# Daviess County Community Health Improvement Plan





This report was prepared by Indiana University School of Public Health, Indiana University Center for Rural Engagement, and Live Well Daviess County.



Dear Community Members,

We are pleased to present to you Live Well's 2019 Community Health Improvement Plan (CHIP).

This CHIP is a product of the Daviess Community Hospital Health Needs Assessment, a Community Conversation event, subcommittee meetings, and stakeholder interviews. As a result of the latter, the significant needs in Daviess County were identified as: Accessibility and Affordability of Health Care, Obesity, and Substance Use and Mental Health. The CHIP's goals and strategies address these needs by building partnerships with organizations and leaders established in the community who influence the environment of health in Daviess County.

We are grateful for the many organizations that provided feedback and were active participants in this process. We hope that the strategies presented in the CHIP result in stronger partnerships between local organizations, and influence health behavior at individual and organizational levels.

Sincerely,

Kelsey Lepore

Community Health Coordinator

**Daviess Community Hospital** 

Scott Sell

Director of Strategic Development

**Daviess Community Hospital** 

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#### **WHAT IS A CHIP?**

A Community Health Improvement Plan is a living document that not only outlines the working plan to improve health but serves as a way to assign responsibility, offers a system for accountability and progress check-ins, as well as a way to share updates with the community. A CHIP can bring community organizations, service providers, and citizens together in an effort to reach a common goal.

A CHIP uses Community Health Needs Assessment (CHNA) data to identify priority issues, develop and implement strategies for action and establish accountability to ensure measurable community health improvement (National Association of County and City Health Officials, 2018) The CHIP process brings together community residents and stakeholders in the community to identify and address the health needs of a community.

#### CHIP DEVELOPMENT PROCESS

Live Well is a partnership between
Daviess Community Hospital and local
organizations that desire to reach beyond
hospital walls to empower the population
of Daviess County to receive quality
healthcare, encourage positive health
behavior, and achieve an optimal quality
of life. With assistance from IU School
of Public Health, Daviess Community
Hospital and Purdue Extension
recognized that creating a Community
Health Improvement Plan would advance
the environment of health within the
county.

The Daviess County CHIP was derived from the 2016 Hospital CHNA. The goals set in the CHIP reflect data from CHNA as well as data from federal and state agencies specific to Daviess County. Facilitated discussions and work group meetings specific to each health need informed the strategies and action steps.

In March 2019, Daviess Community
Hospital invited health-related
community organizations to a
Community Conversation event. At the
event the data from the CHNA were
presented and attendees broke into focus
groups to discuss their perception of
barriers and resources available in the
county.

As a result of this event, Live Well began to take shape. Residents and local stakeholders interested in building partnerships and making sustainable change participated in additional discussion and work group meetings. During these work group meetings, it was clear that Daviess County had many organizations and resources and that could work together to achieve the goals set within the CHIP. We look forward to continuing this community effort to achieve optimal wellness in Daviess County.



#### How to get involved

If you wish to be involved in improving the culture of health in the community and being part of the Live Well Partnership please email livewelldaviess@gmail.com to learn when work groups meet.

### SUMMARY OF THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT

"A Community Health Needs Assessment (CHNA) is a systematic process involving the community to identify and analyze community health needs" —Center for Rural Health, 2019



Daviess Community Hospital (DCH) performed a CHNA in 2016 to determine the health needs of the local community and develop an implementation plan to outline and organize how to meet those needs. Data were gathered from multiple secondary sources to build an accurate picture of the current community and its health needs. Additionally, a survey of a select group of local experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Then a second survey was distributed to the same group that reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community. The 2016 CHNA will guide the Community Health Improvement Plan (CHIP).

For the purpose of the CHIP, substance use and mental health were combined. Physicians and affordability and accessibility were combined under "Access to Care." These mergers came as a result of community conversations and key informant interviews.

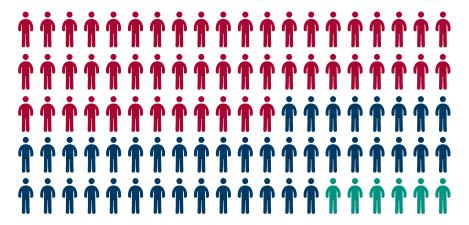
The following pages include a brief summary of the status of significant health needs outlined in the 2016 CHNA, after merging topics. This information guided the 2019 CHIP.

#### SUBSTANCE USE AND MENTAL HEALTH

This broad overarching topic area can be broken into many smaller subtopics. Substance use can include over use, misuse, and hazardous use of substances including alcohol, prescription, and illicit drugs. Mental health can refer to mental health disorders and psychological and emotional well-being. Overall, this section of the CHIP aims to address breaking down stigma associated with substance use and mental health, improve access to services, and improve quality of life.

When asked in a survey, community members reported they felt mental health issues were a:

- Major issue (51.89%)
- Moderate issue (41.62%)
- Minor issue (6.49%)
- Not an issue (0%)



Additionally, 78 percent of community members reported access to mental health services as either a moderate or major issue and 95 percent reported adult substance use as either a moderate or major issue.



45% of

Daviess County 7th and 8th graders reported turning to substance use and other methods to get high.

2016 Daviess County Community Health Needs Assessment

#### **ACCESS TO CARE**

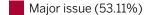


17% of Daviess County adults, 18-64, did not have health insurance, compared to the state average of 11%.

County Health Rankings, 2016

This broad overarching topic area includes many different kinds of access, including but not limited to affordability, geographical access, number of providers, and more.

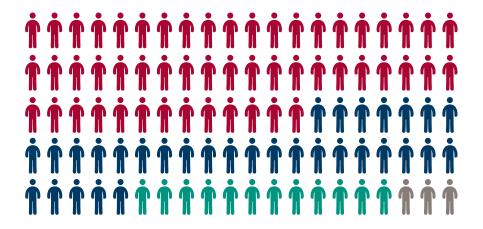
When asked in a survey, community members reported they felt lack of health insurance was a:



Moderate issue (31.64%)

Minor issue (11.86%)

Not an issue (3.39%)

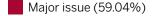


Additionally, 75 percent of community members reported lack of access to primary care services as either a moderate or major issue and 56 percent reported lack of access to transportation for healthcare purposes as either a moderate or major issue.

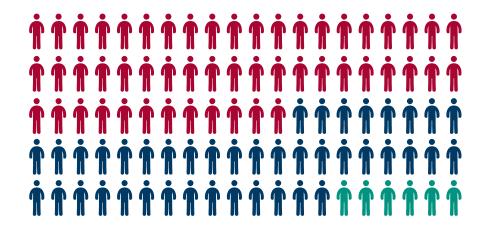
#### ACTIVE LIVING AND NUTRITION

For the purposes of this CHIP, Active Living and Nutrition include physical activity/inactivity, nutrition, and chronic disease prevention.

When asked in a survey, community members reported they felt obesity and [people making] unhealthy food choices were a:



- Moderate issue (31.91%)
- Minor issue (9.04%)
- Not an issue (0%)

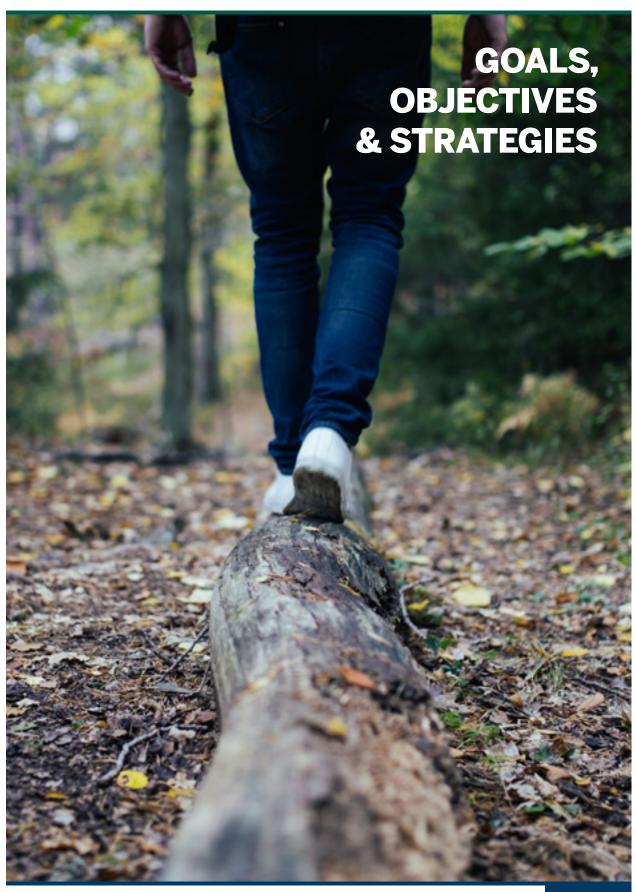


Additionally, 54 percent of community members reported availability of exercise opportunities as either a moderate or major issue and 55 percent reported access to healthy foods as either a moderate or major issue.



Daviess County obesity rates are higher than Indiana's rates (34.9% in Daviess County, compared to 32.6% in Indiana)

National Center for Chronic Disease Prevention and Promotion, 2016



#### SUBSTANCE USE AND MENTAL HEALTH

Promote positive youth development that focuses on risk and protective factors to prevent youth contact with the juvenile justice system.

#### By September 2022:

- Increase the number of youth in Daviess County reporting improved resilience and sense of personal responsibility by 5 percent.
- Reduce recurring offenses by 5 percent among individuals who have been in contact with community corrections.
- Reduce the number of youth reporting alcohol and other drug use by 5 percent.

#### Identify and train community members to serve as mentors.

- 1. Administer youth survey in schools.
- 2. Identify interested faith-based and other organizations.
- 3. Develop training or find a training program will appropriately equip mentors.
- 4. Attend training and share lessons learned.
- 5. Develop, implement, and evaluate program.

Garner workplace support in decreasing stigma surrounding mental health issues.

- Increase the number of workplaces in the county that participate in Public Health and You: Trauma Informed Care Communities.
- Decrease the number of days workers reported mental health issues or emotional problems.
- Decrease the number of missed work days due to substance use and mental illness.

#### Identify and train community members to serve as mentors.

- 1. Assess current understanding of trauma informed care.
- 2. Invite public health professionals to a Live Well meeting to discuss trauma informed care.
- 3. Recruit workplaces to facilitate Public Health and You.
- 4. Assess implementation or use of concepts by organizations and individuals that participated in the trauma informed care training.

#### **ACCESS TO CARE**

GOAL

OBJECTIVES

RATEGY

Reduce the number of people who are unable to obtain or experience a delay in obtaining necessary medical care.

Increase the number of adults in Daviess County who attend wellness
preventative checks during their primary care visits by 10 percent by
September 2021.

Support coordinated Medicare/Medicaid training and enrollment programming from various organization in the community.

- 1. Bring anyone working in marketplace or government-assisted insurance agencies together to gain an understanding of what is currently offered in the community.
- 2. Determine dates to host insurance information sessions.
- 3. Promote sessions to community.
- 4. Implement sessions.
- 5. Evaluate sessions.

#### **ACTIVE LIVING AND NUTRITION**

GOA

JECTIVES

RATEGY

Increase the variety and contribution of fruits and vegetables to the diets of Daviess County preschool- to high school-aged youth.

 Decrease the percentage of school-aged children eating less than 5 servings of fruits and vegetables daily from 79.4 percent to 76 percent by August 2022.

Increase the number of preschools participating in Farm to School activities from 0 to 1.

- 1. Contact school wellness committees and preschool coordinators.
- 2. Assess the current status of food served in schools.
- 3. Choose one school to focus on first.
- 4. Develop relationships with school administrators and local vendors.
- 5. Present a plan to vendors, school, and local government.
- 6. Implement and evaluate program and partnerships.

## Join us to improve Daviess County's health!

These goals are achievable with your help. Contact the Live Well Partnership at livewelldaviess@gmail.com to connect and make a difference.

#### **Produced in partnership with:**

CFS Knox County, Daviess Community Corrections, Daviess Community Hospital, Daviess County System of Care, Daviess Economic Development, DCSC, RARE, Hope's Voice, Indiana University Center for Rural Engagement, Indiana University School of Public Health, PACE, Purdue Extension, RSVP Volunteer Center, Thompson Insurance, United Way, WCS, Westminster Presbyterian, and YMCA.