In 2015, the Clark County Health Department along with Indiana University conducted a community needs assessment designed to identify the health issues of vulnerable populations and the community as a whole in Clark County.

The process included gathering an enormous amount of information regarding demographic, socioeconomic and health statistics, including health care resources and utilization rates. The data was analyzed to identify common issues, determine the size and seriousness of the problems identified, the impact of those issues on vulnerable populations and the importance to the community as a whole.

The findings were compiled into a comprehensive report. With this information, Clark Memorial Hospital is better able align its resources with local organizations and have a greater focus on providing more relevant health screenings, educational events, and community programs for those who need them most.

County of Residence
Not provided/invalid response .......................... 12
Clark ......................................................... 495
County outside of sample area ......................... 2

Gender
Male 167  Female 341

Residence Zip Code
43170 ................................................. 1
47106 ................................................. 17
47111 ................................................ 76
47112 ................................................ 1
47119 ................................................ 3
47126 ................................................ 15
47129 ................................................ 84
47130 ............................................. 200
47141 ................................................ 3
47143 ................................................ 17
47147 ................................................ 3
47150 ................................................ 1
47160 ................................................ 1
47162 ................................................ 4
47163 ................................................ 5
47172 ............................................. 72
47177 ................................................ 2
47179 ................................................ 1
47229 ................................................ 1
49130 ............................................. 1

Birth Year
1922 ........... 1  1961 ........... 15
1924 ........... 2  1962 ........... 9
1927 ........... 3  1963 ........... 8
1928 ........... 1  1964 ........... 12
1929 ........... 3  1965 ........... 9
1930 ........... 3  1966 ........... 4
1931 ........... 3  1967 ........... 4
1932 ........... 3  1968 ........... 6
1933 ........... 10  1969 ........... 7
1934 ........... 2  1970 ........... 5
1935 ........... 7  1971 ........... 11
1936 ........... 4  1972 ........... 5
1937 ........... 4  1973 ........... 3
1938 ........... 3  1974 ........... 4
1939 ........... 7  1975 ........... 8
1940 ........... 4  1976 ........... 9
1941 ........... 3  1977 ........... 5
1942 ........... 9  1978 ........... 4
1943 ........... 10  1979 ........... 6
1944 ........... 11  1980 ........... 7
1945 ........... 7  1981 ........... 14
1946 ........... 8  1982 ........... 6
1947 ........... 17  1983 ........... 5
1948 ........... 15  1984 ........... 3
1949 ........... 14  1985 ........... 7
1950 ........... 17  1986 ........... 3
1951 ........... 17  1987 ........... 4
1952 ........... 12  1988 ........... 3
1953 ........... 13  1989 ........... 5
1954 ........... 13  1990 ........... 7
1955 ........... 14  1991 ........... 7
1956 ........... 12  1992 ........... 2
1957 ........... 9  1993 ........... 3
1958 ........... 9  1994 ........... 1
1959 ........... 12  1995 ........... 1
1960 ........... 12

Number of people living in your household
0 ............................................. 1
1 ............................................. 122
2 ............................................. 208
3 ............................................. 82
4 ............................................. 72
5 ............................................. 13
6 ............................................. 9
8 ............................................. 1

Children less than 18 years of age living in your household?
0 .................................................... 371
1 ................................................. 56
2 ................................................. 57
3 ................................................. 13
4 ................................................ 3

In 2015, the Clark County Health Department along with Indiana University conducted a community needs assessment designed to identify the health issues of vulnerable populations and the community as a whole in Clark County.
### Types of healthcare coverage

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Medicare</th>
<th>Private (employer-based, self-insured)</th>
<th>Public (Healthy Indiana Plan, Marketplace Obamacare)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>175</td>
<td>323</td>
<td>36</td>
</tr>
</tbody>
</table>

### Overall health in general

<table>
<thead>
<tr>
<th>Category</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health</td>
<td>21</td>
<td>76</td>
<td>195</td>
<td>168</td>
<td>47</td>
</tr>
<tr>
<td>Mental health</td>
<td>8</td>
<td>25</td>
<td>129</td>
<td>218</td>
<td>126</td>
</tr>
<tr>
<td>Social well-being</td>
<td>12</td>
<td>26</td>
<td>133</td>
<td>214</td>
<td>121</td>
</tr>
</tbody>
</table>

### Last visit with a healthcare provider (nurse, doctor, nurse-practitioner, etc.)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the past 6 months</td>
<td>280</td>
</tr>
<tr>
<td>Within the past year</td>
<td>53</td>
</tr>
<tr>
<td>Within the past 2 years</td>
<td>14</td>
</tr>
<tr>
<td>Within the past 5 years</td>
<td>10</td>
</tr>
<tr>
<td>More than 5 years ago</td>
<td>2</td>
</tr>
<tr>
<td>Don't remember/unsure</td>
<td>5</td>
</tr>
</tbody>
</table>

### Do you have a person you think of as your personal healthcare provider?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>80</td>
</tr>
<tr>
<td>Yes</td>
<td>413</td>
</tr>
<tr>
<td>Do not know</td>
<td>2</td>
</tr>
</tbody>
</table>

### Number of persons receiving any of the following health-related services

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental care</td>
<td>335</td>
</tr>
<tr>
<td>Mental health care</td>
<td>48</td>
</tr>
<tr>
<td>Drug or alcohol treatment</td>
<td>6</td>
</tr>
<tr>
<td>Tobacco/smoking cessation</td>
<td>17</td>
</tr>
<tr>
<td>Getting prescription</td>
<td>408</td>
</tr>
<tr>
<td>Getting immunizations</td>
<td>278</td>
</tr>
<tr>
<td>such as a flu shot or others</td>
<td></td>
</tr>
<tr>
<td>Care related to birth control</td>
<td>49</td>
</tr>
<tr>
<td>Prenatal or well-baby</td>
<td>27</td>
</tr>
<tr>
<td>Women, Infants, and Children’s (WIC)</td>
<td>15</td>
</tr>
<tr>
<td>supported services</td>
<td></td>
</tr>
<tr>
<td>Food stamps or SNAP</td>
<td>30</td>
</tr>
<tr>
<td>Chronic disease care</td>
<td>100</td>
</tr>
<tr>
<td>such as diabetes or heart attack</td>
<td></td>
</tr>
<tr>
<td>Acute care, such as</td>
<td>187</td>
</tr>
<tr>
<td>for a cold or ear infection, injury, or a fall</td>
<td></td>
</tr>
<tr>
<td>Annual routine physical exam</td>
<td>338</td>
</tr>
</tbody>
</table>

### How would you rate the following in terms of whether they have an influence on your ability to be healthy?

**Access to health insurance coverage**

<table>
<thead>
<tr>
<th>Influence</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes it easier for me to be healthy</td>
<td>393</td>
</tr>
<tr>
<td>Doesn’t have any influence</td>
<td>77</td>
</tr>
<tr>
<td>Makes it more difficult for me</td>
<td>17</td>
</tr>
<tr>
<td>Does not exist in my community</td>
<td>2</td>
</tr>
</tbody>
</table>

**Availability of transportation**

<table>
<thead>
<tr>
<th>Influence</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes it easier for me to be healthy</td>
<td>318</td>
</tr>
<tr>
<td>Doesn’t have any influence</td>
<td>144</td>
</tr>
<tr>
<td>Makes it more difficult for me</td>
<td>11</td>
</tr>
<tr>
<td>Does not exist in my community</td>
<td>15</td>
</tr>
</tbody>
</table>

**Ease of scheduling a healthcare appointment**

<table>
<thead>
<tr>
<th>Influence</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes it easier for me to be healthy</td>
<td>357</td>
</tr>
<tr>
<td>Doesn’t have any influence</td>
<td>95</td>
</tr>
<tr>
<td>Makes it more difficult for me</td>
<td>31</td>
</tr>
<tr>
<td>Does not exist in my community</td>
<td>3</td>
</tr>
</tbody>
</table>

**Access to parks, trails, or outdoor areas**

<table>
<thead>
<tr>
<th>Influence</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes it easier for me to be healthy</td>
<td>284</td>
</tr>
<tr>
<td>Doesn’t have any influence</td>
<td>184</td>
</tr>
<tr>
<td>Makes it more difficult for me</td>
<td>8</td>
</tr>
<tr>
<td>Does not exist in my community</td>
<td>9</td>
</tr>
</tbody>
</table>

**Access to community recreation centers**

<table>
<thead>
<tr>
<th>Influence</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes it easier for me to be healthy</td>
<td>180</td>
</tr>
<tr>
<td>Doesn’t have any influence</td>
<td>278</td>
</tr>
<tr>
<td>Makes it more difficult for me</td>
<td>4</td>
</tr>
<tr>
<td>Does not exist in my community</td>
<td>22</td>
</tr>
</tbody>
</table>
Access to public libraries
Makes it easier for me to be .... 172
healthy
Does not have any influence .. 309
on my health
Makes it more difficult for me ...... 5
to be healthy
Does not exist in my ............... 4
community

Access to churches or faith-based
organizations
Makes it easier for me to be ....... 243
healthy
Does not have any influence .. 239
on my health
Makes it more difficult for me ...... 1
to be healthy
Does not exist in my ............... 5
community

Access to doctors in my community
Makes it easier for me to be ....... 382
healthy
Does not have any influence .. 79
on my health
Makes it more difficult for me ...... 17
to be healthy
Does not exist in my ............... 13
community

Availability of fresh fruits and
vegetables at stores, community
gardens, or markets
Makes it easier for me to be ....... 408
healthy
Does not have any influence .. 65
on my health
Makes it more difficult for me ...... 8
to be healthy
Does not exist in my ............... 8
community

Access to workplace wellness or
employee wellness
Makes it easier for me to be ....... 206
healthy
Does not have any influence .. 242
on my health
Makes it more difficult for me ...... 6
to be healthy
Does not exist in my ............... 29
community

Availability of family support
services, such as those related to
domestic or relationship violence
or family social services
Makes it easier for me to be ....... 120
healthy
Does not have any influence .. 337
on my health
Makes it more difficult for me ...... 3
to be healthy
Does not exist in my ............... 21
community

Please indicate whether you have engaged in any of the following behaviors within the past 12 month:

I try to lose weight.
Yes, within the past 30 days ...... 171
Yes, within the past 6 months ...... 74
Yes, within the past 12 months .. 77
No, not within the past ............ 162
12 months
Do not know ......................... 4

I try to maintain/keep a healthy
weight.
Yes, within the past 30 days ...... 215
Yes, within the past 6 months ...... 59
Yes, within the past 12 months .140
No, not within the past ............ 65
12 months
Do not know ......................... 5

I smoke or used tobacco products
daily or most days of the week.
Yes, within the past 30 days ...... 66
Yes, within the past 6 months ...... 7
Yes, within the past 12 months .20
No, not within the past ............ 381
12 months
Do not know ......................... 8

I smoke vapor/e-cigarettes daily or
most days of the week.
Yes, within the past 30 days ...... 22
Yes, within the past 6 months ...... 8
Yes, within the past 12 months .16
No, not within the past ............ 427
12 months
Do not know ......................... 8

I am physically active daily or most
days of the week.
Yes, within the past 30 days ...... 237
Yes, within the past 6 months ...... 62
Yes, within the past 12 months .119
No, not within the past ............ 65
12 months
Do not know ......................... 4

I get 7 or more hours of sleep daily
or on most days of the week.
Yes, within the past 30 days ...... 222
Yes, within the past 6 months ...... 37
Yes, within the past 12 months .117
No, not within the past ............ 102
12 months
Do not know ......................... 7

I eat home-cooked meals daily or
on most days of the week.
Yes, within the past 30 days ...... 258
Yes, within the past 6 months ...... 38
Yes, within the past 12 months .131
No, not within the past ............ 56
12 months
Do not know ......................... 3

I eat fruits and vegetables with most
of my meals daily or on most days
of the week.
Yes, within the past 30 days ...... 259
Yes, within the past 6 months ...... 48
Yes, within the past 12 months .124
No, not within the past ............ 54
12 months
Do not know ......................... 8

I consume sugar-sweetened drinks
daily or on most days of the week.
Yes, within the past 30 days ...... 139
Yes, within the past 6 months ...... 43
Yes, within the past 12 months .75
No, not within the past ............ 227
12 months
Do not know ......................... 6

I drink at least 2 or more
alcoholic drinks daily or most days
of the week (alcohol is beer, wine,
and/or liquor).
Yes, within the past 30 days ...... 45
Yes, within the past 6 months ...... 26
Yes, within the past 12 months .28
No, not within the past ............ 384
12 months
Do not know ......................... 6

I use medication from a
prescription that is not my own.
Yes, within the past 30 days ...... 5
Yes, within the past 6 months ...... 6
Yes, within the past 12 months .3
No, not within the past ............ 464
12 months
Do not know ......................... 8

I sought medical services at an
emergency room.
Yes, within the past 30 days ...... 19
Yes, within the past 6 months ...... 27
Yes, within the past 12 months .52
No, not within the past ............ 387
12 months
Do not know ......................... 4
I received a flu shot.
Yes, within the past 30 days......24
Yes, within the past 6 months ..... 49
Yes, within the past 12 months ...73
No, not within the past ...........334
12 months
Do not know............................7

I participated in cancer screening.
Yes, within the past 30 days......33
Yes, within the past 6 months ..... 40
Yes, within the past 12 months ...76
No, not within the past ...........328
12 months
Do not know............................9

I was injured from a fall.
Yes, within the past 30 days......16
Yes, within the past 6 months ..... 14
Yes, within the past 12 months ...32
No, not within the past ...........413
12 months
Do not know............................8

I met with social groups or friends in
the community.
Yes, within the past 30 days......214
Yes, within the past 6 months ..... 33
Yes, within the past 12 months ...58
No, not within the past ...........176
12 months
Do not know............................6

I engage in unprotected sex.
Yes, within the past 30 days......73
Yes, within the past 6 months ..... 10
Yes, within the past 12 months ...20
No, not within the past ...........368
12 months
Do not know............................9

I share needles with another
person for medications or drugs.
No, not within the past ...........473
12 months
Do not know............................10

I have sexual activity with another
person while under the influence of
alcohol.
Yes, within the past 30 days......19
Yes, within the past 6 months ..... 5
Yes, within the past 12 months ...11
No, not within the past ...........437
12 months
Do not know............................8

I received vaccines other than a
flu shot.
Yes, within the past 30 days......22
Yes, within the past 6 months ..... 30
Yes, within the past 12 months ...68
No, not within the past ...........355
12 months
Do not know............................10

In your opinion, how would
you rate your community’s
overall health?
Poor ........................................ 38
Fair ............................................ 148
Good ......................................... 239
Very good ................................... 62
Excellent ..................................... 5

What do you think are the
FIVE most important health
issues affecting your
community?
Basic needs: food, shelter, safety,
transportation, access to primary
health care
Not selected............................247
Selected.................................258

Injuries: gun-related, car accidents,
4-wheeler accidents, falls
Not selected............................450
Selected.................................55

Substance use: tobacco, alcohol,
meth, heroin, marijuana, stimulants,
prescription drugs
Not selected............................115
Selected.................................390

Violence: suicide, homicide, rape,
sexual assault, domestic violence
Not selected............................379
Selected.................................126

Child abuse/safety: child abuse,
child neglect
Not selected............................376
Selected.................................129

Chronic diseases: diabetes, cancer,
heart disease, stroke, COPD, high
blood pressure, high cholesterol
Not selected............................155
Selected.................................350

Infections disease/infections: HIV,
chlamydia, TB, Hep C, food
posioning
Not selected............................389
Selected.................................116

Well-baby: prenatal, antenatal
care, teenage pregnancy,
unintended pregnancy, unplanned
pregnancy
Not selected............................454
Selected.................................51

Obesity: eating unhealthy foods,
lack of healthy food
Not selected............................248
Selected.................................257

Lack of exercise: physical
inactivity, access to walking trails,
parks, sidewalks, recreational
centers, bike lanes
Not selected............................284
Selected.................................221

Mental/behavioral health:
depression, stress, anxiety
Not selected............................51
Selected.................................19

When thinking about how
your county, city, or town
allocated resources (staff or
programs), how important is
it to you that resources are
allocated to each item
below?
Clean outdoor air
Not at all important............... 10
Not very important............. 19
Somewhat important.......... 82
Very important.................382

Clean indoor air
Not at all important............... 9
Not very important............. 23
Somewhat important.......... 100
Very important.................357

Safe drinking water
Not at all important............... 4
Not very important............. 4
Somewhat important.......... 25
Very important.................462

Clean recreational water
Not at all important............... 6
Not very important............. 21
Somewhat important.......... 123
Very important.................338

Recycling programs
Not at all important............... 16
Not very important............. 44
Somewhat important.......... 178
Very important.................255
2015 Community Health Needs Assessment

Access to healthy or fresh foods
Not at all important .................. 8
Not very important .................... 9
Somewhat important ............... 72
Very important ....................... 405

Available and accessible mental health care
Not at all important .................. 6
Not very important .................... 25
Somewhat important ............... 129
Very important ....................... 330

Teenage pregnancy prevention
Not at all important .................. 12
Not very important .................... 30
Somewhat important ............... 140
Very important ....................... 306

Domestic violence prevention
Not at all important .................. 8
Not very important .................... 15
Somewhat important ............... 124
Very important ....................... 345

Child abuse prevention
Not at all important .................. 7
Not very important .................... 10
Somewhat important ............... 86
Very important ....................... 389

Youth violence prevention
Not at all important .................. 5
Not very important .................... 14
Somewhat important ............... 107
Very important ....................... 362

Illegal prescription drug use prevention
Not at all important .................. 5
Not very important .................... 24
Somewhat important ............... 84
Very important ....................... 377

Tobacco use prevention
Not at all important .................. 15
Not very important .................... 52
Somewhat important ............... 169
Very important ....................... 252

Drug use or addiction services
Not at all important .................. 7
Not very important .................... 21
Somewhat important ............... 99
Very important ....................... 363

Impaired driving prevention
Not at all important .................. 7
Not very important .................... 25
Somewhat important ............... 98
Very important ....................... 359

Meth and heroin use prevention programs
Not at all important .................. 9
Not very important .................... 30
Somewhat important ............... 117
Very important ....................... 334

Access to health care
Not at all important .................. 4
Not very important .................... 8
Somewhat important ............... 74
Very important ....................... 406

Access to birth control
Not at all important .................. 18
Not very important .................... 40
Somewhat important ............... 142
Very important ....................... 289

Access to safe recreational opportunities
Not at all important .................. 10
Not very important .................... 40
Somewhat important ............... 184
Very important ....................... 256

Pest management
Not at all important .................. 11
Not very important .................... 54
Somewhat important ............... 224
Very important ....................... 197

Access to trails and walking paths
Not at all important .................. 17
Not very important .................... 56
Somewhat important ............... 223
Very important ....................... 194

Affordable housing
Not at all important .................. 13
Not very important .................... 29
Somewhat important ............... 152
Very important ....................... 295

Food availability
Not at all important .................. 8
Not very important .................... 15
Somewhat important ............... 99
Very important ....................... 370

Food safety
Not at all important .................. 6
Not very important .................... 16
Somewhat important ............... 87
Very important ....................... 381

Bike lanes
Not at all important .................. 64
Not very important .................... 134
Somewhat important ............... 174
Very important ....................... 118

During the past 12 months, to what extent have the following experiences applied to you personally?

I have been able to talk with a healthcare provider in the language with which I am most comfortable.
Never .................................. 42
Seldom .................................. 15
Sometimes .............................. 67
Often ..................................... 366

I have felt discriminated against by a healthcare provider because of my race, ethnicity, or culture.
Never .................................. 457
Seldom .................................. 20
Sometimes .............................. 9
Often ..................................... 7

I have had negative experiences in healthcare that caused me to lose trust in medical providers.
Never .................................. 253
Seldom .................................. 116
Sometimes .............................. 102
Often .................................... 23

Healthcare providers have communicated with me in a respectful and clear manner.
Never .................................. 36
Seldom .................................. 15
Sometimes .............................. 85
Often .................................... 355

Services for aging communities
Not at all important .................. 7
Not very important .................... 24
Somewhat important ............... 144
Very important ....................... 317

Services for the homeless
Not at all important .................. 16
Not very important .................... 25
Somewhat important ............... 156
Very important ....................... 294

Disaster/emergency preparedness/response
Not at all important 5
Not very important 14
Somewhat important 123
Very important 348
I have felt discriminated against by a healthcare provider because of my medical condition or lifestyle.
Never...................................... 408
Seldom..................................... 45
Sometimes ................................ 33
Often........................................ 7

I have felt discriminated against by a healthcare provider because of my age.
Never........................................ 409
Seldom....................................... 52
Sometimes ................................ 23
Often .......................................... 8

Which of the following best describes your participation in social services within your community within the past 12 months?

Food pantry
I did not feel the need for this type of service. .......................... 433
I felt I needed help in this area but did not look for help or ask anyone for help. .................. 11
I tried to find help in the area but did not know where to turn or could not find help. .... 6
I sought and received this type of service. .................................. 37

Homeless shelter
I did not feel the need for this type of service. .......................... 479
I felt I needed help in this area but did not look for help or ask anyone for help. .................. 2
I tried to find help in the area but did not know where to turn or could not find help. .... 3
I sought and received this type of service. .................................. 3

Free or emergency childcare help
I did not feel the need for this type of service. .......................... 466
I felt I needed help in this area but did not look for help or ask anyone for help. .................. 9
I tried to find help in the area but did not know where to turn or could not find help. .... 6
I sought and received this type of service. .................................. 6

Domestic abuse services
I did not feel the need for this type of service. .......................... 478
I felt I needed help in this area but did not look for help or ask anyone for help. .................. 2
I tried to find help in the area but did not know where to turn or could not find help. .... 1
I sought and received this type of service. .................................. 5

Employment services
I did not feel the need for this type of service. .......................... 442
I felt I needed help in this area but did not look for help or ask anyone for help. .................. 19
I tried to find help in the area but did not know where to turn or could not find help. .... 8
I sought and received this type of service. .................................. 19

Prenatal programs and breastfeeding support
I did not feel the need for this type of service. .......................... 470
I felt I needed help in this area but did not look for help or ask anyone for help. .................. 4
I tried to find help in the area but did not know where to turn or could not find help. .... 1
I sought and received this type of service. .................................. 12

Mental/behavioral health programs
I did not feel the need for this type of service. .......................... 436
I felt I needed help in this area but did not look for help or ask anyone for help. .................. 19
I tried to find help in the area but did not know where to turn or could not find help. .... 5
I sought and received this type of service. .................................. 28

Free rural transit and/or city bus
I did not feel the need for this type of service. .......................... 450
I felt I needed help in this area but did not look for help or ask anyone for help. .................. 9
I tried to find help in the area but did not know where to turn or could not find help. .... 13
I sought and received this type of service. .................................. 16

Walk-in clinic
I did not feel the need for this type of service. .......................... 385
I felt I needed help in this area but did not look for help or ask anyone for help. .................. 17
I tried to find help in the area but did not know where to turn or could not find help. ... 13
I sought and received this type of service. .................................. 74

Township trustee assistance
I did not feel the need for this type of service. .......................... 444
I felt I needed help in this area but did not look for help or ask anyone for help. .................. 11
I tried to find help in the area but did not know where to turn or could not find help. .... 16
I sought and received this type of service. .................................. 16

Financial help, utility bills, etc.
I did not feel the need for this type of service. .......................... 422
I felt I needed help in this area but did not look for help or ask anyone for help. .................. 23
I tried to find help in the area but did not know where to turn or could not find help. .... 20
I sought and received this type of service. .................................. 21

Legal help
I did not feel the need for this type of service. .......................... 437
I felt I needed help in this area but did not look for help or ask anyone for help. .................. 14
I tried to find help in the area but did not know where to turn or could not find help. .... 16
I sought and received this type of service. .................................. 20

STI/STD testing, treatment, prevention
I did not feel the need for this type of service. .......................... 471
I felt I needed help in this area but did not look for help or ask anyone for help. .................. 2
I tried to find help in the area but did not know where to turn or could not find help. .... 4
I sought and received this type of service. .................................. 11
Help finding health insurance
I did not feel the need for this type of service. .................................................423
I felt I needed help in this area but did not look for help or ask anyone for help. ................20
I tried to find help in the area but did not know where to turn or could not find help ........21
I sought and received this type of service. .........................................................24

Substance abuse services
I did not feel the need for this type of service. ..................................................473
I felt I needed help in this area but did not look for help or ask anyone for help. .................2
I tried to find help in the area but did not know where to turn or could not find help ....4
I sought and received this type of service. ............................................................7

Considering all sources, which of the following best describes your total household income before taxes for 2014?
Less than $15,000 .........................................................56
$15,000-$24,999 .........................................................60
$25,000-$34,999 .........................................................55
$35,000-$49,999 .........................................................64
$50,000-$74,999 .........................................................93
$75,000-$99,999 .........................................................67
$100,000-$149,999 .......................................................64
$150,000 or more ......................................................22

Which of the following best describes your current employment status?
Unable to work ..........................................................31
Retired .................................................................156
Student .................................................................5
Homemaker ..........................................................25
Out of work for less than 1 year ......................................8
Out of work for 1 year or more ....................................5
Self-employed .........................................................28
Employed for wages ..............................................238

Which of the following best describes the highest level of education you completed?
Some high school .................................................23
High School diploma or GED recipient ........................134
Some college .........................................................118
Associate degree ...................................................55
Bachelor’s degree ..................................................80
Graduate or professional degree or beyond ..................78
Other .................................................................5

More specifically, which of the following best describes the highest level of education you completed?
7th Grade .............................................................1
9th Grade .............................................................1
Apprenticeship Program ........................................1
Beauty School ......................................................1
Business College 2 Years ........................................1
Certificate Diploma from College ..............................1
Had to leave school at 11th Grade ..............................1
Masters ...............................................................1
Military Schools and Employer Schools ......................1
One Class from Bachelors Degree .............................1
Pre K ......................................................................1
Retired RN ...........................................................1
Some Trade School ................................................1
Vocational School ..................................................1
Will be getting Associates Degree at end of year ..........1

How frequently have you used the following websites and search methods on a cell phone (smartphone) to seek health-related information in the past 12 months?
Google, Bing, Yahoo
Never .................................................................143
Seldom ...............................................................26
Sometimes .......................................................105
Often ...............................................................192

Facebook
Never .................................................................272
Seldom ...............................................................40
Sometimes .......................................................53
Often ...............................................................98

Medical sites (Medline, American Cancer Society, WebMD etc.)
Never .................................................................201
Seldom ...............................................................61
Sometimes .......................................................126
Often ...............................................................74

Blogs
Never .................................................................364
Seldom ...............................................................50
Sometimes .......................................................35
Often ...............................................................9

Twitter
Never .................................................................415
Seldom ...............................................................21
Sometimes .......................................................11
Often ...............................................................10

Other
Never .................................................................288
Seldom ...............................................................23
Sometimes .......................................................35
Often ...............................................................18
Total ...............................................................364

I do not own or have access to a smartphone/cellphone ..............................................148

Mode of survey completion
Paper .................................................................418
Web .................................................................91
Summary Overview
Indiana University School of Public Health (SPH), in partnership with a cooperative group of six Indiana counties, including representatives from the IU Health system, contracted with the Center for Survey Research (CSR) to conduct a survey about health needs and attitudes. The planning for the survey, to provide data for the counties as part of a larger community health needs assessment, began in fall 2014. Goals of the project were for IU Health to fulfill a biannual assessment requirement and the county health departments to take steps toward accreditation.

The survey was developed by the CSR and SPH with input from county representatives. The survey was launched on July 8, 2015 and data collection concluded on September 11, 2015. Sampled households in Clark, Dubois, Jackson, Lawrence, Madison, and Monroe counties were contacted and asked to complete the online survey or a paper questionnaire. The overall response rate was 29.8%.

Data Collection Methodology
Sample Design
The target population for the 2015 Indiana Community Health Needs Assessment Survey consisted of noninstitutionalized adult residents, aged 18 years or older, in the six participating Indiana counties: Clark, Dubois, Jackson, Lawrence, Madison, and Monroe. The sample was randomly drawn from an address-based sampling frame of each county, consisting of residential, non-business addresses, excluding P.O. boxes, seasonal/vacation, vacant, only way to get mail and throwback, and drop-off point addresses; rural addresses were included in the frame. At the household level, participants in the study were randomized by a respondent-selection that selected the adult with the most recent birthday to complete the survey.

Sample lists of 2,000 records per county were purchased from Marketing Systems Group who assured the CSR of the coverage for the target population. The lists included postal address, FIPS code (county designator), and appended demographic information for the head of household regarding income, marital status, home ownership status, and education. Upon receipt of the sample, it was stored in a secure database created and maintained by the CSR and was reviewed and corrected for any clerical errors.

Research Design
CSR proposed and implemented an embedded experimental design for the 2015 Indiana Community Health Needs Assessment Survey that tested the efficiency of an online administration of the survey, in view of possible repeat administration, against the expected response rate gains of a postal mail administration.

Questionnaire and Recruitment Design
Questionnaire development for the 2015 Indiana Community Health Needs Assessment Survey occurred over a period of two and a half months (early April through mid-June 2015). Development consisted of CSR reviewing and providing extensive suggested alterations to the original draft provided by SPH and meeting and collaborating closely with SPH and representatives from the counties and IU Health, who made final decisions with regard to the questionnaire.

The final questionnaire included 146 items covering health topics such as health and quality of life and access to health care, type of health insurance, health behaviors, views on personal and community health, and opinions on the most important health challenges facing the respondent’s community.

The online version of the questionnaire was programmed using the CSR’s native ColdFusion-based web survey tool and rigorously tested. A mobile-compatible version was also produced.

The questionnaire was also formatted for printing, and CSR contracted with Scantron Corporation to print 17,000 copies for mailing to county residents. The paper questionnaire was an eight-page booklet stapled in the center.

Both the web and paper surveys included specific directions as to how to select the adult in the household who is to complete the survey.

CSR developed six letters for the two experimental groups: a pre-letter, two invitations, and three follow-ups. SPH provided input and final approval of the letters.

Data Collection
The field period for the Community Health Needs Assessment Survey was July 10, 2015 through September 11, 2015. All sampled addresses were included in the data collection.

Final Disposition and Response Rates
Final dispositions for all cases were classified according to the American Association for Public Opinion Research’s (AAPOR) Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys, 8th edition.