Deaconess Health System

# CHNA 2019

Community Health Needs Assessment

Warrick County, Indiana

2019-2021

# TABLE OF CONTENTS




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

Deaconess Marketing Department, 600 Mary Street, Evansville, IN 47747

812-450-5000

CHNA@deaconess.com


An electronic version of the Community Health Needs Assessment is publicly available at www.deaconess.com/CHNA. Paper copies of the CHNA are available at zero cost. Email CHNA@deaconess.com to request a copy.

# WARRICK COUNTY

## Introduction

This report provides a comprehensive overview of the 2018 Community Health Needs Assessment (CHNA) conducted collaboratively by Deaconess Health System, St. Vincent Evansville Hospital, ECHO Community Healthcare, Vanderburgh County Health Department, United Way of Southwestern Indiana, and the Welborn Baptist Foundation. This represents the third community health needs assessment completed as a collaborative effort.

The chapters of this report provide an overview of the methods used to conduct the CHNA, summaries of existing health indicator data that was reviewed, 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.

**About the Service Area**

For the CHNA, the hospitals established the service area as being all zip codes in Warrick County and all people living in the county at the time the CHNA was conducted.


*Source: Indiana Business Research Center, ESRI data and March 2010 ZIP code boundaries from Tele Atlas*

## About Deaconess Health System

Deaconess Health System is the premier provider of health care services to 26 counties in three states (IN, IL, and KY). The system consists of seven hospitals located in southern Indiana: Deaconess Midtown Hospital, Deaconess Gateway Hospital, The Women's Hospital, The Heart Hospital, The Orthopedic and Neuroscience Hospital, Deaconess Cross Pointe, and Encompass Health Deaconess Rehabilitation Hospital.

Deaconess Clinic, a fully integrated multispecialty group featuring primary care physicians as well as top specialty doctors, provides patients with consistent and convenient care. Additional components include a freestanding cancer center, urgent care facilities, a network of preferred hospitals and doctors, more than 30 care sites, and multiple partnerships with other regional health care providers.

**Deaconess Gateway Hospital** opened in January 2006 to address the growing need for medical care in the rapidly developing area between Evansville and Newburgh, Indiana. Over time, Deaconess Gateway Hospital expanded into the Deaconess Gateway Campus and is now home to physicians' offices, urgent care clinics, three specialty hospitals, and a variety of related medical services like infusion, surgery, lab and imaging. These facilities make accessing care easy and convenient for people living in and around Warrick County.

## About St. Vincent Warrick

Since 1975, St. Vincent Warrick in Boonville, IN, continues to provide "The Care You Need... Close to Home" to the communities of Warrick, Spencer, and Pike counties. As a critical access hospital, they have 25 inpatient acute care beds, a 24/7 emergency department, a swing bed program, and a geriatric Serenity Unit for behavioral and mental health needs. St. Vincent Warrick is accredited by The Joint Commission, a national, independent, not-for-profit healthcare accreditation and certification organization.

Outpatient medical services include multispecialty medical care, all in one convenient location. St. Vincent Warrick is part of an integrated network of healthcare through St. Vincent Evansville and supports the tri-state region and southwest Indiana.

# EXECUTIVE SUMMARY

To ensure insights into the health needs of communities within its service area and to provide guidance to the development of health promoting programs and services, St. Vincent Warrick and Deaconess Gateway Hospital conducted the 2018 Community Health Needs Assessment (CHNA). 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.

To conduct the CHNA, the hospitals pursued a diverse and comprehensive range of activities to collect and consider data that provided valuable insights for decision making. A foundational activity included the review of existing data that provided insights into the most pressing health needs of the hospitals' service area and the 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, the hospitals conducted a detailed survey among the general population and also among those participating in care and services throughout Indiana. Lastly, the hospitals conducted a series of focus groups that included community members and stakeholders representing organizations that provide services on the front lines of public health in their communities.

Subsequent to the collection of data, the hospitals conducted a prioritization process that involved the consideration of the insights gained during the CHNA activities and that resulted in the selection of local health priorities. **For Warrick County, those priorities include:**

- **Substance Abuse and Alcohol Abuse**
- **Mental Health**
- **Chronic Health Conditions**
- **Access to Care**

These four 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. They are based upon an extensive and comprehensive CHNA process that considered data from a range of sources, that utilized a rigorous scientific process, and that was conducted in a participatory manner throughout that sought to include the voices of community members, stakeholders, and hospital leaders.

# PRECEDING CHNA EFFORTS

## 2016-2018

In 2015, Deaconess Health System joined five other local health-related organizations, ECHO Community Healthcare, St. Mary's Health, United Way of Southwestern Indiana, the Vanderburgh County Health Department, and Welborn Baptist Foundation to plan for and administer a Community Health Needs Assessment (CHNA). Conducting a CHNA is a required component of the Affordable Care Act and serves as a way to evaluate the overall health of the community. The assessment identifies recurring causes of poor health then focuses resources to support and drive positive change in the identified behaviors.

Data was gathered in May and June 2015 from 12 focus groups, 17 "key informant interviews" and publicly reportable data such as community demographics, health behaviors, and health outcomes. Representation included social service agencies, education, law enforcement, public service, business and industry, government, non-profit organizations, and health care related organizations from both Vanderburgh and Warrick County.

After reviewing the data, our collaborative identified four main issues:

- Behavioral Health (including substance abuse, tobacco use, and mental health) – both counties
- Exercise, Weight, and Nutrition – both counties
- Maternal Child Health – only Vanderburgh County
- Cancer (specifically breast and prostate) – only Warrick County

**Plans to address these causes of poor health included:**

- Behavioral health services mapping and local survey
- 3-year grant initiative—Youth Mental Health First Aid training
- Coordinate area diabetes classes, grant projects, and activities
- Advocate for built environment features in local government
- Work with early childhood providers to educate parents on nutritious food for their toddlers and pre-school age children
- Coordinate messaging for use throughout the community regarding nutrition/nutritious choices for toddlers and pre-school age children
- Community education and increased screening opportunities for breast cancer
- Community education and increased screening opportunities for prostate cancer

The complete action plan and yearly progress reports related to the 2016 CHNA can be found on www.deaconess.com/CHNA.

# SURVEY PROCESS AND METHODS

**CHNA Overview:** To conduct a comprehensive Community Health Needs Assessment (CHNA), the hospitals worked with a range of community and academic partners. The purpose of the assessment is to identify the significant health needs in the community and gaps that may exist in services provided. It also provides the community with information to assess essential health care, preventive care, and treatment services. This endeavor represents efforts to share information that can lead to improved access to care and quality of care available to the community, while reinforcing and augmenting the existing infrastructure of services and providers.

### CHNA Activities and Methods

The CHNA began in 2017 and was completed in 2018, the results of which are reflected in this report. Table 1 provides an overview of the overall process and specific methods related to each CHNA activity. Within each respective section of this report, additional details regarding methods, participants, and measures are provided.

### CHNA Partners

Conducting the CHNA necessitated collaboration with a wide range of public health and social service partners to ensure that diverse scientific and community-based insights were included throughout the process. Of particular importance was the inclusion of individuals who directly or indirectly represented the needs of three important groups: 1) those with particular expertise in public health practice and research, 2) those who are medically underserved, low-income, or considered among the minority populations served by the hospital, and 3) the broader community at large and those who represent the broad interests and needs of the community served.

**Key partner organizations included:**

- **The University of Evansville**. Faculty, staff, and students in public health areas collaborated with the hospital on the data-oriented aspects of the project.
- **Indiana University School of Public Health**. Faculty and students collaborated with the hospital throughout the survey process.
- **Indiana University Center for Survey Research**. Faculty and staff provided in-depth technical assistance and guidance throughout the survey process, and worked closely with the hospitals and the University of Evansville to field the community health survey.

# *Survey Process and Methods Continued*

***Key partner organizations cont.***

- **Measures Matter, LLC**. Measures Matter is a community-based research consulting firm based in Bloomington, Indiana and Palm Springs, California. Measures Matter conducted an independent analysis of the survey data and also facilitated the prioritization process with the hospital and its partners.
- **County Health Departments**. Representatives of the Vanderburgh County Health Department were partners in the larger network of organizations and hospitals that worked to enhance consistency in statewide CHNA activities, particularly the CHNA Community Survey and focus groups. Additionally, given that the survey process was coordinated in conjunction with multiple other hospital systems and local organizations throughout the state, other health departments involved in the process included those from Tippecanoe, Clay, Fountain, Warren, Howard, Jennings, Lawrence, Madison, Randolph, Washington, Warrick, Hamilton, and Marion Counties.
- **Community Health and Social Service Organizations**. A wide range of community-based health and social service organizations collaborated throughout the CHNA process to consider data from the CHNA, make decisions regarding health priorities, and initiate considerations of subsequent actions based on the CHNA. Listings of those community partners are included in the Appendices section of this report (Appendix B) and also listed in the Prioritization Process section as applicable (Section 6).

*Table 1. Description of CHNA Activities*

| CHNA ACTIVITIES | DESCRIPTION OF ACTIVITIES |
|---|---|
| **Identification of the Service Population** | Hospital staff worked together to identify the community served through a review of patient-related data and other geographic boundaries related to the hospital's service area. |
| **Review of Existing Health Indicator Data** | In collaboration with public health researchers, the hospital conducted a review of existing data and indicators relevant to this assessment. Subsequent to this review of data, key insights were incorporated into subsequent CHNA activities and considered during the selection of health priorities. |
| **Community Health 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 and b) a convenience sample survey that sought to collect the same data from individuals seeking care and services at organizations. |
| **Community Focus Group Discussions** | Six community focus group discussions were held in the service area. The purpose of these focus group was to: a) discuss insights from the work of those in health and social service organizations, b) discuss the factors associated with ongoing health issues identified in their work, and c) to gather other local community input relevant to a comprehensive consideration of the health needs of those counties and the service area on the whole. |
| **Health Needs Prioritization Session** | Hospital staff held a meeting of key stakeholders and local organizational leadership in order to review data from all activities conducted for the CHNA. Subsequent to a formal presentation and discussion of the data, attendees in the meeting participated in a nominal group process to identify the top health needs that would inform the development of the implementation plan. |
| **Review of Resources and Partners** | Based upon the results of the CHNA activities, a list of local resources and partnerships was reviewed and revised that would be relevant to addressing the needs identified via the CHNA and the subsequent implementation plan. |

# REVIEW OF EXISTING HEALTH INDICATORS

## Introduction

This section of the report provides an overview of existing data and indicators that offer insight into the health and social issues of the service area. These data were used in a range of ways throughout the CHNA process, including:

- to inform the development of issues that would be further explored in the 2018 CHNA Community Survey,
- to guide specific analyses of data from the 2018 CHNA Community Survey,
- to provide data summaries and other insights to community members, organizational stakeholders, and hospital staff during CHNA related meetings and discussions, and
- as a foundation for the review of ongoing efforts and key decisions about the services offered by the hospitals.

## Data Sources

To ensure consistency throughout the CHNA process of the hospitals in the service area, the review of existing data included the most recently available data related to the following community indicators:

- demographic characteristics of residents in the service area,
- social and economic characteristics of the service area,
- leading health outcomes,
- clinical characteristics of the service area, with a focus on access to care,
- quality of life indicators, and
- health-related behaviors and associated factors.

Data presented in this section of the report were sourced from the 2018 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. Data also included those from the Indiana State Department of Health.

Throughout these data, indicators are presented for the county of interest, the state of Indiana, and the Top U.S. Performers (indicators that represent the top 10% best performing counties in the country). While comparisons across these data 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 country.

# Review of Existing Health Indicators Continued

## Population Characteristics

Demographic characteristics of a particular region provide important insights for the development and delivery of health-related services and programs. Warrick County is largely homogeneous in terms of racial and ethnicity characteristics, evenly split with regard to gender, with approximately one-third of individuals living in areas considered rural. Warrick County's population of 62,498 persons is summarized in Table 2.

*Table 2. Characteristics of Warrick County's Population*

| County Population Characteristics | Warrick County | Indiana |
|---|---|---|
| Population Size | 62,498 | 6,633,053 |
| % Below 18 years of age | 24.3% | 23.8% |
| % 65 and older | 17.0% | 14.9% |
| % Non-Hispanic African American | 1.5% | 9.3% |
| % American Indian and Alaskan Native | 0.3% | 0.4% |
| % Asian | 2.5% | 2.2% |
| % Native Hawaiian/Other Pacific Islander | 0.0% | 0.1% |
| % Hispanic | 1.8% | 6.8% |
| % Non-Hispanic white | 92.6% | 79.6% |
| % Not proficient in English | 0% | 2% |
| % Females | 50.7% | 50.7% |
| % Rural | 29.30% | 27.6% |

## Social 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 indicators and offer a foundation for considering the manner in which a hospital's programs are connected to a wider social services network. The educational characteristics of Warrick County's population are slightly better than the state of Indiana's averages, although educational attainment in the county is below the top U.S. performing geographic areas. The county is also similar to the state average's regarding the indicators that are often closely associated with health outcomes, although rates of childhood poverty are lower when compared to the state and top U.S. performing areas. Table 3 provides a summary of primary social and economic factors in Warrick County.

*Table 3. Social and Economic Factors, Warrick County*

| Social and Economic Factors | Warrick County | Top US Performers | Indiana |
|---|---|---|---|
| High school graduation | 90% | 95% | 87% |
| Some college | 70% | 72% | 62% |
| Unemployment | 4.10% | 3.20% | 4.40% |
| Children in poverty | 9% | 12% | 19% |
| Income inequality | 4.0 | 3.7 | 4.4 |
| Children in single-parent households | 23% | 20% | 34% |
| Social associations | 10.7 | 22.1 | 12.3 |
| Violent crime (per 100,000) | 205 | 62 | 356 |
| Injury deaths (per 100,000) | 57 | 55 | 70 |

## 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. Additionally, low birthweight is commonly used as a gauge for the existence of multi-faceted public health problems. Warrick County performs quite well on each of these important indicators as is summarized in Table 4.

*Table 4. Quality of Life Indicators*

| Quality of Life Indicators | Warrick County | Top US Performers | Indiana |
|---|---|---|---|
| Poor or fair health | 16% | 12% | 18% |
| Poor physical health days | 3.6 | 3 | 3.9 |
| Poor mental health days | 4.0 | 3.1 | 4.3 |
| Low birthweight | 8% | 6% | 8% |

## Health Outcomes

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 most indicators, Warrick County performs better than average for the state of Indiana. However, while these values place Warrick County within the middle quartiles of the state on most indicators, both the state and county have health outcomes that indicate a level of health worse than the top U.S. performing regions. Table 5 provides an overview of these leading health indicators for Warrick County.

*Table 5. Health Outcome Indicators, Warrick County*

| Health Outcome Indicators | Warrick County | Top US Performers | Indiana |
|---|---|---|---|
| Premature age-adjusted mortality (per 100,000) | 290 | 270 | 390 |
| Child mortality (per 100,000) | 40 | 40 | 60 |
| Infant mortality (per 100,000) | 5 | 4 | 7 |
| Frequent physical distress | 11% | 9% | 12% |
| Frequent mental distress | 11% | 10% | 13% |
| Diabetes prevalence | 11% | 8% | 11% |
| HIV prevalence (per 100,000) | 55 | 49 | 196 |

## Clinical Characteristics

Of particular importance to the hospital were data that help to assess and consider issues closely aligned with the nation's objectives of improving access to care, reducing health care costs, and improving both the proportion of the population that has health insurance (particularly children) and adherence to preventive screenings and chronic disease monitoring. Uninsured rates in Warrick County, while similar to the state average, are slightly above the top performing areas of the U.S.

Warrick County, based on the availability of primary care providers, ranks among the best counties in the state, however in terms of other providers the county fares worse than others. Other indicators related to preventive screening and chronic disease management are within the top ranges of both the state and nation. Table 6 provides a summary of these clinical characteristics of Warrick County.

*Table 6. Clinical Care Characteristics, Warrick County*

| Clinical Characteristics | Warrick County | Top US Performers | Indiana |
|---|---|---|---|
| Uninsured | 8% | 6% | 11% |
| Uninsured adults | 9% | 7% | 13% |
| Uninsured children | 8% | 3% | 7% |
| Primary care physicians | 700:1 | 1,030:1 | 1,500:1 |
| Dentists | 2,600:1 | 1,280:1 | 1,850:1 |
| Mental health providers | 2,720:1 | 330:1 | 700:1 |
| Other primary care providers | 1,389:1 | 782:01 | 1,367:1 |
| Preventable hospital stays (per 100,000) | 52 | 35 | 57 |
| Diabetes monitoring | 88% | 91% | 85% |
| Mammography screening | 72% | 71% | 62% |
| Health care costs | $10,806 | | $9,992 |

## Leading Causes of Mortality

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. Table 7 provides a summary of these indicators.

*Table 7. Mortality Indicators for Warrick County, 2016*

| ICD 10 Description of Mortality Causes | Rates per 100,000 Population (Age-Adjusted) |
|---|---|
| **ALL CAUSES** | |
| **Malignant neoplasms (cancer)** | **145.05** |
| Malignant neoplasm of stomach | 3.13 |
| Malignant neoplasms of colon, rectum and anus | 12.33 |
| Malignant neoplasm of pancreas | 8.24 |
| Malignant neoplasms of trachea, bronchus and lung | 35.42 |
| Malignant neoplasm of breast | 18.56 |
| Malignant neoplasms of cervix uteri, corpus uteri and ovary | 5.76 |
| Malignant neoplasm of prostate | 3.2 |
| Malignant neoplasms of urinary tract | 4.22 |
| Non-Hodgkin's lymphoma | 2.84 |
| Leukemia | 9.91 |
| **Other malignant neoplasms** | **38.88** |
| **Diabetes mellitus** | **14.69** |
| **Alzheimer's disease** | **43.59** |
| **Major cardiovascular diseases** | **218.65** |
| Diseases of heart | 172.68 |
| Hypertensive heart disease with or without renal disease | 2.56 |
| Ischemic heart diseases | 87.49 |
| Other diseases of heart | 82.63 |
| Essential hypertension and hypertensive renal disease | 7.05 |
| Cerebrovascular diseases (stroke) | 31.83 |
| Atherosclerosis | 2.32 |
| Other diseases of circulatory system | 4.77 |

*Table 7. Mortality Indicators for Warrick County, 2016 - continued*

| | |
|---|---|
| **Influenza and pneumonia** | **14.94** |
| **Chronic lower respiratory diseases** | **50.72** |
| **Peptic ulcer** | **0** |
| **Chronic liver disease and cirrhosis** | **6.10** |
| **Nephritis, nephrotic syndrome and nephrosis (kidney disease)** | **11.38** |
| **Pregnancy, childbirth and the puerperium** | **1.83** |
| **Certain conditions originating in the perinatal period** | **6.19** |
| **Congenital malformations, deformations and chromosomal abnormalities** | **0** |
| **Sudden infant death syndrome (SIDS)** | **0** |
| **Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)** | **4.77** |
| **All other diseases** | **160.09** |
| **Motor vehicle accidents** | **17.57** |
| **All other and unspecified accidents and adverse effects** | **16.55** |
| **Intentional self-harm (suicide)** | **8.65** |
| **Assault (homicide)** | **7.24** |
| **All other external causes** | **0** |

## Behavioral Factors

For purposes of the CHNA, a range of leading health behavior indicators were assessed. Each of the selected indicators share important associations with leading causes of morbidity and mortality in the country. Table 8 provides an overview of the leading health behaviors that not only offer insights into the social/behavioral determinants of leading health challenges in Warrick County but also provide opportunities for the ongoing development and implementation of health and social service programs.

*Table 8. Health Behaviors and Behavioral Outcomes, Warrick County*

| Health Behaviors | Warrick County | Top US Performers | Indiana |
|---|---|---|---|
| Adult smoking | 16% | 14% | 21% |
| Adult obesity | 32% | 26% | 32% |
| Food environment index | 8.3 | 8.6 | 7 |
| Physical inactivity | 25% | 20% | 27% |
| Access to exercise opportunities | 86% | 91% | 77% |
| Excessive drinking | 18% | 13% | 19% |
| Alcohol-impaired driving deaths | 17% | 13% | 22% |
| Sexually transmitted infections | 207.7 | 145.1 | 437.9 |
| Teen births | 23 | 15 | 30 |

Table 9 also provides an overview of additional behavioral factors that are important for the context of the CHNA activities.

*Table 9. Other Behavioral Factors, Warrick County*

| Other Behavioral Factors | Warrick County | Top US Performers | Indiana |
|---|---|---|---|
| Food insecurity | 11% | 10% | 14% |
| Limited access to healthy foods | 5% | 2% | 7% |
| Drug overdose deaths (per 100,000) | n/a | 10 | 20 |
| Motor vehicle crash deaths (per 100,000) | 11 | 9 | 12 |
| Insufficient sleep | 33% | 27% | 36% |

## SUMMARY

A review of leading indicators related to the health and well-being of a community provides an important foundation for the remaining CHNA activities. These data offer insights into the factors underlying the health issues that are perceived by providers, organizational stakeholders, and community members as being among those needing priority attention. These data summaries were used during subsequent CHNA activities, receiving particular attention during the prioritization process that is described later in this report.

# SURVEY METHODS

## Purpose of the Survey

To collect primary data from residents of communities in the service area of Warrick County, a survey was designed, fielded, and analyzed. This section of the report includes a description of the survey methods and a summary of participants' responses to the survey.

## Survey Development

To develop the survey used for the CHNA, the hospitals partnered with faculty from Indiana-based universities who had particular expertise in community-based survey research. Dr. William McConnell of the University of Evansville served as the lead researcher on the project, in partnership with Dr. Michael Reece and Dr. Catherine Sherwood-Laughlin (both of the Indiana University School of Public Health). The University of Evansville contracted with the Center for Survey Research (CSR) at Indiana University to administer this survey in two phases: phase I was conducted as a paper survey mailed to a random address-based sample and phase II was conducted as a paper survey administered by the hospitals to a convenience sample of their choosing. The survey was conducted with approval of the Institutional Review Board (IRB) of the University of Evansville.

Planning and development for the survey began in the winter of 2017. The university faculty joined a collaborative of eight major hospital systems that served populations in Indiana and Illinois. A goal of the collaborative was to align survey activities in order to increase cost-efficiency and to work toward the development of a data infrastructure that would be useful across the systems and also of enhanced utility to the health and social service organizations with which those hospitals partner on initiatives to improve health in their respective local communities.

Using a construct-based approach that identified the leading areas to be included on the survey, the hospitals and faculty developed a survey. The survey included measures that had been validated for use in similar projects by other researchers and additional measures that were developed by the partners for specific needs of this CHNA. The survey covered ten major areas. Table 10 provides an overview of the constructs covered in the survey and a description of the measures associated with each construct. A copy of the survey is included as Appendix A.

*Table 10. Survey Constructs and Measures*

| Survey Constructs | Description of Measures |
|---|---|
| Demographics | This section included measures related to the socio-demographics of the survey participants, including: county of residence, age, gender, ethnicity, race, education, household income, employment, and number of adults and children in household. |
| Perceived Health and Well-Being | This section included a revised version of the U.S. Centers for Disease Control and Prevention's Health-Related Quality of Life measure. Items included the single-item HRQOL assessment of perceived overall health and additional assessments of physical health, mental health, and social well-being. Also included was a measure of overall life satisfaction and a measure of current level of stress. |
| Health Care Coverage and Relationships | This section included a single measure of whether the participant had health insurance or some other type of coverage for health care and a single measure of whether they had a current personal health care provider. |
| Health Care Engagement | This section included a measure related to the types of care with which the participant had engaged in the previous 12 months. A total of 14 specific types of health care engagement were assessed. |
| Health-Related Behaviors | This section included a measure that asked participants to self-report their participation in a range of health-related behaviors. A total of 11 health behaviors were assessed. |
| Health Care Resource Challenges | This section included measures related to the extent to which participants had found themselves in need of avoiding care due to a lack of fiscal resources. Specifically assessed was the extent to which participants had to forego three types of health care, including seeing a medical provider, filling a prescription, and securing transportation for a health purpose or appointment. |
| Felt Social Determinants | This section included measures to assess the extent to which participants felt the impact of 10 specific social determinants, including economics, education, community cohesion, policy, environment, housing, psychosocial, transportation, social, ecological, and employment. |
| Perceived Priority Health Needs | This section included a measure to assess participants' perceptions of the importance of 21 health issues to their local community. |
| Perceived Resource Allocation Priorities | This section included a measure to assess participants' perceptions of the extent to which 21 health issues were of priority for the allocation of resources in their local community. |
| Perceived Importance of Social and Health Services | This section included a measure to assess the extent to which participants perceived 20 different health and social service programs to be of importance to their community. |

## Sample Development

To collect data, two separate samples were accessed. One sample, described below, included a random sample of individuals representative of the service area. Additionally, the hospitals collaborated with health and social service organization partners to form a convenience sample that included those engaged in services.

### *Phase One Random Sample*

The target population for Phase I of the 2018 Community Health Needs Assessment Survey consisted of noninstitutionalized adult residents, aged 18 years or older, in the catchment areas of the participating hospitals. Sampling was performed on a household basis using an address-based sample.

The faculty collaborated with the hospitals to determine catchment areas using county and zip code boundaries. Geographic areas that were shared between hospitals were reduced such that each geographic area was sampled one time.

Sampling was determined using a multistage sampling design. At the first stage, sample units were drawn randomly from an address-based sampling frame of each area. Sample frames were limited to residential addresses excluding P.O. boxes (unless marked in the sample frame as 'only way to get mail'), seasonal, vacant, throwback, and drop-off point addresses. At the second stage, a within-household respondent was selected by asking the adult with the most recent birthday to complete the survey.

To develop the sample area, a set of 2,223 address-based records representing the service population were purchased from Marketing Systems Group (MSG). MSG used proprietary sampling methods and provided assurance of appropriate and accurate coverage for the target population. The sample list delivered by MSG included postal address information, FIPS code (county designator), and appended demographic information for age, gender, Hispanic surname, Asian surname, number of adults at address, number of children at address, household income class, marital status, ethnicity, and home ownership status. Upon receipt of the sample, it was stored in a secure database created and maintained by the CSR and was reviewed and corrected for any clerical errors. Using these records, a recruitment sample was constructed for the hospital's service population.

### *Phase Two Convenience Sample*

A phase two sample was also constructed by the hospitals and their community-based partners for purposes of collecting data from those likely to be missed in address-based recruitment. St. Vincent and Deaconess are committed to serving all persons, with special attention to those who are poor and vulnerable. For the CHNA, there was a concerted effort to reach experts in public health, professionals with special knowledge of the community health needs and those who can be the voice of the medically underserved and vulnerable populations. To reach these individuals, the community resource list from the 2016 CHNA was updated (Appendix B) and used as a reference to identify relevant organizations. Once identified, surveys were sent either electronically or by mail, to reach the target population.

## Data Collection

### *Phase One Random Sample*

The questionnaire was printed as a four-page booklet on a single 11" x 17" sheet with a fold in the center. Each questionnaire was printed with a unique, numeric survey identifier that matched a record in the sample. A separate sheet was folded over the questionnaire and printed with a cover letter, study information sheet, and return mailing instructions. The questionnaire packet was assembled in a 9" x 12" windowed envelope and included an 8¾" x 11½" postage-paid, business reply envelope for survey returns.

The field period for the 2018 Community Health Needs Assessment Survey was April 2, 2018, through June 29, 2018. Each sampled address received up to two questionnaire attempts. The addresses were divided into four batches based on USPS pre-sort, and each batch was mailed one at a time over the course of a two-week period. The second questionnaire for each address was mailed approximately 4 weeks after the first questionnaire. The addresses of returned questionnaires were excluded from the lists for the second questionnaire attempt.

After the second questionnaire attempt, a postcard follow-up was reintroduced in hopes of increasing response. In addition to reminding people to mail in their completed questionnaires, the postcard also provided a website address that allowed people to take the survey online as a member of the secondary convenience sample.

Paper questionnaires were returned to CSR in postage-paid, business reply envelopes provided in the questionnaire packet. Completed survey returns were counted, checked for unclear marks, batched in groups of 50 surveys, and scanned into ABBYY FlexiCapture OCR software for data processing. CSR's scanning partner, DataForce (dba MJT, US), received the scanned survey images electronically and reviewed the data via ABBYY FlexiCapture data verification software to ensure quality control. Missing responses and multiple responses to a single item were flagged. The compiled data was transmitted back to CSR via a secure file transfer protocol (SFTP) server.

### *Phase Two Convenience Sample*

The collection of data in the convenience sample phase utilized the same survey used in the random sample. For this phase of data collection the survey was available both in English and Spanish. Survey data for the convenience sample were collected between June 15 - July 6, 2018. All data from returned surveys, both online and paper versions, were sent directly to the IU Center for Survey Research in Bloomington, Indiana. Additionally, an online version of the questionnaire was programmed in the Qualtrics survey platform. During data collection at community-based organizations, the hospitals had the choice to use the online version of the survey (using a phone or tablet) or the paper-based survey. Once collected, data were shipped to CSR for scanning.

After the data collection period ended for the convenience sample, it was determined that a meaningful analysis of this county-level survey data was not possible given low numbers from specific counties. Therefore, data were considered in the aggregate from all counties in which surveys were returned. Throughout the results section, insights and comparisons from the convenience sample are included.

## Data Management

All surveys were returned to CSR for scanning and organization. Data files were stored by CSR on a secure file server and processed using R statistical programming software. Respondent-provided counties and zip codes were cross-checked against the sample file. Discrepancies and misspellings were verified against the original scanned image of the response and, if reasonably similar, corrected prior to final data submission.

After data processing, identifiers to allow filtering by catchment area and weighting variables were added (only for the random sample). The final dataset was converted to a format for analysis in STATA statistical analysis software and transmitted to the researchers via Slashtmp, Indiana University's secure file transfer system.

## Weighting of Samples

Weighting activities for the 2018 Community Health Needs Assessment apply only to the random sample. Two weighting adjustments were made to enhance consistency between the survey sample and the characteristics of the service population. The first adjustment was a base weight adjustment to account for unequal probabilities of selection within household. The second was a post-stratification adjustment to U.S. Census Bureau 2012-2016 American Community Survey five-year population estimates. The two weighting adjustments were multiplied to calculate a preliminary final weight for each catchment area. These preliminary weights were then trimmed and scaled so that the final weights summed to the number of respondents in each catchment area. Finally, we discuss incorporating weights in analysis of the survey data. Dataset preparation and weighting activities were conducted using SAS Versions 13.1 and 14.1 and Excel. American Community Survey data were obtained using American FactFinder (https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml).

## Survey Response Patterns

Regarding the random sample, of the 2,223 address-based records received during sample construction, 2,156 were deemed eligible for participation in the survey and received recruitment materials by mail. Of those households, a total of 291 returned a completed survey. The response rate for Warrick County was thus 13.5%. Table 11 provides an overview of survey responses by zip codes included in the service population.

| County/Zip | Count of Respondent Households | Count of Households Assumed Eligible | Response Rate |
|---|---|---|---|
| **Warrick** | 291 | **2156** | **13.50%** |
| 47523 | 3 | 26 | 11.54% |
| 47537 | 1 | 10 | 10.00% |
| 47601 | 62 | 481 | 12.89% |
| 47610 | 30 | 184 | 16.30% |
| 47613 | 6 | 73 | 8.22% |
| 47619 | 3 | 51 | 5.88% |
| 47630 | 179 | 1285 | 13.93% |
| 47637 | 7 | 44 | 15.91% |
| 47639 | 0 | 1 | 0.00% |
| 47660 | 0 | 1 | 0.00% |
| **Total** | **291** | **2156** | **13.50%** |

## Data Analyses

Data analyses were conducted by Measures Matter, LLC, a research consulting group with expertise in community-based participatory research. Prior to analyses, Measures Matter staff consulted with the hospitals to develop a preliminary plan for the analysis of data and the presentation of results.

To retain the integrity of the phase one random sample and the methodological rigor offered by that sample, analyses were conducted separately for the phase one random sample and the phase two convenience sample.

# SURVEY RESULTS

The summary of the survey results primarily reflects the phase one random sample unless otherwise stated. Throughout the summary, comparisons to the phase two convenience sample (at the statewide aggregate level) are also included where appropriate.

A total of 291 participants returned a completed survey from the phase one random sample. In this section of the survey, the primary presentation of results includes these 291 individuals from the random sample.

Additionally, a total of 324 individuals completed a survey during the convenience sample phase of the project. Given that analyses by county were not possible given limited data from certain counties, these data were analyzed to offer comparisons between the county-specific random sample and the convenience data collected across multiple counties statewide. In and where appropriate, commentary is provided in each section to highlight similarities and differences between the random and convenience sample data.

**County of Residence**. Of the 291 participants, 90.3% (n = 264) indicated that their primary residence was located in Warrick County. Although all households receiving the survey were located in Warrick County, some participants (9.6%, n = 28) refused to provide their county of residence or indicated that it was located in an adjacent county. Figure 1 provides an overview of the participants' reported county of residence.

**Adults and Children in Household**. Participants were asked to indicate the number of adults (18 years and over) and children (under 18 years) who lived in their household. Of the participants, 81.6% (n = 236) indicated that two or fewer adults lived in the household. Of those providing a response to the question about children in the household, the majority (54.4%, n = 158) indicated no children under the age of 18 years in the home. Some participants did report children in the home, with most (33.7%, n = 98) indicating two or fewer children and the remainder (7.3%, n = 21) reporting three or more children in the home.

*A larger proportion of individuals (> 25%) in the convenience sample indicated the presence of three or more adults in the home and 17.9% indicated the presence of three or more children in the home. Participants in the convenience sample were largely women (80%).*

**Gender**. Participants were asked to report their gender. More women participated in the survey than did men, and few refused to respond to the question about gender. Figure 2 provides an overview of participant gender. Most participants in the convenience sample were also women.

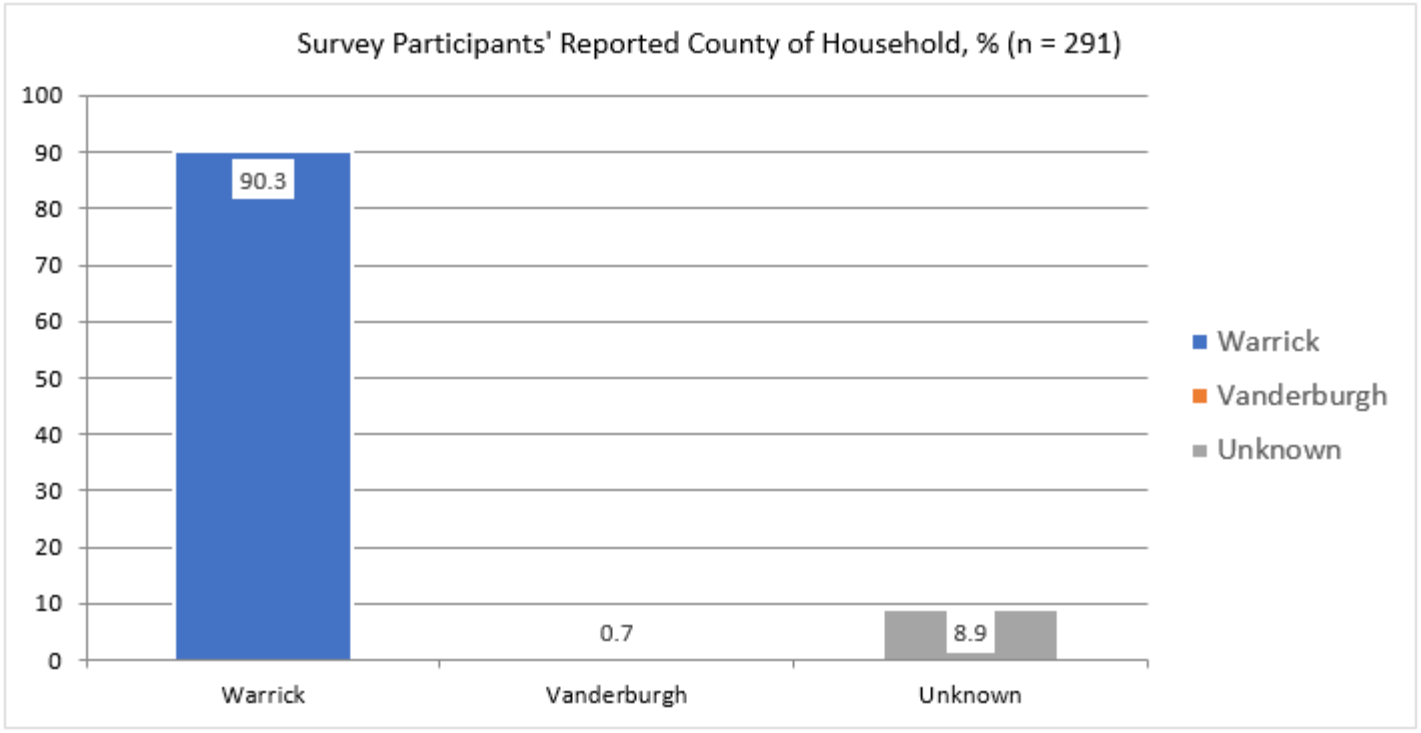



*Figure 1. Participants' Reported County of Residence, by % of Participants*

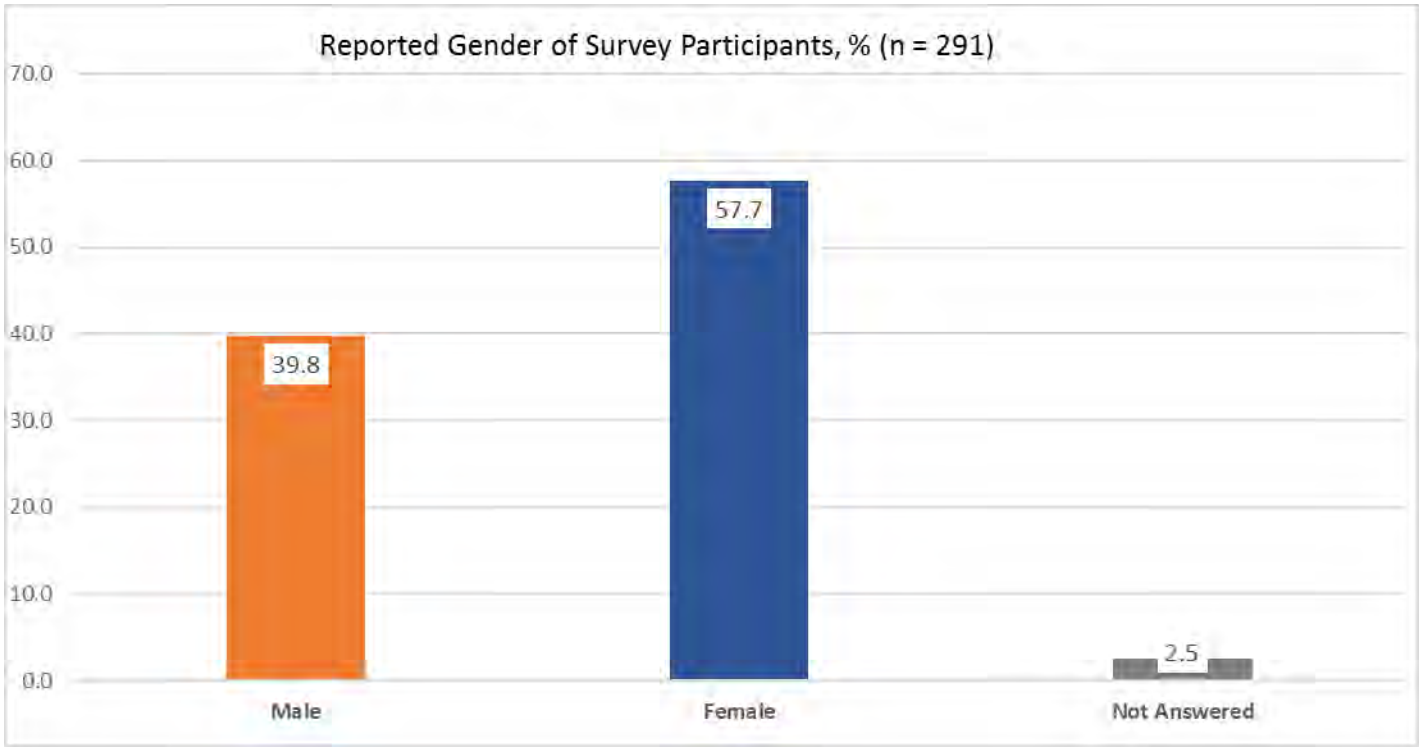



*Figure 2. Reported Gender of Survey Participants, by % of Participants*

**Age**. Participants were asked to provide the year in which they were born. Those data were then analyzed to compute the estimated age of the individual at the time the survey was returned. Figure 3 provides a categorical overview of the age of participants.

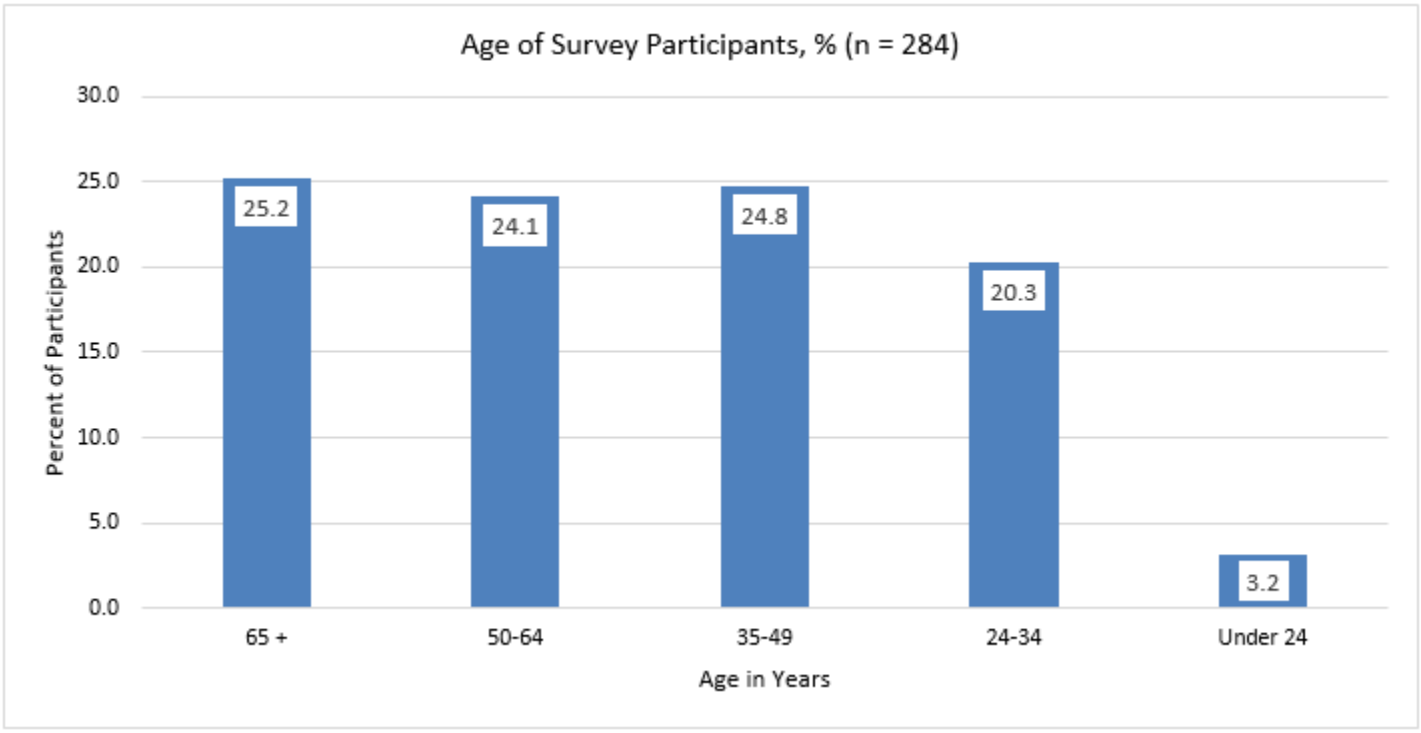



*Figure 3. Reported Age of Participants, by % in Years*

**Race**. Participants were asked to respond to a question regarding the race with which they identify. Participants were invited to select more than one race. The vast majority (94.7%, n = 276) indicated that they were of "Caucasian/White" race, with an additional 1.4% (n = 4) responding that they were "Black or African American" and the same number indicating their race as "Asian." Figure 4 provides an overview of the race characteristics and those indicating their ethnicity as Hispanic.

**Ethnicity**. Participants were asked whether they were of Hispanic, Latino, or Spanish origin. Less than one percent of participants responded in the affirmative.

*Participants in the convenience sample were more diverse with regard to ethnicity and race, with approximately 6% reporting their ethnicity as Hispanic and 30.6% reporting their race as Black or African-American. Participants in the convenience sample reported incomes at levels indicating poverty, with over 50% reporting total household income of less than $25,000 and 31.5% reporting income of less than $15,000.*

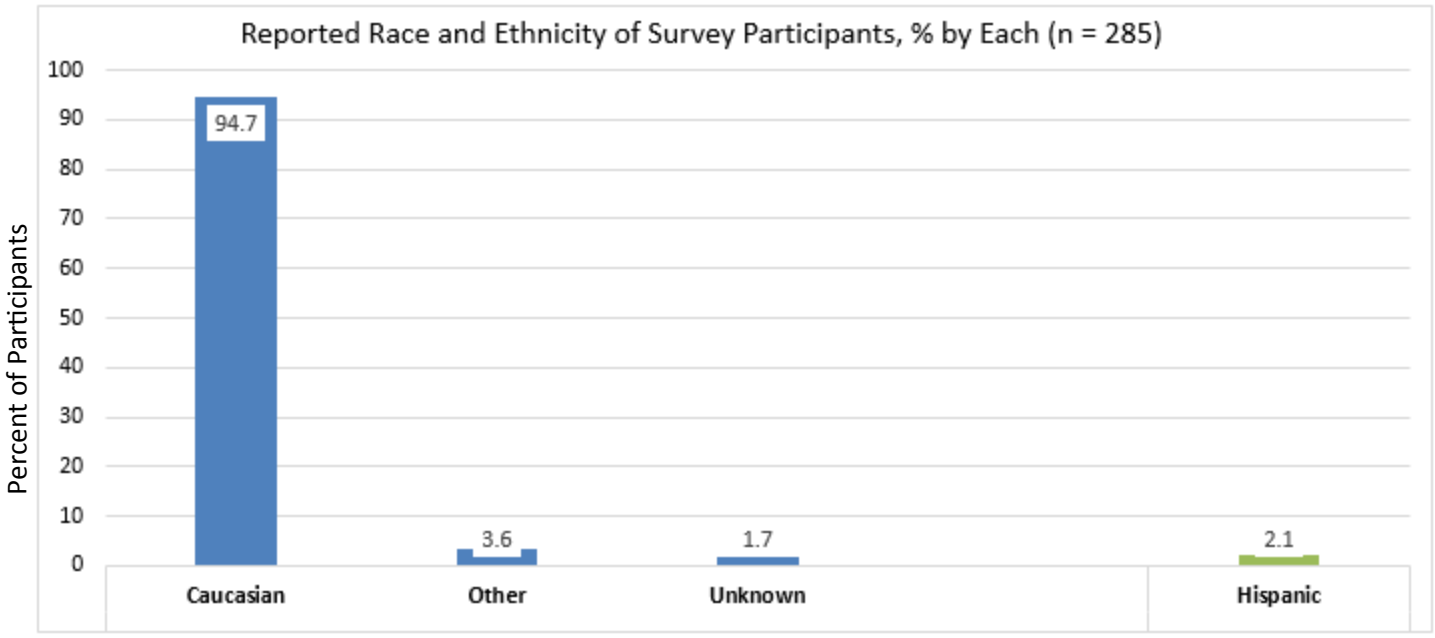



*Figure 4. Reported Race and Ethnicity of Participants, by Category %*

**Household Income**. Participants were asked to respond to a question regarding the total income of the household in which they lived (including all sources). Fourteen participants did not provide a response to this question. A low proportion of participants (12.2%, n = 63) reported total household income of less than $35,000.00, slightly over one-quarter (26.2%, n = 77) reported income of between $35,000.00 and $74,999.00, with the majority of participants (56.5%, n = 161) reporting total household income of $75,000.00 or more. Figure 5 provides a categorical summary of the reported household income of participants.

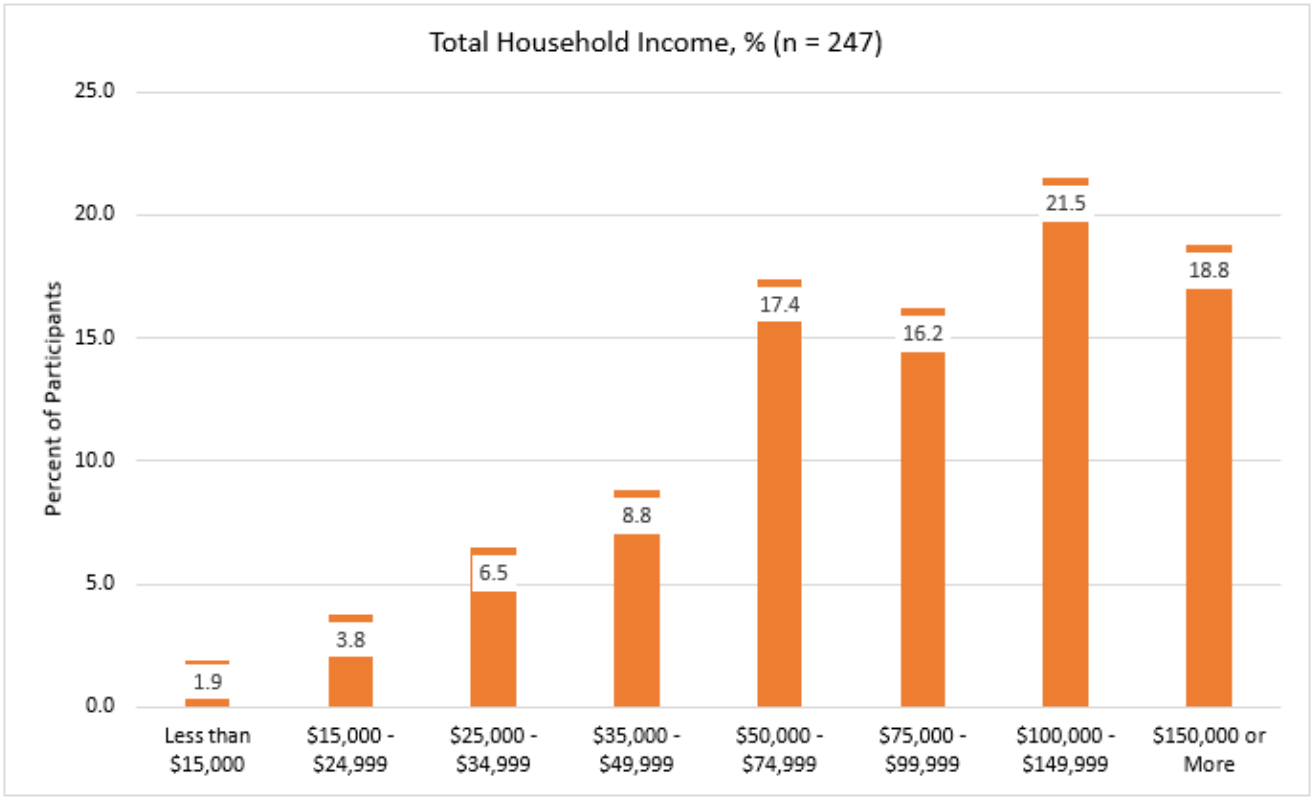





*Figure 5. Reported Total Household Income, by Category %*

**Level of Education**. Participants were asked to report their highest level of attained education based on specific categories. A large proportion of participants (41.5%, n = 121) reported having completed an associate's or bachelor's degree from a college or university and 22.1% (n = 64) reported having attained a graduate or professional degree. Others (13.9%, n = 41) indicated that they had a diploma or certificate from a technical or vocational school or that they had completed some college. In similar proportions, 16.6% (n = 48) reported having received a high school diploma or GED, and only 1.5% (n = 4) reported that they had some high school education but had not graduated. Some individuals (2.3%) chose "other" without clarification and six individuals chose not to provide a response to this question.

**Employment.** Participants were asked to describe their employment status. Most participants were employed full- or part-time (58.3%, n = 170) and only 3.0% (n = 9) described themselves as unemployed. Approximately one-fourth (24.0%, n = 70) were retired, 9.7% were "homemakers," and less than two percent reported being students.

## Participants' Perceptions of Health and Well-Being

Participants were asked to respond to four questions that sought to capture their perceptions of their current health status. Participants were asked to provide an assessment of their overall health, their physical health, their mental health, and their social well-being. Additionally, participants were asked about their overall life satisfaction and their level of stress. While responses to each area assessed are described below, Figures 6, 7, and 8 provide a summary of the participant responses.

**Overall Health**. Participants were asked "Would you say that in general, your overall health is…" with five response options ranging from poor to excellent. Eight participants did not respond to this question (2.7%). Most participants rated their overall health as very good (35.6%, n = 104), excellent (22.8%, n = 66), or good (29.2%, n = 85). The remainder assessed their overall health as being fair (9.3%, n = 27) or poor (0.4%, n = 1).

**Physical Health**. Participants were asked "Would you say that in general, your physical health is…" with five response options ranging from poor to excellent. Despite the vast majority who reported their overall health as being very good or positive, participants differentiated their level of health more when being specific to their physical health. Less than one-quarter of individuals collectively rated their physical health as very good (12.5%, n = 36) or excellent (0.7%, n = 2). Larger proportions of participants rated their health as good (32.2%, n = 94), or fair (35.0%, n = 102), with the remainder rating their physical health as poor (19.2%, n = 56).

**Mental Health**. Participants were asked "Would you say that in general, your mental health is…" with five response options ranging from poor to excellent. The majority of participants rated their overall health as very good (46.2%, n = 134), excellent (25.6%, n = 75), or good (22.1%, n = 64). The remainder assessed their overall health as being fair (4.9%, n = 14) or poor (0.9%, n = 3).

**Social Well-Being**. Participants were asked "Would you say that in general, your social well-being is…" with five response options ranging from poor to excellent. The majority of participants perceived their overall social well-being to be less than good, with the largest proportion of all participants responding fair (46.0%, n = 134) and approximately one-fifth of participants (22.1%, n = 64) responding with poor. Approximately one-fourth of participants rated their social well-being as good (25.6%, n = 75), with the remainder responding with very good (4.5%, n = 13) or excellent (1.5%, n = 4).

*Participants in the convenience sample largely perceived their overall health and physical health as being "good to excellent" in higher than anticipated proportions, with over 75% reporting such. In terms of those expressing poor or fair levels on the specific indicators of health, over 20% rated their physical health as such, 14.2% rated their mental health as such, and 31.1% rated their social well-being as poor or fair.*

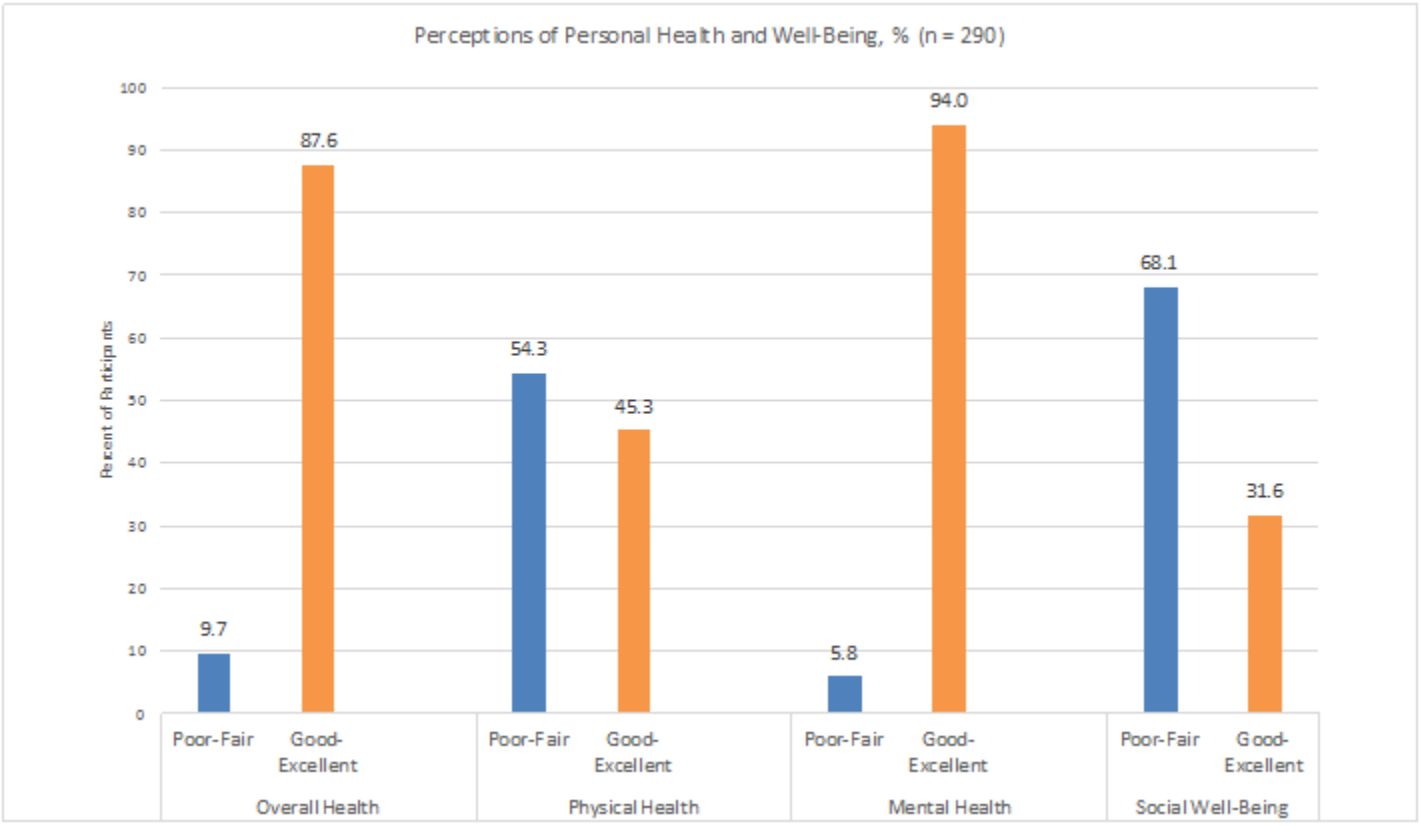



*Figure 6. Participants' Perceptions of Health and Well-Being*

**Overall Life Satisfaction**. Participants were asked to respond to a single question "overall I am satisfied with my life" with five response options ranging from strongly disagree to strongly agree. Figure 7 provides an overview of responses to this item.

**Level of Life Stress**. Participants were asked to rank their current level of life stress by responding to a single item "Please rank yourself on a scale of 1 to 10 where 1 means you have "little or no stress" and 10 means you have "a great deal of stress." Figure 7 provides responses of respondents who ranked themselves on this measure.

*Participants in the convenience sample tended to report higher levels of stress, with 29.9% describing their stress as being in the top levels (greater than 8 on scale of 1-10). Regarding life satisfaction, 20.2% of those in the convenience sample disagreed with the statement "overall I am satisfied with my life."*

*Figure 7. Participants' Agreement with Life Satisfaction Item*

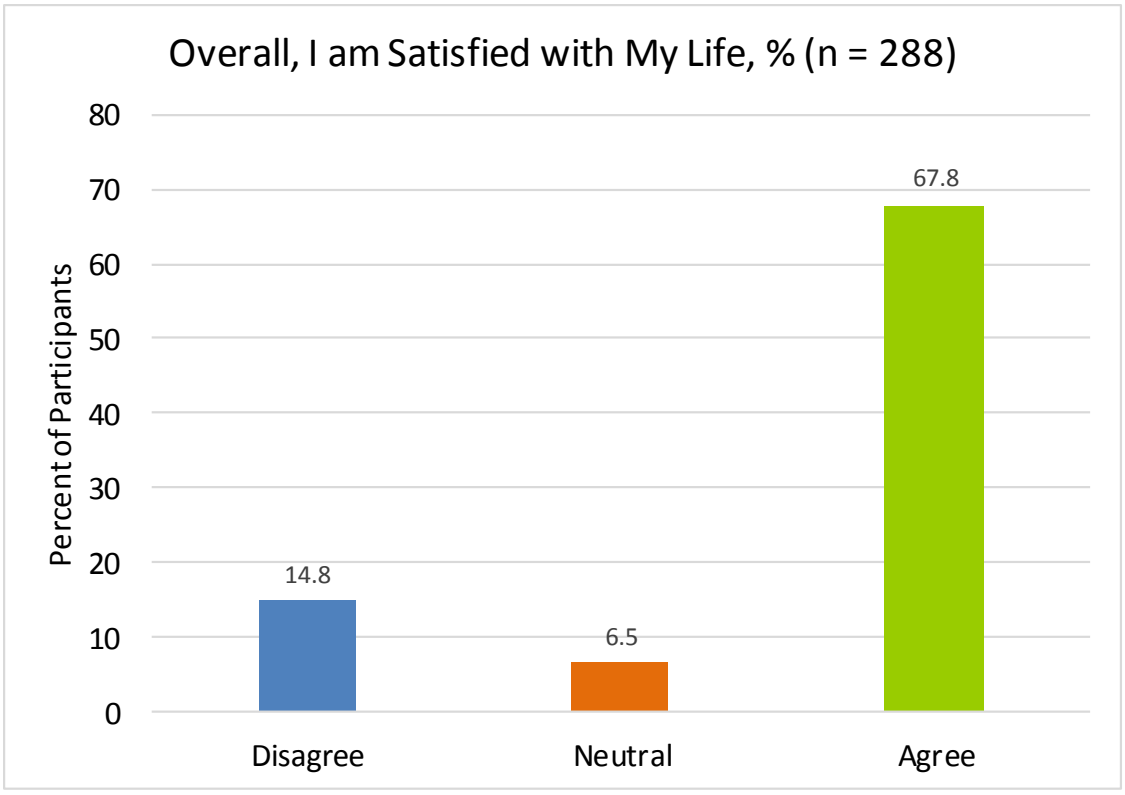
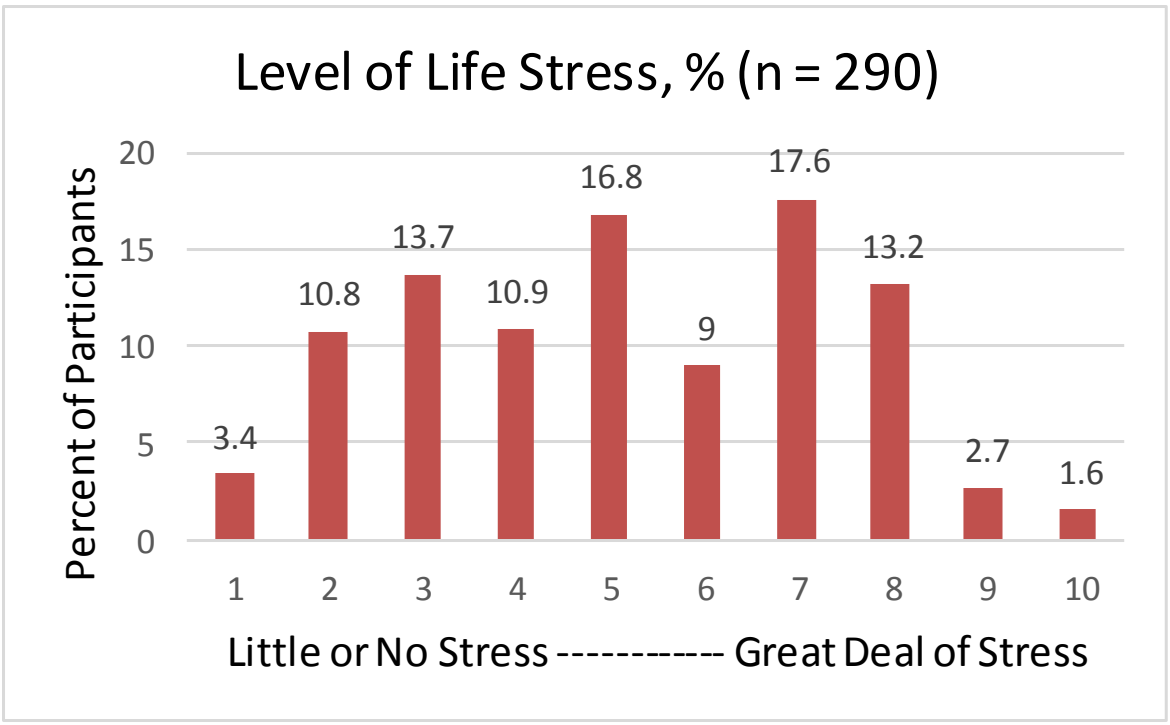



*Figure 8. Ranking of Level of Life Stress*



## Health Care Access and Engagement

Participants were asked to respond to a range of questions related to their current level of health care coverage and also asked to describe the types of engagement they had with the health care system in their community within the 12 months prior to the survey. Also assessed was whether participants had found themselves in situations within the past year that made it necessary to forego some level of health care based on a lack of financial resources or because they had to prioritize other matters.

**Insurance or Health Care Coverage**. Participants were asked "do you currently have insurance or coverage that helps with your health care costs?" Of the participants, the vast majority (96.9% n = 282) reported that they did have such coverage or insurance, while 1.9% (n = 5) responded "no" and one participant (0.2%) indicated that they were "unsure" about such coverage.

**Current Personal Provider**. Participants were asked "do you currently have someone that you think of as your personal doctor or personal health care provider?" Most participants indicated that they did have such a personal provider (91.8%, n = 267), while 8.0% (n = 23) responded "no."

Figure 9 provides an overview of the responses to the questions about insurance or health care coverage and the presence of a personal health care provider.

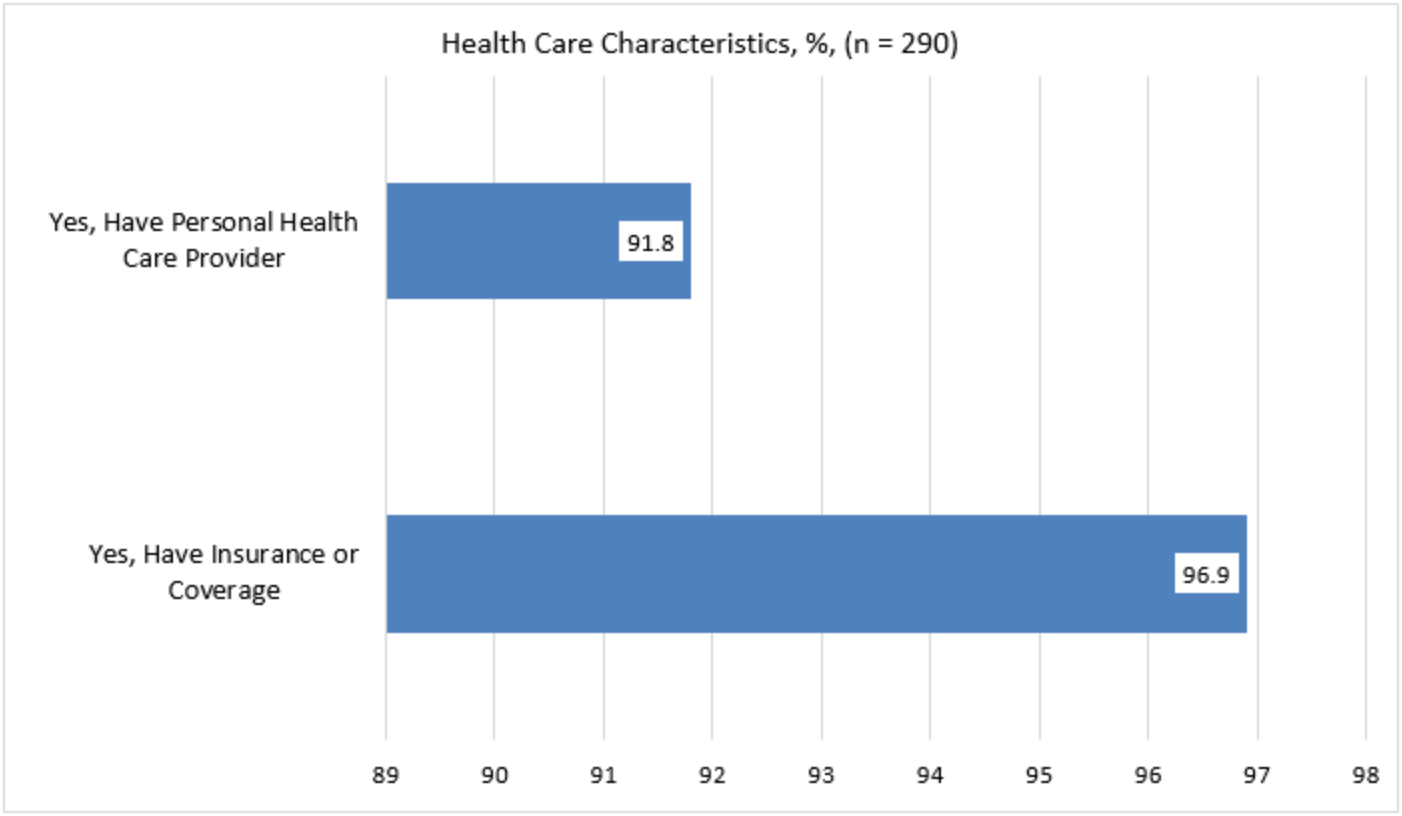



*Figure 9. Participants' Reported Insurance and Personal Provider Characteristics*

***Of those participating in the convenience sample, 22.2% reported a lack of health insurance and 17.6% reported a lack of a personal provider.***

**Health Care Engagement**. Participants were provided with a list of 14 health-related services and types of health care engagement and asked whether they had received or utilized each of those within the past 12 months. Table 12 provides a summary of the participants' responses, ordered from the highest to lowest levels of care engagement. (n = 291)

| Type of Health Care Engagement | Received Past 12 Months (%) | Did Not Receive Past 12 Months (%) |
|---|---|---|
| Received a Routine Physical Exam | 72.4 | 27.6 |
| Filled a Prescription | 71.5 | 28.5 |
| Received Dental Care | 70.9 | 29.1 |
| Received Immunizations or other Preventive Care | 44.5 | 55.5 |
| Received Care at an Urgent Care Facility | 22.1 | 77.9 |
| Received Acute Care, Like for an Infection or Injury | 21.8 | 78.2 |
| Received Care for Chronic Disease | 14.0 | 86.0 |
| Received Care at a Hospital Emergency Room | 10.6 | 89.4 |
| Received Inpatient Care at a Hospital | 8.5 | 91.5 |
| Received Care Related to Family Planning | 8.0 | 92.0 |
| Received a Screening for Anxiety or Depression by a Medical Provider | 5.8 | 94.2 |
| Received Treatment for a Mental Health Diagnosis | 4.7 | 95.3 |
| Received Prenatal or Well-Baby Care | 3.8 | 96.2 |
| Received Treatment for Addiction | 0.0 | 100.0 |

*Participants in the convenience sample reported different patterns of health care engagement than did the random sample, in key areas. Rates of engagement in the convenience sample included: immunizations or preventive care (18.5%), routine physical exam (37.3%), using emergency rooms (15.4%), acute care (16.7%), chronic care (19.1%), emergency room treatment (15.4%), urgent care use (11.4%), dental care (38.3%), and filling a prescription (52.2%). Only 2.2% reported receiving treatment for addiction, and 6.5 percent reported receiving treatment for a mental health diagnosis, yet 12.7% reported being screened for depression by a medical provider.*

**Resources and Health Care Engagement**. Participants were provided a list of three types of health care engagement needs including seeing a provider, filling a prescription, and finding transportation for care and asked to indicate whether there had been a time within the past 12 months that they could not act upon that need because "they couldn't afford it or had to prioritize spending money on something else." Less than 20% of participants indicated that it had been the case that they prioritized something over their health care across the three types assessed. Figure 10 summarizes this data.

Regarding **seeing a medical provider**, 18.8% of participants (n = 55) indicated that they had a need to see a provider but did not due to other needs.

Regarding **needing to fill a prescription**, 9.3%, (n = 27) indicated that that they had a need to avoid filling a prescription due to other needs.

Regarding **needing transportation for health care**, 3.1% of participants (n = 9) indicated that they had not been able to access transportation due to other needs.

"During the past 12 months, I needed one of the following but couldn't afford it or had to prioritize other things."

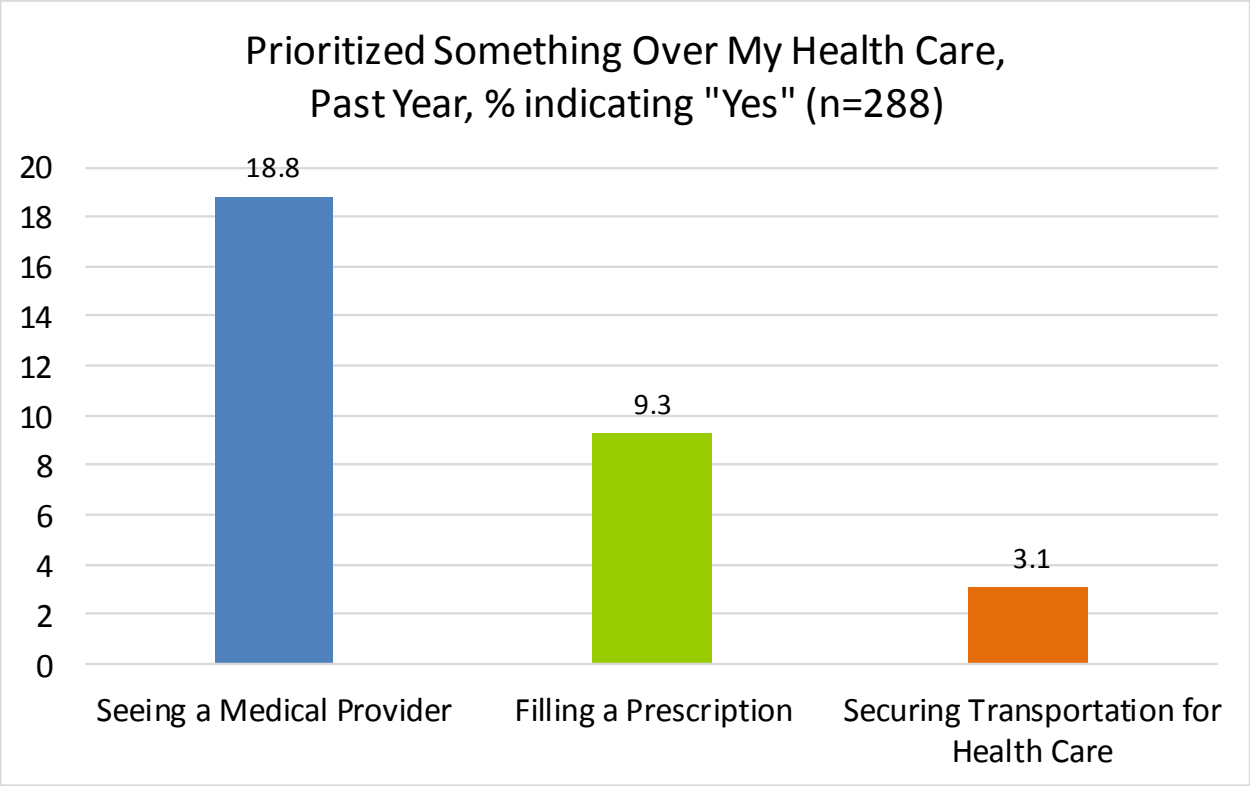



*Figure 10. Participants' Reports of Resource Challenges and Health Care*

*Across all three areas, participants in the convenience sample reported fairly elevated levels of incidence of needing to forego care due to the need to prioritize other resources. Of those, 27.2% reported foregoing seeing a provider, 27.2% reported not filling a prescription, and 17.6% reported foregoing transportation for care due to other needs.*

## Personal Health-Related Behaviors

Also of interest was understanding the extent to which participants had participated in certain behaviors within the past 30 days. Considered were behaviors that were conceptualized as health promoting (e.g., behaviors perceived by the hospitals to be supportive of one's health and well-being) or health challenging (e.g., behaviors perceived by the hospitals to be challenging to one's health and well-being). Table 13 provides a summary of participants' self-reported behaviors.

*In the convenience sample, the most frequently reported health promoting behaviors were getting plenty of sleep (43.2%), eating a healthy balanced diet (42.9%), and having blood pressure checked (38.3%). The most frequently reported challenging behavior was using tobacco (23.1%) and 8.3% reported the use of a prescribed opioid.*

| **Health Promoting Behaviors** | **% Reporting Behavior** |
|---|---|
| Being Physically Active | 59.0 |
| Getting Plenty of Sleep | 63.2 |
| Eating Balanced Diet | 60.9 |
| Checked Blood Pressure | 38.6 |
| Tried to Reduce Stress | 33.0 |
| Took Prescription for Mental Health | 16.5 |
| | |
| **Health Challenging Behaviors** | **% Reporting Behavior** |
| Used Tobacco | 7.6 |
| Took Opioid Prescribed to Me | 5.7 |
| Driving Intoxicated | 0.4 |
| Took Opioid Not Prescribed to Me | 0.0 |

*Table 13. Participants' Self-Reported Health Behaviors Past 30 Days (n = 291)*

## Social Determinants of Health

Those conducting the CHNA were particularly interested in a better understanding of whether or not participants perceived that certain social issues (often considered to be determinants of health status) were impacting their lives. Participants were provided with a list of 10 statements and asked to report the extent to which that statement applied to them. Each statement reflected a particular social determinant of health.

The purpose of these items was to assess the extent to which participants "felt" specific characteristics of social factors known to influence health outcomes. To assess these, some items were worded in a positive way. For example, "I feel safe in the place where I live" is a positively worded item and those reporting "never" or "seldom" to that item are among those who have identified a social factor that could be acted upon in the health and social services infrastructure to work with an individual who has concerns about his or her housing situation. Negatively worded items like "I worry about being able to pay my rent or mortgage" are considered at the other end of the response options, with those responding "sometimes," "often," or "always" being among those who might benefit most from economic or employment assistance as ways to reduce health impacts.

Consistently across these items, there were six participants who did not respond to each item and those participants were not included in the summary provided. Table 14 provides an overview of the extent to which participants perceived those statements to be among those that applied to them.

Highlighted in this table are the social determinants with endorsement of 10% or greater that, in a typical social service setting, would indicate a need for further consideration, discussion, or triage.

*Table 14. Participants' Reports of Felt Social Determinants*

| Social Determinant | Item Assessed | Total Sample Responses |
|---|---|---|
| | | |
| **Positively Worded Social Determinant Items** | | **Percent Reporting "Never" or "Seldom" Applies to Me** |
| Social Ecology (n=290) | I feel those around me are healthy | 4.2 |
| Education (n=290) | I am satisfied with my education | 5.5 |
| Community Cohesion (n=291) | I make efforts to get involved in my community | 30.2 |
| Policy (n=290) | I vote when there is an election in my town | 5.5 |
| Environment (n=290) | I feel that my town's environment is healthy (air, water, etc.) | 19.4 |
| Housing (n=290) | I feel safe in the place where I live | 7.2 |
| Psychosocial (n=291) | I try to spend time with others outside of work | 11.8 |
| Transportation (n=290) | I have access to safe and reliable transportation | 0.8 |
| | | |
| **Negatively Worded Social Determinants** | | **Percent Reporting "Sometimes," "Often," or "Always" Applies to Me** |
| Economy (n=290) | I worry about my utilities being turned off for non-payment | 3.5 |
| Employment (n=290) | I worry about being able to pay my rent or mortgage | 9.1 |

*In the convenience sample, participants were strikingly similar in their responses to the positively worded items as those in the random sample. However, those in the convenience sample were more likely to report worry about the economic and employment items, with 32.4% reporting worry about utilities being turned off for non-payment and 34.6% indicating worry about being able to pay rent or mortgage.*

## Importance of Community-Based Health and Social Service Programs

Participants were asked to provide perspective on the extent to which health and social service programs are important to their local community. During the survey, participants were provided with a list of 20 different programs that are often present in many communities. Participants were inconsistent with regard to the extent to which they provided an assessment of each program type. As a result, results from participants were used to calculate rankings of program endorsement.

Of the 20 programs, all were ranked as being either moderately or very important by more than 40% of participants. While these results do provide some insight into the types of programs perceived as most important in their local community, across the board these data suggest that in general, most community members perceive the general network of health and social service programs to be important as a whole.

However, considering these data in terms of those services that participants ranked as "very" important does provide valuable insights into those most valued. Table 15 provides a list of the extent to which participants rated a program type as "moderately" or "very" important, presented in order of highest to lowest endorsement. In this table, highlighted separately are those services ranked as "very" important by more than 50%.

*Table 15. Endorsement of Importance of Community Programs*

| Community Programs | Moderately/Very Important % | Moderately Important % | Very Important % |
|---|---|---|---|
| Substance Abuse Prevention & Treatment (n = 279) | 88.7 | 29.0 | 59.7 |
| Aging Services (n = 279) | 88.3 | 48.2 | 40.1 |
| Physical Activity (n = 279) | 88.3 | 38.0 | 50.3 |
| Walking Trails/Outdoor Space (n = 274) | 85.9 | 41.1 | 44.8 |
| Mental Health Counseling (n = 281) | 85.6 | 36.7 | 48.9 |
| Food Pantries (n = 275) | 79.6 | 44.4 | 35.2 |
| Services for Women, Infants, Children (n = 285) | 77.9 | 44.9 | 33.0 |
| Job Training/Employment Assistance (n = 283) | 77.2 | 48.0 | 29.2 |
| Free/Emergency Childcare (n = 285) | 76.0 | 38.7 | 37.3 |
| Nutrition Education (n = 280) | 73.1 | 49.4 | 23.7 |
| Health Insurance Assistance (n = 288) | 71.1 | 45.0 | 26.1 |
| Gun Safety Education (n = 283) | 68.2 | 39.2 | 29.0 |
| Food Stamps/SNAP (n = 286) | 65.3 | 42.8 | 22.5 |
| Financial Assistance (n = 286) | 64.5 | 45.6 | 18.9 |
| Housing Assistance (n = 288) | 62.9 | 42.1 | 20.8 |
| Transportation Assistance (n = 274) | 58.3 | 45.8 | 12.5 |
| Family Planning (n= 276) | 56.4 | 38.4 | 18.0 |
| Prescription Assistance (n =278) | 55.6 | 39.0 | 16.6 |
| Legal Assistance (n = 278) | 47.3 | 32.9 | 14.4 |
| Needle Exchange (n = 278) | 42.3 | 26.2 | 16.1 |

*Participants in the convenience sample were equally supportive of the importance of community-based social services, with over 50% of participants endorsing all services as important. However, particularly with services such as mental health counseling, substance abuse treatment, and assistance with housing and finances, participants in the convenience sample more strongly endorsed the needs for services with more than 50% endorsing them as "very" important.*

## Community Perceptions of Priority Health Needs

Important to development of the CHNA and its subsequent Implementation Plan was to assess the local health issues which community members perceived to be of importance. The hospitals developed a list of 21 different health needs that are common in many communities similar to Warrick County. Survey participants were asked to select five of those community health issues that they perceived to be among the most important for the hospitals and their partners to address.

Accompanying the list of health issues was a statement that guided survey participants in the selection process. The statement read "Below is a list of health issues present in many communities. Please pick the five that you think pose the greatest health concern for people living in your community." Table 16 provides a summary of the extent to which each health issue was selected as one of the top five issues by survey participants.

*Table 16. Priority Health Issues Selected by Participants as Being Among the Top 5 Most in Need of Attention in Warrick County (n = 291)*

| Health Issue | % Selecting Issue as One of Top 5 Needing Attention |
|---|---|
| Substance use or abuse | 69.4 |
| Obesity | 66.1 |
| Chronic diseases like diabetes, cancer, and heart disease | 54.4 |
| Aging and older adult needs | 34.2 |
| Mental health | 32.8 |
| Tobacco use | 31.3 |
| Alcohol use or abuse | 29.5 |
| Environmental issues | 29.0 |
| Poverty | 27.4 |
| Child neglect and abuse | 25.2 |
| Assault, violent crime, and domestic violence | 18.0 |
| Injuries and accidents | 14.7 |
| Suicide | 11.7 |
| Disability needs | 11.7 |
| Food access, affordability, and safety | 10.5 |
| Homelessness | 7.6 |
| Dental care | 6.6 |
| Reproductive health and family planning | 4.3 |
| Sexual violence, assault, rape, or human trafficking | 3.1 |
| Infant mortality | 1.8 |
| Infectious diseases like HIV, STDs, and hepatitis | 1.3 |

## Community Perceptions of Priority Health Needs Continued

While participants were able to select from the full list of 21 health issues during the survey, it was decided to narrow down the priority issues to the top 50% during the community prioritization session. Figure 11 provides a graphical presentation of the top health issues shared during community meetings for purposes of informing future initiatives.

**"Below are some issues present in many communities. Please pick FIVE that you think pose the greatest health concern for people who live in your community."**

Local community health needs selected as a top 5 issue, % (n=291). Data reflects Top 11 issues from total list of 21 possible.

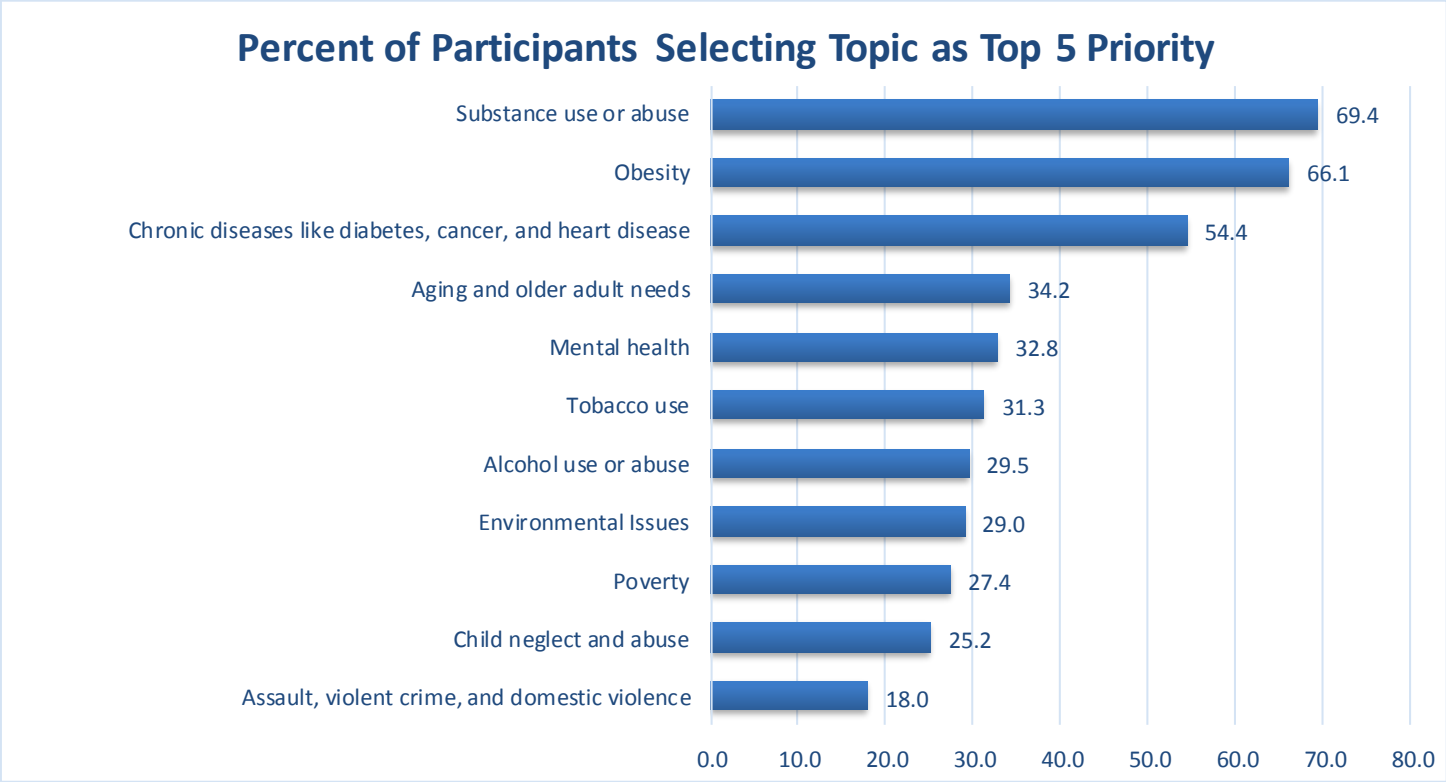



*Figure 11. Most Frequently Endorsed Health Issues as Priority for Action*

*In the convenience sample, the top 10 issues reported as priority needs included: substance abuse (49.4%), food access (42.3%), mental health (31.2%), poverty (30.2%), chronic disease (28.4%), alcohol use (28.1%), obesity (27.5%), homelessness (25.6%), assault and violence (25.0%), and child neglect and abuse (21.6%).*

## Community Perceptions of Health Issues Needing Priority Resource Allocation

In addition to assessing the extent to which participants perceived specific needs as being among the most important for action in their community, participants were also asked to provide their perceptions of the extent to which those same 21 issues were also priorities for the allocation of resources in the local community. Participants were given a statement to consider prior to indicating their perceptions. The statement read "Previously you were asked to pick issues that pose the greatest health concern in your community. If you had $3 and could give $1 to help solve some of these, which are the three to which you would give $1?"

As was the case with the health issues selected as priorities for action, it was decided to narrow down the priority issues to the top 50% during the community prioritization session. Figure 12 provides a graphical presentation of the top ranked issues that survey participants selected as priorities for the allocation of resources.

**Previously you were asked to pick issues that pose the greatest health concern in your community. If you had $3 and could give $1 to help solve some of these, which are the THREE to which you would give $1?**

Top 10 Health Issues Selected as Priority for Resource Allocation, % (n=291)

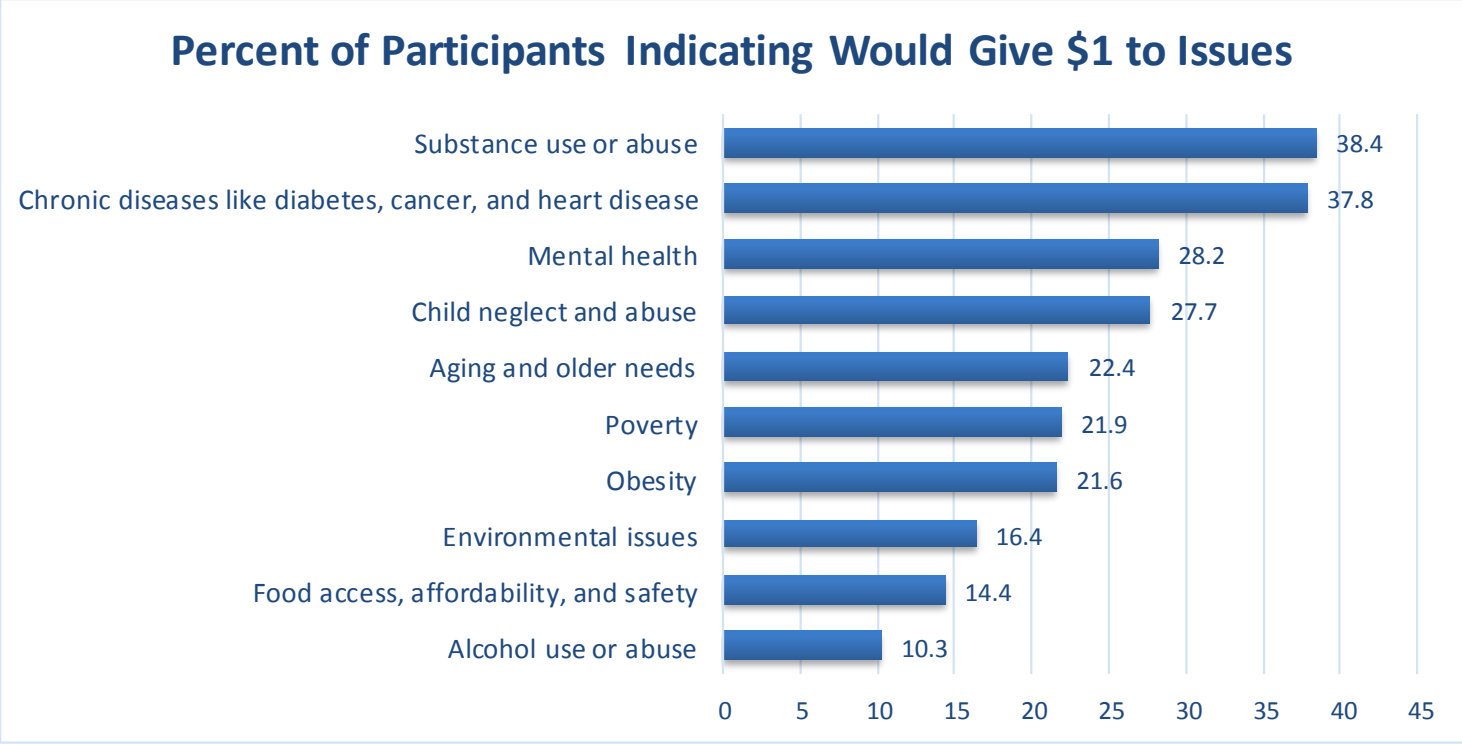



*Figure 12. Most Frequently Endorsed Health Issues as Priority for Resource Allocation*

*In the convenience sample, the top 10 issues reported as resource allocation priorities were highly consistent with their rankings of needs, except that aging was perceived as a top 10 priority for resources but not in the top 10 needs (the opposite was the case with alcohol use which was a need but not in the top 10 for allocation). The top 10 issues for resource allocation included: food access (31.8%), obesity (27.5%), substance abuse (25.6%), homelessness (23.5%), mental health (24.1%), poverty (21.0%), child neglect and abuse (19.8%), chronic disease (16.0%), aging needs (16.0%), and assault and violence (15.7%).*

## Comparison of Needs and Resource Priorities

While participants were asked to provide an assessment of priority needs and priorities for resource allocation as separate survey items, a comparison of those priority rankings provides helpful insights into the extent to which there is consistency between the two. Figure 13 provides such a comparison and highlights inconsistency between health issues that community members believed were a priority needing addressed and those that they believe should be a priority for the allocation of resources.

### Top Health Issues Compared to Prioritization for Resource Allocation (n=291)

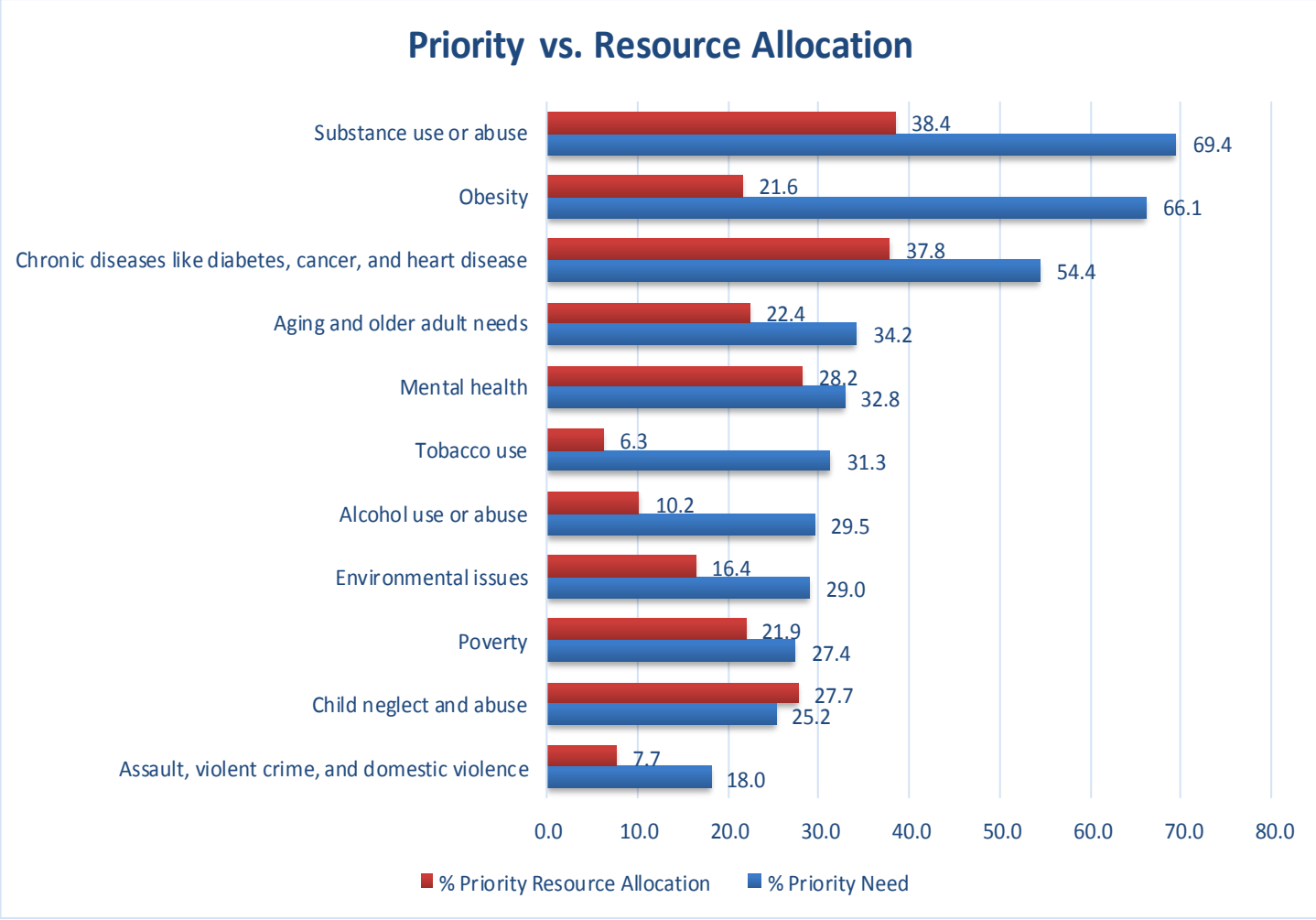



Figure 13. Comparison of Priority Needs and Resource Priorities

# COMMUNITY CHNA FOCUS GROUPS

To provide for additional opportunities for community members to provide valuable insights into the decisions made during the 2018 CHNA process, the hospitals, in collaboration with other partner organizations and hospitals, held a series of focus group discussions.

These focus group discussions provided opportunities to gather community members, providers of local health and social services, and other stakeholders to review information, have open conversations about local health needs, and to offer suggestions for priority health topics that should be considered as the hospitals make decisions about their priorities and subsequent implementation plan.

This section provides an overview of the focus group discussions and the recommendations emerging from those discussions. Appendix B includes a listing of those participating in the focus groups.

## Focus Groups

On two different dates in August 2018, August 27 and 28, six focus group discussions were held. Those discussions included participants from 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. Those groups included: medical organizations, public service organizations, social service organizations (2 focus groups), businesses and corporations, and educational institutions.

## Participants

A total of 65 community members participated in the focus group discussions. Additionally, each focus group included observers and facilitators from the hospitals and other organizations convening the meetings. Below is a summary of the number of participants for each focus group discussion, by the nature of the organizations they represented.

| Focus Groups by Organizational Type | # of Community Members Participating |
|---|---|
| **Medical** | 21 |
| **Public Service** | 2 |
| **Social Services** | 29 (14 and 15 per group) |
| **Business** | 6 |
| **Education** | 7 |

## Focus Group Methods

To conduct the focus group discussions, the facilitators applied a great deal of consistency in both the approach, process, and types of information shared with the community members. The process for the focus group discussions included the following activities:

- Introductions
- A description of the purpose of the discussion and ground rules
- A discussion of health issues within the county from the perspective of the community members
- The development of a list of health needs that the community members perceived as priorities based upon the discussion
- A voting process that sought to provide insight into the relative priority of each of the health issues from the perception of community members
- A voting process to indicate the priorities for which resources should be allocated

## Outcomes

Figure 14 provides an overview of the priority health issues endorsed by the participants. These data are presented by topic and by the nature of each focus group's participants.

Figure 15 provides an overview of the level of endorsement for resource allocation by the participants. These data are presented by topic and by the nature of each focus group's participants.

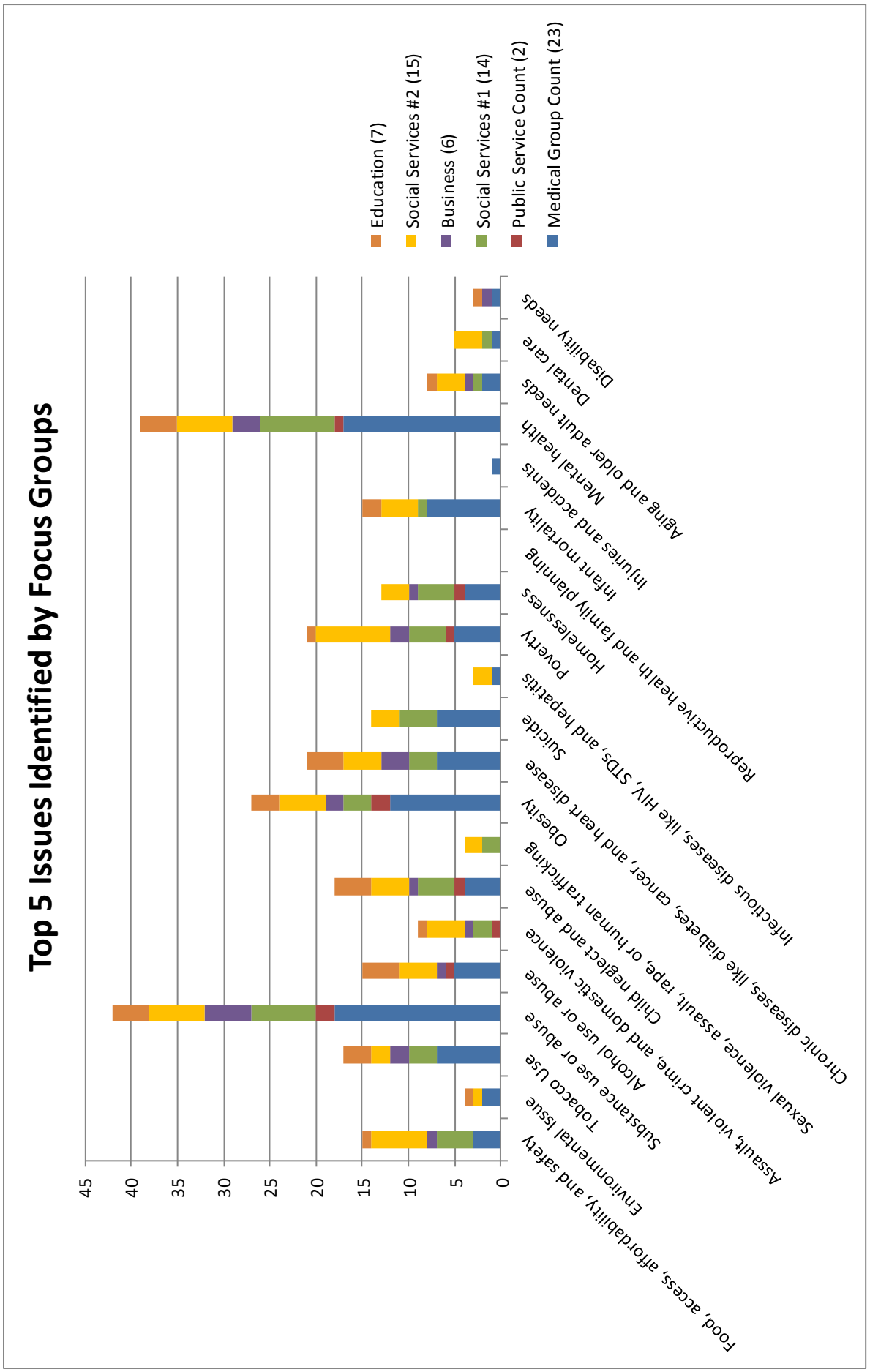



*Figure 14. Priority Health Issues Endorsed by Focus Group Participants*

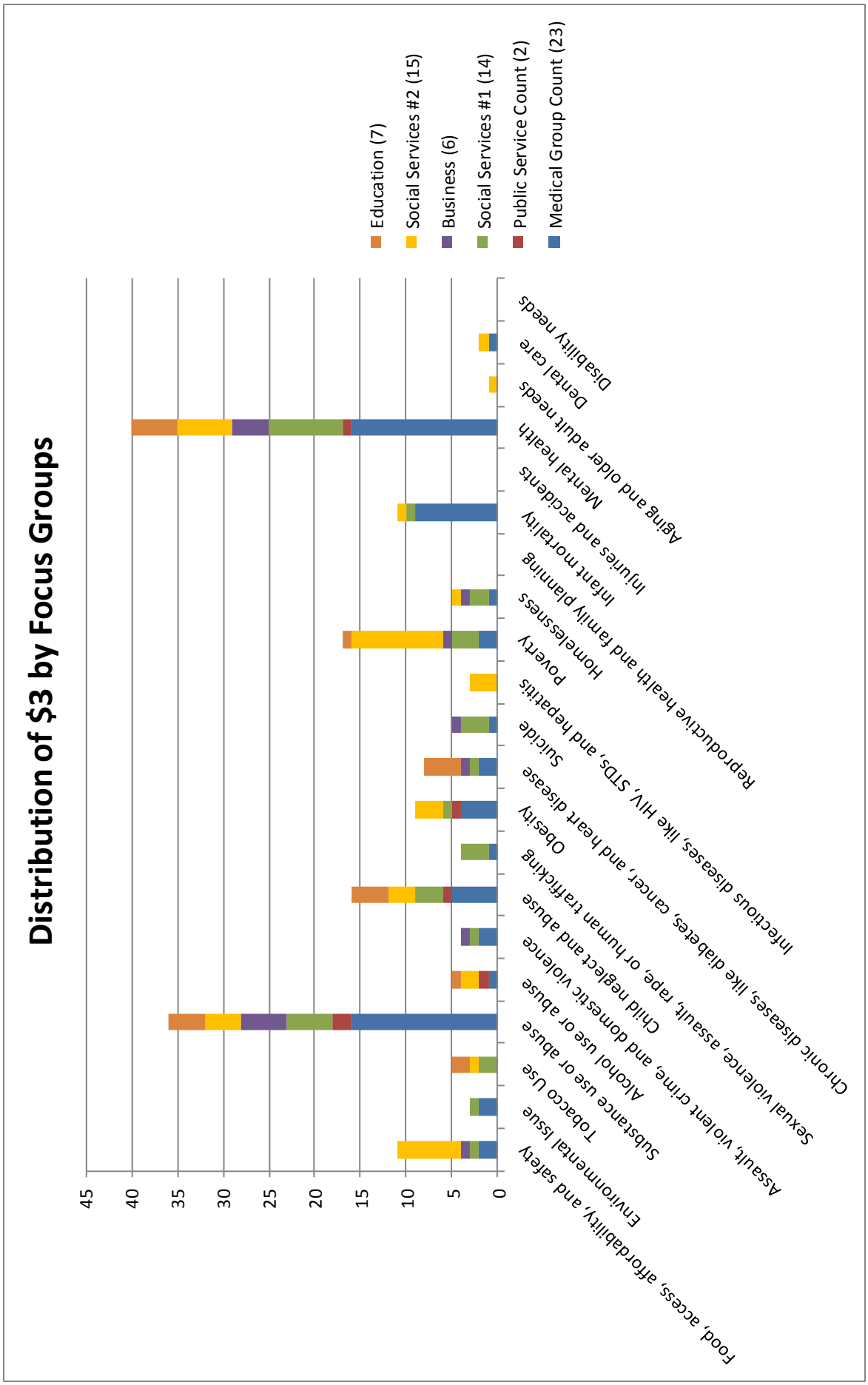



*Figure 15. Resource Allocation Endorsements by Focus Group Participants*

# PRIORITIZATION PROCESS

To consider the CHNA data and to identify the most urgent health issues that would guide the hospital's future priority areas, a comprehensive prioritization process was conducted. Representatives of several community health organizations in the service area, including hospital staff, participated in a meeting to review data collected for the CHNA. A list of organizations from which representatives participated is included later in this section. A copy of the slides used during the presentation of data is included as Appendix C.

**The session included the following activities:**

- A review of the purpose of conducting the CHNA and reflections on decisions and actions taken in response to the 2015 CHNA.

- A review of data was presented by a representative of Measures Matter, LLC. It included a summary of existing health indicators, data from the CHNA survey, and data from the five focus groups.

- A nominal group process facilitated by Measures Matter, LLC to facilitate the group's selection of priority health issues for the 2018 CHNA. That process was conducted in the following way:
    - Participants were provided with the list of health topics that emerged as among those having the most support from existing indicators, survey data, and focus groups. That list of health topics is provided in Figure 16.
    - Participants were given the opportunity to add additional topics.
    - Participants were each provided with 5 "sticky dots" and asked to place their dots on the issues that they each felt were most in need of prioritization.
    - The "dots" on each topic were tallied and a discussion about the topics and any special considerations for each was held.

**<u>Participating Organizations</u>**

In addition to the two staff from St. Vincent Health and Deaconess Health who coordinated the session and the facilitator, 17 individuals participated in the session representing*:

| | |
|---|---|
| Vanderburgh County Health Department | ECHO Community Healthcare |
| United Way of Southwestern Indiana | St. Vincent Health (7 participants) |
| Welborn Baptist Foundation | Deaconess Health System (6 participants) |

** unless indicated, each organization had one representative participating*

## Resulting Priorities

As a result of both phases of the prioritization process, four issues received endorsement for prioritization for Warrick County.

Those issues included:

- **Substance Abuse and Alcohol Abuse**
- **Mental Health**
- **Chronic Health Conditions**
- **Access to Care**

A list of available community health resources was also reviewed as part of the process and the potential partners for addressing these needs is included as Appendix E.

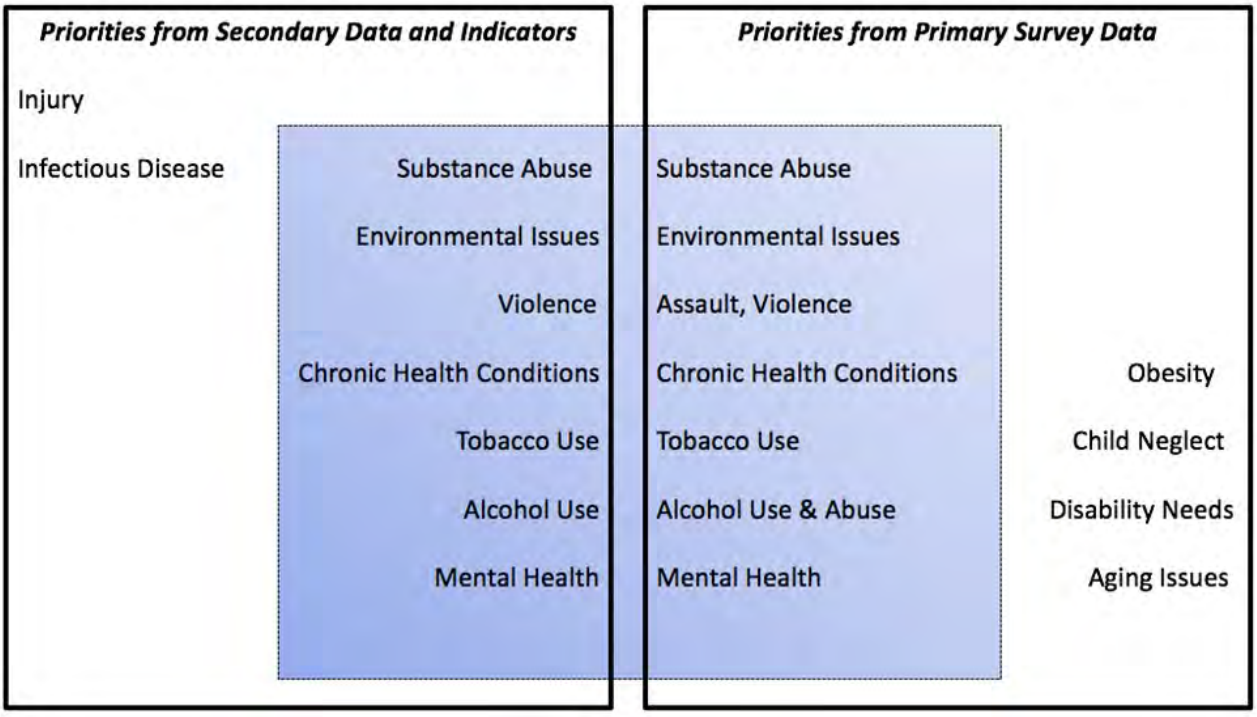



*Figure 16. Overlapping health issues that emerged from secondary data and the CHNA survey.*

# IMPLEMENTATION PLAN

## Mental Health, Substance Abuse, Access to Care

From the four endorsed issues identified for prioritization, the group selected mental health, substance abuse, and access to care as our primary points of focus for the next CHNA period. Improvement in chronic health conditions should be a by-product of successful work in the other three areas.

The broad categories of **mental health**, **substance abuse**, and **access to care** were subsequently narrowed down to the following, more specific, action items. Subject experts and groups currently conducting work in these fields will come together by the end of calendar year 2019 to identify metrics and outcome measures as well as assign tasks for the three-year CHNA period.

Additionally, activities in these identified priority areas will coordinate with and support initiatives from the Indiana State Department of Health, Indiana Chamber of Commerce, Healthy Communities Partnership, Promise Zone, and local economic development and government institutions.

## 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:

- Creation and public distribution of educational materials related to the different kinds of mental health providers and what they can and cannot treat
- Admission criteria for inpatient psychiatric care
- Ways to sustain or improve mental health while waiting for a scheduled treatment appointment

Mental health specific education for primary care physicians related to:

- Signs and symptoms of common mental illnesses/conditions
- Recommended medications
- Appropriate referrals for treatment
- Adverse Childhood Experiences (ACE) and their relationship to future health

**Current partnering agencies/groups include**:

Deaconess, St. Vincent Evansville, Southwestern Behavioral Health, ECHO Healthcare, Vanderburgh County Health Department, Brentwood Springs, Evansville State Hospital, Evansville Psychiatric Children's Center, Mental Health America Vanderburgh County, Youth First, Mayor's Mental Health Commission, Lampion Center, Evansville Central Library, Community Patient Safety Coalition, Vanderburgh County Medical Society, CAPE: Minority Health Coalition, USI, Southwest Indiana AHEC, Ivy Tech Community College, EVSC, Resilient Evansville, IU School of Medicine, Crisis Intervention Teams (law enforcement), and Evansville Catholic Schools.

# IMPLEMENTATION PLAN

## Mental Health, Substance Abuse, Access to Care

### 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.
- Investigate the use of SBIRT (Screening, Brief Intervention, Referral to Treatment) as a drug and alcohol screening tool in primary care offices.
- Support the work of the Mayor's Substance Abuse Task Force.

**Current partnering agencies/groups include**:

Deaconess, St. Vincent Evansville, ECHO Healthcare, Southwestern Behavioral Health, Vanderburgh County Health Department, Brentwood Springs, Mayor's Substance Abuse Task Force, and Vanderburgh County Substance Abuse Council.

### Access to Care — specifically transportation

- Identify and improve barriers to transportation for medically-related appointments and activities.
- Focus on the unique needs of residents in rural Warrick County
- Examine transportation options between Vanderburgh and Warrick Counties for medically-related appointments and activities, specific to organizations with services in both counties.

**Current partnering agencies/groups include**:

Deaconess, St. Vincent, Welborn Baptist Foundation, ECHO Healthcare, United Way, Tri-CAP

# APPENDIX

Appendix A: Community Health Needs Assessment, Participant Survey

Appendix B: Focus Group Participants and Notes

Appendix C: Prioritization Session Slides/Presentation and Notes

Appendix D: Warrick County Resource List

**Appendix A: CHNA Participant Survey**

# MY Community Health Needs Assessment

*Because a Healthier Community Means a Healthier Me*

**Who should fill out this questionnaire?** We ask that the **adult (18 years of age or older) in your household who had the most recent birthday** complete this questionnaire.

**Instructions:** Please mark your answers clearly in the boxes using pencil or dark pen. Examples: ■ ☒

**1** **In which county do you live?**
(Please print one letter in each box.)

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |

**2** **What is the zip code of your residence?**
(Please print one number in each box.)

| | | | | |
|---|---|---|---|---|
| | | | | |

**3** **How many adults (18 years or older) live in your household, INCLUDING YOURSELF?**

INCLUDE everyone who is living or staying here for more than 2 months. DO NOT include anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

| | |
|---|---|
| | |

**4** **How many children younger than 18 years of age live in your household?**

| | |
|---|---|
| | |

**5** **What is your gender?** (Select only one.)

☐ Male ☐ Female

**6** **In what year were you born?** (Please print a 4-digit year.)

| | | | |
|---|---|---|---|
| | | | |

**Please answer both Question 7 about Hispanic origin and Question 8 about race.**

**7** **Are you of Hispanic, Latino, or Spanish origin?**

☐ Yes ☐ No

**8** **What is your race?** (Select all that apply.)

☐ White
☐ Black or African-American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ Other, please specify:

**9** **Considering all sources, which of the following best describes your total household income before taxes for 2017?** (Select only one.)

☐ Less than $15,000
☐ $15,000-$24,999
☐ $25,000-$34,999
☐ $35,000-$49,999
☐ $50,000-$74,999
☐ $75,000-$99,999
☐ $100,000-$149,999
☐ $150,000 or more

**10** **Which of the following best describes your current employment status?** (Select only one.)

☐ Employed full time
☐ Employed part time
☐ Unemployed looking for work
☐ Unemployed not looking for work
☐ Unable to work due to disability
☐ Homemaker
☐ Retired
☐ Student

**11** **Which of the following best describes the highest level of education you completed?** (Select only one.)

☐ Some high school
☐ High school diploma or GED
☐ Some college
☐ Technical or vocational school diploma or certificate
☐ Associate's degree
☐ Bachelor's degree
☐ Graduate or professional degree or beyond
☐ Other, please specify:

**12** **Would you say that in general:** (Select only one.)

| | Excellent | Very good | Good | Fair | Poor |
|---|---|---|---|---|---|
| Your overall health is... | ☐ | ☐ | ☐ | ☐ | ☐ |

**13** **Regarding different areas of your health and life, you would say that in general:** (Select one answer for EACH row.)

| | Excellent | Very good | Good | Fair | Poor |
|---|---|---|---|---|---|
| Your physical health is... | ☐ | ☐ | ☐ | ☐ | ☐ |
| Your mental health is... | ☐ | ☐ | ☐ | ☐ | ☐ |
| Your social well-being is... | ☐ | ☐ | ☐ | ☐ | ☐ |

**14** **How much do you agree or disagree with the following statement: "In general, I am satisfied with my life."** (Select only one.)

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

**15** **On a scale of 01 to 10 where 01 means you have "little or no stress" and 10 means you have "a great deal of stress," how would you rate your average level of stress during the past month?** (Please print a 0 in the first box for numbers less than 10.)

☐☐

**16** **Do you currently have insurance or coverage that helps with your healthcare costs (including private or employer-sponsored insurance or public coverage like Medicare or Medicaid)?** (Select only one.)

☐ Yes ☐ No ☐ Do not know

**17** **Do you currently have someone that you think of as your personal doctor or personal healthcare provider?** (Select only one.)

☐ Yes ☐ No ☐ Do not know

**18** **Within the past 12 months, which of the following health services have you received?** (Select all that apply.)

- ☐ Chronic care for a disease like diabetes or a disability
- ☐ Acute care, like for an infection or injury
- ☐ Immunizations or other preventive care
- ☐ Routine physical exam
- ☐ Prenatal or well-baby care
- ☐ Care related to family planning
- ☐ Care at a hospital emergency room
- ☐ Care at an urgent care facility
- ☐ Inpatient care at a hospital
- ☐ Filling a prescription
- ☐ Dental care
- ☐ Screening for anxiety or depression by a medical provider
- ☐ Treatment for a mental health diagnosis
- ☐ Treatment for addiction

**19** **Thinking about the past month, which of the following behaviors have you participated in regularly (at least 3 days per week on average)?** (Select all that apply.)

- ☐ I smoked cigarettes or used other tobacco
- ☐ I was physically active on a regular basis
- ☐ I ate a healthy balanced diet
- ☐ I got plenty of sleep
- ☐ I took an opioid or narcotic that was prescribed to me
- ☐ I took an opioid or narcotic that was NOT prescribed to me
- ☐ I took a medication for anxiety, depression, or other mental health challenge that was prescribed to me
- ☐ I had my blood pressure checked
- ☐ I drank alcohol to the point of intoxication
- ☐ I drove while under the influence of alcohol or drugs
- ☐ I took steps to reduce my level of stress

**20** **During the past 12 months, was there ever a time that you or the family members you live with needed one of the following but couldn't afford it or had to prioritize spending money on something else?** (Select one answer for EACH row.)

| | Yes | No | Do not know |
|---|---|---|---|
| Seeing a medical provider | ☐ | ☐ | ☐ |
| Filling a prescription | ☐ | ☐ | ☐ |
| Transportation for a health purpose or appointment | ☐ | ☐ | ☐ |

**21** **How often would you say that the following statements apply to you?** (Select one answer for EACH row.)

| | Never | Seldom | Sometimes | Often | Always |
|---|---|---|---|---|---|
| I feel those around me are healthy (family, friends, and co-workers) | ☐ | ☐ | ☐ | ☐ | ☐ |
| I worry about my utilities being turned off for non-payment | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel satisfied with my education | ☐ | ☐ | ☐ | ☐ | ☐ |
| I make efforts to get involved in my community | ☐ | ☐ | ☐ | ☐ | ☐ |
| I vote when there is an election in my town | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel that my town's environment is healthy (air, water, etc.) | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel safe in the place where I live | ☐ | ☐ | ☐ | ☐ | ☐ |
| I try to spend time with others outside of work | ☐ | ☐ | ☐ | ☐ | ☐ |
| I have access to safe and reliable transportation | ☐ | ☐ | ☐ | ☐ | ☐ |
| I worry about being able to pay my rent or mortgage | ☐ | ☐ | ☐ | ☐ | ☐ |

**22** **Below are some issues present in many communities. Please pick FIVE that you think pose the greatest health concern for people who live in your community.** (Select only five out of all options 1 - 21.)

1 ☐ Food access, affordability, and safety
2 ☐ Environmental issues
3 ☐ Tobacco use
4 ☐ Substance use or abuse
5 ☐ Alcohol use or abuse
6 ☐ Assault, violent crime, and domestic violence
7 ☐ Child neglect and abuse
8 ☐ Sexual violence, assault, rape, or human trafficking
9 ☐ Obesity
10 ☐ Chronic diseases, like diabetes, cancer, and heart disease
11 ☐ Suicide
12 ☐ Infectious diseases, like HIV, STDs, and hepatitis
13 ☐ Poverty
14 ☐ Homelessness
15 ☐ Reproductive health and family planning
16 ☐ Infant mortality
17 ☐ Injuries and accidents
18 ☐ Mental health
19 ☐ Aging and older adult needs
20 ☐ Dental care
21 ☐ Disability needs

**23** **Previously, you were asked to pick issues that pose the greatest health concern in your community. If you had $3 and could give $1 each to help solve some of these, which are the THREE to which you would give $1.** (Select only three out of all options 1 - 21.)

1 ☐ Food access, affordability, and safety
2 ☐ Environmental issues
3 ☐ Tobacco use
4 ☐ Substance use or abuse
5 ☐ Alcohol use or abuse
6 ☐ Assault, violent crime, and domestic violence
7 ☐ Child neglect and abuse
8 ☐ Sexual violence, assault, rape, or human trafficking
9 ☐ Obesity
10 ☐ Chronic diseases, like diabetes, cancer, and heart disease
11 ☐ Suicide
12 ☐ Infectious diseases, like HIV, STDs, and hepatitis
13 ☐ Poverty
14 ☐ Homelessness
15 ☐ Reproductive health and family planning
16 ☐ Infant mortality
17 ☐ Injuries and accidents
18 ☐ Mental health
19 ☐ Aging and older adult needs
20 ☐ Dental care
21 ☐ Disability needs

**24** Below is a list of programs or services in many communities. Please mark how important these programs or services are for <u>your</u> community. (Select one answer for EACH row.)

| | Not at all important for my community | Not very important for my community | Moderately important for my community | Very Important for my community |
|---|---|---|---|---|
| Nutrition education, like healthy cooking classes | ☐ | ☐ | ☐ | ☐ |
| Physical activity programs | ☐ | ☐ | ☐ | ☐ |
| Substance abuse prevention and treatment | ☐ | ☐ | ☐ | ☐ |
| Needle exchange programs | ☐ | ☐ | ☐ | ☐ |
| Mental health counseling and support | ☐ | ☐ | ☐ | ☐ |
| Gun safety education | ☐ | ☐ | ☐ | ☐ |
| Family planning services | ☐ | ☐ | ☐ | ☐ |
| Walking trails and other outdoor spaces | ☐ | ☐ | ☐ | ☐ |
| Aging and older adult services | ☐ | ☐ | ☐ | ☐ |
| Assistance with filling a prescription | ☐ | ☐ | ☐ | ☐ |
| Housing assistance | ☐ | ☐ | ☐ | ☐ |
| Financial assistance | ☐ | ☐ | ☐ | ☐ |
| Legal assistance | ☐ | ☐ | ☐ | ☐ |
| Help getting health insurance | ☐ | ☐ | ☐ | ☐ |
| Job training or employment assistance | ☐ | ☐ | ☐ | ☐ |
| Transportation assistance | ☐ | ☐ | ☐ | ☐ |
| Services for women, infants, and children (WIC) | ☐ | ☐ | ☐ | ☐ |
| Food stamps or SNAP | ☐ | ☐ | ☐ | ☐ |
| Food pantries | ☐ | ☐ | ☐ | ☐ |
| Free or emergency child care | ☐ | ☐ | ☐ | ☐ |

# Evaluación de las necesidades de salud de mi comunidad

Mi comunidad es más saludable y por eso yo soy más saludable

**¿Quién debe completar este cuestionario?** Pedimos que el **adulto (18 años de edad o mayor) del domicilio que cumplió años más recientemente** llene este formulario.

**Instrucciones:** Por favor, use un lápiz o un bolígrafo de tinta oscura para indicar sus respuestas claramente en las casillas. Ejemplos: ■ ☒

**1. ¿En qué condado vive usted?**
(Escriba una letra en cada casilla.)

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |

**2. ¿Cuál es el código postal de su lugar de domicilio?**
(Por favor escriba una letra en cada casilla.)

| | | | | |
|---|---|---|---|---|
| | | | | |

**3. ¿Cuántos adultos (18 años o mayor) viven en su domicilio, INCLUYÉNDOSE A SÍ MISMO?**
INCLUYA a todos quienes viven o han estado aquí por más de 2 meses. NO INCLUYA a quienes viven en otro lugar por más de 2 meses, como un estudiante universitario que vive en otro lugar o alguien que está en las Fuerzas Armadas en despliegue militar.

| | |
|---|---|
| | |

**4. ¿Cuántos niños menores de 18 años viven en su domicilio?**

| | |
|---|---|
| | |

**5. ¿Cuál es su género?** (Elija una sola opción)

☐ Hombre ☐ Mujer

**6. ¿En qué año nació?** (Escriba un año de 4 dígitos.)

| | | | |
|---|---|---|---|
| | | | |

**Por favor, conteste tanto la Pregunta 7 sobre origen como la Pregunta 8 sobre raza.**

**7. ¿Ud. es de origen latino o español?**

☐ Sí ☐ No

**8. ¿Cuál es su raza o etnicidad?** (Elija todas las opciones que se apliquen.)

- ☐ Blanco
- ☐ Negro, afro-estadounidense o afro-latino
- ☐ Asiático
- ☐ Indígena estadounidense, Indígena-latino o Nativo de Alaska
- ☐ Nativo de Hawái o de otra isla del Pacífico
- ☐ Otro, por favor especifique:

_____

**9. Considerando todas las fuentes, ¿cuál de las siguientes opciones mejor describe sus ingresos totales para el 2017 antes de los impuestos?** (Elija una sola opción)

- ☐ Menos de $15,000
- ☐ $15,000-$24,999
- ☐ $25,000-$34,999
- ☐ $35,000-$49,999
- ☐ $50,000-$74,999
- ☐ $75,000-$99,999
- ☐ $100,000-$149,999
- ☐ $150,000 o más

**10. ¿Cuál de las siguientes opciones mejor describe su estado de empleo actual?** (Elija una sola opción)

- ☐ Empleado de tiempo completo
- ☐ Empleado de tiempo parcial
- ☐ Desempleado buscando trabajo
- ☐ Desempleado no buscando trabajo
- ☐ Incapaz de trabajar debido a discapacidad
- ☐ Amo(a) de casa
- ☐ Jubilado
- ☐ Estudiante

**11. ¿Cuál de las siguientes opciones mejor describe el nivel más alto de educación que Ud. ha completado?** (Elija una sola opción)

- ☐ Alguna educación secundaria
- ☐ Diploma de secundaria o GED
- ☐ Alguna educación universitaria
- ☐ Diploma o certificado de instituto técnico o de formación profesional
- ☐ Grado de asociado
- ☐ Título de licenciatura
- ☐ Posgrado o título profesional o más
- ☐ Otro, por favor especifique:

_____

**12. ¿Diría que por lo general:** (Elija una sola opción)

| | Excelente | Muy Buena | Buena | Regular | Mala |
|---|---|---|---|---|---|
| Su salud en general es… | ☐ | ☐ | ☐ | ☐ | ☐ |

**13. Con respecto a las diferentes áreas de su salud y su vida, Ud. diría que en general:** (Elija una respuesta para CADA fila.)

| | Excelente | Muy Buena | Buena | Regular | Mala |
|---|---|---|---|---|---|
| Su salud física es… | ☐ | ☐ | ☐ | ☐ | ☐ |
| Su salud mental es… | ☐ | ☐ | ☐ | ☐ | ☐ |
| Su bienestar social es… | ☐ | ☐ | ☐ | ☐ | ☐ |

**14. ¿Qué tanto está de acuerdo o en desacuerdo con la siguiente declaración: "En general, yo estoy satisfecho con mi vida."** (Elija una sola opción)

- ☐ Completamente en desacuerdo
- ☐ No del todo de acuerdo
- ☐ No de acuerdo ni en desacuerdo
- ☐ De acuerdo en parte
- ☐ Completamente de acuerdo

**15. En una escala de 01 a 10 en que 01 significa que Ud. tiene "poco o nada de estrés" y 10 significa que tiene "una gran cantidad de estrés," ¿cómo clasificaría su nivel promedio de estrés durante el último mes?** (Por favor escriba un 0 en la primera casilla para números inferiores a 10.)

☐☐

**16. ¿Actualmente tiene seguro o cobertura que le ayude con sus gastos de servicios médicos (incluyendo seguro privado o patrocinado por el empleador o cobertura pública como Medicare o Medicaid)?** (Elija una sola opción)

☐ Sí ☐ No ☐ No sé

**17. ¿Actualmente tiene a alguien que considere su doctor personal o su proveedor de servicios médicos personal?** (Elija una sola opción)

☐ Sí ☐ No ☐ No sé

**18. Durante los últimos 12 meses, ¿cuál de los servicios siguientes médicos ha recibido Ud.?** (Elija todas las opciones que se apliquen)

- ☐ Atención crónica para una enfermedad como la diabetes o una discapacidad
- ☐ Atención aguda, como para una infección o una lesión
- ☐ Inmunización u otra atención preventiva
- ☐ Chequeo físico de rutina
- ☐ Atención prenatal o control de niño sano
- ☐ Atención de planificación familiar
- ☐ Atención de sala de emergencia en un hospital
- ☐ Atención en una instalación de atención de urgencias
- ☐ Atención de hospitalización en un hospital
- ☐ Comprar medicamentos recetados
- ☐ Atención odontológica
- ☐ Consulta para ansiedad o depresión por parte de un proveedor médico
- ☐ Tratamiento para diagnóstico de salud mental
- ☐ Tratamiento para adicción

**19. Pensando en el último mes, ¿en cuáles de los siguientes comportamientos ha participado con regularidad (por lo menos 3 veces al día por semana en promedio)?** (Elija todas las opciones que se apliquen)

- ☐ Fumé cigarrillos o usé otro tabaco
- ☐ Fui físicamente activo con regularidad
- ☐ Tuve una dieta sana y equilibrada
- ☐ Dormí bastante
- ☐ Tomé un opioide o un narcótico que me fue recetado
- ☐ Tomé un opioide o un narcótico que NO me fue recetado
- ☐ Tomé un medicamento que me fue recetado para la ansiedad, la depresión u otro reto de salud mental
- ☐ Me mandé chequear la presión arterial
- ☐ Tomé alcohol hasta embriagarme
- ☐ Conduje bajo efectos del alcohol o de drogas
- ☐ Tomé pasos para reducir mi nivel de estrés

**20. Durante los últimos 12 meses, hubo algún momento en el que Ud. o los miembros de su familia con los que vive necesitaron uno de los siguientes, pero no le estaba al alcance o tenía otras prioridades de gastos.** (Elija una respuesta para CADA fila.)

| | Sí | No | No sé |
|---|---|---|---|
| Consultar a un proveedor médico | ☐ | ☐ | ☐ |
| Comprar medicamentos recetados | ☐ | ☐ | ☐ |
| Transporte por razón de salud o para una consulta médica | ☐ | ☐ | ☐ |

**21. ¿Con qué frecuencia diría que las siguientes declaraciones se le aplican a Ud.?** (Elija un respuesta para CADA fila.)

| | Nunca | Raramente | A veces | A menudo | Siempre |
|---|---|---|---|---|---|
| Siento que las personas a mi alrededor están saludables (familia, amigos y compañeros de trabajo) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Me preocupa que desconecten mis servicios públicos por no pagar | ☐ | ☐ | ☐ | ☐ | ☐ |
| Me siento satisfecho con mi educación | ☐ | ☐ | ☐ | ☐ | ☐ |
| Me esfuerzo por involucrarme en mi comunidad | ☐ | ☐ | ☐ | ☐ | ☐ |
| Voto cuando hay elecciones en mi ciudad | ☐ | ☐ | ☐ | ☐ | ☐ |
| Siento que el ambiente de mi ciudad es saludable (aire, agua, etc.) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Me siento seguro en el lugar donde vivo | ☐ | ☐ | ☐ | ☐ | ☐ |
| Trato de pasar tiempo con otras personas fuera del trabajo | ☐ | ☐ | ☐ | ☐ | ☐ |
| Tengo acceso a transporte seguro y fiable | ☐ | ☐ | ☐ | ☐ | ☐ |
| Me preocupa poder pagar el arriendo o la hipoteca | ☐ | ☐ | ☐ | ☐ | ☐ |

**22. A continuación hay asuntos que están presentes en muchas comunidades. Por favor elija CINCO preocupaciones de salud que Ud. crea que sean las mayores para la gente de su comunidad.** (Elija solo cinco de todas las opciones 1-21)

| | | | | | |
|---|---|---|---|---|---|
| 1 ☐ | Acceso a comida, precios razonables y seguridad alimenticia | 8 ☐ | Violencia sexual, asalto, violación y tráfico humano | 15 ☐ | Salud reproductiva y planificación familiar |
| 2 ☐ | Cuestiones ambientales | 9 ☐ | Obesidad | 16 ☐ | Mortalidad infantil |
| 3 ☐ | Uso de tabaco | 10 ☐ | Enfermedades crónicas como diabetes, cáncer y enfermedad del corazón | 17 ☐ | Heridas y accidentes |
| 4 ☐ | Uso o abuso de sustancias | 11 ☐ | Suicidio | 18 ☐ | Salud mental |
| 5 ☐ | Use o abuso de alcohol | 12 ☐ | Enfermedades contagiosas, como VIH, enfermedad de transmisión sexual y hepatitis | 19 ☐ | Envegecimiento y necesidades de adultos mayores |
| 6 ☐ | Asalto, delito violento, crimen y violencia doméstica | 13 ☐ | Pobreza | 20 ☐ | Atención odontológica |
| 7 ☐ | Abuso y negligencia de menores | 14 ☐ | No tener hogar | 21 ☐ | Necesidades de discapacidad |

**23 Arriba se le pidió que eligiera los asuntos de salud que más le preocupan en su comunidad. Si tuviera $3 y pudiera dar $1 para ayudar a solucionar algunos de estos asuntos, ¿a cuáles de los TRES le daría $1?** (Elija solo tres de todas las opciones 1-21)

| | | | | | |
|---|---|---|---|---|---|
| 1 ☐ | Acceso a comida, precios razonables y seguridad alimenticia | 8 ☐ | Violencia sexual, asalto, violación y tráfico humano | 15 ☐ | Salud reproductiva y planificación familiar |
| 2 ☐ | Cuestiones ambientales | 9 ☐ | Obesidad | 16 ☐ | Mortalidad infantil |
| 3 ☐ | Uso de tabaco | 10 ☐ | Enfermedades crónicas como diabetes, cáncer y enfermedad del corazón | 17 ☐ | Heridas y accidentes |
| 4 ☐ | Uso o abuso de sustancias | 11 ☐ | Suicidio | 18 ☐ | Salud mental |
| 5 ☐ | Use o abuso de alcohol | 12 ☐ | Enfermedades contagiosas, como VIH, enfermedad de transmisión sexual y hepatitis | 19 ☐ | Envegecimiento y necesidades de adultos mayores |
| 6 ☐ | Asalto, delito violento, crimen y violencia doméstica | 13 ☐ | Pobreza | 20 ☐ | Atención odontológica |
| 7 ☐ | Abuso y negligencia de menores | 14 ☐ | No tener hogar | 21 ☐ | Necesidades de discapacidad |

**21. A continuación hay una lista de programas o servicios que existen en muchas comunidades. Por favor indique cuáles de los programas considera importantes en su comunidad, ya sea para otras personas o para Ud. mismo.** (Elija todas las opciones que se apliquen para CADA fila O indique "Este programa o servicio no me importa a mí.")

| | Este programa o servicio es importante para mí porque afecta la salud y el bienestar de OTROS en mi comunidad. | Este programa o servicio es importante para mí porque afecta MI salud y bienestar PERSONAL. | Este programa o servicio no es importante para mí. |
|---|---|---|---|
| Educación alimenticia, como clases de cocina saludable | ☐ | ☐ | ☐ |
| Programas de actividad física | ☐ | ☐ | ☐ |
| Prevención y tratamiento de abuso de sustancias | ☐ | ☐ | ☐ |
| Programas de intercambio de agujas | ☐ | ☐ | ☐ |
| Consejería y apoyo de salud mental | ☐ | ☐ | ☐ |
| Educación de seguridad de armas de fuego | ☐ | ☐ | ☐ |
| Servicios de planificación familiar | ☐ | ☐ | ☐ |
| Senderos y otros espacios para ejercicio al aire libre | ☐ | ☐ | ☐ |
| Servicios sobre envejecimiento y para adultos mayores | ☐ | ☐ | ☐ |
| Ayuda para obtener medicamentos recetados | ☐ | ☐ | ☐ |
| Ayuda de vivienda | ☐ | ☐ | ☐ |
| Ayuda financiera | ☐ | ☐ | ☐ |
| Ayuda legal | ☐ | ☐ | ☐ |
| Ayuda para conseguir seguro de salud | ☐ | ☐ | ☐ |
| Capacitación laboral o asistencia profesional o laboral | ☐ | ☐ | ☐ |
| Ayuda de transporte | ☐ | ☐ | ☐ |
| Servicios para mujeres, bebés y niños (WIC) | ☐ | ☐ | ☐ |
| Cupones de alimentos o ayuda suplementaria (SNAP) | ☐ | ☐ | ☐ |
| Despensa de alimentos | ☐ | ☐ | ☐ |
| Cuidado infantil gratuito o de emergencia | ☐ | ☐ | ☐ |

# Monday, August 27, 2018

7:30 - 9 AM

## Session 1 - Medical Organizations

| | | |
|---|---|---|
| Dr. Gina Huhnke | Deaconess | Chief Med Officer, ED doctor |
| Marlene Waller | Deaconess | Director E.D. |
| Scott Branam | Deaconess Cross Pointe | Chief Admin Officer |
| Chris Ryan | The Women's Hospital | CEO |
| Mark Puckett | Brentwood Springs | CEO |
| Beverly Walton | Comm Pt Safety Coalition | Director |
| Donna Culley | Southwestern Behavioral Healthcare, Inc. | Director Child and Family |
| Faren Levell | Southwestern Behavioral Healthcare, Inc. | CEO |
| Katy Adams | Southwestern Behavioral Healthcare, Inc. | Director, Addiction Services |
| Dr. Maria Del Rio Hoover | St. Vincent EVV | Medical Director - Peds |
| Dr. Brent Cochran | St. Vincent EVV | Pediatrician |
| Sister Jane McConnell | St. Vincent EVV | |
| Julie Newton | St. Vincent EVV | Director of Medical Group |
| Farrah Allen | St. Vincent EVV | Women/Child Outreach and Transport Coordinator |
| Nancy McCleary | St. Vincent EVV | Director of ED |
| Michelle Parks | St. Vincent EVV | Director Strategic Operations |
| Lisa Myer | St. Vincent EVV | Community Relations |
| Dr. Ken Spear | Vanderburgh Co Health Dept | Health Officer |
| Sandee Strader-McMillan | ECHO Community Healthcare | CEO |
| Gene Schadler | Evansville State Hospital | Superintendent |
| Pamela Ford | IU School of Dentistry | Director of Dental Assisting |

10 - 11:30 AM

## Session 2 - Public Service

| | | |
|---|---|---|
| Allie Cole | Dept of Child Services Vanderburgh Co | Family Case Mgr Supervisor |
| Mike Connelly | Evansville Fire Dept | Fire Chief |

1 - 2:30 PM

## Session 3 - Social Services (group 1)

| | | |
|---|---|---|
| Courtney Horning | Smokefree Communities | |
| Kim Litkenheg | Smokefree Communities | |
| Chris Metz | ECHO Housing | Executive Director |
| Emily Reidford | Mental Health America Vanderburgh Co | |
| Davi Stein-Kiley | Youth First | VP Social Work |
| Suzanne Draper | CASA Vanderburgh County | Executive Director |
| Marge Gianopoulos | Warrick County Cares | Ast. Dir of Programs |
| Tracy Gander | Catholic Charities | Comm Outreach Services |
| Helen Azarian | EVV Public Library | Librarian of Practice, Comm Health |
| Rebecca Sawyer | Albion Fellows Bacon Center | |
| Kayla McCay | Albion Fellows Bacon Center | |
| Lacy Wilson | Purdue Extension | Nutrition Education Program |
| Lynn Kyle | Lampion Center | Executive Director |
| Sandee Strader-McMillan | ECHO Community Healthcare | CEO |

# Tuesday, August 28, 2018

8 - 9:30 AM

## Session 4 - Business/Corporation

| | | |
|---|---|---|
| Tim Hayden | SWIN Chamber of Commerce | VP and COO |
| Susie Traylor | The Women's Hospital | Director of HR |
| Sara Garrett | Vectren | Human Resources |
| Mary Scheller | Old National Bank | Human Resources |
| Katie Burnett | Deaconess | Human Resources |
| Lisa Chapman | EVV Public Library | Human Resources |

10 - 11:30 AM

## Session 5 - Social Services (group 2)

| | | |
|---|---|---|
| Jennifer Jerger | Matthew 25 AIDS Resource | Medical Case Manager EVV |
| Amy DeVries | CAJE | Lead Organizer |
| Molly Elfreich | Holly's House | Forensic Interviewer |
| Ron Ryan | Boys and Girls Club | Executive Director |
| | | |
| RaShawnda Bonds | CAPE | Head of Minority Health Coalition |
| Jaime Allen | CAPE | student intern from USI |
| Carmen Vasquez | CAPE | Hispanic/Latino Outreach |
| Abraham Brown | Evansville Latino Center | |
| Tiffani Sinn Trulock | Little Lambs | |
| Katie Reineke | EVV Public Library | |
| John Boggeman | Evansville Christian Life Center | Health Clinic |
| Monica Spencer | SWIRCA and More | Development Director |
| John Phillips | Hope Central | |
| Derrick Stewart | YMCA | Executive Director |
| Alex Rahman | Salvation Army | |

1 - 2:30 PM

## Session 6 - Education

| | | |
|---|---|---|
| Cindy Moore | Ivy Tech Community College | Dean, Health Sciences |
| Gail Lindsay | Ivy Tech Community College | Dean, School of Nursing |
| | | |
| Ann Feldhaus | Easter Seals, Milestones Child Development | Dir of Children's Programs |
| Diana Butler | EVV/Vanderburgh Co School Corp | Dir of Health Services |
| Aleisha Sheridan | 4C of Southern Indiana | Executive Director |
| Alysia Rhinefort | 4C of Southern Indiana | Outreach Specialist |
| Kathy Riedford | University of Southern Indiana | School of Nursing |

# CHNA Focus Group Highlights - August 2018

## Medical Group

**Core issue** – Trauma and unstable lifestyle lead to poor choices with lifelong health and societal impact.

Important notes:

- People assume they need medication. They ask their family doctor or pediatrician to prescribe medication when therapy is really the best choice. Only 30% of patients at Southwest Behavioral Health need meds. Local emergency departments report that everyone is on a pill to fix something.
- Legalizing marijuana in other states is affecting patients and staff who work in mental health. Therapists and doctors can't say it's illegal anymore. People come from other places where it is legal. Colorado is experiencing higher levels of psychosis in the years after legalization.
- 50% of patients at ECHO Health have a primary diagnosis of substance abuse with mental illness.
- Lack of public health spending in Indiana is a serious problem. The VCHD receives 1% of its total budget from the state of Indiana.
- STDs – Syphilis has increased 500% in the past couple of years. So has TB, Hep A, and others.
- Obesity – trauma and an unstable lifestyle contribute to being overweight. Fast food is cheap. Losing weight is not a priority because they are in crisis and trying to survive.
- Pregnant women who are addicted to drugs and/or alcohol are hard to identify (huge stigma attached to being pregnant and using drugs). Once they get in treatment, they are very successful.

## Public Service Group

**Core issue** – System is not equipped to help all the people who need help. Generates responder fatigue.

Important notes:

- Evansville Fire Department has "lift assist." When dispatched by AMR ambulance service, firefighters go to a home to physically lift a 400+ pound person from the floor or other location into an ambulance. They have 10-15 lift assists per month. These are emergency medical situations only. The EFD put a stop to lift assist in non-emergent situations because those calls were impeding the ability to respond to fires.
- Infant fatalities are 95% due to unsafe sleep conditions. Almost all of those conditions involve a parent who is passed out or incapacitated from drugs and/or alcohol. Marijuana is the most common drug.

## *Public Service Group Continued*

- People revived with Narcan by the fire department refuse to go to the hospital. Once they wake up, they claim to be fine and leave.
- Seeing the same people overdose, need lift assist, have DCS called to their homes, listening to the people continue to be in denial about substance abuse issues leads to responder fatigue. The fire fighters, police, and other public service workers don't feel like they are making a difference any-more. They lose compassion and are frustrated.
- Vanderburgh County Department of Child Services removed 550 children from their homes in 2017. Drugs and/or alcohol contributed to 62% of those removals.
- DCS had 873 active cases in Vanderburgh County on August 27, 2018. They have 20 assessment workers handling 300 requested assessments. They need 30 workers but cannot get people to stay.

## Social Services #1 Group

**Core issue** – Poverty

Important notes:

- Suicide disparity – In our region, middle-age white men are by far the most likely to die by suicide. Those aged 70+ are the second most likely group to die by suicide.
- Homelessness definitions – the way we account for homeless people varies by social or community organization. Example: ECHO Housing uses Category 1 Homelessness (street homeless) while ECHO Health and the Evansville Vanderburgh School Corporation use McKinney-Vento guidelines to define homelessness. This categorization counts living in a hotel, motel, car, shelter, campground, and with other families in a "doubled-up" situation as homeless.
- The majority of street homeless people are men.
- Caregiver fatigue – The turnover rate for clinicians working with the poor/disenfranchised/ underserved population is very high.
- Alcohol and marijuana are socially acceptable at some level. More parents, especially younger parents, are self-medicating with alcohol and marijuana. (This relates to unsafe sleep deaths.)
- Teenagers think smoking cigarettes is gross and most aren't interested in vaping. The cool thing now is Juul. "With its unique satisfaction profile, simple interface, flavor variety and lack of lingering smell, JUUL stands out as the vapor alternative." (Source, www.juul.com)

## Business/Corporations Group

**Core issue**: Can't hire or retain enough quality workers to meet job openings/available positions

Important notes:

- Thousands of manufacturing jobs are available in the region but companies are struggling to get qualified workers. Some are considering waiving a marijuana drug screen because they need workers and the people applying can't pass the drug screen.
- Sitting at desks and doing repetitive manufacturing work leads to trouble with weight. Neither option generates aerobic exercise. It also causes overuse injuries.
- Diabetes, hypertension, and heart disease are prevalent in the work force.
- Middle-age women are taking FMLA the most. Reasons include caring for elderly parents, and/or a sick child or spouse. This age group also takes leave to manage anxiety, depression, and other stress-induced conditions.
- Many companies have employees who are retirement age and want to retire but can't because they need the company insurance, have to pay for raising grandchildren, or some other family situation.
- There are various levels of substance use and abuse in the work place – throughout all education and salary ranges. This creates unsafe conditions, attendance issues, and morale problems.

## Social Services #2 Group

**Core issue**: Lack of life skills and social support keep people in poverty.

Important notes:

- Many first generation Latino adults come to this region from very rural places. Most only have a second grade education from their home country. Learning English when you don't have a solid foundation in your native language is extremely difficult.
- Food is a serious need. So many families struggle with hunger and food insecurity. This is usually a result of poverty and low-paying jobs.
- Lots of elderly people struggle with food and nutrition.
- There are zero (Spanish) bilingual mental health providers in the area. (ECHO has bilingual doctors and nurses but not mental health technicians, psychologists, etc.)
- Senior/elder population needs guidance and social support to navigate all systems – health care, social services, food, medicine, etc. Increase in opioid use and addiction in the elderly because they have so many doctors and specialists who prescribe medicine and they just take it because the doctor told them to take it.

## *Social Services #2 Group Continued*

- Medicaid/Medicare will not cover dentures.
- Families in crisis cannot consistently make good decisions. The focus is on right now and 1 hour from now.
- Criminal history, no matter how minor, adversely affects people, especially those living in poverty. The existence of a criminal record keeps people from securing safe housing, employment, etc.
- The only type of sex education allowed in public schools is abstinence. State law (IC 20-30-5-13), concerning human sexuality or sexually transmitted diseases at accredited schools, requires educators to teach:
- Abstinence outside of marriage for all school age children
- Instill that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases and other health problems
- Be sure to teach the best way to avoid any sexually transmitted diseases or other associated health problems is to establish a marriage that is a "mutually faithful monogamous relationship."
- Abstinence only rules make it difficult for social service groups to educate kids on healthy relationships, "good touch, bad touch", sexual assault, molestation, and sexually transmitted diseases. Kids must have written permission from a parent/guardian to attend a presentation on anything related to sexuality.

# Education Group

**Core issue**: Fragmented families are the root of poverty and its related outcomes.

Important notes:

- Child neglect is a bigger issue than child abuse.
- There are increasing rates of type 2 Diabetes in children, teachers, staff, and college students. It is difficult to find resources to help pay for supplies and teach the person how to manage their disease. Sometimes supplies are so expensive that people just don't treat their diabetes.
- Intervention is needed for children less than age 5. Trauma in the first 3 years of life can alter formation of the brain.
- A lot of older students, including college, who are referred for mental health counseling do not attend. They are afraid of the associated stigma and decide to self-medicate instead of get treatment.
- Indiana regulations related to abstinence only sex education and the requirement of a signed permission slip for outside agency presentations disproportionally affect the students who need this education the most. Students in challenging lifestyles are the least likely to return a signed permission slip.

## *Education Group Continued*

- When you are in a crisis, you are in survival mode. Navigating multiple complex systems is too hard.
- Children need stability. Without it, they suffer the most.
- More social support is needed for kids, adults, and the elderly.
- There are so many family models (grandparents/relatives raising kids, parents in jail, single mom, generational poverty, foster homes, step-families, multiple children from multiple partners, etc.) that one type of support will not work for everyone.
- Pediatricians and family doctors need more training on how to recognize trauma (and its lingering effects) in children. Also, parents aren't always honest with the doctor.
- Children who are prescribed medication, usually for a behavioral issue, experience weight gain. The doctor prescribing the medicine is generally not a mental health specialist and inadvertently starts an obesity cycle.
- We need to meet people where they are. Get employees who look like and relate to the target audience. Build trust.

## Appendix C: Power Point Presentation from Prioritization Session

# Community Health Needs Assessment Prioritization Meeting

WARRICK COUNTY

September 12, 2018

Welcome, Introductions, and Reflection

Purpose of Prioritization Session

Review of 2016 CHNA

# Introduction to the CHNA Data

## Types of Data We Will Consider Today:

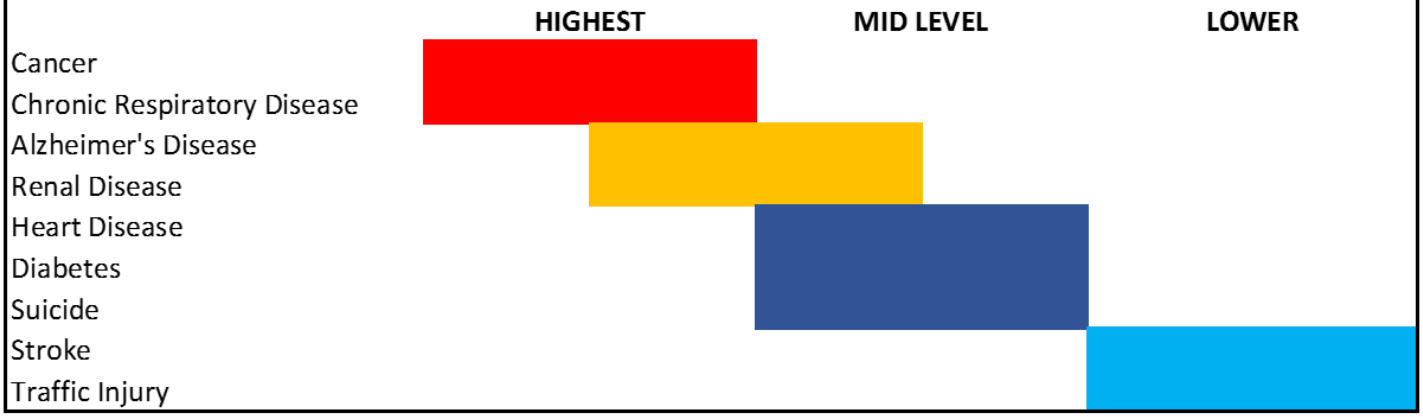
- Existing Data About our Community (e.g., city, county, regional health data)
- New Data Collected from Residents of our Community
  - 2018 CHNA Survey
  - Focus Group Data

*Collectively, these data provide important information about the health of our community that will help us to make recommendations about the services and programs of St. Vincent Evansville and Deaconess Midtown.*

# Brief Overview of Existing Health Data in Warrick County

## *What Do We Know about Health in Warrick County?*

**Morbidity and Mortality Leading Issues (Adjusted for Age) Warrick County, 2016**




Warrick County ranks among the best areas of the state for life expectancy among both women and men.

## Challenging Health Issues in Warrick County

- ***Substance Abuse***. Warrick county is among those in Indiana continuing to experience significant challenges due to substance abuse and its contributions to both mortality and morbidity.
- ***Alcohol Abuse***. Particularly among men, Warrick County struggles with emergency room visits and hospitalizations related to alcohol abuse.
- ***Smoking***. Warrick County continues to struggle with elevated rates of smoking during pregnancy.
- ***Suicide***. Warrick County ranks in the bottom half of the state for suicides, with particular concerns among women.
- ***Respiratory Distress***. Warrick County has elevated rates of respiratory distress associated with poor air quality.

## Health Care Delivery Issues in Warrick County

- Access to Health Care
  - Uninsured rate is lower in Warrick than Indiana as a state.
  - Warrick County ranks among the best in the state for availability of primary care providers.
  - Warrick County ranks among the top half of the state for availability of dental care providers.
  - Warrick County struggles with the availability of mental health providers, ranking in the bottom of the state.

# Other Social Service and Public Health Issues in Warrick County

Issues Related to the Social and Public Health Infrastructure:

- Access to recreational and physical activity facilities (natural and built) is high in Warrick County, and physical activity rates among adults are among the best in the state.
- County mirrors other urban areas with regard to sexual and reproductive health, with elevated rates of STI and teen births.
- Data suggests ongoing challenges related to alcohol use (e.g., DUI arrests, impaired driving deaths, adults reporting excessive alcohol use).

## Overview of the 2018 Warrick County CHNA Survey

# 2018 CHNA Survey

- Survey conducted by St. Vincent and Deaconess in collaboration with other hospitals throughout Indiana.
- Researchers from Indiana University Bloomington and the University of Evansville helped to design the survey and the survey process.
- Data were collected in early 2018 by the IU Bloomington Center for Survey Research.

# 2018 CHNA Survey

In early 2018:

- Approximately 2,000 households in Warrick County were randomly selected.
- Each household received a survey in the mail.
  - Asked to be completed by adult (18 or over) who had most recent birthday.
  - Mail back to IU Bloomington in postage-paid envelope.
- Households that did not respond received a second survey.
- Warrick County received a total of 291 completed surveys.

Additionally, Deaconess and St. Vincent collected data via the survey from individuals seeking services in community-based settings. Those will be shared as well in a broad summary.

# Community-Based Data Collection

- Additional surveys collected from 324 individuals throughout the state.
- Collected in both English and Spanish.
- Collected in a range of venues that serve disenfranchised community members and that provide valuable social and health services.
- In some sections of this presentation we will reference points from this data.

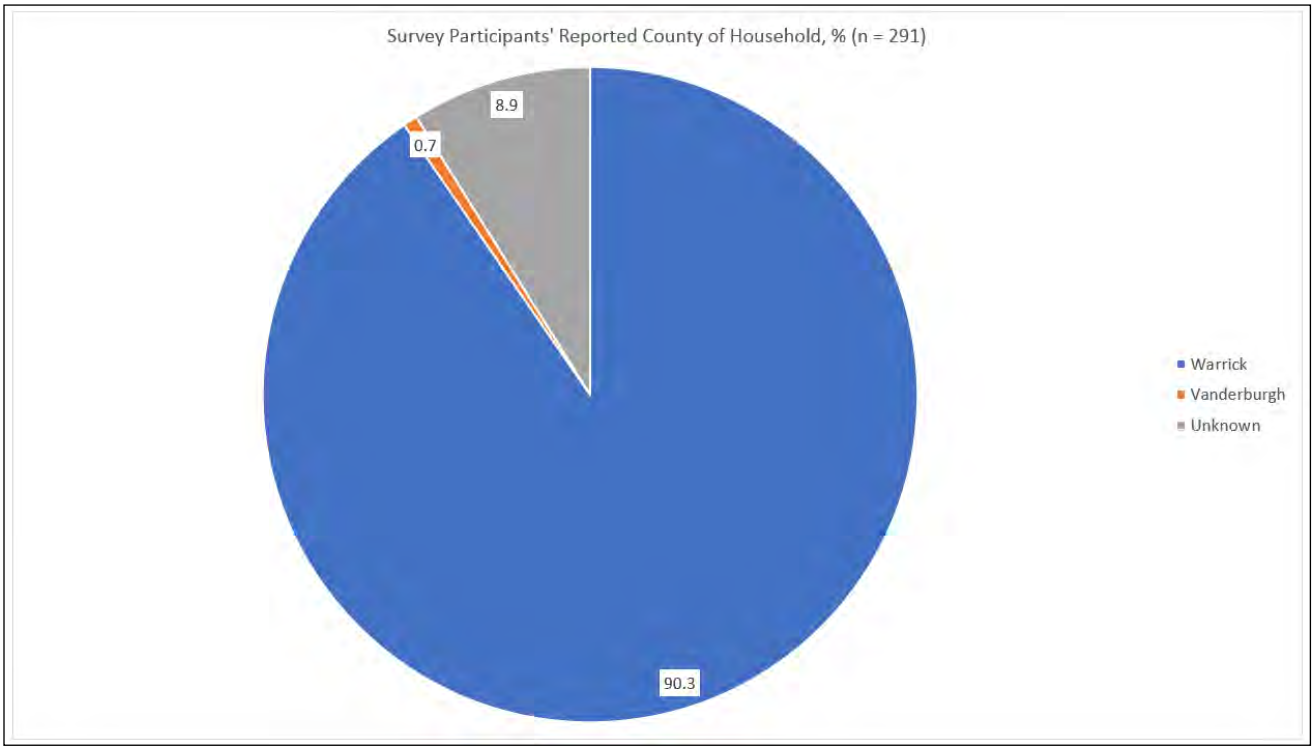
# 2018 CHNA Survey

The survey asked participants to provide information related to 9 major areas:

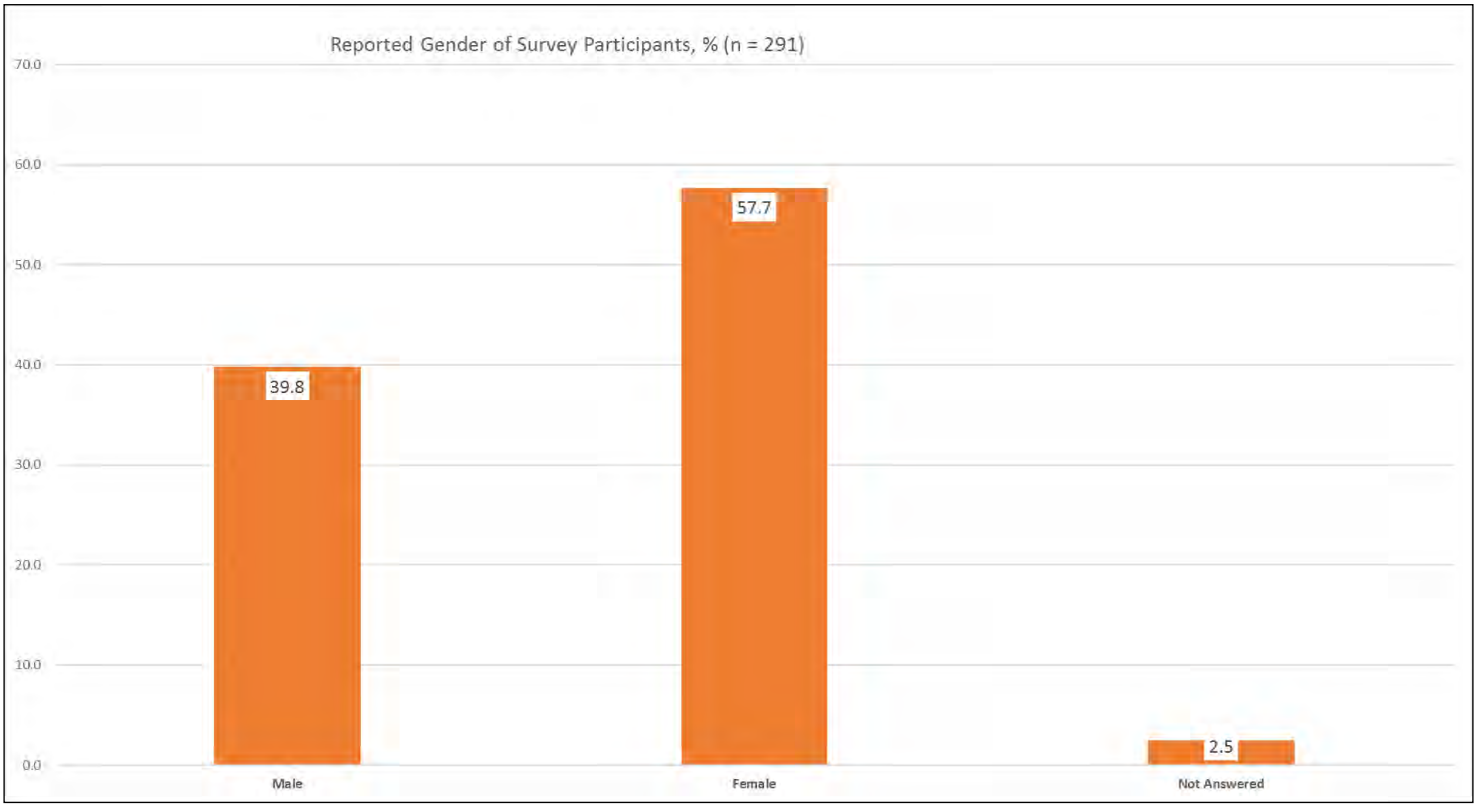
1. Their demographic characteristics and characteristics of their household.
2. Perceptions of their health and well-being.
3. Their health care coverage and relationships with the healthcare system.
4. Types of health services they received over the previous year.
5. Characteristics of their health-related behaviors over the previous month.
6. Their perceptions of the social factors that challenge their well-being.
7. Health issues that they perceive as a priority for their community.
8. Health issues that they perceive as important for the allocation of resources.
9. The types of programs and services they think are important to their community.

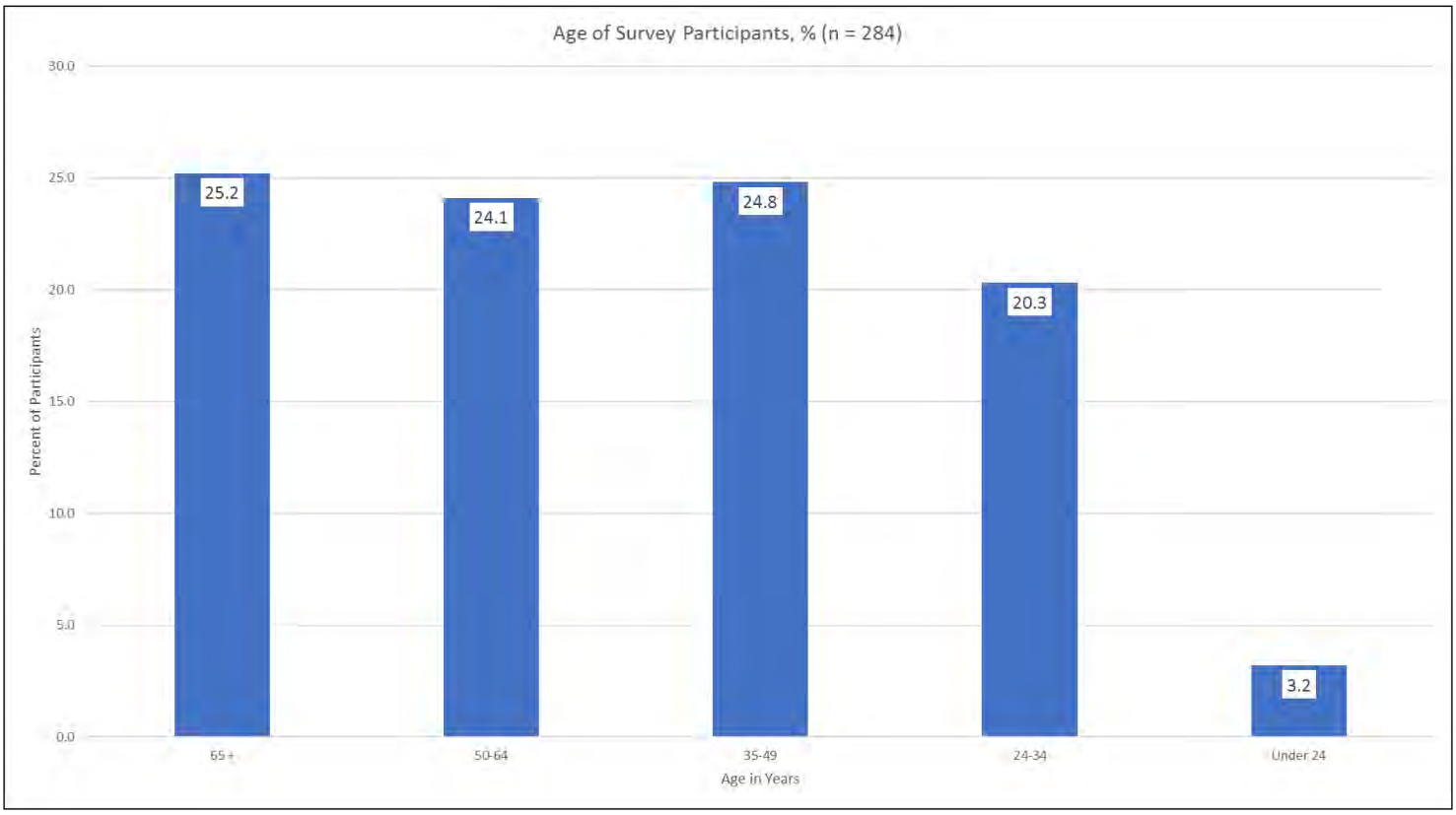
# Brief Overview of the Survey Results

*Full Results of the Survey Will Be Available Online Once CHNA Report is Completed*

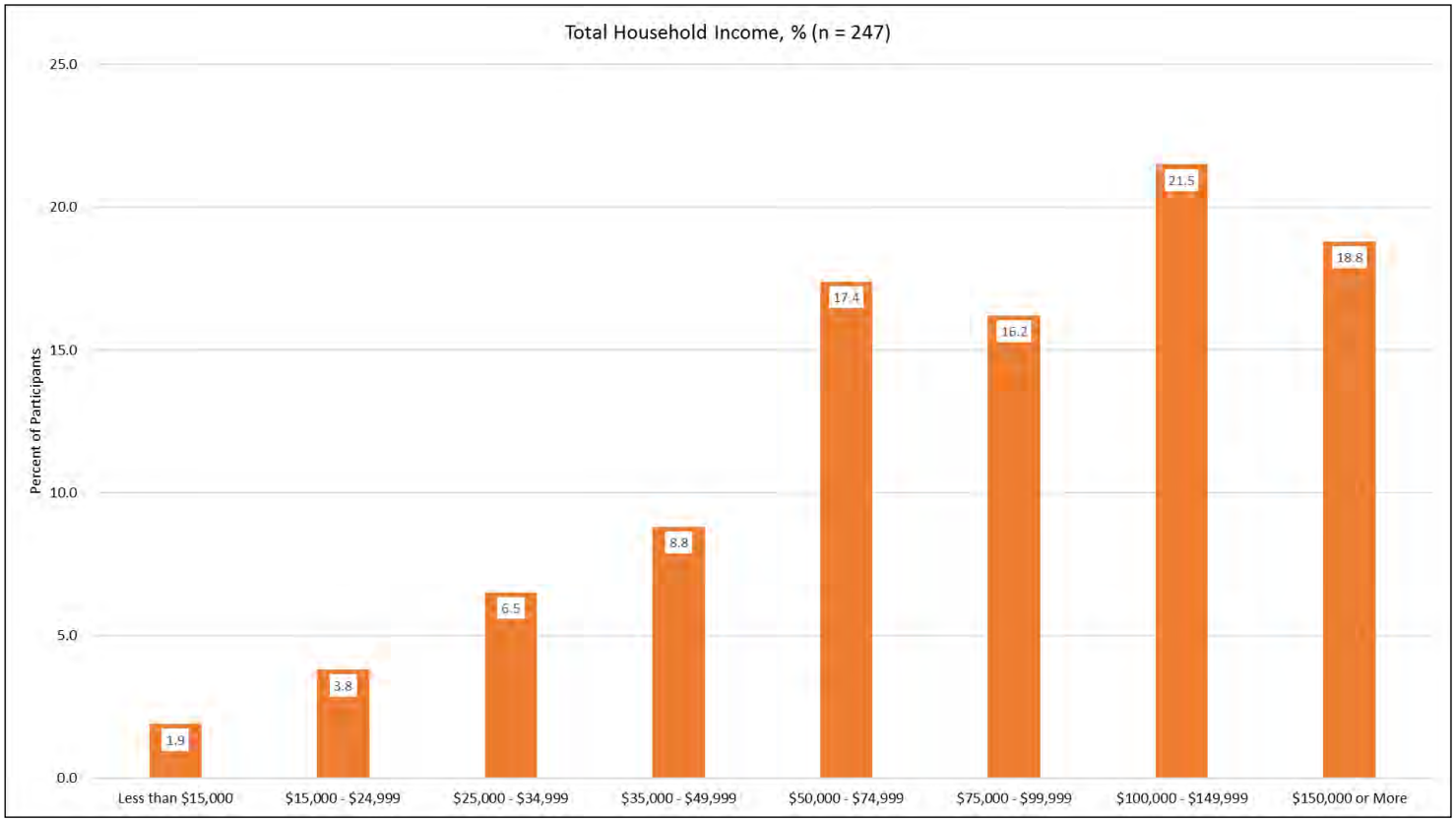


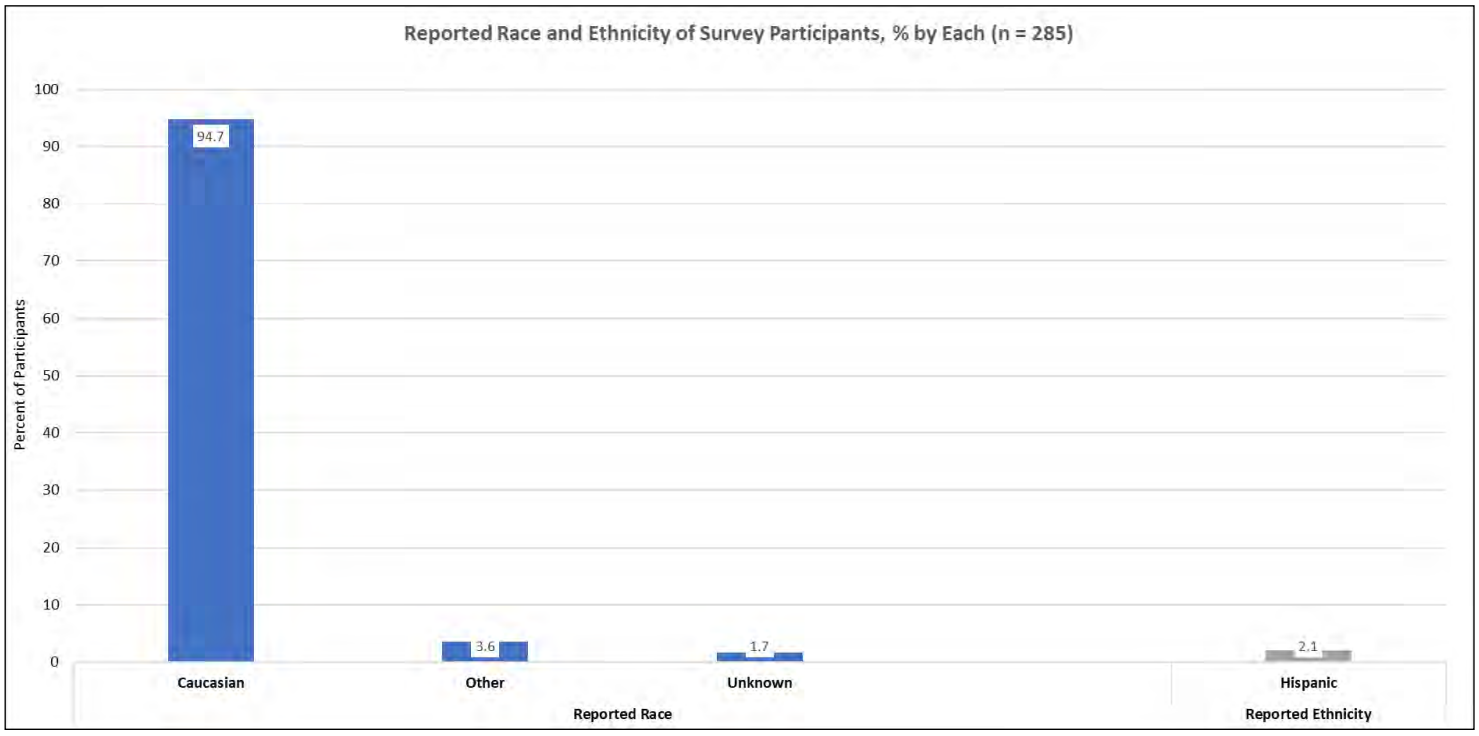
# About the survey participants

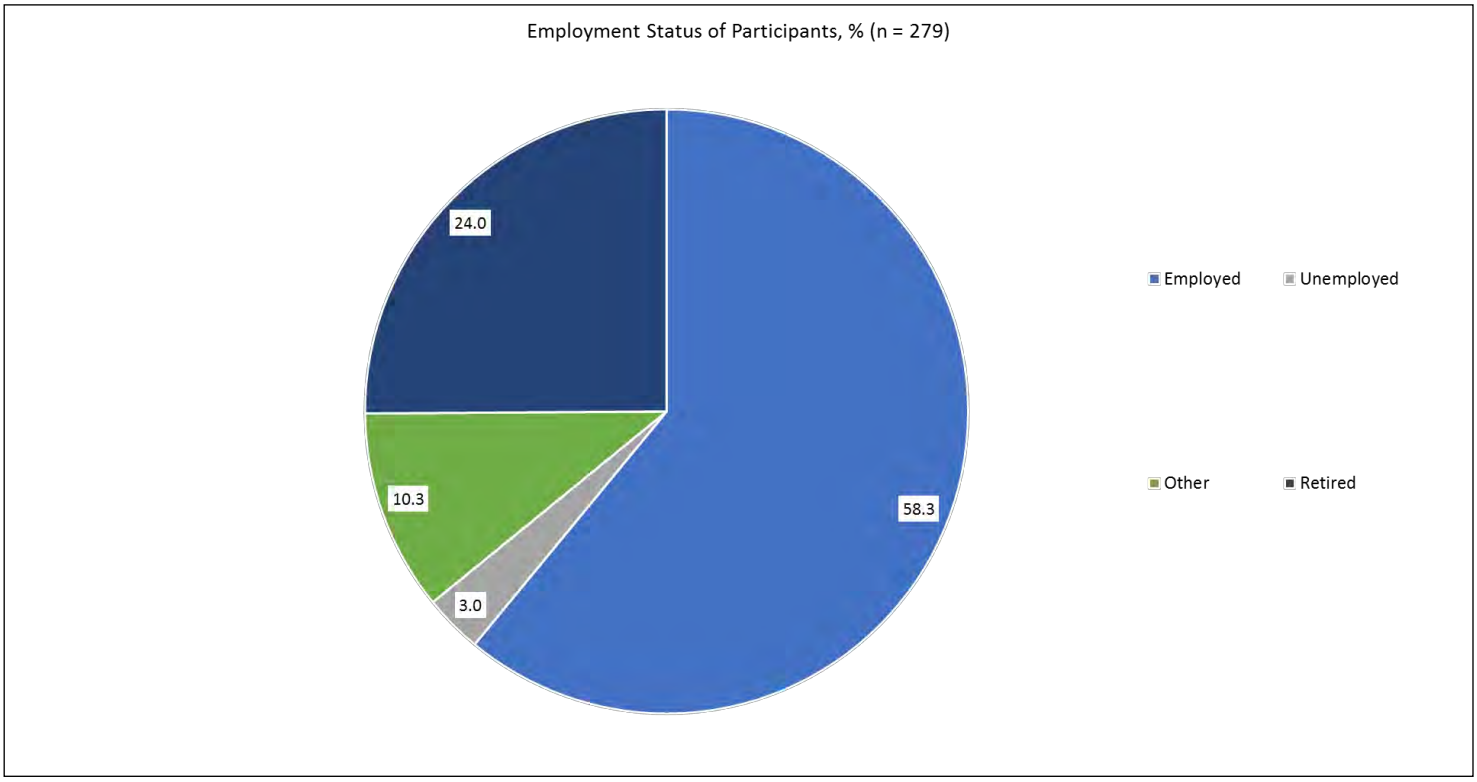


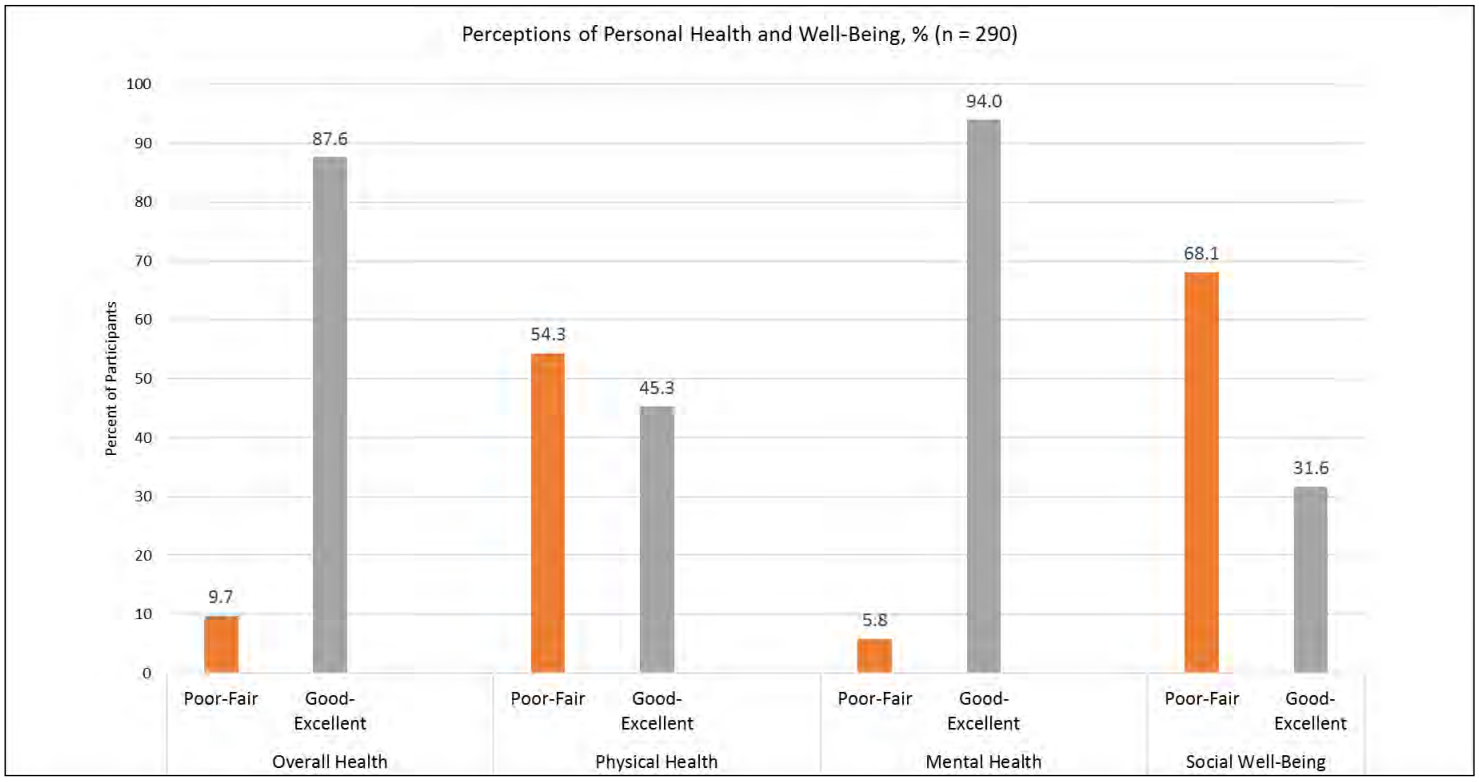
# About the survey participants

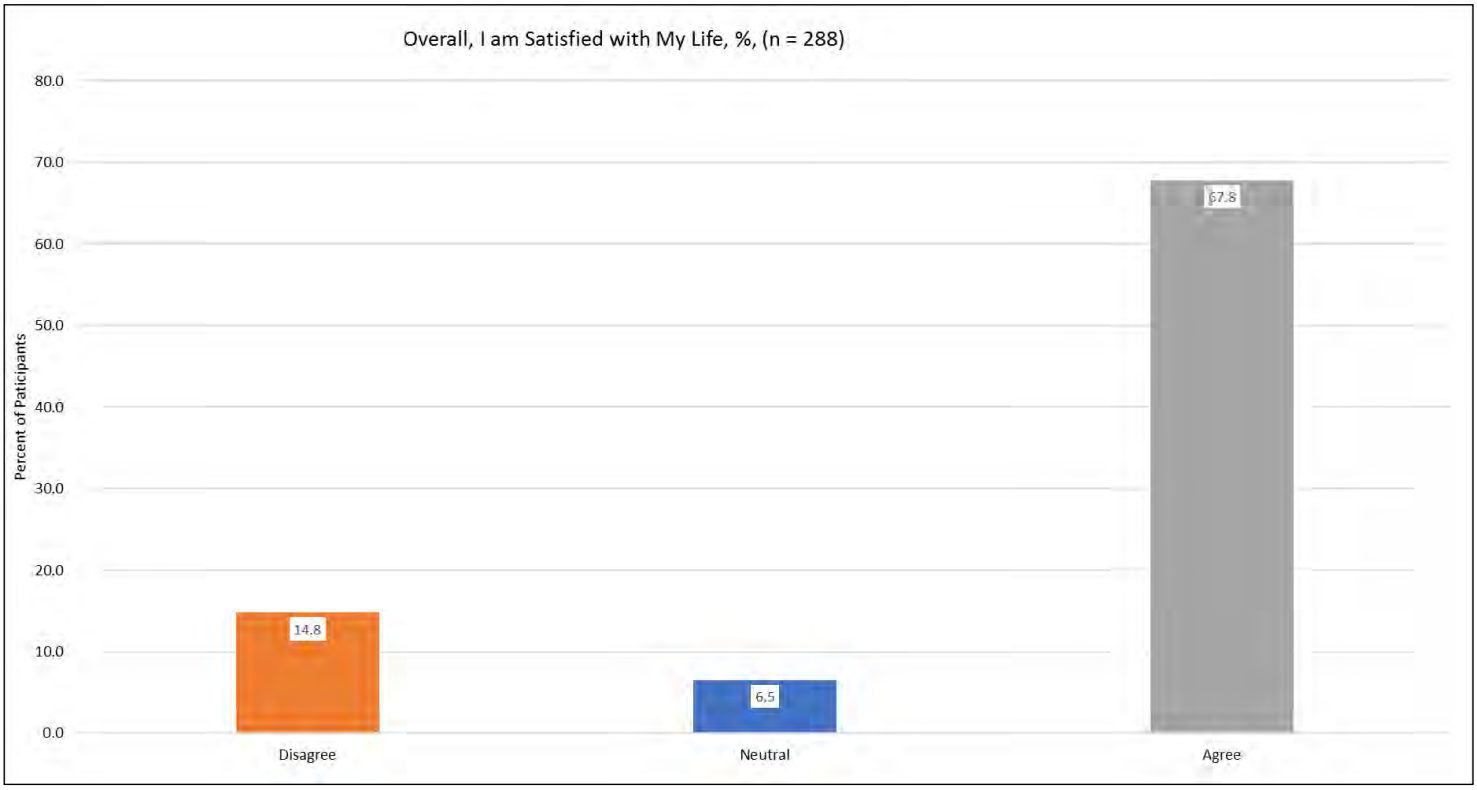


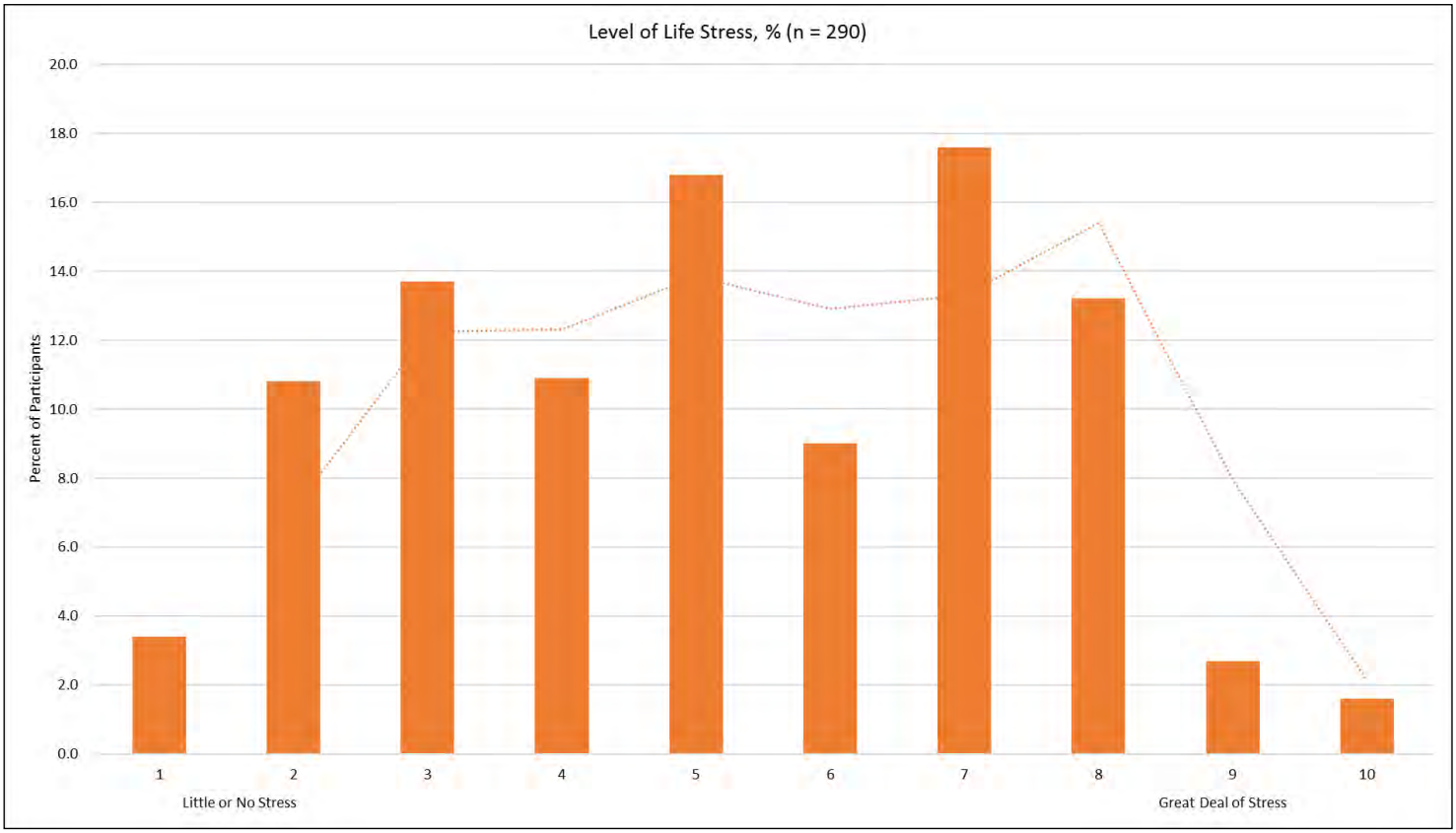





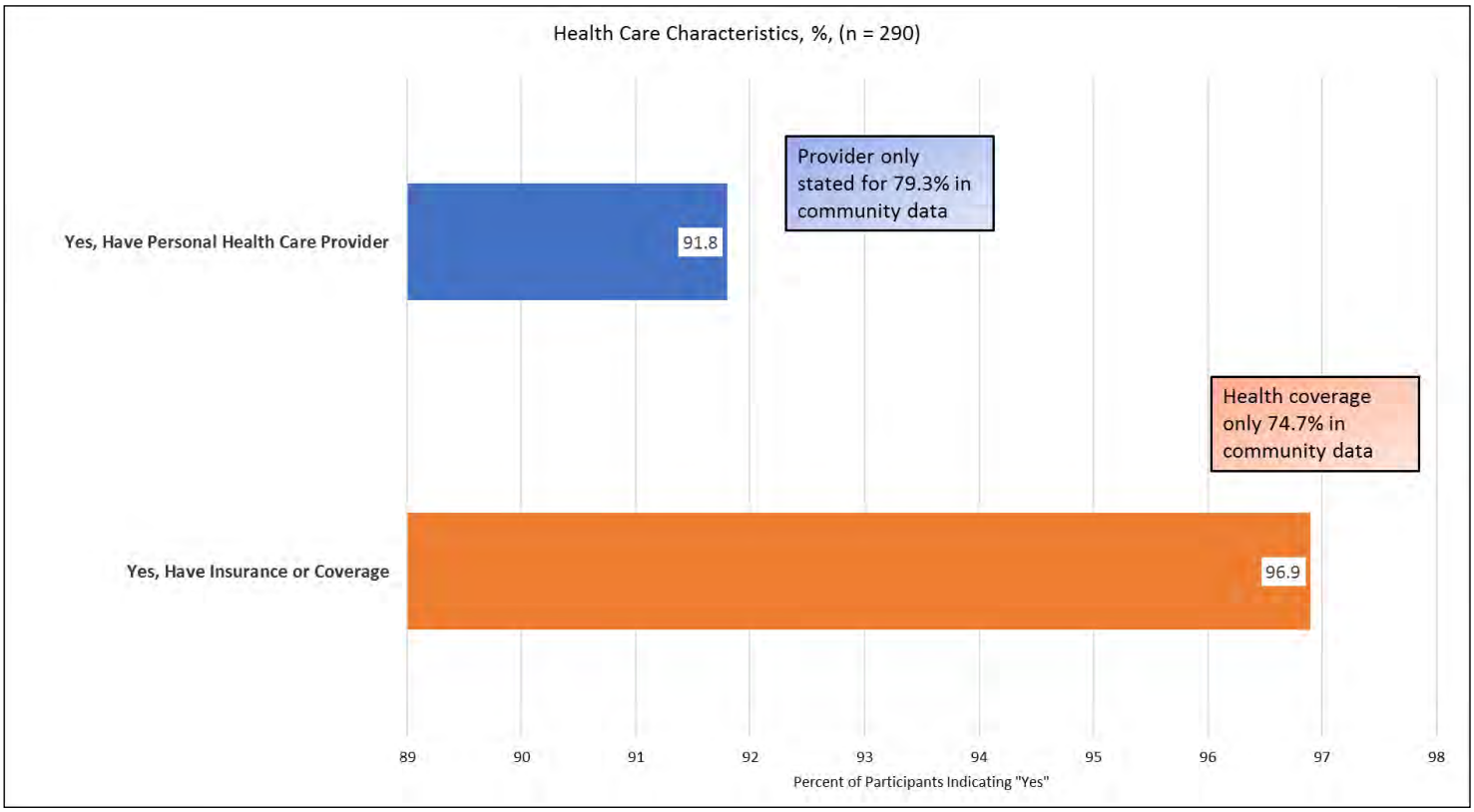

# About Their Health and Well-Being

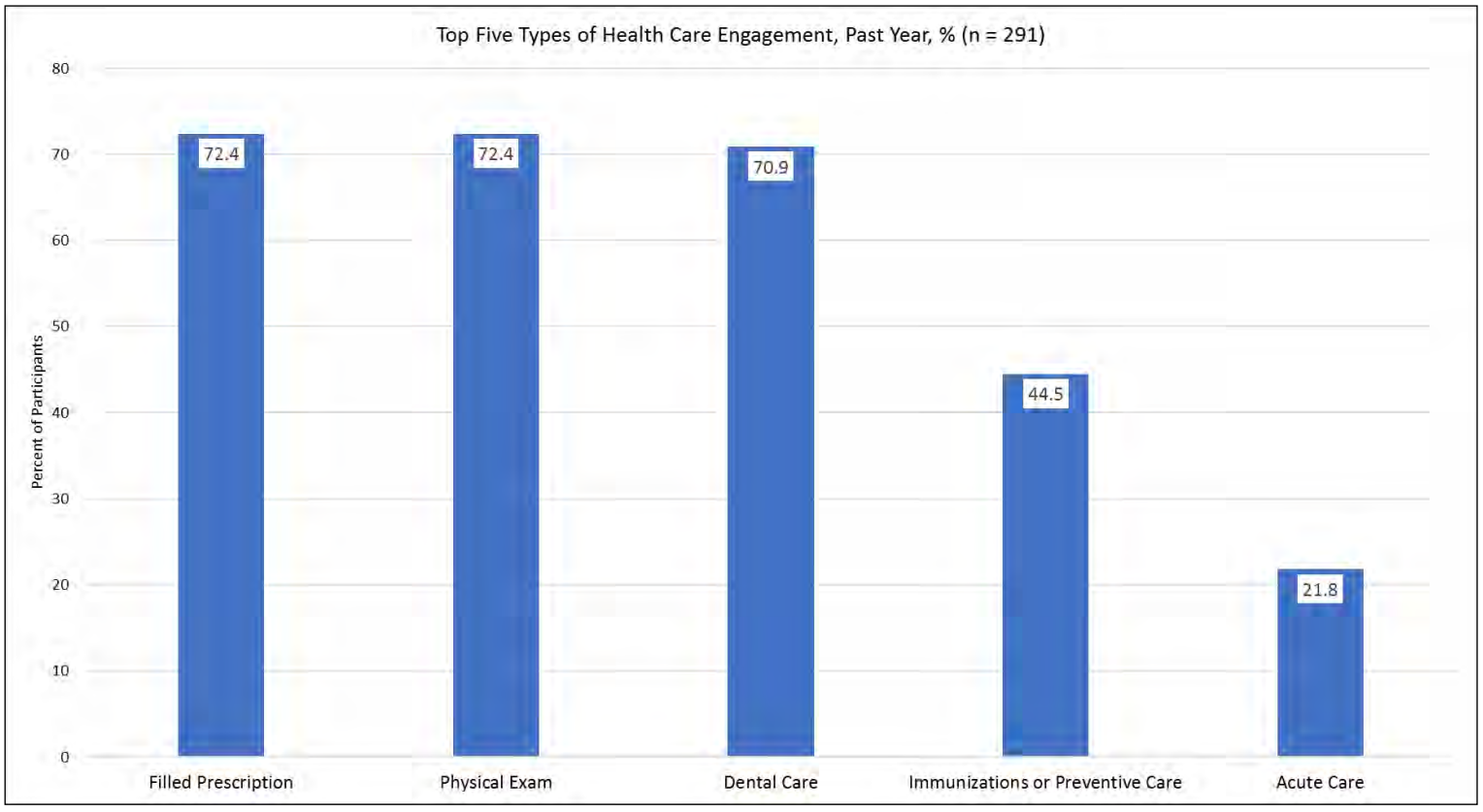


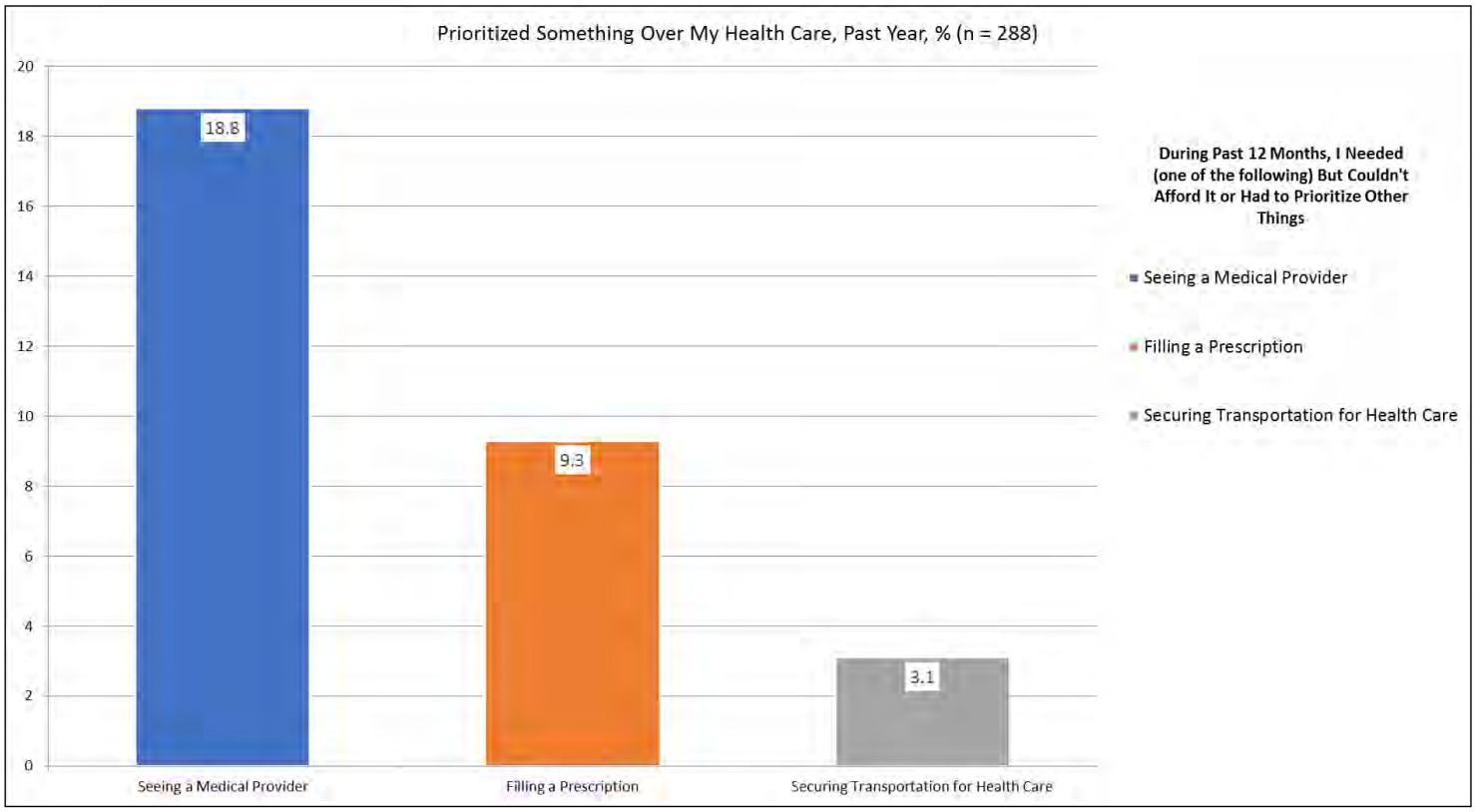

Overall, I am Satisfied with My Life, %, (n = 288)
Percent of Paticipants
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
14.8
6.5
67.8
Disagree
Neutral
Agree


Level of Life Stress, % (n = 290)
Percent of Participants
20.0
18.0
16.0
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
1
2
3
4
5
6
7
8
9
10
Little or No Stress
Great Deal of Stress

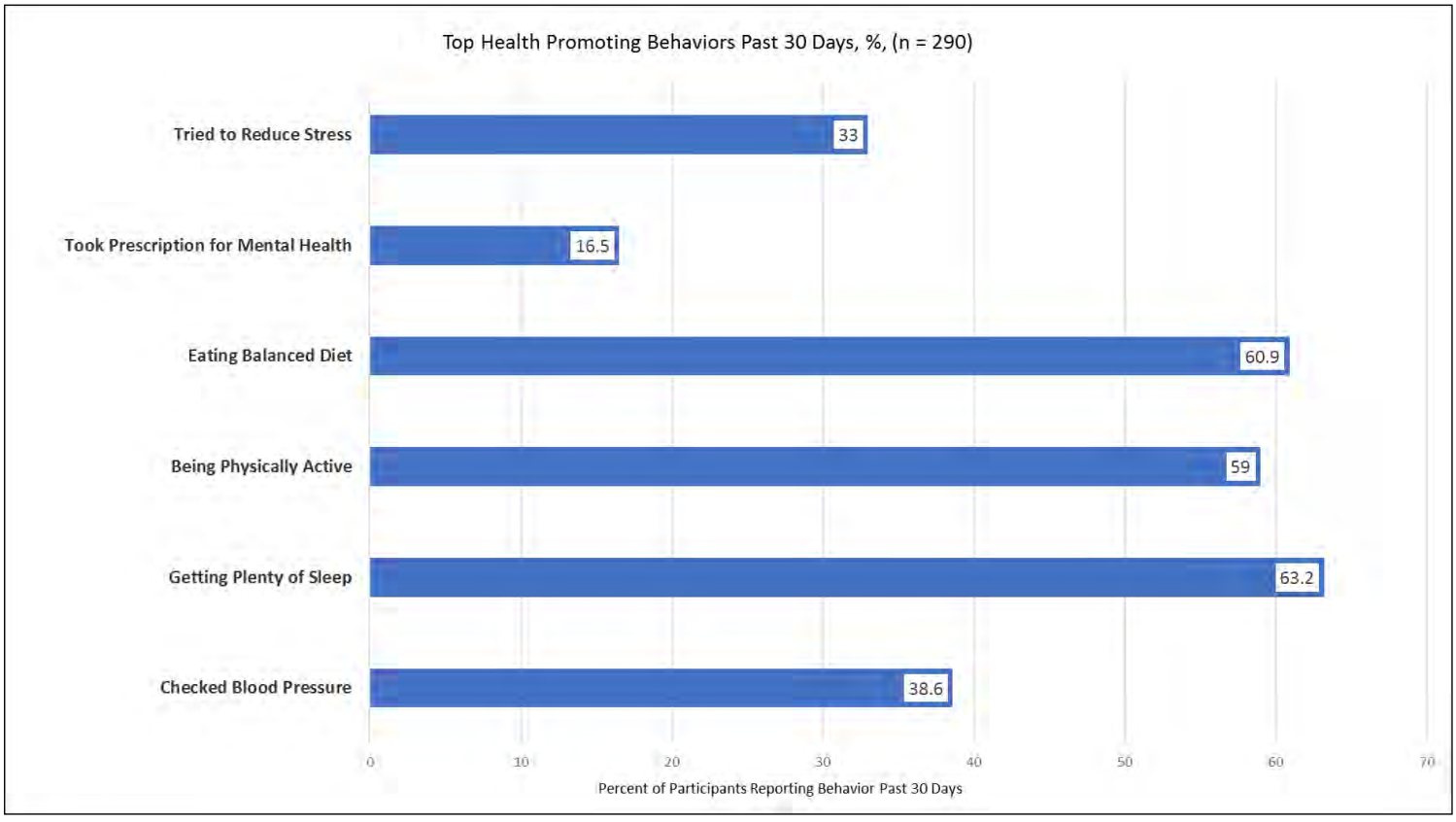
# About Their Health Care Coverage and Access

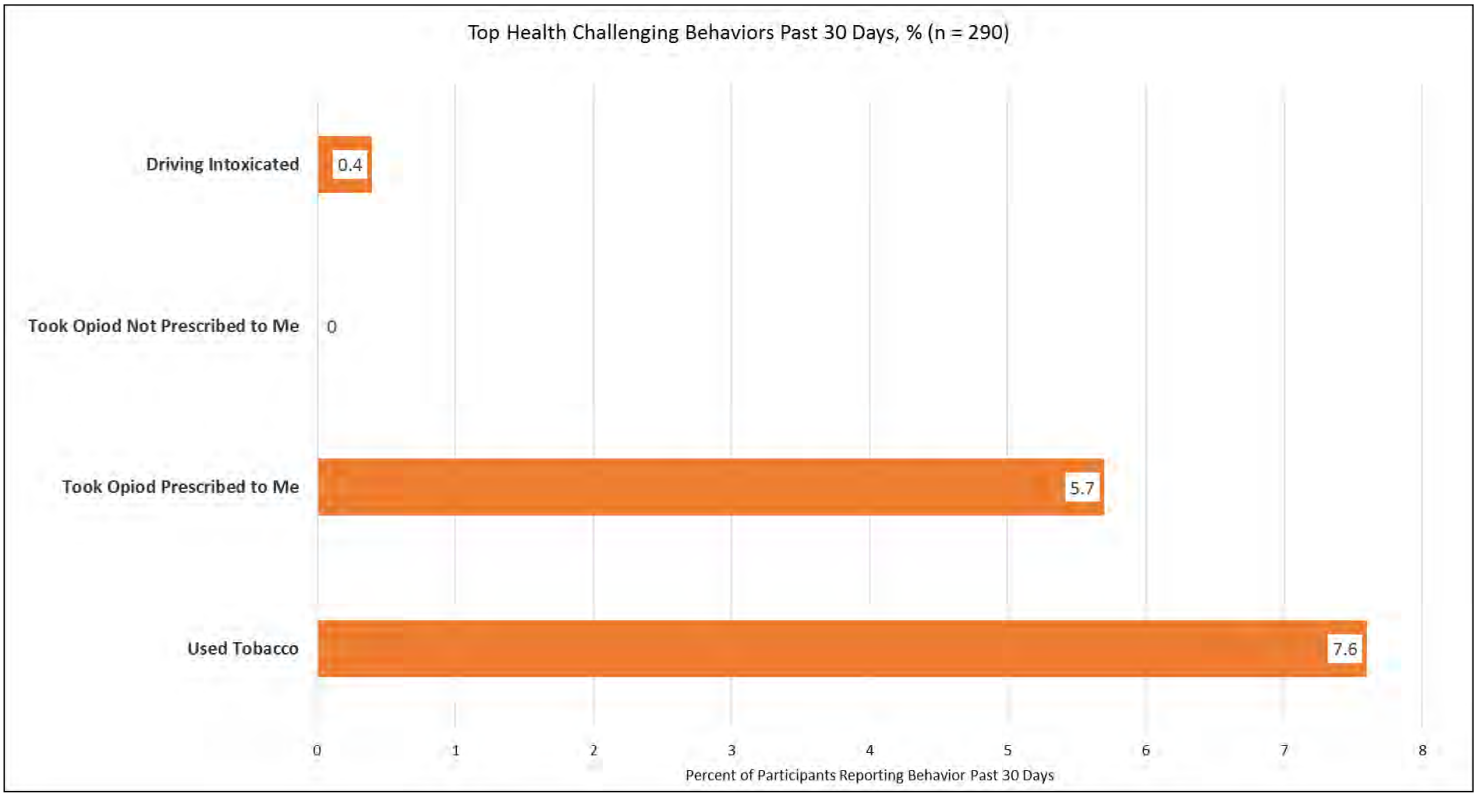


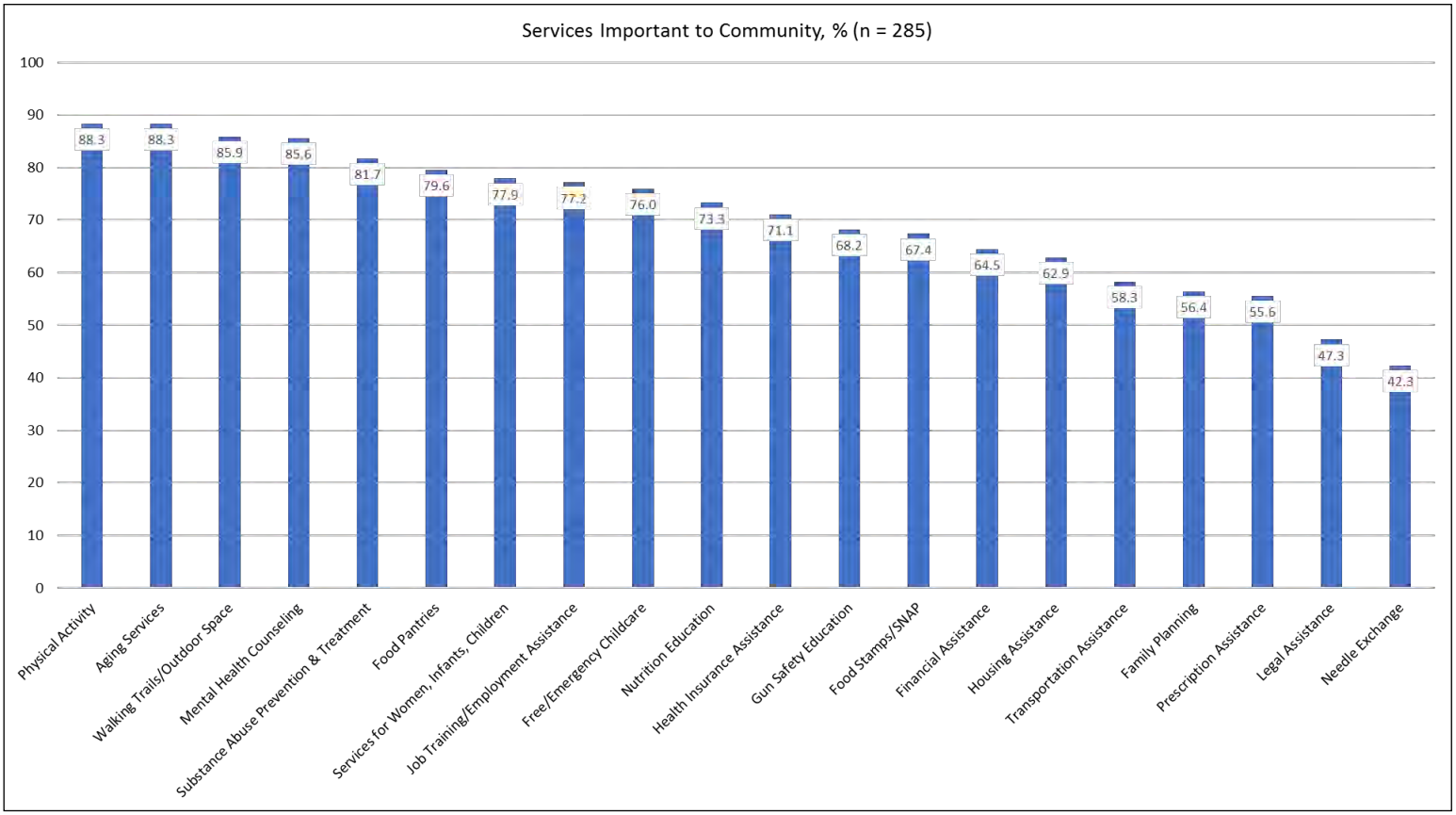





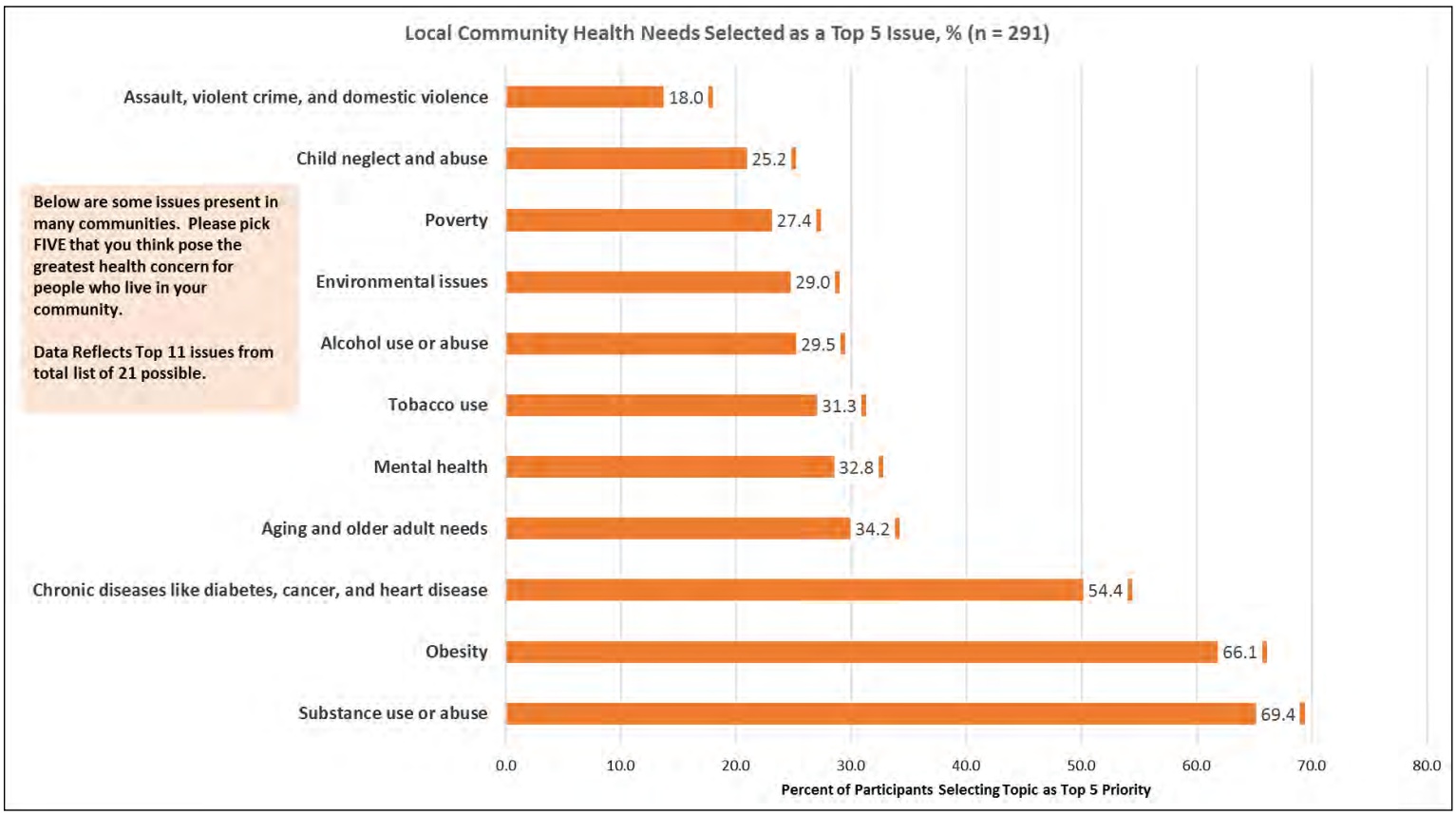

# About Their Health Behaviors

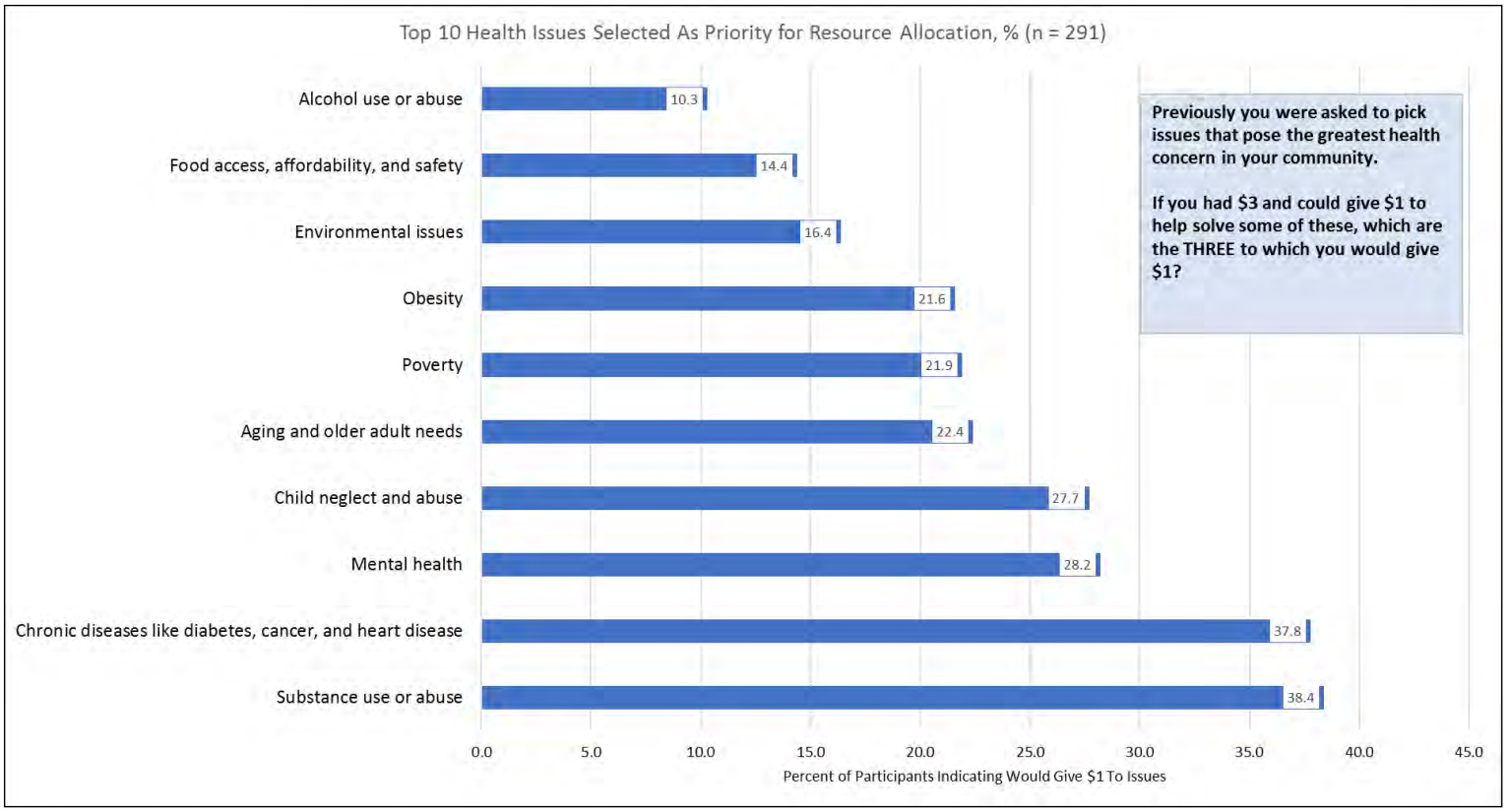



Top Health Challenging Behaviors Past 30 Days, % (n = 290)
Driving Intoxicated
0.4
Took Opiod Not Prescribed to Me
0
Took Opiod Prescribed to Me
5.7
Used Tobacco
7.6
0
1
2
3
4
5
6
7
8
Percent of Participants Reporting Behavior Past 30 Days


Services Important to Community, % (n = 285)
100
90
80
70
60
50
40
30
20
10
0
88.3
88.3
85.9
85.6
81.7
79.6
77.9
77.2
76.0
73.3
71.1
68.2
67.4
64.5
62.9
58.3
56.4
55.6
47.3
42.3
Physical Activity
Aging Services
Walking Trails/Outdoor Space
Mental Health Counseling
Substance Abuse Prevention & Treatment
Food Pantries
Services for Women, Infants, Children
Job Training/Employment Assistance
Free/Emergency Childcare
Nutrition Education
Health Insurance Assistance
Gun Safety Education
Food Stamps/SNAP
Financial Assistance
Housing Assistance
Transportation Assistance
Family Planning
Prescription Assistance
Legal Assistance
Needle Exchange

# Perceptions of Priority Health Needs



# Convenience Sample Priorities

- Common priority needs between the main survey and the community-based data.

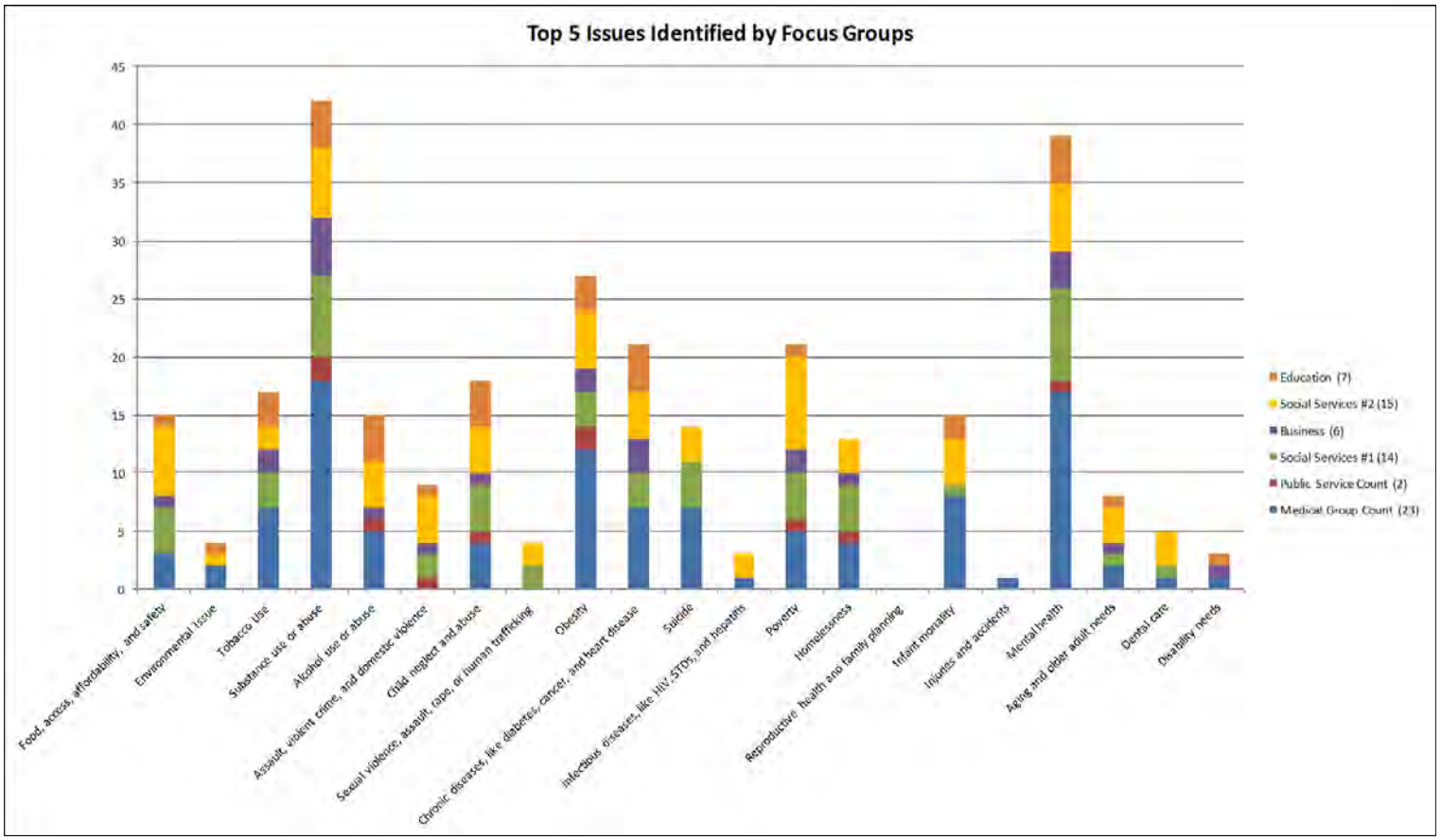
- Community-Based Needs and Priority Resource Allocations Included in Top 10:

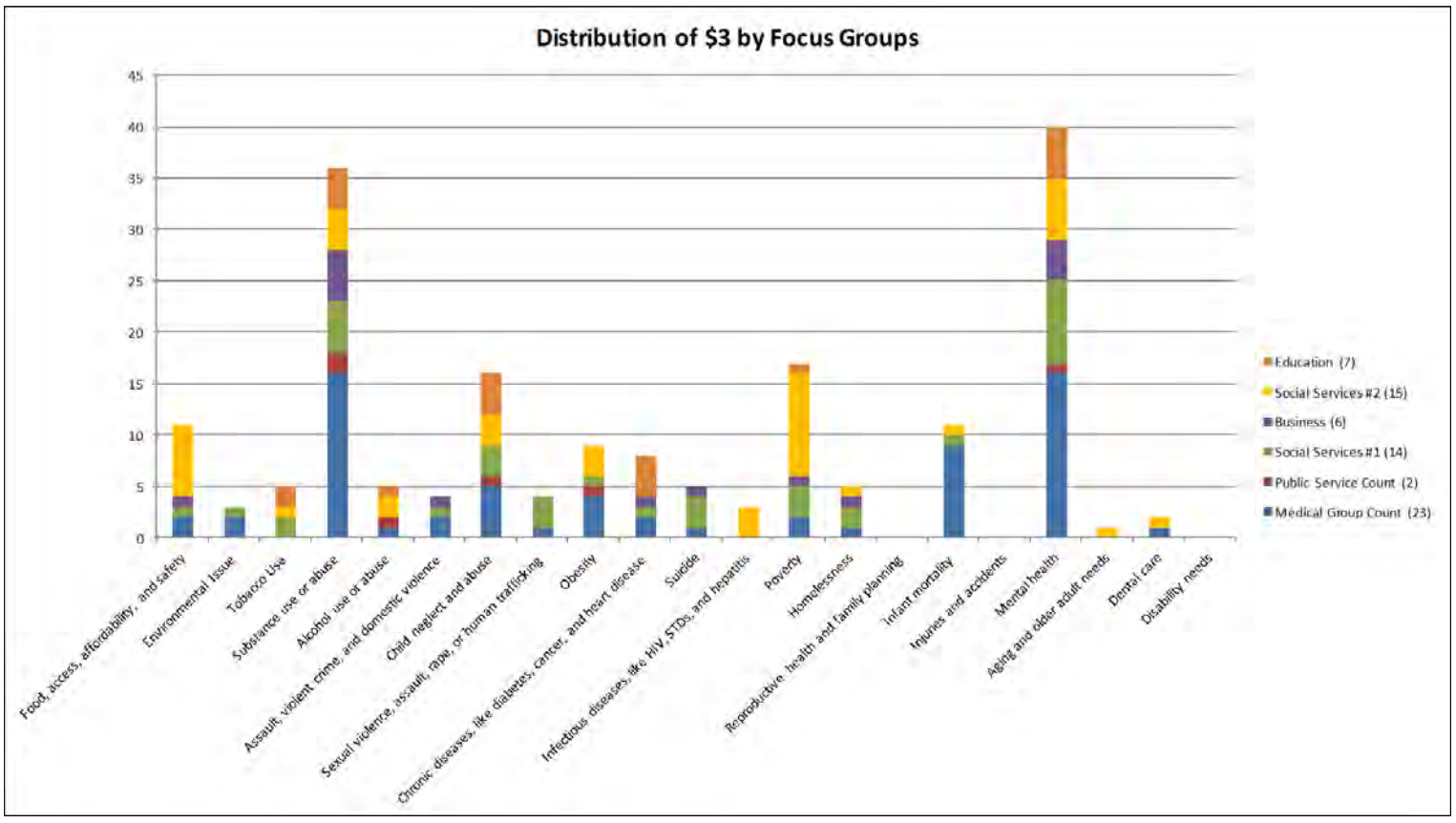
  - Homelessness
  - Assault, Violent Crime, Domestic Violence
  - Higher Ranks for Mental Health

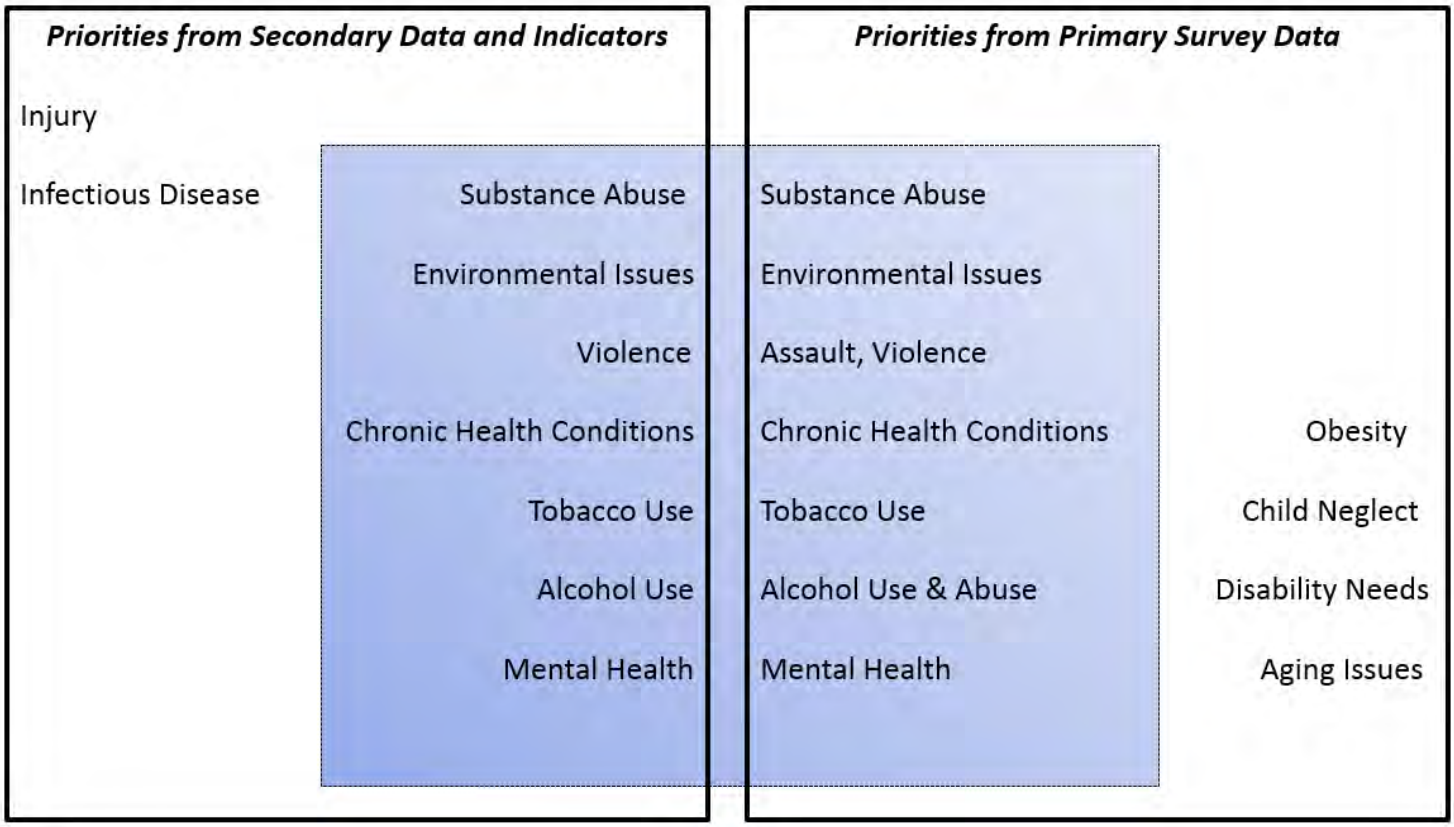
  - Food Availability Highest Priority for Resource Allocation

# Community Focus Group Input on Priorities

Deaconess and St. Vincent conducted focus group meetings to collect additional community member perceptions of community health priorities.






Questions and Answers

# The Prioritization Process

Goal: Select the FIVE health issues that you think are the highest priority for Warrick County.

1. 5-10 minutes: Brainstorm and listing of NEW potential priority issues (based on data and your own insights). *We will write those on flipcharts along with the ones already highlighted.*

2. *5 minutes: Apply priority dots (5 per person) to the issues YOU perceive as highest priority.*

3. *10 minutes: Discussion of the top 5 and listing of considerations for each.*

## Next Steps

# CHNA Prioritization Process

September 12, 2018 in Room 107A of St. Vincent Evansville Medical Arts Building

**Attendees:**

Lisa Maish, Deaconess

Lisa Myer, St. Vincent EVV

Ashley Tenbarge, St. Vincent EVV

Lori Grimm, Deaconess The Women's Hospital

Dr. Ken Spear, Vanderburgh County Health Department

Jill Buttry, Deaconess

Andrea Hays, Welborn Baptist Foundation

Amy Canterbury, United Way of SWI

Dr. Chad Perkins, St. Vincent EVV

Sandee Strader-McMillen, ECHO Health

Pam Hight, Deaconess

Janet Raisor, St. Vincent EVV

Dr. Maria Del Rio Hoover, St. Vincent EVV

Sabrina Jones, St. Vincent EVV

Scott Branam, Deaconess Cross Pointe

Ashley Johnson, Deaconess

Jenna Alvia, St. Vincent Warrick

Dr. Carrie Ann Lawrence, IU School of Public Health – Facilitator

**Top 3 identified health needs for Vanderburgh County**

Substance use/abuse, mental health, poverty (emphasis on food insecurity)

**Top 3 identified health needs for Warrick County**

Mental health, substance use/abuse, access to care (specifically transportation)

## ST. VINCENT EVANSVILLE HOSPITAL CHNA PRIORITIZATION SESSION

| NO. | NAME (PRINT) | PHONE | ORGANIZATION | DEPARTMENT | SIGNATURE |
|---|---|---|---|---|---|
| 1 | Lisa Maisu | (812)426 9753 | Deaconess clinic | Administration | Lisa M |
| 2 | Risa Myer | 812 485-1504 | ST. Vincent | Community Relations | |
| 3 | Ashley Tenbarge | 812-485-4691 | St. Vincent | Community Relations | |
| 4 | Lori Grimm | 812-461-8435 | The Women's Hospital | Perinatal Services | |
| 5 | Ken Spear MD | 812-435 2400 | VC HD | Health Dept | |
| 6 | Jill Buttry | 812-430-4962 | Deaconess | Nursing Admin | |
| 7 | Andrea Hays | 812-437-8260 | Welborn Baptist Fam. | Healthy Eating & Active Living / Community Engagement | |
| 8 | Amy Canterbury | 812.421.7480 | United Way SWI | Pres & CEO | |
| 9 | Chad Perkins | 812 305 4069 | SVEMS | Admin | |
| 10 | Sandee Strader McMillen | 812-436-0215 | ECHO | Admin | |
| 11 | Pam Hyt | 812-450-7571 | Deaconess | PL/Marketing | |
| 12 | Janet Raisor | 812 485 5603 | St V | Community Relations | |
| 13 | Maria Del Pilar Hoover | 812 485-7397 | St Vincent | Center for Children Peds Service Line | |

MMUNITY DEVELOPMENT & HEALTH IMPROVEMENT
CHNA Prioritization Session

TIME
8:30a – 10:30a

EVENT DATE
September 12

LOCATION
SV-Evansville – Medical Arts Build

| NO. | NAME (PRINT) | PHONE | ORGANIZATION | DEPARTMENT | SIGNATURE |
|---|---|---|---|---|---|
| 14 | Sabrina Jones | 812-485-5719 | St. Vincent | Marketing | |
| 15 | Scott Branam | 812-471-4524 | Cross Pointe | Rich health | |
| 16 | Ashley Johnson | | Deaconess | Marketing | |
| 17 | ~~Jenna Alvig~~ | | St. vincent | Women's Clinical Operations | |
| 18 | *Did not attend SV Evansville session | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |
| 24 | | | | | |
| 25 | | | | | |

## Appendix D: Warrick County Resource List

| Resource Name | Local Address | Phone Number | Website | Topic Area |
|---|---|---|---|---|
| Boon Township Trustee | 107 W. Locust St. Historic courthouse Basement Boonville, IN 47601 | 812-897-0867 | | Social Determinants of Health |
| Brentwood Springs | 4488 Roslin Road Newburgh, IN 47630 | 812-965-6169 | www.brentwoodsprings.com | Access to Health Services |
| Deaconess Gateway Campus | 4011 Gateway Blvd, Newburgh, IN 47630 | 812-450-5000 | www.deaconess.com | Access to Health Services |
| Hope Central | 304 North 2nd Street, Boonville, IN 47601 | 812-897-4910 | www.encounteringhopeministries.com/ | Social Determinants of Health |
| Purdue Extension – Warrick County | Courthouse, 107 W. Locust, Suite 111, Boonville, IN 47601 | 812-897-6101 | https://extension.purdue.edu/Warrick | Social Determinants of Health |
| Studio Bee Community Youth Center | 120 Flint St, Boonville, IN 47601 | 812-897-5378 | http://www.studiobee.org | Social Determinants of Health |
| St. Vincent Warrick Hospital | 1116 Millis Ave. Boonville, IN 47601 | 812-897-4800 | www.stvincent.org/Locations/Hospitals/Warrick | Access to Health Services |
| TRI-CAP | 499 West State Route 62 Boonville, IN 47601 | 812-897-0364 | http://www.tri-cap.net | Social Determinants of Health |
| Warrick County Cares | C/O Youth First, 111 SE Third St. Evansville, IN 47708 | 812-421-8336 | www.warrickcountycares.org | Social Determinants of Health |
| Warrick County Health Department | 107 W. Locust St. Historic Courthouse, Suite 301, Boonville, IN 47601 | 812-897-6105 | https://warrickcounty.gov/health-department | Access to Health Services |
| Warrick County WIC Program | 1116 Millis Ave. Boonville, IN 47601 | 812-897-4182 | www.wicprograms.org | Maternal, Infant, Child Health |
| WATS Transportation | Ride Solution, 1001 East Main Street Washington, IN 47501 | 812-254-3225 | https://ridesolution.org/wats | Social Determinants of Health |