



## **WARRICK COUNTY, INDIANA**

**COMMUNITY HEALTH NEEDS ASSESSMENT  
2022-2025 (January 2022)**

# Executive Summary-Warrick County

## 2022 Community Health Needs Assessment (CHNA)

### Overview

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

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



### Local Health Priorities Identified

**COVID-19  
Response**

**Mental/Behavioral  
Health**

**Access to  
Care**

**Obesity and  
Healthy Food  
Access**

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

### Purpose

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

### Approach

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

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



**60 providers/stakeholders** responded to the survey

**5 focus groups** were held with **25 participants**

**14 individuals** representing **4 organizations** participated in the prioritization session

### Key Partners

Deaconess Health System  
Ascension St. Vincent Evansville  
ECHO Community Healthcare  
Vanderburgh County Health Dept.  
United Way of Southwestern IN  
Welborn Baptist Foundation

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# Introduction

## Community Health Needs Assessment (CHNA) Overview

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

## 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 nine 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, Deaconess Gibson Hospital, Encompass Health Deaconess Rehabilitation Hospital, and the Linda E. White Hospice House. Two hospitals in Kentucky also became part of Deaconess Health System in 2020: Deaconess Henderson Hospital and Deaconess Union County 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 including infusion, surgery, lab, and imaging. The 200-bed acute care hospital is home to pediatric services (affiliated with Riley Hospital for Children) and da Vinci robotic surgery. These facilities make accessing care easy and convenient for people living in and around Warrick County.

## Previous CHNA Effort (2019-2022)

In 2018, Deaconess Health System joined five other local health-related organizations (i.e., Ascension St. Vincent, ECHO Community Healthcare, 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). The assessment helped to identify recurring causes of poor health and focus resources to support and drive positive change in the identified behaviors. The following methods were used to support the 2019 assessment and prioritization process.

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

**Community Survey:** In collaboration with nine other hospital systems, health department representatives, community organizations, and faculty researchers from the University of Evansville and Indiana University Bloomington, a survey was developed and conducted to collect data from residents in the specific hospital's service area. The survey process included a) a random sample that recruited proportionately from all zip codes in the service area (291 respondents), and b) a convenience sample survey that sought to collect the same data from individuals seeking care and services at organizations (324 respondents).

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

## 2019 Priorities and Plan

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

For Warrick County, those priorities included:

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

The group selected mental health, substance abuse, and access to care as primary points of focus for the next CHNA period (2019-2022). It was noted that improvement in chronic health conditions should be a by-product of successful work in the other three areas. The broad categories of mental health, substance abuse, and access to care were subsequently narrowed down to the following, more specific, action items.

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

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

**Access to Care:** Specific focus on transportation, including (a) identifying and improving barriers to transportation for medically-related appointments and activities, (b) focusing on the unique needs of residents in rural Warrick County, and (c) examining transportation options between Vanderburgh and Warrick Counties for medically-related appointments and activities, specific to organizations with services in both counties.

The complete action plan and yearly progress reports related to the 2019 CHNA can be found on the Deaconess Community Health Needs Assessment website.<sup>1</sup>

## About the 2022 CHNA Service Area

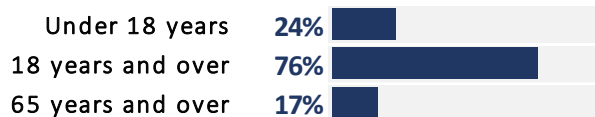
For the purposes of the CHNA, all zip codes in Warrick County and all people living in the county at the time the CHNA was conducted are included in the service area.



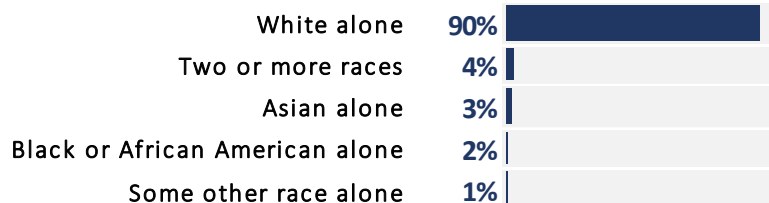
**63,898**

residents

### AGE



### RACE

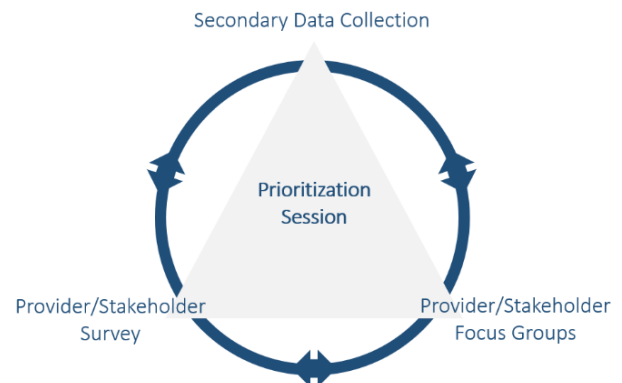


<sup>1</sup> [www.deaconess.com/CHNA](http://www.deaconess.com/CHNA) (Retrieved: January 2022)

# Summary of 2022 CHNA Methodology

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

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



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



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



**Provider/stakeholder focus groups** were conducted virtually with 25 participants across 5 groups representing medical/healthcare organizations and organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development (Appendix B). Focus groups expanded on information collected through the surveys by providing additional insight on the highest ranked priority needs identified through the surveys.

# Considerations

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

- 1 Data collection methods used for the 2022 CHNA were informed by the CHNA steering committee. While the CHNA utilized similar processes as prior assessments, a community survey was not conducted specifically for this process. Instead, since the Welborn Baptist Foundation recently published the 2021 Greater Evansville Health Survey, data from this survey were used to inform the CHNA.
- 2 The CHNA occurred as the COVID-19 pandemic continues to significantly impact public health in Warrick County. To the extent possible, health issues were examined independent of COVID-19. However, the prioritization process considered the extent to which COVID-19 should be included in the prioritization of health issues resulting from this CHNA. In addition, due to COVID-19, focus groups and the final prioritization process were conducted virtually.
- 3 Secondary data presented during the prioritization session and contained within the secondary data review section reflect the most recent information available prior to the prioritization process (September 2021). Data sources were based on those used in prior CHNA assessments and supplemented with local data provided or recommended by stakeholders. Data may reflect lagging indicators due to the nature of available data sources. For example, the 2021 County Health Rankings reflect years-old data for some indicators. While these data sources are consistent with prior CHNA efforts and allow for consistent trends to be examined, consideration should be given to the period for which data points reflect when interpreting findings.
- 4 While survey and focus group data were collected for each separate health issue when possible, it is understood that relationships exist between many of the issues (e.g., co-occurring issues, common barriers). The prioritization process took these relationships into consideration.

# Proritization Process & Resulting Priorities

## Overview of the Prioritization Process

A prioritization process was conducted to consider CHNA data and identify the most urgent health issues to guide the hospital's future priority areas. Representatives of several community health organizations in the service area, including hospital staff, participated in a virtual meeting to review data collected for the CHNA. Specifically, 14 individuals attended the session representing four organizations: Ascension St. Vincent, Deaconess Health System, United Way of Southwestern Indiana, and Welborn Baptist Foundation. Diehl Consulting Group (DCG) facilitated the session in partnership with representatives from Ascension St. Vincent and Deaconess Health System. A list of participants is provided in Appendix C. Notes from the session, a copy of the slides used during the data presentation, and health summaries used as reference are included in Appendix D.

The process consisted of the following steps:

- (1)** The purpose for conducting the CHNA and priorities identified in response to the 2019 CHNA were first reviewed.
- (2)** A review of data was presented by representatives of DCG. The presentation included an overview of methods used to support the CHNA, a presentation of selected secondary data for the county, and an orientation to survey and focus group data collected through the process. DCG also prepared a series of health summaries and other supporting documents (Appendix D) that were provided to participants in advance of the meeting. As applicable, health summaries were referenced by DCG as part of the discussion.
- (3)** Based on initial planning with Deaconess Health System, the following questions were introduced to the group to guide the prioritization process:
  - a. Based on the data reviewed and your own contextual knowledge, what health issues, sub-issues, or combinations of issues would you elevate as the highest priorities?
  - b. Which issues can we reasonably impact over the next three years by leveraging existing resources/partnerships or establishing new resources/partnerships?
  - c. Which issues are most relevant to Warrick County as a whole? We encourage all participants to look beyond any agendas of their individual organizations.
- (4)** Participants were invited to identify health issues based on the information from the current CHNA assessment, as well as their current professional experiences. Representatives from Deaconess Health System and Ascension St. Vincent provided additional background information on progress made implementing 2019 CHNA activities.
- (5)** DCG documented participant recommendations in a shared Word document while facilitating discussion of health issues. To support this process, DCG prepared an electronic survey that

could be used to populate identified priorities and support a voting process. However, this type of voting was determined not to be necessary as consensus among group members was primarily used to identify the ultimate priorities. Specifically, following discussion, DCG organized ideas in the Word document around key priority issue categories. Throughout this process, participants provided feedback on wording and placement of ideas within categories. Prior to completing the session, a representative from Deaconess Health System summarized the overall health issues identified to ensure consensus.

## Resulting Priorities

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

COVID-19 Response	Mental/Behavioral Health	Access to Care	Obesity and Healthy Food Access
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Priority issues are summarized below along with key considerations specific to the issue identified as part of the prioritization session. Selected key findings from the CHNA secondary data review, surveys, and focus groups are also provided to facilitate understanding of the issue.

**Priority Issue: COVID-19 Response.** The 2022 CHNA was conducted while the COVID-19 pandemic continues to significantly impact public health in Warrick County. While attempts were made to understand health issues independent of COVID-19, the impact of COVID-19 was a key consideration in the prioritization of health issues. As a result, considerations specific to the prioritization of the COVID-19 response included (a) the importance of increasing vaccination rates among residents, and (b) the impact on chronic health conditions associated with delay in receiving healthcare due to COVID-19 (e.g., as services open back up there is increased use of the emergency department with more acuity).

### Key Findings:

- COVID-19 has significantly impacted the health and wellness of many Warrick County residents. As of January 2022, over 16,600 positive cases have been reported since March 19, 2020. Further, a total of 213 deaths have been attributed to COVID-19.<sup>2</sup>
- The relationship between COVID-19 and other medical issues is well-documented. This CHNA highlighted the relationship between the pandemic and the impact on other issues such as substance or alcohol use/abuse, mental health challenges, child neglect, and aging/older adult needs.



*"I do think the elderly mental health has really increased due to isolation and anxiety with COVID-19. We've seen a lot of that here and main campus. It's an increase in dynamic."*  
Focus Group Participant

<sup>2</sup> <https://www.coronavirus.in.gov/indiana-covid-19-dashbaord-and-map/> (Retrieved: January 2022)

**Priority Issue: Mental/Behavioral Health.** Mental/behavioral health includes issues specific to mental health and substance use/abuse. Considerations specific to the prioritization of mental/behavioral health included (a) access to mental health, psychiatry for children, geriatric psychiatry (e.g., currently a waiting list and limited providers); (b) substance abuse prevalence, need to further explore services that are available, acknowledgement of the issue, and vaping/marijuana use among youth; (c) addressing suicide and attempts; (d) shortage of licensed clinical social workers; (e) building community awareness of resources available, acknowledgement of mental health needs, and stigma reduction; and (f) increasing socialization among communities, particularly populations isolated by the pandemic.

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

- **Providers:** Warrick County is currently designated by the Health Resources & Services Administration (HRSA) as a High Need Geographic Health Professional Shortage Area (HPSA) for mental health providers along with other counties in the region including Gibson, Posey, and Vanderburgh.<sup>3</sup> The ratio of residents to providers is also higher than the state. This ratio includes both active providers and possibly providers not currently practicing or taking on new patients. Also, these data may not fully account for populations served, insurance types accepted, or magnitude of need for services. (*Table 1.14*)
- **Depression/anxiety:** Based on responses to the most recent Greater Evansville Health Survey (2021), 19% of residents reported being told by a doctor, nurse, or other health professional in the past 12 months that they had (or still have) a depressive disorder, and 19% were told they had any type of anxiety. (*Table 1.18*)
- **Suicide:** The county suicide rate is 16 (MOE: 11-21) per 100,000 among residents (2015-2019). (*Table 1.7*)
- **Drug overdose death rate:** The drug overdose death rate in the county is 11 (MOE: 6-16) per 100,000 residents (State=26) (2017-2019). (*Table 1.15*)
- **Alcohol use/abuse:** Based on responses to the most recent Greater Evansville Health Survey (2021), 24% of adults reported binge/excessive drinking. (*Tables 1.18*)

#### **Key Findings from Provider/Stakeholder Surveys and Focus Groups**

- Mental health and substance/drug use or abuse were the highest ranked health issues in the county based on respondents who included the issues as a top-five priority need. Mental health was ranked highest. Among respondents including mental health as a top-five priority need, 93% perceived mental health as getting worse since 2018, and 92% reported inadequate resources are being devoted to addressing mental health. Substance/drug use or abuse was ranked second. Among respondents including substance/drug use or abuse as a top-five priority need, 82% perceived substance/drug use or abuse as getting worse since 2018, and 80% reported inadequate resources are being devoted to addressing substance/drug use or abuse.
- Selected barriers across behavioral health issues included (a) accessing care/services, (b) awareness, understanding, and acknowledgement of the issues, and (c) stigma.

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<sup>3</sup> <https://data.hrsa.gov/tools/shortage-area/hpsa-find> (Retrieved: January 2022)

**Priority Issue: Access to Care.** Access involves connecting residents to healthcare within the service area. Considerations specific to the prioritization of access included (a) reaching those who are uninsured and individuals who are not accessing healthcare (e.g., when encountering patients in the emergency department, connect to navigators to try to enroll in available coverage (this is already happening to some extent, but requires follow-up from the patients)); (b) too few appointments available, not enough providers, and limited transportation; (c) bus systems in Vanderburgh and Warrick Counties are not aligned, and there is not a good way to get residents from one county to services in the other county (via public transportation) (Talent 2025 was noted as currently looking into this); (d) after a patient is discharged, there is difficulty getting from home residence to follow-up and/or primary care appointments; (e) physical access for residents of rural areas in the county (e.g., transportation from Tennyson, Elberfeld); and (f) aging and older adults (especially in rural areas) experience access issues.

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

- **Insurance status (under age 65):** Overall, 7% (MOE: 6-8%) of residents are uninsured (2018); improving trend compared to prior years per County Health Rankings (2021). (*Table 1.14*)
- **Routine healthcare:** 81% of respondents to the Greater Evansville Health Survey (2021) had a routine checkup in the last year. (*Table 1.18*)

**Key Findings from Provider/Stakeholder Surveys and Focus Groups**

- Challenges in accessing care/services was a barrier identified within a variety of health issues (e.g., mental health, substance use/abuse, chronic diseases). In addition, several subpopulations were identified as having unique issues accessing care (e.g., seniors, residents in rural areas, racial/ethnic groups, children and youth).

**Priority Issue: Obesity and Healthy Food Access.** Obesity and healthy food access relate to issues of food insecurity and promoting healthy lifestyles. Considerations specific to the prioritization of obesity and healthy food access included (a) high obesity rate and worsening trend within the county; (b) relationship between obesity and other chronic conditions; (c) food access, particularly in outlying areas (e.g., if there is no grocery store in the area, residents are limited to convenience stores); (d) families choosing fast food out of convenience, and younger adults lacking the knowledge to prepare healthy foods; (e) access to transportation can be an issue for food access; (f) specific opportunities to continue work with schools around healthy food access (e.g., providing meals, backpack program, etc.); and (g) there is need for hunger relief overall as well as increasing access to nutritious food.

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

- **Food insecurity:** 9.8% of residents in the county did not have a reliable source of food (State=12.4%). This represents 6,100 people (2019) (*Table 1.16*). Further, 5% of low-income residents have limited access to healthy foods (State=7%). Based on responses to the most recent Greater Evansville Health Survey (2021), 14% of residents reported not being able to purchase fruits and vegetables. (*Tables 1.15 & 1.18*)
- **Obesity/Inactivity:** 36% (MOE: 30-41%) of adults in the county meet criteria for obesity (State=34%); worsening trend compared to prior years per County Health Rankings (2021) (*Table 1.15*). Further, 29% (MOE: 24-35%) of residents report being physically inactive (no leisure time physical activity in the past month) (State=27%); worsening trend compared to prior years per County Health Rankings (2021). (*Table 1.15*)

- **Child Health/Overweight/Obesity:** Based on responses to the most recent Greater Evansville Health Survey (2021), 28% of children in the region had a BMI falling in the overweight or obese category. Further, 19% of adults reported that a doctor has told them their child is overweight. Further, 22% of children were told by a health professional to eat more fruits/vegetables, and 11% were told to get more physical activity. (*Table 1.18*)
- **Mortality:** There were 619 deaths in Warrick County representing a 768.4 age-adjusted rate per 100,000 residents (State=824.7). Heart disease was the leading cause of death in the county (County=169.1; State=178.7). (*Table 1.17*)

### Key Findings from Provider/Stakeholder Surveys and Focus Groups

- Obesity and food access/availability/safety health issues were ranked fourth and eighth among survey respondents, respectively. Among respondents including obesity as a top-five priority need, 90% perceived the issue as getting worse since 2018, and 90% reported inadequate resources are being devoted to addressing the issue. Among respondents including food access/availability/safety as a top-five priority need, 71% perceived the issue as getting worse since 2018, and 77% reported inadequate resources are being devoted to addressing the issue.
- Selected barriers across health issues related to obesity and food access/availability/safety included awareness/understanding/acknowledgement of the issues, accessing healthy foods/grocery stores, transportation, and costs of services/healthy foods.

# Secondary Data Review

## Overview

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

## Data Sources

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

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

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

## Considerations

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



## Population Characteristics

Demographic characteristics provide important insights for the development and delivery of health-related services and programs. Of the 63,898 residents of Warrick County, 90.4% are White alone, 1.7% are Black or African American alone, 4.4% are two or more races, 2.6% are Asian alone, and less than 1% are some other race alone, or Native Hawaiian and Other Pacific Islander alone, or American Indian and Alaska Native alone. Of any race, 2.2% are of Hispanic or Latino ethnicity.

### Overall Population

Table 1.1 Population by United States, Indiana, and Warrick County

	United States	Indiana	Warrick County
<b>Total population</b>	331,449,281	6,785,528	63,898

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

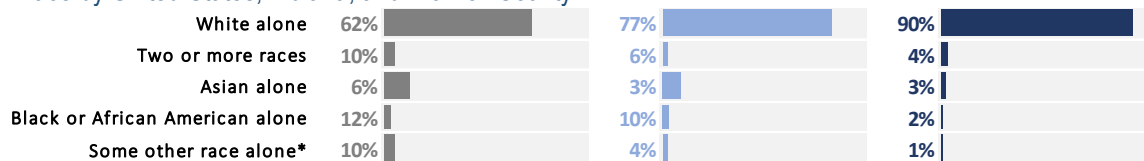
### Race

Table 1.2 Race by United States, Indiana, and Warrick County

	United States		Indiana		Warrick County	
<b>White alone</b>	204,277,273	<b>61.6%</b>	5,241,795	<b>77.2%</b>	57,756	<b>90.4%</b>
<b>Black or African American alone</b>	41,104,200	<b>12.4%</b>	648,513	<b>9.6%</b>	1,057	<b>1.7%</b>
<b>American Indian and Alaska Native alone</b>	3,727,135	<b>1.1%</b>	26,086	<b>0.4%</b>	111	<b>0.2%</b>
<b>Asian alone</b>	19,886,049	<b>6.0%</b>	167,959	<b>2.5%</b>	1,644	<b>2.6%</b>
<b>Native Hawaiian/Other Pacific Islander alone</b>	689,966	<b>0.2%</b>	3,137	<b>0.0%</b>	14	<b>0.0%</b>
<b>Some other race alone</b>	27,915,715	<b>8.4%</b>	261,312	<b>3.9%</b>	531	<b>0.8%</b>
<b>Two or more races</b>	33,848,943	<b>10.2%</b>	436,726	<b>6.4%</b>	2,785	<b>4.4%</b>

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

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



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

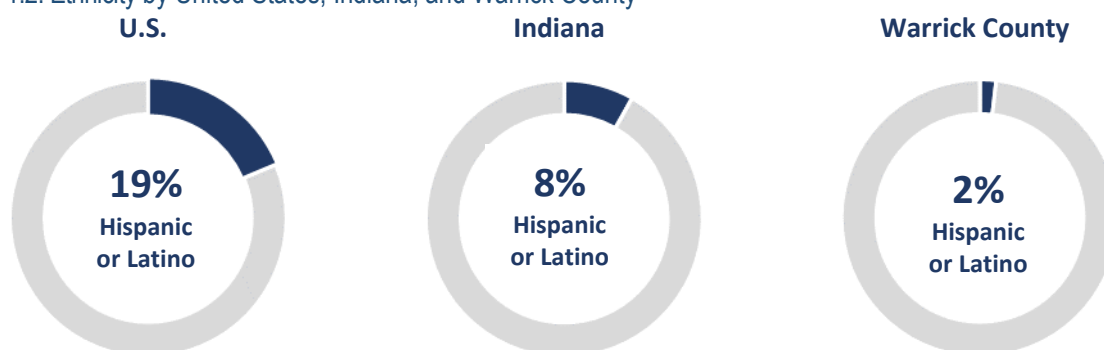
## Ethnicity

Table 1.3 Ethnicity by United States, Indiana, and Warrick County

	United States		Indiana		Warrick County	
Hispanic or Latino (of any race)	62,080,044	18.7%	554,191	8.2%	1,383	2.2%
Not Hispanic or Latino	269,369,237	81.3%	6,231,337	91.8%	62,515	97.8%

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

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



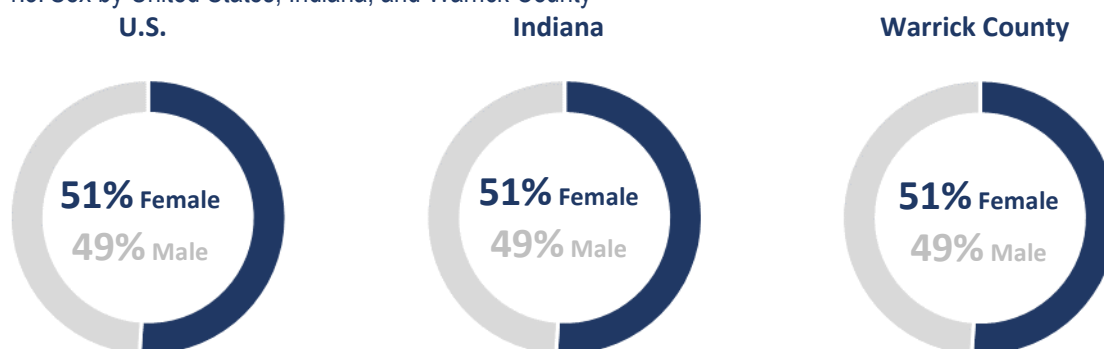
## Sex

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

	United States		Indiana		Warrick County	
Female	164,810,876	50.8%	3,380,857	50.7%	31,613	50.8%
Male	159,886,919	49.2%	3,284,846	49.3%	30,667	49.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates (Table ID: DP05)

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



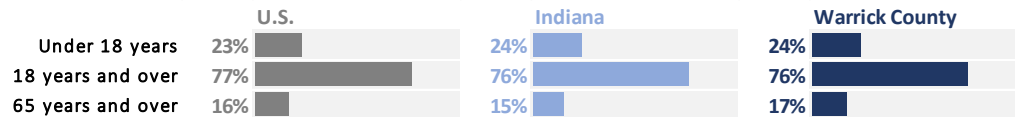
## Age

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

	United States		Indiana		Warrick County	
Median age (years)	38.1 years		37.7 years		41.2 years	
Under 18 years	73,429,392	22.6%	1,572,491	23.6%	14,950	24.0%
18 years and over	251,268,403	77.4%	5,093,212	76.4%	47,330	76.0%
65 years and over	50,783,796	15.6%	1,023,588	15.4%	10,594	17.0%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates (Table ID: DP05)

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



## Language

Table 1.6. Language by Indiana and Warrick County

	Indiana		Warrick County	
Not proficient in English	91,726	1.4%	237	0.4%

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

## Social, Community, & 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 way a hospital's programs are connected to a wider social services network. County high school graduation rates and the percentage of residents with some college both exceed the state percentages. Compared to the state, the county has a higher median household income, a lower percentage of children in single-parent families, lower rates of violent crime and injury deaths, a higher percentage of homeownership, and a lower percentage of residents with severe housing problems. Tables 1.7 to 1.10 provide a summary of social, community, and economic factors in Warrick County.

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

	Top US Performers	Indiana	Warrick County	Error Margin	Trend	County-State Comparison
<b>EDUCATIONAL ATTAINMENT</b>						
High School Completion <sup>a</sup>	94%	89%	<b>93%</b>	92-94%	<i>NA</i>	Better
Some College <sup>a</sup>	73%	63%	<b>74%</b>	69-79%	<i>NA</i>	Better
<b>INCOME</b>						
% Children in Poverty <sup>b</sup>	10%	15%	<b>8%</b>	5-11%	Same	Better
Income Inequality (ratio of household income at the 80 <sup>th</sup> to that at the 20 <sup>th</sup> percentile) <sup>a</sup>	3.7	4.3	<b>3.9</b>	3.5-4.2	<i>NA</i>	Better
Median Household Income <sup>b</sup>	\$72,900	\$57,600	<b>\$79,600</b>	\$73,700-\$85,500	<i>NA</i>	Better
<b>FAMILY/RELATIONSHIPS</b>						
% Children in Single-Parent Households <sup>a</sup>	14%	25%	<b>18%</b>	14-22%	<i>NA</i>	Better
Social Association Rate (per 10,000; local social/community support) <sup>c</sup>	18.2	12.3	<b>11.3</b>	---	<i>NA</i>	Worse
<b>CRIME/VIOLENCE</b>						
Violent Crime Rate (per 100,000) <sup>d</sup>	<i>NA</i>	385	<b>223</b>		Same	Better
Homicide Rate (per 100,000) <sup>e</sup>	<i>NA</i>	6	<b>2</b>	1-4	<i>NA</i>	Better
<b>SUICIDE/INJURY</b>						
Suicide Rate (per 100,000) <sup>f</sup>	11	15	<b>16</b>	11-21	<i>NA</i>	Within Mar.
Injury Death Rate (per 100,000) <sup>f</sup>	59	80	<b>61</b>	52-70	<i>NA</i>	Better
<b>HOUSING</b>						
% Homeowner <sup>a</sup>	81%	69%	<b>79%</b>	76-81%	<i>NA</i>	Better
% Severe Housing Problems <sup>g</sup>	9%	13%	<b>9%</b>	7-11%	<i>NA</i>	Better

Source: <sup>a</sup>County Health Rankings, 2021 (U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates);

<sup>b</sup>County Health Rankings, 2021 (Small Area Income and Poverty Estimates, 2019); <sup>c</sup>County Health Rankings, 2021 (County Business Patterns, 2018); <sup>d</sup>County Health Rankings, 2021 (Uniform Crime Reporting (UCR), 2014 & 2016); <sup>e</sup>County Health Rankings, 2021 (National Center for Health Statistics-Mortality Files, 2013-2019); <sup>f</sup>County Health Rankings, 2021 (National Center for Health Statistics-Mortality Files, 2015-2019); <sup>g</sup>County Health Rankings, 2021 (U.S. Census Bureau, Comprehensive Housing Affordability (CHAS data) 2013-2017)

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

	Top US Performers	Indiana	Warrick County
<b>EMPLOYMENT (ACS 5-Year Estimates)</b>			
Labor Force Participation Rate <sup>a</sup>	---	---	66.7%
Unemployment Rate <sup>b</sup>	2.6%	3.3%	2.9%

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

	Warrick County
<b>EMPLOYMENT (Greater Evansville Economic Development)</b>	
Number of People in the Labor Force <sup>a</sup>	32,754
Unemployment Rate <sup>a</sup>	3.7%

Source: <sup>a</sup>Growth Alliance: Greater Evansville Economic Development (Applied Geographic Solutions and GIS Planning, 2021)  
Available: <https://www.growthallianceevv.com/why-evansville/demographics>; Retrieved 9/22/2021

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

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

*Note: The Point in Time (PIT) count reflects Region 12 and is not unique to Warrick County. Since a large portion of the count includes individuals in shelters and most homeless shelters and resources are provided in Vanderburgh County, the Region 12 PIT count is an important consideration for understanding homelessness in the area.*

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

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

<sup>b</sup>2021 Point of Time Count (ECHO Housing); Received September 22, 2021)

Table 1.10. Family and Community Indicators by State and County

	Indiana	Warrick County
Child Abuse and Neglect Rate (per 1,000)	18.3	12.8
CHINS Rate (per 1,000)-active cases	6.2	5.8
Experience with Foster Care (Children in care at some point)	29,287	200

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

## Quality of Life Indicators

Self-reported rankings of overall health status, and the number of days in a given month individuals would rate their physical and mental health as being poor, offer important insights into the factors that often influence individuals to seek care or support, and share well documented associations with care outcomes. Additionally, low birthweight is commonly used as a gauge for the existence of multi-faceted public health problems. Warrick County has a similar percentage of children born with low birthweight compared to the state and is at similar levels on self-reported measures of poor/fair health and physical and mental health days. Results are summarized in Table 1.11.

Table 1.11. Quality of Life Indicators by United States, Indiana, and Warrick County

	Top US Performers	Indiana	Warrick County	Error Margin	Trend	County-State Comparison
Poor or Fair Health <sup>a</sup>	14%	18%	15%	13-18%	NA	Within Mar.
Average Number of Poor Physical Health Days <sup>a</sup>	3.4 days	4.0 days	3.6 days	3.1-4.0	NA	Within Mar.
Average Number of Poor Mental Health Days <sup>a</sup>	3.8 days	4.7 days	4.4 days	3.9-4.8	NA	Within Mar.
Low Birthweight <sup>b</sup>	6%	8%	8%	7-8%	NA	Within Mar.

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

## Health & Birth Outcome Indicators

Common health indicators that provide insight into the general health state of a community include premature mortality, infant mortality, chronic disease (diabetes), infectious disease (HIV), and both physical and mental distress. On these indicators, Warrick County largely mirrors the averages for the state of Indiana except for lower premature mortality rates and lower HIV prevalence. However, both the state and county have health outcomes that indicate a level of health worse than the top U.S. performing regions. Table 1.12 provides an overview of these leading health indicators for Warrick County.

Table 1.12. Health Outcome Indicators by United States, Indiana, and Warrick County

	Top US Performers	Indiana	Warrick County	Error Margin	Trend	County-State Comparison
Premature Age-Adj. Mortality (per 100,000) <sup>a</sup>	280	400	340	310-360	NA	Better
Child Mortality (per 100,000) <sup>b</sup>	40	60	40	30-60	NA	Within Mar.
*Infant Mortality (per 1,000) <sup>c</sup>	4	7	5	3-8	NA	Within Mar.
Frequent Physical Distress (14 or more days or poor physical health) <sup>d</sup>	10%	12%	11%	10-12%	NA	Within Mar.
Frequent Mental Distress (14 or more days or poor mental health) <sup>d</sup>	12%	15%	14%	12-15%	NA	Within Mar.
Diabetes Prevalence <sup>e</sup>	8%	12%	14%	11-18%	NA	Within Mar.
HIV Prevalence (per 100,000) <sup>f</sup>	50	206	77	---	NA	Better

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

\*Note: As reported in a recent presentation by the Indiana Department of Health (Indiana Infant Mortality & Birth Outcomes, 2019, Indiana Department of Health: Maternal and Child Health Epidemiology, April 2021), the infant mortality rate for Warrick County (2015-2019) is 5.0 compared to the state rate of 7.1. The data source and years of analysis should be considered when interpreting results.

Birth outcomes are related to infant mortality and are important measures in understanding maternal child health. Warrick County has better outcomes on most indicators compared to the state. Table 1.13 provides an overview of these leading health indicators for Warrick County.

Table 1.13. Birth Outcomes Indicators by Indiana and Warrick County

	Indiana	Warrick County
Low Birthweight (<2500g) <sup>a</sup>	8.2%	8.4%
Very Low Birthweight (<1500g) <sup>b</sup>	1.4%	1.0%
Medicaid Coverage (at delivery) <sup>a</sup>	38.5%	22.2%
Teen Births (Ages 15-19 per 1,000 live births) <sup>a</sup>	20.7	14.8
Smoking During Pregnancy <sup>a</sup>	11.8%	9.1%
Breastfeeding (at hospital discharge) <sup>a</sup>	82.0%	89.5%
Preterm (<37 weeks gestation) <sup>a</sup>	10.1%	11.2%
Early (1st Trimester) Prenatal Care <sup>a</sup>	68.9%	84.5%

Source: <sup>a</sup>Indiana Infant Mortality & Birth Outcomes, 2019, Indiana Department of Health: Maternal and Child Health Epidemiology, April 2021; <sup>b</sup>Indiana Infant Mortality & Birth Outcomes, 2015-2019, Indiana Department of Health: Maternal and Child Health Epidemiology, April 2021

# Clinical Characteristics

Data were used to help assess and consider issues closely aligned with the nation's objectives of improving access to care, reducing health care costs, adhering to preventative screenings and chronic disease monitoring, and improving the proportion of the population (especially children) who have health insurance.

When overall resident-to-healthcare provider ratios are considered (without considering populations served, insurance types accepted, or magnitude of need for services), Warrick County has higher healthcare ratios compared to the state based on the availability of primary care and other health care providers. However, compared to the state, ratios for mental health providers and dentists are lower. Uninsured rates in Warrick County are better than those in the state. Further, mammography screening is higher than the state, and preventable hospital stays are higher than state rates. Table 1.14 provides a summary of these clinical characteristics of Warrick County.

Table 1.14. Clinical Characteristics by United States, Indiana, and Warrick County

	Top US Performers	Indiana	Warrick County	Error Margin	Trend	County-State Comparison
<b>INSURANCE STATUS</b>						
Uninsured (under 65) <sup>a</sup>	6%	10%	7%	6-8%	Better	Better
Uninsured Adults (under 65) <sup>a</sup>	7%	11%	8%	7-9%	Better	Better
Uninsured Children (under 19) <sup>a</sup>	3%	7%	5%	4-6%	Better	Better
<b>PROVIDERS</b>						
Primary Care Physicians <sup>b</sup>	1,030:1	1,500:1	630:1	---	Better	Better
Dentists <sup>c</sup>	1,210:1	1,750:1	2,420:1	---	Same	Worse
*Mental Health Providers <sup>d</sup>	270:1	590:1	1,750:1	---	NA	Worse
Other Primary Care Providers <sup>d</sup>	620:1	990:1	800:1	---	NA	Better
<b>PREVENTION</b>						
Preventable Hospital Stays (per 100,000)	2,565	4,795	5,100	---	Same	Worse
Mammography Screening in Past Year (ages 65-74 enrolled in Medicare Part B) <sup>e</sup>	51%	42%	51%	---	Better	Better

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

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

# Behavioral Factors

A range of leading health behavior indicators that share important associations with leading causes of morbidity and mortality in the county were assessed. Tables 1.15 and 1.16 provide 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 1.15. Behavioral Characteristics by United States, Indiana, and Warrick County**

	Top US Performers	Indiana	Warrick County	Error Margin	Trend	County-State Comparison
<b>SMOKING</b>						
Adult Smoking <sup>a</sup>	16%	22%	20%	17-24%	<i>NA</i>	Within Mar.
<b>NUTRITION/PHYSICAL ACTIVITY</b>						
Adult Obesity <sup>b</sup>	26%	34%	36%	30-41%	Worse	Within Mar.
Food Environment Index <sup>c</sup>	8.7	7.0	8.4	---	<i>NA</i>	Better
Physical Inactivity <sup>b</sup>	19%	27%	29%	24-35%	Same	Within Mar.
Access to Exercise Opportunities <sup>d</sup>	91%	75%	86%	---	<i>NA</i>	Better
Food Insecurity <sup>e</sup>	9%	13%	10%	---	<i>NA</i>	Better
Limited Access to Health Foods <sup>f</sup>	2%	7%	5%	---	<i>NA</i>	Better
<b>ALCOHOL USE</b>						
Excessive Drinking <sup>a</sup>	15%	19%	18%	17-20%	<i>NA</i>	Within Mar.
Alcohol-Impaired Driving Deaths <sup>g</sup>	11%	19%	25%	16-35%	Same	Within Mar.
Drug Overdose Deaths (per 100,000) <sup>h</sup>	11	26	11	6-16	<i>NA</i>	Better
<b>SEXUAL BEHAVIOR</b>						
Sexually Transmitted Infections (per 100,000) <sup>i</sup>	161.2	523.9	275.1	---	Worse	Better
Teen Births <sup>j</sup>	12	25	18	16-20	<i>NA</i>	Better
<b>SLEEP</b>						
Insufficient Sleep <sup>a</sup>	32%	38%	35%	33-37%	<i>NA</i>	Better

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

**Table 1.16. Food Insecurity by State and County as Reported by Feeding America**

	Indiana	Warrick County
# of food insecure people	834,530	6,100
Food insecure rate	12.4%	9.8%

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

# Mortality Indicators

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

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

There were 619 deaths in Warrick County representing a 768.4 age-adjusted rate per 100,000 residents (State=824.7). Heart disease is the leading cause of death in the county followed by cancer. Table 1.17 provides a summary of these various mortality indicators for the county and state.

**Table 1.17. Mortality Indicators by Indiana, and Warrick County**

Mortality Cause	Indiana		Warrick County	
	Deaths	Age-Adjusted Death Rate per 100,00	Deaths	Age-Adjusted Death Rate per 100,00
All Causes	66,005	824.7	619	768.4
Malignant neoplasms (Cancer)	13,510	163.3	124	146.3
Malignant neoplasm of stomach	188	2.4	4	0.0
Malignant neoplasms of colon, rectum, and anus	1,214	15.0	7	0.0
Malignant neoplasms of pancreas	998	11.8	11	11.7
Malignant neoplasms of trachea, bronchus and lung	3,628	42.9	36	41.0
Malignant neoplasm of breast	857	10.6	9	0.0
Malignant neoplasms of cervix uteri, corpus uteri and ovary	572	7.0	3	0.0
Malignant neoplasm of prostate	655	7.9	7	0.0
Malignant neoplasms of urinary tract	705	8.5	5	0.0
Non-Hodgkin's Lymphoma	463	5.7	2	0.0
Leukemia	527	6.6	6	0.0
Other Malignant Neoplasms	3,703	44.9	34	41.2
Diabetes Mellitus	2,064	25.0	18	22.6
Alzheimer's Disease	2,562	31.7	44	53.6
Major cardiovascular diseases	19,331	237.5	177	214.3
Diseases of heart	14,549	178.7	139	169.1
Hypertensive Heart Disease with or without renal disease	1,062	13.1	3	0.0
Ischemic heart diseases	7,610	93.1	73	89.2
Other diseases of heart	5,877	72.6	63	76.5
Essential hypertension and hypertensive renal disease	860	10.4	4	0.0
Cerebrovascular disease (stroke)	3,362	41.5	29	34.0
Atherosclerosis	58	0.7	1	0.0
Other diseases of circulatory system	502	6.2	4	0.0
Influenza and pneumonia	932	11.6	9	0.0
Chronic lower respiratory diseases	4,644	56.1	46	54.3
Peptic ulcer	54	0.7	0	0.0
Chronic liver disease and cirrhosis	938	12.0	10	13.3
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	1,388	17.1	14	17.1
Pregnancy, childbirth and the puerperium	51	0.9	1	0.0
Certain conditions originating in the perinatal period	207	3.6	1	0.0
Congenital malformations, deformations and chromosomal abnormalities	261	4.0	3	0.0
Sudden infant death syndrome (SIDS)	55	0.9	0	0.0

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)	452	6.0	3	0.0
All other diseases	13,947	172.7	127	157.1
Motor vehicle accidents	875	12.6	4	0.0
All other and unspecified accidents and adverse effects	3,148	45.3	27	41.5
Intentional self-harm (suicide)	969	14.1	10	15.9
Assault (homicide)	464	7.2	1	0.0
All other external causes	156	2.4	0	0.0
Accidents (unintentional injuries)	3,881	56.1	29	46.9
Septicemia	1,154	14.3	9	0.0

Source: Indiana State Department of Health - Epidemiology Resource Center (2019). Available: [https://gis.in.gov/apps/isdh/meta/stats\\_layers.htm?q=VAR\\_ID%20like%20%27DEATH%27&prof=18](https://gis.in.gov/apps/isdh/meta/stats_layers.htm?q=VAR_ID%20like%20%27DEATH%27&prof=18)

## Other Community Health Indicators

Approximately every five years, the Welborn Baptist Foundation conducts a survey of resident health perceptions and behaviors within their service area. The 2021 survey was conducted in the Greater Evansville region including Gibson, Posey, Vanderburgh, Warrick, and Henderson counties. Survey results offer important insights into various health indicators within the county and region. Results are presented in Table 1.18 below.

Table 1.18. Selected Health Indicators from the 2021 Greater Evansville Health Survey

	Region (Gibson, Posey, Vanderburgh, Warrick, Henderson)	Warrick County
<b>ADULT PHYSICAL HEALTH</b>		
% of adults with a routine checkup in the last year	80%	81%
% with some type of arthritis	25%	24%
% with high blood pressure	32%	30%
% with high blood cholesterol	23%	26%
% with diabetes	10%	9%
% with heart disease	5%	3%
% with asthma	8%	9%
% with COPD	6%	5%
% obese	35%	31%
<b>ALCOHOL USE</b>		
% binge drinking/drinking in excess	29%	24%
<b>NUTRITION/FOOD ACCESS</b>		
Number of times consumed fruit	5	6
Number of times consumed vegetables	10	10
% unable to purchase fresh fruits and vegetables	23%	14%
<b>PHYSICAL ACTIVITY</b>		
% getting recommended physical activity	49%	45%
<b>SMOKING</b>		
% reporting currently smoking cigarettes	12%	8%
<b>ADULT MENTAL HEALTH</b>		
% with depressive disorder in the past 12 months	20%	19%
% with an anxiety disorder in the past 12 months	22%	19%
<b>HOUSING, NEIGHBORHOODS, &amp; HEALTH</b>		
% of residents reporting sidewalks or walking paths nearby	53%	54%
% reporting litter near their home	25%	19%
% reporting blight near their home	24%	15%
% reporting vandalism near their home	11%	5%
<b>CHILDREN'S HEALTH</b>		
% of children told to by a health professional to eat more fruits/vegetables	22%	---

	Region (Gibson, Posey, Vanderburgh, Warrick, Henderson)	Warrick County
% of children told to by a health professional to get more physical activity	11%	---
% of children told to by a health professional to get more sleep	9%	---
% of children told to by a health professional to reduce stress	7%	---
% reporting child has asthma	11%	---
<b>CHILD MENTAL HEALTH</b>		
% reporting a diagnosis of ADD/ADHD	18%	---
% reporting a diagnosis of anxiety	15%	---
% reporting a diagnosis of depression	7%	---
% reporting a diagnosis of behavior/conduct disorder	6%	---
% reporting a diagnosis of autism	3%	---
<b>CHILD WEIGHT</b>		
% overweight or obese (based on BMI)	28%	---
% of adults reporting that a doctor has told them their child is overweight	19%	---

Note: Child health data are only reported for the region. Also, due to differences in survey methodology, state-level and prior year comparisons were not included.

Source: Welborn Baptist Foundation Greater Evansville Health Survey, 2021. Available :

<https://www.welbornfdn.org/app/uploads/2021/03/2021-Welborn-GEHS-Book-Web.pdf>. Retrieved September 23, 2021.

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# Provider/Stakeholder Survey Results

## Overview

In the summer of 2021, the Community Health Needs Assessment (CHNA) steering committee identified organizations serving Warrick County with unique perspectives on community health. Representatives from the identified organizations were invited to complete a survey around the primary issues impacting health and social determinants of health among residents. In total, 60 participants provided survey feedback. Most respondents worked in the medical/healthcare field (35.6%) or nonprofit organizations (27.1%), though public service (15.3%), business/economic development (13.6%), and education/youth development (8.5%) organizations were also represented. Nearly three-fourths of respondents identified as management or organizational leadership (74.6%), while others represented professional/technical (5.1%), administrative/clerical (1.7%), or service/trade (1.2%) positions. An additional 6.8% identified as nurses or nursing support, while others were not identified in any categories.

The survey itself included three sequential steps:

- 1 Survey respondents were presented with a list of twenty (20) health issues and social determinants of health, as well as an opportunity to write-in other issues not included on the list. Participants were then instructed to **select the five (5) issues they consider to be highest priority needs** in Warrick County.
- 2 Respondents then **ranked the five (5) issues they selected** during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority). Ultimately, ranking scores were reversed such that higher total ranking scores indicated higher priority.
- 3 Finally, for each of the five (5) selected issues, respondents were invited to provide feedback on three areas:
  - The **perceived trend** of the issue since 2018 (*Survey item: Since 2018, this health issue has: Gotten a lot worse, Gotten a little worse, Stayed about the same, Improved a little, Improved a lot*);
  - The perceived **adequacy of resources** devoted to addressing the issue in this county (*Survey item: There are adequate resources devoted to addressing this health issue in this county. Response options: Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree*); and
  - Any perceived **barriers** to addressing the issue in the county (*Survey item: Please identify up to three specific barriers to addressing this health issue in this county*).

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

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

Mental health and substance/drug use or abuse were the highest ranked health issues in the county based on respondents who included the issues as a top-five priority need. Mental health was ranked highest. Among respondents including mental health as a top-five priority need, 93% perceived mental health as getting worse since 2018, and 92% reported inadequate resources are being devoted to addressing mental health. Substance/drug use or abuse was ranked second. Among respondents including substance/drug use or abuse as a top-five priority need, 82% perceived substance/drug use or abuse as getting worse since 2018, and 80% reported inadequate resources are being devoted to addressing substance/drug use or abuse. Figure 2.1 summarizes results for each health issue by rankings, perceived worsening trend, and perceived inadequacy of resources. Tables 2.1 through 2.3 provide additional details for each health issue.

Figure 2.1 Combined Survey Data for Health Issues in Warrick County

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Mental health	180	93.8%	91.7%
2	Substance/drug use or abuse	140	81.8%	79.5%
3	Chronic diseases	107	77.8%	44.4%
4	Obesity	81	89.7%	89.7%
5	Aging and older adult needs	65	68.2%	86.4%
6	Alcohol use or abuse	64	59.1%	68.2%
7	Child neglect and abuse	52	66.7%	86.7%
8	Food access, affordability, and safety	45	70.6%	76.5%
9	Tobacco use or vaping	37	66.7%	66.7%
10	Poverty	22	50.0%	50.0%
11	Dental care	16	28.6%	57.1%
12	Suicide	15	87.5%	87.5%
13	Disability needs	14	28.6%	57.1%
14	Injuries and accidents	9	33.3%	0.0%
15	Infectious diseases like HIV, STDs, and hepatitis	7	66.7%	33.3%
16(T)	Environmental issues	5	100%	100%
16(T)	Violent crime	5	50.0%	100%
18	Infant mortality	3	100%	100%
19	Reproductive health and family planning	2	0.0%	50.0%
20	Homelessness	1	100%	100%

## Ranking Health Issues

Table 2.1 Ranking of Health Issues in Warrick County

*Mental health and substance/drug use or abuse were included by **more than half** of survey respondents as top-five priority needs. With 180 ranking points (29% more than the second highest health issue), mental health was the **#1 ranked** health issue.*

Health Issue	Percentage Identifying the Health Issue as a Top-Five Priority Need (N=60)	Total Ranking Points Assigned to the Health Issue	Priority Ranking Based on Total Ranking Points
Mental health	80.0%	180	<b>1</b>
Substance/drug use or abuse	73.3%	140	<b>2</b>
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	46.7%	107	<b>3</b>
Obesity	48.3%	81	<b>4</b>
Aging and older adult needs	38.3%	65	<b>5</b>
Alcohol use or abuse	38.3%	64	<b>6</b>
Child neglect and abuse	26.7%	52	<b>7</b>
Food access, affordability, and safety	28.3%	45	<b>8</b>
Tobacco use or vaping	31.7%	37	<b>9</b>
Poverty	13.3%	22	<b>10</b>
Dental care	13.3%	16	<b>11</b>
Suicide	13.3%	15	<b>12</b>
Disability needs	11.7%	14	<b>13</b>
Injuries and accidents	5.0%	9	<b>14</b>
Infectious diseases like HIV, STDs, and hepatitis	5.0%	7	<b>15</b>
Environmental issues	3.3%	5	<b>16(T)</b>
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	3.3%	5	<b>16(T)</b>
Infant mortality	1.7%	3	<b>18</b>
Reproductive health and family planning	3.3%	2	<b>19</b>
Homelessness	1.7%	1	<b>20</b>

## Perceived Trends of Health Issues (Since 2018)

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

**94%** of survey respondents who included mental health as a top-five priority need and **82%** of those who included substance/drug use or abuse perceived the health issues as **getting worse** in this county since 2018.

Health Issue	A lot worse	A little worse	About the same	A little better	A lot better	A little or a lot worse	N
Aging and older adult needs	9.1%	59.1%	27.3%	4.5%	-	<b>68.2%</b>	22
Alcohol use or abuse	18.2%	40.9%	40.9%	-	-	<b>59.1%</b>	22
Child neglect and abuse	20.0%	46.7%	33.3%	-	-	<b>66.7%</b>	15
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	25.9%	51.9%	22.2%	-	-	<b>77.8%</b>	27
Dental care	-	28.6%	71.4%	-	-	<b>28.6%</b>	7
Disability needs	14.3%	14.3%	57.1%	14.3%	-	<b>28.6%</b>	7
Environmental issues	-	100.0%	-	-	-	<b>100%</b>	2
Food access, affordability, and safety	23.5%	47.1%	17.6%	11.8%	-	<b>70.6%</b>	17
Homelessness	-	100.0%	-	-	-	<b>100%</b>	1
Infant mortality	-	100.0%	-	-	-	<b>100%</b>	1
Infectious diseases like HIV, STDs, and hepatitis	-	66.7%	33.3%	-	-	<b>66.7%</b>	3
Injuries and accidents	33.3%	-	66.7%	-	-	<b>33.3%</b>	3
Mental health	50.0%	43.8%	6.3%	-	-	<b>93.8%</b>	48
Obesity	44.8%	44.8%	10.3%	-	-	<b>89.7%</b>	29
Poverty	25.0%	25.0%	50.0%	-	-	<b>50.0%</b>	8
Reproductive health and family planning	-	-	100%	-	-	-	2
Substance/drug use or abuse	45.5%	36.4%	18.2%	-	-	<b>81.8%</b>	44
Suicide	37.5%	50.0%	12.5%	-	-	<b>87.5%</b>	8
Tobacco use or vaping	50.0%	16.7%	33.3%	-	-	<b>66.7%</b>	18
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	-	50.0%	50.0%	-	-	<b>50.0%</b>	2

## Perceived Adequacy of Resources to Addressing Health Issues

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

**92%** of survey respondents who included mental health as a top-five priority need and **80%** of those who included substance/drug use or abuse reported **inadequate resources are being devoted to addressing the health issues.**

There are adequate resources devoted to addressing this health issue in this county.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Disagree or strongly disagree	N
Aging and older adult needs	9.1%	77.3%	13.6%	-	-	<b>86.4%</b>	22
Alcohol use or abuse	13.6%	54.5%	27.3%	4.5%	-	<b>68.2%</b>	22
Child neglect and abuse	13.3%	73.3%	13.3%	-	-	<b>86.7%</b>	15
Chronic diseases (e.g., diabetes, hypertension, high cholesterol, heart disease, COPD)	3.7%	40.7%	33.3%	22.2%	-	<b>44.4%</b>	27
Dental care	14.3%	42.9%	42.9%	-	-	<b>57.1%</b>	7
Disability needs	14.3%	42.9%	28.6%	14.3%	-	<b>57.1%</b>	7
Environmental issues	50.0%	50.0%	-	-	-	<b>100%</b>	2
Food access, affordability, and safety	17.6%	58.8%	11.8%	11.8%	-	<b>76.5%</b>	17
Homelessness	100%	-	-	-	-	<b>100%</b>	1
Infant mortality	-	100%	-	-	-	<b>100%</b>	1
Infectious diseases like HIV, STDs, and hepatitis	-	33.3%	66.7%	-	-	<b>33.3%</b>	3
Injuries and accidents	-	-	66.7%	33.3%	-	-	3
Mental health	39.6%	52.1%	8.3%	-	-	<b>91.7%</b>	48
Obesity	20.7%	69.0%	10.3%	-	-	<b>89.7%</b>	29
Poverty	12.5%	37.5%	50.0%	-	-	<b>50.0%</b>	8
Reproductive health and family planning	-	50.0%	50.0%	-	-	<b>50.0%</b>	2
Substance/drug use or abuse	36.4%	43.2%	20.5%	-	-	<b>79.5%</b>	44
Suicide	25.0%	62.5%	12.5%	-	-	<b>87.5%</b>	8
Tobacco use or vaping	33.3%	33.3%	33.3%	-	-	<b>66.7%</b>	18
Violent crime (e.g., sexual assault, domestic violence, gun violence, or rape)	50.0%	50.0%	-	-	-	<b>100%</b>	2



## Identified Barriers

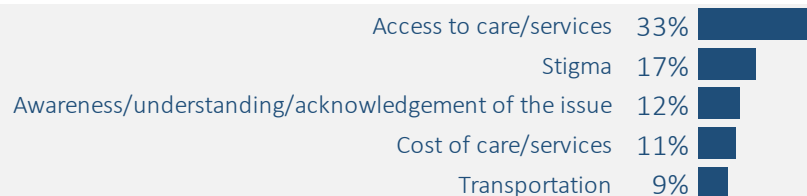
For each of the five (5) selected issues, respondents were invited to identify up to three specific **barriers** to addressing the issue in the county. Data were first organized by each health issue for analysis. Each open-ended comment was reviewed and divided into unique ideas or concepts. Next, overall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

While respondent rankings, perceived trends, and inadequacy of resources allow for an overall understanding of top priorities, barriers specific to these health issues further understanding of the specific challenges faced to addressing the issue. For example, mental health was identified as the highest ranked priority need. When barriers specific to mental health were examined, a third (33%) were related to accessing care/services (e.g., lack of available mental health professionals). Further, 17% of identified barriers related to stigma (e.g., many people do not understand mental health is a medical condition; negative stigma continues to exist). Figure 2.2 displays the frequency of the most common barrier categories for the highest ranked health issues and/or related health issues. Results are organized by related health issues (e.g., mental health and suicide).

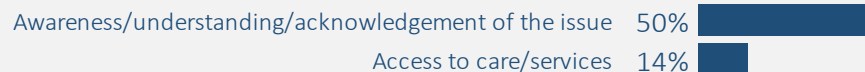
Figure 2.2 Identified Barriers to Addressing Identified Health Issue

### Mental health/Suicide

#### Mental health: 102 Barriers Described

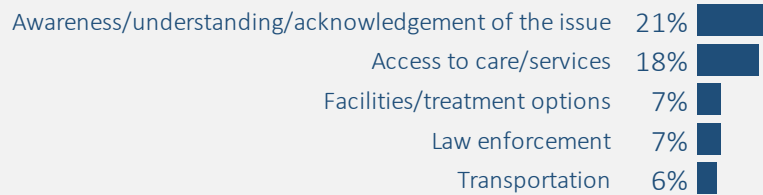


#### Suicide: 14 Barriers Described

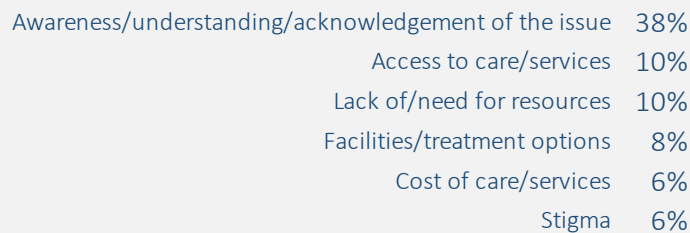


## Substance/drug use or abuse/Alcohol use or abuse/Tobacco use or vaping

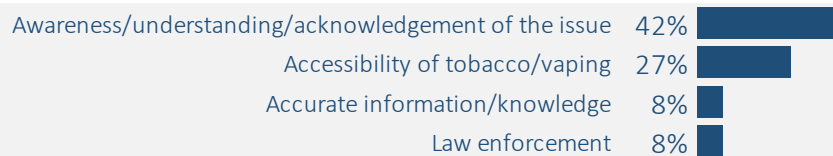
### Substance/drug use or abuse: 89 Barriers Described



### Alcohol use or abuse: 48 Barriers Described

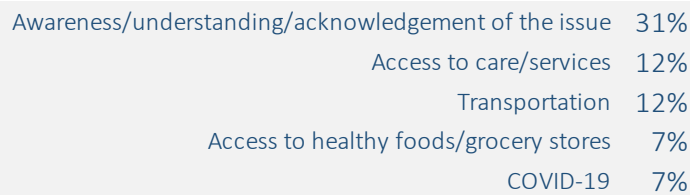


### Tobacco use or vaping: 26 Barriers Described



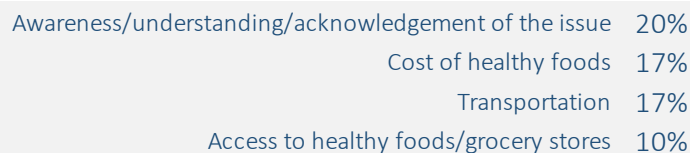
## Chronic diseases

### Chronic diseases: 59 Barriers Described

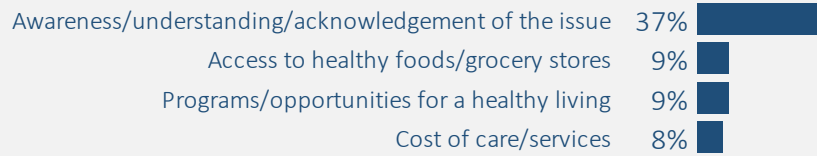


## Food access, availability, and safety/Obesity

### Food access, availability, and safety: 30 Barriers Described

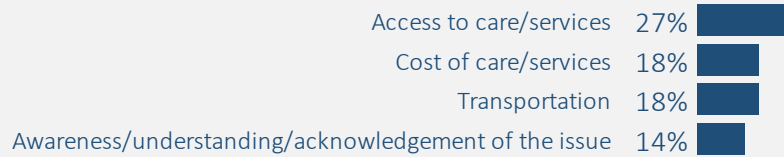


### Obesity: 65 Barriers Described



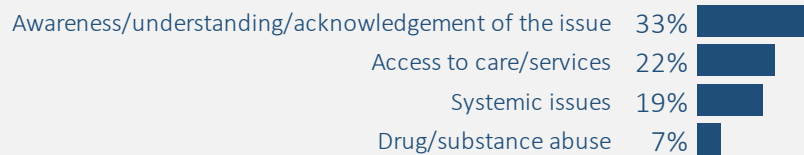
## Aging and older adult needs

### Aging and older adult needs: 51 Barriers Described



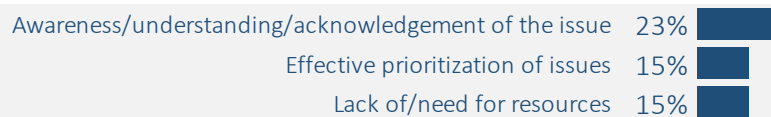
## Child neglect and abuse

### Child neglect and abuse: 27 Barriers Described



## Poverty

### Poverty: 13 Barriers Described



# Provider/Stakeholder Focus Group Highlights

## Overview

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

In total, **5 focus groups** were conducted in Warrick County on July 28, 2021. The **25 total participants** represented medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development. Focus groups were facilitated by Diehl Consulting Group with support from members of the CHNA steering committee. All focus groups were recorded and transcribed for analysis. Analysis of the focus group feedback included the following sequential steps:

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

## Considerations

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

# Mental Health

## 10

unique barrier themes described related to mental health

### Subpopulation Feedback

#### Children/Youth

- Limited access to providers in schools and outside providers
- Social media contributes to mental health issues
- Social-emotional learning is being implemented in schools to address mental health issues among children

#### Seniors

- Transportation and technology are barriers to getting care for seniors
- Isolation during the pandemic hurt mental health of older population

#### Rural Residents

- Fewer options for transportation and resources



#### Access to care/services:

*In the northern part of the county (Lynnville, Elberfeld), there is a lack of resources.*



#### Awareness of resources/services

*A lot of times, families don't even know where to start.*



#### Transportation

*Transportation is an issue for any type of care (including mental health), especially out in the smaller communities where we don't have a lot of transportation.*



#### Case management/continuity of care/coordination

*Having a person that can help navigate and connect the dots for people would be very helpful.*



#### COVID-19

*I do think the elderly mental health has really increased due to isolation and anxiety with COVID-19. We've seen a lot of that here and main campus. It's an increase in dynamic.*



#### Awareness/understanding/acknowledgement of the issue

*Need to create awareness around mental health.*



#### Coping skills

*[Adults] don't know how to express or regulate themselves.*



#### School-based supports

*Only one social worker for 2,000 kids at [high school].*



#### Stigma

*They struggle with the stigma of mental health and helping people to freely talk about it. We encourage people to bring this topic up to their medical providers.*



#### Specific drug use

*Main drug abuse we see is still prescription drugs. The media latches on to meth and marijuana but so many more people are addicted to their prescription drugs. When they can't get that drug that's when it leads to other crimes.*

# Substance/Drug Use or Abuse

4

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

## Subpopulation Feedback

### Children/Youth

- Youth are using drugs as a coping mechanism
- Lack of accurate information given to children

### Incarcerated Individuals

- A lot of incarcerated individuals have drug- or alcohol-related issues, and there are no programs to help them while they are incarcerated



### Co-occurring issues

*Mental health and substance use go hand-in-hand.*



### Awareness/understanding/acknowledgement of the issue

*Back to needing more education - how it affects long term health, how it affects the community.*



### Coping skills

*Individuals use drugs as a coping mechanism for mental health or other issues.*



### Data

*We're seeing more of the opiate issue and prescription medications coming through the ED more now than in the past.*

## Alcohol Use or Abuse

3

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

### Subpopulation Feedback

#### Children/Youth

- Alcohol is seen as socially acceptable and not dangerous

#### Women

- Alcohol use has increased among women during the pandemic



#### Awareness/understanding/acknowledgement of the issue

*With alcoholism its more socially accepted, and so people don't know that it's something they shouldn't do.*



#### COVID-19

*With the pandemic, substance use has increased, especially with alcohol. Alcohol is now more socially acceptable.*



#### Prevalence

*Leading admittance for detox is alcohol, benzos, or opioids. Alcohol is still the leading issue of care for medical detox (60% detox care admissions is alcohol), not drugs (for adults).*

## Tobacco Use or Vaping

2

unique barrier themes described related to **tobacco use or vaping**

### Subpopulation Feedback

#### Children/Youth

- Youth do not see vaping as dangerous and get addicted at a young age



#### Access to tobacco/vaping

*The access to all the candy flavored vaping stuff, the industry says it's not aimed at kids, but it sure is.*



#### Awareness/understanding/acknowledgement of the issue

*I think people who vape have forgotten about the health risks of smoking...To try to get access restricted or lowered, people need to know these products are not good and are just like cigarettes.*

# Chronic Diseases

## 4

unique barrier themes described related to chronic diseases

### Subpopulation Feedback

#### Children/Youth

- Children are losing caregivers due to chronic diseases

#### Employers

- Heavy reliance on social workers, but there is a shortage right now
- Expensive for employers to pay for insurance for employees

#### Race/Ethnicity

- Need for cultural understanding
- Need for interpreters



#### Transportation

*Transportation is an issue and gets out of hand until they have no other options [other than ER].*



#### Awareness of resources/services

*There's always opportunity to better educate our community on what resources are out there. People come through the ED without healthcare, and we have processes and people to talk to them and give pamphlets, but we only get to them when there's an acute issue. I'm not sure there's training for the community to get them to know who to access before the acute issue arrives.*



#### Awareness/understanding/acknowledgement of issue

*They don't know about their condition or how to manage it.*



#### Co-occurring issues

*With the community members I interact with, many older people with diabetes, it tends to come up a lot about their eating habits and issues such as cholesterol issues. It usually leads to other significant events such as heart disease, etc. They go hand in hand.*

# Obesity

5

unique barrier themes described related to obesity

## Subpopulation Feedback

### Children/Youth

- Children are more sedentary and less interested in physical activity
- Prevention efforts are needed beginning at a young age



### Access to healthy foods/grocery stores

*The Lynnville grocery store and Tennyson grocery store closed so there's no easily accessible way to get those amenities.*



### Awareness/understanding/acknowledgement of the issue

*Education is hugely important to help people understand what they are eating.*



### Opportunities for healthy living

*We need to provide programs that are affordable that kids can get to and from...There seems to be less interest in physical activity overall for younger children.*



### Availability of unhealthy foods

*There's usually new restaurants in the area, but they aren't healthy.*



### Cost of healthy foods

*Fresh fruits and vegetables can be found in Warrick County, but people are not in the habit of going to get them because of the price.*

# Food Access, Affordability, and Safety

2

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

## Subpopulation Feedback

### Children/Youth

- Youth rely on school meals and backpack programs for food

### Individuals without transportation

- People are having to walk to food pantries



### Awareness/understanding/acknowledgement of the issue

*Sometimes people think it's ridiculous that people don't have access to food here, but it really is still a problem that needs to be out in the open and in front of people.*



### Access to healthy foods/grocery stores

*It hits more those outlying Elberfeld, Tennyson, Lynnville areas, northern part of our county. They only have small convenience stores, not carrying much healthy food. All of that comes into play.*

# Child Neglect and Abuse

2

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

## Subpopulation Feedback

### Children rely on school-based supports

- Children depend on school-based supports for referrals

### Children with substance abuse in the home

- Caregiver substance abuse is highly correlated to foster care placement



#### Child needs

*I know it was a great concern with the school social workers during shut down. Things weren't being reported because the schools did the majority of reporting and now you don't have access to those kids. It certainly didn't go down but wasn't being reported.*



#### Availability of foster care

*They do not have homes that will take in children, they are begging and begging for families that will be foster parents. Their organization services families with resources, but there is a need to get the word out to have people foster children.*

# Aging and Older Adult Needs

4

unique barrier themes described related to **aging and older adult needs**

## Subpopulation Feedback

### Seniors with mobility issues

- Transportation assistance not available to those with mobility issues

### Seniors living in rural areas

- Limited transportation assistance in rural areas



#### Transportation

*If you're able to be mobile, then Uber is not reliable in the rural areas. And many of our clients are low income, and so they don't have the extra income to spend on Uber.*



#### COVID-19

*A lot of elderly are not seeking care because they were afraid to go into nursing homes because of Covid and scared to go into hospitals and seek care because they're scared of Covid, and that leads into other health issues; the longer you wait, the more severe health issues can become. People were not coming in to seek care at Covid's height.*



#### Isolation

*Isolation, which turns into mental health issues. Older people feel left behind in life.*



#### Family responsibilities

*Huge issue with grandparents raising their grandkids. School tries to support them in that but supports are missing. "Kids now are totally different than when they were raising their kids." This used to be an unusual occurrence but is now commonplace. Used to think it was poverty related. Now see it because of substance/alcohol abuse, DCS involvement. Kids typically placed with grandparents.*

# Implementation Plan

## Overview

From the four endorsed issues identified for prioritization, the group selected behavioral health, access to care, and obesity & healthy food access as our primary points of focus for the next CHNA period. COVID-19 response is something that we will continue to address. Healthy food access was wrapped into the broader heading of “exercise, weight & nutrition.”

The broad categories of behavioral health, access to care, and exercise, weight & nutrition were subsequently narrowed down to the following, more specific, strategies. Subject experts and groups currently conducting work in these fields will continue to meet to identify metrics and outcome measures as well as assign tasks for the three-year CHNA period.

## Behavioral Health

1. Review and revise regional Mental Health Services map (created in 2017) to identify services, gaps, barriers, etc. in order to address access to care issues.
2. Identify existing committees and groups and relaunch/revitalize efforts to spearhead initiatives that impact behavioral health.
  - a. Such as supporting the reinstatement of the VCHD’s Recidivism Reduction Program.

## Access to Care

1. Work Conduct a transportation study for the Greater Evansville region, with specific focus on Vanderburgh and Warrick counties, for medically related appointments and activities.
2. Focus on the unique needs of residents of rural Warrick County by identifying opportunities to bring services and programs to them.

## Exercise, Weight & Nutrition

1. Use programs and projects such as a mobile market, farmer’s/pop-up markets, and community gardens to increase the availability of fresh produce and other healthy food options in “healthy food priority areas.”
2. Support and expand community active living programs, such as Story Trails, Complete Streets, Warrick Trails, and additional Upgrade in School activities.
3. Map out programs and services to provide education on availability of healthy food assistance, diabetes programs, active living programs, etc.



## Appendices

# Appendix A: 2022 CHNA Methodology

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

## Secondary Data Review

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

## Data Sources

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

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

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

## Provider/Stakeholder Surveys

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

In total, 60 participants provided survey feedback. Most respondents worked in the medical/healthcare field (35.6%) or nonprofit organizations (27.1%), though public service (15.3%), business/economic development (13.6%), and education/youth development (8.5%) organizations were also represented. Nearly three-fourths of respondents identified as management or organizational leadership (74.6%), while others represented professional/technical (5.1%), administrative/clerical (1.7%), or service/trade (1.2%) positions. An additional 6.8% identified as nurses or nursing support, while others were not identified in any categories.

The survey itself included three sequential steps:

- (1)** Survey respondents were presented with a list of twenty (20) health issues and social determinants of health, as well as an opportunity to write-in other issues not included on the list. Participants were then instructed to select the five (5) issues they consider to be highest priority needs in Warrick County.
- (2)** Respondents then ranked the five (5) issues they selected during the first step on a scale of 1 (highest priority) to 5 (fifth highest priority). Ultimately, ranking scores were reversed such that higher total ranking scores indicated higher priority.
- (3)** Finally, for each of the five (5) selected issues, respondents were invited to provide feedback on three areas:
  - The perceived trend of the issue since 2018 (*Survey item: Since 2018, this health issue has: Gotten a lot worse, Gotten a little worse, Stayed about the same, Improved a little, Improved a lot*);
  - The perceived adequacy of resources devoted to addressing the issue in this county (*Survey item: There are adequate resources devoted to addressing this health issue in this county. Response options: Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree*); and
  - Any perceived barriers to addressing the issue in the county (*Survey item: Please identify up to three specific barriers to addressing this health issue in this county*).

# 2022 Community Health Needs Assessment (CHNA)

*Note: Survey was administered electronically*

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

## About Your Organization

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

1. Which of the following **best** describes your organization?
  - ☐ Medical/Healthcare
  - ☐ Business/Economic Development
  - ☐ Public Service
  - ☐ Community Development
  - ☐ Education/Youth Development
  - ☐ Nonprofit
  - ☐ Other: \_\_\_\_\_
  
2. OPTIONAL: What is the name of your organization? *This response will not be shared in connection with individual survey responses.*  
\_\_\_\_\_
  
3. Which of the following **best** describes your role in your organization?
  - ☐ Management/Organizational Leadership
  - ☐ Professional/Technical
  - ☐ Physician/Advanced Provider
  - ☐ Nursing or Nursing Support
  - ☐ Service/Trade
  - ☐ Administrative/Technical
  - ☐ Other: \_\_\_\_\_

## Overall Health Issues

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

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

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

## [Selected Health Issue]

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

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

1. Since 2018, this health issue has:
  - ☐ Gotten a lot worse
  - ☐ Gotten a little worse
  - ☐ Stayed about the same
  - ☐ Improved a little
  - ☐ Improved a lot
2. There are adequate resources devoted to addressing this health issue in this county.
  - ☐ Strongly disagree
  - ☐ Disagree
  - ☐ Neither agree nor disagree
  - ☐ Agree
  - ☐ Strongly agree
3. Please identify up to three specific barriers to addressing this health issue in this county:
  - I. \_\_\_\_\_
  - II. \_\_\_\_\_
  - III. \_\_\_\_\_
4. OPTIONAL: If you have any additional input regarding this health issue, please provide it below. Also, if you feel this health issue should be clarified, please do so below:  
\_\_\_\_\_  
\_\_\_\_\_

# Focus Groups

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

Specific questions included:

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

In total, five focus groups were conducted in Warrick County on July 28, 2021. The 25 total participants represented medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development. Focus groups were facilitated by Diehl Consulting Group with support from members of the CHNA steering committee. All focus groups were recorded and transcribed for analysis.

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

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

# Appendix B: Focus Group Participants

## Warrick County: Focus Group Participants July 28, 2021

Name	Organization
1. Janet Raisor	Ascension St. Vincent
2. Lisa Myer	Ascension St. Vincent
3. Dr. Christopher Neeley	Ascension St. Vincent
4. Marty Mattingly	Ascension St. Vincent
5. Anne Vonderahe	Ascension St. Vincent
6. Emily Cole	Ascension St. Vincent
7. Jim Miller	Boonville City Council
8. Chief Steven Byers	Boonville Fire Department
9. Sherry Carlisle Smith	Bread of Life Ministry in Lynnville
10. CheaRon Darrett	Brentwood Springs
11. Charlie Wyatt	City of Boonville (Mayor's Office)
12. Jeff Jones	Deaconess Health System
13. Pam Hight	Deaconess Health System
14. Angie Stroud	Deaconess Health System
15. Penny Goshert	Deaconess Health System
16. Tricia Smith	Deaconess Health System
17. Rita Prior	Hope Central
18. Jo Gilreath	Purdue Extension
19. Steve Roelle	Success Warrick County
20. Joyce Fleck	Tri-Cap
21. Neil Elkins	Tri-Cap
22. Terra Norman	Warrick County Schools
23. Sheriff Michael Wilder	Warrick County Sheriff's Office
24. Marge Gianopoulos	Warrick County Cares
25. Laura Keys	Youth First, Inc.

Note: Verite Consulting attended focus groups as a representative of Ascension St. Vincent.

Note: Participation information was gleaned from the initial invitation list, participant information provided upon entry into the virtual platform, and information included in the chat.

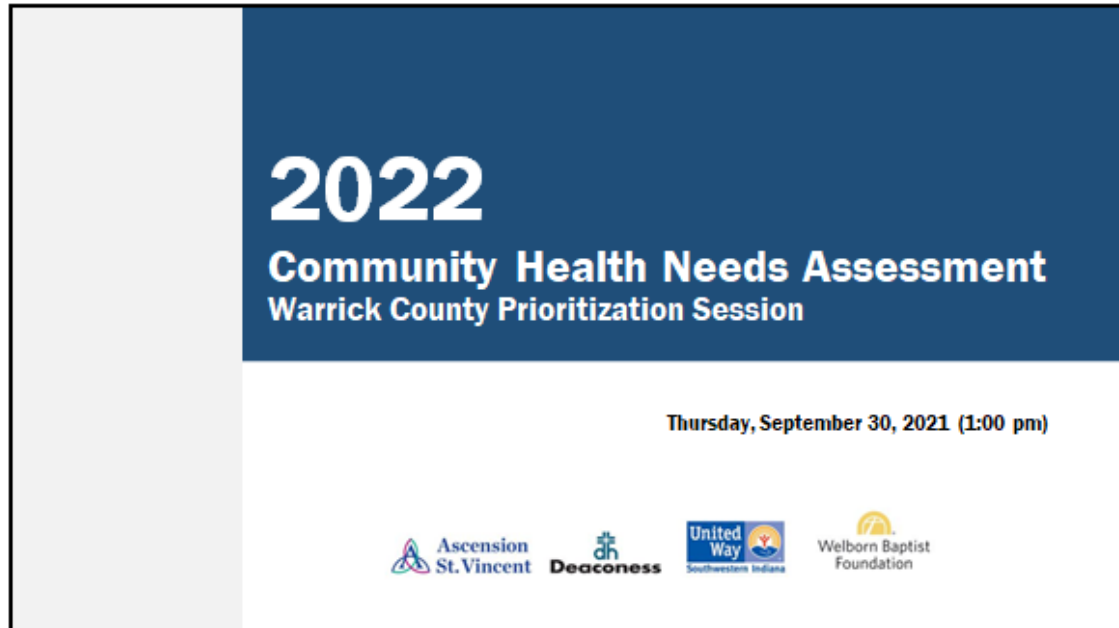
# Appendix C: Prioritization Participants

## Warrick County: Prioritization Session September 30, 2021

Participant	Organization
1. Kendra Hatfield	Ascension St. Vincent
2. Janet Raisor	Ascension St. Vincent
3. Lisa Myer	Ascension St. Vincent
4. Emily Cole	Ascension St. Vincent
5. Marty Mattingly	Ascension St. Vincent
6. Stevie McKeethen	Ascension St. Vincent
7. Jill Butry	Deaconess Health System
8. Pam Hight	Deaconess Health System
9. Jeff Jones	Deaconess Health System
10. Marlene Waller	Deaconess Health System
11. Dr. Pearl Quartey	Deaconess Health System
12. Blake Bunner	Encompass Health (Deaconess Rehabilitation Hospital)
13. Amy Canterbury	United Way of Southwestern Indiana
14. Elizabeth Tharp	Welborn Baptist Foundation

# Appendix D: Prioritization Information

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



1



2



## CHNA Purpose

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

①

### Identify and prioritize community health needs

- Collect, analyze, and use data in the development of strategies to address needs
- Contribute to improvements in the community's health

②

### Justify and maintain non-profit status

- The 2010 Affordable Care Act (ACA) requires that all hospitals that are or seek to be recognized as 501(c)3 conduct a community health needs assessment (CHNA).
- A hospital must complete a CHNA at least every three years with input from the broader community, including public health experts.
- This requirement applies for tax years beginning after March 23, 2012.

3



## CHNA Timeline and Identified Needs

July 1, 2016 –  
June 30, 2019

July 1, 2019 –  
June 30, 2022

July 1, 2022 –  
June 30, 2025

### Priority Needs

- Behavioral Health (including substance abuse, tobacco use, and mental health)
- Exercise, Weight, and Nutrition
- Cancer (specifically breast and prostate)

### Priority Needs

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

### Priority Needs

- **Topic of today's prioritization session**

4

## 2022 Community Health Needs Assessment

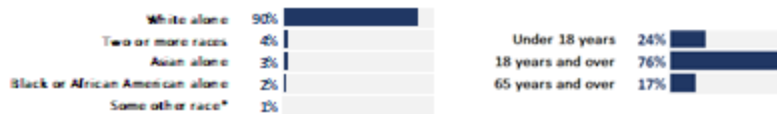
- 1 Community (secondary) data review
- 2 Primary data collection methods and triangulation
- 3 Considerations and limitations
- 4 Discussion of health issues
- 5 Prioritization

5



### Warrick County at a Glance

→ 63,898 total residents (59,689 in 2010)



→ High school completion rates exceed statewide rates, as does the percentage of residents with some college (2015-19)

→ Compared to the state, Warrick County has:

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

6



## Warrick County Selected Health Indicators

- **619 deaths** representing an age adjusted death rate of 769 per 100,000 residents (State=825). **Heart disease** is the leading cause of death, followed by **cancer** (2019).
- **15% of residents report poor or fair health** (state=18%), averaging **3.6 poor physical health days** in the past month (state=4.0) (2018).
- **Infant mortality** rate of 5 per 1,000 infants is similar to state rates (2015-2019).
- **Birth Outcomes** compared to the state (2015-2019):
  - **Higher** rate of **preterm births** (11.2%; State=10.1%).
  - **Better** rates for **breastfeeding** and **prenatal care** during the first trimester.

7



## Warrick County Healthcare Access

- **Approximately 7%** of residents are **uninsured** (state=10%) (2018).
- 
  - **Resident to healthcare provider ratios are better than statewide ratios** for primary care physicians (2018; improvement) and other primary care providers (2020).
  - **Resident to healthcare provider ratios lag statewide ratios** for mental health providers (2020) and dentists (2019).
    - \*These ratios may not fully account for populations served, insurance types accepted, or magnitude of need for services.*
- **81%** of respondents to the Greater Evansville Health Survey (2021) had a **routine checkup** in the last year.

8



## Warrick County Selected Healthy Living Indicators

- **9.8%** of residents did not have a reliable source of food (compared to 12.4% statewide). This represents 6,100 people suffering from **food insecurity** (2019).



Awareness/understanding/acknowledgement of the issue

*Sometimes people think it's ridiculous that people don't have access to food here, but it really is still a problem that needs to be out in the open and in front of people.*

- **36% of adults** meet criteria for **obesity** (comparable to the state); worsening trend per County Health Rankings (2021 [2017]).
- **29%** of residents report being **physically inactive** (compared to 27% statewide) (2021 [2017]).

9



## Warrick County Selected Mental and Behavioral Health Indicators

- Residents report **4.4 poor mental health days** in the past month (comparable to the state) (2018).
- Based on the Greater Evansville Health Survey (2021):
  - **19%** of residents reported being told by a doctor, nurse, or other health professional in the past 12 months that they have (or still have) a **depressive disorder** and **19%** any type of **anxiety**.
- The **suicide rate** is **16 per 100,000 residents** (comparable to the state) (2019)

10



## Warrick County Selected Social and Criminal Indicators

- **Child neglect and abuse rate** is lower than the state. A total of **200 children were in foster care** at some point (2019).
- Albion Fellows Bacon Center received **8,631** calls to their crisis lines and **599** individuals requested shelter (2020).
- **Chronic homelessness in the region** reached a five-year high in 2021. This number had been going down in prior years.
- **24%** of adults report **binge drinking/drinking in excess** (Region=29%; 2021 Greater Evansville Survey), and the **drug overdose** rate is 11 per 100,000 residents (2017-19).

11



## Warrick County Identified Issues Associated with Access

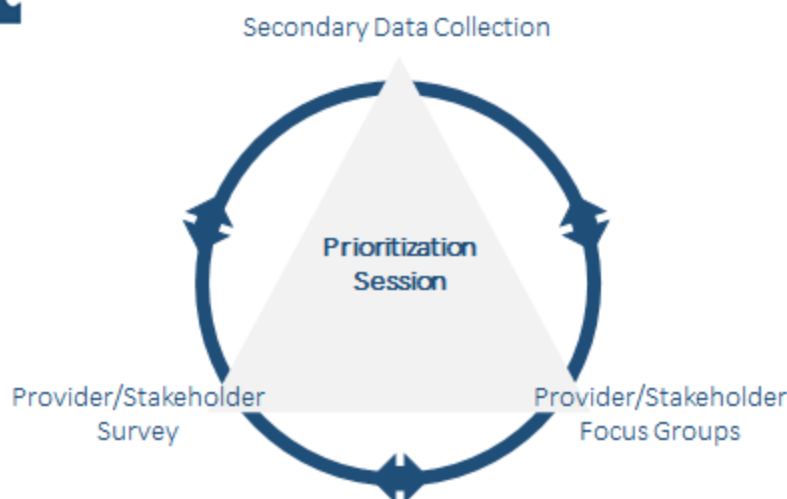


- County spans **391 square miles**
- **Limited resources** in the **northern part of the county** was mentioned as a barrier to accessing healthcare services and healthy foods
- **Reliable transportation** mentioned as a barrier to accessing **healthcare services**

12



## Triangulating Data to Inform Priorities



13



## Provider/Stakeholder Survey

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

→ **60 total respondents** primarily representing nonprofits (27%) and/or medical/healthcare (36%)

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

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

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## Provider/Stakeholder Survey Selected Results

Priority Ranking	Health Issue	Total Ranking Points	Perceived Worsening Trend	Perceived Inadequate Resources
1	Mental health	180	93.8%	91.7%
2	Substance/drug use or abuse	140	81.8%	79.5%
3	Chronic diseases	107	77.8%	44.4%
4	Obesity	81	89.7%	89.7%
5	Aging and older adult needs	65	68.2%	86.4%
6	Alcohol use or abuse	64	59.1%	68.2%
7	Child neglect and abuse	53	66.7%	86.7%
8	Food access, affordability, and safety	45	70.6%	76.5%
9	Tobacco use or vaping	37	66.7%	66.7%
10	Poverty	23	50.0%	50.0%
11	Dental care	16	28.6%	57.1%
12	Suicide	15	87.5%	87.5%
13	Disability needs	14	28.6%	57.1%
14	Injuries and accidents	9	33.3%	0.0%
15	Infectious diseases like HIV, STDs, and hepatitis	7	67%	33.3%
16(1)	Environmental issues	5	100%	100%
16(1)	Violent crime	5	50%	100%
18	Infant mortality	3	100%	100%
19	Reproductive health and family planning	2	0.0%	50.0%
20	Homelessness	1	100%	100%

15



## Provider/Stakeholder Focus Groups

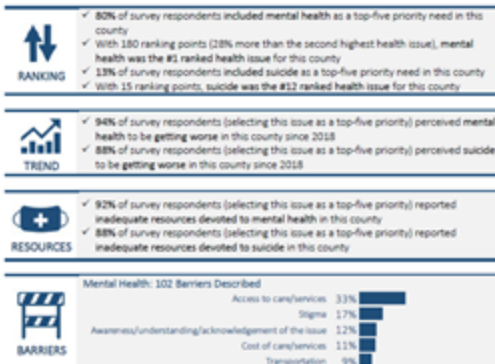
In the summer of 2021, members of the CHNA steering committee identified organizations serving Warrick County with unique perspectives on community health. Representatives from the identified organizations were invited to participate in a virtual focus group around the primary issues impacting health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

- **5 total focus groups** held July 28, 2021
- **26 total participants** represented medical/healthcare organizations as well as organizations with unique perspectives on public service, nonprofit services, child/youth development, health equity, and business/economic development
- For each of the highest ranked priority needs identified through the surveys, focus group participants discussed:
  - 1 Specific barriers related to the health issue
  - 2 Any population or subpopulation characteristics that should be considered
  - 3 Available resources related to the health issue

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## Health Summaries

### Example Results



Focus group participants explained that access to services is particularly problematic for residents of northern Warrick County (Lynnville, Ellettsfield). Participants also described the relationship between access and continuity of care:

*It is not only about accessing services but accessing them long enough that you are going to [create] a chance*

The effects of COVID-19 were also discussed

We all know as of two years ago the mental health needs were rising and now with the pandemic and backlash of pandemic, it's exacerbated what we saw before, especially in youth and young adult anxiety and depression rates. The influence that event had on so many people, we're starting to see the effects of that. A colleague of mine said we are just now starting to see it.



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## Provider/Stakeholder Focus Groups

### Example Results

## Mental health

10

unique barrier themes described related to mental health

### Subpopulation Feedback

- Limited access to providers in schools and outside providers
- Social media contributes to mental health issues
- Social-emotional learning is being implemented in schools to address mental health issues among children

- 
- Access to care/services:**  
in the northern part of the county (Lynnville, Ellettsburg), there is a lot of resources.
- Awareness of resources/services:**  
"A lot of times, families don't even know where to start."
- Transportation:**  
Transportation is an issue for any type of care (including mental health), especially out in the smaller communities where we don't have a lot of transportation.
- Case management/continuity of care/coordination:**  
Having a person that can help navigate and connect the dots for people would be very helpful.
- COVID-19:**  
I do think the elderly mental health has really increased due to isolation and anxiety with COVID-19. We've seen a lot of that here and main campus. It's an increase in symptoms.
- Assessment/understanding/acknowledgment of the issue:**  
need to create awareness around mental health.

### Services

- Transportation and technology are barriers to getting care for seniors
- Isolation during the pandemic hurt mental health of older population

#### Rural Residents

- Fewer options for transportation and resources

## Coping skills

- "Adults" don't know how to express or regulate themselves.
- School-based supports
  - Only one social worker for 2,000 kids at [high school]
- Stigma
  - They struggle with the stigma of mental health and helping people to free talk about it, we encourage people to bring this topic up to their medical providers
- Specific drug use
  - Main drug abuse we see is still prescription drugs. The media latches on to death and narcotics but so many more people are addicted to their prescription drugs. When they can't get that drug that's when it looks to other crimes.

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## Considerations and Limitations

- The secondary data presented today (and, ultimately, in the full CHNA report) cannot encompass *all* available data sources.

If a particular data source seems lacking, please feel free to identify it.

- In some cases, the most “current” data may be lagging.

For example, the 2021 County Health Rankings reflect years-old data for some indicators.

- Unlike prior CHNAs, this assessment did not involve a community survey.

However, the 2021 Greater Evansville Health Survey published by the Welborn Baptist Foundation provided valuable information for this assessment.

- “Individual” health issues are interrelated in many cases.

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

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## Consideration—COVID-19

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

- Based on the most recent data available on the IDOH website<sup>1</sup> as of September 28, 2021, pertinent COVID-19 metrics for Warrick County:

- Weekly Cases Per 100,000 Residents: 280
- 10,842 Positive Cases (26 new)
- 179 Deaths (0 new)

- The impacts of COVID-19 are embedded into the assessment of other health issues.

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

<sup>1</sup><https://www.coronavirus.in.gov/2393.htm>

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## Discussion

Discuss health issues and sub-issues to populate list of potential priority areas

→ **Guiding questions:**

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

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## Prioritization

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

[www.diehlconsultinggroup.com/chna\\_priority](http://www.diehlconsultinggroup.com/chna_priority)  
(we will also post this site in the chat box)

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



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## Prioritization Results and Discussion

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## Thank You!

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

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## 2022 Community Health Needs Assessment (CHNA)

### Warrick County Prioritization Session Thursday, September 30, 2021

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

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

### Priority Areas Identified/Discussion Notes:

#### COVID-19

- ➔ COVID-19—increasing vaccination rate in Warrick County
- ➔ Chronic health conditions—delay in receiving healthcare due to COVID-19; as services open back up there is increased use of emergency department with more acuity

#### Mental/Behavioral Health

- ➔ Access to mental health, psychiatry for children, geriatric psychiatry—currently a waiting list and limited providers
- ➔ Behavioral health—substance abuse (prevalence; also, there may be limited services available (Note: This could be explored further); acknowledgement of the issue; vaping marijuana use among youth)
- ➔ Behavioral health—suicide and suicide attempts
- ➔ Shortage of licensed clinical social workers
- ➔ Building community awareness of resources available, acknowledgement of mental health needs, and stigma reduction
- ➔ Increasing socialization among communities, particularly populations isolated by pandemic

#### Access to Care

- ➔ Uninsured population (7%)—when encounter patients in ED, connect to navigators to try to enroll in available coverage (this is already happening to some extent, but requires follow-up from the patients)
- ➔ Access—a) too few appointments available, b) not enough providers, c) limited transportation
- ➔ Bus systems in Vanderburgh and Warrick Counties are not aligned—no good way to get residents from one county to services in the other county (via public transportation)—Talent 2025 is currently looking into this
- ➔ After a patient's discharge, there is difficulty getting from home residence to follow-up and/or primary care appointments
- ➔ Physical access for residents of rural areas in the county (e.g., transportation from Tennyson, Elberfeld)

- Aging and older adults (especially in rural areas) experience access issues

### **Obesity and Healthy Food Access**

- Obesity rate identified as 36%; worsening trend reported in County Health Rankings (2021; United States Diabetes Surveillance System, 2017)
- Obesity is related to any number of chronic conditions
- Food access—particularly in outlying areas (e.g., if no grocery store, limited to convenience stores)
- Families choosing fast food out of convenience; younger adults lacking the knowledge to prepare healthy foods
- Transportation can be an issue for food access as well
- Specific opportunities to continue work with schools around healthy food access (e.g., provide meals, backpack program, etc.)
- There is need for hunger relief overall as well as increasing access to nutritious food, specifically

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

# HEALTH ISSUE SUMMARIES

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



## RANKING

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



## TREND

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



## RESOURCES

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



## BARRIERS

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



## SECONDARY DATA

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

# #1 Mental Health

## #12 Suicide



- ✓ **80%** of survey respondents **included mental health** as a top-five priority need in this county
- ✓ With 180 ranking points (28% more than the second highest health issue), **mental health was the #1 ranked health issue** for this county
- ✓ **13%** of survey respondents **included suicide** as a top-five priority need in this county
- ✓ With 15 ranking points, **suicide was the #12 ranked health issue** for this county



- ✓ **94%** of survey respondents (selecting this issue as a top-five priority) perceived **mental health** to be **getting worse** in this county since 2018
- ✓ **88%** of survey respondents (selecting this issue as a top-five priority) perceived **suicide** to be **getting worse** in this county since 2018



- ✓ **92%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to mental health** in this county
- ✓ **88%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to suicide** in this county



### Mental Health: 102 Barriers Described

Access to care/services	33%	
Stigma	17%	
Awareness/understanding/acknowledgement of the issue	12%	
Cost of care/services	11%	
Transportation	9%	

**Focus group** participants explained that access to services is particularly problematic for residents of northern Warrick County (Lynnville, Elberfeld). Participants also described the relationship between access and continuity of care:

*It is not only about accessing services but accessing them long enough that you are going to [create] a change.*

The effects of COVID-19 were also discussed:

*We all know as of two years ago the mental health needs were rising and now with the pandemic and backlash of pandemic, it's exacerbated what we saw before, especially in youth and young adult anxiety and depression rates. The influence that event had on so many people, we're starting to see the effects of that. A colleague of mine said we are just now starting to see it.*



## BARRIERS

### Suicide: 14 Barriers Described

Awareness/understanding/acknowledgement of the issue	50%	<div></div>
Access to care/services	14%	<div></div>



## SECONDARY DATA

- ✓ **Poor Mental Health:** 4.4 (*Margin of Error [MOE]: 3.9-4.8*) average number of poor mental health days in the last 30 days (State=4.7). (*Table 1.11*)
- ✓ **Frequent Mental Distress:** 14% (*MOE: 12-15%*) of residents reporting 14 or more days of poor mental health (State=15%). (*Table 1.12*)
- ✓ **Mental Health Providers:** 1,750:1 ratio of residents to providers (State=590:1). Ratio includes both active providers and possibly providers not currently practicing or taking on new patients. (*Table 1.14*)
- ✓ **Reported Depression:** Based on responses to the most recent Greater Evansville Health Survey (2021), 19% of residents reported being told they have (or still have) a depressive disorder by a doctor, nurse, or other health professional in the past 12 months (2021; Region=20%). A higher percentage of depression was reported in the region among the following subgroups: women, White adults, adults of Hispanic ethnicity, high school graduates only, those unable to work, those who are separated, and low-income residents. (*Table 1.18*)
- ✓ **Reported Anxiety:** Based on responses to the most recent Greater Evansville Health Survey (2021), 19% of residents reported being told they have (or still have) any type of anxiety by a doctor, nurse, or other health professional in the past 12 months (2021; Region=22%). A higher percentage of anxiety was reported in the region among the following subgroups: women, those unable to work, those who are separated, and low-income residents. (*Table 1.18*)
- ✓ **Insurance Status (under age 65):** Overall, 7% (*MOE: 6-8%*) of residents are uninsured, which represents 8% (*MOE: 7-9%*) of adults and 5% (*MOE: 4-6%*) of children (State=10% overall; 11% adults; 7% children); improving trend compared to prior years per County Health Rankings (2021). (*Table 1.14*)
- ✓ **Child Mental Health:** Based on responses to the most recent Greater Evansville Health Survey (2021), 9% of children were told by a health professional to get more sleep, and 7% were told to reduce stress. Additionally, 18% reported receiving a diagnosis of ADD/ADHD, and 15% reported receiving a diagnosis of anxiety. (*Table 1.18*)
- ✓ **Suicide Rate:** 16 (*MOE: 11-21*) per 100,000 suicide rate among residents (State=15). (*Table 1.7*)

## #2 Substance/Drug use or Abuse

## #6 Alcohol Use or Abuse

## #9 Tobacco Use or Vaping



### RANKING

- ✓ **73%** of survey respondents **included substance/drug use or abuse** as a top-five priority need in this county
- ✓ With 140 ranking points (31% more than the third highest health issue), **substance/drug use or abuse was the #2 ranked health issue** for this county
- ✓ **38%** of survey respondents **included alcohol use or abuse** as a top-five priority need in this county
- ✓ With 64 ranking points, **alcohol use or abuse was the #6 ranked health issue** for this county
- ✓ **32%** of survey respondents **included tobacco use or vaping** as a top-five priority need in this county
- ✓ With 37 ranking points, **tobacco use or vaping was the #9 ranked health issue** for this county



### TREND

- ✓ **82%** of survey respondents (selecting this issue as a top-five priority) perceived **substance/drug use or abuse** to be **getting worse** in this county since 2018
- ✓ **59%** of survey respondents (selecting this issue as a top-five priority) perceived **alcohol use or abuse** to be **getting worse** in this county since 2018
- ✓ **67%** of survey respondents (selecting this issue as a top-five priority) perceived **tobacco use or vaping** to be **getting worse** in this county since 2018



### RESOURCES

- ✓ **80%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to substance/drug use or abuse** in this county
- ✓ **68%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to alcohol use or abuse** in this county
- ✓ **67%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to tobacco use or vaping** in this county



### BARRIERS

#### Substance/drug use or abuse: 89 Barriers Described

Awareness/understanding/acknowledgement of the issue	21%	<div></div>
Access to care/services	18%	<div></div>
Facilities/treatment options	7%	<div></div>
Law enforcement	7%	<div></div>
Transportation	6%	<div></div>

*[We] need to educate parents on the effects that their substance use has on their families and children. Also, education around the ease in becoming addicted to prescribed pain medication. People are taking meds prescribed by doctors and thinking it's okay but then it becomes an issue.*

-Focus Group Participant



## BARRIERS

### Alcohol use or abuse: 48 Barriers Described

Awareness/understanding/acknowledgement of the issue	38%	<div></div>
Access to care/services	10%	<div></div>
Lack of/need for resources	10%	<div></div>
Facilities/treatment options	8%	<div></div>
Cost of care/services	6%	<div></div>
Stigma	6%	<div></div>

*We saw an increase midway through the pandemic last year. That goes back to the mental health aspect where people were depressed, and everything was closed. We saw a spike in alcohol related calls and accidents. It has slowed down a little bit.*

-Focus Group Participant



## BARRIERS

### Tobacco use or vaping: 26 Barriers Described

Awareness/understanding/acknowledgement of the issue	42%	<div></div>
Accessibility of tobacco/vaping	27%	<div></div>
Accurate information/knowledge	8%	<div></div>
Law enforcement	8%	<div></div>



## SECONDARY DATA

- ✓ **Drug Overdose Death Rate:** The drug overdose death rate in the county is 11 (MOE: 6-16) per 100,000 residents (State=26). (Table 1.15)
- ✓ **Insurance Status (under age 65):** Overall, 7% (MOE: 6-8%) of residents are uninsured, which represents 8% (MOE: 7-9%) of adults and 5% (MOE: 4-6%) of children (State=10% overall; 11% adults; 7% children); improving trend compared to prior years per County Health Rankings (2021). (Table 1.14)
- ✓ **Excessive Drinking:** 18% (MOE: 17-20%) of residents report binge/excessive drinking (State=19%). Based on responses to the most recent Greater Evansville Health Survey (2021), 24% reported binge/excessive drinking, though differences in data sources and data collection timing should be considered. (Tables 1.15 and 1.18)
- ✓ **Alcohol Impaired Driving Deaths:** 25% (MOE: 16-35%) of motor vehicle crash deaths involved alcohol in the 5-year measurement period (2015-2019) (State=19%); improving trend compared to prior years per County Health Rankings (2021). (Table 1.13)
- ✓ **Adult Smoking:** 20% (MOE: 17-24%) of residents report smoking (currently and at least 100 cigarettes in their lifetime) (State=22%). (Table 1.15) Based on responses to the most recent Greater Evansville Health Survey (2021), 8% reported smoking, though differences in data sources and data collection timing should be considered. (Table 1.18)
- ✓ **Smoking During Pregnancy:** 9.1% of mothers smoked during pregnancy (State=11.8%). (Table 1.15)

#3

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

#15

## Infectious Diseases (e.g., HIV, STDs, and hepatitis) (sample size prevents presentation of survey data)



### RANKING

- ✓ 47% of survey respondents **included chronic diseases** as a top-five priority need in this county
- ✓ With 107 ranking points (32% more than the fourth highest health issue), **chronic diseases were the #3 ranked health issue** for this county



### TREND

- ✓ 78% of survey respondents (selecting this issue as a top-five priority) perceived **chronic diseases** to be **getting worse** in this county since 2018



### RESOURCES

- ✓ 44% of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to chronic diseases** in this county



### BARRIERS

#### Chronic diseases: 59 Barriers Described

Awareness/understanding/acknowledgement of the issue	31%	
Access to care/services	12%	
Transportation	12%	
Access to healthy foods/grocery stores	7%	
COVID-19	7%	

**Focus group participants** validated the most common barriers described by survey participants:

*There's always opportunity to better educate our community on what resources are out there. People come through the ED without healthcare, and we have processes and people to talk to them and give pamphlets, but we only get to them when there's an acute issue. I'm not sure there's training for the community to get them to know who to access before the acute issue arrives.*

*We also see in the older and lower income populations transportation to be able to get the treatment they need. It gets so bad that they call for an ambulance because it's the only way they can get to the hospital.*



**SECONDARY  
DATA**

- ✓ **Mortality:** There were 619 deaths in Warrick County representing a 768.4 age adjusted rate per 100,000 residents (State=824.7). Heart disease was the leading cause of death in the county (County=169.1; State=178.7), followed by cancer (County=146.3; State=163.3). *(Table 1.17)*
- ✓ **Poor or Fair Health:** 15% (MOE: 13-18%) of residents report their health as poor or fair (State=18%). On average, residents report 3.6 physically unhealthy days in the last 30 days. *(Table 1.11)*
- ✓ **Primary Care Physicians:** 630:1 ratio of residents to primary care physicians (State=1,500:1); improving trend compared to prior years per County Health Rankings (2021). *(Table 1.14)*
- ✓ **Other Primary Care Providers:** 800:1 ratio of residents to other primary care providers (State=990:1). *(Table 1.14)*
- ✓ **Insurance Status (under age 65):** Overall, 7% (MOE: 6-8%) of residents are uninsured, which represents 8% (MOE: 7-9%) of adults and 5% (MOE: 4-6%) of children (State=10% overall; 11% adults; 7% children); improving trend compared to prior years per County Health Rankings (2021). *(Table 1.14)*
- ✓ **Preventable Hospital Stays:** There were 5,100 preventable hospital stays for ambulatory-care sensitive conditions per 100,000 (State=4,795); similar to prior years per County Health Rankings (2021). *(Table 1.14)*
- ✓ **Mammography Screening:** 51% of women (ages 65-74) enrolled in Medicare Part B received a mammogram in the past year (State=42%); improving trend compared to prior years per County Health Rankings (2021). *(Table 1.14)*
- ✓ **Routine Checkup:** Based on responses to the most recent Greater Evansville Health Survey (2021), 81% of residents reported having a routine checkup in the last year (Region=80%). *(Table 1.18)*
- ✓ **Reported Health Issues:** Based on responses to the most recent Greater Evansville Health Survey (2021), over a quarter of residents reported the following health conditions: high blood cholesterol, high blood pressure, and/or obesity. *(Table 1.18)*
- ✓ **Child Health:** Based on responses to the most recent Greater Evansville Health Survey (2021), 11% of parents reported that their child has asthma. While not directly comparable, this percent exceeds national rates (8%). *(Table 1.18)*
- ✓ **Sexually Transmitted Infections:** The rate of sexually transmitted infections (e.g., Chlamydia) is 275 to per 100,000 (State=524); worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.15)*

## #4 Obesity

## #8 Food Access, Availability, and Safety



### RANKING

- ✓ 48% of survey respondents **included obesity** as a top-five priority need in this county
- ✓ With 81 ranking points, **obesity was the #4 ranked health issue** for this county
- ✓ 28% of survey respondents **included food access, availability, and safety** as a top-five priority need in this county
- ✓ With 45 ranking points, **food access, availability, and safety were the #8 ranked health issue** for this county



### TREND

- ✓ 90% of survey respondents (selecting this issue as a top-five priority) perceived **obesity** to be **getting worse** in this county since 2018
- ✓ 71% of survey respondents (selecting this issue as a top-five priority) perceived **food access, availability, and safety** to be **getting worse** in this county since 2018



### RESOURCES

- ✓ 90% of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to obesity** in this county
- ✓ 77% of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to food access, availability, and safety** in this county



### BARRIERS

#### Obesity: 65 Barriers Described

Awareness/understanding/acknowledgement of the issue	37%	
Access to healthy foods/grocery stores	9%	
Programs/opportunities for a healthy living	9%	
Cost of care/services	8%	

*I do see an uptick in young children who are obese at a young age and they're establishing those behaviors and thought processes that will make it more difficult to change as they get older. It's tied into the environment because of access to active settings, you can't walk or ride your bike anywhere.*

-Focus Group Participants



### BARRIERS

#### Food access, availability, and safety: 30 Barriers Described

Awareness/understanding/acknowledgement of the issue	20%	
Cost of healthy foods	17%	
Transportation	17%	
Access to healthy foods/grocery stores	10%	

*It hits more those outlying Elberfeld, Tennyson, Lynnville, areas northern part of our county. They only have small convenience stores, not carrying much healthy food.*

-Focus Group Participant



**SECONDARY  
DATA**

- ✓ **Adult Obesity:** 36% (MOE: 30-41%) of adults in the county meet criteria for obesity (State=34%); worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.15)*
- ✓ **Child Overweight/Obesity:** Based on responses to the most recent Greater Evansville Health Survey (2021), 28% of children in the region had a BMI falling in the overweight or obese category. Further, 19% of adults reported that a doctor has told them their child is overweight. *(Table 1.18)*
- ✓ **Physical Inactivity:** 29% (MOE: 24-35%) of residents report being physically inactive (no leisure time physical activity in the past month) (State=27%); worsening trend compared to prior years per County Health Rankings (2021). *(Table 1.15)*
- ✓ **Recommended Activity:** Based on responses to the most recent Greater Evansville Health Survey (2021), 45% reported getting recommended levels of physical activity. *(Table 1.18)*
- ✓ **Access to Exercise Opportunities:** 86% of residents reported having access to exercise opportunities (State=75%). *(Table 1.15)*
- ✓ **Child Health:** Based on responses to the most recent Greater Evansville Health Survey (2021), 22% of children were told by a health professional to eat more fruits/vegetables, and 11% were told to get more physical activity. *(Table 1.18)*
- ✓ **Food Insecurity:** 9.8% of residents did not have a reliable source of food (State=12.4%). This represents 6,100 people. *(Table 1.16)*
- ✓ **Access to Health Foods:** 5% of low-income residents have limited access to healthy foods (State=7%). Based on responses to the most recent Greater Evansville Health Survey (2021), 14% of residents reported not being able to purchase fruits and vegetables. *(Tables 1.15 and 1.18)*
- ✓ **Vegetable/Fruit Consumption:** Residents reported eating fruits 6 times and vegetables 10 times in a week. *(Table 1.18)*

## #5 Aging and Older Adult Needs



### RANKING

- ✓ **38%** of survey respondents **included aging and older adult needs** as a top-five priority need in this county
- ✓ With 65 ranking points, **aging and older adult needs were the #5 ranked health issue** for this county



### TREND

- ✓ **68%** of survey respondents (selecting this issue as a top-five priority) perceived **aging and older adult needs** to be **getting worse** in this county since 2018



### RESOURCES

- ✓ **86%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to aging and older adult needs** in this county



### BARRIERS

#### Aging and older adult needs: 51 Barriers Described

Access to care/services	27%	
Cost of care/services	18%	
Transportation	18%	
Awareness/understanding/acknowledgement of the issue	14%	

**Focus group** participants reinforced the relationship between transportation and access to care, describing limited public transportation options and the inability for many older adults to utilize options such as Uber due to living in rural areas and/or having lower incomes.



### SECONDARY DATA

- ✓ **Age:** 17% of residents in Warrick County are 65 years and over (State=15.4%). (Table 1.5)

## #7 Child Neglect and Abuse



### RANKING

- ✓ **27%** of survey respondents **included child neglect and abuse** as a top-five priority need in this county
- ✓ With 52 ranking points, **child neglect and abuse were the #7 ranked health issue** for this county



### TREND

- ✓ **67%** of survey respondents (selecting this issue as a top-five priority) perceived **child neglect and abuse** to be **getting worse** in this county since 2018



### RESOURCES

- ✓ **87%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to child neglect and abuse** in this county



### BARRIERS

#### Child neglect and abuse: 27 Barriers Described

Awareness/understanding/acknowledgement of the issue	33%	
Access to care/services	22%	
Systemic issues	19%	
Drug/substance abuse	7%	

**Focus group** participants added that this issue is particularly prevalent for children living in homes with substance abuse present and children who rely on school-based supports and referrals:

*I know it was a great concern with the school social workers during shut down. Things were not being reported because the schools did the majority of reporting and now you do not have access to those kids. It certainly didn't go down but wasn't being reported.*



### SECONDARY DATA

- ✓ **Child Abuse and Neglect:** County child abuse and neglect rate is 12.8 per 1,000 children (State 18.3). (Table 1.10)
- ✓ **CHINS:** Children in need of services (CHINS) rate is 5.8 per 1,000 open cases (State=6.2). (Table 1.10)
- ✓ **Foster Care:** 200 children experienced foster care at some point (State=29,287). (Table 1.10)
- ✓ **Children in Single-Parent Households:** 18% of children live in single-parent households (State=25%). (Table 1.7)

## #10 Poverty

## #20 Homelessness (sample size prevents presentation of survey data)



### RANKING

- ✓ **13%** of survey respondents **included poverty** as a top-five priority need in this county
- ✓ With 22 ranking points, **poverty was the #10 ranked health issue** for this county



### TREND

- ✓ **50%** of survey respondents (selecting this issue as a top-five priority) perceived **poverty** to be **getting worse** in this county since 2018



### RESOURCES

- ✓ **50%** of survey respondents (selecting this issue as a top-five priority) reported **inadequate resources devoted to poverty** in this county



### BARRIERS

#### Poverty: 13 Barriers Described

Awareness/understanding/acknowledgement of the issue	23%	<div></div>
Effective prioritization of issues	15%	<div></div>
Lack of/need for resources	15%	<div></div>

*One of the things I hear often...is that Warrick County does not have poverty. But there is definitely poverty, and that is a barrier sometimes. That goes for mental health as well.*

**-Focus Group Participant**



**SECONDARY  
DATA**

- ✓ **Income:** Median household income is \$79,600 (MOE: \$73,700-\$85,500) (State=\$57,600). (Table 1.7)
- ✓ **Child Poverty:** 8% (MOE: 5-11%) of children are in poverty (State=15%); similar compared to prior years per County Health Rankings (2021). (Table 1.7)
- ✓ **Income Inequality:** 3.9 (MOE: 3.5-4.2) ratio of household income at the 80<sup>th</sup> compared to 20<sup>th</sup> percentile (State=4.3). (Table 1.7)
- ✓ **Educational Attainment:** 93% (MOE: 92-94%) of residents have completed high school (State=89%), and 74% completed some college (State=63%). (Table 1.7)
- ✓ **Employment:** 32,754 people are in the labor force, and the unemployment rate is 3.7%. (Table 1.8)
- ✓ **Homelessness:** The overall number of homeless individuals in the region (Region 12: Knox, Daviess, Gibson, Pike, Dubois, Posey, Vanderburgh, Warrick, Spencer, and Perry) has increased from 2018 to 2020 (427 to 488). While a significant decline was observed in 2021, the Point in Time (PIT) count was negatively impacted by COVID-19 restrictions within the shelters. Of concern, there was an increase (61 in 2021; 31 in 2020) in chronically homeless individuals in 2021 (1 year of consecutive homelessness or 3 episodes of homelessness in a 4-year period). While this number has trended downward since 2015, this number is at its highest level in the last five years. (Table 1.9)
- ✓ **Homeownership:** 79% (MOE: 76-81%) of owner-occupied housing units (State=69%). (Table 1.7)