Deaconess Hospital, Inc.

FY2013 Community Health Needs Assessment for Vanderburgh County

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

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An electronic version of this Community Health Needs Assessment is publically available at

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OVERVIEW

COMMUNITY NEEDS ASSESSMENT/VANDERBURGH COUNTY
OVERVIEW

May, 2013

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.

COMMUNITY DEFINITION/DEMOGRAPHICS

(St. Mary's Medical Center/Deaconess Hospital) defines its community as all people living in Vanderburgh County at any time during the year. The demographics of Vanderburgh County are noted below, and are based on data sourced from Thomson Reuters.

Population Growth – Vanderburgh County includes a **population of 183,833** people, a number that is **expected to remain relatively flat** over the next 5 years (an increase of 1.8% between 2012 and 2017).

Within Vanderburgh, one of the most significant growth segments is the **65+ age population**, **where an 8.8% increase is projected** for the 5-year period between 2012 and 2017.

Market Diversity – The Evansville area continues to be a relatively non-diverse population, with **86% of the population characterized as White** and 9% of the population characterized as Black.

Poor and Vulnerable Populations – One out of seven households in Vanderburgh (15.1%) earns less than $15,000 annually. It is estimated that **15.9% of residents are uninsured**, a number that is **projected to decline to 7.5% by 2017**, assuming that the expansion of Medicaid takes place as originally scheduled.

Health Outcomes – Based on the 2012 County Health Rankings, **Vanderburgh County ranks 76th out of 92 Indiana counties** based on specific health factors and health outcomes. It ranks 78th relative to its physical environment (e.g. air pollution). (Source: Robert Woods Johnson Foundation, accessed at www.countyhealthrankings.org).

Household Income – The median household income in Vanderburgh County is estimated at $38,851 for 2012.

Median Age – The median age in Vanderburgh during 2012 was 38 years.

COMMUNITY DEMOGRAPHIC TABLES – VANDERBURGH COUNTY

COMMUNITY/TOTAL POPULATION	2012		2017		# INCREASE	% INCREASE
Vanderburgh County	183,833		187,094		3,261	1.8%

COMMUNITY/POPULATION 65+	2012		2017		# INCREASE	% INCREASE
Vanderburgh County	26,994		29,359		2,365	8.8%

COMMUNITY AGE/INCOME	2012 Median Age		2012 Total Households		2012 Avg. HH Income	2012 Median HH Income
Vanderburgh County	38		76,242		$ 54,192	$ 38,851

HEALTH INSURANCE COVERAGE/ VANDERBURGH	2012 Adjusted Lives		2017 Adjusted Lives		2012 Coverage Distribution	2017 Coverage Distribution
Medicaid	25,085		30,445		14%	16%
Medicare	26,784		29,252		15%	16%
Medicare Dual Eligible	5,201		5,608		3%	3%
Private - Direct	7,996		7,587		4%	4%
Private - Employer Sponsored	89,504		87,533		49%	47%
Private - Insurance Exchange	-		12,697		0%	7%
Uninsured	29,264		13,972		16%	7%
TOTAL	183,834		187,094		100%	100%

POPULATION RACE/ VANDERBURGH	2012 Population Count		2012 Population Distribution
Asian	2,134		1%
Black	16,728		9%
Multiracial	4,480		2%
Native American	421		0%
Other	2,044		1%
Pacific Islander	111		0%
White	157,915		86%
	183,833		100%

NEEDS ASSESSMENT METHODOLOGY/PROCESS

The Community Health Needs Assessment was a systematic, data-driven approach to determining the health status, behaviors and needs of local residents. Subsequently, this information will be used to inform decisions and guide efforts to improve community health and wellness.

The assessment was conducted by Professional Research Consultants, Inc. (PRC) in 2011. PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States. Both qualitative and quantitative data are incorporated. Quantitative data input includes primary research (telephone survey) and secondary research (vital statistics and other existing health-related data). These components allow for trending and comparison to benchmark data at the state and national levels.

Qualitative data input includes primary research gathered through a series of meetings with Strategy Session Participants and Focus Group Participants each having either special knowledge in areas in the root causes, subject matter expertise, area leaders or representatives of the community.

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the local research sponsors.

The sample design used for this survey consisted of a random sample of 309 individuals age 18 and older in Vanderburgh County. For statistical purposes, the maximum rate of error associated with a sample size of 309 respondents is +/- 5.7 points at the 95 percent confidence level. While random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve the representativeness even further. This was accomplished by adjusting the results to match the geographic distribution and demographic characteristics of the population surveyed (post-stratification). This process eliminates any naturally occurring bias in the numbers.

The poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the U.S. Department of Health & Human Services. In the sample segmentation, "low income" refers to community members living in a household with defined poverty status OR living just above the poverty level, earning up to twice the poverty threshold. "Mid/High Income" refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Three **Key Informant Groups** were conducted in June of 2011. The focus group participants included 51 key informants, including health professionals, social service providers, business leaders and other community leaders.

Public Health, Vital Statistics & Other Data were consulted to complement the research quality of the Assessment. Data for Vanderburgh County were obtained from the following sources:

- Centers for Disease Control & Prevention
- GeoLytics Demographic Estimates & Projections
- National Center for Health Statistics
- Indiana State Department of Health
- U.S. Census Bureau
- U.S. Department of Health and Human Services
- U.S. Department of Justice, Federal Bureau of Investigation

Benchmark data was sourced from the Indiana Risk Factor Survey (BRFSS), state-level and national-level vital statistics, and the Nationwide Health Survey conducted by PRC in 2011. Vanderburgh findings were also benchmarked against the Healthy People 2020 ten year objectives for improving the health of all Americans.

KEY AREAS OF OPPORTUNITY IDENTIFIED THROUGH PRC ASSESSMENT (Vanderburgh County)

CATEGORY	SPECIFIC ISSUE(S)
Cancer	• Cancer Deaths
Chronic Kidney Disease	• Kidney Disease Deaths
Dementias, Including Alzheimer's Disease	• Alzheimer's Disease Deaths
Family Planning	• Teen Births
Heart Disease & Stroke	• Stroke Deaths
Injury & Violence Prevention	• Unintentional Injury Deaths • Firearm-Related Deaths
Mental Health & Mental Disorders	• Suicide
Nutrition & Weight Status	• Fruit/Vegetable Consumption
Respiratory Diseases	• Chronic Lower Respiratory Disease Deaths
Substance Abuse	• Drug-Induced Deaths

A community resource inventory has been developed by the five assessment sponsors, noting the local resources that are currently available for each of these issues/conditions.

INFORMATION GAPS

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups – such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish – are not represented in the survey data. Other population groups might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

TOP COMMUNITY HEALTH CONCERNS AMONG KEY INFORMANTS

At the conclusion of each of the three key informant groups (community leaders, business leaders, and social service agencies), participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion, as well as on their own experiences and perceptions. The key issues that emerged (and are listed below) have been regarded as root causes to the more specific areas of opportunity noted in the clinical issues table (above).

1. Mental Health
2. Access to Care
3. Obesity
4. Substance Abuse
5. Oral Health
6. Education
7. Tobacco

Similar to the listing of clinical conditions, **a community resource inventory** has also been developed for each of these seven root causes.

LOW INCOME HOUSEHOLDS

Variations were noted between the total household sample and low-income households. "Low income" has been defined as any household below 200% of poverty. The most significant variations are noted in the tables below. To summarize, low-income households report a lower level of physical and mental well-being, as well as lower accessibility to appropriate healthcare services. The incidence of uninsured households is significantly higher in lower income households (50.1%) versus Vanderburgh households as a whole (17.5%), which promotes limited access. In turn, accessibility issues play out in an excessive use of local emergency rooms services.

In comparison to the average Vanderburgh household, low-income households demonstrate a greater risk profile, reporting a higher incidence of smoking and obesity. Twice as many low-income homes (9.9%) have sought help for drug and alcohol addictions, compared to the average household (4.5%). As would be expected, lower levels of access combined with higher levels of risk behavior have resulted in an elevated incidence of disease – particularly in the areas of depression and diabetes.

Low-Income Household Profile		
Q: Would you say that in general your health is:		
	Vanderburgh Total	Vanderburgh Low Income
Excellent	15.9%	4.8%
Very Good	31.8%	22.9%
Good	35.7%	41.1%
Fair	11.1%	17.0%
Poor	5.5%	14.2%
Total	100.0%	100.0%

Q: Would you say that in general your MENTAL health is:		
	Vanderburgh Total	Vanderburgh Low Income
Excellent	30.6%	18.3%
Very Good	30.3%	21.0%
Good	27.0%	38.5%
Fair	7.7%	9.3%
Poor	4.3%	12.9%
Total	99.9%	100.0%

Q: How would you rate the health care services that are available to you?		
	Vanderburgh Total	Vanderburgh Low Income
Excellent	20.4%	15.5%
Very Good	35.8%	31.3%
Good	29.2%	30.6%
Fair	9.9%	12.3%
Poor	4.7%	10.3%
Total	100.0%	100.0%

Q: In the past 12 months, how many times have you gone to an ER about your own health?		
	Vanderburgh Total	Vanderburgh Low Income
Once	15.1%	23.7%
Twice	6.1%	8.0%
3 - 5 Times	3.5%	6.6%
6 - 19 Times	0.9%	1.6%
20 Times	0.5%	1.8%
NONE	73.9%	58.3%
Total	100.0%	100.0%

Q: Have you ever suffered from or been diagnosed with any of the following medical conditions? (YES)		
Medical Profile	Vanderburgh Total	Vanderburgh Low Income
Major Depression	12.2%	29.6%
Asthma	10.7%	13.9%
Diabetes	12.5%	20.9%
Behavioral/Risk Profile		
	Vanderburgh Total	Vanderburgh Low Income
Current Smoker	19.5%	31.1%
Taken Illegal Drugs in Past 30 Days	3.0%	4.5%
Have Sought Help for Alcohol/Drugs	4.5%	9.9%
Chronic Drinker (60+ Drinks in Past Month)	4.4%	5.0%
Uninsured	17.5%	50.1%
Obese: BMI + 30.0 or More	29.2%	38.7%

Source: Professional Research Consultants

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.

INTEGRATED SCORECARD

In addition to root cause analysis and the implementation strategy, there is an integrated scorecard that has been development to track ongoing metrics and strategy. The scorecard tracks all four root causes and metrics build to support the collaborative to 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 Section).

IMPLEMENTATION STRATEGY OPTIONS

Tobacco Use (August 30, 2012 Strategy Session)

1. The Indiana Quit Line – marketing of this line (to current smokers) is highly recommended, and many of the marketing materials would be provided free of charge.

2. Keep the City Council informed that the current ordinance is needed. An advocacy plan is needed to reassure the Council that its decision is supported and should not be rescinded.

3. Make Evansville parks smoke-free.

4. Restrict smoking in cars in which there are children under the age of 13 years.

5. Work with the Public Housing Authority to keep HUD properties smoke free.

6. Develop a Public Relations/Communications plan, and bring it before the Mayor's Commission on Health.
    a. Letters to the Editor
    b. Positive PR in support of current laws/ordinances
    c. In-school programs
    d. Work through the Parks Board to clean-up parks
    e. Spotlight on the benefits of not smoking and progress being made (e.g. businesses that have reaped the rewards of reduced smoking rates.

7. Raise the Indiana tax on cigarettes – price impacts kids most. Pursue advocacy through the Indiana Hospital Association.

8. Partner with a pharmaceutical company to fund interventions with children. Smoking is closely associated with specific socio-economic status and parents who smoke. Interventions would target children in these high-risk categories.

9. Support strategies with appropriate data – e.g. smoking rate in communities that have had ordinances for a reasonable length of time. Utilize the Center for Disease Control reports on the incidence of smoking over time.

Obesity (September 24, 2012 Strategy Session)

1. Increase the number of child care settings adopting nutritional guidelines
   Focus on prevention and early intervention, including increasing the number of child care settings adopting nutritional guidelines and expansion of the **Welborn Baptist Foundation HEROES program, (Healthy, Energetic, Outstanding, Enthusiastic Schools),** for improved physical activity/nutrition in schools, based on the Coordinated School Health Model. This

HREOES model influences system level changes in schools to create an environment more conducive to healthy choices. Students participate in increased physical activity and receive more nutritious foods in schools with high levels of fidelity to the model. As of December, 2012, there are 34 schools in the region participating in HEROES, the majority in Vanderburgh County. Warrick County continues to decline our invitation to become a HEROS school district. Evaluation demonstrates increases in physical activity, improved nutrition and increases in normal weight status of participating students.

2. Implement food/nutritional change at hospital locations – focus on menus and vending machine options
   Improve availability of education and weight related service provision in the community. Implement community programs consistent with a model of prevention and early intervention along with options for treatment of obesity to community residents. Programs such as the **YMCA Diabetes Prevention Program, area Worksite Wellness programs, healthy menu options/healthy vending options at workplaces, schools and public use location, and USI Health Clinics** that serve primarily populations with risk factors for obesity are all crucial to creating an infrastructure that supports healthy weight.

3. Research community wide initiatives that have been undertaken by other metropolitan areas (e.g. Nashville, Omaha, Louisville). Find a model that could potentially be adapted to Evansville. The model currently implemented in Evansville and surrounding areas by the **Welborn Baptist Foundation program arm, (Upgrade, move.ment and HEROES,)** is developed on research and evidence based best practices. Research from metropolitan areas is incorporated into the design of the current Welborn model. This model includes strategies such as targeting child care settings nutritional guidelines, implementing food/nutritional changes at area hospital locations and influencing system level changes in schools and worksites, among many others. This model has received 2 mil in funding through the CDC, Communities Putting Prevention to Work and most recently has received 3.5 mil Community Transformation Grant. The Welborn Baptist Foundation is committed to supporting this model for the long-term regardless of external funding.

4. Build legislative connections that enable advocacy at the state and local levels.

<u>Substance Abuse (October 25, 2012 Strategy Session)</u>

1. <u>Warrick Sheriff Department/Evansville Drug Task Force</u> – Alcohol is involved with most arrests. Overall, alcohol and marijuana are the most used substances in the criminal population. Prescription drugs are becoming a significant problem. Meth, heroine, and crack cocaine are also involved in many arrests. Sexual abuse has been found to be prevalent in meth homes. If law enforcement officials can keep abusers in jail for 30 days, recovery begins; but we must first convince judges not to allow release prior to the 30-day period (**potential advocacy initiative**).

Operation Broken Chain – Overall, a year is required for full recovery, living outside the substance abuser's normal environment. The Evansville Drug Task Force is taking a proposal for this program (Operation Broken Chain) to the court system. It is a year-long in-house treatment program that has a 75% success rate. They are looking for grant funding to initiate a program that mirrors a program implemented in London, Kentucky. They can partner with an existing substance abuse facility or build a stand-alone facility. Lt. Tim Everley will forward additional information on the program.

According to law enforcement officials, there are four or five local physicians who liberally prescribe drugs; additionally, pain management facilities and dentists tend to over-prescribe. Some are allegedly selling/distributing illegally. Hospitals and clinics could potentially work with law enforcement officials to **close this distribution channel.**

2. Youth First – Dr. Wooten believes that we cannot separate mental health and substance abuse issues when selecting a strategy. In the event of a dual diagnosis, it is important to treat the substance abuse prior to the mental health issue.

   Focus on prevention. The greatest impact can be achieved through early intervention – begin as early as age 3. Youth First needs assistance growing its **Strengthening Families Program**, which treats the entire family, not just the abuser. The cost is approximately $7,000 to conduct 10 sessions in one school, which requires 3 trained facilitators, 2 child care professionals, one person for food preparation, plus transportation assistance.

   Youth First has **school based social workers** in about 40% of local schools, with a desire to expand coverage. Currently, Youth First has 29 FTEs in 45 schools, all of whom are Masters prepared and many of whom are certified addiction counselors. (According to AA/NA, one in four students has a parent that is a substance abuser.) Their **Reconnecting Youth Program** is now in 13 high schools, targeting high-risk youth.

   Sober Schools – this is a concept implemented in other communities that creates a safe/clean high school experience. The school supports healthy life skills, using Alcohol Anonymous and Narcotics Anonymous guidelines. Typically, 40 to 80 students can earn their degree while functioning in a drug-free environment. There is a charter school in Indianapolis that has implemented the Sober School concept.

3. Southwestern Mental Health – Similar to the experience of law enforcement, Southwestern Mental Health (SMH) sees the use of opiates/prescription drugs as being a "huge" issue. High on their list of needs are a) more coordination with physicians/dentists (to minimize prescriptions) and a **sober-living housing environment for men** that would enable long-term recovery.

SMH would like to develop more "kid talent" among their professionals and, also, develop a program that reaches kids in high-risk environments BEFORE there is a substance abuse problem.

4. Brentwood Meadows – Brentwood agrees with SMH regarding the need for **more long-term residential treatment facilities**. Currently, they refer these cases to communities outside of Evansville. Additional psychiatrists and better communication between providers is also needed to facilitate care/treatment. **Community care conferencing** among agencies and facilities would enhance communication.

   Brentwood is participating in the **House of Hope** development, a 12-month recovery program within a residential living environment. Funding is needed.

Mental Health (November 29, 2012 Strategy Session)

1. Nursing Home patients who develop mental/behavioral issues: **There is a gap** in the provision of services that makes it difficult for these patients to receive adequate/appropriate care. **Nursing homes release these patients** so they can access care for a behavioral problem, and then will not re-admit the patient to the nursing home. NOTE: This does not appear to be an issue/gap in other markets – unique to Evansville.

2. Lack of inpatient beds: There is a **lack of adult inpatient beds for patients with both a physical and mental diagnosis.** Additionally, there is no place for unstable patients without a medical condition. For example, emergency rooms will not detox a patient that has no other medical condition. These patients need two days of inpatient care to achieve a stable condition.

3. The 0 to 5 age group is underserved: There are **too few child psychiatrists** who are willing to see Medicaid patients. To reach these children – and reduce demand on the system during their adult years – a **program is needed to provide preventive care and to teach appropriate parenting skills**. One recommendation is the **Nurse-Family Partnership (NFP) program**, an evidence based that partner's a high-risk, first-time mother with a registered nurse. Nurse home visits are conducted early in the pregnancy and through the child's second birthday. Independent research shows that every dollar invested in a Nurse-Family Partnership can yield up to five dollars in return to the community. The goals of the program are to: a) Improve pregnancy outcomes, b) Improve child health and development by helping parents provide responsible and competent care, and c) Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work. A community wide approach can be taken with the NFP, including churches and social service agencies. In Indianapolis, the program is directed by Goodwill.

4. Lampion Center also has resources targeted at the younger population, including 4 **therapists dedicated to children under the age of 6 years.** They also have a heavy investment in trauma therapy for both children and adults, including trauma resulting from sexual abuse. Their program, **Stewards of Children, is aimed at a reduction of child sexual abuse by training parents and adults.** Given adequate resources, Lampion could potentially reduce this issue by 50%, either by increasing the number of therapists at Lampion or by implementing a train-the-trainer concept in concert with other agencies.

5. Prison/Jail Population: The State Hospital, in particular, has difficulty with this population. While they are incarcerated, prisoners with mental conditions are not receiving needed medications and are "out of control" by the time they reach a medical provider. There is no referral process in place for the justice system to hand these cases over to an appropriate provider/service. One alternative is to send mental health staff to correctional facilities. Another solution is to create a Mental Health Court that can better deal with criminal offenses committed by unstable offenders. The goal would be to keep the offender out of the jail environment so he/she can receive proper treatment. **Southwest Behavioral Health is heavily involved in establishing a Mental Health Court in Evansville.**

6. Developmental Disabilities: **Patients with both a developmental disability and a mental/ behavioral issue** are a group that no one wants to treat – primarily due to the way that government funds these cases. Easter Seals could (and may) play a role in this audience. More coordination is needed, including a psychiatrist who would handle the management of each case.

7. Homeless Women: There is a **lack of shelters for homeless women.** Referrals are being made to Indianapolis and to Louisville.

8. Systems of Care for Children: The Evansville Psychiatric Children's Center is working to **create a continuum of coordinated care that will enhance early childhood development.** The coordinator of the network is Southwestern Indiana Behavioral Health Center. They received a grant 18 months ago to support development of the network. The System of Care model is a collaborative approach, focusing on the expansion and improvement of community based services for children, particularly those services that **target serious emotional disturbances** and are culturally and linguistically competent to serve this audience.

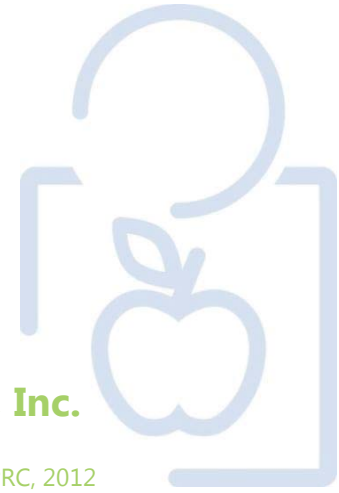
   This is a community-wide effort in which multiple agencies meet monthly. Any new collaborative addressing the needs of children would want to coordinate with this group. Youth First believes that Systems of Care needs to be embraced by the community; both Youth First and Catholic Charities have **social workers in the school systems**, working with students and their parents.

MARKET ASSESSMENT

2011 PRC Community Health Needs Assessment

Vanderburgh County, Indiana

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



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INTRODUCTION

Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Vanderburgh County. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides the information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of St. Mary's Medical Center of Evansville by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a series of Key Informant Focus Groups.

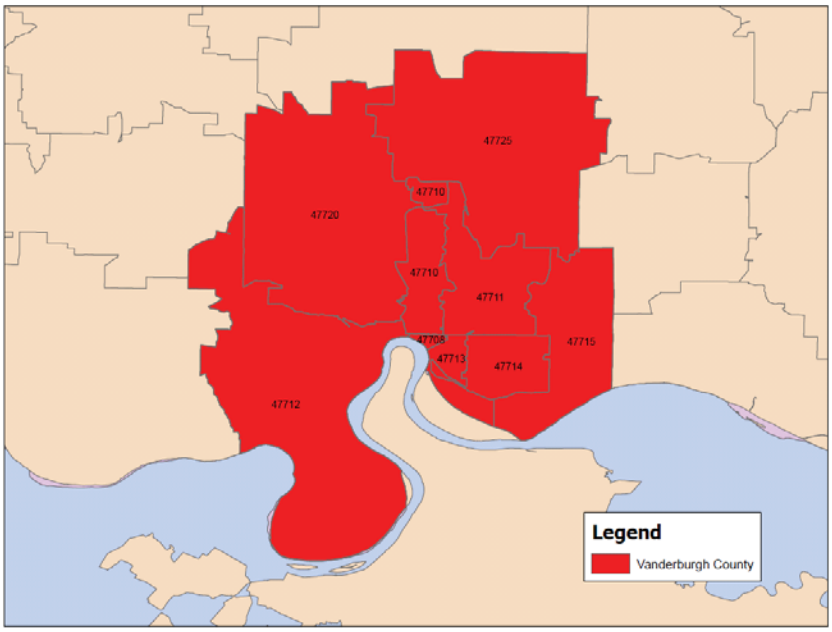
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by St. Mary's Medical Center of Evansville and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Vanderburgh County" in this report) includes ZIP Codes 47708, 47710, 47711, 47712, 47713, 47714, 47715, 47720 and 47725. A geographic depiction is illustrated in the following map.



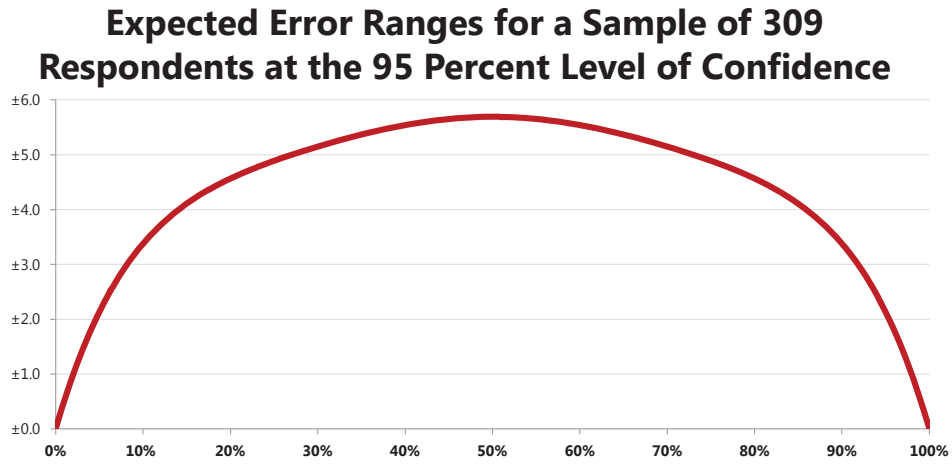
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 309 individuals age 18 and older in Vanderburgh County. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 309 respondents is ±5.7% at the 95 percent level of confidence.



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 309 respondents answered a certain question with a "yes," it can be asserted that between 6.6% and 13.4% (10% ± 3.4%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 44.3% and 55.7% (50% ± 5.7%) of the total population would respond "yes" if asked this question.

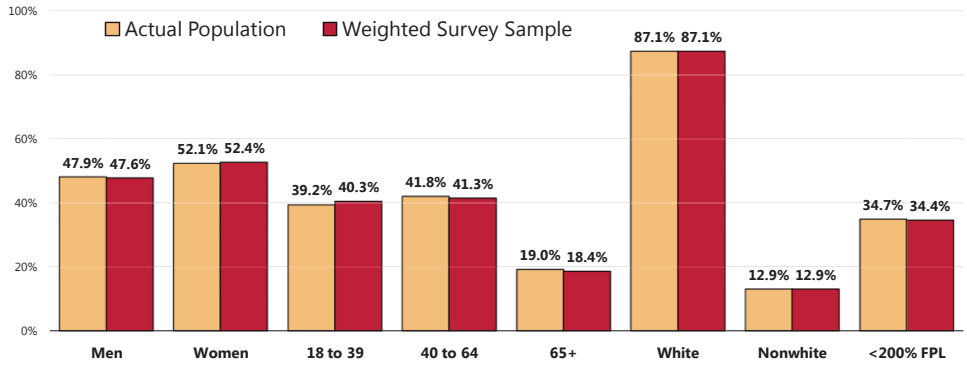
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following charts outline the characteristics of the Vanderburgh County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Sample Characteristics

(Vanderburgh County, 2011)



Sources:
- 2008-2010 American Community Survey.
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2011 guidelines place the poverty threshold for a family of four at $22,350 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Key Informant Focus Groups

As part of the community health assessment, 3 focus groups were held June 9-10, 2011. The focus group participants included 51 key informants, including physicians, other health professionals, social service providers, business leaders and other community leaders.

A list of recommended participants for the focus groups was provided by the sponsors. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically-underserved populations, and those who work among persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled in order to insure a reasonable turnout.

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Vanderburgh County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention
- GeoLytics Demographic Estimates & Projections
- National Center for Health Statistics
- Indiana State Department of Health
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data.

Benchmark Data

Indiana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has

established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section).

Prioritization

These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment	
Cancer	• Cancer Deaths
Chronic Kidney Disease	• Kidney Disease Deaths
Dementias, Including Alzheimer's Disease	• Alzheimer's Disease Deaths
Family Planning	• Teen Births
Heart Disease & Stroke	• Stroke Deaths
Injury & Violence Prevention	• Unintentional Injury Deaths • Firearm-Related Deaths
Mental Health & Mental Disorders	• Suicide
Nutrition & Weight Status	• Fruit/Vegetable Consumption
Respiratory Diseases	• Chronic Lower Respiratory Disease Deaths
Substance Abuse	• Drug-Induced Deaths

Top Community Health Concerns Among Community Key Informants

At the conclusion of each key informant focus group, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce these top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. Mental Health

- Mentioned resources available to address this issue: Southwestern Healthcare; Stepping Stone of Evansville; ECHO Community Healthcare; Deaconess Cross Pointe; Lampion Center; Brentwood Meadows; Catholic Charities of Evansville

2. Access

- Mentioned resources available to address this issue: ECHO Community Healthcare; Southwestern Healthcare; Deaconess Health System; St. Mary's Medical Center of Evansville

3. Obesity

- Mentioned resources available to address this issue: Health department; Evansville Vanderburgh School Corporation (EVSC school district); St. Mary's Medical Center of Evansville; Deaconess Health System; ECHO Community Healthcare; YMCA of Southwestern Indiana

4. Substance Abuse

- Mentioned resources available to address this issue: ECHO Community Healthcare; Southwestern Healthcare; Deaconess Cross Pointe; Youth First Inc.; YWCA

5. Oral Health

- Mentioned resources available to address this issue: University of Southern Indiana; local county dental health clinic; Kool Smiles of Evansville; Impact Ministries

6. Education

- Mentioned resources available to address this issue: United Way of Southwestern Indiana; hospitals; tri-state businesses; city government; schools; Welborn Baptist Foundation; ECHO Community Healthcare; Southwestern Healthcare; Deaconess Health System; St. Mary's Medical Center of Evansville

7. Tobacco

- Mentioned resources available to address this issue: St. Mary's Medical Center of Evansville; health department; Deaconess Health System; Ivy Tech community college; EVSC & other school districts; YMCA of Southwestern Indiana

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Vanderburgh County, including comparisons among the individual communities. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, Vanderburgh County results are shown in the larger, blue column.

■ The columns to the right of the Vanderburgh County column provide comparisons between the county and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether Vanderburgh County compares favorably (), unfavorably (), or comparably () to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Access to Health Services	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	**15.2**	17.9	14.9	0.0
% Difficulty Accessing Healthcare in Past Year (Composite)	**39.8**		37.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	**12.4**		14.3	
% Cost Prevented Getting Prescription in Past Year	**18.3**		15.0	
% Cost Prevented Physician Visit in Past Year	**17.3**		14.0	
% Difficulty Getting Appointment in Past Year	**13.1**		16.5	
% Difficulty Finding Physician in Past Year	**7.1**		10.7	
% Transportation Hindered Dr Visit in Past Year	**6.9**		7.7	
% [Age 18+] Have a Specific Source of Ongoing Care	**79.9**		76.3	95.0
% Rate Local Healthcare "Fair/Poor"	**14.7**		15.3	
		better	similar	worse

Cancer	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	**211.0**	196.8	181.0	160.6
% Skin Cancer	**4.7**		8.1	
% Cancer (Other Than Skin)	**5.3**		5.5	
		better	similar	worse

Chronic Kidney Disease	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)	18.2	20.0	14.5	
		better	similar	worse

Diabetes	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Diabetes Mellitus (Age-Adjusted Death Rate)	22.6	25.3	23.5	19.6
% Diabetes/High Blood Sugar	12.5	9.8	10.1	
		better	similar	worse

Dementias, Including Alzheimer's Disease	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate)	31.3	24.8	22.7	
		better	similar	worse

Family Planning	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Births to Teenagers	12.1	11.0	10.4	
		better	similar	worse

General Health Status	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	16.6	16.5	16.8	
		better	similar	worse

Heart Disease & Stroke	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	201.0	214.7	200.9	152.7
Stroke (Age-Adjusted Death Rate)	47.7	48.5	44.2	33.8
% 1+ Cardiovascular Risk Factor	86.1		86.3	
		better	similar	worse

Injury & Violence Prevention	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	50.8	38.9	39.7	36.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	12.8	14.6	14.3	12.4
Firearm-Related Deaths (Age-Adjusted Death Rate)	12.1	11.2	10.3	9.2
Homicide (Age-Adjusted Death Rate)	5.5	5.9	6.1	5.5
		better	similar	worse

Maternal, Infant & Child Health	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% No Prenatal Care in First Trimester	26.5	29.6		22.1
Infant Death Rate	8.3	7.9	6.9	6.0
		better	similar	worse

Mental Health & Mental Disorders	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	12.0		11.7	
Suicide (Age-Adjusted Death Rate)	17.3	12.4	11.1	10.2
		better	similar	worse

Nutrition & Weight Status	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	41.1		48.8	
% Obese	29.2	30.2	28.5	30.6
% Children [Age 5-17] Obese	21.9		18.9	14.6
		better	similar	worse

Oral Health	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	70.3	68.8	66.9	49.0
% Child [Age 2-17] Dental Visit in Past Year	90.0		79.2	49.0
		better	similar	worse

Physical Activity	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% No Leisure-Time Physical Activity	25.8	26.5	28.7	32.6
		better	similar	worse

Respiratory Diseases	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	59.6	51.4	41.5	
Pneumonia/Influenza (Age-Adjusted Death Rate)	18.0	17.7	18.1	
% [Adult] Currently Has Asthma	7.0	9.5	7.5	
% [Child 0-17] Currently Has Asthma	9.8		6.8	
		better	similar	worse

Substance Abuse	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	8.9	7.6	9.0	8.2
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	17.2	13.5	16.7	24.3
Drug-Induced Deaths (Age-Adjusted Death Rate)	16.5	12.0	12.2	11.3
		better	similar	worse

Tobacco Use	Vanderburgh County	Vanderburgh County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Current Smoker	19.5	21.3	16.6	12.0
		better	similar	worse

GENERAL HEALTH STATUS

Overall Health Status

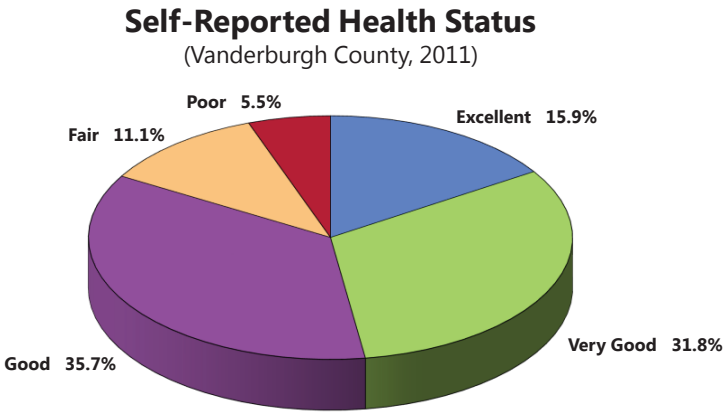
Self-Reported Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

A total of 47.7% of Vanderburgh County adults rate their overall health as "excellent" or "very good."

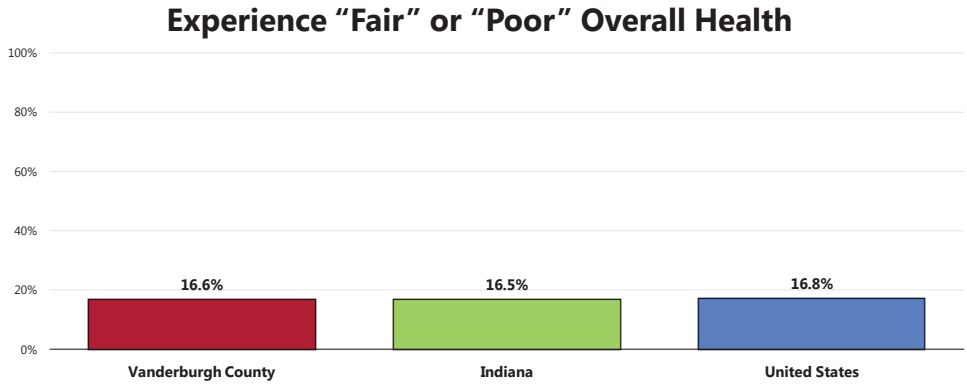
- Another 35.7% gave "good" ratings of their overall health.



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 16.6% of Vanderburgh County adults believe that their overall health is "fair" or "poor."

- Nearly identical to statewide findings.
- Similar to the national percentage.



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

NOTE:

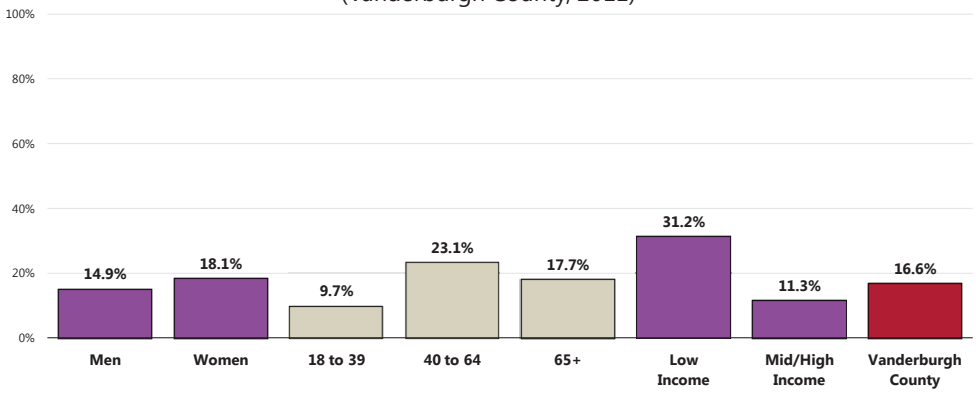
- Differences noted in the text represent significant differences determined through statistical testing.
- Where sample sizes permit, community-level data are provided.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

Adults more likely to report experiencing "fair" or "poor" overall health include:

- Those aged 40 and older.
- Residents living at lower incomes.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Experience "Fair" or "Poor" Overall Health
(Vanderburgh County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
Are you **limited in any way in any activities** because of physical, mental or emotional problems?	*All Respondents*	Yes — 23.1%	17.0%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Suicides

Indicator	*Data Years*	Vanderburgh County	US Benchmark
Suicide (Age-Adjusted Death Rate)	*2005-2007*	17.3 Deaths per 100,000	11.1

Mental Health Status

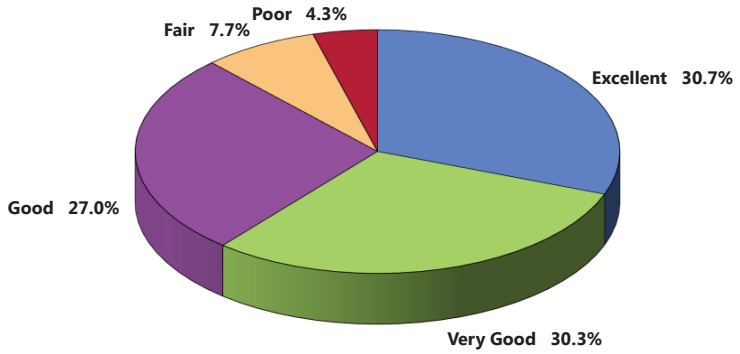
Self-Reported Mental Health Status

"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

A total of 61.0% of Vanderburgh County adults rate their overall mental health as "excellent" or "very good."

- Another 27.0% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Vanderburgh County, 2011)

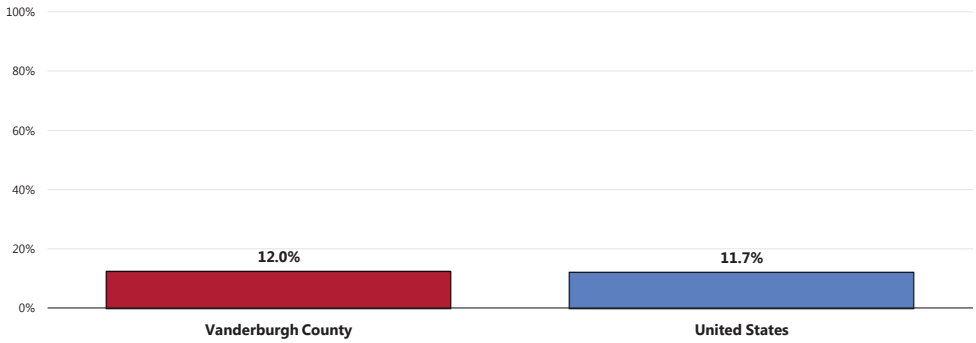


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
Notes: • Asked of all respondents.

A total of 12.0% of Vanderburgh County adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.

Experience "Fair" or "Poor" Mental Health

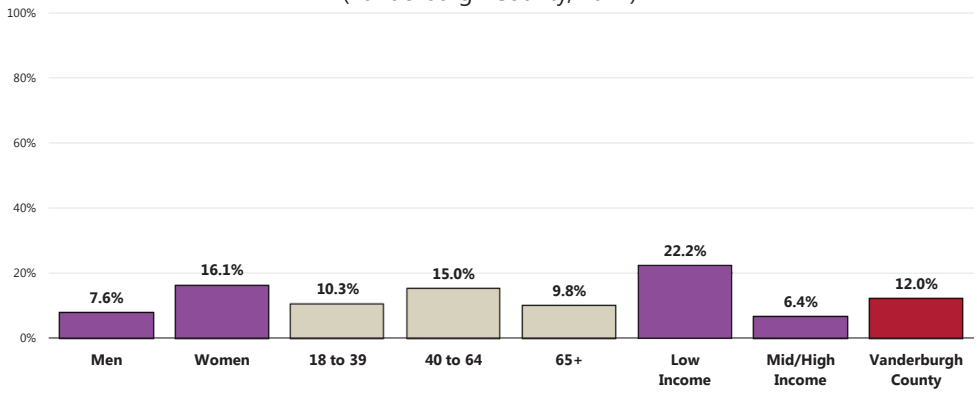


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Women and lower-income adults are <u>much more likely</u> to report experiencing "fair/poor" mental health than their demographic counterparts.

Experience "Fair" or "Poor" Mental Health

(Vanderburgh County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Other Mental Health Indicators

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
Would you please tell me if you have ever suffered from or been diagnosed with any of the following medical conditions: **Major Depression Diagnosed by a Doctor**?	*All Respondents*	Yes — 12.2%	11.7%
Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, would you say that, **in general, your mental health** is:	*All Respondents*	Excellent — 30.7% Very Good — 30.3% Good — 27.0% Fair — 7.7% Poor — 4.3%	30.1% 33.8% 24.3% 9.4% 2.3%
Have you had **two years or more in your life when you felt depressed** or sad most days, even if you felt okay sometimes?	*All Respondents*	Yes — 25.1%	26.5%
Thinking about the amount of **stress** in your life, would you say that most days are:	*All Respondents*	Extremely Stressful — 3.0% Very Stressful — 10.6% Moderately Stressful — 48.5% Not Very Stressful — 25.0% Not At All Stressful — 12.9%	1.7% 9.8% 42.1% 31.3% 15.1%
Have you ever **sought help from a professional** for a mental or emotional problem?	*All Respondents*	Yes — 26.2%	24.4%
Have you or has anyone in your household ever been diagnosed with any of the following: **Dementia**?	*All Respondents*	Yes — 1.1%	N/A
Have you or has anyone in your household ever been diagnosed with any of the following: **Autism**?	*All Respondents*	Yes — 2.1%	N/A
Does this child currently take medication for Attention-Deficit/ Hyperactivity Disorder or Attention-Deficit Disorder, also called **ADHD or ADD**?	*Parents of Children 5-17*	Yes — 12.8%	6.5%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Mental Health

Many focus group participants discussed mental health in the community. The main issues discussed included:

- Insurance
- Prevention
- Special populations

Focus group participants feel there are a limited number of mental health providers in the community. Patients with **insurance** may struggle to find a facility or provider who can assist because of the lack of mental healthcare facilities in the community. For those who can afford mental healthcare from a private provider, they may need to go outside the community. Individuals without insurance have even fewer options. Participants believe these individuals often end up in the emergency room and only receive outpatient care. In addition, participants noted that the high cost of prescription medications can be a barrier to mental health treatment. A participant recalled:

> *"The cost of psychiatric meds almost makes treatment inaccessible for so many, especially for those that have no insurance." - Social Service Provider*

Participants voiced concern that many people are turned away from the few available facilities because their problems are not severe enough. Respondents believe that it is not until someone makes threats against themselves, or others, that they get the necessary help. Participants would like to see **preventive** mental health opportunities in the community, so that early interventions can occur and people do not enter crisis mode before receiving treatment. One respondent described:

> *"The problem is there's nothing done until it's a crisis. There's no place to go even though the State talks about community-based services. If you actually try to find them, they're not there." - Community Leader*

Some **special populations** that participants are concerned about include prisoners, children and the elderly. Some participants worry that there is limited mental healthcare available in prison and mental health issues may be the reason the person became incarcerated. There is also concern about children who do not receive the mental healthcare needed because there are only a few options for adolescents. Respondents mentioned that those children who end up at Deaconess Cross Pointe often are only allowed to stay for five days because of Medicaid or other insurance issues. As a result, many children become repeat patients. Lastly, respondents believe the elderly in nursing homes risk not receiving mental health services.

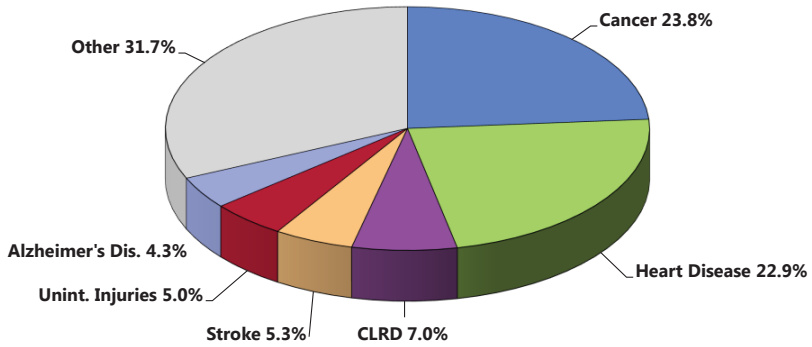
DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for nearly one-half of all deaths in Vanderburgh County in 2006.

Leading Causes of Death
(Vanderburgh County, 2007)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates

Age-Adjusted Death Rates for Selected Causes
(2005-2007 Deaths per 100,000)

	Vanderburgh County	Indiana	US	HP2020
Malignant Neoplasms (Cancers)	211.0	196.8	181.0	160.6
Diseases of the Heart	201.0	214.7	200.9	152.7*
Chronic Lower Respiratory Disease (CLRD)	59.6	51.4	41.5	n/a
Unintentional Injuries	50.8	38.9	39.7	36.0
Cerebrovascular Disease (Stroke)	47.7	48.5	44.2	33.8
Alzheimer's Disease	31.3	24.8	22.7	n/a
Diabetes Mellitus	22.6	25.3	23.5	19.6*
Kidney Disease	18.2	20.0	14.5	n/a
Pneumonia/Influenza	18.0	17.7	18.1	n/a
Intentional Self-Harm (Suicide)	17.3	12.4	11.1	10.2
Drug-Induced	16.5	12.0	12.2	11.3
Motor Vehicle Crashes	12.8	14.6	14.3	12.4
Firearm-Related	12.1	11.2	10.3	9.2
Cirrhosis/Liver Disease	8.9	7.6	9.0	8.2
Homicide/Legal Intervention	5.5	5.9	6.1	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- Local, state and national data are simple three-year averages.

Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Indicator	*Data Years*	Vanderburgh County	US Benchmark
Diseases of the Heart (Age-Adjusted Death Rate)	*2005-2007*	201.0 Deaths per 100,000	200.9
Stroke (Age-Adjusted Death Rate)	*2005-2007*	47.7 Deaths per 100,000	44.2

Prevalence of Heart Disease & Stroke

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
Has a doctor, nurse or other health professional ever told you that you had: a **heart attack**? Has a doctor, nurse or other health professional ever told you that you had: **angina**? Has a doctor, nurse or other health professional ever told you that you had: **coronary disease**?	*All Respondents*	Diagnosed w/Heart Disease — 6.6% *[Calculated from multiple survey questions]*	6.1%
Has a doctor, nurse or other health professional ever told you that you had a **stroke**?	*All Respondents*	Yes — 3.4%	2.7%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

High Blood Pressure & Cholesterol

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
Have you ever been told by a doctor, nurse or other healthcare professional that you had **high blood pressure**?	*All Respondents*	Yes — 37.4%	34.3%
About how long has it been since you had your **blood pressure taken** by a doctor, nurse or other health professional?	*All Respondents*	Tested in the Past 2 Yrs — 95.9%	94.7%
Are you currently **taking any action to control your high blood pressure**, such as taking medication, changing your diet or exercising?	*Respondents w/HBP*	Yes — 85.5%	89.1%
Have you ever been told by a doctor, nurse or other healthcare professional that you had **high blood cholesterol**?	*All Respondents*	Yes — 33.1%	31.4%
About how long has it been since you had your **blood cholesterol checked**?	*All Respondents*	Checked in the Past 5 Yrs — 90.4%	90.7%
Are you currently **taking any action to control your high blood cholesterol**, such as taking medication, changing your diet or exercising?	*Respondents w/HBC*	Yes — 87.2%	89.1%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include: high blood pressure; high blood cholesterol; tobacco use; physical inactivity; poor nutrition; overweight/obesity; and diabetes.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

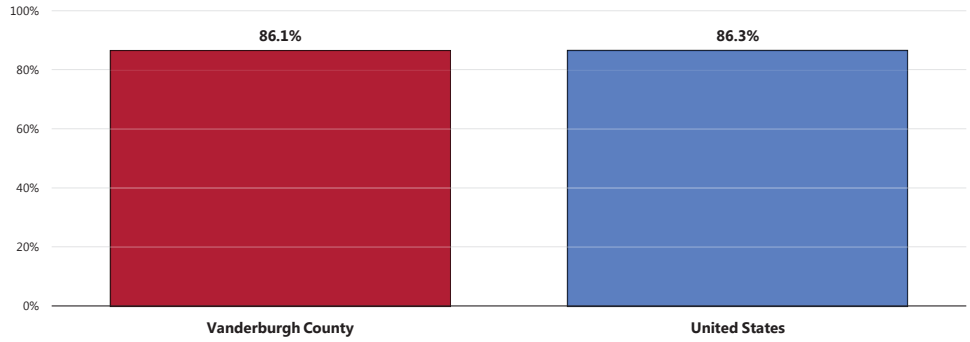
Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

A total of 86.1% of Vanderburgh County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Nearly identical to national findings.

Present One or More Cardiovascular Risks or Behaviors



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

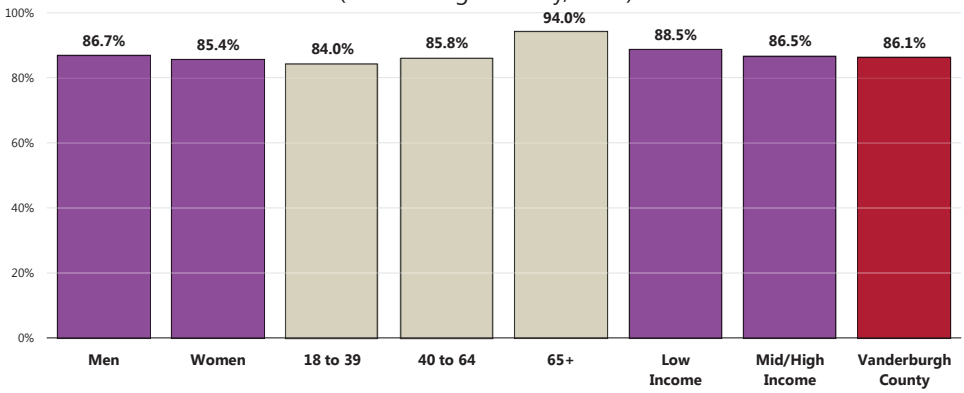
Adults more likely to exhibit cardiovascular risk factors include:

- Seniors (those aged 65 and older).

RELATED ISSUE:
See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

Present One or More Cardiovascular Risks or Behaviors

(Vanderburgh County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

Indicator	*Data Years*	Vanderburgh County	US Benchmark
Cancer (Age-Adjusted Death Rate)	*2005-2007*	211.0 Deaths per 100,000	181.0

Prevalence of Cancer

A total of 4.7% of surveyed Vanderburgh County adults report having been diagnosed with skin cancer.

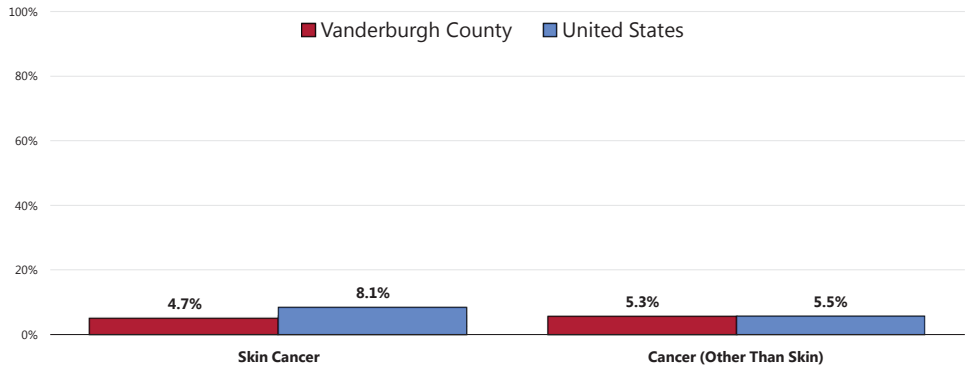
- More favorable than the national average.

A total of 5.3% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the national prevalence.

Prevalence of Cancer

(Vanderburgh County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 31-32]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

RELATED ISSUE: See also *Nutrition & Overweight, Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
How long has it been since you had your last **Pap test**?	*Women 21-65*	Within the Past 3 Years — 80.2%	84.7%
How long has it been since your last **mammogram**?	*Women 50-74*	Within the Past 2 Years — 78.0%	79.9%
How long has it been since your last **PSA test**? How long has it been since your last **digital rectal exam**?	*Men 50+*	Within the Past 2 Years — 79.4% *[Calculated using multiple survey questions.]*	70.5%
How long has it been since your last **sigmoidoscopy** or **colonoscopy**?	*Respondents Age 50+*	Have Ever Had a Sigmoidoscopy/ Colonoscopy — 72.4%	72.0%
How long has it been since you had your last **blood stool test**?	*Respondents Age 50+*	Within the Past 2 Years — 29.2%	28.3%
Colorectal Cancer Screening (Blood Stool Test in Past Year and/or Lower Endoscopy in Past 10 Years)	*Respondents Age 50-75*	Yes — 69.8% *[Calculated using multiple survey questions.]*	N/A

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans;

people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

– Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

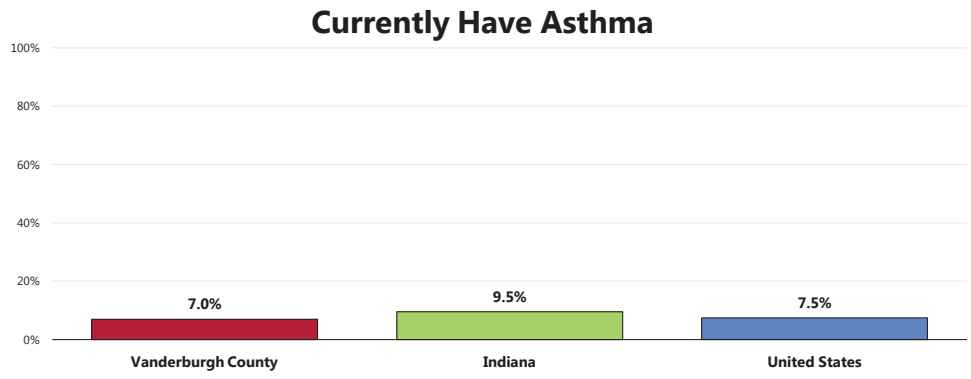
Indicator	*Data Years*	Vanderburgh County	US Benchmark
CLRD (Age-Adjusted Death Rate)	*2005-2007*	59.6 Deaths per 100,000	41.5
Pneumonia/Influenza (Age-Adjusted Death Rate)	*2005-2007*	18.0 Deaths per 100,000	18.1

Asthma

Adults

A total of 7.0% of Vanderburgh County adults currently suffer from asthma.

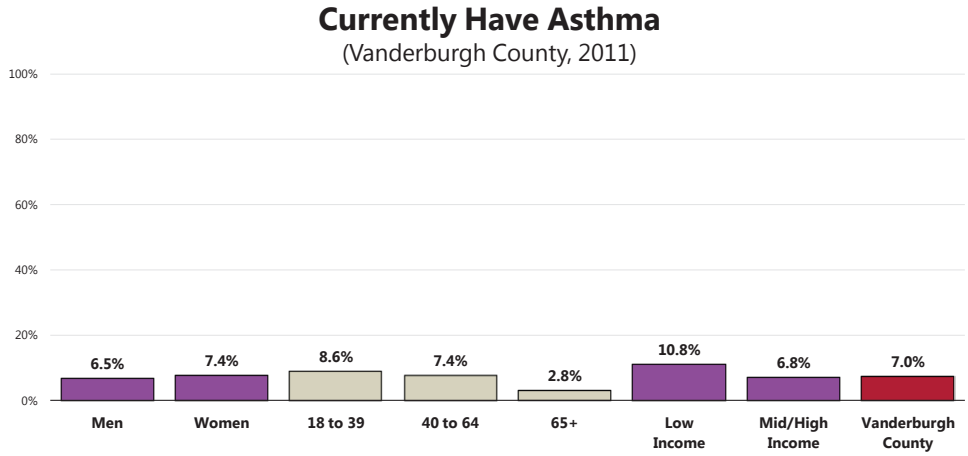
- Similar to the statewide prevalence.
- Similar to the national prevalence.



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.

Notes:
- Asked of all respondents.

- No statistical difference in asthma prevalence when viewed by demographic characteristics.

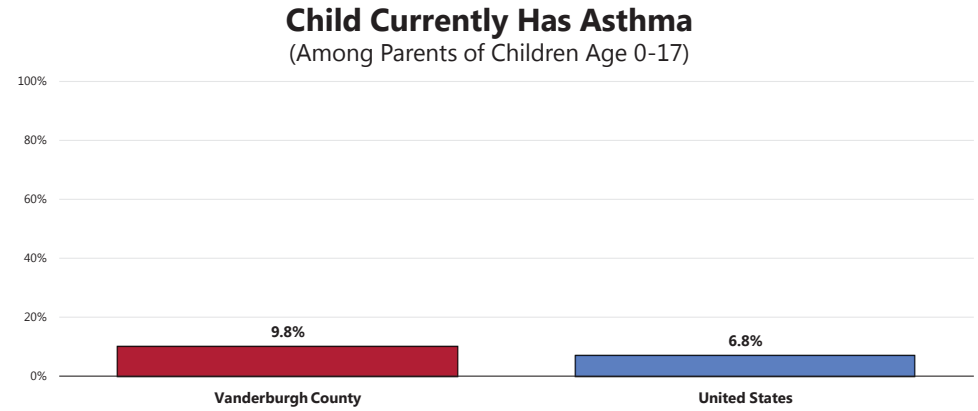


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Vanderburgh County children under age 18, 9.8% currently have asthma.

- Statistically similar to national findings.



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Other Respiratory Disease Indicators

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
Would you please tell me if you have ever suffered from or been diagnosed with **nasal or hay fever allergies**?	*All Respondents*	Yes — 30.7%	27.3%
Would you please tell me if you have ever suffered from or been diagnosed with **sinusitis**?	*All Respondents*	Yes — 16.5%	19.4%
Would you please tell me if you have ever suffered from or been diagnosed with **chronic lung disease**?	*All Respondents*	Yes — 10.8%	8.4%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)

- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Deaths

Indicator	*Data Years*	Vanderburgh County	US Benchmark
Unintentional Injuries (Age-Adjusted Death Rate)	*2005-2007*	50.8 Deaths per 100,000	39.5
Motor Vehicle Crashes (Age-Adjusted Death Rate)	*2005-2007*	12.8 Deaths per 100,000	14.1
Firearm-Related Deaths (Age-Adjusted Death Rate)	*2005-2007*	12.1 Deaths per 100,000	10.3

Other Injury & Violence Indicators

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
Do you always use **seat belts** when driving or riding in a car?	*All Respondents*	Yes — 89.4%	85.3%
Does your child (0-17) always wear a **child restraint** or seat belt when riding in a car?	*Parents of Children <18*	Yes — 100%	91.6%
Are there any **firearms** now kept in or around your home, including those kept in a garage, outdoor storage area, truck or car?	*All Respondents*	Yes — 39.2%	37.9%
	Parents of Children <18	Yes — 40.0%	34.4%
Is your **firearm kept unlocked and loaded**?	*Respondents w/Firearms*	Yes — 19.4%	16.9%
Have you been the **victim of a violent crime** in your area in the past five years?	*All Respondents*	Yes — 2.7%	1.6%
Has an **intimate partner ever threatened** you with physical violence?	*All Respondents*	Yes — 13.5%	11.7%
Has an intimate partner **ever hit, slapped, pushed, kicked or hurt you** in any way?	*All Respondents*	Yes — 16.4%	13.5%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Injury and Violence

Many focus group participants are concerned with injury and violence in the community. The main issue is:

- Sexual abuse

Participants expressed concern about violence in the community, specifically mentioning sexual abuse, domestic violence and child abuse. Participants feel there are a significant number of **sexual abuse** cases occurring among children. Focus group participants feel the Lincoln Center facility is a safe place for sexual abuse victims. The center provides support and counseling for victims, as well as education for the community. Participants feel very grateful this center exists in their community.

The focus group respondents believe that more could be done to prevent child abuse, and that the loss of staff within the child protective service agency affected its ability to do the job. Participants also mentioned frustration with the court system. One participant described:

> *"Our child abuse and neglect system is broken too. And it's really failing our children and their parents." - Community Leader*

Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

– Healthy People 2020 (www.healthypeople.gov)

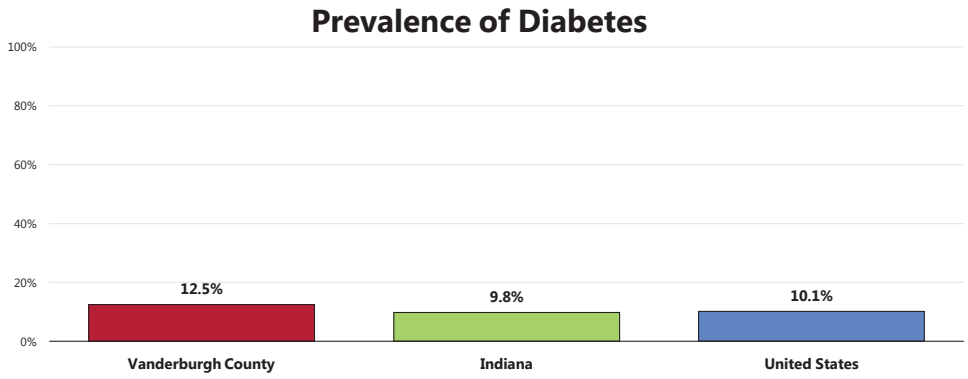
Age-Adjusted Diabetes Deaths

Indicator	*Data Years*	Vanderburgh County	US Benchmark
Diabetes (Age-Adjusted Death Rate)	*2005-2007*	22.6 Deaths per 100,000	23.5

Prevalence of Diabetes

A total of 12.5% of Vanderburgh County adults report having been diagnosed with diabetes.

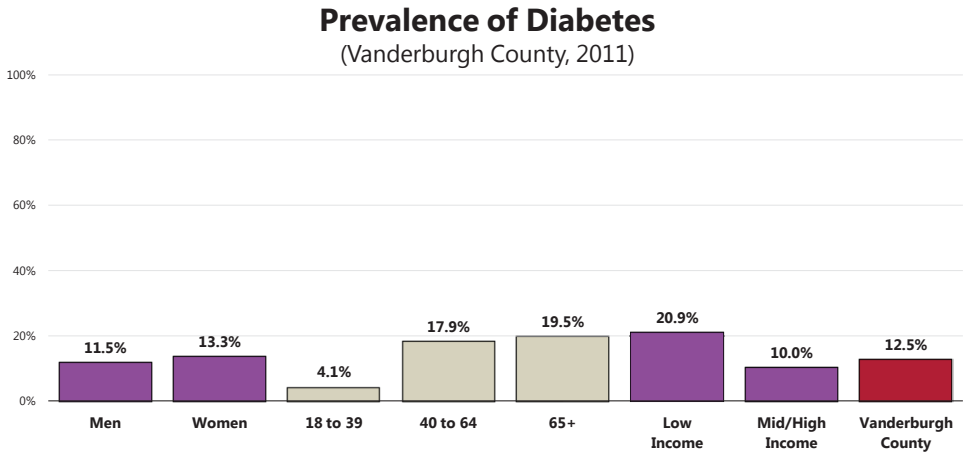
- Similar to the proportion statewide.
- Similar to the national proportion.



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

A higher prevalence of diabetes is reported among adults age 40+ and lower-income residents in Vanderburgh County.



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

Alzheimer's Disease

Age-Adjusted Alzheimer's Disease Deaths

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

– Healthy People 2020 (www.healthypeople.gov)

Indicator	*Data Years*	Vanderburgh County	US Benchmark
Alzheimer's Disease (Age-Adjusted Death Rate)	*2005-2007*	31.3 Deaths per 100,000	22.7

Kidney Disease

Age-Adjusted Kidney Disease Deaths

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

– Healthy People 2020 (www.healthypeople.gov)

Indicator	*Data Years*	Vanderburgh County	US Benchmark
Kidney Disease (Age-Adjusted Death Rate)	*2005-2007*	18.2 Deaths per 100,000	14.5

Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

– Healthy People 2020 (www.healthypeople.gov)

Chronic Pain Indicators

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
Would you please tell me if you have ever suffered from or been diagnosed with **arthritis or rheumatism**?	*Respondents Age 50+*	Yes — 39.4%	35.4%
Would you please tell me if you have ever suffered from or been diagnosed with **osteoporosis**?	*Respondents Age 50+*	Yes — 12.6%	11.4%
Would you please tell me if you have ever suffered from or been diagnosed with sciatica or **chronic back pain**?	*All Respondents*	Yes — 22.2%	21.5%
Would you please tell me if you have ever suffered from or been diagnosed with **migraines or severe headaches**?	*All Respondents*	Yes — 23.1%	16.9%
Would you please tell me if you have ever suffered from or been diagnosed with **chronic neck pain**?	*All Respondents*	Yes — 7.4%	8.3%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Vision & Hearing

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

– Healthy People 2020 (www.healthypeople.gov)

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
Would you please tell me if you have ever suffered from or been diagnosed with **blindness or trouble seeing**, even when wearing glasses?	*All Respondents*	Yes — 7.4%	6.9%
Would you please tell me if you have ever suffered from or been diagnosed with **deafness or trouble hearing**?	*All Respondents*	Yes — 12.4%	9.6%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

RELATED ISSUE: See also *Vision Care* in the **Access to Health Services** section of this report.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

Infectious Disease

HIV Testing & Hepatitis B Vaccination

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
Have you been **tested for HIV** in the past year?	*Respondents Age 18-44*	Yes — 21.0%	19.9%
Have you ever been **vaccinated for hepatitis B**?	*All Respondents*	Yes — 44.6%	38.4%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

BIRTHS

Prenatal Care

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

– Healthy People 2020 (www.healthypeople.gov)

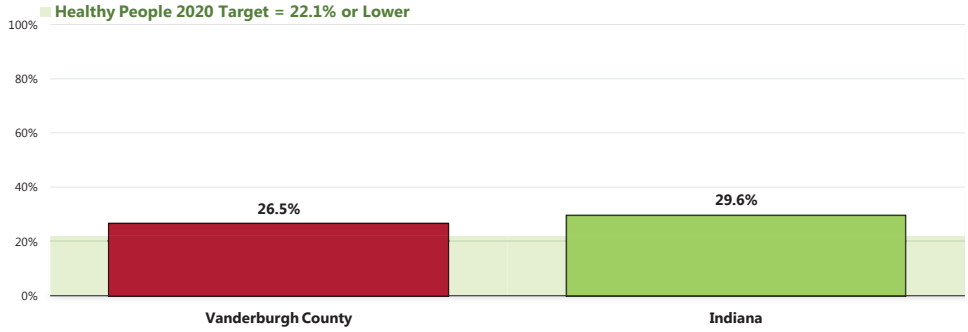
Early and continuous prenatal care is the best assurance of infant health.

Between 2007 and 2009, 26.5% of all Vanderburgh County births did not receive prenatal care in the first trimester of pregnancy.

- More favorable than the Indiana proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2007-2009)



Sources:
- Indiana State Department of Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- Numbers are a percentage of all live births within each population.

Birth Outcomes, Risk & Family Planning

Infant Mortality

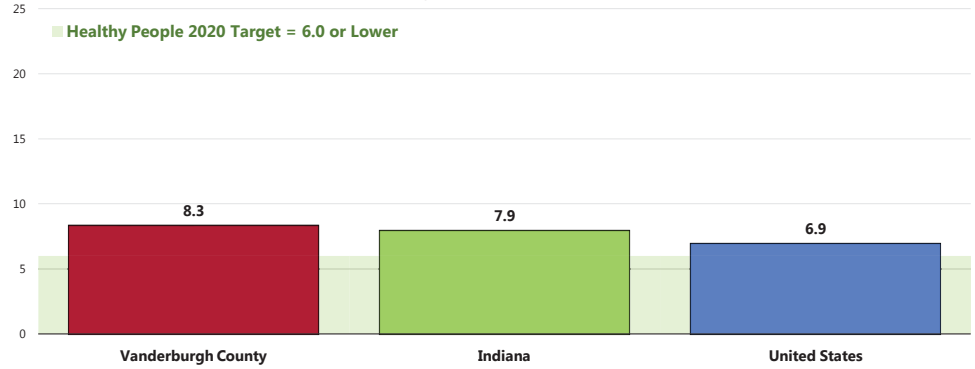
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2005 and 2007, there was an annual average of 8.3 infant deaths per 1,000 live births.

- Similar to the Indiana rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate

(2005-2007 Annual Average Infant Deaths per 1,000 Live Births)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Births to Teen Mothers

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

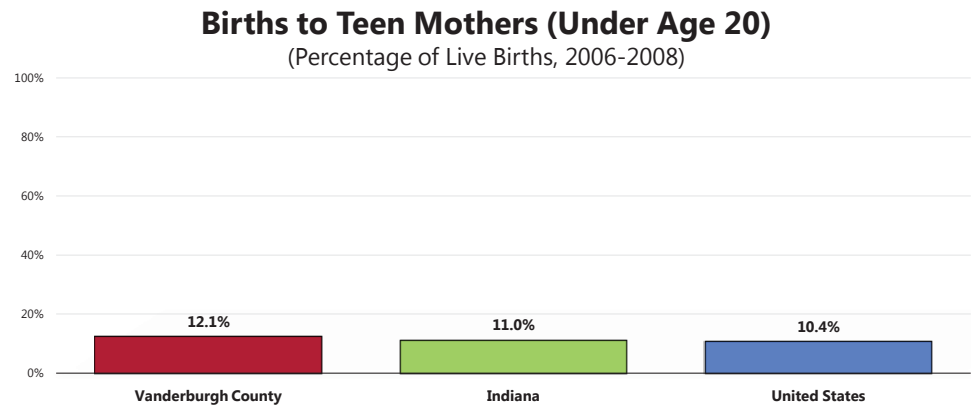
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

– Healthy People 2020 (www.healthypeople.gov)

A total of 12.1% of 2006-2008 Vanderburgh County births were to teenage mothers.

- Higher than the Indiana proportion.
- Higher than the national proportion.



Sources: • Indiana State Department of Health.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

Because it is impossible to measure the true incidence of unintended pregnancy in the US, the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

Other Indicators

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Indicator	*Data Years*	Vanderburgh County	US Benchmark
% of **Low-Weight Births**	*2006-2008*	9.6% of all Live Births in the County	8.2%
% Mothers Who **Smoked During Pregnancy**	*2006-2008*	21.0% of all Live Births in the County	12.0%
% of Births to **Unwed Mothers**	*2006-2008*	46.8% of all Live Births in the County	39.6%

MODIFIABLE HEALTH RISKS

Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

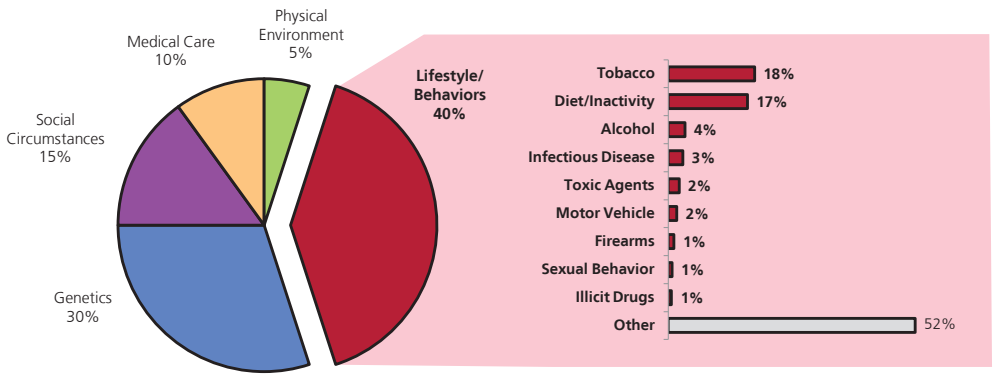
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

– Healthy People 2020 (www.healthypeople.gov)

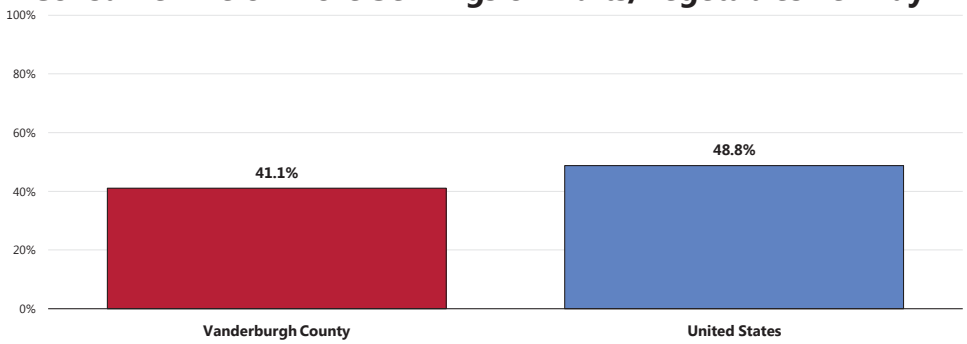
Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 41.1% of Vanderburgh County adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.

Consume Five or More Servings of Fruits/Vegetables Per Day



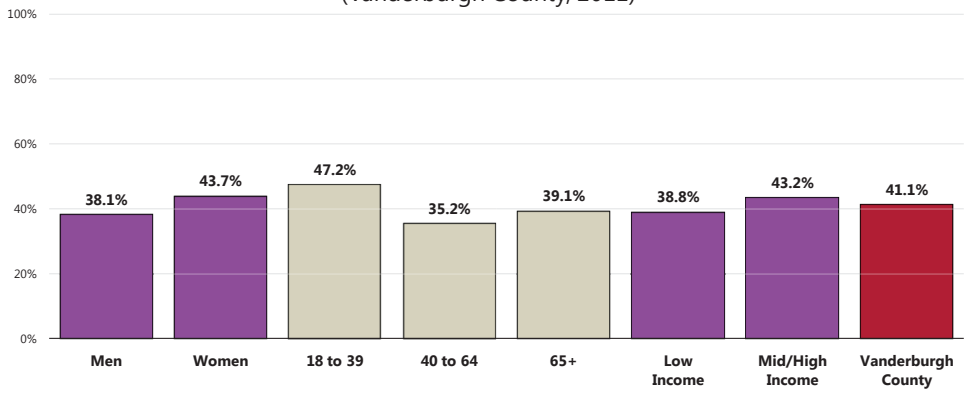
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 173]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Statistically similar by demographic characteristics.

Consume Five or More Servings of Fruits/Vegetables Per Day

(Vanderburgh County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 173]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Physician Advice About Diet & Nutrition

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
During the past 12 months, has a doctor asked you about or given you **advice regarding diet and nutrition**?	*All Respondents*	Yes — 38.7%	41.9%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

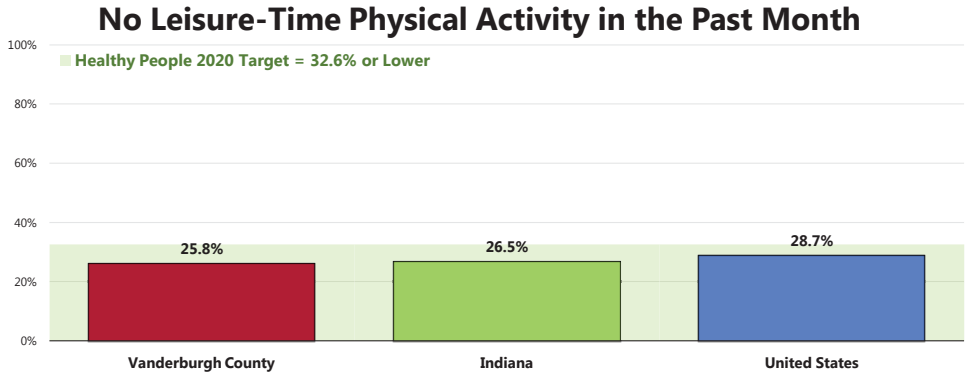
People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

A total of 25.8% of Vanderburgh County adults report no leisure-time physical activity in the past month.

- Comparable to statewide findings.
- Comparable to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

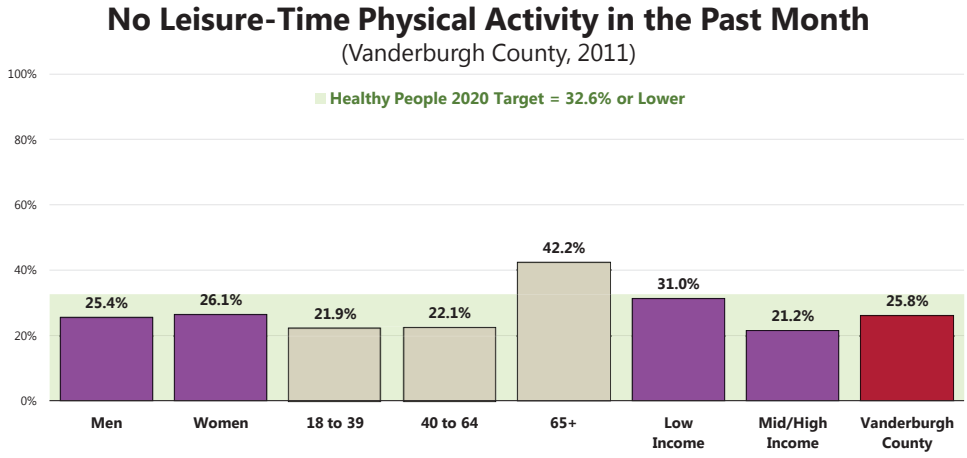


Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

- Seniors.



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Other Physical Activity Indicators

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
When you are **at work**, which of the following best describes what you do?	*Employed Respondents*	Sitting and/or Standing — 53.4%	63.2%
Now, thinking about when you are not working, how many days per week or per month do you do **vigorous activities** for at least 20 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing and heart rate?	*All Respondents*	Vigorous Physical Activity 3+ Times per Week 20+ Minutes — 27.4%	34.8%
And on how many days per week or per month do you do **moderate activities** for at least 30 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?	*All Respondents*	Moderate Physical Activity 5+ Times per Week 30+ Minutes— 21.8%	23.9%
Meets Physical Activity Recommendations (Moderate and/or Vigorous Activity Levels as Described Above)	*All Respondents*	Yes — 37.2% *[Calculated using multiple survey questions.]*	42.7%
During the past 12 months, has a doctor asked you about or given you **advice regarding physical activity** or exercise?	*All Respondents*	Yes — 45.7%	47.8%
On an average school day, how many hours or minutes does this **child spend watching TV**?	*Parent of Children 5-17*	3+ Hours per Day — 10.2%	19.7%
Including video games and computer or Internet, how many hours or **minutes of screen time** does this child use for entertainment on an average school day?	*Parents of Children 5-17*	3+ Hours per Day — 8.6%	9.9%
Total Screen Time (Combined Television and Other Screen Time as Described Above)	*Parents of Children 5-17*	3+ Hours per Day — 27.3% *[Calculated using multiple survey questions.]*	43.4%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Physical Activity and Nutrition

Many focus group participants discussed physical activity and nutrition. The main findings included:

- Outdoor recreation activities
- Poor nutritional habits
- Access

Physical activity and **outdoor recreation activities** were discussed during the focus groups. Several participants view the city park system, green space and the zoo as exercise options in the community; however, the majority of the participants feel there are not enough well-kept parks or sidewalks available to facilitate outdoor activity.

In addition to the limited opportunities for outdoor recreation, participants believe that many community members have **poor nutritional habits**. Respondents believe there are too many people eating fried or processed foods instead of fresh produce. One respondent described:

> *"But we have a real problem in that we've got a generation of people that just don't cook anymore. You know they don't cook and the things they -- I mean if you look at -- if you go in the grocery store and look at what people have in their carts, everything is out of the box. And with our children, in particular, there's a tremendous issue of obesity because it's what's being fed at home." - Community Leader*

Another recalled:

> *"The Y does a good job with physical aspects, but combining that with lifestyle and good choices and learning that certain foods can combine to make better health in certain situations, that's missing in this community." - Community Leader*

Participants feel that some neighborhoods have even less **access** to fresh fruits and vegetables, noting that grocery stores in these areas only offer limited options for fresh produce and it is very expensive. Respondents did mention community gardens available throughout the community which are intended to make fresh fruits and vegetables more accessible to the community. Participants would like to see the community gardens program expand.

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI of • □30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI of • □30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Obesity

Adults

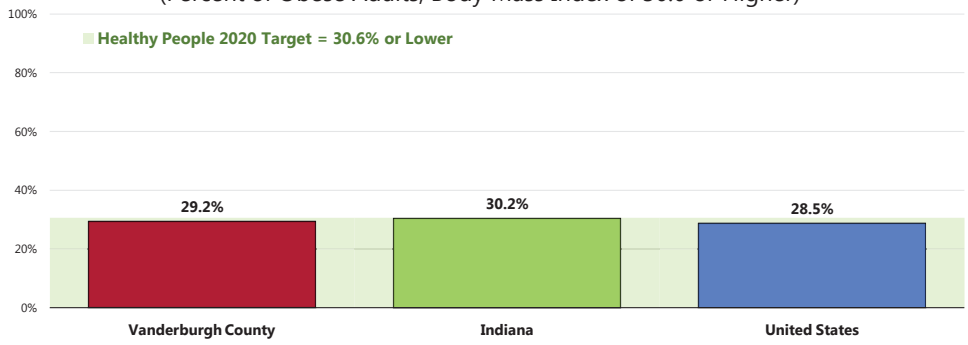
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

A total of 29.2% of Vanderburgh County adults are obese.

- Similar to Indiana findings.
- Similar to US findings.
- Similar to the Healthy People 2020 target (30.6% or lower).

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)



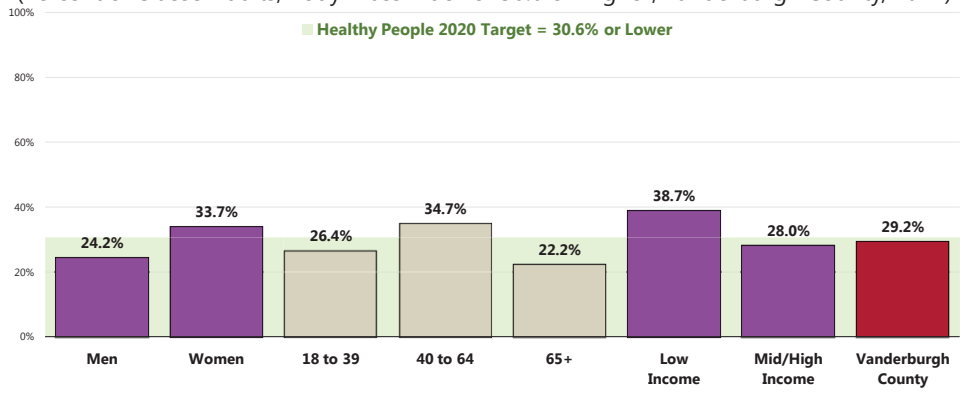
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 184]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Statistically similar by demographic characteristics.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher; Vanderburgh County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 184]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Children

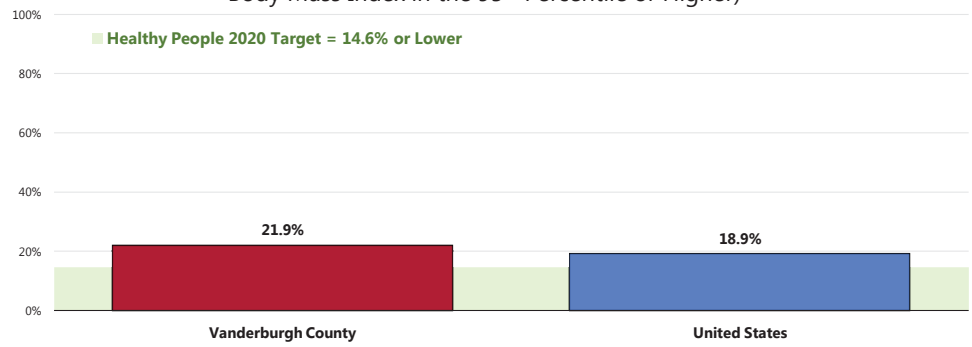
Obesity among school-age children is determined by children's BMI status equal or above the 95th percentile of US growth charts by gender and age.

A total of 21.9% of Vanderburgh County children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Comparable to the Healthy People 2020 target (14.6% or lower for children age 2-19).

Child Obesity Prevalence

(Percent of Children 5-17 Who Are Obese;
Body Mass Index in the 95th Percentile or Higher)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Other Body Weight Indicators

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
Now I would like to ask, about how much do you **weigh** without shoes? About how **tall** are you without shoes?	*All Respondents*	**Healthy Weight** (BMI 18.5-24.9) — 29.4% **Overweight/Obese** (BMI 25.0+) — 69.0% **Obese** (BMI 30.0+) — 29.2% *[Body Mass Index (BMI) is calculated using height/weight reported by respondent.]*	31.7% 66.9% 28.5%
Do you **perceive yourself** to be about the right weight?	*Overweight Respondents*	Yes — 22.6%	N/A
During the past 12 months, has a doctor asked you about or given you **advice about your weight**?	*All Respondents*	Yes — 22.1%	25.7%
	Overweight Respondents	Yes — 30.3%	30.9%
	Obese Respondents	Yes — 51.2%	47.4%
Are you currently **trying to lose weight** by both exercising and eating fewer calories or less fat?	*Overweight Respondents*	Yes — 35.4%	38.6%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include: teenage pregnancy; human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS); other sexually transmitted diseases (STDs); domestic violence; child abuse; motor vehicle crashes; physical fights; crime; homicide; and suicide.

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading

to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)

RELATED ISSUE:
See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

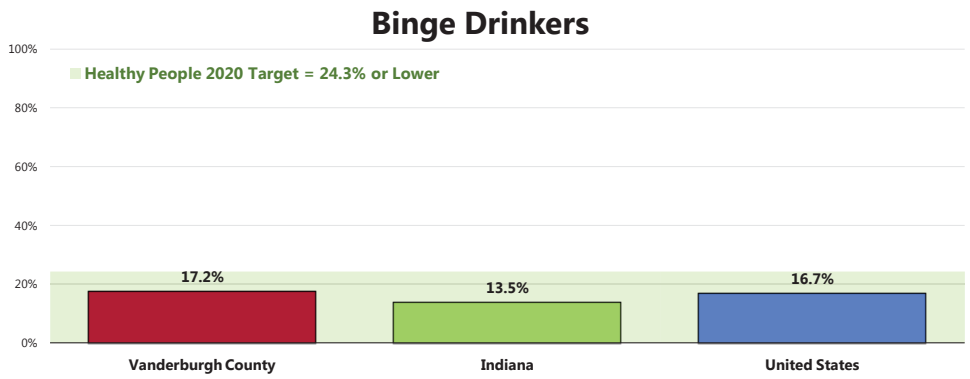
Age-Adjusted Cirrhosis/Liver Disease Deaths & Drug-Related Deaths

Indicator	*Data Years*	Vanderburgh County	US Benchmark
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	*2005-2007*	8.9 Deaths per 100,000	9.0
Drug-Induced Deaths (Age-Adjusted Death Rate)	*2005-2007*	16.5 Deaths per 100,000	12.2

High-Risk Alcohol Use

A total of 17.2% of Vanderburgh County adults are binge drinkers.

- Similar to Indiana findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).

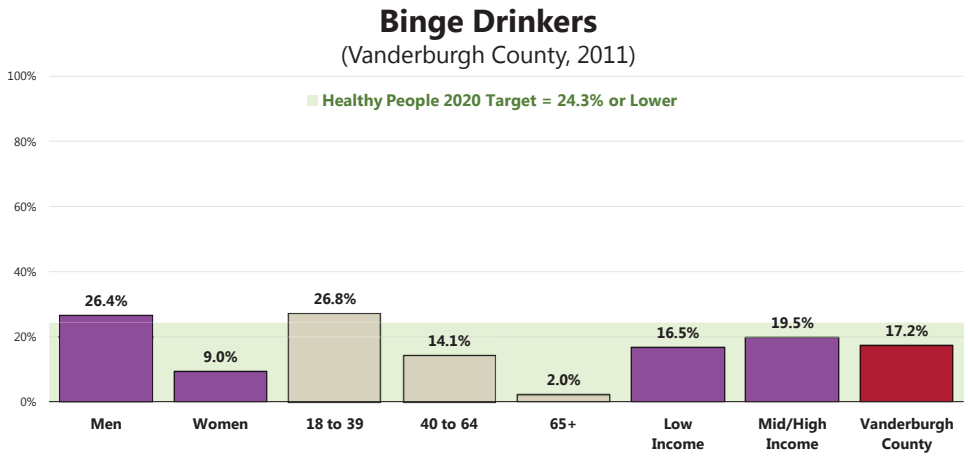


Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Men.
- Adults under age 40.



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

Other Substance Abuse Indicators

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?	*All Respondents*	**Current Drinker** (Any Alcohol in Past 30 Days) — 54.9%	58.8%
During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? On the day(s) when you drank, about how many drinks did you have on the average?	*All Respondents*	**Chronic Drinker** (60+ Drinks in Past 30 Days) — 4.4% *[Calculated using multiple survey questions.]*	5.6%
During the past 30 days, how many times have you **driven when you've had perhaps too much to drink**?	*All Respondents*	One or More Times — 2.5%	3.5%
During the past 30 days, how many times have you **driven** when you've had perhaps too much to drink? During the past 30 days, how many times have you **ridden** with someone who had perhaps too much to drink?	*All Respondents*	Driven or Ridden — 5.8% *[Calculated using multiple survey questions.]*	5.5%
During the past 30 days, have you used an **illegal drug or taken a prescription drug that was not prescribed to you**?	*All Respondents*	Yes — 3.0%	1.7%
Have you ever **sought professional help** for an alcohol or drug-related problem?	*All Respondents*	Yes — 4.5%	3.9%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Substance Abuse

The focus group participants are concerned with substance abuse in the community. The main issues discussed surrounding substance abuse include:

- Treatment availability

- Intervention programs

Participants spoke of the **lack of substance addiction programs** in the community. Respondents mentioned a drug court where some community members are mandated to attend substance abuse programs, but it is a small number compared to the total need. Community members who do not get court-ordered but would like to receive treatment have a hard time finding a facility. Participants think the treatment program's length of time needs to increase.

Respondents would also like more drug rehabilitation programs for pregnant women. There is a program available while the mother is pregnant, but according to participants there is nothing available to help the mom or baby after birth.

Participants feel the community needs more **intervention** programs available for youth. There are some programs available but the substance abuse issues in the community do not appear to be decreasing.

Methamphetamine was mentioned as the drug that appears most frequently in the community. Additionally participants discussed people self-medicating with over-the-counter pills, prescription medication, illegal drugs and alcohol.

> *"So you basically have one clinic setting that does outpatient, intensive outpatient, the whole realm of care. They've got all the expertise. But our community could probably use five of them and they would all be full." - Community Leader*

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

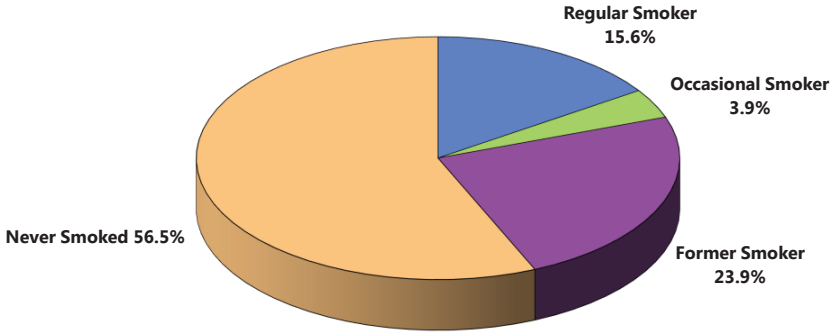
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

A total of 19.5% of Vanderburgh County adults currently smoke cigarettes, either regularly (15.6% every day) or occasionally (3.9% on some days).

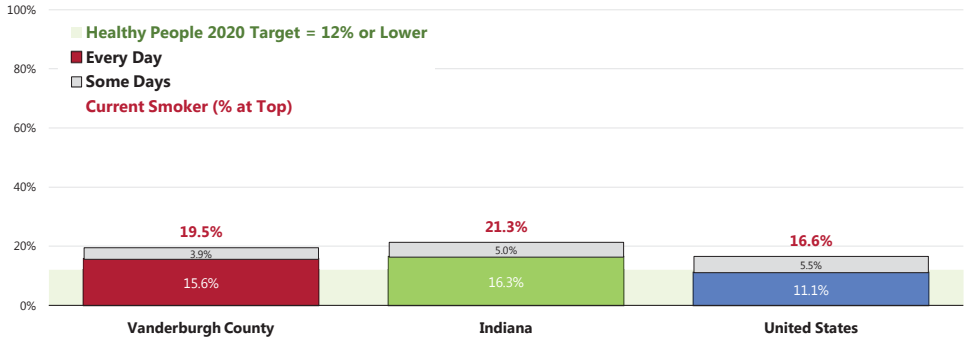
Cigarette Smoking Prevalence
(Vanderburgh County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).

Current Smokers



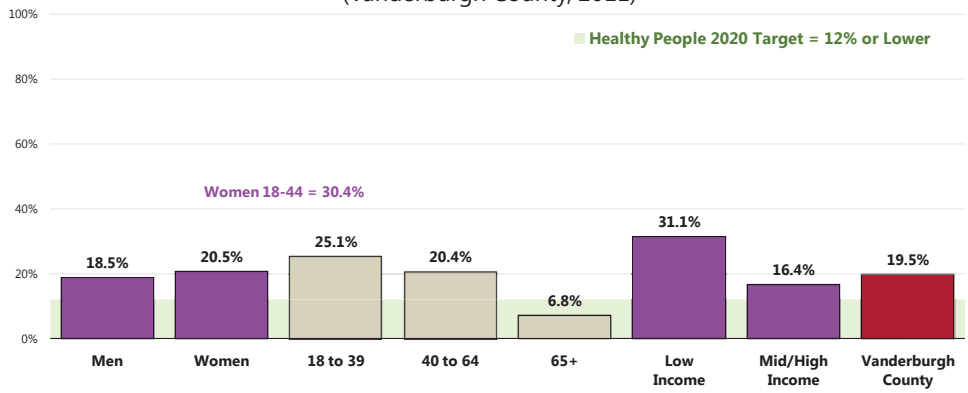
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]
Notes: • Asked of all respondents.
• Includes regular and occasional smokers (everyday and some days).

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Cigarette smoking is more prevalent among:

- Adults under 65.
- Lower-income residents.
- Note also that 30.4% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers
(Vanderburgh County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 189-190]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

Other Tobacco Use Indicators

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
In the past 30 days, has anyone (including yourself) **smoked cigarettes, cigars or pipes anywhere in your home** an average of 4+ days per week?	*All Respondents*	Yes — 16.8%	13.6%
	Non-Smokers	Yes — 7.7%	5.7%
	Parents of Children <18	Yes — 15.3%	12.1%
Do you smoke **cigars**?	*All Respondents*	Yes — 1.8%	4.2%
Do you use **chewing tobacco, snuff or snus**?	*All Respondents*	Yes — 4.1%	2.8%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Tobacco

Many focus group participants are concerned with tobacco use in the community. The main issue surrounds:

- Youth
- Smoking cessation programs

Focus group participants briefly mentioned the high prevalence of cigarette smoking in the community, specifically in the **young adult population**.

The focus group respondents also discussed the **smoking cessations programs** available in the community (including the local health department), Smoke Free Indiana and a free quit line. These programs offer counseling and medication to help people stop smoking. In addition, one focus group participants' organization offers its own smoking cessation program and has had success with the internal program. A focus group participant described:

> *"We have 11 employees who smoke…and we've had a lot of people quit this year, through our own smoking cessation program. So I think if more corporations would look at that, and make it easier for employees -– like we would pay for them to go during their lunch and you know give incentives and that kind of thing." - Social Service Provider*

ACCESS TO HEALTH SERVICES

Health Insurance Coverage

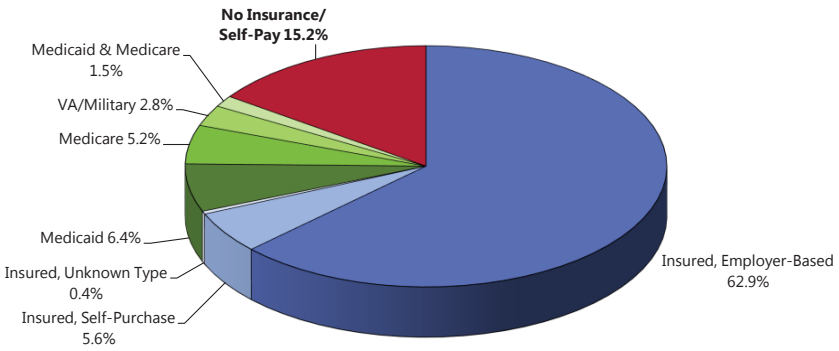
Type of Healthcare Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

A total of 68.9% of Vanderburgh County adults age 18 to 64 report having healthcare coverage through private insurance. Another 15.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage

(Among Adults 18-64; Vanderburgh County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

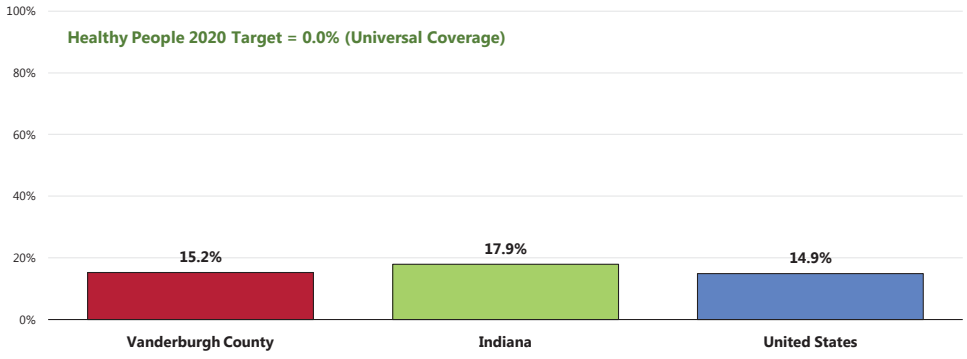
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 15.2% report having no insurance coverage for healthcare expenses.

- Similar to the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

Lack of Healthcare Insurance Coverage

(Among Adults 18-64)

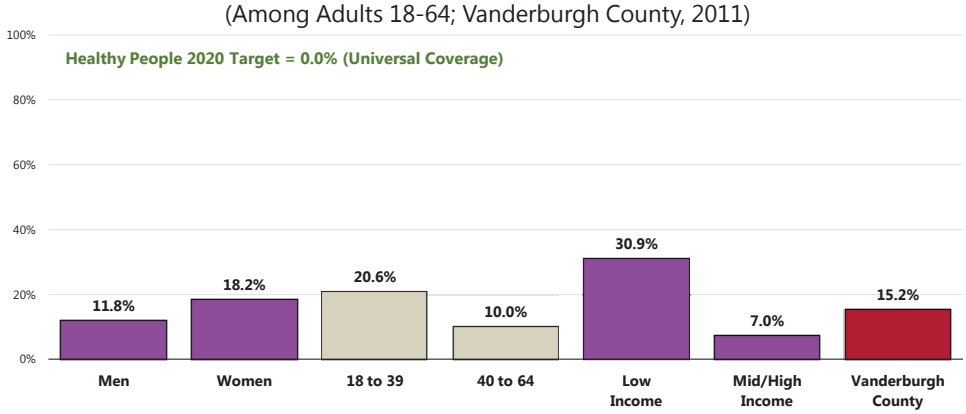


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]
Notes: • Asked of all respondents under the age of 65.

The following residents are more likely to be without healthcare insurance coverage:

- Young adults and residents living at lower incomes (note the 30.9% uninsured prevalence among low-income adults).

Lack of Healthcare Insurance Coverage
(Among Adults 18-64; Vanderburgh County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 39.8% of Vanderburgh County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

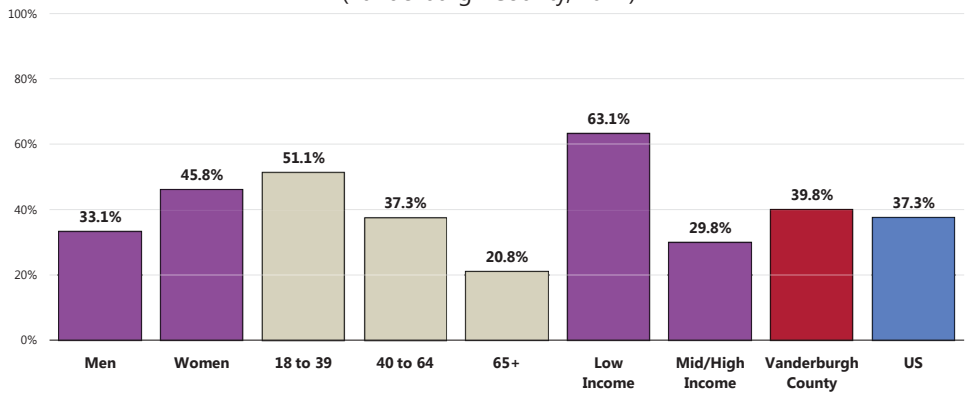
- Similar to national findings.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under the age of 65.
- Lower-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Vanderburgh County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

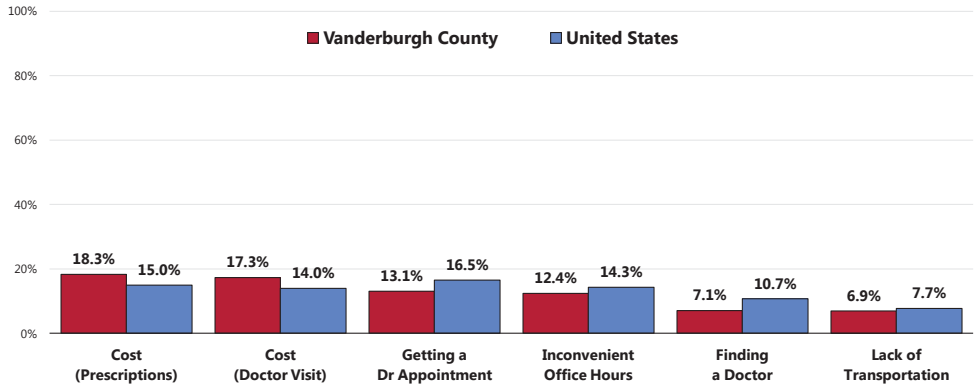
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of prescription medications impacted the greatest share of Vanderburgh County adults (18.3% say that cost prevented them from obtaining a needed prescription in the past year).

- The proportion of Vanderburgh County adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Other Healthcare Access Indicators

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
Do you have other **supplemental health insurance** in addition to your Medicare coverage?	*Medicare Recipients*	Yes — 92.1%	93.9%
During the past 12 months, was there a **time when you did not have any health coverage**?	*Insured Respondents*	Yes — 5.1%	4.8%
Was there a time in the past 12 months when you **skipped doses or took smaller doses in order to make your prescription last longer**?	*All Respondents*	Yes — 19.8%	14.8%
Was there a time in the past 12 months when you **needed medical care for this child but could not get it**?	*Parents of Children <18*	Yes — 2.9%	1.9%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Access to Healthcare

Many focus group participants are concerned with access to healthcare. The main issues discussed included:

- Insurance
- Public transportation
- Office hours
- Community health centers
- Culture

Focus group members are concerned about **insurance** and its role in accessing healthcare. Participants note there is a portion of the community that is either uninsured or underinsured. In addition, there are a decreasing number of physicians who accept Medicare or Medicaid. The community health center serves some of these people, but not all.

Participants are also concerned that in a few years it will be the norm for businesses not to offer health insurance and health insurance will become unaffordable to so many more in the community. However, participants did mention that the City of Evansville provides free healthcare to employees, including retirees. In addition, there are some businesses that use Novia Care Clinics which provide free healthcare to employees. The participants would like to see more businesses embracing that kind of attitude towards the wellbeing of their employees.

Accessing healthcare in the community is hampered by many things, according to focus group participants. Participants first mentioned there is a lack of **public transportation**. Public transportation can be a barrier to accessing healthcare in the community because there are only indirect routes, so it can take a long time to reach a facility. Many people cannot afford to take an entire day off from work to take their children (or themselves) to a healthcare appointment, which is the time it reportedly takes to use the public transportation system.

Another barrier to accessing healthcare in the community is the **office hours** of the physicians. Participants feel that many hourly workers do not access a primary care

doctor office because they would need to take time off of work. Participants would like to see more clinics offer non-traditional business, so that people have options for attaining healthcare instead of a visit to the emergency room. One respondent noted:

> *"Even for a working class individual, doctors hours are 9:00 to 5:00; but we work 9:00 to 5:00. So they have to take time off of work unless they're fortunate that they have a physician that has office hours on a Saturday. [referring to physician hours] where they can just see a regular physician up to 7:00 o'clock at night, maybe even if it's just once a week." - Business Leader*

Focus group participants believe there is a need for an additional **community health center** similar to ECHO Community Healthcare, Inc. Participants think ECHO is an exceptional addition to the community, but they believe there is a need for additional community health centers. The general consensus is that ECHO is over-utilized and that at any given time people must wait several hours to see a provider. Unfortunately, respondents feel some people choose not to wait at ECHO and end up in the emergency room. Emergency room costs are much higher for the patient and the hospital. One respondent described:

> *"Well in our community our health system is wonderful when it's operating but there are a lot of hours that it does not operate that causes the low income clients to have to rely on ambulances to get to healthcare services." - Community Leader*

Participants discussed two **cultural** barriers that affect access to care. First participants note there are a limited numbers of interpreters available, which may cause additional wait times for patients. Participants also feel the healthcare work force is not culturally competent; specifically there are too few minority healthcare professionals in the community. One respondent noted:

> *"There is a lack of professional healthcare workers in the field [specifically] African American doctors and nurses and [a lack of] culturally competent healthcare." -Community Leader*

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

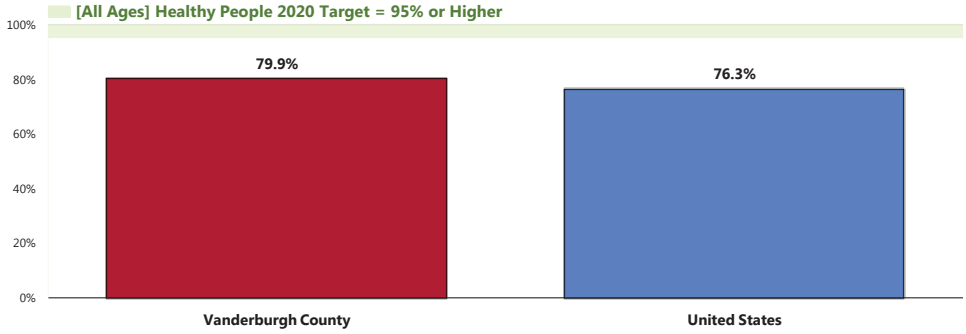
A total of 79.9% of Vanderburgh County adults were determined to have a specific source of ongoing medical care (a "medical home").

- Similar to national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is also known as a "medical home."

A hospital emergency room is not considered a source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 198]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

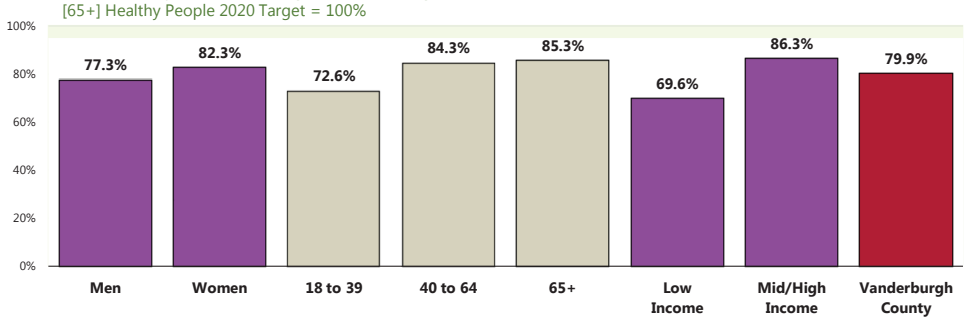
Notes:
- Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Adults under age 40.
- Lower-income adults.

Have a Specific Source of Ongoing Medical Care

(Vanderburgh County, 2011)



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 198-200]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Other Primary Care Indicators

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
Have you visited a doctor for a **routine medical exam** in the past year?	*All Respondents*	Yes — 72.2%	67.3%
Has your **child visited a doctor for a routine checkup** or general physical exam in the past year?	*Parents of Children <18*	Yes — 94.7%	87.0%
In the past 12 months, how many time have you gone to a **hospital emergency room** about your own health (including ER visits that resulted in admission)?	*All Respondents*	More Than One Time — 11.0%	6.5%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Primary Care

Focus group participants discussed elderly care in the community. The main issues include:

- Uninsured, underinsured and indigent populations
- School healthcare

According to focus group participants there are plenty of primary care physicians in the community. Participants mentioned two schools that train students in medical fields. Respondents are hopeful that the physicians will create a bond with the community and stay to practice medicine.

However, participants expressed concern about the care available for the **uninsured, underinsured and indigent populations**. Although there are several clinics in the community that service these populations, the respondents do not feel there are enough to meet the needs of the whole community. Many of the individuals who do not have access to a primary care physician may utilize the emergency room when ill.

> *"The problem is we don't want them in the ER because it's too expensive to have them there. And as a community we want to have other sources like the Deaconess Family Practice Clinic, the Echo Clinic and other indigent clinics that are there are to serve the underserved." - Business Leader*

Some participants are concerned about **the lack of healthcare available to students while in school**. Respondents believe there is a lack of nurses in the school system and children are getting their medications from aides, secretaries, or teachers. There is concern that when a student becomes very ill there may not be a nurse available and sometimes an ambulance must be called.

> *"I think there's lack of adequate healthcare for students during the school day. Right now every school has a part-time nurse; some schools don't have nurses available. So, I think healthcare in our schools is a big issue. When they get there, without the adequate resources, we call the ambulance a lot for kids because we don't have the resources there to take care of them if the nurse isn't there." - Community Leader*

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)

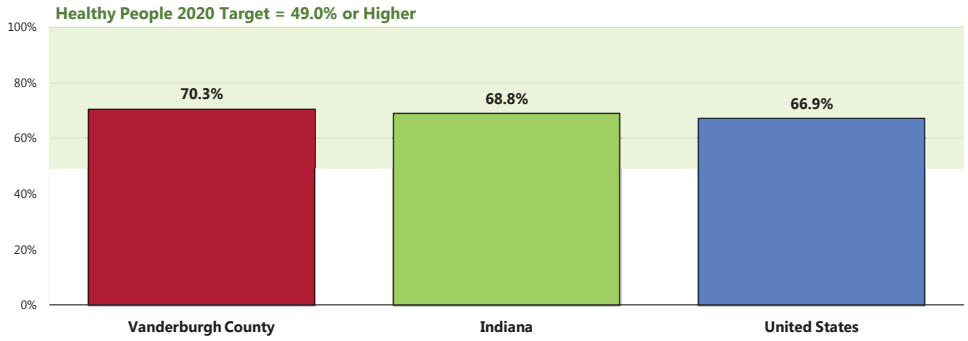
Recent Dental Care

Adults

A total of 7 in 10 Vanderburgh County adults (70.3%) have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.

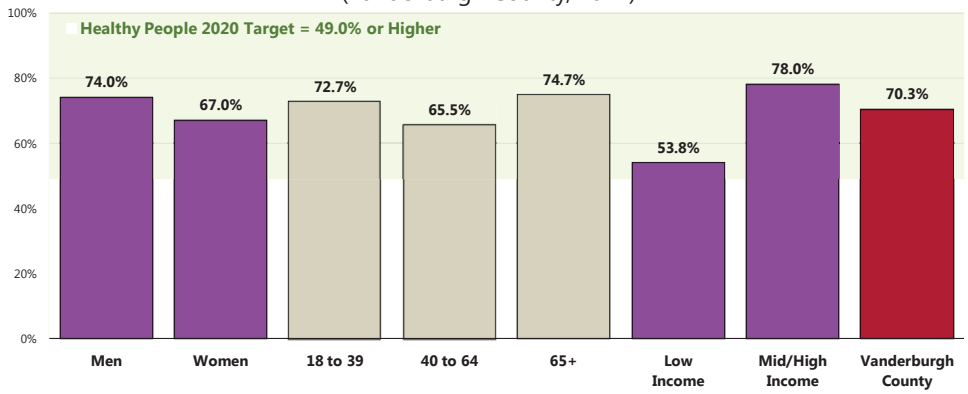
Notes:
- Asked of all respondents.

Note the following:

- Persons living in the higher income categories report much higher utilization of oral health services.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Vanderburgh County, 2011)



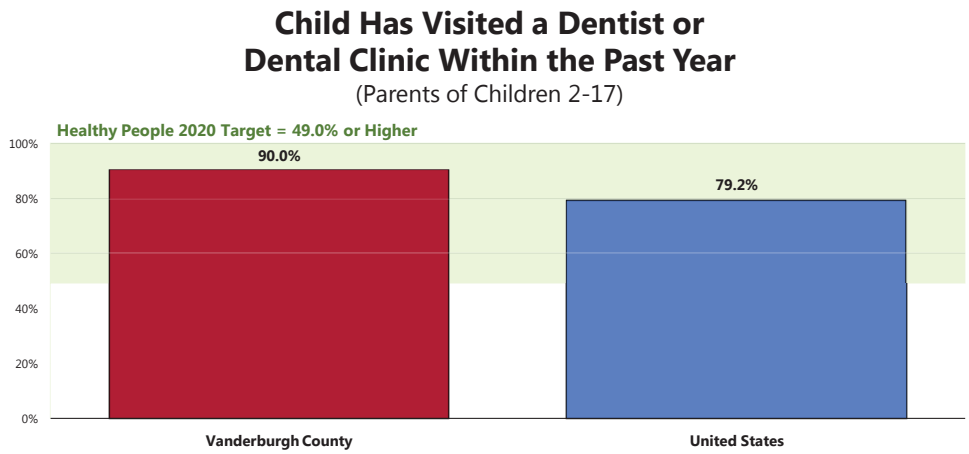
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Most (90.0%) Vanderburgh County parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).



Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents with children age 2-17 at home.

Other Oral Health Indicators

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
Do you currently have any **dental insurance coverage** that pays for at least part of your dental care?	*All Respondents*	Yes — 63.2%	60.8%
Has your **child visited a dentist** or dental clinic in the past year?	*Parents of Children 2-17*	Yes — 90.0%	79.2%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Oral Health

Many focus group participants discussed oral health in the community. The main issues discussed include:

- Medicaid insurance
- Dental clinics
- Routine dental care

Focus group participants agree that poor dental health leads to health problems. The participants feel there is a need for preventative dental care. Respondents report that

those patients with **Medicaid insurance** have limited options for dental care and may end up in the emergency room because of the low reimbursement rate.

Participants also spoke about the few **dental clinics** available to those without any insurance. Participants realize how fortunate the community is to have those clinics, but they also see a huge need for additional facilities. Respondents mentioned the long waiting list to be seen at the clinics and reiterated the tremendous need for affordable dental care in the community. Respondents mentioned the dental hygiene program at the University of Southern Indiana (USI) as one option for lower income residents, but the distance is a barrier to accessing the services. As one participant said,

> *"There's the dental hygiene program at USI that low income people can take advantage of, but United Way checked into that once and it takes a full day to go on the bus, with all the transfers it takes to get out there and get back. The people aren't going to take a whole day to take their child to get their teeth cleaned." - Social Service Provider*

Respondents also feel too many adults do not recognize the importance of **routine dental care**, specifically for children. Participants believe it is critical to educate parents about routine dental services and caring for their children's teeth.

Vision Care

Eye Exams

RELATED ISSUE:
See also *Vision & Hearing* in the **Deaths & Disease** section of this report.

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
Have you had an **eye exam** during which your eyes were dilated in the past two years?	*All Respondents*	Yes — 61.4%	57.5%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

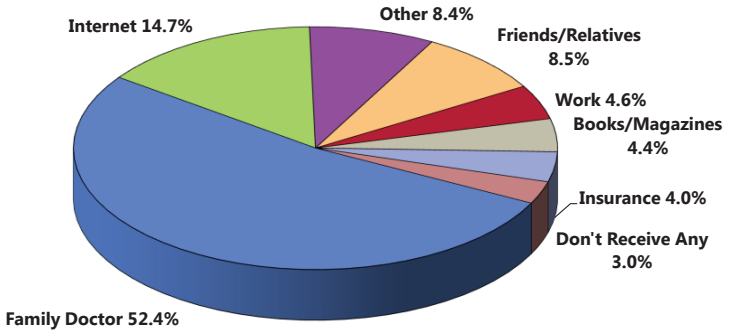
HEALTH EDUCATION & OUTREACH

Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 52.4% of Vanderburgh County adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 14.7%.
  - Other sources mentioned include friends and relatives (8.5%), work (4.6%), books or magazines (4.4%) and insurance (4.0%).
- Just 3.0% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(Vanderburgh County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
Notes: • Asked of all respondents.

Participation in Health Promotion Activities

Question	*Asked of:*	Vanderburgh County Response	US Benchmark
In the past year, have you participated in any organized **health promotion activities**, such as health fairs, health screenings or seminars, either through your work, hospital or community organization?	*All Respondents*	Yes — 22.1%	22.2%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Collaboration and Outreach

Participants spent time discussing the varying levels of collaboration occurring in the community. The main entities collaborating include:

- Businesses
- Healthcare organizations
- School system
- Faith-based organizations

Overall, focus group participants agree there is a decent amount of collaboration in the communityi among **businesses**, **healthcare organizations** and the **school system**. The participants are generally happy with the way those entities collaborate to improve the health of the community. One example is a business that opened a health clinic for employees. These clinics have been very well received and could be models for other businesses looking to try something similar. One participant described:

> *"I do think we've got two really good hospitals which have a wide network of clinics and they're both very involved and very proactive in the community as well." - Community Leader*

However, some participants feel these organizations are sometimes competing against one another instead of working together to get the message out. Focus group respondents would like to see more collaboration with the schools. The respondents think there should be more health education occurring in the schools. Participants believe that so much health information could get to adults if only there was time during the school day to share it with the students.

Focus group members also spoke about the outreach done by **faith-based organizations**, specifically the Evansville Christian Life Center. This center provides Thanksgiving and Christmas meals, a clothing bank, a career day (during which a job applicant is able to pick out a suitable outfit for an interview), free OB/GYN and prenatal exams, a teen challenge program (allowing girls going to prison another chance to turn their lives around), as well as drug and alcohol counseling.

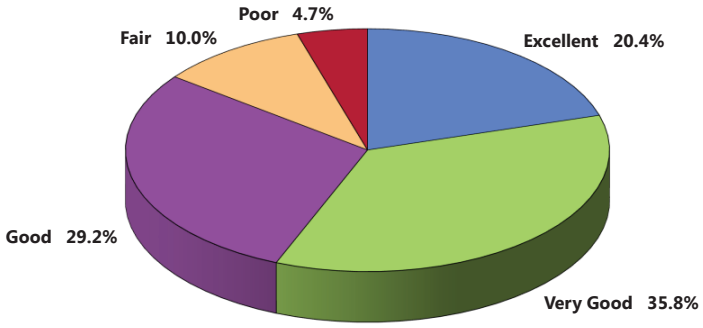
LOCAL HEALTHCARE

Perceptions of Local Healthcare Services

More than one-half of Vanderburgh County adults (56.2%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 29.2% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(Vanderburgh County, 2011)

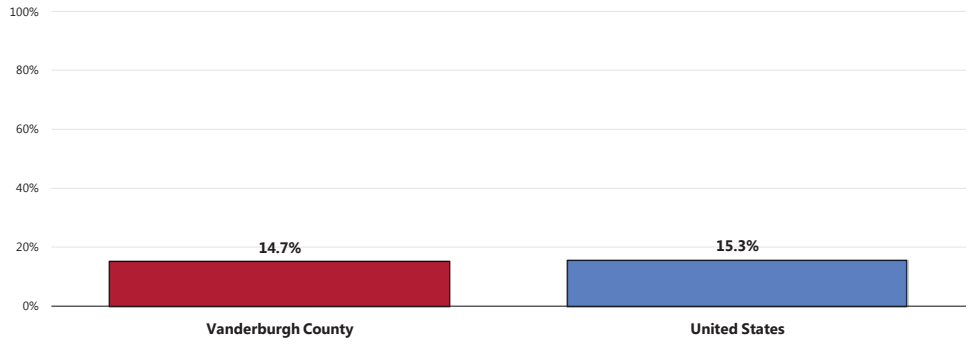


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 14.7% of residents characterize local healthcare services as "fair" or "poor."

- Comparable to that reported nationally.

Perceive Local Healthcare Services as "Fair/Poor"

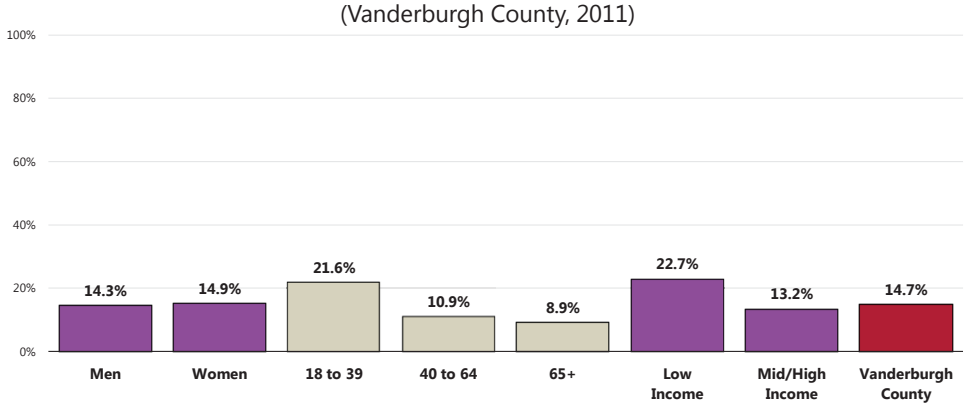


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Young adults are more critical of local healthcare services.

Perceive Local Healthcare Services as "Fair/Poor"

(Vanderburgh County, 2011)



Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

IMPLEMENTATION STRATEGY

IMPLEMENTATION STRATEGY SUMMARY

The Community Health Needs Assessment was a systematic, data-driven approach to determining the health status, behaviors and needs of local residents. Subsequently, this information will be used to inform decisions and guide efforts to improve community health and wellness. This assessment is supported by quantitative data and the qualitative data, which included primary research gathered through a series of meetings with Strategy Session Participants and Focus Group Participants. Each of these groups had special knowledge in areas in the root causes, subject matter expertise, area leaders or representatives of the community.

The root cause analysis through data and prioritization defined the need through four root causes:

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

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. Due to the lower priorities and other access points and agencies in the community better equipped to address the other root causes,** the collaborative did not focus on Access to Care, Oral Health or Education Training.

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.

	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

Community Health Needs Smoking Cessation						
Deaconess		Tactics	Implementation	Date	Measures	Outcomes
		Written Policy banning tobacco use at worksite				
		Smoke Free Facilities				
Patient Centered Medical Home Disease Management						
	Smoking	Smoking Cessation Folders used by Health Coaches	1-800 Quit Now Line		# of patients who receive the information	PCMH outcome summary information/monthly reports
			"Medications That Can Help You Quit Smoking" brochures			
			"It's time for YOU to quit smoking" brochure			
			Resources for Smoking Cessation			
			Pfizer tools- Potential Benefits of Quitting Smoking and Knowing what to expect when you quit smoking			
			Pfizer- 10 Things You Should Know About Quitting Smoking			
		Patient Assessment of readiness to quit	Community resources information and counseling			
		Pfizer Presentation	Fliers for Patients	May 22, 2013 Petersburg Clinic		
Pediatric Practices						
		Baby and Me/ Quit for Baby	Smoking cessation curriculum and CO^2 Monitors for testing			

Community Health Needs Smoking Cessation						
Deaconess		Tactics	Implementation	Date	Measures	Outcomes
Community Education						
		Teaching for children, students, educators and parents	Offer to Community Benefit targeted schools, Cedar Hall, Delaware, Chandler Elementary and Stringtown		# in attendance	# who take materials
			YMCA- After School Programs and Summer Camps		# in attendance	Pass short test
			Boy's and Girl's Club		# in attendance	Pass short test
			Dream Center		# in attendance	Pass short test
			Learning Cottage- St. Joe Trailer park		# in attendance	Pass short test
		Sports Physicals	Packet to every child who receives a sports physical	Summer 2013, 2014, 2015	Number of physicals given	
		Develop on line tools	Access to tools via internet links,		Number of clicks on website	Number who sign up to receive a packet of material
		Health Fairs	Display on dangers of smoking and second hand smoke	National Night Out, Otter's Games,	# in attendance	# who take materials
		Corporate Connections	Develop a display Corporations can borrow for use with their employees			

Community Health Needs Smoking Cessation						
Deaconess		Tactics	Implementation	Date	Measures	Outcomes
		Links for Community Use	www.smokefreecommunities.com, www.in.gov/itpc, www.quitnowindiana.com, www.voiceaction.tv, http://www.facebook.SmokeFree-Communities of-Vanderburgh-County			
		Class for Certified Smoking Cessation Classes	Offer to employer groups, school nurses or social workers and wellness coaches.			
Family Medicine Residency						
	Smoking	Smoking Cessation Folders used by Health Coaches	1-800 Quit Now Line		Statistical data available from Kaylene Kittle.	
			"Medications That Can Help You Quit Smoking" brochures			
			"It's time for YOU to quit smoking" brochure			
			Resources for Smoking Cessation			
			Pfizer tools- Potential Benefits of Quitting Smoking and Knowing what to expect when you quit smoking			
			Pfizer- 10 Things You Should Know About Quitting Smoking			
		Baby and Me/ Quit for Baby	Smoking cessation curriculum and CO^2 Monitors for testing		Statistical data available from Kaylene Kittle.	

Community Health Needs Smoking Cessation						
Deaconess		Tactics	Implementation	Date	Measures	Outcomes
		Smoking Cessation Classes at Public Health Department				
Senior Center						
	Smoking	Smoking Cessation Folders used by Health Coaches	1-800 Quit Now Line			
			"Medications That Can Help You Quit Smoking" brochures			
			"It's time for YOU to quit smoking" brochure			
			Resources for Smoking Cessation			
			Pfizer tools- Potential Benefits of Quitting Smoking and Knowing what to expect when you quit smoking			
			Pfizer- 10 Things You Should Know About Quitting Smoking			
		Smoking Cessation Office Visits				
Medication Therapy Management						
	Smoking		Offers Medication Therapy Management to quit smoking	Currently	# of patients who set quit dates	11 patients set Quit dates since 12/2012

Community Health Needs Smoking Cessation						
Deaconess		Tactics	Implementation	Date	Measures	Outcomes
			Offers Smoking Cessation education	Currently	# of patients who have received Smoking Cesation education	21 patients have received the education
			One on Counseling to opportunities offered to DHS discharged patients with physician referral	Year 3		
Critical Care						
	Smoking	In-patient management of smokers	Make patches or gum available for patients			
		Discharge information provided on benefits of quitting smoking				
In Patient Education Team						
	Smoking	Discharge information provided on benefits of quitting smoking				

The Women's Hospital						
	Smoking	Written Policy banning tobacco use at worksite				
		Smoke Free Facility				

Community Health Needs Smoking Cessation						
Deaconess		Tactics	Implementation	Date	Measures	Outcomes
		Employee Wellness	Nurse advocates refer smoking employees to tobacco cessation programs			
		Discharge Education Materials	Provide education materials and resource information for new moms at discharge from Women's Hospital			

OBESITY

	STRATEGY	TACTIC(S)	COMPLETION DATE	SUCCESS MEASURES/COMMENTS
1	work with Pediatric offices and PCP offices serving pediatric patients to improve physical activity and nutrition	educate, provide resources to doctors' offices to meet healthy/active living guidelines and prevent worsening obesity (utilize some form of the Power Toolkit from Family Practice Residency)	9/30/2014	# of Pediatricians' offices implementing an organized and uniform educational tool revolving around improved nutrition and increased physical activity will increase as compared to FY 2013
2	Increase awareness of community parks and walkways to encourage physical activity for individuals in all age, gender, and socioeconomic groups	actively promote "Healthier U" walks (which are held April through October) and actively pursue other options for these walks through the winter months	9/30/2014	# of "Healthier U" participants increases from year 2013 to 2014 (in both counties); # of participants increases 2% each year after that

Mental Health				
	Strategy	*Tactics* **these tactics also affect the substance abuse category, as many people self-medicate their mental illness with alcohol and other drugs; alcohol and other drugs are implicated in suicide deaths at least 50% of the time*	*Completion Date*	*Success Measures/Outcomes*
1.	Increase awareness of and identification of mental illness issues in the following populations; A. Youth B. Adult	Offer Adult and Youth Mental Health First Aid courses 4 times each during a 12 month period—2 times in Warrick County and 2 times in Vanderburgh County	9/30/2014	Completion of programs with subsequent evaluation, indicating an increase in knowledge in the areas identified.
2.	Increase the awareness of the problem of suicide in our area and educate on signs, symptoms & intervention in the following populations: A. Youth	-Offer Applied Suicide Intervention Skills Training (ASIST) 4 times during 12 month period—2 times in Vanderburgh County and 2 times in Warrick County. -Offer Question, Persuade	9/30/2014	Completion of programs with subsequent evaluation, indicating an increase in knowledge in the areas identified.

	B. Adult	& Refer (QPR) & Yellow Ribbon Suicide Awareness and Prevention Program 12 times during calendar year (6 times in Warrick County and 6 times in Vanderburgh County)		
Substance Abuse				
	Strategy	*Tactics* **these tactics also affect the mental health category, as alcohol consumption contributes to mental health issues and suicide*	*Completion Date*	*Success Measures/Outcomes*
1	Explore the opportunity to collaborate on the issue of prescription drug use and abuse	Work with the Evansville Drug Task Force to minimize the abuse of prescription drugs	9/30/14	Successful collaboration
2	Educate youth, parents and youth care workers on the signs, symptoms and intervention techniques regarding youth	Utilize the drug and alcohol portion of the Mental Health First Aid program to do targeted presentations on drug and	9/30/14	Completion of programs with subsequent evaluation, indicating an increase in knowledge in the areas identified.

	substance use and abuse.	alcohol use in adult and youth. This program will be offered in both Warrick County and Vanderburgh County.		

INTEGRATED SCORECARD

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

		2012 COUNTY HEALTH RANKINGS/3 YEAR GOALS					
	COMMUNITY LEVEL METRIC	2012 Actual Vanderburgh	Error Margin	FY2016 Goal Vanderburgh	Measurement/Tracking Source	2012 Indiana	2012 Natl Benchmark
CATEGORY: OVERALL HEALTH							
	Fair/Poor Physical Health	18.0%	16 to 21%	15% +/ 2.5	County Health Rankings	16.0%	10.0%
	Poor Physical Health Days	4.2	3.6 to 4.9	3.6 +/ 0.65	County Health Rankings	3.6	2.6
CATEGORY: TOBACCO USE	Adult Smokers	26.5%	23 to 30%	25% +/ 3.5	County Health Rankings	24.4%	14.0%
CATEGORY: OBESITY	Adult Obesity	28.9%	25 to 33%	25.9% +/ 4.0	County Health Rankings	30.9%	25.0%
	Childhood Obesity	SET BASELINE IN FY2014			NRC Surveys		
	Controlled Substance						
CATEGORY: SUBSTANCE ABUSE	Prescriptions	2.36		2.06	Indiana Indicators	1.70	
	Illegal Drug Usage	SET BASELINE IN FY2014			NRC Surveys		
CATEGORY: MENTAL HEALTH	Poor Mental Health Days	4.3	3.6 to 4.9	3.7 +/ 0.6	County Health Rankings	3.6	2.3
	Child Abuse Cases	171		166	www.iyi.org/datacenter		

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

GOAL STATEMENT CONSIDERATIONS FOR FY2014

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 historic baseline from Smokefree Communities.

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

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CATEGORY: OBESITY

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

FY2016: Derease by one percentage point the percentage of households with an overweight or obese child originating from Vanderburgh. (Set a baseline measure through NRC during FY2014).

CATEGORY: SUBSTANCE ABUSE

Decrease by one tenth (0.1) the number of controlled substance prescriptions filled and entered into INSPECT. Illegal drug usage: set a baseline measure through NRC during FY2014.

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).

COMMUNITY NEEDS IMPLEMENTATION STRATEGY				
COLLABORATIVE PLAN				
STRATEGY	**TACTIC(S)**	**SPONSORS**	**COMPLETION DATE**	**SUCCESS MEASURES/COMMENTS**
CATEGORY: TOBACCO USE				**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 3%, 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	NOTE: All appropriate patient education materials will include the Indiana Quit Line materials (IN.GOV/Quitline: 1-800-Quit-Now)
	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	

STRATEGY	TACTIC(S)	SPONSORS	COMPLETION DATE	SUCCESS MEASURES/COMMENTS
CATEGORY: OBESITY				**CATEGORY: OBESITY**
Improve food/nutrition choices available on-campus	Develop Healthy Food Options for onsite cafeteria	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	

STRATEGY	TACTIC(S)	SPONSORS	COMPLETION DATE	SUCCESS MEASURES/COMMENTS
CATEGORY: OBESITY (CONT.)				
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.	06/30/14	**COMMUNITY MEASURE: # worksites participating in WBF healthy initiative programs will increase compared to FY2013.**
				CATEGORY: OBESITY (CONT.)
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	Deaconess Hospital	06/30/14	
Healthcare organizations and providers promote health and wellness	**Program deployment through Patient Centered Medical Homes**	**Deaconess Hospital**	**06/30/14**	
CATEGORY: SUBSTANCE ABUSE				**CATEGORY: SUBSTANCE ABUSE**
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.** **ST. MARY'S (EVANSVILLE AND WARRICK): In Year #1, attract 100 clicks on www.drugfree.org originating from St. Mary's website (www.stmarys.org).**

STRATEGY	TACTIC(S)	SPONSORS	COMPLETION DATE	SUCCESS MEASURES/COMMENTS
CATEGORY: SUBSTANCE ABUSE (CONT.)				**CATEGORY: SUBSTANCE ABUSE (CONT.)**
	Suppport parents in efforts to provide Drug Free environoments 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)				**CATEGORY: MENTAL HEALTH (Note: These tactics also impact the Substance Abuse category)**
Nurse-Family Partnership (NFP): 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	NOTE: Bring NFP program members to Evansville to speak to community coalition of possible application/use in our community.
Child Abuse Task Force: 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**	**Sept 30/2013**	**COMMUNITY MEASURE: Reduce by one percentage point the number of substantiated cases of child abuse by FY2016.**
System of Care Coalition: 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.

STRATEGY SESSION PARTICIPANTS

COMMUNITY HEALTH STRATEGY SESSIONS	
TOBACCO: August 30, 2012	
ST. MARY'S GIFT CONFERENCE ROOM @ 9:00 AM	
Organization	**Name**
Deaconess	Jared Florence
ECHO	Sandee Strader-McMillen
St. Mary's	John Greaney, Janet Raisor, Carol Godsey
United Way	Carol Braden-Clarke, Melissa Schmidt
Welborn Baptist Foundation	Elizabeth Tharp
Smoke Free Communities	Julie Phillips
Smoke Free Communities	Casey Williams
OBESITY: September 24, 2012	
ST. MARY'S BOARD ROOM @ 1:00 PM	
Organization	**Name**
Deaconess	Jared Florence
ECHO	Sandee Strader-McMillen
St. Mary's	John Greaney, Janet Raisor, Eric Girten, Carol Godsey
United Way	Carol Braden-Clarke, Melissa Schmidt
Welborn	Kevin Bain, Elizabeth Tharp
Welborn Baptist Foundation	Andrea Hayes
YMCA (Dunnigan)	Derrick Stewart
YMCA (Downtown)	Derrick Stewart
Diehl Consulting	Dan Diehl
St. Mary's Weight Management	Corey Filbert
Mayor's Office	Lloyd Winnecke Marianne Cox, Executive Asst.
SUBSTANCE ABUSE: October 25, 2012	
ST. MARY'S GIFT CONFERENCE ROOM @ 9:00 AM	
Organization	**Name**
Deaconess	Ann Tornatta
ECHO	Sandee Strader-McMillen
St. Mary's	John Greaney, Janet Raisor, Eric Girten, Carol Godsey
United Way	Carol Braden-Clarke, Melissa Schmidt
Welborn	Kevin Bain, Elizabeth Tharp

COMMUNITY HEALTH STRATEGY SESSIONS	
SUBSTANCE ABUSE: October 25, 2012	
ST. MARY'S GIFT CONFERENCE ROOM @ 9:00 AM	
Organization	**Name**
Diehl Consulting	Dan Diehl
Southwest Mental Health	Katie Adams
Southwest Mental Health	Mike Carroll
Southwest Mental Health	Jim Macky
Brentwood Meadows	Tricia Mischler
CrossPointe	Janie Chappel
Evansville-Vand. Drug Task Force	Lt. Tim Everley (Lt. Everley)
Warrick Sheriff Department	Brent Kruse (Sheriff Kruse)
Vanderburgh Sheriff Department	Eric Williams (Sheriff Williams)
Youth First	Perry Black
Youth First	Davi Stein
MENTAL HEALTH: November 29, 2012	
ST. MARY'S GIFT CONFERENCE ROOM @ 9:00 AM	
Organization	**Name**
Deaconess	Jared Florence
ECHO	Sandee Strader-McMillen
St. Mary's	John Greaney, Janet Raisor, Eric Girten, Carol Godsey
United Way	Carol Braden-Clarke, Melissa Schmidt
Welborn	Kevin Bain, Elizabeth Tharp
Diehl Consulting	Dan Diehl
Southwest Mental Health	Dennis Moran
Southwest Mental Health	Mike Carroll
Brentwood Meadows	Tricia Mischler
CrossPointe	Janie Chappel
St. Mary's Mental Health	Robbin Richards
St. Mary's ED Social Worker	Bruce Ahlemeir
Catholic Charities	Sharon Burns
Evansville State Hospital	Cathy Fulcher, Superintendent
Lampion Center	Lynn Kyle
Warrick Pyschiatric Care	Amanda Goff
Children's Psych Hospital	Lottie Cook
Youth First	Perry Black
Youth First	Davi Stein

FOCUS GROUP PARTICIPANTS

Focus Group Attendees			
ATTENDEE LISTING			
Social Services			
Friday, June 10, 2011 @ 9:00 am			
First Name	**Last Name**	**Organization**	
Angie	Richards-Cooley	ARK Crisis Nursery	
Linda	Reed	Big Brothers/Big Sisters	
Suzanne	Draper	CASA	
Gayle	Uebelhor	Catholic Charities Bureau	
Raymond	Raisor	Easter Seals Rehabilitation Center	
Carol	Collier-Smith	ECHO Community Health Center (Main Campus)	
Emily	Morrison	Lampion Center	
Jo	Gilreath, LCSW	Mental Health of America	
Leesa	Benjamin	Visiting Nurse Association	
Michelle	Motta	Voices	
Vickie	Warren	Evansville ARC	
Susie	Hartig	Legal Aid Society	
Candice	Perry	Albion Fellow Bacon Center	
Mary	Watson	YWCA	
Kelly	Schneider	Easter Seals Rehabilitation Center	
Dennis	Moran	ED Southwestern Behavioral	
Tim	Tharp	ED Mulberry Center	
Monica	Landaeta	Hispanic Outreach for Latino Americans	
Employers			
Thursday, June 9, 2011 @ 10:00 am			
First Name	**Last Name**	**Organization**	
Sharen	McClure	F.C. Tucker Emge Realtors	
Scott	Kurtz	Harrison College	
Barbara	Winstead	Heritage Federal Credit Union	
Larry	May	Keller Schroeder & Assoc., Inc.	
Kendra	Vance	Old National Bank	
Ellis	Redd	Vectren Headquarters	
Angie	Fetscher	Visiting Nurse Association	
Nadine	Coudret	University Of Southern Indiana	
Trudy	Stock	Harding, Shymanski & Company PSC	
Brett	Niemeier	Juvenile Court	
Keith	Messmer	BKD	
Jay	Hargis	BKD	
Derrick	Stewart	YMCA	
Bill	Kennedy	Springleaf	
Joyce	Hubbard	Evansville Sheet Metal Works	
Chris	Ryan	Deaconess Women's Hospital	
Rodolfo	Montejano	EVSC Chief of Staff	

Focus Group Attendees			
ATTENDEE LISTING			
Community Leaders			
Thursday, June 9, 2011 @ 8:00 am			
First Name	**Last Name**	**Community Role**	
Vaneta	Becker	State Senator	
Wendy	McNamara	State Rep. District 76/Early College High School	
Diane	Clements	Human Relations Commission	
Jan	Davies	Girl Scouts of Southwest Indiana	
Mary	Hart	Pigeon Township Trustee	
Sue	Hartig	Legal Aid Society	
Gary	Heck	Vanderburgh County Health Dept.	
Keith	Jarboe	Fire Department Chief	
Blaine	Oliver	Vand. Co. Area Plan Commission	
Amos	Morris	Mesker Park Zoo	
Larry	Rascoe, Sr.	Nazarene Missionary Baptist Church	
Mike	Deeg	Christian Fellowship Church	
Cynthia	Wessel, RN, BSW	VNA Plus	
Lu	Porter	ECHO, Board VP	
Bob	Deig	METS Transportation System	
Lynn	Kyle	Lampion Center	
Dona	Bergman	City Dept. of Sustainability	
Rick	Davis	County Treasurer	
Jenny	Collins	Department of Finance	
Patrick	Keepes	City Engineer	
David	Smith	EVSC Superintendent	
Cathlin	Gray	Associate Superintendent for Family, School, and Community	