COMMUNITY HEALTH NEEDS ASSESSMENT 2022-2025 (January 2022)

VANDERBURGH COUNTY, INDIANA

Ascension St. Vincent

Deaconess

ECHO COMMUNITY + HEALTHCARE

VANDERBURGH COUNTY HEALTH DEPARTMENT
Prevent. Promote. Protect. Partner.

United Way Southwestern Indiana

Welborn Baptist Foundation

Executive Summary-Vanderburgh County

2022 Community Health Needs Assessment (CHNA)

Overview

Vanderburgh County's **2022 Community Health Needs Assessment (CHNA)** was conducted collaboratively with Ascension St. Vincent Evansville, Deaconess Health System, ECHO Community Healthcare, Vanderburgh County Health Department, United Way of Southwestern Indiana, the Welborn Baptist Foundation, and various other community stakeholders. The 2022 CHNA provides insights into the health needs of communities within the partner organizations' service area and provides guidance to the development of health-promoting programs and services. This report provides a comprehensive overview of the methods used to conduct the CHNA, summaries of data that were considered, and a description of the process and outcomes of a prioritization process to establish the health priorities that will drive the hospital's activities in subsequent years.

A diverse and comprehensive range of activities were initiated to collect and consider data that provided valuable insights for decision making. A foundational activity included the review of existing secondary data to better understand the health needs and social, economic, and demographic characteristics of those living in the service area. Additionally, to ensure the consideration of community member insights into the health issues impacting their communities, a provider/stakeholder survey was conducted. Lastly, community members and stakeholders representing organizations providing services on the front lines of public health in their communities participated in a series of virtual focus groups. A prioritization session was held to discuss findings and identify areas of focus for subsequent years. This resulted in five identified priorities.

Local Health Priorities Identified

COVID-19 Response	Behavioral Health	Access to Care	Maternal Child Health	Exercise, Weight, and Nutrition

These priorities provide an issue-oriented roadmap for the development of local programs, services, and initiatives that seek to improve the health of the local community.

Purpose

The 2022 CHNA provides insights into the health needs of the community and guides health programming and services.

Approach

The 2022 CHNA triangulated data from **three areas**:

- Secondary Data Review (e.g., U.S. Census, County Health Rankings)
- Provider/Stakeholder Survey
- Provider/Stakeholder Focus Groups

85 providers/stakeholders responded to the survey

14 focus groups were held with **75** participants

12 individuals representing **5** organizations participated in the prioritization session

Key Partners

Deaconess Health System

Ascension St. Vincent Evansville

ECHO Community Healthcare

Vanderburgh County Health Dept.

United Way of Southwestern IN

Welborn Baptist Foundation

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Introduction

Community Health Needs Assessment (CHNA) Overview

Section 501(r)(3)(A) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA. This report provides a comprehensive overview of the 2022 CHNA conducted collaboratively by Ascension St. Vincent Evansville Hospital, Deaconess Health System, ECHO Community Healthcare, Vanderburgh County Health Department, United Way of Southwestern Indiana, and the Welborn Baptist Foundation. This represents the fourth community health needs assessment completed as a collaborative effort. This report provides an overview of the methods used to conduct the CHNA, summaries of existing health indicator data, primary data that was collected for purposes of the CHNA, and a description of the process and outcomes of a prioritization process to establish the health priorities that will drive the hospital's activities in the subsequent years.

Previous CHNA Effort (2019-2022)

In 2018, Ascension St. Vincent, Deaconess Health System, ECHO Community Healthcare, United Way of Southwestern Indiana, the Vanderburgh County Health Department, and Welborn Baptist Foundation partnered to plan for and administer a Community Health Needs Assessment (CHNA). The assessment helped to identify recurring causes of poor health and focus resources to support and drive positive change in the identified behaviors. The following methods were used to support the 2019 assessment and prioritization process.

Secondary Data Review: The 2019 CHNA involved a review of existing data and indicators relevant to the assessment. Following this review, key insights were incorporated into subsequent CHNA activities and considered during the selection of health priorities.

Community Survey: In collaboration with nine other hospital systems, health department representatives, community organizations, and faculty researchers from the University of Evansville and Indiana University Bloomington, a survey was developed and conducted to collect data from residents in the specific hospital's service area. The survey process included a) a random sample that recruited proportionately from all zip codes in the service area (260 respondents), and b) a convenience sample survey that sought to collect the same data from individuals seeking care and services at organizations (324 respondents).

Focus Groups: Six focus group discussions were held. Participants were drawn from both Warrick and Vanderburgh Counties. To ensure that broad perspectives were collected, each focus group included participants from a specific sector of the community's health and social services infrastructure, such as medical organizations, public service organizations, social service organizations, businesses and corporations, and educational institutions. A total of 65 community members participated in the focus group discussions.

2019 Priorities and Plan

The partners organizations held a meeting of key stakeholders and local organizational leadership to review data from all CHNA activities and identify priorities. The following priorities were identified through the 2019 process.

- Substance Abuse and Alcohol Abuse
- Mental Health
- Food Insecurity and Food Access
- Chronic Health Conditions
- Poverty

From the five endorsed issues identified for prioritization, mental health, substance abuse, and food insecurity were selected as primary points of focus for the next CHNA period (2019-2022). It was noted that improvement in chronic health conditions should be a by-product of successful work in the other three areas, and poverty involved more variables than the group can address. The broad categories of mental health, substance abuse, and food insecurity were subsequently narrowed down to the following, more specific, action items.

Substance Abuse: Deaconess (The Women's Hospital) and St. Vincent Evansville (Hospital for Women and Children) will participate in the Indiana Perinatal Network's pilot program for perinatal substance use screening. The goal is to reduce the number of babies born with Neonatal Abstinence Syndrome (NAS) and decrease days in the NICU for babies born with NAS. This work will include (a) investigation of the use of SBIRT (Screening, Brief Intervention, Referral to Treatment) as a drug and alcohol screening tool in primary care offices and (b) supporting the work of the Mayor's Substance Abuse Task Force.

Mental Health: Create and conduct a public relations campaign with the following message: talk therapy is the best way to address mental health issues/concerns/conditions/illnesses. Work will include (a) creation and public distribution of educational materials related to the different kinds of mental health providers and what they can and cannot treat, (b) admission criteria for inpatient psychiatric care, (c) ways to sustain or improve mental health while waiting for a scheduled treatment appointment, and (d) mental health specific education for primary care physicians related to signs and symptoms of common mental illnesses/conditions, recommended medications, appropriate referrals for treatment, and adverse childhood experiences (ACEs) and their relationship to future health.

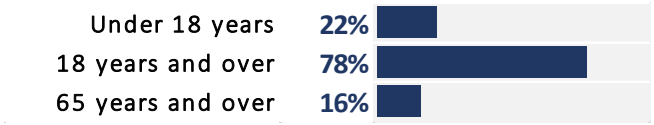
Food Insecurity/Food Access: Use programs and projects such as farmer's markets, pop-up markets, a bulk food buying club, and the grocery store trolley to increase the availability of healthy food options in healthy food priority areas formerly called food deserts. With support from local partners, focus specific efforts on providing school-age children with nutritious food year-round.

About the 2022 CHNA Service Area

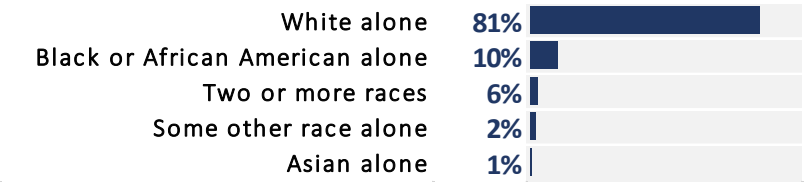
For the purposes of the CHNA, all zip codes in Vanderburgh County and all people living in the county at the time the CHNA was conducted are included in the service area.

180,136
residents

AGE

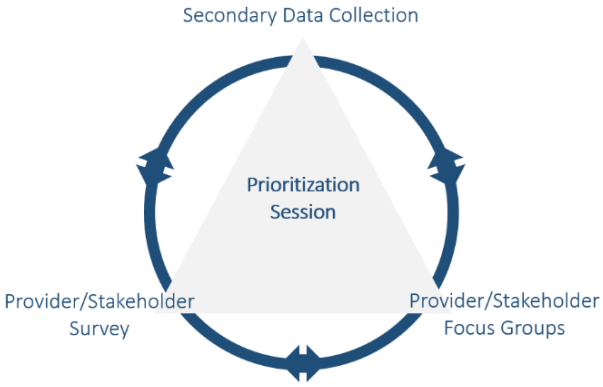


RACE



Summary of 2022 CHNA Methodology

Three approaches were used to collect primary and secondary data. Diehl Consulting Group (DCG) was contracted to provide support for these methods. This included compiling existing secondary data, administering provider/stakeholder surveys, and conducting focus groups. DCG analyzed and summarized data from these methods and assisted in the prioritization and final reporting process.



Methods are summarized below and further detailed in each of the respective results sections of this report and Appendix A. To support prioritization, a synthesis of key findings from data collection processes was presented and summary documents produced to guide discussion (Appendix D).

Secondary data sources were reviewed to better understand the health needs and social, economic, and demographic characteristics of those living in the service area. Sources included (a) the 2021 version of County Health Rankings & Roadmaps, (b) the Indiana State Department of Health, (c) the U.S. Census, (d) the Welborn Baptist Foundation 2021 Greater Evansville Health Survey, and (e) other local data sources provided by community partners.

Provider/stakeholder surveys were administered to gather insights into the health issues impacting the community. Participants were provided a list of twenty (20) health issues and social determinants of health, as well as an opportunity to write-in other issues not included on the list. Participants selected five (5) issues they considered to be highest priority needs in the county. Respondents then ranked the five (5) issues based on priority. For each issue identified, respondents were then asked to provide feedback on the perceived trend of the issue since 2018, the adequacy of resources devoted to addressing the issue, and any perceived barriers to addressing the issue.

Provider/stakeholder focus groups were conducted virtually with 75 participants across 14 groups representing medical/healthcare organizations and organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development (Appendix B). Focus groups expanded on information collected through the surveys by providing additional insight on the highest ranked priority needs identified through the surveys.

Considerations

The following considerations should be taken into account when interpreting findings.

1. Data collection methods used for the 2022 CHNA were informed by the CHNA steering committee. While the CHNA utilized similar processes as prior assessments, a community survey was not conducted specifically for this process. Instead, since the Welborn Baptist Foundation recently published the 2021 Greater Evansville Health Survey, data from this survey were used to inform the CHNA.

2. The CHNA occurred as the COVID-19 pandemic continues to significantly impact public health in Vanderburgh County. To the extent possible, health issues were examined independent of COVID-19. However, the prioritization process considered the extent to which COVID-19 should be included in the prioritization of health issues resulting from this CHNA. In addition, due to COVID-19, focus groups and the final prioritization process were conducted virtually.

3. Secondary data presented during the prioritization session and contained within the secondary data review section reflect the most recent information available prior to the prioritization process (September 2021). Data sources were based on those used in prior CHNA assessments and supplemented with local data provided or recommended by stakeholders. Data may reflect lagging indicators due to the nature of available data sources. For example, the 2021 County Health Rankings reflect years-old data for some indicators. While these data sources are consistent with prior CHNA efforts and allow for consistent trends to be examined, consideration should be given to the period for which data points reflect when interpreting findings.

4. While survey and focus group data were collected for each separate health issue when possible, it is understood that relationships exist between many of the issues (e.g., co-occurring issues, common barriers). The prioritization process took these relationships into consideration.

Proritization Process & Resulting Priorities

Overview of the Prioritization Process

A prioritization process was conducted to consider CHNA data and identify the most urgent health issues to guide the hospital's future priority areas. Representatives of several community health organizations in the service area, including hospital staff, participated in a virtual meeting to review data collected for the CHNA. Specifically, 12 individuals attended the session representing five organizations: Ascension St. Vincent, Deaconess Health System, Vanderburgh County Health Department, United Way of Southwestern Indiana, and Welborn Baptist Foundation. Diehl Consulting Group (DCG) facilitated the session in partnership with representatives from Ascension St. Vincent and Deaconess Health System. A list of participants is provided in Appendix C. Notes from the session, a copy of the slides used during the data presentation, and health summaries used as reference are included in Appendix D.

The process consisted of the following steps:

(1) The purpose for conducting the CHNA and priorities identified in response to the 2019 CHNA were first reviewed.

(2) A review of data was presented by representatives of DCG. The presentation included an overview of methods used to support the CHNA, a presentation of selected secondary data for the county, and an orientation to survey and focus group data collected through the process. DCG also prepared a series of health summaries and other supporting documents (Appendix D). As applicable, health summaries were referenced by DCG as part of the discussion.

(3) Based on initial planning with Deaconess Health System, the following questions were introduced to the group to guide the prioritization process:

a. Based on the data reviewed and your own contextual knowledge, what health issues, sub-issues, or combinations of issues would you elevate as the highest priorities?
b. Which issues can we reasonably impact over the next three years by leveraging existing resources/partnerships or establishing new resources/partnerships?
c. Which issues are most relevant to Vanderburgh County as a whole? We encourage all participants to look beyond any agendas of their individual organizations.

(4) Participants were invited to identify health issues based on the information from the current CHNA assessment, as well as their current professional experiences. Based on a participant request, representatives from Deaconess Health System and Ascension St. Vincent provided additional background information on progress made in implementing 2019 CHNA activities.

(5) DCG documented participant recommendations in a shared Word document while facilitating discussion of health issues. To support this process, DCG prepared an electronic survey that could be used to populate identified priorities and support a voting process. However, this type of voting was determined not to be necessary as consensus among group members was

primarily used to identify the ultimate priorities. Specifically, following discussion, DCG organized ideas in the Word document around key priority issue categories. Throughout this process, participants provided feedback on wording and placement of ideas within categories. Prior to completing the session, a representative from Deaconess Health System summarized the overall health issues identified to ensure consensus.

Resulting Priorities

The primary and secondary data sources described previously were triangulated to inform prioritization of local health needs. This resulted in five priorities. These priorities provide an issue-oriented roadmap for the development of local programs, services, and initiatives that seek to improve the health of the local community.

COVID-19 Response	Behavioral Health	Access to Care	Maternal Child Health	Exercise, Weight, and Nutrition

Priority issues are summarized below along with key considerations specific to the issue identified as part of the prioritization session. Selected key findings from the CHNA secondary data review, surveys, and focus groups are also provided to facilitate understanding of the issue.

Priority Issue: COVID-19 Response. The 2022 CHNA was conducted while the COVID-19 pandemic continues to significantly impact public health in Vanderburgh County. While attempts were made to understand health issues independent of COVID-19, the impact of COVID-19 was a key consideration in the prioritization of health issues. As a result, considerations specific to the prioritization of the COVID-19 response included (a) the importance of increasing vaccination rates among residents, and (b) the importance of addressing the social determinants of health that allowed COVID-19 to be disruptive.

Key Findings:

- COVID-19 has significantly impacted the health and wellness of many Vanderburgh County residents. As of January 2022, over 44,000 positive cases have been reported since March 19, 2020. Further, a total of 523 deaths have been attributed to COVID-19.[1]
- The relationship between COVID-19 and other medical issues is well-documented. This CHNA highlighted the relationship between the pandemic and the impact on other issues such as substance or alcohol abuse, mental health challenges, child neglect, and aging/older adult.

"Big uptick in meth drug use and other drugs (laced with fentanyl) disguised as something else because of the pandemic."
Focus Group Participant

Priority Issue: Behavioral Health. Behavioral health includes issues specific to mental health and substance/drug/alcohol use or abuse, and tobacco use or vaping. Considerations specific to the prioritization of behavioral health included (a) access issues specific to behavioral health services,

[1] https://www.coronavirus.in.gov/indiana-covid-19-dashboard-and-map/ (Retrieved: January 2022)

including provider shortages (e.g., psychiatrists, licensed clinical social workers) and access to address children's mental health needs, (b) youth mental health and substance use, (c) family programming around mental health and substance abuse, (d) building community awareness/understanding around mental health-reducing stigma (current implementation of Mental Health First Aid was identified as a successful strategy), and (f) continue improvements on tobacco use.

Key Findings from Secondary Data (Referenced tables are in the Secondary Data Review Section)

- **Providers:** Vanderburgh County is currently designated by the Health Resources & Services Administration (HRSA) as a High Need Geographic Health Professional Shortage Area (HPSA) for mental health providers along with other counties in the region, including Gibson, Posey, and Warrick.[2] While 2021 County Health Rankings show the county as exceeding mental health to resident provider ratios compared to the state, these data may not fully account for populations served, insurance types accepted, or magnitude of need for services.
- **Mental Health/Suicide:** Residents reported 5.1 poor mental health days in the past month (nearly exceeding state margin of error [*MOE*]) (2018). The suicide rate is higher than the state (2019); 39 suicides were reported by the Vanderburgh Coroner's Office in 2020; 18 suicides were reported from January through June 2021, compared to 22 during this time frame in 2020. Relationships and depression were among the top problems experienced. *(Tables 1.12 & 1.20)*
- **Depression/Anxiety:** Based on responses to the most recent Greater Evansville Health Survey (2021), 19% of residents reported being told by a doctor, nurse, or other health professional in the past 12 months that they have (or still have) a depressive disorder, and 24% had any type of anxiety. *(Table 1.21)*
- **Drug Overdoses:** In 2020, 67 overdoses were reported by the Vanderburgh Coroner's Office; 41 overdoses were reported from January through June 2021, compared to 32 during the same time frame in 2020. During both time periods, fentanyl and meth represented the most common drugs associated with death. *(Table 1.17)*
- **Alcohol Use/Abuse:** Based on responses to the most recent Greater Evansville Health Survey (2021), 31% of adults reported binge/excessive drinking. *(Tables 1.21)*

Key Findings from Provider/Stakeholder Surveys and Focus Groups

- Mental health and substance/drug use or abuse were the highest ranked health issues in the county based on respondents who included the issues as a top-five priority need. Mental health was ranked highest. Among respondents including mental health as a top-five priority need, 93% perceived mental health as getting worse since 2018, and 84% reported inadequate resources are being devoted to addressing mental health. Substance/drug use or abuse was ranked second. Among respondents including substance/drug use or abuse as a top-five priority need, 90% perceived substance/drug use or abuse as getting worse since 2018, and 80% reported inadequate resources are being devoted to addressing substance/drug use or abuse.
- Selected barriers across behavioral health issues included accessing care/services (e.g., limited psychiatric providers, limited providers to conduct psychological testing, limited number of providers), the cost of care, facilities and treatment options, and awareness, understanding, and acknowledgement of the issues.

[2] https://data.hrsa.gov/tools/shortage-area/hpsa-find (Retrieved: January 2022)

Priority Issue: Access to Care. Access involves connecting residents to healthcare within the service area. Considerations specific to the prioritization of access included (a) reaching those who are uninsured and individuals who are not accessing healthcare, (b) racial/ethnic disparities (e.g., infant mortality)—greater focus on health equity, (c) continue improvements in residents receiving routine care, and (d) focus on initiatives/positions related to care coordination.

Key Findings from Secondary Data (Referenced tables are in the Secondary Data Review Section)

- **Insurance Status (under age 65):** Overall, 10% (*MOE:* 8-11%) of residents are uninsured (2018); improving trend compared to prior years per County Health Rankings (2021). *(Table 1.15)*
- **Routine Healthcare:** 80% of respondents to the Greater Evansville Health Survey (2021) had a routine checkup in the last year. *(Table 1.21)*

Key Findings from Provider/Stakeholder Surveys and Focus Groups

- Challenges in accessing care/services was a barrier identified within a variety of health issues (e.g., behavioral health, child abuse and neglect, poverty). In addition, several subpopulations were identified as having unique issues accessing care (e.g., racial/ethnic groups, young adults, children and youth, individuals in foster care, families, individuals with disabilities).

Priority Issue: Maternal Child Health. Maternal child health relates to issues faced by women, children, and families. Considerations specific to the prioritization of maternal child health included (a) continued efforts to address infant mortality (further developing the Pre To 3 and similar programs), and (b) prenatal care/maternal health (e.g., smoking during pregnancy, etc.).

Key Findings from Secondary Data (Referenced tables are in the Secondary Data Review Section)

- **Infant Mortality:** As reported in a recent presentation by the Indiana Department of Health (Indiana Infant Mortality & Birth Outcomes, 2019, Indiana Department of Health: Maternal and Child Health Epidemiology, April 2021), the infant mortality rate for Vanderburgh County (2015-2019) is 6.6 compared to the state rate of 7.1. As reported in the 2021 County Health Rankings, the infant mortality rate for the county is 8 (*MOE:* 6-9) deaths among children less than one year of age per 1,000 live births (State=7); the Black infant mortality rate (13) is higher than the rate for White (6) infants (2013-2019). Note: Data sources and years of analysis should be considered when interpreting results. *(Tables 1.13 & 1.14)*
- **Smoking During Pregnancy:** 13% of mothers smoked during pregnancy (State=11.8%). *(Table 1.14)*
- **Low Birthweight:** 10% of live births were children with low birthweight (State=8%); 16% among Non-Hispanic Black mothers. *(Table 1.14)*
- **Medicaid Coverage (at delivery):** 33.4% of children received Medicaid coverage at delivery (State=38.5%); 57.4% among Non-Hispanic Black mothers and 57.3% among Hispanic mothers. *(Table 1.14)*
- **Teen Births (Age < 20):** The percentage of total births in Vanderburgh County born to teens was 5.7% (State=5.7%); 8.5% among Non-Hispanic Black mothers. *(Table 1.14)*
- **Breastfeeding (at hospital discharge):** 87.5% of mothers breastfed at hospital discharge (State=82%); 80.4% among Non-Hispanic Black mothers. *(Table 1.14)*
- **Birth:** 11.8% of children were preterm (state=10.1%); 16.1% among Non-Hispanic Black mothers. *(Table 1.14).* 76.8% of mothers received prenatal care during the first trimester (State=68.9%); 66.9% among Non-Hispanic Black mothers and 56.2% among Hispanic mothers. *(Table 1.14)*

Key Findings from Provider/Stakeholder Surveys and Focus Groups

- While fewer respondents endorsed infant mortality as a high priority need relative to other needs, of those participants who did endorse it as a priority, 83% perceived infant mortality to be getting worse in this county since 2018, and 33% of survey respondents (selecting this issue as a top-five priority) reported inadequate resources devoted to infant mortality in this county. The most common barrier was accurate knowledge/information of the issue.
- Focus group responses highlighted two primary areas of concern. These included the smoking rate among pregnant mothers and the high infant mortality rate among Black children specifically.

Priority Issue: Exercise, Weight, and Nutrition. Exercise, weight, and nutrition relate to issues of food insecurity and promoting healthy lifestyles. Considerations specific to the prioritization of exercise, weight, and nutrition included (a) continue improvements on children's weight, and (b) healthy food access—continuing momentum of existing programs (e.g., businesses addressing food deserts [health food priority areas]).

Key Findings from Secondary Data (Referenced tables are in the Secondary Data Review Section)

- **Food Insecurity:** 14.1% of residents in the county did not have a reliable source of food (State=12.4%). This represents 25,610 people (2019). *(Table 1.18).* Further, 4% of low-income residents have limited access to healthy foods (State=7%). Based on responses to the most recent Greater Evansville Health Survey (2021), 26% of residents reported not being able to purchase fruits and vegetables. *(Tables 1.16 & 1.21)*
- **Obesity/Inactivity:** 34% (*MOE:* 31-38%) of adults in the county meet criteria for obesity (State=34%); worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.16);* 29% (*MOE:* 25-32%) of residents reported as being physically inactive (no leisure time physical activity in the past month) (State=27%); worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.16)*
- **Child Health/Overweight/Obesity:** Based on responses to the most recent Greater Evansville Health Survey (2021), 28% of children in the region had a BMI falling in the overweight or obese category. Further, 19% of adults reported that a doctor has told them their child is overweight. In addition, 22% of children were told by a health professional to eat more fruits/vegetables, and 11% were told to get more physical activity. *(Table 1.21)*
- **Mortality:** There were 2,091 deaths in Vanderburgh County representing an 885.3 age-adjusted rate per 100,000 residents (State=824.7). Heart disease was the leading cause of death in the county (County=190.1; State=178.7). *(Table 1.19)*

Key Findings from Provider/Stakeholder Surveys and Focus Groups

- Food access/availability/safety and obesity health issues were ranked sixth and eighth among survey respondents, respectively. Among respondents including food access/availability/safety as a top-five priority need, 60% perceived the issue as getting worse since 2018, and 40% reported inadequate resources are being devoted to addressing the issue. Among respondents including obesity as a top-five priority need, 62% perceived the issue as getting worse since 2018, and 62% reported inadequate resources are being devoted to addressing the issue.
- Selected barriers across health issues related to exercise, weight, and nutrition included accessing healthy foods/grocery stores, awareness/understanding/acknowledgement of the issues, transportation, and costs of services/healthy foods.

Secondary Data Review

Overview

Secondary data represent existing information available through local, state, and national data sources. Collectively, these data offer insight into the health and social issues of the service area. These data were used throughout the Community Health Needs Assessment (CHNA) process to (a) inform the development of issues that would be further explored in the 2022 CHNA Provider/Stakeholder Survey; (b) guide specific analyses of data from the 2022 CHNA Community Survey and focus groups; (c) provide data summaries and other insights to stakeholders and hospital staff during CHNA related meetings and discussions; and (d) as a foundation for the review of ongoing efforts and key decisions about the services offered by the hospitals.

Data Sources

To ensure consistency with prior CHNA processes, the review focused on similar data sources used in prior assessments and included the most recently available data prior to the prioritization session (September 2021). The following indicator categories were used to organize findings:

- Population characteristics
- Social, community, and economic characteristics
- Quality of life indicators
- Health and birth outcome indicators
- Clinical characteristics
- Behavioral factors
- Mortality indicators
- Other community health indicators

Data presented in this section were primarily sourced from (a) the 2021 version of County Health Rankings & Roadmaps, a project of the Population Health Institute of the University of Wisconsin that is supported by the Robert Wood Johnson Foundation, (b) the Indiana State Department of Health, (c) the U.S. Census, (d) the Welborn Baptist Foundation 2021 Greater Evansville Health Survey, and (e) other local data sources provided by community partners. Specific data sources are presented under each table.

Considerations

This section presents data for the county of interest and, as available, the state of Indiana, the nation, and region. While comparisons are valuable for identifying areas in a particular county where improvements can be made, such comparisons should always be made within the context of the vast differences that exist across the counties in the state and country.

Population Characteristics

Demographic characteristics provide important insights for the development and delivery of health-related services and programs. Of the 180,136 residents of Vanderburgh County, 80.6% are White alone, 9.8% are Black or African American alone, 6.0% are two or more races, 1.6% are some other race alone, 1.4% are Asian alone, and less than 1% are Native Hawaiian and Other Pacific Islander alone or American Indian and Alaska Native alone. Of any race, 3.5% are of Hispanic or Latino ethnicity.

Overall Population

Table 1.1. Population by United States, Indiana, and Vanderburgh County

	United States	Indiana	Vanderburgh County
Total population	331,449,281	6,785,528	180,136

Source: U.S. Census Bureau, 2020 Decennial Census, DEC Redistricting Data PL 94-171 (Table ID: P1)

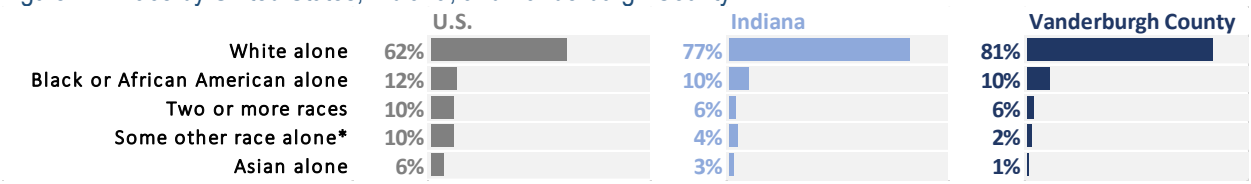
Race

Table 1.2. Race by United States, Indiana, and Vanderburgh County

	United States		Indiana		Vanderburgh County	
White alone	204,277,273	61.6%	5,241,795	77.2%	145,199	80.6%
Black or African American alone	41,104,200	12.4%	648,513	9.6%	17,668	9.8%
American Indian and Alaska Native alone	3,727,135	1.1%	26,086	0.4%	438	0.2%
Asian alone	19,886,049	6.0%	167,959	2.5%	2,438	1.4%
Native Hawaiian/Other Pacific Islander alone	689,966	0.2%	3,137	0.0%	684	0.4%
Some other race alone	27,915,715	8.4%	261,312	3.9%	2,831	1.6%
Two or more races	33,848,943	10.2%	436,726	6.4%	10,878	6.0%

Source: U.S. Census Bureau, 2020 Decennial Census, DEC Redistricting Data PL 94-171 (Table ID: P1)

Figure 1.1. Race by United States, Indiana, and Vanderburgh County



*Note: Some other race category also includes American Indian and Alaska Native alone and Native Hawaiian and other Pacific Islander alone due to low numbers of individuals within these groups.

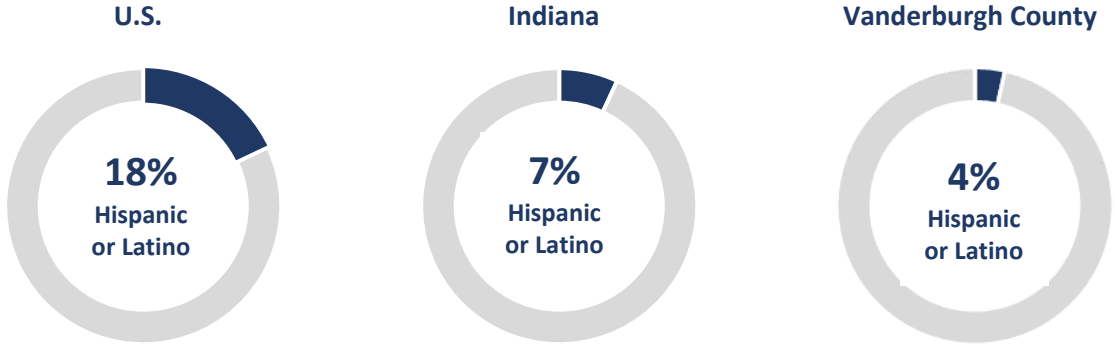
Ethnicity

Table 1.3. Ethnicity by United States, Indiana, and Vanderburgh County

	United States		Indiana		Vanderburgh County	
Hispanic or Latino (of any race)	62,080,044	18.0%	554,191	6.9%	6,313	3.5%
Not Hispanic or Latino	269,369,237	82.0%	6,231,337	93.1%	173,823	96.5%

Source: U.S. Census Bureau, 2020 Decennial Census, DEC Redistricting Data PL 94-171 (Table ID: P2)

Figure 1.2. Ethnicity by United States, Indiana, and Vanderburgh County



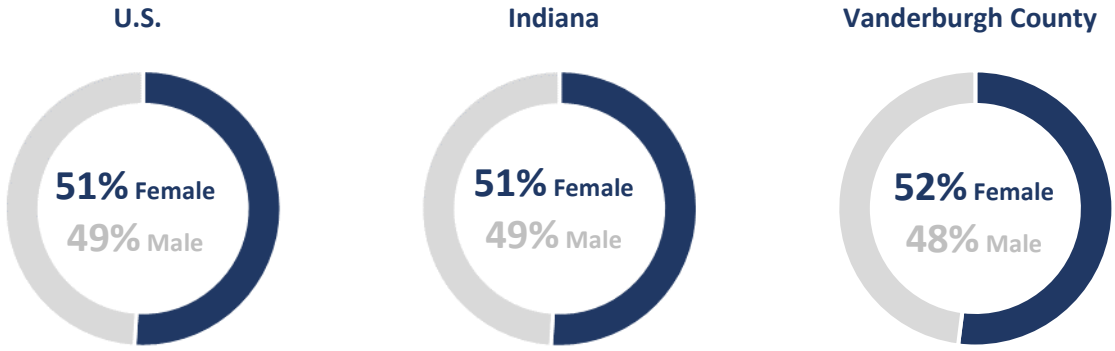
Sex

Table 1.4. Sex by United States, Indiana, and Vanderburgh County

	United States		Indiana		Vanderburgh County	
Female	164,810,876	50.8%	3,380,857	50.7%	93,658	51.7%
Male	159,886,919	49.2%	3,284,846	49.3%	87,633	48.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates (Table ID: DPO5)

Figure 1.3. Sex by United States, Indiana, and Vanderburgh County



Age

Table 1.5. Age by United States, Indiana, and Vanderburgh County

	United States		Indiana		Vanderburgh County	
Median age (years)	38.1 years		37.7 years		38.3 years	
Under 18 years	73,429,392	22.6%	1,572,491	23.6%	39,346	21.7%
18 years and over	251,268,403	77.4%	5,093,212	76.4%	141,945	78.3%
65 years and over	50,783,796	15.6%	1,023,588	15.4%	29,766	16.4%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates (Table ID: DPO5)

Figure 1.4. Age by United States, Indiana, and Vanderburgh County

Language

Table 1.6. Language by United States, Indiana, and Vanderburgh County

	Indiana		Vanderburgh County	
Not proficient in English	91,726	1.4%	1,066	0.6%

Source: County Health Rankings, 2021 (U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates; Table ID: B16005)

Social, Community, and Economic Characteristics

Social and economic factors are well established as important determinants of health and well-being. For purposes of the CHNA, these factors provide valuable insight into the context of health and well-being and offer a foundation for considering the manner in which a hospital's programs are connected to a wider social services network. County high school completion rates are comparable to the state, and the percentage of residents with some college exceeds the state percentage. Compared to the state, the county has a lower median household income, a higher percentage of children in single-parent families, higher rates of violent crime and injury deaths, a lower percentage of homeownership, and a higher percentage of residents with severe housing problems. Tables 1.7 through 1.11 provide a summary of social, community, and economic factors in Vanderburgh County.

Table 1.7. Social and Economic Characteristics by United States, Indiana, and Vanderburgh County

	Top US Performers	Indiana	Vanderburgh County	Error Margin	Trend*	County-State Comparison*
EDUCATIONAL ATTAINMENT						
High School Completion[a]	94%	89%	90%	*89%-91%*	*NA*	Within Mar.
Some College[a]	73%	63%	67.0%	*64%-70%*	*NA*	Better
INCOME						
% Children in Poverty[b]	10%	15%	19%	*15%-24%*	Worse	Within Mar.
Income Inequality (ratio of household income at the 80th to that at the 20th percentile)[a]	3.7	4.3	4.5	*4.3-4.8*	*NA*	Within Mar.
Median Household Income[b]	$72,900	$57,600	$51,600	*$49,100-$54,100*	*NA*	Worse
FAMILY/RELATIONSHIPS						
% Children in Single-Parent Households[a]	14%	25%	30%	*27%-32%*	*NA*	Worse
Social Association Rate (per 10,000; local social/community support)[c]	18.2	12.3	15.2	---	*NA*	Better
CRIME/VIOLENCE						
Violent Crime Rate (per 100,000)[d]	*NA*	385	409	---	Worse	Worse
Homicide Rate (per 100,000)[e]	*NA*	6	6	*5-8*	*NA*	Within Mar.
SUICIDE/INJURY						
Suicide Rate (per 100,000)[f]	11	15	19	*16-22*	*NA*	Worse
Injury Death Rate (per 100,000)[f]	59	80	93	*87-99*	*NA*	Worse
HOUSING						
% Homeowner[a]	81%	69%	65%	*63%-66%*	*NA*	Worse
% Severe Housing Problems[g]	9%	13%	15%	*14%-16%*	*NA*	Worse

Source: [a]County Health Rankings, 2021 (U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates); [b]County Health Rankings, 2021 (Small Area Income and Poverty Estimates, 2019); [c]County Health Rankings, 2021 (County Business Patterns, 2018); [d]County Health Rankings, 2021 (Uniform Crime Reporting (UCR), 2014 & 2016); [e]County Health Rankings, 2021 (National Center for Health Statistics-Mortality Files, 2013-2019); [f]County Health Rankings, 2021 (National Center for Health Statistics-Mortality Files, 2015-2019); [g]County Health Rankings, 2021 (U.S. Census Bureau, Comprehensive Housing Affordability (CHAS data) 2013-2017)

*Note: In some cases, the County Health Rankings report on trends. If reported, trends are noted as getting worse, staying the same, or getting better. To assist in comparisons with state data (as available), the extent to which the county is better or worse than the state when the margin of error is considered is provided.

Table 1.8. Employment Characteristics by United States, Indiana, and Vanderburgh County

	Top US Performers	Indiana	Vanderburgh County
EMPLOYMENT (ACS 5-Year Estimates)			
Labor Force Participation Rate[a]	---	---	63.4%
Unemployment Rate[b]	2.6%	3.3%	3.1%

Source: [a]U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates (Table ID: S2301); [b]County Health Rankings, 2021 (Local Area Unemployment Statistics (LAUS), 2019)

	Vanderburgh County
EMPLOYMENT (Greater Evansville Economic Development)	
Number of People in the Labor Force[a]	90,960
Unemployment Rate[a]	4.8%

Source: [a]Growth Alliance: Greater Evansville Economic Development (Applied Geographic Solutions and GIS Planning, 2021). Available: https://www.growthallianceevv.com/why-evansville/demographics; Retrieved September 22, 2021

As shown in Table 1.9, the overall number of homeless individuals in the region has increased from 2018 to 2020 (427 to 488). While a significant decline was observed in 2021, the Point in Time (PIT) count was negatively impacted by COVID-19 restrictions within the shelters. Of concern, there was an increase in chronically homeless individuals in 2021 (1 year of consecutive homelessness or 3 episodes of homelessness in a 4-year period). While this number has trended downward since 2015, this number is at its highest level in the last five years.

Table 1.9. Homeless and Chronically Homeless: Region 12 – includes the counties of Knox, Daviess, Gibson, Pike, Dubois, Posey Vanderburgh, Warrick, Spencer, and Perry

Point in Time Count[ab]	Region 12	
	Total Individuals	Chronically Homeless
2021	359*	61*
2020	488	31
2019	477	35
2018	427	56
2017	428	56
2016	495	77
2015	462	105

*Note: An annual Point in Time (PIT) count is mandated by the U.S. Department of Housing and Urban Development (HUD) for metropolitan areas receiving HUD funding to address homelessness. As part of the count, utilization reports for each shelter on the day of the count are conducted. In addition, those individuals identified as "unsheltered" are located by the outreach team and recorded. Since the majority of individuals counted reside in shelters, COVID-19 impacted the 2021 count (e.g., shelters reduced their max capacity during COVID-19 to afford more social distancing, so the shelters had fewer people in them reflecting lower numbers). Therefore, the lower 2021 count represents the fact that shelters were holding fewer people, so fewer people were available to be counted (personal communication with Chris Metz, ECHO Housing, September 22, 2021). Source: [a]City of Evansville/Vanderburgh County, Report provided by the Commission on Homelessness for Evansville and Vanderburgh County and the regional Homeless Service Council (https://www.evansvillegov.org/egov/apps/document/center.egov?view=item;id=6455). Retrieved September 23, 2021); [b]2021 Point of Time Count (ECHO Housing); Received September 22, 2021)

Table 1.10. Homicide Reports from Vanderburgh County Coroner's Office

	2020 January to December	2020 January to June	2021 January to June
Total	25	13	7
Gender			
Male	16	---	7
Female	9	---	0
Race/Ethnicity			
White	13	---	2
Black	10	---	5
Hispanic	---	---	---
Other	2	---	---
Age			
0-10	4	---	---
11-19	3	---	1
20-29	4	---	3
30-39	5	---	---
40-49	1	---	1
50-59	5	---	1
60-69	---	---	1
70-79	---	---	---
80-89	2	---	---
90-99	1	---	---
Method			
Gun	15	---	7
Other	10	---	---

Source: Vanderburgh County Coroner (2020; January to June 2021; received July 21, 2021)

Table 1.11. Family and Community Indicators by State and County

	Indiana	Vanderburgh County
Child Abuse and Neglect Rate (per 1,000)	18.3	22.3
CHINS Rate (per 1,000)-active cases	6.2	16
Experience with Foster Care (Children in care at some point)	29,287	1,064

Source: Indiana Youth Institute Kids Count Data Book Snapshot (Indiana Department of Child Services, 2019). Available: https://www.iyi.org/2021-indiana-kids-count-data-book-snapshot. Retrieved September 23, 2021

Quality of Life Indicators

Self-reported rankings of overall health status, and the number of days in a given month individuals would rate their physical and mental health as being poor, offer important insights into the factors that often influence individuals to seek care or support, and share well-documented associations with care outcomes. Vanderburgh County has similar levels as the state on self-reported measures of poor/fair health. However, the county nearly exceeds the average number of poor mental health days for the state when the margin of error is considered. Results are summarized in Table 1.12.

Table 1.12. Quality of Life Indicators by United States, Indiana, and Vanderburgh County

	Top US Performers	Indiana	Vanderburgh County	Error Margin	Trend*	County-State Comparison*
Poor or Fair Health[a]	14%	18%	19%	*17%-22%*	*NA*	Within Mar.
Average Number of Poor Physical Health Days[a]	3.4 days	4.0 days	4.0 days	*3.6-4.5*	*NA*	Within Mar.
Average Number of Poor Mental Health Days[a]	3.8 days	4.7 days	5.1 days	*4.7-5.6*	*NA*	Within Mar.

Source: [a]County Health Rankings, 2021 (Behavior Risk Factor Surveillance System, BRFSS, 2018); [b]County Health Rankings, 2021 (National Center for Health Statistics Natality Files, 2013-2019)

*Note: In some cases, the County Health Rankings report on trends. If reported, trends are noted as getting worse, staying the same, or getting better. To assist in comparisons with state data (as available), the extent to which the county is better or worse than the state when the margin of error is considered is provided.

Health & Birth Outcome Indicators

Common health indicators that provide insight into the general health state of a community include premature mortality, infant mortality, chronic disease (diabetes), infectious disease (HIV) and both physical and mental distress. On these indicators, Vanderburgh County largely mirrors the averages for the state of Indiana with the exception of higher premature mortality rates and lower HIV prevalence. The county also has a higher infant mortality rate among Black children compared to White children. Table 1.13 provides an overview of these leading health indicators for Vanderburgh County.

Table 1.13. Health Outcome Indicators by United States, Indiana, and Vanderburgh County

	Top US Performers	Indiana	Vanderburgh County	Error Margin	Trend*	County-State Comparison*
Premature Age-Adj. Mortality (per 100,000)[a]	280	400	440	*430-460*	*NA*	Worse
Child Mortality (per 100,000)[b]	40	60	60	*50-70*	*NA*	Within Mar.
*Infant Mortality (per 1,000)[c]	4	7	8	*6-9*	*NA*	Within Mar.
		Black	13	*9-19*	*NA*	*NA*
		White	6	*5-8*	*NA*	*NA*
Frequent Physical Distress (14 or more days of poor physical health)[d]	10%	12%	13%	*11%-14%*	*NA*	Within Mar.
Frequent Mental Distress (14 or more days of poor mental health)[d]	12%	15%	16%	*14%-17%*	*NA*	Within Mar.
Diabetes Prevalence[e]	8%	12%	11%	*9%-13%*	*NA*	Within Mar.
HIV Prevalence (per 100,000)[f]	50	206	188	---	*NA*	Better

Source: [a]County Health Rankings, 2021 (National Center for Health Statistics Mortality Files, 2017-2019); [b]County Health Rankings, 2021 (National Center for Health Statistics Mortality Files, 2016-2019); [c]County Health Rankings, 2021 (National Center for Health Statistics Mortality Files, 2013-2019); [d]County Health Rankings, 2021 (Behavior Risk Factor Surveillance System, BRFSS, 2018); [e]County Health Rankings, 2021 (United States Diabetes Surveillance System, 2017); [f]County Health Rankings, 2021 (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), 2018)

*Note: In some cases, the County Health Rankings report on trends. If reported, trends are noted as getting worse, staying the same, or getting better. To assist in comparisons with state data (as available), the extent to which the county is better or worse than the state when the margin of error is considered is provided.

**Note: As reported in a recent presentation by the Indiana Department of Health (Indiana Infant Mortality & Birth Outcomes, 2019, Indiana Department of Health: Maternal and Child Health Epidemiology, April 2021), the infant mortality rate for Vanderburgh County (2015-2019) is 6.6 compared to the state rate of 7.1. This data source and years of analysis should be considered when interpreting results.

Birth outcomes are related to infant mortality and are important measures in understanding maternal child health. On these indicators, Vanderburgh County is higher than the state in low birthweight, very low birthweight, smoking during pregnancy, and preterm births. On the other hand, the county has a higher percentage of mothers reporting breastfeeding after hospital discharge and receiving prenatal care during the first trimester. Table 1.14 provides an overview of these leading health indicators for Vanderburgh County.

Table 1.14. Birth Outcomes Indicators by Indiana and Vanderburgh County

	Indiana				Vanderburgh County			
	Total	Non-Hispanic Black	Non-Hispanic White	Hispanic	Total	Non-Hispanic Black	Non-Hispanic White	Hispanic
Low Birthweight (<2500g)[ab]	8.2%	13.3%	7.1%	7.3%	10.1%	15.8%	9.0%	---
Very Low Birthweight (<1500g)[ab]	1.3%	2.4%	1.1%	1.2%	1.8%	---	1.4%	---
Medicaid Coverage (at delivery)[ab]	38.5%	62.8%	30.8%	63.4%	33.4%	57.4%	27.6%	57.3%
*Teen Births (Age < 20)[ab]	5.7%	8.6%	5.0%	8.8%	5.7%	8.5%	5.1%	---
Smoking During Pregnancy[ab]	11.8%	9.0%	14.1%	3.2%	13.0%	13.6%	13.8%	---
Breastfeeding (at hospital discharge)[ab]	82.0%	73.9%	83.2%	84.8%	87.5%	80.4%	89.0%	86.5%
Preterm (<37 weeks gestation)[ab]	10.1%	13.0%	9.4%	9.8%	11.8%	16.1%	10.8%	---
Early (First Trimester) Prenatal Care[ab]	68.9%	55.0%	73.7%	55.1%	76.8%	66.9%	80.9%	56.2%

Source: [a]Indiana Infant Mortality & Birth Outcomes, 2019, Indiana Department of Health: Maternal and Child Health Epidemiology, April 2021; [b]Vanderburgh County Birth Outcomes by Race and Ethnicity, 2019 (Vanderburgh County Health Department, received 9/22/2021)

*Note: The teen birth value shown is the percentage of total births in Vanderburgh County that were born to teens, rather than the rate per age-specific teen population.

Clinical Characteristics

Data were used to help assess and consider issues closely aligned with the nation's objectives of improving access to care, reducing health care costs, adhering to preventative screenings and chronic disease monitoring, and improving the proportion of the population (especially children) who have health insurance. When overall resident-to-healthcare provider ratios are considered (without considering populations served, insurance types accepted, or magnitude of need for services), Vanderburgh County has higher healthcare ratios compared to the state based on the availability of primary care, mental health, dental, and other primary care health care providers. The availability of primary care physicians is lower compared to prior years, and the availability of dentists is higher. Uninsured rates in Vanderburgh County are comparable to those in the state. Further, mammography screening is higher than the state, and preventable hospital stays are higher than state rates. Table 1.15 provides a summary of these clinical characteristics of Vanderburgh County.

Table 1.15. Clinical Characteristics by United States, Indiana, and Vanderburgh County

	Top US Performers	Indiana	Vanderburgh County	Error Margin	Trend*	County-State Comparison*
INSURANCE STATUS						
Uninsured (under 65)[a]	6%	10%	10%	*8-11%*	Better	Within Mar.
Uninsured Adults (under 65)[a]	7%	11%	11%	*10-13%*	Better	Within Mar.
Uninsured Children (under 19)[a]	3%	7%	5%	*4-6%*	Better	Better
PROVIDERS						
Primary Care Physicians[b]	1,030:1	1,500:1	1,170:1	---	Worse	Better
Dentists[c]	1.210:1	1,750:1	1,350:1	---	Better	Better
*Mental Health Providers[d]	270:1	590:1	460:1	---	*NA*	Better
Other Primary Care Providers[d]	620:1	990:1	580:1	---	*NA*	Better
PREVENTION						
Preventable Hospital Stays (per 100,000)	2,565	4,795	5,153	---	Same	Worse
Mammography Screening in Past Year (ages 65-74 enrolled in Medicare Part B)[e]	51%	42%	49%	---	*NA*	Better

Source: [a]County Health Rankings, 2021 (US Census Bureau's Small Area Health Insurance Estimates (SAHIE), 2018); [b]County Health Rankings, 2021 (Area Health Resource File/American Medical Association, 2018); [c]County Health Rankings, 2021 (Area Health Resource File/National Provider Identification file, 2019); [d]County Health Rankings, 2021 (CMS, National Provider Identification, 2020); [e]County Health Rankings, 2021 (The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2018)

*In some cases, the County Health Rankings report on trends. If reported, trends are noted as getting worse, staying the same, or getting better. To assist in comparisons with state data (as available), the extent to which the county is better or worse than the state when the margin of error is considered is provided.

**Note: Ratio includes active and possibly providers not currently practicing or taking on new patients.

Behavioral Factors

A range of leading health behavior indicators that share important associations with leading causes of morbidity and mortality in the county were assessed. Tables 1.16 through 1.18 provide an overview of the leading health behaviors that not only offer insights into the social/behavioral determinants of leading health challenges in Vanderburgh County but also provide opportunities for the ongoing development and implementation of health and social service programs.

Table 1.16. Behavioral Characteristics by United States, Indiana, and Vanderburgh County

	Top US Performers	Indiana	Vanderburgh County	Error Margin	Trend*	County-State Comparison*
SMOKING						
Adult Smoking[a]	16%	22%	23%	*20-27%*	*NA*	Within Mar.
NUTRITION/PHYSICAL ACTIVITY						
Adult Obesity[b]	26%	34%	34%	*31-38%*	Worse	Within Mar.
Food Environment Index[c]	8.7	7.0	7.6	---	*NA*	Better
Physical Inactivity[b]	19%	27%	29%	*25-32%*	Worse	Within Mar.
Access to Exercise Opportunities[d]	91%	75%	88%	---	*NA*	Better
Limited Access to Health Foods[f]	2%	7%	4%	---	*NA*	Better
SUBSTANCE USE						
Excessive Drinking[a]	15%	19%	20%	*19-21%*	*NA*	Within Mar.
Alcohol-Impaired Driving Deaths[g]	11%	19%	14%	*9-20%*	Better	Within Mar.
Drug Overdose Deaths (per 100,000) [h]	11	26	26	*22-30*	*NA*	Within Mar.
SEXUAL BEHAVIOR						
Sexually Transmitted Infections (per 100,000) [i]	161.2	523.9	718.0	---	Worse	Worse
Teen Births[j]	12	25	28	*27-30*	*NA*	Worse
SLEEP						
Insufficient Sleep[a]	32%	38%	37%	*35-38%*	*NA*	Within Mar.

Source: [a]County Health Rankings, 2021 (The Behavioral Risk Factor Surveillance System (BRFSS), 2018); [b]County Health Rankings, 2021 (United States Diabetes surveillance System),2017); [c]County Health Rankings, 2021 (USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2018); [d]County Health Rankings, 2021 (Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files,2010 & 2019);[f]County Health Rankings, 2021 (USDA Food Environment Atlas,2015); [g]County Health Rankings, 2021 (Fatality Analysis Reporting System,2015-2019); [h]County Health Rankings, 2021 (National Center for Health Statistics – Mortality Files, 2017-2019); [i]County Health Rankings, 2021 (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018); [j]County Health Rankings, 2021 (National Center for Health Statistics – Natality Files, 2013-2019)

*In some cases, the County Health Rankings report on trends. If reported, trends are noted as getting worse, staying the same, or getting better. To assist in comparisons with state data (as available), the extent to which the county is better or worse than the state when the margin of error is considered is provided.

Table 1.17. Overdose Reports from Vanderburgh County Coroner's Office

	2020 January to December	2020 January to June	2021 January to June
Total	67	32	41
Gender			
Male	43	---	27
Female	24	---	14
Race/Ethnicity			
White	58	---	33
Black	9	---	7
Hispanic	---	---	1
Other	---	---	---
Age			
11-19	---	---	2
20-29	16	---	11
30-39	25	---	8
40-49	11	---	5
50-59	6	---	9
60-69	9	---	6
Death Drug Type			
Acetaminophen	---	---	1
Alcohol	2	---	1
Cocaine	2	---	1
Fentanyl	27	---	11
Heroin/Fentanyl	3	---	2
H or F/Meth	8	---	4
Methadone	2	---	---
Mix/Multi	5	---	4
Meth	9	---	13
Opiate	1	---	---
Other	8	---	4

Source: Vanderburgh County Coroner (2020; January to June 2021; received July 21, 2021)

Table 1.18. Food Insecurity by State and County as Reported by Feeding America

	Indiana	Vanderburgh County
# of food insecure people	834,530	25,610
Food insecure rate	12.4%	14.1%

Source: Feeding America: Map the Meal Gap, 2019. Available: https://map.feedingamerica.org/county/2019/overall. Retrieved September 23, 2021

Mortality Indicators

An examination of the leading causes of mortality provides valuable insight into the major health issues facing a community. Presented in terms of the rates of disease-specific death by 100,000 members of a population, these data serve as an indicator of the issues most likely to require significant attention from hospitals and other health and social service organizations.

While these data are mortality-specific, they also serve as an indicator of a community's morbidity given that many individuals live with these diseases for extended periods of time. They also provide a helpful guide to prevention-focused programs given that behavioral determinants of these leading health issues are fairly understood.

There were 2,091 deaths in Vanderburgh County representing an 885.3 age-adjusted rate per 100,000 residents (State=824.7). Heart disease is the leading cause of death in the county following by cancer (2019). Table 1.19 provides a summary of these various mortality indicators for the county and state.

Table 1.19. Mortality Indicators by Indiana, and Vanderburgh County

Mortality Cause	Indiana		Vanderburgh County	
	Deaths	Age-Adjusted Death Rate per 100,000	Deaths	Age-Adjusted Death Rate per 100,000
All Causes	66,005	824.7	2,091	885.3
Malignant neoplasms (Cancer)	13,510	163.3	414	173.5
Malignant neoplasm of stomach	188	2.4	2	0.0
Malignant neoplasms of colon, rectum, and anus	1,214	15.0	42	17.1
Malignant neoplasm of pancreas	998	11.8	30	12.2
Malignant neoplasms of trachea, bronchus, and lung	3,628	42.9	96	39.5
Malignant neoplasm of breast	857	10.6	35	15.6
Malignant neoplasms of cervix uteri, corpus uteri and ovary	572	7.0	14	6.4
Malignant neoplasm of prostate	655	7.9	17	6.9
Malignant neoplasms of urinary tract	705	8.5	17	6.5
Non-Hodgkin's Lymphoma	463	5.7	13	5.6
Leukemia	527	6.6	26	12.0
Other malignant neoplasms	3,703	44.9	122	50.8
Diabetes Mellitus	2,064	25.0	68	28.1
Alzheimer's Disease	2,562	31.7	102	39.6
Major cardiovascular diseases	19,331	237.5	600	247.4
Diseases of heart	14,549	178.7	458	190.1
Hypertensive Heart Disease with or without renal disease	1,062	13.1	30	11.4
Ischemic heart diseases	7,610	93.1	234	98.3
Other diseases of heart	5,877	72.6	194	80.4
Essential hypertension and hypertensive renal disease	860	10.4	26	9.9
Cerebrovascular disease (stroke)	3,362	41.5	105	43.1
Atherosclerosis	58	0.7	2	0.0
Other diseases of circulatory system	502	6.2	9	0.0
Influenza and pneumonia	932	11.6	34	13.9
Chronic lower respiratory diseases	4,644	56.1	146	60.3
Peptic ulcer	54	0.7	6	0.0
Chronic liver disease and cirrhosis	938	12.0	32	16.0
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	1,388	17.1	41	17.2

Mortality Cause	Indiana		Vanderburgh County	
	Deaths	Age-Adjusted Death Rate per 100,000	Deaths	Age-Adjusted Death Rate per 100,000
All Causes	66,005	824.7	2,091	885.3
Pregnancy, childbirth, and the puerperium	51	0.9	0	0.0
Certain conditions originating in the perinatal period	207	3.6	10	6.7
Congenital malformations, deformations, and chromosomal abnormalities	261	4.0	5	0.0
Sudden infant death syndrome (SIDS)	55	0.9	0	0.0
Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)	452	6.0	11	4.7
All other diseases	13,947	172.7	458	188.4
Motor vehicle accidents	875	12.6	16	8.4
All other and unspecified accidents and adverse effects	3,148	45.3	94	44.9
Intentional self-harm (suicide)	969	14.1	35	19.7
Assault (homicide)	464	7.2	15	8.6
All other external causes	156	2.4	3	0.0
Accidents (unintentional injuries)	3,881	56.1	105	51.1
Septicemia	1,154	14.3	33	14.6

Source: Indiana State Department of Health - Epidemiology Resource Center (2019). Available: https://gis.in.gov/apps/isdh/meta/stats_layers.htm?q=VAR_ID%20like%20%27DEATH%%27&prof=18. Retrieved September 23, 2021

Table 1.20. Suicide Reports from Vanderburgh County Coroner's Office

	2020 January to December	2020 January to June	2021 January to June
Total	39	22	18
Gender			
Male	27	---	17
Female	12	---	1
Race/Ethnicity			
White	39	---	15
Black	---	---	2
Hispanic	---	---	
Other	---	---	
Age			
11-19	1	---	---
20-29	5	---	4
30-39	7	---	3
40-49	8	---	1
50-59	7	---	4
60-69	9	---	2
70-79	2	---	3
80-89	---	---	1
Problem List			
Relationships	19	---	5
Money	6	---	3
Legal	4	---	4
Health	6	---	3
Alcohol abuse	7	---	2
Drug abuse	7	---	1
Change at work	7	---	3

	2020 January to December	2020 January to June	2021 January to June
Depression	24	---	9
Death of a loved one	4	---	5
Traumatic experience	4	---	3
Mental illness	1	---	---
Unknown	4	---	2

Source: Vanderburgh County Coroner (2020; January to June 2021; received July 21, 2021)

Other Community Health Indicators

Approximately every 5 years, the Welborn Baptist Foundation conducts a survey of resident health perceptions and behaviors within their service area. The 2021 survey was conducted in the Greater Evansville region including Gibson, Posey, Vanderburgh, Warrick, and Henderson counties. Survey results offer important insights into various health indicators within the county and region. Results are presented in Table 1.21 below.

Table 1.21. Selected Health Indicators from the 2021 Greater Evansville Health Survey

	Region (Gibson, Posey, Vanderburgh, Warrick, Henderson)	Vanderburgh County
ADULT PHYSICAL HEALTH		
% of adults with a routine checkup in the last year	80%	80%
% with some type of arthritis	25%	25%
% with high blood pressure	32%	29%
% with high blood cholesterol	23%	20%
% with diabetes	10%	8%
% with heart disease	5%	6%
% with asthma	8%	9%
% with COPD	6%	6%
% obese	35%	35%
ALCOHOL USE		
% binge drinking/drinking in excess	29%	31%
NUTRITION/FOOD ACCESS		
Number of times consumed fruit	5	5
Number of times consumed vegetables	10	10
% unable to purchase fresh fruits and vegetables	23%	26%
PHYSICAL ACTIVITY		
% getting recommended physical activity	49%	51%
SMOKING		
% reporting currently smoking cigarettes	12%	13%
ADULT MENTAL HEALTH		
% with depressive disorder in the past 12 months	20%	19%
% with an anxiety disorder in the past 12 months	22%	24%
HOUSING, NEIGHBORHOODS, & HEALTH		
% of residents reporting sidewalks or walking paths nearby	53%	61%
% reporting litter near their home	25%	28%
% reporting blight near their home	24%	26%
% reporting vandalism near their home	11%	13%
CHILDREN'S HEALTH		
% of children told to by a health professional to eat more fruits/vegetables	22%	---
% of children told to by a health professional to get more physical activity	11%	---
% of children told to by a health professional to get more sleep	9%	---
% of children told to by a health professional to reduce stress	7%	---

	Region (Gibson, Posey, Vanderburgh, Warrick, Henderson)	Vanderburgh County
% reporting child has asthma	11%	---
CHILD MENTAL HEALTH		
% reporting a diagnosis of ADD/ADHD	18%	---
% reporting a diagnosis of anxiety	15%	---
% reporting a diagnosis of depression	7%	---
% reporting a diagnosis of behavior/conduct disorder	6%	---
% reporting a diagnosis of autism	3%	---
CHILD WEIGHT		
% overweight or obese (based on BMI)	28%	---
% of adults reporting that a doctor has told them their child is overweight	19%	---

Note: Child health data are only reported for the region. Also, due to differences in survey methodology, state-level and prior year comparisons were not included.
Source: Welborn Baptist Foundation Greater Evansville Health Survey, 2021. Available: https://www.welbornfdn.org/app/uploads/2021/03/2021-Welborn-GEHS-Book-Web.pdf). Retrieved September 23, 2021

Table 1.22. Domestic Violence Reports

Number of domestic violence calls officers responded to (Evansville Police Department numbers include calls for domestic violence in progress, a domestic report (after an incident) and family disputes)

	Vanderburgh County
2020	5,515
2019	5,509
2018	5,571
2017	5,882

Source: Evansville Courier and Press (April 13, 2021). Available: https://www.courierpress.com/story/news/crime/2021/04/13/evansville-indiana-domestic-violence-data-help-resources/7068273002/. Retrieved September 23, 2021

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Provider/Stakeholder Survey Results

Overview

In the summer of 2021, the Community Health Needs Assessment (CHNA) steering committee identified organizations serving Vanderburgh County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents. In total, 85 participants provided survey feedback. Most respondents worked in nonprofit organizations (38.1%) or the medical/healthcare field (28.6%), though education/youth development (14.3%), public service (11.9%), business/economic development (3.6%), and community development (2.4%) organizations were also represented. Nearly two-thirds of respondents identified as management or organizational leadership (64.3%), while others represented professional/technical (10.7%), administrative/clerical (3.6%), or service/trade (1.2%) positions. Physicians or advanced providers comprised 3.6% of the responding sample, and an additional 2.4% identified as nurses or nursing support.

The survey itself included three sequential steps:

1. Survey respondents were presented with a list of twenty (20) health issues and social determinants of health, as well as an opportunity to write-in other issues not included on the list. Participants were then instructed to **select the five (5) issues they consider to be highest priority needs** in Vanderburgh County.

2. Respondents then **ranked the five (5) issues they selected** during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority). Ultimately, ranking scores were reversed such that higher total ranking scores indicated higher priority.

3. Finally, for each of the five (5) selected issues, respondents were invited to provide feedback on three areas:
    - The **perceived trend** of the issue since 2018 (*Survey item: Since 2018, this health issue has: Gotten a lot worse, Gotten a little worse, Stayed about the same, Improved a little, Improved a lot);*
    - The perceived **adequacy of resources** devoted to addressing the issue in this county (*Survey item: There are adequate resources devoted to addressing this health issue in this county. Response options: Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree);* and
    - Any perceived **barriers** to addressing the issue in the county (*Survey item: Please identify up to three specific barriers to addressing this health issue in this county*).

Respondent rankings, perceptions of the trend, and resources are summarized in the following sections below. Next, a summary of identified barriers specific to the highest ranked health issues is provided.

All Health Issues-
Rankings, Perceived Worsening Trend, and Perceived Inadequate Resources

Mental health and substance/drug use or abuse were the highest ranked health issues in the county based on respondents who included the issues as a top-five priority need. Mental health was ranked highest. Among respondents including mental health as a top-five priority need, 93% perceived mental health as getting worse since 2018, and 84% reported inadequate resources are being devoted to addressing mental health. Substance/drug use or abuse was ranked second. Among respondents including substance/drug use or abuse as a top-five priority need, 90% perceived substance/drug use or abuse as getting worse since 2018, and 80% reported inadequate resources are being devoted to addressing substance/drug use or abuse. Figure 2.1 summarizes results for each health issue by rankings, perceived worsening trend, and perceived inadequacy of resources. Tables 2.1 through 2.3 provide additional details for each health issue.

Figure 2.1 Combined Survey Data for Health Issues in Vanderburgh County

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Mental health	230	92.8%	84.1%
2	Substance/drug use or abuse	192	90.0%	80.0%
3	Child neglect and abuse	104	79.4%	73.5%
4	Poverty	99	68.8%	61.3%
5	Violent crime	80	100%	70.4%
6	Food access, affordability, and safety	76	60.0%	40.0%
7	Chronic diseases	74	72.7%	59.1%
8 (T)	Alcohol use or abuse	57	82.6%	73.9%
8 (T)	Obesity	57	61.9%	61.9%
10	Homelessness	55	72.7%	72.7%
11	Aging and older adult needs	43	68.8%	68.8%
12	Suicide	40	58.3%	75.0%
13	Disability needs	31	22.2%	66.7%
14	Tobacco use or vaping	29	80.0%	80.0%
15 (T)	Dental care	19	80.0%	80.0%
15 (T)	Infant mortality	19	83.3%	33.3%
17	Environmental issues	11	75.0%	50.0%
18	Infectious diseases like HIV, STDs, and hepatitis	9	100%	66.7%
19	Reproductive health and family planning	5	25.0%	50.0%
20	Injuries and accidents	1	0.0%	100%

Ranking Health Issues

Table 2.1 Ranking of Health Issues in Vanderburgh County

*Mental health and substance/drug use or abuse were included by **more than** half of survey respondents as top-five priority needs. With 230 ranking points (20% more than the second highest health issue), mental health was the **#1 ranked** health issue.*

Health Issue	Percentage Identifying the Health Issue as a Top-Five Priority Need (N=85)	Total Ranking Points Assigned to the Health Issue	Priority Ranking Based on Total Ranking Points
Mental health	83.5%	230	**1**
Substance/drug use or abuse	71.8%	192	**2**
Child neglect and abuse	41.2%	104	**3**
Poverty	40.0%	99	**4**
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	31.8%	80	**5**
Food access, affordability, and safety	28.2%	76	**6**
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	25.9%	74	**7**
Alcohol use or abuse	27.1%	57	**8 (T)**
Obesity	25.9%	57	**8 (T)**
Homelessness	27.1%	55	**10**
Aging and older adult needs	18.8%	43	**11**
Suicide	14.1%	40	**12**
Disability needs	11.8%	31	**13**
Tobacco use or vaping	11.8%	29	**14**
Dental care	5.9%	19	**15 (T)**
Infant mortality	7.1%	19	**15 (T)**
Environmental issues	4.7%	11	**17**
Infectious diseases like HIV, STDs, and hepatitis	4.7%	9	**18**
Reproductive health and family planning	4.7%	5	**19**
Injuries and accidents	1.2%	1	**20**

Perceived Trends of Health Issues (Since 2018)

Table 2.2 Perceived Trends of Health Issues (Since 2018) in Vanderburgh County

__93%__ of survey respondents who included mental health as a top-five priority need, and __90%__ of those who included substance/drug use or abuse perceived the health issues as __getting worse__ in this county since 2018.

Health Issue	A lot worse	A little worse	About the same	A little better	A lot better	A little or a lot worse	N
Aging and older adult needs	43.8%	25.0%	18.8%	12.5%	-	**68.8%**	16
Alcohol use or abuse	39.1%	43.5%	17.4%	-	-	**82.6%**	23
Child neglect and abuse	35.3%	44.1%	20.6%	-	-	**79.4%**	34
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	22.7%	50.0%	27.3%	-	-	**72.7%**	22
Dental care	40.0%	40.0%	-	20.0%	-	**80.0%**	5
Disability needs	11.1%	11.1%	55.6%	22.2%	-	**22.2%**	9
Environmental issues	50.0%	25.0%	-	25.0%	-	**75.0%**	4
Food access, affordability, and safety	16.0%	44.0%	12.0%	28.0%	-	**60.0%**	25
Homelessness	27.3%	45.5%	27.3%	-	-	**72.7%**	22
Infant mortality	33.3%	50.0%	-	16.7%	-	**83.3%**	6
Infectious diseases like HIV, STDs, and hepatitis	33.3%	66.7%	-	-	-	**100%**	3
Injuries and accidents	-	-	100.0%	-	-	-	1
Mental health	65.2%	27.5%	7.2%	-	-	**92.8%**	69
Obesity	19.0%	42.9%	33.3%	4.8%	-	**61.9%**	21
Poverty	46.9%	21.9%	28.1%	3.1%	-	**68.8%**	32
Reproductive health and family planning	-	25.0%	75.0%	-	-	**25.0%**	4
Substance/drug use or abuse	58.3%	31.7%	10.0%	-	-	**90.0%**	60
Suicide	25.0%	33.3%	41.7%	-	-	**58.3%**	12
Tobacco use or vaping	30.0%	50.0%	10.0%	10.0%	-	**80.0%**	10
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	70.4%	29.6%	-	-	-	**100%**	27

Perceived Adequacy of Resources to Addressing Health Issues

Table 2.3 Perceived Adequacy of Resources Devoted to Addressing Health Issues in Vanderburgh County

__84%__ of survey respondents who included mental health as a top-five priority need, and __80%__ of those who included substance/drug use or abuse reported __inadequate resources are being devoted to addressing the health issues.__

There are adequate resources devoted to addressing this health issue in this county.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Disagree or strongly disagree	N
Aging and older adult needs	25.0%	43.8%	25.0%	6.3%	-	**68.8%**	16
Alcohol use or abuse	26.1%	47.8%	13.0%	13.0%	-	**73.9%**	23
Child neglect and abuse	14.7%	58.8%	17.6%	8.8%	-	**73.5%**	34
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	9.1%	50.0%	22.7%	18.2%	-	**59.1%**	22
Dental care	80.0%	-	-	20.0%	-	**80.0%**	5
Disability needs	11.1%	55.6%	11.1%	22.2%	-	**66.7%**	9
Environmental issues	25.0%	25.0%	25.0%	25.0%	-	**50.0%**	4
Food access, affordability, and safety	4.0%	36.0%	20.0%	36.0%	4.0%	**40.0%**	25
Homelessness	22.7%	50.0%	13.6%	13.6%	-	**72.7%**	22
Infant mortality	-	33.3%	33.3%	33.3%	-	**33.3%**	6
Infectious diseases like HIV, STDs, and hepatitis	33.3%	33.3%	-	33.3%	-	**66.7%**	3
Injuries and accidents	-	100%	-	-	-	**100%**	1
Mental health	44.9%	39.1%	13.0%	2.9%	-	**84.1%**	69
Obesity	23.8%	38.1%	33.3%	4.8%	-	**61.9%**	21
Poverty	35.5%	25.8%	29.0%	6.5%	3.2%	**61.3%**	31
Reproductive health and family planning	-	50.0%	25.0%	25.0%	-	**50.0%**	4
Substance/drug use or abuse	41.7%	38.3%	11.7%	8.3%	-	**80.0%**	60
Suicide	8.3%	66.7%	16.7%	8.3%	-	**75.0%**	12
Tobacco use or vaping	20.0%	60.0%	10.0%	10.0%	-	**80.0%**	10
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	29.6%	40.7%	18.5%	11.1%	-	**70.4%**	27

Identified Barriers

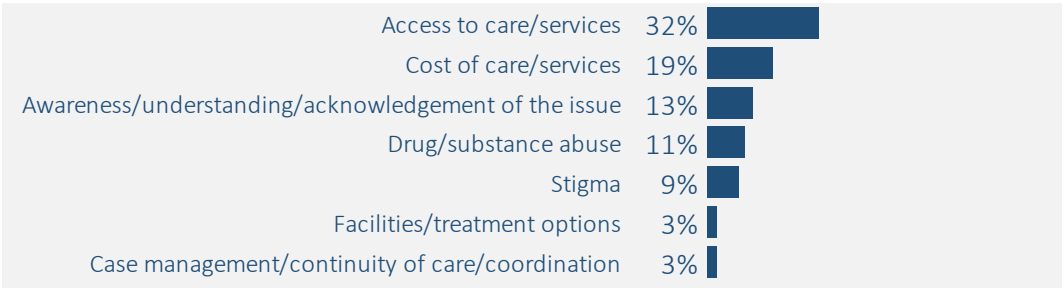
For each of the five (5) selected issues, respondents were invited to identify up to three specific **barriers** to addressing the issue in the county. Data were first organized by each health issue for analysis. Each open-ended comment was reviewed and divided into unique ideas or concepts. Next, overall categories were developed based on the full range of ideas presented and coded according to one of the established categories. The total number of unique ideas within each barrier category was tallied and frequencies calculated to identify the most common barriers relative to each health issue.

While respondent rankings, perceived trends, and inadequacy of resources allow for an overall understanding of top priorities, barriers specific to these health issues further understanding of the specific challenges faced to addressing the issue. For example, mental health was identified as the highest ranked priority need. When barriers specific to mental health were examined, a third (32%) related to accessing care/services (e.g., lack of sufficient number of professional resources resulting in long wait list for appointments). Further, 19% of identified barriers related to cost of care/services (e.g., lack of insurance, no insurance, affordability of treatment). Figure 2.2 displays the frequency of the most common barrier categories for the highest ranked health issues and/or related health issues. Results are organized by related health issues (e.g., mental health and suicide).

Figure 2.2 Identified Barriers to Addressing Identified Health Issue

Mental health/Suicide

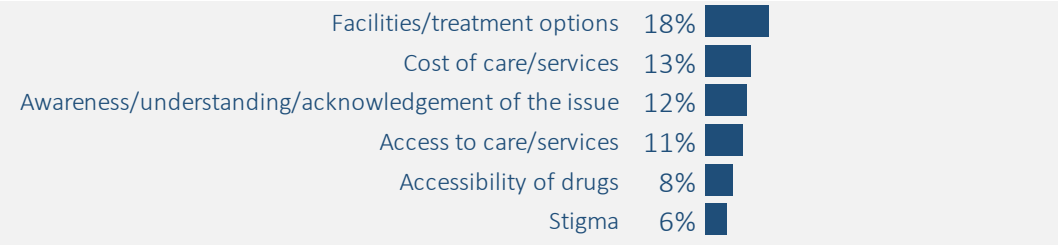
Mental health: 180 Barriers Described



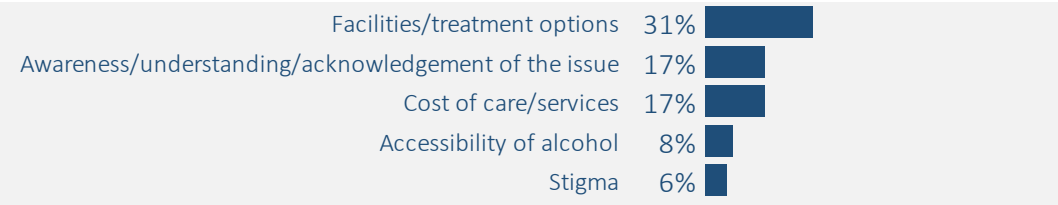
Suicide: 27 Barriers Described

Substance/drug use or abuse/Alcohol use or abuse/Tobacco use or vaping

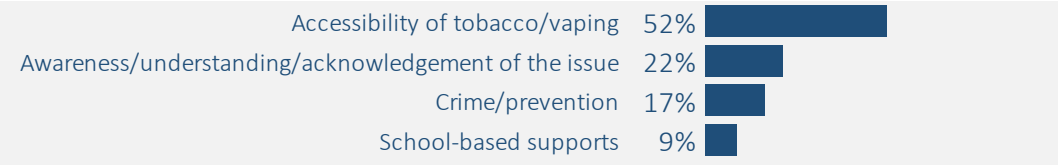
Substance/drug use or abuse: 142 Barriers Described



Alcohol use or abuse: 52 Barriers Described

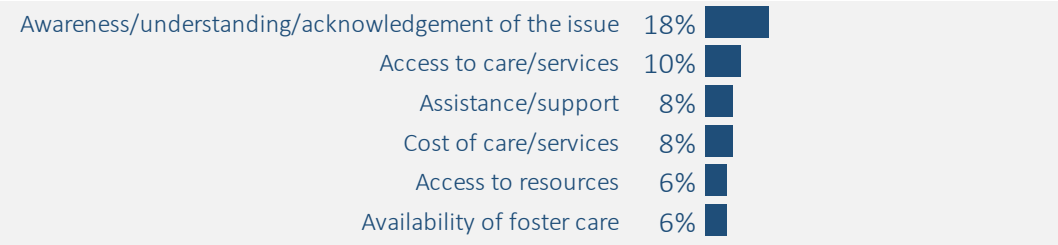


Tobacco use or vaping: 23 Barriers Described



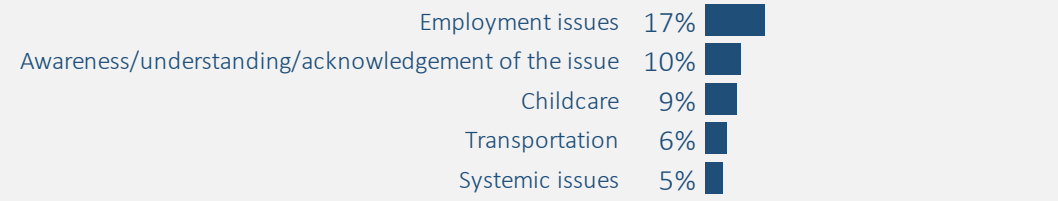
Child neglect and abuse

Child neglect and abuse: 78 Barriers Described

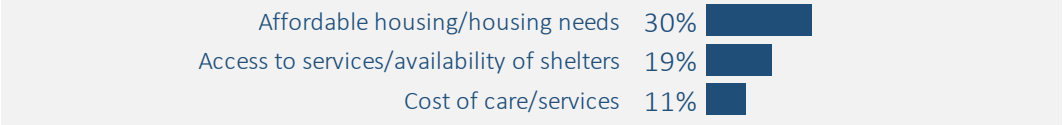


Poverty/Homelessness

Poverty: 77 Barriers Described

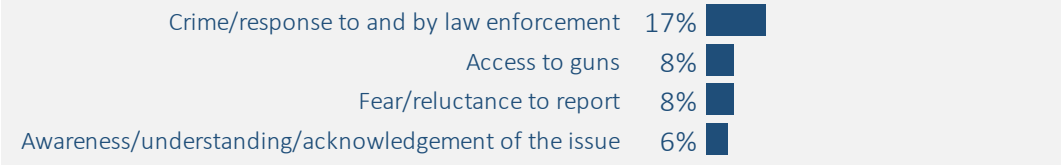


Homelessness: 53 Barriers Described



Violent crime

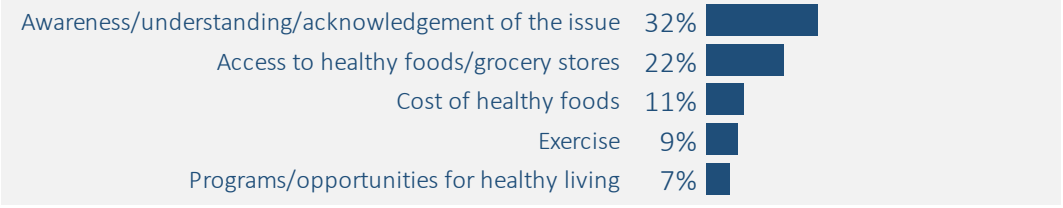
Violent crime: 78 Barriers Described



Food access, availability, and safety/Obesity

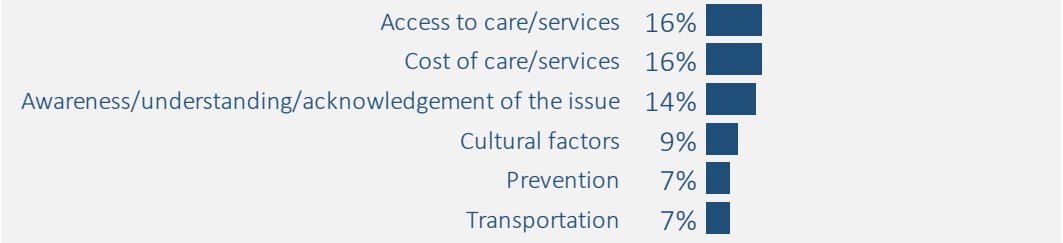
Food access, availability, and safety: 56 Barriers Described

Obesity: 54 Barriers Described



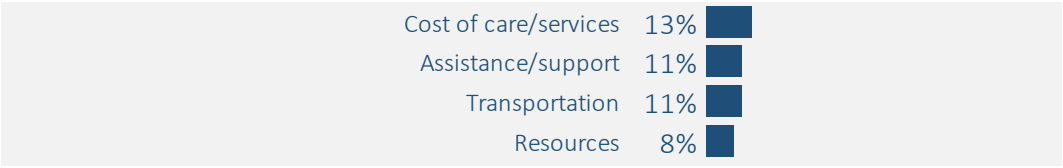
Chronic diseases

Chronic diseases: 58 Barriers Described



Aging and older adult needs

Aging and older adult needs: 38 Barriers Described

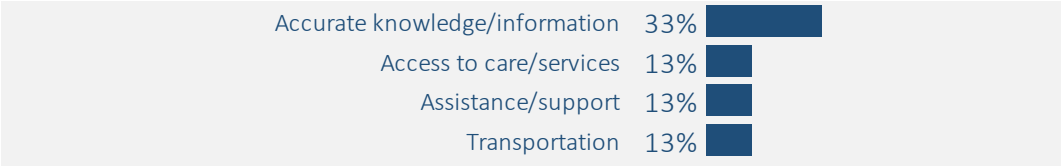


Disability needs

Disability needs: 19 Barriers Described

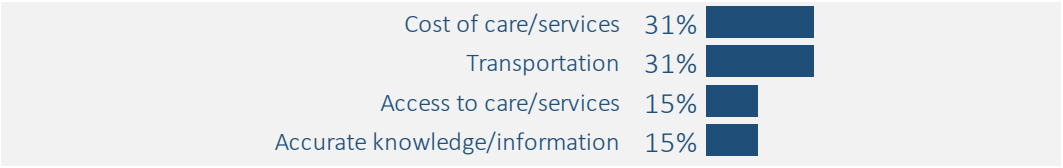
Infant mortality

Infant mortality: 15 Barriers Described



Dental care

Dental care: 13 Barriers Described



Provider/Stakeholder Focus Group Highlights

Overview

In the summer of 2021, the Community Health Needs Assessment (CHNA) steering committee identified organizations serving Vanderburgh County with unique perspectives on community health. Representatives from the identified organizations were invited to participate in virtual focus groups around the primary issues impacting health and social determinants of health among residents. In some cases, focus group participants had participated in the earlier survey process, though this was not a requirement for participation. Focus groups expanded on information collected through the surveys. Namely, for each of the highest ranked priority needs identified through the surveys, focus group participants provided additional information around barriers to addressing each need, differences in the way different subpopulations experience the need, and any other considerations. Focus group participants were also invited to discuss any health needs not identified by survey respondents.

In total, **14 focus groups** were conducted in Vanderburgh County on June 22 and June 23, 2021. The **75 total participants** represented medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development. Focus groups were facilitated by Diehl Consulting Group with support from members of the CHNA steering committee. All focus groups were recorded and transcribed for analysis. Analysis of the focus group feedback included the following sequential steps:

(1) Feedback was combined across focus groups for initial review.
(2) Each comment specific to identified health issues was reviewed and divided into unique ideas or concepts.
(3) Overall categories were developed based on the full range of ideas presented.
(4) Each individual idea or concept was coded according to one of the established categories.
(5) Barrier themes were identified from any categories comprised of three or more similar ideas. In some cases, participants indicated if an issue represented a specific subpopulation (e.g., youth, individuals with disabilities, race/ethnicity). Feedback related to subpopulations is presented, even if a single participant provided insight related to the subpopulation in question.

Considerations

Highlighted feedback from focus groups is presented on the following pages. For each health issue presented, the total number of unique barrier themes are provided, along with a verbatim comment to assist in interpreting the category. Focus groups were intended to provide information to better understand the highest ranked health issues and related issues from survey findings and guide planning.

Mental Health

19

unique barrier themes described related to **mental health**

Subpopulation Feedback

Children/Youth

- Perceived increase in mental health issues
- Service limitations for those with disabilities or acute mental health issues
- Lack of treatment autonomy
- Unique impacts of COVID-19 on youth
- Social media effects on self-esteem
- Unique challenges for youth in foster care, on Medicaid, and needing inpatient care

Seniors

- Challenges with specific conditions (e.g., dementia, Parkinson's)

Young Adults

- Financial strains on college students and young adults
- Isolation and loneliness increasing

Access to care/services: Psychiatric

Psychiatric providers are limited if you want to get in to see a provider for medication.

Access to care/services: Psychological

We have over 1,400 requests for mental health, psychological testing services just to identify the needs of children in the last 10 months.

Access to care/services: Providers

Across the spectrum, no matter if the person is insured, there is an increased need for mental health services with a limited number of providers.

Access to care/services: Wait Lists

Availability is an issue. Parents and kids that we work with are being told that they cannot get in for 2-3 months, but they are in crisis.
**Note: One provider indicated that there is same day access to and open spots with child psychiatrists within 2 weeks.*

Cost of care/services

Mental health providers are having an issue with the rate at which Medicaid will cover…People with an elevated need, typically have fewer resources.

Facilities/treatment options

Challenges for child placement (people needing inpatient care for children-adolescents) coming through the ER department.

COVID-19

All the stresses and issues from this past year have accumulated.

Stigma

Impact of stigma is significant.

Awareness/understanding/acknowledgement of the issue

It can be daunting with the mental health system with papers and referrals and where to go and how it will look to others. I do a lot of demystifying with my patients.

Transportation

Transportation is a challenge. To get to and from services.

Co-occurring issues

It's all interconnected, mental health impacts poverty, employment, self-esteem.

Case management/continuity of care

Families need holistic approaches to addressing mental health (case management).

Mental Health (continued)

Subpopulation Feedback (continued)

First Responders

- Coping with secondary trauma
- Scheduling makes it hard to utilize EAP

Racial/Ethnic Groups

- Black and Latino populations less likely to seek services
- Lack of diversity among providers
- Language barriers

Other Populations

- Additional challenges described for individuals with disabilities, homeless and HIV+ individuals, and providers themselves

Increased service demand

Anxiety is off the charts. Depression is up higher than before.

Provider training/competencies

Lack of providers with capacity to handle mentally-intellectually disabled children.

Financial assistance/capacity

No flexibility in higher ed for students that rely on financial aid and puts strain on student's mental health.

Medication access/management

There are stringent requirements for mental health services. An individual needs to see a therapist three times before they can get medication.

Coping skills/trauma

First responders are experiencing trauma and trying to cope with it.

Assistance/support

When we have families who don't have the wherewithal to plan well and don't know how they're going to eat tomorrow, give them a break. How can we help them to get where they need to go when they do need more?

Resistance/noncompliance with treatment

We make a lot of referrals, ultimately if the parent doesn't follow through and make the appointment, the child doesn't get care.

Substance/Drug Use or Abuse

12

unique barrier themes described related to **substance/drug use or abuse**

Subpopulation Feedback

Children/Youth

- Perceived increase in use; need prevention
- Lack of residential programs
- Cultural acceptance

Seniors

- Risk of addiction to prescriptions

Families

- Do not want to risk jobs by accessing treatment
- Need more family services

Other Populations

- Additional challenges described for homeless populations and individuals with limited insurance coverage, active use, and/or limited transportation

Cost of care/services

Patients will go to the ER, but they don't have insurance so there is no transition for them.

Facilities/treatment options

We need more inpatient dual diagnosis treatment facilities here.

Access to care/services

It's difficult to access services. There aren't enough.

Employment/staffing issues

Something we discovered in the last round of CHNA, the people doing the most emotionally demanding work get paid almost nothing. So they could only handle it for so long and you have a lot of turnover.

Co-occurring issues

Impact of substance use on mental health vulnerable people is a "1, 2 punch."

Accessibility of drugs

Teens have easier access to drugs and alcohol in our community.

Need for prevention

Addiction in general is due to early exposure. "Once you get on that train, it's hard to get off."

Awareness/understanding/acknowledgement of the issue

For marijuana, the perception of risk has dropped significantly because we are surrounded by three states that have approved recreational and/or medical marijuana.

COVID-19

Big uptick in meth drug use and other drugs (laced with fentanyl) disguised as something else because of the pandemic.

Resources needed

There is an increasing, massive need for Narcan. Without Narcan, the fire department and AMR "would be completely overrun with death."

Family dynamics

Grandparents are raising the grandchildren… substance abuse has high relapse rates, and it's a hard recovery. People tend to reach out for a loved one… some parents don't know how to not enable somebody.

Resistance/noncompliance

Recidivism is an issue in the addiction community.

Alcohol Use or Abuse

2

unique barrier themes described related to **alcohol use or abuse**

Subpopulation Feedback

Children/Youth

- Need more data because COVID-19 created uncertainty around level of use
- Perceived acceptability due to availability

Racial/Ethnic Groups

- Alcohol abuse is the top issue in the Latino community

Young Adults

- More introductory drinks for college students (e.g., seltzers)

Accessibility/use of alcohol

Anecdotally, we heard that more people were relapsing this past year. People weren't able to go to AA meetings due to the pandemic. There were more relapses and more hospitalizations from alcohol use and abuse during COVID.

Co-occurring issues

Typically, with alcohol or substance abuse, there are other factors going on (e.g., homelessness, poverty, mental health).

Child Neglect and Abuse

11

unique barrier themes described related to **child neglect and abuse**

Subpopulation Feedback

Pregnant Women and New Parents
- Increase in maternal substance abuse
- Pregnancies at younger ages
- Unsafe sleep practices

Foster Care
- Must have parental consent before receiving services

Families Living in Poverty
- Cannot afford childcare
- Lack support from families, neighbors

Racial/Ethnic Groups
- First-generation immigrants may have different cultural norms around parenting

COVID-19

There is a lack of identification by primary care providers and the general public. "Due to COVID, we have had less 'eyes' on children."

Access to care/services

Foster kids have difficulties accessing services, because we still rely upon the parent to give permission to seek care.

Awareness/understanding/acknowledgement of the issue

It's easier to identify abuse than neglect.

Co-occurring issues

Child neglect and abuse is rising due to the interconnection between stable housing, substance abuse, and mental health.

Parenting issues/challenges

Parents have a hard time realizing the importance of their child's clinical needs. Parents have not followed up with outpatient therapy. This happens often with children who are suicidal.

Drug use

We're seeing at [medical facility] increased rates of maternal substance abuse.

Childcare

Children are being left alone by themselves because parents are absent or not accounted for. Seems to be increasing.

Generational/cyclical issues

We see poverty as generational, and trauma is as well. If mom gets easily dysregulated, the child ends up getting easily dysregulated. We're seeing it in reporting and it's alive and well in our community.

Availability of foster care

There has been an ongoing decrease of foster families since before COVID (going on for a while). And this is an issue that they can charge parents with neglect, but they cannot take kids out of these home situations.

Case management/continuity of care

There is an inconsistency in follow-up for families. We need to do more follow-up with families. The ones that don't show up for their appointments are the ones that need our services the most.

Stigma

Families don't access services due to stigma. "What are people going to think about me if I need help?"

Poverty

12

unique barrier themes described related to **poverty**

Subpopulation Feedback

Young Adults

- Affordability of higher education
- Homelessness, food insecurity, or lack of transportation can prevent furthering education
- Lack of flexibility from employers around balancing work and school

Children/Youth

- Difficult for foster families to find childcare
- Lack of consistency in lives of impoverished children
- Need more school-based programs to break the cycle of poverty

Parents

- Overwhelmed and lack awareness of healthcare needs
- Unwed mothers face the task of parenting alone

Transportation

One of the things we know about poverty is that transportation is the main barrier, whether to food, school, medical care, etc. Transportation is a barrier. We are trying to do what we can to partner with other agencies so students can have transportation home in afterschool programs, so they are getting quality care and academic and relationships and trust that they're building and less time for alcohol/drugs.

Cost of care/services

Copays are an issue. We still have people who seek primary care in an emergency room because they know they can get care without paying their bill.

Childcare

In poverty, a person cannot get childcare or education. Their problems are compounded by their poverty.

Co-occurring issues

Poverty effects every single area. It affects all of those from obesity to substance abuse, to mental health, to child abuse.

Access to care/services

Access to healthcare for Medicaid patients. Some providers limit the number of Medicaid patients they serve.

Access to health foods/grocery stores

Access to affordable healthy food in areas with high poverty.

Financial capacity and assistance

I wish hospitals could help high poverty folks with medical bills and navigating the process of financial assistance. It takes a lot of work and it's hard to navigate. I don't think these nonprofit hospitals try to put unnecessary barriers in the way but most people when they get collection bills ignore it and then ignore small claims court and by that point there's nothing that can be done. So, if they could help prevent that by education that'd be great.

Lack of trust

Trust and hope are very important. People in poverty have neither. They don't trust their community or trust us, and they don't have hope to make changes.

Housing needs

Affordable housing. When students move, they transfer schools, they become mobile in the school system. When they move from affordable housing to affordable housing, they change school to school and there's no stability. It would be helpful if students could stay at the same school.

Poverty (continued)

Subpopulation Feedback (continued)

Other Populations

- Additional challenges described for seniors, individuals with disabilities, and certain ethnic groups

COVID-19

COVID took away social networks for people which affected people socially and economically.

Case management/continuity of care

Case Managers-We need to figure out those foundational issues on why people are not accessing the better paying jobs. Maybe we need case managers, to help people deal with childcare, transportation, and other issues that prevent them from getting jobs to help pull them out of poverty.

Employment issues

Need jobs that pay higher than minimum wage.

Violent Crime

7

unique barrier themes described related to **violent crime**

Subpopulation Feedback

Children/Youth

- Impacted by violence in their homes and neighborhoods
- Need prevention education around sexual assault

Young Adults

- Sexual assaults on college campuses

Other Populations

- Additional challenges described for individuals with disabilities, homeless and senior individuals, and certain ethnic groups

Awareness/understanding/acknowledgement of the issue

Victims are ashamed or embarrassed. The perception is that people don't want to bring it to light.

Sexual abuse/assault

Sexual assault is a big struggle among college students. There is a fear of reporting and a stigma that surrounds it causes students to deal with it in silence.

Child/youth needs

Gun violence can often be associated with the presence of gangs. When participation in other youth activities is less available, children will reach out to more informal social networks.

Co-occurring issues

We have seen a lot of domestic violence cases. Kids coming into our system because of domestic violence. Domestic violence seems to be on an uptick. Not seeing one specific subset/demographic that stands out. But it's more a reason why, and it goes back to alcohol, people are self-medicating and they have been cooped up in their homes, etc.

Mental health needs

Domestic violence shelter needs counselors to support the immediate needs of their clients. We are a shelter but don't have counselors to support the immediate mental health needs of our clients. We have to refer them out for service.

Safe housing/neighborhoods

We are seeing an increase in the number of volunteers who don't feel comfortable going into certain neighborhoods to pick kids up for services.

Complexity of crime

Violent crime is something that we need to look at regionally. Crime can be an issue that crosses county lines, so it needs to be addressed regionally.

Food Access, Affordability, and Safety

3

unique barrier themes described related to **food access, affordability, and safety**

Subpopulation Feedback

Children/Youth

- May rely on school-based supports that are not available during the summer

Young Adults

- College students struggle with budgeting; may not have money for food

Racial/Ethnic Groups

- Must understand cultural needs and provide bilingual food services

Access to healthy foods/grocery stores

There is a consistent reliance on the free offerings in the community for food even though schools have opened back up. COVID has put a magnifying glass on the food insecurity issue. We need to maximize the resources in the community and meet everyone's needs.

Awareness/understanding/acknowledgement of the issue

People don't know how to prepare food. If people grow up off cheap fast food, they have to be taught how to cook healthy food that is economically feasible.

Transportation

Transportation is a barrier. There are still those segments that don't have transportation to access the food at grocery stores.

Obesity

6

unique barrier themes described related to **obesity**

Subpopulation Feedback

Children/Youth

- Sedentary lifestyles and availability of junk food create barriers
- Need continued education on healthy living in schools

Medicaid Participants

- Medicaid plans do not cover nutritionists; providers may not know where to send patients for help with obesity

Awareness/understanding/acknowledgement of the issue

Apathy, people don't view obesity as a big issue. They don't equate the bigger health issues with diet/obesity.

Access to healthy foods/grocery stores

Access to healthy options is a barrier.

Opportunities for healthy living

Need to make more livable spaces with places for physical activity, parks a priority.

Availability of unhealthy foods

Palatability and community gardens, storage is an issue and refrigeration, and being familiar with how to cook things and cook healthy things. It's really easy to go to Hamburger Helper. It takes more steps to get preparation done for healthier options and people are in a hurry. McDonalds is the only thing here within walkability here in Jimtown where you can get something for a dollar.

Co-occurring issues

Women who are obese and pregnant are more likely to have poor outcomes.

Access to care/services

Providers are struggling to reach people about the importance of diet and healthy foods. Providers know if they are preachy about it, they will alienate people.

Chronic Diseases

4

unique barrier themes described related to **chronic diseases**

Subpopulation Feedback

Young Adults

- Many college students do not see a doctor regularly

Racial/Ethnic Groups

- Mistrust of healthcare in general; may prefer to see a provider of a similar background
- Harder to reach some populations

Co-occurring issues

Interplay between trauma and chronic health concerns. Tremendous co-morbidity between the two, and a lot of it stems from childhood.

Cost of care/services

What we experience most when referring out are places that will not accept certain Medicaid plans. A lot of people get stuck into a plan they can't get out of and then it's hard to refer them out when certain places will not take [their Medicare coverage].

Awareness/understanding/acknowledgement of the issue

Partly due to...lack of education/understanding about serious health problems.

Recommended outreach resources

Resource-There is a community paramedicine program in Crawfordsville. They make outreach efforts for five areas, one of which is chronic illness. When a patient leaves a hospital, they are likely to return within 30 days unless they have help. The hospital would be fined as well. Hospitals took proactive step of having someone follow up with patients to make sure they are following their discharge instructions, following diets, taking meds, etc. This has reduced the number of re-admits and could be expanded to other areas of health, such as maternal.

Homelessness

4

unique barrier themes described related to **homelessness**

Subpopulation Feedback

Children/Youth

- Teens may not stay with their parents due to conflict; may age out of foster care without transitional housing

Women and Families

- Lack of shelter options for women and families

Affordable housing

Lack of affordable housing. There aren't new affordable housing rentals available.

Housing needs

Children age out of the system at 18- they either can't go to foster care or don't have family, so those children end up on the streets.

Access to care/services

Services for homeless are in high demand.

Availability of shelters

There are more places for men to go than women. Women are suffering because there are no big shelters for them.

Appendices

Appendix A: 2022 CHNA Methodology

Three approaches were used to collect primary and secondary data. Specific methods included compiling secondary data, administering provider/stakeholder surveys, and conducting focus groups.

Secondary Data Review

Secondary data represent existing information available through local, state, and national data sources. Collectively, these data offer insight into the health and social issues of the service area. These data were used throughout the Community Health Needs Assessment (CHNA) process (a) to inform the development of issues that would be further explored in the 2022 CHNA Provider/Stakeholder Survey; (b) to guide specific analyses of data from the 2022 CHNA Community Survey and focus groups; (c) to provide data summaries and other insights to stakeholders and hospital staff during CHNA related meetings and discussions; and (d) as a foundation for the review of ongoing efforts and key decisions about the services offered by the hospitals.

Data Sources

To ensure consistency with prior CHNA processes, the review focused on similar data sources used in prior assessments and included the most recently available data prior to the prioritization session (September 2021). The following indicator categories were used to organize findings:

- Population characteristics
- Social, community, and economic characteristics
- Quality of life indicators
- Health and birth outcome indicators
- Clinical characteristics
- Behavioral factors
- Mortality indicators
- Other community health indicators

Data were primarily sourced from (a) the 2021 version of County Health Rankings & Roadmaps, a project of the Population Health Institute of the University of Wisconsin that is supported by the Robert Wood Johnson Foundation, (b) the Indiana State Department of Health, (c) the U.S. Census, (d) the Welborn Baptist Foundation 2021 Greater Evansville Health Survey, and (e) other local data sources provided by community partners. Specific data sources are presented under each table in the secondary data section.

Provider/Stakeholder Surveys

In the summer of 2021, the Community Health Needs Assessment (CHNA) steering committee identified organizations serving Vanderburgh County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents. The survey was administered electronically by Diehl Consulting Group.

In total, 85 participants provided survey feedback. Most respondents worked in nonprofit organizations (38.1%) or the medical/healthcare field (28.6%), though education/youth development (14.3%), public service (11.9%), business/economic development (3.6%), and community development (2.4%) organizations were also represented. Nearly two-thirds of respondents identified as management or organizational leadership (64.3%), while others represented professional/technical (10.7%), administrative/clerical (3.6%), or service/trade (1.2%) positions. Physicians or advanced providers comprised 3.6% of the responding sample, and an additional 2.4% identified as nurses or nursing support.

The survey itself included three sequential steps:

(1) Survey respondents were presented with a list of twenty (20) health issues and social determinants of health, as well as an opportunity to write-in other issues not included on the list. Participants were then instructed to select the five (5) issues they consider to be highest priority needs in Vanderburgh County.

(2) Respondents then ranked the five (5) issues they selected during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority). Ultimately, ranking scores were reversed such that higher total ranking scores indicated higher priority.

(3) Finally, for each of the five (5) selected issues, respondents were invited to provide feedback on three areas:

- The perceived trend of the issue since 2018 (*Survey item: Since 2018, this health issue has: Gotten a lot worse, Gotten a little worse, Stayed about the same, Improved a little, Improved a lot);*
- The perceived adequacy of resources devoted to addressing the issue in this county (*Survey item: There are adequate resources devoted to addressing this health issue in this county. Response options: Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree);* and
- Any perceived barriers to addressing the issue in the county (*Survey item: Please identify up to three specific barriers to addressing this health issue in this county*).

2022 Community Health Needs Assessment (CHNA)

Note: Survey was administered electronically

Thank you for participating in the 2022 Community Health Needs Assessment (CHNA). Your organization has been identified by the CHNA Steering Committee as a key stakeholder regarding community health. As such, your input is critical to the prioritization of community health needs.

About Your Organization

Please provide some basic information about your organization and role. This information will be used to assess the variety of respondents participating in the survey. Results will be aggregated and no effort will be made to identify individual respondents.

1. Which of the following **best** describes your organization?
    - ○ Medical/Healthcare
    - ○ Business/Economic Development
    - ○ Public Service
    - ○ Community Development
    - ○ Education/Youth Development
    - ○ Nonprofit
    - ○ Other: _____

2. OPTIONAL: What is the name of your organization? *This response will not be shared in connection with individual survey responses.*
   _____

3. Which of the following **best** describes your role in your organization?
    - ○ Management/Organizational Leadership
    - ○ Professional/Technical
    - ○ Physician/Advanced Provider
    - ○ Nursing or Nursing Support
    - ○ Service/Trade
    - ○ Administrative/Technical
    - ○ Other: _____

Overall Health Issues

A primary goal of the Community Health Needs Assessment (CHNA) is to identify and prioritize health-related issues. Twenty distinct health issues and social determinants of health are listed below. Please indicate the five (5) issues you consider to be the highest priorities (ranked first through fifth) in this county.

**NOTE: Within the electronic survey, participants first select the five issues and then on a subsequent page rank the five issues. These steps are presented together on the hard copy.*

	Highest Priority	Second Highest Priority	Third Highest Priority	Fourth Highest Priority	Fifth Highest Priority
1. Aging and older adult needs	○	○	○	○	○
2. Alcohol use or abuse	○	○	○	○	○
3. Child neglect and abuse	○	○	○	○	○
4. Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	○	○	○	○	○
5. Dental care	○	○	○	○	○
6. Disability needs	○	○	○	○	○
7. Environmental issues	○	○	○	○	○
8. Food access, affordability, and safety	○	○	○	○	○
9. Homelessness	○	○	○	○	○
10. Infant mortality	○	○	○	○	○
11. Infectious diseases like HIV, STDs, and hepatitis	○	○	○	○	○
12. Injuries and accidents	○	○	○	○	○
13. Mental health	○	○	○	○	○
14. Obesity	○	○	○	○	○
15. Poverty	○	○	○	○	○
16. Reproductive health and family planning	○	○	○	○	○
17. Substance/drug use or abuse	○	○	○	○	○
18. Suicide	○	○	○	○	○
19. Tobacco use or vaping	○	○	○	○	○
20. Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	○	○	○	○	○
21. Other (please be specific): _____	○	○	○	○	○

[Selected Health Issue]

You identified *[specific health issue]* as one of the priority health issues in the community. Please answer the following questions about [specific health issue].

**NOTE: Within the electronic survey, participants saw this page five times—once for each priority health issue selected.*

1. Since 2018, this health issue has:
    - ○ Gotten a lot worse
    - ○ Gotten a little worse
    - ○ Stayed about the same
    - ○ Improved a little
    - ○ Improved a lot

2. There are adequate resources devoted to addressing this health issue in this county.
    - ○ Strongly disagree
    - ○ Disagree
    - ○ Neither agree nor disagree
    - ○ Agree
    - ○ Strongly agree

3. Please identify up to three specific barriers to addressing this health issue in this county:
    - I. _____
    - II. _____
    - III. _____

4. OPTIONAL: If you have any additional input regarding this health issue, please provide it below. Also, if you feel this health issue should be clarified, please do so below:

    _____

    _____

Focus Groups

In the summer of 2021, the Community Health Needs Assessment (CHNA) steering committee identified organizations serving Vanderburgh County with unique perspectives on community health. Representatives from the identified organizations were invited to participate in virtual focus groups around the primary issues impacting health and social determinants of health among residents. In some cases, focus group participants had participated in the earlier survey process, though this was not a requirement for participation. Focus groups expanded on information collected through the surveys. Namely, for each of the highest ranked priority needs identified through the surveys, focus group participants provided additional information around barriers to addressing each need, differences in the way different subpopulations experience the need, and any other considerations. Focus group participants were also invited to discuss any health needs not identified by survey respondents and invited to insert any specific data sources within the chat box to guide secondary data collection.

Specific questions included:

- What issues and/or barriers are your clients experiencing specific to…? [health issue was identified]
- Please help us understand your feedback in the context of any populations you work with?
- In addition to what we have already discussed, what other needs are your clients experiencing? What do you want to be sure to convey to us?

In total, 14 focus groups were conducted in Vanderburgh County on June 22 and June 23, 2021. The 75 total participants represented medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development. Focus groups were facilitated by Diehl Consulting Group with support from members of the CHNA steering committee. All focus groups were recorded and transcribed for analysis.

Analysis of the focus group feedback included the following sequential steps:

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(3) Overall categories were developed based on the full range of ideas presented.

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(5) Barrier themes were identified from any categories comprised of three or more similar ideas. In some cases, participants indicated if an issue represented a specific subpopulation (e.g., youth, individuals with disabilities, race/ethnicity). Feedback related to any subpopulations was presented in the highlight summary even if a single participant provided insight related to the subpopulation in question.

Appendix B: Focus Group Participants

Vanderburgh County: Focus Group Participants
June 22 and 23, 2021

Name	Organization
1. James DiMarco	American Medical Response
2. Brandi Richardson	Ascension St. Vincent
3. Dr. Chad Perkins	Ascension St. Vincent
4. Dr. Maria Del Rio-Hoover	Ascension St. Vincent
5. Mark Healy	Ascension St. Vincent
6. Michele Parks	Ascension St. Vincent
7. Lisa Myer	Ascension St. Vincent
8. Janet Raisor	Ascension St. Vincent
9. Kendra Hatfield	Ascension St. Vincent
10. Danette Romines	Aurora
11. Andrew Backes	Big Brothers Big Sisters
12. Ron Ryan	Boys and Girls Club
13. Suzanne Draper	CASA
14. Denise Seibert Townsend	Catholic Charities Diocese of Evansville
15. Eric Girten	Catholic Charities Diocese of Evansville
16. Susan Milligan	Catholic Charities Diocese of Evansville
17. Emily Baxter	CenterPoint Energy
18. Tom Moore	CenterPoint Energy
19. Scott Branam	Deaconess Cross Pointe
20. Dr. Brad Scheu	Deaconess Health System
21. Dr. Gina Huhnke	Deaconess Health System
22. Ashley Johnson	Deaconess Health System
23. Kelley Coures	Department of Metropolitan Development
24. Jeremy Evans	Dream Center
25. John Benton	Dream Center
26. Micah Boyd	Drug and Alcohol Deferral Services (Vanderburgh Superior Court)
27. Kelly Schneider	Easter Seals
28. Carol Collier-Smith	ECHO Community Healthcare
29. Sandee Strader-McMillan	ECHO Community Healthcare
30. Chris Metz	ECHO Housing
31. Gina Gibson	Evansville Christian Life Center
32. Rachel Stoelting	Evansville Christian Life Center
33. Kellie Snowden	Evansville Christian Schools
34. Chief Mike Connelly	Evansville Fire Department
35. Sgt. Jacob Taylor	Evansville Police Department
36. Greg Wathen	Evansville Regional Economic Partnership
37. Kim McWilliams	Evansville Vanderburgh School Corporation
38. Cliff Weaver	Evansville/Vanderburgh Emergency Management Agency

Name	Organization
39. Lisa Vaughn	Feed Evansville
40. Sister Jane Michelle McClure	Habitat for Humanity
41. Andrea Hays	Healthy Communities Partnership/Welborn Baptist Foundation
42. Abraham Brown	Holy Name of Jesus Catholic Church/Latino and American Center
43. Nichole McClarney	Isaiah 117 House
44. Amy Lutzel	Ivy Tech Community College Evansville
45. Vic Chamness	Ivy Tech Community College Evansville
46. Emily Morrison	Lampion Center
47. Lynn Kyle	Lampion Center
48. Cyndee Burton	Matthew 25
49. Jennifer Jerger	Matthew 25
50. Dr. Bill Wooten	Mayor's Commission on Substance Abuse
51. Emily Reidford	Mental Health America
52. Rick Wilson	METS Transportation
53. Geronica Hazelwood-Conner	Missing Pieces Community Development Corp. (Bridge Builders)
54. Mary Scheller	Old National Bank
55. Lacy Wilson	Purdue Extension
56. Theresa Floyd-Maas	Ronald McDonald House
57. Dr. Donna Culley	Southwestern Behavioral Healthcare
58. Katy Adams	Southwestern Behavioral Healthcare
59. Darlene Perry	Township Vanderburgh County
60. Amy Canterbury	United Way of Southwestern Indiana
61. Margaret Stuckey	United Way of Southwestern Indiana
62. Dr. Mary Kessler	University of Evansville
63. Liz McCormick	University of Evansville
64. Dr. Jennifer R. Hammat	University of Southern Indiana
65. Dr. Robin L. Sanabria	University of Southern Indiana
66. Robin Mallery	Urban Seeds
67. Steve Lockyear	Vanderburgh County Coroner
68. Shirley Starks	Vanderburgh County Department of Child Services
69. Joe Gries	Vanderburgh County Health Department
70. Lynn Herr	Vanderburgh County Health Department
71. Patrick Jackson	Welborn Baptist Foundation
72. Laura Keys	Youth First, Inc.
73. Laura Wathen	Youth First, Inc.
74. Marge Gianopoulos	Youth First, Inc.
75. Cheryl Martin	YWCA

Note: Verite Consulting attended focus groups as a representative of Ascension St. Vincent
Note: Participation information was gleaned from the initial invitation list, participant information provided upon entry into the virtual platform, and information included in the chat.

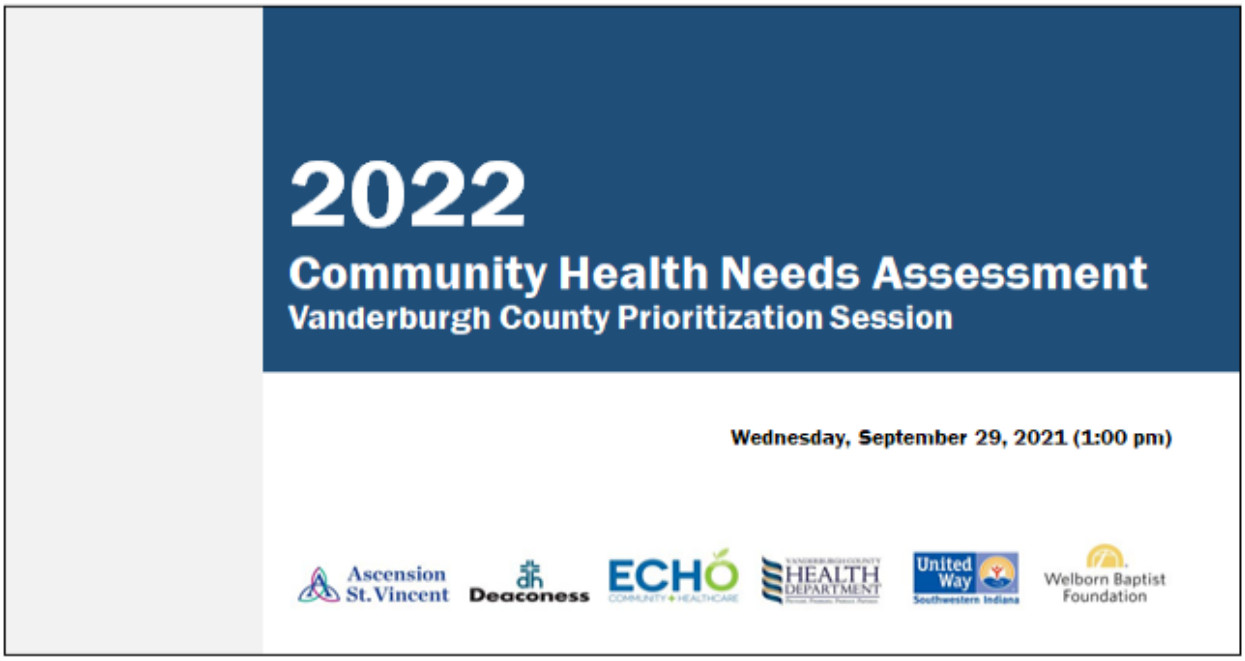
Appendix C: Prioritization Participants

Vanderburgh County: Prioritization Session
September 29, 2021

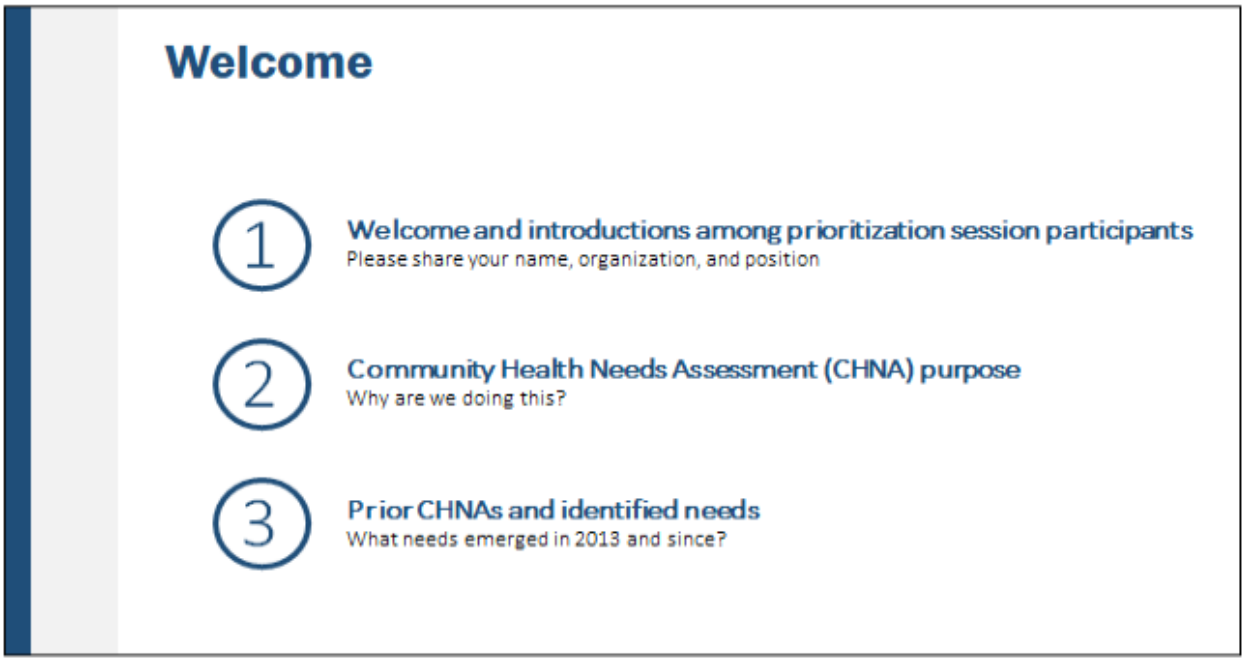
Participant	Organization
1. Kendra Hatfield	Ascension St. Vincent
2. Janet Raisor	Ascension St. Vincent
3. Lisa Myer	Ascension St. Vincent
4. Pam Hight	Deaconess Health System
5. Jeff Jones	Deaconess Health System
6. Lisa Maish	Deaconess Health System
7. Dr. David Ryon	Deaconess Health System
8. Elissa Jones	Deaconess Health System (Deaconess Cross Pointe)
9. Dr. Ken Spear	Vanderburgh County Health Department
10. Joe Gries	Vanderburgh County Health Department
11. Amy Canterbury	United Way of Southwestern Indiana
12. Andrea Hays	Welborn Baptist Foundation

Appendix D: Prioritization Information

Presentation slides, prioritization notes, and health summaries used to support the prioritization process follow.



1



2

CHNA Purpose

Community Health Needs Assessment (CHNA) is a federally required assessment that identifies recurring causes of poor health then focuses resources to support and drive positive change in the identified behaviors.

1. Identify and prioritize community health needs
   - → Collect, analyze, and use data in the development of strategies to address needs
   - → Contribute to improvements in the community's health
2. Justify and maintain nonprofit status
   - → The 2010 Affordable Care Act (ACA) requires that all hospitals that are or seek to be recognized as 501(c)3 conduct a community health needs assessment (CHNA).
   - → A hospital must complete a CHNA at least every three years with input from the broader community, including public health experts.
   - → This requirement applies for tax years beginning after March 23, 2012.

3

CHNA Timeline and Identified Needs

July 1, 2013 – June 30, 2016	July 1, 2016 – June 30, 2019	July 1, 2019 – June 30, 2022	July 1, 2022 – June 30, 2025
First CHNA Period	**Second CHNA Period**	**Third CHNA Period**	**Fourth CHNA Period**
→ Tobacco Use	→ Exercise, Nutrition, and Weight	→ Behavioral Health (including substance abuse, tobacco use, and mental health)	→ **Topic of today's prioritization session**
→ Obesity	→ Maternal, Fetal, Infant, and Children's Health	→ Exercise, Weight, and Nutrition	
→ Substance Abuse	→ Behavioral Health (includes substance abuse)	→ Maternal Child Health	
→ Mental Health			

4

2022 Community Health Needs Assessment

1. High-level review of community (secondary) data
2. Primary data collection methods and triangulation
3. Considerations and limitations
4. Data review and discussion by health issue
5. Prioritization

5

Vanderburgh County at a Glance

→ **180,136 total residents** (similar to 2010)

→ **High school completion rates are comparable to the state, and residents with some college exceeds the state percentage** (2015-19)

→ **Compared to the state, Vanderburgh County has:**

- ↘ **lower** median household income (2019)
- ↗ **higher** percentage of children in single-parent families (2015-19)
- ↗ **higher** rates of violent crime (2014-2016) and injury deaths (2015-19)
- ↘ **lower** percentage of homeownership (2015-19)

6

Vanderburgh County
Selected Health Indicators

→ **2,093 deaths** representing an age adjusted death rate of 885 per 100,000 residents (State=825). **Heart disease** is the leading cause of death, followed by **cancer** (2019).

→ **19% of residents report poor or fair health** (comparable to the state), averaging **4.0 poor physical health days** in the past month (comparable to the state) (2018).

→ **Premature mortality** rates exceed state rates. **Infant mortality** is consistent with state rates (2015-2019), though **more prevalent** among Black infants than White.

→ **Birth Outcomes** compared to the state (2019):
- **Higher** rates of **low birthweight, smoking during pregnancy,** and **preterm births**.
- **Better** rates for **breastfeeding** and **prenatal care** during the first trimester.

7

Vanderburgh County
Healthcare Access

→ Approximately **1 out of 10 residents are uninsured** (comparable to the state) (2018).

→ **Resident to healthcare provider ratios are better than statewide ratios** for primary care physicians (2018; decline), mental health providers (2020), dentists (2019; improvement), and other primary care providers (2020).
**These ratios may not fully account for populations served, insurance types accepted, or magnitude of need for services.*

→ **80%** of respondents to the Greater Evansville Health Survey (2021) had a **routine checkup** in the last year.

8

Vanderburgh County
Selected Healthy Living Indicators

→ **14.1%** of residents did not have a reliable source of food (compared to 12.4% statewide). This represents 25,610 people suffering from **food insecurity** (2019).

→ **34% of adults** meet criteria for **obesity** (comparable to the state); worsening trend per County Health Rankings (2021 [2017]).

→ **28% of children** in the region are **overweight or obese** (Greater Evansville Health Survey, 2021). Further, **19%** of adults reported that a doctor has told them their child is overweight.

→ **29%** of residents report being **physically inactive** (compared to 27% statewide) (2021 [2017]).

9

Vanderburgh County
Selected Mental and Behavioral Health Indicators

→ Residents report **5.1 poor mental health days** in the past month (nearly exceeding state margin of error) (2018).

→ Based on the Greater Evansville Health Survey (2021):

- **19%** of residents reported being told by a doctor, nurse, or other health professional in the past 12 months that they have (or still have) a **depressive disorder** and **24%** any type of **anxiety**

→ The **suicide rate** is **higher** than the state (2019); **39 suicides** reported by the Vanderburgh Coroner's Office in 2020; **18 suicides** reported from January through June 2021, compared to **22 suicides** during the same time frame in 2020.
**During both time periods, there was a higher number of suicides among individuals who were White and/or male. Relationships and depression were among the top problems experienced.*

10

Vanderburgh County

Selected Social and Criminal Indicators

→ **Child neglect and abuse rate** is higher than the state. A total of **1,064 children were in foster care** at some point (2019).

→ **32 homicides** in the county between January 2020 to June 2021:

- **Victims** were 47% White, 47% Black, and 6% another race. **Nearly half** involved individuals younger than 30 years old (25% younger than 20); **69% involved a gun**.

→ **5,515 domestic violence** calls responded to in 2020; Albion Fellows Bacon Center received **8,631** calls to their crisis lines and **599** individuals requested shelter (2020).

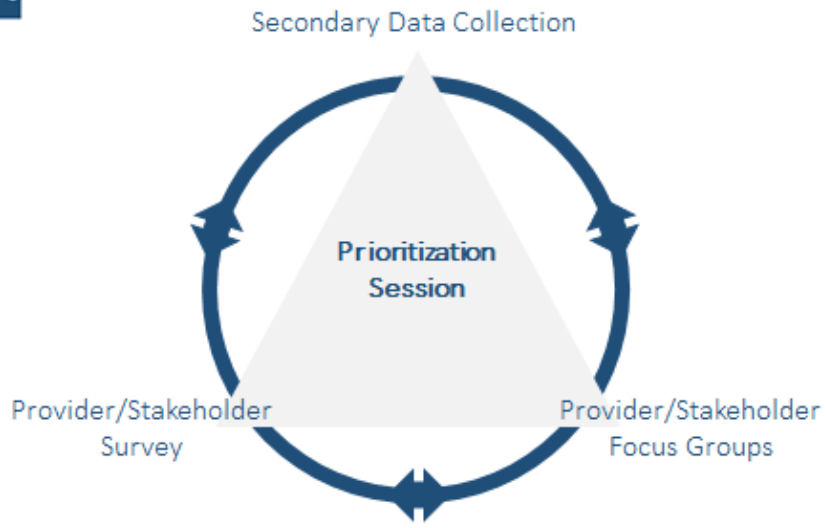
→ **Chronic homelessness** reached a five-year high in 2021. This number had been going down in prior years.

→ **67 overdoses** were reported in 2020; 41 overdoses were reported from January through June 2021, compared to 32 during the same time frame in 2020*. The drug overdose rate is 26 per 100,000 residents (2017-19).

*During both time periods, fentanyl and meth represented the most common drugs associated with death.

11

Triangulating Data to Inform Priorities



12

Provider/Stakeholder Survey

In the summer of 2021, members of the CHNA steering committee identified organizations serving Vanderburgh County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents.

→ **85 total respondents** primarily representing nonprofits (38%) and/or medical/healthcare (29%)

Others represented education/youth development, public service, business/economic development, or community development

1. From a list of twenty (20) health issues and social determinants of health, participants **selected the five (5) issues they consider to be highest priority needs** in Vanderburgh County.
2. Respondents **ranked the five (5) issues they selected** during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority).
3. For each of the five (5) selected issues, respondents provided feedback on a) the **perceived trend** of the issue since 2018, b) the perceived **adequacy of resources** devoted to addressing the issue in this county, and c) any perceived **barriers** to addressing the issue in this county.

13

Provider/Stakeholder Survey

Selected Results

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Mental health	230	92.8%	84.1%
2	Substance/drug use or abuse	192	90.0%	80.0%
3	Child neglect and abuse	104	79.4%	73.5%
4	Poverty	99	68.8%	61.3%
5	Violent crime	80	100%	70.4%
6	Food access, affordability, and safety	76	60.0%	40.0%
7	Chronic diseases	74	72.7%	59.1%
8 (T)	Alcohol use or abuse	57	82.6%	73.9%
8 (T)	Obesity	57	61.9%	61.9%
10	Homelessness	55	72.7%	72.7%
11	Aging and older adult needs	43	68.8%	68.8%
12	Suicide	40	58.3%	75.0%
13	Disability needs	31	22.2%	66.7%
14	Tobacco use or vaping	29	80.0%	80.0%
15 (T)	Dental care	19	80.0%	80.0%
15 (T)	Infant mortality	19	83.3%	33.3%
17	Environmental issues	11	75.0%	50.0%
18	Infectious diseases like HIV, STDs, and hepatitis	9	100%	66.7%
19	Reproductive health and family planning	5	25.0%	50.0%
20	Injuries and accidents	1	0.0%	100%

14

Provider/Stakeholder Focus Groups

In the summer of 2021, members of the CHNA steering committee identified organizations serving Vanderburgh County with unique perspectives on community health. Representatives from the identified organizations were invited to participate in a virtual focus group around the primary issues impacting health and social determinants of health among residents.

- → **14 total focus groups** held June 22-23, 2021
- → **76 total participants** represented medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development
- → For each of the highest ranked priority needs identified through the surveys, focus group participants discussed:
  1. Specific barriers related to the health issue
  2. Any population or subpopulation characteristics that should be considered
  3. Available resources related to the health issue

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Provider/Stakeholder Focus Groups

Example Results

Mental health

19

unique barrier themes described related to mental health

Subpopulation Feedback

Children/Youth
- Perceived increase in mental health issues
- Service limitations for those with disabilities or acute mental health issues
- Lack of treatment autonomy
- Unique impacts of COVID-19 on youth
- Social media effects on self-esteem
- Unique challenges for youth in foster care, on Medicaid, and needing inpatient care

Access to care/services: Psychiatric
Psychiatric providers are limited if you want to get into see a provider for medication.

Access to care/services: Psychological
We have over 1400 requests for mental health, psychological testing services just to identify the needs of children in the last 10 months.

Access to care/services: Providers
Across the spectrum, no matter if the person is insured, there is an increased need for mental health services with a limited number of providers.

Access to care/services: Wait Lists
Availability is an issue. Parents and kids that we work with are being told that they cannot get in for 2-3 months, but they are in crisis.
**note: One provider indicated that there is same day access to and open spots with child psychiatrists within 1 weeks.*

Cost of care/services
Mental health providers are having an issue with the rate at which Medicaid will cover. People with an elevated need, typically have fewer resources.

Facilities/treatment options
Challenges for child placement (people needing inpatient care for children-adolescents) coming through the ER department.

COVID-19
All the stresses and issues from this past year have accumulated.

Stigma
Impact of stigma is significant.

Awareness/understanding/acknowledgement of the issue
A gap for disparities with the mental health system with poppers and referrals

Obesity

6

unique barrier themes described related to obesity

Subpopulation Feedback (continued)

Children/Youth
- Sedentary lifestyles and availability of junk food create barriers
- Need continued education on healthy living in schools

Medicaid Participants
- Medicaid plans do not cover nutritionists;

Awareness/understanding/acknowledgement of the issue
Apathy, people don't view obesity as a big issue. They don't equate the bigger health issues with diet/obesity.

Access to healthy foods/grocery
Access to healthy options is a barrier.

Opportunities for healthy living
Need to make more livable spaces with places for physical activity, parks a priority.

Availability of unhealthy foods
Palatability and community gardens, storage is an issue and refrigeration, and being familiar with how to cook things and cook healthy things. It's really easy to go to Hamburger Helper. It takes more steps to get preparation done for healthier options and people are in a hurry. McDonalds is the only thing here within walkability here in Jimtown where you can get something for a dollar.

Co-occurring issues
Women who are obese and pregnant are more likely to have poor outcomes.

Access to care/services
Providers are struggling to reach people about the importance of diet and healthy foods. Providers know if they are preachy about it, they will alienate people.

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Considerations and Limitations

→ **The secondary data presented today (and, ultimately, in the full CHNA report) cannot encompass *all* available data sources.**
If a particular data source seems lacking, please feel free to identify it.

→ **In some cases, the most "current" data may be lagging.**
For example, the 2021 County Health Rankings reflect years-old data for some indicators.

→ **Unlike prior CHNAs, this assessment did not involve a community survey.**
However, the 2021 Greater Evansville Health Survey published by the Welborn Baptist Foundation provided valuable information for this assessment.

→ **"Individual" health issues are interrelated in many cases.**
While data were collected for each separate health issue when possible, it is understood that relationships exist between many of the issues (e.g., co-occurring issues, common barriers). Ultimately, prioritization should take these relationships into consideration.

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Consideration—COVID-19

The current CHNA is occurring as the COVID-19 pandemic continues to significantly impact public health in Vanderburgh County. To the extent possible, health issues have been examined independent of COVID-19. This group will be invited to consider the extent to which COVID-19 should be included in the prioritization of health issues resulting from this CHNA.

→ **Based on the most recent data available on the IDOH website[1] as of September 28, 2021, pertinent COVID-19 metrics for Vanderburgh County:**
- Advisory Level: Orange
- Weekly Cases Per 100,000 Residents: 434
- 30,804 Positive Cases (64 new)
- 453 Deaths (2 new)

→ **The impacts of COVID-19 are embedded into the assessment of other health issues.**
The relationship between COVID-19 and other medical issues is well-documented. This CHNA highlighted the relationship between the pandemic and other issues such as substance or alcohol abuse, mental health challenges, child neglect, and aging/older adult needs.

[1] https://www.coronavirus.in.gov/2393.htm

18

Data Review and Discussion by Health Issue

1. Review summary data and focus group themes by health issue
2. Discuss health issues and sub-issues to populate a list of potential priority areas

→ **Guiding questions:**

- Based on the data reviewed and your own contextual knowledge, what health issues, sub-issues, or combinations of issues would you elevate as the highest priorities?
- Which issues can we reasonably impact over the next three years by leveraging existing resources/partnerships or establishing new resources/partnerships?
- Which issues are most relevant to Vanderburgh County as a whole? We encourage all participants to look beyond any agendas of their individual organizations.

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Prioritization

→ **Please visit the site below to complete the prioritization poll:**

www.diehlconsultinggroup.com/chna_priority

(we will also post this site in the chat box)

→ **If you would prefer to complete the poll on your phone or other mobile device, please scan the QR code below:**

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Prioritization Results and Discussion

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Thank You!

→ Questions about the 2022 Community Health Needs Assessment? Please contact:

Dan Diehl: Diehl Consulting Group
dan@diehlgrp.com

Doug Berry: Diehl Consulting Group
doug@diehlgrp.com

Jeff Jones: Deaconess Health System
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Pam Hight: Deaconess Health System
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2022 Community Health Needs Assessment (CHNA)
Vanderburgh County Prioritization Session Documentation
Wednesday, September 29, 2021

A virtual meeting was held to guide the prioritization of health issues for Vanderburgh County. The process included an overview of methods used to support the CHNA, a presentation of selected secondary data for the county, an orientation to survey and focus group data collected through the process, and a facilitated discussion of priorities. To guide the process, three documents were referenced during the session.

1. **A summary of health issues:** Includes a summary of survey results and synthesis of primary and secondary data specific to health issues.
2. **Secondary data:** Includes various secondary data sources (e.g., County Health Rankings, Census) used to better understand current trends and the magnitude of needs.
3. **Focus group highlights:** Includes themes identified from focus group participants.

Priority Areas Identified/Discussion Notes:

COVID-19

- COVID-19—increasing vaccination rate
- COVID-19—address social determinants that allowed COVID-19 to be so disruptive

Behavioral Health

- Mental health—isolation caused by COVID-19; address impacts of COVID-19 on MH
- Access to mental health ("the demand is so much greater than the ability to meet need"); provider shortage (psychiatrists, licensed clinical social workers)
- Youth mental health/substance use among youth
- Family programming around mental health and substance abuse
- Build community awareness/understanding around mental health—reduce stigma (e.g., Mental Health First Aid)
- Continue improvements on tobacco use
- Pediatrics—access to children's mental health needs

Access

- Reaching those who are unreached (10% uninsured)—how to connect with those not accessing healthcare
- Racial/ethnic disparities (e.g., infant mortality)—greater focus on health equity
- Continue improvements in residents receiving routine care
- Focus on initiatives/positions related to care coordination

Maternal Child Health

- Infant mortality—pre-3 program (developing this and similar programs further)
- Prenatal care, maternal health (e.g., smoking during pregnancy, etc.)

Exercise, Weight, and Nutrition

- → Continue improvements on children's weight
- → Healthy food access—continuing momentum of existing programs (e.g., businesses addressing food deserts)

The three documents described above included similar information already presented in the secondary data, provider/stakeholder survey, and focus group sections of this report. The summary of health issues document included a summary of selected issues which served to synthesize various data sources. The document was used as a reference for the prioritization session. These summaries are provided below.

Health Issue Summaries

This section includes summaries of selected data related to health issues. While a review of the entire Community Health Needs Assessment (CHNA) report is recommended for a comprehensive understanding of each health issue, the following pages present a synthesis of data points from surveys, focus groups, and secondary data sources. Multiple health issues are included within the same summary below to highlight relationships. It is understood that additional relationships may exist between health issues included on different summaries. Where applicable based on available data, summaries contain the following data elements.

RANKING

For any health issue identified as a top-five priority need by at least five (5) survey respondents, the summaries include the percentage of respondents selecting the health issue as a top-five priority need, the total ranking points, and the **overall ranking** based on survey feedback.

TREND

For any health issue identified as a top-five priority need by at least five (5) survey respondents, the summaries include the percentage of *these* respondents indicating that the health issue has **gotten worse** since 2018.

RESOURCES

For any health issue identified as a top-five priority need by at least five (5) survey respondents, the summaries include the percentage of *these* respondents indicating that there are **inadequate resources** devoted to the issue.

BARRIERS

For any health issue identified as a top-five priority need by at least five (5) survey respondents, the summaries include a distribution of the most commonly described **barriers** by *these* respondents. In most cases, descriptions of barriers also include supplemental data gleaned through focus groups (e.g., **clarifying descriptions, quotes, themes**). It should be noted that focus group participants were only asked to provide feedback on health issues identified as high priority needs by survey participants.

SECONDARY DATA

Various secondary data points are presented in all summaries, though the availability and relevance of **secondary data** vary by health issue. Individual data sources and supplemental information (e.g., the margin of error around a given data point, years represented) are included in the secondary data section of this report. Source tables are referenced for each data point within the summaries. Table numbering corresponds to numbering in the secondary data section of this report.

#1 Mental Health
#12 Suicide

RANKING

- ✓ **84%** of survey respondents **included mental health** as a top-five priority need in this county
- ✓ With 230 ranking points (20% more than the second highest health issue), **mental health was the #1 ranked health issue** for this county
- ✓ **14%** of survey respondents **included suicide** as a top-five priority need in this county
- ✓ With 40 ranking points, **suicide was the #12 ranked health issue** for this county

TREND

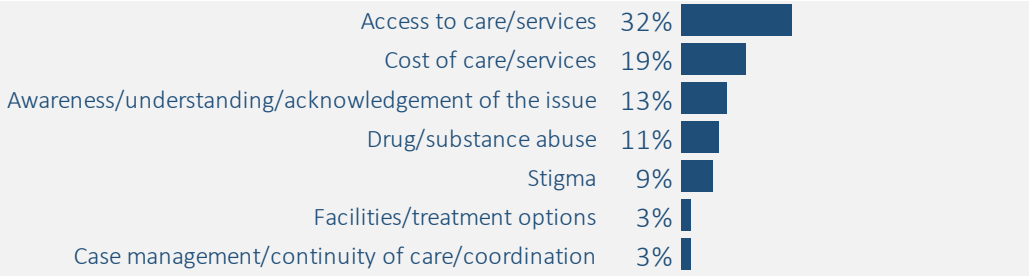
- ✓ **93%** of survey respondents (selecting this issue as a top-five priority) perceived **mental health** to be **getting worse** in this county since 2018
- ✓ **58%** of survey respondents (selecting this issue as a top-five priority) perceived **suicide** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **84%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to mental health** in this county
- ✓ **75%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to suicide** in this county

BARRIERS

Mental Health: 180 Barriers Described



Focus group participants described the first barrier (i.e., access to care/services) as including access to psychiatric services, access to psychological testing, access to providers overall, and issues with wait lists (Note: Differing perceptions were offered in relation to waiting list issues). Overall, feedback from focus groups validated each of top barriers identified by survey respondents.

BARRIERS

Suicide: 27 Barriers Described

SECONDARY DATA

- ✓ **Poor Mental Health:** 5.1 (*Margin of Error [MOE]:* 4.7-5.6) average number of poor mental health days in the last 30 days (State=4.7). *(Table 1.12)*
- ✓ **Frequent Mental Distress:** 16% (*MOE:* 14-17%) residents reporting 14 or more days of poor mental health (State=15%). *(Table 1.13)*
- ✓ **Mental Health Providers:** 460:1 ratio of residents to providers (State=590:1). Ratio includes both active and possibly providers not currently practicing or taking on new patients. *(Table 1.15)*
- ✓ **Reported Depression:** Based on responses to the most recent Greater Evansville Health Survey (2021), 19% of residents reported being told they have (or still have) a depressive disorder by a doctor, nurse, or other health professional in the past 12 months (2021; Region=20%). A higher percentage of depression was reported in the region among the following subgroups: women, White adults, adults of Hispanic ethnicity, high school graduates only, those unable to work, those who are separated, and low-income residents. *(Table 1.21)*
- ✓ **Reported Anxiety:** Based on responses to the most recent Greater Evansville Health Survey (2021), 24% of residents reported being told they have (or still have) any type of anxiety by a doctor, nurse, or other health professional in the past 12 months (2021; Region=22%). A higher percentage of anxiety was reported in the region among the following subgroups: women, those unable to work, those who are separated, and low-income residents. *(Table 1.21)*
- ✓ **Insurance Status (under age 65):** Overall, 10% (*MOE:* 8-11%) of residents are uninsured, which represents 11% of adults (*MOE:* 10-13%) and 5% (*MOE:* 4-6%) of children (State=10% overall; 11% adults; 7% children); improving trend compared to prior years per County Health Rankings (2021). *(Table 1.15)*
- ✓ **Child Mental Health:** Based on responses to the most recent Greater Evansville Health Survey (2021), 9% of children were told by a health professional to get more sleep, and 7% were told to reduce stress. Additionally, 18% reported receiving a diagnosis of ADD/ADHD, and 15% reported receiving a diagnosis of anxiety. *(Table 1.21)*

#2 Substance/Drug Use or Abuse
#8(T) Alcohol Use or Abuse
#14 Tobacco Use or Vaping

RANKING

- ✓ **72%** of survey respondents **included substance/drug use or abuse** as a top-five priority need in this county
- ✓ With 192 ranking points (85% more than the third highest health issue), **substance/drug use or abuse was the #2 ranked health issue** for this county
- ✓ **27%** of survey respondents **included alcohol use or abuse** as a top-five priority need in this county
- ✓ With 57 ranking points, **alcohol use or abuse was the #8(T) ranked health issue** for this county
- ✓ **12%** of survey respondents **included tobacco use or vaping** as a top-five priority need in this county
- ✓ With 29 ranking points, **tobacco use or vaping was the #14 ranked health issue** for this county

TREND

- ✓ **90%** of survey respondents (selecting this issue as a top-five priority) perceived **substance/drug use or abuse** to be **getting worse** in this county since 2018
- ✓ **83%** of survey respondents (selecting this issue as a top-five priority) perceived **alcohol use or abuse** to be **getting worse** in this county since 2018
- ✓ **80%** of survey respondents (selecting this issue as a top-five priority) perceived **tobacco use or vaping** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **80%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to substance/drug use or abuse** in this county
- ✓ **74%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to alcohol use or abuse** in this county
- ✓ **80%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to tobacco use or vaping** in this county

BARRIERS

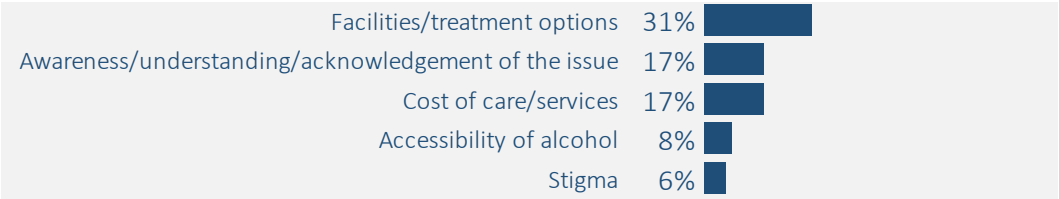
Substance/drug use or abuse: 142 Barriers Described

The length of time that people need to be in treatment does not correspond with the length of time that people are in treatment. The science shows us that 30 days of treatment is necessary, but we give them less than that amount, especially if they are on Medicaid, Medicare, etc.

-Focus Group Participant

BARRIERS

Alcohol use or abuse: 52 Barriers Described

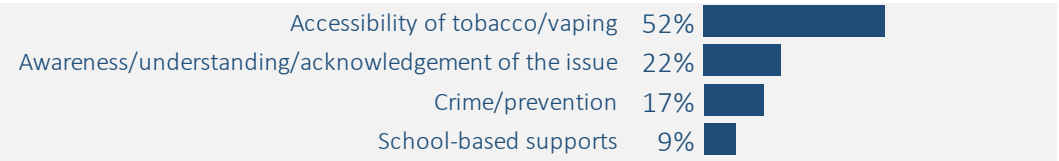


Anecdotally, we heard that more people were relapsing this past year. People were not able to go to AA meetings due to the pandemic. There were more relapses and more hospitalizations from alcohol use and abuse during COVID.

-Focus Group Participant

BARRIERS

Tobacco use or vaping: 23 Barriers Described



SECONDARY DATA

- ✓ **Coroner Reported Overdoses:** In 2020, 67 overdoses were reported by the Vanderburgh Coroner's Office; 41 overdoses were reported from January through June 2021, compared to 32 during the same time frame in 2020. During both time periods, fentanyl and meth represented the most common drugs associated with death. *(Table 1.17)*
- ✓ **Drug Overdose Death Rate:** The drug overdose rate in the county is 26 (*MOE:* 22-30) per 100,000 residents (State=26). *(Table 1.16)*
- ✓ **Excessive Drinking:** 20% (*MOE:* 19-21%) of residents report binge/excessive drinking (State=19%). Based on responses to the most recent Greater Evansville Health Survey (2021), 31% reported binge/excessive drinking, though differences in data sources and data collection timing should be considered. *(Tables 1.16 and 1.21)*
- ✓ **Alcohol Impaired Driving Deaths:** 14% (*MOE:* 9-20%) of motor vehicle crash deaths involved alcohol in the 5-year measurement period (2015-2019) (State=19%); improving trend compared to prior years per County Health Rankings (2021). *(Table 1.16)*
- ✓ **Adult Smoking:** 23% (*MOE:* 20-27%) of residents report smoking (currently and at least 100 cigarettes in their lifetime) (State=22%). *(Table 1.16)* Based on responses to the most recent Greater Evansville Health Survey (2021), 13% reported smoking, though differences in data sources and data collection timing should be considered. *(Table 1.21)*
- ✓ **Smoking During Pregnancy:** 13% of mothers smoked during pregnancy (State=11.8%). *(Table 1.14)*
- ✓ **Insurance Status (under age 65):** Overall, 10% (*MOE:* 8-11%) of residents are uninsured, which represents 11% of adults (*MOE:* 10-13%) and 5% (*MOE:* 4-6%) of children (State=10% overall; 11% adults; 7% children); improving trend compared to prior years per County Health Rankings (2021). *(Table 1.15)*

#3 Child Neglect and Abuse

RANKING

- ✓ **41%** of survey respondents **included child neglect and abuse** as a top-five priority need in this county
- ✓ With 104 ranking points, **child neglect and abuse were the #3 ranked health issue** for this county

TREND

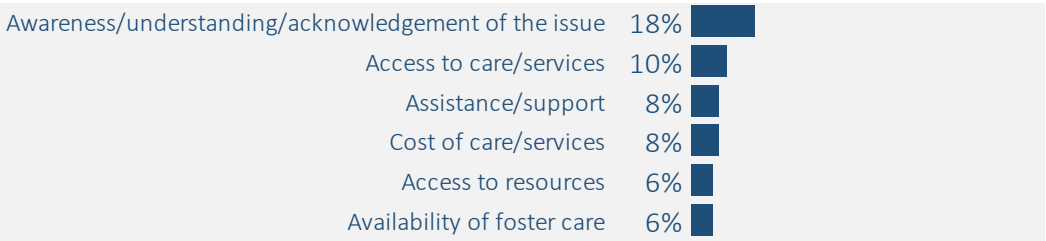
- ✓ **79%** of survey respondents (selecting this issue as a top-five priority) perceived **child neglect and abuse** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **74%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to child neglect and abuse** in this county

BARRIERS

Child neglect and abuse: 78 Barriers Described



While validating the barriers described by survey respondents, **focus group participants** added the impact of the COVID-19 pandemic:

COVID-19 pandemic led to issues with child neglect (e.g., for COVID the messaging is stay home, but mom and dad still needed to go to work, and the kids were not in school). There was no consistency with messaging during COVID and there was a double-edged sword. And this leads to unnecessary neglect. These mothers are not meaning to neglect their children.

SECONDARY DATA

- ✓ **Child Abuse and Neglect:** County child abuse and neglect rate is 22.3 per 1,000 children (State 18.3). *(Table 1.11)*
- ✓ **CHINS:** Children in need of services (CHINS) rate is 16 per 1,000 open cases (State=6.2). *(Table 1.11)*
- ✓ **Foster Care:** 1,064 children experienced foster care at some point (State=29,287). *(Table 1.11)*
- ✓ **Children in Single-Parent Households:** 30% (*MOE:* 27-32%) of children live in single-parent households (State=25%). *(Table 1.7)*

#4 Poverty
#10 Homelessness

RANKING

- ✓ **40%** of survey respondents **included poverty** as a top-five priority need in this county
- ✓ With 99 ranking points, **poverty was the #4 ranked health issue** for this county
- ✓ **27%** of survey respondents **included homelessness** as a top-five priority need in this county
- ✓ With 55 ranking points, **homelessness was the #10 ranked health issue** for this county

TREND

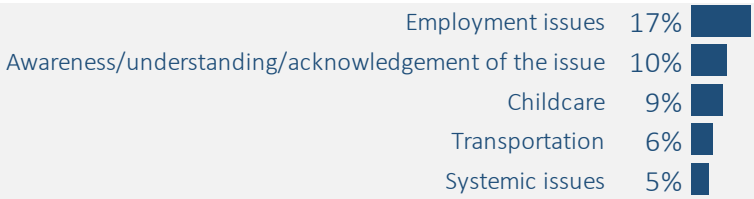
- ✓ **69%** of survey respondents (selecting this issue as a top-five priority) perceived **poverty** to be **getting worse** in this county since 2018
- ✓ **73%** of survey respondents (selecting this issue as a top-five priority) perceived **homelessness** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **61%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to poverty** in this county
- ✓ **73%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to homelessness** in this county

BARRIERS

Poverty: 77 Barriers Described



Things sort of fall back to the transportation issue, whether we are talking about getting to a job, getting to a healthcare appointment, the grocery store…I think it's a true health disparity issue. It's an equity challenge.

-Focus Group Participant

BARRIERS

Homelessness: 53 Barriers Described

The current COVID situation has created an issue for landlords. They have lost a lot of money and now the market is so hot, so landlords for low-income housing have sold the house to make money (which is leaving fewer low-income rental housing options).

-Focus Group Participant

SECONDARY DATA

- ✓ **Income:** Median household income is $51,600 (*MOE:* $49,100-$54,100) (State=$57,600). *(Table 1.7)*
- ✓ **Child Poverty:** 19% (*MOE:* 15-24%) of children are in poverty (State=15%); worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.7)*
- ✓ **Income Inequality:** 4.5 ratio (*MOE:* 4.3-4.8) of household income at the 80th compared to 20th percentile (State=4.3). *(Table 1.7)*
- ✓ **Educational Attainment:** 90% (*MOE:* 89-91%) of residents have completed high school (State=89%) and 67% completed some college (State=63%). *(Table 1.7)*
- ✓ **Employment:** 90,960 people are in the labor force, and the unemployment rate is 4.8%. *(Table 1.8)*
- ✓ **Homelessness:** The overall number of homeless individuals in the region (Region 12: Knox, Daviess, Gibson, Pike, Dubois, Posey, Vanderburgh, Warrick, Spencer, and Perry) has increased from 2018 to 2020 (427 to 488). While a significant decline was observed in 2021, the Point in Time (PIT) count was negatively impacted by COVID-19 restrictions within the shelters. Of concern, there was an increase (61 in 2021; 31 in 2020) in chronically homeless individuals in 2021 (1 year of consecutive homelessness or 3 episodes of homelessness in a 4-year period). While this number has trended downward since 2015, this number is at its highest level in the last five years. *(Table 1.9)*
- ✓ **Homeownership:** 65% (*MOE:* 63-66%) of owner-occupied housing units (State=69%). *(Table 1.7)*

#5 Violent Crime (e.g., sexual assault, domestic violence, gun violence, or rape)
#20 Injuries and Accidents (sample size prevents presentation of survey data)

RANKING

- ✓ **32%** of survey respondents **included violent crime** as a top-five priority need in this county
- ✓ With 80 ranking points, **violent crime was the #5 ranked health issue** for this county

TREND

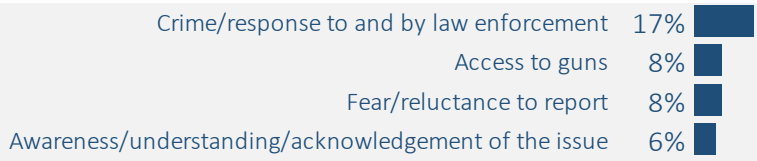
- ✓ **100%** of survey respondents (selecting this issue as a top-five priority) perceived **violent crime** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **70%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to violent crime** in this county

BARRIERS

Violent crime: 78 Barriers Described



We have seen a lot of domestic violence cases. Kids coming into our system because of domestic violence. Domestic violence seems to be on an uptick. Not seeing one specific subset/demographic that stands out. But it's more a reason why, and it goes back to alcohol, people are self-medicating and they have been cooped up in their homes, etc.

-Focus Group Participant

SECONDARY DATA

- ✓ **Violent Crime/Homicide:** Violent crime rate is 409 per 100,000 residents (State=385); worsening trend compared to prior years per County Health Rankings (2021). Homicide rate is 6 (*MOE:* 5-8) per 100,000 residents (State=6). *(Table 1.7)*
- ✓ **Coroner Reported Homicides:** In 2020, 25 homicides were reported by the Vanderburgh Coroner's Office; 7 homicides were reported from January through June 2021, compared to 13 during the same time frame in 2020. During both time periods, the use of a gun was identified as the primary method, and youth (under age 20) represented 25% of all homicides. *(Table 1.10)*
- ✓ **Domestic Violence:** 5,515 calls responded to by Evansville Police Department in 2020 (Evansville Courier and Press, April 13, 2021). Similar number of calls in 2018 (5,571) and 2019 (5,509); fewer calls than 2017 (5,882). *(Table 1.22)*
- ✓ **Accidents (Unintentional injuries):** 51.1 per 100,000 age-adjusted deaths in the county are a result of accidents (State=56.1). *(Table 1.19)*

#6 Food Access, Availability, and Safety
#8(T) Obesity

RANKING

- ✓ **28%** of survey respondents **included food access, availability, and safety** as a top-five priority need in this county
- ✓ With 76 ranking points, **food access, availability, and safety were the #6 ranked health issue** for this county
- ✓ **26%** of survey respondents **included obesity** as a top-five priority need in this county
- ✓ With 57 ranking points, **obesity was the #8(T) ranked health issue** for this county

TREND

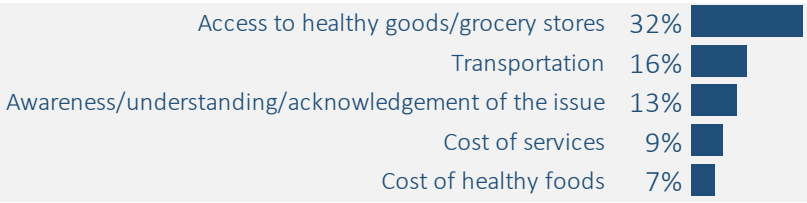
- ✓ **60%** of survey respondents (selecting this issue as a top-five priority) perceived **food access, availability, and safety** to be **getting worse** in this county since 2018
- ✓ **62%** of survey respondents (selecting this issue as a top-five priority) perceived **obesity** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **40%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to food access, availability, and safety** in this county
- ✓ **62%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to obesity** in this county

BARRIERS

Food access, availability, and safety: 56 Barriers Described

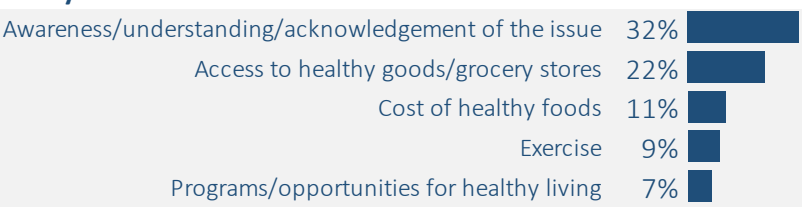


We have a moral obligation to look at the nutritional quality of food that we are feeding our families, especially our children. [Unhealthy] foods are the least expensive and most shelf stable, so we need to increase what we pay for food. What we eat is the foundation for our physical and mental wellbeing.

-Focus Group Participant

BARRIERS

Obesity: 54 Barriers Described



Focus group participants reinforced each of the barriers described by survey respondents, also commenting on the importance of healthy living and nutritional guidance in PK-12 educational settings.

SECONDARY DATA

- ✓ **Food Insecurity:** 14.1% of residents did not have a reliable source of food (State=12.4%). This represents 25,610 people. *(Table 1.18)*
- ✓ **Access to Health Foods:** 4% of low-income residents have limited access to healthy foods (State=7%). Based on responses to the most recent Greater Evansville Health Survey (2021), 26% of residents reported not being able to purchase fruits and vegetables. *(Tables 1.16 and 1.21)*
- ✓ **Vegetable/Fruit Consumption:** Residents reported eating fruits 5 times and vegetables 10 times in a week. *(Table 1.21)*
- ✓ **Adult Obesity:** 34% (*MOE:* 31-38%) of adults in the county meet criteria for obesity (State=34%); worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.16)*
- ✓ **Child Overweight/Obesity:** Based on responses to the most recent Greater Evansville Health Survey (2021), 28% of children in the region had a BMI falling in the overweight or obese category. Further, 19% of adults reported that a doctor has told them their child is overweight. *(Table 1.21)*
- ✓ **Physical Inactivity:** 29% (*MOE:* 25-32%) of residents report being physically inactive (no leisure time physical activity in the past month) (State=27%); worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.16)*
- ✓ **Recommended Activity:** Based on responses to the most recent Greater Evansville Health Survey (2021), 51% reported getting recommended levels of physical activity. *(Table 1.21)*
- ✓ **Access to Exercise Opportunities:** 88% of residents reported having access to exercise opportunities. (State=75%). *(Table 1.16)*
- ✓ **Child Health:** Based on responses to the most recent Greater Evansville Health Survey (2021), 22% of children were told by a health professional to eat more fruits/vegetables, and 11% were told to get more physical activity. *(Table 1.21)*

#7 Chronic Diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)

#18 Infectious Diseases (e.g., HIV, STDs, and hepatitis)

(sample size prevents presentation of survey data)

RANKING

- ✓ **26%** of survey respondents **included chronic diseases** as a top-five priority need in this county
- ✓ With 74 ranking points, **chronic diseases were the #7 ranked health issue** for this county

TREND

- ✓ **73%** of survey respondents (selecting this issue as a top-five priority) perceived **chronic diseases** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **59%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to chronic diseases** in this county

BARRIERS

Chronic diseases: 58 Barriers Described

While validating the barriers described by survey respondents, **focus group participants** also addressed considerations around co-occurring issues:

[There is] interplay between trauma and chronic health concerns. Tremendous co-morbidity between the two, and a lot of it stems from childhood.

[The] top 3 types of chronic disease co-morbidities that I see in the population: diabetes, hypertension, and mental illness (these have been the same over time).

SECONDARY DATA

- ✓ **Mortality:** There were 2,091 deaths in Vanderburgh County representing an 885.3 age adjusted rate per 100,000 residents (State=824.7). Heart disease was the leading cause of death in the county (County=190.1; State=178.7) followed by cancer (County=173.5; State=163.3). *(Table 1.19)*
- ✓ **Poor or Fair Health:** 19% *(MOE:* 17-22%) of residents report their health as poor or fair (State=18%). On average, residents report 4 physically unhealthy days in the last 30 days. *(Table 1.12)*
- ✓ **Primary Care Physicians:** 1,170:1 ratio of residents to primary care physicians (State=1,500:1); worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.15)*
- ✓ **Other Primary Care Providers:** 580:1 ratio of residents to other primary care providers (State=990:1). *(Table 1.15)*
- ✓ **Insurance Status (under age 65):** Overall, 10% (*MOE:* 8-11%) of residents are uninsured, which represents 11% of adults (*MOE:* 10-13%) and 5% (*MOE:* 4-6%) of children (State=10% overall; 11% adults; 7% children); improving trend compared to prior years per County Health Rankings (2021). *(Table 1.15)*
- ✓ **Preventable Hospital Stays:** There were 5,153 preventable hospital stays for ambulatory-care sensitive conditions per 100,000 (State=4,795); similar compared to prior years per County Health Rankings (2021). *(Table 1.15)*
- ✓ **Mammography Screening:** 49% of women (ages 65-74) enrolled in Medicare Part B received a mammogram in the past year (State=42%). *(Table 1.15)*
- ✓ **Routine Checkup:** Based on responses to the most recent Greater Evansville Health Survey (2021), 80% of residents reported having a routine checkup in the last year (Region=80%). *(Table 1.21)*
- ✓ **Reported Health Issues:** Based on responses to the most recent Greater Evansville Health Survey (2021), over a quarter of residents reported the following health conditions: some type of arthritis, high blood pressure, and/or obesity. *(Table 1.21)*
- ✓ **Child Health:** Based on responses to the most recent Greater Evansville Health Survey (2021), 11% of parents reported that their child has asthma. While not directly comparable, this percent exceeds national rates (8%). *(Table 1.21)*
- ✓ **Sexually Transmitted Infections:** The rate of sexually transmitted infections (e.g., Chlamydia) is 718 to per 100,000 (State=524); worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.16)*

#11 Aging and Older Adult Needs

RANKING

- ✓ **19%** of survey respondents **included aging and older adult needs** as a top-five priority need in this county
- ✓ With 43 ranking points, **aging and older adult needs were the #11 ranked health issue** for this county

TREND

- ✓ **69%** of survey respondents (selecting this issue as a top-five priority) perceived **aging and older adult needs** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **69%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to aging and older adult needs** in this county

BARRIERS

Aging and older adult needs: 38 Barriers Described

SECONDARY DATA

Age: 16.4% of residents in Vanderburgh County are 65 years and over (State=15.4%). *(Table 1.5)*

#13 Disability Needs

RANKING

- ✓ **12%** of survey respondents **included disability needs** as a top-five priority need in this county
- ✓ With 31 ranking points, **disability needs were the #13 ranked health issue** for this county

TREND

- ✓ **22%** of survey respondents (selecting this issue as a top-five priority) perceived **disability needs** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **67%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to disability needs** in this county

BARRIERS

Disability needs: 19 Barriers Described

#15(T) Infant Mortality
#19 Reproductive Health and Family Planning
(sample size prevents presentation of survey data)

RANKING

- ✓ **7%** of survey respondents **included infant mortality** as a top-five priority need in this county
- ✓ With 19 ranking points, **infant mortality was the #15(T) ranked health issue** for this county

TREND

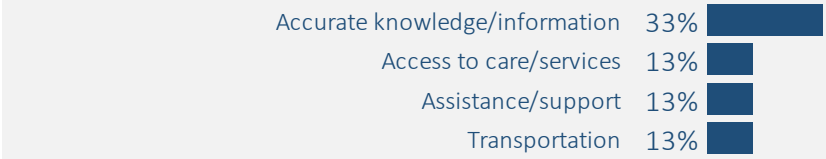
- ✓ **83%** of survey respondents (selecting this issue as a top-five priority) perceived **infant mortality** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **33%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to infant mortality** in this county

BARRIERS

Infant mortality: 15 Barriers Described



Focus group participants noted that Black infants are more likely than White infants to die before their first birthday.

SECONDARY DATA

- ✓ **Infant Mortality:** The infant mortality rate for the county is 8 (*MOE:* 6-9) deaths among children less than one year of age per 1,000 live births (State=7); the Black infant mortality rate (13) is higher than the rate for White (6) infants *(2013-2019).* As reported in a recent presentation by the Indiana Department of Health (Indiana Infant Mortality & Birth Outcomes, 2019, Indiana Department of Health: Maternal and Child Health Epidemiology, April 2021), the infant mortality rate for Vanderburgh County (2015-2019) is 6.6 compared to the state rate of 7.1. This data source and difference in years of analysis should be considered when interpreting results. *(Table 1.13)*
- ✓ **Low Birthweight:** 10% of live births were to children with low birthweight (State=8%); 16% among Non-Hispanic Black mothers. *(Table 1.14)*
- ✓ **Very Low Birthweight:** 1.8% of live births were to children with very low birthweight (State=1.3%). *(Table 1.14)*

- ✓ **Medicaid Coverage (at delivery):** 33.4% of children received Medicaid coverage at delivery (State=38.5%); 57.4% among Non-Hispanic Black mothers and 57.3% among Hispanic mothers. *(Table s1.14)*
- ✓ **Teen Births (Age < 20):** The percentage of total births in Vanderburgh County born to teens was 5.7% (State=5.7%); 8.5% among Non-Hispanic Black mothers. *(Table 1.14)*
- ✓ **Smoking During Pregnancy:** 13% of mothers smoked during pregnancy (State=11.8%). *(Table 1.14)*
- ✓ **Breastfeeding (at hospital discharge):** 87.5% of mothers breastfed at hospital discharge (State=82%); 80.4% among Non-Hispanic Black mothers. *(Table 1.14)*
- ✓ **Preterm (<37 weeks gestation):** 11.8% of children were preterm (state=10.1%); 16.1% among Non-Hispanic Black mothers. *(Table 1.14)*
- ✓ **Early (First Trimester) Prenatal Care:** 76.8% of mothers received prenatal care during the first trimester (State=68.9%); 66.9% among Non-Hispanic Black mothers and 56.2% among Hispanic mothers. *(Table 1.14)*

#15(T) Dental Care

RANKING

- ✓ **6%** of survey respondents **included dental care** as a top-five priority need in this county
- ✓ With 19 ranking points, **dental care was the #15(T) ranked health issue** for this county

TREND

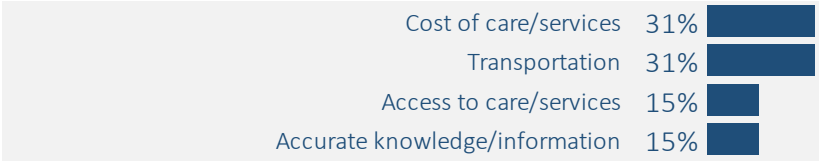
- ✓ **80%** of survey respondents (selecting this issue as a top-five priority) perceived **dental care** to be **getting worse** in this county since 2018

RESOURCES

- ✓ **80%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to dental care** in this county

BARRIERS

Dental care: 13 Barriers Described



SECONDARY DATA

- ✓ **Dentists:** 1,350:1 ratio of residents to providers (State=1,750:1); improving trend compared to prior years per County Health Rankings (2021). *(Table 1.15)*
- ✓ **Insurance Status (under age 65):** Overall, 10% (*MOE:* 8-11%) of residents are uninsured, which represents 11% of adults (*MOE:* 10-13%) and 5% (*MOE:* 4-6%) of children (State=10% overall; 11% adults; 7% children); improving trend per County Health Rankings (2021). *(Table 1.15)*

#17 Environmental Issues (sample size prevents presentation of survey data)

SECONDARY DATA

- ✓ **Severe Housing Problems:** 15% (*MOE:* 14-16%) of households report at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. *(Table 1.7)*
- ✓ **Neighborhood Conditions:** Based on responses to the most recent Greater Evansville Health Survey (2021), 61% reported having sidewalks or walking paths nearby, 28% reported litter, 26% reported blight, and 13% reported vandalism near their home. *(Table 1.21)*