



Deaconess Health System Evansville, IN

FY2014 Community Health Needs Assessment for
Vanderburgh County - Update from original FY2013 Report

Collaborative Assessment by: St. Mary's Medical Center,
Deaconess Health System, ECHO Community Healthcare,
United Way of Southwestern Indiana, Welborn Baptist
Foundation, Inc. and Vanderburgh County Health Department



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An electronic version of this Community Health Needs Assessment is publically available at www.deaconess.com/CHNA.

OVERVIEW

COMMUNITY NEEDS ASSESSMENT/VANDERBURGH COUNTY

OVERVIEW

June, 2014

INTRODUCTION

Evansville's two health systems began laying the foundation for a new community needs assessment in 2010. Tim Flesch, CEO of St. Mary's Health System and Linda White, CEO of Deaconess Health System agreed that it made sense for the local hospitals to share a common needs assessment for planning purposes. St. Mary's and Deaconess then extended an invitation to ECHO Clinic, a Federally Qualified Health Center, the United Way, and the Welborn Baptist Foundation to become co-sponsors of the assessment.

Each of the sponsors has a specific role to play. The Welborn Baptist Foundation maintains a needs assessment of its own that is broad in scope. Healthcare is one section of that assessment and, as such, the Foundation is supportive of local healthcare providers taking a deeper dive into the health needs of the population. The two documents complement one another.

Like the hospitals, FQHCs are required by the Patient Protection and Affordable Care Act (PPACA) to develop a needs assessment and an implementation strategy. The United Way has a specific interest in the unmet health needs of low-income households. So, the design of the needs assessment incorporated the community as a whole, as well as the ability to look specifically at the needs of households in the FQHC neighborhood and among lower income families.

CHNA ONGOING WORK

Deaconess works with St. Mary's to gather local experts in each of the four focus areas (identified from the FY2013 CHNA root cause analysis) together and discuss these issues as a community with ongoing meetings throughout the year. The ability to communicate resources quickly to members in the community is a benefit of this project. Through the CHNA work in the four focus areas, 158 members are now sharing information, including needs and resources, with one another.

FY2013 CHNA ROOT CAUSE ANALYSIS

A cross-walk of root causes to clinical issues (shown in the table below) indicates that all of the clinical issues that have emerged as priority needs would benefit from strategies focused on four root causes:

1. Tobacco Use
2. Obesity
3. Substance Abuse
4. Mental Health

	Mental Health	Access to Care	Obesity	Substance Abuse	Oral Health	Education Training	Tobacco Use
Cancer			X		X		X
Kidney				X			X
Dementia				X			
Teen Births		X		X			X
Stroke			X	X			X
Injury	X			X		X	
Suicide	X			X			
Nutrition	X		X	X		X	
Respiratory			X	X			X
Drugs	X			X			X

These four areas received a more in-depth assessment, resulting in the development of an implementation strategy. Between August, 2012 and December, 2012, the five assessment sponsors gathered appropriate agencies, providers, and community leaders together to review each root cause assessment and discuss possible implementation strategies having highest impact potential. A brief summary of potential strategies follows, each having possible application as a policy/system/environmental (PSE) strategy. **(See the Root Cause Report and Implementation Strategy for the FY2014 update).**

INTEGRATED SCORECARD

In addition, to root cause analysis and the implementation strategy, there is an integrated scorecard that has been developed to track ongoing metrics and strategy. The scorecard tracks all four root causes and metrics to support the collaborative and engage and drive change in the community to reduce tobacco use, obesity, substance abuse and support those in need with mental health **(See the Integrated Scorecard for the FY2014 update).**

IMPLEMENTATION

The primary strategy is to continue and extend the collaborative developed through the Community Health Needs Assessment. The strategy is to truly collaborate with lead agencies and organizations for the next three years to implement strategies and tactics to support the four root causes of our identified areas of need. The primary stake holder for each of the four roots causes are:

- Tobacco: Smoke-free Communities | 800-Quit-Now
- Obesity: Welborn Baptist Foundation
- Mental Health: Deaconess Health System, Southwestern Mental Health, Lampion Center and the System of Care Coalition
- Substance Abuse: DrugFree.org

FY2014 DEACONESS SUCCESS

- Successful - Examples include:
 - Deaconess partnered with Evolent Health to strengthen our Accountable Care Organization and extend its reach out into our secondary and tertiary service areas.
 - Deaconess Cross Pointe, our mental health hospital, began offering classes such as Yoga for Depression and light therapy for the public.
 - Continued community programs targeting obesity - Healthier U Walks, organized walks in community parks for 12 Saturdays in the spring and summer, and Wise Choice, signage at the annual Fall Festival that identifies healthier options.
 - Men's Health Series – Once a month from March through November, men in the community were invited to come to the hospital, eat dinner, and hear a presentation specifically geared toward improving men's health.
- *While tactics have been launched, many of these problems developed over several years and will require time to hit the desired outcomes and scorecard metrics for our community such as reduction in obesity.*

Strategy Sessions

After the final report for the collaborative Community Health Needs Assessment (CHNA) the team decided to continue the stakeholder group meetings. The following four groups meet twice a year with the identified agencies and all stakeholders of the CHNA to develop better partnerships toward building a healthier community.

- Tobacco
- Mental Health
- Substance Abuse
- Obesity

A list of the FY2014 group attendees and meeting details are listed in the section Strategy Sessions Participants.

ROOT CAUSES REPORT

Tobacco Report

Reducing tobacco usage in the community is primarily driven by the continued efforts of Smoke-free Communities through consumer education and advocacy. Smoke Free Communities is already doing all of the related work primarily around this initiative and creating another work group would have been redundant and duplicated efforts. Deaconess will continue to support their efforts and the combined efforts through the Healthy Communities Partnerships of Southwest Indiana which was funded by a Community Transformation Grant (CTG).

QUIT NOW

Deaconess continued to support the Indiana Tobacco Quitline, a free phone and text-based counseling service that helps Indiana smokers quit. Services are available 7 days-a-week in more than 170 languages by calling 1-800-QUIT-NOW. A trained quit coach works with the caller to provide tailored solutions.

BREATH OF FRESH AIR

Deaconess is creating a smoking cessation program called Breath of Fresh Air. It will be an on-line program that utilizes web-based tools and information as well as reminder e-mails for the participants. This program will be pushed out to employees, the public, and all Deaconess Clinic Physicians. We also plan to use our physician liaisons to take this information out to our regional providers.

POPULATION HEALTH

In FY14, Deaconess partnered with Evolent Health to strengthen our Accountable Care Organization and extend its reach out into our secondary and tertiary service areas. Primary Care Physicians will identify and assist patients with chronic diseases and complex medical conditions better manage their health. The goal, as it relates to the CHNA topic areas, is to decrease obesity and tobacco use and improve mental health through a closer relationship with a health care team.

Concerns

- **Policy**

In February of 2014, The Indiana State Supreme Court overturned the Smoke-free ordinance in Evansville. In a 3-2 decision, the court deemed that the ordinance violates the Indiana Constitution's Equal Privileges and Immunities Clause. The court ruling will make it allowable again to smoke in fraternal clubs and some bars or taverns that do not allow people under 21. The change of the ordinance does raise concern if the success over the last few years in reducing tobacco usage could foresee an upturn.

The increased use of e-cigarettes brings additional concern as there is lack of regulation, policy and data. When the original plan was developed, e-cigarettes were not yet a major player in the market and therefore were not addressed.

Obesity Report

A community group was formed as a result of the CHNA identifying obesity as a root cause and has been organized to look at the needs and resources in our community. There are 24 organizations who agreed to participate. Reducing obesity usage in the community is primarily driven by the continued efforts of the Welborn Baptist Foundation through efforts like their programs targeted through consumer education and advocacy. Deaconess will continue to support their efforts and the combined efforts through the Healthy Communities Partnerships of Southwest Indiana which is funded by a Community Transformation Grant (CTG).

HEROES

To help Tri-State schools' efforts to address the [Centers for Disease Control and Prevention's Eight Components of a Coordinated School Health Program](#), Welborn Baptist Foundation supports the HEROES program to provide financial and guiding support to elementary, middle, and high schools so that they can commit, implement, and evaluate their own school's health, based on the CDC's research-based and proven Coordinated School Health (CSH) Model. HEROES stands for Healthy, Energetic, Ready, Outstanding, and Enthusiastic Schools. Schools in Gibson, Perry, Posey, Dubois, Spencer and Vanderburgh in Indiana, Wabash and White in Illinois, and Henderson in Kentucky have participated in the HEROES program.

Move·ment

Move·ment is a healthy community initiative. The Welborn Baptist Foundation envisions a coalition of multiple, engaged partners, leading an effort aimed at increasing physical activity and healthy eating. Welborn Baptist Foundation has committed to hiring a full time staff person as well as funding resources for capacity building and social market messaging. In 2008, Welborn Baptist Foundation convened an Advisory Committee charged with assisting in the development of a long term strategy to bring lasting change to our community. Local leaders in health care, education, business, and not-for-profits were brought together and asked to review best practices as they prioritized areas to be targeted in the first phase of the Move·ment initiative. Next, smaller subcommittees consisting of professionals across disciplines helped guide the strategy development for each of the priority areas. The result was Blueprint: A Community's move·ment.

The blueprint provides a framework to begin addressing healthy lifestyles by offering six priority areas, an objective for each, strategies, and potential actions. Although there are other issues that could be addressed, this serves as a starting point for years of work to come. The move·ment priority area statements include: Built Environment, Food Access, Child Care and School Aged Settings, Worksite, People with Influence, and Faith-Based Communities.

- **Built Environment** - Safe neighborhoods, complete streets, good urban design, and open space support physical activity as part of everyday life for all ages.

Healthier U

Starting in 2011, Deaconess began the Healthier U Walks. The program encourages exercise but also provides people with the opportunity to explore new places to walk with the safety of a "tour guide" and a group to walk with. A lot of people are hesitant to walk, because they don't want to go alone to parks/trails. The program also rotates through different trails or walking paths in Evansville to help identify areas, new for some, for exercise in the city. For 12 Saturdays May through July, individuals will meet each week at a different park or walking trail to walk from 9-10am. Strollers and leashed pets are welcome to encourage attendance. Eastland Mall is used as a location for rainy days.

- **Food Access** - Healthy, fresh, and locally grown food is available, affordable and accessed throughout the community.

Wise Choice - Deaconess Hospital and the West Side Nut Club collaborated for a 2nd year to provide a “Wise Choice” Fall Festival munchie map. The Fall Festival in Evansville has been said to be the second largest street festival next to Mardi Gras and draws over 200,000 individuals each year. The festival is known for their deep fried and unhealthy options. Vendors at the annual Fall Festival submit recipes to our dietitians. If they meet certain nutritional requirements, the vendor’s booth gets a green sign to hang that indicates they serve healthy food options at their booth. The Wise Choice map features food items that are low calorie, low fat, and low sodium.

(This flier will promote the fall 2014 festival.)



Applauding Wise Choices

Deaconess has teamed up with the West Side Nut Club for a third year to offer Wise Choice menu options at this year's Fall Festival.

All Wise Choice items meet the Deaconess dietitian guidelines as a healthy option, and can be found at participating Fall Festival booths marked with the Deaconess Wise Choice seal of approval.

No worries, you'll still be able to find your traditional favorites as well. It's nice to have a choice. For more information visit www.deaconess.com/wisecchoice.

#WiseChoiceFF

Baby Friendly - The Women’s Hospital is working toward designation as a Baby-Friendly Hospital by Baby-Friendly USA, Inc. The designation symbolizes the hospital’s commitment to supporting breastfeeding mothers. Breastfeeding has been shown to reduce the likelihood of childhood obesity.

Deaconess Farmers' Markets

- Warrick – Deaconess Gateway and The Women’s Hospital successfully offered a farmers' market from July through mid-October on Tuesdays in 2013 and will continue the farmers' market again through the summer of 2014.
- Vanderburgh – On Wednesdays, during the months of July through mid-October, Deaconess Hospital and Deaconess Clinic – Downtown, also hosted a Farmers' market in 2013 and will continue to offer the farmers' market again in summer 2014.

Meals on Wheels

Meals on Wheels of Evansville offers nutritionally appropriate and proportioned meals prepared under the direction of dietitians at Deaconess Hospital and St. Mary’s Medical Center for needy individuals of all ages. Meals can be specifically catered to an individual’s dietary needs based on a physician order.



FAVE – Fruits and Vegetables Evansville

As part of the Community Transformation Grant (CTG), the Healthy Communities Partnership of Southwest Indiana (HCP), the Welborn Baptist Foundation, and the Food and Nutrition Department at the University of Southern Indiana worked together to bring fresh produce to Evansville residents who have limited access to fresh fruits and vegetables. Towards this end, WBF and USI, with the help of St. Mary's and Deaconess Hospitals coordinated a pilot program to sell fruits and vegetables at/near cost from community centers in underserved areas within Vanderburgh County.

What came to be known as the FAVE program (that stands for: Fruits and Vegetables Evansville) launched on March 7th 2014, a process which required coordination on many levels from multiple stakeholders.

A survey instrument was developed by WBF and CELL in order to collect information on participant demographics and assess program outcomes. Data collected from a survey of FAVE customers conducted on 3/7, 4/4, and 4/28 (Weeks 1, 5 and 8) provided the following self-reported information:

- 62% of FAVE customers are women
- 54% of FAVE customers live alone
- 92% of FAVE customers live in households with no more than 3 people
- 52% of FAVE customers were first time shoppers at the mobile market

Data reported from FAVE customers indicate prevalence of trends suggesting food insecurity in the surrounding community.

- 41% of FAVE customers report that “cost” is a barrier to eating more fruits and vegetables
- 68% of FAVE customers felt compelled to buy more produce as a result of the prices
- 82% of FAVE customers listed both “cost” and/or “convenience” as reasons for shopping at the mobile market

Community Gardens

In addition to the mobile markets, the Fresh Produce Initiative sought to increase access to healthy foods by supporting the launch of community gardens in Vanderburgh County. In total, 6 community gardens supported by the Fresh Produce Initiative are underway. The locations for these FPI supported gardens include: Franklin Street, New Hope Missionary Baptist Church, CK Newsome Center, Koch Family Children's Museum and Culver Early Learning Center.

Obesity Miscellaneous

Community Screenings – each week, reduced cost health screenings (blood pressure, blood sugar, cholesterol, etc.) are offered at a Deaconess Clinic location. The location rotates between multiple states and counties.

Employee Wellness

Creation of a more robust employee wellness program. A fitness center, exercise classes, nutrition classes, and mental health counseling are offered to help employees make and reach personal wellness goals.

Men's Health Series – Once a month from March through November, men in the community were invited to come to the hospital, eat dinner, and hear a presentation specifically geared toward improving men's health.



**DEACONESS
MEN'S
HEALTH★SERIES**

JOIN US ALL SEASON LONG, MARCH THROUGH OCTOBER, TO LEARN MORE ABOUT MEN'S HEALTH.

This lecture series gives a play-by-play look at different men's health topics each month. Attendees will learn practical information and get a chance to win two Colts' tickets at each lecture. All lectures take place at 5:30 p.m. with dinner and registration starting at 5:00 p.m. For more information, or to register, visit deaconess.com/menshealth, or call 812-450-7000.

 Small Changes to Look and Feel Better Tuesday, March 11 5:30 p.m. Deaconess Hospital, Johnson Hall <small>Dr. William Smith</small> Gradual changes can lead to big results. Dr. Smith from Deaconess Clinic will be teaching you 52 changes to make in your life – one change at a time.	 Tackling Joint Pain Tuesday, May 13 5:30 p.m. Deaconess Hospital, Johnson Hall <small>Dr. Anthony Czaplicki</small> If pain in your knees, hips or other joints is holding you back from living your best life, learn more about treatment options. And if you're considering joint replacement surgery, get your questions answered by Dr. Czaplicki from the joint replacement program.	SCHEDULE: (of future events) → July 29 10 Tips—To Help Men Live Longer and Better—Part 1 10 things physicians wish men would do to live longer and better. → August 19 10 Tips—To Help Men Live Longer & Better—Part 2 10 things physicians wish men would do to live longer and better. → September 9 How to Raise a Good Man Learn what issues your pre-teen will face as they grow. → October 21 Diabetes Dozen Learn 12 tips to improve blood sugar control.
 Having Men's Best Interest at Heart Tuesday, April 8 5:30 p.m. Deaconess Hospital, Johnson Hall <small>Dr. R. Scott Starrett</small> Heart disease is the number one killer of men. Dr. Starrett, of The Heart Group, will talk about ways to keep your heart healthy, because what's good for your heart is good for the rest of your body.	 Going Toe-to-Toe with Foot Pain Tuesday, June 10 5:30 p.m. Deaconess Hospital, Johnson Hall <small>Dr. Jason Denton</small> Aching feet can keep you from being at your best, affecting your work, hobbies and everyday life. If you are living with foot pain, Dr. Denton, Deaconess Clinic Podiatrist, will talk about the treatment options available to you.	



Substance Abuse & Mental Health

Originally, two community strategy groups were created to focus on the needs of substance abuse and mental health separately. The membership of each group was largely the same, so we plan to combine into one group. This group includes people who are involved in mental health/substance abuse in our local and regional community. Included are representatives from the Evansville Mayor's office, both local hospitals, the Vanderburgh County Health Department, ECHO (our local FQHC), local universities, 3 school systems, Evansville State Hospital and youth care center, Southwestern Behavioral Services, and various other private mental health organizations.

Community Education

The collaborative is using www.drugfree.org as the conduit for community education. The site offers many online resources such as brochures and education. There is also a focus on prescription drug usage and reducing access for teens and awareness for parents. The resources are very accessible and even offer an abstinence program.

Child Abuse Task Force (Vanderburgh & Warrick)

The Child Abuse Task Force Team was established in 2011 to serve children with suspected or known child abuse. The focus of the program is to compassionately care for children who are otherwise not provided with optimum care in a safe environment. The initiative has grown to include Deaconess, Vanderburgh County Health Department, ECHO Community Health Center (FQHC) the Prosecutors Office, Department of Child Services, and Sheriff's office.

Indiana System of Care Coalition

Efforts are beginning to build an effective System of Care Coalition for Vanderburgh and Warrick Counties. The system is intended to provide resources to families and individuals with a diagnosed mental illness. Local participants include Southwestern Behavioral Health (Southwestern Indiana Mental Health Center), Evansville State Hospital, Deaconess, St. Mary's, and Evansville Psychiatric Children's Center.



Center for Life Balance

Deaconess Cross Pointe, our mental health hospital, opened the Center for Life Balance. It will offer classes such as Yoga for Depression and light therapy for the public.

Mental Health First-Aid Courses – an education program that helps the public identify, understand, and respond to signs of mental illnesses and substance abuse disorders. Staff members at Cross Pointe are the only ones in the entire region trained to teach the course.

Trauma Education – Deaconess Trauma Services devotes time and resources to educating EMS personnel and other first responders in the region. This includes the proper process for assessing and transporting patients who are under the influence or having a mental health emergency.

Suicide Prevention – Members of our mental health hospital travel around the region to provide suicide prevention training to schools, churches, non-profit groups, etc.

Crisis Intervention Team

In 2009, officers with the Evansville Police Department were trained as Crisis Intervention Team officers (CIT). CIT Officers receive 40 hours of training in dealing with persons who are mentally ill and in need of assistance. Officers trained for this assignment are from the Patrol Division, School Liaison, and Crisis Negotiators.

In working closely with the mental health community, the Evansville Police Department has provided officers with training and understanding to better deal with persons in a mental crisis situation. This training continues on a yearly basis and is still a critical component for our officers to address and better work with individuals with mental health disorders.

<http://www.evansvillepolice.com/specialized-assignments/crisis-intervention-team>

Prescription Drug Utilization

INSPECT (Indiana Scheduled Prescription Electronic Collection & Tracking Program) is Indiana's prescription drug monitoring program (PDMP). INSPECT collects and tracks controlled substance prescriptions that are dispensed to Indiana residents. This data is then made available to medical practitioners and law enforcement to access under certain conditions. Indiana law requires physicians to query Indiana's prescription drug monitoring program (INSPECT) at the outset of an opioid treatment plan and at least annually thereafter.

Deaconess uses the INSPECT program and is working on ways to expand physician access to the system.

<http://www.in.gov/bitterpill/2360.html>

IMPLEMENTATION STRATEGY

**COMMUNITY NEEDS IMPLEMENTATION STRATEGY
COLLABORATIVE PLAN**

UPDATED 5.30.14

STRATEGY	TACTIC(S)	SPONSORS		COMPLETION DATE	COMPLETED	SUCCESS MEASURES/COMMENTS
CATEGORY: TOBACCO USE						
Indiana Quit Line: Promote/market the Quit Line to patients and clientele	Utilize existing marketing materials/resources to support current smokers in their efforts to quit	St. Mary's Med Ctr St. Mary's Warrick Deaconess United Way 211 Line ECHO CHC		06/30/14		COMMUNITY MEASURE: Increase number of local residents/physicians utilizing the Indiana Quit Line by 10%, compared to historic baseline from Smokefree Communities. Decrease the percentage of smokers by 0.5 percentage points by FY2016. _____
	Work with Smokefree Communities to maximize use of materials	St. Mary's Med Ctr St. Mary's Warrick Deaconess United Way 211 Line ECHO CHC		06/30/14		
	Market via websites, internal/external publications, Parish Nurses, direct mail to smokers, contacts with Asthma parents and WIC parents, 211 Line	St. Mary's Med Ctr St. Mary's Warrick Deaconess United Way 211 Line ECHO CHC		01/01/14		
	Engage primary care physicians and other clinicians to promote the use of the Quit Line	St. Mary's Med Ctr St. Mary's Warrick Deaconess ECHO CHC		06/30/14		
Pursue a Smokefree Communities TPC grant (Tobacco Prevention and Cessation) specifically for Warrick County	Engage grant writer(s) at University of Evansville and utilize Smokefree Communities to administer the grant, if awarded.	St. Mary's Warrick Deaconess Gateway		01/01/14	Completed grant, but did not receive funding.	NOTE: If potential warrants, grant would be submitted in Year #1, and Smokefree Communities program would be implemented in Warrick County Year #2.
Implement tobacco component of Community Transformation Grant (CTG) for obesity	Work with Smokefree Communities to implement tactics in Warrick County	Welborn Baptist Fdn St. Mary's Warrick		06/30/14		
CATEGORY: OBESITY						
Improve food/nutrition choices available on-campus	Re-introduce the Upgrade program on the SMMC campus in 2013	St. Mary's Med. Ctr. Welborn Baptist Fdn Deaconess Hospital ECHO CHC		06/30/14		COMMUNITY MEASURE: Decrease by one percentage point the percentage of adults who are obese by FY2016. Decrease by one percentage point the percentage of households with an overweight or obese child (by FY2016). Set baseline measures in FY2014. _____
	Work with local vendors to recommend additional vending changes to be introduced in 2014	St. Mary's Med. Ctr. Deaconess Hospital		06/30/15		
						COMMUNITY MEASURE: Decrease by one percentage point the percentage of adults who are obese by FY2016. Decrease by one percentage point the percentage of households with an overweight or obese child (by FY2016). Set baseline measures in FY2014. _____
Support obese and morbidly obese employees by making appropriate incentives and interventions available to the workforce	Certified Health Coaches are available to assist obese and morbidly obese employees with a game plan for safely lowering their BMI. Potential for premium discounts if the employee effectively lowers their risk factors.	St. Mary's Med. Ctr. St. Mary's Warrick Deaconess		06/30/14		
Expand HEROES coordinated school health Initiatives in Vanderburgh County. Work to gain entry into the Warrick School System.	Meet with key persons in Warrick/Vanderburgh School Systems to solicit participation in CTG initiatives.	Welborn Baptist Fdn St. Mary's Warrick		06/30/15		COMMUNITY MEASURE: # schools participating in CTG activities will increase compared to FY2013.
Work with child care centers to improve physical activity and nutrition	Educate, provide resources to centers to meet healthy/active living guidelines	Welborn Baptist Fdn United Way ECDC St. Mary's Med. Ctr.		06/30/14		COMMUNITY MEASURE: # child care centers implementing improved nutrition and physical activity aligned with best practice guidelines will increase compared to FY2013. _____
Work with businesses, health care centers and corporations to implement healthy, active living environments	Baby-friendly breastfeeding sites, worksite wellness programs, healthy vending, healthy menu options, etc.	Welborn Baptist Fdn St. Mary's Med. Ctr. Deaconess		06/30/14		COMMUNITY MEASURE: # worksites participating in WBF healthy initiative programs will increase compared to FY2013.

STRATEGY	TACTIC(S)	SPONSORS	St. Mary's POINT PERSON(S)	COMPLETION DATE	COMPLETED	SUCCESS MEASURES/COMMENTS
Address food access issues by creating new and unique opportunities for residents to obtain nutritionally balanced food options	Initiate/sustain Farmers' Markets during the summer months to promote healthy choices and affordable fruits and vegetables	St. Mary's Warrick St. Mary's Medical Center Deaconess		06/30/14		
Healthcare organizations and providers promote healthy eating and active living in their in their clinical practices.	Engage primary care providers and other physicians in the development and utilization of social marketing campaign materials.	St. Mary's Warrick St. Mary's Med. Ctr. Deaconess		06/30/14		
CATEGORY: SUBSTANCE ABUSE						
Explore the opportunity to collaborate on the issue of prescription drugs	Work with the Evansville Drug Task Force to minimize the abuse of prescription drugs.	St. Mary's Med. Ctr. St. Mary's Warrick ECHO CHC Deaconess		06/30/14	In Progress	INTENT: Tighten procedures that reduce pain medications prescribed through the emergency room, physician offices. MEASUREMENT: Develop a plan for Year #2 implementation.
	With Dentists from the Mobile Dental Clinic, educate local dentists regarding the over prescribing medications as an issue and the effects of this problem with a goal of decreasing overprescribing of pain medications from dentists	St. Mary's Med. Ctr. ECHO CHC (if dental programming begins at ECHO)		06/30/15		COMMUNITY MEASURE: Decrease by one tenth (0.1) the number of controlled substance prescriptions filled and entered into INSPECT (by FY2016).
Promote/market the www.DrugFree.org website to patients and clientele	Utilize existing marketing materials/resources to support current users in their efforts to quit.	St. Mary's Med. Ctr. St. Mary's Warrick Deaconess United Way ECHO CHC		01/01/14		COMMUNITY MEASURE: Set a baseline measure through NRC to track the percentage of residents who have used an illegal drug in the past 30 days.
CATEGORY: SUBSTANCE ABUSE (CONT.)						
	Support parents in efforts to provide Drug Free environments for minors and offer resources to them and their families.	St. Mary's Med. Ctr. St. Mary's Warrick Deaconess United Way ECHO CHC		01/01/14		
CATEGORY: MENTAL HEALTH (Note: These tactics also impact the Substance Abuse category)						
<u>Nurse-Family Partnership (NFP)/Centering Pregnancy:</u> Partner high-risk, first-time mothers with a registered nurse	Research the feasibility to implement the NFP program, as modeled by Indianapolis and New York City	St. Mary's Med. Ctr. Deaconess Women's Hospital		06/30/14	In progress	NOTE: Bring NFP program members to Evansville to speak to community coalition of possible application/use in our community.
<u>Child Abuse Task Force:</u> Expand the Trauma-related task force to include a prevention component	Invite Lampion to the Child Abuse Task Force as an additional prevention tool in the area of Child Abuse	St. Mary's Med. Ctr. Deaconess Hospital ECHO CHC		09/30/13		COMMUNITY MEASURE: Reduce by one percentage point the number of substantiated cases of child abuse by FY2016.
<u>System of Care Coalition:</u> Assist local agencies in creating a full continuum for the treatment of pediatric mental health	Become an active member of the System of Care Coalition for the purpose of coordinating service across the community. Potentially build a community level care conferencing model.	St. Mary's Med. Ctr. Deaconess Hospital Welborn Foundation ECHO CHC		09/01/13		COMMUNITY MEASURE: By FY2016, reduce by two tenths of a day (0.2) the number of poor mental health days experienced in the previous 30 days. NOTE: The System of Care is developing a wrap-around network of services that will keep kids from falling through the cracks. Over time, services need to be expanded into Warrick and Gibson Counties. Define each sponsor's role on the Coalition.
Explore ways to discharge patients who have nowhere to go.	Research the Christ Hospital (Cincinnati) Center for Respite Care as one model to consider.	St. Mary's Med. Ctr. Deaconess Hospital ECHO CHC		03/30/14		NOTE: Year #1 -- determine if there is a model that is applicable to the local market. Subsequent Years -- improved post-discharge outcomes by extending recovery time plus a decline in readmissions among this population.

COMMUNITY NEEDS IMPLEMENTATION STRATEGY COLLABORATIVE
PLAN: ADDITIONAL INITIATIVES (FY2014)

UPDATED 5.30.14

STRATEGY	TACTIC(S)	SPONSORS		COMPLETION DATE	COMPLETED	SUCCESS MEASURES/COMMENTS
Healthcare organizations and providers promote healthy eating and active living in their clinical practices.	Engage primary care providers	St. Mary's Health Deaconess		06/30/14		
CATEGORY: OBESITY						
Healthy Produce Initiative	Produce is purchased, washed and transported to 3 locations in the community	Welborn, St. Mary's, Deaconess, USI				Welborn Metrics
Meals on Wheels	Proper portioning, ensuring consistency each day as well as in timely manor, add some sort of side salad to the option	St. Mary's/SWIRCA /Deaconess				NOTE: Dietition collaborative discussion regarding nutrition. Portion and serving review
Jacobsville Park	Support Jacobsville Park rennovation to encourage exercise and movement in this at rish, high poverty community to reduce childhood obesity.	St. Mary's Health				NOTE: Bike helmets were also distributed at the Park opening to promote cycling for exercise and bike safety.
CATEGORY: SUBSTANCE ABUSE						
	Continue to work with the Emergency Dept. to reduce drug seeking individuals by tracking them in INSPECT and then referring them to Advanced Pain Care Clinic to manage their use of prescription drugs.	Deaconess and St. Mary's Emergency Room and pain management physicians			In Progress	<u>COMMUNITY MEASURE</u> : Decrease the number of controlled substance prescriptions filled and entered into INSPECT
Warrick County Health Coalition	Group in Warrick County that focuses on communication and collaboration between businesses, agencies, healthcare and other areas to effectively review service resources and gaps in Warrick County	Deaconess and St. Mary's				NOTE: Work collaboratively with coalition to communicate available resources, identify gaps and work to address those gaps.

INTEGRATED SCORECARD

COMMUNITY NEEDS IMPLEMENTATION STRATEGY (COLLABORATIVE PLAN)
SCORECARD METRICS (COMMUNITY LEVEL)
VANDERBURGH COUNTY

	FY2016 Goal Vanderburgh	Data Source	2012 Vanderburgh	2012 Indiana	2012 National	Error Margin	2013 Vanderburgh	2013 Indiana	2013 National	Error Margin	2014 Vanderburgh	2014 Indiana	2014 National	Error Margin
CATEGORY: OVERALL HEALTH														
Fair/Poor Physical Health	15% +/- 2.5	CHR	18%	16%	10%	16-21%	20%	16%	10%	17-23%	20%	16%	10%	17-23%
Poor Physical Health Days	3.6 +/- 0.65	CHR	4.2	3.6	2.6	3.6-4.9	4.6	3.6	2.6	3.9 -5.2	4.7	3.7	2.4	4.0-5.4
CATEGORY: TOBACCO USE														
Adult Smokers	25% +/- 3.5	CHR	27%	24%	14%	23-30%	26%	24%	13%	23-30%	25%	23%	14%	22-29%
Increase Indiana Quit Line Usage (total number of registered calls and web usage)	393	SC	Baseline to set in 2013				357	n/a	n/a	n/a		n/a	n/a	n/a
QuitNowIndiana.com Clicks promoted by stmarys.org	100	SM	Baseline to set in 2014									n/a	n/a	n/a
CATEGORY: OBESITY														
Adult Obesity	25.9% +/- 4.0	CHR	29%	31%	25%	25-33%	29%	25%	31%	25-33%	32%	31%	25%	22-29%
Childhood Obesity (Ages 2-17)	17%	WBF	Baseline to set in 2014									n/a	n/a	n/a
CATEGORY: SUBSTANCE ABUSE														
Controlled Substance Prescriptions entered into INSPECT per person (Gauge Scale is based on 3-1 scale with 1 being the best and 3 the worst)	2.06	II	2.36	1.70	n/a	n/a	n/a	n/a	n/a	n/a			n/a	n/a
Prescription Pain Killer Abuse		WBF	Baseline to set in 2014									n/a	n/a	n/a
DrugFree.org Clicks promoted by stmarys.org	100	SM	Baseline to set in 2014									n/a	n/a	n/a
CATEGORY: MENTAL HEALTH														
Poor Mental Health Days	3.7 +/- 0.65	CHR	4.3	3.6	2.3	3.6-4.9	4.3	3.6	2.3	3.7-5.0				
Child Abuse Cases (Physical + Sexual)	166	KC	171 (2011 data)	n/a	n/a	n/a	158 (2012 data)	n/a	n/a	n/a		n/a	n/a	n/a
- Neglect	22.1%	KC	23.1%	19.40%	n/a	n/a	23.9%	18.7%	n/a	n/a			n/a	n/a
- Physical	15.0%	KC	16.0%	15.10%	n/a	n/a	12.5%	12.5%	n/a	n/a			n/a	n/a
- Sexual	25.2%	KC	26.2%	26.30%	n/a	n/a	23.8%	24.2%	n/a	n/a			n/a	n/a

NOTE: "National Benchmark" represents the 90th percentile, meaning that only 10% are better than the benchmark.

Data Source Key

CHR - County Health Rankings at www.countyhealthrankings.org
 II - Indiana Indicators at <http://indianaindicators.org/>
 SM- St. Mary's Website
 SC - Smoke Free Communities
 KC - Kids Count at www.iyi.org/datacenter
 WBF - Tri-State Health Survey

GOAL STATEMENTS FOR FY2014 - FY2016	
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CATEGORY: OVERALL HEALTH

Decrease by one percentage point the percentage of households reporting fair or poor health.

Decrease by two tenths of a day (0.2) the number of poor health days experienced in the previous 30 days.

CATEGORY: TOBACCO USE

Increase the number of local residents/physicians utilizing the Indiana Quit Line by 10%, compared to the baseline from Smokefree Communities.

Decrease by five tenths of a point (0.5) the percentage of adult smokers.

CATEGORY: OBESITY

Decrease by one percentage point the percentage of adults originating from Vanderburgh who are obese.

Decrease by one percentage point the percentage of children originating from

Decrease by one percentage point the percentage of children originating from Vanderburgh who are obese. Note: The 2015 Tri-State Health Survey breaks out childhood weights into the following categories: Underweight, Healthy Weight, Overweight and Obese. Only the percentage of Obese children is used in the Childhood Obesity score above.

CATEGORY: SUBSTANCE ABUSE

Decrease by one tenth (0.1) the number of controlled substance prescriptions filled and entered into INSPECT

CATEGORY: MENTAL HEALTH

Decrease by two tenths of a day (0.2) the number of poor mental health days experienced in the previous 30 days.

Reduce by one percentage point the number of substantiated child abuse cases originating from Vanderburgh (combined physical and sexual abuse). For the FY15 update, concern was noted for using the % as the trended metric instead of the actual number of substantiated cases (due to the % possibly misrepresenting the trend of total substantiated cases as the percent is taken from the total number of cases investigated divided by the number of substantiated cases.)

**STRATEGY
SESSION
PARTICIPANTS**

CHNA Meeting Attendance Roster – Tobacco
May 20, 2014

Name	Agency	Attendance
A = Attended N = Not Present		
Chris Allen		A
Parri Black	Youth 1 st	N
Carol Braden-Clark	United Way	A
Sharon Burns	Catholic Charities	N
Diana Butler		A
Maria Del-Rio		N
Dan Diehl	Diehl Consulting	N
Suzanne Draper	CASA	N
Eric Girten	St. Mary's	A
Gwen Godsey	Evv Diocese	N
John Greaney	St. Mary's	N
Anna Hargis	Big Bros/Big Sisters	N
Mary Harris		N
Andrea Hays	Welborn Baptist Foundation	A
Gary Heck	Vand. Cty Health Assn	N
Gloria Horton	VNA	N
Ashley Johnson	Deaconess	A
Lindsey Johnson		A
Ronda Meade	Welborn Baptist Foundation	N
Julie Phillips		N
John Pulcini		N
Janet Raisor	St. Mary's	A
Jackie Richards		A
Dr. Ken Spear		A
Julie St. Clair		A
David Stein-Kiley	Youth 1 st	N
Sandy Strader-McMillen	ECHO Comm. Health	N
Elizabeth Tharp	Welborn Baptist Foundation	N
Ann Tornatta	Deaconess	N

**CHNA Meeting Attendance Roster – Mental Health
March 11, 2014**

Name	Agency	Attendance
A = Attended N = Not Present		
Ahlemeier, Bruce	St. Mary's ED SocWk	A
Bell, David	Brentwood Meadows	A
Black, Parri	Youth First	A
Braden-Clark, Carol	United Way	N
Burns, Sharon	Catholic Charities	A
Calabrese, Susan		N
Chappel, Janie	CrossPointe	N
Cook, Lottie	Evv Psych Children's Ctr	A
Diehl, Dan	Diehl Consulting	N
Drake, Jennifer		N
Draper, Suzanne	CASA	A
Everley, Lt. Tim	Ev-Vand Drug Tsk Fc	N
Fulcher, Cathy	Evansville State Hosp	A
Gerteisen, Kevin		N
Gillenwater, Christy		N
Girten, Eric	St. Mary's	A
Greaney, John	St. Mary's	N
Grinder, Kelsey	Mental Hlth America	A
Hargis, Anna	Big Bros/Big Sisters	N
Hayes, Luzeda	Homeless Prevent. Coalit.	N
Hays, Andrea	Welborn Bapt. Found.	N
Heck, Gary	Vand Cty Health Assn	N
Horton, Gloria	VNA	N
Johnson, Ashley	Deaconess	A
Johnson, Denise		N
Kruse, Brett	Warrick Sheriff Dept	N
Kyle, Lynn	Lampion Ctr	A
Lovelady-Smith, Michelle	Brentwood Meadows	A
Lutzel, Amy		N
Mann, Kris	Ireland HBS/Clinical Dir.	A
Meade, Ronda		N
Moran, Dennis	SW Mental Health	N
Penland, Lynn		N
Reidford, Emily	Mental Hlth America	A
Richards, Robin	St. Mary's	N
Richards-Cooley, Angie	ARK Crisis Nursery	N
Rickelman, Lauren	VNA Plus	A
Smith, Elaine		N
Smith, Nicole		N
Stein-Kiley, Davi	Youth First	N
Strader-McMillen, Sandee	ECHO Comm Health	N
Taylor, Erika	YWCA Evansville	N
Tharp, Elizabeth	Welborn Bapt Found	A
Tooke, Sheryl		N
Tornatta, Ann	Deaconess	A
White, Ann	USI CNHP	A
Winnecke, Mayor or Ella Johnson	Evv Mayor	N
Young, Matt	Warrick Sheriff Dept	N

CHNA Attendance Roster – Substance Abuse
April 8, 2014

Name	Agency	Attendance
A = Present N = Not Present		
Girten, Eric, organizer	St. Mary's	A
Bruce Ahlmeier	St. Mary's	N
David Bell		N
Parri Black	Youth 1st	N
Braden-Clark, Carol	United Way	N
Sharon Burns		N
Janie Chappel	Deaconess	N
Lottie Cook		N
Maria Del-Rio		N
Diehl, Dan	Diehl Consulting	A
Draper, Suzanne	CASA	A
Lt. Tim Everley	Vanderburgh Co. Sheriff's office	A
Cathy Fulcher	Evv St Hosp	A
Godsey, Gwen	Evv Diocese	A
Greaney, John	St. Mary's	A
Anna Hargis		N
Luzeda Hayes	Aurora	A
Heck, Gary		N
Horton, Gloria	VNA Plus	N
Johnson, Ashley	Deaconess	A
Brett Kruse		N
Lynn Kyle		N
Donna Lilly		N
Dennis Moran	SBH	A
Emily Morrison	Lampion Center	A
John Pulcini		N
Janet Raisor	St. Mary's	N
Robin Richards	St. Mary's	N
Angie Richards-Cooley	United Way	N
Emily Reidford	Mental Health America	A
Crystal Sisson		N
Dr. Ken Spear		N
Davi Stein-Kiley		N
Sandee Strader-McMillen	ECHO CHC	A
Erika Taylor		N
Elizabeth Tharp	Welborn Baptist Foundation	N
Ann Tornatta	Deaconess	A
Matt Young		N
Mary Harris, recorder	St. Mary's	A
Other Attendees		
Amy McVay Abbott	BWM	A
Katy Adams	SBH	A
Buff Fallen	Evv State Hospital	A
Michelle Lovelady-Smith	Brentwood Meadows	A

**CHNA Attendance Roster – Obesity
February 11, 2014**

Name	Agency	Attendance
A = Attended N = Not Attended		
Bosley, Lisa		
Braden-Clark, Carol		
Diehl, Dan	Diehl Consulting	A
Drake, Jennifer		N
Draper, Suzanne	CASA	A
Filbert, Corey	St. M-Weight Mgmt	A
Florence, Jared		N
Gillenwater, Christy		~
Girten, Eric	St. Mary's	A
Godsey, Gwen	E'ville Diocese	A
Gray, Cathy		N
Greaney, John	St. Mary's	A
Hays, Andrea		A
Heck, Gary		N
Horton, Gloria	VNA Plus	A
Johnson, Denise		N
Lutzell, Amy	IVY Tech	A
Meade, Ronda	Welborn Baptist Fnd	A
Penland, Lynn		N
Raisor, Janet	St. Mary's	A
Ryan, Ron		N
Stewart, Derrick		N
Strader-McMillen, Sandee	ECHO CHC	A
Tharp, Elizabeth*	Welborn Baptist Fnd	A
Tornatta, Ann*	Deaconess	A
White, Anne	USI	A
Wilhelmus, Jane		N
Winnecke, Mayor or Ella Johnson		N
Harris, Mary A.	SMMC recorder	x
Cynthia A Moore		
Ashley Johnson - PR	Deaconess	x

APPENDIX

2014 *County Health Rankings*

Indiana



INTRODUCTION

The *County Health Rankings & Roadmaps* program helps communities identify and implement solutions that make it easier for people to be healthy in their homes, schools, workplaces, and neighborhoods. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what is making people sick or healthy. The *Roadmaps to Health* and *RWJF Culture of Health Prize* show what we can do to create healthier places to live, learn, work, and play.

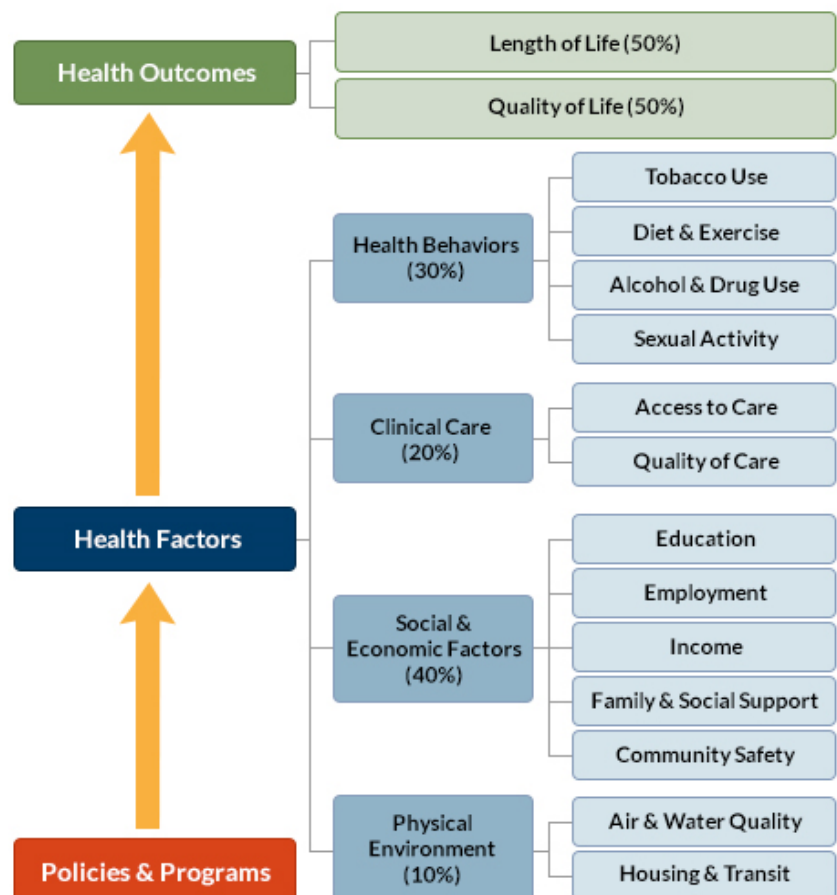
WHAT ARE THE COUNTY HEALTH RANKINGS?

Published online at countyhealthrankings.org, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* are unique in their ability to measure the current overall health of each county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Communities use the *Rankings* to identify and garner support for local health improvement initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.

MOVING FROM DATA TO ACTION

Roadmaps to Health help communities bring people together to look at the many factors that influence health, select strategies that work, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities move from awareness about their county's ranking to action

to improve people's health. The *Roadmaps to Health* Action Center is a one-stop shop of information to help any community member or leader who wants to improve their community's health by addressing factors that we know influence health, such as education, income, and community safety.



Within the Action Center you will find:

- Online step-by-step guidance and tools to move through the Action Cycle
- *What Works for Health* – a searchable database of evidence-informed policies and programs that can improve health

WHAT ARE THE ROADMAPS TO HEALTH?

The *Roadmaps to Health* help communities bring people together to look at the many factors that influence health, select strategies that work, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities determine what they can do and what they can learn from others.

What You Can Do

The *Roadmaps to Health* Action Center provides step-by-step guides, tools, and webinars to help groups working to improve the health of their communities. Community Coaches also provide customized consultation to local communities that have demonstrated a willingness to address factors that we know influence health, such as education, income, and community safety.

The Action Center also features *What Works for Health* – a searchable database of evidence-informed policies and programs that can improve health.

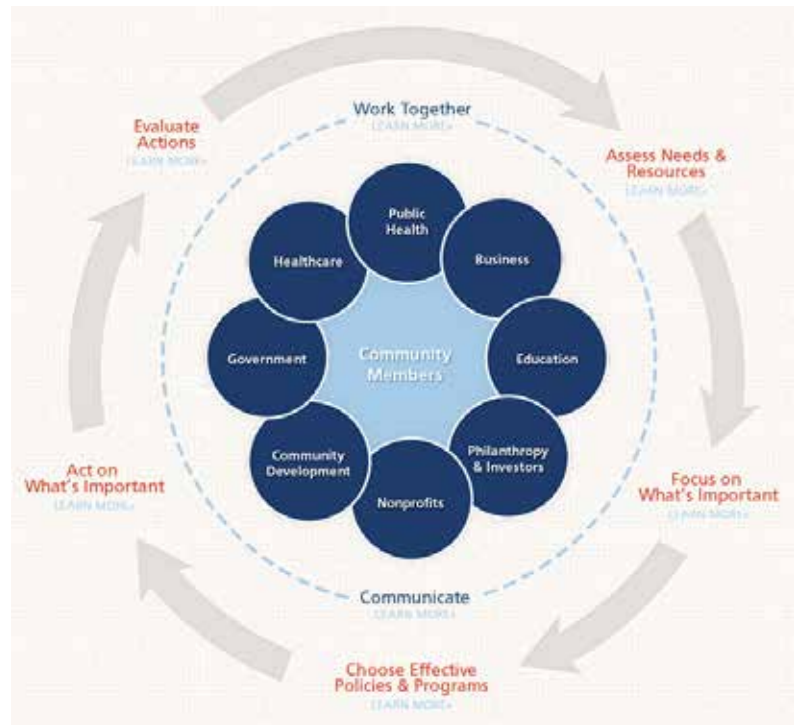
Learning From Others

Honoring the efforts of communities working at the forefront of health improvement, the Robert Wood Johnson Foundation annually awards the *RWJF Culture of Health Prize* to outstanding communities that are working toward better health. The *Prize* recognizes communities with strong and diverse partnerships that are coming together with a shared vision and commitment to address multiple factors that affect health and make lasting changes that create a culture of health for all. Visit countyhealthrankings.org or rwjf.org/prize to learn about the work of past prize winners.

At countyhealthrankings.org, we also feature stories from communities across the nation who have used data from the *County Health Rankings* or have engaged in strategies to improve health. For example, you can learn from the successes and challenges of the 30 *Roadmaps to Health* Community Grantees. These grantees are working to create positive policy or systems changes that address social and economic factors that influence how healthy people are and how long they live, such as education and community safety. You might also want to contact your local affiliate of United Way Worldwide, the National Business Coalition on Health, or the National Association of Counties - their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members' communities.

How can you get involved?

In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit countyhealthrankings.org to get ideas and guidance on how you can take action in your community. Working with others, you can improve the health of your community.



The green map below shows the distribution of Indiana's **health outcomes**, based on an equal weighting of length and quality of life.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available on our web site.

HEALTH OUTCOMES RANKS

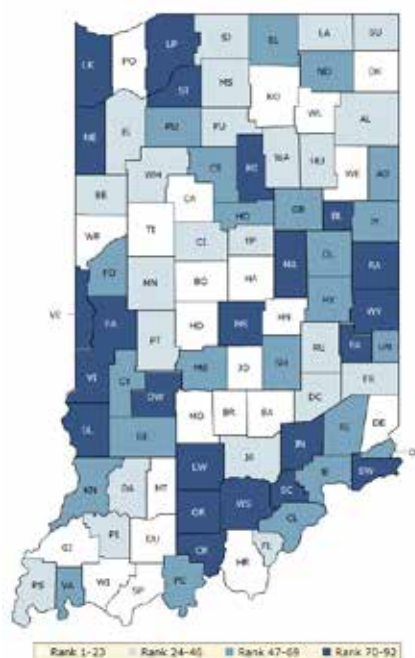


County	Rank	County	Rank	County	Rank	County	Rank
Adams	13	Franklin	23	Lawrence	84	Rush	69
Allen	37	Fulton	53	Madison	79	Scott	92
Bartholomew	34	Gibson	35	Marion	78	Shelby	57
Benton	47	Grant	81	Marshall	16	Spencer	17
Blackford	90	Greene	74	Martin	71	St. Joseph	44
Boone	3	Hamilton	1	Miami	52	Starke	88
Brown	5	Hancock	25	Monroe	8	Steuben	22
Carroll	30	Harrison	32	Montgomery	41	Sullivan	85
Cass	54	Hendricks	2	Morgan	40	Switzerland	70
Clark	59	Henry	76	Newton	49	Tippecanoe	10
Clay	27	Howard	68	Noble	33	Tipton	46
Clinton	31	Huntington	26	Ohio	43	Union	38
Crawford	89	Jackson	60	Orange	86	Vanderburgh	73
Daviess	50	Jasper	48	Owen	51	Vermillion	80
Dearborn	28	Jay	58	Parke	39	Vigo	66
Decatur	42	Jefferson	56	Perry	63	Wabash	61
DeKalb	21	Jennings	87	Pike	67	Warren	19
Delaware	83	Johnson	15	Porter	14	Warrick	20
Dubois	6	Knox	82	Posey	11	Washington	75
Elkhart	18	Kosciusko	24	Pulaski	65	Wayne	64
Fayette	91	LaGrange	4	Putnam	12	Wells	7
Floyd	62	Lake	77	Randolph	55	White	36
Fountain	45	LaPorte	72	Ripley	29	Whitley	9

The blue map displays Indiana's summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available on our web site.

HEALTH FACTORS RANKS



County	Rank	County	Rank	County	Rank	County	Rank
Adams	48	Franklin	33	Lawrence	70	Rush	29
Allen	37	Fulton	35	Madison	79	Scott	91
Bartholomew	15	Gibson	19	Marion	86	Shelby	50
Benton	36	Grant	69	Marshall	24	Spencer	10
Blackford	84	Greene	61	Martin	20	St. Joseph	45
Boone	2	Hamilton	1	Miami	77	Starke	92
Brown	18	Hancock	5	Monroe	7	Steuben	32
Carroll	17	Harrison	16	Montgomery	42	Sullivan	81
Cass	64	Hendricks	3	Morgan	49	Switzerland	78
Clark	54	Henry	60	Newton	90	Tippecanoe	14
Clay	67	Howard	58	Noble	68	Tipton	25
Clinton	41	Huntington	40	Ohio	52	Union	65
Crawford	89	Jackson	31	Orange	71	Vanderburgh	51
Daviess	43	Jasper	46	Owen	88	Vermillion	76
Dearborn	23	Jay	62	Parke	82	Vigo	72
Decatur	38	Jefferson	63	Perry	56	Wabash	27
DeKalb	21	Jennings	80	Pike	28	Warren	11
Delaware	59	Johnson	8	Porter	12	Warrick	4
Dubois	6	Knox	66	Posey	26	Washington	83
Elkhart	53	Kosciusko	22	Pulaski	47	Wayne	73
Fayette	85	LaGrange	34	Putnam	39	Wells	9
Floyd	30	Lake	87	Randolph	74	White	44
Fountain	55	LaPorte	75	Ripley	57	Whitley	13

Summary Health Outcomes & Health Factors Rankings

Counties receive two ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Hamilton	1	Hamilton
2	Hendricks	2	Boone
3	Boone	3	Hendricks
4	LaGrange	4	Warrick
5	Brown	5	Hancock
6	Dubois	6	Dubois
7	Wells	7	Monroe
8	Monroe	8	Johnson
9	Whitley	9	Wells
10	Tippecanoe	10	Spencer
11	Posey	11	Warren
12	Putnam	12	Porter
13	Adams	13	Whitley
14	Porter	14	Tippecanoe
15	Johnson	15	Bartholomew
16	Marshall	16	Harrison
17	Spencer	17	Carroll
18	Elkhart	18	Brown
19	Warren	19	Gibson
20	Warrick	20	Martin
21	DeKalb	21	DeKalb
22	Steuben	22	Kosciusko
23	Franklin	23	Dearborn
24	Kosciusko	24	Marshall
25	Hancock	25	Tipton
26	Huntington	26	Posey
27	Clay	27	Wabash
28	Dearborn	28	Pike
29	Ripley	29	Rush
30	Carroll	30	Floyd
31	Clinton	31	Jackson
32	Harrison	32	Steuben
33	Noble	33	Franklin
34	Bartholomew	34	LaGrange
35	Gibson	35	Fulton
36	White	36	Benton
37	Allen	37	Allen
38	Union	38	Decatur
39	Parke	39	Putnam
40	Morgan	40	Huntington
41	Montgomery	41	Clinton
42	Decatur	42	Montgomery
43	Ohio	43	Daviess

Rank	Health Outcomes	Rank	Health Factors
44	St. Joseph	44	White
45	Fountain	45	St. Joseph
46	Tipton	46	Jasper
47	Benton	47	Pulaski
48	Jasper	48	Adams
49	Newton	49	Morgan
50	Daviess	50	Shelby
51	Owen	51	Vanderburgh
52	Miami	52	Ohio
53	Fulton	53	Elkhart
54	Cass	54	Clark
55	Randolph	55	Fountain
56	Jefferson	56	Perry
57	Shelby	57	Ripley
58	Jay	58	Howard
59	Clark	59	Delaware
60	Jackson	60	Henry
61	Wabash	61	Greene
62	Floyd	62	Jay
63	Perry	63	Jefferson
64	Wayne	64	Cass
65	Pulaski	65	Union
66	Vigo	66	Knox
67	Pike	67	Clay
68	Howard	68	Noble
69	Rush	69	Grant
70	Switzerland	70	Lawrence
71	Martin	71	Orange
72	LaPorte	72	Vigo
73	Vanderburgh	73	Wayne
74	Greene	74	Randolph
75	Washington	75	LaPorte
76	Henry	76	Vermillion
77	Lake	77	Miami
78	Marion	78	Switzerland
79	Madison	79	Madison
80	Vermillion	80	Jennings
81	Grant	81	Sullivan
82	Knox	82	Parke
83	Delaware	83	Washington
84	Lawrence	84	Blackford
85	Sullivan	85	Fayette
86	Orange	86	Marion
87	Jennings	87	Lake
88	Starke	88	Owen
89	Crawford	89	Crawford
90	Blackford	90	Newton
91	Fayette	91	Scott
92	Scott	92	Starke

2014 County Health Rankings: Measures, Data Sources, and Years of Data

Measure		Data Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Premature death	National Center for Health Statistics	2008-2010
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2006-2012
	Poor physical health days	Behavioral Risk Factor Surveillance System	2006-2012
	Poor mental health days	Behavioral Risk Factor Surveillance System	2006-2012
	Low birthweight	National Center for Health Statistics	2005-2011
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2006-2012
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2010
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2010-2011
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2010
	Access to exercise opportunities	OneSource Global Business Browser, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2012
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2006-2012
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2008-2012
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2011
	Teen births	National Center for Health Statistics	2005-2011
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2011
	Primary care physicians	HRSA Area Resource File	2011
	Dentists	HRSA Area Resource File	2012
	Mental health providers	CMS, National Provider Identification	2013
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2011
	Diabetic screening	Medicare/Dartmouth Institute	2011
	Mammography screening	Medicare/Dartmouth Institute	2011
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	data.gov, supplemented with National Center for Education Statistics	2010-2011
	Some college	American Community Survey	2008-2012
Employment	Unemployment	Bureau of Labor Statistics	2012
Income	Children in poverty	Small Area Income and Poverty Estimates	2012
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
	Children in single-parent households	American Community Survey	2008-2012
Community Safety	Violent crime	Uniform Crime Reporting - FBI	2009-2011
	Injury deaths	CDC WONDER	2006-2010
PHYSICAL ENVIRONMENT			
Air and Water Quality	Air pollution - particulate matter ¹	CDC WONDER	2011
	Drinking water violations	Safe Drinking Water Information System	FY 2012-2013
Housing and Transit	Severe housing problems	HUD, Comprehensive Housing Affordability Strategy	2006-2010
	Driving alone to work	American Community Survey	2008-2012
	Long commute – driving alone	American Community Survey	2008-2012

¹ Not available for AK and HI.

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HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Transformation Implementation Plan (CTIP) Objectives



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 1: Tobacco-Free Living

Housing

PPO

- By September 2014, increase the number of people with access to smokefree housing from an unknown baseline to 20,550 (30% of residents in public multi-unit housing) in Vanderburgh, Gibson and Spencer Counties.

AMO

- By September 2014, increase the percent of smokefree public multi-unit housing residences from an unknown baseline to 30% (20,550 residents) in Vanderburgh, Spencer and Gibson Counties.

Quitline

PPO

- By September 2014, increase the number of enrollees in the Indiana Tobacco Quitline Preferred Referral Network from 187 to 374 (a 100% increase).

AMO

- By September 2014, increase the percent of worksites enrolled in the preferred referral network for the quitline by 50% each year; increasing the total number of enrollees from 187 to 374.

Second Hand Smoke

PPO

- By September 2014, increase tobacco control coalitions from 3 to 7 (100% of counties) in the 7 county SWIN HCP area.

AMO

- By September 2014, increase the percent of coalitions in the SWIN HCP area from 43% to 100% (or from 3 to 7 counties in the SWIN HCP area).



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 1: Tobacco-Free Living (cont'd)

University & College

PPO

- By September 2014, increase the number of smokefree campuses among colleges and universities from 2 to 6 (100% of area campuses).

AMO

- By September 2014, increase the percent of smokefree campuses from 33% to 100% (or from 2 to 6 campuses).

Youth

PPO

- By September 2014, increase the number of students involved in VOICE (Indiana's tobacco control youth empowerment movement) from 204 to 408 (a percentage increase of 100%).

AMO

- By September 2014, increase the number of youth involved in tobacco control community activities by 50% (102 students) per project year.



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 2: Active Living and Healthy Eating

4C of Southern Indiana

PPO

- By September 2014, a baseline of 0 to a minimum of 40 (100%) Early Child Care Settings from the seven county reach of the Southwest Indiana Healthy Communities Partnership will implement improved nutrition and physical activity guidelines through practices aligned with the Child and Adult Care Food Program (CACFP), the Duke University Model State Child Care Regulations and Preventing Childhood Obesity in Early Care and Education Programs.

AMO

- By September 2014, increase the number of children in Early Child Care Settings within the seven county region of the Southwest Indiana Healthy Communities Partnership who access improved nutrition and physical activity practices following CACFP, Duke University, and Preventing Childhood Obesity in Early Care and Education Program guidelines from a [baseline unknown] to 4,000.

SPARK

PPO

- By September 2014, the number of school age children, in the seven county area will increase minutes of moderate to vigorous physical activity to a minimum of 50% (10,450 students) per physical education class from an unknown baseline by using Sports, Play and Active Recreation for Kids (SPARK) model.

AMO

- By September 2014, from an unknown baseline to 75 physical education/classroom teachers (Elementary/Middle/High Schools) in the seven county area will incorporate the Sports, Play and Active Recreation for Kids (SPARK) program within the physical education curriculum.



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 2: Active Living and Healthy Eating (cont'd)

Take 10

PPO

- By September 2014, the number of elementary school age children, in the seven county area will increase the amount of physical activity within the classroom setting and enhance their knowledge of health and nutrition from an unknown baseline to a minimum of 1,200 students.

AMO

- By September 2014, a minimum of 40 elementary classroom teachers from an unknown baseline in the seven county area will implement the Take 10 curriculum.

Wellness Practices in Schools

PPO

- By September 2014, students across the seven county area that will have improved physical activity and nutrition opportunities will increase from [baseline unknown] to 10,450.

AMO

- By May 2014, a minimum of 27 schools (High Schools, Middle Schools and Elementary Schools) from a baseline of 5 schools (50% of schools in the 7 county area) in the Southwest Indiana Healthy Communities Partnership (7 counties) will make specific changes in their schools' wellness practices that will be aligned with the state model wellness policy.



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 2: Active Living and Healthy Eating (cont'd)

Farm to School

PPO

- By September 2014, initiate Farm To School from a baseline of 0 (100%) to a minimum of two model schools in Dubois County.

AMO

- Increase the number of students in schools impacted by Farm To School initiatives from 0 to a potential reach of 340 (100%).

Corporate Champions Reach

PPO

- By September 2014, targeting worksites in the seven county area, increase opportunities for physical activity, nutrition, tobacco-free living and heart health to a worksite population of [baseline unknown] to 44,650.

AMO

- By September 2014, expand the Corporate Champion Initiative from 34 to 100 worksites in the seven county area (a percentage increase of 194%).

Corporate Champions Fit Friendly

PPO

- By September 2014, targeting worksites in the seven county area, increase opportunities for physical activity, nutrition, tobacco-free living and heart health to a worksite population of [baseline unknown] to 44,650.

AMO

- By September 2014, using criteria from the American Heart Association's Fit-Friendly Worksite program; increase the percentage of Corporate Champion organizations recognized as Fit-Friendly Worksites from 0 to 25 (25% of Corporate Champions organizations).



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 2: Active Living and Healthy Eating (cont'd)

Fresh Produce Initiative

PPO

- By September 2014, increase from a baseline of 0 to a potential of 16,467 (100%) people that live within 8 census tracts within Vanderburgh County through the Fresh Produce Initiative.

AMO

- By September 2014, the Fresh Produce Initiative will increase access to healthy foods from a baseline of 0 to a minimum of 20 (100%) locations within the Area Plan Commission's Urban Core Focus Areas consisting of Census Tracts 11, 12, 13, 14, 17, 19, 20 and 26.

Baby Friendly

PPO

- By September 2014, increase breastfeeding initiation rates at the two largest delivering hospitals within the seven county service area from a baseline of 75% of live births to 80% of live births resulting in a percentage change of 5%.

AMO

- By September 2014, increase from a baseline of 0 to 2 (100%) the number of hospitals that are designated as Baby-Friendly, aimed at increasing initiation, exclusivity, and duration and in implementing hospital-based breastfeeding friendly systems changes.

Food System

PPO

- By September 2014, develop a plan of action to implement from a baseline of 0 (100%) to a minimum of 2 recommendations from the Southwest Regional Hoosier Farmer? Report

AMO

- By June 2013, establish a formal Regional Food System Council including representation from all seven counties to guide regional food systems efforts from a baseline of 0 (100%) with a potential reach of 375,693 people.



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 3: Increased Use of High-Impact Quality Clinical Preventative Services

YMCA Diabetes Prevention

PPO

- By September 2014, increase access to the YMCA Diabetes Prevention Program from a baseline of 30 participants to a potential reach of 300 participants (percentage change of 900%).

AMO

- By September 2014, increase the number of YMCA Diabetes Prevention Programs from a baseline of 1 county to 4 counties (approximately 60% of counties) across the seven county region.

Million Hearts

PPO

- By September 2014, increase the number of counties from zero to seven (100% of SWIN HCP area) implementing access, outreach, and public communication activities related to the Million Hearts™ ABCS (Appropriate Aspirin Therapy, Blood Pressure Control, Cholesterol Management, and Smoking Cessation), through programs that achieve synergy between prevention in health care and community settings.

AMO

- By September 2014, integrate the Million Hearts™ initiative across settings to increase awareness of cardiovascular disease prevention, from [baseline unknown] to 25% of the population in the seven county area, or 93,923 persons.



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 3: Increased Use of High-Impact Quality Clinical Preventative Services (cont'd)

Visiting Nurse Association

PPO

- By September 2014, all seven counties will increase use of and access to the Visiting Nurse Association's expanded "Heal at Home" telehealth program from an unknown baseline of chronically ill patients age 65 and over to 1,008.

AMO

- By September 2014, expand "Heal at Home" telehealth program from an unknown baseline of chronically ill patients age 65 and over to 1,008.

USI & SWIRCA

PPO

- By September 2014, increase the number of older adults with access to an online health resource directory from a baseline of 0 to 55,025 (100%).

AMO

- By September 2014, have an online health resource directory available to impact a potential reach from a baseline of 0 to 55,025 (100%) adults age 65 and over in the seven county region.



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 5: Safe and Healthy Physical Environment

Evansville Area Trails Coalition

PPO

- By September 2014, from a baseline of zero, the 240,580 residents (100% of the population) in Vanderburgh and Warrick Counties will have improved environmental and system supports for active living opportunities through the development and implementation of a Resource/Fundraising plan.

AMO

- By June 2013, from a baseline of zero, the 240,580 residents (100% of the population) in Vanderburgh and Warrick County will have improved environmental and system supports for active living opportunities through the development of a Resource Development/Fundraising plan.

Parks

PPO

- By September 2014, from a baseline of zero, 358,676 residents (100% of population) in the Evansville metropolitan area (which includes Henderson, KY) will have increased environmental and system support for active living through the development and design of a new 37 acre urban park.

AMO

- By September 2014, from a baseline of zero, 358,676 residents (100% of population) across the Evansville metropolitan area (which includes Henderson, KY) will have increased environmental and system support for active living opportunities through the development of a new 37 acre park plan.



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 5: Safe and Healthy Physical Environment (cont'd)

Built Environment

PPO

- By September 2014, improve environmental and system support for lifestyle and recreation related physical activity and transportation options through the development and implementation of a region-wide built environment plan, increasing reach from zero to 375,693 (100% of population) residents across the Southwest Indiana Healthy Communities Partnership region (seven county area).

AMO

- By November 2013, the number of residents across the Southwest Indiana Healthy Communities Partnership region (seven county area) whose active living opportunities are supported by a region-wide built environment (BE) plan will increase from zero to 375,693 (100% of population).

Infrastructure

PPO

- By September 2014, increase the number of infrastructure components supporting CTG activities from 0 to 3 (i.e. increase leadership team members; increase number of public exposed to CTG efforts; and increase number of partners exposed to CTG efforts).

AMO

- AMO 1: By September 2014, increase the number of leadership team members that support development and implementation of CTG strategies from baseline (8) to target (25).
- AMO 2: By September 2014, increase the number of public exposed to messages about community needs and CTG planned efforts and achievements from baseline (0) to target (25% of surveyed population or 93,923).
- AMO 3: By September 2014, increase the number of partners exposed to messages about community needs and CTG planned efforts and achievements from baseline (42) to target (125).

