |    |     |     |     |          |                  |
|                             |    |    |     |     |     | Answered | 559              |
|                             |    |    |     |     |     | Skipped  | 113              |

Other:

- Need for dietician
- Need for LGBTQ+ care
- Need for treatment centers

Q10: Please provide feedback on any actions you've seen taken by Dubois County Community Hospital to address the significant health needs in your community and what additional actions you would like to see.

- Little assistance with trauma, childcare, transportation, ACES Education, Substance abuse
- supporting young families, families in poverty
- Much has been focused on needs of Jasper which is financially superior to much of our 8 county service area.
- Lack of transportation and access for families with low economic security.
- Why not a van or low cost mobile transportation to help individuals keep appointments? Families miss work because there is no place for child care for the sick, etc"
- wheelchair van
- Need more access to mental health in Spencer County
- need more access to low cost RELIABLE transportation that is not always booked up
- need more access to quality mental health services with minimal wait times
- need more specialist providers in our community so travel far away is not required.
- we have no store to buy groceries. Some people don't have a vehicle or extra money to go out of town to get food.
- Future Medical Offices have been announced. Resident's try to start up exercise gyms locally.
- The need for mental health services continues to be a problem, although I know DMMC is opening up a new mental health clinic. Mental health is huge today, so needs to have as many clinics/units/resources available as possible.
- Not sure if the hospital still does those "Women of the Heartland" breakfast events like they used to do in the spring. Would be nice to do more of those for more audiences (men, women, adolescents, etc.)
- The hospital has brought more providers to the community increasing the access to healthcare that members of the community can utilize.
- Have an advocate that can help the elderly by explaining and what type of Medicare plan would benefit the most.
- If anything since deaconess has come in overall less access to services
- Stop addressing needs as profits for the hospital and get realistic about the community needs
- Mental health available for all
- mental health
- services for youth

- I can't say that I have an awareness of any actions taken by DMMC to address these needs. If steps have been taken, then a greater level of communication is needed so that community members are aware of resources and programming. I am a highly informed and highly educated person who has access to information readily. If I don't have it, then I am assuming those with a lesser access to resources do not have it either.
- Mental fortitude needs to be addressed along with appropriate counseling. People need more resiliency and learning the power of positive mental health.
- Transportation is a big issue
- I see the health dept in low income areas offering vaccines and would love to see Deaconess helping in low income areas. Other than putting a clinic on every corner I don't feel like they're doing anything to improve the community.
- Not seen much in this county
- I think there have been several education programs offered on specific topics that are helpful but the mental health care is lacking. My family's personal experience with the mental health unit at Jasper was not positive.
- Prevention is key and it seems like most people don't care about their own health so not sure how to get them to care.
- Some Grants awarded have been helpful.
- I see more counseling offices opening up to serve the needs of children. I would like to see more of diversity, equity, and inclusion.
- Not much DEI at Memorial. Need to see more Services for served populations, such as minority women, and LGBTQIA population
- It would be great to get an endocrinologist
- The implementation of a care team to act as a liaison between out-patient mental health services and In-Patient services is a step in the correct direction, but the continued communication after a client is admitted and at times communication around the time of admission could be better. If I bring a client into the ER as a crisis patient, I or other members of Mobile Crisis need to be able to keep track of that client to ensure continuity of care during their stay and after they are discharged. This is important to try and keep clients from falling through the cracks and becoming frequent Crisis issues. Our Mobile Crisis is a great resource for In patient staff to obtain first hand information on clients and their individual situations.
- Make the care you give affordable...it currently is not even with insurance. High cost prevents receiving needed care.
- We need to have public transportation for individuals that are unable to drive. We need to have better access to mental health.
- I have several healthcare providers & almost every one has a different chart system so I need a different log ins for a bunch of different sites.
- Mental health and transportation are still major needs
- Community focused healthcare Education is being worked on in various ways.

- Senior citizens and other citizen transportation issues. To and from work, to and from appointments, to and from activities. It is critical for all ages to be able to socialize, get to medical appointments, substance abuse appointments, to and from work daily etc. without adequate and affordable transportation, how can they function properly and live a decent, semi-healthy lifestyle?
- I personally haven't seen any actions taken.
- i have seen easier access to transportation. with mental health, there is a very personal questionnaire on epic that is usually annoying to the patient about mental health or physical abuse. usually the patient has a family member in the room and would not be truthful anyways. a lot of times you have to ask a patient the same question multiple times and sometimes by a different person in order to get the truth out.
- I'm mainly concerned about the lack of offices to obtain lab work. This use to be a simple process and now it has turned into waiting over an hour to register and waiting more in the lab area to obtain labs. Closing our resources was absolutely ridiculous and something needs to be done.
- Grant Programs to increase mental health initiatives.
- PHP opening.
- In-hospital dialysis.
- Country Health Clinic
- Need more community mental health partnerships.
- Assist with community transportation efforts.
- Education on Gas station drugs.
- Need to have more services in the Shoals area
- Community focused Healthcare Ed needs to be more
- Transportation assistance is a very high need
- DMMC has offered workshops. I would love to see them partner with local organizations and host 5K's to encourage exercise. It would be amazing to offer healthy eating classes as well from a dietitian from DMMC.
- There has been awareness regarding most of these issues, but more community partnerships need to be developed with nonprofits.
- Severe lack in mental health services.
- Lack of primary care in a lot of areas - pike county has 1 provider still routinely taking new patients "
- Transportation and bilingual services are still in a huge demand and being overlooked
- We must continue to have these services available for the people in our community and work harder to engage those that need these services.
- The Deaconess Transport has really helped in the area of transportation and getting patients home once d/ced.

- Mental Health First Aid training. planned opening for adult partial hospitalization program in October 2026 impact these efforts. Expanded services such as dialysis, the transport van, etc. also addressed these.
- We have to work as a community to address the transportation barrier needs outside of the hospital van being the only solution.
- We need more oncologists asap. We need more local involvement in our hospital, instead of Evansville calling the shots. We need to retain skilled nurses, and not fire them because they're at the top of the pay scale. We need more actual anesthesiologists, not nurse anesthetists. We have to have dermatology care available here, not in Evansville. We should NOT be downgraded to a regional clinic. People like me will go to Bloomington for care. Do we have enough surgeons now, or are we using rent-a-surgeons from Texas or Wisconsin? Will you continue the IU health residency program?
- I have seen no significant changes to the areas health needs in my area by DMMC.
- More community transportation options
- More outpatient mental health services
- Added physicians for primary care
- Preventive Screening such as blood work.
- Additional medical is now receiving some governmental funding for mental health and drug costs, but that additional funding is minuscule compared to the needs.
- The amount of hospital and clinic facilities has increased quite a bit in the past 19-15 years. But there is also a lot of duplication between providers. More mental health services are a critical need that could perhaps be funded by the providers that could use money saved from less duplication of other services.
- DEI education and importance
- Increasing access to mental health services
- I am familiar with the work for Deaconess to bring a PHP treatment program to Dubois County to help build out the continuum of care for individuals with substance use disorder.
- The residency program seems to have expanded and I have heard positive feedback from patients who have gone there.
- I would love to see more psychiatric care. The complex mental health challenges faced by individuals are increasing, and primary care providers do not have the experience or expertise to know how to treat these complex issues.
- The mental health grant has been helpful.
- Access to specialty healthcare is still lacking in rural counties.
- Transportation to appointments continues to be an issue for low income families.
- There is a significant lack of Mental Health providers in the area. I have heard of several situations of folks having extended time to get help &/or have to travel away to get such help.

Q11: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (select all that apply):

| Answer Choices                                           | Responses |     |
|----------------------------------------------------------|-----------|-----|
| Lack of affordable childcare                             | 61%       | 307 |
| Lack of transportation                                   | 54%       | 272 |
| Unemployment, underemployment, or lack of a livable wage | 47%       | 235 |
| Limited access to healthcare services                    | 45%       | 227 |
| Housing instability or inadequate housing                | 45%       | 226 |
| Poverty                                                  | 43%       | 217 |
| Limited access to healthy food                           | 41%       | 206 |
| Social isolation                                         | 28%       | 142 |
| Racial and cultural disparities                          | 26%       | 132 |
| Public safety concerns                                   | 15%       | 76  |
| Limited access to quality education                      | 10%       | 51  |
| Limited access to utility services                       | 9%        | 46  |
| Other (please specify)                                   | 5%        | 25  |
|                                                          | Answered  | 500 |
|                                                          | Skipped   | 172 |

**Comments:**

- Special education needs for mental/physical impairment
- Discrimination
- Unhealthy home environments from the lack of understanding what healthy relationships, living looks like
- cultural lethargy
- Lack of personal responsibility!
- I feel all these are importance
- Activities that are accessible for children and teenagers
- Limited access to affordable physical activity and the time to do it. Most in this area are taught that work comes first. Most spend 90% of their days at work instead of putting any focus on work, life, and health balance.

- Mental health services
- Lack of available Mental Health Facilities that will actually see people
- Language
- deaconess doesn't have enough bilingual services, all communication "mychart" should be able to translate to communicate with patients. handouts and questionnaires should be available in multiple languages.
- we have more in this community than most; people have access, what lacks is motivation for many people
- Limited parking on the Jasper downtown and square
- access to health care specialists
- Affordable housing commensurate to the average income would be wonderful, but that has been an issue in our area for years before the recent spike in housing costs. Also, it is very difficult to find childcare for children under the age of 2 in our area.
- Lack of social opportunities for all social status groups. More recreational opportunities..
- Enabling unemployment and underemployment
- Access to getting Lab work done outside of the Hospital
- Self Accountability
- Drug/alcohol usage while pregnant. Lack of prenatal care.
- Limited beds for mental health & substance use

Q12: What barriers keep you or anyone in your household from receiving local healthcare services (select all that apply):

| Answer Choices                                           | Responses |     |
|----------------------------------------------------------|-----------|-----|
| High cost of services                                    | 64.0%     | 298 |
| Difficulty getting an appointment (long wait times)      | 57.1%     | 266 |
| Limited availability of services or specialties          | 49.1%     | 229 |
| Billing issues or lack of clarity in billing statements  | 33.9%     | 158 |
| Out-of-network for insurance plans                       | 32.0%     | 149 |
| Unable to take time off of work                          | 29.2%     | 136 |
| Unhappy with previous experience with providers or staff | 27.5%     | 128 |
| Limited facility hours                                   | 24.9%     | 116 |
| Poor communication from providers or staff               | 17.8%     | 83  |
| Facilities are too far from home                         | 17.6%     | 82  |
| Underinsured/no insurance                                | 17.2%     | 80  |
| Perception of low-quality care                           | 15.5%     | 72  |
| Not aware of the local healthcare services or programs   | 15.0%     | 70  |
| Language or cultural barriers                            | 6.4%      | 30  |
| Other (please specify)                                   | 6.2%      | 29  |
|                                                          | Answered  | 466 |
|                                                          | Skipped   | 206 |

Comments:

- There are empty buildings which need repair and put to good use
- Physicians don't tend to listen to concerns of patient
- I feel the inadequate healthcare locally has caused us to move to hospitals in Evansville
- Wait time to register and get lab work
- Traffic obstacles such as trains and local issues .you can travel to Jasper less mileage but more time involved as to where you get on Interstate and be at Gateway with less obstacles. Owensboro get on 231 and there in no time.
- transportation
- Moving things from small towns to Evansville only locations is a huge problem.
- Health Insurance deductibles are very high, but yet we supposedly "make too much" to qualify for help with medical debt.
- Transportation

- no local inpatient rehab facility
- Unhappy about lab drawing at 2nd street taken away. It was very convenient and didn't have to fight through registration mess and parking
- NOTE: these are not my barriers, but are barriers for a lot of people
- Need upper management changes at Jasper hospital. Need someone strong to keep local talent from eroding away from the jasper facility.
- It is virtually impossible to speak to a live person at a physician practice without first leaving a voice mail and then waiting for a return call.
- Putting a time on how long doctors are allowed to talk to their patients. Depending on the circumstances, 15 minutes is not always long enough.. doctors are getting too rushed in their care because of the system. Hospital employees are making errors that should not happen such as skipping over patients who are waiting in x-ray, lab and other areas. People are missing their appointments because they're not notified by a person in all cases because sometimes patients have questions. The AI does not answer.
- Services closing too soon and early like the lab. Most businesses do not even get off until 4 or 5 by then the lab is closing this is a big inconvenience. Now the hospital is the only place you can go for this service.
- Poor communication between providers and staff.
- Overworked staff at hospital and facilities since takeover of Deaconess.
- Low cost dental care

Q13: Have language or communication needs ever made it difficult for you or someone in your household to receive healthcare in our community? (select all that apply):

| Answer Choices                                     | Responses |     |
|----------------------------------------------------|-----------|-----|
| No, language has not been a barrier                | 92.2%     | 459 |
| Difficulty scheduling appointments                 | 6.0%      | 30  |
| Difficulty communicating with healthcare providers | 4.8%      | 24  |
| Difficulty understanding medical instructions      | 3.6%      | 18  |
| Lack of translated forms or educational materials  | 2.2%      | 11  |
| Difficulty accessing an interpreter                | 1.8%      | 9   |
| Other (please specify)                             | 1.6%      | 8   |
|                                                    | Answered  | 498 |
|                                                    | Skipped   | 174 |

**Comments:**

- Too many technology concerns/inability to use, automated everything
- not me but people in my community
- Not me personally, but it's abysmal for spanish speaking, and especially Haitian-Creole speaking patients.
- Not an issue for me, but there aren't enough Spanish speaking employees at the hospital
- Difficulty understanding and being understood when you call about a billing issue.
- Insufficient doctors to serve our community

Q14: Have concerns about the cost of health insurance or healthcare expenses ever made it difficult for you or someone in your household to receive healthcare? (select all that apply):

| Answer Choices                                                      | Responses |     |
|---------------------------------------------------------------------|-----------|-----|
| Deductibles, copays, or other out-of-pocket costs are too expensive | 54.6%     | 274 |
| Health insurance premiums are too expensive                         | 40.4%     | 203 |
| I delayed or skipped care because of cost                           | 33.5%     | 168 |
| No, cost has not been a barrier                                     | 28.7%     | 144 |
| My insurance does not cover the services I need                     | 15.9%     | 80  |
| Other (please specify)                                              | 6.0%      | 30  |
| I do not have health insurance                                      | 2.6%      | 13  |
|                                                                     | Answered  | 502 |
|                                                                     | Skipped   | 170 |

#### Comments:

- Lack of transparency of cost when services are needed!
- Explanation - the costs of services are very high. I can pay for them, and I will continue to pay for them, but it's a significant portion of my wage that is allocated to annual medical expenses as a household of 4 including 2 children with routine speciality appointments.
- many insurances for local employers carve out mental health or force employees to use virtual-only mental health services with a national provider
- cost has not been my barrier, but I know others whom cost is a barrier
- My spouse who is 64 doesnt have insurance had to put off surgery of shoulder which was dislocated .but did have the surgery recently and now we are very concerned about the bill and how we will pay for it.
- Out of pocket prescription costs are deplorable for advanced medications to that treat , cancer, and other complicated conditions. Whatever it takes for Patoka Valley and those that keep it alive (and we know who they all are) turn their profit and get their kickbacks.
- financial services has very little follow through and seems impossible to utilize, even after repeated attempts to fill forms out completely.
- YES! all of a sudden insurance companies know more than doctors.

- Used care credit to help but that still puts low income families in a bind.
- personally unhappy with staying in PVHCC for specialty needs
- Great difficulty with our HSA sending payment and hospital saying they received it.
- It's very expensive but a necessity
- education is very costly but much needed.
- in past, these areas were an issues
- i have delayed a scan because of current bills that was already in process. Trying to pay it down before I have more done
- 2 People in my household have medicaid and one has a commercial plan. No issues with expenses other than not wanting to pay huge bills for any services on the commercial plan. rarely use/ see a doctor.
- out of network people when they are in distance
- out of network coverage is excessive
- With two insurance providers - we still pay ridiculous fees
- Years ago I used to not go to the doctor unless something was really bad because I wanted to save money.
- I am unable to get a secondary insurance
- need to see out-of-network specialists
- The costs are so high my employer must raise premiums.
- Prescription costs are skyrocketing!
- Increased charges from Deaconess
- Heart meds are too expensive. Need to bring these costs down.

Q15: What additional services / offerings would you like to see available locally? (select all that apply)

| Answer Choices                         | Responses |     |
|----------------------------------------|-----------|-----|
| Dermatology                            | 61.0%     | 297 |
| Mental Health                          | 48.5%     | 236 |
| Endocrinology                          | 43.9%     | 214 |
| Additional Primary Care Availability   | 38.4%     | 187 |
| Rheumatology                           | 32.7%     | 159 |
| Urgent Care / Walk-In / Extended Hours | 29.4%     | 143 |
| Women's Health                         | 29.2%     | 142 |
| Cancer Care                            | 26.5%     | 129 |
| Neurology                              | 25.9%     | 126 |
| Substance Use Disorder Treatment       | 25.3%     | 123 |
| Bariatric                              | 23.2%     | 113 |
| Health Prevention / Education Programs | 20.1%     | 98  |
| General Surgery                        | 17.5%     | 85  |
| Pulmonology                            | 17.5%     | 85  |
| Dental Care (teeth)                    | 17.0%     | 83  |
| Gastroenterology                       | 16.2%     | 79  |
| Cardiology (Heart)                     | 15.8%     | 77  |
| Urology                                | 14.4%     | 70  |
| Pediatrics (Children's Doctor)         | 14.2%     | 69  |
| Nephrology (Kidney)                    | 13.6%     | 66  |
| Telehealth / Virtual Care              | 13.1%     | 64  |
| Reproductive Health                    | 12.7%     | 62  |
| Orthopedics (Bone and Joint)           | 11.7%     | 57  |
| Ophthalmology (Eye)                    | 10.5%     | 51  |
| Audiology (Hearing Specialist)         | 9.7%      | 47  |
| Other (please specify)                 | 9.7%      | 47  |
| Plastic Surgery                        | 6.2%      | 30  |
|                                        | Answered  | 487 |
|                                        | Skipped   | 185 |

#### Comments

- functional/holistic care
- Xray machine in our county
- We need more mental health providers
- More DOs providing OMT (Osteopathic Manipulation Treatments).
- Vision Care is difficult due to limited providers.
- Care specifically for dementia

- All of the above. I feel Jasper is a sizable community and deserves a adequate hospital.
- Combination of Holistic + Pharmaceutical Approaches
- Senior Specific PGP"s
- I love our pediatric department!! I would like to see a few pediatric specialists in addition to our amazing pcp team.
- perinatology
- Functional Medicine
- More places to obtain labwork
- women's health that isn't just ob/gyn - I'm a woman who's not having kids, but I still have different needs that I would like addressed
- Pediatric neurology
- Reduce duplications for checking in. Online check-in questions are duplicated at physician office or hospital..
- Overall Wellness and Vitality
- functional/homeopathic medicine
- Functional Medicine Practioner
- Lab services
- I am 63yrs old. The doctors I have seen a long time are retiring.Concerned.
- Memory care
- inpatient rehabilitation
- Outpatient lab Radiology
- Lab extended hours not closing at 5
- allergist
- Specialty children services
- The ability to have labs done at other facilities like urgent care
- Allergy, Immunology, Psychiatry
- Women Primary Care Physicians, More Options for OBGYN Care
- additional lab draw availability
- some listed are already
- Lab services are limited, no weekend availability afterc12 in Saturday until Monday, if you work out if town you cannot get services

- I would love to see a place that provides care for a flat fee bypassing insurance. I think a lot of individuals delay seeking treatment because of being under insured or the unknown costs of treatment.
- Mental Health
- Colo-rectal specialist
- Holistic, natural health, Osteopathic Medicine
- Need a Labcorp, or a reasonable place (and cost efficient) to have Lab work done outside of the hospital
- Allergy! Allergy! Allergy!
- More doctors, dentists and specialists that accept Medicaid
- Geriatrics
- Alternative medicine

Q16: Where do you typically get most of your health information (advice about managing health conditions, wellness tips, information about treatment options, recommendations for preventive care)? (select all that apply)

| Answer Choices                                              | Responses |     |
|-------------------------------------------------------------|-----------|-----|
| Doctor/Healthcare Provider                                  | 83.8%     | 424 |
| Websites/Internet (Google, WebMD, Mayo Clinic)              | 48.0%     | 243 |
| Family or Friends                                           | 34.4%     | 174 |
| Hospital or Clinic                                          | 28.3%     | 143 |
| Word of Mouth                                               | 19.2%     | 97  |
| Workplace                                                   | 18.6%     | 94  |
| Social Media (Facebook, Twitter, Instagram, TikTok)         | 17.2%     | 87  |
| Public Health Agencies (Local Health Department, CDC, etc.) | 17.0%     | 86  |
| AI Platform (ChatGPT)                                       | 16.8%     | 85  |
| Podcasts/YouTube Videos                                     | 9.3%      | 47  |
| Television                                                  | 7.3%      | 37  |
| Newspaper/Magazine (Online Publications)                    | 6.7%      | 34  |
| School/College                                              | 6.1%      | 31  |
| Newspaper/Magazine (Print Publications)                     | 3.4%      | 17  |
| Other (please specify)                                      | 3.2%      | 16  |
| Radio                                                       | 2.6%      | 13  |
|                                                             | Answered  | 506 |
|                                                             | Skipped   | 166 |

Comments:

- Books of quality, especially mental health/functional medicine
- I'm lucky enough to have several friend & family members in various health care fields who can guide me to respectable publications and/or give me information.
- Online research
- Through my insurance provider programs
- Well Infused - the NP provides real information not what if this than that based off protocol.
- Research
- Medical journals, research studies, university publications

- Up to date, cdc, who
- academic journals/clinical guidelines
- Independent research
- Relationships within my community for friends who are healthcare professionals
- Personal experiences, bloodwork
- Life experience
- Alternative medicine

Q17: How important is it to you that DMMC providers free health education and classes on topics affecting our local community? (select all that apply):

| Answer Choices       | Responses |     |
|----------------------|-----------|-----|
| Very Important       | 38.8%     | 196 |
| Somewhat Important   | 38.4%     | 194 |
| Neutral              | 12.7%     | 64  |
| Not Very Important   | 6.1%      | 31  |
| Not Important at All | 4.0%      | 20  |
|                      | Answered  | 505 |
|                      | Skipped   | 167 |

Q18: Please rate your agreement with the following statement: DMMC provides adequate education and resources regarding the health issues most important to my family? (select all that apply):

| Answer Choices    | Responses |     |
|-------------------|-----------|-----|
| Neutral           | 56.7%     | 284 |
| Agree             | 20.4%     | 102 |
| Disagree          | 13.6%     | 68  |
| Strongly disagree | 6.0%      | 30  |
| Strongly agree    | 3.4%      | 17  |
|                   | Answered  | 501 |
|                   | Skipped   | 171 |

Q19: Which of the following health education topics would you be most likely to attend or utilize? (Select all that apply):

| Answer Choices                              | Responses |     |
|---------------------------------------------|-----------|-----|
| Chronic Disease Management (, Heart Health) | 38.9%     | 177 |
| Mental Health and Wellness                  | 46.6%     | 212 |
| Nutrition and Healthy Cooking               | 51.0%     | 232 |
| Women's Health                              | 41.1%     | 187 |
| Parenting or Prenatal Support               | 12.5%     | 57  |
| Early Detection and Screenings              | 41.1%     | 187 |
| Substance Use Prevention                    | 11.2%     | 51  |
| Perimenopause and Menopause                 | 35.0%     | 159 |
| Orthopedics                                 | 11.2%     | 51  |
| Other (please specify)                      | 8.4%      | 38  |
|                                             |           |     |
|                                             | Answered  | 455 |
|                                             | Skipped   | 217 |

Comments:

- Trauma, ACEs and effect of both of these on chronic conditions
- PCOM
- pain management
- Would Love to Hear About Recent Studies, Advancements in Fields, and Holistic Alongside Pharmaceutical Approaches
- Senior Aging Issues
- LGBTQ+ and Trans care education
- Endocrinology, Genetic testing, autoimmune disorders
- Functional Medicine - how your body works, supplements verses medication that are prescribed with side effects.
- Autoimmune disorders
- Need a dietian in Evv that can teach classes for renal health & dialysis patients
- Geriatric health
- Ask a provider tent? - People can come and ask medical questions and maybe swayed to get their issues checked out rather than thinking everything is normal or will be ok until its too late and end up with irreversible/chronic health conditions.

- Weight management (outside of medications)
- Virtual?
- Long wait times for any specialist, no specialist in the area
- Mens health
- Men's Health
- Cancer
- Vaping issues
- exercise classes for seniors
- Autoimmune disease
- Mens health
- Actual prevention. Not just medication. Show overall wellness
- Lifestyle Medicine
- fitness
- Underlying symptoms of diagnosis you may not know of
- Geriatrics
- Women's health especially hormonal replacement
- Lymphedema care
- Podiatry

Q20: What is your preferred way to receive health information from the hospital? (Select all that apply):

| Answer Choices                   | Responses |     |
|----------------------------------|-----------|-----|
| Online webinars or videos        | 30.6%     | 150 |
| Printed brochures or newsletters | 19.6%     | 96  |
| Social media posts               | 17.4%     | 85  |
| In-person seminars/workshops     | 15.7%     | 77  |
| Community events (Health Fairs)  | 12.0%     | 59  |
| Other (please specify)           | 4.7%      | 23  |
|                                  | Answered  | 490 |
|                                  | Skipped   | 182 |

Comments:

- Faith Community Nurses/more diversified locations
- All of the above
- An online newsletter with links for videos/webinars would be great. We could choose the ones we feel inclined to learn more about.
- From my doctor
- not needed
- any or all of the ways mentioned. there are classes but the public is not aware. advertisement if very poor
- Doctors office
- Online/email newsletter
- My manager
- Printed and video
- In person meeting
- email or text
- do not receive information from hospital
- If done remotely through webinars or video then would like the opportunity for chat or dialogue.
- email

- Don't get any
- Transportation affects ability to attend
- Combination of events as well as online/in person workshops
- My chart has not been helpful to us since server was changed.
- Any of the above
- Direct from the doctor