Deaconess

Deaconess Hospital

FY2013 Community Health Needs Assessment for Warrick County

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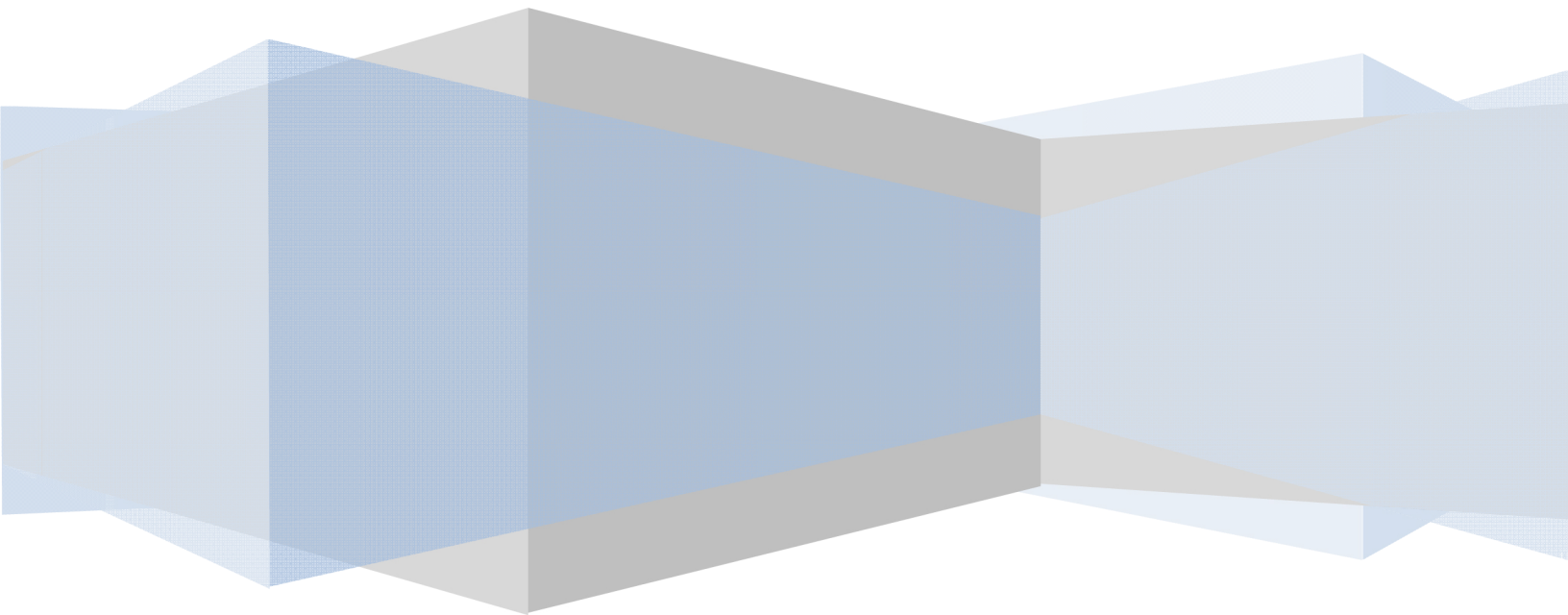
Deaconess Health System • ECHO Community Health Care • ST. MARY'S • United Way • Welborn Baptist Foundation

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CONTACT INFORMATION

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For questions regarding the Community Health Needs Assessment, please contact:

St. Mary's Health
Strategic Planning
3700 Washington Avenue
Evansville, IN 47750
812.485.8592
CHNA@stmarys.org

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

OVERVIEW

COMMUNITY NEEDS ASSESSMENT/WARRICK COUNTY
OVERVIEW
May, 2013

INTRODUCTION

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

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

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

COMMUNITY DEFINITION/DEMOGRAPHICS

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

Population Growth – Warrick County includes a **population of 61,138** people, a number that is **expected to grow by more than 5%** over the next 5 years (an increase of 5.4% between 2012 and 2017).

Within Warrick, one of the most significant growth segments is the **65+ age population**, **where a 27.8% increase is projected** for the 5-year period between 2012 and 2017.

Market Diversity – The Warrick area continues to be a relatively non-diverse population, with **95% of the population characterized as White/Caucasian.**

Poor and Vulnerable Populations – A relatively affluent population, only 8% of Warrick's households earns less than $15,000 annually. It is estimated that **7% of residents are uninsured**, a number that is **projected to decline to 3% by 2017**, assuming that the expansion of Medicaid takes place as originally scheduled.

Health Outcomes – Based on the 2012 County Health Rankings, **Warrick County ranks 11th out of 92 Indiana counties** based on specific health factors and health outcomes. However, it ranks 85th based on its physical environment (e.g. air pollution). (Source: Robert Woods Johnson Foundation, accessed at www.countyhealthrankings.org).

Household Income – The median household income in Warrick County is estimated at $47,922 for 2012.

Median Age – The median age in Warrick during 2012 was 40 years.

COMMUNITY DEMOGRAPHIC TABLES – WARRICK COUNTY

COMMUNITY/TOTAL POPULATION	2012	2017	# INCREASE	% INCREASE
Warrick County	61,138	64,426	3,288	5.4%

COMMUNITY/POPULATION 65+	2012	2017	# INCREASE	% INCREASE
Warrick County	7,781	9,943	2,162	27.8%

COMMUNITY AGE/INCOME	2012 Median Age	2012 Total Households	2012 Avg. HH Income	2012 Median HH Income
Warrick County	40	23,130	$ 59,216	$ 47,922

HEALTH INSURANCE COVERAGE/ WARRICK	2012 Adjusted Lives	2017 Adjusted Lives	2012 Coverage Distribution	2017 Coverage Distribution
Medicaid	5,040	5,796	8%	9%
Medicare	7,563	9,560	12%	15%
Medicare Dual Eligible	914	1,088	1%	2%
Private - Direct	3,433	3,432	6%	5%
Private - Employer Sponsored	39,917	39,427	65%	61%
Private - Insurance Exchange	-	3,081	0%	5%
Uninsured	4,271	2,042	7%	3%
TOTAL	61,138	64,426	100%	100%

POPULATION RACE/ WARRICK	2012 Population Count	2012 Population Distribution
Asian	1,081	2%
Black	853	1%
Multiracial	889	1%
Native American	131	0%
Other	325	1%
Pacific Islander	17	0%
White	57,842	95%
	61,138	100%

NEEDS ASSESSMENT METHODOLOGY/PROCESS

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

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

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

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

The sample design used for this survey consisted of a random sample of 191 individuals age 18 and older in Warrick County. For statistical purposes, the maximum rate of error associated with a sample size of 191 respondents is +/- 6.9 points at the 95 percent confidence level. While random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve the representativeness even further. This was accomplished by adjusting the results to match the geographic distribution and demographic characteristics of the population surveyed (post-stratification) . This process eliminates any naturally occurring bias in the numbers.

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

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

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

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

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

- U.S. Department of Justice, Federal Bureau of Investigation

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

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

CATEGORY	SPECIFIC ISSUE(S)
Cancer	• Cancer Deaths
Chronic Kidney Disease	• Kidney Disease Deaths
Dementias, Including Alzheimer's Disease	• Alzheimer's Disease Deaths
Diabetes Mellitus	• Diabetes Deaths
Heart Disease & Stroke	• Heart & Stroke Deaths
Nutrition & Weight Status	• Fruit/Vegetable Consumption
Respiratory Diseases	• Chronic Lower Respiratory Disease Deaths • Pneumonia/Influenza Deaths

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

INFORMATION GAPS

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

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

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

TOP COMMUNITY HEALTH CONCERNS AMONG KEY INFORMANTS

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

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

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

LOW INCOME HOUSEHOLDS

Variations were noted between the total household sample and low-income households. "Low income" has been defined as any household below 200% of poverty. The most significant variations are noted in the tables below. To summarize, low-income households report a lower level of physical and mental well-being, as well as lower accessibility to appropriate healthcare services. The incidence of uninsured households is significantly higher in lower income households (33.6%) versus Warrick households as a whole (11.1%), which promotes limited access. In turn, accessibility issues play out in an excessive use of local emergency rooms services.

In comparison to the average Warrick household, low-income households demonstrate a greater risk profile, reporting a higher incidence of smoking and obesity. The percentage of low-income homes that have sought help for drug and alcohol addictions (13.8%) is more than double the percentage in the general population (5.1%). As would be expected, lower levels of access combined with higher levels of risk behavior have resulted in an elevated incidence of disease – particularly in the areas of depression, asthma and diabetes.

Low-Income Household Profile

Q: Would you say that in general your health is:

	Warrick Total	Warrick Low Income
Excellent	21.9%	9.8%
Very Good	29.4%	15.3%
Good	31.5%	31.8%
Fair	11.9%	34.4%
Poor	5.2%	8.7%
Total	99.9%	100.0%

Q: Would you say that in general your MENTAL health is:

	Warrick Total	Warrick Low Income
Excellent	28.3%	13.5%
Very Good	36.3%	31.7%
Good	25.4%	26.5%
Fair	7.8%	18.7%
Poor	2.2%	9.6%
Total	100.0%	100.0%

Q: How would you rate the health care services that are available to you?

	Warrick Total	Warrick Low Income
Excellent	23.3%	15.9%
Very Good	33.6%	17.9%
Good	27.3%	40.8%
Fair	9.0%	12.0%
Poor	6.9%	13.4%
Total	100.1%	100.0%

Q: In the past 12 months, how many times have you gone to an ER about your own health?		
	Warrick	Warrick
	Total	Low Income
Once	14.2%	14.0%
Twice	5.6%	25.4%
3 - 5 Times	3.4%	12.3%
6 - 19 Times	0.8%	4.6%
20 Times	0.0%	0.0%
NONE	76.0%	43.6%
Total	100.0%	99.9%

Q: Have you ever suffered from or been diagnosed with any of the following medical conditions? (YES)		
Medical Profile	Warrick	Warrick
	Total	Low Income
Major Depression	9.7%	35.7%
Asthma	12.5%	19.3%
Diabetes	9.1%	18.6%
Behavioral/Risk Profile		
	Warrick	Warrick
	Total	Low Income
Current Smoker	17.7%	44.6%
Taken Illegal Drugs in Past 30 Days	1.9%	3.1%
Have Sought Help for Alcohol/Drugs	5.1%	13.8%
Chronic Drinker (60+ Drinks in Past Month)	4.3%	9.1%
Uninsured	11.1%	33.6%
Obese: BMI + 30.0 or More	31.5%	45.9%

ROOT CAUSE ANALYSIS

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

1. **Tobacco Use**
2. **Obesity**
3. **Substance Abuse**

	Mental Health	Access to Care	Obesity	Substance Abuse	Oral Health	Education Training	Tobacco Use
Cancer			X		X		X
Kidney				X			X
Dementia				X			
Diabetes		X		X			X
Heart/Stroke			X	X			X
Nutrition	X		X	X		X	
Respiratory			X	X			X

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

INTEGRATED SCORECARD

In addition to root cause analysis and the implementation strategy, there is an integrated scorecard that has been development to track ongoing metrics and strategy. The scorecard tracks the three root causes and metrics build to support the collaborative to engage and drive change in the community to reduce tobacco use, obesity and substance abuse and (See the Integrated Scorecard Section).

IMPLEMENTATION STRATEGY OPTIONS

Tobacco Use (August 30, 2012 Strategy Session)

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

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

3. Make Warrick County parks smoke-free.

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

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

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

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

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

9. Pursue a Smokefree Communities grant specifically for Warrick County.

Obesity (September 24, 2012 Strategy Session)

1. Increase the number of child care settings adopting nutritional guidelines
    Focus on prevention and early intervention, including increasing the number of child care settings adopting nutritional guidelines and expansion of the **Welborn Baptist Foundation HEROES program, (Healthy, Energetic, Outstanding, Enthusiastic Schools),** for improved physical activity/nutrition in schools, based on the Coordinated School Health Model. This HREOES model influences system level changes in schools to create an environment more conducive to healthy choices. Students participate in increased physical activity and receive more nutritious foods in schools with high levels of fidelity to the model. As of December, 2012, there are 34 schools in the region participating in HEROES, the majority in Vanderburgh County. **Warrick County** continues to decline our invitation to become a HEROES school district. Evaluation demonstrates increases in physical activity, improved nutrition and increases in normal weight status of participating students.

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

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

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

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

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

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

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

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

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

   Youth First has **school based social workers** in about 40% of local schools, with a desire to expand coverage. Currently, Youth First has 29 FTEs in 45 schools, all of whom are Masters prepared and many of whom are certified addiction counselors. (According to AA/NA, one in four students has a parent that is a substance abuser.) Their **Reconnecting Youth Program** is now in 13 high schools, targeting high-risk youth. Within Warrick County, they have implemented **Communities That Care**, an Indiana state program, which specifically addresses Warrick's youth behavioral issues.

   Sober Schools – this is a concept implemented in other communities that creates a safe/clean high school experience. The school supports healthy life skills, using Alcohol Anonymous and

Narcotics Anonymous guidelines. Typically, 40 to 80 students can earn their degree while functioning in a drug-free environment. There is a charter school in Indianapolis that has implemented the Sober School concept.

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

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

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

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

MARKET ASSESSMENT
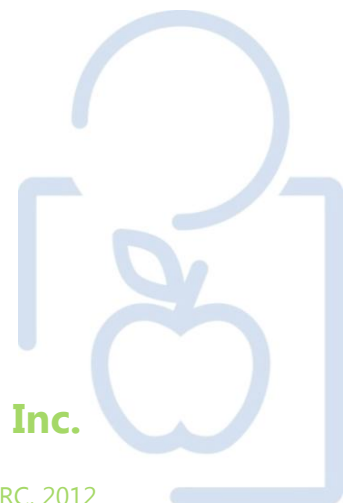
2011 PRC Community Health Needs Assessment

Warrick County, Indiana

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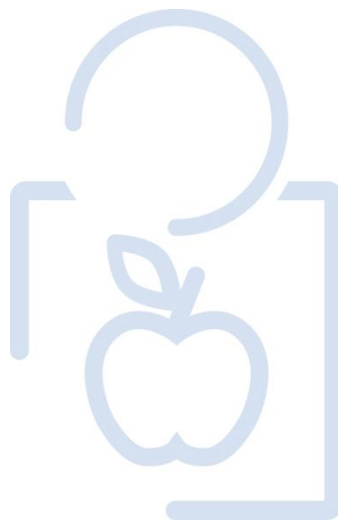
PRC Experience Excellence

INTRODUCTION

Project Overview

Project Goals

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

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

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.

- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

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

Methodology

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

Survey Instrument

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

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Warrick County" in this report) includes ZIP Codes 47523, 47537, 47601, 47610, 47613, 47619, 47630 and 47637. A geographic depiction is illustrated in the following map.
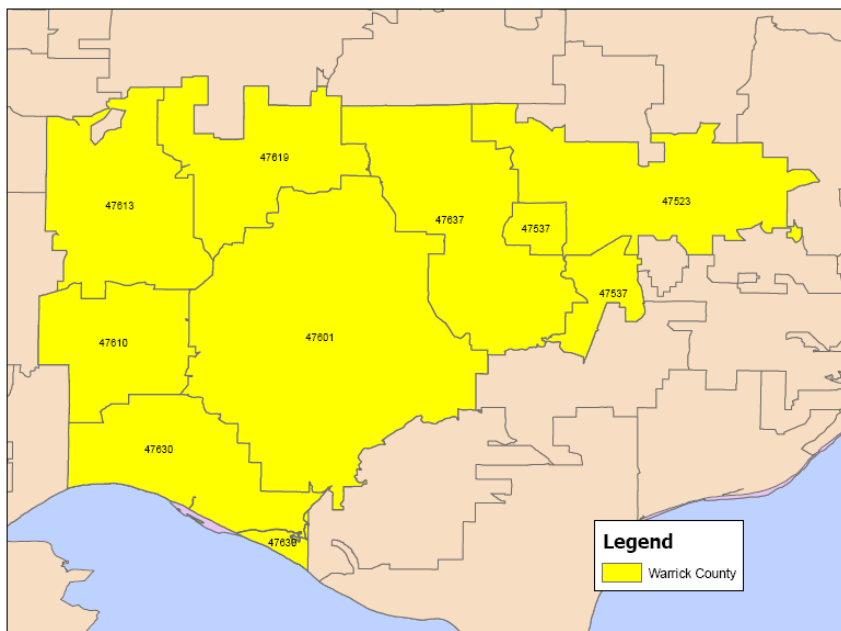


Sample Approach & Design

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

The sample design used for this effort consisted of a random sample of 191 individuals age 18 and older in Warrick County. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 191 respondents is ±6.9% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 191 Respondents at the 95 Percent Level of Confidence
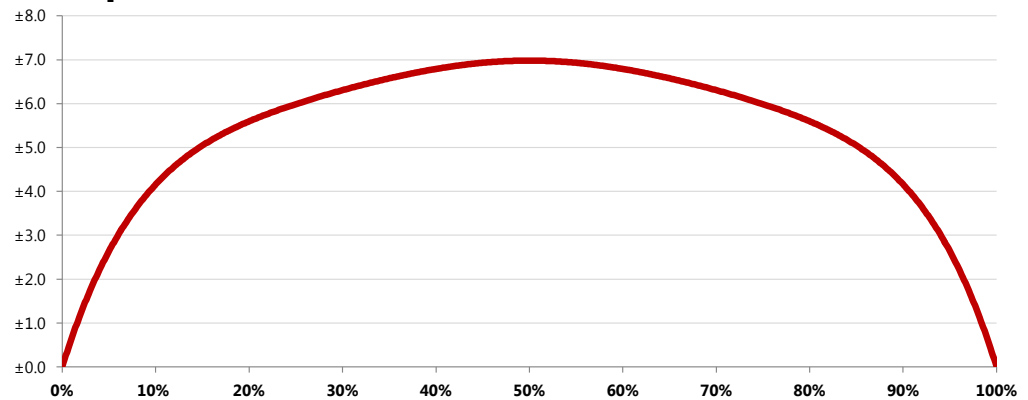
Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: • If 10% of the sample of 191 respondents answered a certain question with a "yes," it can be asserted that between 5.8% and 14.2% (10% ± 4.2%) of the total population would offer this response.
            • If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% (50% ± 6.9%) of the total population would respond "yes" if asked this question.
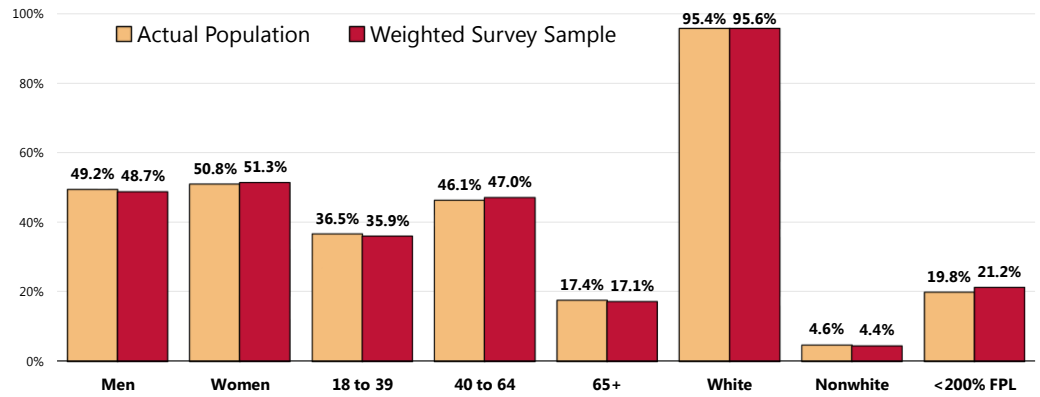
Sample Characteristics

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

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

Population & Sample Characteristics
(Warrick County, 2011)

Chart legend: Actual Population ■ Weighted Survey Sample

Category	Actual Population	Weighted Survey Sample
Men	49.2%	48.7%
Women	50.8%	51.3%
18 to 39	36.5%	35.9%
40 to 64	46.1%	47.0%
65+	17.4%	17.1%
White	95.4%	95.6%
Nonwhite	4.6%	4.4%
<200% FPL	19.8%	21.2%

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

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

Key Informant Focus Groups

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

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

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

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

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

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Warrick County were

obtained from the following sources (specific citations are included with the graphs throughout this report):

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

Note that secondary data reflect county-level data.

Benchmark Data

Indiana Risk Factor Data

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

Nationwide Risk Factor Data

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

Healthy People 2020

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

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

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

More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

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

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

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

Summary of Findings

Areas of Opportunity for Community Health Improvement

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

Prioritization

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

Areas of Opportunity Identified Through This Assessment	
Cancer	• Cancer Deaths
Chronic Kidney Disease	• Kidney Disease Deaths
Dementias, Including Alzheimer's Disease	• Alzheimer's Disease Deaths
Diabetes Mellitus	• Diabetes Deaths
Heart Disease & Stroke	• Heart Disease Deaths (Including Stroke)
Nutrition & Weight Status	• Fruit/Vegetable Consumption
Respiratory Diseases	• CLRD Deaths • Pneumonia/Influenza Deaths

Top Community Health Concerns Among Community Key Informants

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

1. **Mental Health**

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

2. **Access**

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

3. **Obesity**

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

4. **Substance Abuse**

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

5. **Oral Health**

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

6. **Education**

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

7. **Tobacco**

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

Summary Tables: Comparisons With Benchmark Data

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

Reading the Summary Tables

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

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

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

Access to Health Services	Warrick County	Warrick County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	9.5	☀ 17.9	☀ 14.9	🌧 0.0
% Difficulty Accessing Healthcare in Past Year (Composite)	36.6		☁ 37.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	13.7		☁ 14.3	
% Cost Prevented Getting Prescription in Past Year	13.1		☁ 15.0	
% Cost Prevented Physician Visit in Past Year	12.6		☁ 14.0	
% Difficulty Getting Appointment in Past Year	13.5		☁ 16.5	
% Difficulty Finding Physician in Past Year	8.1		☁ 10.7	
% Transportation Hindered Dr Visit in Past Year	6.9		☁ 7.7	
% [Age 18+] Have a Specific Source of Ongoing Care	75.0		☁ 76.3	🌧 95.0
% Rate Local Healthcare "Fair/Poor"	15.9		☁ 15.3	
		☀ better	☁ similar	🌧 worse

Cancer	Warrick County	Warrick County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	201.1	☁ 196.8	🌧 181.0	🌧 160.6
% Skin Cancer	7.2		☁ 8.1	
% Cancer (Other Than Skin)	8.4		☁ 5.5	
		☀ better	☁ similar	🌧 worse

Chronic Kidney Disease

	Warrick County	Warrick County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)	21.6	⛈️ 20.0	⛈️ 14.5	
		☀️ better	☁️ similar	⛈️ worse

Diabetes

	Warrick County	Warrick County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Diabetes Mellitus (Age-Adjusted Death Rate)	40.5	⛈️ 25.3	⛈️ 23.5	⛈️ 19.6
% Diabetes/High Blood Sugar	9.1	☁️ 9.8	☁️ 10.1	
		☀️ better	☁️ similar	⛈️ worse

Dementias, Including Alzheimer's Disease

	Warrick County	Warrick County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate)	40.0	⛈️ 24.8	⛈️ 22.7	
		☀️ better	☁️ similar	⛈️ worse

Family Planning

	Warrick County	Warrick County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Births to Teenagers	10.3	☀️ 11.0	☁️ 10.4	
		☀️ better	☁️ similar	⛈️ worse

General Health Status	Warrick County	Warrick County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	17.1	☁ 16.5	☁ 16.8	
		☀ better	☁ similar	🌧 worse

Heart Disease & Stroke	Warrick County	Warrick County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	214.4	☁ 214.7	🌧 200.9	🌧 152.7
Stroke (Age-Adjusted Death Rate)	46.9	☁ 48.5	🌧 44.2	🌧 33.8
% 1+ Cardiovascular Risk Factor	85.2		☁ 86.3	
		☀ better	☁ similar	🌧 worse

Injury & Violence Prevention	Warrick County	Warrick County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	33.2	☀ 38.9	☀ 39.7	☀ 36.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	8.6	☀ 14.6	☀ 14.3	☀ 12.4
Firearm-Related Deaths (Age-Adjusted Death Rate)	8.4	☀ 11.2	☀ 10.3	☀ 9.2
Homicide (Age-Adjusted Death Rate)		☀ 5.9	☀ 6.1	☀ 5.5
		☀ better	☁ similar	🌧 worse

Maternal, Infant & Child Health

Maternal, Infant & Child Health	Warrick County	vs. IN	vs. US	vs. HP2020
% No Prenatal Care in First Trimester	18.7	☀ 29.6		☀ 22.1
Infant Death Rate	6.0	☀ 7.9	☀ 6.9	☁ 6.0
		☀ better	☁ similar	🌧 worse

Mental Health & Mental Disorders

Mental Health & Mental Disorders	Warrick County	vs. IN	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	10.0		☁ 11.7	
Suicide (Age-Adjusted Death Rate)	11.0	☀ 12.4	☁ 11.1	🌧 10.2
		☀ better	☁ similar	🌧 worse

Nutrition & Weight Status

Nutrition & Weight Status	Warrick County	vs. IN	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	36.8		🌧 48.8	
% Obese	31.5	☁ 30.2	☁ 28.5	☁ 30.6
% Children [Age 5-17] Obese	18.3		☁ 18.9	☁ 14.6
		☀ better	☁ similar	🌧 worse

Oral Health	Warrick County	Warrick County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	74.6	☁ 68.8	☀ 66.9	☀ 49.0
% Child [Age 2-17] Dental Visit in Past Year	88.3		☀ 79.2	☀ 49.0
		☀ better	☁ similar	🌧 worse

Physical Activity	Warrick County	Warrick County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% No Leisure-Time Physical Activity	28.1	☁ 26.5	☁ 28.7	☁ 32.6
		☀ better	☁ similar	🌧 worse

Respiratory Diseases	Warrick County	Warrick County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	45.9	☀ 51.4	🌧 41.5	
Pneumonia/Influenza (Age-Adjusted Death Rate)	23.6	🌧 17.7	🌧 18.1	
% [Adult] Currently Has Asthma	8.5	☁ 9.5	☁ 7.5	
% [Child 0-17] Currently Has Asthma	4.0		☁ 6.8	
		☀ better	☁ similar	🌧 worse

Substance Abuse	Warrick County	Warrick County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)		☀ 7.6	☀ 9.0	☀ 8.2
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	15.1	⛅ 13.5	⛅ 16.7	☀ 24.3
Drug-Induced Deaths (Age-Adjusted Death Rate)	5.9	☀ 12.0	☀ 12.2	☀ 11.3
		☀ better	⛅ similar	🌧 worse

Tobacco Use	Warrick County	Warrick County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Current Smoker	17.7	⛅ 21.3	⛅ 16.6	🌧 12.0
		☀ better	⛅ similar	🌧 worse

GENERAL HEALTH STATUS
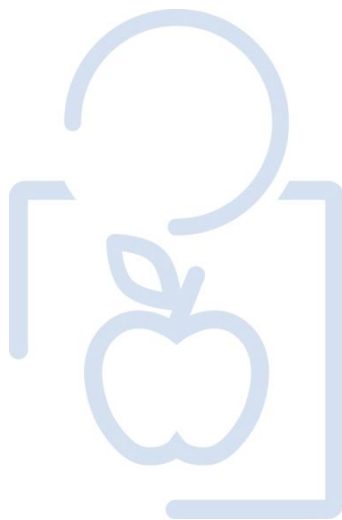
Self-Reported Health Status

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

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

More than one-half (51.4%) of Warrick County adults rate their overall health as "excellent" or "very good."

- Another 31.6% gave "good" ratings of their overall health.

Self-Reported Health Status
(Warrick County, 2011)

Poor 5.2%
Fair 11.9%
Excellent 21.9%
Good 31.6%
Very Good 29.5%
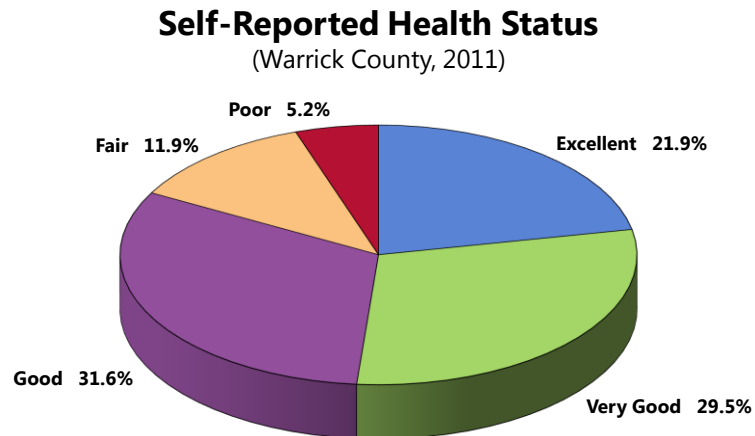
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, 17.1% of Warrick County adults believe that their overall health is "fair" or "poor."

- Similar to statewide findings.

- Similar to the national percentage.

Experience "Fair" or "Poor" Overall Health

	Warrick County	Indiana	United States
	17.1%	16.5%	16.8%
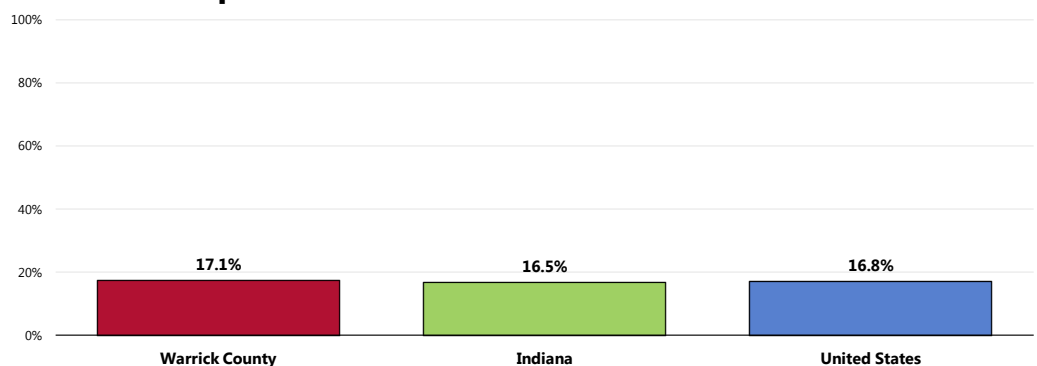
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

NOTE:

- Differences noted in the text represent significant differences determined through statistical testing.

- Where sample sizes permit, community-level data are provided.

Activity Limitations

Question	Asked of:	Warrick County Response	US Benchmark
Are you **limited in any way in any activities** because of physical, mental or emotional problems?	*All Respondents*	Yes — 24.8%	17.0%

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

Mental Health & Mental Disorders

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

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

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

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

- MEB disorders are common and begin early in life.

- The greatest opportunity for prevention is among young people.

- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.

- The incidence of depression among pregnant women and adolescents can be reduced.

- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.

- There are potential indicated preventive interventions for schizophrenia.

- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.

- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.

- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.

- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.

- Implementation is complex, and it is important that interventions be relevant to the target audiences.

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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Suicides

Indicator	Data Years	Warrick County	US Benchmark
Suicide (Age-Adjusted Death Rate)	*2005-2007*	11.0 Deaths per 100,000	11.1

Mental Health Status

Self-Reported Mental Health Status

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

Nearly two in three (64.6%) Warrick County adults rate their overall mental health as "excellent" or "very good."

- Another 25.4% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Warrick County, 2011)
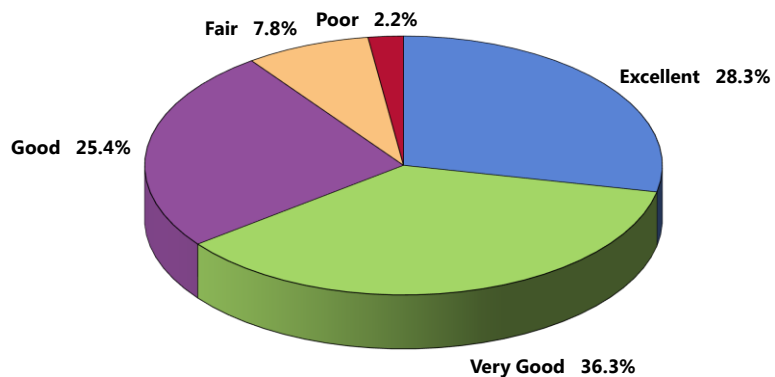
Fair 7.8% Poor 2.2%
Good 25.4%
Excellent 28.3%
Very Good 36.3%

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

A total of 10.0% of Warrick County adults, however, believe that their overall mental health is "fair" or "poor."

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

Experience "Fair" or "Poor" Mental Health
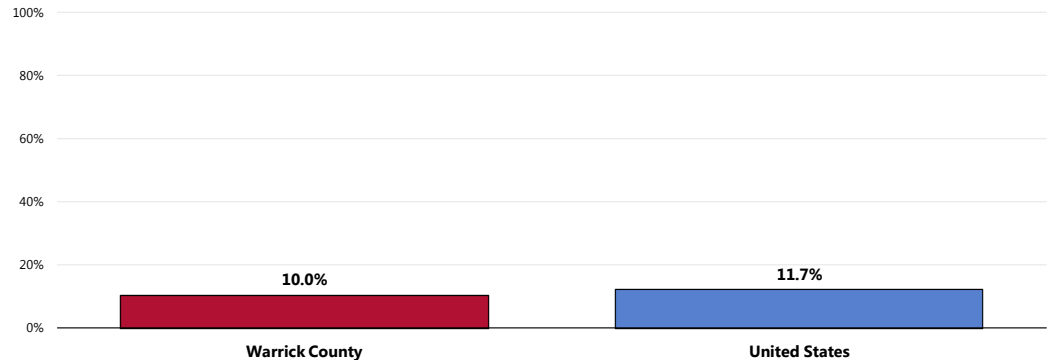
	Warrick County	United States
	10.0%	11.7%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Other Mental Health Indicators

Question	Asked of:	Warrick County Response	US Benchmark
Would you please tell me if you have ever suffered from or been diagnosed with any of the following medical conditions: **Major Depression Diagnosed by a Doctor**?	All Respondents	Yes — 9.7%	11.7%
Have you had **two years or more in your life when you felt depressed** or sad most days, even if you felt okay sometimes?	All Respondents	Yes — 23.7%	26.5%
Thinking about the amount of **stress** in your life, would you say that most days are:	All Respondents	Extremely Stressful — 1.4% Very Stressful — 8.3% Moderately Stressful — 56.3% Not Very Stressful — 26.2% Not At All Stressful — 7.8%	1.7% 9.8% 42.1% 31.3% 15.1%
Have you ever **sought help from a professional** for a mental or emotional problem?	All Respondents	Yes — 16.9%	24.4%
Have you or has anyone in your household ever been diagnosed with any of the following: **Dementia**?	All Respondents	Yes — 6.7%	N/A
Have you or has anyone in your household ever been diagnosed with any of the following: **Autism**?	All Respondents	Yes — 0.0%	N/A
Does this child currently take medication for Attention-Deficit/Hyperactivity Disorder or Attention-Deficit Disorder, also called **ADHD or ADD**?	Parents of Children 5-17	Yes — 13.1%	6.5%

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

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

- Insurance
- Prevention
- Special populations

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

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

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

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

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

DEATH, DISEASE & CHRONIC CONDITIONS
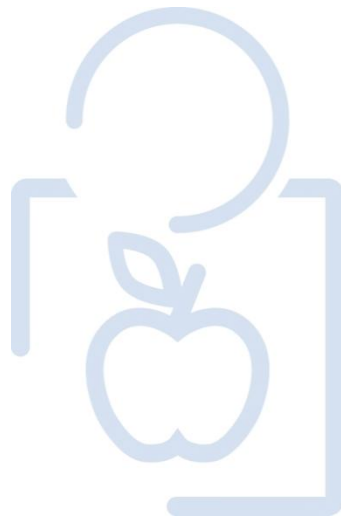
Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than one-half of all deaths in Warrick County in 2007.
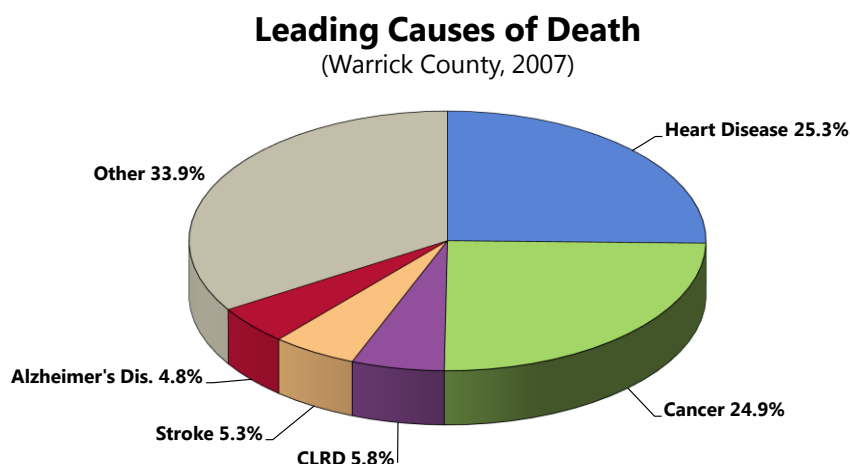
Leading Causes of Death
(Warrick County, 2007)

- Heart Disease 25.3%
- Cancer 24.9%
- CLRD 5.8%
- Stroke 5.3%
- Alzheimer's Dis. 4.8%
- Other 33.9%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates

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

	Warrick County	Indiana	US	HP2020
Diseases of the Heart	214.4	214.7	200.9	152.7*
Malignant Neoplasms (Cancers)	201.1	196.8	181.0	160.6
Cerebrovascular Disease (Stroke)	46.9	48.5	44.2	33.8
Chronic Lower Respiratory Disease (CLRD)	45.9	51.4	41.5	n/a
Diabetes Mellitus	40.5	25.3	23.5	19.6*
Alzheimer's Disease	40.0	24.8	22.7	n/a
Unintentional Injuries	33.2	38.9	39.7	36.0
Pneumonia/Influenza	23.6	17.7	18.1	n/a
Kidney Disease	21.6	20.0	14.5	n/a
Intentional Self-Harm (Suicide)	11.0	12.4	11.1	10.2
Motor Vehicle Crashes	8.6*	14.6	14.3	12.4
Firearm-Related	8.4*	11.2	10.3	9.2
Drug-Induced	5.9*	12.0	12.2	11.3

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2011.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.
Note: ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
● *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
● Local, state and national data are simple three-year averages.
● *These Warrick County rates are deemed unreliable due to small counts.

Cardiovascular Disease

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Indicator	Data Years	Warrick County	US Benchmark
Diseases of the Heart (Age-Adjusted Death Rate)	*2005-2007*	214.4 Deaths per 100,000	200.9
Stroke (Age-Adjusted Death Rate)	*2005-2007*	46.9 Deaths per 100,000	44.2

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Prevalence of Heart Disease & Stroke

Question	Asked of:	Warrick County Response	US Benchmark
Has a doctor, nurse or other health professional ever told you that you had: a **heart attack**? Has a doctor, nurse or other health professional ever told you that you had: **angina**? Has a doctor, nurse or other health professional ever told you that you had: **coronary disease**?	*All Respondents*	Diagnosed w/Heart Disease — 6.5% *[Calculated from multiple survey questions]*	6.1%
Has a doctor, nurse or other health professional ever told you that you had a **stroke**?	*All Respondents*	Yes — 3.2%	2.7%

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

High Blood Pressure & Cholesterol

Question	Asked of:	Warrick County Response	US Benchmark
Have you ever been told by a doctor, nurse or other healthcare professional that you had **high blood pressure**?	*All Respondents*	Yes — 37.9%	34.3%
About how long has it been since you had your **blood pressure taken** by a doctor, nurse or other health professional?	*All Respondents*	Tested in the Past 2 Yrs — 97.1%	94.7%
Are you currently **taking any action to control your high blood pressure**, such as taking medication, changing your diet or exercising?	*Respondents w/HBP*	Yes — 88.2%	89.1%
Have you ever been told by a doctor, nurse or other healthcare professional that you had **high blood cholesterol**?	*All Respondents*	Yes — 33.0%	31.4%
About how long has it been since you had your **blood cholesterol checked**?	*All Respondents*	Checked in the Past 5 Yrs — 91.0%	90.7%
Are you currently **taking any action to control your high blood cholesterol**, such as taking medication, changing your diet or exercising?	*Respondents w/HBC*	Yes — 86.7%	89.1%

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

Total Cardiovascular Risk

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

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

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

A total of 85.2% of Warrick County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

● Comparable to national findings.

Present One or More Cardiovascular Risks or Behaviors
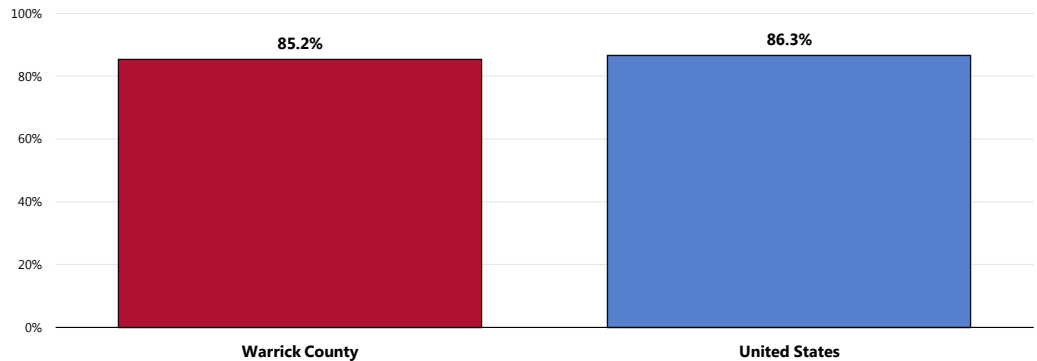
	Warrick County	United States
	85.2%	86.3%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
         ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
         ● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Cancer

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

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

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

■ Breast cancer (using mammography)

■ Cervical cancer (using Pap tests)

■ Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

Indicator	Data Years	Warrick County	US Benchmark
Cancer (Age-Adjusted Death Rate)	*2005-2007*	201.1 Deaths per 100,000	181.0

Prevalence of Cancer

A total of 7.2% of surveyed Warrick County adults report having been diagnosed with skin cancer.

- Similar to the national average.

A total of 8.4% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the national prevalence.

Prevalence of Cancer
(Warrick County, 2011)

■ Warrick County   ■ United States

	Skin Cancer	Cancer (Other Than Skin)
Warrick County	7.2%	8.4%
United States	8.1%	5.5%
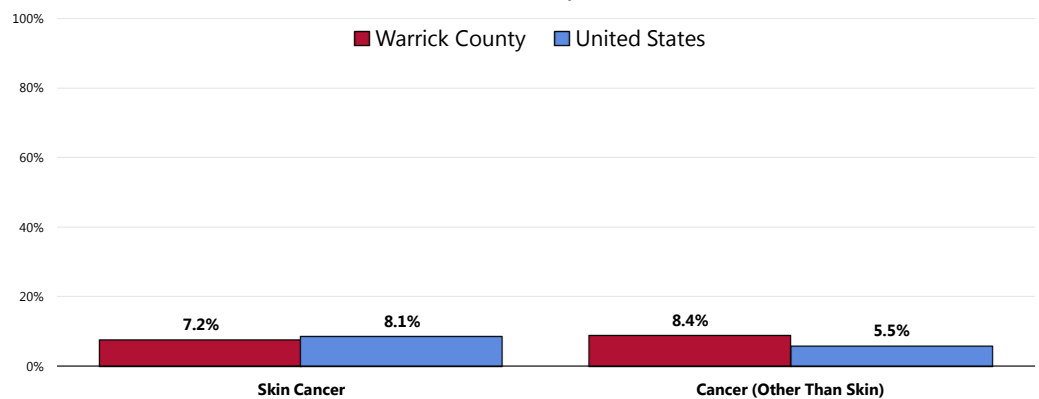
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 31-32]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

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

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

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

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as

health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

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

Question	Asked of:	Warrick County Response	US Benchmark
How long has it been since you had your last **Pap test**?	Women 21-65	Within the Past 3 Years — 88.2%	84.7%
How long has it been since your last **mammogram**?	Women 50-74	Within the Past 2 Years — 81.0%	79.9%
How long has it been since your last **PSA test**? How long has it been since your last **digital rectal exam**?	Men 50+	Within the Past 2 Years — 77.7% [Calculated using multiple survey questions.]	70.5%
How long has it been since your last **sigmoidoscopy** or **colonoscopy**?	Respondents Age 50+	Have Ever Had a Sigmoidoscopy/ Colonoscopy — 69.3%	72.0%
How long has it been since you had your last **blood stool test**?	Respondents Age 50+	Within the Past 2 Years — 36.2%	28.3%
Colorectal Cancer Screening (Blood Stool Test in Past Year and/or Lower Endoscopy in Past 10 Years)	Respondents Age 50-75	Yes — 70.4% [Calculated using multiple survey questions.]	N/A

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

Respiratory Disease

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

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

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

– Healthy People 2020 (www.healthypeople.gov)

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

Age-Adjusted Respiratory Disease Deaths

Indicator	Data Years	Warrick County	US Benchmark
CLRD (Age-Adjusted Death Rate)	*2005-2007*	45.9 Deaths per 100,000	41.5
Pneumonia/Influenza (Age-Adjusted Death Rate)	*2005-2007*	23.6 Deaths per 100,000	18.1

Asthma

Adults

A total of 8.5% of Warrick County adults currently suffer from asthma.

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

Currently Have Asthma

Warrick County	Indiana	United States
8.5%	9.5%	7.5%
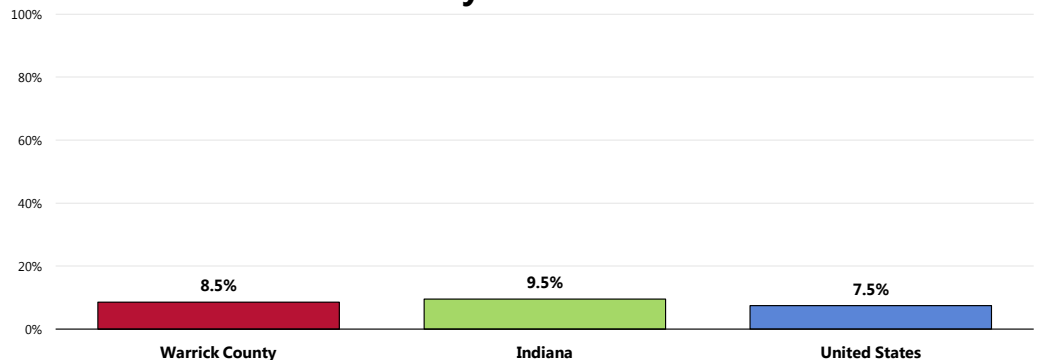
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.
Notes: ● Asked of all respondents.

Among Warrick County children under age 18, 4.0% currently have asthma.

- Statistically similar to national findings.

Child Currently Has Asthma
(Among Parents of Children Age 0-17)

	Warrick County	United States
	4.0%	6.8%
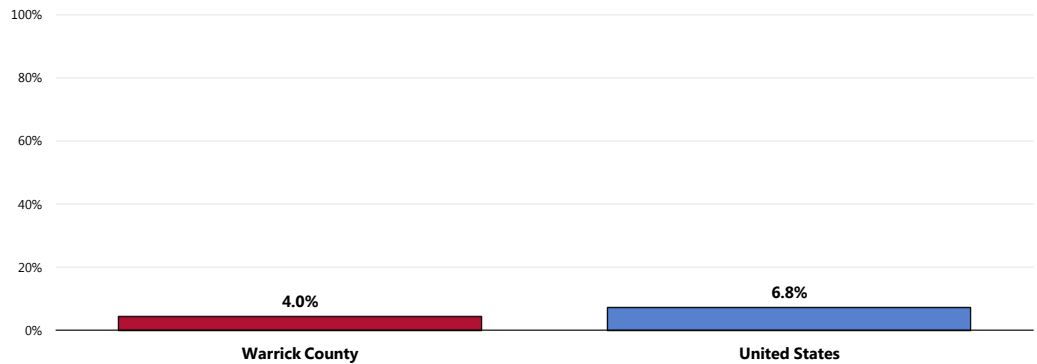
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
        • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Other Respiratory Disease Indicators

Question	Asked of:	Warrick County Response	US Benchmark
Would you please tell me if you have ever suffered from or been diagnosed with **nasal or hay fever allergies**?	*All Respondents*	Yes — 29.9%	27.3%
Would you please tell me if you have ever suffered from or been diagnosed with **sinusitis**?	*All Respondents*	Yes — 16.9%	19.4%
Would you please tell me if you have ever suffered from or been diagnosed with **chronic lung disease**?	*All Respondents*	Yes — 14.7%	8.4%

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

Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Deaths

Indicator	Data Years	Warrick County	US Benchmark
Unintentional Injuries (Age-Adjusted Death Rate)	*2005-2007*	33.2 Deaths per 100,000	39.5
Motor Vehicle Crashes (Age-Adjusted Death Rate)	*2005-2007*	8.6* Deaths per 100,000 (*deemed unreliable due to small counts)	14.1
Firearm-Related Deaths (Age-Adjusted Death Rate)	*2005-2007*	8.4* Deaths per 100,000 (*deemed unreliable due to small counts)	10.3

Other Injury & Violence Indicators

Question	Asked of:	Warrick County Response	US Benchmark
Do you always use **seat belts** when driving or riding in a car?	*All Respondents*	Yes — 86.7%	85.3%
Does your child (0-17) always wear a **child restraint** or seat belt when riding in a car?	*Parents of Children <18*	Yes — 98.6%	91.6%
Are there any **firearms** now kept in or around your home, including those kept in a garage, outdoor storage area, truck or car?	*All Respondents*	Yes — 55.9%	37.9%
	Parents of Children <18	Yes — 52.3%	34.4%
Is your **firearm kept unlocked and loaded**?	*Respondents w/Firearms*	Yes — 15.5%	16.9%
Have you been the **victim of a violent crime** in your area in the past five years?	*All Respondents*	Yes — 2.0%	1.6%
Has an **intimate partner ever threatened** you with physical violence?	*All Respondents*	Yes — 10.6%	11.7%
Has an **intimate partner ever hit, slapped, pushed, kicked or hurt you** in any way?	*All Respondents*	Yes — 12.6%	13.5%

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

Related Focus Group Findings: Injury and Violence

Many focus group participants are concerned with injury and violence in the community, with the main issue being sexual abuse.

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

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

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

Diabetes

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

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

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

- Lowers life expectancy by up to 15 years.

- Increases the risk of heart disease by 2 to 4 times.

- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Indicator	Data Years	Warrick County	US Benchmark
Diabetes (Age-Adjusted Death Rate)	*2005-2007*	40.5 Deaths per 100,000	23.5

Prevalence of Diabetes

A total of 9.1% of Warrick County adults report having been diagnosed with diabetes.

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

Prevalence of Diabetes
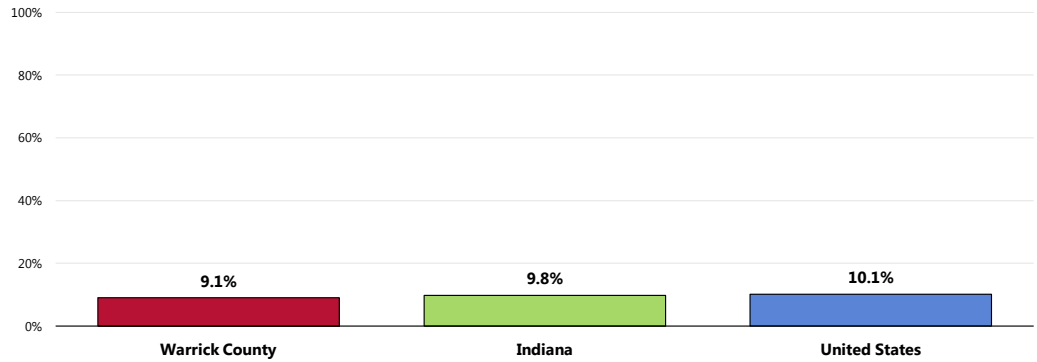
	Warrick County	Indiana	United States
Prevalence	9.1%	9.8%	10.1%

Alzheimer's Disease

Age-Adjusted Alzheimer's Disease Deaths

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

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

– Healthy People 2020 (www.healthypeople.gov)

Indicator	Data Years	Warrick County	US Benchmark
Alzheimer's Disease (Age-Adjusted Death Rate)	*2005-2007*	40.0 Deaths per 100,000	22.7

Kidney Disease

Age-Adjusted Kidney Disease Deaths

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Indicator	Data Years	Warrick County	US Benchmark
Kidney Disease (Age-Adjusted Death Rate)	*2005-2007*	21.6 Deaths per 100,000	14.5

Potentially Disabling Conditions

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Chronic Pain Indicators

Question	Asked of:	Warrick County Response	US Benchmark
Would you please tell me if you have ever suffered from or been diagnosed with **arthritis or rheumatism**?	*Respondents Age 50+*	Yes — 40.8%	35.4%
Would you please tell me if you have ever suffered from or been diagnosed with **osteoporosis**?	*Respondents Age 50+*	Yes — 8.8%	11.4%
Would you please tell me if you have ever suffered from or been diagnosed with sciatica or **chronic back pain**?	*All Respondents*	Yes — 18.2%	21.5%
Would you please tell me if you have ever suffered from or been diagnosed with **migraines or severe headaches**?	*All Respondents*	Yes — 14.5%	16.9%
Would you please tell me if you have ever suffered from or been diagnosed with **chronic neck pain**?	*All Respondents*	Yes — 7.2%	8.3%

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

Vision & Hearing

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Question	Asked of:	Warrick County Response	US Benchmark
Would you please tell me if you have ever suffered from or been diagnosed with **blindness or trouble seeing**, even when wearing glasses?	*All Respondents*	Yes — 9.1%	6.9%
Would you please tell me if you have ever suffered from or been diagnosed with **deafness or trouble hearing**?	*All Respondents*	Yes — 10.1%	9.6%

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

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

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

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological

causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

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

– Healthy People 2020 (www.healthypeople.gov)

Infectious Disease

HIV Testing & Hepatitis B Vaccination

Question	Asked of:	Warrick County Response	US Benchmark
Have you been **tested for HIV** in the past year?	*Respondents Age 18-44*	Yes — 15.1%	19.9%
Have you ever been **vaccinated for hepatitis B**?	*All Respondents*	Yes — 45.9%	38.4%

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

BIRTHS
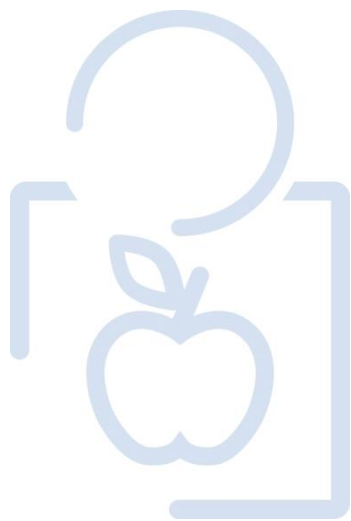
Prenatal Care

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

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

– Healthy People 2020 (www.healthypeople.gov)

Between 2007 and 2009, 18.7% of all Warrick County births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

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

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

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2007-2009)

Healthy People 2020 Target = 22.1% or Lower

	Warrick County	Indiana
	18.7%	29.6%
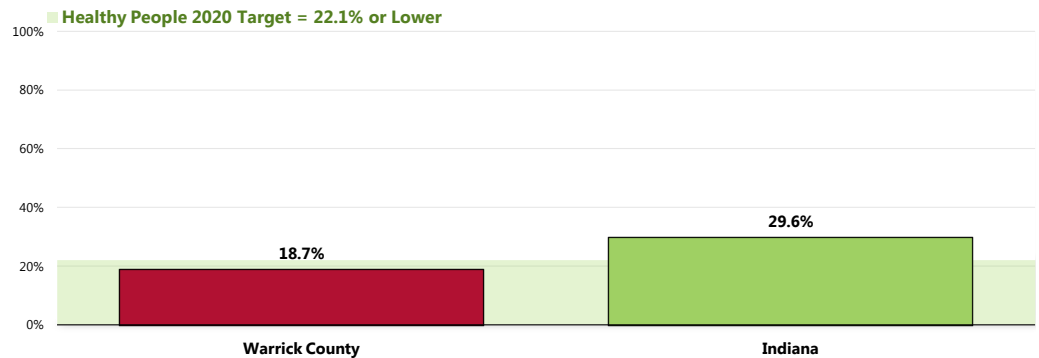
Sources:
- Indiana State Department of Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

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

Birth Outcomes, Risk & Family Planning

Infant Mortality

Between 2005 and 2007, there was an annual average of 6.0 infant deaths per 1,000 live births.

- More favorable than the Indiana rate.

- More favorable than the national rate.

- Identical to the Healthy People 2020 target of 6.0 per 1,000 live births.
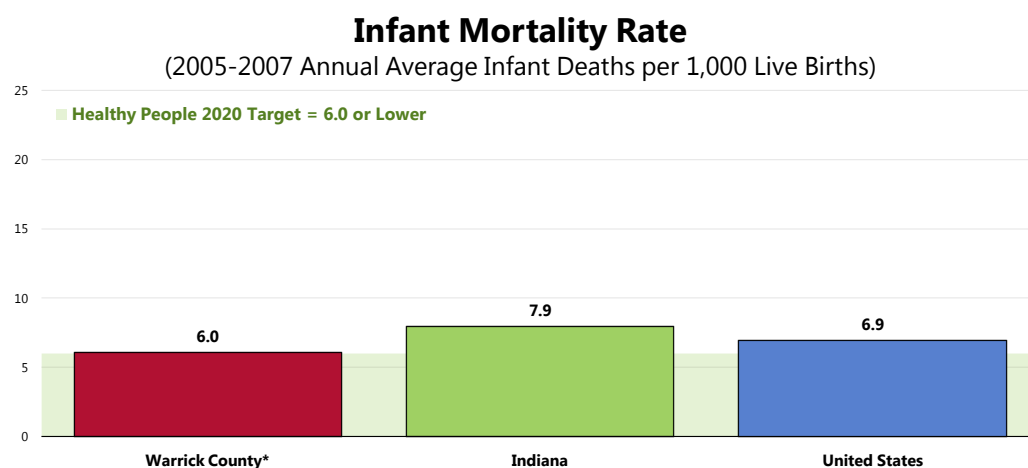
Infant Mortality Rate
(2005-2007 Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 Target = 6.0 or Lower

Warrick County*	Indiana	United States
6.0	7.9	6.9

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

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
- *The Warrick County rate is deemed unreliable due to small counts.

Births to Teen Mothers

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

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.

- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.

- Receive nearly twice as much Federal aid for nearly twice as long.

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

- Healthy People 2020 (www.healthypeople.gov)

A total of 10.3% of 2006-2008 Warrick County births were to teenage mothers.

- Lower than the Indiana proportion.
- Nearly identical to the national proportion.

Births to Teen Mothers (Under Age 20)
(Percentage of Live Births, 2006-2008)

	Warrick County	Indiana	United States
	10.3%	11.0%	10.4%
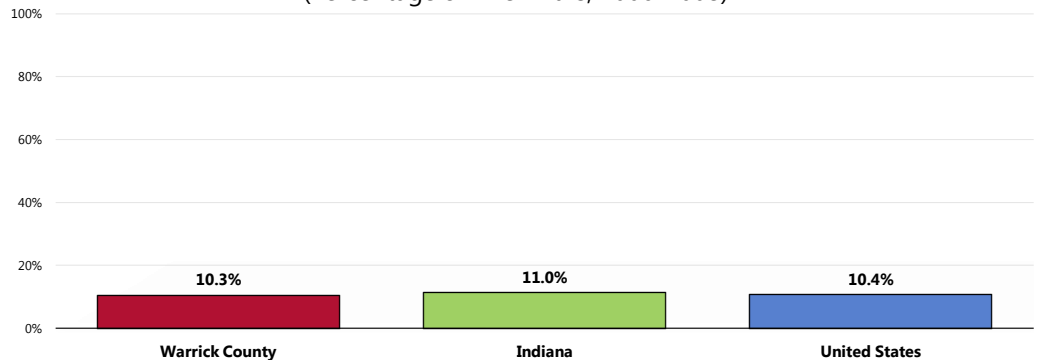
Sources: ● Indiana State Department of Health.
● Centers for Disease Control and Prevention, National Vital Statistics System.
Note: ● Numbers are a percentage of all live births within each population.

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

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

Other Indicators

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

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

Indicator	Data Years	Warrick County	US Benchmark
% of **Low-Weight Births**	*2006-2008*	7.5% of all Live Births in the County	8.2%
% Mothers Who **Smoked During Pregnancy**	*2006-2008*	14.8% of all Live Births in the County	12.0%
% of Births to **Unwed Mothers**	*2006-2008*	25.8% of all Live Births in the County	39.6%

MODIFIABLE HEALTH RISKS
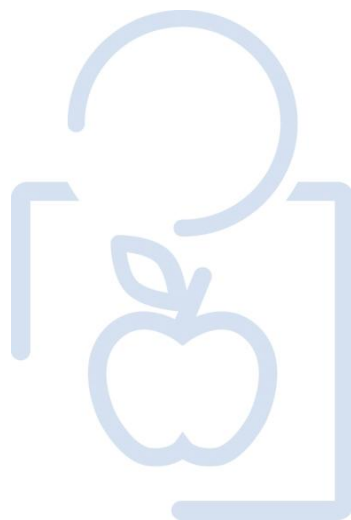
Actual Causes Of Death

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

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

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

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

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

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

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

Factors Contributing to Premature Deaths in the United States

Medical Care 10%
Physical Environment 5%
Social Circumstances 15%
Genetics 30%
Lifestyle/Behaviors 40%

Tobacco	18%
Diet/Inactivity	17%
Alcohol	4%
Infectious Disease	3%
Toxic Agents	2%
Motor Vehicle	2%
Firearms	1%
Sexual Behavior	1%
Illicit Drugs	1%
Other	52%
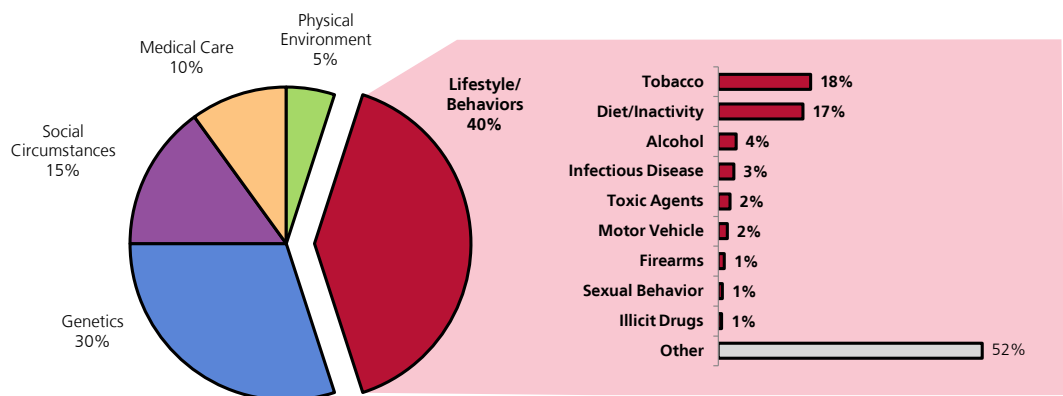
Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002.
"Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

Nutrition

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

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

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.

- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.

- Limit caloric intake to meet caloric needs.

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

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

- Individuals have the knowledge and skills to make healthier choices.

- Healthier options are available and affordable.

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

Social factors thought to influence diet include:

- Knowledge and attitudes

- Skills

- Social support

- Societal and cultural norms

- Food and agricultural policies

- Food assistance programs

- Economic price systems

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

A total of 36.8% of Warrick County adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.

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

Consume Five or More Servings of Fruits/Vegetables Per Day

	Warrick County	United States
	36.8%	48.8%
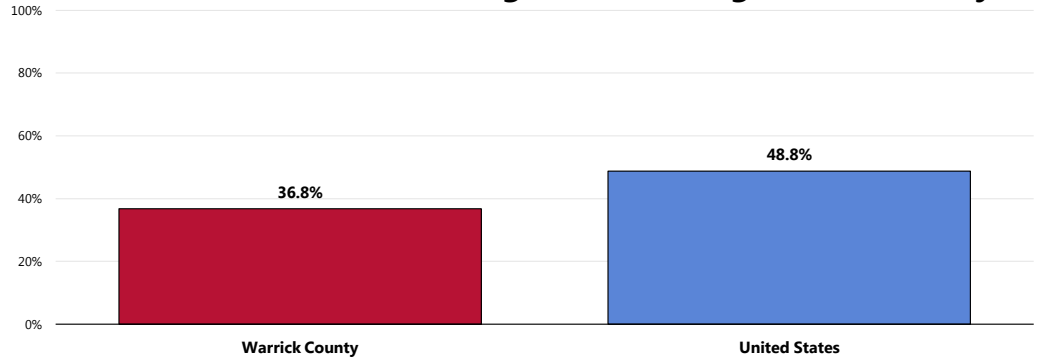
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 173]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

Physician Advice About Diet & Nutrition

Question	Asked of:	Warrick County Response	US Benchmark
During the past 12 months, has a doctor asked you about or given you **advice regarding diet and nutrition**?	All Respondents	Yes — 38.4%	41.9%

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

Physical Activity

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

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

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

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

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

28.1% of Warrick County adults report no leisure-time physical activity last month.

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

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

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower

	Warrick County	Indiana	United States
	28.1%	26.5%	28.7%
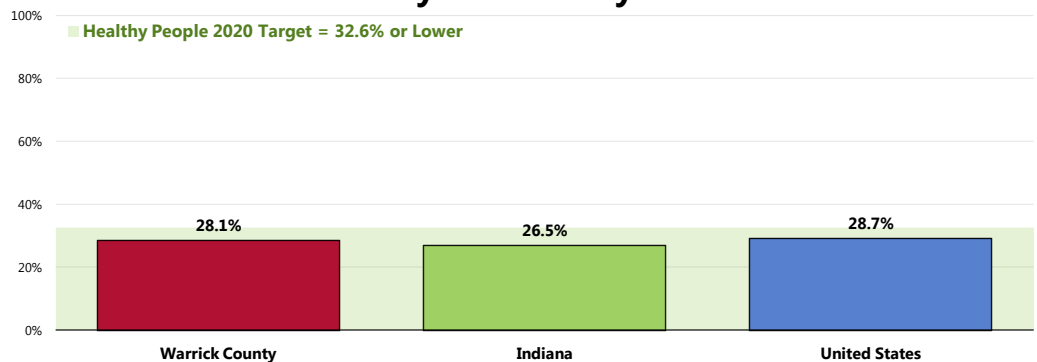
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]
Notes: ● Asked of all respondents.

Other Physical Activity Indicators

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

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

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

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

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

Question	Asked of:	Warrick County Response	US Benchmark
When you are **at work**, which of the following best describes what you do?	*Employed Respondents*	Sitting and/or Standing — 59.3%	63.2%
Now, thinking about when you are not working, how many days per week or per month do you do **vigorous activities** for at least 20 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing and heart rate?	*All Respondents*	Vigorous Physical Activity 3+ Times per Week 20+ Minutes — 29.6%	34.8%
And on how many days per week or per month do you do **moderate activities** for at least 30 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?	*All Respondents*	Moderate Physical Activity 5+ Times per Week 30+ Minutes— 25.4%	23.9%
Meets Physical Activity Recommendations (Moderate and/or Vigorous Activity Levels as Described Above)	*All Respondents*	Yes — 41.5% *[Calculated using multiple survey questions.]*	42.7%
During the past 12 months, has a doctor asked you about or given you **advice regarding physical activity** or exercise?	*All Respondents*	Yes — 44.2%	47.8%
On an average school day, how many hours or minutes does this **child spend watching TV**?	*Parent of Children 5-17*	3+ Hours per Day — 13.1%	19.7%
Including video games and computer or Internet, how many hours or **minutes of screen time** does this child use for entertainment on an average school day?	*Parents of Children 5-17*	3+ Hours per Day — 10.9%	9.9%
Total Screen Time (Combined Television and Other Screen Time as Described Above)	*Parents of Children 5-17*	3+ Hours per Day — 42.4% *[Calculated using multiple survey questions.]*	43.4%

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

Related Focus Group Findings: Physical Activity and Nutrition

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

- Outdoor recreation activities
- Poor nutritional habits
- Access

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

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

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

Another recalled:

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

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

Weight Status

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

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

– Healthy People 2020 (www.healthypeople.gov)

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

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

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

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

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

Obesity

Adults

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

A total of 31.5% of Warrick County adults are obese.

- Similar to Indiana findings.

- Similar to US findings.

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

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

Healthy People 2020 Target = 30.6% or Lower

Warrick County: 31.5%
Indiana: 30.2%
United States: 28.5%
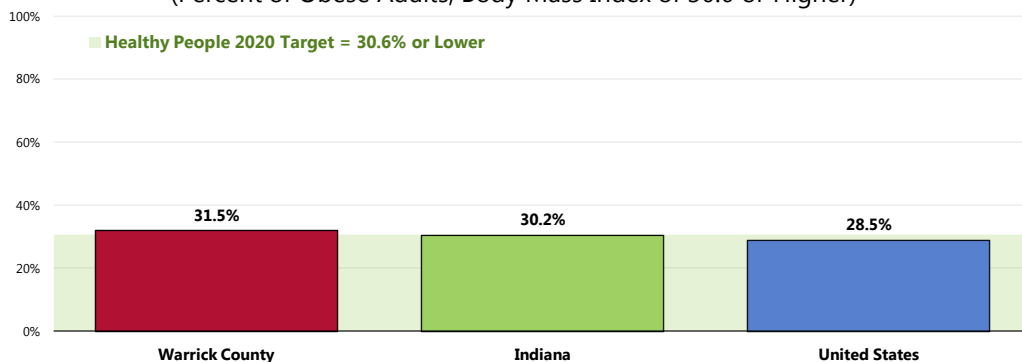
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 184]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.
Notes: • Based on reported heights and weights, asked of all respondents.
• The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Children

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

A total of 18.3% of Warrick County children age 5 to 17 are obese (≥95th percentile).

- Nearly identical to the national percentage.

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

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

Healthy People 2020 Target = 14.6% or Lower

	Warrick County	United States
	18.3%	18.9%

Other Body Weight Indicators

Question	Asked of:	Warrick County Response	US Benchmark
Now I would like to ask, about how much do you **weigh** without shoes? About how **tall** are you without shoes?	*All Respondents*	**Healthy Weight** (BMI 18.5-24.9) — 33.1%	31.7%
		Overweight/Obese (BMI 25.0+) — 65.2%	66.9%
		Obese (BMI 30.0+) — 31.5%	28.5%
		[Body Mass Index (BMI) is calculated using height/weight reported by respondent.]	
Do you **perceive yourself** to be about the right weight?	*Overweight Respondents*	Yes — 19.6%	N/A
During the past 12 months, has a doctor asked you about or given you **advice about your weight**?	*All Respondents*	Yes — 22.9%	25.7%
	Overweight Respondents	Yes — 32.3%	30.9%
	Obese Respondents	Yes — 51.1%	47.4%
Are you currently **trying to lose weight** by both exercising and eating fewer calories or less fat?	*Overweight Respondents*	Yes — 35.0%	38.6%

Substance Abuse

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

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

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

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

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

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

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

– Healthy People 2020 (www.healthypeople.gov)

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

Indicator	Data Years	Warrick County	US Benchmark
Drug-Induced Deaths (Age-Adjusted Death Rate)	*2005-2007*	5.9* Deaths per 100,000 (*deemed unreliable due to small counts*)	12.2

High-Risk Alcohol Use

A total of 15.1% of Warrick County adults are binge drinkers.

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

Binge Drinkers

Healthy People 2020 Target = 24.3% or Lower

	Warrick County	Indiana	United States
	15.1%	13.5%	16.7%

Other Substance Abuse Indicators

Question	Asked of:	Warrick County Response	US Benchmark
During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?	*All Respondents*	**Current Drinker** (Any Alcohol in Past 30 Days) — 53.0%	58.8%
During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? On the day(s) when you drank, about how many drinks did you have on the average?	*All Respondents*	**Chronic Drinker** (60+ Drinks in Past 30 Days) — 4.3% *[Calculated using multiple survey questions.]*	5.6%
During the past 30 days, how many times have you **driven when you've had perhaps too much to drink**?	*All Respondents*	One or More Times — 2.8%	3.5%
During the past 30 days, how many times have you **driven** when you've had perhaps too much to drink? During the past 30 days, how many times have you **ridden** with someone who had perhaps too much to drink?	*All Respondents*	Driven <u>or</u> Ridden — 2.8% *[Calculated using multiple survey questions.]*	5.5%
During the past 30 days, have you used an **illegal drug or taken a prescription drug that was not prescribed to you**?	*All Respondents*	Yes — 1.9%	1.7%
Have you ever **sought professional help** for an alcohol or drug-related problem?	*All Respondents*	Yes — 5.1%	3.9%

Related Focus Group Findings: Substance Abuse

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

- Treatment availability
- Intervention programs

Participants spoke of the **lack of substance addiction programs** in the community. Respondents mentioned a drug court where some community members are mandated to attend substance abuse programs, but it is a small number compared to the total need. Community members who do not get court-ordered but would like to receive treatment

have a hard time finding a facility. Participants think the treatment program's length of time needs to increase.

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

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

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

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

Tobacco Use

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

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

Tobacco use causes:

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

A total of 17.7% of Warrick County adults currently smoke cigarettes, either regularly (15.7% every day) or occasionally (2.0% on some days).

Cigarette Smoking Prevalence
(Warrick County, 2011)
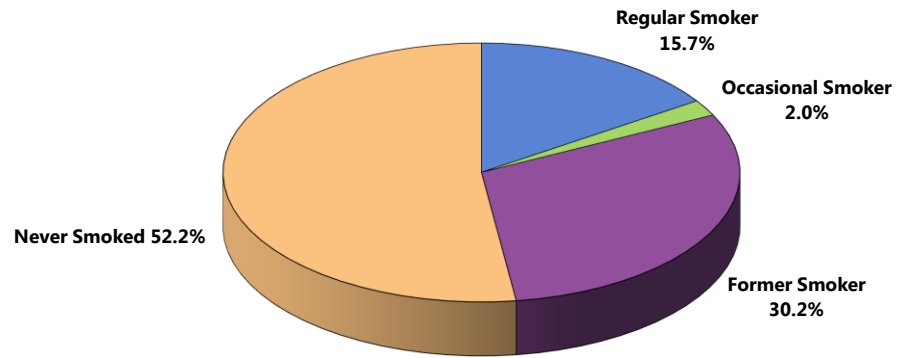
Regular Smoker
15.7%

Occasional Smoker
2.0%

Former Smoker
30.2%

Never Smoked 52.2%

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

- Similar to statewide findings.

- Similar to national findings.

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

Current Smokers
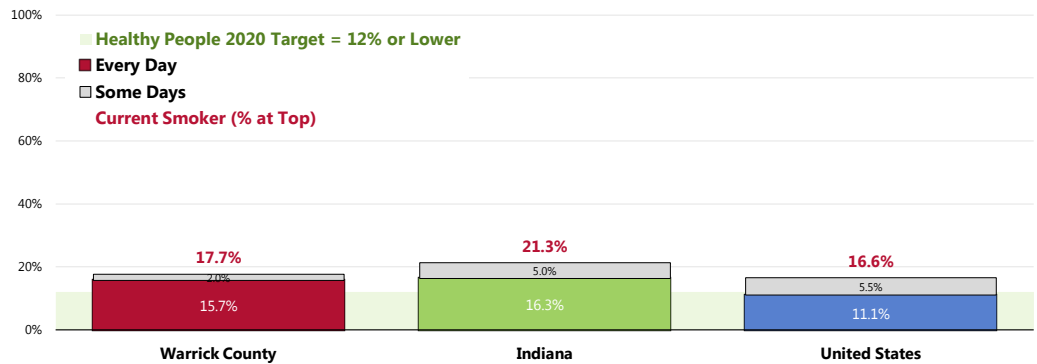
Healthy People 2020 Target = 12% or Lower
■ Every Day
□ Some Days
Current Smoker (% at Top)

	Warrick County	Indiana	United States
Current Smoker	17.7%	21.3%	16.6%
Some Days	2.0%	5.0%	5.5%
Every Day	15.7%	16.3%	11.1%

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

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

Other Tobacco Use Indicators

Question	Asked of:	Warrick County Response	US Benchmark
In the past 30 days, has anyone (including yourself) **smoked cigarettes, cigars or pipes anywhere in your home** an average of 4+ days per week?	*All Respondents*	Yes — 15.3%	13.6%
	Non-Smokers	Yes — 6.6%	5.7%
	Parents of Children <18	Yes — 14.4%	12.1%
Do you smoke **cigars**?	*All Respondents*	Yes — 1.6%	4.2%
Do you use **chewing tobacco, snuff or snus**?	*All Respondents*	Yes — 5.3%	2.8%

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

Professional Research Consultants, Inc.

Related Focus Group Findings: Tobacco

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

- Youth
- Smoking cessation programs

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

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

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

ACCESS TO HEALTH SERVICES

Health Insurance Coverage
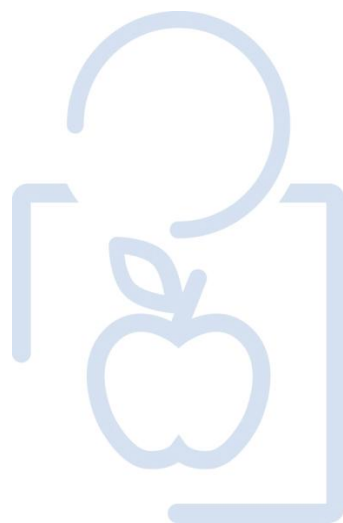
Type of Healthcare Coverage

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

A total of 78.6% of Warrick County adults age 18 to 64 report having healthcare coverage through private insurance. Another 11.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).
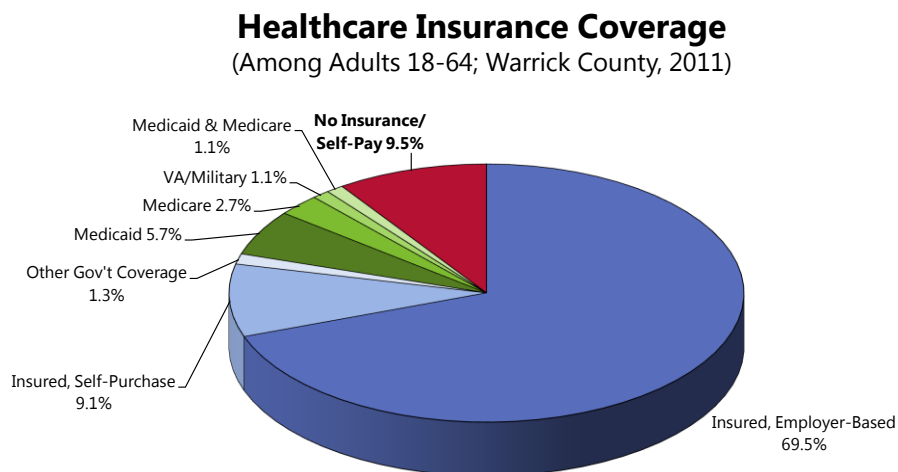
Healthcare Insurance Coverage
(Among Adults 18-64; Warrick County, 2011)

- Medicaid & Medicare 1.1%
- **No Insurance/ Self-Pay 9.5%**
- VA/Military 1.1%
- Medicare 2.7%
- Medicaid 5.7%
- Other Gov't Coverage 1.3%
- Insured, Self-Purchase 9.1%
- Insured, Employer-Based 69.5%

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

Lack of Health Insurance Coverage

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

Among adults age 18 to 64, 9.5% report having no insurance coverage for healthcare expenses.

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

Lack of Healthcare Insurance Coverage
(Among Adults 18-64)
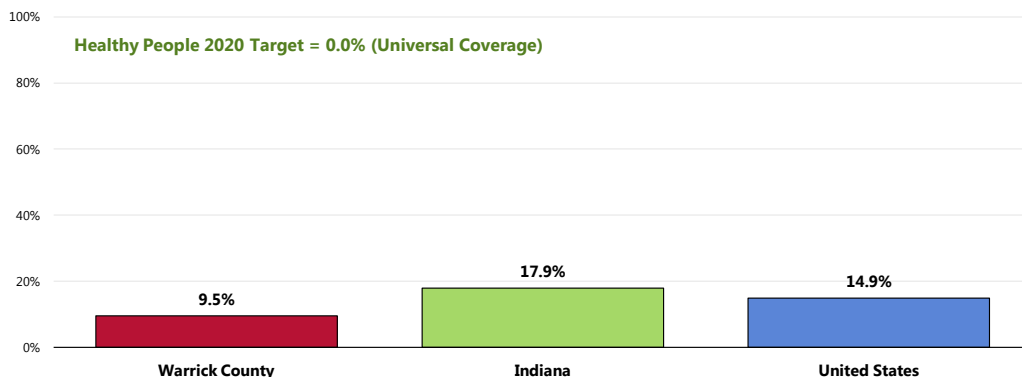
Healthy People 2020 Target = 0.0% (Universal Coverage)

	Warrick County	Indiana	United States
	9.5%	17.9%	14.9%

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

Difficulties Accessing Healthcare

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

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

– Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

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

A total of 36.6% of Warrick County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to national findings.

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

	Warrick County	United States
Value	36.6%	37.3%
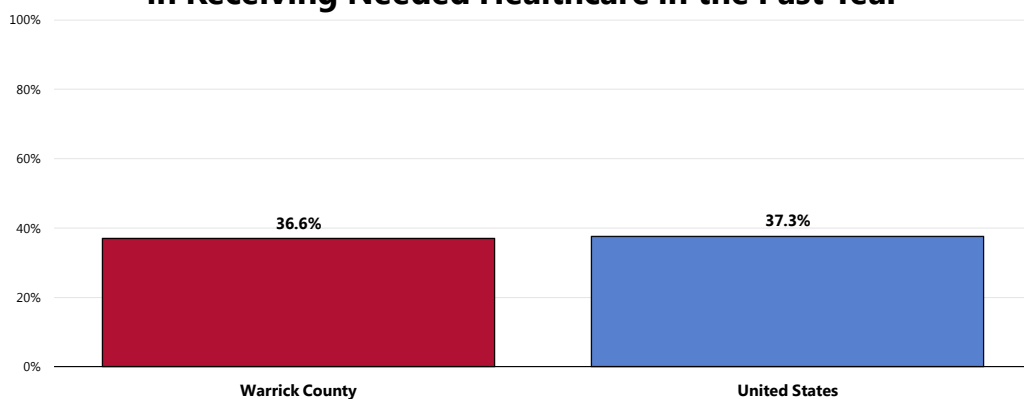
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Barriers to Healthcare Access

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

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

Of the tested barriers, inconvenient office hours impacted the greatest share of Warrick County adults (13.7% say that inconvenient office hours prevented them from accessing healthcare in the past year).

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

Barriers to Access Have
Prevented Medical Care in the Past Year

Bar chart legend: ■ Warrick County ■ United States

Category	Warrick County	United States
Inconvenient Office Hours	13.7%	14.3%
Getting a Dr Appointment	13.5%	16.5%
Cost (Prescriptions)	13.1%	15.0%
Cost (Doctor Visit)	12.6%	14.0%
Finding a Doctor	8.1%	10.7%
Lack of Transportation	6.9%	7.7%
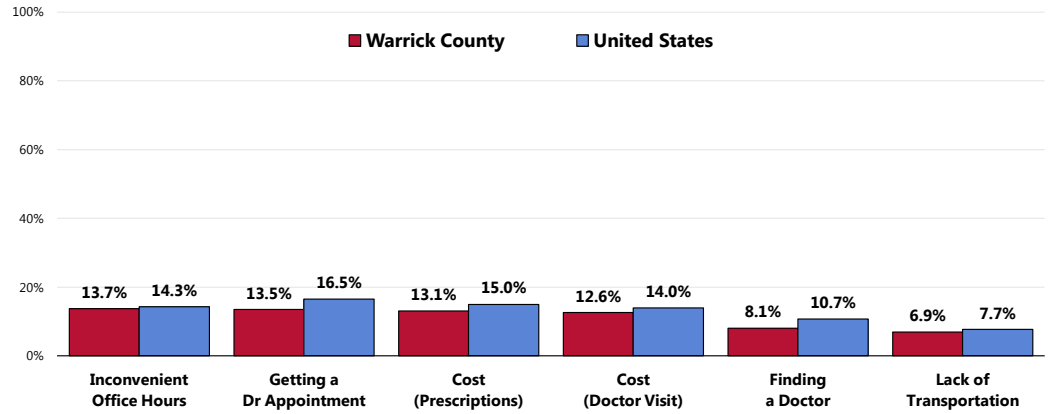
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Other Healthcare Access Indicators

Question	Asked of:	Warrick County Response	US Benchmark
Do you have other **supplemental health insurance** in addition to your Medicare coverage?	*Medicare Recipients*	Yes — 93.4%	93.9%
During the past 12 months, was there a **time when you did not have any health coverage**?	*Insured Respondents*	Yes — 4.8%	4.8%
Was there a time in the past 12 months when you **skipped doses or took smaller doses in order to make your prescription last longer**?	*All Respondents*	Yes — 18.5%	14.8%
Was there a time in the past 12 months when you **needed medical care for this child but could not get it**?	*Parents of Children <18*	Yes — 2.2%	1.9%

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

Related Focus Group Findings: Access to Healthcare

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

● Insurance

● Public transportation

● Office hours

● Community health centers

● Culture

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

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

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

Another barrier to accessing healthcare in the community is the **office hours** of the physicians. Participants feel that many hourly workers do not access a primary care doctor office because they would need to take time off of work. Participants would like to see more clinics offer non-traditional business, so that people have options for attaining healthcare instead of a visit to the emergency room. One respondent noted:

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

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

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

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

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

Primary Care Services

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

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

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

A total of 75.0% of Warrick County adults were determined to have a specific source of ongoing medical care (a "medical home").

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

Have a Specific Source of Ongoing Medical Care

[All Ages] Healthy People 2020 Target = 95% or Higher

	Warrick County	United States
	75.0%	76.3%
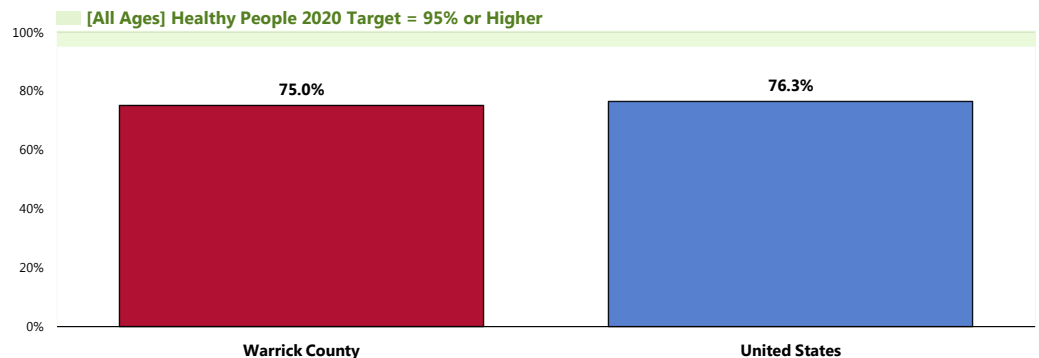
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 198]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]
Notes: ● Asked of all respondents.

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Other Primary Care Indicators

Question	Asked of:	Warrick County Response	US Benchmark
Have you visited a doctor for a **routine medical exam** in the past year?	*All Respondents*	Yes — 75.6%	67.3%
Has your **child visited a doctor for a routine checkup** or general physical exam in the past year?	*Parents of Children <18*	Yes — 93.1%	87.0%
In the past 12 months, how many time have you gone to a **hospital emergency room** about your own health (including ER visits that resulted in admission)?	*All Respondents*	More Than One Time — 9.8%	6.5%

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

Related Focus Group Findings: Primary Care

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

- Uninsured, underinsured and indigent populations
- School healthcare

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

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

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

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

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

Oral Health

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

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

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

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

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

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

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

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

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

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

Potential strategies to address these issues include:

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

– Healthy People 2020 (www.healthypeople.gov)

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Recent Dental Care

Adults

A total of 74.6% of adults visited a dentist or dental clinic (for any reason) last year.

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

**Have Visited a Dentist or
Dental Clinic Within the Past Year**

Healthy People 2020 Target = 49.0% or Higher

Warrick County	Indiana	United States
74.6%	68.8%	66.9%
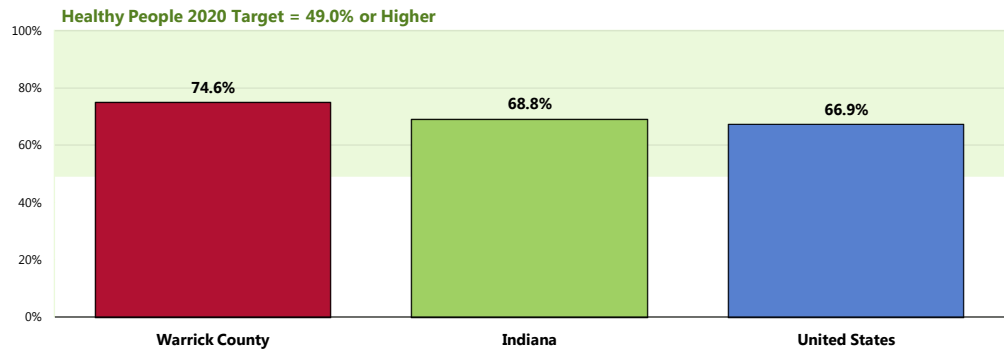
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Indiana data.

Notes:
- Asked of all respondents.

Children

Most (88.3%) Warrick County parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

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

**Child Has Visited a Dentist or
Dental Clinic Within the Past Year**
(Parents of Children 2-17)

Healthy People 2020 Target = 49.0% or Higher

Warrick County	United States
88.3%	79.2%
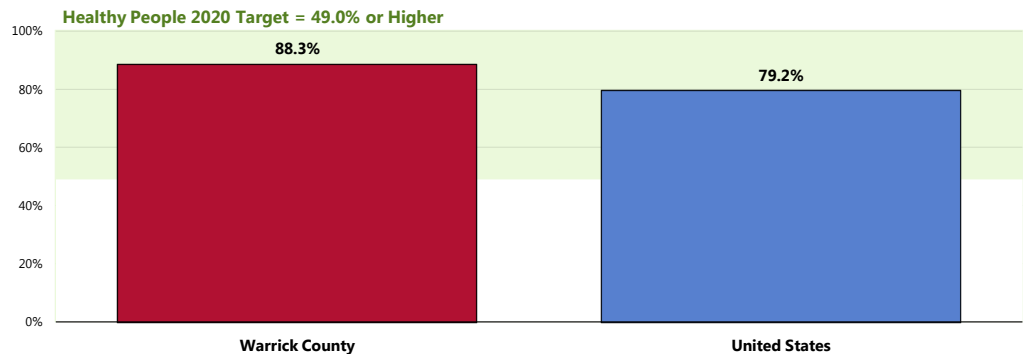
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

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

Other Oral Health Indicators

Question	Asked of:	Warrick County Response	US Benchmark
Do you currently have any **dental insurance coverage** that pays for at least part of your dental care?	*All Respondents*	Yes — 60.5%	60.8%

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

Related Focus Group Findings: Oral Health

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

- Medicaid insurance
- Dental clinics
- Routine dental care

Focus group participants agree that poor dental health leads to health problems. The participants feel there is a need for preventative dental care. Respondents report that those patients with **Medicaid insurance** have limited options for dental care and may end up in the emergency room because of the low reimbursement rate.

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

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

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

Vision Care

Eye Exams

Question	Asked of:	Warrick County Response	US Benchmark
Have you had an **eye exam** during which your eyes were dilated in the past two years?	*All Respondents*	Yes — 60.5%	57.5%

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

HEALTH EDUCATION & OUTREACH

90
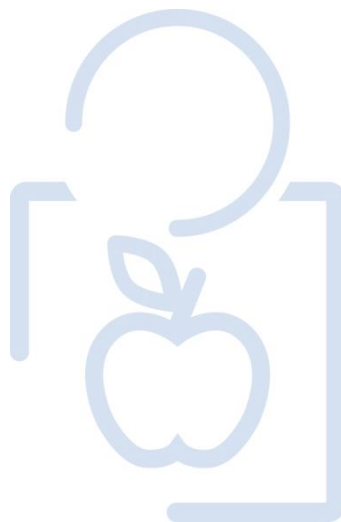
Healthcare Information Sources

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

- 54.7% of Warrick County adults cited their **family physician** as their primary source of healthcare information.

- The **Internet** received the second-highest response, with 17.5%.

  - Other sources mentioned include work (mentioned by 5.1%), friends and relatives (4.7%), insurance (3.5%) and books or magazines (3.2%).

- Just 1.6% of survey respondents say that they <u>do not receive any</u> healthcare information.

Primary Source of Healthcare Information
(Warrick County, 2011)

Internet 17.5%
Other 9.7%
Work 5.1%
Friends/Relatives 4.7%
Insurance 3.5%
Books/Magazines 3.2%
Don't Receive Any 1.6%
Family Doctor 54.7%
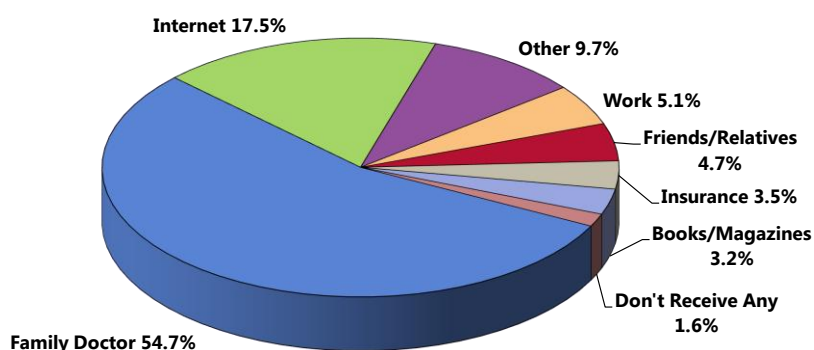
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
Notes: • Asked of all respondents.

Participation in Health Promotion Activities

Question	Asked of:	Warrick County Response	US Benchmark
In the past year, have you participated in any organized **health promotion activities**, such as health fairs, health screenings or seminars, either through your work, hospital or community organization?	*All Respondents*	Yes — 25.4%	22.2%

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

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

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

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

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

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

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

LOCAL HEALTHCARE
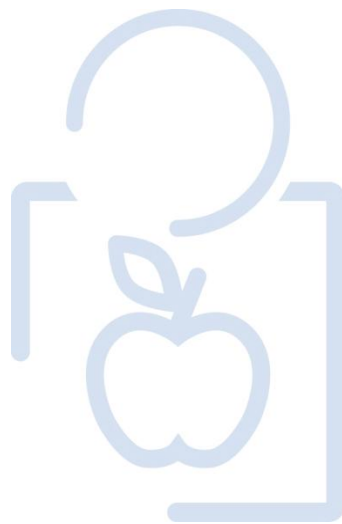
Perceptions of Local Healthcare Services

More than one-half of Warrick County adults (56.9%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 27.3% gave "good" ratings.

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

Poor 6.9%
Fair 9.0%
Excellent 23.3%
Good 27.3%
Very Good 33.6%
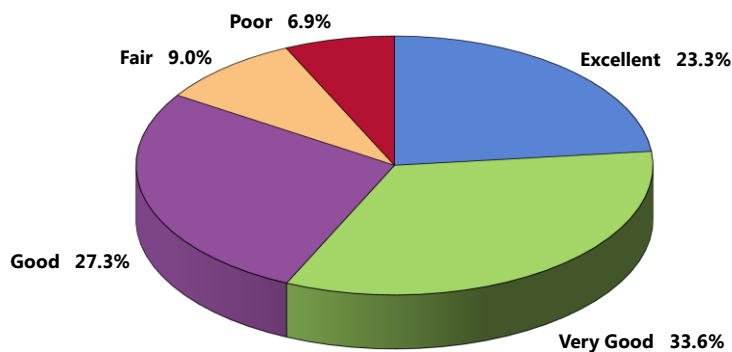
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, 15.9% of residents characterize local healthcare services as "fair" or "poor."

- Nearly identical to that reported nationally.

Perceive Local Healthcare Services as "Fair/Poor"

	Warrick County	United States
	15.9%	15.3%
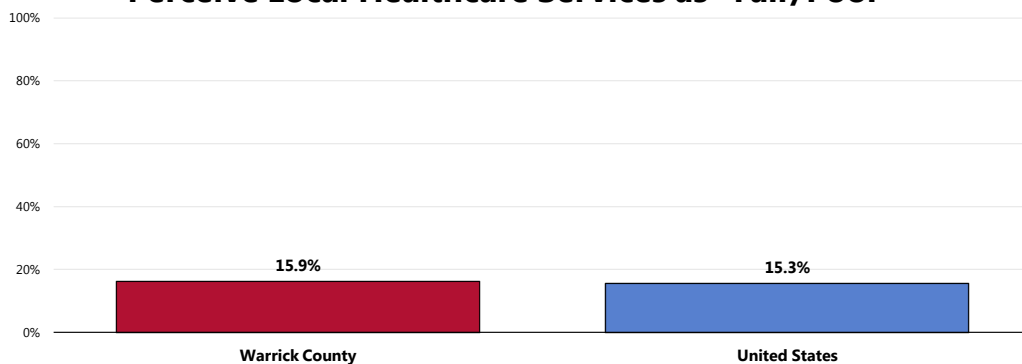
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

IMPLEMENTATION STRATEGY

IMPLEMENTATION STRATEGY SUMMARY

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

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

1. **Tobacco Use**
2. **Obesity**
3. **Substance Abuse**

These three areas received a more in-depth assessment, resulting in the development of an implementation strategy. Between August, 2012 and December, 2012, the five assessment sponsors gathered appropriate agencies, providers, and community leaders together to review each root cause assessment and discuss possible implementation strategies having **highest impact potential.   Due to the lower priorities and other access points and agencies in the community better equipped to address the other root causes,** the collaborative did not focus on Access to Care, Oral Health, Mental Health or Education Training.

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

	Mental Health	Access to Care	Obesity	Substance Abuse	Oral Health	Education Training	Tobacco Use
Cancer			X		X		X
Kidney				X			X
Dementia				X			
Diabetes		X		X			X
Heart/Stroke			X	X			X
Nutrition	X		X	X		X	
Respiratory			X	X			X

			ST. MARY'S	COMPLETION	
STRATEGY	**TACTIC(S)**	**SPONSORS**	**POINT PERSON(S)**	**DATE**	**SUCCESS MEASURES/COMMENTS**

COMMUNITY NEEDS IMPLEMENTATION STRATEGY (FY2013)
COLLABORATIVE PLAN

STRATEGY	TACTIC(S)	SPONSORS	ST. MARY'S POINT PERSON(S)	COMPLETION DATE	SUCCESS MEASURES/COMMENTS
CATEGORY: TOBACCO USE					CATEGORY: TOBACCO USE
Indiana Quit Line: Promote/market the Quit Line to patients and clientele	Utilize existing marketing materials/resources to support current smokers in their efforts to quit	St. Mary's Med Ctr St. Mary's Warrick Deaconess United Way 211 Line ECHO CHC	John Greaney (Marketing/HR), Brian Kessler (Pt. Materials), Amy Susott (Physician Offices), Carol Godsey (Warrick)	06/30/14	**COMMUNITY MEASURE**: Increase number of local residents/physicians utilizing the Indiana Quit Line by 3%, compared to historic baseline from Smokefree Communities. Decrease the percentage of smokers by 0.5 percentage points by FY2016. **ST. MARY'S (EVANSVILLE AND WARRICK) MEASURE**: 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	Carol Godsey	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	Carol Godsey, John Greaney	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	Amy Susott, Carol Godsey	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	Carol Godsey, Holly Smith	01/01/14	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	Liz Tharp Carol Godsey	06/30/14	NOTE: If grant is awarded, SMW will be a member of the coalition. Additional sponsors may also participate in the Smokefree Communities coalition.

STRATEGY	TACTIC(S)	SPONSORS	ST. MARY'S POINT PERSON(S)	COMPLETION DATE	SUCCESS MEASURES/COMMENTS
COMMUNITY NEEDS IMPLEMENTATION STRATEGY (FY2013)					
COLLABORATIVE PLAN					
CATEGORY: OBESITY					**CATEGORY: OBESITY**
Improve food/nutrition choices available on-campus	Re-introduce the Upgrade program on the SMMC campus in 2013	St. Mary's Med. Ctr. Welborn Baptist Fdn Deaconess Hospital ECHO CHC	Mike Whitmore	06/30/14	**COMMUNITY MEASURE: Decrease by one percentage point the percentage of adults who are obese by FY2016. Decrease by one percentage point the percentage of households with an overweight or obese child (by FY2016). Set baseline measures in FY2014.** **ST. MARY'S EVANSVILLE MEASURE: 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, Tom Lilly, 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, Carol Godsey	06/30/15	**COMMUNITY MEASURE: Decrease by one percentage point the percentage of adults who are obese by FY2016. Decrease by one percentage point the percentage of households with an overweight or obese child (by FY2016). Set baseline measures in FY2014.** **ST. MARY'S WARRICK MEASURE: 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, Carol Godsey	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	Carol Godsey, Eric Girten, Rhonda Meade	6-30-14 6-30-15	**COMMUNITY MEASURE: # schools participating in CTG activities will increase compared to FY2013.**
Work with child care centers to improve physical activity and nutrition	Educate, provide resources to centers to meet healthy/active living guidelines	Welborn Baptist Fdn United Way ECDC St. Mary's Med. Ctr.	Andrea Hays move.ment/WBF, Rhonda Meade, HEROES/WBF, John Greaney	06/30/14	**COMMUNITY MEASURE: # child care centers implementing improved nutrition and physical activity aligned with best practice guidelines will increase compared to FY2013.** **ST. MARY'S MEASURE: Become certified as a baby friendly hospital.**

			ST. MARY'S	COMPLETION	
STRATEGY	TACTIC(S)	SPONSORS	POINT PERSON(S)	DATE	SUCCESS MEASURES/COMMENTS
COMMUNITY NEEDS IMPLEMENTATION STRATEGY (FY2013)					
COLLABORATIVE PLAN					
CATEGORY: OBESITY (CONT.)					
Work with businesses, health care centers and corporations to implement healthy, active living environments	Baby-friendly breastfeeding sites, worksite wellness programs, healthy vending, healthy menu options, etc.	Welborn Baptist Fdn St. Mary's Med. Ctr.	Andrea Hays, move.ment/WBF Kirsten Emmons	06/30/14	**COMMUNITY MEASURE: # worksites participating in WBF healthy initiative programs will increase compared to FY2013.**
					CATEGORY: OBESITY (CONT.)
Address food access issues by creating new and unique opportunities for residents to obtain nutritionally balanced food options	Initiate/sustain Farmers' Markets during the summer months to promote healthy choices and affordable fruits and vegetables	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.**	**Carol Godsey 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.**
CATEGORY: SUBSTANCE ABUSE					**CATEGORY: SUBSTANCE ABUSE**
Explore the opportunity to collaborate on the issue of prescription drugs	Work with the Evansville Drug Task Force to minimize the abuse of prescription drugs.	St. Mary's Med. Ctr. St. Mary's Warrick ECHO CHC	CrossPointe Lead/Nancy McCleary	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) Robin Richards Carol Godsey	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).**

COMMUNITY NEEDS IMPLEMENTATION STRATEGY (FY2013)					
COLLABORATIVE PLAN					
			ST. MARY'S	COMPLETION	
STRATEGY	TACTIC(S)	SPONSORS	POINT PERSON(S)	DATE	SUCCESS MEASURES/COMMENTS
CATEGORY: SUBSTANCE ABUSE (CONT.)					**CATEGORY: SUBSTANCE ABUSE (CONT.)**
	Suppport 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) Robin Richards Carol Godsey	01/01/14	
CATEGORY: MENTAL HEALTH	Lower priority in the prioritization by the stakeholders and collaborative. Will not be addressed in the FY2013 Plan.				
CATEGORY: ACCESS TO CARE	Lower priority in the prioritization by the stakeholders and collaborative. Will not be addressed in the FY2013 Plan.				
CATEGORY: ORAL HEALTH	Lower priority in the prioritization by the stakeholders and collaborative. Will not be addressed in the FY2013 Plan.				
CATEGORY: EDUCATIONAL TRAINING	Lower priority in the prioritization by the stakeholders and collaborative. Will not be addressed in the FY2013 Plan.				

CATEGORY	TACTIC(S)	WARRICK POINT PERSON(S)	COMPLETION DATE	SUCCESS MEASURES/COMMENTS
ST. MARY'S WARRICK (SMW) IMPLEMENTATION STRATEGY (FY2013)				
WARRICK COUNTY				
TOBACCO USE				
	SMW WIC program will provide education on effects of secondhand smoke on pregnancy, infants and children.	Darla Reinbrecht	Ongoing	SMW WIC staff will provide education on tobacco effects and encourage cessation.
	SMW WIC will provide information on cessation and offer referrals to Tobacco Quitline	Darla Reinbrecht	9/30/2013 Ongoing	SMW WIC staff will be trained on the Indiana Quitline. Resources and referrals to TRI-CAP PSUPP and In Quitline will be provided to clients
	SMW will assist in the development of a TPC grant to be written for Warrick County (Smokefree Communities)	Carol Godsey	7/1/2013	Assist in the development of grant proposal
	SMW will become a member of Warrick County Coalition for Tobacco Prevention and Cessation if grant awarded	Carol Godsey	10/1/2013	Participate on coaltion if grant awarded
OBESITY				
	SMW WIC program will provide nutrition education, focusing on age appropriate serving sizes, daily recommended servings, and healthy food choices, healthy pregnancy and monitor weight gain	Darla Reinbrecht	Ongoing	SMW WIC staff will provide information and education, and make referrals for additional assistance as appropriate.
	WIC will work with high risk children and obese adult clients for additional assessment and education.	Darla Reinbrecht	Ongoing	SMW WIC staff will offer either a class or develop an Individual Learning Activity for all high risk children and obese adults.
	WIC will provide breastfeeding counselors to work directly with Moms for successful breastfeeding	Darla Reinbrecht	6/30/2014	All SMW WIC staff trained in breastfeeding issues and at least one Breastfeeding Peer Counselor will be employed at SMW WIC.
	St. Mary's Warrick will initiate a Farmers Market	Carol Godsey	Ongoing	3 Markets will be held on the St. Mary's Warrick campus.
	St. Mary's Warrick will implement Healthy Upgrade meal program	Carol Godsey	7/1/2013	Healthy Upgrade meal program implemented on St. Mary's Warrick campus
	SMW will provide education and encouragement to increase physicial activity	St. Mary's Health Matters	Ongoing	Periodic health programs/screenings/contests offered to employees
	SMW will encourage participation in Warrick Walk/Bike to School Days	Roxanne Heuring	Ongoing	Warrick County Schools will participate in Walk/Bike to School Days
	SMW will provide educational materials at area health fairs	Roxanne Heuring	Ongoing	Educational materials will be offered at area health fairs
	SMW will provide a community gym	Andy Meyer	Ongoing	St. Mary's Warrick Gym available to community
	SMW will offer Silver Sneakers Program to area seniors	Andy Meyer	Ongoing	Warrick area seniors will have a healthy, low-cost option for obtaining regular exercise and a program tailored to their individual needs.

CATEGORY	TACTIC(S)	WARRICK POINT PERSON(S)	COMPLETION DATE	SUCCESS MEASURES/COMMENTS
ST. MARY'S WARRICK (SMW) IMPLEMENTATION STRATEGY (FY2013)				
WARRICK COUNTY				
SUBSTANCE ABUSE				
	St. Mary's Mobile Dental Care for Kids will serve Warrick County residents	Eric Girten	Ongoing	Affordable dental care offered to Warrick area children
	WIC will offer information and referrals to Prenatal Substance Use Prevention Program as well as provide resources on substance abuse to each client.	Darla Reinbrecht	Ongoing	SMW WIC staff will provide referrals and allow the Prenatal Substance Use Prevention Program staff to come onsite and meet with clients on regular basis.
OVERALL HEALTH				
	Warrick County Health Coalition: This is a newly created 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. SMW will participate as a member of the coalition.	Carol Godsey	Ongoing	Work collaboratively with coalition to communicate available resources, identify gaps and work to address those gaps.

INTEGRATED SCORECARD

COMMUNITY NEEDS IMPLEMENTATION STRATEGY (COLLABORATIVE PLAN)

SCORECARD METRICS (COMMUNITY LEVEL)

WARRICK COUNTY

COMMUNITY-LEVEL METRIC	2012 Actual Warrick	Error Margin	FY2016 Goal Warrick	Measurement/Tracking Source	2012 Indiana	2012 Natl Benchmark
2012 COUNTY HEALTH RANKINGS/3 YEAR GOALS						
CATEGORY: OVERALL HEALTH						
Fair/Poor Physical Health	12.0%	9 to 17%	10% +/- 4.0	County Health Rankings	16.0%	10.0%
Poor Physical Health Days	3.1	2.4 to 3.8	2.6 +/- 0.7	County Health Rankings	3.6	2.6
CATEGORY: TOBACCO USE Adult Smokers	18.3%	14 to 24%	16.8% +/- 5.0	County Health Rankings	24.4%	14.0%
CATEGORY: OBESITY Adult Obesity	32.2%	27 to 37%	29.2% +/- 5.0	County Health Rankings	30.9%	25.0%
Childhood Obesity						
CATEGORY: SUBSTANCE ABUSE Controlled Substance Prescriptions	2.02		1.72	Indiana Indicators	1.70	

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

GOAL STATEMENT CONSIDERATIONS FOR FY2014

CATEGORY: OVERALL HEALTH

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

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

CATEGORY: TOBACCO USE

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

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

(St. Mary's) Attract 100 clicks on www.quitnowIndiana.com originating from St. Mary's website (www.stmarys.org).

(St. Mary's) Recruit 3 to 4 primary care physicians to test a Disease Registry that can capture patient information on smokers (Year #1). Year #2: Reduce the percentage of smokers within the same patient base.

CATEGORY: OBESITY

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

Decrease by one percentage point the percentage of children originating from Warrick who are obese.

(St. Mary's) Recruit 3 to 4 primary care physicians to test a Disease Registry that can capture patient information on obesity (Year #1). Year #2: Reduce the percentage of obese patients within the same patient base.

CATEGORY: SUBSTANCE ABUSE

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

(St. Mary's) Attract 100 clicks on www.drugfree.org originating from St. Mary's website (www.stmarys.org).

RESOURCE INVENTORY

Needs Assessment Resource Inventory

St. Mary's Medical Center
St. Mary's Warrick
Deaconess Hospital
Deaconess Gateway Hospital
ECHO FQHC Clinic
Welborn Baptist Foundation
United Way of Southern Indiana

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)	Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
Access to Health Services	Health Access Advocates (3) (Assistance with Insurance Application, Medications, Medical, Dental, Pharmacy); Some transport to medical and other health appointments. Substantial work with the Latino community regarding health issues	Health Access Advocates (Assistance with Insurance application, Medications, Medical, Dental, pharmacy)	Homeless Connect: This is an annual event where resources for the homeless are all in one location to better assist those who are homeless receive the services they need.		**Main Campus (MC)** **Adult Primary Care** 315 Mulberry St. Evansville, 47713 812-421-7489 Mon. 8-8 Tues-Fri. 8-5 **John St.-Woodson (JO)** **Adult Primary Care**	Annual Back to School Blitz (free immunizations and physicals for uninsured/under insured): St. Mary's, EVSC, ECHO, Health dept. DHS-Free & low-cost screenings each Tuesday morning	TAC: Wheel Chair Accessability		Abba Clinic - Living Hope Community Church (Eye Screening)
		Warrick County Health Coalition: This is a newly created 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			501 John St. Evansville, In. 47713 Monday-Friday 8-5 812-421-7489 **ECHO Family Practice (EFP)** **Peds, OB/GYN, Adult Primary Care** 801 St. Mary's Drive Suite 309 Evansville, In. 47714 812-485-4455 Monday-Friday 8-5 **Division St. Clinic (DSC)**	Homeless Connect: This is an annual event where resources for the homeless are all in one location to better assist those who are homeless receive the services they need. DHS-Health Finder & Physician Finder services for DHS and community referrals	Link N Go: Public transportation		Eyecare America Seniors Eyecare Program (Eye Screening)
		Materials for Spanish speaking WIC clients as well as some availability for other languages.			**Pediatric and Prenatal** 25 W. Division St. Evansville, In. 47713 Mon. Wed. Friday 8-5 Tue. Thurs. 8-8 812-436-4505 **4th St. Clinic (4th)** **Adult Primary Care by appointment only** 410 Mulberry St. Evansville, In 47713 812-421-7489 Thursday 8-5	DHS-Helping Hand program for seniors. Assist with transportation, billing issues, etc.		USI-Glenwood Community Health Center (Community Clinics)	Relay Indiana (hearing Screening)
						DHS-Staff member on steering committee for Homeless Connect, connecting homeless to community agencies		Medical/Dental Family Practice Health - Impact Christian Health Center (Community Clincs; Dental Care)	Warrick County Campbell Township Trustee - Financial Assistance (Prescription Expense Assistance)
	Mobile Dental Care for Kids: Treatment of children and youth up to 19 years of age. Preventive and Restorative. Assistance with insurance or payment plans. Creating safety net	Mobile Dental Care for Kids: Preventive, Restorative or Emergency and referral dental services to children up to age 19 in Warrick County.			Dental: Adults 18+ Dental Cleanings through cooperative agreement with USI. Other programs through County Dental Clinic. Transportation: Cooperative agreement with Posey County transport provider for ECHO patients.	DHS-Health fair screenings in various community settings		Medical/Dental Family Practice Health - Impact Christian Health Center (Community Clincs; Dental Care)	Warrick County Campbell Township Trustee - Financial Assistance (Prescription Expense Assistance)

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)		Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
	Certified Medical Interpreter Training through Bridging the Gap. Creating resources for Limited English Speaking Patients	Helping hands program for low income women/children			Printed resources in Spanish -Clinical Breast Exam Shower reminder card. -STD information - WIC information -Birth control information - ADA Calorie Count diets - Depression information - Womens health - Age specific screening info. - Health Matters -Depression Screen				*ECHO Community Healthcare (General physical examinations; Community Clinics; Prescription Expense Assistance)*	Warrick County Greer Township Trustee - Financial Assistance (Prescription Expense Assistance)
	Language Access initiatives: Health Fairs and other resources for limited English speaking persons	Language Access initiatives			Hispanic Bilingual Medical Outreach at: Los Cabana 1st & 3rd Mondays of each month 2p-4p. Nativity Health Fair one Saturday/month TBD Nativity Church 3rd. Tuesday 10:15a-11:30a. Spring Valley Apartments 2cnd & 4th Thursday/month 3p-4p.				Financial Assistance - Outreach Ministries (Prescription Expense Assistance)	Warrick County Union Township Trustee - Financial Assistance (Prescription Expense Assistance)
	485-4362 (485-4doc) Call to find a physician	485-4362 (485-4doc) Call to find a physician	450-FIND and deaconess.com to find a physician						Financial Assistance - Center Township Trustee (Prescription Expense Assistance)	Warrick County Boon Township Trustee - Financial Assistance (Prescription Expense Assistance)
	1-866-941-4362 Out of area phone number to call and find physician	1-866-941-4362 Out of area phone number to call and find physician							Supplemental Medication Program - Mental Health America (Prescription Expense Assistance)	Warrick County Skelton Township Trustee - Financial Assistance (Prescription Expense Assistance)
	www.stmarys.org/physicians	www.stmarys.org/physicians							Financial Assistance - Vanderburgh County Armstrong Township Trustee (Prescription Expense Assistance)	Warrick County Anderson Township Trustee - Financial Assistance (Prescription Expense Assistance)
									Vanderburgh County German Township Trustee - Financial Assistance (Prescription Expense Assistance)	Warrick County Lane Township Trustee - Financial Assistance (Prescription Expense Assistance)
									Vanderburgh County Knight Township Trustee - Financial Assistance (Prescription Expense Assistance)	Warrick County Hart Township Trustee - Financial Assistance (Prescription Expense Assistance)

Category		St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)		Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
										Vanderburgh County Perry Township Trustee - Financial Assistance (Prescription Expense Assistance)	Warrick County Pigeon Township Trustee - Financial Assistance (Prescription Expense Assistance)
										Vanderburgh County Scott Township Trustee - Financial Assistance (Prescription Expense Assistance)	Lilly Cares - Eli Lilly and Company (Prescription Expense Assistance)
										Vanderburgh County Union Township Trustee - Financial Assistance (Prescription Expense Assistance)	RX Outreach - Volunteers in Health Care (Prescription Expense Assistance)
										VA Outpatient Clinic - Department of Veterans Affairs (Prescription Expense Assistance)	Information and Referral - Needymeds (Prescription Expense Assistance)
										Cancer Care Options - Evansville Cancer Center (Prescription Expense Assistance)	Pfizer Helpful Answers - Pfiser Pharmaceuticals Company (Prescription Expense Assistance)
										Lilly Cares - Eli Lilly and Company (Prescription Expense Assistance)	Prescription Assistance RX for Indiana - RX for Indiana (Prescription Expense Assistance)
										RX Outreach - Volunteers in Health Care (Prescription Expense Assistance)	Prescription Assistance - Together RX Access Card (Prescription Expense Assistance)
										Information and Referral - Needymeds (Prescription Expense Assistance)	
										Pfizer Helpful Answers - Pfiser Pharmaceuticals Company (Prescription Expense Assistance)	
										Prescription Assistance RX for Indiana - RX for Indiana (Prescription Expense Assistance)	
										Prescription Assistance - Together RX Access Card (Prescription Expense Assistance)	

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)		Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
									Chronic Disase Program - Department of Health Vanderburgh County (Blood pressure screening; diabetes screening)	
									Diabetes Education - American Diabetes Association (Diabetes Screening)	
									Interpreting Services for the Deaf - Sycamore Services (Hearing Screeining)	
									Financial Assistance - Vanderburgh County Pigeon Township Trustee (Eye Screening; Prescription Expense Assistance)	
									Eyecare America Seniors Eyecare Program (Eye Screening)	
									Relay Indiana (hearing Screening)	
									AIDS/HIV Care Coordination - AIDS Resource Group (HIV Testing)	
									Sexually Transmitted Disease and Specialty Clinic - Department of Health Vanderburgh County (HIV Testing, Sexually Transmitted Disease Screening)	
									Matthew 25 AIDS Services (HIV Testing)	
									Healthcare Services - Planned Parenthood (Sexually Transmitted Disease Screening)	
									Youth Program - Tri-State Alliance (HIV Testing)	
									Support Group for Low Vision - Evansville Association for the Blind (Eye Care)	
									Financial Assistance - Catholic Charities (Dental Care)	
									Community Dental Clinic - Department of Health Vanderburgh County (Dental Care)	
									Dental - Kool Smiles (Dental Care)	
									Dental Hygiene Clinic - University of Southern Indiana (Dental Care)	

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)		Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
									Support Group for ALS Association of Indiana (Medical Equipment/Supplies)	
Cancer	Cancer Registry • Cancer Registry Services Healthy Lifestyle Programs • Exercise Program • Nutritional Dietary Education Program • Skin Cancer Awareness Program • Smoking Cessation Program • Weight Control Program Screening and Early Detection Programs • Breast MRI • Clinical Breast Exam • Risk Assessment • Digital Mammography • Reduced Cost Mammography • Mammography • Cervical Cancer Testing • Pap Test • Human Papilloma Virus Test • Endometrial Biopsy • Liquid-based Pap Test • Reduced Cost Cervical Cancer Testing • Flexible Sigmoidoscopy • Fecal Occult Blood Test • Double-Contrast Barium Enema • CT Colonography (virtual colonoscopy) (by referral) • Colorectal Screening • Colonoscopy • Fecal Immunochemical Test • Stool DNA • Lymph Node Exam • Oral Exam • Ovarian Cancer Screening • PSA Blood Test • Digital Rectal Exam • Prostate Screening		Cancer Registry • Cancer Registry Services Healthy Lifestyle Programs • Exercise Program • Nutritional Dietary Education Program • Skin Cancer Awareness Program • Smoking Cessation Program • Weight Control Program Screening and Early Detection Programs • Breast MRI • Clinical Breast Exam • Risk Assessment • Digital Mammography • Reduced Cost Mammography • Mammography • Cervical Cancer Testing • Pap Test • Human Papilloma Virus Test • Endometrial Biopsy • Reduced Cost Cervical Cancer Testing • Flexible Sigmoidoscopy • Fecal Occult Blood Test • Double-Contrast Barium Enema • CT Colonography (virtual colonoscopy) (by referral) • Colorectal Screening • Colonoscopy • Ovarian Cancer Screening • PSA Blood Test • Digital Rectal Exam • Prostate Screening • Skin Exam • Testes Exam • Thyroid Exam Community Needs Assessment		Smoking Cessation • Referral to Health Depart. for classes to receive free patches • 1-800-Quit –NOW Fecal Occult Blood test • In office • Home Mailing kits Health and Wellness class offered to ECHO pt.'s Liquid-Based Pap Test Breast and Cervical Cancer Prevention Program Deaconess Mammogram coupons offerd to patients that do not qualify for BCCP Colposcopies @ DSC for the uninsured and Medicaid		American Cancer Society Services • Hope Lodge (by referral) • I Can Cope (by referral) • Lodging Services (by referral) • Look Good... Feel Better • Man to Man - Prostate Cancer (by referral) • Patient Navigator Program • Reach to Recovery - Breast Cancer • Road to Recovery • Transportation Services		Cancer Care Options - Evansville Cancer Center (Prescription Expense Assistance)	

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Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)		Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
	Cancer-Related Specialists • Diagnostic Radiologist • Radiation Oncologist • Colon and Rectal Surgeon • General Surgeon • Neurosurgeon • Oral/Maxillofacial Surgeon • Orthopaedic Surgeon • Otolaryngologist • Pediatric Surgeon • Plastic and Reconstructive Surgeon • Thoracic Surgeon • Urologist • Medical Oncologist • Dermatologist • Pulmonologist • Pathologist - Clinical • Pathologist - Anatomic • Vascular and Interventional Radiologist • Ophthalmologist • Other Mental Health Professional • Oncology Dietician/Registered Dietician • Oncology Social Worker • Oncology Nurses • Certified Oncology Nurses • Genetic Counselor • Hematologist • Gerontologist (Geriatric Medicine) • Physiatrist (Physical Medicine and Rehabilitation) • Gastroenterologist • Palliative Care		Cancer-Related Specialists • Diagnostic Radiologist • Radiation Oncologist • Colon and Rectal Surgeon • General Surgeon • Neurosurgeon • Oral/Maxillofacial Surgeon • Orthopaedic Surgeon • Otolaryngologist • Plastic and Reconstructive Surgeon • Thoracic Surgeon • Urologist • Medical Oncologist • Dermatologist • Pulmonologist • Pathologist - Clinical • Pathologist - Anatomic • Vascular and Interventional Radiologist • Ophthalmologist • Other Mental Health Professional • Oncology Dietician/Registered Dietician • Oncology Social Worker • Oncology Nurses • Certified Oncology Nurses • Hematologist • Gerontologist (Geriatric Medicine) • Physiatrist (Physical Medicine and Rehabilitation) • Gastroenterologist • Palliative Care		Physical Therapy(JO) • Provided by a Lic. Physical Therapist and PT students from U of E. • 1-2 times a week • Evaluation and Treatment • Education • Follow up available • Uninsured, No Charge Surgery Clinic (JO) • Once a month 2-4 hrs • Uninsured and homeless population • Volunteer General Surgeon doing a consult • Minor office procedures done • I &D • Cyst removal • Lesion removalInternal **Specialty clinics @ MC** Dermolgly clinic Endocrinology clinic Opthamology Clinic Dietician **Specialty Clinics @ Jo** General Surgery Clinic Physical Therapy **Specialty Services @ DSC** Womens health-Colopo's Children's Psychiatry and Psychology				Breast Care Program - Tri-Cap of Vanderburgh County (Cancer)	
	Research Activities • Prevention Trials (by referral) • Screening Trials • Treatment Trials • Quality of Life Trials (by referral) • Other Clinical Trials		Research Activities • Screening Trials • Treatment Trials • Other Clinical Trials				DHS-Health Finder services for DHS and community referrals		*Support Groups - Cancer - St. Mary's Medical Center (Cancer)*	
	Diagnostic Services • Angiography • Computerized Axial Tomography Scan (CT) • Digital Radiography for Mammography • Fluorescence Bronchoscopy (by referral) • Mammography • Magnetic Resonance (MR) Mammography • Magnetic Resonance Imaging (MRI) • Nuclear Medicine • Positron Emission Tomography Scan (PET) • Stereotactic Guided Biopsy • Ultrasound		Diagnostic Services • Angiography • Computerized Axial Tomography Scan (CT) • Digital Radiography for Mammography • Fluorescence Bronchoscopy (by referral) • Mammography • Magnetic Resonance (MR) Mammography • Magnetic Resonance Imaging (MRI) • Nuclear Medicine • Positron Emission Tomography Scan (PET) • Stereotactic Guided Biopsy • Ultrasound		OB Ultrasounds for uninsured patients to reduce out of pocket cost to patient-DSC		DHS-Community partner with American Cancer Society, including wig bank. Our hair salon also assists in styling		Support Group Reach to Recovery - American Cancer Society Great Lakes Division (Old Boonville Hwy, Evansville) (Cancer)	

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)	Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
	Surgical Procedures • Ultrasonic Surgical Aspiration • Microwave Ablation • Catheter based Partial Breast Irradiation (ex: Mammosite) • Limb Perfusion (by referral) • Hyperthermic Intraperitoneal Chemotherapy (by referral) • Robotic Assisted Procedures • Intraoperative Radiation Therapy (by referral) • Cryosurgery (by referral) • Minimally Invasive Surgery • Radiofrequency Ablation • Sentinel Lymph Node Biopsy Radiation Oncology Services • 3D Conformal Radiation Therapy (by referral) • Brachytherapy - High Dose Rate (HDR) (by referral) • Brachytherapy - Low Dose Rate (LDR) (by referral) • Computerized Treatment Planning (by referral) • Electron Beam (by referral) • External Beam Radiation Therapy (by referral) • Gamma Knife (by referral) • CyberKnife (by referral) • High Dose Rate (HDR) MammoSite Radiation Therapy System (by referral) • Hyperthermia (by referral) • Image-Guided Radiation Therapy (IGRT) (by referral) • Intensity Modulated Radiation Therapy (IMRT) (by referral) • Linear Accelerator (by referral) • Proton Beam (by referral) • Stereotactic Radiosurgery		Surgical Procedures • Catheter based Partial Breast Irradiation (ex: Mammosite) • Robotic Assisted Procedures • Minimally Invasive Surgery • Radiofrequency Ablation • Sentinel Lymph Node Biopsy Radiation Oncology Services • 3D Conformal Radiation Therapy (by referral) • Brachytherapy - High Dose Rate (HDR) (by referral) • Brachytherapy - Low Dose Rate (LDR) (by referral) • Computerized Treatment Planning (by referral) • Electron Beam (by referral) • External Beam Radiation Therapy (by referral) • Gamma Knife (by referral) • CyberKnife (by referral) • High Dose Rate (HDR) MammoSite Radiation Therapy System (by referral) • Hyperthermia (by referral) • Image-Guided Radiation Therapy (IGRT) (by referral) • Intensity Modulated Radiation Therapy (IMRT) (by referral) • Linear Accelerator (by referral) • Proton Beam (by referral) • Stereotactic Radiosurgery • Systemic Radioisotopes • Therasphere (by referral)		Punch biopsies Verruca freeze Minor Procedures	DHS-Know Your Stats prostate education and PSA screenings		Support Group - Cancer, Man to Man - American Cancer Society Great Lakes Division (Cancer)	

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)		Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
	Medical Oncology Services • Bone Marrow Transplant (by referral) • Chemoembolization • Hormone Therapy • Infusion Center with Chemotherapy • Photodynamic Therapy (by referral) • Plasmapheresis • Stem Cell Transplant (by referral) Rehabilitation Services • Exercise Therapy • Lymphedema Program • Occupational Therapy • Physical Therapy • Prosthetic Services • Speech Therapy • Stomal Services/Wound Care Therapy Supportive Services • Adjustment to Illness Counseling (by referral) • Advanced Care Planning • Bio-Psychosocial Assessment (by referral) • Caregiver and Family Counseling (by referral) • Case Management • Child Life Program • Community Resource Coordination (e.g. transportation, financial resources) • Facilitation of Patient/Family,		Medical Oncology Services • Bone Marrow Transplant (by referral) • Chemoembolization • Hormone Therapy • Infusion Center with Chemotherapy • Photodynamic Therapy (by referral) • Plasmapheresis • Stem Cell Transplant (by referral) Rehabilitation Services • Exercise Therapy • Lymphedema Program • Occupational Therapy • Physical Therapy • Prosthetic Services • Speech Therapy • Stomal Services/Wound Care Therapy Supportive Services • Adjustment to Illness Counseling (by referral) • Advanced Care Planning • Bio-Psychosocial Assessment (by referral) • Caregiver and Family Counseling (by referral) • Case Management • Child Life Program • Community Resource Coordination (e.g. transportation, financial resources) • Facilitation of Patient/Family,						Road to Recovery - American Cancer Society Great Lakes Division (Cancer)	
	Support Groups • Caregiver Support Group (by referral) • Family/Children Support Group (by referral) • General Cancer Support Group • Loss/Bereavement Support Group (by referral) • Young Adult Support Group (by referral) • Breast Cancer Support Group (by referral) • Colorectal Cancer Support Group (by referral) • Lung Cancer Support Group (by referral) • Prostate Cancer Support Group (by referral) • Transplant Support Group (by referral)		Support Groups • General Cancer Support Group • Loss/Bereavement Support Group (by referral) • Breast Cancer Support Group (by referral)						Look Good…Feel Better - American Cancer Soicety Great Lakes Division (Cancer)	

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)		Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
	Provider Communication • Home Care Program • Hospice (by referral) • Inpatient Psychiatric Consult • Lodging Assistance • Mental Health Counseling • Music Therapy • Outpatient Psychiatric Care • Pain and Palliative Care Program • Pastoral Care • Pet Therapy • Psycho-Education to Enhance Coping Skills (by referral) • Sexuality Counseling (by referral) • Support and Education Related to Parenting through Cancer (by referral) • Survivorship Program (by referral) • Wellness Program		Provider Communication • Home Care Program • Hospice (by referral) • Inpatient Psychiatric Consult • Mental Health Counseling • Outpatient Psychiatric Care • Pain and Palliative Care Program • Pastoral Care • Psycho-Education to Enhance Coping Skills (by referral) • Sexuality Counseling (by referral) • Support and Education Related to Parenting through Cancer (by referral) • Survivorship Program (by referral) • Wellness Program						Support Group - Man to Man - Evansville Cancer Center (Cancer)	
			Medical Oncology Services • Bone Marrow Transplant (by referral) • Chemoembolization • Hormone Therapy • Infusion Center with Chemotherapy • Photodynamic Therapy (by referral) • Plasmapheresis • Stem Cell Transplant (by referral) Supportive Services • Adjustment to Illness Counseling (by referral) • Advanced Care Planning • Caregiver and Family Counseling (by referral) • Case Management • Child Life Program • Community Resource Coordination (e.g. transportation, financial resources)						Susan G. Komen for the Cure (Vogel Rd., Evansville) (Cancer)	
			Deaconess Pediatric Unit is able to provide chemo to select patients in collaboration with Riley Hospital for Children Oncology Program							
Dementias, Including Alzheimer's Disease	Discharge planning and connection with appropriate community referral sources	Inpatient Psychiatric Unit					DHS-Home Health Care & Caregiver Options "conference" of DHS and community service providers			
	Senior Services	Accepting the Challenge Education Program					DHS-Quarterly "Getting Medical Affairs in Order" lectures and legal service			
		Wiser Aging Luncheons					DHS-Facebook Lunch & Learn on senior caregiving issues			
Diabetes	Diabetes Camp	WIC Gestational Diabetes Education	Diabetes Camp				DHS-Weekly Resource Center glucose screenings and education			

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)	Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
	Education Resource for Parochial School Staff	Outpatient Diabetes Education	Deaconess Riley Children's Specialty Center has a clinic for pediatric diabetic patients			DHS-Community blood glucose screenings, such as at Day of Dance, Holidaze, Homeless Connect			
	INITIAL 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. STEPS TO SUCCESS -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, hyperglycemia, sick day management, exercise, sweeteners, alcohol, dining out, and label reading • Step 3 – Review long term complications, prevention of complications, lab review, & heart healthy 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		INITIAL 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. STEPS TO SUCCESS -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, hyperglycemia, sick day management, exercise, sweeteners, alcohol, dining out, and label reading • Step 3 – Review long term complications, prevention of complications, lab review, & heart healthy 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		Diabetic nurse educator available 2 days a week for education regarding -carb counting -insulin starts -proper nutrition -insulin pumps Pap Smears, STD Testing, HPV testing,Clinical Breast Exams, Digital Rectal Exam, Mammogram Referrals,Endometrial Biopsy,Colposcopy, LEEP, BCCP enrollment per income guidelines-DSC Monthly onsite dietician appointments for uninsured OB/Pediatrics-DSC	DHS-Facebook Lunch & Learn on Diabetes Alert Day			

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)		Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
	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.						DHS-Health Finder services for DHS and community referrals			

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)		Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
	INSULIN PUMP EDUCATION This course is designed for someone new to insulin pump therapy or for someone who has an insulin pump and needs further education or updated information. Each patient is seen individually throughout pump education. The patient is instructed on the pump's functions to safely manage blood glucose levels. GESTATIONAL OR PREGNANCY WITH DIABETES Each patient is seen individually to discuss the pathophysiology of diabetes during pregnancy, blood glucose monitoring, desired blood glucose ranges, ketone testing, and insulin instruction as needed. ADVANCED MANAGEMENT The participant will learn how to incorporate carbohydrate ratios and correction factors (insulin adjustment principles) to allow for a more flexible lifestyle when using multiple daily injections or using an insulin pump. This teaches the patient how to effectively self-manage their diabetes. CARBOHYDRATE COUNTING CLASS The participant will learn which foods contain carbohydrate, how they affect blood glucose and how to determine Carbohydrate ratios for better glucose control. HEART HEALTHY CLASS The participant will learn the importance of good nutrition on blood glucose and lipid levels, goals for lipids and how to change eating habits to improve lipid levels.		INSULIN PUMP EDUCATION This course is designed for someone new to insulin pump therapy or for someone who has an insulin pump and needs further education or updated information. Each patient is seen individually throughout pump education. The patient is instructed on the pump's functions to safely manage blood glucose levels. GESTATIONAL OR PREGNANCY WITH DIABETES Each patient is seen individually to discuss the pathophysiology of diabetes during pregnancy, blood glucose monitoring, desired blood glucose ranges, ketone testing, and insulin instruction as needed. ADVANCED MANAGEMENT The participant will learn how to incorporate carbohydrate ratios and correction factors (insulin adjustment principles) to allow for a more flexible lifestyle when using multiple daily injections or using an insulin pump. This teaches the patient how to effectively self-manage their diabetes. CARBOHYDRATE COUNTING CLASS The participant will learn which foods contain carbohydrate, how they affect blood glucose and how to determine Carbohydrate ratios							
Disability	OP Therapy Services Physical Washington Square Mall, Rehab at North Pointe, Hydrotherapy/Wound Care at Acute Care (Main Campus)	Physicial OP Therapy Services IP Therapy Services Swing Therapy Services			Physical Therapy(JO) • Provided by a Lic. Physical Therapist and PT students from U of E. • 1-2 times a week • Evaluation and Treatment • Education • Follow up available • Uninsured, No Charge		DHS-Health Finder services for DHS and community referrals	Ride Solutions Handicapped Accessible transportation	Rehabilitative Services - Easter Seals Rehabilitation Center (Occupational Therapy; Physical Therapy)	

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)		Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
	Occupational Washington Square Mall, Rehab at North Pointe, Hydrotherapy/Wound Care at Acute Care (Main Campus)	Occupational OP Therapy Services IP Therapy Services Swing Therapy Services					DHS-Helping Hand program for seniors. Assist with transportation, billing issues, etc.		Early Intervention - First Steps of Southern Indiana (Occupational Therapy; Physical Therapy)	Community Alternatives SW - Normal Life of Indiana (Disability Related Center Based Employment)
	Speech Washington Square Mall, Laryngectomy at Acute Care (Main Campus)	Speech OP Therapy Services IP Therapy Services Swing Therapy Services					DHS-Resource Center hosted support groups on Parkinson's, chiari, lupus, arthritis, pulmonary fibrosis and COPD/asthma		Community Job Link - Evansville ARC (Disability Related Center Based Employment)	Adult Developmental Services - Southern Indiana Resource Solutions (Disability Related Center Based Employment)
		Project SEARCH: Collaborative program for Developmentally Delayed youth.							Successful Transitions - Evansville ARC (Disability Related Center Based Employment)	Information - About Special Kids (Statewide) (Disability Rights Groups)
		Silver Sneakers Program							Connections for Life - Evansville ARC (Disability Related Center Based Employment)	Children with Disabilities 0 National Dissemination Center for Children with Disabilities (Disability Rights Groups)
	-								Adult Day Services - Evansville ARC (Disability Related Center Based Employment)	Power Wheelchairs - Senior Wheels USA (Disability Related Transportation)
									Social Services - Southwestern Indiana Regional Council on Aging (SWIRCA) (Disability Rights Groups)	Stuttering Hot Line - Stuttering Foundation of America (Speech and Language Pathology)
									Work Evaluation and Conditioning - Evansville Association for the Blind (Disability Related Center Based Employment)	
									Guardianship - Guardianship Services of Southwestern Indiana (Disability Rights Groups)	
									METS Mobility - Metropolitan Evansville Transit Systems (Disability Related Transportation)	
									Transportation - Personal Assistant Services and Transportation (Disability Related Transportation)	

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)		Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
									Community Alternatives SW - Normal Life of Indiana (Disability Related Center Based Employment)	
									Work Solutions - Goodwill Industries of Evansville (Disability Related Center Based Employment)	
									Information - About Special Kids (Statewide) (Disability Rights Groups)	
									Children with Disabilities 0 National Dissemination Center for Children with Disabilities (Disability Rights Groups)	
									Power Wheelchairs - Senior Wheels USA (Disability Related Transportation)	
									Interpreting Services for the Deaf - Sycamore Services (Sign Language Instruction and Interpretation)	
									Stuttering Hot Line - Stuttering Foundation of America (Speech and Language Pathology)	
									Home Instead Senior Care - Home Instead Senior Care (Homemaker Assistance)	
									Home Care - Visiting Nurse Plus (Homemaker Assistance)	
									Disabled Children - INSOURCE - Indiana Resource Center for Families (Caregiver/Care Receiver Support)	
Heart Disease and Stroke	Heart Disease- Inpatient- 1:1 Education post stent placement, pacemaker, defibrillator, pre open heart surgery, heart failure, smoking cessation Group education classes 3 times daily- Angina/risk factor/diet and post open heart surgery Outpatient- Phase 2 Cardiac Rehabilitation program-includes exercise sessions and 18 group education classes	Cardiac Rehab Phase II	Deaconess Riley Children's Specialty Center has a clinic for pediatric cardiolgy & Echo				DHS-Weekly Resource Center lipid screenings and education		Support Group for Mended Hearts - Mended Hearts Support Group (Health/Disability Related Support Groups)	
			Mended Little Hearts - Support group for children & families with Congent Heart Disease				DHS-Health Finder services for DHS and community referrals		Support Group for Strokes - Deaconess Health System (Health/Disability Related Support Groups)	

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)		Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
	Phase 3 Cardiac Rehabilitation "At Risk" Exercise Program Community- Weekly cholesterol screenings Calcium Scoring testing Twice monthly label reading education via a grocery store tour at Schnuck's Heart Failure Support Group Monthly Friends and Family CPR class Phase 3 Cardiac Rehabilitation "At Risk" Exercise Program Community- Weekly cholesterol screenings Calcium Scoring testing Twice monthly label reading education via a grocery store tour at Schnuck's Heart Failure Support Group Monthly Friends and Family CPR class						DHS-Stroke & aneurysm special screening events (12/year) & at Community 1st health fair		*Support Group for Heart Failure - St. Mary's Medical Center (Health/Disability related support Groups; Heart Disease)*	
	Stroke- Inpatient- 1:1 discharge education post carotid stent placement including stroke symptom monitoring and risk factors 1:1 education post PFO/ASD closure						DHS-Stroke risk assessment at community health fairs			
	Community- Weekly stroke screenings Bi-monthly peripheral vascular disease screenings that include carotid imaging						Deaconess Day of Caring at mall, coordinated by certified stroke nurses			
							DHS-Community lipid screenings at Day of Dance, churches, etc.			
							DHS-Community stress management classes			
							DHS-Facebook Lunch & Learn on stroke			
							DHS-Facebook Lunch & Learn on women & heart disease			
Injury & Violence Prevention	Trauma Education (Think! Program regarding use of helmets)	Don't Text and Drive—distracted driving awareness for teens and young adults	Deaconess Riley Children's Specialty Center has developed a program called "CHILL" for Children's Health Initiatives and Life Lessions where we discuss injury/pediatric care needs on a monthly basis with patients at Eastland Mall and other locations in the community. Examples of topics: Safe Sleep, Lawn Mower Safety, Dog Bite Prevention, How to be safe in the sun, battery safety, fireworks safety, etc.		No Active Programs-Prevention education done by pcp-DSC		Safe Kids (bike safety, helmets, walk to school projects etc.) DHS-Health Finder services for DHS and community referrals			
	Safe Sitter Babysitting classes	Bike Rodeos and Helmet Safety for young riders and parents---bike safety, helmet fitting, and education	TWH has Car Seat safety checks by appointment				National Safe Place. DHS-Safe Sitter classes			

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Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)		Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
	Injury Prevention Programs offered by Trauma Services: 1. AARP Driver Safety Program—education for Older driver safety 2. Don't Text and Drive—distracted driving awareness for teens and young adults 3. SLIP(Senior Lifestyles Injury Prevention programs)---fall prevention education for older adults 4. Safe Kids and St. Mary's Concussion Alliance Sports Safety Clinics---education and awareness of the dangers of concussions in youth sports 5. Bike Rodeos and Helmet Safety for young riders and parents---bike safety, helmet fitting, and education 6. Walk to School and Bike to School Days—education sponsored by the Safe Routes to School initiative 7. Child Passenger Restraint Clinics—cars eat and booster seat check up events 8. Pedestrian Safety for kids and older adults 9. Attendance at many school sponsored health fairs throughout the school year	Walk to School and Bike to School Days—education sponsored by the Safe Routes to School initiative								
		Child Passenger Restraint Clinics—cars eat and booster seat check up events							Domestic Violence Shelter and Crisis Line Programs - Albion Fellows Bacon Center (Domestic Violence Hotlines, Domestic Violence Shelters, Domestic Violence Issues)	National Domestic Violence Hotline - Texas Council on Family Violence (Domestic Violence Hotlines)
		Attendance at health fairs							Support Group for Children in Domestic Violence Families -YWCA of Evansville (Domestic Violence Issues)	
									Support Group for Male victims of domestic violence - YWCA of Evansville (Domestic Violence Issues)	
									Domestic Violence Shelter - YWCA of Evansville (Domestic Violence Hotlines; Domestic Violence Shelters)	

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)		Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
									Domestic Abuse Intervention Program - YWCA of Evansville (Domestic Violence Issues)	
									National Domestic Violence Hotline - Texas Council on Family Violence (Domestic Violence Hotlines)	
									Healthy Families-Youth Service Bureau (Family Violence Prevention)	
									Support Group for Sexual Assault - Albion Fellows Bacon Center (Domestic Violence Support Groups)	
									Support Group for Domestic Violence - Albion Fellows Bacon Center (Domestic Violence Support Groups)	
									Child Protective Services - Department of Child Services of Vanderburgh County (Family Violence Prevention) (Including child abuse & 24 hour emergency hotline)	
									Child Sexual Abuse Prevention - Lampion Center (Family Violence Prevention)	
									Community Partners for Child Safety - Ireland Home Based Services (Family Violence Prevention)	
									Health and Safety Services - American Red Cross of Southwestern Indiana (CPR Instruction; General First Aid Instruction; Babysitting Instruction; Water Safety Instruction)	
									Child Care Provider Training - 4C of Southern Indiana (Child Care Provider Training)	
									Weatherization - Community Action Program of Evansville (Smoke Alarms)	
									Neighborhood Inspection Services - Evansville Vanderburgh Building Commission (Smoke Alarms)	

Category	St. Mary's (Evansville)	St. Mary's (Warrick)	Deaconess (Evansville)		ECHO (Evansville)	Community (Evansville)	Community (Warrick)	United Way (Evansville)	United Way (Warrick)
								Little Lambs Store - Little Lambs/First Presbyterian Church (Child Passenger Safety Seats)	
								Parenting Rewards-Evansville Christian Life Center (Child Passenger Safety Seats)	
Maternal, Infant, Child Health & Family Planning	Real infant Simulator Program for Middle School students	WIC Gestational Diabetes Education	Deaconess Riley Children's Specialty Center provides access to the following Pediatric Sub Specialists: cardiology & echo, pulmonary, cystric fibrosis, gastroenterology, endocrinology, diabetes, nephrology, developmental, NICU follow-up, urology, surgery, pre & post adult renal transplant, pediatric dermatology, constipation clinic, social worker counseling service, Down Syndrome, rheumatology		Social Work/OB Nurse Intakes.	DHS-Health Finder services for DHS and community referrals	Youth First Family Connections	Pregnancy Services-Birthright of Evansville (Family Planning) (Also, Diapers)	Abba Clinic-Living Hope Community Church (Family Planning)
	Free Childbirth classes	WIC Breastfeeding Support	Cadre is composed of local groups (Deaconess, Evansville Vand School Corp, SMMC, Warrick County School Corp, etc . . . and Riley for resources and training for anyone involved with children and families with Autism.		VFC Vaccines	DHS-Facebook Lunch & Learn on children's summer safety topics, autism, pediatric sleep issues	Strengthening Families	Prenatal/Pediatric Health Clinic - ECHO Community Health Care (Family Planning; Obstetrics/Gynecology)	
	Hot Topics Webinar Series for nursing and respiratory therapy staff for St. Mary's and regional hospital staff covers medical topics such as Newborn Assessment, Signs of Domestic Violence, etc.	WIC Prenatal Substance Use Prevention education	Deaconess Riley Children's Specialty Center provides Epilepsy Support/Instruction		Referrals to WIC, Little Lamb Vouchers,Healthy Families,Pregnancy Resource Center,Baby Basics @ Potters Wheel	DHS-Community health fair participation with children's nutrition/fitness education	Family Planning	Counseling-Catholic Charities (Family Planning)	
	Prenatal tours (labor, delivery, postpartum, breastfeeding, infant care, back to sleep)	WIC provides education on healthy pregnancy, healthy eating, portion control and monitoring weight gain.			Medicaid Enrollment Center with referral to MCO Prenatal Program-DSC		Childbirth Classes	Pregnancy Care Helpline-Department of HealthVanderburgh County (Family Planning)	
	Pertussis vaccine program that apothecary has initiated on behalf of fathers and grandparents to immunize family members of newborns and prevent newborns from catching pertussis						Healthy baby Program	Pregnancy Resource Center-Evansville Christian Life Center (Family Planning)	

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	The Center for Children provides families with a central source of information and services, including: Feeding Disorders – Our unique program offers the first and only behavior-based, intensive feeding therapy program in the area. Led by Dr. Elizabeth Clawson, a multi-disciplinary specialist team will assess and treat your child based on his or her individual needs. Autism Program– New therapeutic techniques for children diagnosed with autism spectrum disorders are currently being implemented to aid children and their caregivers with increasing the children's adaptive, social, academic and other identifiable skills. Resource Center– The first of its kind in the region, the Center for Children's Resource Center provides free guidance and scheduling assistance to local and regional families and their physicians. We provide comprehensive pediatric referrals and scheduling with referrals and appointments made for any Primary Care Physician and his or her patients. The Resource Center offers a parent library, parent support groups and assistance with insurance questions. Pediatric Psychology– St. Mary's Center for Children offers a full spectrum of pediatric psychological assessments and treatments for children with learning, behavioral, psychosocial and medical issues. Dr. Bowesox conducts In-patient Pediatric								Health Care Services-Planned Parenthood (Family Planning)	
									Prenatal Substance Use Prevention Program-TRI-Cap Vanderburgh County (Family Planning)	
									WIC-Health Department of Vanderburch County (Breastfeeding Support Programs; Formula/Baby Food; General Health Education)	
									Pregnant Teen Home-Life Choices Maternity and Youth Home (Maternity Homes)	
									Residential Services-United Methodist Youth Home (Maternity Homes)	
									Evansvillemoms.com (Breastfeeding Support Programs)	
									Support Group-Le Leche League of Southwestern Indiana (Breastfeeding Support Programs)	

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									Food Pantry/Emergency Food Pantry System-Saint Matthew's United Church of Christ (Formula/Baby Food)	
									Food Pantry/Independent-Salvation Army-Vanderburgh County (Formula/Baby Food)	
									Little Lambs Store-Little Lambs/First Presbyterian Church (Child Passenger Safety Seats; Diapers)	
									Food Pantry/Emergency Food Pantry System - Saint Vincent Depaul Society (Diapers; Formula/Baby Food)	
									Food Pantry/Emergency Food Pantry System - Simpson United Methodist Church (Formula/Baby Food)	
									Food Bank-Tri-State Food Bank (Formula/Baby Food)	
									Financial Assistance 0 Vanderburgh County Knight Township (Diapers)	
									Parenting Rewards-Evansville Christian Life Center (Child Passenger Safety Seats; Diapers)	
									Food Pantry/Independent - Evansville Christian Lfe Center (Formula/Baby Food)	
									Food Pantry/Independent - The River at Evansville (Formula/Baby Food)	
									Food and Clothing - Bread of Life Ministry (Diapers)	
									Support Group for Parents and Caregivers of Children (Health/Disability Related Support Groups)	
									Support Group for Pregnancy and Infant Loss - St. Mary's Hospital (Bereaved Parent Support Groups)	
									Disabled Children - INSOURCE - Indiana Resource Center for Families (Caregiver/Care Receiver Support)	

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									Support Group Mothers of Multiples - Tri-State Mothers of Multiples (Parent Support Groups)	
									Hope Infertility - Support Group - The Women's Hospital (Infertility Support Groups)	
									Support Group for Mothers of Preschoolers - Mothers of Preschoolers (Parent Support Groups)	

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Mental Health & Substance Abuse	Bi-Polar Support Group with Mental Health America	Inpatient Psychiatric Unit	Deaconess Riley Children's Services provides counseling services via Social Workers		Behavior Integration program combining Mental Health with the medical model to change health outcomes toddlers to adults as well as to provide mental health assessment and brief intervention strategies.	DHS-Facebook Lunch & Learns on prescription drug abuse, holiday stress & depression, and SAD	Southwestern Mental Health Assoc	One-on-One Caring Partners - Evansville Center for Women's Ministries (Mental Health Counselors; Abuse Counseling; Bereavement Counseling)	Refuge-Life Groupes-Crossroads Christian Church (Comprehensive Outpatient Substance Abuse Treatment)
	Staff sit on MHA board (Robin Richards and Brooke Wagner)	Staff sit on Youth First Coalition	Child Psychologist on staff; also has Autistic patients and play group		Onsite mental health assessments by LCSWs combined with tele-med Psychiatric consults. Limited on-site adult and child Psychiatry evaluations and treatment	DHS-Resource Center hosted support group (with Mental Health America) on OCD/anxiety	Safe Schools/Healthy Students	Support Group for Anxiety Obsessive Compulsive Disorder- Mental Health America of Vanderburch County/Deaconess Hospital (Mental Health Related Support Groups)	Counseling-Crossroads Christian Church (Family Counseling; Adolescent/Youth Counseling; Substance Abuse Counseling; Bereavement Counseling)
	Annual MHA ride, annual Conference for Clinicians (our Community Education Funds support this),	WIC education on effects of substance use and secondhand smoke on pregnancy, infants and children.	On board of Warrick County Communities That Care coalition, a group that has obtained a grant from IN Division of Mental Health and Addiction to reduce risk factors that affect youth and lead to problem behaviors		Substance abuse assessments, brief interventions, and referrals.	DHS-Health Finder services for DHS and community referrals	Dare program (Sherrif)	Supplemental Medication Program - Mental Health America (Prescription Expense Assistance)	
	Representation on Community Suicide Coalition	WIC provides cessation information and referrals to Prenatal Substance Use Prevention Program via TRI-CAP and to Tobacco Quitline.	Crisis Intervention Team (CIT): Janie Chappell - co-chair of the Vanderburgh County Crisis Intervention Team (CIT) Committee, coordinator of the Vanderburgh County CIT annual training, participates in yearly inservices of Evansville Police Department on mental health related topics and in training of new officers		Referrals and follow up to and from mental health agencies for long term, severe, and persistent mental health issues. Assessment of dangerousness to self and/or others. Emergency crisis intervention and referrals. Referrals to Mental Health America (MHA) for support groups and the Supplemental Medication Program (SMP).	DHS-depression screenings at community health fairs	Court System referrals	Counseling - Catholic Charities (Adolescent/Youth Counseling; Child Guidance)	
	Meets and coordinates processes with Southwestern Indiana Behavioral Health and collaborates with Deaconess Behavioral Health as well	Staff trained on CISM (Critical Incident Stress Management)	Suicide Awareness & Prevention: Janie Chappell - chair of the Southwestern Indiana Suicide Prevention Coalition since its' inception 7 years ago		Social Work/Outreach Director is a board member of MHA; tracks, accumulates, and analyzes MHA data for their SMP; a member of the steering committee to create a Vanderburgh Co. mental health court; Chair of the Homeless Health Network addressing issues including chronic substance abuse with the homeless.		Youth First Coalition: Communities That Care	Counseling-Mulberry Center (Family Counseling; Child Guidance; Adolescent/Youth Counseling; Anger Management; Psychiatric Case Management; Substance Abuse Counseling)	
	St. Mary's Community Funds supports the Medication Assistance Program for MHA, which assists patients needing short term support obtaining mental health medications		DCP serves as the host agency and fiscal agent for the Coalition					Choices-Lampion Center (Mental Health Counselors; Adolescent/Youth Counseling)	

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	Suicide Risk Screening Committee		DCP provides suicide awareness and prevention for all ages in the community at no cost. We have been providing this service for approximately 11 years. We offer the following programs:					Counseling - Lampion Center (Family Counseling; Child Guidance; Adolescent/Youth Counseling; Anger Management)	
	St. Mary's has sent and will be sending more staff (Pastoral Care, HR, and Adult Mental Health) to the CISM (Critical Incident Stress Management) training and in process of coordinating with the District		The Yellow Ribbon Adolescent Suicide and Awareness program—the only provider of this program in the tri-state area					Counseling, Alternative Solutions;-Bethany Apostolic Church (Family Counseling; Mental Health Counselors; Abuse Counseling; Substance Abuse Counseling)	Tobacco Quitline - American Lung Association of Indiana (Substance Abuse Prevention)
	Mental Health Response Team and formalizing process for St. Mary's Disaster team—training for internal and external disasters.		Question, Persuade & Refer (QPR) for adolescents and adults					Counseling - United Family Counseling Services (West Virginia St, Evansville) (Family Counseling; Adolescent/Youth Counseling; Child Guidance)	
	St. Mary's supports the community Crisis Intervention Team (CIT) a team of officers trained to respond to situations involving individuals with mental health risk issues—the AMH Director serves on the task force and Community Funding provide monies for the annual officer training.		Applied Suicide Intervention Skills Training (ASIST)—the only provider of this program in the tri-state area					*Support Group for Bi-Polar/Manic Depressive Disorder- Mental Health America of Vanderburgh County/St. Mary's Hospital (Mental Health Related Support Groups)*	
			Assessing and Managing Suicide Risk (AMSR)—the only provider of this program in the tri-state area					Mental Health Classes - National Alliance on Mental Illness (Mental Health Counselors)	
			Mental Health First Aid: Mental Health First Aid is a 2-day training program that educates the public about mental illnesses and how to deal effectively with people who are experiencing a mental health topic. We have been providing this training for 6 months. We are the only provider of this program in the tri-state area.					Parenting Time Center - Lampion Center (Family Counseling)	
			Board Participation: Cheryl Rietman - Court Appointed Special Advocate Vanderburgh County, Janie Chappell - Mental Health America of Vanderburgh County, Janie Chappel - Substance Abuse Council of Vanderburgh County, Donna Lilly - Substance Abuse Counsil of Vanderburgh County, Kent Leslie - YMCA Youth					Veteran Counseling - Veteran's Readjustment Counseling Service (Family Counseling)	
			Mental Health Professional Education: Offer free 1-hour educational offerings to mental health professionals in our area; Participate in the Tri-State Training Cooperative, a group of mental health providers who bring national speakers to our area 1 – 2 times per year in the area of mental health; Janie Chappell & Donna					Support Group for Mental Health-National Alliance on Mental Illness (Mental Health Related Support Groups; Depression)	

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			Health Professional Education: DCP participates in community education for health professionals in a variety of ways: Advanced Practice Nurses' Symposium—Janie Chappell is on the planning committee, DCP staff participate as presenters; Case Management Conference; Midwest Institute on Aging;					Homeless Outreach Team-Southwestern Behavioral Healthcare (Mental Health Counselors)	
			Speaker's Bureau: DCP offers speakers on a variety of mental health and addiction related topics at no charge to the community.					Hospital-Evansville State Hospital (Mental Health Counselors; Inpatient Mental Health Facilities)	
			Crisis Care & Treatment: DCP provides assessment and triage services 24 hours/day, 7 days a week through our DCP facility (hours are limited to Monday-Friday, approximately 8 am – 8 pm), Deaconess Hospital-Main-Emergency Department and Deaconess Gateway Hospital Emergency Department					Child and Family Counseling - Evansville Lutheran Family Counseling (Family Counseling; Child Guidance; Substance Abuse Counseling)	
			DCP provides inpatient, acute, crisis stabilization care for children, adolescents & adults.					Drug Addiction Treatment-Evansville Treatment Center (Detoxification)	
			DCP also provides inpatient medical detoxification for adults struggling with addiction issues.					Residential Treatment Program-Hillcrest Washington Youth Home (Children's/Adolescent Residential Treatment Facilities)	
			DCP works collaboratively with Southwestern Behavioral Healthcare and provides inpatient beds for their patients who are in need of hospitalization.					Substance Abuse Services - Mulberry Center (Comprehensive Outpatient Substance Abuse Treatment; Substance Abuse Education/Prevention)	
			DCP meets and coordinates processes with Southwestern Behavioral Healthcare and St. Mary's Behavioral Health.					Prenatal Substance Use Prevention Program-Vanderburgh County-Tri-Cap (Comprehensive Outpatient Substance Abuse Treatment; Perinatal Substance Abuse Treatment)	
			DCP provides traditional outpatient therapy, chemical dependency intensive outpatient programming, adult mental health partial hospitalization and senior mental health intensive outpatient					Stepping Stone-Southwestern Behavioral Healthcare (Detoxification)	
			DCP provides outpatient medication management					Gambler's Anonymouse Stepping Stones -Gamblers	

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			Support Groups: The Anxiety Disorder support group meets at Deaconess Hospital.						Support Group for Grief - Visiting Nurse Association of Southwestern Indiana (VNA Plus) (Bereavement Counseling)	
			Other: DCP responds to community crises through a variety of ways: student and staff support to schools and businesses that experience a crisis, such as a suicide.						Psychiatric Services-Southwestern Behavioral Healthcare (Family Counseling; Inpatient Mental Health Facilities)	
									Deaconess Cross Pointe-Deaconess Health System (Inpatient Mental Health Facilities, Psychiatric Case Management)	
									Children's Psychiatric Services-Evansville Psychiatric Children's Center (Psychiatric Case Management)	
									Afternoons ROCK-Youth Service Bureau/Carver Community Organization/The Y of Southwestern Indiana (Substance Abuse Education/Prevention)	
									Teenpower-Youth Resources of Southwestern Indiana (Substance Absue Education/Prevention)	
									Smoking Cessation-Department of Health Vanderburgh County (Substance Abuse Education/Prevention)	
									Support Group - Compassionate Friends (Bereavement Counseling)	
									Support Group Narcotics Anonymous -Narcotics Anonymous Across the Rivers Area (Substance Abuse Education/Prevention)	
									Leadership Training and Life Skills-Patchwork Central (Substance Abuse Education/Prevention)	

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									Youth Program-Youth First (Adolescent/Youth Counseling; Substance Abuse Education/Prevention)	
									Tobacco Quitline - American Lung Association of Indiana (Substance Abuse Prevention)	
									Domestic Abuse Intervention Program-YWCA of Evansville (Abuse Counseling)	
									Community Partners for Child Safety-Ireland Home Based Services (Family Counseling; Abuse Conseling)	
									Support Group for Parents and Caregivers of Children (Health/Disability Related Support Groups)	
									Support Group for Aphasia - St. Mary's Medical Center (Health/Disability related support Groups)	
									Support Group Alcohol Dependency - Alcoholics Anonymous (Alcohol Dependency Support Groups)	
									Support Group Al-Aon Family Group (Alcohol Dependency Support Groups)	
									Support Group Alateen - Al-Anon Family Group (Alcohol Dependency Support Groups)	
									Support Group - Cocaine Anonymous Support Team (Dependency Support Groups)	
									Accent On Christ - Evansville Christian Life Center (Alcohol Dependency Support Groups)	
									Support Group for Grief - Nativity Catholic Church (Caregiver/Care Receiver Support Groups; Bereavement Counseling)	

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									Support Group for Pregnancy and Infant Loss - St. Mary's Hospital (Bereaved Parent Support Groups)	
									Support Group Mothers at War (Families of Inmates Support Groups) MAW Ministries Evansville	
									Support Group Mothers of Multiples - Tri-State Mothers of Multiples (Parent Support Groups)	
									Hope Infertility - Support Group - The Women's Hospital (Infertility Support Groups)	
									Support Group Pernatal Bereavement - Women's Hospital (Bereavement Counseling)	
									Support Group for Mothers of Preschoolers - Mothers of Preschoolers (Parent Support Groups)	
									Support Group for Survivors of Suicide - Mental Health America of Vanderburgh County (Suicide Survivors Support Groups)	
									Hospice - Vistacare (Bereavement Counseling)	
Nutrition, Physical Activity & Weight Status	Farmer's Market	Farmer's Market	Deaconess Residency Program were working on an obesity clinic with Riley's POWER program		Diabetic nurse educator available 2 days a week for education regarding -carb counting -insulin starts -proper nutrition -insulin pumps Dietican available 5 hours/mo.		Welborn Baptist Foundation sponsored- Upgrade Media Campaign DHS-Weekly Resource Center screenings offering BMI and nutritional counseling	Welborn Baptist Foundation sponsored- Upgrade Media Campaign	Congregate meals/nutrition sites/home delivered meals -Southwestern Indiana Regional Council on Aging (SWIRCA)	
	CAROL WHITE Physical Education Grant (8 schools, 6 Elem., 2 Middle)	"MyPlate" education					Welborn Baptist Foundation sponsored - HEROES school based initiative founded on Coordinated School health model. DHS-BMI and other screening/education at community health fairs	Purdue Extension Food and Nutrition program	Nutrition Education-Southwestern Indiana Regional Council on Aging (SWIRCA)	
	Nutrition Education in the classroom (public/parochial)	WIC referrals to Warrick County Purdue Extension Food and Nutrition program					Coordinated School Health (Welborn, EVSC, St. Mary's). DHS-Facebook Lunch & Learns on healthy holiday eating, New Year's resolutions		WIC & WIC Nutrition Education-Department of Health-Vanderburgh County (WIC, General Health Education Programs)	

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	Organ Wise Guys	Diabetes Education					Healthier Evansville (WNIN, Health Dept). DHS-Educational presentations on various related topics to community groups		Pregnancy Care Helpline-Department of Health-Vanderburgh County	
	YOGA and physical activities for in school/afterschool children and adults						EVSC Nutrition and Physical Activity Team. DHS-Health Finder services for DHS and community referrals		Congregate meals/Nutrition Sites-Senior Project of Greater Saint James	
	Collaboration with ECHO 2x per month individual medical nutrition therapy.						Welborn Baptist Foundation Sponsored - Promotion of newly passed Complete Streets Policy	Welborn Baptist Foundation Sponsored - Promotion of newly passed	N.E.E.D.S.-S.O.U.L. Empowerment Program (Nutrition/Physical Fitness)	
	Bariatrics and HMR						Welborn Baptist Foundation sponsored - Increased fruits/vegetables offered at corner stores and convenient outlets to increase access. DHS-Slow-go-whoa game for children, with related education		Nutrition Education-Purdue Extension of Vanderburgh County	
	Education for specific therapy groups (mothers, pulmonary rehab, teachers, student athletes regarding target nutrition)						Welborn Baptist Foundation Sponsored - Farmers Markets in areas with traditionally low access to fresh produce. DHS-Staff participation in Healthier Evansville initiative		Surgical Weight Loss Support Group-Deaconess Health System	
	Representation on SWIDA. Staff President for Southwest Indiana Dietetic Association.						WBF sponosored - outdoor sineage, mileage markers and outdoor physical acitivty. DHS-Participation in various community health fairs with adult and children fitness and nutritional educational activities	WBF sponosored - outdoor sineage, mileage markers and outdoor physical acitivty	Take Off Pounds Sensibly (TOPS) Support Group-Take Off Pounds Sensibly	
							WBF sponsored - Point of decision prompts in community promoting healthy choices		God's Gym-Impact Ministries	
							WBF sponsored - Discounted healthy meals at The Women's Hospital & St. Mary's to incentivize healthier meal options	WBF sponsored - Discounted healthy meals at The Women's Hospital & St. Mary's to incentivize healthier meal options	Fitness Programs-The Y of Southwestern Indiana (Formerly YMCA of Southwestern Indiana), Dunigan and Downtown Branches	

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							WBF sponsored - Promotion and support of breastfeeding programs and policy	WBF sponsored - Promotion and support of breastfeeding programs and policy	Community Outreach Center-The Y of Southwestern Indiana	
							WBF sponsored - Printing and distribution of walking maps of Evansville-Walk EVV		Fitness Programs-YWCA of Evansville	
							WBF sponsored - bicycle corrals installed, start of bike rental program with downtown YMCA		Meals on Wheels of Evansville (Home Delivered Meals)	
							WBF sponsored - development of multi-organization coalition to address strategies for increasing physical activity/healthier eating			
							WBF sponsored - promotion of recently passed Safe Routes to School policy within EVSC school disdtrict			
							WBF sponsored - move.ment granting to community partners involved directly in efforts related to physical activity/healthy eating	WBF sponsored - move.ment granting to community partners involved directly in efforts related to physical activity/healthy eating		
Respiratory Diseases	Asthma Camp- Annual camp for children with Asthma to help understand triggers	Referrals to Indiana Quit Line			Referrals to outside allergist/pulmonologist as needed-DSC		1) EVSC Asthma and Allergy Team			
	Asthma Care Transition Team						DHS-Health Finder services for DHS and community referrals			
	Tobacco Awareness (Children and Adults)						DHS-COPD/asthma and pulmonary fibrosis support groups hosted by Resource Center			
	Representation on Indiana Joint Asthma Coalition (Staff chair for Children and Youth Work Group).						DHS-Facebook Lunch & Learn on allergies			
	Regional presentation to school nurses regarding asthma care and awareness.									