FY 2016 COMMUNITY HEALTH NEEDS ASSESSMENT

WARRICK COUNTY, INDIANA

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

Contents

Executive Summary

In 2011, Evansville's two major health systems – St. Mary's and Deaconess – came together to share a common Community Health Needs Assessment (CHNA) in collaboration with ECHO Clinic, United Way, and the Wellborn Baptist Foundation. The 2015 CHNA marks the second assessment that the collaborative has conducted together for Warrick County. As federally required by the Affordable Care Act, this report provides an overview of the methods and process used to identify and prioritize significant health needs in Warrick County, Indiana.

DEMOGRAPHICS

According to the 2015 County Health Rankings, Warrick County ranks 30th out of 92 Indiana counties in overall health outcomes. Warrick County demographics are similar to those of the overall Indiana state population, with about 2% less 18-24 year olds and 1.5% more 65 and older. Less than 6% of Warrick County residents are non-white or Caucasian. The median household income is about $66,500 annually which is about $17,500 more than that of the state median, and roughly 6.6% of Warrick County families are living in poverty, which is lower than the state. HCI's SocioNeeds® Index identified the zip codes of 47523 and 47637 as having the greatest socioeconomic need.

IDENTIFYING COMMUNITY HEALTH NEEDS – METHODOLOGY

SECONDARY DATA

The secondary data used in this assessment was obtained and analyzed from the HCI Data Platform which includes a comprehensive dashboard of over 100 community health and quality of life indicators covering over 20 topic areas. Indicator values for Warrick County were compared to other counties in Indiana and nationwide to score health topics and compare relative areas of need. Other considerations for health areas of need included trends over time, Healthy People 2020 targets, and disparities by age, gender, and race/ethnicity.

PRIMARY DATA – COMMUNITY INPUT

The needs assessment was further informed by interviews and focus groups with community members who have a fundamental understanding of Warrick County's health needs and represent the broad interests of the community. Eight key informant interviews and two focus group discussions provided valuable input on the county's health challenges, the sub-populations most in need, and existing resources for county residents. In total, 26 individuals participated in primary data collection to provide community input.

SIGNIFICANT COMMUNITY HEALTH NEEDS

Primary and secondary data were evaluated and synthesized to identify the significant community health needs in Warrick County. These needs span the following topic areas and are often inter-related:

Transportation	**Substance Abuse**	**Exercise, Nutrition, & Weight**	**Access to Health Services**	**Oral Health**
Mental Health & Mental Disorders	**Women's Health**	**Immunizations & Infectious Diseases**	**Cancer**	**Men's Health**

PRIORITIZATION PROCESS & PRIORITY NEEDS

St. Mary's and Deaconess Hospitals called together hospital decision makers, members of the collaborative, and community leaders to prioritize the significant community health needs of Warrick County considering 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	Exercise, Nutrition, & Weight	Cancer

CONCLUSION

This report describes the process and findings of a comprehensive health needs assessment for the residents of Warrick County, Indiana. The prioritization of the identified significant health needs will guide the community health improvement efforts of St. Mary's and Deaconess Hospitals. From this process, St. Mary's and Deaconess will outline how they will address the top three prioritized health needs in their Implementation Strategy.

NOTE TO THE READER

Your feedback is welcomed and encouraged. Please send any feedback and/or comments about this report to:

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Introduction

ABOUT ST. MARY'S & DEACONESS

ST. MARY'S HEALTH

St. Mary's has grown into a health system encompassing numerous health facilities throughout the Tri-State, including: St. Mary's Medical Center, St. Mary's Hospital for Women & Children and St. Mary's Rehabilitation Institute in Evansville, Indiana; St. Mary's Warrick in Boonville, Indiana; and the Seton Health Corporation of Southern Indiana, a for-profit entity that includes facilities such as St. Mary's Breast Center, St. Mary's SurgiCare, and St. Mary's Home Health Services. A member of Ascension Health, the nation's largest Catholic-sponsored, not-for-profit health system, St. Mary's is one of the largest employers in Southern Indiana.

For more than 140 years, St. Mary's Health has been guided by our Mission of serving all persons, with special attention to those who are poor and vulnerable. The Mission of caring at St. Mary's is rooted in the loving ministry of Jesus as healer. Since 1975, St. Mary's Warrick Hospital has offered "The Care You Need... Close to Home" to the communities of Warrick, Spencer and Pike counties. Located in Boonville, Indiana, St. Mary's Warrick Hospital joined St. Mary's Health in 1978 as an acute care inpatient services facility that also provides outpatient services such as lab, radiology, and a full range of rehabilitation services. St. Mary's Warrick Hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a Critical Access Hospital. This voluntary accreditation signifies St. Mary's Warrick's commitment to providing quality services for their community.

DEACONESS HEALTH

Deaconess was founded in 1892 by a group of Protestant ministers and laymen who felt called to care for the sick. More than 120 years later, Deaconess Health System has become the premier provider of health care services to three states and 26 counties. We continue our mission of providing quality health care services with a compassionate and caring spirit to the community.

The system is made up of six hospitals in Southern Indiana: Deaconess Hospital, Deaconess Gateway Hospital, The Women's Hospital, The Heart Hospital, Deaconess Cross Pointe, and HealthSouth Deaconess Rehabilitation Hospital. Additionally, the health system includes Deaconess Clinic, a fully integrated multispecialty group featuring primary care physicians as well as top specialty doctors. Also included in the health system is a freestanding Cancer Center, Urgent Care facilities, a network of preferred hospitals and doctors, more than 20 care sites, and multiple partnerships with other community health care providers.

Deaconess Gateway Hospital serves the rapidly growing population east of Evansville. This modern, state-of-the-art facility offers a comprehensive list of medical services, including da Vinci robot-assisted surgery, an accredited stroke program, a joint replacement program, the region's only comprehensive neuro-interventional program, including minimally-invasive techniques used in the treatment of brain aneurysms, and comprehensive pediatric services provided through a partnership with Riley Hospital for Children.

ABOUT ST. MARY'S & DEACONESS COLLABORATIVE EFFORTS

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

the Welborn Baptist Foundation to become co-sponsors of the assessment. The 2015 CHNA marks the second needs assessment that the collaborative has undertaken together.

ABOUT HEALTHY COMMUNITIES INSTITUTE

Healthy Communities Institute, now part of Midas+, a Xerox Company, was retained by St. Mary's and Deaconess Hospitals to conduct the 2015 Community Health Needs Assessment (CHNA) for their two service areas, 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.

To learn more about Healthy Communities Institute please visit www.HealthyCommunitiesInstitute.com.

Service Area

St. Mary's Warrick and Deaconess Gateway Hospital define their community as all people living in Warrick County at any time during the year. The county seat is Boonville, Indiana and the population is 61,740 residents. Warrick County borders Vanderburgh County and is located near the Ohio River, which marks the state border between Indiana and Kentucky.

Demographics

The demographics of a community significantly impact its health profile. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All estimates are sourced from the 2015 Nielsen Claritas data unless otherwise indicated.

POPULATION

Warrick County has a population of 61,740. Figure 1 shows the population count by zip code, with Deaconess Gateway, Women's, & Heart Hospitals located in Warrick County's zip code with the highest population count. St. Mary's Warrick Hospital is located in the zip code with the next highest population count.

AGE

The age distribution of Warrick County is quite similar to the rest of Indiana with the exception of some minor differences. Proportionally, there are slightly more children aged 5-17 years old, less young adults aged 18-24 years old, and there are slightly more adults who are aged 65 and older when compared to Indiana state.

Figure 1.
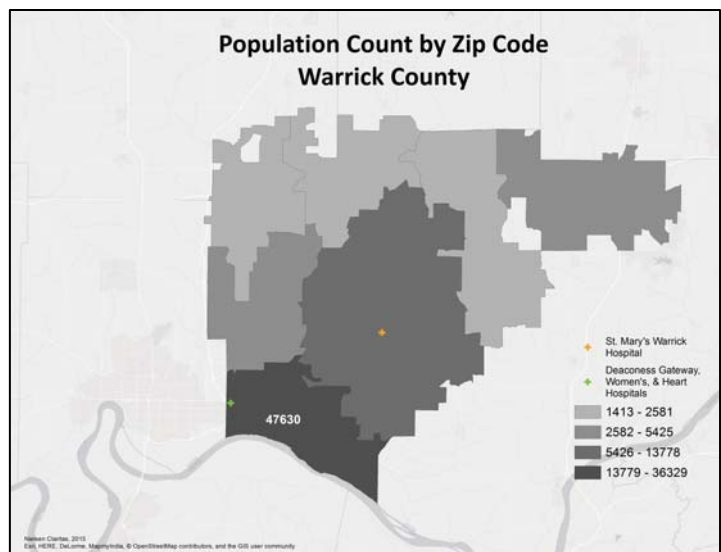
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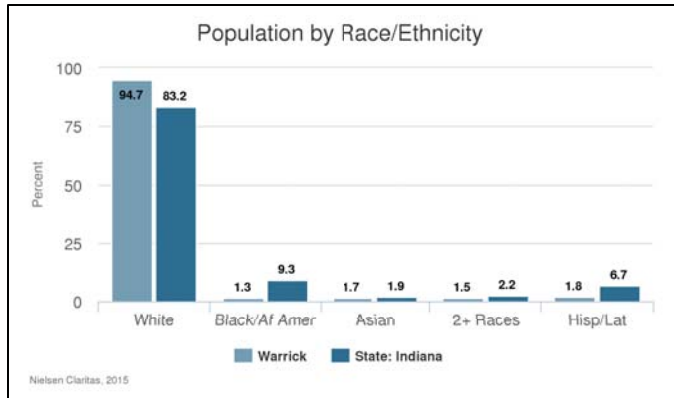
RACE/ETHNICITY

Warrick County's population is more homogenous than that of the statewide population, with 94.7 percent of the population being white. The remaining population consists of Black/African American, Asian, and those of 2 or more races, and 1.8 percent of the population is Hispanic/Latino.

ECONOMY

INCOME

The median household income of Warrick County is $66,476, which is approximately $17,500 more annually than the median Indiana value. At a more granular level, there are variations in income levels among Warrick County zip codes. In Figure 3, Dale (Zip Code 47523) is shown as having the lowest median household income when compared to other zip codes, the county value, and the state value. The zip codes highlighted in gray on the map have the highest income levels.

Figure 3.
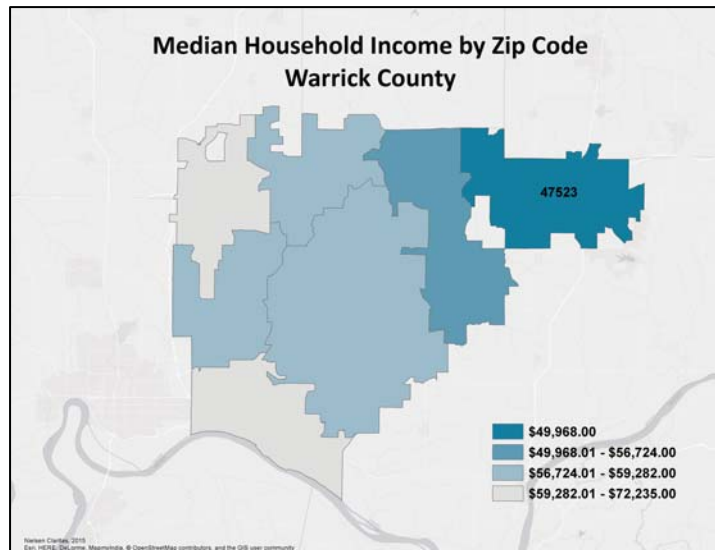
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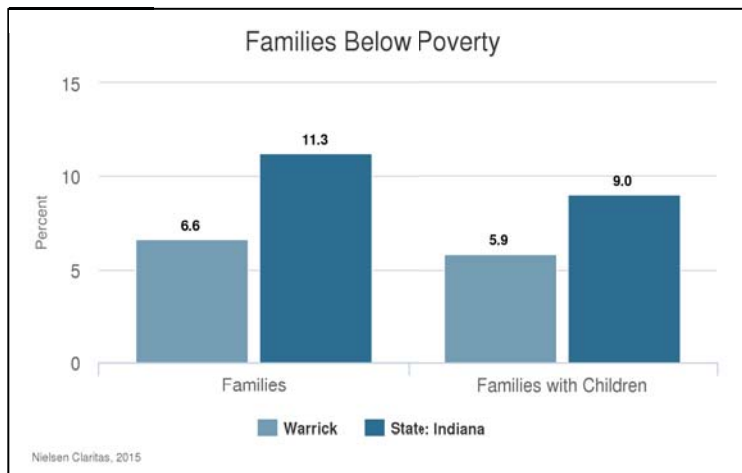
POVERTY

As shown in Figure 4, the family poverty rates in Warrick County are lower than the rest of the state.

UNEMPLOYMENT

The unemployment rate in Warrick County ranges from 4.9% to 9.9% among the county's zip codes, with an overall county value of 7.4%. The map in Figure 5 shows zip codes 47610 and 47637 as having the highest unemployment rates in the county. At 7.7%, Warrick County males have a higher unemployment rate than females at 7.0% (see Figure 6). The unemployment rate in Warrick County is about 2% lower than the state as a whole.

Figure 5. Unemployed, Population 16+ by Zip Code Warrick County

Figure 6.
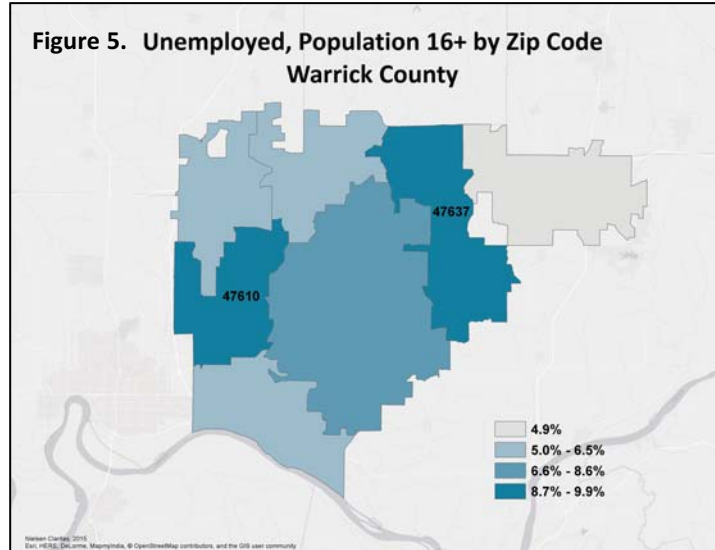
Unemployed, Population 16+
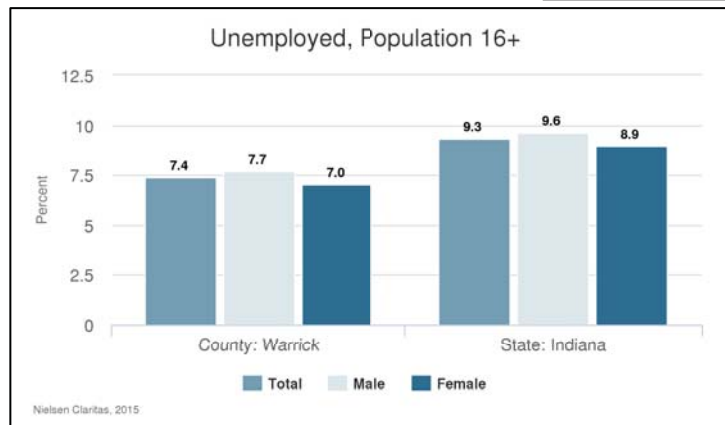
EDUCATION

About 92.4% of Warrick County adult residents have attained a high school degree, which is about 5% higher than the state value. Warrick County has a slightly higher percentage (26%) of adult residents who have attained a bachelor's degree than the state overall (23.3%).

Figure 7.

High School Degree or Higher, Population 25+ by Zip Code Warrick County
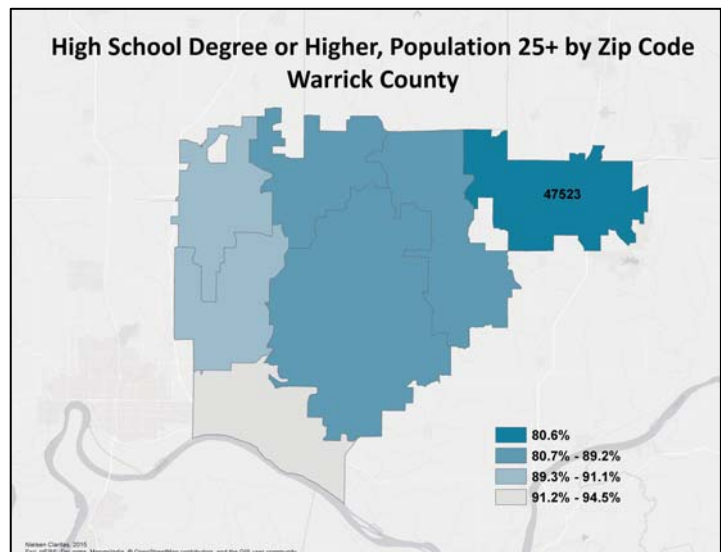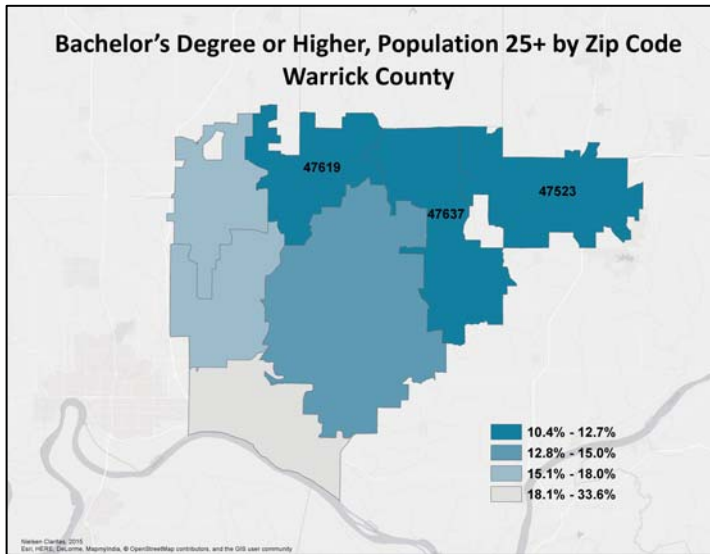
Figure 8.

Figures 7 and 8 show maps of High School Degree or Higher and Bachelor's Degree or higher by zip code for the 25 years and older population of Warrick County. Zip code 47523 has the lowest high school degree attainment within the county. Zip codes 47523, 47637 and 47619 have the lowest bachelor's degree attainment.

TRANSPORTATION

Figure 9 shows that the area covered by zip code 47601 has the highest percentages of households without a vehicle when compared to other Warrick County zip codes. Residents of Boonville without a household car may be more likely to experience difficulties in accessing essential health services, grocery stores, schools, and work sites. This, in turn, can have an impact on health outcomes.

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Figure 9.
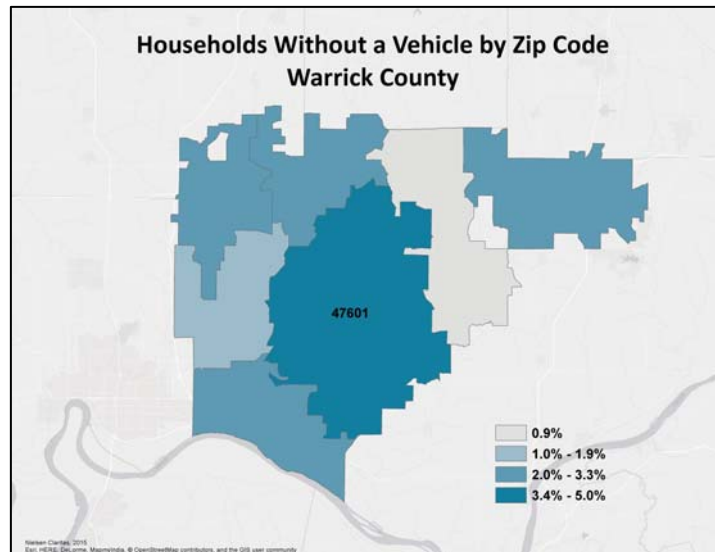
Preceding CHNA Efforts & Progress

The CHNA process should be viewed as a 3-year cycle (Figure 10). An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the community, it is possible to better target your resources and efforts during your next round of the CHNA cycle.

Figure 10. 3-Year CHNA Cycle

PRIORITY HEALTH TOPICS IN PRECEDING CHNA

St. Mary's and Deaconess's priority health topics for FY 13-15 were:

- **Mental Health**
- **Access to Care**
- **Obesity**
- **Substance Abuse**
- **Oral Health**
- **Education Training**
- **Tobacco Use**

In order to more strategically focus community health improvement efforts, St. Mary's and Deaconess conducted a root cause analysis (Table 1). The root cause analysis indicated that the following four health needs would benefit most greatly from being addressed through a collaborative implementation strategy.

- **Mental Health**
- **Tobacco Use**
- **Obesity**
- **Substance Abuse**

Table 1. St. Mary's and Deaconess Root Cause Analysis FY2013 CHNA

	Mental Health	Access to Care	Obesity	Substance Abuse	Oral Health	Education Training	Tobacco Use
Cancer			X		X		X
Kidney				X			X
Dementia				X			
Diabetes		X		X			X
Heart/Stroke			X	X			X
Nutrition	X		X	X		X	
Respiratory			X	X			X

The detailed Implementation Strategy describing the strategies, tactics, sponsors, and success measures for the FY2013 priority health topics can be found in Appendix A, and a summary of how well each FY2013 health priority is faring in relation to the data analysis conducted for the current FY2016 CHNA can be seen in in the figure below.

Figure 11. Summary of FY2013 Health Priorities in Relation to FY2016 Data Analysis

Tobacco Use	Obesity	Substance Abuse	Mental Health
Secondary Data GOOD	Secondary Data GOOD	Secondary Data FAIR	Secondary Data POOR
Community Input POOR	Community Input POOR	Community Input POOR	Community Input POOR

Less Pressing → SEVERITY OF HEALTH TOPICS → More Pressing

Each of the above health topics (Mental Health, Obesity, Substance Abuse, and Tobacco Use) correlate well with the priority health topics selected for the current CHNA (detailed in the report below) thus St. Mary's and Deaconess will be building upon efforts of previous years.

COMMUNITY FEEDBACK ON PRECEDING CHNA & IMPLEMENTATION PLAN

St. Mary's and Deaconess's preceding CHNA was made available to the public via the website: http://www.stmarys.org/chna and http://www.deaconess.com/chna. In order to collect comments or feedback on the report, a special email address was created: chna@stmarys.org and chna@deaconess.com.

No comments had been received on the preceding CHNA at the time this report was being written.

Identifying Significant Community Health Needs: Methodology

Significant community health needs for Warrick County were determined using a combination of secondary and primary data (community input).

SECONDARY DATA

OVERVIEW

Secondary data used for this assessment were collected and analyzed with the HCI Data Platform, a web-based community health data platform developed by Healthy Communities Institute. The community dashboard brings non-biased data, local resources and a wealth of information to one accessible, user-friendly location. It includes a comprehensive dashboard of over 100 community indicators covering over 20 topics in the areas of health, determinants of health, and quality of life. The data is primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally or locally set targets, and to previous time periods.

HCI's Data Scoring Tool was used to systematically summarize multiple comparisons across the Community Dashboard in order to rank indicators based on highest need. For each indicator, the community value was compared to a distribution of Indiana and US counties, state and national values, Healthy People 2020 and significant trends were noted. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher level ranking of community health needs. More detailed methodology used by the Data Scoring Tool is described in Appendix B: Secondary Data Analysis.
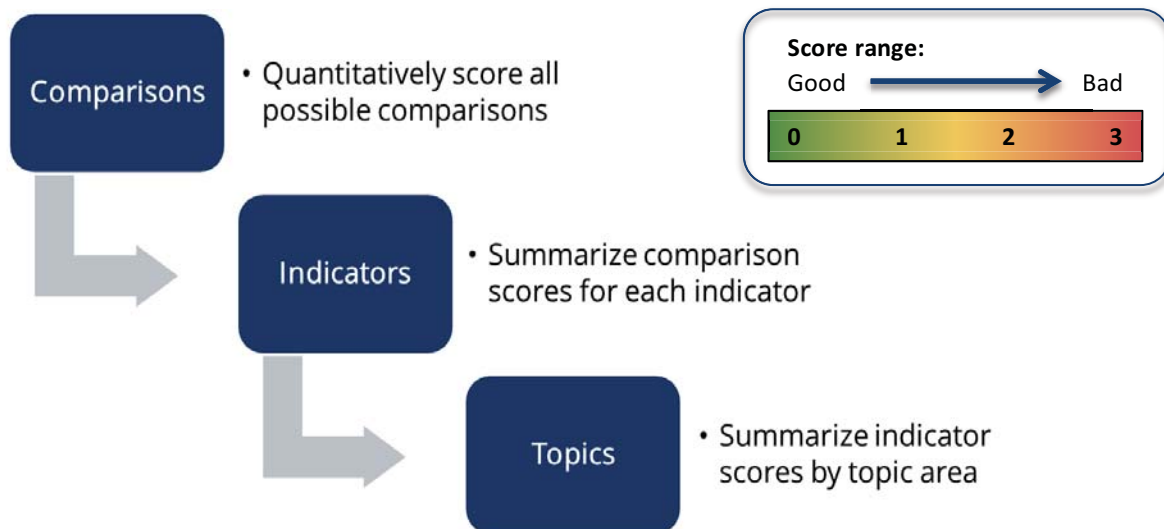
Figure 12. HCI Data Scoring

Table 2. Quality of Life and Health Topics

Quality of Life	Health	
Economy	Access to Health Services	Men's Health
Education	Cancer	Mental Health & Mental Disorders
Environment	Children's Health	Older Adults & Aging
Public Safety	Diabetes	Prevention & Safety
Social Environment	Exercise, Nutrition, & Weight	Respiratory Diseases
Transportation	Heart Disease & Stroke	Substance Abuse
	Immunization & Infectious	Women's Health
	Diseases	Wellness & Lifestyle
	Kidney & Urinary Tract Diseases	
	Maternal, Fetal & Infant Health	

Indicators were categorized into 23 topic areas, which were further classified as a quality of life or health topic.

Please note that the most recent period of measure was used for all secondary data presented in this report (as publicly available on January 20th, 2015).

ANALYZING DISPARITIES

Outside of topic area scoring, a separate analysis was conducted to determine if disparities exist among sub-populations within Warrick County. If gender- or race/ethnicity-specific values were available, then the indicator was evaluated for the presence of substantial disparities. For details on the methods used to analyze disparities, please see Appendix B: Secondary Data Analysis.

IDENTIFYING GEOGRAPHIC AREAS OF HIGHEST NEED

The SocioNeeds Index®—developed by Healthy Communities Institute and available on the HCI Data Platform —is a tool used to help determine which communities of Warrick County are in most need of services and interventions. The Index summarizes multiple socioeconomic indicators, ranging from poverty to education, which may impact health or access to care. All zip codes in the United States are given an Index value from 0 (low need) to 100 (high need). Within Warrick County, zip codes are ranked based on their Index Value. These ranks are used to identify the relative level of need within the county.

Figure 13. The SocioNeeds Index®
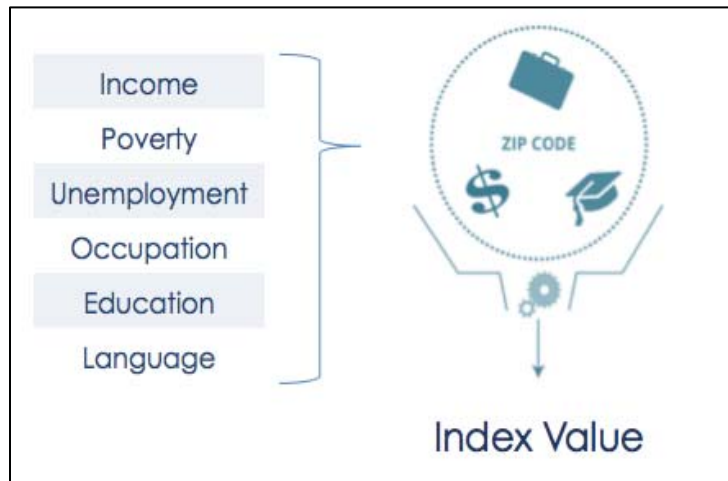
PRIMARY DATA: COMMUNITY INPUT

To expand upon the information gathered from the secondary data, the collaborative conducted eight key informant interviews and two focus group discussions in order to collect community input. Interviewees who were asked to participate were recognized as having expertise in public health, special knowledge of community health needs and/or represented the broad interest of the community served by the hospital, and/or could speak to the needs of medically underserved or vulnerable populations. In total, 26 individuals agreed to participate and

attended a focus group discussion and/or scheduled an interview. The following organizations provided community input:

- Alcoa
- Brentwood Meadows
- Deaconess - Surgical Services
- Deaconess - The Women's Hospital
- Deaconess Cross Pointe
- Economic Development Coalition of Southwest Indiana
- Hope Central
- Ivy Tech Community College

- Purdue Extension
- Smoke Free Communities
- St. Mary's Behavioral Health Services
- St. Mary's Warrick
- TRI-CAP
- Warrick County Health Department
- Warrick County School Corporation
- Warrick County Sheriff Department
- Warrick EMS

Interviews and focus group discussions were conducted during the month of May 2015 . These ranged from 15-75 minutes in length for interviews and 90 minutes in length for focus groups. During the sessions, questions were asked to learn about the interviewee's background and organization, biggest health needs and barriers of concern in the community, as well as the impact of health issues on vulnerable populations. The main topics of discussion for the key informant interviews and focus group discussions can be found in Appendix C.

Each session had a note taker, so much of the conversation was captured verbatim. Notes taken during the sessions were uploaded to a summary qualitative data analysis tool, TagCrowd.com, to create a word cloud. Word clouds help to identify the words or phrases mentioned most often in the sessions, and appear in the largest and darkest font in Figure 14 below.

Figure 14. Primary Data Word Cloud

access access to care adults alcohol areas campus care children clinic community cost county dental department disability drugs e-cigs education Evansville exercise free immunization insurance issue lack location Medicaid mental health Newburgh nutrition obesity oral health patients people population program rate school seek services smoking students substance abuse suicide system tobacco transportation travel Vanderburgh Warrick

The word cloud was used to get an initial sense of the major issues in the community. The session notes were also uploaded to the web application Dedoose, a qualitative data analysis software. Using the major issues from the word cloud, themes from the interview/discussion guide questions (such as needs, barriers, and advice), and secondary data health and quality of life topics, a code list was created. Session notes were coded using this list, which allows for comparison and inclusion of the primary data with the secondary data throughout the report. Input from key informants is included in each relevant topic area. The code cloud below, Figure 15, was created from the key informant interview and focus group discussion notes, where the size and darkness of the words reflect the relative number of times the code was applied. The figure provides an overall picture of the themes that were most prominent in the community input.

Figure 15. Primary Data Code Cloud

Significant Community Health Needs Assessment Findings

The secondary data summary and primary data summary findings are presented together to capture a more holistic assessment of health needs in Warrick County. Quality of life topics are presented first, as they are key to understanding the barriers to health in the community. Furthermore, the availability of socioeconomic data for specific sub-populations and sub-county geographies provides a framework for identifying the populations most vulnerable to the poor health outcomes identified.

GEOGRAPHICAL AREAS OF HIGHEST NEED

Social and economic factors are well known to be strong determinants of health outcomes. The HCI SocioNeeds Index® summarizes multiple socioeconomic indicators, ranging from poverty to education, which may impact health or access to care. All zip codes in the United States are given an Index value from 0 (low need) to 100 (high need). Within Warrick County, zip codes are ranked based on their Index value (see Table 3). These ranks are used to identify the relative level of need within the county.

Geographically, there are parts of Warrick County for which quality of life issues are of greater concern (Figure 16). The Index shows that zip codes 47637, 47523, and 47601 are the communities with the highest socioeconomic need within Warrick County and are more likely to be affected by poor health outcomes.

Figure 16. HCI SocioNeeds Index® by Zip Code, Warrick County
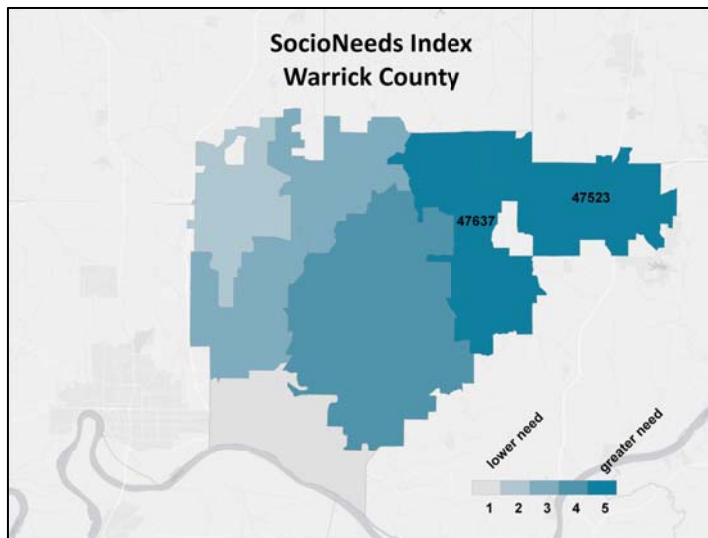
Table 3. HCI SocioNeeds Index® Values & Rankings by Zip Code, Warrick County

Zip Code	Index	Rank
47637	53	5
47523	49.6	5
47601	40.1	4
47619	35.5	3
47610	33.7	3
47613	20.9	2
47630	12.6	1

QUALITY OF LIFE FINDINGS

Socioeconomic indicators across the quality of life topic areas are faring well in Warrick County overall. However, key informants were still concerned with transportation, the environment, and public safety issues (Table 4).

Quotes from Key Informants

- "Transportation is difficult for northern county areas as these are the individuals with lower wages who are less likely to have a vehicle or ability to travel the greater distance to receive care. Medicaid does not cover the cost of transportation."
- "Newburgh area in general is very different from the remainder of the county in terms of access to care, income and education."

Table 4. Quality of Life Topics

Topic	Score	Community Input
Transportation	1.50	
Environment	1.34	
Public Safety	1.14	
Education	1.14	
Social Environment	0.92	
Economy	0.84	
Key Informant Total:		

HEALTH NEEDS FINDINGS

The outcomes of the primary and secondary data analysis were combined to identify the significant community needs in Warrick County. The analysis revealed that there were significant needs across the majority of the topic areas considered.

Table 5 briefly summarizes the findings by topic area, where topics are sorted by secondary data summary score range, areas are identified with a high disparity score by category, and the number of times the area was identified as a top need by a key informant or in a focus group discussion. Some topic areas which did not score high or did not have a score in the secondary data summary were identified as a top need by key informants, underlining the importance of considering both quantitative data and community input when assessing health issues.

Table 5. Health Topics

Disparities	Topic	Score	Community Input
	Women's Health	1.68	
	Mental Health & Mental Disorders	1.67	
	Men's Health	1.57	
	Immunizations & Infectious Diseases	1.54	

Disparities		Topic	Score	Community Input
	G	Cancer	1.44	
R	G	Respiratory Diseases	1.39	
R	G	Kidney & Urinary Tract Diseases	1.33	
R	G	Older Adults & Aging	1.32	2 persons, 1 hand
R		Diabetes	1.30	1 person, 1 hand
R		Maternal, Fetal & Infant Health	1.29	1 person, 2 hands
		Exercise, Nutrition, & Weight	1.20	8 persons, 2 hands
R		Heart Disease & Stroke	1.11	1 hand
	G	Children's Health	1.08	5 persons, 1 hand
		Wellness & Lifestyle	1.07	1 person, 1 hand
	G	Prevention & Safety	1.07	1 person, 1 hand
	G	Substance Abuse	1.03	9 persons, 2 hands
		Access to Health Services	1.02	4 persons, 2 hands

R indicates Disparity by Race

G indicates Disparity by Gender

Key Informant Total: 9 persons, 2 hands

The graph in Figure 17 below provides an overall synthesis of the primary and secondary data for all quality of life and health topics available for Warrick County analysis. The X-axis demonstrates the evidence of need based on secondary data scores, and the Y-axis displays evidence of need based on the percentage of key informants indicating the topic as a health concern. The size of the circles provides another level of evidence—larger circles indicate more indicators were available for that secondary data topic.

Figure 17. Secondary and Primary Data Synthesis
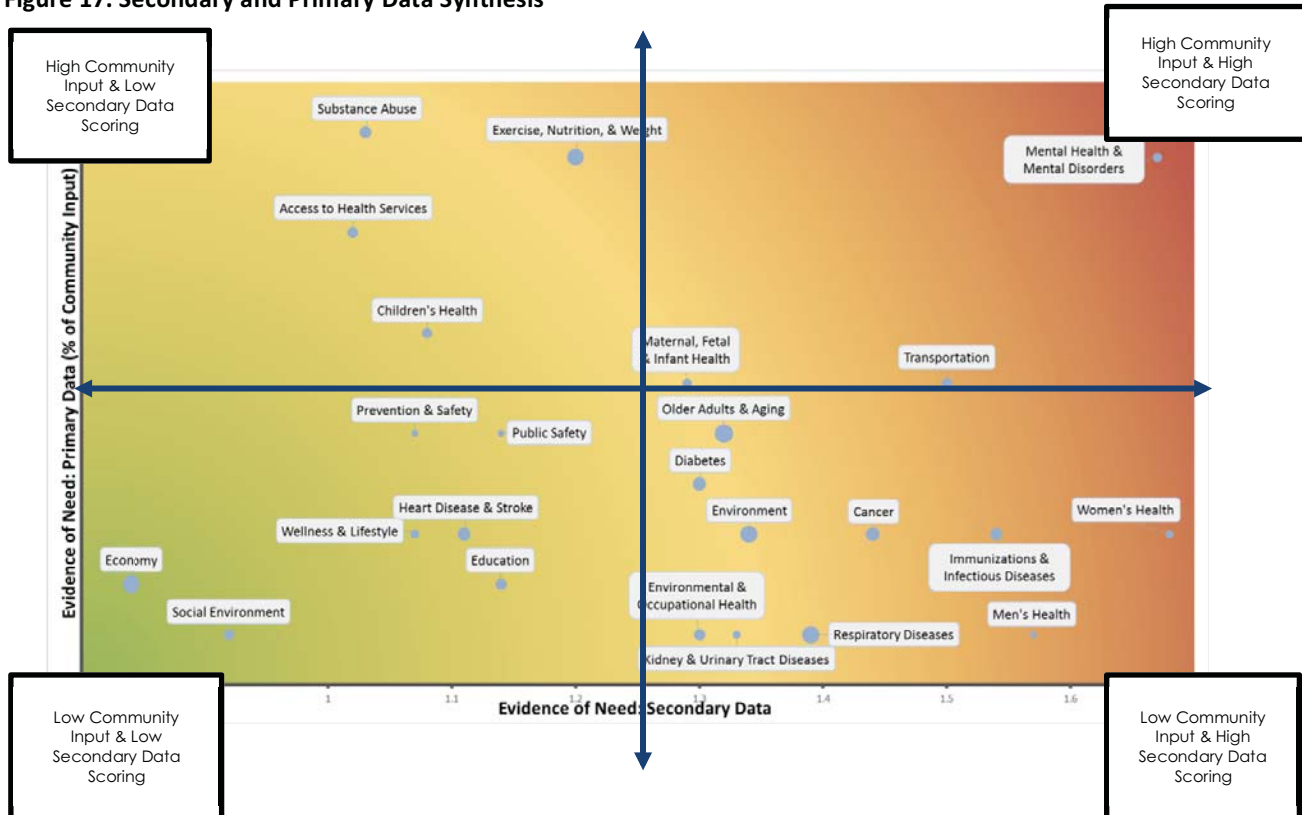
Taking the information displayed on the graph above, the Venn Diagram below (Figure 18) shows the health topic areas demonstrating strong evidence of need in the primary data, secondary data or both. It is important to consider all three areas when determining a community's pressing health needs.

Figure 18. Venn Diagram of Topic Areas and Data Support

Strong Evidence of Need in Primary Data

- Exercise, Nutrition, & Weight
- Substance Abuse
- Access to Health Services
- Children's Health

- Mental Health & Mental Disorders
- Transportation
- Maternal, Fetal, & Infant Health

Strong Evidence of Need in Secondary Data

- Women's Health
- Immunizations & Infectious Diseases
- Men's Health
- Cancer
- Older Adults & Aging
- Diabetes
- Environment
- Respiratory Diseases
- Kidney & Urinary Tract Diseases

Weak Evidence of Need in Primary and Secondary Data:

Public Safety, Education, Heart Disease & Stroke, Prevention & Safety, Wellness & Lifestyle, Social Environment, Economy

SIGNIFICANT HEALTH NEEDS

The list of health topics in Table 6 below was further refined in order to highlight the significant health needs and to create a workable list of 10 of the most pressing health and quality of life topics to be considered for the prioritization process.

Table 6. Significant Health and Quality of Life Topics for Prioritization

Secondary Data			Primary Data	
Topic Score	Health Topic	Disparities in Data	Community Input (Total N=10: 8 KI, 2 FGD)	Key Themes from Community
Top 5 Health Needs/Concerns from Secondary Data				
1.68	**Women's Health**		🧍🧍🧍🧍🧍🧍🧍🧍 ✋✋	Women's suicide rate appears to be increasing by violent means (hanging, firearm).
1.67	**Mental Health & Mental Disorders**		🧍🧍🧍🧍🧍🧍🧍🧍 ✋✋	Lack of mental health services, especially for adolescents and elderly; stigma and transportation are barriers to accessing care available outside of county.
1.57	**Men's Health**		🧍🧍🧍🧍🧍🧍🧍🧍 ✋✋	*N/a, not mentioned as a top health need/concern during community input process*
1.54	**Immunizations & Infectious Diseases**		🧍🧍🧍🧍🧍🧍🧍🧍 ✋✋	Lack of parental support for school-based immunization clinics; unclear if low rates of immunization in Warrick County are due to data interface lag b/w hospital/providers & CHIRP.
1.44	**Cancer**	Men ↑ lung cancer incidence and death rates	🧍🧍🧍🧍🧍🧍🧍🧍 ✋✋	High cancer rates; need for more education/prevention.
Top Quality of Life				
1.50	**Transportation**		🧍🧍🧍🧍🧍🧍🧍🧍 ✋✋	Transportation is a barrier to accessing services outside the community (mental health, oral health); public transportation available but not convenient/usable.

Secondary Data			Primary Data	
Topic Score	Health Topic	Disparities in Data	Community Input *(Total N=5)*	Key Themes from Community
Top 4 Needs/Concerns from Community Input				
1.03	**Substance Abuse**	Men ↑ Age-Adjusted ER and Hospitalization Rates due to Alcohol Abuse	👤👤👤👤👤👤👤 ✋✋	Tobacco use still high, increase in e-cig use in youth; alcohol, marijuana, meth, injectable drugs; high opiate use - pain meds, lortab, morphine, oxycontin, codeine; lack of addiction services for youth.
1.20	**Exercise, Nutrition & Weight**		👤👤👤👤👤👤👤 ✋✋	Obesity, nutrition & exercise frequently mentioned; lack of childhood nutrition education; poor nutrition habits and high cost of healthy food; lack of "walkable" areas, accessible activities/exercise;
1.02	**Access to Health Services**		👤👤👤👤 👤👤👤👤 ✋✋	Lack of primary care in Warrick County outside of Newburgh; cost barrier, high deductibles; no sliding fee scale offices for Warrick county residents; navigation needed for elderly.
N/A	**Oral Health**		👤👤👤👤👤👤 👤👤 ✋✋	Access for adults and elderly (Medicare does not cover dental); known issue for uninsured & Medicaid population; population may not be seeking dental care/lack of education on oral health.

Prioritization of Top Health Needs

In order to better target community resources on Warrick County's most pressing health needs, St. Mary's and Deaconess participated in a group discussion facilitated by HCI to hone in on up to 5 health topics. Those health topics will be under consideration for the development of an implementation plan that will address some of the community's most pressing health issues.
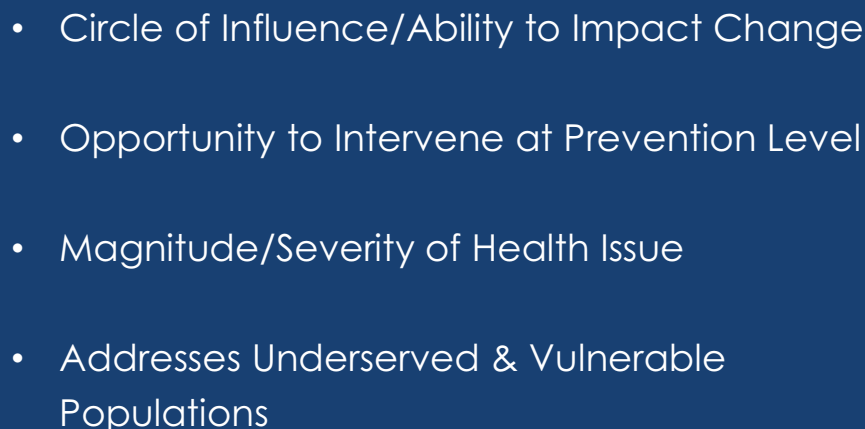
PRIORITIZATION SESSION PARTICIPANTS

- o Amy Murry, Strategic Planning Analyst, St. Mary's Health
- o Ashley Johnson, Corporate Communication, Deaconess
- o Elizabeth Tharp, Evaluation Officer, Welborn Baptist Foundation
- o Eric Girten, Director of Community Health, St. Mary's Health
- o Faren Levell, President/CEO, Southwestern Behavioral Healthcare
- o Holly Smith, Director of Strategic Planning & Marketing, St. Mary's Health
- o Janet Raisor, Executive Director of Foundation Operations, St. Mary's Health
- o Sara Murray, Director of Community Impact, United Way SWI
- o Sharon James, RN Supervisor, Warrick County Health Department

PRIORITIZATION PROCESS

On August 19th, 2015 the above participants convened at St. Mary's Medical Center to review and discuss the results of HCI's primary and secondary data analysis leading to the preliminary top 10 significant health needs highlighted in Table 5 above. From there, participants utilized a prioritization tool kit (Appendix D) to examine how well each of the 10 significant health needs met the criteria set forth by the collaborative. The criteria for prioritization can be seen in Figure 19 below:

Figure 19: Criteria for Prioritization

- • Circle of Influence/Ability to Impact Change

- • Opportunity to Intervene at Prevention Level

- • Magnitude/Severity of Health Issue

- • Addresses Underserved & Vulnerable Populations

Completion of the prioritization toolkit in Appendix D allowed participants to arrive at numerical scores for each health topic that correlated to how well each health topic met the criteria for prioritization. Participants then ranked the top 10 health needs according to their topic scores, with the highest scoring health topics receiving the

highest priority ranking. Participants were encouraged to use their own judgment and knowledge of their community in the event of a tie score. After completing their individual ranking of the 10 health topics, participants submitted their ranking into an online polling platform that collates the submissions and results in an aggregate ranking of the health topics. The aggregate ranking can be seen below in Figure 20.

Figure 20. Group Ranking of Warrick County's Most Pressing Health Needs
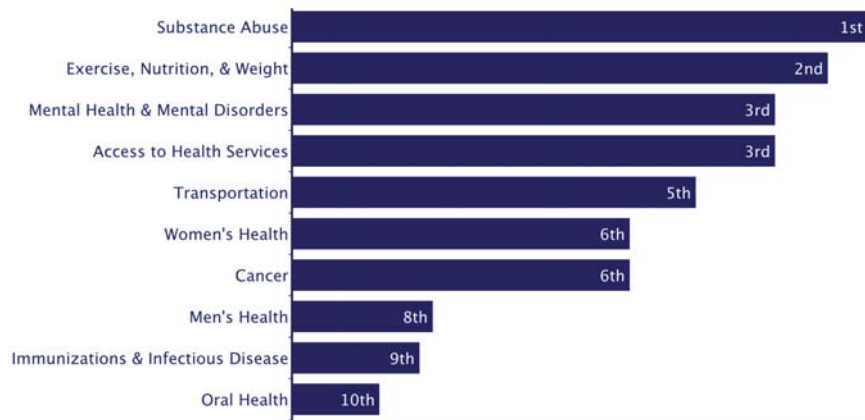
The group ranking sparked further discussion on the top health needs for Warrick County. The group chose to revisit poor performing indicators within the first six topics in the data appendix, while considering the prioritization criteria. The group discussed combining substance abuse and mental health & mental disorders as one category because the topics are often linked. Next, high cancer death and cancer incidence rates contributed to most of the poorest performing indicator scores across all topics (see Appendix B: Secondary Data Analysis). The group felt that since Women's Health and Men's Health were driven by cancer rates, focusing on Cancer would be an effective way to tackle both topics. Therefore, the top 3 health priorities for Warrick County are:

- **Behavioral Health**
- **Exercise, Nutrition, & Weight**
- **Cancer**

These 3 health topics will be broken down in further detail below in order to understand how findings in the secondary data and community input led to each issue becoming a high priority health need for Warrick County.

Health Priorities for Warrick County

BEHAVIORAL HEALTH

SECONDARY DATA FINDINGS

Behavioral Health's Poorest Performing Indicators and Rankings

- Warrick County ranks in the worst quartile in the US for **Mothers who Smoked During Pregnancy**. Approximately 18.7% of mothers smoked during their pregnancy, which is about 2% higher than the state of Indiana and 17% higher than the Healthy People 2020 target of 1.4%. Smoking during pregnancy poses risks for both mother and fetus. A baby born to a mother who has smoked during her pregnancy is more likely to have less developed lungs and a lower birth weight, and is more likely to be born prematurely. It is estimated that smoking during pregnancy causes up to ten percent of all infant deaths. Even after a baby is born, secondhand smoking can contribute to SIDS (Sudden Infant Death Syndrome), asthma onset, and stunted growth.
- Warrick County ranks in the worst quartile in the state and the US for **Age-Adjusted Death Rate due to Alzheimer's Disease.** Alzheimer's disease is the most common form of dementia among older people. It is a progressive and irreversible disease that impairs memory and affects thinking and behavior, to the point of eventually interfering with daily tasks. The greatest risk factor currently known is increasing age.
- Warrick County also ranks in the worst quartile in the state for **Poor Mental Health Days.** This indicator shows the average number of days that adults reported their mental health was not good in the past 30 days. Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent mental/emotional health problems should be evaluated and treated by a qualified professional.

Health Disparities for Behavioral Health

- Males have ER and hospitalization rates for **alcohol abuse** that are more than twice as high as females in Warrick County.

Behavioral Health was commonly cited during the key informant interviews. The secondary data analysis may have generally illustrated a well performing county in regards to substance abuse issues and mental health, however key populations and specific problems were highlighted in both the secondary and primary data analysis as being issues. Table 7 below shows the Substance Abuse indicators that contributed to the topic receiving an overall topic score of 1.03. On the next page, Table 8 shows the Mental Health & Mental Disorders indicators that contributed to the topic receiving an overall topic score of 1.67. The gauges illustrate how Warrick County is faring compared to the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 if a target is available, and the Time Trend score. A gauge in the green received a score of 0-1 (good), yellow a score of 1-2 (fair), and red a score of 3 (poor).

Table 7. Comparison Scores for Substance Abuse Indicators

Substance Abuse								Topic Score 1.03
Indicator:	Warrick County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Mothers who Smoked During Pregnancy	**18.7%**	16.5%							1.65
Age-Adjusted ER Rate due to Alcohol Abuse [e]	**22.3**	29.4							1.38
Age-Adjusted Hospitalization Rate due to Alcohol Abuse [d]	**7.7**	9.9							1.38
Health Behaviors Ranking [a]	**2**								1.20
Alcohol-Impaired Driving Deaths	**21.4%**	26.2%							0.88
Liquor Store Density [c]	**6.6**	12.1							0.75
Adults who Smoke	**13.7%**	22.8%							0.73
Death Rate due to Drug Poisoning [b]	**8.5**	11.9							0.68
Adults who Drink Excessively	**13.4%**	25.4%							0.63

[a] *Value represents Warrick County's rank out of 92 Indiana Counties*
[b] *Value represents the number of deaths per 100,000 population*
[c] *Value represents the number of stores per 100,000 population*
[d] *Value represents the number of hospitalizations per 10,000 population ages 18+*
[e] *Value represents the number of ER visits per 10,000 population ages 18+*

Table 8. Comparison Scores for Mental Health & Mental Disorders Indicators

Mental Health & Mental Disorders									Topic Score 1.67
Indicator:	Warrick County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Age-Adjusted Death Rate due to Alzheimer's Disease [a]	**35.2**	28.5							**2.25**
Poor Mental Health Days	**4.1**	3.7							**2.23**
Depression: Medicare Population	**16.6%**	16.6							**2.00**
Age-Adjusted Death Rate due to Suicide [a]	**11.6**	14							**0.95**
Alzheimer's Disease or Dementia: Medicare Population	**8.8**	9.7							**0.90**

[a] *Value represents the number of deaths per 100,000 population*

COMMUNITY INPUT

Eight out of eight Key Informants and participants in **both** Focus Group Discussions cited **Substance Abuse** as a need for Warrick County. **Mental Health & Mental Disorders** was cited as a need by **six** out of eight Key Informants and in **both** Focus Group Discussions.

Key themes from the informants indicate that tobacco use is still highly prevalent in the community, both in adults and increasing amongst youth. In addition, key informants cited concerns of prescription drug abuse and alcohol abuse, as well as illegal drugs such as meth. Substance abuse was frequently mentioned in tandem with mental health. Overall, there was concern with a lack of resources for mental health or addiction services.

Quotes from Key Informants

- "Majority of usage appears with **marijuana, prescription drugs and meth.**
- "**Lack of treatment availability** and awareness for substance abuse is an issue. Addiction services that are available are focused on adults. There is nothing for youth and addiction."
- "Illegal drugs appear more prominent, however prescription drug abuse is alive and thriving – just harder to see and gauge the actual rate of occurrence for comparison. Of the illegal drugs being used, **crystal meth is currently a larger issue**. Alcohol is another prominent issue when it comes to accidents and injury. Accessibility to alcohol is easy – should be treated differently than other types of substance abuse."
- "**Increased access to mental health services** could potentially make the biggest positive impact on the community, particularly with children."
- "More education about suicide and geriatric care are needed. There is a misunderstanding of mental health issues and what they are, as well as stigma. **Stigma with mental health is a barrier** preventing individuals from seeking care."

The figure above to the right includes some direct quotes from key informants regarding behavioral health in their community and the populations most impacted.

EXERCISE, NUTRITION, & WEIGHT

SECONDARY DATA FINDINGS

Exercise, Nutrition, & Weight's Poorest Performing Indicators and Rankings

- Warrick County ranks in the worst quartile in the US for **Adults who are Sedentary**— Approximately 34.5% of Warrick County adults lead sedentary lifestyles. Adults who are sedentary are at an increased risk of many serious health conditions such as obesity, heart disease, diabetes, colon cancer, and high blood pressure.

Similar to Substance Abuse and Exercise, Nutrition, & Weight, Children's Health made the initial shortlist for pressing health needs in Warrick County due to community input evidence. Not all of the indicators available in the secondary data for this topic are quite as poor performing compared to some other topics that were presented for consideration, however there are a handful of warning indicators. Table 9 below shows all Exercise, Nutrition, & Weight indicators that contributed to the topic receiving an overall topic score of 1.45. The gauges illustrate how Warrick County is faring compared to the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 if a target is available, and the Time Trend score. A gauge in the green received a score of 0-1 (good), yellow a score of 1-2 (fair), and red a score of 3 (poor).

Table 9. Comparison Scores for Exercise, Nutrition, & Weight Indicators

Exercise, Nutrition, & Weight									Topic Score 1.20
Indicator:	Warrick County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Children with Low Access to a Grocery Store	**7.9%**								2.10
SNAP Certified Stores [a]	**0.5**								2.10
People 65+ with Low Access to a Grocery Store	**3.5%**								1.90
Farmers Market Density	**0**								1.83
Grocery Store Density [a]	**0.2**								1.60
Low Income & Low Access to a Grocery Store	**4.3%**								1.50
Recreation and Fitness Facilities [a]	**0.1**								1.38

Indicator:	Warrick County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Health Behaviors Ranking [b]	2								1.20
Adults who are Obese	29.7%	31.4%							1.08
Fast Food Restaurant Density [a]	0.4								0.90
Households with No Car and Low Access to a Grocery Store	1.1%								0.90
Access to Exercise Opportunities	80.6%	63.9%							0.83
Low Income Pre-School Obesity	12.4%								0.80
Adults who are Sedentary	22.9%	27.9%							0.73
Food Environment Index [c]	8	8							0.68
Child Food Insecurity Rate	18.4%	21.8%							0.45
Food Insecurity Rate	11.3%	15.7%							0.45

[a] Value expressed as the number per 1,000 population
[b] Rankings equate to the value out of 92 Indiana counties
[c] Index ranges from 0 (worst) to 10 (best)

COMMUNITY INPUT

Seven out of eight Key Informants and participants in **both** Focus Group Discussions cited **Exercise, Nutrition & Weight** as a need for Warrick County.

The most pressing issues in regards to exercise, nutrition & weight, as cited by key informants, were obesity, lack of exercise, poor access to physical activity resources, food insecurity and poor nutrition habits.

The figure to the right includes some direct quotes from key informants regarding the topic area of exercise, nutrition, and weight in their community and the populations most impacted.

Quotes from Key Informants

- **"Poor nutrition habits begin in childhood** and carry over to adulthood. Many children lack capable guardians to meet their health and nutrition needs."
- **"Cost of healthy food** is high…Sedentary lifestyles – **there are little to no outlets for fitness** outside of Newburgh or Evansville. Lack of school PE and adequate recess for children. Lack of educational curriculum in schools for cooking and nutrition. School lunch nutrition and education. "
- "**Lack of "walkable" paths** – Newburgh has the riverfront path and there are a few other trails, but these are destination locations that individuals must drive to access."

CANCER

SECONDARY DATA FINDINGS

Cancer's Poorest Performing Indicators and Rankings

- Warrick County ranks in the worst quartile in the state, US, and Indiana counties for **Age-Adjusted Death Rate due to Breast Cancer** and **Age-Adjusted Death Rate due to Prostate Cancer**. Breast cancer is associated with increased age, hereditary factors, obesity, and alcohol use, and is the leading cause of cancer death among women in the United States. Prostate cancer is a leading cause of cancer death among men in the United States. The two greatest risk factors for prostate cancer are age and race, with men over the age of 65 and men of African descent possessing the highest incidence rates of prostate cancer in the U.S.

Health Disparities for Cancer

- Males have a higher **Lung and Bronchus Cancer Incidence Rate** and **Age-Adjusted Death Rate due to Lung Cancer**.

Cancer fell into the top 5 highest scoring health topics within the secondary data analysis. Table 10 below shows the indicators that contributed to the topic receiving an overall topic score of 1.44. The gauges illustrate how Warrick County is faring compared to the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 if a target is available, and the Time Trend score. A gauge in the green received a score of 0-1 (good), yellow a score of 1-2 (fair), and red a score of 3 (poor).

Table 10. Comparison Scores for Cancer Indicators

Cancer									Topic Score 1.44
Indicator:	Warrick County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Age-Adjusted Death Rate due to Breast Cancer [a]	**25.6**	23.2							3.00
Age-Adjusted Death Rate due to Prostate Cancer [b]	**27.9**	22.7							2.60

Indicator:	Warrick County Value	Indiana State Value	Indiana State	Indiana Counties	US Value	US Counties	HP2020 Benchmark	Time Trend Score	Total Indicator Score
Breast Cancer Incidence Rate [c]	**124**	118.5							2.15
Cancer: Medicare Population	**7.8%**	7.7%							2.00
Prostate Cancer Incidence Rate [d]	**118.9**	117.4							1.45
Oral Cavity and Pharynx Cancer Incidence Rate [e]	**11**	11.3							1.15
Age-Adjusted Death Rate due to Lung Cancer [f]	**53.1**	59							1.00
Colorectal Cancer Incidence Rate [e]	**42.1**	46.3							0.90
Lung and Bronchus Cancer Incidence Rate [e]	**67.2**	76.5							0.85
Mammography Screening: Medicare Population	**69.4%**	61%							0.78
Age-Adjusted Death Rate due to Colorectal Cancer [f]	**11.3**	17.1							0.00

[a] *Deaths per 100,000 females*
[b] *Deaths per 100,000 males*
[c] *Cases per 100,000 females*
[d] *Cases per 100,000 males*
[e] *Cases per 100,000 population*
[f] *Deaths per 100,000 population*

COMMUNITY INPUT

While **no** Key Informants mentioned the issue, participants in both Focus Group Discussions cited **Cancer** as a need for Warrick County.

Key themes from the informants indicate that the there is a high number of people with cancer in Warrick County, and there is need for more resources on education and prevention.

⊘	**Quotes from Key Informants**
	· It appears there are a high number of people in community with cancer. **Cannot understand why or how the rate is so high.**
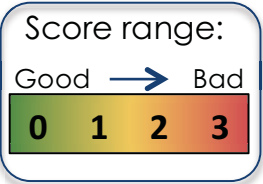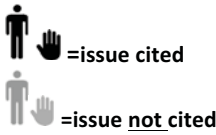
The figure to the right includes thoughts from Focus Group Discussion participants.

OTHER SIGNIFICANT COMMUNITY HEALTH NEEDS

As part of the community health needs assessment process, the primary and secondary data analysis identified additional significant community health needs (Table 11). While these health needs have not been prioritized for this CHNA cycle, St. Mary's and Deaconess and other community partners will still continue to work hard to address the following issues:

- **Access to Health Services**
- **Transportation**
- **Immunizations & Infectious Diseases**
- **Oral Health**

Table 11. Other Significant Community Health Needs for Warrick County

Health or Quality of Life Topic	Insights from Secondary Data			Insights from Primary Data/ Community Input	
	Topic Score	Warning Indicators Contributing to Topic Score *Score range: Good → Bad 0 1 2 3*		Number of Community Members Citing Topic as Pressing Health Concern 🧍✋ =issue cited 🧍✋ =issue not cited	Key Themes from Community Input
Access to Health Services	**1.42**	Dentist Rate	1.53	🧍🧍🧍🧍🧍🧍🧍🧍 ✋✋	Lack of primary care in Warrick County outside of Newburgh; cost barrier, high deductibles; no sliding fee scale offices for Warrick county residents; navigation needed for elderly.
		Preventable Hospital Stays	1.28		
		Clinical Care Ranking	1.20		
Transport-ation	**1.50**	Workers who Drive Alone to Work	2.40	🧍🧍🧍🧍🧍🧍🧍🧍 ✋✋	Transportation is a barrier to accessing services outside the community (mental health, oral health);
		Workers Commuting by Public Transportation	2.30		

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		Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	1.65		public transportation available but not convenient/usable.
Immunizat-ions & Infectious Diseases	**1.54**	Age-Adjusted Death Rate due to Influenza and Pneumonia	2.25	👤👤👤👤👤👤👤👤👤 ✋✋	Lack of parental support for school-based immunization clinics; unclear if low rates of immunization in Warrick County are due to data interface lag between hospital/providers & CHIRP.
		Salmonella Infection Incidence Rate	1.98		
		Age-Adjusted ER Rate due to Bacterial Pneumonia	1.83		
Oral Health	**N/A**	Dentist Rate	1.53	👤👤👤👤👤👤👤👤👤 ✋✋	Access for adults and elderly (Medicare does not cover dental); known issue for uninsured & Medicaid population; population may not be seeking dental care/lack of education on oral health.

Conclusion

This community health needs assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs of Warrick County, Indiana residents and was further informed with community input from knowledgeable persons representing the broad interests of the community. The prioritization of the identified health needs will guide the community health improvement efforts of St. Mary's Warrick and Deaconess Gateway Hospitals. From this process, St. Mary's and Deaconess will outline how they plan to address their prioritized health needs of Behavioral Health, Exercise Nutrition & Weight, and Cancer into their Implementation Strategies. In addition, we hope to incorporate any feedback on this report into the next Community Health Needs Assessment process. Please send your feedback and/or comments to:

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Appendix A: Evaluation of Preceding CHNA Priorities

COMMUNITY NEEDS IMPLEMENTATION STRATEGY
COLLABORATIVE PLAN

UPDATED 6.03.15

STRATEGY	TACTIC(S)	SPONSORS	St. Mary's POINT PERSON(S)	COMPLETION DATE	COMPLETED	SUCCESS MEASURES/COMMENTS
CATEGORY: TOBACCO USE						
Indiana Quit Line: Promote/market the Quit Line to patients and clientele	Utilize existing marketing materials/resources to support current smokers in their efforts to quit	St. Mary's Med Ctr St. Mary's Warrick Deaconess United Way 211 Line ECHO CHC	John Greaney (Marketing/HR), Brian Kessler (Pt. Materials), Amy Susott (Physician Offices), Kathy Hall (Warrick)	06/30/14		COMMUNITY MEASURE: Increase number of local residents/physicians utilizing the Indiana Quit Line by 10%, compared to historic baseline from Smokefree Communities. Decrease the percentage of smokers by 0.5 percentage points by FY2016. ST. MARY'S (EVANSVILLE AND WARRICK) MEASURE: Attract 100 clicks on www.quitnowindiana.com originating from St. Mary's website (www.stmarys.org) in Year #1.
	Work with Smokefree Communities to maximize use of materials	St. Mary's Med Ctr St. Mary's Warrick Deaconess United Way 211 Line ECHO CHC	John Greaney (Marketing/HR), Brian Kessler (Pt. Materials), Amy Susott (Physician Offices), Kathy Hall (Warrick)	06/30/14		
	Market via websites, internal/external publications, Parish Nurses, direct mail to smokers, contacts with Asthma parents and WIC parents, 211 Line	St. Mary's Med Ctr St. Mary's Warrick Deaconess United Way 211 Line ECHO CHC	John Greaney (Marketing/HR), Brian Kessler (Pt. Materials), Amy Susott (Physician Offices), Kathy Hall (Warrick)	01/01/14		NOTE: All appropriate patient education materials will include the Indiana Quit Line materials (IN.GOV/Quitline: 1-800-Quit-Now)
	Engage primary care physicians and other clinicians to promote the use of the Quit Line	St. Mary's Med Ctr St. Mary's Warrick Deaconess ECHO CHC	John Greaney , Amy Susott (Physician Offices), Kathy Hall (Warrick)	06/30/14		
Pursue a Smokefree Communities TPC grant (Tobacco Prevention and Cessation) specifically for Warrick County	Engage grant writer(s) at University of Evansville and utilize Smokefree Communities to administer the grant, if awarded.	St. Mary's Warrick Deaconess Gateway	Holly Smith (Straegic Planning)	01/01/14	Completed grant, but did not receive funding.	NOTE: If potential warrants, grant would be submitted in Year #1, and Smokefree Communities program would be implemented in Warrick County Year #2.
Implement tobacco component of Community Transformation Grant (CTG) for obesity	Work with Smokefree Communities to implement tactics in Warrick County	Welborn Baptist Fdn St. Mary's Warrick	Eric Girten (Community Health)	06/30/14		NOTE: Grant was not awarded therefore no coalition, but continued collaborative efforts with SmokeFree Communities exist.
CATEGORY: OBESITY						
Improve food/nutrition choices available on-campus	Re-introduce the Upgrade program on the SMMC campus in 2013	St. Mary's Med. Ctr. Welborn Baptist Fdn Deaconess Hospital ECHO CHC	Mike Whitmore (VP Ancillary Services)	06/30/14		COMMUNITY MEASURE: Decrease by one percentage point the percentage of adults who are obese by FY2016. Decrease by one percentage point the percentage of households with an overweight or obese child (by FY2016). Set baseline measures in FY2014. ST. MARY'S EVANSVILLE MEASURE: Increase the number of healthy choice sales by 15%, compared to baseline sales. Reduce the morbidly obese incidence among St. Mary's associate population by 5%.
	Work with local vendors to recommend additional vending changes to be introduced in 2014	St. Mary's Med. Ctr. Deaconess Hospital	John Greaney,Mike Whitmore	06/30/15		
	Replicate the SMMC Upgrade program on the SMW campus. Distribute existing CTG/WBF materials.	St. Mary's Warrick Welborn Baptist Fdn	Mike Whitmore, Kathy Hall	06/30/15		COMMUNITY MEASURE: Decrease by one percentage point the percentage of adults who are obese by FY2016. Decrease by one percentage point the percentage of households with an overweight or obese child (by FY2016). Set baseline measures in FY2014. ST. MARY'S WARRICK MEASURE: Number of healthy choice sales (first year will establish baseline sales)
Support obese and morbidly obese employees by making appropriate incentives and interventions available to the workforce	Certified Health Coaches are available to assist obese and morbidly obese associates with a game plan for safely lowering their BMI. Potential for premium discounts if the associate effectively lowers their risk factors.	St. Mary's Med. Ctr. St. Mary's Warrick	John Greaney, Healthy Lives	06/30/14		
Expand HEROES coordinated school health Initiatives in Vanderburgh County. Work to gain entry into the Warrick School System.	Meet with key persons in Warrick/Vanderburgh School Systems to solicit participation in CTG initiatives.	Welborn Baptist Fdn St. Mary's Warrick	Kathy Hall, Eric Girten, Rhonda Meade	06/30/15		COMMUNITY MEASURE: # schools participating in CTG activities will increase compared to FY2013.
Work with child care centers to improve physical activity and nutrition	Educate, provide resources to centers to meet healthy/active living guidelines	Welborn Baptist Fdn United Way ECDC St. Mary's Med. Ctr.	Andrea Hays move.ment/WBF, Rhonda Meade, HEROES/WBF, John Greaney	06/30/14		COMMUNITY MEASURE: # child care centers implementing improved nutrition and physical activity aligned with best practice guidelines will increase compared to FY2013. ST. MARY'S MEASURE: Become certified as a baby friendly hospital.
Work with businesses, health care centers and corporations to implement healthy, active living environments	Baby-friendly breastfeeding sites, worksite wellness programs, healthy vending, healthy menu options, etc.	Welborn Baptist Fdn St. Mary's Med. Ctr.	Andrea Hays, move.ment/WBF, Healthy Lives	06/30/14		COMMUNITY MEASURE: # worksites participating in WBF healthy initiative programs will increase compared to FY2013.

Healthy Communities INSTITUTE

STRATEGY	TACTIC(S)	SPONSORS	St. Mary's POINT PERSON(S)	COMPLETION DATE	COMPLETED	SUCCESS MEASURES/COMMENTS
Address food access issues by creating new and unique opportunities for residents to obtain nutritionally balanced food options	Initiate/sustain Farmers' Markets during the summer months to promote healthy choices and affordable fruits and vegetables	St. Mary's Warrick St. Mary's Medical Center	Carol Godsey Vickie Detroy	06/30/14	[green]	ST. MARY'S MEASURE: 3 Markets will be held on the Warrick campus. Weekly Markets will be held on the Evansville campus during the warmer months.
Healthcare organizations and providers promote healthy eating and active living in their in their clinical practices.	Engage primary care providers and other physicians in the development and utilization of social marketing campaign materials.	St. Mary's Warrick St. Mary's Med. Ctr.	Suzette Hershman	06/30/14	[green]	ST. MARY'S BASE MEASURE: Physician recommendations are submitted to Welborn Foundation. In turn, social media recommendations/practices are shared with physicians.
CATEGORY: SUBSTANCE ABUSE						
Explore the opportunity to collaborate on the issue of prescription drugs	Work with the Evansville Drug Task Force to minimize the abuse of prescription drugs.	St. Mary's Med. Ctr. St. Mary's Warrick ECHO CHC	CrossPointe Lead	06/30/14	[green]	INTENT: Tighten procedures that reduce pain medications prescribed through the emergency room, physician offices. MEASUREMENT: Develop a plan for Year #2 implementation.
	With Dentists from the Mobile Dental Clinic, educate local dentists regarding the over prescribing medications as an issue and the effects of this problem with a goal of decreasing overprescribing of pain medications from dentists	St. Mary's Med. Ctr. ECHO CHC (if dental programming begins at ECHO)	Eric Girten	06/30/15	[yellow]	COMMUNITY MEASURE: Decrease by one tenth (0.1) the number of controlled substance prescriptions filled and entered into INSPECT (by FY2016).
Promote/market the www.DrugFree.org website to patients and clientele	Utilize existing marketing materials/resources to support current users in their efforts to quit.	St. Mary's Med. Ctr. St. Mary's Warrick Deaconess United Way ECHO CHC	John Greaney (Marketing)	01/01/14	[green]	COMMUNITY MEASURE: Set a baseline measure through NRC to track the percentage of residents who have used an illegal drug in the past 30 days. ST. MARY'S (EVANSVILLE AND WARRICK): In Year #1, attract 100 clicks on www.drugfree.org originating from St. Mary's website (www.stmarys.org).
CATEGORY: SUBSTANCE ABUSE (CONT.)						
	Suppport parents in efforts to provide Drug Free environments for minors and offer resources to them and their families.	St. Mary's Med. Ctr. St. Mary's Warrick Deaconess United Way ECHO CHC	John Greaney (Marketing)	01/01/14	[green]	
CATEGORY: MENTAL HEALTH (Note: These tactics also impact the Substance Abuse category)						
Nurse-Family Partnership (NFP)/Centering Pregnancy: Partner high-risk, first-time mothers with a registered nurse	Research the feasibility to implement the NFP program, as modeled by Indianapolis and New York City	St. Mary's Med. Ctr. Deaconess Women's Hospital	Janet Raisor	06/30/14	[green]	NOTE: Bring NFP program members to Evansville to speak to community coalition of possible application/use in our community.
Child Abuse Task Force: Expand the Trauma-related task force to include a prevention component	Invite Lampion to the Child Abuse Task Force as an additional prevention tool in the area of Child Abuse	St. Mary's Med. Ctr. Deaconess Hospital ECHO CHC	Janet Raisor	09/30/13	[green]	COMMUNITY MEASURE: Reduce by one percentage point the number of substantiated cases of child abuse by FY2016.
System of Care Coalition: Assist local agencies in creating a full continuum for the treatment of pediatric mental health	Become an active member of the System of Care Coalition for the purpose of coordinating service across the community. Potentially build a community level care conferencing model.	St. Mary's Med. Ctr. Deaconess Hospital Welborn Foundation ECHO CHC	Eric Girten	09/01/13	[green]	COMMUNITY MEASURE: By FY2016, reduce by two tenths of a day (0.2) the number of poor mental health days experienced in the previous 30 days. NOTE: The System of Care is developing a wrap-around network of services that will keep kids from falling through the cracks. Over time, services need to be expanded into Warrick and Gibson Counties. Define each sponsor's role on the Coalition.
Explore ways to discharge patients who have nowhere to go.	Research the Christ Hospital (Cincinnati) Center for Respite Care as one model to consider.	St. Mary's Med. Ctr. Deaconess Hospital ECHO CHC	John Greaney, Jared Florence	03/30/14	[green]	NOTE: Year #1 -- determine if there is a model that is applicable to the local market. Subsequent Years -- improved post-discharge outcomes by extending recovery time plus a decline in readmissions among this population.

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

UPDATED 6.26.15

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

ST. MARY'S WARRICK (SMW) IMPLEMENTATION STRATEGY   *UPDATED 6.03.15*

WARRICK COUNTY

CATEGORY	TACTIC(S)	ST. MARY'S POINT PERSON(S)	COMPLETION DATE	SUCCESS MEASURES/COMMENTS
TOBACCO USE	SMW WIC program will provide education on effects of secondhand smoke on pregnancy, infants and children.	Darla Reinbrecht	Ongoing	SMW WIC staff will provide education on tobacco effects and encourage cessation.
	SMW WIC will provide information on cessation and offer referrals to Tobacco Quitline	Darla Reinbrecht	9/30/2013 Ongoing	SMW WIC staff will be trained on the Indiana Quitline. Resources and referrals to TRI-CAP PSUPP and In Quitline will be provided to clients
	SMW will assist in the development of a TPC grant to be written for Warrick County (Smokefree Communities)	Holly Smith	7/1/2013	Assist in the development of grant proposal
	SMW will become a member of Warrick County Coalition for Tobacco Prevention and Cessation if grant awarded	**Grant was not awarded**	10/1/2013	*Participate on coaltion if grant awarded, Note the grant was not awarded due to state budget reallocations.*
OBESITY	SMW WIC program will provide nutrition education, focusing on age appropriate serving sizes, daily recommended servings, and healthy food choices,	Darla Reinbrecht	Ongoing	SMW WIC staff will provide information and education, and make referrals for additional assistance as appropriate.
	WIC will work with high risk children and obese adult clients for additional assessment and education.	Darla Reinbrecht	Ongoing	SMW WIC staff will offer either a class or develop an Individual Learning Activity for all high risk children and obese adults.
	WIC will provide breastfeeding counselors to work directly with Moms for successful breastfeeding	Darla Reinbrecht	6/30/2014	All SMW WIC staff trained in breastfeeding issues and at least one Breastfeeding Peer Counselor will be employed at SMW WIC.
	St. Mary's Warrick will initiate a Farmers Market	Eric Girten	Ongoing	3 Markets will be held on the St. Mary's Warrick campus.
	St. Mary's Warrick will implement Healthy Upgrade meal program	Mike Whitmore	7/1/2013	Healthy Upgrade meal program implemented on St. Mary's Warrick campus
	SMW will provide education and encouragement to increase physicial activity	Kathy Hall	Ongoing	Periodic health programs/screenings/contests offered to employees
	SMW will encourage participation in Warrick Walk/Bike to School Days		Ongoing	Warrick County Schools will participate in Walk/Bike to School Days
	SMW will provide educational materials at area health fairs		Ongoing	Educational materials will be offered at area health fairs
	SMW will provide a community gym	Andy Meyer	Ongoing	St. Mary's Warrick Gym available to community
	SMW will offer Silver Sneakers Program to area seniors	Andy Meyer	Ongoing	Warrick area seniors will have a healthy, low-cost option for obtaining regular exercise and a program tailored to their individual needs.
SUBSTANCE ABUSE	St. Mary's Mobile Dental Care for Kids will serve Warrick County residents	Eric Girten	Ongoing	Affordable dental care offered to Warrick area children
	WIC will offer information and referrals to Prenatal Substance Use Prevention Program as well as provide resources on substance abuse to each client.	Darla Reinbrecht	Ongoing	SMW WIC staff will provide referrals and allow the Prenatal Substance Use Prevention Program staff to come onsite and meet with clients on regular basis.
OVERALL HEALTH	Warrick County Health Coalition: This is a newly created group in Warrick County that focuses on communication and collaboration between businesses, agencies, healthcare and other areas to effectively review service resources and gaps in Warrick County. SMW will participate as a member of the coalition.	Kathy Hall	Ongoing	Work collaboratively with coalition to communicate available resources, identify gaps and work to address those gaps.

To see the entire FY2015 Community Health Needs Assessment for Warrick County - Update from original FY2013 Report, please visit:

http://www.stmarys.org/documents/strategic/001.20150625.SMMC.PLAN.CHNA.Warrick.FY15Report.ALM.pdf

Appendix B: Secondary Data Analysis

SCORING METHOD

For each indicator, the county was assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators were categorized into 29 topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

COMPARISON TO A DISTRIBUTION OF COUNTY VALUES: WITHIN STATE AND NATION

For ease of interpretation and analysis, indicator data on the HCI Data Platform is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in Indiana or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons ("in the red") scored high, whereas indicators with good comparisons ("in the green") scored low.
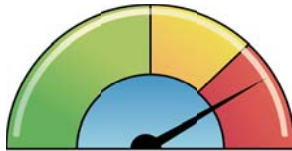
HCI Platform County Distribution Gauge

COMPARISON TO VALUES: STATE, NATIONAL, AND TARGETS

The county value is compared to the state value, the national value, and Healthy People 2020 (HP2020) target values. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

TREND OVER TIME

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

MISSING VALUES

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

INDICATOR SCORING

Indicator scores are calculated as a weighted average of all included comparison scores. More weight was given to comparison to US counties, comparison to Indiana counties, and trend over time.

If neither of the included comparison types are possible for an indicator, then a score is not calculated and the indicator is excluded from the data scoring results.

TOPIC SCORING

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data.

A topic score is only calculated if it includes at least three indicators. These scores were used to categorize the topics as red (score ≥1.5), yellow (1.25≤ score <0.1.5), or green (score <1.25).

DISPARITIES

To identify indicators with the largest disparities by gender or race/ethnicity, the Index of Disparity[1] measure was used to calculate the average of the absolute differences between rates for each subgroup within a sub-population category and the overall county rate, divided by the county rate. The index of disparity summarizes disparities across groups within a population that can be applied across indicators. The measure is expressed as a percentage.

Across all indicators, an Index of Disparity score that ranked in the top 25% of all disparities scores–in either gender or race/ethnicity category–was identified as having a high disparity. The availability of sub-population data varies by source and indicator.

In this example to the right, Age-Adjusted Death Rate due to Diabetes by Gender has county values for the female and male subgroups that are closer to each other and close to the overall county value when compared to the subgroup values for Age-Adjusted Death Rate due to Diabetes by Race/Ethnicity. The absolute difference between the Black or African American value and the overall value is much larger than the difference between the White value and overall value, resulting in a higher Index of Disparity score than the score calculated for the gender subgroups.

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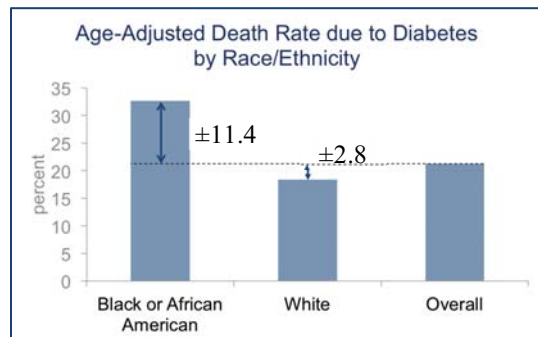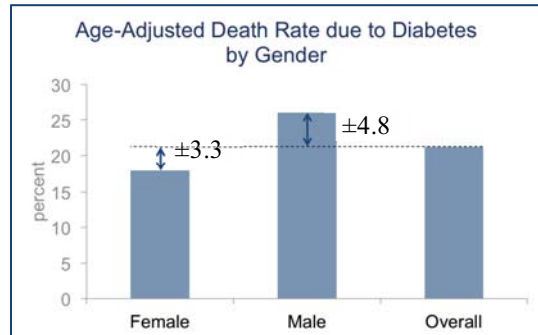
[1] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

SCORING RESULTS

The following table lists all indicators by topic area, with the most recent value for Warrick County and comparison scores (0-3 or good to bad). The county value is compared to a distribution of Indiana and US counties, state and national values, and the HP2020 target. Indicators are also compared across four time periods and are scored under the trend column. If data was not available for a comparison or disparity score, then the cell is left blank.

Source: HCI Data Platform as of January 20, 2015.

WARRICK COUNTY	Indicator	Period	Score
Access to Health Services	Dentist Rate	2013	1.53
Topic Score: 1.02	Preventable Hospital Stays	2012	1.28
	Clinical Care Ranking	2015	1.20
	Children with Health Insurance	2012	0.98
	Non-Physician Primary Care Provider Rate	2014	0.88
	Primary Care Provider Rate	2012	0.68
	Adults with Health Insurance	2012	0.60
Cancer	Age-Adjusted Death Rate due to Breast Cancer	2007-2011	3.00
Topic Score: 1.44	Age-Adjusted Death Rate due to Prostate Cancer	2007-2011	2.60
	Breast Cancer Incidence Rate	2007-2011	2.15
	Cancer: Medicare Population	2012	2.00
	Prostate Cancer Incidence Rate	2007-2011	1.45
	Oral Cavity and Pharynx Cancer Incidence Rate	2007-2011	1.15
	Age-Adjusted Death Rate due to Lung Cancer	2007-2011	1.00
	Colorectal Cancer Incidence Rate	2007-2011	0.90
	Lung and Bronchus Cancer Incidence Rate	2007-2011	0.85
	Mammography Screening: Medicare Population	2012	0.78
	Age-Adjusted Death Rate due to Colorectal Cancer	2007-2011	0.00
Children's Health	Children with Low Access to a Grocery Store	2010	2.10
Topic Score: 1.08	Age-Adjusted ER Rate due to Pediatric Asthma	2010-2012	1.18
	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	2010-2012	1.18
	Children with Health Insurance	2012	0.98
	Child Abuse Rate	2013	0.88
	Low-Income Preschool Obesity	2009-2011	0.80
	Child Food Insecurity Rate	2012	0.45
Diabetes	Age-Adjusted ER Rate due to Uncontrolled Diabetes	2010-2012	1.83
Topic Score: 1.30	Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	2010-2012	1.53
	Diabetes: Medicare Population	2012	1.40
	Age-Adjusted Hospitalization Rate due to Diabetes	2010-2012	1.38
	Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	2010-2012	1.38
	Age-Adjusted ER Rate due to Short-Term Complications of Diabetes	2010-2012	1.33
	Age-Adjusted ER Rate due to Diabetes	2010-2012	1.18
	Age-Adjusted ER Rate due to Long-Term Complications of Diabetes	2010-2012	1.18
	Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	2010-2012	1.18
	Diabetic Screening: Medicare Population	2012	1.13

WARRICK COUNTY	Indicator	Period	Score
	Age-Adjusted Death Rate due to Diabetes	2011-2013	0.80
Economy	SNAP Certified Stores	2012	2.10
Topic Score: 0.84	Renters Spending 30% or More of Household Income on Rent	2009-2013	2.00
	Low-Income and Low Access to a Grocery Store	2010	1.50
	Social and Economic Factors Ranking	2015	1.20
	Homeowner Vacancy Rate	2009-2013	1.10
	Students Eligible for the Free Lunch Program	2012-2013	0.98
	Households with Cash Public Assistance Income	2009-2013	0.95
	Low-Income Preschool Obesity	2009-2011	0.80
	Children Living Below Poverty Level	2009-2013	0.75
	Unemployed Workers in Civilian Labor Force	Nov 2015	0.75
	Severe Housing Problems	2007-2011	0.68
	Families Living Below Poverty Level	2009-2013	0.55
	Homeownership	2009-2013	0.55
	Median Household Income	2009-2013	0.55
	People Living 200% Above Poverty Level	2009-2013	0.55
	People Living Below Poverty Level	2009-2013	0.55
	Young Children Living Below Poverty Level	2009-2013	0.55
	Per Capita Income	2009-2013	0.50
	Child Food Insecurity Rate	2012	0.45
	Food Insecurity Rate	2012	0.45
	People 65+ Living Below Poverty Level	2009-2013	0.15
Education	Student-to-Teacher Ratio	2012-2013	1.98
Topic Score: 1.14	8th Grade Students Proficient in English/Language Arts	2014	1.43
	High School Graduation	2014	1.28
	8th Grade Students Proficient in Math	2014	1.23
	4th Grade Students Proficient in English/Language Arts	2014	1.03
	4th Grade Students Proficient in Math	2014	1.03
	People 25+ with a Bachelor's Degree or Higher	2009-2013	0.65
	People 25+ with a High School Degree or Higher	2009-2013	0.45
Environment	Children with Low Access to a Grocery Store	2010	2.10
Topic Score: 1.34	SNAP Certified Stores	2012	2.10
	People 65+ with Low Access to a Grocery Store	2010	1.90
	Farmers Market Density	2013	1.83
	Annual Ozone Air Quality	2010-2012	1.80
	Physical Environment Ranking	2015	1.80
	Grocery Store Density	2011	1.60
	Low-Income and Low Access to a Grocery Store	2010	1.50
	PBT Released	2013	1.40
	Recreation and Fitness Facilities	2011	1.38
	Drinking Water Violations	FY 2013-14	1.28
	Fast Food Restaurant Density	2011	0.90
	Households with No Car and Low Access to a Grocery Store	2010	0.90
	Access to Exercise Opportunities	2015	0.83
	Houses Built Prior to 1950	2009-2013	0.75
	Liquor Store Density	2012	0.75
	Food Environment Index	2015	0.68
	Severe Housing Problems	2007-2011	0.68
Exercise, Nutrition, & Weight	Children with Low Access to a Grocery Store	2010	2.10

WARRICK COUNTY	Indicator	Period	Score
Topic Score: 1.20	SNAP Certified Stores	2012	2.10
	People 65+ with Low Access to a Grocery Store	2010	1.90
	Farmers Market Density	2013	1.83
	Grocery Store Density	2011	1.60
	Low-Income and Low Access to a Grocery Store	2010	1.50
	Recreation and Fitness Facilities	2011	1.38
	Health Behaviors Ranking	2015	1.20
	Adults who are Obese	2011	1.08
	Fast Food Restaurant Density	2011	0.90
	Households with No Car and Low Access to a Grocery Store	2010	0.90
	Access to Exercise Opportunities	2015	0.83
	Low-Income Preschool Obesity	2009-2011	0.80
	Adults who are Sedentary	2011	0.73
	Food Environment Index	2015	0.68
	Child Food Insecurity Rate	2012	0.45
	Food Insecurity Rate	2012	0.45
Heart Disease & Stroke	Atrial Fibrillation: Medicare Population	2012	1.95
Topic Score: 1.11	Hypertension: Medicare Population	2012	1.75
	Stroke: Medicare Population	2012	1.75
	Hyperlipidemia: Medicare Population	2012	1.70
	Age-Adjusted ER Rate due to Heart Failure	2010-2012	1.33
	Age-Adjusted Hospitalization Rate due to Heart Failure	2010-2012	1.18
	Heart Failure: Medicare Population	2012	0.70
	Ischemic Heart Disease: Medicare Population	2012	0.50
	Age-Adjusted Death Rate due to Coronary Heart Disease	2011-2013	0.20
	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2011-2013	0.00
Immunizations & Infectious Diseases	Age-Adjusted Death Rate due to Influenza and Pneumonia	2011-2013	2.25
Topic Score: 1.54	Salmonella Infection Incidence Rate	2013	1.98
	Age-Adjusted ER Rate due to Bacterial Pneumonia	2010-2012	1.83
	Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	2010-2012	1.83
	Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	2010-2012	1.68
	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	2010-2012	1.53
	Age-Adjusted Hospitalization Rate due to Hepatitis	2010-2012	1.18
	Gonorrhea Incidence Rate	2013	1.15
	Chlamydia Incidence Rate	2013	0.45
Kidney & Urinary Tract Diseases	Age-Adjusted Death Rate due to Kidney Disease	2011-2013	1.70
Topic Score: 1.33	Age-Adjusted Hospitalization Rate due to Urinary Tract Infections	2010-2012	1.68
	Age-Adjusted ER Rate due to Urinary Tract Infections	2010-2012	1.18
	Chronic Kidney Disease: Medicare Population	2012	0.75
Maternal, Fetal & Infant Health	Babies with Low Birth Weight	2013	1.70
Topic Score: 1.29	Mothers who Smoked During Pregnancy	2013	1.65
	Teen Birth Rate	2013	1.35

WARRICK COUNTY	Indicator	Period	Score
	Mothers who Received Early Prenatal Care	2013	1.15
	Infant Mortality Rate	2007-2011	1.05
	Preterm Births	2013	0.85
Men's Health	Age-Adjusted Death Rate due to Prostate Cancer	2007-2011	2.60
Topic Score: 1.57	Prostate Cancer Incidence Rate	2007-2011	1.45
	Life Expectancy for Males	2010	0.65
Mental Health & Mental Disorders	Age-Adjusted Death Rate due to Alzheimer's Disease	2011-2013	2.25
Topic Score: 1.67	Poor Mental Health Days	2006-2012	2.23
	Depression: Medicare Population	2012	2.00
	Age-Adjusted Death Rate due to Suicide	2011-2013	0.95
	Alzheimer's Disease or Dementia: Medicare Population	2012	0.90
Older Adults & Aging	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2012	2.65
Topic Score: 1.32	Age-Adjusted Death Rate due to Alzheimer's Disease	2011-2013	2.25
	Cancer: Medicare Population	2012	2.00
	Depression: Medicare Population	2012	2.00
	Atrial Fibrillation: Medicare Population	2012	1.95
	People 65+ with Low Access to a Grocery Store	2010	1.90
	Hypertension: Medicare Population	2012	1.75
	Stroke: Medicare Population	2012	1.75
	Hyperlipidemia: Medicare Population	2012	1.70
	COPD: Medicare Population	2012	1.50
	Diabetes: Medicare Population	2012	1.40
	Diabetic Screening: Medicare Population	2012	1.13
	Asthma: Medicare Population	2012	0.95
	Alzheimer's Disease or Dementia: Medicare Population	2012	0.90
	Mammography Screening: Medicare Population	2012	0.78
	Chronic Kidney Disease: Medicare Population	2012	0.75
	Osteoporosis: Medicare Population	2012	0.75
	Heart Failure: Medicare Population	2012	0.70
	Ischemic Heart Disease: Medicare Population	2012	0.50
	People 65+ Living Alone	2009-2013	0.35
	People 65+ Living Below Poverty Level	2009-2013	0.15
Prevention & Safety	Age-Adjusted Death Rate due to Unintentional Injuries	2011-2013	1.85
Topic Score: 1.07	Death Rate due to Drug Poisoning	2006-2012	0.68
	Severe Housing Problems	2007-2011	0.68
Public Safety	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	2011-2013	1.65
Topic Score: 1.14	Alcohol-Impaired Driving Deaths	2009-2013	0.88
	Child Abuse Rate	2013	0.88
Respiratory Diseases	Age-Adjusted Death Rate due to Influenza and Pneumonia	2011-2013	2.25
Topic Score: 1.39	Age-Adjusted ER Rate due to Bacterial Pneumonia	2010-2012	1.83
	Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	2010-2012	1.83
	Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	2010-2012	1.68
	Age-Adjusted Hospitalization Rate due to COPD	2010-2012	1.68
	Age-Adjusted ER Rate due to Adult Asthma	2010-2012	1.53
	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	2010-2012	1.53

WARRICK COUNTY	Indicator	Period	Score
	COPD: Medicare Population	2012	1.50
	Age-Adjusted ER Rate due to Asthma	2010-2012	1.38
	Age-Adjusted ER Rate due to COPD	2010-2012	1.33
	Age-Adjusted ER Rate due to Pediatric Asthma	2010-2012	1.18
	Age-Adjusted Hospitalization Rate due to Adult Asthma	2010-2012	1.18
	Age-Adjusted Hospitalization Rate due to Asthma	2010-2012	1.18
	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	2010-2012	1.18
	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	2011-2013	1.00
	Age-Adjusted Death Rate due to Lung Cancer	2007-2011	1.00
	Asthma: Medicare Population	2012	0.95
	Lung and Bronchus Cancer Incidence Rate	2007-2011	0.85
Social Environment	Voter Turnout	2012	2.25
Topic Score: 0.92	Social and Economic Factors Ranking	2015	1.20
	Child Abuse Rate	2013	0.88
	Children Living Below Poverty Level	2009-2013	0.75
	Young Children Living Below Poverty Level	2009-2013	0.55
	Single-Parent Households	2009-2013	0.45
	People 65+ Living Alone	2009-2013	0.35
Substance Abuse	Mothers who Smoked During Pregnancy	2013	1.65
Topic Score: 1.03	Age-Adjusted ER Rate due to Alcohol Abuse	2010-2012	1.38
	Age-Adjusted Hospitalization Rate due to Alcohol Abuse	2010-2012	1.38
	Health Behaviors Ranking	2015	1.20
	Alcohol-Impaired Driving Deaths	2009-2013	0.88
	Liquor Store Density	2012	0.75
	Adults who Smoke	2006-2012	0.73
	Death Rate due to Drug Poisoning	2006-2012	0.68
	Adults who Drink Excessively	2006-2012	0.63
Transportation	Workers who Drive Alone to Work	2009-2013	2.40
Topic Score: 1.5	Workers Commuting by Public Transportation	2009-2013	2.20
	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	2011-2013	1.65
	Solo Drivers with a Long Commute	2009-2013	1.43
	Mean Travel Time to Work	2009-2013	1.35
	Households with No Car and Low Access to a Grocery Store	2010	0.90
	Households without a Vehicle	2009-2013	0.55
Wellness & Lifestyle	Morbidity Ranking	2015	1.60
Topic Score: 1.07	Poor Physical Health Days	2006-2012	1.33
	Self-Reported General Health Assessment: Poor or Fair	2006-2012	0.98
	Life Expectancy for Females	2010	0.80
	Life Expectancy for Males	2010	0.65
Women's Health	Age-Adjusted Death Rate due to Breast Cancer	2007-2011	3.00
Topic Score: 1.68	Breast Cancer Incidence Rate	2007-2011	2.15
	Life Expectancy for Females	2010	0.80
	Mammography Screening: Medicare Population	2012	0.78

DATA SOURCES

The HCI Data Platform utilizes indicator data from the following data sources:

- American Community Survey
- American Lung Association
- Annie E. Casey Foundation
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- County Health Rankings
- Feeding America
- Indiana Hospital Association
- Indiana Secretary of State
- Indiana State Department of Health
- Indiana University Center for Health Policy
- Institute for Health Metrics and Evaluation
- National Cancer Institute
- National Center for Education Statistics
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Nielsen Claritas
- Small Area Health Insurance Estimates
- US Bureau of Labor Statistics
- US Census County Business Patterns
- US Department of Agriculture: Food Environment Atlas
- US Environmental Protection Agency

Appendix C: Community Input Findings

Key Informant Interviews

Top Community Health Needs

- Substance Abuse
- Obesity
- Mental Health
- Access to Care
- Oral Health
- Exercise & Nutrition
- Tobacco Use

Service Gaps
- Access to Care
- Disability
- Oral Health
- Mental Health
- Primary Care
- Public Safety
- Transportation

Focus Group Discussions

Community Health Ranking
Overall rating by focus groups is "**Fair**"

Reasons/issues given included:
- Poor tobacco, nutrition, and obesity rates for Warrick County
- Poor nutrition in school system
- Lack of primary care
- Poor access to services for individuals without insurance

Root Causes
Access to Care
Obesity
Substance Abuse
Tobacco Use

→

Clinical Causes
Cancer
Drugs
Nutrition
Suicide

Appendix D: Prioritization Tools

Prioritization Matrix Tools - Warrick

This packet will help you assess each of the 10 pressing health needs identified by HCI's data analysis, and how each of those health needs relate to the criteria set forth by St. Mary's-Deaconess for prioritizing health topics in your service area. Please have a quick look through the packet, and then follow the directions below to score how well each of the health topics meets the prioritization criteria. After you have completed the ranking below, please submit your results on the Poll Everywhere software. The software will collate your results with those of other participants, and will instantly show the group's collective ranking of the most pressing health needs in your service area.

Directions

1. On the following pages, score each health need for how well it meets each criteria:
   1=Does Not Meet Criteria 2=Meets Criteria 3=Meets Criteria Well
2. Add total scores for each health need and write total in "Total Health Topic Score" column.
3. Write the total scores for each topic in the table below.
4. Assign ranking to health needs based on total score, with highest score receiving a ranking of 1. If you have tying scores for health topics, assign rank as you see best fit.

Please feel free to work in groups and ask questions of HCI staff and your colleagues!

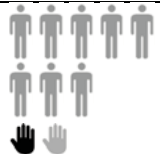| Health Topics	Total Score	Rank
Transportation		
Women's Health		
Mental Health & Mental Disorders		
Men's Health		
Immunizations & Infectious Diseases		
Cancer		
Substance Abuse		
Exercise, Nutrition, & Weight		
Access to Health Services		
Oral Health		

If you feel a health topic is missing from this list, please write it here:

Transportation

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.50	Transportation		Transportation is a barrier to accessing services outside the community (mental health, oral health); public transportation available but not convenient/usable.	• Workers Who Drive Alone to Work • Workers Commuting by Public Transportation • Age Adjusted Death Rate due to Motor Vehicle Collisions

Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
Circle of Influence/Ability to Impact Change: Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
Opportunity to Intervene at Prevention Level: Can we address a health issue before it gets exacerbated?	13 evidence based practices found for this health topic. *(Related to Motor Vehicle Collisions, not accessing services)*	
Magnitude/Severity of Health Issue: How widespread is the issue amongst the community?	• Cited by 2 of 2 focus group participants • Cited by 1 of 8 Key Informants • Ranked 1.50 out of 3 in HCI Secondary Data Analysis	
Addresses Underserved & Vulnerable Populations: Does the issue affect the working poor or medically underserved populations?	Key themes in the data analysis indicate this issue <u>may</u> disproportionately affect underserved and vulnerable populations.	
Total Health Topic Score		

Women's Health

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.68	Women's Health	👤👤👤👤👤 👤👤👤 ✋🤚	Women's suicide rate appears to be increasing by violent means (hanging, firearm).	• Age Adjusted Death Rate due to Breast Cancer • Breast Cancer Incidence Rate

Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
Circle of Influence/Ability to Impact Change: Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
Opportunity to Intervene at Prevention Level: Can we address a health issue before it gets exacerbated?	18 evidence based practices exist around prevention for this specific topic area.	
Magnitude/Severity of Health Issue: How widespread is the issue amongst the community?	• Cited by 0 of 2 focus group participants • Cited by 0 of 8 Key Informants • Ranked 1.68 out of 3 in HCI Secondary Data Analysis	
Addresses Underserved & Vulnerable Populations: Does the issue affect the working poor or medically underserved populations?	Not enough data to determine whether this issue disproportionately affects underserved and vulnerable populations.	
Total Health Topic Score		

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Mental Health & Mental Disorders

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.67	Mental Health & Mental Disorders		Lack of mental health services, especially for adolescents and elderly; stigma and transportation are barriers to accessing care available outside of county.	• Age Adjusted Death Rate due to Alzheimer's • Poor Mental Health Days • Depression in the Medicare Population

Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
Circle of Influence/Ability to Impact Change: Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
Opportunity to Intervene at Prevention Level: Can we address a health issue before it gets exacerbated?	33 evidence based practices exist around prevention for this specific topic area.	
Magnitude/Severity of Health Issue: How widespread is the issue amongst the community?	• Cited by 2 of 2 focus group participants • Cited by 6 of 8 Key Informants • Ranked 1.67 out of 3 in HCI Secondary Data Analysis	
Addresses Underserved & Vulnerable Populations: Does the issue affect the working poor or medically underserved populations?	Key themes in the data analysis indicate this issue may disproportionately affect underserved and vulnerable populations.	
	Total Health Topic Score	

Men's Health

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.57	Men's Health		*N/a, not mentioned as a top health need/concern during community input process*	• Age Adjusted Death Rate due to Prostate Cancer

Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
Circle of Influence/Ability to Impact Change: Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
Opportunity to Intervene at Prevention Level: Can we address a health issue before it gets exacerbated?	4 evidence based practices exist around prevention for this specific topic area.	
Magnitude/Severity of Health Issue: How widespread is the issue amongst the community?	• Cited by 0 of 2 focus group participants • Cited by 0 of 8 Key Informants • Ranked 1.57 out of 3 in HCI Secondary Data Analysis	
Addresses Underserved & Vulnerable Populations: Does the issue affect the working poor or medically underserved populations?	Not enough data to determine whether this issue disproportionately affects underserved and vulnerable populations.	
Total Health Topic Score		

Immunizations & Infectious Diseases

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.54	Immunizations & Infectious Diseases		Lack of parental support for school-based immunization clinics; unclear if low rates of immunization in Warrick County are due to data interface lag b/w hospital/providers & CHIRP.	• Age-Adjusted Death Rate due to Influenza and Pneumonia • Age-Adjusted ER Rate due to Bacterial Pneumonia • Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia

Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
Circle of Influence/Ability to Impact Change: Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
Opportunity to Intervene at Prevention Level: Can we address a health issue before it gets exacerbated?	60 evidence based practices exist around prevention for this specific topic area.	
Magnitude/Severity of Health Issue: How widespread is the issue amongst the community?	• Cited by 0 of 2 focus group participants • Cited by 3 of 8 Key Informants • Ranked 1.54 out of 3 in HCI Secondary Data Analysis	
Addresses Underserved & Vulnerable Populations: Does the issue affect the working poor or medically underserved populations?	Not enough data to determine whether this issue disproportionately affects underserved and vulnerable populations.	
Total Health Topic Score		

Cancer

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.44	Cancer		High cancer rates; need for more education/prevention.	• Age Adjusted Death Rate due to Breast Cancer • Age Adjusted Death Rate due to Prostate Cancer • Breast Cancer Incidence Rate • Cancer: Medicare Population

Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
Circle of Influence/Ability to Impact Change: Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
Opportunity to Intervene at Prevention Level: Can we address a health issue before it gets exacerbated?	28 evidence based practices exist around prevention for this specific topic area.	
Magnitude/Severity of Health Issue: How widespread is the issue amongst the community?	• Cited by 2 of 2 focus group participants • Cited by 0 of 8 Key Informants • Ranked 1.44 out of 3 in HCI Secondary Data Analysis	
Addresses Underserved & Vulnerable Populations: Does the issue affect the working poor or medically underserved populations?	Not enough data to determine whether this issue disproportionately affects underserved and vulnerable populations.	
Total Health Topic Score		

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Substance Abuse

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.03	Substance Abuse		Tobacco use still high, increase in e-cig use in youth; alcohol, marijuana, meth, injectable drugs; high opiate use - pain meds, lortab, morphine, oxycontin, codeine; lack of addiction services for youth.	• Mothers who Smoked During Pregnancy

Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
Circle of Influence/Ability to Impact Change: Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
Opportunity to Intervene at Prevention Level: Can we address a health issue before it gets exacerbated?	90 evidence based practices exist around prevention for this specific topic area.	
Magnitude/Severity of Health Issue: How widespread is the issue amongst the community?	• Cited by 2 of 2 focus group participants • Cited by 8 of 8 Key Informants • Ranked 1.03 out of 3 in HCI Secondary Data Analysis	
Addresses Underserved & Vulnerable Populations: Does the issue affect the working poor or medically underserved populations?	Not enough data to determine whether this issue disproportionately affects underserved and vulnerable populations.	
Total Health Topic Score		

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Exercise, Nutrition, & Weight

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.20	Exercise, Nutrition & Weight	👤👤👤👤👤 👤👤👤 ✋✋	Obesity, nutrition & exercise frequently mentioned; lack of childhood nutrition education; poor nutrition habits and high cost of healthy food; lack of "walkable" areas, accessible activities/exercise;	• Children with Low Access to a Grocery Store • SNAP Certified Scores • People 65+ with Low Access to a Grocery Store

Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
Circle of Influence/Ability to Impact Change: Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
Opportunity to Intervene at Prevention Level: Can we address a health issue before it gets exacerbated?	48 evidence based practices exist around prevention for this specific topic area.	
Magnitude/Severity of Health Issue: How widespread is the issue amongst the community?	• Cited by 2 of 2 focus group participants • Cited by 7 of 8 Key Informants • Ranked 1.20 out of 3 in HCI Secondary Data Analysis	
Addresses Underserved & Vulnerable Populations: Does the issue affect the working poor or medically underserved populations?	Key themes in data analysis indicate this issue <u>does</u> disproportionately affect underserved and vulnerable populations.	
Total Health Topic Score		

Access to Health Services

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
1.02	Access to Health Services		Lack of primary care in Warrick County outside of Newburgh; cost barrier, high deductibles; no sliding fee scale offices for Warrick county residents; navigation needed for elderly.	• Dentist Rate

Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
Circle of Influence/Ability to Impact Change: Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
Opportunity to Intervene at Prevention Level: Can we address a health issue before it gets exacerbated?	Prevention in this context is taken to mean "Preventing Exacerbation of a Medical Condition" 21 evidence based practices found	
Magnitude/Severity of Health Issue: How widespread is the issue amongst the community?	• Cited by 2 of 2 focus group participants • Cited by 4 of 8 Key Informants • Ranked 1.02 out of 3 in HCI Secondary Data Analysis	
Addresses Underserved & Vulnerable Populations: Does the issue affect the working poor or medically underserved populations?	Key themes in data analysis indicate this issue does disproportionately affect underserved and vulnerable populations.	
Total Health Topic Score		

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Oral Health

Topic Score	Health Topic	Community Input	Key Themes from Community	Warning Indicators from Secondary Data
N/A	Oral Health	(icons)	Access for adults and elderly (Medicare does not cover dental); known issue for uninsured & Medicaid population; population may not be seeking dental care/lack of education on oral health.	• Dentist Rate

Prioritization Criteria	Key Data Insights	How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High
Circle of Influence/Ability to Impact Change: Multiple organizations/agencies can contribute or form partnerships around the health issue.	Not covered in HCI Data Analysis – Based on your personal knowledge, are there organizations or agencies in the community who can address this health issue?	
Opportunity to Intervene at Prevention Level: Can we address a health issue before it gets exacerbated?	3 evidence based practices exist around prevention for this specific topic area.	
Magnitude/Severity of Health Issue: How widespread is the issue amongst the community?	• Cited by 1 of 2 focus group participants • Cited by 6 of 8 Key Informants • Not Ranked in HCI Secondary Data Analysis	
Addresses Underserved & Vulnerable Populations: Does the issue affect the working poor or medically underserved populations?	Key themes in data analysis indicate this issue <u>does</u> disproportionately affect underserved and vulnerable populations.	
Total Health Topic Score		

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