



Deaconess Health System

## FY2017-2018 Progress Report

to the 2016 Vanderburgh County Community Health Needs Assessment

FY 2016 COMMUNITY HEALTH NEEDS ASSESSMENT

VANDERBURGH COUNTY, INDIANA

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



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## FY2017-2018 CHNA Update — Introduction

Evansville, Indiana's two health systems, Deaconess and St. Mary's (now St. Vincent Evansville), 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 future planning purposes. St. Mary's and Deaconess extended an invitation to ECHO Community Healthcare, a Federally Qualified Health Center, the United Way, and the Welborn Baptist Foundation to become co-sponsors of the assessment.

For the 2016 CHNA, the Vanderburgh County Health Department joined our collaborative and together we planned and executed the second community health needs assessment. **This document provides a summary of the work accomplished in year two of the three-year plan.**

### CHNA 2016 Vendor

Healthy Communities Institute – now part of Midas+, a Xerox Company – was retained by St. Mary's and Deaconess to conduct the 2016 Community Health Needs Assessment (CHNA) for their two service areas of Vanderburgh and Warrick Counties in Indiana and to author the subsequent CHNA reports for each service area.

Based in Berkeley, California, HCI provides customizable, web-based information systems that offer a full range of tools and content to improve community health, and developed the Community Health Needs Assessment Platform. The organization is composed of public health professionals and health IT experts committed to meeting clients' health improvement goals.

### **CONTACT INFORMATION**

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An electronic version of the Community Health Needs Assessment is publically available at [www.deaconess.com/CHNA](http://www.deaconess.com/CHNA).

Paper copies of the CHNA are available at zero cost. Email [CHNA@deaconess.com](mailto:CHNA@deaconess.com) to request a copy.

## 2016 Prioritized Health Needs and Implementation Plans: Vanderburgh County

St. Mary's and Deaconess called together hospital decision makers, community leaders, and members of the collaborative to prioritize the significant community health needs of Vanderburgh County as identified in the 2016 survey. The group considered several criteria: circle of influence/ability to impact change; opportunity to intervene at a prevention level; magnitude/severity of health issue; and addresses underserved and vulnerable populations. **The following three health topics were selected as the top priorities:**

**Behavioral Health; Maternal, Fetal, Infant, and Children's Health; and Exercise, Nutrition, and Weight**

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### Implementation Plan

#### Behavioral Health 2016-2019: Vanderburgh County

##### Behavioral Health Services Mapping and Local Survey

- Year one (July 1, 2016 to June 30, 2017) - Conduct service mapping, summer/fall 2016; identify duplications, gaps, etc.
- Pending grant funding, prepare and administer local behavioral health survey in spring 2017 with help from USI School of Public Health.

##### Youth Mental Health First Aid

- Training trainers as well as people in the community will continue throughout the three-year CHNA action period.
- Activities will continue to follow grant guidelines.
- Reach Healthy People 2020 goal of 10.2 age-adjusted death rate per 100,000 population due to suicide.

##### Substance Abuse

A sub-group needs to meet and decide what specific actions/tasks we want to pursue for the next three years.

#### Maternal, Fetal, Infant, and Children's Health 2016-2019: Vanderburgh County

##### Reduce Infant Mortality

Use three existing community collaborations to reduce infant mortality rates in Vanderburgh County:

##### **Baby and Me Tobacco Free Program, Healthy Baby Steps Grant Initiative, Fetal Infant Mortality Review Committee**

- Goal of 5% reduction in Fetal Infant Mortality in three years with a stretch goal of 10% over the same three years.
- Track and improve infant mortality rate (ISDH is the source for data).
- Track and improve data for babies with low birth weight and preterm births.

##### Address Child Abuse Rates

- Support and continue the work of the Child Abuse Task Force, called the CARE Team. CARE Team goals include identifying and addressing the major causes of trauma and injury for children age 17 and under.
- Track child abuse rates using the Annie E. Casey Foundation's data, regional hospital trauma and injury data.
- Our goal is not to reduce the number of reported and substantiated cases of child abuse/neglect. Increased education and awareness may actually increase the number of cases.

# 2016 Prioritized Health Needs and Implementation Plans: Vanderburgh County

## Exercise, Nutrition, and Weight 2016-2019: Vanderburgh County

### Pre-Diabetes

#### **Year One: Diabetes Coalition**

- Assemble diabetes educators and other related professionals. Arrange regularly scheduled meetings of this group.
- Identify trusted sources of information on diabetes that are appropriate and helpful for the general public.
- Work together to coordinate diabetes classes, grant projects, and other activities throughout the community. This avoids multiple events/classes happening at the same time and increases the opportunity for participation.

#### **Year Two: Community-Wide Diabetes Screening**

- Use the Diabetes Coalition to organize and implement a community-wide diabetes screening in both Vanderburgh and Warrick Counties.

#### **Year Three: Assessment**

- Track and improve Age-Adjusted ER Rate due to Diabetes.
- Track and improve Age-Adjusted Hospitalization Rate due to Diabetes.

### Built Environment

- Build community awareness of the definition and importance of “Complete Streets” - specifically the project on North Main Street in Evansville.
- Advocate for built environment features as they come before local and area governments for consideration. This includes sidewalks, bike lanes, etc.
- Build community awareness of the City of Evansville’s Bike and Pedestrian Plan.

### Better Nutrition for Toddlers and Pre-School Age Children

- Work with early childhood providers like 4C to educate parents on nutritious food for their toddlers and pre-school age children.
- Coordinate messaging for use throughout the community regarding nutrition/nutritious choices for toddlers and pre-school age children.
- Track SNAP usage over 3 years to see what people are buying.
- Track and improve USDA data for Low-Income Preschool Obesity.

## 2016 CHNA — Other Significant Community Health Needs

As part of the community health needs assessment prioritization process, the following topics rose to the top of either primary or secondary data analysis:

- **Access to Health Services**
- **Diabetes**
- **Immunizations & Infectious Diseases**
- **Prevention & Safety**
- **Social Environment**

**These needs were not selected as one of our priorities for the CHNA plan for the following reasons:**

**Access to Health Services** – Each hospital has its own plan for increasing access to services. This includes physician recruitment strategies, adding new services or facilities, and enhancing technology. We all belong to the Indiana Hospital Association and the American Hospital Association and follow their guidelines and protocols for successful transition into the new value-based health care delivery model. Because a lot of the access work involves proprietary business information, we did not choose it as a focus for our collaborative.

**Diabetes** – The community has several successful diabetes programs in the inpatient and outpatient environment. As a group, we decided to focus our efforts on the large number of people with “pre-diabetes” instead of those already diagnosed with primarily Type 2 Diabetes. Prevention will yield greater results and better health in the future.

**Immunizations and Infectious Disease** – The Vanderburgh County Health Department received state grant funds to increase immunization compliance in pediatric and adult populations. The hospitals and clinics in our collaborative also participate in the health department’s immunization initiatives. Making this a priority for the group would be a duplication of effort and prevent us from addressing another community health need.

**Prevention and Safety** – Both participating hospitals and the health department have trauma prevention teams and actively promote safety. Selecting this as a CHNA priority topic would again be a duplication of effort and keep us from tackling another issue.

**Social Environment** – The number of single-parent households and child abuse rates were concerning but categorized in the social environment classification. We chose to take those two elements and place them in our Maternal, Fetal, Infant, and Children’s Health topic area so we could address them.

**FY17-18 Activities and Outcomes (Year 2 of the plan)**

**Vanderburgh County**

Behavioral Health

Maternal, Fetal, Infant, and Children's Health

Exercise, Nutrition, and Weight



## **Behavioral Health: Vanderburgh County**

### **FY17-18 Activities and Outcomes (Year 2 of the plan)**

- Behavioral Health Services Asset Mapping and Local Survey
- Youth Mental Health First Aid (Southwest Indiana Project AWARE)
- Substance Abuse
- Additional Deaconess Activities
- Metrics



# Behavioral Health Initiatives — Vanderburgh County

## Behavioral Health Services Asset Mapping

An asset mapping report was completed during FY16-17 and included in that year's progress report. A presentation to the behavioral health subcommittee to share findings from the asset mapping process took place in May 2018. Excerpts from the presentation appear below. Subcommittee roster is in the appendix.

**FY 2016 COMMUNITY HEALTH  
NEEDS ASSESSMENT**

Behavioral Health Subcommittee: Asset Mapping  
May 2018

**Publicly reported data ≠ Community input**  
We need to know what (and how many) we have.

- The questions the sub-committee wanted to explore were:**
- Do we have enough mental health providers?
  - What kind of providers do we have (license type and service offered)?
  - Who takes Medicaid? We don't have enough Medicaid spots to meet demand.
  - What do we do about kids on the Autism spectrum? Providers won't treat them.
  - Does anyone provide testing for IQ and Autism?
  - What programs exist for adolescents with an addiction?
  - What services do we have for children under age 10 with any mental health diagnosis?

### Do we have enough mental health providers?

#### Ratio of Providers

Ratio from our asset mapping is **819:1** (population: providers)

#### 2017 County Rankings report:

- Mental health providers - ratio of population to mental health providers
- Vanderburgh County - 560:1
  - Top US Performers - 360:1
  - Indiana Average - 730:1

#### Provider License & Service

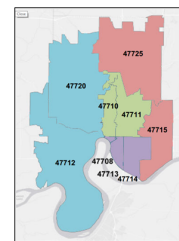
- Vanderburgh Co: **221 providers**
- MD (psychiatrist)- 19 providers
  - NP/APRN/PhD, PsyD- 34 providers
  - MS/MSW- 20 providers
  - LCAC/LCSW- 143 providers
  - Bachelors- 2 providers

*(Add 4 service areas together, combine similar degrees.)*

181,877 = Vanderburgh Co. population (2015)  
US Census Bureau

#### Service Area 1 (47708, 47713, 47714)

- Lowest income in Vanderburgh County
- Highest unemployment rates
- Lowest education completion (HS and BA/BS)
- Two zip codes with the highest percentage lacking a car for transportation (47708, 47713)
- One of the most populous zip codes in Vanderburgh County (47714)



#### Providers in Service Area 1

- ECHO Health
- Evansville State Hospital
- Acacia Center
- Deaconess Clinic Downtown (Behavioral Health)
- Lampion Center
- Luzio and Associates
- Southwestern Behavioral Health, Moran Center
- St. Vincent Center for Children

Credentials	# of Providers
Psychiatrist MD	11
NP/APRN/PhD, PsyD	19
MS/MSW/Masters	2
LCAC/LCSW/Licensed	82
Bachelors	1
<b>Total Number of Providers</b>	<b>115</b>

### What programs exist for adolescents with an addiction?

#### 39 total providers, 9 total facilities

- 7 outpatient facilities - 26 providers
- Deaconess Cross Pointe- inpatient/outpatient facility - 8 providers
- Evansville Psychiatric Children's Center- inpatient facility- medication management- 5 providers

○ There is not a local, residential (inpatient) facility for adolescents with a substance abuse problem. There are multiple outpatient resources and programs for this age group.

○ **Opportunity for improvement** = allowing other groups besides the police and Dept of Child Services to refer teens to Hillcrest Youth Home. The kids live there and get treatment.



### We learned:



**Employee shortage/competition** – The need for behavioral health providers is increasing. Private groups can pay higher wages and fill their open positions.

**The greatest need is for private residential treatment for teens (age 13-16).** These are kids that need 24/7 care in a secure facility for several weeks or months. This time period is longer than going to a hospital for treatment of an acute situation but not so serious it requires admission to a state hospital. The waiting list for the state-run facility is 11 months for a local teen girl.

**Medicaid is an advantage for the seriously mentally ill** - Medicaid pays for more mental health services in general than commercial/private insurance. Medicaid will cover 3-6 months in a private residential treatment facility (PRTF) following 2 acute hospital stays. They also pay for wrap around services. Commercial insurance pays for 6 weeks of PRTF.

**The DMHA (Division of Mental Health and Addiction) has an admissions committee in Indianapolis.** That committee reviews all referrals for adults needing admission to a state run facility. The local physician at the Evansville Psychiatric Children's Center reviews cases for the Evansville facility. Those cases do not go through a committee in Indianapolis. That's good for local organizations.

## Behavioral Health Initiatives — Vanderburgh County

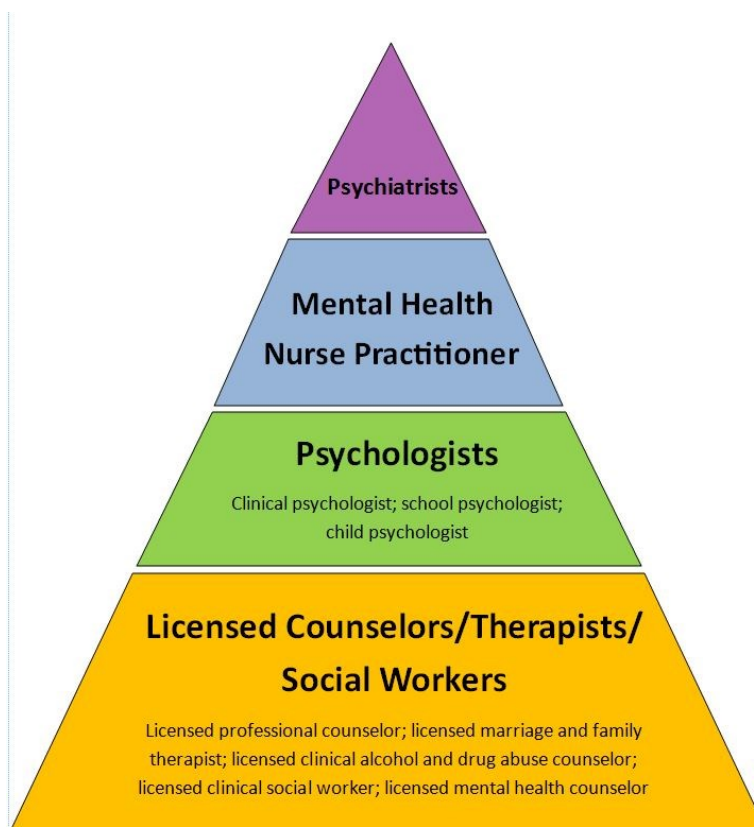
### Behavioral Health Services Asset Mapping and Local Survey

Funding for a local, more in-depth survey directly related to behavioral health was not secured.

A meeting to review feedback from the asset mapping presentation to the subcommittee and determine next steps for that part of our action plan took place on August 22, 2018.

**For year 3 of the 2016 CHNA plan (July 1, 2018 to June 30, 2019), the behavioral health subcommittee will explore creation/implementation of the following:**

- A simple tool (similar to the triangle example on this page) to help people understand what type of provider they need to see
- A list of action items to complete while waiting for a scheduled appointment (to include emergency contact information)



# Southwest Indiana Project AWARE

## Evansville, Indiana

**Reporting Period:** October 1, 2017-September 30, 2018

**Lead Project Partners:** Deaconess Health/Deaconess Cross Pointe and St. Vincent Health

**Project Evaluator:** Diehl Consulting Group

### Summary of Initiative

Southwest Indiana Project AWARE will strengthen community capacity to address adolescent mental health needs by bolstering community partnerships and increasing the number of youth-interacting adults in Vanderburgh County and Warrick County, Indiana who are trained in Youth Mental Health First Aid (YMHFA). The population of focus is adolescents aged 12-18 in Vanderburgh and Warrick Counties.

### **The project has the following goals:**

1. Increase capacity of adults to respond to behavioral health issues of adolescents
2. Increase the mental health literacy of youth-interacting adults
3. Link adolescents with behavioral health issues to mental, emotional, and behavioral health assistance and services
4. Increase the number of collaborative partnerships with youth-serving community agencies/programs
5. Conduct outreach and engagement strategies with adolescents and their families/caregivers to increase awareness of and promote positive behavioral health

To achieve these goals, our partnership is delivering YMHFA Instructor and First Aider training, developing a YMHFA sustainability plan, developing/strengthening partnerships with relevant youth-serving community agencies and programs, and developing a social marketing and awareness campaign.

Last year, (Year 2) Southwestern Indiana Project AWARE conducted

- **19** First Aider courses representing **152** hours of instruction
- Training for **three** instructors and **330** First Aiders
- A total of **576** youth referrals to mental health resources in the community by our instructors and First Aiders

## Southwest Indiana Project AWARE Monthly Progress Brief – Year 3

This brief presents data related to each of the three required GPRA indicators. Training completion numbers were collected from the attendance sheets for YMHFA training programs. Referral counts were collected from self-reported data provided monthly by trained YMHFA Instructors and First Aiders.

### GPRA 1: The number of trained YMHFA First Aiders



**Total Trained to Date: 270**      **Progress Toward Year 3 Goal (255):**

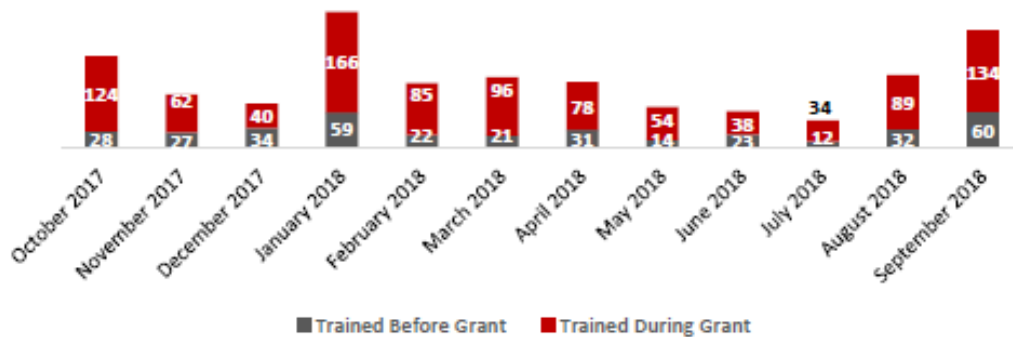


### GPRA 2: The number of trained YMHFA Instructors

**Total Trained to Date: 0**      **Progress Toward Year 3 Goal (0):**



### GPRA 3: The number of youth referred to mental health services, resources, or supports



**Total Referred from First Aiders Trained During Grant: 1000**

**Progress Toward Year 3 Goal (500):**



*These are highlights from the 2017-18 report. The complete report can be found at [www.deaconess.com/chna](http://www.deaconess.com/chna).*

## Substance Abuse Initiatives—Behavioral Health—Vanderburgh County

Governor Eric Holcomb

 **NextLevel**

2018 Agenda

The 2018 Next Level Agenda includes five pillars outlining both legislative and administrative priorities for the state of Indiana for the year ahead. Addressing the state's drug problem is pillar IV.

On March 21, 2018, Mayor Lloyd Winnecke and members of the Mayor's Substance Abuse Task Force met with Jim McClelland, Indiana's Executive Director for Drug Prevention, Treatment, and Enforcement, for an update on Indiana Next Level Recovery and to discuss local drug prevention, treatment and recovery efforts.

*The Next Level Recovery status report for 2017-18 is in the appendix.*



### Pillar IV Attack the Drug Epidemic

- Strengthen enforcement efforts by establishing a felony charge for drug-induced homicide and a felony murder charge for those who illicitly manufacture drugs that result in drug-induced death
- Improve health outcomes by requiring physicians to check the state's prescription drug monitoring program, INSPECT, before issuing first prescriptions for opioids and benzodiazepines
- Improve the state's reporting of drug overdose deaths to increase consistency and knowledge about the scale of the problem
- Increase the number of FSSA-approved opioid treatment locations so Hoosiers have better access to treatment
- Increase drug treatment options by initiating a state referral process that links patients directly to available inpatient and residential treatment
- Lower the infant mortality rate by implementing Levels of Care certification for perinatal programs at hospitals and birthing centers to ensure that babies are born at a facility with a level of care that matches their risk



In 2017, **1,700** Hoosiers died from drug overdose



An all time high and a **75% increase** since 2011

## Strategic Approach

### Mission

With an initial focus on opioids, we will develop and implement a data-driven system focused on substance abuse prevention, early intervention, treatment, recovery, and enforcement that substantially reduces the prevalence of substance use disorder (SUD) in Indiana and helps those with SUD achieve recovery and become or return to being productive, contributing members of their communities.

### Approach

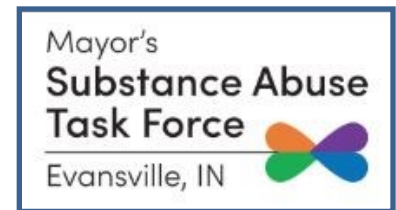
We will coordinate, align, and focus the resources of Indiana state government and leverage the resources of other public sector entities and other sectors—including businesses, higher education institutions, health care systems, philanthropies, and not-for-profit organizations—to respond to the current opioid crisis and enhance the potential for timely responses to future crises resulting from substance abuse and addictions.

Toward that end, we will develop and implement complementary public health and public safety strategies that: Recognize substance use disorder as a chronic disease and incorporate prevention, treatment, and recovery systems accordingly, and are designed to reduce the supply of and demand for illicit substances.

## Substance Abuse Initiatives—Behavioral Health—Vanderburgh County

In early 2017, Evansville Mayor Lloyd Winnecke directed the No Meth Task Force to expand its mission and focus beyond just meth. **The group renamed itself the Mayor’s Substance Abuse Task Force (MSATF).**

The mission of the Mayor’s Substance Abuse Task Force is to engage the Evansville community in working together to promote substance abuse awareness, education, prevention, treatment, and recovery.



### Stated Goals:

- Help the community acknowledge, understand, and effectively address the problem of substance abuse.
- Promote effective prevention strategies and programs.
- Help people access treatment and recovery options.

Task force members represent law enforcement, first responders, social service agencies, area hospitals, representatives from city and county government, two medication-assisted treatment facilities, and a mother of a deceased overdose patient. *(A list of task force participating organizations can be found in the appendix.)*

### 2017-18 Work Group Progress

**MSATF.org Website Work Group:** the website for the Task Force, [www.msatf.org](http://www.msatf.org), was developed and has been maintained over the past two years. The four pillars of their mission (education, prevention, treatment and recovery) are defined in respective sections and content of the site. Helpful information for parents, educators, teens, employers, and neighborhood associations is on the site along with treatment resources for those with substance use disorder.

**C.R.A.F.T. Work Group:** In October 2017, the Task Force hosted C.R.A.F.T. training for about 40 mental health professionals. Community Reinforcement and Family Training (CRAFT) is an evidence-based method of intervention that can assist a significant other in getting their loved one into treatment. Reference sheets with contact information are being created and will then be distributed to key community locations.

**Recovery Coach Work Group:** Over the past year or two, Task Force mental health and substance use treatment centers (Deaconess Cross Pointe, St. Vincent Mental Health, Brentwood Springs, Southwestern Indiana Behavioral Health, Boyett Recovery, and Spero Health), and other Task Force members discussed the concept of recovery coaches.

Recovery coaches are specially trained and certified individuals who have “lived experience” with addiction. These coaches might assist local emergency rooms in addressing the needs of those with substance use disorder (alcohol, opiates, and other drugs). The group continues to review various recovery coach program models being used in other parts of the country and are discussing organizational plans, finances, and potential partners that might enable this concept to be initiated locally.



## Substance Abuse Initiatives—Behavioral Health—Vanderburgh County

**Prevention Grant:** The Partnership for Success (PFS) grant was awarded to Youth First, a Task Force member, by the Division of Mental Health and Addiction (DMHA), for the purpose of addressing underage alcohol use between the ages of 12-20 and prescription drug abuse between the ages of 12-25. The PFS grant was implemented on February 1, 2016.



Since its inception, programs/ strategies such as Strengthening Families, Positive Ticketing, Talk They Hear You, RX Awareness, Family Connections, and Seven Habits of Highly Effective Teens have directly reached over 1,800 youth and adults and indirectly reached just under 12,000. Through partnerships with 20 schools, 4 churches and over 50 Vanderburgh County community organizations/ events, Youth First has been able to successfully offer its programs and services. Data collection from fiscal year 2018 PFS Strengthening Families programs showed an increased ability to make proper decisions and communicate feelings. Decreases were reported in the number of serious family arguments taking place and the amount of yelling/insulting taking place within the home.

**Long-Term Treatment Work Group:** Mayor Winnecke visited the W.A.R.M. (Women's Addiction Recovery Manor) facility in Henderson, KY in mid-2018 and was impressed. The W.A.R.M. program serves the Kentucky Department of Corrections and other clients from the general public who need long term substance use disorder treatment. Later, the Mayor or Task Force members led visits to W.A.R.M. with State Rep. Holli Sullivan, State Rep. Wendy McNamara, and Lt. Governor Suzanne Crouch. In October, 2018, they convened a group to investigate the feasibility of a similar long-term treatment facility in Vanderburgh County.

**Human Resources Work Group:** In May 2018, the Task Force decided to reach out to employers concerning employee substance use and abuse. Subsequently, the Evansville Area Human Resources Association was contacted and asked for volunteers to help with the MSATF. Human resources professionals from Vectren, Old National Bank, Tri-state Orthopedics, Matthew 25 AIDS Resource, Deaconess Health South Rehabilitation Hospital, Best Way Express Trucking Co., as well as Task Force members Parri Black, President & CEO of Youth First, and Gini Combs, DFC retiree agreed to participate.

After considerable discussion, this group decided to move forward with the concept of developing a workplace messaging campaign to provide strategic messages helpful to those in the workplace impacted by SUD - as an employer, coworker, parent, spouse, family member, concerned friend or employee who has a SUD. The group initiated discussion with a group of University of Evansville marketing and communication students under the supervision of Joe Ellsworth, a local marketing/advertising professional. This group, EMBRACE Marketing & Communications, will bring a proposal to the group. The Task Force plans to develop messages, partner with a local business to pilot and evaluate, and hopefully engage other businesses as participants.

**Data Work Group:** The goal is to develop high-quality, consistent, and regular reports of data related to substance use disorder issues in Vanderburgh County. The data, in part, will provide timely information for a "Data Dashboard" to be posted on the MSATF.org website with intentions to track indicators of substance use and its consequences over time. These tools, once complete, will break down data by drug type, gender, age, zip code, and race.

## Substance Abuse Initiatives—Behavioral Health—Vanderburgh County

The Vanderburgh County Health Department leads **Opioid Fatality Review** committee meetings on a regular basis. The diverse group of attendees looks at current data trends and reviews specific local cases that were “near misses” or ruled an opioid overdose.

These fatality reviews have identified gaps in our processes and enabled groups to work together more cohesively.

*Committee roster in appendix*

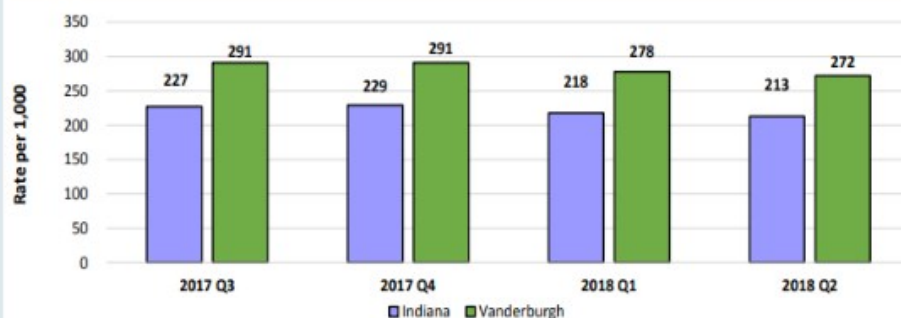
### Reviewing Near Deaths

- ▶ Near Miss Analysis
  - ▶ Immediate precursors to later possible adverse events
  - ▶ Rely on voluntary reporting by health care staff
- ▶ What do you gain?
  - ▶ Weaknesses in the health care system
  - ▶ Strengths in the health care system
- ▶ Goals
  - ▶ Modeling – to gain a qualitative insight
  - ▶ Trending – gain quantitative insight
  - ▶ Mindfulness – maintain a certain level of alertness to danger

### Data Review - INSPECT



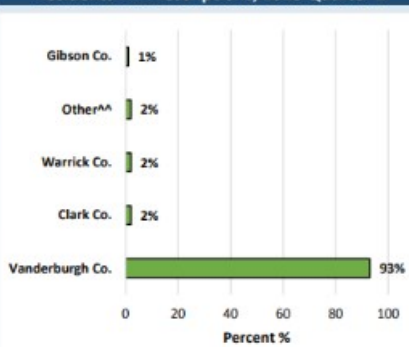
Opioid Controlled Substance Prescription Dispensed, Indiana and Vanderburgh County Residents



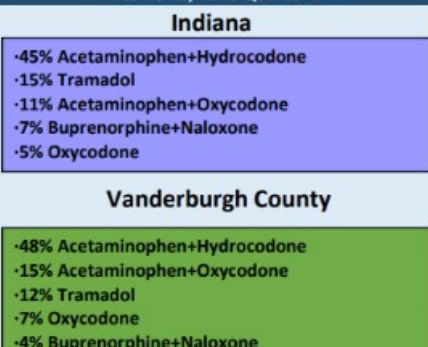
### Data Review - INSPECT



Pharmacy Locations Where Vanderburgh County Residents Fill Prescriptions, 2018 Quarter 2



Top 5 Types of Opioid Medications Dispensed to Residents, 2018 Quarter 2





## Substance Abuse Initiatives—Behavioral Health—Vanderburgh County



Southwestern Behavioral Health created **Stepping Forward Transitional Residential Programs** for pregnant women during FY17-18. Stepping Forward operates in an off-site home in Evansville and provides 24-hour support for those in early recovery from substance abuse to assist in providing the accountability, treatment services and sober living environment needed during the first 6-12 months of recovery.

The goal is to reduce incidence and impact of Neonatal Abstinence Syndrome (NAS) and to support ongoing recovery post pregnancy through the services of this program.

Stepping Forward is a structured 3-phase program providing 24-hour support and structured programming at a 10 single bedroom home where pregnant women live during their pregnancy and for up to six months after the birth of their child. Services provided include:

- Nursing case management services that coordinate with obstetric and pediatric providers to assure the client and newborn have the medical care needed
- Case management to assist with connecting to local resources, housing and discharge planning
- Skills training for prenatal and newborn care
- Medication Assisted Treatment as medically indicated through collaborating obstetrician
- Parent skills training
- Life skills training in the areas of money management, job readiness, communication, relapse prevention, and others
- Individual and group therapy to address issues related to trauma, anxiety, depression, self-esteem, and other issues
- Family programming to include visitation and family therapy
- 24-hour support from our recovery assistants and peer recovery specialists
- Connection to recovery meetings and alumni

This program is being funded in part by the 21st Century Cures Act that is administered by the Division of Mental Health and Addiction.

## Substance Abuse Initiatives—Behavioral Health—Vanderburgh County



Opioid abuse takes a tremendous toll on the health of our state with drug overdose fatalities, costing Indiana \$1.5 billion, as well as resulting in:

- \$31.9 million for nonfatal ER visits
- \$64.1 million for hospitalizations of babies with NAS
- \$350 million for related hospitalizations

The Alliance is a group of healthcare professionals, advocates and community and business leaders committed to making Indiana a healthier place to live and work. *Learn more about our priority issues:*



### Tobacco Use

Tobacco use costs Indiana \$6 billion annually, and secondhand smoke costs \$2.1 billion in excess medical expenses and premature loss of life.

[LEARN MORE](#)



### Opioid Abuse

Opioid abuse takes a tremendous toll on the health of our state with overdose fatalities that cost Indiana \$1.4 billion in 2014.

[LEARN MORE](#)



### Obesity

Nearly 1 out of 3 adult Hoosiers are obese, putting them at risk for chronic health conditions such as stroke, type II diabetes, heart disease and cancer.

[LEARN MORE](#)



### Infant Mortality

7 of every 1,000 Hoosier infants die before their first birthday, reflecting the state of maternal health and the quality & accessibility of care for women and infants.

[LEARN MORE](#)

Nationally, we rank at the bottom for key health metrics — *a fact we cannot afford to ignore.*

#HEALTHIERINDIANA



**34<sup>th</sup>**

worst in drug deaths



**40<sup>th</sup>**

worst in obesity



**41<sup>st</sup>**

worst in percentage of smokers



**42<sup>nd</sup>**

worst in infant mortality



**49<sup>th</sup>**

worst in public health funding

# Evansville Town Hall

[Registration](#)   [Agenda](#)   [Partners](#)   [Map](#)

Attendees will learn about the Alliance for a Healthier Indiana's four priority issues: tobacco use, obesity, infant mortality, and opioid abuse. They also will have the opportunity to hear from and ask questions of local and state leaders, including:

- **Katy Adams**, Director of Addiction Service, Southwestern Behavioral Healthcare and member of the Substance Abuse Council of Vanderburgh
- **Kevin Bain**, Executive Director and CEO, Welborn Baptist Foundation
- **Tara Barney**, President and CEO, Southwest Indiana Chamber of Commerce
- **Charlie Geier**, Vice President of Impact and Data Solutions, Indiana Youth Institute
- **Linda Goepfner**, Jasper Engines, HR Director
- **Dr. Paul Halverson**, Founding Dean, IU Richard M. Fairbanks School of Public Health
- **Andrea Hays**, Healthy Community Partnership
- **Courtney Lee-Horning**, Director of Smokefree Communities, Smoke Free Evansville
- **Steve Lockyear**, Vanderburgh County Coroner
- **Shawn McCoy**, CEO, Deaconess Health System
- **Sandee E. Strader-McMillen**, President, ECHO Community + Healthcare
- **Cynthia Moore**, Dean, Frank L. Hilton MD, School of Health Sciences, Ivy Tech Community College Evansville
- **Daniel Parod**, President and CEO, St. Vincent Evansville
- **Mark Puckett**, CEO, Brentwood Springs – Mental Health and Addiction
- **Christina M. Ryan**, MHA, BSN, CEO, The Women's Hospital
- **Crystal Sisson**, Substance Abuse Council
- **Dr. Ken Spear**, Health Officer, Vanderburgh County Health Department
- **Lacy Wilson**, Healthy Community Partnership
- **The Honorable Lloyd Winnecke**, Mayor of Evansville

Evansville played host to one of the Alliance for a Healthier Indiana's "State of our Health Road Show" events.

Deaconess and our collaborative partners provided the community with important health information.



Evansville, Wednesday, August 1

**Time:**

7:30 a.m. – Noon CT

**Location:**

Ivy Tech Community College

Auditorium

3501 N. First Ave. Evansville, IN  
47710

## Deaconess Activities and Initiatives—Behavioral Health—Vanderburgh County

In addition to the state and community initiatives listed on the previous pages, Deaconess did the following:

### **New Substance Use Disorder Treatment Program**

This year, Deaconess Cross Pointe added an additional **substance use disorder program called Modified Matrix**. This is a daytime outpatient group therapy program for adults that focuses on helping people who are struggling with a variety of drug and/or alcohol use issues. Participants live at home and have more independence.

### **Telemedicine Growth**

EAP LIVE – Employee Assistance Program (EAP) patients can now connect with a therapist via telemedicine.

Deaconess Cross Pointe is the telehealth provider for psychiatric assessments for

- Perry County Memorial Hospital (Tell City, IN)
- Gibson General Hospital (Princeton, IN)
- The Women’s Hospital

A **Behavioral Health Collaborative** consisting of practice managers from Deaconess Cross Pointe, Deaconess Clinic, Deaconess Family Medicine Residency, Deaconess Riley Children’s Services, and The Women’s Hospital recently formed. The group defined a goal of coordinating behavioral health services within Deaconess Health System, sharing information, vetting new programs, and working to enhance the visibility of available mental health services across the health system.

### **Improving Access**

In order to decrease waiting times to see a physician or APN and improve access and productivity, Deaconess Cross Pointe has recently increased the number of outpatient psychiatry hours by moving all of Dr. Gagan Tindoni’s time to the outpatient service area. Recruitment continues for an additional physician or APN.

Use of a tele-psych group called Iris is being considered as a way to get patients into a psychiatrist with a much shorter waiting time.

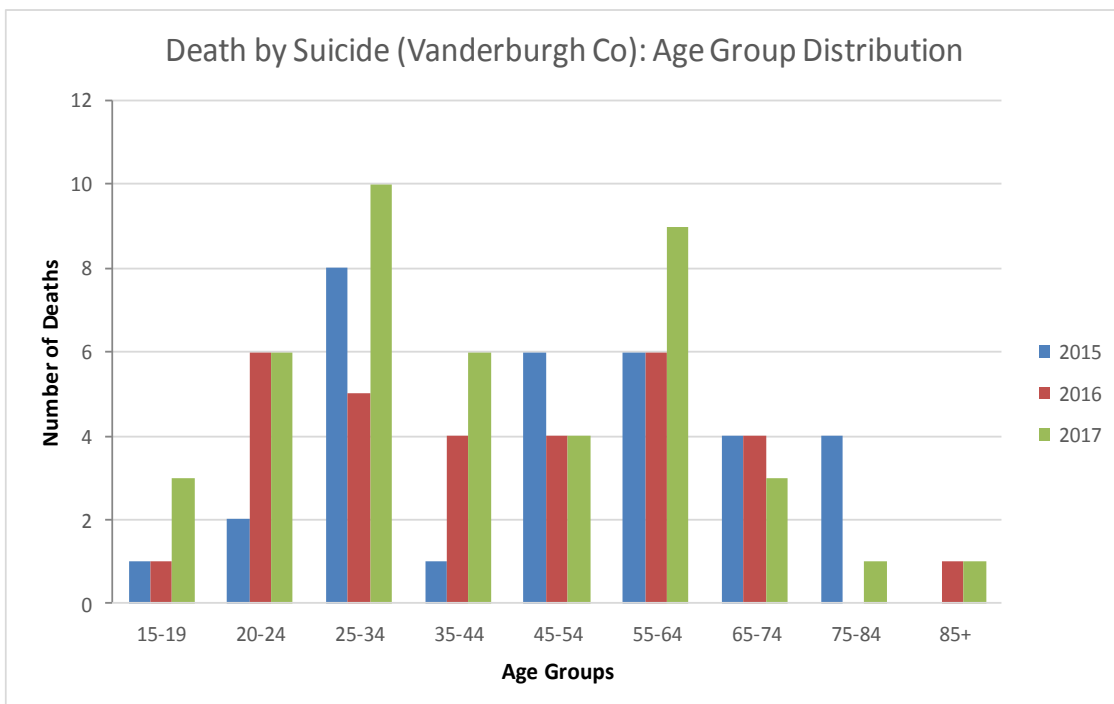
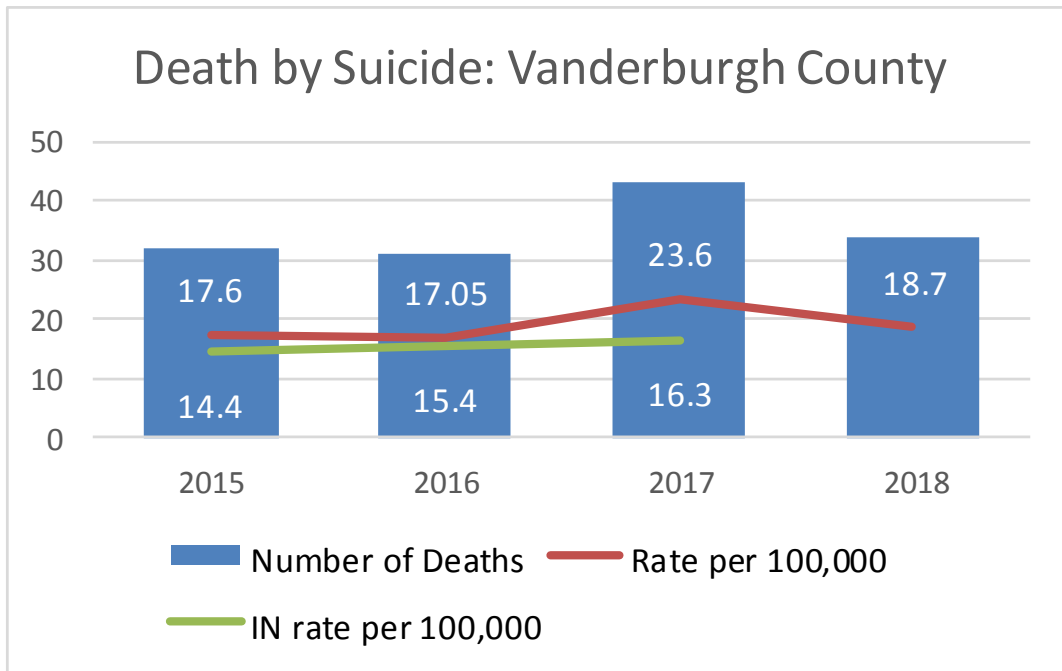


# Behavioral Health Metrics

## Death by Suicide

**Vanderburgh County Goal:** Reduce age-adjusted death rate per 100,000 population due to **suicide** from 20.4 (2012-2014) to the Healthy People 2020 goal of 10.2.

Deaths by suicide increased during calendar year 2017 for Vanderburgh County as well as the state of Indiana. Vanderburgh County remains considerably above the state average but our numbers declined in 2018.



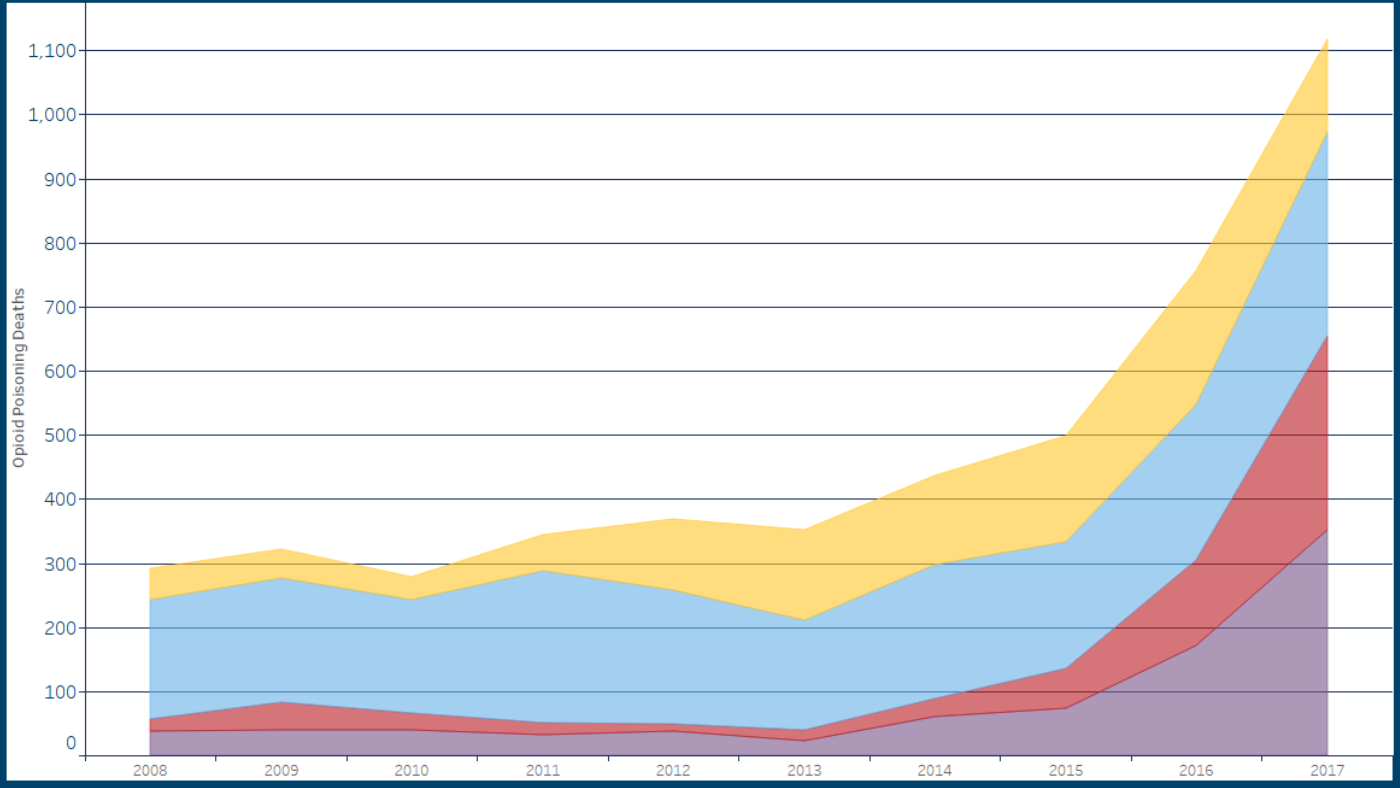
These are Vanderburgh County residents who died by suicide. This does not include residents of other counties who died while physically in Vanderburgh County.

# Behavioral Health Metrics—Substance Abuse

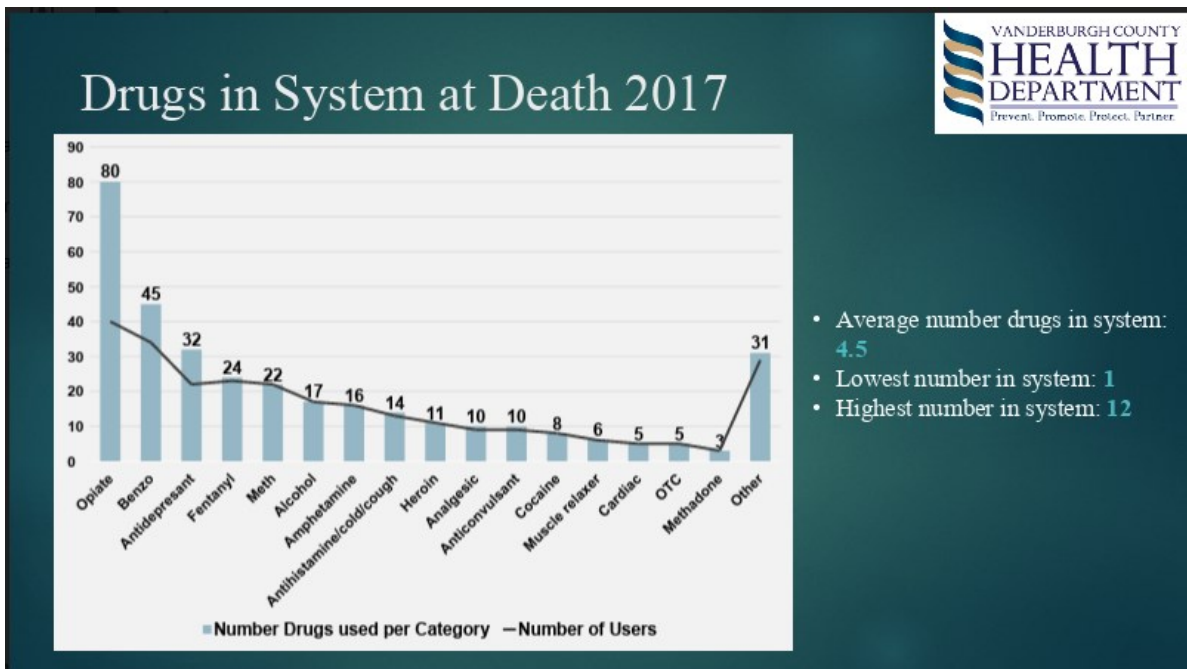
## Opioid Deaths by Drug

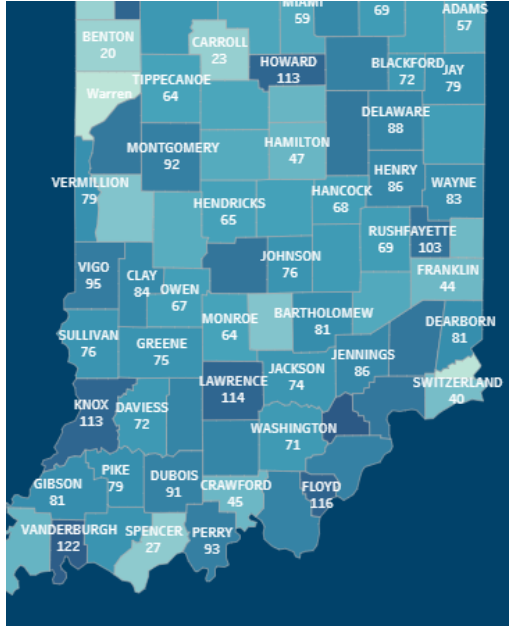
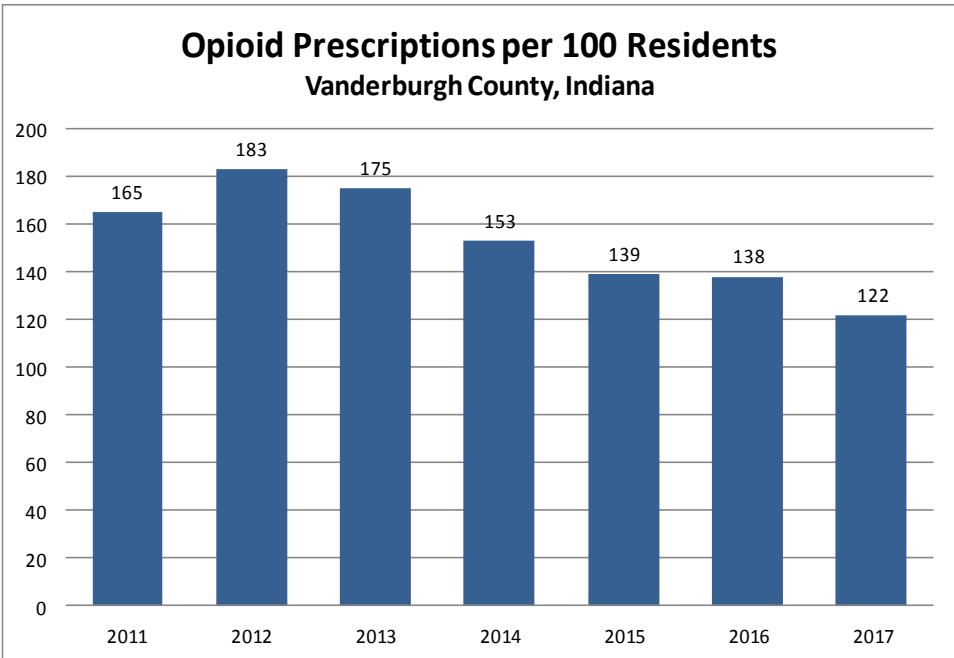
Deaths by County of Occurrence, Regardless of State or County of Residence

- Heroin (Only)
- Opioid (Multiple)\*
- Other or Unspecified Opioid
- Synthetic Opioid (Only)



The graph above from [www.IN.gov/recovery](http://www.IN.gov/recovery) shows which type of opioid was listed in the cause of death. The numbers are representative of the entire state population, not only Vanderburgh County. Information below comes from Vanderburgh County residents only.

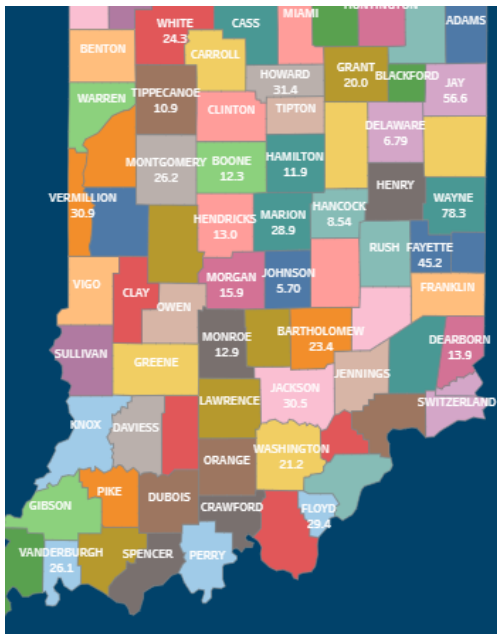
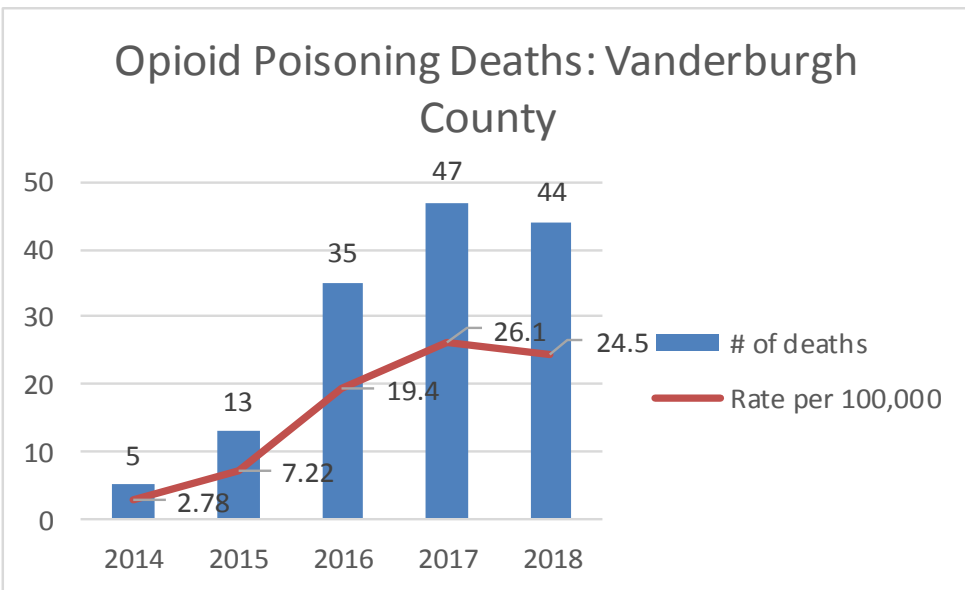




**Vanderburgh County prescribed more opioid medications than any other county in Indiana in 2017;** however, significant progress in reducing that number has been made over the past several years.

In 2017, the Indiana average of opioid prescriptions per 100 residents was 107. Vanderburgh County's average was significantly higher at 122. Warrick County reported 76 prescriptions per 100 residents.

Data comes from CDC and is based on retail pharmacy sample data.



In 2017, there were 1,118 opioid deaths in Indiana; creating a rate per 100,000 residents of 17.2

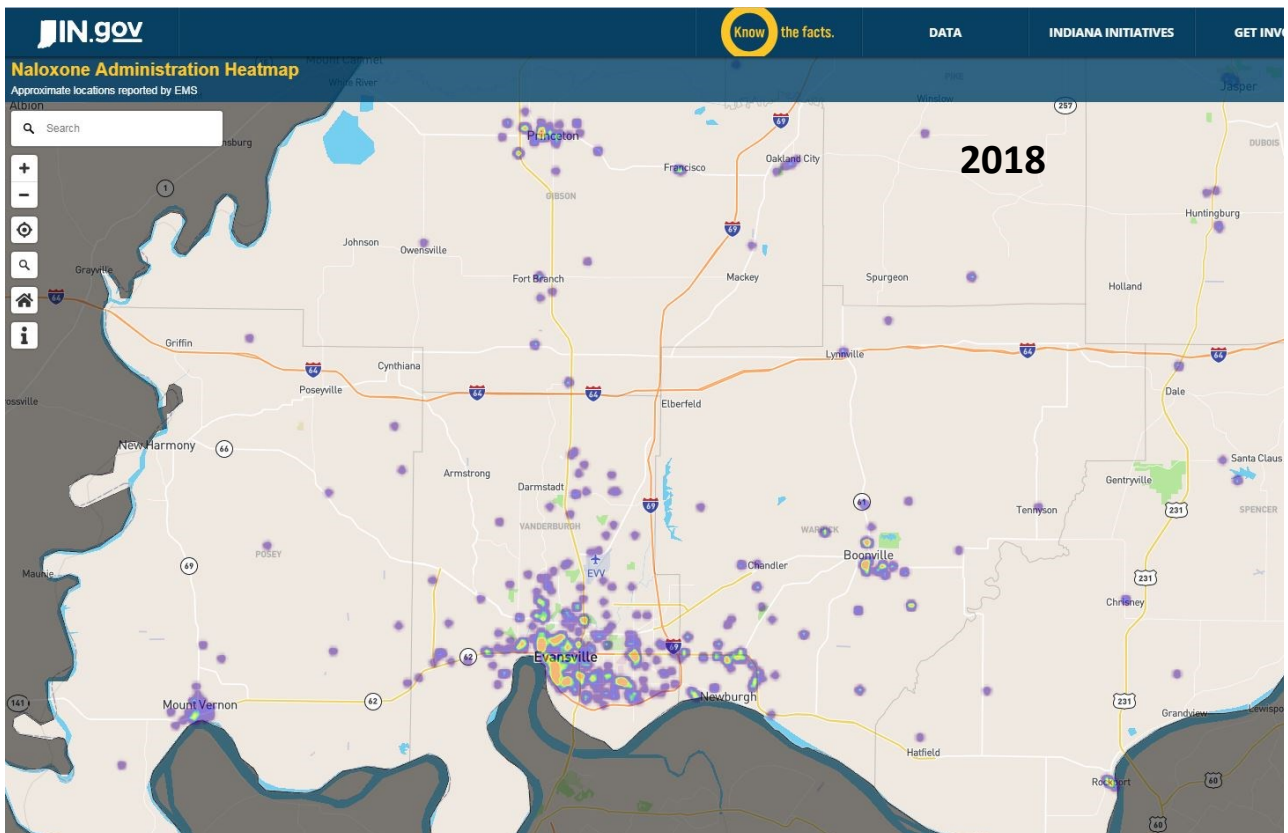
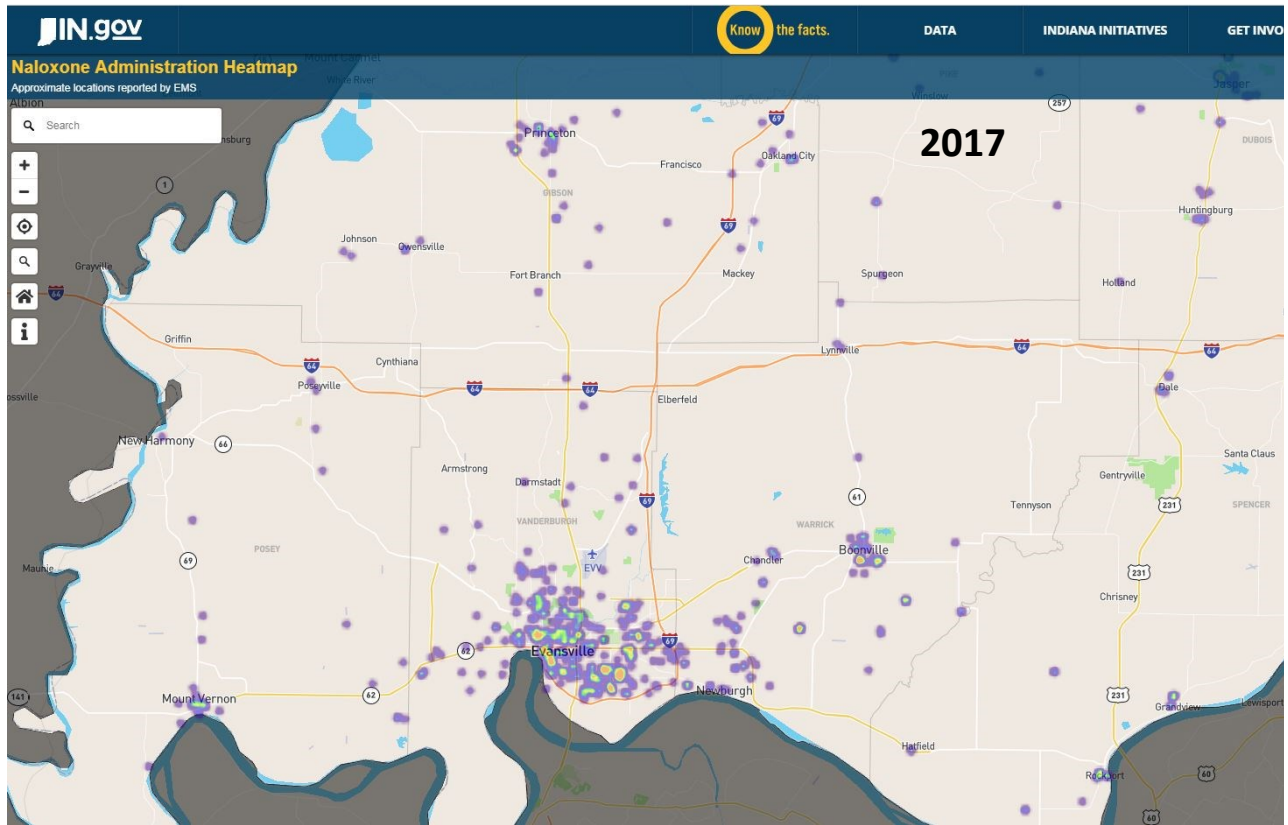
Vanderburgh County with a rate of 26.1 is well above the state average but still far away from Wayne County which has the highest rate in the state at 78.3

Deaths by county of occurrence, regardless of state or county of residence. Death rates based on counts less than 20 are considered unstable/unreliable; interpret with caution. Data comes from Indiana State Department of Health.



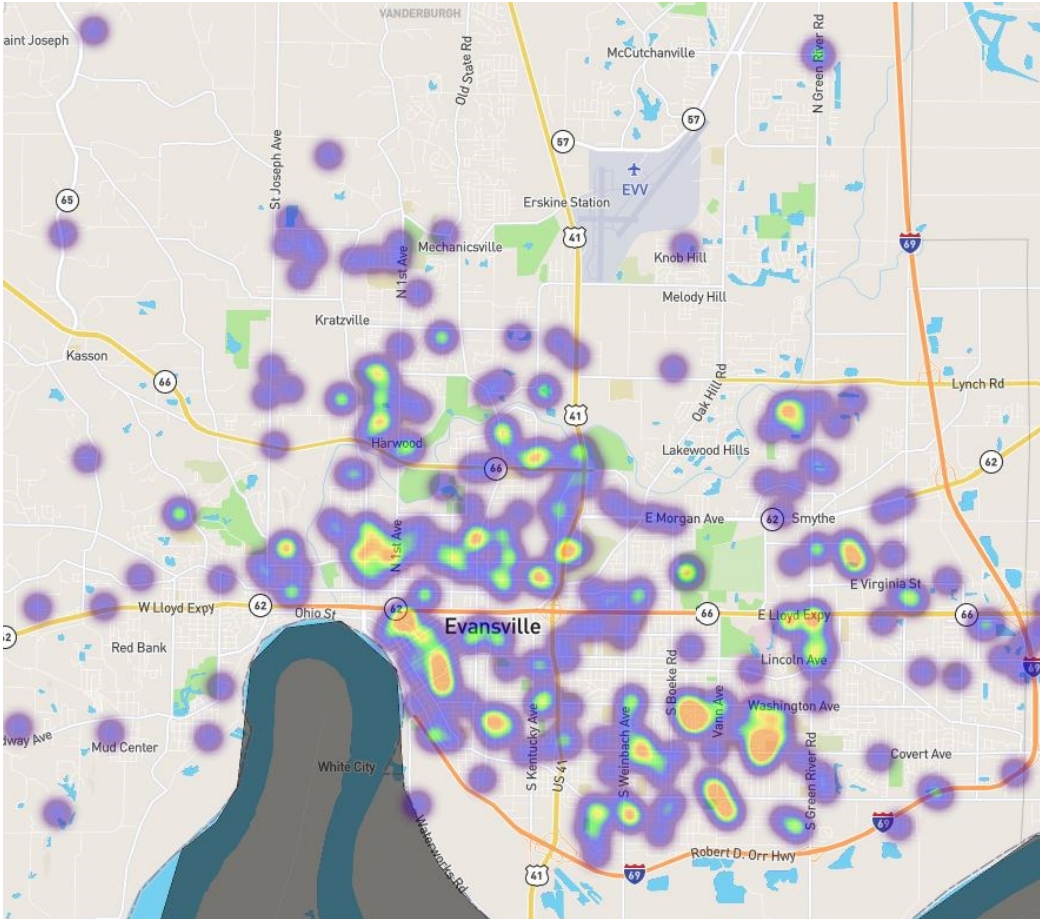
# Naloxone Administration Heatmap

Indiana EMS providers report locations of patient encounters during which naloxone was administered when an opioid overdose was suspected. The drug, also known by the brand name Narcan®, reverses the effects of an opioid overdose and is administered with the intent to save the life of the patient.

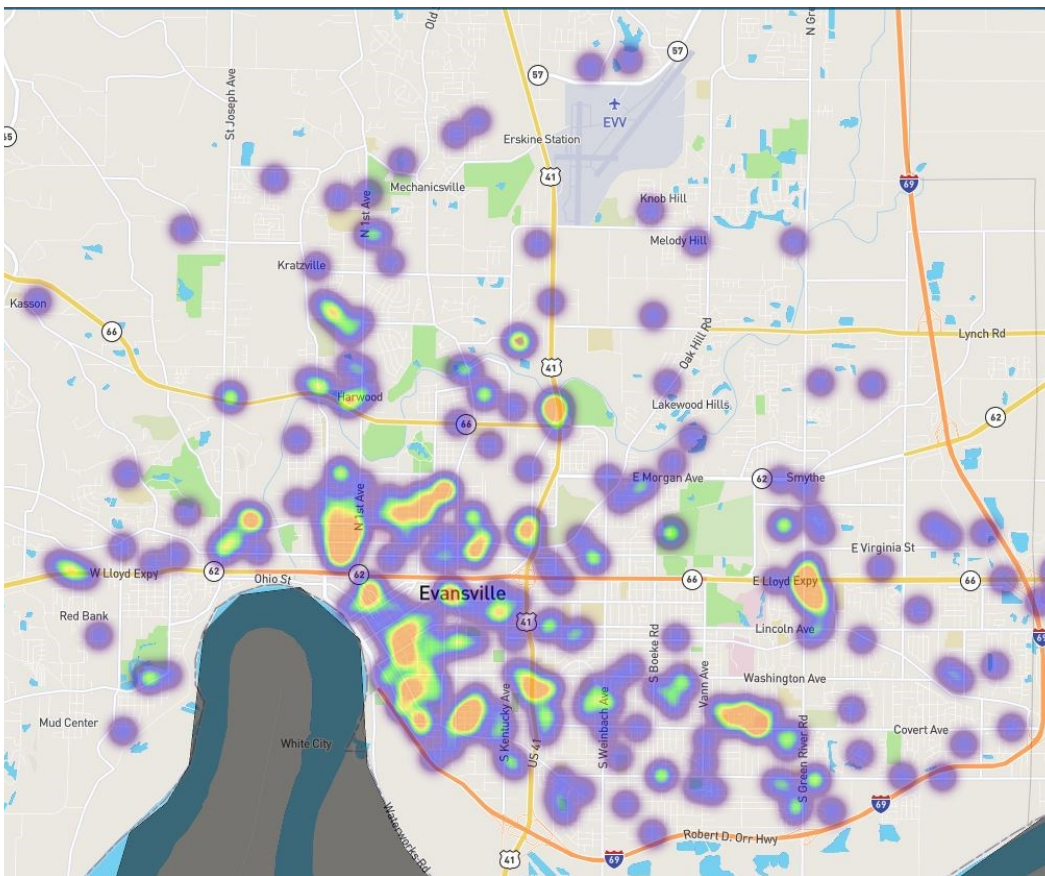




# Naloxone Administration Heatmap for Evansville Metro Area (Vanderburgh County)



**2017**  
**Calendar Year**

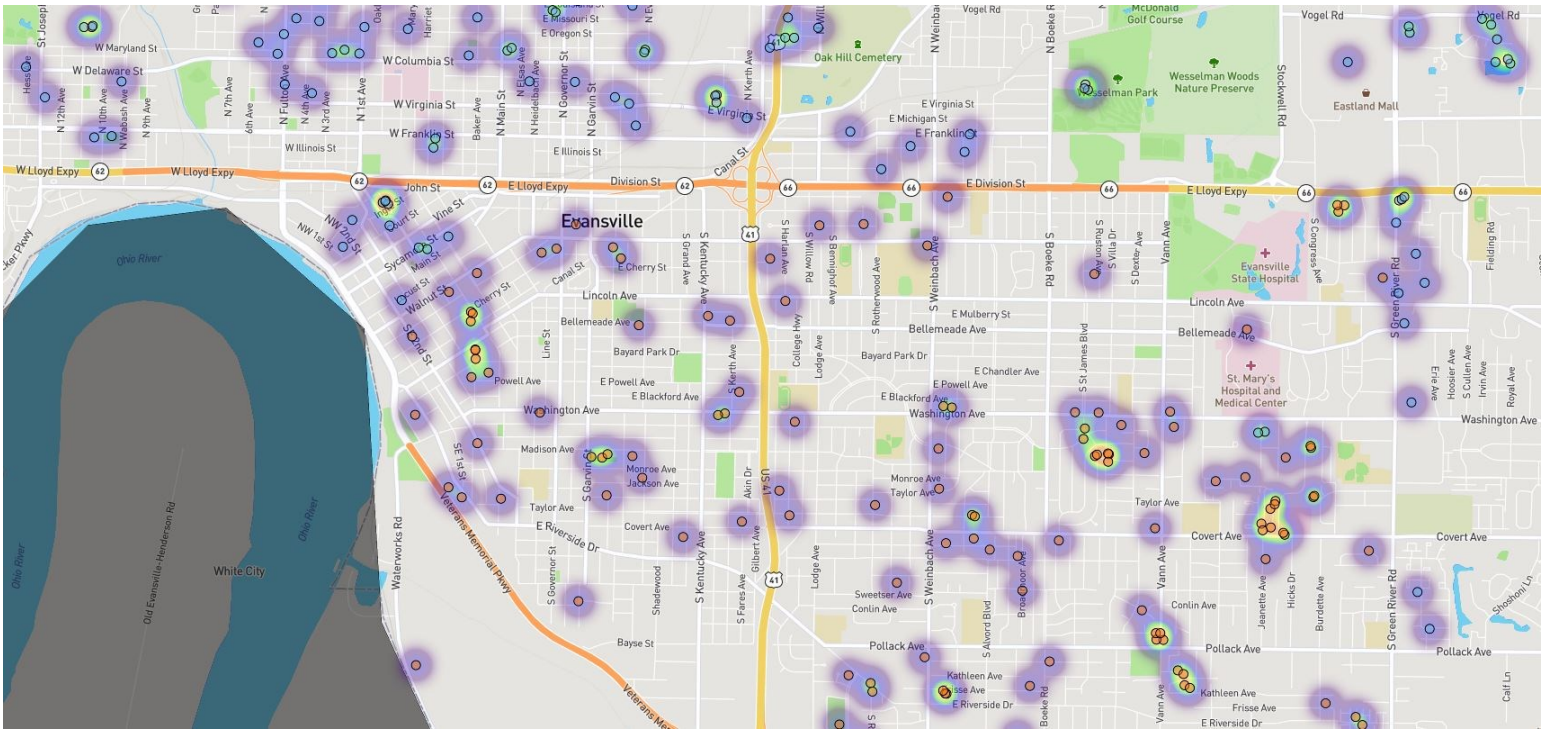


**2018**  
**Calendar Year**

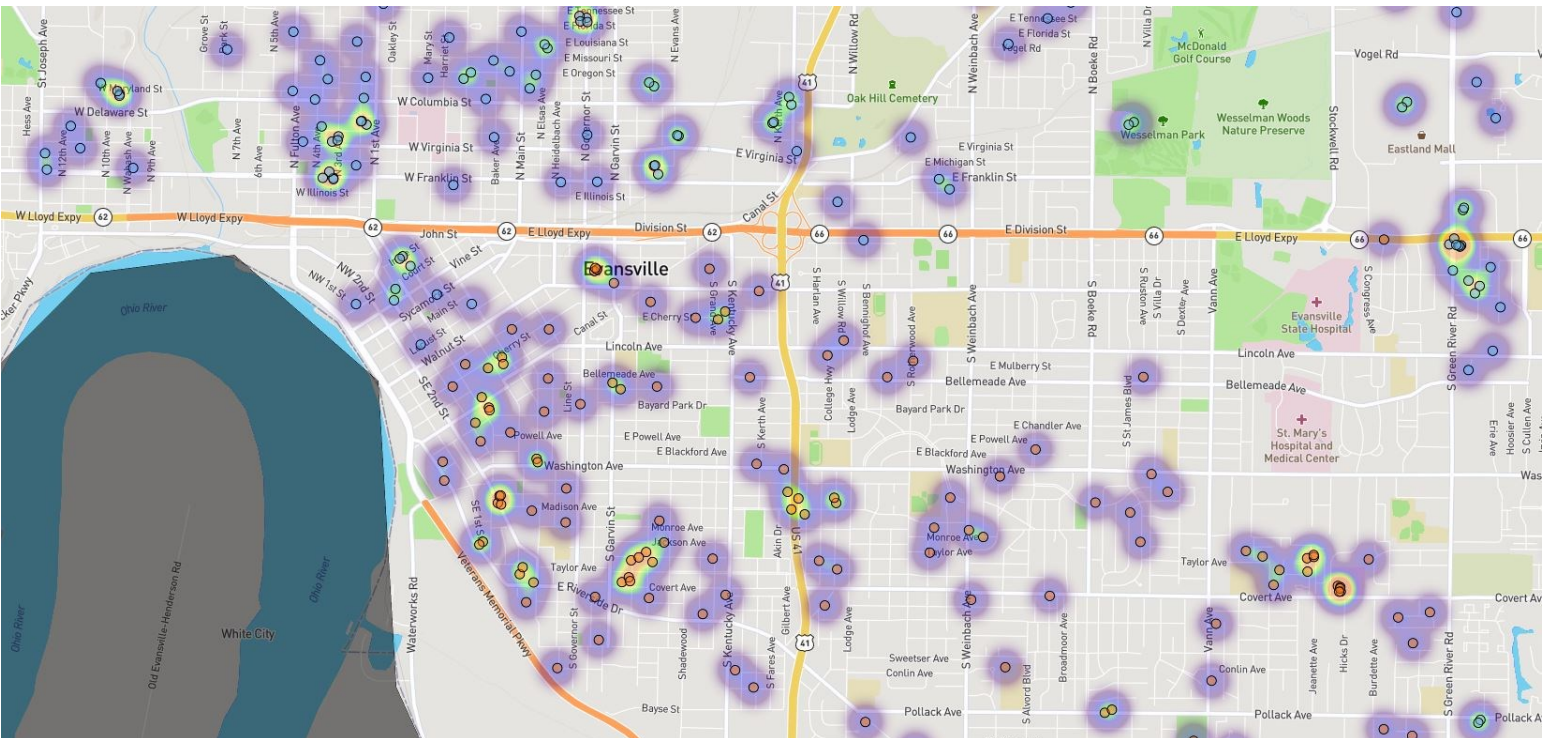


# Naloxone Administration Heatmap for Evansville Metro Area (Vanderburgh County)

2017 Calendar Year

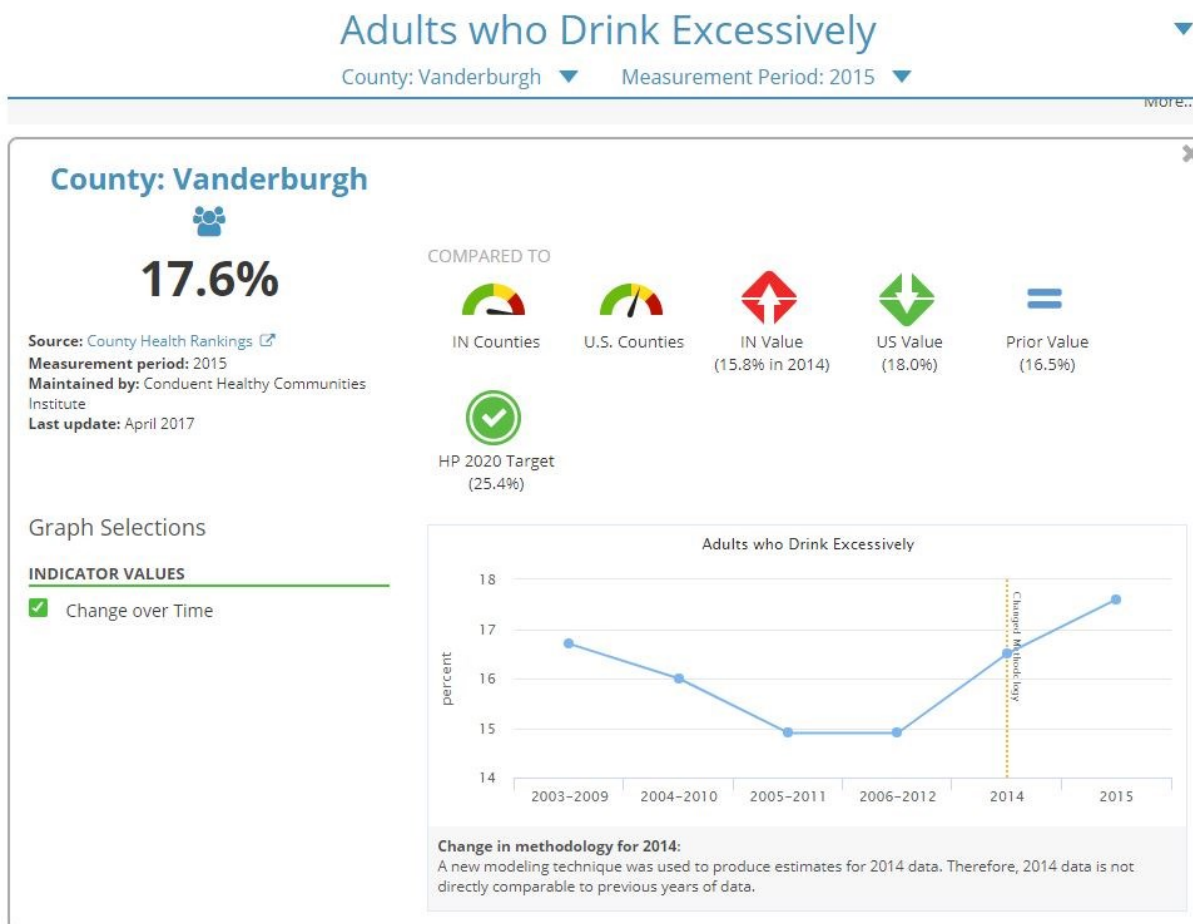


2018 Calendar Year



## Behavioral Health Metrics—Substance Abuse

Based on information from County Health Rankings, we will no longer track this measure.



### Can this measure be used to track progress?

“The County Health Rankings measure of Excessive Drinking can be difficult to use to track progress in communities. The change in methods means that data reported in years prior to 2016 is not comparable to more recent data. In addition, data from the Behavioral Risk Factor Surveillance Survey are collected using sophisticated sampling techniques that can make it difficult to use for small geographic areas and for population subgroups without carefully applying the correct statistical techniques.

Modeled estimates have specific drawbacks with regard to their usefulness in tracking progress in communities. Modeled data are not particularly good at accounting for the influence of local conditions, such as health promotion policies or unique population characteristics, into their estimates. Counties trying to measure the effects of programs and policies should use great caution when using modeled estimates. To better understand excessive drinking from the County Health Rankings, it is best to confirm with additional local sources of data. This type of ‘data triangulation’ is particularly important when trying to confirm estimates from modeled data.”

## **Maternal, Fetal, Infant, and Children's Health: Vanderburgh County**

### **FY17-18 Activities and Outcomes (Year 2 of the plan)**

- Fetal Infant Mortality
  - Baby and Me Tobacco Free
- Child Abuse
- Additional Deaconess Activities
- Metrics are embedded in each topic area

# Maternal, Fetal, Infant, and Children's Health: Vanderburgh County

## Infant Mortality

One of the 2016 CHNA goals is to improve data regarding fetal and infant mortality rates. More specifically, we want to **reduce mortality before a baby's 1st birthday from the 2010-2014 Vanderburgh County average of 8.3 per 1,000 live births to the Healthy People 2020 goal of 6.0 per 1,000 live births.**

We know that between 2012 and 2016, 208 babies in southwestern Indiana did not live to see their first birthday. The three leading causes of death were preterm birth, birth defects, and sleep related deaths.

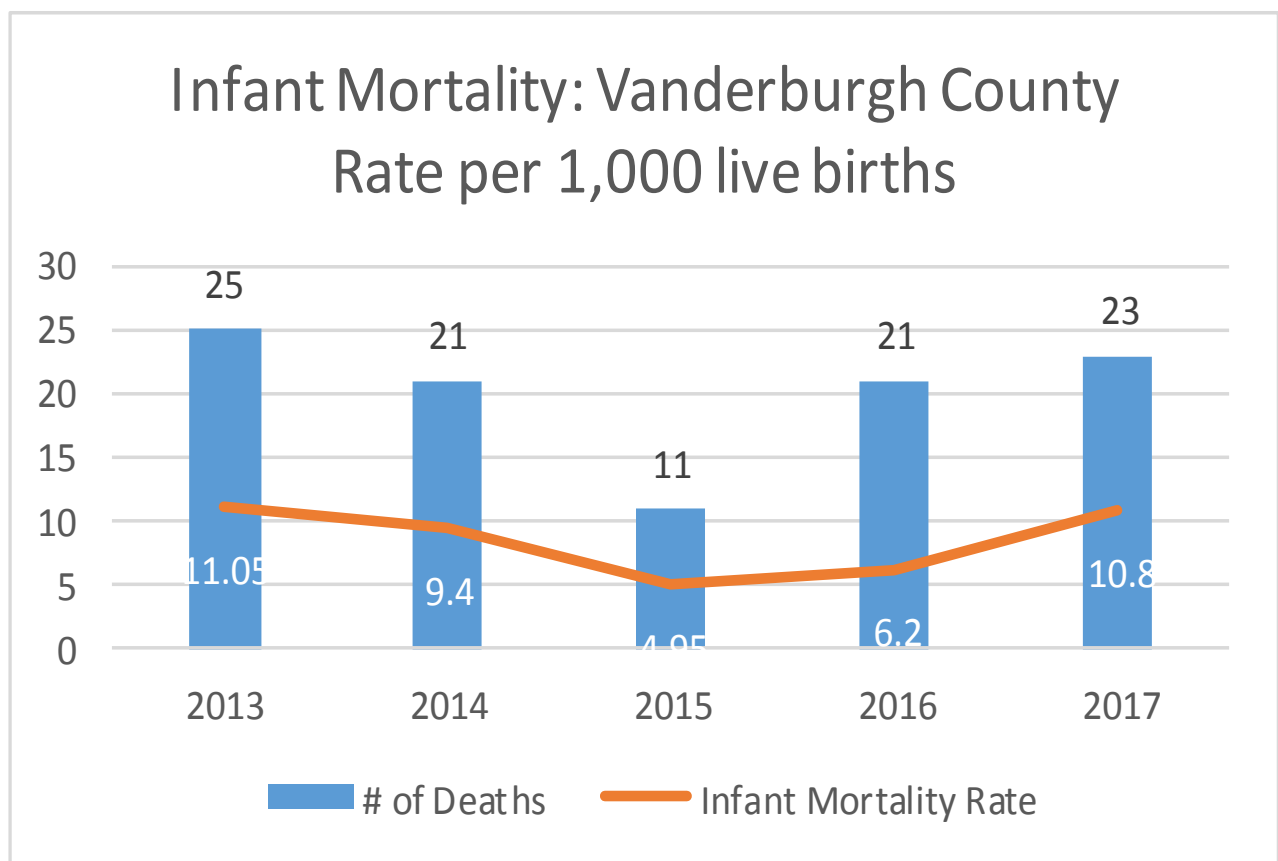
African-American infants had a disproportionate death rate almost three times that of white infants.

Following a significant decline, infant mortality rates increased between 2015-2016 and again between 2016-2017.

The **Fetal Infant Mortality Review Committee** meets quarterly to discuss all cases of infant death including those caused by low birth weight or being born preterm. *(List of committee members appears in the appendix.)*

A low birthweight (LBW) baby is considered to be less than 2,500 grams. A baby is considered preterm if they are born before 37 weeks gestation.

Data from these case reviews is used to identify racial, socio-economic, and other disparities.



\*Data obtained from Indiana State Department of Health

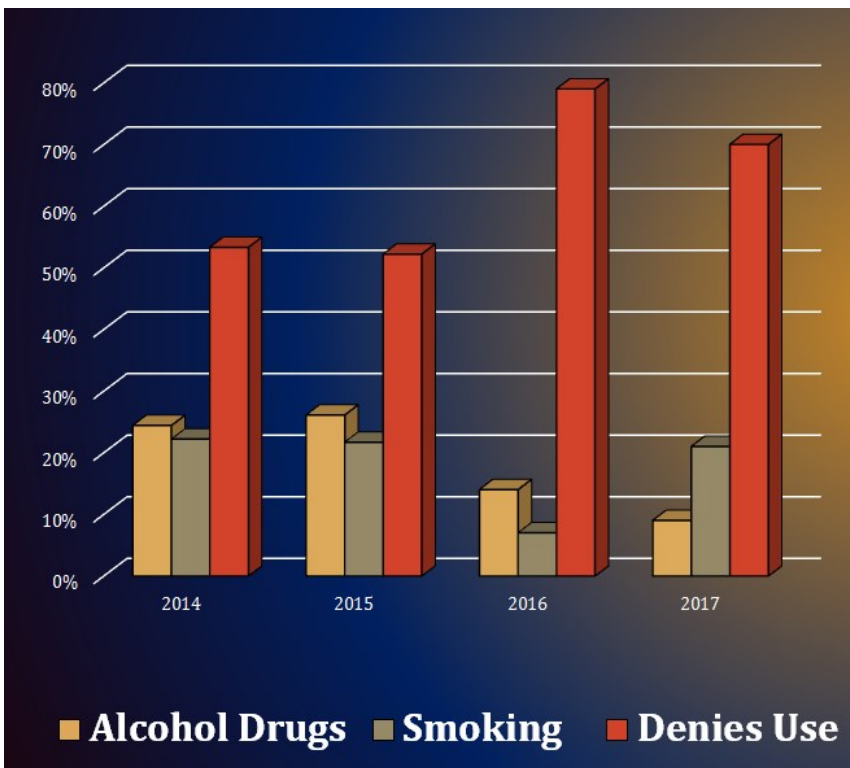


## INDIANA CONTINUES TO LAG BEHIND ON CURBING TOBACCO USE



### 2014-2017 FETAL/INFANT DEATHS — MATERNAL SUBSTANCE USE

#### VANDERBURGH COUNTY



### Vanderburgh County

#### Births Where Mother Smoked During Pregnancy

**17.4 %**



-5.6 pct. chg.

Births where mother smoked during pregnancy is listed as 13.5% for the state of Indiana. That means, Vanderburgh County's rates are significantly higher than the rest of the state.

Year Range: 2013-2017

Data from Indiana Indicators/ISDH

All births, not only fetal/infant death cases.

## Efforts to reduce infant mortality



As efforts to address infant mortality increased, it became necessary to provide more structure for the programs. The image above was designed to show how Vanderburgh County Health Department programs work together to advance one goal – healthy baby homes. That means a healthy body for mom during her pregnancy and a healthy physical home for baby after birth.

**Healthy Baby Steps** and **Baby and Me Tobacco Free** are programs focused on making pregnant women healthier. That includes receiving prenatal care and stopping smoking.

**VaxToday.com**, **WIC**, and **Pre To 3** give families the tools and resources needed for babies to grow and develop into healthy kids.

# Maternal, Fetal, Infant, and Children's Health: Vanderburgh County

## Baby and Me Tobacco Free Program (BMTFP)

Baby and Me Tobacco Free is a program that provides incentives to pregnant women who quit smoking. The goal is to keep women smoke free for as long as possible before and after they give birth, and to also help women give birth to healthy, full-term babies.

The women see certified BMTFP facilitators for 4 prenatal sessions in order to go smoke free. At the sessions, they get advice and support to help them quit.

The ladies have to take a carbon monoxide test every time they come in for proof of smoking status.

If the ladies become smoke free, they can start receiving diaper vouchers as early as prenatal session 3. After giving birth, they can receive the diaper vouchers every month for 12 months if they remain smoke free.



### 2018 Grant Year (Oct 1, 2017 to Sept 30, 2018)

413 women enrolled at end of grant year

125 partners enrolled at end of grant year

161 babies born with:

149 babies born over 5.5 pounds

12 babies born under 5.5 pounds

#### For Vanderburgh County:

Pre-term birth rate—5%

Full-term (at least 37 weeks) birth rate—95%

Low birth weight rate (less than 5 lbs. 8 oz.) - 7.5%



### 2017 Grant Year

258 total enrolled participants with 70 joining the program between May and September.

#### For Vanderburgh County:

Pre-term birth rate—7%

Full-term (at least 37 weeks) birth rate—93%

Low birth weight rate (less than 5 lbs. 8 oz.) - 11%

### 2016 Grant Year

118 total participants with 63% still active at the end of the grant year.

#### For Vanderburgh County:

Pre-term birth rate—7%

Full-term (at least 37 weeks) birth rate—93%

Low birth weight rate (less than 5 lbs. 8 oz.) - 9.7%



# CHNA Maternal, Fetal, Infant, and Children's Health: Vanderburgh County

## On March 9, 2018, Vanderburgh County Health Department launched Pre To 3.

Pre To 3 is a program that provides long-term, consistent, hands-on support for babies and families. Community health workers visit clients in their home once per week, every week, from the time a woman finds out she is pregnant until her baby is 3 years of age.

During these visits, the community health worker will guide the woman and her family through a curriculum called "Growing Great Kids." The lessons teach new parents about the normal growth and development process for babies, how to manage their own emotions and needs, as well as the importance of safe sleep.

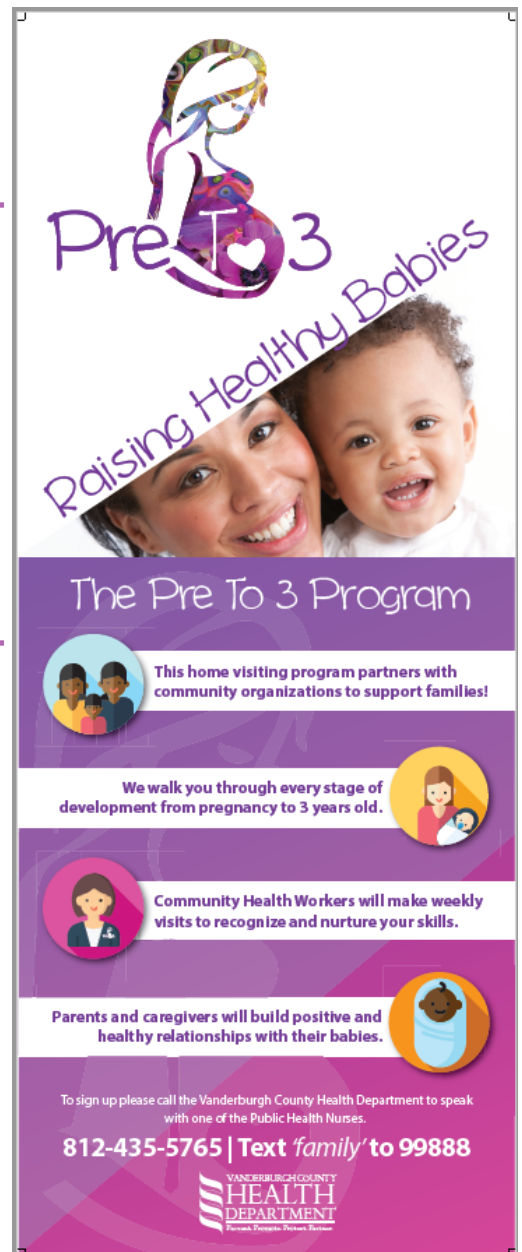
Indiana State Health Commissioner Dr. Kristina Box, Indiana Secretary of Family and Social Services Administration Dr. Jennifer Walthall, and Director of Indiana Department of Child Services Terry Stigdon joined us for the kick-off event. These women, through their respective agencies, are spearheading the state-wide effort to lower infant mortality rates and put resources into the hands of local groups like ours who are ready and willing to attack the public health issue of infant mortality.

### Local partners instrumental in creating the Pre To 3 program are:

Evansville Christian Life Center, Head Start, Healthy Families Evansville, and 4C of Southern Indiana, Inc.



We created a website, [www.preto3program.com](http://www.preto3program.com), as well as videos, client testimonials, outdoor boards, bus bench ads, and an Amazon baby registry to help explain and promote our program.



## Program Data for March — August 2018

Families reached — 117

Program births: 16/16 full term      16/16 > 2,500 grams

62% of client mothers receive WIC services

50% of client caregivers report having a diagnosed psych disorder

44% of client mothers are first-time mothers

19% of client caregivers have an open DCS case

16% of client families have unstable housing

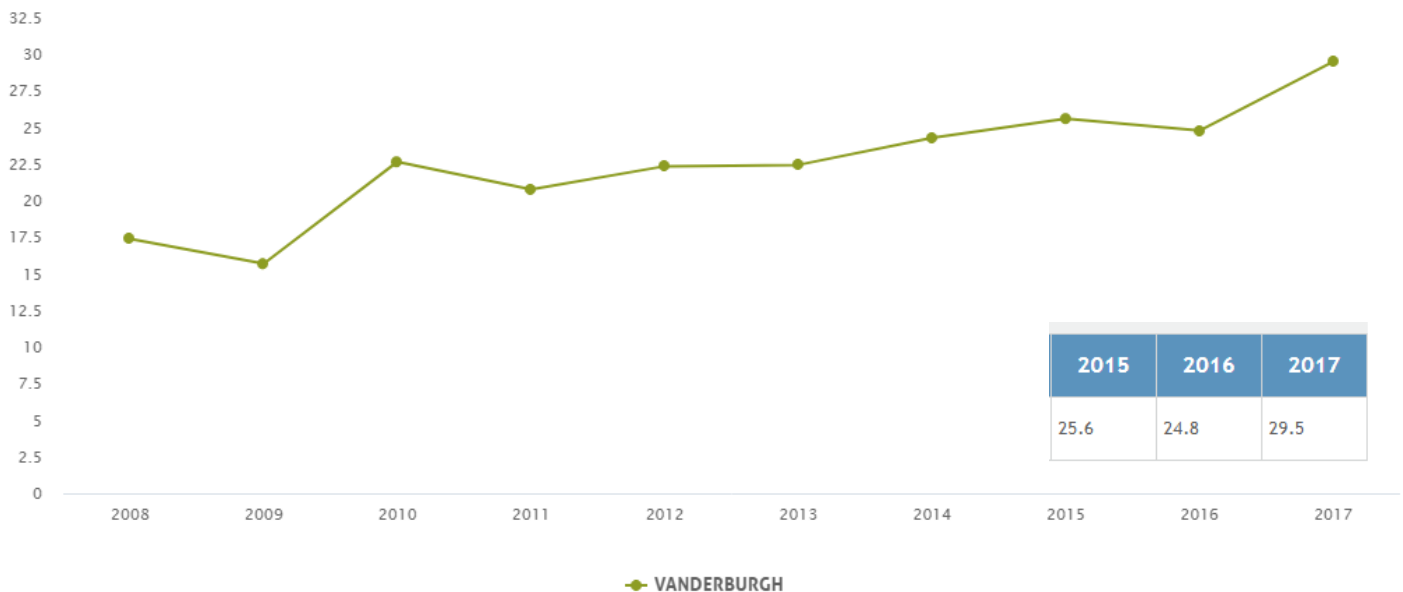
# CHNA Maternal, Fetal, Infant, and Children's Health: Vanderburgh County

## Address Child Abuse Rates

The goals associated with child abuse rates in Vanderburgh County are to increase awareness and education around cases of childhood abuse and neglect. Toward that end, the local child abuse task force called CARE Team continues to meet on a monthly basis and review cases. Meetings are well attended and include representation from multi-discipline hospital teams and community partners. *(Participant list in appendix.)*

The CARE team reviewed cases of **42 children with suspected or confirmed abuse/neglect** during the July 2017 through December 2018 time period. Additionally, the Child Fatality Review Committee looked at **17 cases of child death occurring between July 2017 and December 2018**. There were 32 potential cases of child abuse and/or neglect and 12 cases of child death reviewed during from May 2016 to June 2017. Data obtained from the Vanderburgh County Health Department.

On April 25, 2018 Dr. Cortney Demetris, a forensic pediatrician at Peyton Manning Hospital at St. Vincent Indianapolis, presented at Grand Rounds at St. Vincent Evansville. On that same day, she attended our CARE Team meeting. On August 23, 2018, Dr. Demetris also spoke at the St. Vincent/StatFlight William J. Millikan Trauma Conference in Evansville. Dr. Demetris now participates in our monthly meetings via web conference as an additional physician expert/resource for the team.



## Child Abuse And Neglect Rate Per 1,000 Children Under Age 18

Indiana Youth Institute  
KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org)  
A project of the Annie E. Casey Foundation

**Definitions:** The rate of substantiated cases of child abuse and neglect per 1,000 children younger than age 18.

# CHNA Maternal, Fetal, Infant, and Children's Health: Vanderburgh County

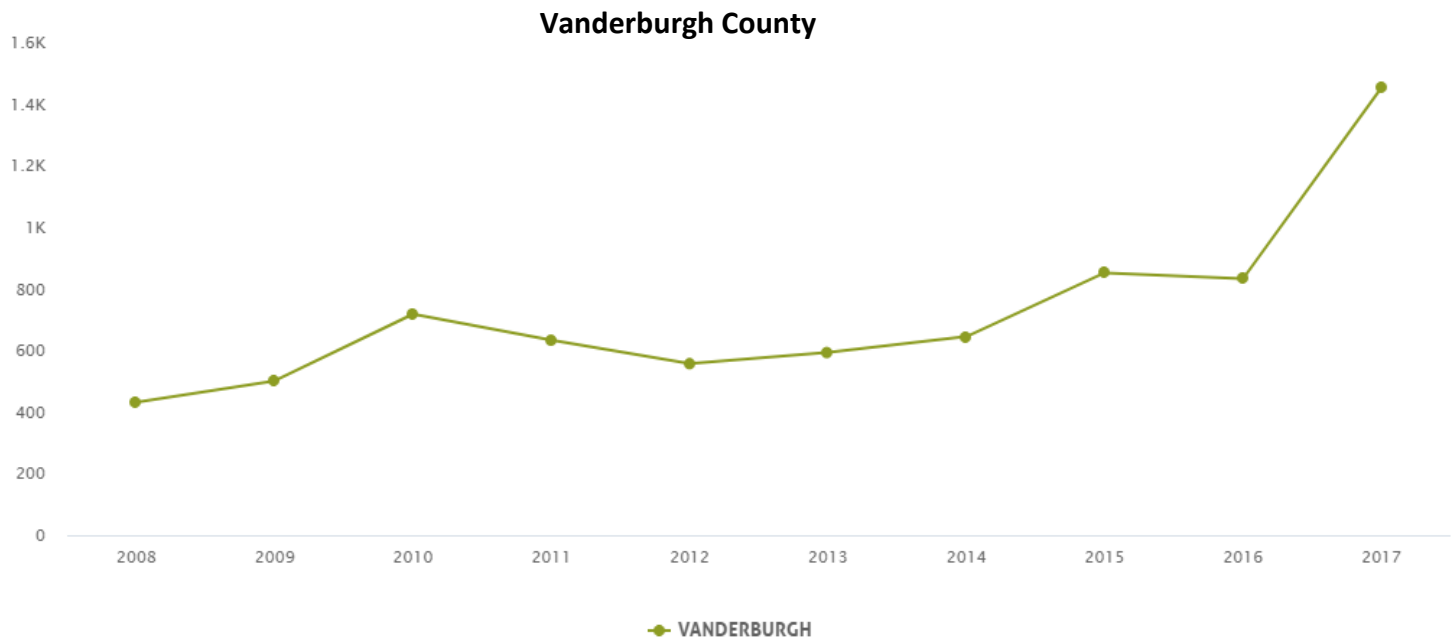
## The number of children in need of services grew at an alarming rate during 2017.

A "Child in Need of Services," or CHINS for short, is a child under the age of 18 who is neglected or abused, AND who is not getting care or treatment that the child needs.

The child can be a CHINS if the child:

- is seriously endangered due to injury caused by something the parents did or did not do.
- is living in a home where illegal drugs are being manufactured.
- is a danger to himself or to others.
- is repeatedly disruptive in school and parents don't participate in the disciplinary proceedings.
- is a missing child.
- is a victim of a sex offense.
- is born with disorders caused by the mother drinking alcohol or taking drugs during pregnancy.

2012	2013	2014	2015	2016	2017
557	593	645	852	833	1,453



## Children In Need Of Services (CHINS)

Indiana Youth Institute  
KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org)  
A project of the Annie E. Casey Foundation

**Definitions:** Children in Need of Services (CHINS) as of June of the year listed (at end of SFY).

**Data Source:** Indiana Department of Child Services, Office of Data Management, Reports, and Analysis

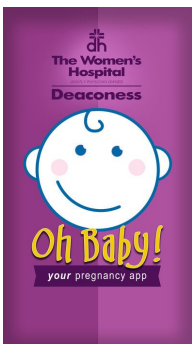
## Deaconess Activities and Initiatives — Maternal/Child Health — Vanderburgh County

The Women's Hospital participates in several pilot and quality programs related to Perinatal Safety and Infant Mortality. TWH Perinatal Substance Abuse Committee works with community stakeholders to identify and fill gaps in care. Thanks to this collaboration, TWH is scheduled to have a survey next fiscal year in hopes of achieving Level 3 Regional Perinatal Center status.



### Excellence in Medical Education

The Women's Hospital Simulation Education Program was developed through an ongoing partnership with the NICU Simulation Outreach Team at Riley Hospital for Children at IU Health. On-site simulation training sessions are designed to focus on the care and resuscitation of the newborn and/or mother. High-fidelity manikins are used to provide a safe environment to practice high acuity, low frequency events.



#### Oh Baby! App

- Phase 2 = education through baby's first year went live in May 2018
- 2018 New Downloads = 2,000+
- Approximately 300 new users each month.



Continued participation and leadership in the local March of Dimes, Indiana Perinatal Network, and ISDH Labor of Love program.

### Prenatal Classes Offered

From Pregnant to Parent, Prenatal Yoga, Big Brother/Big Sister, Breastfeeding, "Dude Camp" for expectant fathers, Pediatric CPR, Car Seat Fitting, and Safe Sitter

### Mobile Breast Center

The 40 ft. coach travelled throughout the tri-state area providing mammograms to women where they live and work. Grant dollars are available for immediate use for women with no or inadequate insurance needing a mammogram.



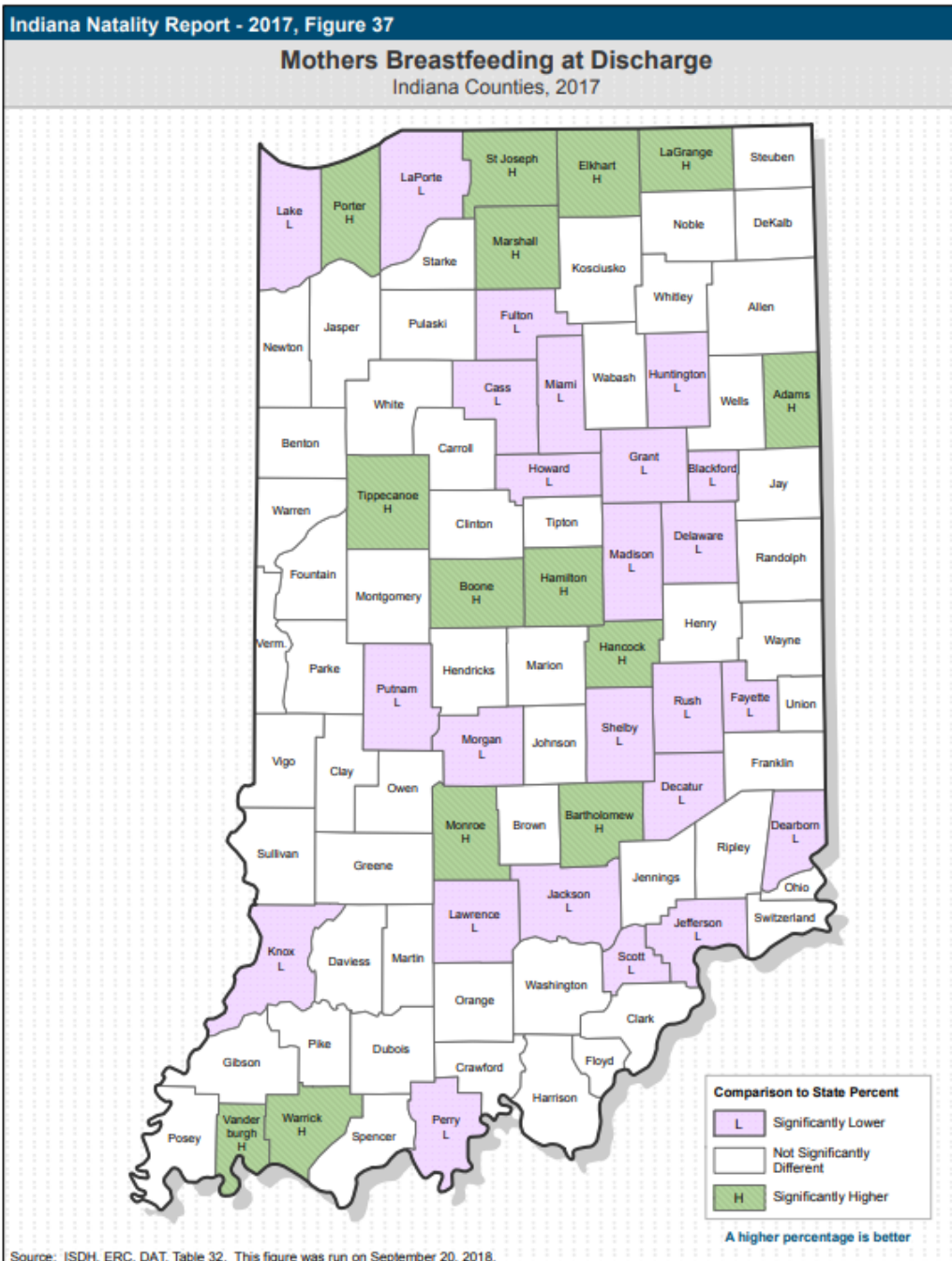
### Homeless Connect and Community First Health Fair

Deaconess continued to provide on-site services at two community events intended to increase access to health care for the homeless, near homeless, and those living in poverty. Services include blood pressure checks, blood sugar screenings, prostate checks (DRE and blood test), mammograms, immunizations, pap smears, HPV screenings, colon cancer FOBT kits, and connecting people with needed services.

# Deaconess Activities and Initiatives — Maternal/Child Health — Vanderburgh County

## Baby-Friendly Designation

The Women’s Hospital received Baby Friendly Facility Designation in August 2015 with support from the Welborn Baptist Foundation and a federal grant program. The Baby-Friendly Hospital Initiative recognizes birthing hospitals in the United States that offer an optimal level of care for infant feeding and mother/baby bonding. This initiative is based on the fact that human milk is the ideal way for human infants to be nourished and that mothers and babies should remain together to promote bonding. Scientific evidence shows lower risks for certain diseases and improved health outcomes for breastfeeding mothers and their babies.



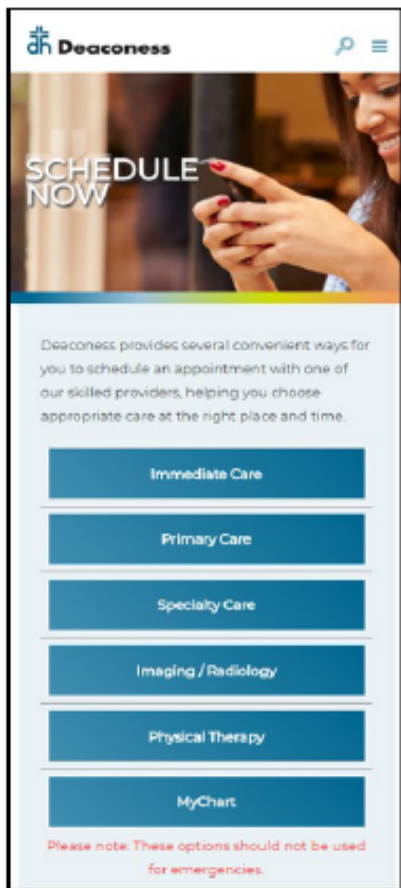
Success with our Baby Friendly Initiative is starting to show in state reports like this one. Both Vanderburgh and Warrick Counties are listed as “significantly higher” for mothers breastfeeding at discharge when compared to the rest of the state.





During FY17-18, Deaconess Health System made great advances in accessing care. We leveraged our health informatics systems to create virtual visits, online scheduling for appointments and procedures, and star ratings for physicians. We also focused on educating patients about the most appropriate level of care.

## Scheduling and Access to Care



### Online Scheduling 2017 - 2018

- Primary Care
- Immediate Care
- Mammograms
- X-ray
- Ultrasound
- Dexa scans
- Allergy
- Audiology
- Gastroenterology
- Nephrology
- Neurology
- Oncology
- Pain Management
- Urology
- Physical Therapy
- Weight Loss
- Riley
- Heart Scan
- Colonoscopy
- Palliative Care
- Podiatry
- Family Medicine Residency

Deaconess Clinic LIVE uses secure, interactive video conferencing to connect patients with a Deaconess Clinic provider whenever and wherever it's convenient. Consultation, diagnosis, and/or treatment are available via smartphone, tablet, or computer.

### New features on Deaconess.com

Star ratings and patient comments (example below), online scheduling and MyChart access from the physician's biography page. (sample below)

#### Steven Etherton, DO

Family Medicine

★★★★★  
4.8 out of 5 (147 Ratings)

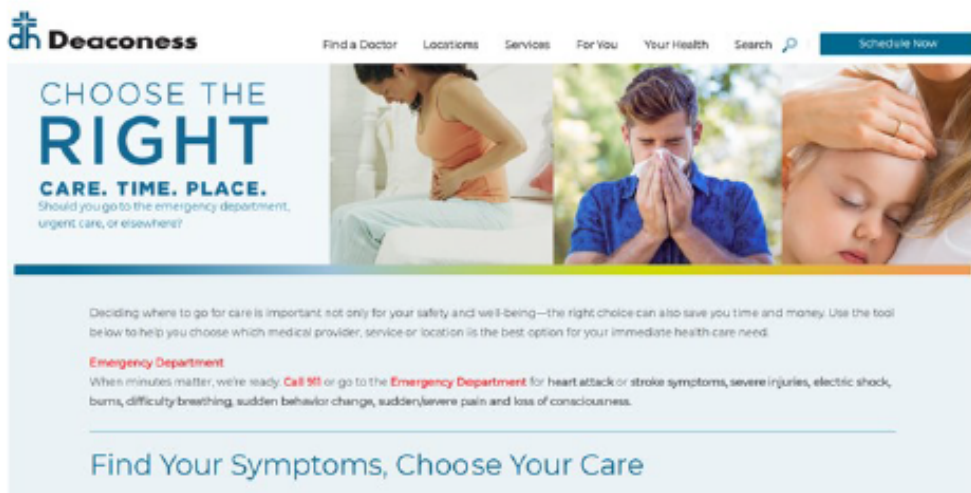
48 Comments

[MyChart](#)

Now Accepting New Patients

### Right Care

We launched a new interactive tool to help patients select the right level of care based upon their symptoms.



## **Exercise, Nutrition, and Weight: Vanderburgh County**

### **FY17-18 Activities and Outcomes (Year 2 of the plan)**

- Pre-Diabetes
- Built Environment
- Toddler and Preschool Nutrition
- Additional Deaconess Activities
- Metrics

# Exercise, Nutrition, and Weight: Vanderburgh County

## Pre-Diabetes

Year Two Progress:

Efforts to create a community awareness campaign related to pre-diabetes using the [www.healthyswin.org](http://www.healthyswin.org) website were unsuccessful. The contract for the website terminated in August 2018 and any information posted there would no longer be accessible. The pre-diabetes committee members agreed to put the work of the group on hold while the larger collaborative decided how to move forward with this part of the plan.

Pre-diabetes prevention programs were still held at Deaconess, the YMCA of Southwestern Indiana, and the Vanderburgh County Health Department during FY17-18.



### National Diabetes Prevention Program

[Diabetes Home](#)

#### Find an In-person Class Near You


[f](#) [t](#) [+](#)

Find an in-person class in your state below. Please contact the organization for the

Location:

[<< Back to Select City](#)

Click on **Organization Name** for location details.

 **Indiana - Evansville**  
[Deaconess Diabetes Center, Deaconess Hospital, Inc](#)  
421 Chestnut St  
Evansville, IN 47713  
(812) 426-9895  
[Downtown YMCA](#)  
222 NW Sixth St.  
Evansville, IN 47708  
(812) 492-6713  
[Dunigan Family YMCA](#)  
6846 Oak Grove Rd.  
Evansville, IN 47715  
(812) 492-6713  
[Vanderburgh County Health Department](#)  
420 Mulberry St.  
Evansville, IN 47713  
(812) 435-5807

National Diabetes Prevention Program	
1. About Prediabetes & Type 2 Diabetes	
2. Research-Based Prevention Program	
3. Lifestyle Change Program Details	
4. Testimonials from Participants	
5. Find a Class Location	+
6. What Is the National DPP?	
Implement a Lifestyle Change Program	+
Screen & Refer Patients to a Lifestyle Change Program	+
Cover a Lifestyle Change Program as a Health Benefit	+
Registry of All Recognized Organizations	



# Exercise, Nutrition, and Weight: Vanderburgh County

## Built Environment and Nutrition

During FY2017-18, Healthy Communities Partnership narrowed the scope of its work to focus on obesity. More specifically, the group set a goal to reduce childhood obesity in Vanderburgh County 20% by 2020.

While many local organizations and services provide education on diet quality and exercise, HCP focuses on improving health through policy, systems, and environmental changes. The four strategic workgroups that provide the structure are:

- Community Engagement Workgroup
- Healthy Eating Workgroup
- Physical Activity Workgroup
- Policy Workgroup

### Physical Activity Workgroup Summary

Wrote and received an \$8,500 grant from the Indiana State Department of Health to bring in a national company called Playworks that specializes in youth physical activity. Twenty-six afterschool program staff members were trained.



Received funding from Care Source to create greater access to physical activity opportunities. The YMCA Caldwell Center and The Dream Center were both granted with play equipment of their choice.

A Snickerdoodle Art artist designed fruit and vegetable inspired blacktop games for children. HCP completed one painted play zone at St. Mark's Preschool and plans to complete three more in 2019.



*For the purposes of CHNA, Healthy Communities Partnership took the lead in addressing built environment issues and better nutrition for toddlers and pre-school-age children.*

### Policy Workgroup Summary

This group concentrated on a screen time awareness campaign to help parents understand screen time and the impact it has on their children. They worked closely with 4C of Southern Indiana to disseminate educational materials to families with young children.

**What is appropriate screentime for my child?**  
Based on American Academy for Pediatrics guidelines

For children younger than 18 months, avoid use of screen media other than video-chatting. Parents of children 18 to 24 months of age who want to introduce digital media should choose high-quality programming, and watch it with their children to help them understand what they are seeing.

For children ages 2 to 5 years, limit screen use to one hour per day of high quality programs. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.

For children ages 6 and older, place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity and other behaviors essential to health.

**Other helpful tips:**  
Do not make screen time a part of childcare or supervision for children under 5 years of age.  
Designate media-free time together, such as dinner or driving, as well as media-free locations at home, such as bedrooms.

**BOREDOM BUSTERS**  
The ultimate fun, educational and motivational "places-to-go" & "things-to-do" resource for Evansville-area kids

For resources and more information visit **4C** of Southern Indiana, Inc. Community Coordinated Child Care

## Exercise, Nutrition, and Weight: Vanderburgh County

### Healthy Eating Workgroup Summary

Launched a concession stand pilot project with the EVSC Athletic Department during the 2018 soccer season. Hummus, pretzels, fresh fruit, cheese snacks, and mini popsicles were added to the traditional menu. The concession stand manager reported positive feedback for the fruit and hummus options.



Partnered with Larkins Produce to offer a pop-up produce stand every Tuesday from 11am-1pm near the local health department. The location, date, and time targeted people attending the weekly Tuesday WIC clinic because vouchers for the purchase of fruits and vegetables are distributed during this time.

Partnered with Urban Seeds to **administer SNAP benefits** at both the Downtown Farmer's Market and the Franklin Street Bazaar. **HCP paid a total of \$1,465 to local farmers from these sources:**

- \$876 via the Food and Nutrition Services EBT platform,
- \$145 from the Power of Produce, PoP club for 4 to 12-year-old children which was funded by Welborn Baptist Foundation. PoP club was also new this year for the Downtown market. Each child was able to get a free one dollar voucher to spend on fruit and vegetables, and
- \$444 from the Double Bucks program, funded by grants from Deaconess Health System and St. Vincent Health System. The Double Bucks program was an initiative to incentivize SNAP participants to try buying local goods from a farmer's market. For every dollar a person would spend with their SNAP dollars, we would match them up to ten dollars.



### Deaconess Diabetes Center

Our caring, experienced staff of dietitians, diabetes educators and registered nurses help patients learn to control their diabetes by eating healthy, exercising, and taking medications the right way. To that end, we offer the following programs:

#### Diabetes Self-Management Training

Our comprehensive diabetes outpatient program empowers patients by helping them understand diabetes and how to control it. The program involves 10 hours of Diabetes Self-Management Training (DSMT) with an additional hour of follow-up during the initial 12 months. Physician referral is required.



#### Insulin Education and Management

We help patients with insulin pumps and Continuous Glucose Monitoring Systems (CGM)

#### Gestational Diabetes Program

- Nutritional counseling and modification of meal plan
- Exercise counseling
- Instruction on home blood glucose monitoring
- Insulin instruction, if necessary
- In order to maintain blood glucose control and to reduce the risk for developing type 2 diabetes after pregnancy, follow up care is available after the baby is born.

#### Deaconess Diabetes Prevention Program (DPP)

DPP is a year-long program recognized by the Center for Disease Control and the American Diabetes Association. It is fully covered by Medicare (other insurance company coverage may vary), and is designed to help change and replace unhealthy habits that have been formed over the years, offering practical education and positive, encouraging support.





# Deaconess Activities and Initiatives Exercise, Nutrition, and Weight: Vanderburgh County

**Wise Choice** - Deaconess and the West Side Nut Club collaborated again 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 deep fried and unhealthy options. The Wise Choice map identifies food items that are low calorie, low fat, and low sodium as determined by a dietitian.

Wise Choice debuted in 2012.



## Meals on Wheels

Meals on Wheels of Evansville offers nutritionally appropriate and proportioned meals prepared under the direction of dietitians at Deaconess and St. Mary’s (now St. Vincent Evansville) for needy individuals of all ages. Meals can be specifically catered to an individual’s dietary needs based on a physician order.



The people you trust,  
The nutrition you need.

## Farmers Markets

Deaconess sent staff members and physicians to farmers markets in Vanderburgh County during summer 2018. They provided healthy recipes and information related to their specialty area such as sleep medicine, heart, women’s health, cancer, etc.

Downtown Evansville Farmer’s Market on Fridays from 8 AM to 1 PM, May 18 through September 28, 2018

Franklin Street Bazaar on Saturdays from 9 AM to 1 PM, June 16 through September 22, 2018



## Deaconess Activities and Initiatives Exercise, Nutrition, and Weight: Vanderburgh County



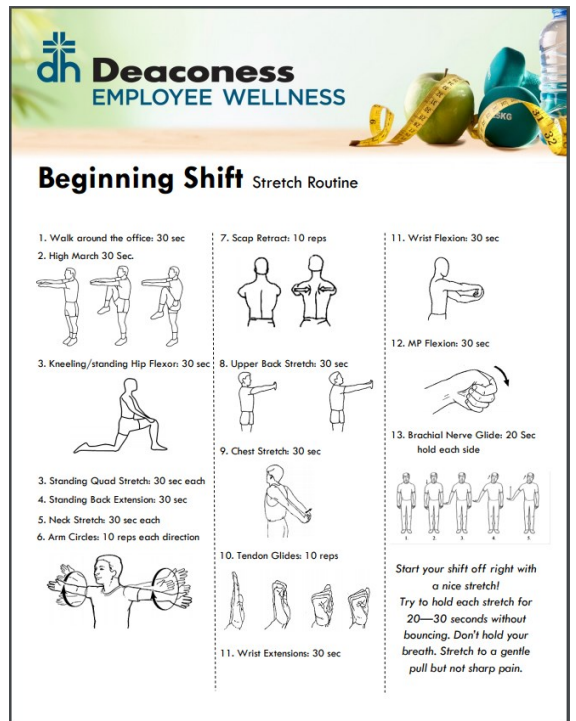
The Employee Wellness Program is a free service open to all Deaconess employees and their spouses. The program includes wellness/health screenings, wellness counseling, blood pressure checks, nutrition consultations and classes, weight loss competitions, smoking cessation, flu shots, personal trainers, and exercise classes.

Deaconess maintains two fitness centers, one at the Midtown campus and one at our Eagle Crest location.

Deaconess continues to focus on population health and its system of value-based care. We began this journey several years ago and have been successful in engaging employees and their families in a variety of health and wellness initiatives. Employees support our health and wellness initiatives by:

- Enrolling in the Deaconess medical plan
- Using Deaconess Family Pharmacy
- Using a OneCare Network provider
- Completing an employee wellness screening
- Taking control of chronic diseases
- Making small but important healthy choices each day

We even created a series of videos and fliers to provide employees with stretches and other ways to move their body while on the clock. This idea came from our night-shift nursing council.



Employees also have access to the most **online scheduling options** in the region. During FY17-18, making care more convenient was a top priority for Deaconess.

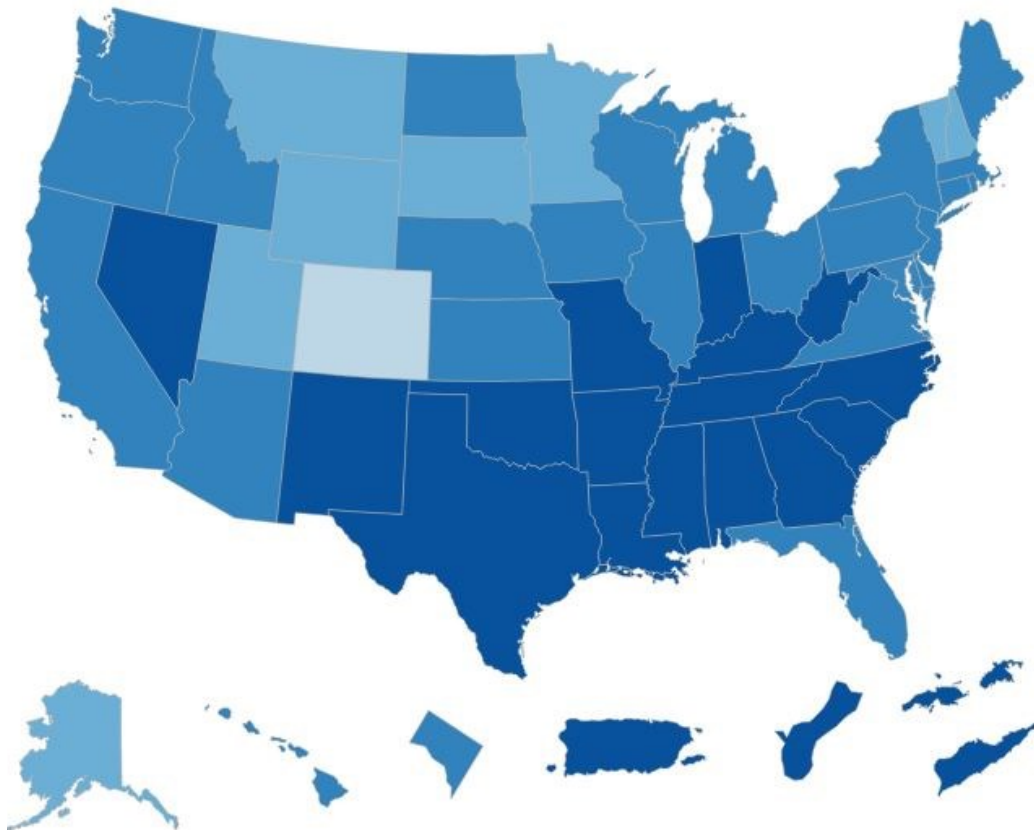
**Deaconess Employee Assistance Program (EAP)** offers assessment, short term counseling, referral (if necessary) and follow-up services to employees and members of their household who want help dealing with mental health concerns, substance use/abuse issues, life changes, family issues or personal problems.

# Exercise, Nutrition, and Weight Metrics—Diabetes

In 2016, Indiana’s rate of diabetes was 10.4% of the population. That places the state in the worst category. Vanderburgh County had a rate of 10.8% and Warrick County reported a rate of 9.3%.

Data gathered from CDC diabetes surveillance reports.

Diagnosed Diabetes,  
Age-Adjusted Percentage, Adults with Diabetes - Total, 2016



## Diabetes Indiana

Current adult diabetes rate (2017)

**11.8%**

Rank among states (2017)

**11** /51

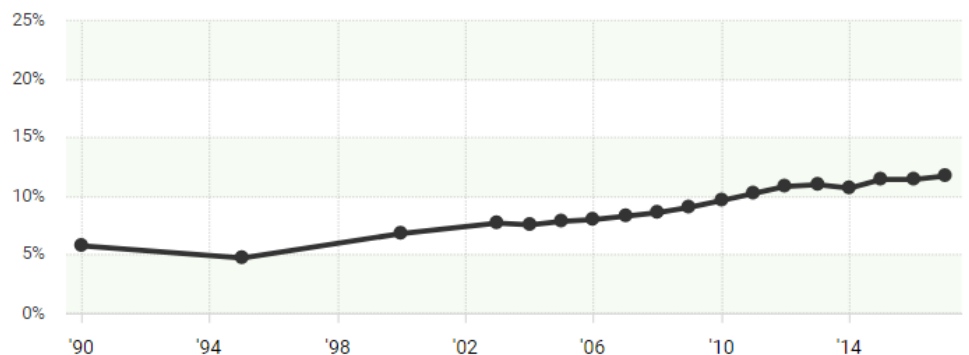
Diabetes cases in 2010

**544,815**

Projected cases of diabetes in 2030 at current pace

**814,420**

Historical adult diabetes rates (1990-2017)



## Exercise, Nutrition, and Weight Metrics—Toddler and Preschool Nutrition

A 2016 report by the Centers for Disease Control and Prevention shows that obesity rates among preschool children enrolled in WIC have declined in recent years.

In 2014, 14.5% of 2- to 4-year-olds enrolled in WIC had obesity, down from 15.9% in 2010.

**In Indiana, obesity rates also declined among 2- to 4-year-olds enrolled in WIC** from 2010 to 2014. The rate of obesity dropped from 15.1% to 14.3%

During this same period, rates decreased in 31 states (including Indiana) and three territories, increased in four states and remained stable in the rest. Rates of severe obesity also decreased among this population—from 2.12% in 2010 to 1.96% in 2014.

**Two likely reasons for this decline are:**

- Updates to the package of foods included in WIC, made in 2009, to better align them with the current Dietary Guidelines for Americans and recommendations from the American Academy of Pediatrics.
- Revisions in 2009 to promote and support breastfeeding.



Source: *The State of Obesity* (formerly *F as in Fat*) 2018. The report series is a collaborative project of the Trust for America's Health and the Robert Wood Johnson Foundation and is supported by a grant from the Foundation.



# Exercise, Nutrition, and Weight Metrics—Weight

Indiana has the 12th highest adult obesity rate in the nation, and the **11th highest obesity rate for youth ages 10 to 17**. Indiana's adult obesity rate is currently 33.6%, up from 20.5% in 2000 and from 13.3% in 1990.

## Obesity Rate, Youth Ages 10-17, 2016-2017

Select years with the slider to see historical data. Hover over states for more information. Click a state to lock the selection. Click again to unlock.

Obesity rates, children ages 10 to 17

0 - 9.9% 10 - 14.9% 15 - 19.9% 20 - 24.9% 25 - 29.9% 30 - 34.9% 35%+



All States West Midwest South Northeast

## Indiana State Data

10- to 17-year-olds

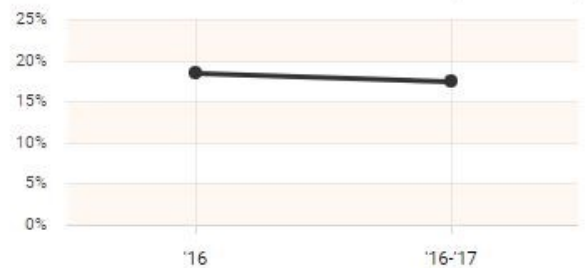
Current obesity rate (2016-2017)

**17.5%**

Rank among states (2016-2017)

**11** /51

Historical rates (2016-2017)



Source: stateofobesity.org/children1017

Rank ▲	State	Obese 10-17s 2016-2017
1	Mississippi	26.1%
2	West Virginia	20.3%
3	Kentucky	19.3%
4	Louisiana	19.1%
5	Oklahoma	18.7%
6	Ohio	18.6%
7	Texas	18.5%
8	Georgia	18.4%
9	Alabama	18.2%
10	Iowa	17.7%
11	Indiana	17.5%
12	Michigan	17.3%



# Appendix

Primary Data Collection– Participation List

2016 CHNA Committee and Subcommittee Structure

Meetings and Activities Related to the 2016 CHNA Implementation Plan

Behavioral Health Subcommittee List

Mayor’s Substance Abuse Task Force—Participation List

Opioid Fatality Review Committee—Participation List

Maternal, Fetal, Infant, and Children’s Health Subcommittee List

Exercise, Nutrition, and Weight Subcommittee List

NextLevel Recovery 2017-2018 Accomplishments Report

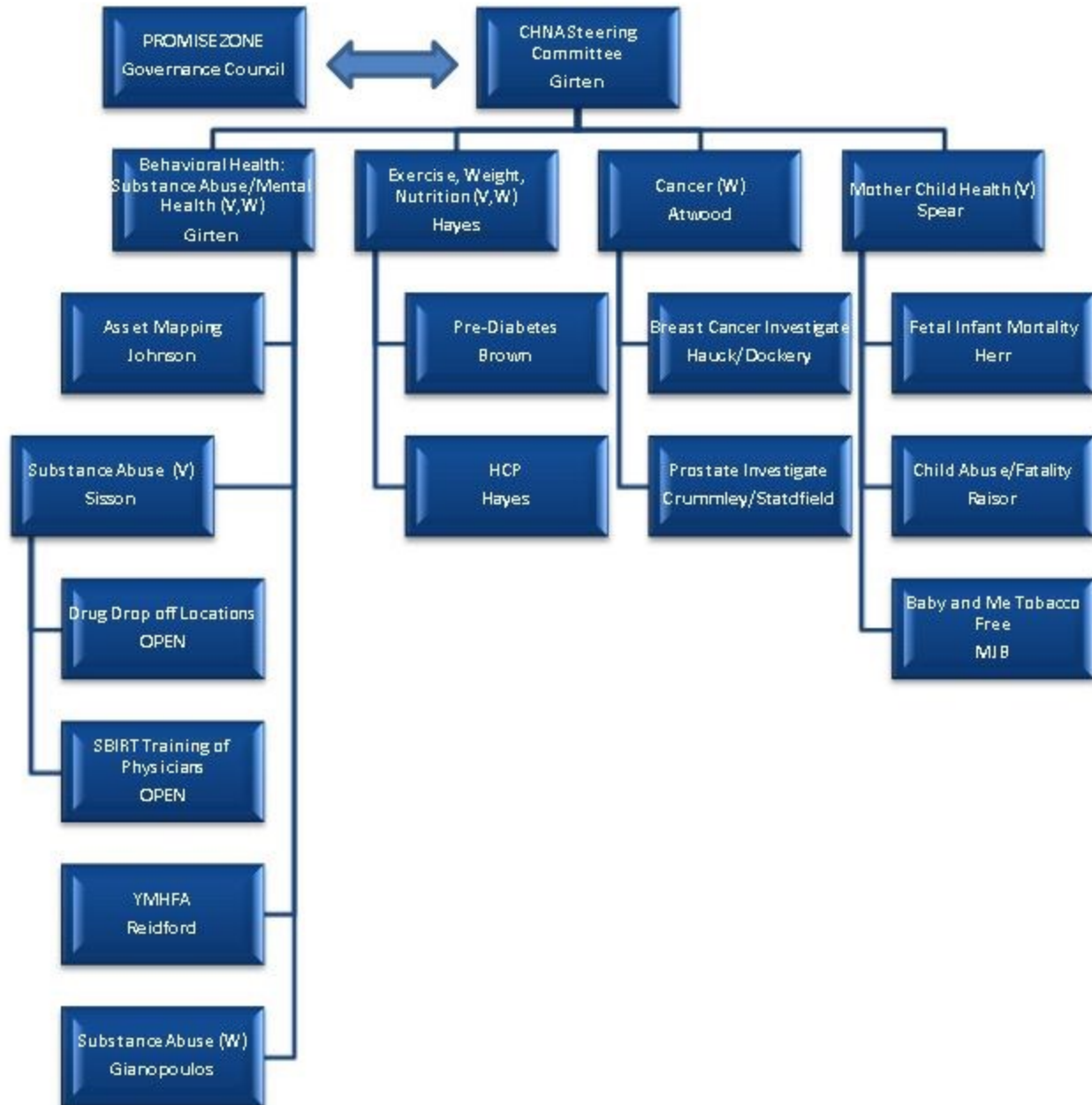


## Primary Data Collection—Community Input

To expand upon the information gathered from the secondary data, The collaborative conducted **9** key informant interviews and **10** focus group discussions to obtain input from persons with expertise in public health and those who represent the broad interests of the community. In total, **84** people participated in primary data collection to provide community input with representation from the organizations below:

Albion Fellows Bacon Center	Easter Seals Rehabilitation	Hearing Healthcare Center	St. Mary's Case Management	University of Evansville
Alcoa	ECHO Health	IPMG	St. Mary's Center for Children	University of Southern Indiana
ARK Crisis Child Care Center	Evansville Fire Department	Ivy Tech Community College	St. Mary's Outreach Services	University of Southern Indiana Nursing
Aurora	Evansville Mayor's Office	Knight Township Trustee	St. Mary's Pastoral Care	Vanderburgh Community
Boys and Girls Club	Evansville Psychiatric Children's Center (FSSA)	Lampion Center	St. Mary's Weight Management	Vanderburgh County Health Department
CAJE (Congregations Acting for Justice and	Evansville State Hospital (FSSA)	Old National Bank	SWIRCA	Welborn Baptist Foundation
CAPE	Evansville Vanderburgh School	One Life Church	The Arc of Evansville	Youth First
Deaconess Cross Pointe	Girl Scouts of South-west Indiana	Smoke Free Communities	TJ Maxx	YWCA
Deaconess Family Medicine Residency	Harding, Shymanski & Company	Southwestern Behavioral Healthcare	United Caring Services	
Deaconess Pharmacy	Harrison College Nursing Department	St. Mary's Behavioral Services	United Way of SWIN	

## 2016 CHNA Committee and Subcommittee Structure Vanderburgh and Warrick Counties



# Meetings and activities related to the 2016 CHNA implementation plan

Date	Action	Notes
10/18/2017	child abuse task force	VCHD leads this committee third Wednesday of each month (Dr. Carla Estep and Cara Wongngamnit)
10/24/2017	Cancer subcommittee - Warrick County focus	Kathy Dockery (Breast Center), Becca Scott, Mel Littrell (TWH)
11/14/2017	Behavioral Health subcomm mtg	Ashley Johnson and Janie Chappell
11/15/2017	child abuse task force	VCHD leads this committee third Wednesday of each month (Dr. Carla Estep and Cara Wongngamnit)
12/12/2017	Fetal Infant Mortality Review	Representing Deaconess and TWH - Lori Grim, Beth Durham, Jamey Williams
12/20/2017	child abuse task force	VCHD leads this committee third Wednesday of each month (Dr. Carla Estep and Cara Wongngamnit)
Jan-18	Deaconess comm. benefit work	Writing the IRS form 990 for Deaconess
1/8/2018	Opioid Fatality Review	VCHD leads this committee. Deaconess attendees - Dr. Gina Huhnke, Scott Branam, Donna Lilly, Janie Chappell
1/16/2018	Cancer subcommittee - Warrick County focus	Becca Scott, Mel Littrell (TWH), Kathy Dockery (Breast Center)
1/17/2018	child abuse task force	VCHD leads this committee third Wednesday of each month (Dr. Carla Estep and Cara Wongngamnit)
1/24/2018	local steering committee mtg at VCHD	review schedule for CHNA process
Feb-18	Create Progress Reports	FY2016-2017 progress reports for Vanderburgh and Warrick Counties, created and posted on website
2/12/2018	Opioid Fatality Review	VCHD leads this committee. Deaconess attendees - Dr. Gina Huhnke, Scott Branam, Donna Lilly, Janie Chappell
2/21/2018	child abuse task force	VCHD leads this committee third Wednesday of each month (Dr. Carla Estep and Cara Wongngamnit)
3/13/2018	Fetal Infant Mortality Review	Deaconess and TWH - Lisa Mayer, Beth Durham
3/13/2018	Opioid Fatality Review	VCHD leads this committee. Deaconess attendees - Dr. Gina Huhnke, Scott Branam, Donna Lilly, Janie Chappell
3/21/2018	child abuse task force	VCHD leads this committee third Wednesday of each month (Dr. Carla Estep and Cara Wongngamnit)
4/4/2018	steering committee mtg at VCHD	updates on survey process and timing
4/8/2018	planning mtg regarding behavioral health committee of CHNA	Janie Chappell and Ashley Johnson
4/10/2018	Opioid Fatality Review	VCHD leads this committee. Deaconess attendees - Dr. Gina Huhnke, Scott Branam, Donna Lilly, Janie Chappell
4/18/2018	child abuse task force	VCHD leads this committee third Wednesday of each month (Dr. Carla Estep and Cara Wongngamnit)
5/3/2018	Review asset mapping data	Ashley Johnson with Charissa from VCHD

Date	Action	Notes
5/8/2018	Opioid Fatality Review	VCHD leads this committee. Deaconess attendees - Dr. Gina Huhnke, Scott Branam, Donna Lilly, Janie Chappell creating power point and report for behavioral health asset mapping
5/14/2018	asset mapping presentation prep	asset mapping
5/15/2018	Behavioral Health subcommittee mtg	Review asset mapping; update on 2019 CHNA survey, focus groups (DH = Ashley Johnson and Janie Chappell)
5/16/2018	child abuse task force	VCHD leads this committee third Wednesday of each month (Dr. Carla Estep and Cara Wongngamnit)
5/30/2018	Cancer subcommittee - Warrick County focus	Jaci Burgdorf, Mel Littrell, Kathy Dockery (Breast Center), Ashley Johnson
6/12/2018	Opioid Fatality Review	VCHD leads this committee. Deaconess attendees - Dr. Gina Huhnke, Scott Branam, Donna Lilly, Janie Chappell
6/20/2018	Cancer subcommittee - Warrick County focus	Kathy Dockery and Jennifer Small (Breast Center), Mel Littrell, Jaci Burgdorf, Ashley Johnson
6/20/2018	child abuse task force	VCHD leads this committee third Wednesday of each month (Dr. Carla Estep and Cara Wongngamnit)
6/21/2018	Fetal Infant Mortality Review	Deaconess representatives - Dr. Ronald Pyle, Beth Durham, Lori Grim
7/18/2018	child abuse task force	VCHD leads this committee third Wednesday of each month (Dr. Carla Estep and Cara Wongngamnit)
8/1/2018	Opioid Fatality Review	VCHD leads this committee. Deaconess attendees - Dr. Gina Huhnke, Scott Branam, Donna Lilly, Janie Chappell
8/15/2018	child abuse task force	VCHD leads this committee third Wednesday of each month (Dr. Carla Estep and Cara Wongngamnit)
8/22/2018	asset mapping report analysis	VCHD Board Room; Scott Branam and Ashley Johnson
8/28/2018	Cancer subcommittee - Warrick County focus	Jennifer Small (Breast Center), Mel Littrell and Jaci Burgdorf
9/19/2018	child abuse task force	VCHD leads this committee third Wednesday of each month (Dr. Carla Estep and Cara Wongngamnit)
Sep-18	Healthy Communities Partnership; exercise, weight & nutrition	Large group - meeting in September 2018.
	Healthy Communities Partnership; sub-comm for exercise, weight & nutrition	The 4 <b>workgroups</b> meet every month for one hour. That equals 48 meetings for FY17-18. (Lisa Stewart, DC Rheumatology and Cindy Merkel, DC family clinic)
	Healthy Communities Partnership; sub-comm for exercise, weight & nutrition	The <b>leadership group</b> meets every other month for one hour starting in October. That's 6 meetings for FY2017-2018. (Amy Sussott)
	Pre-diabetes subcommittee	did not meet after July 2017
	Substance abuse subcommittee	did not meet in FY17-18

## CHNA Behavioral Health Subcommittee

Member	Organization
Lindsey Johnson	St. Mary's Health
Katy Adams	Southwestern Behavioral Health
Chris Allen	Vanderburgh County Health Department
Sharon Barclay	Indiana State Department of Health
Jessica Black	Brentwood Springs
Parri Black	Youth First
Scott Branam	Deaconess Cross Pointe
Sharon Burns	Evansville Catholic Schools
Amy Canterbury	United Way of Southwest Indiana
Deb Capps	Tri-Cap (Warrick County)
Janie Chappell	Deaconess Cross Pointe
Christine	Holly's House
Heather Clark	Deaconess
Deidra Conner	ARC of Evansville
Lottie Cook	Evansville Children's Psychiatric Center
Angie Cooley	ARK Crisis Nursery
Maria Del-Rio Hoover, MD	St. Mary's Health
Amy DeVries	CAJE - Congregations Acting for Justice and Empowerment
Dan Diehl	Diehl Consulting
Dr. Candi Vincent	Deaconess
Suzanne Draper	CASA Vanderburgh County
Heather Gogel	St. Mary's Health
Jason Emmerson	United Caring Services
Jane Friona	USI
Mark Funkhouser	PEACE Zone
Marge Gianopoulos	Youth First - Warrick County
Christy Gillenwater	Southwest Indiana Chamber of Commerce
Eric Girten	St. Mary's Health
Cathlin Gray	Evansville Vanderburgh County School Corporation
John Greaney	St. Mary's Health
Joe Gries	Vanderburgh County Health Department
Monty Guenin	Evansville Police Department
Susan Hammock	USI
John Harding	Buffalo Trace Boy Scout Council
Anna Hargis	Big Brothers Big Sisters
Wyeth Hatfield	ECHO Health
Luzada Hayes	United Way of Southwest Indiana
Andrea Hays	Welborn Baptist Foundation
Ann Hayworth	Q Source
Lynn Herr	Vanderburgh County Health Department
Jill Hoskins	Brentwood Springs
Tracy Huck	St. Mary's Health



## CHNA Behavioral Health Subcommittee Continued

<b>Member</b>	<b>Organization</b>
Kathy Hybarger	Indiana State Department of Health
Ashley Johnson	Deaconess
Joyce	Tri-Cap Warrick County
Elizabeth Kalb	USI
Brian Kerney	Aurora
Laura Keys	Youth First
Brett Kruse	Warrick County Sheriff's Department
Lynn Kyle	Lampion Center
Kent Leslie	Deaconess Cross Pointe
Faren Levell	Southwestern Behavioral Health
Donna Lilly	Deaconess Cross Pointe
Silas Matchem	Promise Zone
Wanda McCarter	Brentwood Springs
Susan Milligan	Evansville Catholic Schools
Sara Murray	United Way of Southwest Indiana
Lisa Myer	St. Mary's Health
Swateja Nimkar	USI - Public Health
Michelle Parks	St. Mary's Health
Chris Patterson	Vanderburgh County Medical Society
Kerseclia Patterson	USI
Ginger Patton	Vanderburgh County Health Department
Julie Phillips	Smoke Free Communities
Cathie Pritchard	Q Source
John Pulcini, MD	Surgeon
Janet Raisor	St. Mary's Health
Emily Reidford	Mental Health America - Vanderburgh County
Kathy Riedford	USI
Renee Rockers	Ivy Tech Community College
Vicki Schmitt	Southwest Indiana Chamber of Commerce
Denise Schultz	Youth First
Aleisha Sheridan	4C
Crystal Sisson	Vanderburgh County Substance Abuse Council
Holly Smith	St. Mary's Health
Nicole Smith	Brentwood Springs
Ken Spear, MD	Vanderburgh County Health Department
Davi Stein-Kiley	Youth First

## CHNA Behavioral Health Subcommittee Continued

Member	Organization
Sally Sternberg	Evansville Catholic Schools
Susan Steinkamp	Aurora
Erika Taylor	YWCA
Teasa Thompson	Q Source
Ann Tornatta	Deaconess
Adam Trinkel	St. Mary's Health
Jody Uebelhack	Vanderburgh County Government
Vickie	St. Vincent DePaul
Beverly Walton	Community Patient Safety Coalition
Greg Wathen	Southwestern Behavioral Health
Ann White	USI
Mayor Lloyd Winnecke	City of Evansville
Bill Wooten, MD	Mayor's Substance Abuse Task Force
Matt Young	Warrick County Sheriff's Department

### Asset Mapping Group

Susan Hammock	University of Southern Indiana
Wyeth Hatfield	ECHO Health
Joe Gries	Vanderburgh County Health Department
Sylvia Groves	Evansville Vanderburgh School Corporation
Emily Reidford	Mental Health America
Dr. Ken Spear	Health Officer, Vanderburgh County Health Department
Stephanie Crandell	Evansville Vanderburgh School Corporation
Ashley Johnson	Deaconess Health System
4 College Interns	Vanderburgh County Health Department

### August 22, 2018 meeting to analyze behavioral health needs assessment data

Attendees: Emily Reidford, Mental Health America Vanderburgh County; Lynn Kyle, Executive Director, Lampion Center; Cathy Gray, Evansville Vanderburgh School Corporation (retired); Charissa Schuetz, data analyst, Vanderburgh County Health Department; Ashley Johnson, CHNA coordinator, Deaconess Health System

# Mayor's Substance Abuse Task Force

The Mayor's Substance Abuse Task Force (MSATF) includes representatives from these organizations:



Our members represent Evansville Police Department, Evansville Fire Department, United Way of Southwest Indiana, Youth First, Vanderburgh Co. Health Dept., Deaconess Cross Pointe, St. Vincent-Evansville Mental Health, Vanderburgh County Coroner, United Neighborhood Association, Southwestern Indiana Behavioral Health, Brentwood Springs addiction/mental health, two medication assisted treatment facilities, a retired DCS executive, a mother of deceased overdose patient, the Mayor and City Council.

## Opioid Fatality Review Committee – all invitees 2018

Allison Keen, DCS	James Evans, Clean Slate Centers	Scott Branam, Deaconess Cross Pointe
Ann Hayworth, Q Source	Dr. James Porter, Deaconess	Shawn McCoy, Deaconess
Ann White, USI	Jane Friona, USI	Sherry Fetters, AMR
Beverly Walton, Community Patient Safety Coalition	Janet Raisor, St. Vincent Evansville	Steve Lockyear, Vanderburgh County Coroner
Dr. Bill Wooten, Mayor's Substance Abuse Task Force	Janie Chappell, Deaconess	Susan Phelps, EVSC
Billy Bolin, Police Chief, Evansville Police Department	Jason Emmerson, United Caring Services	Tyler Bittner, DCS
Chad Beard, CVS	Joe Gries, VCHD	Wyeth Hatfield, ECHO Community Healthcare
Chris Metz, ECHO Housing	John Boggeman, Evansville Christian Life Center	
Chris Patterson, Vanderburgh County Medical Society	Julie St. Clair, USI	
Chris Pugh, EPD	Katy Adams, Southwestern Behavioral Healthcare	
Mike Connelly, Chief, Evansville Fire Department	Katy Elmer, EVSC	
Cynthia Schaefer, University of Evansville	Dr. Ken Spear, VCHD	
Dan Parod, St. Vincent Evansville	Lacy Wilson, Purdue Extension Office	
Dan Vick, St. Vincent Evansville	Lee Turpen, AMR	
Davi Stein-Kiley, Youth First	Lynn Herr, VCHD	
Dave Wedding, Sheriff, Vanderburgh County	Lynn Kyle, Lampion Center	
Dona Bergman, City of Evansville	Dr. Mack Blanton, Deaconess	
Donna Lilly, Deaconess Cross Pointe	Marcus Head, YCC	
Emily Morrison, Lampion Center	Mark Healy, VCHD	
Erin Reynolds, USI	Michael Sorg, Walgreens	
Gina Gibson, Evansville Christian Life Center	Monty Guenin, EPD	
Dr. Gina Huhnke, Deaconess	Nick Hermann, Vanderburgh County Prosecutor	
Gretchen Martin, ISDH	Otto Susec, St. Vincent Evansville	
Heidi Dunniway, St. Vincent Evansville	Payel Patel, University of Evansville	
Kelly Holzmeyer, Vanderburgh County Government	Rachael Thompson, Clean Slate Centers	
Jaelyn Smith, United Way of SWI	RaShawnda Bonds, CAPE Evansville	
	Judge Robert Pigman, Vanderburgh County	
	Sandee Strader-McMillen, ECHO Community Healthcare	



## CHNA Maternal, Fetal, Infant and Children’s Health Subcommittees

### Fetal Infant Mortality Review - Case Review Team

St. Vincent Evansville

Social services

Obstetricians

Maternal Fetal Medicine Physicians

Nursing

Family Practice Physicians

The Women’s Hospital (Deaconess)

Social services

Maternal Fetal Medicine Physicians

Nursing

Neonatology

University of Evansville

University of Southern Indiana

Vanderburgh County Coroner’s Office

ECHO Community Healthcare (FQHC)

Evansville Christian Life Center

Health Departments by County

Vanderburgh

Warrick

Posey

Gibson

Vanderburgh County Prosecutor’s Office

March of Dimes

Community Action Program of Evansville (CAPE)

Department of Child Services

Indiana State Department of Health

### Child Abuse Task Force

The initiative has grown to more than 60 participants with multidisciplinary team participation from:

St. Vincent Evansville

Deaconess

Vanderburgh County Health Department

ECHO Community Healthcare (FQHC)

Vanderburgh County Prosecutor’s Office

Department of Child Services

Vanderburgh County Sheriff’s Office

## CHNA Exercise, Nutrition, and Weight Subcommittees

### Pre-diabetes Committee Members:

Amy Harris (Deaconess), Jennifer Brown (YMCA), Sally Kroeger (YMCA), RaShawnda Bonds (CAPE), Lacy Wilson (Purdue Extension), Ashley Johnson (Deaconess), Eric Girtten (St. Vincent), Kitty Williams (Deaconess), Mary Jo Boroweicki (Vanderburgh County Health Department), Lisa Verkamp (YMCA), Megan Brothers (Purdue Extension), Mandy and Anna (St Vincent).

### Healthy Communities Partnership—Leadership team

Last Name	First Name	Organization
Armstrong	Joshua	Downtown Alliance
Bain	Kevin	Welborn Baptist Foundation
Becker	Shirley	Tri-State Medical Alliance
Carpenter	Jill	Vanderburgh Community Foundation
Coures	Kelley	Department of Metropolitan Development
Dauer	Sarah	Shoe Carnival
Gillenwater	Christy	Southwest Indiana Chamber
Hays	Andrea	Welborn Baptist Foundation
Jones	Don	University of Evansville
Kimmel	Brad	WNIN
McCullough	Julie	USI
Paradossi	Pete	Evansville Regional Business Committee
Raisor	Janet	St. Mary's
Schoettlin	Kathy	Old National Bank
Schriefer	Erin	Evansville Metropolitan Planning Organization
Shokouhzadeh	Seyed	Evansville Metropolitan Planning Organization
Spear	Dr. Kenneth	Vanderburgh County Health Department
Stewart	Derrick	YMCA
Strader-McMillen	Sandee	ECHO
Susott	Amy	Deaconess
Terry	Stephanie	cMoe
White	Ann	University of Southern Indiana
Whitehouse	Caren	EVSC
Whiteside	Jeff	Vectren
Wilson	Lacy	Purdue Extension

## CHNA Exercise, Nutrition, and Weight Subcommittees Continued

<b>Exercise, Nutrition, and Weight Sub-Committee Member</b>	<b>Organization</b>
Ginger Patton	Vanderburgh County Health Department
Amy Canterbury	United Way of SWIN
Holly Smith	St. Mary's Health System (Now St. Vincent)
Ashley Johnson	Deaconess Health System
Joe Gries	Vanderburgh County Health Department
Lacy Wilson	Purdue Extension Office
Lisa Myer	St. Mary's Health System
Eric Girten	St. Mary's Health System
Chris Allen	Vanderburgh County Health Department
Janet Raisor	St. Mary's Health System
Faren Levell	Southwestern Behavioral Health
Karen Sue Conaway	iPickHere
Andrea Hays	Welborn Baptist Foundation
Linda Lutz	Evansville Vanderburgh School Corporation
Lisa Fulton	United Way of SWIN
Erin Schriefer	Evansville Metropolitan Planning Organization
Syed Shokouhzadeh	Evansville Metropolitan Planning Organization



## ACCOMPLISHMENTS

### *Actions taken since January 2017 in response to the opioid crisis in Indiana*

Indiana state agencies and the Indiana General Assembly have taken significant steps to attack the drug epidemic. In addition, many entities from other sectors have responded to Governor Holcomb's call for an "all hands on deck" response to the current crisis and the situations communities around the state face. Selected actions taken by others in support of the overall effort to reduce substance misuse and abuse in Indiana are included in this list.

### PREVENTION

#### REDUCING THE EXCESS SUPPLY OF PRESCRIPTION OPIOIDS

- Launched the integration of INSPECT, Indiana's prescription drug monitoring program, with electronic medical records and pharmacy management systems statewide.
- SEA 226 (2017) was enacted, placing limits on first-time prescriptions of opioids. Indiana's Phase I Medicaid prescribing plan resulted in a 25% decrease in opioid prescriptions in its first year.
- Indiana State Department of Health (ISDH), Indiana Hospital Association (IHA), and Indiana State Medical Association (ISMA) jointly developed new Indiana Guidelines for the Management of Acute Pain to complement the existing Indiana Chronic Pain Management Prescribing Rule and Indiana Guidelines for Opioid Prescribing in the Emergency Department.
- SEA 221 (2018) was enacted. Requires certain health care professionals to check INSPECT before prescribing opioids or benzodiazepines. A phased-in approach will be completed by January 1, 2021. Also requires mandatory registration with INSPECT of prescribers of ephedrine, pseudoephedrine, or any controlled substance.
- 90 of Indiana's 92 counties have at least one drug takeback program and there are numerous year-round takeback sites at hospitals and clinics with onsite pharmacies. Takeback kiosks are being added at numerous other pharmacies.
- Indiana State Police and the Board of Pharmacy at the Indiana Professional Licensing Agency, in partnership with the federal Drug Enforcement Agency's National Drug Take Back Day, collected 21,480 lbs. of unused medications during a two-day statewide event in Oct. 2018, bringing the total collected since Jan. 2017 to over 54,930 lbs.

#### OTHER PREVENTION EFFORTS

- The state is providing financial support to help Purdue Extension expand the Strengthening Families program to high needs areas of the state. Strengthening Families is an evidence-based program that has demonstrated long term impact in reducing substance abuse among young people.
- The state is also providing financial support to enable scaling and expansion and enhance sustainability of Youth First's prevention programs. Youth First places social workers in schools to provide intervention and prevention programming for at-risk students.
- The Richard M. Fairbanks Foundation committed \$12 million over a three-year period to fund evidence-based prevention programs in Marion County schools. At least two additional private foundations have also committed substantial amounts to fund prevention programs in other counties.
- The Alliance for Substance Abuse Progress (ASAP) in Bartholomew County raised over \$1 million locally to fund substance abuse prevention programs.

## HARM REDUCTION

- HEA 1438 (2017) allows municipalities to establish syringe service programs without State approval. Indiana has 9 counties approved to provide syringe services, working to prevent disease and serving as a gateway to public health and social services.
- ISDH, Family and Social Services Administration (FSSA), and Department of Homeland Security (IDHS) worked together to reorganize the state's naloxone distribution system to ensure adequate supplies for EMS providers statewide and to maintain supplies at all Indiana State Police (ISP) posts.
- A standing order enabling anyone to purchase naloxone without a prescription remains in effect.
- Utilizing federal Cures Act dollars, first responders across Indiana have been supplied with over 8,000 naloxone kits.
- A naloxone administration heat map was launched in August, providing first responders and government partners with information to help make more informed decisions about where to place resources.

## TREATMENT

- Five new opioid treatment programs (OTPs) were opened by the first half of 2018. HEA 1007 (2018) authorizes the addition of nine more, which will raise the total to 27 and result in nearly everyone in the state being within a one-hour's drive of an OTP. Requests for proposals have been sent out and two future locations have been confirmed in Hendricks and Knox counties. Work progresses to determine the locations for the remaining OTPs.
- Recovery Works, Indiana's forensic treatment program, has served more than 32,000 unique individuals in the criminal justice system since its launch in 2015.
- FSSA certified an additional 44 treatment sites from Jan. 2017 through Oct. 2018, with 14 applications pending. There are now 253 certified addiction treatment providers with 428 locations around Indiana. 47 of those have in-patient or residential services. There are 1,388 total treatment beds (741 provide MAT).
- FSSA created an interactive map for its website (also available on the Next Level Recovery website) that includes all approved treatment centers and a variety of information about each. The tool has been accessed thousands of times.
- FSSA made a policy change that enables Medicaid to pay for comprehensive treatment within an OTP, including with methadone, the only one of three drugs approved by the FDA for treating opioid use disorders that had previously not been covered.
- FSSA applied for and received from the Centers for Medicare and Medicaid Services (CMS) an extension to the state's 1115 Medicaid demonstration waiver that extends Medicaid/HIP coverage for a full-range of services, including short-term residential treatment and recovery support services. This is expected to result in up to an additional \$80 million a year for such services in Indiana and has resulted in the addition of more than 200 beds statewide for residential treatment. Approximately 2,400 more Hoosiers per year can receive treatment as a result of these additional beds. This funding has already covered the cost of residential treatment for nearly 280 Hoosiers.
- Funds from a 21<sup>st</sup> Century Cures Act grant received in 2017 have been used as follows:
  - \$7.6 million to expand/enhance residential treatment
  - \$600,000 to fund recovery coaches in emergency departments. 10 peer recovery coach programs are operating in emergency departments throughout the state. These programs pay for certified peer recovery coaches in the emergency departments of local hospitals to help people suffering from an ailment related to substance use disorder get connected to treatment.
  - \$600,000 to support mobile crisis teams. Mobile response teams are working with first responder agencies in the southern part of the state to identify individuals who have experienced an overdose and bring the treatment directly to them at their homes. Two teams are spread out over 14 rural counties stretching from Monroe, Switzerland and Dearborn counties. One of the teams has already served 107 clients.
  - \$300,000 to provide web-based training using Project ECHO. Tracks have been launched to train



doctors in the clinical management of opioid use disorders as well as for health workers/peer recovery coaches, and professionals working with pregnant women.

- Indiana has received second-year federal funding of \$10.9 million from the 21st Century Cures Act and first year funding of \$18.9 million from a federal State Opioid Response grant.
- FSSA worked to modify the Open Beds platform and link it to the statewide 211 system to enable quick and easy identification of available treatment beds anywhere in the state, thus increasing timely access to treatment and making fuller use of existing capacity. More than 400 people have been referred to treatment. This service will eventually be expanded to include mental health and other services.
- The Department of Correction (DOC) is transforming treatment in state prisons. "Recovery while Incarcerated" changes include screening at intake to identify mental health and substance abuse issues, evaluate the need for treatment, and improve treatment planning. MAT is being initiated prior to release, and DOC and FSSA are working together to connect those about to be released with treatment providers in the community.
- Indiana is providing financial support for expansion of the Fresh Start Recovery Program operated by VOA. Authorized by SEA 446 (2017), the program provides inpatient treatment for women who have been using opioids while pregnant and allows mothers and babies to stay together. After-care and other wraparound services are also available after the mother leaves the recovery facility.
- Financial support is being provided or reserved for other pilot programs authorized by the General Assembly in 2017:
  - SEA 243 – a maternal neonatal addiction project operated by Community Health Network (CHN). Provides screening, treatment, and care for mother and baby when the mother tests positive for substance abuse. Develops a Maternal and Neonatal Center of Excellence for the Treatment of Drug Use Symptoms at CHN.
  - SEA 510 – a treatment diversion project in Allen County. Enables persons entering the criminal justice system with substance use disorder to receive treatment rather than go to jail. Creates a full spectrum of care including recovery supports. Partners include Allen County Commissioners, Allen County Sheriff's Department, Ft. Wayne Police Department, and Lutheran Foundation.
  - SEA 499 – This legislation allows for involuntary commitment programs to be piloted in Wayne and Tippecanoe Counties for persons who have been revived with naloxone and who are deemed to be particularly vulnerable to repeat overdoses.


## ENFORCEMENT

- ISP formed and trained "all crimes" policing units in all ISP districts statewide.
- ISP works closely with federal and local law enforcement agencies on drug interdiction actions and coordinates approaches with neighboring states.
- In 2017 ISP's Drug Enforcement Section seized 35.5 kg of heroin, 2.5 kg of fentanyl, 4 kg of other synthetic drugs, 78.5 kg of crystal methamphetamine, and 852 dosage units of prescription drugs.
- HEA 1359 (2018) increases the penalties for those who manufacture or distribute drugs that result in an overdose death.

## DATA

- Twenty state agencies signed data sharing agreements with the state's Management Performance Hub, which is working to improve access to accurate, timely, actionable information.
- ISDH has added to its website an interactive map of Indiana that provides access to opioid-related information such as mortality reports, non-fatal ED visits, counties that provide syringe services, and more.
- SEA 139 (2018) requires coroners to obtain and report additional data on deaths where an overdose is suspected.



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## OTHER EFFORTS

- Indiana University responded to Governor Holcomb’s emphasis on attacking the opioid epidemic by launching “Responding to the Addictions Crisis” as the university’s third Grand Challenge. IU has committed \$50 million over the next five years to this initiative. The first sixteen projects funded as part of this Grand Challenge were launched in January 2018 and focus on five key areas:
  - Data sciences and analytics
  - Education, training, and certification
  - Policy analysis, economics, and law
  - Basic, applied, and translational science
  - Community and workforce development.


A second round of projects was announced in Oct. 2018.

- At the invitation of the Governor’s Office, Pew Charitable Trusts launched a substance use prevention and treatment initiative to develop recommendations for a treatment system that provides timely access to comprehensive, evidence-based, and sustainable care. That work was done at no cost to the state.
- Indiana Chamber of Commerce and its affiliate, the Wellness Council of Indiana, has developed the Indiana Workforce Recovery Initiative to help employers respond more effectively to the opioid crisis and to help persons in recovery reengage with the workforce.
- IHA and ISMA are developing Continuing Medical Education modules on topics related to substance use disorder.
- Numerous faith-based organizations have created volunteer recovery support groups. A Better Life – Brianna’s Hope, an organization based in Portland, Indiana, has formed 28 such groups – mostly, but not exclusively in churches around the state.
- Several communities and counties have begun developing and implementing local cross-sector coalitions – systems of care – focused on prevention, treatment and recovery. FSSA is supporting Recovery Oriented Systems of Care and has also established an Office of Social Determinants to enhance a more holistic approach to prevention, treatment and recovery.

## PUBLIC EDUCATION AND STIGMA REDUCTION

- FSSA launched *Know the O Facts*, a “humanizing” campaign designed to educate, inform, and reduce stigma. Tens of thousands of Hoosiers have been reached.
- The Governor’s Office developed and launched the Next Level Recovery website, [in.gov/recovery](http://in.gov/recovery), to provide a convenient, user-friendly source of information on prevention, treatment, and enforcement and to serve as a resource for those wanting information related to opioids.
- ISDH and ISP have held two Public Health/Public Safety conferences to foster understanding of the different perspectives common among public health and public safety professionals.



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