



Deaconess Health System Evansville, IN

FY2015 Community Health Needs Assessment for
Vanderburgh County - Update from original FY2013 Report

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



Table of Contents

Contact Information.....	3
Overview.....	5
Introduction	6
CHNA Ongoing Work.....	6
FY2013 Root Cause Analysis	6
Integrated Scorecard	7
Implementation	7
FY2015 Success	8
Strategy Sessions	8
Additional Strategy Engagement and Opportunity	9
Root Cause Reports	10
Tobacco	11
Obesity	13
Substance Abuse & Mental Health	18
Implementation Strategy	23
Updated FY2013 - FY2015 CHNA Collaborative Plan	24
Additional FY2014 - FY2015 Strategy Initiatives	26
Integrated Scorecard	27
Strategy Session Participants.....	30
Tobacco	31
Mental Health	32
Substance Abuse.....	33
Obesity	34
Appendix	35
2014 County Health and Rankings Roadmap.....	36
Healthy Community Partnership	44

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

OVERVIEW

COMMUNITY NEEDS ASSESSMENT/VANDERBURGH COUNTY

OVERVIEW

June, 2015

INTRODUCTION

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

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

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

CHNA ONGOING WORK

Deaconess works with St. Mary's to gather local experts in each of the four focus areas (identified from the FY2013 CHNA root cause analysis) together and discuss these issues as a community with ongoing meetings throughout the year. The ability to communicate resources quickly to members in the community is a benefit of this project. Through the CHNA work in the four focus areas, 158 members are now sharing information, including needs and resources, with one another.

FY2013 CHNA ROOT CAUSE ANALYSIS

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

1. Tobacco Use
2. Obesity
3. Substance Abuse
4. Mental Health

	Mental Health	Access to Care	Obesity	Substance Abuse	Oral Health	Education Training	Tobacco Use
Cancer			X		X		X
Kidney				X			X
Dementia				X			
Teen Births		X		X			X
Stroke			X	X			X
Injury	X			X		X	
Suicide	X			X			
Nutrition	X		X	X		X	
Respiratory			X	X			X
Drugs	X			X			X

These four areas received a more in-depth assessment, resulting in the development of an implementation strategy. Between August, 2012 and December, 2012, the five assessment sponsors gathered appropriate agencies, providers, and community leaders together to review each root cause assessment and discuss possible implementation strategies having highest impact potential. A brief summary of potential strategies follows, each having possible application as a policy/system/environmental (PSE) strategy. **(See the Root Cause Report beginning on pg. 10 and Implementation Strategy on pg. 31 for the FY2015 update).**

INTEGRATED SCORECARD

In addition, to root cause analysis and the implementation strategy, there is an integrated scorecard that has been developed to track ongoing metrics and strategy. The scorecard tracks all four root causes and metrics to support the collaborative and engage and drive change in the community to reduce tobacco use, obesity, substance abuse and support those in need with mental health **(See the Integrated Scorecard Section on pg. 37 for the FY2015 update).**

IMPLEMENTATION

The primary strategy is to continue and extend the collaborative developed through the Community Health Needs Assessment. The strategy is to truly collaborate with lead agencies and organizations for the next three years to implement strategies and tactics to support the four root causes of our identified areas of need. The primary stake holder for each of the four roots causes are:

- Tobacco: Smoke-free Communities | 800-Quit-Now
- Obesity: Welborn Baptist Foundation
- Mental Health: Deaconess Health System, Southwestern Mental Health, Lampion Center and the System of Care Coalition
- Substance Abuse: DrugFree.org

FY2015 DEACONESS SUCCESS

- Successful - Examples include:
 - Creation and promotion of Breath of Fresh Air to patients and employees. It is an interactive, online smoking cessation program and support group to help people quit smoking.
 - Partnership with United Caring Services to create a 6-bed Homeless Medical Respite. This reduces readmission to the hospital and improves quality of life for vulnerable patients.
 - Continued community programs targeting obesity - Healthier U Walks, organized walks in community parks for 12 Saturdays in the spring and summer, and Wise Choice, signage at the annual Fall Festival that identifies healthier options.
 - Application and receipt of federal grant to train more instructors in Youth Mental Health First Aid.
- *While tactics have been launched, many of these problems developed over several years and will require time to hit the desired outcomes and scorecard metrics for our community such as reduction in obesity.*

Strategy Sessions

After the final report for the collaborative Community Health Assessment (CHNA) the team decided to continue the stakeholder group meetings. The following four groups meet ongoing throughout the year with the identified agencies and all stakeholders of the CHNA to develop better partnerships toward building a healthier community. When the groups first began meeting after the final report, each group would meet twice a year. However, in 2014 some changes were made to the frequency which meeting take place as well as to the structure of the strategy session groups. Beginning in the fall of 2014, the mental health and substance abuse groups combined into one group as the participants were nearly identical for each group. The tobacco group continues to meet twice a year, but all the additional community work being done was shifted over to Smoke Free Communities. Smoke Free Communities is already doing all of the related work around this initiative and creating another work group would have been redundant and duplicated efforts. The Obesity group added an additional yearly meeting and meets at least 3 times per year currently.

- Tobacco
- Mental Health
- Substance Abuse
- Obesity

A list of the FY2015 group attendees and meeting details are listed in the section Strategy Sessions Participants.

ROOT CAUSES REPORT

Tobacco Report

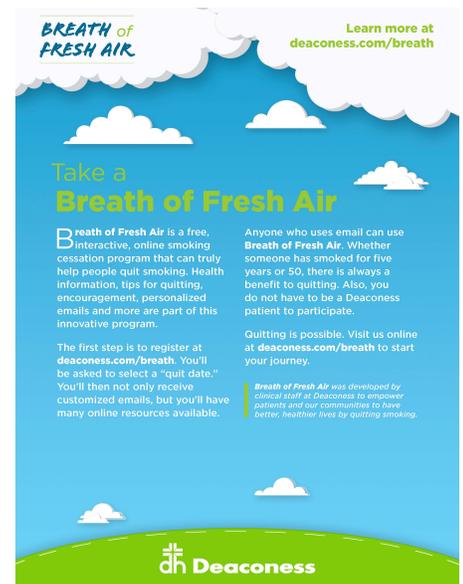
Reducing tobacco usage in the community is primarily driven by the continued efforts of Smoke-free Communities through consumer education and advocacy. The additional community work being done was shifted over to Smoke Free Communities. Smoke Free Communities is already doing all of the related work primarily around this initiative and creating another work group would have been redundant and duplicated efforts. Deaconess will continue to support their efforts and the combined efforts through the Healthy Communities Partnerships of Southwest Indiana which was funded by a Community Transformation Grant (CTG). As of January 2015, the CTG Grant funding will not be continued.

QUIT NOW

Deaconess continued to support the Indiana Tobacco Quitline, a free phone and text-based counseling service that helps Indiana smokers quit. Services are available 7 days-a-week in more than 170 languages by calling 1-800-QUIT-NOW. A trained quit coach works with the caller to provide tailored solutions.

BREATH OF FRESH AIR

Deaconess created and implemented a second smoking cessation program called Breath of Fresh Air. This program was pushed out to employees, the public, and all Deaconess Clinic Physicians. We supported the program with fliers, 3-panel display boards at health fairs, promotional items including a "tangle" designed to give smokers something to do with their hands, and digital ads. We had a nurse write a blog about the program and we shared it on our website in the MyHealth section. We also used our physician liaisons to take this information out to our regional providers.



LUNG CANCER SCREENINGS

Deaconess and St. Mary's have a formalized low dose CT (LDCT) Lung Cancer Screening program. The screening can help detect lung cancer at its earliest, most treatable stages, reducing lung cancer deaths by as much as 20%.

Deaconess' Multidisciplinary Lung Nodule Review Board receives test results and interprets them. We conducted an awareness campaign with specific tests dates targeted at military veterans. That group has a high probability of being long-term smokers.

Concerns

- **Policy**

- In February of 2014, The Indiana State Supreme Court overturned the Smoke-free ordinance in Evansville. In a 3-2 decision, the court deemed that the ordinance violates the Indiana Constitution's Equal Privileges and Immunities Clause. The court ruling will make it allowable again to smoke in fraternal clubs and some bars or taverns that do not allow people under 21. The change of the ordinance does raise concern if the success over the last few years in reducing tobacco usage could foresee an upturn.
- The increased use of e-cigarettes brings additional concern as there is lack of regulation, policy and data. When the original plan was developed, e-cigarettes were not yet a major player in the market and therefore were not addressed.

- **Funding**

- The Community Transformation Grant funding from the past 2 years has expired without renewal for support of smoking cessation. On July 1, 2011 the Indiana Tobacco Prevention and Cessation became part of the State Health Department. Tobacco reduction and protection from secondhand smoke exposure will now be further integrated into many existing State health promotion programs, such as cancer prevention, oral health, asthma care, maternal/prenatal health, cardiovascular health, minority, women's, and children's health. The TPC Commission looks forward to continuing to serve Hoosiers in the fight against tobacco use and secondhand smoke exposure. The funding for Vanderburgh and Warrick Counties were significantly reduced for 3 local advocates and educators to one full time equivalent.

Obesity

A community group was formed as a result of the CHNA identifying Obesity as a root cause and has been organized to look at the needs and resources in our community. There are 24 organizations who agreed to participate. Reducing obesity usage in the community is primarily driven by the continued efforts of the Welborn Baptist Foundation through efforts like their programs targeted through consumer education and advocacy. Deaconess will continue to support their efforts and the combined efforts through the Healthy Communities Partnerships of Southwest Indiana which is funded by a Community Transformation Grant (CTG).

HEROES

To help Tri-State schools' efforts to address the [Centers for Disease Control and Prevention's Eight Components of a Coordinated School Health Program](#), Welborn Baptist Foundation supports the HEROES program to provide financial and guiding support to elementary, middle, and high schools so that they can commit, implement, and evaluate their own school's health, based on the CDC's research-based and proven Coordinated School Health (CSH) Model. HEROES stands for Healthy, Energetic, Ready, Outstanding, and Enthusiastic Schools. Schools in Gibson, Perry, Posey, Dubois, Spencer and Vanderburgh in Indiana, Wabash and White in Illinois, and Henderson in Kentucky have participated in the HEROES program.

Move·ment

Move·ment is a healthy community initiative. The Welborn Baptist Foundation envisions a coalition of multiple, engaged partners, leading an effort aimed at increasing physical activity and healthy eating. Welborn Baptist Foundation has committed to hiring a full time staff person as well as funding resources for capacity building and social market messaging. In 2008, Welborn Baptist Foundation convened an Advisory Committee charged with assisting in the development of a long term strategy to bring lasting change to our community. Local leaders in health care, education, business, and not-for-profits were brought together and asked to review best practices as they prioritized areas to be targeted in the first phase of the Move·ment initiative. Next, smaller subcommittees consisting of professionals across disciplines helped guide the strategy development for each of the priority areas. The result was Blueprint: A Community's move·ment.

The blueprint provides a framework to begin addressing healthy lifestyles by offering six priority areas, an objective for each, strategies, and potential actions. Although there are other issues that could be addressed, this serves as a starting point for years of work to come. The move·ment priority area statements include: Built Environment, Food Access, Child Care and School Aged Settings, Worksite, People with Influence, and Faith-Based Communities.

- **Built Environment** - Safe neighborhoods, complete streets, good urban design, and open space support physical activity as part of everyday life for all ages.

Healthier U

Starting in 2011, Deaconess began the Healthier U Walks. The program encourages exercise but also provides people with the opportunity to explore new places to walk with the safety of a "tour guide" and a group to walk with. A lot of people are hesitant to walk, because they don't want to go alone to parks/trails. The program also rotates through different trails or walking paths in Evansville to help identify areas, new for some, for exercise in the city. For 12 Saturdays May through July, individuals will meet each week at a different park or walking trail to walk from 9-10am. Strollers and leashed pets are welcome to encourage attendance. Eastland Mall is used as a location for rainy days and market presence for walking awareness.

Evansville's (Vanderburgh County) **North Main Complete Street Project** - The proposed multimillion dollar overhaul of Evansville's North Main Street plan is designed to help encourage more physical activity, specifically bicycling. This project helps provide direct connection from downtown to Garvin Park with a safe biking environment. Planning and financial support of the \$13 million plan came from Deaconess as the project area is in our neighborhood.

http://www.courierpress.com/news/local-news/jacobsville-board-approves-north-main-street-plans_66198038



- **Food Access** - Healthy, fresh, and locally grown food is available, affordable and accessed throughout the community.

Wise Choice - Deaconess Hospital and the West Side Nut Club collaborated for a 3rd year to provide a “Wise Choice” Fall Festival munchie map. The Fall Festival in Evansville has been said to be the second largest street festival next to Mardi Gras and draws over 200,000 individuals each year. The festival is known for their deep fried and unhealthy options. The Wise Choice map features food items that are low calorie, low fat, and low sodium.

Baby Friendly - The Women's Hospital received designation as a Baby-Friendly Hospital by Baby-Friendly USA, Inc. The designation symbolizes the hospital's commitment to supporting breastfeeding mothers. Breastfeeding has been shown to reduce the likelihood of childhood obesity.

No Fry Zone

Deaconess made concerted efforts to increase the number of healthy eating options available at their campuses in Vanderburgh and Warrick, Counties. In 2014, they became a “no-fry” zone, disposed of fryers and invested in new equipment that baked food, but maintained crisp textures. This benefits employees, patients and visitors by providing healthier menu options.

Deaconess Farmers Markets

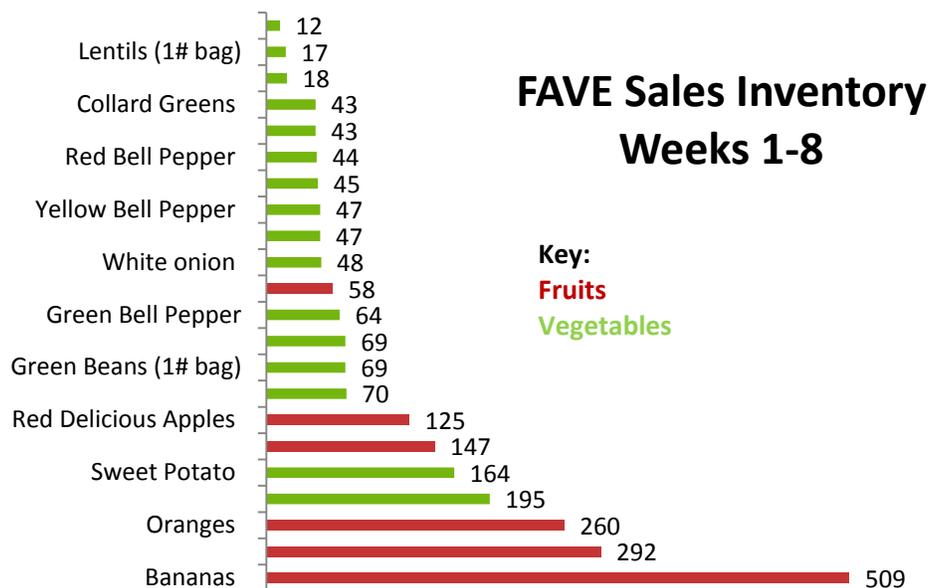
- Warrick – Deaconess Gateway and The Women’s Hospital successfully offered a farmers market from July through mid-October on Tuesdays in 2013 and 2014 and will continue the farmers market again through the summer in 2015.
- Vanderburgh – On Wednesdays, during the months of July through mid-October, Deaconess Hospital and Deaconess Clinic – Downtown, also hosted a Farmers market in 2013 and 2014 and will continue to offer the farmers market again in summer 2015.

Meals on Wheels

Meals on Wheels of Evansville offers nutritionally appropriate and proportioned meals prepared under the direction of dietitians at Deaconess Hospital and St. Mary’s Medical Center for needy individuals of all ages. Meals can be specifically catered to an individual’s dietary needs based on a physician order. Meals on Wheels of Evansville, Inc is located on the St. Mary’s Medical Center campus. Additionally, St.

FAVE – Fruits and Vegetables Evansville – a pilot program to explore the “mobile market” concept. With funding from Deaconess and St. Mary’s Hospitals, local university students took, and sold, fresh fruits and vegetables to highly underserved areas in specific census tracts. FAVE sales inventories provided information on patterns of consumption by mobile market patrons. The pilot program ended after 8 weeks and has an uncertain future.

FAVE Total Production/Sales



A local market inventory and sales tracking records were recorded and retained by the market managers throughout the 8-week pilot program. The purpose of these records is to identify to what extent the mobile markets are providing fresh produce into the targeted communities. Data collected weekly provides indicators towards the effectiveness (across all weeks of the pilot program) of the FAVE initiative and its projected long term outcomes (i.e., providing improved access to healthy foods).

FAVE sales tracking records provided information on the weekly itemization of sales and productivity.

On average, FAVE sales totaled \$300.00 per week
Week 1 of the FAVE Mobile Markets had the largest number of overall sales
Weeks 3 and 4 had the least number of overall sales (see Graph 1.6)
Week 5 had the greatest increase in sales from one week to the next

Graph 1.6: Weekly Sales Totals across the entire 8- week pilot program



Community Gardens

In addition to the mobile markets, the Fresh Produce Initiative sought to increase access to healthy foods by supporting the launch of community gardens in Vanderburgh County. In total, 6 community gardens supported by the Fresh Produce Initiative are underway. The locations for these FPI supported gardens include: Franklin Street, New Hope Missionary Baptist Church, CK Newsome Center, Koch Family Children’s Museum and Culver Early Learning Center.

FAVE Program Sustainability & Moving Forward

Near the end of the pilot of the Mobile Markets, the WBF partnered with representatives from the New Hope Missionary Baptist Church to mobilize markets in conjunction with their fresh produce marketplace (Harvest of Hope). From this partnership three mobile markets were initiated on June 20th, 27th, and July 11th at the Kennedy and Buckner locations (Census Tract 17). Due to limitations in capacity Harvest of Hope is no longer running and this collaboration ended.

Moving forward, WBF remains committed to the objectives set forth by the Fresh Produce Initiative including the establishment of a mobile market within Vanderburgh County. It is unknown to what extent a partnership structure will be developed, or what resources will be put forth to the realization of this project.

Obesity Miscellaneous

Deaconess Fitness Center

The Deaconess Fitness Center is located in the downtown Evansville hospital and offers long operating hours from 5:00am – 12:00am daily including weekends and holidays. The Fitness Center offers a variety of Cybex weight training equipment, six treadmills, one stationary bicycle, two airdyne bicycles, three EFX elliptical cross trainers, a Stairmaster and two NuSteps. Each member, as a part of the orientation process, is properly trained to use the equipment. The center also offers a heated pool.

Energize Evansville

Once a month, Deaconess partners with Energize Evansville (Mayor’s Office) and sponsors free fitness programs and activities such as Yoga and Zumba. These classes are also continued throughout the year at various city locations like Swonder Ice Rink, public pools and city parks.

Employee Wellness

Creation of a more robust employee wellness program. Personal trainers, exercise classes, nutrition classes, and mental health counseling are offered to help employees make and reach personal wellness goals.

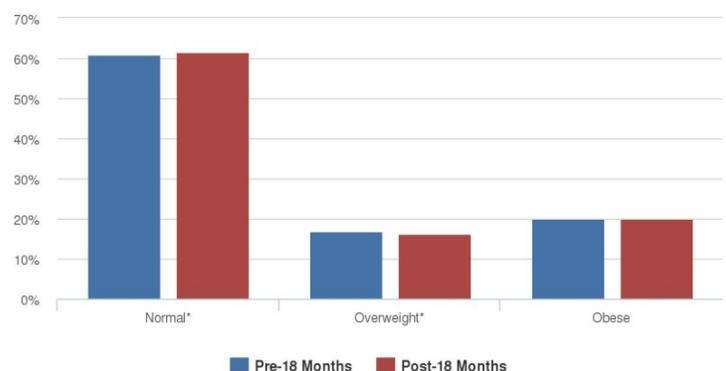
Youth Weight Status

The referenced childhood obesity data was published in 2015 by the Welborn Baptist Foundation through their Tristate Community Wellness Indicators. The Tri-State Youth data shows encouraging weight trends for local youth from overweight moving from 16.8% to 16.2%, which is a significant change.

Denotes Statistically Significant Change Source: Indiana

*University, Center on Education and Lifelong Learning,
Indiana Institute on Disability and Community
www.iidc.indiana.edu : www.heroesinitiative.org*

Tri-State Youth Weight Status - Local Data



Substance Abuse & Mental Health

Originally, two community strategy groups were created to focus on the needs of substance abuse and mental health separately. The membership of each group was largely the same, so these groups were combined into one group with St. Mary's hosting the meetings. This group meets every 2 months and includes 63 persons who are involved in mental health/substance abuse in our local and regional community. Included in this group are representatives from the Evansville Mayor's office, both local hospitals, the Vanderburgh County Health Department, ECHO (our local FQHC), local universities, 3 school systems, Evansville State Hospital and youth care center, Southwestern Behavioral Services, and various other private mental health organizations.

Community Education

The collaborative is using www.drugfree.org as the conduit for community education. The site offers many online resources such as brochures and education. There is also a focus on prescription drug usage and reducing access for teens and awareness for parents. The resources are very accessible and even offer an abstinent program.

Respite Care

Deaconess's Homeless Medical Respite program began November 14, 2014. Deaconess has helped establish and fund the respite program at the United Caring Shelter in downtown Evansville. The one-year pilot program will provide a safe place for homeless men to rest and recover following an inpatient stay at Deaconess Hospital or Deaconess Gateway Hospital. The 6-bed respite is physically located on the second floor of the United Caring Shelter, Ingle Street between 5th and 6th, in a separate part of the Emergency Night Shelter. United Caring Services will provide meals, bathroom facilities, and a safe and sanitary environment for these men up to six weeks. Community agencies such as ECHO Health, Aurora, etc. will provide wrap-around services that address homelessness, just as they do for the other guests at the shelter. The Homeless Medical Respite Program grew out of the collaborative analysis of homelessness in Evansville called "Destination Home" and was identified as a need in the published 2013 Community Health Needs Assessment. That analysis identified the need for a "discharge plan to prevent release from a publicly funded institution resulting in immediate homelessness."

<http://www.deaconess.com/Deaconess-News-Portal/News/Homeless-Medical-Respite-Program-Begins.aspx>

Centering Pregnancy

In 2014, The March of Dimes awarded a grant to Deaconess Family Medicine Residency to support "centering pregnancy" in Vanderburgh County. Centering Pregnancy is a multifaceted model of care that gathers 8 to 12 women of similar gestational age to meet together on a regular basis to learn care skills, develop a support network, and receive education on maternal and infant topics.

Through the Family-Centered Maternity Care program, Deaconess Family Medicine Residents utilize well-researched methods to reduce risk for preterm labor, increase birth weights, and increase breastfeeding initiation in patients. Peer support and prenatal case management will play a huge role in the program and help reduce the chances of substance abuse, domestic violence, and child abuse and neglect.

Child Abuse Task Force (Vanderburgh & Warrick)

The Child Abuse Task Force Team was established in 2011 to serve children with suspected or known child abuse. The focus of the program is to compassionately care for children who are otherwise not provided with optimum care in a safe environment. The team conducts monthly reviews of cases which allow for direct communication between the medical and non-medical community. The monthly reviews have eliminated communication barriers that previously existed allowing interaction and discussions to take place so that all parties can work together to better serve and advocate for children with suspected or known child maltreatment. The initiative has grown to more than 60 participants and includes Deaconess, Vanderburgh County Health Department, ECHO Community Health Center (FQHC) the Prosecutors Office, Department of Child Services, and Sherriff's office, etc.

Indiana System of Care Coalition

Continued efforts to build a System of Care Coalition for Vanderburgh and Warrick Counties. This is a strategic goal for the state of Indiana and is intended to provide resources to families and individuals with a diagnosed mental illness. Local participants include Southwestern Behavioral Health (Southwestern Indiana Mental Health Center), Evansville State Hospital, Deaconess, St. Mary's, and Evansville Psychiatric Children's Center.

Indiana is actively working to improve the access to and quality of behavioral and mental health services for youth and families. DMHA's mission is "to ensure that Indiana citizens have access to quality mental health and addiction services that promote individual, family and community resiliency and recovery." A State priority intended to assist communities in reaching this goal is expansion of evidence-based practices and the adoption of a System of Care (SOC) strategy to behavioral and mental health service delivery in Indiana. The state's overall, long-term strategic goals to improve its SOC include the following:

- Local resource for providers and families needing information about the full-array of services available to SED youth within the SOC area/region.
- Distribute information about potential State and Federal funded intensive community-based wraparound services available for youth and families.
- Point of access for referrals and families seeking treatment alternatives to PRTF/SOF levels of care.
- Assist in determining youth/family eligibility for state or federally funded community-based wraparound services.
- Assist in the recruitment of DMHA-certified service providers of intensive community-based wraparound services.
- Remain knowledgeable about and compliant with state and federally funded service programming policy, procedure and state expectations for the Access Site role in assisting youth and families in accessing the community-based wraparound services.

<http://www.in.gov/fssa/dmha/2754.htm>

Drug Task Force

There has been a concerted effort to reduce mass production of meth. The Evansville-Vanderburgh County Drug Task Force is an investigative unit formed through a partnership between the Evansville Police Department, Vanderburgh County Sheriff's Office, and Vanderburgh County Prosecutor's Office. The task force is staffed by one sergeant and seven officers and investigates drug offenses that occur within Vanderburgh County, Indiana. Deaconess, St. Mary's and ECHO are all supportive in this work and have discussed with the Evansville Drug Task Force, mayor's office, sheriffs from two counties and others how to place stop gap measures in a cycle of mental health, crime, incarceration, and release back into the community rather than treatment. Additional work has been done through the creation of Evansville Mayor's No Meth Task Force.

http://www.evansvillepolice.com/meth_task_force



Prescription Drug Utilization

INSPECT (Indiana Scheduled Prescription Electronic Collection & Tracking Program) is Indiana's prescription drug monitoring program (PDMP). INSPECT collects and tracks controlled substance prescriptions that are dispensed to Indiana residents. This data is then made available to medical practitioners and law enforcement to access under certain conditions. Indiana law requires physicians to query Indiana's prescription drug monitoring program (INSPECT) at the outset of an opioid treatment plan and at least annually thereafter. INSPECT will allow physicians to see if a patient is obtaining controlled substances from multiple practitioners and/or multiple pharmacies, which is known as "doctor-shopping." A healthcare practitioner accessing INSPECT and obtaining Rx History Reports will be informed of the complete controlled substance history of their patients. Rx History Reports are usually immediately available moments after the request is submitted. The report assists practitioners with patient evaluation and in determining the best treatment and care for a patient. A report may give a practitioner confidence in prescribing a controlled substance to a patient or may deter the practitioner from writing a prescription for a controlled substance altogether.

<http://www.in.gov/bitterpill/2360.html>

Deaconess has increased use of Indiana INSPECT by Emergency Room and Primary Care physicians to screen patients to make sure patients do not have multiple prescriptions for narcotics before prescribing. Pain Management physicians at Deaconess test patients to ensure they have the prescribed medication in the blood stream and to ensure they are compliant with physician orders. Pharmacists are also using Indiana INSPECT to prevent multiple prescriptions to the same individual for narcotics.

The [2013 IPLA INSPECT Knowledge and Use Survey](#) indicates that in the last 12 months in Indiana 35.7% of prescribers have changed their prescribing practices related to controlled substances and of those prescribers 56.6% of prescribers changed their prescribing practices due to INSPECT providing greater access to patient prescription drug history.

Legislation

The most current draft of Indiana's [Emergency Pain Regulations](#) mandates a measured approach when providing pain care, i.e. Where medically appropriate, the physician shall utilize non-opioid options instead of prescribing opioids. The legislation clearly states the following is appropriate practice guidelines:

- Prescribing Non-opiates where appropriate.
- Follow up visits should occur prior to a refill to discuss treatment plan, counsel and provide drug monitoring.
- Treatment agreements will be established between patients and physicians that they will take the prescribed medications. Also, that they will be tested to insure they are using these prescriptions. This is to insure the patients are using and not distributing opioids.
- Drug Monitoring will occur and if the patient does not have the prescribed medications or have more than medically necessary they physicians can discontinue seeing the patient

<http://jamespmurphymd.com/2013/10/07/an-open-letter-to-the-medical-licensing-board-of-indiana/>

<http://www.in.gov/legislative/iac/20141105-IR-844140289FRA.xml.pdf>

<http://www.ismanet.org/pdf/legal/IndianaPainManagementPrescribingFinalRuleSummary.pdf>

Bitter Pill Statewide Awareness Campaign for Prescription Drug Abuse

<http://www.in.gov/bitterpill/2360.html>

Shortly after the completion of the collaborative's Community Health Needs Assessment in 2013, the State launched the Bitter Pill Campaign, which is a statewide public awareness campaign aimed at prescription drug abuse. Statistics show that abuse and misuse among all age groups is a serious problem in Indiana. In 2011, 718 Hoosiers died from accidental drug overdoses, compared to 654 deaths the year before, according to the Indiana State Department of Health. More people abuse prescription drugs in the U.S. than cocaine, heroin, hallucinogens and inhalants combined, according to the National Institute on Drug Abuse. <http://thestatehousefile.com/bitter-pill-website-provides-info-about-prescription-drug-abuse/12850/>

Mental Health First Aid

The CHNA collaborative partners applied for and received a federal grant that pays for the training of more instructors for Youth Mental Health First Aid. With the addition of 14 new instructors, we can begin educating those who work with youth on a frequent basis. After the training, people will be able to recognize the signs of addictions and mental illnesses, enact a 5-step action plan to assess a situation and help, understand the impact of mental and substance use disorders, and identify local resources and where to turn for help.

Crisis Intervention Team

In 2009, officers with the Evansville Police Department were trained as Crisis Intervention Team officers (CIT). CIT Officers receive 40 hours of training in dealing with persons who are mentally ill and in need of assistance. Officers trained for this assignment are from the Patrol Division, School Liaison, and Crisis Negotiators. In working closely with the mental health community, the Evansville Police Department has provided officers with training and understanding to better deal with persons in a mental crisis situation. This training continues on a yearly basis and is still a critical component for our officers to address and better work with individuals with mental health disorders.

<http://www.evansvillepolice.com/specialized-assignments/crisis-intervention-team>

Concern

Access - There is a lack of access for residential rehab recovery for adults and no existence of a program for adolescents in Vanderburgh and Warrick Counties.

Homeless - The 2000 ECHO Homeless Survey identified 3,051 households over the course of the year in Evansville as homeless or at-risk of immediate homelessness (in need of financial assistance to prevent eviction or living with others due to lack of resources for own housing). On average there are at least 450 individuals in shelter or transitional housing on any given night in Evansville. (From HMIS and estimated non-HMIS users; Updated September 2011) Over a third of these individuals are children under the age of 18. Uncounted others (at least 100) are living in places not meant for habitation or are doubled-up due to an inability to find safe, clean, affordable independent housing. (HMIS; updated September 2011). The 2000 Census documented that Vanderburgh County had a higher percent of homeless persons per capita than any other Indiana county.

IMPLEMENTATION STRATEGY

**COMMUNITY NEEDS IMPLEMENTATION STRATEGY
COLLABORATIVE PLAN**

UPDATED 6.03.15

STRATEGY	TACTIC(S)	SPONSORS		COMPLETION DATE	COMPLETED	SUCCESS MEASURES/COMMENTS
CATEGORY: TOBACCO USE						
Indiana Quit Line: Promote/market the Quit Line to patients and clientele	Utilize existing marketing materials/resources to support current smokers in their efforts to quit	St. Mary's Med Ctr St. Mary's Warrick Deaconess United Way 211 Line ECHO CHC		06/30/14		<u>COMMUNITY MEASURE:</u> Increase number of local residents/physicians utilizing the Indiana Quit Line by 10%, compared to historic baseline from Smokefree Communities. Decrease the percentage of smokers by 0.5 percentage points by FY2016.
	Work with Smokefree Communities to maximize use of materials	St. Mary's Med Ctr St. Mary's Warrick Deaconess United Way 211 Line ECHO CHC		06/30/14		
	Market via websites, internal/external publications, Parish Nurses, direct mail to smokers, contacts with Asthma parents and WIC parents, 211 Line	St. Mary's Med Ctr St. Mary's Warrick Deaconess United Way 211 Line ECHO CHC		01/01/14		
	Engage primary care physicians and other clinicians to promote the use of the Quit Line	St. Mary's Med Ctr St. Mary's Warrick Deaconess ECHO CHC		06/30/14		
Pursue a Smokefree Communities TPC grant (Tobacco Prevention and Cessation) specifically for Warrick County	Engage grant writer(s) at University of Evansville and utilize Smokefree Communities to administer the grant, if awarded.	St. Mary's Warrick Deaconess Gateway		01/01/14	Completed grant, but did not receive funding.	NOTE: If potential warrants, grant would be submitted in Year #1, and Smokefree Communities program would be implemented in Warrick County Year #2.
Implement tobacco component of Community Transformation Grant (CTG) for obesity	Work with Smokefree Communities to implement tactics in Warrick County	Welborn Baptist Fdn St. Mary's Warrick		06/30/14		NOTE: Grant was not awarded therefore no coalition, but continued collaborative efforts with SmokeFree Communities exist.
CATEGORY: OBESITY						
Improve food/nutrition choices available on-campus	Re-introduce the Upgrade program on the SMMC campus in 2013	St. Mary's Med. Ctr. Welborn Baptist Fdn Deaconess Hospital ECHO CHC		06/30/14		<u>COMMUNITY MEASURE:</u> Decrease by one percentage point the percentage of adults who are obese by FY2016. Decrease by one percentage point the percentage of households with an overweight or obese child (by FY2016). Set baseline measures in FY2014.
	Work with local vendors to recommend additional vending changes to be introduced in 2014	St. Mary's Med. Ctr. Deaconess Hospital		06/30/15		
						<u>COMMUNITY MEASURE:</u> Decrease by one percentage point the percentage of adults who are obese by FY2016. Decrease by one percentage point the percentage of households with an overweight or obese child (by FY2016). Set baseline measures in FY2014.
Support obese and morbidly obese employees by making appropriate incentives and interventions available to the workforce	Certified Health Coaches are available to assist obese and morbidly obese employees with a game plan for safely lowering their BMI. Potential for premium discounts if the employee effectively lowers their risk factors.	St. Mary's Med. Ctr. St. Mary's Warrick Deaconess		06/30/14		
Expand HEROES coordinated school health Initiatives in Vanderburgh County. Work to gain entry into the Warrick School System.	Meet with key persons in Warrick/Vanderburgh School Systems to solicit participation in CTG initiatives.	Welborn Baptist Fdn St. Mary's Warrick		06/30/15		<u>COMMUNITY MEASURE:</u> # schools participating in CTG activities will increase compared to FY2013.
Work with child care centers to improve physical activity and nutrition	Educate, provide resources to centers to meet healthy/active living guidelines	Welborn Baptist Fdn United Way ECDC St. Mary's Med. Ctr.		06/30/14		<u>COMMUNITY MEASURE:</u> # child care centers implementing improved nutrition and physical activity aligned with best practice guidelines will increase compared to FY2013.
Work with businesses, health care centers and corporations to implement healthy, active living environments	Baby-friendly breastfeeding sites, worksite wellness programs, healthy vending, healthy menu options, etc.	Welborn Baptist Fdn St. Mary's Med. Ctr. Deaconess		06/30/14		<u>COMMUNITY MEASURE:</u> # worksites participating in WBF healthy initiative programs will increase compared to FY2013.

STRATEGY	TACTIC(S)	SPONSORS	St. Mary's POINT PERSON(S)	COMPLETION DATE	COMPLETED	SUCCESS MEASURES/COMMENTS
Address food access issues by creating new and unique opportunities for residents to obtain nutritionally balanced food options	Initiate/sustain Farmers' Markets during the summer months to promote healthy choices and affordable fruits and vegetables	St. Mary's Warrick St. Mary's Medical Center Deaconess		06/30/14		
Healthcare organizations and providers promote healthy eating and active living in their clinical practices.	Engage primary care providers and other physicians in the development and utilization of social marketing campaign materials.	St. Mary's Warrick St. Mary's Med. Ctr. Deaconess		06/30/14		
CATEGORY: SUBSTANCE ABUSE						
Explore the opportunity to collaborate on the issue of prescription drugs	Work with the Evansville Drug Task Force to minimize the abuse of prescription drugs.	St. Mary's Med. Ctr. St. Mary's Warrick ECHO CHC Deaconess		06/30/14		INTENT: Tighten procedures that reduce pain medications prescribed through the emergency room, physician offices. MEASUREMENT: Develop a plan for Year #2 implementation.
	With Dentists from the Mobile Dental Clinic, educate local dentists regarding the over prescribing medications as an issue and the effects of this problem with a goal of decreasing overprescribing of pain medications from dentists	St. Mary's Med. Ctr. ECHO CHC (if dental programming begins at ECHO)		06/30/15		COMMUNITY MEASURE: Decrease by one tenth (0.1) the number of controlled substance prescriptions filled and entered into INSPECT (by FY2016).
Promote/market the www.DrugFree.org website to patients and clientele	Utilize existing marketing materials/resources to support current users in their efforts to quit.	St. Mary's Med. Ctr. St. Mary's Warrick Deaconess United Way ECHO CHC		01/01/14		COMMUNITY MEASURE: Set a baseline measure through NRC to track the percentage of residents who have used an illegal drug in the past 30 days.
CATEGORY: SUBSTANCE ABUSE (CONT.)						
	Support parents in efforts to provide Drug Free environments for minors and offer resources to them and their families.	St. Mary's Med. Ctr. St. Mary's Warrick Deaconess United Way ECHO CHC		01/01/14		
CATEGORY: MENTAL HEALTH (Note: These tactics also impact the Substance Abuse category)						
<u>Nurse-Family Partnership (NFP)/Centering Pregnancy:</u> Partner high-risk, first-time mothers with a registered nurse	Research the feasibility to implement the NFP program, as modeled by Indianapolis and New York City	St. Mary's Med. Ctr. Deaconess Women's Hospital		06/30/14		NOTE: Bring NFP program members to Evansville to speak to community coalition of possible application/use in our community.
<u>Child Abuse Task Force:</u> Expand the Trauma-related task force to include a prevention component	Invite Lampion to the Child Abuse Task Force as an additional prevention tool in the area of Child Abuse	St. Mary's Med. Ctr. Deaconess Hospital ECHO CHC		09/30/13		COMMUNITY MEASURE: Reduce by one percentage point the number of substantiated cases of child abuse by FY2016.
<u>System of Care Coalition:</u> Assist local agencies in creating a full continuum for the treatment of pediatric mental health	Become an active member of the System of Care Coalition for the purpose of coordinating service across the community. Potentially build a community level care conferencing model.	St. Mary's Med. Ctr. Deaconess Hospital Welborn Foundation ECHO CHC		09/01/13		COMMUNITY MEASURE: By FY2016, reduce by two tenths of a day (0.2) the number of poor mental health days experienced in the previous 30 days. NOTE: The System of Care is developing a wrap-around network of services that will keep kids from falling through the cracks. Over time, services need to be expanded into Warrick and Gibson Counties. Define each sponsor's role on the Coalition.
Explore ways to discharge patients who have nowhere to go.	Research the Christ Hospital (Cincinnati) Center for Respite Care as one model to consider.	St. Mary's Med. Ctr. Deaconess Hospital ECHO CHC		03/30/14		NOTE: Year #1 -- determine if there is a model that is applicable to the local market. Subsequent Years -- improved post-discharge outcomes by extending recovery time plus a decline in readmissions among this population.

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

UPDATED 6.26.15

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

INTEGRATED SCORECARD

COMMUNITY NEEDS IMPLEMENTATION STRATEGY (COLLABORATIVE PLAN)
SCORECARD METRICS (COMMUNITY LEVEL)
VANDERBURGH COUNTY

	FY2016 Goal Vanderburgh	Data Source	2012 Vanderburgh	2012 Indiana	2012 National	Error Margin	2013 Vanderburgh	2013 Indiana	2013 National	Error Margin	2014 Vanderburgh	2014 Indiana	2014 National	Error Margin
CATEGORY: OVERALL HEALTH														
Fair/Poor Physical Health	15% +/- 2.5	CHR	18%	16%	10%	16-21%	20%	16%	10%	17-23%	20%	16%	10%	17-23%
Poor Physical Health Days	3.6 +/- 0.65	CHR	4.2	3.6	2.6	3.6-4.9	4.6	3.6	2.6	3.9-5.2	4.7	3.6	2.5	4.0-5.4
CATEGORY: TOBACCO USE														
Adult Smokers	25% +/- 3.5	CHR	27%	24%	14%	23-30%	26%	24%	13%	23-30%	25%	23%	14%	22-29%
Increase Indiana Quit Line Usage (total number of registered calls and web usage)	393	SC	Baseline to set in 2013				357	n/a	n/a	n/a	340	n/a	n/a	n/a
QuitNowIndiana.com Clicks promoted by stmarys.org	100	SM	Baseline to set in 2014								102	n/a	n/a	n/a
CATEGORY: OBESITY														
Adult Obesity	25.9% +/- 4.0	CHR	29%	31%	25%	25-33%	29%	25%	31%	25-33%	32%	31%	25%	22-29%
Childhood Obesity (Ages 2-17)	17%	WBF	Baseline to set in 2014								18%	n/a	n/a	n/a
CATEGORY: SUBSTANCE ABUSE														
Controlled Substance Prescriptions entered into INSPECT per person (Gauge Scale is based on 3-1 scale with 1 being the best and 3 the worst)	2.06	II	2.36	1.70	n/a	n/a	n/a	n/a	n/a	n/a	2.56 (2012 data)	1.64 (2012 data)	n/a	n/a
Prescription Pain Killer Abuse		WBF	Baseline to set in 2014								13%	n/a	n/a	n/a
DrugFree.org Clicks promoted by stmarys.org	100	SM	Baseline to set in 2014								238	n/a	n/a	n/a
CATEGORY: MENTAL HEALTH														
Poor Mental Health Days	3.7 +/- 0.65	CHR	4.3	3.6	2.3	3.6-4.9	4.3	3.6	2.3	3.7-5.0	4.2	3.7	2.4	3.5-4.8
Child Abuse Cases (Physical + Sexual)	166	KC	171 (2011 data)	n/a	n/a	n/a	158 (2012 data)	n/a	n/a	n/a	161 (2013 data)	n/a	n/a	n/a
- Neglect	22.1%	KC	23.1%	19.40%	n/a	n/a	23.9%	18.7%	n/a	n/a	15.7%	17.2%	n/a	n/a
- Physical	15.0%	KC	16.0%	15.10%	n/a	n/a	12.5%	12.5%	n/a	n/a	12.0%	9.6%	n/a	n/a
- Sexual	25.2%	KC	26.2%	26.30%	n/a	n/a	23.8%	24.2%	n/a	n/a	23.8%	18.8%	n/a	n/a

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

Data Source Key
CHR - County Health Rankings at www.countyhealthrankings.org
II - Indiana Indicators at http://indianaindicators.org/
SM- St. Mary's Website
SC - Smoke Free Communities
KC - Kids Count at www.iyi.org/datacenter
WBF - Tri-State Health Survey

GOAL STATEMENTS FOR FY2014 - FY2016

CATEGORY: OVERALL HEALTH

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

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

CATEGORY: TOBACCO USE

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

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

CATEGORY: OBESITY

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

Decrease by one percentage point the percentage of children originating from Vanderburgh who are obese. Note: The 2015 Tri-State Health Survey breaks out childhood weights into the following categories: Underweight, Healthy Weight, Overweight and Obese. Only the percentage of Obese children is used in the Childhood Obesity score above.

CATEGORY: SUBSTANCE ABUSE

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

CATEGORY: MENTAL HEALTH

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

Reduce by one percentage point the number of substantiated child abuse cases originating from Vanderburgh (combined physical and sexual abuse). For the FY15 update, concern was noted for using the % as the trended metric instead of the actual number of substantiated cases (due to the % possibly misrepresenting the trend of total substantiated cases as the percent is taken from the total number of cases investigated divided by the number of substantiated cases.)

**STRATEGY
SESSION
PARTICIPANTS**

**CHNA Tobacco Strategy Session Participants
2015**

Name	Agency
Diana Butler	EVSC
Jackie Richards	St. Mary's Medical Center
Julie Phillips	Smoke Free Communities
Casey Williams	Smoke Free Communities
Parri Black	Youth First
Davi Stein-Kiley	Youth First
Anna Hargis	Big Brothers/Big Sisters
Sharon Burns	Catholic Charities Bureau
Gloria Horton	Visiting Nurse Association
Jared Florence	Deaconess
Sandee Strader-McMillen	ECHO Community Health Center (Main Campus)
Eric Girten	St. Mary's Community Health
John Greaney	St. Mary's Medical Center
Janet Raisor	St. Mary's Medical Center
Carol Braden-Clark	United Way
Gary Heck	Vanderburgh County Health Dept.
Rhonda Meade	Welborn Baptist Foundation
Andrea Hays	Welborn Baptist Foundation
Dan Diehl	Diehl Consult

**CHNA Mental Health Strategy Session Participants
2015**

Name	Agency
Parri Black	Youth First
Davi Stein-Kiley	Youth First
Bruce Ahlemeir	St. Mary's ED Social Worker
Robin Richards	Director: St. Mary's
Brett Kruse	Warrick Sheriff Department
Lt. Tim Everley	Evansville-Vand. Drug Task Force
AngieRichards-Cooley	ARK Crisis Nursery
Anna Hargis	Big Brothers/Big Sisters
Suzanne Draper	CASA
Sharon Burns	Catholic Charities Bureau
Carol Collier-Smith	ECHO Community Health Center (Main Campus)
Lynn Kyle	Lampion Center
Emily Rieford	Mental Health of America
Gloria Horton	Visiting Nurse Association
Phillip Cook	Brentwood Meadows
Ann Tornatta	Deaconess
Sandee Strader-McMillen	ECHO Community Health Center (Main Campus)
Cathy Fulcher	Evansville State Hospital
Janie Chappel	CrossPointe
Eric Girten	St. Mary's Community Health
John Greaney	St. Mary's Medical Center
Lottie Cook	Children's Psych Hospital and
Carol Braden-Clark	United Way
Matt Young	Warrick County Sheriff Dept.
Dennis Moran	Southwest Mental Health
Gary Heck	Vanderburgh County Health Dept.
Elizabeth Tharp	Welborn Baptist Foundation
Kris Mann	Ireland/Clinical Director
Dan Diehl	Diehl Consult
Luzeda Hayes	Homeless Prevention Coalition
Erika Taylor	YWCA Evansville

**CHNA Substance Abuse Strategy Session Participants
2015**

Name	Agency
Parri Black	Youth First
Davi Stein-Kiley	Youth First
Bruce Ahlemeier	St. Mary's ED Social Worker
Robin Richards	Director: St. Mary's
Brett Kruse	Warrick Sheriff Department
Lt. Tim Everley	Evansville-Vand. Drug Task Force
AngieRichards-Cooley	ARK Crisis Nursery
Anna Hargis	Big Brothers/Big Sisters
Suzanne Draper	CASA
Sharon Burns	Catholic Charities Bureau
Carol Collier-Smith	ECHO Community Health Center (Main Campus)
Lynn Kyle	Lampion Center
Emily Rieford	Mental Health of America
Gloria Horton	Visiting Nurse Association
Phillip Cook	Brentwood Meadows
Jared Florence	Deaconess
Sandee Strader-McMillen	ECHO Community Health Center (Main Campus)
Cathy Fulcher	Evansville State Hospital
Janie Chappel	CrossPointe
Eric Girten	St. Mary's Community Health
John Greaney	St. Mary's Medical Center
Lottie Cook	Children's Psych Hospital and
Carol Braden-Clark	United Way
Matt Young	Warrick County Sheriff Dept.
Dennis Moran	Southwest Mental Health
Gary Heck	Vanderburgh County Health Dept.
Ronda Meade	Welborn Baptist Foundation
Andrea Hayes	Welborn Baptist Foundation
Dan Diehl	Deihl Consult
Luzeda Hayes	Homeless Prevention Coalition
Erika Taylor	YWCA Evansville

**CHNA Obesity Strategy Session Participants
2015**

Name	Agency
Mayor Winnecke or Ella Johnson	Mayor's Office
Christy Gillenwater	Evansville Chamber
Denise Johnson	Parks Dept.
Jennifer Drake	4C
Lynn Penland	UE
Amy Lutzell	IVY Tech
Parri Black	Youth First
Davi Stein-Kiley	Youth First
Anna Hargis	Big Brothers/Big Sisters
Suzanne Draper	CASA
Carol Collier-Smith	ECHO Community Health Center (Main Campus)
Gloria Horton	Visiting Nurse Association
Jared Florence	Deaconess
Sandee Strader-McMillen	ECHO Community Health Center (Main Campus)
Eric Girten	St. Mary's Community Health
John Greaney	St. Mary's Medical Center
Carol Braden-Clark	United Way
Gary Heck	Vanderburgh County Health Dept.
Ronda Meade	Welborn Baptist Foundation
Andrea Hayes	Welborn Baptist Foundation
Janet Raisor	St. Mary's Medical Center
Cori Filbert	St. Mary's Medical Center
Lisa Bosley	United Way
Derrick Stewart	YMCA
Anne White	USI
Cathy Gray	EVSC
Jane Wilhelmus	Warrick
Gwen Godsey	Diocese
Dan Diehl	Diehl Consulting
Ron Ryan	Boys & Girls Club

APPENDIX

2015 *County Health Rankings*

Indiana

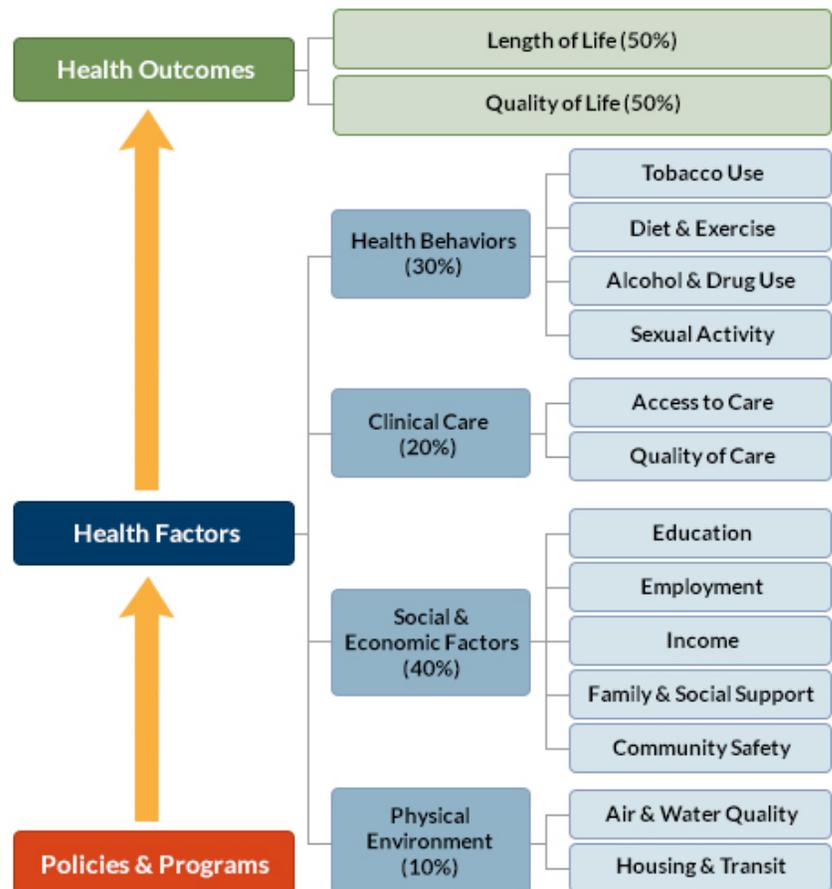


INTRODUCTION

The *County Health Rankings & Roadmaps* program helps communities identify and implement solutions that make it easier for people to be healthy in their homes, schools, workplaces, and neighborhoods. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what is making people sick or healthy. The *Roadmaps to Health* and *RWJF Culture of Health Prize* show what we can do to create healthier places to live, learn, work, and play.

WHAT ARE THE COUNTY HEALTH RANKINGS?

Published online at countyhealthrankings.org, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* are unique in their ability to measure the current overall health of each county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Communities use the *Rankings* to identify and garner support for local health improvement initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.



MOVING FROM DATA TO ACTION

Roadmaps to Health help communities bring people together to look at the many factors that influence health, select strategies that work, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities move from awareness about their county’s ranking to action

to improve people’s health. The *Roadmaps to Health* Action Center is a one-stop shop of information to help any community member or leader who wants to improve their community’s health by addressing factors that we know influence health, such as education, income, and community safety.

Within the Action Center you will find:

- Online step-by-step guidance and tools to move through the Action Cycle
- *What Works for Health* – a searchable database of evidence-informed policies and programs that can improve health

- Webinars featuring local community members who share their tips on how to build a healthier community
- Community coaches, located across the nation, who provide customized consultation to local leaders who request guidance in how to accelerate their efforts to improve health. You can contact a coach by activating the Get Help button at countyhealthrankings.org

LEARNING FROM OTHERS

At countyhealthrankings.org, we feature stories from communities across the nation who have used data from the *County Health Rankings* or have engaged in strategies to improve health. The *RWJF Culture of Health Prize* recognizes communities that are creating powerful partnerships and deep commitments to enable everyone in our diverse society to lead healthy lives now and for generations to come.

The Prize is awarded annually by RWJF to honor communities that are working to build a Culture of Health by implementing solutions that give everyone the opportunity for a healthy life. In 2015, up to 10 winning communities will each receive a \$25,000 cash prize and have their stories shared broadly with the goal of inspiring locally driven change across the nation.

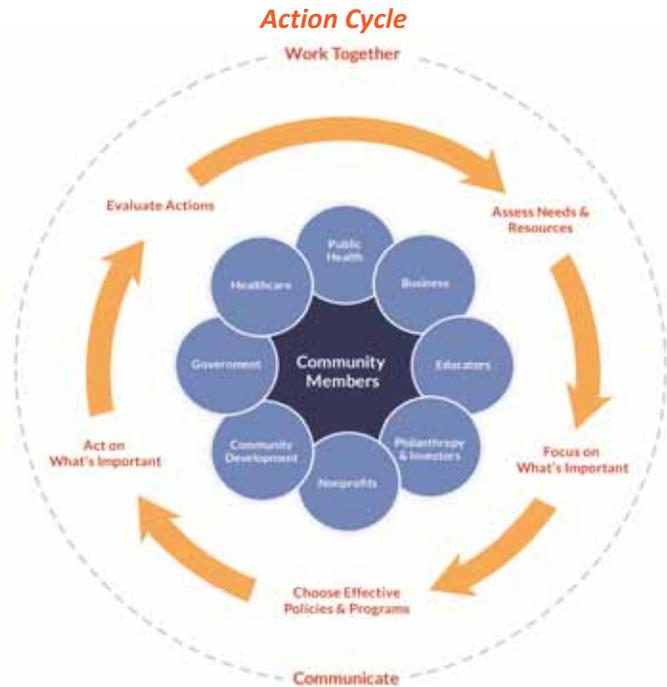
Prize winners are selected based on how well they demonstrate their community's achievement on their journey to a Culture of Health in the following areas:

- Defining health in the broadest possible terms
- Committing to sustainable systems changes and long-term policy-oriented solutions
- Cultivating a shared and deeply held belief in the importance of equal opportunity for health
- Harnessing the collective power of leaders, partners, and community members
- Securing and making the most of resources
- Measuring and sharing progress and results

Visit countyhealthrankings.org or rwjf.org/prize to learn about the work of past Prize winners and the application process.

HOW CAN YOU GET INVOLVED?

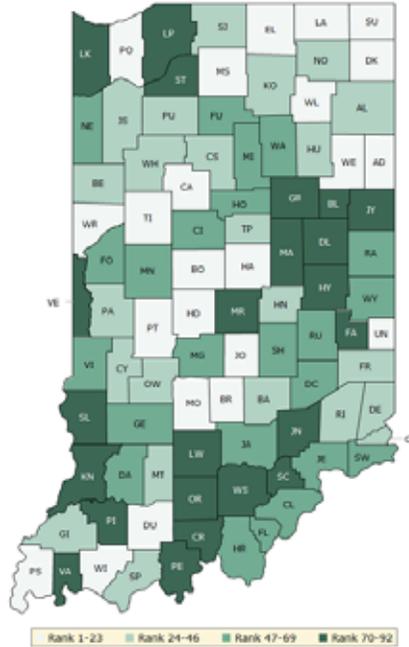
You might want to contact your local affiliate of United Way Worldwide or the National Association of Counties – their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members' communities. By connecting with other leaders interested in improving health, you can make a difference in your community. In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit countyhealthrankings.org to get ideas and guidance on how you can take action in your community. Working with others, you can improve the health of your community.



HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

The green map below shows the distribution of Indiana’s **health outcomes**, based on an equal weighting of length and quality of life.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.

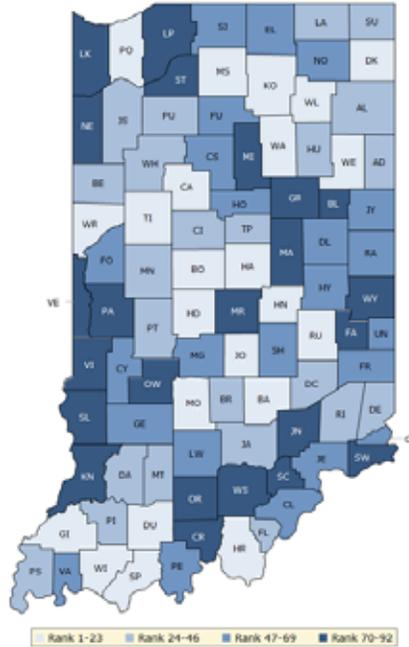


County	Rank	County	Rank	County	Rank	County	Rank
Adams	17	Franklin	42	Lawrence	80	Rush	52
Allen	30	Fulton	62	Madison	79	Scott	92
Bartholomew	37	Gibson	38	Marion	74	Shelby	56
Benton	31	Grant	87	Marshall	9	Spencer	25
Blackford	86	Greene	64	Martin	44	St. Joseph	41
Boone	3	Hamilton	1	Miami	51	Starke	90
Brown	7	Hancock	26	Monroe	14	Steuben	12
Carroll	15	Harrison	47	Montgomery	50	Sullivan	83
Cass	32	Hendricks	2	Morgan	48	Switzerland	69
Clark	63	Henry	73	Newton	67	Tippecanoe	18
Clay	35	Howard	61	Noble	39	Tipton	45
Clinton	53	Huntington	33	Ohio	29	Union	21
Crawford	85	Jackson	65	Orange	82	Vanderburgh	78
Daviess	49	Jasper	46	Owen	40	Vermillion	71
Dearborn	27	Jay	77	Parke	34	Vigo	68
Decatur	55	Jefferson	57	Perry	70	Wabash	58
DeKalb	23	Jennings	88	Pike	81	Warren	6
Delaware	84	Johnson	10	Porter	8	Warrick	19
Dubois	5	Knox	76	Posey	11	Washington	89
Elkhart	20	Kosciusko	28	Pulaski	43	Wayne	60
Fayette	91	LaGrange	4	Putnam	22	Wells	16
Floyd	54	Lake	72	Randolph	59	White	36
Fountain	66	LaPorte	75	Ripley	24	Whitley	13

HOW DO COUNTIES RANK FOR HEALTH FACTORS?

The blue map displays Indiana’s summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.



County	Rank	County	Rank	County	Rank	County	Rank
Adams	24	Franklin	47	Lawrence	67	Rush	22
Allen	44	Fulton	55	Madison	81	Scott	90
Bartholomew	17	Gibson	13	Marion	89	Shelby	48
Benton	37	Grant	71	Marshall	20	Spencer	10
Blackford	78	Greene	69	Martin	32	St. Joseph	52
Boone	2	Hamilton	1	Miami	75	Starke	92
Brown	30	Hancock	6	Monroe	7	Steuben	27
Carroll	18	Harrison	19	Montgomery	31	Sullivan	88
Cass	61	Hendricks	4	Morgan	50	Switzerland	86
Clark	62	Henry	59	Newton	85	Tippecanoe	11
Clay	68	Howard	53	Noble	63	Tipton	25
Clinton	34	Huntington	33	Ohio	54	Union	60
Crawford	87	Jackson	41	Orange	73	Vanderburgh	57
Daviess	45	Jasper	43	Owen	77	Vermillion	80
Dearborn	29	Jay	56	Parke	79	Vigo	74
Decatur	36	Jefferson	64	Perry	51	Wabash	23
DeKalb	16	Jennings	84	Pike	40	Warren	14
Delaware	58	Johnson	8	Porter	15	Warrick	3
Dubois	5	Knox	72	Posey	26	Washington	82
Elkhart	49	Kosciusko	21	Pulaski	42	Wayne	70
Fayette	83	LaGrange	28	Putnam	39	Wells	9
Floyd	38	Lake	91	Randolph	65	White	35
Fountain	66	LaPorte	76	Ripley	46	Whitley	12

2015 COUNTY HEALTH RANKINGS: MEASURES AND NATIONAL/STATE RESULTS

Measure	Description	US Median	State Overall	State Minimum	State Maximum
HEALTH OUTCOMES					
Premature death	Years of potential life lost before age 75 per 100,000 population	7681	7528	3931	13579
Poor or fair health	% of adults reporting fair or poor health	17%	16%	7%	28%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	3.6	2.1	6.2
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.5	3.7	1.8	6.7
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	8.2%	5.1%	9.8%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	% of adults who are current smokers	21%	23%	12%	42%
Adult obesity	% of adults that report a BMI ≥ 30	31%	31%	23%	38%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.3	7.2	6.1	8.7
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	27%	27%	18%	37%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	65%	75%	22%	94%
Excessive drinking	% of adults reporting binge or heavy drinking	16%	16%	8%	25%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	31%	26%	0%	46%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	291	451	82	1100
Teen births	# of births per 1,000 female population ages 15-19	41	39	13	63
CLINICAL CARE					
Uninsured	% of population under age 65 without health insurance	17%	17%	10%	28%
Primary care physicians	Ratio of population to primary care physicians	2015:1	1518:1	14044:1	517:1
Dentists	Ratio of population to dentists	2670:1	1973:1	14087:1	1235:1
Mental health providers	Ratio of population to mental health providers	1128:1	750:1	14087:1	206:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	65.3	70	35	117
Diabetic monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	85%	84%	28%	92%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	61%	61.4%	44.0%	71.6%
SOCIAL AND ECONOMIC FACTORS					
High school graduation	% of ninth-grade cohort that graduates in four years	85%	87%	72%	98%
Some college	% of adults ages 25-44 with some post-secondary education	56%	60.2%	26.7%	86.1%
Unemployment	% of population aged 16 and older unemployed but seeking work	7%	7.5%	5.3%	10.6%
Children in poverty	% of children under age 18 in poverty	24%	22%	6%	33%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.3	3.2	6.5
Children in single-parent households	% of children that live in a household headed by single parent	31%	33%	12%	47%
Social associations	# of membership associations per 10,000 population	12.6	12.7	7.7	22.4
Violent crime	# of reported violent crime offenses per 100,000 population	199	334	14	1124
Injury deaths	# of deaths due to injury per 100,000 population	73.8	62	31	118
PHYSICAL ENVIRONMENT					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11.9	13.5	13.0	14.2
Drinking water violations	% of population potentially exposed to water exceeding a violation limit during the past year	1.0%	4%	0%	39%
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14%	14%	7%	24%
Driving alone to work	% of workforce that drives alone to work	80%	83%	52%	90%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	29%	30%	13%	56%

2015 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Premature death	National Center for Health Statistics – Mortality files	2010-2012
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2006-2012
	Poor physical health days	Behavioral Risk Factor Surveillance System	2006-2012
	Poor mental health days	Behavioral Risk Factor Surveillance System	2006-2012
	Low birthweight	National Center for Health Statistics – Natality files	2006-2012
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2006-2012
Diet and Exercise	Adult obesity	CDC Diabetes Interactive Atlas	2011
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2012
	Physical inactivity	CDC Diabetes Interactive Atlas	2011
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2013
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2006-2012
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2009-2013
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2012
	Teen births	National Center for Health Statistics – Natality files	2006-2012
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2012
	Primary care physicians	Area Health Resource File/American Medical Association	2012
	Dentists	Area Health Resource File/National Provider Identification file	2013
	Mental health providers	CMS, National Provider Identification file	2014
Quality of Care	Preventable hospital stays	Dartmouth Atlas of Health Care	2012
	Diabetic monitoring	Dartmouth Atlas of Health Care	2012
	Mammography screening	Dartmouth Atlas of Health Care	2012
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	data.gov, supplemented w/ National Center for Education Statistics	2011-2012
	Some college	American Community Survey	2009-2013
Employment	Unemployment	Bureau of Labor Statistics	2013
Income	Children in poverty	Small Area Income and Poverty Estimates	2013
	Income inequality	American Community Survey	2009-2013
Family and Social Support	Children in single-parent households	American Community Survey	2009-2013
	Social associations	County Business Patterns	2012
Community Safety	Violent crime	Uniform Crime Reporting – FBI	2010-2012
	Injury deaths	CDC WONDER mortality data	2008-2012
PHYSICAL ENVIRONMENT			
Air and Water Quality	Air pollution – particulate matter ¹	CDC WONDER environmental data	2011
	Drinking water violations	Safe Drinking Water Information System	FY2013-14
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2007-2011
	Driving alone to work	American Community Survey	2009-2013
	Long commute – driving alone	American Community Survey	2009-2013

¹ Not available for AK and HI.

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**County Health
Rankings & Roadmaps**

Building a Culture of Health, County by County

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HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Transformation Implementation Plan (CTIP) Objectives



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 1: Tobacco-Free Living

Housing

PPO

- By September 2014, increase the number of people with access to smokefree housing from an unknown baseline to 20,550 (30% of residents in public multi-unit housing) in Vanderburgh, Gibson and Spencer Counties.

AMO

- By September 2014, increase the percent of smokefree public multi-unit housing residences from an unknown baseline to 30% (20,550 residents) in Vanderburgh, Spencer and Gibson Counties.

Quitline

PPO

- By September 2014, increase the number of enrollees in the Indiana Tobacco Quitline Preferred Referral Network from 187 to 374 (a 100% increase).

AMO

- By September 2014, increase the percent of worksites enrolled in the preferred referral network for the quitline by 50% each year; increasing the total number of enrollees from 187 to 374.

Second Hand Smoke

PPO

- By September 2014, increase tobacco control coalitions from 3 to 7 (100% of counties) in the 7 county SWIN HCP area.

AMO

- By September 2014, increase the percent of coalitions in the SWIN HCP area from 43% to 100% (or from 3 to 7 counties in the SWIN HCP area).



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 1: Tobacco-Free Living (cont'd)

University & College

PPO

- By September 2014, increase the number of smokefree campuses among colleges and universities from 2 to 6 (100% of area campuses).

AMO

- By September 2014, increase the percent of smokefree campuses from 33% to 100% (or from 2 to 6 campuses).

Youth

PPO

- By September 2014, increase the number of students involved in VOICE (Indiana's tobacco control youth empowerment movement) from 204 to 408 (a percentage increase of 100%).

AMO

- By September 2014, increase the number of youth involved in tobacco control community activities by 50% (102 students) per project year.



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 2: Active Living and Healthy Eating

4C of Southern Indiana

PPO

- By September 2014, a baseline of 0 to a minimum of 40 (100%) Early Child Care Settings from the seven county reach of the Southwest Indiana Healthy Communities Partnership will implement improved nutrition and physical activity guidelines through practices aligned with the Child and Adult Care Food Program (CACFP), the Duke University Model State Child Care Regulations and Preventing Childhood Obesity in Early Care and Education Programs.

AMO

- By September 2014, increase the number of children in Early Child Care Settings within the seven county region of the Southwest Indiana Healthy Communities Partnership who access improved nutrition and physical activity practices following CACFP, Duke University, and Preventing Childhood Obesity in Early Care and Education Program guidelines from a [baseline unknown] to 4,000.

SPARK

PPO

- By September 2014, the number of school age children, in the seven county area will increase minutes of moderate to vigorous physical activity to a minimum of 50% (10,450 students) per physical education class from an unknown baseline by using Sports, Play and Active Recreation for Kids (SPARK) model.

AMO

- By September 2014, from an unknown baseline to 75 physical education/classroom teachers (Elementary/Middle/High Schools) in the seven county area will incorporate the Sports, Play and Active Recreation for Kids (SPARK) program within the physical education curriculum.



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 2: Active Living and Healthy Eating (cont'd)

Take 10

PPO

- By September 2014, the number of elementary school age children, in the seven county area will increase the amount of physical activity within the classroom setting and enhance their knowledge of health and nutrition from an unknown baseline to a minimum of 1,200 students.

AMO

- By September 2014, a minimum of 40 elementary classroom teachers from an unknown baseline in the seven county area will implement the Take 10 curriculum.

Wellness Practices in Schools

PPO

- By September 2014, students across the seven county area that will have improved physical activity and nutrition opportunities will increase from [baseline unknown] to 10,450.

AMO

- By May 2014, a minimum of 27 schools (High Schools, Middle Schools and Elementary Schools) from a baseline of 5 schools (50% of schools in the 7 county area) in the Southwest Indiana Healthy Communities Partnership (7 counties) will make specific changes in their schools' wellness practices that will be aligned with the state model wellness policy.



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 2: Active Living and Healthy Eating (cont'd)

Farm to School

PPO

- By September 2014, initiate Farm To School from a baseline of 0 (100%) to a minimum of two model schools in Dubois County.

AMO

- Increase the number of students in schools impacted by Farm To School initiatives from 0 to a potential reach of 340 (100%).

Corporate Champions Reach

PPO

- By September 2014, targeting worksites in the seven county area, increase opportunities for physical activity, nutrition, tobacco-free living and heart health to a worksite population of [baseline unknown] to 44,650.

AMO

- By September 2014, expand the Corporate Champion Initiative from 34 to 100 worksites in the seven county area (a percentage increase of 194%).

Corporate Champions Fit Friendly

PPO

- By September 2014, targeting worksites in the seven county area, increase opportunities for physical activity, nutrition, tobacco-free living and heart health to a worksite population of [baseline unknown] to 44,650.

AMO

- By September 2014, using criteria from the American Heart Association's Fit-Friendly Worksite program; increase the percentage of Corporate Champion organizations recognized as Fit-Friendly Worksites from 0 to 25 (25% of Corporate Champions organizations).



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 2: Active Living and Healthy Eating (cont'd)

Fresh Produce Initiative

PPO

- By September 2014, increase from a baseline of 0 to a potential of 16,467 (100%) people that live within 8 census tracts within Vanderburgh County through the Fresh Produce Initiative.

AMO

- By September 2014, the Fresh Produce Initiative will increase access to healthy foods from a baseline of 0 to a minimum of 20 (100%) locations within the Area Plan Commission's Urban Core Focus Areas consisting of Census Tracts 11, 12, 13, 14, 17, 19, 20 and 26.

Baby Friendly

PPO

- By September 2014, increase breastfeeding initiation rates at the two largest delivering hospitals within the seven county service area from a baseline of 75% of live births to 80% of live births resulting in a percentage change of 5%.

AMO

- By September 2014, increase from a baseline of 0 to 2 (100%) the number of hospitals that are designated as Baby-Friendly, aimed at increasing initiation, exclusivity, and duration and in implementing hospital-based breastfeeding friendly systems changes.

Food System

PPO

- By September 2014, develop a plan of action to implement from a baseline of 0 (100%) to a minimum of 2 recommendations from the Southwest Regional Hoosier Farmer? Report

AMO

- By June 2013, establish a formal Regional Food System Council including representation from all seven counties to guide regional food systems efforts from a baseline of 0 (100%) with a potential reach of 375,693 people.



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 3: Increased Use of High-Impact Quality Clinical Preventative Services

YMCA Diabetes Prevention

PPO

- By September 2014, increase access to the YMCA Diabetes Prevention Program from a baseline of 30 participants to a potential reach of 300 participants (percentage change of 900%).

AMO

- By September 2014, increase the number of YMCA Diabetes Prevention Programs from a baseline of 1 county to 4 counties (approximately 60% of counties) across the seven county region.

Million Hearts

PPO

- By September 2014, increase the number of counties from zero to seven (100% of SWIN HCP area) implementing access, outreach, and public communication activities related to the Million Hearts™ ABCS (Appropriate Aspirin Therapy, Blood Pressure Control, Cholesterol Management, and Smoking Cessation), through programs that achieve synergy between prevention in health care and community settings.

AMO

- By September 2014, integrate the Million Hearts™ initiative across settings to increase awareness of cardiovascular disease prevention, from [baseline unknown] to 25% of the population in the seven county area, or 93,923 persons.



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 3: Increased Use of High-Impact Quality Clinical Preventative Services (cont'd)

Visiting Nurse Association

PPO

- By September 2014, all seven counties will increase use of and access to the Visiting Nurse Association's expanded "Heal at Home" telehealth program from an unknown baseline of chronically ill patients age 65 and over to 1,008.

AMO

- By September 2014, expand "Heal at Home" telehealth program from an unknown baseline of chronically ill patients age 65 and over to 1,008.

USI & SWIRCA

PPO

- By September 2014, increase the number of older adults with access to an online health resource directory from a baseline of 0 to 55,025 (100%).

AMO

- By September 2014, have an online health resource directory available to impact a potential reach from a baseline of 0 to 55,025 (100%) adults age 65 and over in the seven county region.



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 5: Safe and Healthy Physical Environment

Evansville Area Trails Coalition

PPO

- By September 2014, from a baseline of zero, the 240,580 residents (100% of the population) in Vanderburgh and Warrick Counties will have improved environmental and system supports for active living opportunities through the development and implementation of a Resource/Fundraising plan.

AMO

- By June 2013, from a baseline of zero, the 240,580 residents (100% of the population) in Vanderburgh and Warrick County will have improved environmental and system supports for active living opportunities through the development of a Resource Development/Fundraising plan.

Parks

PPO

- By September 2014, from a baseline of zero, 358,676 residents (100% of population) in the Evansville metropolitan area (which includes Henderson, KY) will have increased environmental and system support for active living through the development and design of a new 37 acre urban park.

AMO

- By September 2014, from a baseline of zero, 358,676 residents (100% of population) across the Evansville metropolitan area (which includes Henderson, KY) will have increased environmental and system support for active living opportunities through the development of a new 37 acre park plan.



HEALTHY COMMUNITIES PARTNERSHIP OF SOUTHWEST INDIANA

Strategic Direction 5: Safe and Healthy Physical Environment (cont'd)

Built Environment

PPO

- By September 2014, improve environmental and system support for lifestyle and recreation related physical activity and transportation options through the development and implementation of a region-wide built environment plan, increasing reach from zero to 375,693 (100% of population) residents across the Southwest Indiana Healthy Communities Partnership region (seven county area).

AMO

- By November 2013, the number of residents across the Southwest Indiana Healthy Communities Partnership region (seven county area) whose active living opportunities are supported by a region-wide built environment (BE) plan will increase from zero to 375,693 (100% of population).

Infrastructure

PPO

- By September 2014, increase the number of infrastructure components supporting CTG activities from 0 to 3 (i.e. increase leadership team members; increase number of public exposed to CTG efforts; and increase number of partners exposed to CTG efforts).

AMO

- AMO 1: By September 2014, increase the number of leadership team members that support development and implementation of CTG strategies from baseline (8) to target (25).
- AMO 2: By September 2014, increase the number of public exposed to messages about community needs and CTG planned efforts and achievements from baseline (0) to target (25% of surveyed population or 93,923).
- AMO 3: By September 2014, increase the number of partners exposed to messages about community needs and CTG planned efforts and achievements from baseline (42) to target (125).

