

2016

COMMUNITY HEALTH  
NEEDS ASSESSMENT

# FY 2016 COMMUNITY HEALTH NEEDS ASSESSMENT

## VANDERBURGH COUNTY, INDIANA

*A Collaborative Assessment by: Deaconess Health System, ECHO Community Health Care, St. Mary's Health, United Way of Southwestern Indiana, Vanderburgh County Health Department, and Welborn Baptist Foundation*



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# Executive Summary

In 2011, Evansville’s two major health systems – St. Mary’s and Deaconess – came together to share a common Community Health Needs Assessment (CHNA) in collaboration with ECHO Clinic, United Way, and the Wellborn Baptist Foundation. The 2015 CHNA marks the second assessment that the collaborative has conducted together for Vanderburgh County. As federally required by the Affordable Care Act, this report provides an overview of the methods and process used to identify and prioritize significant health needs in Vanderburgh County, Indiana.

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## DEMOGRAPHICS

According to the 2015 County Health Rankings, Vanderburgh County ranks 78<sup>th</sup> out of 92 Indiana counties for health outcomes. Vanderburgh County’s population is similar to the statewide population, with 85.6% of the population being White, 9% Black/African American, 1.2% Asian, and the remainder being of Other or 2 or More Races. There are also fewer Hispanic/Latinos, at 2.7% of the population. Approximately 10.5% of families are living in poverty, which is slightly lower than the state. The median household income for Vanderburgh County at \$44,396 is about \$5,000 lower than the state overall. HCI’s SocioNeeds® Index identified the zip codes of 47708 and 47713 as having the greatest socioeconomic need.

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## IDENTIFYING COMMUNITY HEALTH NEEDS – METHODOLOGY

### SECONDARY DATA

The secondary data used in this assessment was obtained and analyzed from the [HCI Data Platform](#) which includes a comprehensive dashboard of over 100 community health and quality of life indicators covering over 20 topic areas. Indicator values for Vanderburgh County were compared to other counties in Indiana and nationwide to score health topics and compare relative areas of need. Other considerations for health areas of need included trends over time, Healthy People 2020 targets, and disparities by age, gender, and race/ethnicity.

### PRIMARY DATA – COMMUNITY INPUT

The needs assessment was further informed by interviews and focus groups with community members who have a fundamental understanding of Vanderburgh County’s health needs and represent the broad interests of the community. Nine key informant interviews and 10 focus group discussions provided valuable input on the county’s health challenges, the sub-populations most in need, and existing resources for county residents. In total, 84 individuals participated in primary data collection to provide community input.

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## SIGNIFICANT COMMUNITY HEALTH NEEDS

Primary and secondary data were evaluated and synthesized to identify the significant community health needs in Vanderburgh County. These needs span the following topic areas and are often inter-related:

<b>Access to Health Services</b>	<b>Diabetes</b>	<b>Immunizations &amp; Infectious Diseases</b>	<b>Mental Health &amp; Mental Disorders</b>	<b>Social Environment</b>
<b>Children’s Health</b>	<b>Exercise, Nutrition, &amp; Weight</b>	<b>Maternal, Infant &amp; Fetal Health</b>	<b>Prevention &amp; Safety</b>	<b>Substance Abuse</b>

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## PRIORITIZATION PROCESS & PRIORITY NEEDS

St. Mary's and Deaconess Hospitals called together hospital decision makers, members of the collaborative, and community leaders to prioritize the significant community health needs of Vanderburgh County considering several criteria: circle of influence/ability to impact change; opportunity to intervene at a prevention level; magnitude/severity of health issue; and addresses underserved and vulnerable populations. The following three health topics were selected as the top priorities:

<b>Exercise, Nutrition, &amp; Weight</b>	<b>Maternal, Infant &amp; Fetal, &amp; Children's Health</b>	<b>Behavioral Health</b>
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## CONCLUSION

This report describes the process and findings of a comprehensive health needs assessment for the residents of Vanderburgh County, Indiana. The prioritization of the identified significant health needs will guide the community health improvement efforts of St. Mary's and Deaconess Hospitals. From this process, St. Mary's and Deaconess will outline how they will address the top three prioritized health needs in their Implementation Strategy.

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## NOTE TO THE READER

Your feedback is welcomed and encouraged. Please send any feedback and/or comments about this report to:

### St. Mary's Health

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# Introduction

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## ABOUT ST. MARY'S & DEACONESS

### ST. MARY'S HEALTH

St. Mary's has grown into a health system encompassing numerous health facilities throughout the Tri-State, including: St. Mary's Medical Center, St. Mary's Hospital for Women & Children and St. Mary's Rehabilitation Institute in Evansville, Indiana; St. Mary's Warrick in Boonville, Indiana; and the Seton Health Corporation of Southern Indiana, a for-profit entity that includes facilities such as St. Mary's Breast Center, St. Mary's SurgiCare, and St. Mary's Home Health Services. A member of [Ascension Health](#), the nation's largest Catholic-sponsored, not-for-profit health system, St. Mary's is one of the largest employers in Southern Indiana.

For more than 140 years, St. Mary's Health has been guided by our Mission of serving all persons, with special attention to those who are poor and vulnerable. The Mission of caring at St. Mary's is rooted in the loving ministry of Jesus as healer. Today, St. Mary's Medical Center stands as a leader in quality and innovation for the communities it serves.

### DEACONESS HEALTH

Deaconess was founded in 1892 by a group of Protestant ministers and laymen who felt called to care for the sick. More than 120 years later, Deaconess Health System has become the premier provider of health care services to three states and 26 counties. We continue our mission of providing quality health care services with a compassionate and caring spirit to the community.

The system is made up of six hospitals in Southern Indiana: Deaconess Hospital, Deaconess Gateway Hospital, The Women's Hospital, The Heart Hospital, Deaconess Cross Pointe, and HealthSouth Deaconess Rehabilitation Hospital. Additionally, the health system includes Deaconess Clinic, a fully integrated multispecialty group featuring primary care physicians as well as top specialty doctors. Also included in the health system is a freestanding Cancer Center, Urgent Care facilities, a network of preferred hospitals and doctors, more than 20 care sites, and multiple partnerships with other community health care providers.

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## ABOUT ST. MARY'S & DEACONESS COLLABORATIVE EFFORTS

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. The 2016 CHNA marks the second needs assessment that the collaborative has undertaken together.

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## ABOUT HEALTHY COMMUNITIES INSTITUTE

Healthy Communities Institute—now part of Midas+, a Xerox Company—was retained by St. Mary's and Deaconess Hospitals to conduct the 2016 Community Health Needs Assessment (CHNA) for their two service areas, and to author the subsequent CHNA reports for each service area.

Based in Berkeley, California, HCI provides customizable, web-based information systems that offer a full range of tools and content to improve community health, and developed the [Community Health Needs Assessment](#)



**Platform.** The organization is composed of public health professionals and health IT experts committed to meeting clients' health improvement goals.

To learn more about Healthy Communities Institute please visit [www.HealthyCommunitiesInstitute.com](http://www.HealthyCommunitiesInstitute.com).

## Service Area

St. Mary's Medical Center and Deaconess Hospital are located in Evansville, Indiana, and define their service area as all people living in Vanderburgh County at any time during the year. Evansville is the largest city of Vanderburgh County and is located near the Ohio River, which marks the state border between Indiana and Kentucky. The population of Vanderburgh County is 182,344 residents and is the seventh largest county in Indiana by population.

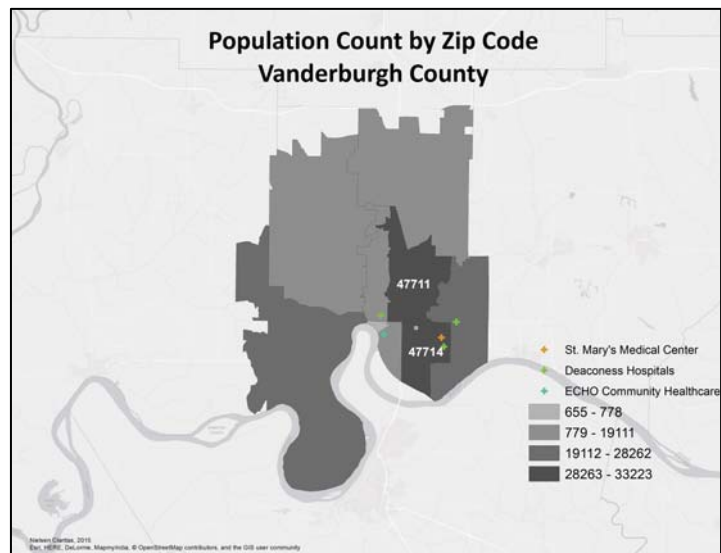
## Demographics

The demographics of a community significantly impact its health profile. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All estimates are sourced from the 2015 Nielsen Claritas data unless otherwise indicated.

### POPULATION

Vanderburgh County has a population count of 182,344. Figure 1 shows the population count by zip code, with St. Mary's and Deaconess Hospitals and ECHO Community Healthcare being located adjacent to the most densely populated zip codes.

**Figure 1.**



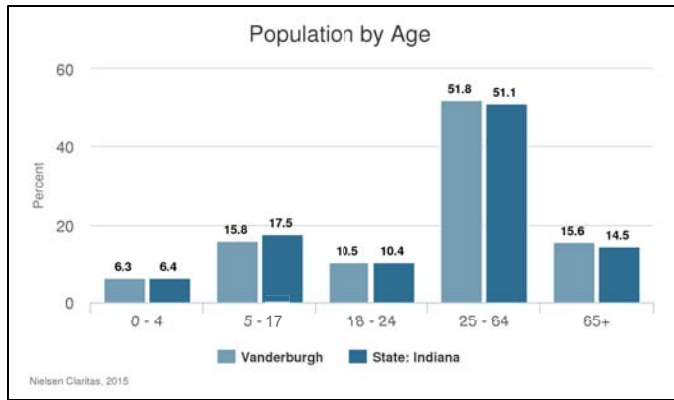
### RACE/ETHNICITY

Vanderburgh County's population is similar to the statewide population, with 86% of the population being White, 9% Black/African American, 1% Asian, and the remainder being of Other or 2 or More Races. There are also fewer Hispanic/Latinos, at 2.7% of the population.

### AGE

As shown in Figure 2, the age distribution of Vanderburgh County is quite similar to the rest of Indiana with the exception of some minor differences. Proportionally, there are slightly less children aged 0-17 years old, and there are slightly more adults who are 65 and older when compared to the state of Indiana. The proportion of adults aged 25-64 are approximately the same between the county and state.

Figure 2.

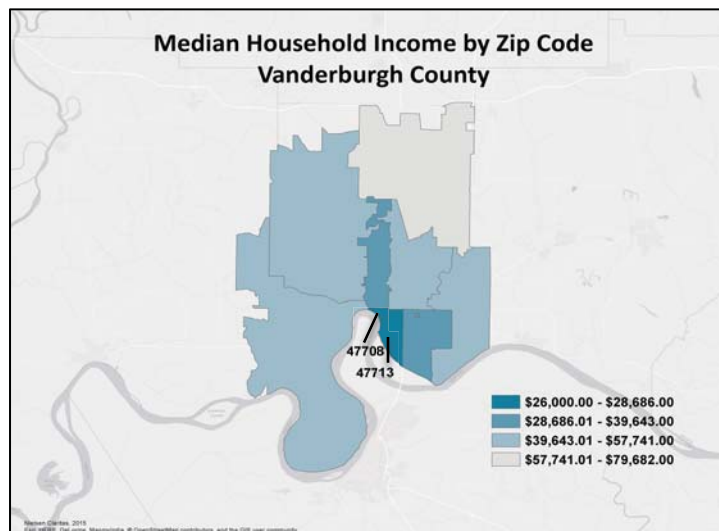


**ECONOMY**

**INCOME**

The median household income of Vanderburgh County is \$44,396, which is approximately \$5,000 lower than the state of Indiana overall. However, at a more granular level, there are variations in income levels among Vanderburgh County zip codes. In Figure 3, zip codes 47708 and 47713 are shown as having the lowest median household income when compared to other zip codes, the county value, and the state value.

Figure 3.



**POVERTY**

As shown in Figure 4, the family poverty rates in Vanderburgh County are slightly lower than the rest of the state. Eleven percent of families and 8.4% of families with children are reported to be living in poverty within the county.

Figure 4.

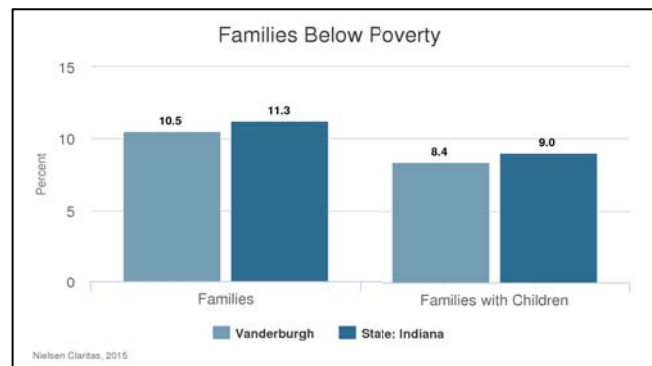
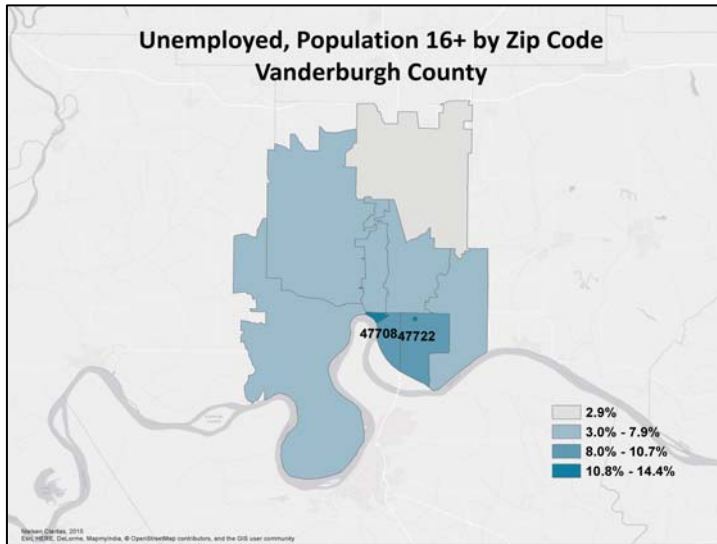




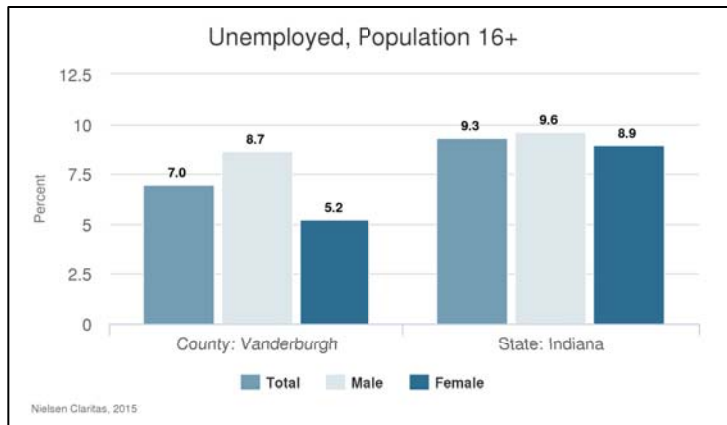
Figure 5.



UNEMPLOYMENT

The unemployment rate in Vanderburgh County ranges from 2.9% to 14.4% among the county’s zip codes, with an overall county value of 7.0%. The map in Figure 5 shows zip codes 47708 and 47722 as having the highest unemployment rates in the county. At 8.7%, Vanderburgh County males have a higher unemployment rate than females, but are still faring better than the overall state values (see Figure 6).

Figure 6.



EDUCATION

In the chart under Figure 7, high school degree attainment in the adult population among Vanderburgh County residents is slightly higher than the state, and bachelor’s degree attainment in the county is on par with the state of Indiana.

Figures 8 and 9 show maps of High School Degree or Higher and Bachelor’s Degree or Higher by zip code for the 25 years and older population of Vanderburgh County. Zip code 47708 has the lowest high school and bachelor’s degree attainment within the county. Zip codes 47710 and 47713 also have low bachelor’s degree attainment.

Figure 7.

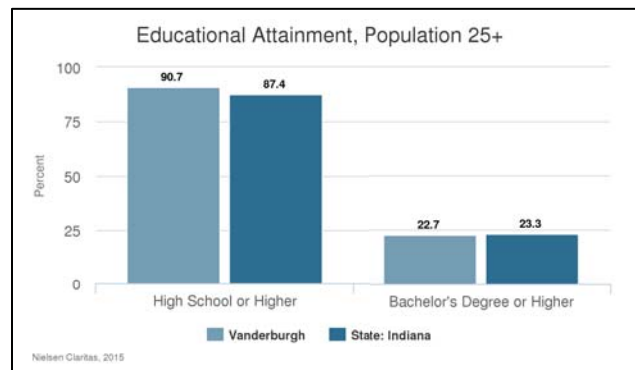


Figure 8.

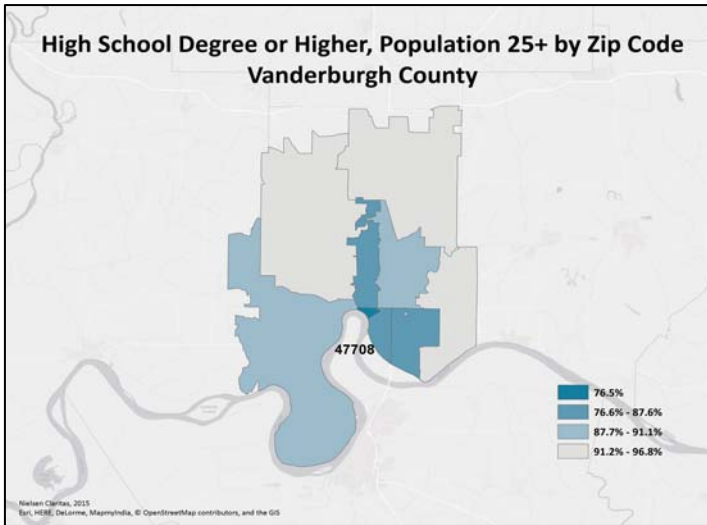
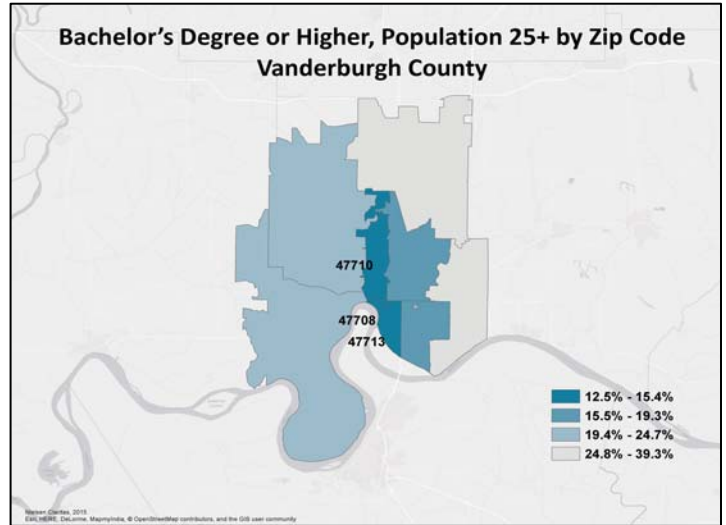


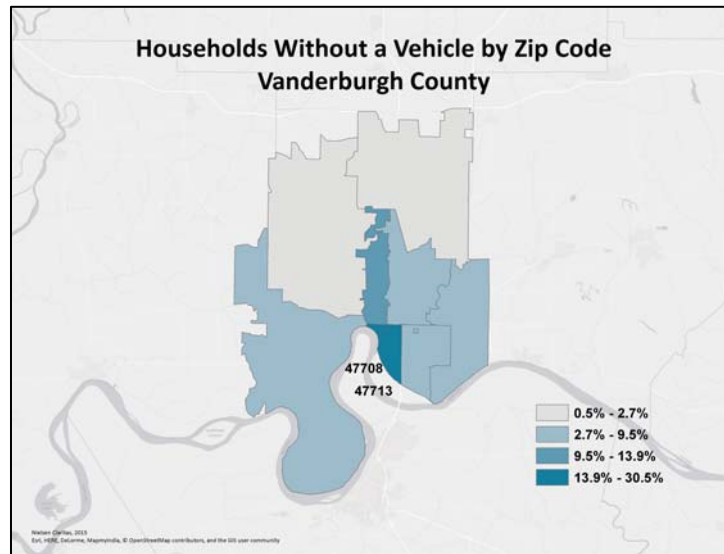
Figure 9.



**TRANSPORTATION**

The areas covered by zip codes 47708 and 47713 have the highest percentages of households without a vehicle when compared to other Vanderburgh County zip codes. Residents of these zip codes without a household car may be more likely to experience difficulties in accessing services provided by St. Mary's and Deaconess Hospitals.

Figure 10.



## Preceding CHNA Efforts & Progress

The CHNA process should be viewed as a 3-year cycle (Figure 11). An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the community, it is possible to better target your resources and efforts during your next round of the CHNA cycle.

**Figure 11. 3-Year CHNA Cycle**



### PRIORITY HEALTH TOPICS IN PRECEDING CHNA

St. Mary's and Deaconess's priority health topics for FY 13-15 were:

- **Mental Health**
- **Access to Care**
- **Obesity**
- **Substance Abuse**
- **Oral Health**
- **Education Training**
- **Tobacco Use**

In order to more strategically focus community health improvement efforts, St. Mary's and Deaconess conducted a root cause analysis (Table 1). The root cause analysis indicated that the following four health needs would benefit most greatly from being addressed through a collaborative implementation strategy.

- **Tobacco Use**
- **Obesity**
- **Substance Abuse**
- **Mental Health**

Table 1. St. Mary’s and Deaconess Root Cause Analysis FY2013 CHNA

	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

The detailed Implementation Strategy describing the strategies, tactics, sponsors, and success measures for the FY2013 priority health topics can be found in Appendix A, and a summary of how well each FY2013 health priority is faring in relation to the data analysis conducted for the current FY2016 CHNA can be seen in in the figure below.

Figure 12. Summary of FY2013 Health Priorities in Relation to FY2016 Data Analysis



Each of the above health topics (Mental Health, Obesity, Substance Abuse, and Tobacco Use) correlate well with the priority health topics selected for the current CHNA (detailed in the report below) thus St. Mary’s and Deaconess will be building upon efforts of previous years.

**COMMUNITY FEEDBACK ON PRECEDING CHNA & IMPLEMENTATION PLAN**

St. Mary’s and Deaconess’s preceding CHNA was made available to the public via the website: <http://www.stmarys.org/chna> and <http://www.deaconess.com/chna>. In order to collect comments or feedback on the report, a special email address was created: [chna@stmarys.org](mailto:chna@stmarys.org) and [chna@deaconess.com](mailto:chna@deaconess.com).

No comments had been received on the preceding CHNA at the time this report was being written.

# Identifying Significant Community Health Needs: Methodology

Significant community health needs for Vanderburgh County were determined using a combination of secondary and primary data (community input).

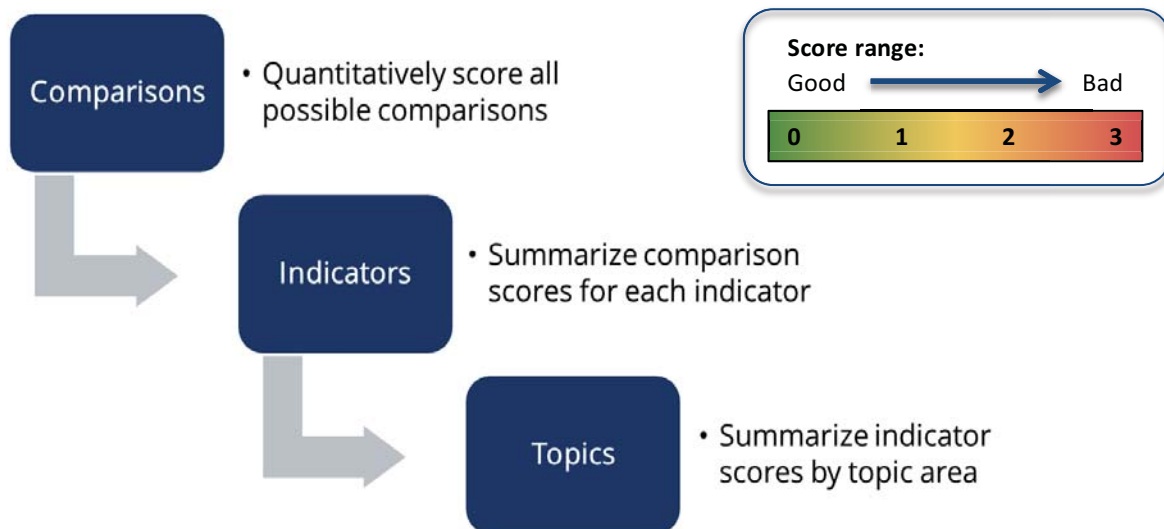
## SECONDARY DATA

### OVERVIEW

Secondary data used for this assessment were collected and analyzed with HCI's Community Dashboard – a web-based community health data platform developed by Healthy Communities Institute. The community dashboard brings non-biased data, local resources, and a wealth of information to one accessible, user-friendly location. It includes a comprehensive dashboard of over 100 community indicators covering over 20 topics in the areas of health, determinants of health, and quality of life. The data is primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally or locally set targets, and to previous time periods.

HCI's Data Scoring Tool was used to systematically summarize multiple comparisons across the Community Dashboard in order to rank indicators based on highest need. For each indicator, the community value was compared to a distribution of Indiana and US counties, state and national values, Healthy People 2020 and significant trends were noted. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher level ranking of community health needs. More detailed methodology used by the Data Scoring Tool is described in Appendix B: Secondary Data Analysis.

**Figure 13. HCI Data Scoring**



**Table 2. Quality of Life and Health Topics**

Quality of Life	Health	
Economy	Access to Health Services	Men’s Health
Education	Cancer	Mental Health & Mental Disorders
Environment	Children’s Health	Older Adults & Aging
Public Safety	Diabetes	Prevention & Safety
Social Environment	Exercise, Nutrition, & Weight	Respiratory Diseases
Transportation	Heart Disease & Stroke	Substance Abuse
	Immunization & Infectious Diseases	Women’s Health
	Kidney & Urinary Tract Diseases	Wellness & Lifestyle
	Maternal, Fetal & Infant Health	

*Indicators were categorized into 23 topic areas, which were further classified as a quality of life or health topic.*

Please note that the most recent period of measure was used for all secondary data presented in this report (as publicly available on January 20<sup>th</sup>, 2015).

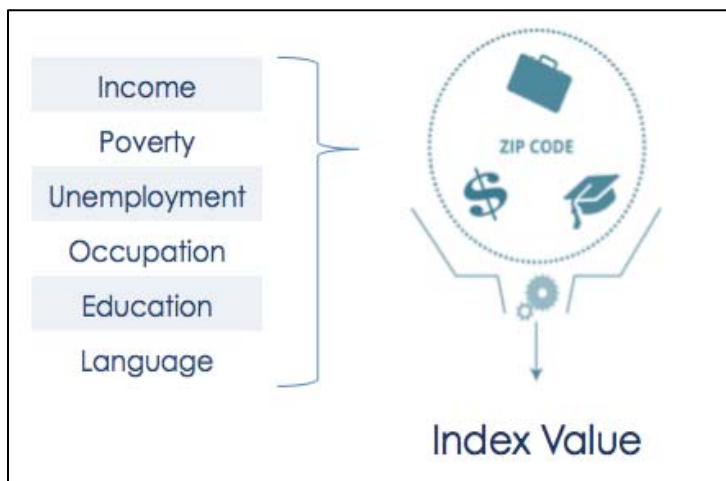
**ANALYZING DISPARITIES**

Outside of topic area scoring, a separate analysis was conducted to determine if disparities exist among sub-populations within Vanderburgh County. If gender- or race/ethnicity-specific values were available, then the indicator was evaluated for the presence of substantial disparities. For details on the methods used to analyze disparities, please see Appendix B: Secondary Data Analysis.

**IDENTIFYING GEOGRAPHIC AREAS OF HIGHEST NEED**

The SocioNeeds Index®—developed by Healthy Communities Institute and available on the health data platform—is a tool used to help determine which communities of Vanderburgh County are in most need of services and interventions. The Index summarizes multiple socioeconomic indicators, ranging from poverty to education, which may impact health or access to care. All zip codes in the United States are given an Index value from 0 (low need) to 100 (high need). Within Vanderburgh County, zip codes are ranked based on their Index Value. These ranks are used to identify the relative level of need within the county.

**Figure 14. The SocioNeeds Index®**



## PRIMARY DATA: COMMUNITY INPUT

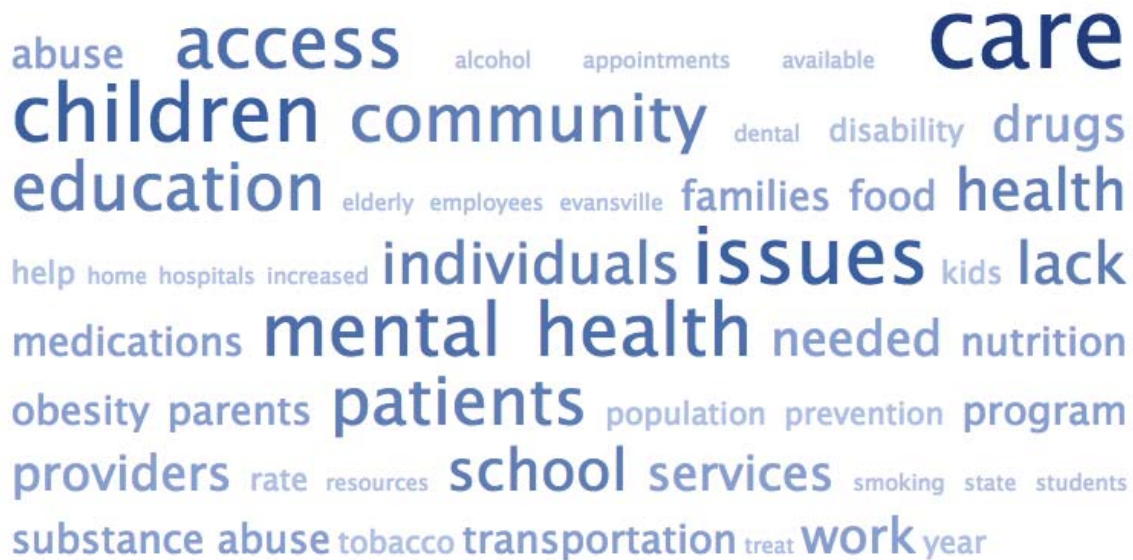
To expand upon the information gathered from the secondary data, The collaborative conducted **9** key informant interviews and **10** focus group discussions to obtain input from persons with expertise in public health and those who represent the broad interests of the community. In total, **84** people participated in primary data collection to provide community input with representation from the organizations below:

- Albion Fellows Bacon Center
- Alcoa
- ARK Crisis Child Care Center
- Aurora
- Boys and Girls Club
- CAJE
- CAPE
- Deaconess Cross Pointe
- Deaconess Family Medicine Residency
- Deaconess Pharmacy
- Easter Seals Rehabilitation
- ECHO
- Evansville Fire Department
- Evansville Mayor's Office
- Evansville Psychiatric Children's Center (FSSA)
- Evansville State Hospital (FSSA)
- Evansville Vanderburgh School Corporation (EVSC)
- Girl Scouts of Southwest Indiana
- Harding, Shymanski & Company
- Harrison College Nursing Department
- Hearing Healthcare Center
- IPMG
- Ivy Tech Community College
- Knight Township Trustee
- Lampion Center
- Old National Bank
- One Life Church
- Smoke Free Communities
- Southwestern Behavioral Healthcare
- St. Mary's Behavioral Services
- St. Mary's Case Management
- St. Mary's Center for Children
- St. Mary's Outreach Services
- St. Mary's Pastoral Care
- St. Mary's Weight Management
- SWIRCA
- The Arc of Evansville
- TJ Maxx
- United Caring Services
- United Way
- United Way of Southwest Indiana
- University of Evansville
- University of Southern Indiana
- University of Southern Indiana (USI) Nursing Department
- Vanderburgh Community Foundation
- Vanderburgh County Health Department
- Welborn Baptist Foundation
- Youth First
- YWCA

Interviews and focus group discussions were conducted during the month of May 2015 and ranged from 15-60 minutes in length for interviews and 40-90 minutes in length for focus groups. During the sessions, questions were asked to learn about the interviewee's background and organization, biggest health needs and barriers of concern in the community, as well as the impact of health issues on vulnerable populations. A list of the questions asked during the key informant interviews can be found in Appendix C.

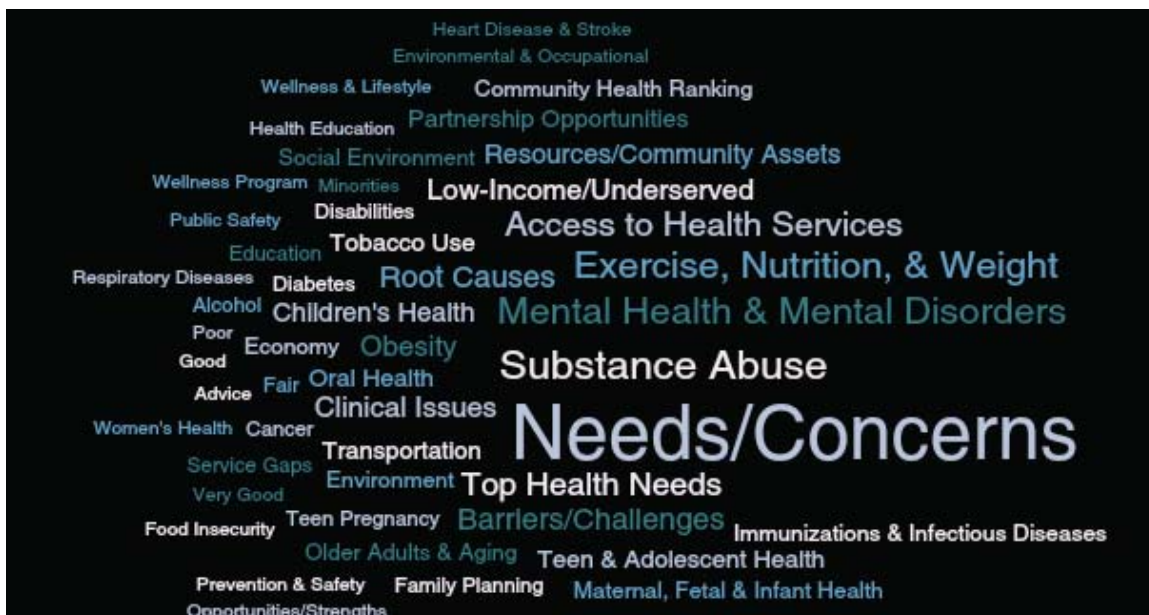
Each interview included both an interviewer and a note taker from HCI, therefore much of the conversation was captured verbatim. Notes taken during the interviews were uploaded to a summary qualitative data analysis tool, TagCrowd.com, to create a word cloud. Word clouds help to identify the words or phrases mentioned most often in the interviews, and appear in the largest and darkest font in Figure 15 below.

Figure 15. Primary Data Word Cloud



The word cloud was used to get an initial sense of the major issues in the community. The interview notes were also uploaded to the web application Dedoose, a qualitative data analysis software. Using the major issues from the word cloud, themes from the interview questions (such as needs, barriers, and advice), and secondary data health and quality of life topics, a code list was created. Interview notes were coded using this list, which allows for comparison and inclusion of the primary data with the secondary data throughout the report. Input from key informants is included in each relevant topic area. The code cloud below, Figure 16, was created from the key informant interview transcripts, where the size of the words reflect the relative number of times the word appeared. The figure provides an overall picture of the themes that were most prominent in the community input.

Figure 16. Primary Data Code Cloud

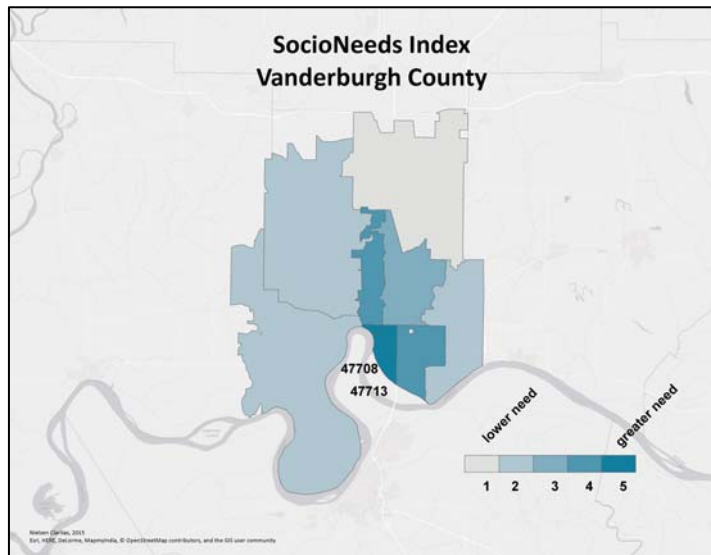




# Significant Community Health Needs Assessment Findings

The secondary data summary and key informant interview findings are presented together to capture a more holistic assessment of health needs in Vanderburgh County. Quality of life topics are presented first, as they are key to understanding the barriers to health in the community. Furthermore, the availability of socioeconomic data for specific sub-populations and sub-county geographies provides a framework for identifying the populations most vulnerable to the poor health outcomes identified.

**Figure. 17 HCI SocioNeeds Index® by Zip Code Vanderburgh County**



**Table 3. HCI SocioNeeds Index® Values & Rankings by Zip Code, Vanderburgh**

Zip Code	Index	Rank
<b>47713</b>	92.4	5
<b>47708</b>	88.2	5
<b>47710</b>	67.4	4
<b>47714</b>	67.3	4
<b>47711</b>	44.3	3
<b>47712</b>	32.9	2
<b>47715</b>	30.3	2
<b>47720</b>	24.6	2
<b>47725</b>	4.5	1

## GEOGRAPHICAL AREAS OF HIGHEST NEED








Social and economic factors are well known to be strong determinants of health outcomes. The HCI SocioNeeds Index® summarizes multiple socioeconomic indicators, ranging from poverty to education, which may impact health or access to care. All zip codes in the United States are given an Index value from 0 (low need) to 100 (high need). Within Vanderburgh County, zip codes are ranked based on their Index value (see Table 3). These ranks are used to identify the relative level of need within the county.

Geographically, there are parts of Vanderburgh County for which quality of life issues are of greater concern (Figure 17). The Index shows that zip codes 47713 and 47708 are the communities with the highest socioeconomic need within Vanderburgh County and are more likely to be affected by poor health outcomes. It should be noted that these zip codes were also cited as having the lowest median household incomes, highest poverty rates, highest percentages of households without a vehicle, and lowest levels of educational attainment.

**QUALITY OF LIFE FINDINGS**

Socioeconomic indicators across quality of life topic areas point to multiple barriers to health, and the effect of these drivers was noted in both the secondary data and key informant interviews (Table 4). Social Environment was the poorest performing quality of life topic based on HCI’s data scoring methodology, citing issues specific to child abuse rates and a large percentage of the elderly living alone.

**Table 4. Quality of Life Topics**



Topic	Score	Community Input
Social Environment	1.98	
Economy	1.62	
Environment	1.56	
Public Safety	1.55	
Education	1.44	
Transportation	1.20	
<b>Key Informant Total:</b>		



















**HEALTH NEEDS FINDINGS**

The outcomes of the primary and secondary data analysis were combined to identify the significant community needs in Vanderburgh County. The analysis revealed that there were significant needs across the majority of the topic areas considered.

Table 5 briefly summarizes the findings by topic area, where topics are sorted by secondary data summary score range, areas are identified with a high disparity score by category, and the number of times the area was identified as a top need via key informants or focus group participants. Some topic areas which did not score high or did not have a score in the secondary data summary were identified as a top need by key informants, underlining the importance of considering both quantitative data and community input when assessing health issues.

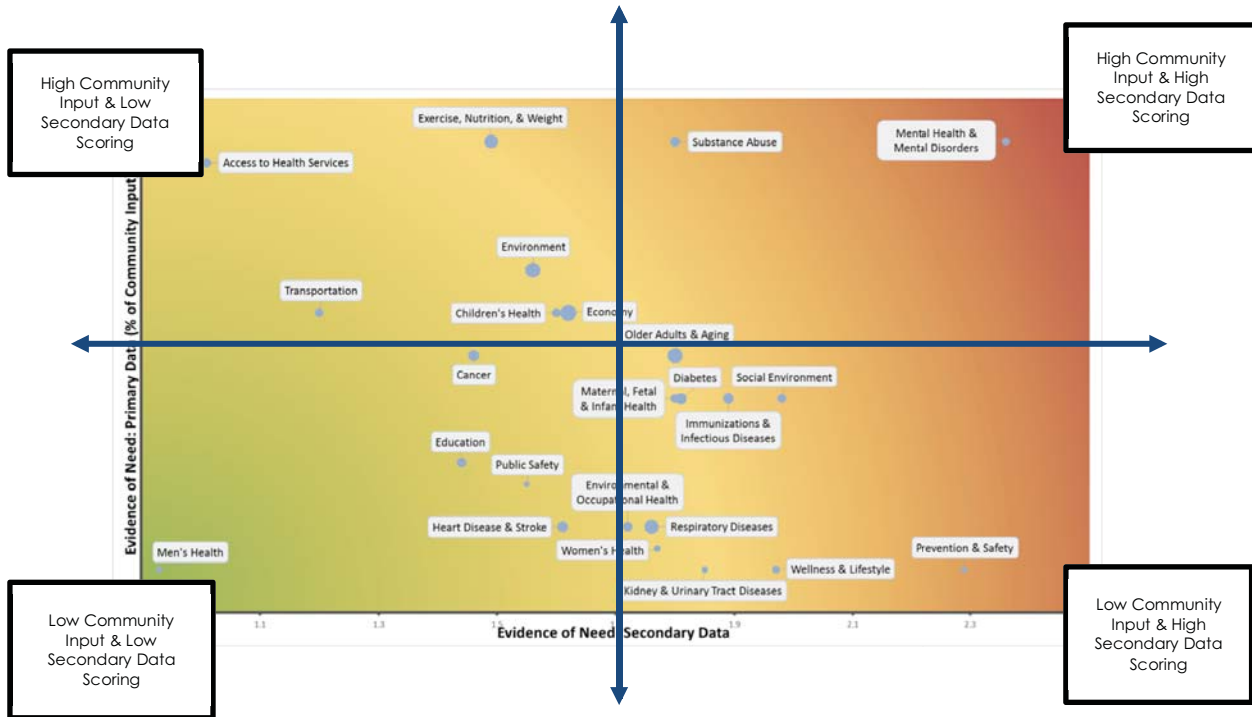
**Table 5. Health Topics**

Disparities	Topic	Score	Community Input
<b>G</b>	Mental Health & Mental Disorders	2.36	
<b>G</b>	Prevention & Safety	2.29	
	Wellness & Lifestyle	1.97	
<b>R</b>	Immunizations & Infectious Diseases	1.89	

Disparities	Topic	Score	Community Input
<b>G</b>	Kidney & Urinary Tract Diseases	1.85	
<b>R</b>	Diabetes	1.81	
	Maternal, Fetal, & Infant Health	1.80	
<b>R</b>	Older Adults & Aging	1.80	 
<b>G</b>	Substance Abuse	1.80	 
	Women's Health	1.77	
<b>R</b>	<b>G</b> Respiratory Diseases	1.76	
<b>G</b>	Heart Disease & Stroke	1.61	
<b>R</b>	<b>G</b> Children's Health	1.60	 
	Exercise Nutrition & Weight	1.49	 
<b>G</b>	Cancer	1.46	
	Access to Health Services	1.01	 
	Men's Health	0.93	
<p><b>R indicates Disparity by Race</b></p> <p><b>G indicates Disparity by Gender</b></p> <p>Key Informant Total: </p>			

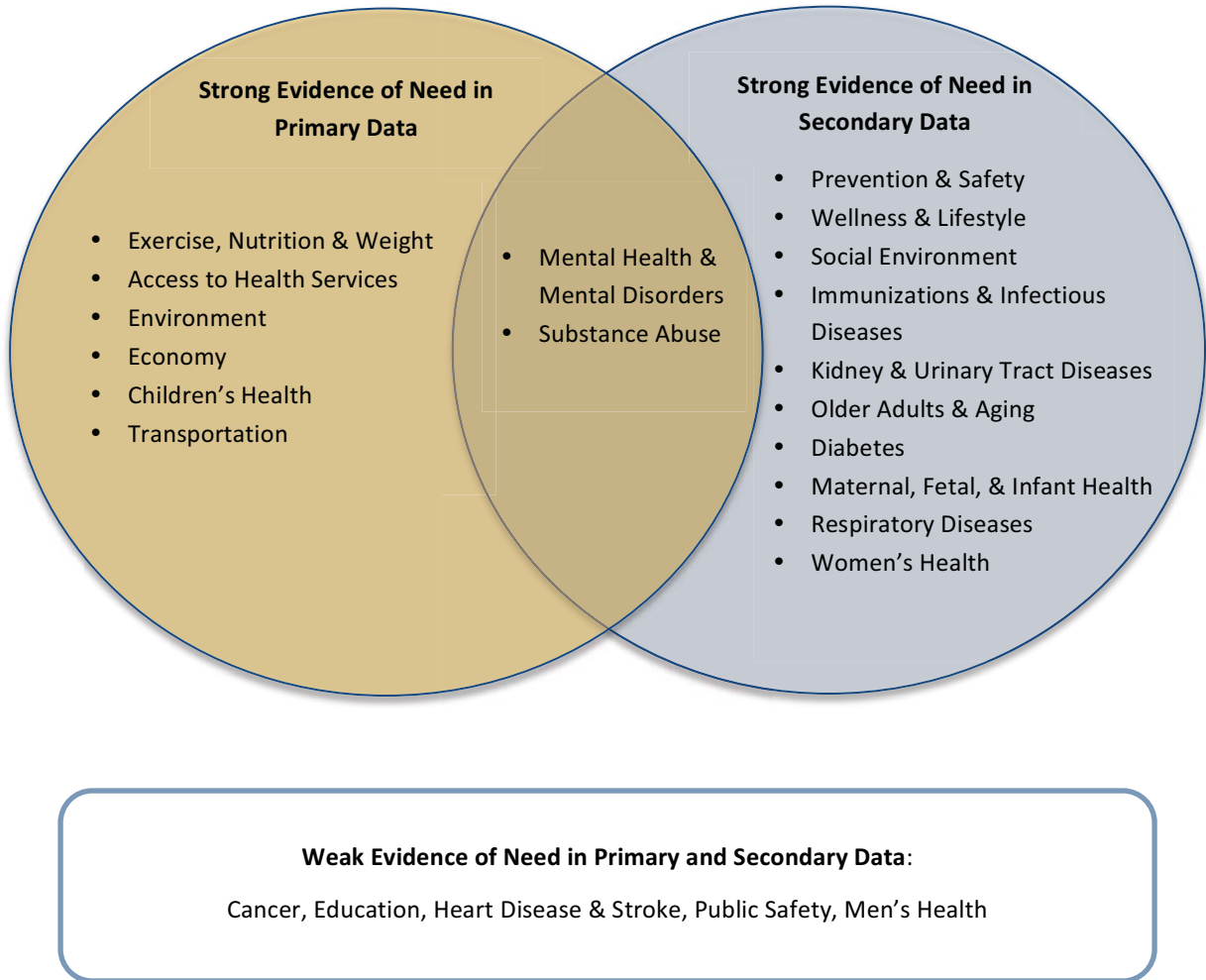
The graph below (Figure 18) provides an overall synthesis of the primary and secondary data for all quality of life and health topics available for the Vanderburgh County analysis. The X-axis demonstrates the evidence of need based on secondary data scores, and the Y-axis displays evidence of need based on the percentage of key informants indicating the topic as a health concern. The size of the circles provides another level of evidence—larger circles indicate more indicators were available for that secondary data topic.

**Figure 18. Secondary and Primary Data Synthesis**



Taking the information displayed on the graph above, the Venn Diagram below shows the health topic areas demonstrating strong evidence of need in the primary data, secondary data or both. It is important to consider all three areas when determining a community’s pressing health needs.








**Figure 19. Venn Diagram of Topic Areas and Data Support**








**SIGNIFICANT HEALTH NEEDS**

The list of health topics in Table 6 below was further refined in order to highlight the significant health needs and to create a workable list of the Top 10 Most Pressing Health Needs for the prioritization process.

**Table 6. Significant Health and Quality of Life Topics for Prioritization**

Secondary Data			Primary Data	
Topic Score	Health Topic	Disparities in Data	Community Input (Total KI=9  ; FGD=10  )	Key Themes from Community
<b>Top 5 Health Needs/Concerns from Secondary Data</b>				
2.36	<b>Mental Health &amp; Mental Disorders</b>	Male suicide rate is more than 2x as high as female rate		Issues with stigma; correlation to substance abuse and criminal system; perceived lack of adolescent psychiatry services and shortage of providers in general; suicide rate is rising.
2.29	<b>Prevention &amp; Safety</b>	Male accidental death rate is highest		<i>N/a, not mentioned as a top health need/concern during community input process</i>
1.89	<b>Immunizations &amp; Infectious Diseases</b>	African American ER rate more than 2x as high for immunization preventable pneumonia & influenza		Need for sex education in post-menopausal women; lack of Hep C education for young adults; low vaccination rates and associated costs
1.81	<b>Diabetes</b>	African American ER & hospitalization rates 2x as high for complications due to diabetes		High prevalence of diabetes; rising childhood diabetes; lack of resources to follow diet; loss of limbs.
1.80	<b>Maternal, Fetal, &amp; Infant Health</b>			High teen birth rate; lack of sex education; high infant mortality; smoking or abuse of alcohol during pregnancy; not seeking prenatal care.

Top Quality of Life			
1.98	<b>Social Environment</b>		 <p>Prevalence of child abuse is high; substance abuse and mental health are tied to issues of violence/child abuse; concern with nutrition in elderly adults who live alone.</p>
Top 4 Needs/Concerns from Community Input			
1.80	<b>Substance Abuse</b>	Men have higher ER & hospitalization rate due to alcohol abuse	 <p>Abuse of alcohol, marijuana, prescription drugs, heroin, meth and synthetic drugs; smoking rates are high; increase in e-cig use; smoking ban overturned.</p>
1.60	<b>Children's Health</b>	African American boys have higher ER & hospitalization rate due to pediatric asthma	 <p>Poor nutrition, increase in childhood obesity &amp; diabetes; many kids on free/reduced lunch program; lack of mental health services for adolescents.</p>
1.49	<b>Exercise, Nutrition, &amp; Weight</b>		 <p>Lack of exercise/active lifestyle; need to increase availability of safe places to be active and education around nutrition; high prevalence of obesity.</p>
1.01	<b>Access to Health Services</b>		 <p>Barriers to accessing care such as lack of providers, affordability of care, and transportation; coverage gap for "working poor"</p>

# Prioritization of Top Health Needs

In order to better target community resources on Vanderburgh County's most pressing health needs, St. Mary's and Deaconess hosted a collaborative discussion facilitated by HCI to hone in on up to three priority health topics. Those health topics will be under consideration for the development of an implementation plan that will address some of the community's most pressing health issues.

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## PRIORITIZATION SESSION PARTICIPANTS

- Sara Murray, Director of Community Input, United Way SWI
- Ashley Johnson, Corporate Communication, Deaconess
- Amy Murry, Strategic Planning Analyst, St. Mary's Health
- Holly Smith, Director of Strategic Planning & Marketing, St. Mary's Health
- Faren Lewell, President/CEO, Southwestern Behavioral Healthcare
- Janet Raisor, Executive Director, St. Mary's Health
- Eric Girten, Director of Community Health, St. Mary's Health
- Andrea Hays, Director of Move-Ment & Upgrade, Welborn Baptist Foundation
- Sandee Strader-McMillen, CEO, ECHO Community Health Center
- Chris Allen, Lab Director/PIU, Vanderburgh County Health Department
- John Greaney, Vice President of Strategic Services, St. Mary's Health

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## PRIORITIZATION PROCESS

On August 19th, 2015, the above participants convened at St. Mary's Medical Center to review and discuss the results of HCI's primary and secondary data analysis leading to the preliminary top 10 significant health needs highlighted in Table 6 above. From there, participants used a prioritization tool kit (Appendix D) to examine how well each of the 10 significant health needs met the criteria set forth by St. Mary's and Deaconess. The criteria for prioritization can be seen in Figure 20 below:

**Figure 20: St. Mary's & Deaconess Criteria for Prioritization**

- Circle of Influence/Ability to Impact Change
- Opportunity to Intervene at a Prevention Level
- Magnitude/Severity of Health Issue
- Addresses Underserved & Vulnerable Populations



Completion of the prioritization toolkit in Appendix D allowed participants to arrive at numerical scores for each health topic that correlated to how well each topic met the criteria for prioritization. Participants then ranked the top 10 health needs according to their topic scores, with the highest scoring health topics receiving the highest priority ranking. Participants were encouraged to use their own judgment and knowledge of their community in the event of a tie score. After completing their individual ranking of the 10 health topics, participants submitted their ranking into an online polling platform that collates the submissions and results in an aggregate ranking of the health topics. The aggregate ranking can be seen below in Figure 21.

**Figure 21. Group Ranking of Vanderburgh County's Most Pressing Health Needs**



After seeing the group ranking above, there was discussion amongst prioritization session participants that children's health should be included with the health topic of maternal, fetal, and infant health. Points were also raised around how maternal, fetal, infant, and children's health have implications for health later in life. For example, the importance around building healthy habits at a young age and how early childhood trauma can sometimes be linked to mental or behavioral health problems later in life. Additionally, as mental health and substance abuse are often linked together, the group decided to combine them into the topic of Behavioral Health in order to address root causes. Therefore, the top 3 health priorities for Vanderburgh County to consider for subsequent implementation planning are:

- **Exercise, Nutrition & Weight**
- **Maternal, Fetal & Infant & Children's Health**
- **Behavioral Health**

These 3 health topics will be broken down in further detail below in order to understand how findings in the secondary data and community input led to each issue becoming a high priority health need for Vanderburgh County.

# Health Priorities for Vanderburgh County

## EXERCISE, NUTRITION, & WEIGHT

### SECONDARY DATA FINDINGS

#### Exercise, Nutrition, & Weight's Poorest Performing Indicators and Rankings

- Vanderburgh County ranks in the worst quartile of US and Indiana counties for **Fast Food Restaurant Density**. Fast food is often high in fat and calories and lacking in recommended nutrients. Frequent consumption of these foods and an insufficient consumption of fresh fruits and vegetables increase the risk of overweight and obesity. Individuals who are overweight or obese are at increased risk for serious health conditions, including coronary heart disease, type-2 diabetes, multiple cancers, hypertension, stroke, premature death and other chronic conditions. Fast food outlets are more common in low-income neighborhoods and studies suggest that they strongly contribute to the high incidence of obesity and obesity-related health problems in these communities.

Exercise, Nutrition, & Weight made the initial shortlist for pressing health needs in Vanderburgh County due to a high rate of community input evidence. The indicators available in the secondary data for this topic aren't quite as poor performing compared to some other topics that were presented for consideration. Table 7 below shows all Exercise, Nutrition, & Weight indicators that contributed to the topic receiving an overall topic score of 1.49. The gauges illustrate how Vanderburgh County is faring compared to the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 (if a target is available), and the Time Trend Score. A gauge in the green received a score of 0-1 (good), yellow a score of 1-2 (fair), and red a score of 3 (poor).

**Table 7. Comparison Scores for Exercise, Nutrition, & Weight Indicators**

Exercise, Nutrition, & Weight									Topic Score 1.49
Indicator:	Vanderburgh County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
<i>Fast Food Restaurant Density<sup>a</sup></i>	0.9								2.10
<i>Food Insecurity Rate</i>	16%	15.7%							2.05
<i>Adults who are Obese</i>	33.2%	31.3%							2.03
<i>Farmers Market Density</i>	0								2.03
<i>Low Income Preschool Obesity</i>	14.2%								1.80

Indicator:	Vanderburgh County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Children with Low Access to a Grocery Store	4.4%								1.70
People 65+ with Low Access to a Grocery Store	2.8%								1.70
Health Behaviors Ranking <sup>b</sup>	64								1.60
Food Environment Index <sup>c</sup>	7	7							1.43
Grocery Store Density <sup>a</sup>	0.2								1.40
SNAP Certified Stores	0.8								1.40
Low-Income and Low Access to a Grocery Store	3.7%								1.30
Adults who are Sedentary	27.5%	26.8%							1.23
Child Food Insecurity Rate	20.9%	21.8%							1.15
Households with No Car and Low Access to a Grocery Store	0.6%								0.90
Recreating and Fitness Facilities <sup>a</sup>	0.1								0.78
Access to Exercise Opportunities	84.4%	74.6%							0.68

<sup>a</sup> Value expressed as the number per 1,000 population

<sup>b</sup> Rankings equate to the value out of 92 Indiana counties

<sup>c</sup> Index ranges from 0 (worst) to 10 (best)


COMMUNITY INPUT

Seven out of nine key informants and 9 out of 10 focus groups cited **Exercise, Nutrition & Weight** as a need for Vanderburgh County.



The most pressing issues in regards to Exercise, Nutrition & Weight, as cited by key informants and focus group participants, were lacking a culture for exercise and health, poor nutrition habits, and a lack of affordability and access to healthy foods.

Key informants also provided insight to the experiences of poor and/or vulnerable populations (like the elderly) pertaining to Exercise, Nutrition & Weight. The figure to the right includes some direct quotes from community members regarding the topic area of exercise, nutrition, and weight in their community and the populations most impacted.

 **Quotes from Key Informants**

- **Lack of community culture** of healthy lifestyle and wellness. High prevalence of obesity.
- People **don't have the resources to follow their diabetic diet** or low sodium diet
- Most **elderly do not eat dinner**, especially if they live alone. Meal programs are not offered on weekends. Some particularly vulnerable individuals can receive frozen meals on weekends to microwave.
- Increase of farmers markets during summer months has occurred over the past three years, but the **primary audience has been for the middle and upper class**. Better recognition of farmers and promoting year round markets is needed.
- While there are no true "food desserts" classified in the community, there needs to be a true food hub for downtown with **access to fresh and nutritious food by walking**.
- **Need more walkable communities** and streets as well as appropriate, usable and safe bike paths.

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## MATERNAL, FETAL, INFANT AND CHILDREN'S HEALTH

### SECONDARY DATA FINDINGS

#### Maternal, Fetal, & Infant Health's and Children's Health Poorest Performing Indicators and Rankings

- Vanderburgh County ranks in the worst quartile of US and Indiana counties, and in comparison to the state value for **Babies with Low or Very Low Birth Rate**. Babies born with low birth weight are more likely than babies of normal weight to have health problems and require specialized medical care in the neonatal intensive care unit. Low birth weight is typically caused by premature birth and fetal growth restriction, both of which are influenced by a mother's health and genetics. The most important things an expectant mother can do to prevent low birth weight are to seek prenatal care, take prenatal vitamins, stop smoking, and stop drinking alcohol and using drugs. The Healthy People 2020 national health target is to reduce the proportion of infants born with low birth weight to 7.8%.
- Vanderburgh County ranks in the worst quartile of Indiana counties for **Child Abuse Rate with 22.5 cases per 1,000 children**. There are several types of child abuse including physical, sexual, and emotional abuse. Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood. All types of child abuse and neglect have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

#### Health Disparities in Maternal, Fetal, & Infant and Children's Health

- Babies with low birth weight are born to African American mothers at a rate that is almost double that of the overall population in Vanderburgh County.
- African American boys in Vanderburgh County have higher ER and hospitalization rates due to pediatric asthma.

Maternal, Fetal & Infant Health made the initial short list for prioritization due to its high secondary data score, and Children's Health was under consideration due to the high amount of community input received on the topic. Tables 8 and 9 below show the poorest performing Maternal, Fetal & Infant Health and Children's Health indicators that contributed to the topics receiving a overall topic scores of 1.80 and 1.60 respectively. The gauges illustrate how Vanderburgh County is faring compared to the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 (if a target is available), and the Time Trend Score. A gauge in the green received a score of 0-1 (good), yellow a score of 1-2 (fair), and red a score of 3 (poor).

**Table 8. Comparison Scores for Maternal, Fetal, & Infant Health Indicators**

Maternal, Fetal, & Infant Health									Topic Score 1.80
Indicator:	Vanderburgh County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Babies with Very Low Birth Weight	1.9%	1.4%							2.50
Teen Birth Rate <sup>a</sup>	34.6	30.3							1.95
Mothers who Smoked During Pregnancy	20.7%	15.7%							1.90
Babies with Low Birth Weight	8.2%	7.9%							1.80
Infant Mortality Rate <sup>b</sup>	7.8	7.4							1.73
Mothers who Received Early Prenatal Care	74%	67.4%							1.55
Preterm Births	10.1%	9.6%							1.20

<sup>a</sup> Value represents the number of live births per 1,000 females aged 15-19

<sup>b</sup> Value represents the number of deaths per 1,000 live births

**Table 9. Comparison Scores for Children’s Health Indicators**

Children’s Health									Topic Score 1.60
Indicator:	Vanderburgh County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Age Adjusted ER Rate due to Pediatric Asthma <sup>a</sup>	78.5	69.9							2.03
Child Abuse Rate <sup>b</sup>	22.5	14.2							2.03
Low Income Preschool Obesity	14.2%								1.80

Indicator:	Vanderburgh County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Children with Low Access to a Grocery Store	4.4%								1.70
Age Adjusted Hospitalization Rate due to Pediatric Asthma <sup>a</sup>	10.1	11.5							1.38
Child Food Insecurity Rate	20.9%	21.8%							1.15
Children with Health Insurance Rate	93%	91.3%							1.08

<sup>a</sup> ER visits/10,000 population under 18 years

<sup>b</sup> rate expressed as cases/1,000 children

COMMUNITY INPUT

Zero out of eight key informants and 4 out of 10 focus groups cited **Maternal, Fetal & Infant Health** as a need for Vanderburgh County. There was more community input evidence for **Children’s Health** however, with 4 out of 8 key informants and 4 out of 10 focus group participants citing it as an issue.



Key themes from the informants indicate that there is concern being exposed to trauma at a young age, food insecurity, and mothers who smoke during pregnancy.

**Quotes from Key Informants**

- Many **children lack** capable guardians to meet their **health and nutrition needs**
- Children are exposed to various emotional and behavioral issues, leaving them very disturbed. People want to say it’s a mental problem but it’s **trauma from an early age** that caused it.
- 60% of our students are on **free and reduced school lunch** program
- We have high rates of women who still **smoke even though they’re pregnant**.
- Baby and Me Tobacco Free – **people just don’t want to quit**, despite programs and resources that are available.

## BEHAVIORAL HEALTH

### SECONDARY DATA FINDINGS

#### Behavioral Health's Poorest Performing Indicators and Rankings

- Vanderburgh County ranks in the worst quartile in the US and Indiana counties for **Depression in the Medicare Population**— approximately 19.7% Medicare Enrollees are suffering from depression. Enrollees under the age of 65 have depression rates that are more than twice as high as those 65+. Depression is a chronic disease that negatively affects a person's feelings, behaviors and thought processes. Depression has a variety of symptoms, the most common being a feeling of sadness, fatigue, and a marked loss of interest in activities that used to be pleasurable. Many people with depression never seek treatment; however, even those with the most severe depression can improve with treatments including medications, psychotherapies, and other methods. According to the National Comorbidity Survey of mental health disorders, people over the age of 60 have lower rates of depression than the general population — 10.7 percent in people over the age of 60 compared to 16.9 percent overall. The Center for Medicare Services estimates that depression in older adults occurs in 25 percent of those with other illnesses, including: arthritis, cancer, cardiovascular disease, chronic lung disease, and stroke.
- Vanderburgh County ranks in the worst quartile in the US and Indiana counties for **Death Rate due to Drug Poisoning with 23.6 deaths per 100,000 population**. Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day. The death rate due to drug overdose has been increasing over the last two decades. In 2010, 60% of drug overdose deaths were related to pharmaceuticals, the majority of which were prescription painkillers. Those who died from drug overdose in 2010 were more likely to be male, American Indian/Alaska Native, or between the ages of 45 and 49. Drug overdose deaths may be accidental, intentional, or of undetermined intent.
- The **suicide rate** in Vanderburgh County is **21.6 deaths per 100,000 population**. More than 33,000 people kill themselves each year according to the Centers for Disease Control and Prevention, but suicide deaths only account for part of the problem. An estimated 25 attempted suicides occur per every suicide death, and those who survive suicide may have serious injuries, in addition to having depression and other mental problems. Other repercussions of suicide include the combined medical and lost work costs on the community, totaling to over \$30 billion for all suicides in a year, and the emotional toll on family and friends. Men are about four times more likely than women to die of suicide, but three times more women than men report attempting suicide. Suicide occurs at a disproportionately higher rate among adults 75 years and older. The Healthy People 2020 national health target is to reduce the suicide rate to 10.2 deaths per 100,000 population.

#### Health Disparities in Behavioral Health

- Males have a **suicide rate** that is more than twice as high as females in Vanderburgh County.
- Males have ER and hospitalization rates for **alcohol abuse** that are more than twice as high as females in Vanderburgh County.

Behavioral Health encompasses both mental health and substance abuse issues for the sake of this assessment. Mental Health and Mental Disorders made the initial short list for prioritization both due to its high secondary data score and its high percentage of community input. Substance Abuse scored slightly better in the secondary data scoring with an overall topic score of 1.80, however it received the same high percentage of community input, further echoing that often these two topics are often linked within a community. Tables 10 and 11 below show the indicators that contributed to the topics of Mental Health & Mental Disorders and Substance Abuse receiving overall scores of 2.36 and 1.80 respectively. The gauges illustrate how Vanderburgh County is faring compared to



the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 (if a target is available), and the Time Trend Score. A gauge in the green received a score of 0-1 (good), yellow a score of 1-2 (fair), and red a score of 3 (poor).

**Table 10. Comparison Scores for Mental Health & Mental Disorders Indicators**

Mental Health & Mental Disorders									Topic Score 2.36
Indicator:	Vanderburgh County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
<i>Depression: Medicare Population</i>	19.7%	16.6%							2.85
<i>Age-Adjusted Death Rate due to Suicide<sup>a</sup></i>	21.6	14							2.50
<i>Age-Adjusted Death Rate due to Alzheimer's Disease<sup>a</sup></i>	33	28.5							2.25
<i>Poor Mental Health Days</i>	4.2	3.7							2.23
<i>Alzheimer's Disease or Dementia: Medicare Population</i>	10%	9.7%							1.95

**Table 11. Comparison Scores for Substance Abuse Indicators**

Substance Abuse									Topic Score 1.80
Indicator:	Vanderburgh County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
<i>Death Rate due to Drug Poisoning<sup>b</sup></i>	23.6	13.6							2.33
<i>Age-Adjusted ER Rate due to Alcohol Abuse<sup>e</sup></i>	46.3	29.4							2.03

Indicator:	Vanderburgh County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Age-Adjusted Hospitalization Rate due to Alcohol Abuse <sup>d</sup>	22	9.9							2.03
Adults who Smoke	25.1%	22.8%							1.98
Liquor Store Density <sup>c</sup>	12.8	12.1							1.90
Mothers Who Smoked During Pregnancy	20.7%	15.7%							1.90
Health Behaviors Ranking <sup>a</sup>	64								1.60
Alcohol- Impaired Driving Deaths	25.3	25.6							1.43
Adults who Drink Excessively	14.9%	15.9%							0.98

<sup>a</sup> Value represents Vanderburgh County's rank out of 92 Indiana Counties

<sup>b</sup> Value represents the number of deaths per 100,000 population

<sup>c</sup> Value represents the number of stores per 100,000 population

<sup>d</sup> Value represents the number of hospitalizations per 10,000 population ages 18+

<sup>e</sup> Value represents the number of ER visits per 10,000 population ages 18+


COMMUNITY INPUT

**Eight out of nine** key informants and **10 out of 10** focus groups cited both **Mental Health & Mental Disorders** and **Substance Abuse** as a pressing health concerns in Vanderburgh County.



Key informants cited many concerns with respect to Behavioral Health, including a

shortage of providers, stigma around seeking treatment for mental health issues, rising suicide rates, and the relationship between substance abuse and mental health . The figure to the right includes some direct quotes from key informants regarding these issues with some insight into more vulnerable populations.



### Quotes from Key Informants











- **Stigma** around seeking help for mental health issues is high in Vanderburgh county and it's a **barrier to seeking care**.
- There is a shortage of psychiatrists and psychologists in the area (and nationwide). In addition, there is little to no incentive for students to enter the field due to low salaries and extensive schooling.
- **Suicide rate appears to be rising**
- **Substance abuse is linked** with poor mental health and unhealthy behaviors for many individuals due to unfulfilling manufacturing, mining, mundane, repetitive work
- Drug and alcohol problems stem from **self-medication**. Patients can't afford their meds so they take one or two, then they drink or do drugs.







**OTHER SIGNIFICANT COMMUNITY HEALTH NEEDS**

As part of the community health needs assessment process, the primary and secondary data analysis identified additional significant community health needs. While these health needs have not been prioritized for this CHNA cycle, St. Mary’s and Deaconess and other community partners will still continue to work hard to address the following issues:

- **Access to Health Services**
- **Diabetes**
- **Immunizations & Infectious Diseases**
- **Prevention & Safety**
- **Social Environment**

**Table 11. Other Significant Community Health Needs**

Health or Quality of Life Topic	Insights from Secondary Data		Insights from Primary Data/ Community Input		
	Topic Score	Warning Indicators Contributing to Topic Score	Number of Community Members Citing Topic as Pressing Health Concern	Key Themes from Community Input	
		<div style="border: 1px solid black; border-radius: 15px; padding: 5px; text-align: center;">                     Score range:                      Good → Bad  <span style="display: inline-block; width: 20px; height: 15px; background: linear-gradient(to right, green, yellow, orange, red); margin: 2px;"></span>                     0 1 2 3                 </div>	(Total KI=9  ; FGD=10  )  ,  = issue cited  ,  = issue <u>not</u> cited		
Access to Health Services	1.01	Adults with Health Insurance	1.40	 	• Barriers to accessing care such as lack of providers, affordability of care, and transportation; coverage gap for “working poor”
		Preventable Hospital Stays	1.33		
		Clinical Care Ranking	1.20		
Diabetes	1.81	Age-Adjusted ER Rate due to Diabetes	2.03	 	• High prevalence of diabetes; rising childhood diabetes; lack of resources to follow diet; loss of limbs.
		Age-Adjusted ER Rate due to Long Term Complications of Diabetes	2.03		
		Age-Adjusted Hospitalization Rate due to Diabetes	2.03		

Immunizations & Infectious Diseases	1.89	Chlamydia Incidence Rate	2.45	 	<ul style="list-style-type: none"> <li>• Need for sex education in post-menopausal women; lack of Hep C education for young adults; low vaccination rates and associated costs</li> </ul>
		Gonorrhea Incidence Rate	2.45		
		Age-Adjusted Hospitalization Rate due to Hepatitis	2.03		
Prevention & Safety	2.29	Age-Adjusted Death Rate due to Unintentional Injuries	2.40	 	<ul style="list-style-type: none"> <li>• <i>N/a, not mentioned as a top health need/concern during community input process</i></li> </ul>
		Death Rate due to Drug Poisoning	2.33		
		Severe Housing Problems	2.13		
Social Environment	1.98	People 65+ Living Alone	2.65	 	<ul style="list-style-type: none"> <li>• Prevalence of child abuse is high; substance abuse and mental health are tied to issues of violence/child abuse; concern with nutrition in elderly adults who live alone.</li> </ul>
		Single Parent Households	2.45		
		Child Abuse Rate	2.03		

## Conclusion

This Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs of Vanderburgh County, Indiana residents and was further informed with community input from knowledgeable persons representing the broad interests of the community. The prioritization of the identified health needs will guide the community health improvement efforts of St. Mary's and Deaconess Hospitals and their collaborative efforts. From this process, St. Mary's and Deaconess Hospitals will outline how they plan to address their prioritized health needs of Exercise, Nutrition, and Weight; Maternal, Fetal, Infant and Children's Health; and Behavioral Health into their Implementation Strategies. In addition, any feedback on this CHNA report will be reviewed and incorporated into the next Community Health Needs Assessment process. Please send your feedback and/or comments to any of the following contacts:

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# Appendix A: Evaluation of Preceding CHNA Priorities

**COMMUNITY NEEDS IMPLEMENTATION STRATEGY COLLABORATIVE PLAN**

UPDATED 6.03.15

STRATEGY	TACTIC(S)	SPONSORS	St. Mary's POINT PERSON(S)	COMPLETION DATE	COMPLETED	SUCCESS MEASURES/COMMENTS
<b>CATEGORY: TOBACCO USE</b>						
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	John Greaney (Marketing/HR), Brian Kessler (Pt. Materials), Amy Susott (Physician Offices), Kathy Hall (Warrick)	06/30/14		<b>COMMUNITY MEASURE:</b> Increase number of local residents/physicians utilizing the Indiana Quit Line by 10%, compared to historic baseline from Smokefree Communities. Decrease the percentage of smokers by 0.5 percentage points by FY2016. <b>ST. MARY'S (EVANSVILLE AND WARRICK) MEASURE:</b> Attract 100 clicks on www.quitnowindiana.com originating from St. Mary's website (www.stmarys.org) in Year #1.
	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	John Greaney (Marketing/HR), Brian Kessler (Pt. Materials), Amy Susott (Physician Offices), Kathy Hall (Warrick)	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	John Greaney (Marketing/HR), Brian Kessler (Pt. Materials), Amy Susott (Physician Offices), Kathy Hall (Warrick)	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	John Greaney, Amy Susott (Physician Offices), Kathy Hall (Warrick)	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	Holly Smith (Strategic Planning)	01/01/14	Completed grant, but did not receive funding.	NOTE: If potential warrants, grant would be submitted in Year #1, and Smokefree Communities program would be implemented in Warrick County Year #2.
Implement tobacco component of Community Transformation Grant (CTG) for obesity	Work with Smokefree Communities to implement tactics in Warrick County	Welborn Baptist Fdn St. Mary's Warrick	Eric Girten (Community Health)	06/30/14		NOTE: Grant was not awarded therefore no coalition, but continued collaborative efforts with SmokeFree Communities exist.
<b>CATEGORY: OBESITY</b>						
Improve food/nutrition choices available on-campus	Re-introduce the Upgrade program on the SMMC campus in 2013	St. Mary's Med. Ctr. Welborn Baptist Fdn Deaconess Hospital ECHO CHC	Mike Whitmore (VP Ancillary Services)	06/30/14		<b>COMMUNITY MEASURE:</b> 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. <b>ST. MARY'S EVANSVILLE MEASURE:</b> Increase the number of healthy choice sales by 15%, compared to baseline sales. Reduce the morbidly obese incidence among St. Mary's associate population by 5%.
	Work with local vendors to recommend additional vending changes to be introduced in 2014	St. Mary's Med. Ctr. Deaconess Hospital	John Greaney, Mike Whitmore	06/30/15		
	Replicate the SMMC Upgrade program on the SMW campus. Distribute existing CTG/WBF materials.	St. Mary's Warrick Welborn Baptist Fdn	Mike Whitmore, Kathy Hall	06/30/15		<b>COMMUNITY MEASURE:</b> 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. <b>ST. MARY'S WARRICK MEASURE:</b> Number of healthy choice sales (first year will establish baseline sales)
Support obese and morbidly obese employees by making appropriate incentives and interventions available to the workforce	Certified Health Coaches are available to assist obese and morbidly obese associates with a game plan for safely lowering their BMI. Potential for premium discounts if the associate effectively lowers their risk factors.	St. Mary's Med. Ctr. St. Mary's Warrick	John Greaney, Healthy Lives	06/30/14		
Expand HEROES coordinated school health initiatives in Vanderburgh County. Work to gain entry into the Warrick School System.	Meet with key persons in Warrick/Vanderburgh School Systems to solicit participation in CTG initiatives.	Welborn Baptist Fdn St. Mary's Warrick	Kathy Hall, Eric Girten, Rhonda Meade	06/30/15		<b>COMMUNITY MEASURE:</b> # schools participating in CTG activities will increase compared to FY2013.
Work with child care centers to improve physical activity and nutrition	Educate, provide resources to centers to meet healthy/active living guidelines	Welborn Baptist Fdn United Way ECDC St. Mary's Med. Ctr.	Andrea Hays, move.ment/WBF, Rhonda Meade, HEROES/WBF, John Greaney	06/30/14		<b>COMMUNITY MEASURE:</b> # child care centers implementing improved nutrition and physical activity aligned with best practice guidelines will increase compared to FY2013. <b>ST. MARY'S MEASURE:</b> Become certified as a baby friendly hospital.
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.	Andrea Hays, move.ment/WBF, Healthy Lives	06/30/14		<b>COMMUNITY MEASURE:</b> # worksites participating in WBF healthy initiative programs will increase compared to FY2013.

STRATEGY	TACTIC(S)	SPONSORS	St. Mary's POINT PERSON(S)	COMPLETION DATE	COMPLETED	SUCCESS MEASURES/COMMENTS
Address food access issues by creating new and unique opportunities for residents to obtain nutritionally balanced food options	Initiate/sustain Farmers' Markets during the summer months to promote healthy choices and affordable fruits and vegetables	St. Mary's Warrick St. Mary's Medical Center	Carol Godsey Vickie Detroy	06/30/14		ST. MARY'S MEASURE: 3 Markets will be held on the Warrick campus. Weekly Markets will be held on the Evansville campus during the warmer months.
Healthcare organizations and providers promote healthy eating and active living in their in their clinical practices.	Engage primary care providers and other physicians in the development and utilization of social marketing campaign materials.	St. Mary's Warrick St. Mary's Med. Ctr.	Suzette Hershman	06/30/14		ST. MARY'S BASE MEASURE: Physician recommendations are submitted to Welborn Foundation. In turn, social media recommendations/practices are shared with physicians.
<b>CATEGORY: SUBSTANCE ABUSE</b>						
Explore the opportunity to collaborate on the issue of prescription drugs	Work with the Evansville Drug Task Force to minimize the abuse of prescription drugs.	St. Mary's Med. Ctr. St. Mary's Warrick ECHO CHC	CrossPointe Lead	06/30/14		INTENT: Tighten procedures that reduce pain medications prescribed through the emergency room, physician offices. MEASUREMENT: Develop a plan for Year #2 implementation.
	With Dentists from the Mobile Dental Clinic, educate local dentists regarding the over prescribing medications as an issue and the effects of this problem with a goal of decreasing overprescribing of pain medications from dentists	St. Mary's Med. Ctr. ECHO CHC (if dental programming begins at ECHO)	Eric Girten	06/30/15		COMMUNITY MEASURE: Decrease by one tenth (0.1) the number of controlled substance prescriptions filled and entered into INSPECT (by FY2016).
Promote/market the www.DrugFree.org website to patients and clientele	Utilize existing marketing materials/resources to support current users in their efforts to quit.	St. Mary's Med. Ctr. St. Mary's Warrick Deaconess United Way ECHO CHC	John Greaney (Marketing)	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).
<b>CATEGORY: SUBSTANCE ABUSE (CONT.)</b>						
	Support parents in efforts to provide Drug Free environments for minors and offer resources to them and their families.	St. Mary's Med. Ctr. St. Mary's Warrick Deaconess United Way ECHO CHC	John Greaney (Marketing)	01/01/14		
<b>CATEGORY: MENTAL HEALTH</b> (Note: These tactics also impact the Substance Abuse category)						
<u>Nurse-Family Partnership (NFP)/Centering Pregnancy:</u> Partner high-risk, first-time mothers with a registered nurse	Research the feasibility to implement the NFP program, as modeled by Indianapolis and New York City	St. Mary's Med. Ctr. Deaconess Women's Hospital	Janet Raisor	06/30/14		NOTE: Bring NFP program members to Evansville to speak to community coalition of possible application/use in our community.
<u>Child Abuse Task Force:</u> Expand the Trauma-related task force to include a prevention component	Invite Lampion to the Child Abuse Task Force as an additional prevention tool in the area of Child Abuse	St. Mary's Med. Ctr. Deaconess Hospital ECHO CHC	Janet Raisor	09/30/13		COMMUNITY MEASURE: Reduce by one percentage point the number of substantiated cases of child abuse by FY2016.
<u>System of Care Coalition:</u> Assist local agencies in creating a full continuum for the treatment of pediatric mental health	Become an active member of the System of Care Coalition for the purpose of coordinating service across the community. Potentially build a community level care conferencing model.	St. Mary's Med. Ctr. Deaconess Hospital Welborn Foundation ECHO CHC	Eric Girten	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	John Greaney, Jared Florence	03/30/14		NOTE: Year #1 -- determine if there is a model that is applicable to the local market. Subsequent Years -- improved post-discharge outcomes by extending recovery time plus a decline in readmissions among this population.



**COMMUNITY NEEDS IMPLEMENTATION STRATEGY  
COLLABORATIVE PLAN: ADDITIONAL INITIATIVES (FY2014 - FY2015)**

UPDATED 6.26.15

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

**ST. MARY'S MEDICAL CENTER IMPLEMENTATION STRATEGY  
VANDERBURGH COUNTY**

UPDATED 6.03.15

CATEGORY	TACTIC(S)	ST. MARY'S POINT PERSON(S)	COMPLETION DATE	SUCCESS MEASURES/COMMENTS
<b>TOBACCO USE</b>	Asthma Camp: Annual camp for children with asthma to help understand triggers	Eric Girten	April 1 of each year	Pre-Post Test
	Asthma Care Transition Team	Eric Girten	Ongoing	Decrease in Innappropriate ED/Hospital usage through prevention from baseline
	Tobacco Awareness (children and adults)	Eric Girten	Ongoing	RRT (Rapid Response Team) and RD (Registered Dietician) teach tobacco awareness through respiratory and dietary/exercise perspective, sit on committees, etc.
	Representation on Indiana Joint Asthma Coalition (Staff chair for Children and Youth Workgroups)	Eric Girten	Ongoing	RRT staff continue to sit on this coalition to represent Southern Indiana and St. Mary's community
	Regional presentation to school nurses regarding asthma care and awareness	Eric Girten	30-Jun-13	RRT engaged in statewide efforts
	EVSC Asthma and Allergy Team: Part of the School Community Council	Eric Girten	Ongoing	Staff are a part of this community health team. Continued collaboration over time is a success measure
<b>OBESITY</b>	Diabetes Camp	Eric Girten	Annual Ongoing	RD participates with this camp
	<b>Education resource for Parochial School staff</b>	Eric Girten	Ongoing	RD provides education
	<b>INITIAL EVALUATIONS/ASSESSMENTS:</b>	Becky Carter	Ongoing	Diabetes education, support and management that allows the patient to become involved with their treatment and disease control. Success factors are patient control and involvement with their diabetes as noted in patient data.
	Each patient is seen individually at the first appointment. After an assessment of the patient's needs in conjunction with the patient's preference, the patient may continue with individual appointments or enter group classes.			
	<b>STEPS TO SUCCESS (for diagnosed diabetics)</b>			
	A comprehensive curriculum totaling 4 group classes instructing the patient on diabetes self-management techniques:			
	Step 1: Blood glucose monitoring techniques (AC & PC goals), Hemoglobin A1c, macronutrients effects on glucose level, and a review of basic meal planning			
	Step 2: Review of medications (oral and insulin), hypoglycemia, sick day management, exercise, sweeteners, alcohol, dining out, and label reading			
	Step 3: Review long term complications, prevention of complications, lab review, and heart health diet.			
	3-Month Follow-up: After completion of comprehensive program, the patient returns for problem solving, clarification of any questions, foot exam, and to establish new goals for self-management.			
	Annual Update: This session is scheduled after completion of a comprehensive course. The meal plan is reviewed, patient's questions are answered, and the patient is informed of any changes in current guidelines.			
	Insulin Administration Instruction: This is for a patient new to insulin or for someone who is having difficulty with insulin administration. The patient is instructed on insulin action, administration, precautions, and side effects (hypoglycemia)			
	Is Pumping For You? This is an introductory course to insulin pump therapy. A pre-pump assessment is conducted. All brands of insulin pumps are shown to the patient and they are given additional information to determine which pump is right for them.			
Participation with Welborn Foundation on HEROES initiatives	Eric Girten	Ongoing	Staff participate with other community partners. Welborn keeps success metrics regarding these initiatives	
Farmer's Market	Brian Kessler	Annual	Continuation of this program with continued participation from community	

To see the entire FY2015 Community Health Needs Assessment for Vanderburgh County - Update from original FY2013 Report, please visit:

<http://www.stmarys.org/documents/strategic/001.20150625.SMMC.PLAN.CHNA.Vanderburgh.FY15Report.ALM.pdf>



# Appendix B: Secondary Data Analysis

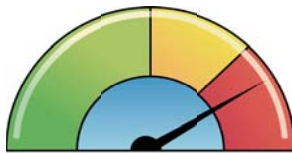
## SCORING METHOD

For each indicator, the county was assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators were categorized into 29 topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

## COMPARISON TO A DISTRIBUTION OF COUNTY VALUES: WITHIN STATE AND NATION

For ease of interpretation and analysis, indicator data on the Health Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in Indiana or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.



**HCI Platform County Distribution Gauge**

## COMPARISON TO VALUES: STATE, NATIONAL, AND TARGETS

The county value is compared to the state value, the national value, and Healthy People 2020 (HP2020) target values. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

## TREND OVER TIME

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

## MISSING VALUES

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator’s weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

## INDICATOR SCORING

Indicator scores are calculated as a weighted average of all included comparison scores. More weight was given to comparison to US counties, comparison to Indiana counties, and trend over time.

If neither of the included comparison types are possible for an indicator, then a score is not calculated and the indicator is excluded from the data scoring results.

## TOPIC SCORING

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data.

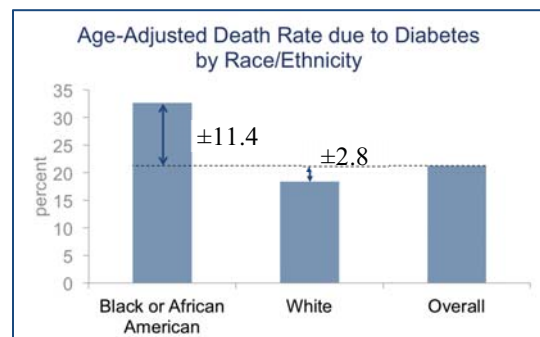
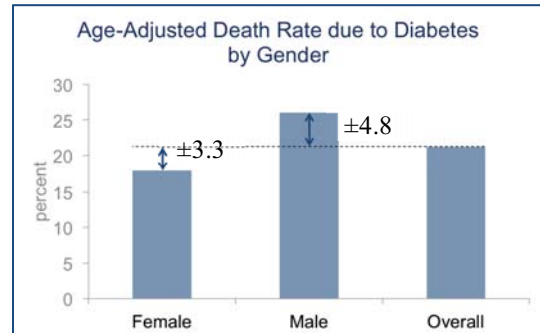
A topic score is only calculated if it includes at least three indicators. These scores were used to categorize the topics as red (score  $\geq 1.5$ ), yellow ( $1.25 \leq \text{score} < 1.5$ ), or green (score  $< 1.25$ ).

## DISPARITIES

To identify indicators with the largest disparities by gender or race/ethnicity, the Index of Disparity<sup>1</sup> measure was used to calculate the average of the absolute differences between rates for each subgroup within a sub-population category and the overall county rate, divided by the county rate. The index of disparity summarizes disparities across groups within a population that can be applied across indicators. The measure is expressed as a percentage.

Across all indicators, an Index of Disparity score that ranked in the top 25% of all disparities scores—in either gender or race/ethnicity category—was identified as having a high disparity. The availability of sub-population data varies by source and indicator.

In this example to the right, Age-Adjusted Death Rate due to Diabetes by Gender has county values for the female and male subgroups that are closer to each other and close to the overall county value when compared to the subgroup values for Age-Adjusted Death Rate due to Diabetes by Race/Ethnicity. The absolute difference between the Black or African American value and the overall value is much larger than the difference between the White value and overall value, resulting in a higher Index of Disparity score than the score calculated for the gender subgroups.



<sup>1</sup> Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

**SCORING RESULTS**

The following table lists all indicators by topic area, with the most recent value for Vanderburgh County and comparison scores (0-3 or good to bad). The county value is compared to a distribution of Indiana and US counties, state and national values, and the HP2020 target. Indicators are also compared across four time periods and are scored under the trend column. If data was not available for a comparison or disparity score, then the cell is left blank.

Source: [HCI's Community Health Dashboard](#) as of January 20, 2015.

VANDERBURGH COUNTY	Indicator	Period	Score
<b>Access to Health Services</b> Topic Score: 1.01	Adults with Health Insurance	2012	1.40
	Preventable Hospital Stays	2012	1.33
	Clinical Care Ranking	2015	1.20
	Children with Health Insurance	2012	1.08
	Dentist Rate	2013	0.68
	Non-Physician Primary Care Provider Rate	2014	0.68
	Primary Care Provider Rate	2012	0.68
<b>Cancer</b> Topic Score: 1.46	Oral Cavity and Pharynx Cancer Incidence Rate	2007-2011	2.65
	Age-Adjusted Death Rate due to Breast Cancer	2007-2011	2.10
	Age-Adjusted Death Rate due to Lung Cancer	2007-2011	2.05
	Breast Cancer Incidence Rate	2007-2011	2.00
	Lung and Bronchus Cancer Incidence Rate	2007-2011	1.70
	Cancer: Medicare Population	2012	1.45
	Colorectal Cancer Incidence Rate	2007-2011	1.20
	Mammography Screening: Medicare Population	2012	1.13
	Prostate Cancer Incidence Rate	2007-2011	0.75
	Age-Adjusted Death Rate due to Colorectal Cancer	2007-2011	0.55
	Age-Adjusted Death Rate due to Prostate Cancer	2007-2011	0.50
<b>Children's Health</b> Topic Score: 1.60	Age-Adjusted ER Rate due to Pediatric Asthma	2010-2012	2.03
	Child Abuse Rate	2013	2.03
	Low-Income Preschool Obesity	2009-2011	1.80
	Children with Low Access to a Grocery Store	2010	1.70
	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	2010-2012	1.38
	Child Food Insecurity Rate	2012	1.15
	Children with Health Insurance	2012	1.08
<b>Diabetes</b> Topic Score: 1.81	Age-Adjusted ER Rate due to Diabetes	2010-2012	2.03
	Age-Adjusted ER Rate due to Long-Term Complications of Diabetes	2010-2012	2.03
	Age-Adjusted Hospitalization Rate due to Diabetes	2010-2012	2.03
	Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	2010-2012	2.03
	Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	2010-2012	2.03
	Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	2010-2012	2.03
	Age-Adjusted Death Rate due to Diabetes	2011-2013	1.95
	Age-Adjusted ER Rate due to Uncontrolled Diabetes	2010-2012	1.83



VANDERBURGH  
COUNTY

	Indicator	Period	Score
	Diabetes: Medicare Population	2012	1.60
	Age-Adjusted ER Rate due to Short-Term Complications of Diabetes	2010-2012	1.18
	Diabetic Screening: Medicare Population	2012	1.13
<b>Economy</b>	Persons with Disability Living in Poverty	2013	2.25
Topic Score: 1.62	Students Eligible for the Free Lunch Program	2012-2013	2.23
	Homeownership	2009-2013	2.15
	Severe Housing Problems	2007-2011	2.13
	Food Insecurity Rate	2012	2.05
	People Living 200% Above Poverty Level	2009-2013	1.95
	Median Household Income	2009-2013	1.90
	People Living Below Poverty Level	2009-2013	1.85
	Low-Income Preschool Obesity	2009-2011	1.80
	Renters Spending 30% or More of Household Income on Rent	2009-2013	1.80
	People 65+ Living Below Poverty Level	2009-2013	1.60
	Social and Economic Factors Ranking	2015	1.60
	Per Capita Income	2009-2013	1.50
	Families Living Below Poverty Level	2009-2013	1.45
	Children Living Below Poverty Level	2009-2013	1.40
	SNAP Certified Stores	2012	1.40
	Young Children Living Below Poverty Level	2009-2013	1.40
	Low-Income and Low Access to a Grocery Store	2010	1.30
	Child Food Insecurity Rate	2012	1.15
	Households with Cash Public Assistance Income	2009-2013	1.10
	Unemployed Workers in Civilian Labor Force	Nov 2015	0.90
	Homeowner Vacancy Rate	2009-2013	0.75
<b>Education</b>	4th Grade Students Proficient in English/Language Arts	2014	1.78
Topic Score: 1.44	4th Grade Students Proficient in Math	2014	1.78
	8th Grade Students Proficient in English/Language Arts	2014	1.78
	High School Graduation	2014	1.73
	8th Grade Students Proficient in Math	2014	1.58
	People 25+ with a Bachelor's Degree or Higher	2009-2013	1.10
	Student-to-Teacher Ratio	2012-2013	1.08
	People 25+ with a High School Degree or Higher	2009-2013	0.65
<b>Environment</b>	Houses Built Prior to 1950	2009-2013	2.25
Topic Score: 1.56	Severe Housing Problems	2007-2011	2.13
	Fast Food Restaurant Density	2011	2.10
	Farmers Market Density	2013	2.03
	Annual Ozone Air Quality	2010-2012	1.90
	Liquor Store Density	2012	1.90
	Physical Environment Ranking	2015	1.80
	Children with Low Access to a Grocery Store	2010	1.70
	People 65+ with Low Access to a Grocery Store	2010	1.70
	Annual Particle Pollution	2010-2012	1.60
	PBT Released	2013	1.60
	Food Environment Index	2015	1.43
	Grocery Store Density	2011	1.40

VANDERBURGH COUNTY

	Indicator	Period	Score
	Recognized Carcinogens Released into Air	2013	1.40
	SNAP Certified Stores	2012	1.40
	Low-Income and Low Access to a Grocery Store	2010	1.30
	Drinking Water Violations	2013-14	1.28
	Households with No Car and Low Access to a Grocery Store	2010	0.90
	Recreation and Fitness Facilities	2011	0.78
	Access to Exercise Opportunities	2015	0.68
<b>Exercise, Nutrition, &amp; Weight</b>			
Topic Score: 1.49	Fast Food Restaurant Density	2011	2.10
	Food Insecurity Rate	2012	2.05
	Adults who are Obese	2011	2.03
	Farmers Market Density	2013	2.03
	Low-Income Preschool Obesity	2009-2011	1.80
	Children with Low Access to a Grocery Store	2010	1.70
	People 65+ with Low Access to a Grocery Store	2010	1.70
	Health Behaviors Ranking	2015	1.60
	Food Environment Index	2015	1.43
	Grocery Store Density	2011	1.40
	SNAP Certified Stores	2012	1.40
	Low-Income and Low Access to a Grocery Store	2010	1.30
	Adults who are Sedentary	2011	1.23
	Child Food Insecurity Rate	2012	1.15
	Households with No Car and Low Access to a Grocery Store	2010	0.90
	Recreation and Fitness Facilities	2011	0.78
	Access to Exercise Opportunities	2015	0.68
<b>Heart Disease &amp; Stroke</b>			
Topic Score: 1.61	Hypertension: Medicare Population	2012	2.15
	Hyperlipidemia: Medicare Population	2012	2.00
	Atrial Fibrillation: Medicare Population	2012	1.95
	Stroke: Medicare Population	2012	1.95
	Age-Adjusted Death Rate due to Coronary Heart Disease	2011-2013	1.90
	Age-Adjusted Hospitalization Rate due to Heart Failure	2010-2012	1.88
	Heart Failure: Medicare Population	2012	1.40
	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2011-2013	1.35
	Age-Adjusted ER Rate due to Heart Failure	2010-2012	0.98
	Ischemic Heart Disease: Medicare Population	2012	0.55
<b>Immunizations &amp; Infectious Diseases</b>			
Topic Score: 1.89	Chlamydia Incidence Rate	2013	2.45
	Gonorrhea Incidence Rate	2013	2.45
	Age-Adjusted Hospitalization Rate due to Hepatitis	2010-2012	2.03
	Age-Adjusted ER Rate due to Bacterial Pneumonia	2010-2012	1.83
	Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	2010-2012	1.83
	Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	2010-2012	1.83
	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	2010-2012	1.83

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COUNTY

	Indicator	Period	Score
	Salmonella Infection Incidence Rate	2013	1.78
	Age-Adjusted ER Rate due to Hepatitis	2010-2012	1.73
	Age-Adjusted Death Rate due to Influenza and Pneumonia	2011-2013	1.15
<b>Kidney &amp; Urinary Tract Diseases</b>	Age-Adjusted Hospitalization Rate due to Urinary Tract Infections	2010-2012	2.03
Topic Score: 1.85	Age-Adjusted Death Rate due to Kidney Disease	2011-2013	1.90
	Age-Adjusted ER Rate due to Urinary Tract Infections	2010-2012	1.83
	Chronic Kidney Disease: Medicare Population	2012	1.65
<b>Maternal, Fetal &amp; Infant Health</b>	Babies with Very Low Birth Weight	2013	2.50
Topic Score: 1.80	Teen Birth Rate	2013	1.95
	Mothers who Smoked During Pregnancy	2013	1.90
	Babies with Low Birth Weight	2013	1.80
	Infant Mortality Rate	2009-2013	1.73
	Mothers who Received Early Prenatal Care	2013	1.55
	Preterm Births	2013	1.20
<b>Men's Health</b>	Life Expectancy for Males	2010	1.55
Topic Score: 0.93	Prostate Cancer Incidence Rate	2007-2011	0.75
	Age-Adjusted Death Rate due to Prostate Cancer	2007-2011	0.50
<b>Mental Health &amp; Mental Disorders</b>	Depression: Medicare Population	2012	2.85
Topic Score: 2.36	Age-Adjusted Death Rate due to Suicide	2011-2013	2.50
	Age-Adjusted Death Rate due to Alzheimer's Disease	2011-2013	2.25
	Poor Mental Health Days	2006-2012	2.23
	Alzheimer's Disease or Dementia: Medicare Population	2012	1.95
<b>Older Adults &amp; Aging</b>	Depression: Medicare Population	2012	2.85
Topic Score: 1.80	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2012	2.85
	People 65+ Living Alone	2009-2013	2.65
	COPD: Medicare Population	2012	2.30
	Age-Adjusted Death Rate due to Alzheimer's Disease	2011-2013	2.25
	Hypertension: Medicare Population	2012	2.15
	Hyperlipidemia: Medicare Population	2012	2.00
	Alzheimer's Disease or Dementia: Medicare Population	2012	1.95
	Atrial Fibrillation: Medicare Population	2012	1.95
	Stroke: Medicare Population	2012	1.95
	People 65+ with Low Access to a Grocery Store	2010	1.70
	Chronic Kidney Disease: Medicare Population	2012	1.65
	Diabetes: Medicare Population	2012	1.60
	People 65+ Living Below Poverty Level	2009-2013	1.60
	Asthma: Medicare Population	2012	1.50
	Cancer: Medicare Population	2012	1.45
	Heart Failure: Medicare Population	2012	1.40
	Osteoporosis: Medicare Population	2012	1.25
	Diabetic Screening: Medicare Population	2012	1.13
	Mammography Screening: Medicare Population	2012	1.13
	Ischemic Heart Disease: Medicare Population	2012	0.55
<b>Prevention &amp; Safety</b>	Age-Adjusted Death Rate due to Unintentional Injuries	2011-2013	2.40



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Topic Score: 2.29

	Indicator	Period	Score
	Death Rate due to Drug Poisoning	2006-2012	2.33
	Severe Housing Problems	2007-2011	2.13
<b>Public Safety</b>	Child Abuse Rate	2013	2.03
Topic Score: 1.55	Alcohol-Impaired Driving Deaths	2009-2013	1.43
	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	2011-2013	1.20
<b>Respiratory Diseases</b>	COPD: Medicare Population	2012	2.30
Topic Score: 1.76	Age-Adjusted Death Rate due to Lung Cancer	2007-2011	2.05
	Age-Adjusted ER Rate due to Adult Asthma	2010-2012	2.03
	Age-Adjusted ER Rate due to Asthma	2010-2012	2.03
	Age-Adjusted ER Rate due to Pediatric Asthma	2010-2012	2.03
	Age-Adjusted Hospitalization Rate due to COPD	2010-2012	2.03
	Age-Adjusted ER Rate due to Bacterial Pneumonia	2010-2012	1.83
	Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	2010-2012	1.83
	Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	2010-2012	1.83
	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	2010-2012	1.83
	Lung and Bronchus Cancer Incidence Rate	2007-2011	1.70
	Age-Adjusted ER Rate due to COPD	2010-2012	1.63
	Age-Adjusted Hospitalization Rate due to Asthma	2010-2012	1.58
	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	2011-2013	1.55
	Asthma: Medicare Population	2012	1.50
	Age-Adjusted Hospitalization Rate due to Adult Asthma	2010-2012	1.38
	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	2010-2012	1.38
	Age-Adjusted Death Rate due to Influenza and Pneumonia	2011-2013	1.15
<b>Social Environment</b>	People 65+ Living Alone	2009-2013	2.65
Topic Score: 1.98	Single-Parent Households	2009-2013	2.45
	Voter Turnout	2012	2.35
	Child Abuse Rate	2013	2.03
	Social and Economic Factors Ranking	2015	1.60
	Children Living Below Poverty Level	2009-2013	1.40
	Young Children Living Below Poverty Level	2009-2013	1.40
<b>Substance Abuse</b>	Death Rate due to Drug Poisoning	2006-2012	2.33
Topic Score: 1.80	Age-Adjusted ER Rate due to Alcohol Abuse	2010-2012	2.03
	Age-Adjusted Hospitalization Rate due to Alcohol Abuse	2010-2012	2.03
	Adults who Smoke	2006-2012	1.98
	Liquor Store Density	2012	1.90
	Mothers who Smoked During Pregnancy	2013	1.90
	Health Behaviors Ranking	2015	1.60
	Alcohol-Impaired Driving Deaths	2009-2013	1.43
	Adults who Drink Excessively	2006-2012	0.98
<b>Transportation</b>	Households without a Vehicle	2009-2013	2.15
Topic Score: 1.20	Workers who Drive Alone to Work	2009-2013	1.95
	Age-Adjusted Death Rate due to Motor Vehicle Traffic	2011-2013	1.20

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	Collisions		
	Workers Commuting by Public Transportation	2009-2013	0.95
	Households with No Car and Low Access to a Grocery Store	2010	0.90
	Solo Drivers with a Long Commute	2009-2013	0.68
	Mean Travel Time to Work	2009-2013	0.55
<b>Wellness &amp; Lifestyle</b>	Poor Physical Health Days	2006-2012	2.43
Topic Score: 1.97	Self-Reported General Health Assessment: Poor or Fair	2006-2012	2.23
	Life Expectancy for Females	2010	1.85
	Morbidity Ranking	2015	1.80
	Life Expectancy for Males	2010	1.55
<b>Women's Health</b>	Age-Adjusted Death Rate due to Breast Cancer	2007-2011	2.10
Topic Score: 1.77	Breast Cancer Incidence Rate	2007-2011	2.00
	Life Expectancy for Females	2010	1.85
	Mammography Screening: Medicare Population	2012	1.13

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## DATA SOURCES

The Data Platform utilizes indicator data from the following data sources:

- American Community Survey
- American Lung Association
- Annie E. Casey Foundation
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- County Health Rankings
- Feeding America
- Indiana Hospital Association
- Indiana Secretary of State
- Indiana State Department of Health
- Indiana University Center for Health Policy
- Institute for Health Metrics and Evaluation
- National Cancer Institute
- National Center for Education Statistics
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Nielsen Claritas
- Small Area Health Insurance Estimates
- US Bureau of Labor Statistics
- US Census County Business Patterns
- US Department of Agriculture: Food Environment Atlas
- US Environmental Protection Agency

# Appendix C: Community Input Findings


**Key Informant Interviews** 

Top Community Health Needs

- Mental Health
- Substance Abuse
- Nutrition and Exercise/Obesity
- Access to Care
- Oral Health
- Tobacco

Service Gaps

- Healthcare navigation
- Access to primary care providers
- Urgent care facilities

**Focus Group Discussions** 

Community Health Ranking  
Overall rating by focus groups is "Fair"

Reasons/issues given included:

- High obesity, lack of exercise
- Nutrition, costs of healthy foods, lack of education
- Mental health, suicide rates
- Smoking, substance abuse
- Infant mortality
- Cancer
- Lack of awareness of services in the community
- Hypertension, coronary disease

**Root Causes**

Access to Care  
Mental Health  
Obesity  
Substance Abuse

→

**Clinical Causes**

Cancer  
Drugs  
Nutrition  
Suicide

# Appendix D: Prioritization Tools

## Prioritization Matrix Tools - Vanderburgh

This packet will help you assess each of the 10 pressing health needs identified by HCI's data analysis, and how each of those health needs relate to the criteria set forth by St. Mary's-Deaconess for prioritizing health topics in your service area. Please have a quick look through the packet, and then follow the directions below to score how well each of the health topics meets the prioritization criteria. After you have completed the ranking below, please submit your results on the Poll Everywhere software. The software will collate your results with those of other participants, and will instantaneously show the group's collective ranking of the most pressing health needs in your service area.

### Directions


1. On the following pages, score each health need for how well it meets each criteria:  
**1=Does Not Meet Criteria 2=Meets Criteria 3=Meets Criteria Well**
2. Add total scores for each health need and write total in "Total Health Topic Score" column.
3. Write the total scores for each topic in the table below.
4. Assign ranking to health needs based on total score, with highest score receiving a ranking of 1. If you have tying scores for health topics, assign rank as you see best fit.

*Please feel free to work in groups and ask questions of HCI staff and your colleagues!*

Health Topics	Total Score	Rank
Social Environment		
Mental Health & Mental Disorders		
Prevention & Safety		
Immunizations & Infectious Diseases		
Diabetes		
Maternal, Fetal, & Infant Health		
Substance Abuse		
Children's Health		
Exercise, Nutrition, & Weight		
Access to Health Services		


**If you feel a health topic is missing from this list, please write it here:**

**Social Environment**

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.98	Social Environment		Prevalence of child abuse is high; substance abuse and mental health are tied to issues of violence/child abuse; concern with nutrition in elderly adults who live alone.	<ul style="list-style-type: none"> <li>• People 65+ Living Alone</li> <li>• Single Parent Households</li> <li>• Voter Turnout</li> <li>• Child Abuse Rate</li> <li>•</li> </ul>


Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
<b>Circle of Influence/Ability to Impact Change:</b> Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
<b>Opportunity to Intervene at Prevention Level:</b> Can we address a health issue before it gets exacerbated?	43 evidence based practices exist around prevention for this specific topic area.	
<b>Magnitude/Severity of Health Issue:</b> How widespread is the issue amongst the community?	<ul style="list-style-type: none"> <li>• Cited by 4 of 10 focus groups</li> <li>• Cited by 0 of 9 Key Informants</li> <li>• Ranked 1.98 out of 3 in HCI Secondary Data Analysis</li> </ul>	
<b>Addresses Underserved &amp; Vulnerable Populations:</b> Does the issue affect the working poor or medically underserved populations?	Not enough data to determine whether this issue disproportionately affects underserved and vulnerable populations.	
<b>Total Health Topic Score</b>		

**Mental Health & Mental Disorders**

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
2.36	Mental Health & Mental Disorders		Issues with stigma; correlation to substance abuse and criminal system; perceived lack of adolescent psychiatry services and shortage of providers in general; suicide rate is rising.	<ul style="list-style-type: none"> <li>• Depression: Medicare Population</li> <li>• Age Adjusted Death Rate due to Suicide</li> <li>• Age Adjusted Death Rate due to Alzheimer's</li> <li>• Poor Mental Health Days</li> </ul>


Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
<b>Circle of Influence/Ability to Impact Change:</b> Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
<b>Opportunity to Intervene at Prevention Level:</b> Can we address a health issue before it gets exacerbated?	33 evidence based practices exist around prevention for this specific topic area.	
<b>Magnitude/Severity of Health Issue:</b> How widespread is the issue amongst the community?	<ul style="list-style-type: none"> <li>• Cited by 10 of 10 focus groups</li> <li>• Cited by 8 of 9 Key Informants</li> <li>• Ranked 2.36 out of 3 in HCI Secondary Data Analysis</li> </ul>	
<b>Addresses Underserved &amp; Vulnerable Populations:</b> Does the issue affect the working poor or medically underserved populations?	Not enough data to determine whether this issue disproportionately affects underserved and vulnerable populations.	
<b>Total Health Topic Score</b>		

**Prevention & Safety**

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
2.29	Prevention & Safety		<i>N/a, not mentioned as a top health need/concern during community input process</i>	<ul style="list-style-type: none"> <li>• Age Adjusted Death Rate due to Unintentional Injuries</li> <li>• Death Rate due to Drug Poisoning</li> <li>• Severe Housing Problems</li> </ul>

Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
<b>Circle of Influence/Ability to Impact Change:</b> Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
<b>Opportunity to Intervene at Prevention Level:</b> Can we address a health issue before it gets exacerbated?	33 evidence based practices exist around prevention for this specific topic area.	
<b>Magnitude/Severity of Health Issue:</b> How widespread is the issue amongst the community?	<ul style="list-style-type: none"> <li>• Cited by 0 of 10 focus groups</li> <li>• Cited by 0 of 9 Key Informants</li> <li>• Ranked 2.29 out of 3 in HCI Secondary Data Analysis</li> </ul>	
<b>Addresses Underserved &amp; Vulnerable Populations:</b> Does the issue affect the working poor or medically underserved populations?	Not enough data to determine whether this issue disproportionately affects underserved and vulnerable populations.	
<b>Total Health Topic Score</b>		


**Immunizations & Infectious Diseases**

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.89	Immunizations & Infectious Diseases		Need for sex education in post-menopausal women; lack of Hep C education for young adults; low vaccination rates and associated costs	<ul style="list-style-type: none"> <li>Chlamydia Incidence Rate</li> <li>Gonorrhea Incidence Rate</li> <li>Age Adjusted ER Rate due to Hepatitis</li> </ul>

Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
<b>Circle of Influence/Ability to Impact Change:</b> Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
<b>Opportunity to Intervene at Prevention Level:</b> Can we address a health issue before it gets exacerbated?	60 evidence based practices exist around prevention for this specific topic area.	
<b>Magnitude/Severity of Health Issue:</b> How widespread is the issue amongst the community?	<ul style="list-style-type: none"> <li>Cited by 4 of 10 focus groups</li> <li>Cited by 0 of 9 Key Informants</li> <li>Ranked 1.89 out of 3 in HCI Secondary Data Analysis</li> </ul>	
<b>Addresses Underserved &amp; Vulnerable Populations:</b> Does the issue affect the working poor or medically underserved populations?	Not enough data to determine whether this issue disproportionately affects underserved and vulnerable populations.	
<b>Total Health Topic Score</b>		




**Diabetes**

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.81	Diabetes		High prevalence of diabetes; rising childhood diabetes; lack of resources to follow diet; loss of limbs.	<ul style="list-style-type: none"> <li>• Age-Adjusted ER Rate due to Diabetes</li> <li>• Age-Adjusted ER Rate due to Long Term Complications of Diabetes</li> <li>• Age-Adjusted Hospitalization Rate due Diabetes</li> </ul>


Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
<b>Circle of Influence/Ability to Impact Change:</b> Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
<b>Opportunity to Intervene at Prevention Level:</b> Can we address a health issue before it gets exacerbated?	8 evidence based practices exist around prevention for this specific topic area.	
<b>Magnitude/Severity of Health Issue:</b> How widespread is the issue amongst the community?	<ul style="list-style-type: none"> <li>• Cited by 4 of 10 focus groups</li> <li>• Cited by 0 of 9 Key Informants</li> <li>• Ranked 1.81 out of 3 in HCI Secondary Data Analysis</li> </ul>	
<b>Addresses Underserved &amp; Vulnerable Populations:</b> Does the issue affect the working poor or medically underserved populations?	Not enough data to determine whether this issue disproportionately affects underserved and vulnerable populations.	
<b>Total Health Topic Score</b>		

**Maternal, Infant, & Fetal Health**

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.80	Maternal, Infant, & Fetal Health		High teen birth rate; lack of sex education; high infant mortality; smoking or abuse of alcohol during pregnancy; not seeking prenatal care.	<ul style="list-style-type: none"> <li>Babies with Low Birth Weight</li> <li>Teen Birth Rate</li> <li>Mothers who Smoked During Pregnancy</li> </ul>


Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
<b>Circle of Influence/Ability to Impact Change:</b> Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
<b>Opportunity to Intervene at Prevention Level:</b> Can we address a health issue before it gets exacerbated?	11 evidence based practices exist around prevention for this specific topic area.	
<b>Magnitude/Severity of Health Issue:</b> How widespread is the issue amongst the community?	<ul style="list-style-type: none"> <li>Cited by 4 of 10 focus groups</li> <li>Cited by 0 of 9 Key Informants</li> <li>Ranked 1.80 out of 3 in HCI Secondary Data Analysis</li> </ul>	
<b>Addresses Underserved &amp; Vulnerable Populations:</b> Does the issue affect the working poor or medically underserved populations?	Not enough data to determine whether this issue disproportionately affects underserved and vulnerable populations.	
<b>Total Health Topic Score</b>		

**Substance Abuse**

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.80	Substance Abuse		Abuse of alcohol, marijuana, prescription drugs, heroin, meth and synthetic drugs; smoking rates are high; increase in e-cig use; smoking ban overturned.	<ul style="list-style-type: none"> <li>• Death Rate due to Drug Poisoning</li> <li>• Age Adjusted ER Rate due to Alcohol Abuse</li> <li>• Adults who Smoke</li> </ul>


Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
<b>Circle of Influence/Ability to Impact Change:</b> Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
<b>Opportunity to Intervene at Prevention Level:</b> Can we address a health issue before it gets exacerbated?	90 evidence based practices exist around prevention for this specific topic area.	
<b>Magnitude/Severity of Health Issue:</b> How widespread is the issue amongst the community?	<ul style="list-style-type: none"> <li>• Cited by 10 of 10 focus groups</li> <li>• Cited by 8 of 9 Key Informants</li> <li>• Ranked 1.80 out of 3 in HCI Secondary Data Analysis</li> </ul>	
<b>Addresses Underserved &amp; Vulnerable Populations:</b> Does the issue affect the working poor or medically underserved populations?	Not enough data to determine whether this issue disproportionately affects underserved and vulnerable populations.	
<b>Total Health Topic Score</b>		

**Children’s Health**

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.60	Children’s Health		Poor nutrition, increase in childhood obesity & diabetes; many kids on free/reduced lunch program; lack of mental health services for adolescents.	<ul style="list-style-type: none"> <li>• Age Adjusted ER Rate due to Pediatric Asthma</li> <li>• Child Abuse Rate</li> <li>• Low Income Preschool Obesity</li> <li>• Children With Low Access to a Grocery Store</li> </ul>


Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
<b>Circle of Influence/Ability to Impact Change:</b> Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
<b>Opportunity to Intervene at Prevention Level:</b> Can we address a health issue before it gets exacerbated?	51 evidence based practices exist around prevention for this specific topic area.	
<b>Magnitude/Severity of Health Issue:</b> How widespread is the issue amongst the community?	<ul style="list-style-type: none"> <li>• Cited by 4 of 10 focus groups</li> <li>• Cited by 4 of 9 Key Informants</li> <li>• Ranked 1.60 out of 3 in HCI Secondary Data Analysis</li> </ul>	
<b>Addresses Underserved &amp; Vulnerable Populations:</b> Does the issue affect the working poor or medically underserved populations?	Key themes in data analysis indicate this issue <u>does</u> disproportionately affect underserved and vulnerable populations.	
<b>Total Health Topic Score</b>		

**Exercise, Nutrition, & Weight**

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.49	Exercise, Nutrition & Weight		Lack of exercise/active lifestyle; need to increase availability of safe places to be active and education around nutrition; high prevalence of obesity.	<ul style="list-style-type: none"> <li>Fast Food Restaurant Density</li> <li>Food Insecurity Rate</li> <li>Adults who are Obese</li> <li>Farmers Market Density</li> </ul>

Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
<b>Circle of Influence/Ability to Impact Change:</b> Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
<b>Opportunity to Intervene at Prevention Level:</b> Can we address a health issue before it gets exacerbated?	48 evidence based practices exist around prevention for this specific topic area.	
<b>Magnitude/Severity of Health Issue:</b> How widespread is the issue amongst the community?	<ul style="list-style-type: none"> <li>Cited by 9 of 10 focus groups</li> <li>Cited by 7 of 9 Key Informants</li> <li>Ranked 1.49 out of 3 in HCI Secondary Data Analysis</li> </ul>	
<b>Addresses Underserved &amp; Vulnerable Populations:</b> Does the issue affect the working poor or medically underserved populations?	Key themes in data analysis indicate this issue <u>does</u> disproportionately affect underserved and vulnerable populations.	
<b>Total Health Topic Score</b>		

**Access to Health Services**

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.01	Access to Health Services		Barriers to accessing care such as lack of providers, affordability of care, and transportation; coverage gap for “working poor”	<ul style="list-style-type: none"> <li>No Secondary Data Indicators Scoring Above 1.5</li> </ul>

Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
<b>Circle of Influence/Ability to Impact Change:</b> Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
<b>Opportunity to Intervene at Prevention Level:</b> Can we address a health issue before it gets exacerbated?	Prevention in this context is taken to mean “Preventing Exacerbation of a Medical Condition” 21 evidence based practices found	
<b>Magnitude/Severity of Health Issue:</b> How widespread is the issue amongst the community?	<ul style="list-style-type: none"> <li>Cited by 10 of 10 focus groups</li> <li>Cited by 4 of 9 Key Informants</li> <li>Ranked 1.01 out of 3 in HCI Secondary Data Analysis</li> </ul>	
<b>Addresses Underserved &amp; Vulnerable Populations:</b> Does the issue affect the working poor or medically underserved populations?	Key themes in data analysis indicate this issue <u>does</u> disproportionately affect underserved and vulnerable populations.	
<b>Total Health Topic Score</b>		

## Appendix E: Authors

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